

# OUR HANDS



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MAR 2024

OFFICIAL  
NEWSLETTER OF



ANNA VELANKANNI  
MULTISPECIALITY HOSPITAL  
*Our Family Caring for Years...*

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## THE HEART OF HEALTH:

*A Doctor's Dual Duty*

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## ROLE OF ANTIOXIDANTS IN THE TREATMENT OF INFERTILITY

*The main role of antioxidants (AOX) is to neutralize ROS.*

## 54 BABIES DELIVERED IN JAN 2024

*with the best doctors, we have reached a new milestone.*

## BEST DOCTOR AWARD

# DR. GIGI SELVAN

*Indian Medical Association, Tirunelveli presented the "Best Doctor Award" to our CEO & leading Gynecologist Dr. Gigi Selvan during the Doctors Day celebration at Tirunelveli.*

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## CHRONIC DYSPNOEA THINK THE UNTHINKABLE IN POST COVID ERA

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# DEAR READERS



I am delighted to introduce the inaugural edition of our medical newsletter, where we aim to bring you the latest updates, insights, and advancements in the field of healthcare. As the editor, it is my pleasure to share with you the valuable knowledge and information that our team has meticulously curated.

In today's ever-evolving healthcare landscape, staying informed and up-to-date is of paramount importance for all healthcare professionals. This newsletter serves as a platform to bridge the gap between cutting-edge research and practical applications in patient care.

Our team of experts will be covering a wide range of topics, including medical breakthroughs, emerging technologies, clinical guidelines, and healthcare policy updates. We will delve into various specialties, from cardiology and oncology to paediatrics and geriatrics, aiming to cater to the diverse interests and needs of our readers.

In addition to clinical updates, we also recognize the importance of addressing the human aspect of medicine. We will feature articles on patient experiences, compassionate care, and the well-being of healthcare professionals.

We encourage you to actively engage with our newsletter by sharing your feedback, suggestions, and relevant topics that you would like us to cover. This platform is a collaborative endeavor, and we aim to foster an interactive community where knowledge and experiences can be shared for the benefit of all.

We are committed to providing evidence-based information and fostering a culture of continuous learning. Our goal is to empower healthcare professionals with the resources they need to deliver the highest standard of care to their patients.

Thank you for joining us on this journey. We are excited to have you as part of our readership, and we look forward in bringing you thought-provoking and informative content in the future editions of our newsletter.

Wishing you all continued success in your endeavors.

Sincerely,

**DR. JOSEPH S. FIDELIS**



Editor-in-Chief

**OUR HANDS** - Official Newsletter of  
ANNAI VELANKANNI MULTISPECIALITY HOSPITAL





**DR. R. MADHUBEN**  
DGO., DMAS, DRM (Germany),  
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INFERTILITY SPECIALIST &  
COSMETIC GYNAECOLOGIST

# ROLE OF ANTIOXIDANTS IN THE TREATMENT OF INFERTILITY

## Antioxidants

“

The main role of antioxidants (AOX) is to neutralize ROS. An antioxidant by definition is “Any substance that delays, prevents or removes oxidative damage to a target molecule.



Infertility affects approximately 15% of couples worldwide. During normal cellular metabolism, Reactive Oxygen Species (ROS) are generated on a continuous basis, either by endogenous sources (or) exogenous factors.

ROS are essential for many processes in the human body like, intracellular signalling pathways. An elevation in ROS eventually leads to oxidative stress (OS).

Oxidative stress is defined as an imbalance between oxidants & antioxidants. Oxidative stress can result in sub fertility by negatively affecting both the male and the female reproductive systems.

The main role of antioxidants (AOX) is to neutralize ROS. An antioxidant by definition is “Any substance that delays, prevents or removes oxidative damage to a target molecule”.

## Types of AOXs - Enzymatic & Non-enzymatic

Non-enzymatic AOXs are natural substances that are found in vegetables and fruits. They are also called Exogenous AOXs.

**Example:**  
Vitamin C (Ascorbic acid)  
Vitamin E (Tocopherol)  
Pyruvate  
Glutathione  
L-Carnitine  
Taurine & Hypotaurine  
Zinc  
Selenium  
Beta carotene & carotene.

Enzymatic, also known as Endogenous AOXs represent the main antioxidant system.

