

# Medi-Update

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*HORIZON - from a healthy today to  
a healthier tomorrow*



**PARUL SEVASHRAM HOSPITAL**

**PARUL INSTITUTE OF MEDICAL SCIENCES & RESEARCH**

# WORLD HEART DAY 2019

## Introduction:

In May 2012, world leaders committed to reducing global mortality from non-communicable diseases (NCDs) by 25% by 2025. Cardiovascular disease (CVD) is accountable for nearly half of all NCD deaths making it the world's number one killer. World Heart Day is, therefore, the perfect platform for the CVD community to unite in the fight against CVD and reduce the global disease burden.



Cardiovascular diseases (CVDs) take the lives of 17.9 million people every year, 31% of all global deaths. Triggering these diseases – which manifest primarily as heart attacks and strokes – are tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol. These in turn show up in people as raised blood pressure, elevated blood glucose and obesity; risks detrimental to good heart health.

Created by the World Heart Federation, World Heart Day informs people around the globe that CVD, including heart disease and stroke, is the world's leading cause of death claiming 17.9 million lives each year, and highlights the actions that individuals can take to prevent and control CVD. It aims to drive action to educate people that by controlling risk factors such as tobacco use, unhealthy diet and physical inactivity, at least 80% of premature deaths from heart disease and stroke could be avoided.

World Heart Day is a global campaign during which individuals, families, communities and governments around the world participate in activities to take charge of their heart health and that of others. Through this campaign, the World Heart Federation unites people from all countries and backgrounds in the fight against the CVD burden and inspires and drives international action to encourage heart-healthy living across the world. "World Heart Day" was therefore founded in 2000 to inform people around the globe that heart disease and stroke are the world's leading causes of death.

## World Heart Federation:

The World Heart Federation is the principal representative body for the global cardiovascular community, representing more than 200 heart foundations, scientific societies, civil society and patient organizations from over 100 countries. The World Heart Federation believes in a world where heart health for everyone is a fundamental human right and a crucial element of global health justice. Through its official relationship with the World Health Organization, the World Heart Federation leads the global advocacy effort for action to prevent, control and reduce the global burden of cardiovascular disease.

## Mission of the World heart federation is to:

1. Connect and co-ordinate the diverse cardiovascular community by bringing together scientific cardiology societies, heart foundations, health professionals, patients and the general public, policy makers, governments and industry.

# WORLD HEART DAY 2019

2. Translate science into policy to influence agencies, governments and policy makers
3. Stimulate and catalyze the exchange of information, ideas, practices across all borders

## **Theme for this year's World heart day was, "My heart, Your heart"**

This year on World Heart Day, as part of the mission to ensure heart health equity for all, the objective was to create a global community of Heart Heroes ... people from all walks of life who are acting now to live longer, better, heart-healthy lives by making a promise:

- A promise to our families to cook and eat more healthily
- A promise to our children to exercise more and help them to be more active, to say no to smoking and help our loved ones to stop
- A promise as a healthcare professional to help patients give up smoking and lower their cholesterol
- A promise as a policymaker to support policies that promote healthy hearts
- A promise as an employee to invest in heart-healthy workplaces

A simple promise ... for MY HEART, for YOUR HEART, for ALL OUR HEARTS! Cardiovascular disease is the world's number one killer today. But it doesn't need to be this way. By making just a few small changes to our lives, we can reduce our risk of heart disease and stroke, as well as improving our quality of life and setting a good example for the next generation.

## **Tips for healthy heart:**

- Quit smoking
- Body needs cholesterol to be healthy, but an imbalance of cholesterol in your blood can lead to a heart attack or stroke
- Keep blood pressure and blood sugar under control
- Be physically active
- Achieve and maintain a healthy weight
- Eat less salt
- Replace saturated and trans fats with unsaturated fats
- Limit alcohol
- Depression and other mental disorders increase the risk of heart diseases and hence should be treated

# WHATS UP WITH MEDICAL FIELD

## 1. Dengue outbreak

More than 67,000 people across India have been diagnosed with dengue so far this year, reports by the National Vector Borne Disease Control Programme (NVBDCP) show. By mid-October, reports show, the disease had claimed 48 lives also.

Dengue is undoubtedly one of the biggest health concerns in India. NVBDCP data reveal that over one lakh people were diagnosed and an estimated 172 died from dengue in 2018. Go farther back and NVBDCP data show that 2017 was an even worse year: 1.88 lakh people diagnosed with dengue and 325 dead. And this year, number of dengue cases crosses 67,000 in India. Experts say that the hot and humid climate of the country is favourable to the growth of the *Aedes aegypti* mosquito - the vector or carrier of the dengue virus.

Dengue is endemic throughout India's states and union territories. The withdrawal of the monsoon season and flooding induced by torrential rain have stoked fears of increased incidence of disease in these states the proliferation of stagnant water conditions which allow for the vectors to breed. This has spurred some authorities in cities such as Jaipur to take measures such as issuing fines to homeowners who allow pockets of stagnant water to abound on their property – a practice which offers a chance for the mosquitoes to grow in number.

In India, Karnataka bore the highest burden out of the country with 12,756 cases. Other high-burden states include Maharashtra, with 7,863 cases; Uttarakhand, with 7,513 cases; Gujarat, with 5,819 cases; Kerala, with 3,075 cases; Bihar, with 1,588 cases; and Delhi, with 1,431 cases. State capitals have been affected, with Bihar state capital Patna reporting 1,135 cases. In Mumbai, the first two weeks of October alone saw 2,000 hospitalised due to suspected dengue cases.