**Example:**  
Superoxide dismutase (SOD)  
Catalase  
Glutathione peroxidase

### Vitamin C

Ascorbic acid is a synthetic antioxidant. It is found at ten times higher concentration in the seminal fluid of fertile men than in infertile men. Vitamin C enhances sperms motility as well as protects sperms DNA from oxidative damage. (RDA: 2000mg/day)

### Vitamin E

It plays a major role in protection of the cell membrane, prevention of protein modification

and protection against DNA damage with regards to male infertility.

The function of vitamin E depends on selenium levels. During the scavenging process vitamin E utilizes glutathione peroxidase, a selenium dependant enzyme. (RDA: 400 IU orally / day for women, 400 IU+ Selenium 200IU/day for men)

### Carnitine:

L-Carnitine (LC) is a non-enzymatic AOX. It is produced by the liver & transported to the epididymis through blood circulation. It is a key factor in sperm motility during epididymal transit. In female, it helps in decreasing the ROS production & there by increasing the pregnancy rates. (RDA: 2g /day for women 3g /day for men)

### Melatonin:

Improves egg quality  
Increases fertilization rates. (RDA: 3mg/day for women.)

### Coenzyme Q10

Improves sperms quality (Concentration, Progressive, Motility, and Morphology).  
RDA: 600 mg / day in severe oligoasthenoteratospermia.





# PRECISION IN PROGRESS: A CHRONICLE OF LAPROSCOPIC MASTERY IN OUR HOSPITAL

## Introduction

In the ever-evolving landscape of medical science, the adoption and progression of laparoscopy have been pivotal in transforming traditional surgical approaches. This blog delves into the remarkable journey of laparoscopy within the corridors of our hospital, showcasing the strides made and the impact on patient care.

In 1983, our founder and Chief Gynaecologist, Late Dr. Rajam Authilingam, established laparoscopic services in our hospital, marking a historic milestone in our medical journey. Under her visionary leadership, laparoscopy was initially introduced for groundbreaking diagnostic procedures and became the first in our region to offer laparoscopic sterilization. This transformative initiative was later seamlessly taken forward by our Chief Surgeon, who, having undergone specialized training in Germany in 1998, brought state-of-the-art equipment, enhancing the excellence of our laparoscopic surgical procedures.

## Technological Advancement:

Over the years, our hospital has consistently been at the forefront of laparoscopic technology. From the humble beginnings of

## Technological Advancement:

laparoscopic procedure in 1983, we've embraced and integrated cutting-edge advancements, ensuring our patients benefit from the latest innovations in minimally invasive surgery.

In 2018, our commitment to excellence took another leap with the upgradation of our Laparoscopic Operating Theatre with world class STYKER HD OT SOLUTION, first of its kind in India. The introduction of advanced equipment has not only enhanced the precision of laparoscopic procedures but also positioned our hospital at the forefront of minimally invasive surgeries in our region.

## Training and Skill Development:

With the introduction of this advanced technology, our surgical team underwent comprehensive training to master the intricacies of the system. This investment in skill development ensures that our surgeons and staff are adept at utilizing the full potential of the state-of-the-art equipment, further elevating the quality of care delivered during laparoscopic procedures.

## Expanded Surgical Specialties:

The integration of this advanced equipment's have allowed us to offer advanced laparoscopic hernial surgeries, GI surgeries, laparoscopic surgeries in antenatal patients, neonatal and paediatric surgeries, and gynaecological surgeries. Our hospital stands as a center of excellence, providing a wide spectrum of minimally invasive procedures across various surgical specialties.

## Patient Benefits:

The impact on patient outcomes has been profound. This includes quicker recovery times, less postoperative discomfort, and improved overall patient satisfaction.

## Collaborative Approach:

Success in laparoscopy has always been a result of collaborative efforts. The upgraded Laparoscopic Operating Theatre, equipped with advanced technology, reflects our commitment to fostering interdisciplinary collaboration. Surgeons, nurses, and support staff seamlessly work together to utilize the advanced technology to its fullest potential, ensuring optimal outcomes for our patients.

## Conclusion:

As we reflect on the evolution of laparoscopy in our hospital, it is clear that the journey has been transformative. From the visionary initiation in 1983 by our founder, Late Dr. Rajam Authilingam, to embracing technological advancements and fostering a collaborative spirit, our commitment to staying at the forefront of medical progress is unwavering. Laparoscopy, once a pioneering technique for diagnostic procedures and sterilization, has become a cornerstone of our dedication to advancing patient care in General Surgery, Obstetrics and Gynaecology, as well as Paediatric and Neonatal Surgeries.



CELEBRATING



# LAPAROSCOPIC JOURNEY



## Advanced **HD** Laparoscopy

90% OF ALL SURGERIES CAN BE DONE USING THE MINIMAL INVASIVE TECHNIQUE,  
RESULTING IN MINIMUM SCAR, LESS BLOOD AND TISSUE LOSS HENCE ENSURING MUCH  
FASTER RECOVERY.



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**24 HRS EMERGENCY CALL: 9077 91 91 91**

# 2nd FOUNDERS' DAY



## Celebrating 46 Years of Excellence:

**Annai Velankanni Multispeciality Hospital Reflects on Achievements during Second Founders Day!**

Introduced privilege card for our patients, its more then just a card, it signifies our unwavering commitment to delivering outstanding healthcare experience and exclusive benefits. Mrs. Chirsty who born at AVH in 1980. she received the 1st Privilege card during this event.

## 'OUR HANDS' newsletter LAUNCH:

Launched our exclusive News letter - Our hands poster by Dr. Joseph .S. Fidelis and Dr Seetha, who is chief newsletter editorial for our newsletter.







# CHRONIC DYSPNOEA

## THINK THE UNTHINKABLE IN POST COVID ERA

“

*The COVID-19 pandemic has been linked to chronic pulmonary complications all over the world. Respiratory complications such as chronic cough, dyspnea, increased respiratory rate, and oxygen support demand are prevalent in recovered COVID-19 patients. These problems are long-term and have a negative impact on one's quality of life.*



Chronic dyspnoea is (defined dyspnoea present for more than four weeks) is an umbrella term for a number of distinguishable subjective experiences including effortful respiration, a feeling of choking or asphyxiation, and hunger for air.

It is a debilitating symptom, whose impact is second only to that of pain. In specialty practice, patients with dyspnea account for 15–50% of those seen by cardiologists and just under 60% of those seen by pulmonologists. 12% of patients seen by emergency medical rescue teams have dyspnea, and half of them need to be hospitalized. Dyspnoea is also an important predictor of quality of life, exercise tolerance and mortality in various conditions. Early and accurate diagnosis is critical to ensure the best outcome for the patient.

### Overarching principles:

There is rarely a single cause of breathlessness, therefore, multiple investigations are likely to be required and a holistic approach needed. Timeliness is key to avoid the current long delays in diagnosis and treatment; the majority of patients should receive a diagnosis and comprehensive management plan within six months of presentation to the health service.

If a diagnosis and management plan are not in place after initial investigations, a longer consultation may be required for a more detailed history and/or specialist advice.

A more precise classification of the patient's symptoms is helpful in the differential diagnosis. There are multiple criteria to be considered:

#### Pathogenetic

- Problems relating to the respiratory system (central control of breathing, airways, gas exchange)
- Problems relating to the cardiovascular system
- Mixed cardiac and pulmonary causes
- Other causes, e.g., anemia, thyroid disease, poor physical condition (i.e., muscle deconditioning)
- Mental causes

The diagnosis and treatment of chronic dyspnea are sometimes made more difficult by the simultaneous presence of more than one underlying disease, particularly in elderly, multimorbid patients.

### Post-COVID Pulmonary Fibrosis

The presence of pulmonary fibrosis secondary to COVID-19 is a new entity, whose exact definition, prevalence, pathophysiology and treatment are not fully understood. A systematic review demonstrated that pulmonary fibrosis after COVID-19 was identified in 7.0% of patients. The resolution of long-term lung lesions may occur more than six months after the acute phase, and seems to be related to the predominant pattern of pulmonary abnormalities, such as ground-glass opacities and consolidations, which may improve over time.