## 2. Antibiotic Resistance at AIIMS

Between January 2016 and October 2017, AIIMS Trauma Center had 22 patients who didn't even respond to colistin – a last-resort antibiotic. The patients were suffering from multi-drug resistant infection caused by gram-negative bacteria *K. Pneumoniae*.

Research conducted by a group of scientists from AIIMS, CMC Vellore and US Center for Disease Control and Prevention found that of the 22 patients, 10 (45%) died within a fortnight of admission. The rest survived but required 23 days of admission and administration of a combination of high-end drugs.

In the AIIMS study, researchers found that all 22 patients were also resistant to other high-end drugs, including carbapenems, extended spectrum cephalosporins, and penicillin/B-lactamase. "Action is needed from a broad range of stakeholders, including clinicians, microbiologists and public health officials, to limit the spread of this critically-important multi-drug resistant organism," the scientists warned in the research, published in 'Infection Control and Hospital Epidemiology'. They said widespread use of antibiotics in humans and animals, insufficient infection control in healthcare facilities and limited availability of safe water and sanitation facilities are the possible causes of emerging pattern.

Antimicrobial Resistance (AMR) has been identified as one of the 10 threats to global health in 2019 by World Health Organisation. WHO has warned that if action is not taken to prevent overuse of all forms of





# WHATS UP WITH MEDICAL FIELD

antibiotics, we could go back to the time when it was hard to treat infections such as pneumonia, tuberculosis, gonorrhoea and salmonellosis.

While the Indian government has taken steps to create awareness about the misuse of antibiotics, self-medication of the drug is rampant in the country. Doctors, too, overprescribe them. For example, antibiotic is often prescribed to patients suffering from seasonal cough and cold that are mostly caused by viruses.

### 3. **New Intervention for Healthy Heart**

To support governments in strengthening the prevention and control of cardiovascular diseases (CVDs), WHO and the United States Centers for Disease Control and Prevention (US CDC) launched the Global Hearts Initiative.



The Initiative comprises five technical packages which provide a set of high-impact, evidence-based interventions that, when used together, will have a major impact on improving global heart health.

On the prevention side, the Global Hearts Initiative comprises the MPOWER package for tobacco control in line with the WHO Framework Convention on Tobacco Control, the ACTIVE package for increasing physical activity, the SHAKE package for salt reduction, and the REPLACE package to eliminate industrially-produced trans-fat from the global food supply. On the management side, the HEARTS technical package is aimed at strengthening the management of CVDs in primary health care.

#### **Global hearts: goal and action**

##### **Goal**

The goal of Global Hearts is to prevent premature deaths from CVDs, including heart attacks and stroke, in target countries.

##### **Priority actions**

WHO, the US CDC and partners will provide governments with the technical support required to implement and scale up interventions to prevent heart attacks and strokes. Specific activities will include:

- establishing demonstration sites in countries;
- establishing tobacco control and salt reduction plans;
- developing simplified and standardized protocols;
- improving access to medicines and technologies; and
- Building up the capacities of health providers' capacity.

### 4. **Robotic Heart Transplant**

Robotically-assisted heart surgery, also called closed-chest heart surgery, is a type of minimally invasive heart surgery performed by a cardiac surgeon. The surgeon uses a specially-designed computer console to control surgical instruments on thin robotic arms.

Robotically-assisted surgery has changed the way certain heart operations are being performed. This technology allows surgeons to perform certain types of complex heart surgeries with smaller incisions and precise motion control, offering patients improved outcomes.



# WHATS UP WITH MEDICAL FIELD

## Types of robotically assisted heart surgeries:

- Mitral valve repair
- Tricuspid valve repair (with mitral valve repair)
- Atrial Septal Defect (ASD) repair
- Patent foramen ovale (PFO) repair
- Removal of cardiac tumours (Myxoma, Fibroelastoma)

## Who is a candidate for robotically assisted Heart Surgery?

Diagnostic tests are performed to determine if you are an appropriate candidate for robotically-assisted surgery, including a cardiac catheterization and chest x-ray. An echocardiogram and/or a computed tomography scan also may be required to provide more information about your medical condition.

Your surgeon will review the results of these diagnostic tests to determine if you are an appropriate candidate for robotically-assisted surgery. The type of treatment recommended for your condition will depend on several factors, including the type and severity of heart disease, your age, medical history and life

## Why might you need robotic cardiac surgery?

The main benefit of robotic cardiac surgery is that it is minimally invasive compared with open-heart surgery. Smaller incisions mean that you can heal faster and return to activities more quickly.

Your healthcare provider may recommend robotic cardiac surgery if you need an artery bypass procedure to improve blood flow to the heart. It may also be used to:

- Repair or replace stiff or leaky heart valves
- Correct atrial fibrillation, a common type of arrhythmia
- Remove a tumor in the heart
- Treat congenital heart conditions

## 5. Nobel prize in medical Field

The Nobel Assembly at Karolinska institute has decided to award the 2019 Nobel Prize in Physiology or Medicine jointly to **William G. Kaelin, Jr., Sir Peter J. Ratcliffe and Gregg L. Semenza**. for their discoveries of **how cells sense and adapt to oxygen availability**.

Animals need oxygen for the conversion of food into useful energy. The fundamental importance of oxygen has been understood for centuries, but how cells adapt to changes in levels of oxygen has long been unknown.

**William G. Kaelin Jr., Sir Peter J. Ratcliffe and Gregg L. Semenza** discovered how cells can sense and adapt to changing oxygen availability. They identified molecular machinery that regulates the activity of genes in response to varying levels of oxygen.

The seminal discoveries by this year's Nobel Laureates revealed the mechanism for one of life's most essential adaptive processes. They established the basis for our understanding of how oxygen levels affect cellular metabolism and physiological function. Their discoveries have also paved the way for promising new strategies to fight anaemia, cancer and many other diseases.



# INTERESTING MEDICAL CASE REPORTS OF PATIENTS TREATED AT PSH

## Case-1

### Squamous Cell carcinoma of middle third oesophagus

Oesophageal cancer is cancer that occurs in the oesophagus – a long, hollow tube that runs from throat to stomach. Oesophagus helps move the food swallowed from the back of the throat to the stomach for digestion. Oesophageal cancer usually begins in the cells that line the inside of the oesophagus. Oesophageal cancer can occur anywhere along the oesophagus. More men than women get oesophageal cancer. Oesophageal cancer is the sixth most common cause of cancer deaths worldwide. Incidence rates vary within different geographic locations. In some regions, higher rates of oesophageal cancer cases may be attributed to tobacco and alcohol use or particular nutritional habits and obesity.

A 47 year old male patient consulted in surgery opd and was diagnosed with malignancy of middle third oesophagus – Squamous cell carcinoma. Patient was successfully operated with 3 stage oesophagectomy with nodal dissection involving thoracic, abdominal and cervical surgery. To avoid post operative pain and morbidity thoracic part was done by minimal invasive technique – Thoracoscopy. Oesophago-gastric anastomosis was established by making stomach tube using linear stapler cuts and pulling up to the left neck. Surgery was uneventful and patient was discharged on oral diet on 10th post op day.

**Operating Surgeon : Dr Dipayan Nandy, Anaesthetist – Dr Ashish Jain**



# INTERESTING MEDICAL CASE REPORTS OF PATIENTS TREATED AT PSH

## Case -2

### Drug induced Sleep Endoscopy and Multilevel Single Stage Sleep Surgery

Obstructive sleep apnea syndrome is a disease characterised by repetitive cycles of breathing wherein there are repetitive pauses causing oxygen to decrease. This causes the brain to wake up so as to send signal muscle of neck to again open the passage. Repeated brain awakening causes tiredness. These patients are prone to accidents and have a tendency to easily fall asleep affecting their productivity. Persistent sleep time hypoxia can cause long term complications like heart attack, stroke, hypertension, cognitive decline, depression and cancer. The treatment is multipronged; including medical and surgical management.

We present a case of a 20 year male from Bangladesh who presented to ENT clinic with complaints of frequent night time arousals associated with snoring and tiredness. After a diagnostic sleep study, he underwent Drug induced sleep endoscopy wherein a flexible laryngoscope was inserted into nose and negotiated into pharynx after inducing pharmacological sleep in the patient. Maintaining an optimal level of arousal without intubation requires skill on the part of anaesthetist.

The patient was then operated at multiple levels of airway viz nose nasopharynx and palate to open the airway in a single setting without the need for prolonged intubation or ICU stay. Post surgery the patient was relieved of his symptoms significantly and claimed to have an undisturbed and sound sleep through out night with no tiredness in the morning.

*Operating Surgeon : Dr Mohit Sinha, Anaesthetist – Dr Hetal Parekh and team)*





# INTERESTING MEDICAL CASE REPORTS OF PATIENTS TREATED AT PSH

## Case-3

### Pineal Gland tumour in Elderly Female patient

A pineal gland tumour is a tumour that forms in the pineal gland. The gland is a tiny gland in the middle of your head. It's surrounded by your brain. It makes a hormone called melatonin that affects your sleep-wake cycles. Pineal tumours are very rare tumours. They happen most often to children and to adults younger than 40. Pineal gland tumours can be one or a mix of several different types. They can also be slow growing or fast growing. The World Health Organization (WHO) has a grading system for brain tumours. They are grouped by grade I, II, III, or IV. Grade I is the slowest growing. Grade IV is the most aggressive and grows and spreads faster.

Some of the common signs and symptoms of a pineal tumour may include:

- Headaches (common)
- Nausea and vomiting
- Vision changes
- Trouble with eye movements
- Tiredness
- Memory problems
- Balance or coordination problems

An elderly female patient presented with symptoms of headache and vomiting. On investigating further MRI was suggestive of pineal gland tumour. Patient was operated in two stages. In First stage VP shunt was performed and in second stage posterior fossa craniotomy and tumour excision was done in sitting position. Second stage operation was important as sitting position craniotomy is performed less often due to risk of air embolism. Patient was discharged without any added deficit.

**Operating surgeon : Dr Ashish Desai**





# What's new at PIMSR & PSH

## Sleep Apnea clinic

Snoring and Obstructive sleep apnea (OSA) clinic was started in the Dept of ENT every Tuesday, Thursday and Saturday between 9am to 5pm. The clinic aims to cater to patients with snoring and obstructive sleep apnea. OSA is the most common sleep related breathing disorder in which persistent hypoxemia during sleep and frequent arousals results in excessive day time sleepiness, fatigue, hyperlipidemia, obesity, hypertension, stroke even leading to cardiac arrest and cancer.