The acute phase of COVID-19 is crucial for the development and long-term persistence of pulmonary lesions after hospital discharge. The most important risk factors are mainly related to the patient and the severity of the infection. Elderly, obese, smokers and diabetics, and patients that required mechanical ventilation and had severe acute respiratory distress syndrome, with high levels of C-reactive protein, D-dimer and interleukin-6 seem to have a greater risk of long-term pulmonary involvement. Additionally, the hyperstimulation of the immune system associated with systemic inflammation secondary to COVID-19 can trigger autoimmune responses, with production of cytokines and autoantibodies, which may contribute to the development and progression of pulmonary parenchymal lesions. Genetic predisposition, such as the identification of shortening of leucocyte telomeres, is also speculated as a potential risk factor for the occurrence of definitive pulmonary fibrosis after COVID-19. Patients with chronic interstitial lung diseases (ILDs) are at increased risk of progression of lung parenchymal lesions after the acute phase of COVID-19.

Acute exacerbation of post-COVID fibrosis may occur and can be idiopathic or associated with reinfection, air travel, other viral and bacterial infections, and environmental exposures.





## CHRONIC DYSPNOEA

### THINK THE UNTHINKABLE IN POST COVID ERA

Additionally, viral infections, including COVID-19, may determine progression and acute exacerbation in patients with baseline interstitial lung abnormalities and ILDs, increasing the risk of hospitalization and death.

Despite significant advances in the management of the acute phase of COVID-19, there are still several uncertainties about the treatment of post-COVID-19 pulmonary fibrosis that need to be clarified. The use of antifibrotics nintedanib and pirfenidone is established in fibrotic and progressive ILDs, such as idiopathic pulmonary fibrosis. However, the role of antifibrotic drugs in post-COVID-19 fibrosis is unclear and may be considered in rare scenarios, such as those with the progressive phenotype over time.

### Pulmonary Embolism:

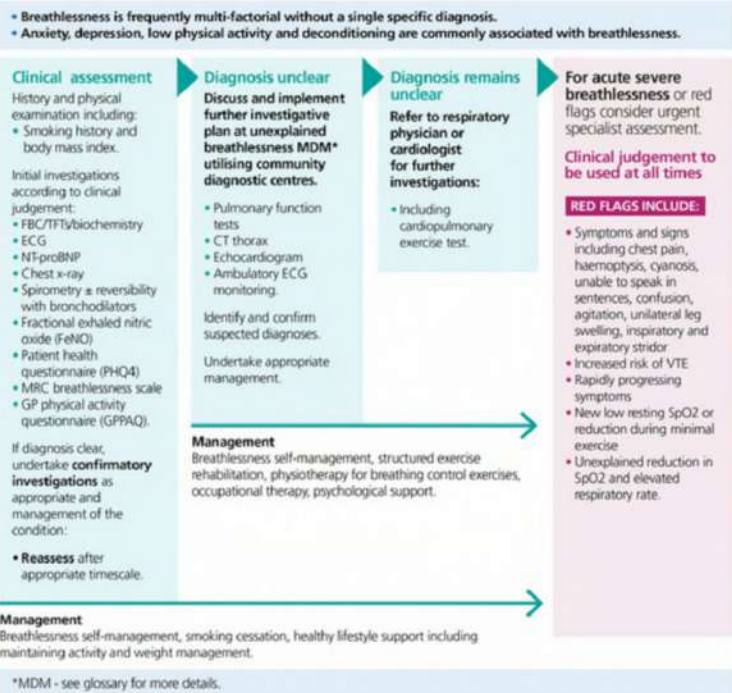
Pulmonary embolism (PE) is a serious medical condition that can occur as a result of venous thromboembolism (VTE) in post Sequelae of SARS-CoV-2 infection (PASC), can potentially lead to PE due to the formation of blood clots in the lung vasculature. Incidence rate of PE was observed as 7% patient of post covid patient. Nearly 3 years after its inception, studies have found strong correlations between coagulopathy and SARS-CoV-2 infection.

A study of 353,164 COVID-19 patients matched with 1,640,776 controls based in the United States (US) reports that COVID-19 survivors are twice as likely of developing PE or respiratory conditions in the year post-infection. The US Centers for Disease Control and Prevention (CDC) also reports that with newer transmissible strains of COVID-19, illness of hematological origin is set to rise. In the morbidity and Mortality Weekly Report (MMWR), patients aged between 18 and 64 years and 65 or older experienced the highest risk for respiratory symptoms and PE.