The clinic seeks to evaluate the patients in a detailed manner including doing sleep studies, ENT examination, awake and sleep endoscopy. The clinic also provides for medical management of these patients including CPAP trials and surgical management of these patients. The clinic also refers the patient for multidisciplinary treatment wherever indicated.



## Gastroenterology department at PSH

Parul Sevashram Hospital has come up with modern and advanced setup for diagnostic as well as therapeutic endoscopic procedures in Gastroenterology department.

## Healthy heart programme

Department of cardiology has taken a new initiative in the form of Healthy heart programme. Basic aim is to manage existing heart conditions, monitor heart health and importantly, prevention of the onset of heart disease.



## Professional exchange of International medical students

A Group of Three International MBBS Students Lisa Stettin from Germany, Soma Muhammad Rafeq & Sana Jalal Othman from Iraq are at Parul University for a Professional Exchange of One Month in the Department of Surgery at Parul Institute of Medical Sciences & Research.

## Clinical posting of Russian students at Parul Sevashram hospital

100 students pursuing MBBS in Russia took a training programme of 2 weeks at Parul Sevashram Hospital during which necessary skill & clinical training was imparted to them.



# What's new at PIMSR & PSH

## Diwali Celebration with patients at PSH

Diwali celebration with patients admitted in PSH was done on 27-10-2019. Various crackers and sweets were distributed in different areas of the Parul Sevashram hospital



## Felicitation of 1st year MBBS students of Batch 2018 at PIMSR

Rankers of 1st year MBBS 2018 batch were felicitated On 05-09- 2019 at college building of PIMSR. As a part of the felicitation ceremony, Gold, silver and bronze medals as well as books were handed over to medical students as per their rank in the university exam.



# EVENTS AT PIMSR & PSH

## Cinema Education As A Part Of Foundation Course For 1st Year MBBS Student

As for the new curriculum which is based on competency based medical education at PIMSR we included cinema education in our foundation course in by showing them the movie "Patch Adams". It elicits really good response. Learning is more efficient when its associated with emotions. The session was conducted by Dr. Shashwat and Dr. Shoab and generated a lot of positive feedback of learning from the students. The students enjoyed reflective writing after the session.



## CME on OBESITY

CME on OBESITY was organized on 02/08/2019. CME focused on approach and management of obesity including surgical management. Dr. Samir Saini (Endocrinologist) and Dr Chirag Parikh (Bariatric surgeon) were leading speakers.



## CME on Diabetes & Eye



CME on Diabetes & Eye was organized by Department of Ophthalmology at PIMSR on 16/11/2019. Around 100 delegates benefitted from the different lectures by the experts of Ophthalmology and medicine departments.



## CME on vertigo / dizziness

CME was held by dept. of ENT on 23/10/19. Dr Mohan Bansal (Prof & head, dept of ENT), Dr Ankit Shah (Consultant neurologist) made aware participants about causes and evaluation for vertigo.



# EVENTS AT PIMSR & PSH



## Model making competition

Event was organised by department of Microbiology on 15/10/2019. Total 150 students of 2nd year MBBS participated divided in 8 groups. Award prize

given to the winner and runner up group by Dr D C Master (Additional dean), Dr Indira Parmar (Medical superintendent) and Dr Anant Marathe (Head & Prof, Dept of microbiology)

## SWACHHTA ABHIYAN (HYGIENE AWARENESS SESSION)

On the occasion of Mahatma Gandhi Jayanti in support of PM Shri Narendra Modi's Swachhta Abhiyan, this year, the department of Community Medicine organised an awareness session in Unnati Vidyalaya Of Waghodia village on 1st October, 2019.



Students studying in second year MBBS presented talks to adolescents (School students of 8-10th std) with the aid of handmade posters on various topics such as Waste management, personal hygiene, hand hygiene, plastic waste and others.

Posters were donated to the school for displaying during their rally and later on the Classroom walls.



## Observation of World Mental Health Day

World Mental health day was observed by department of Community Medicine and Psychiatry on 10-10-2019 at Chhodwani village of Kawant taluka of Chhotaudepur district again this year. In this event, the plan of action was to orient tribal population reading common mental disorders. The session was conducted by Dr. Bharat ; THO of Kawant Taluka, Dr. Dhruv Bardoliya from psychiatry department , Dr. Naresh Godara, Dr. Shashwat Nagar and Dr. Hiren Patel from Community Medicine department.



# FACULTY & STUDENTS ACHIEVEMENTS



## First prize in Poster presentation for ACME

**Dr. Shashwat Nagar**, Associate Professor in Community Medicine, represented Parul Institute of Medical Sciences and Research at the NHL Medical College in Ahmedabad which is the nodal centre under MCI in the 2nd contact session of the Advance Course in Medical Education and won the 1st prize in poster competition on the educational project titled, “Changes in the knowledge, attitude and perceptions of medical teachers and challenges faced by them in implementation of CBME following CISP training”. The educational project was widely appreciated among the other participants and the resource faculties of the ACME.

## Intercollege Pediatric Quiz

The team of faculty from PIMSR won the Quiz competition organized at Isha hospital on the occasion of Breast feeding week..