### Pulmonary arterial hypertension post COVID-19:

Right ventricular dysfunction (RVD) and pulmonary hypertension (PH) are one of the controversial complications of COVID-19 either secondary to post-COVID-19 lung fibrosis or pulmonary thromboembolism. Pulmonary hypertension (PH), which may cause right ventricular (RV) involvement and dysfunction, can occur as a result of lung parenchymal injury and disturbed pulmonary circulation. Increased age, BMI, DM, smoking, decreased PaO<sub>2</sub>, increased CORADS score, and abnormal spirometry are risk factors for PH in post-COVID-19 patients.

### Diagnostic pathway for patient presenting with chronic persistent breathlessness (>8 weeks duration)



“

A mean pulmonary arterial pressure of more than 20 mmHg at rest is currently the criteria of pulmonary hypertension (PH). A pulmonary vascular resistance (PVR) > 2 Wood units and a pulmonary arterial wedge pressure ≤ 15 mmHg are also implied by the definition of pulmonary arterial hypertension (PAH).

Pulmonary hypertension worsens gradually in some persons and may be fatal. Some forms of pulmonary hypertension have no known cure; however, therapy may help manage symptoms and enhance quality of life





# CARE OF BABIES AT HOME

## AFTER THEY COME OUT OF THE HOSPITAL

1. Continue exclusive breastfeeding till 6 months of completed age
2. Continue breastfeeding till 2 years of age

### How often to breastfeed?

1. Initially 2nd hrly, Later demand feeds
2. Early signs of hunger – Alertness, opening mouth, crying is a late sign
3. Do not wait for more than 4 hrs
4. On each feeds baby should fully empty each breast

### How to know if my baby is getting adequate milk?

1. Urine 6-8 times /day after 48 hrs of life
2. Passing stool (Golden Yellow)
3. Goes to sleep for 2-3 hrs after the feeds
4. Reaches birth weight by 10th day of life
5. Gains weight at rate of 15-20g /day (After 10 days of life)

### When and how to give bath to my baby?

1. Daily sponging with lukewarm water when in the hospital
2. Babies can be given bath once baby's weight is > 2.5 kg and after the cord is shed
3. Oil massage good
4. Use lukewarm water for bath, first in body and later in head. Dry head first
5. Duration of bath should not be more than 5 minutes
6. Use soap only twice in a week during initial months
7. After bath use moisturizer
8. Avoid talcum powder

### How to take care of my baby's umbilical cord?

1. Keep umbilical cord clean and dry
2. Umbilical cord sheds by 7-10 days
3. Routine use of antiseptics should be avoided
4. After bathing the cord should be wiped dry with clean cloth
5. Diaper should always be kept below the umbilicus to avoid urine contamination

### Oil Massage:

1. The gentle strokes and tactile stimulation can improve circulation and gastrointestinal function, potentially aiding in weight gain and reducing issues like constipation.
2. Oil massages are an opportunity for parents to bond with their newborns, promotes relaxation, and can be comforting for the baby, helping to reduce crying and induce sleep.
3. Depending on cultural practices and climate, common oils include coconut, olive, or almond oil. Always test a small patch of skin first to ensure there are no adverse reactions.

### Danger signs: (Visit Hospital immediately)

1. Poor feeding,
2. Decreased activity,
3. Yellowish discoloration of palms and soles,
4. Fever or cold to touch,
5. Abnormal movements,
6. Fast breathing,
7. Bluish discoloration.

### How to Massage your baby step by step



### “

#### Follow up visit:

1. First Doctor visit at 2 weeks of life to look for exaggerated neonatal jaundice, Cardiac murmur

2. Collect Newborn screening report to r/o common neonatal conditions like congenital hypothyroidism, etc

3. Hearing screening / Red reflex

4. Advise regarding 6 weeks vaccination

5. Education about danger signs and when to visit doctor in emergency care





# GINGIVAL AND PERIODONTAL DISEASE

“

An inflammatory disease affecting the gums and bone supporting the teeth

Periodontist - is a dentist who specialises in prevention, diagnosis and treatment of gingival and periodontal disease and in the placement of dental implants

Causes

- 1) poor oral hygiene
- 2) improper brushing technique
- 3) incomplete/ improper tooth fillings
- 4) systemic disease like Diabetes
- 5) side effects of certain medications
- 6) hormonal changes especially during pregnancy and puberty
- 7) Hereditary

Poor oral hygiene is the most common cause of gingival and periodontal disease. Bacterial action on the food deposits causes a thin film - plaque which when not removed by proper tooth brushing results in hard deposits called calculus. These hard deposits cannot be removed by routine tooth brushing or flossing. Eventually calculus accumulation increases, damaging the gums and the bone surrounding the teeth, ultimately leading to tooth loss.