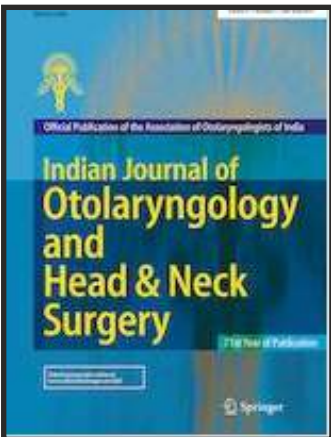


## Dr Sukruti Shah and Dr. Sheymal Shah

students of 2016 batch of MBBS of PIMSR participated under their the intercollege quiz competition on the topic of “**ORS – breast feeding – infant nutrition**” organised by Academy of Pediatrics at SSG Hospital Vadodara on 7th August 2019 & stood runners up.



## Development of an Experimental System “Computer-Aided Diagnosis in Neurotology (CADINO)” for Vertigo



## Dr. Mohan Bansal Prof & Head Dept. of

Otorhinolaryngology at Parul institute of medical sciences has published an interesting article in the Indian Journal of Otolaryngology and Head & Neck Surgery in the September issue .The article proposes to develop computer-based medical diagnosis expert system to provide clinicians including general practitioners with reasonable diagnostic suggestions while dealing with patients with vertigo/dizziness. The paper reviews diagnostic expert system titled “Computer-Aided Diagnosis in Neurotology (CADINO)” for dizzy patients and highlights its potential uses. CADINO, was developed during this original research project, as an expert computer program which is capable of making diagnoses in patients with vertigo. CADINO includes more than 100 causes of vertigo. it was developed in Microsoft Office using hyperlinks. The paper highlights the project and evaluates its diagnostic efficacy.





## પાણ્ણલ સેવાશ્રમ હોસ્પિટલના તજજ્ઞો ઢ્વારા પેટના કેન્સરના દર્દીની શ્રેષ્ઠ સારવાર કરાઇ

કહેવાય છે કે, જો કેન્સરને તેના પહેલા સ્ટેજમાં ઓળખી શકાય તો તેની સારવાર જરૂરથી કરી શકાય છે. જે ઉક્તિને પાણ્ણલ સેવાશ્રમ હોસ્પિટલ ના તજજ્ઞ તબીબો ઢ્વારા અનેક વખત સાચી ઠેરવવામાં આવી છે. તેવો જ વધુ એક કિસ્સો સામે આવ્યો છે. થોડા દિવસ પહેલા Dysphagia (ગળવામાં મુશ્કેલી) થી પીડાતી 40 વર્ષીય મહિલા દર્દી હોસ્પિટલમાં દાખલ થઈ હતી. જે મહિલા દર્દીને છેલ્લા 6 મહિનાથી સતત ઊલટી થવી, વજન ઘટવું જેવી તકલીફો પડી રહી હતી. પાણ્ણલ સેવાશ્રમ હોસ્પિટલમાં દાખલ થતાં પહેલા દર્દીએ ખાનગી હોસ્પિટલમાં સારવાર કરાવી હતી. જેમા તબીબો ઢ્વારા દર્દીની એન્ડોસ્કોપી તેમજ અન્ન નળીના વળાંક ચકાસવામાં આવ્યા હતા. પરંતુ તેમાં કશું જાણી ન શકતા મહિલા દર્દીને યોગ્ય સારવાર ન મળી. જે બાદ દર્દીના પરિવારને કોઈ સ્વજન ઢ્વારા પાણ્ણલ સેવાશ્રમ હોસ્પિટલમાં સારવાર માટે જવા સુચન કરાયું હતું. જેથી મહિલા દર્દીના પરિવારનો તેમને સારવાર માટે પાણ્ણલ સેવાશ્રમ હોસ્પિટલમાં લાવ્યા હતા. હોસ્પિટલમાં મહિલા દર્દી દાખલ

કરતાં પહેલાં પરીક્ષણ શરૂ કરવામાં આવ્યા હતા. જેના પરિણામે તેમજ દર્દીના ખૂતકાળના પરીક્ષણના પરિણામો અને લક્ષણોને જોઈને તેમને પેટનું કેન્સર હોવાનું પ્રાથમિક તારણ પાણ્ણલ સેવાશ્રમ હોસ્પિટલના તજજ્ઞ તબીબો ઢ્વારા કાઢવામાં આવ્યું હતું. જે બાદ મહિલા



દર્દીનું સીટી સ્કેન કરવામાં આવ્યું હતું. જેમાં મહિલા દર્દીના પેટમાં કેન્સરની ગાંઠ મોટી થઈ રહી હોવાનું જણાવા મળ્યું હતું. જે બાદ હોસ્પિટલના તજજ્ઞો ઢ્વારા પ્રાચીની કરવામાં આવી હતી. જેમા મહિલા દર્દીને Adenocarcinoma of Stomachની બીમારી હોવાનું સાબીત થયું હતું. મહિલા દર્દીને પરીક્ષણમાં આવેલ

તારણો બાદ તજજ્ઞ તબીબો ઢ્વારા તેમનું ઓપરેશન કરવાનો નિર્ણય લેવામાં આવ્યો હતો. જે બાદ મહિલા દર્દીનું યોગ્ય ઓપરેશન કરી સારવાર હાથ ધરવામાં આવી હતી. સફળ ઓપરેશન બાદ મહિલા દર્દીને સ્વસ્થ હાલમા માત્ર 15 જ દિવસમાં હોસ્પિટલમાંથી રજા આપવામાં આવી હતી.

પાણ્ણલ સેવાશ્રમ હોસ્પિટલ ખાતે તમામ પ્રકારના કેન્સર તેમજ જટીલમાં જટીલ જઠરાત્રિય રોગોની સર્જરી કરવામાં આવે છે. જેમા હોસ્પિટલના તજજ્ઞ તબીબોને સફળતા પણ મળે છે. જેથી દર્દીઓને હંમેશા સ્વસ્થ થઈ પરિવાર સાથે ઘરે જતાં હોય છે.