Improper brushing technique not only causes plaque accumulation but also injures gums.

Improper or incomplete tooth fillings especially in between teeth lead to food lodgement creating gum pain and bone loss.

Diabetes impairs healing and increases the inflammatory markers in the blood level. This inflammatory condition aggravates the underlying gingival and periodontal disease thereby making it more severe.

Hormonal changes occur during pregnancy and puberty. Increase in levels of progesterone favours growth of disease causing pathogens in the oral cavity thereby aggravating the gingival and periodontal disease.

Hereditary - in some people genetic or hereditary influence play an important role in periodontal disease.

Certain medications - some drugs cause enlargement of gums in some people.

### *When to visit a dentist?*

- 1) Bad breath or bad taste
- 2) Red or swollen gums with or without pus discharge
- 3) Bleeding gums
- 4) Loose/ Mobile teeth
- 5) Sensitive teeth





# REVIEWS AND AWARDS

## PATIENT REVIEWS on Google



★★★★★

**sri ram** 

It's not hospital. It's temple God's family Dr.rajam mam ( power full God) Personally My family thank to best care my mam Dr. Gigi selvan consultation are Good.as like one of my family member.  
Dr.gigi madam gives life to my wife (karthika sriram)  
I thank to Dr.Raj sir and Dr.vani mam and Dr.madhu mam  
My first baby birth on 2018  
My second baby birth on 2020  
My brother baby birth in 2020  
DR.raj did two surgery for my wife  
Duty Nurses services good

★★★★★

**MAYEI MAYEI** 


We has come for 28 years for the treatment I very much like that all staff in the hospital say we pray for you even though they were different religions they not seen that just say we pray for you and your family the when we saw Gigi mam our mind get relaxed from the tenes situation Dr. Roy sir done surgery for my wife he care very well

★★★★★

**Noor Nisha** 

All care measures are good NICU staff are care the baby very well then billing team explain each bill and the details of the. House keeping is good they clean regularly.

★★★★★

**Sunita Thesma Selvabalan** 

Awesome hospitality from doctors, nurses and the entire team. Feel good, homely environment. Cost effective hospital. Would like to give a 5 star rating !



## Service to Humanity Award

Grateful to IMA Tirunelveli for recognizing our dedication and service to humanity during the COVID-19 crisis. This award is a testament to the hard work and commitment of our entire team. Thank you to everyone who has supported us along the way.



## Best Branch Award

Our consultant Pediatrician, Dr T.R Ajay Prakash on receiving the Best Branch Award for Tirunelveli IAP This achievement reflects the dedication and excellence of our team in advancing pediatric care.







**DR. FRANCIS ROY**  
MS(ORTHO), MCH(ORTHO)  
CHIEF CONSULTANT &  
ORTHOPEDIC SURGEON

# THE HEART OF HEALTH:

## A Doctor's Dual Duty - Health and Fitness:

A Prescription for Doctors and Patients alike in the bustling corridors of hospitals and the quiet spaces of clinics doctors tirelessly work to heal and help their patients.

Yet, amidst this noble pursuit, it's crucial for healthcare professionals to remember our own well-being.

The adage "Physician, Heal Thyself" is a reminder that doctors must also prioritise their health and fitness.

## The Ripple Effect of a Healthy Doctor

A healthy doctor is a beacon of inspiration even today. When patients see their healthcare providers making positive lifestyle choices, they are more likely to be motivated to follow us. It's a ripple effect where the benefits are manifold like improved patient outcomes, enhanced personal well-being and a stronger healthcare system.

## Fitness: More Than Just Physical

Fitness for doctors isn't just about physical health; it's about mental and emotional resilience. The demanding nature of the medical profession means stress is a constant companion. Regular physical activity is a proven stress-buster, and when combined with mindfulness practices like meditation, it can lead to better mental health.