વિચમાં થતા જુદા જુદા પ્રકારના કેન્સરમાં પેટના કેન્સર પાંચમા ક્રમે આવે છે. જેમા પણ Adenocarcinoma સૌથી વધારે થતું પેટનું કેન્સર છે. જેનું પ્રમાણ કુલ પેટના કેન્સરમાં 90 ટકા જેટલું હોય છે. આ કેન્સરના પ્રકારોનો કેલાવો 8 થી 30 ટકા જેટલો હોય છે. જેમા ખાસ કરી 35 થી 45 વર્ષ સુધીની મહિલાઓમાં આ પ્રકારના કેન્સરનું પ્રમાણ વધારે હોય છે. જો તેમને સમયસર જાણ થાય અને સારવાર મળે તો નિવારી શકાય છે.

### VADODARA

## આઈસીએમઆર સાથે MOU કરાયું સીકલ સેલના સંશોધન માટે પાણ્ણલ યુનિ.ને ગ્રાન્ટ મળી

પાણ્ણલ ઈન્સ્ટિટ્યૂટ ઓફ મેડિકલ સાયન્સ એન્ડ રિસર્ચ (PIMSIR) હવે ઈન્ડિયન ક્રોનિકલ ઓફ મેડિકલ રિસર્ચ (ICMR)ના સીકલ સેલ એનિમિયાના નેશનલ ટાસ્ક ફોર્સ ખોજેકરનો ભાગ બની છે. જે બાદ PIMSIR ઢ્વારા ગુજરાતના ઇંડાઉદ્યુગના આદિવાસી વિસ્તારમાં સીકલ સેલની બીમારી પર રિસર્ચ પ્રોજેક્ટ શરૂ કરાયો છે. જેમાં મુખ્ય સંશોધક તરીકે પાણ્ણલ ઈન્સ્ટિટ્યૂટ ઓફ મેડિકલ સાયન્સ એન્ડ રિસર્ચના કમ્યુનિટી મેડિસીન વિભાગના પ્રાધ્યાપિકા ડૉ. શીલી સુરતીને જવાબદારી સોંપવામાં આવી છે. સીકલ સેલને લગતી બીમારીઓ વેલ પરંપરાગત ચાલી આવતી બીમારી છે. દર વર્ષે ૫૨૦૦ લોકો સીકલ સેલની બીમારી સાથે જન્મે છે. જે બાદ તેમને સીકલ સેલની સમસ્યા છે. આ કિસ્સામાં તેને અંક સોધી વધારે પાંચથી ૩૪ ટકા યાનકામાં આવે છે. જેમને મુખ્ય સરકાર તેમને મળતા સામાજિક અને આર્થિક ગેરસામ વેળા તેમજ ઓછા પમાણમાં મળતી

તબીબી સારવાર મળવામાં આવે છે. આરતમાં આદિવાસી વિસ્તારમાં રહેનાર વર્ગ ઘણો મોટો છે. બારતમાં આદિવાસીઓની વસ્તી અંદાજે ૧૮ કરોડ આંકવામાં આવે છે. જેમાંથી ૧.૮૦ કરોડ લોકો સીકલ સેલનાં લક્ષણો, જ્યારે ૧૪ લાખ બીમારીથી પીડાતા હોય છે. ગુજરાતમાં આદિવાસી વસ્તી ૮૯.૧૨ લાખ છે. જેમાંથી અંદાજે ૯ લાખ લોકો સીકલ સેલનાં લક્ષણો ધરાવે છે, જ્યારે ૭૦ લાખ આ બીમારીના દર્દી છે. આ પ્રોજેક્ટનો મુખ્ય હેતુ સીકલ સેલની બીમારીથી પીડાતા આદિવાસી લોકો માટે સરકાર હસ્તક મોડેલ તેજાર કરવાનું છે. જેના થકી સરકારની આરોગ્યલક્ષી સેવાઓ અહીંયા પમાણમાં આ વિસ્તારમાં ઘણીથી હાકે અને દર્દીઓને માહિતગાર કરી સારવાર માટે જાગૃત કરી શકે. અંદાજે ત્રણ વર્ષ યાજનાર આ પ્રોજેક્ટ માટે લાખિક રૂ. ૨૯ લાખની ગ્રાન્ટની કાળવલી કરવામાં આવી છે. પીઆઈએમએસઆર ઢ્વારા આ પ્રોજેક્ટના લાભ વર્ષ માટે લાખ રૂ. ૨૭,૮૦,૮૮૦ની ગ્રાન્ટ કાળવી પણ તેમજ ઓછા પમાણમાં મળતી

## આદિવાસી વિસ્તારમાં સંશોધન માટે ICMR સાથે પાણ્ણલ યુનિ.નું MOU કરાયું સીકલ સેલની બીમારી અંગે સંશોધન કરવા માટે યુનિવર્સિટીને રૂ. ૮૭ લાખની ગ્રાન્ટની જ્ઞાળવણી

દેશભરમાં વિશ્વ સેલની બીમારી સામે લડત આજવા માટે બારતની સરકાર ઢ્વારા અનેક પગલાં લેવામાં આવી રહ્યા છે. તેમજ બારત સરકારના અરોગ્ય વિભાગ ઢ્વારા પણ સતત નવા પ્રોજેક્ટ થકી સીકલ સેલની બીમારીને દેશમાંથી નાશ કરવા માટે નવા પ્રોજેક્ટ પણ તાર કરવામાં આવી રહ્યા છે. ત્યારે વડોદરા નજીક વાઘોડિયા ખાતે આવેલી પાણ્ણલ યુનિવર્સિટીના પાણ્ણલ ઈન્સ્ટિટ્યૂટ ઓફ મેડિકલ સાયન્સ એન્ડ રિસર્ચને ઈન્ડિયન ક્રોનિકલ ઓફ મેડિકલ રિસર્ચ દ્વારા એક ખાસ પ્રોજેક્ટની કાળવલી કરવામાં આવી છે.

આને ઉલ્લેખનીય રીે કે, પાણ્ણલ ઈન્સ્ટિટ્યૂટ ઓફ મેડિકલ સાયન્સ એન્ડ રિસર્ચ (PIMSIR) હવે ઈન્ડિયન ક્રોનિકલ ઓફ મેડિકલ રિસર્ચ



ડૉ. શીલી સુરતી  
સેલની આરોગ્યની સમસ્યા છે. સીકલ સેલની બીમારીનું અરતમાં અસામાન્ય રીકેલ જુદામાં વલન કરવામાં આવ્યું છે. ખાસ કરીને આદિવાસી વિસ્તારોમાં તેનો અંક સોધી વધારે પાંચથી ૩૪ ટકા યાજનામાં આવે છે. જેનું મુખ્ય કારણ તેમને મળતા સામાજિક અને

આર્થિક ગેરસામ તેમજ ઓછા પમાણમાં મળતી તબીબી સારવાર મળવામાં આવે છે. બારતમાં આદિવાસીઓની વસ્તી અંદાજે ૧૮ કરોડ આંકવામાં આવે છે. જેમાંથી ૧.૮૦ કરોડ લોકો સીકલ સેલનાં લક્ષણો, જ્યારે ૧૪ લાખ બીમારીથી પીડાતા હોય છે. બારતના વેલન આપમાં આવેલા ગુજરાતમાં આદિવાસી વસ્તી અંદાજે ૮૯.૧૨ લાખ છે. જેમાંથી અંદાજે ૯ લાખ લોકો સીકલ સેલનાં લક્ષણો ધરાવે છે, જ્યારે ૭૦ લાખ આ બીમારીના દર્દીઓ છે.

આ પ્રોજેક્ટનો મુખ્ય હેતુ સીકલ સેલની બીમારીથી પીડાતા આદિવાસી લોકો માટે સરકાર હસ્તક મોડેલ

દેશભરમાં દર વર્ષે ૫૨૦૦ જેટલા લોકો જન્મે છે સીકલ સેલની બીમારી સાથે

## વાઘોડિયા પાણ્ણલ યુનિવર્સિટી ખાતે કાનૂની શિબિર યોજાઈ



(પ્રતિનિધિ) વાઘોડિયા, તા. ૨૪ વાઘોડિયા તાલુકામાં આવેલ પાણ્ણલ યુનિવર્સિટી મેડિકલ સાર્વજનિક કોલેજ મા અગામી ૨૯ નાપ્ટેબ્રનાર રોજ વર્ક હાઉ ડે નિમિત્તે કાનૂની જ્ઞાતા સેવા મંડળના ઉપક્રમે શિબિર યોજવા હતી આ શિબિરમાં ભવિષ્યમાં ધનાર કોલેજરોને કાયદા પ્રમાણે શું અવેરનેસ (સાવધેતી) લેવી જોઈએ તે બાબતે માહિતી પુરી આપવામાં આવી હતી જેમાં અલગ અલગ કોલેજરો ને કઈ કઈ બાબતમાં વિચારણા આ વાખડાઓમાં રહેતા યશીવ વ્યકિતઓને

મદદ રૂપ થઈ શકાય તે બાબતની કાયદાકીય માહિતી પુરી પાડવામાં આવી હતી આ પ્રસંગે આમુખોપ પાકટ ડિ. સી. સીવીલ લાજ ટુલ કાળમ કાનૂની જ્ઞાતા સેવા મંડળના સેકેટરી, અહુનિસિલ પરમાર વાઘોડિયા વકીલ મડલ ઈ. પ્રમુખ આસિકાવલી મકરાણી એડવોકેટ, વાઘોડિયા પી એલ અઈ બી એચ રહોડ, ડે. ઉમાબેન યાજક, ડે. અપિવેશ સેયદ મેઘાબેન પટેલ, નિલમબેન પટેલ એડવોકેટ તેમજ મોટી સંખ્યામાં વિચારણા આ પ્રસંગે ઉપવકિત રહ્યા હતાં.

# STUDENTS CORNER

## POEM: सवालनात

ताज़ा सीने में लगी आग बुझाएं कैसे,  
सो गया ज़हन मगर दलि को सुलाएं कैसे ॥  
मेरी आंखो में से तस्वीर तेरी हो गई गुल  
पर तसव्वुर से तेरी याद मटिाएं कैसे ॥  
तेरे लकिखे हुए खत सारे जला राख कए,  
तुझपे लकिखे हुए अशआ'र जलाएं कैसे ॥  
ये जो हैरान है गमगीन है मेरा नूर ए नजर  
इसको कसि तरह से बहलाएं, हसाएं कैसे !

बात आई है तो रुकेगी वहा तक जाकर  
उनको खोया है तो अब लौट के पाएं कैसे ॥  
ये ना सोचो के कहां जाना है बस चलते चलो  
फरि वहां सोचेंगे अब लौट के जाएं कैसे ॥  
मुन्तजरि हैं ये सभी दीदार के एक लम्हें को  
तुम न आओगे कभी इनको बताएं कैसे ॥

ज़हन: Mind

तसव्वुर: Thoughts, Imagination

अशआ'र: Lines Of a Poem

गमगीन: Sad

नूर ए नजर: Vision (Brightness/light) of Eyes.

मुन्तजरि: Waiting/ The one who awaits

Master Muntazir

2nd MBBS student, PIMSR

## The Third Chime.

The only candle in the room. It was a dim candle.

I lay my head on the table and kept staring at it. It had been probably 15-20 minutes now since I hadn't seen it flicker.

The flame stood still, as if in a long staring contest with me as to who would blink first.

The clock took the 3 AM chimes. Usually it is 3 low notes. "Ding. Ding." And then there wasn't a third one.

I started sweating with the wait of the third chime. I couldn't look at

the clock or I'd lose the staring contest. So I kept staring at the flame. Squeezing my eyes hard so my perceptive vision could help me see what was wrong with the clock.

Within seconds, the skin on my brow was melting with sweat. I finally turned away to look at the clock and see why it wasn't ringing. As I almost did, I felt a gasp of air and the candle went out. Although I did barely see why the clock didn't ring the third chime. It had stopped working.

Its still not working, and my body

is just lying there, head on the table. The clock is stuck at 3, and the candle, well it still wouldn't flick.

You see, the candle never went out in the first place. I did.

So my advice to you, never go into a staring contest with a candle after Midnight, especially on Halloween.

Adios, from the other side.

P.S. wake me up after you fix the clock!

Master Muntazir

2nd MBBS student, PIMSR

## STS project completion:

Krishna Soni, student of 2nd MBBS at PIMSR has successfully completed her STS (Short term studentship) project of ICMR (Indian Council of Medical Research) on, "A

study on assessment of immunization coverage among 0-6-year-old children in rural area of Gujarat". The project was completed in the 5 villages of Savli Taluka of Vadodara district. She will be awarded the certificate of

completion on submission of the final report and approval by the ICMR. The project was carried out under the guidance of Dr. Ankita Parmar, Assistant Professor of Community Medicine department, PIMSR.



# MYTH AND FACTS

**Myth :** Heart disease treats men and women the same.

**Fact :** Heart disease can affect the sexes very differently.

This begins with symptoms. Although many people experience the classic "elephant sitting on the chest" sensation when they have a heart attack, there are also less traditional symptoms, and they are more common among women.

Men can have less classic symptoms, but there is a higher prevalence with these in women. Older women tend to present more like men, with the classic chest pain, which is still the overwhelming symptom of a heart attack.

**Myth :** Aspirin and Omega-3 fatty Acids Are All Good

**Fact :** Most people have heard that aspirin and omega-3 fatty acids are good deterrents to heart disease. For the most part, this is true, but there are some caveats to their protective benefits.

Aspirin can exacerbate stomach problems and some people can have aspirin allergies. Every supplement and medication has pros and cons. A young woman's risk of excessive bleeding from taking aspirin may be greater than its potential heart benefits.

Omega-3 fatty acids are particularly beneficial for people who have already had a heart issue and are trying to prevent another. The American Heart Association (AHA) recommends eating fatty fish at least twice a week or taking up to three grams of omega-3 fatty acids in the form of a daily supplement. The AHA cautions that higher doses can cause excessive bleeding in some people.

**Myth :** If you have heart disease, you should eat as little fat as possible.

**Fact :** It's true you should eat a diet low in saturated fat and avoid trans fat altogether. But other fats, notably the unsaturated fats in vegetable oils and other foods, are beneficial. In fact, eating fish high in omega-3 fatty acids, such as salmon, twice a week can lower the risk of heart disease.

**Myth :** "I don't need to have my cholesterol checked until I'm middle-aged."

**Fact :** The American Heart Association recommends you start getting your cholesterol checked every 5 years starting at age 20. It's a good idea to start having a cholesterol test even earlier if your family has a history of heart disease. Children in these families can have high cholesterol levels, putting them at increased risk for developing heart disease as adults. You can help yourself and your family by eating a healthy diet and exercising regularly.

**Myth :** "This pain in my legs must be a sign of aging. I'm sure it has nothing to do with my heart."

**Myth :** Leg pain felt in the muscles could be a sign of a condition called peripheral artery disease. PAD results from blocked arteries in the legs caused by plaque buildup. The risk for heart attack or stroke increases for people with PAD.

**Myth :** Two to three hours of vigorous exercise per week will ensure heart health.

**Fact :** To lower your risk of death from coronary artery disease and cancer, you'll need five or six sessions of moderate to vigorous activity per week.

You don't have to be a diehard exerciser or even a weekend warrior to benefit from increased activity. But you do have to get off the sofa and move. Your heart will benefit from any activity you do, and the more you do, the more you will benefit. Aim for 30 minutes of activity a day—divided into 10- to 15-minute segments—and your heart will thank you.



This newsletter comes to you with the  
efforts of our literature club

Dr. Soeb Jankhwala

Dr. Krunal Shah

Dr. Mohit Sinha

Dr. Shashwat Nagar

Dr. Nisarg Savjiani

Dr. Hiren Patel

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