## THE HEART OF HEALTH:

### A Balanced Diet:

The Cornerstone of Vitality Nutrition plays a pivotal role in maintaining energy levels and preventing illness. For us too, who often work long hours, a balanced diet is the cornerstone of vitality. It's not just about advising patients on healthy eating; it's about adhering to that advice.

### Sleep:

#### The Unsung Hero of Health

Doctors know the science: Sleep is critical for cognitive function and overall health. Yet, we often sacrifice sleep for the sake of our patients. It's time to champion sleep as the unsung hero of health, ensuring that both doctors and their patients give the priority it deserves.

### The Way Forward:

It's true that we often have hectic schedules that can lead to missed meals or reliance on fast, less nutritious food options. However, there are strategies that can help busy medical professionals maintain healthy eating habits:

**Prepare Meals in Advance:** Cook and portion meals ahead of time to have healthy options readily available.

**Pack Lunches Nightly:** Prepare your lunch the night before to avoid unhealthy choices during the day.

**Healthy Snacking:** Keep a stash of healthy snacks like nuts, fruits, or peanuts at work.

**Stay Hydrated:** Drink plenty of water throughout the day to stay hydrated and avoid sugary drinks.

**Intermittent Fasting:** Trying to incorporate 12 – 16 hour fasting window would be a great way of cleansing our metabolism daily.

**Mindful Eating:** Be conscious of what and when you're eating, even during busy periods.

By incorporating these practices, we can better manage our nutrition and set a positive example for our patients.

### Fitness Trends:

**Hybrid Workouts:** Combining different exercise styles for a comprehensive workout experience.

**Mind-Body Integration:** Practices like yoga and meditation are becoming integral parts of fitness routines.

**Personalized Fitness:** Tailored workout plans based on individual goals and biometrics.

**Focus on Recovery:** Emphasizing rest and recovery as much as the workout itself.

**Time-Optimized Fitness:** Short, intense workouts that fit into busy schedules.

### Diet Trends:

**Quality Protein:** Moving beyond quantity to focus on the quality and source of protein, with an emphasis on complete proteins.

**Plant-Based Diets:** A continued rise in plant-based eating, with a shift towards 'real' plant-based foods over ultra-processed alternatives.

**Functional Foods:** Foods that provide additional health benefits beyond basic nutrition.

**Nostalgic Flavours:** Comfort foods with a healthy twist.

**Hormone-Friendly Meals:** Diets designed to support hormonal balance.

**Homegrown Foods:** An increase in growing and consuming one's own produce.

### Healthy food options

For us which are also great for anyone looking to maintain a balanced diet, which not only include rice and wheat or dishes made out of them.

We need to add:

**Eggs:** A versatile source of protein that can be enjoyed in many ways.

**Paneer:** A milk based protein that's also rich in nutrients.

**Fish:** Especially those high in omega-3 fatty acids like wild salmon.

**Apples:** A convenient and healthy snack option.

**Berries:** Such as blue berries, black berries and raspberries, which are high in antioxidants.

**Avocado:** Packed with healthy monounsaturated fats.

**Spinach:** Low in calories and a good source of vitamin A

**Millets:** A high fibre complex carbohydrate alternative to rice and wheat.

Low Carbohydrate, Healthy protein, High fibre and Good Fat in diet makes it balanced always.



*In conclusion, the landscape of fitness and diet is ever-evolving, with 2024 bringing fresh and exciting trends that cater to a more personalized and holistic approach to health and wellness.*

*As doctors, the commitment to health and fitness is our dual duty – to oneself and to one's patients. It's a journey of continuous improvement and dedication. After all, a healthy doctor is a better doctor & a better doctor means a healthier world for all.*







## RECENT WORKSHOP

## Workshop on **Infection Control & Antimicrobial Stewardship** in collaboration with



We're thrilled to announce the successful completion of our recent workshop on Infection Control and Antimicrobial Stewardship, in collaboration with CAHO- Consortium of Accredited Health care Organisation

Special appreciation to our esteemed speakers and Panelists, Dr. Parivalavan Rajavelu, Dr. Malathi, Dr. Nandakumar, and Dr. Prasanna Narayanan Raju, for sharing their expertise and knowledge with us.

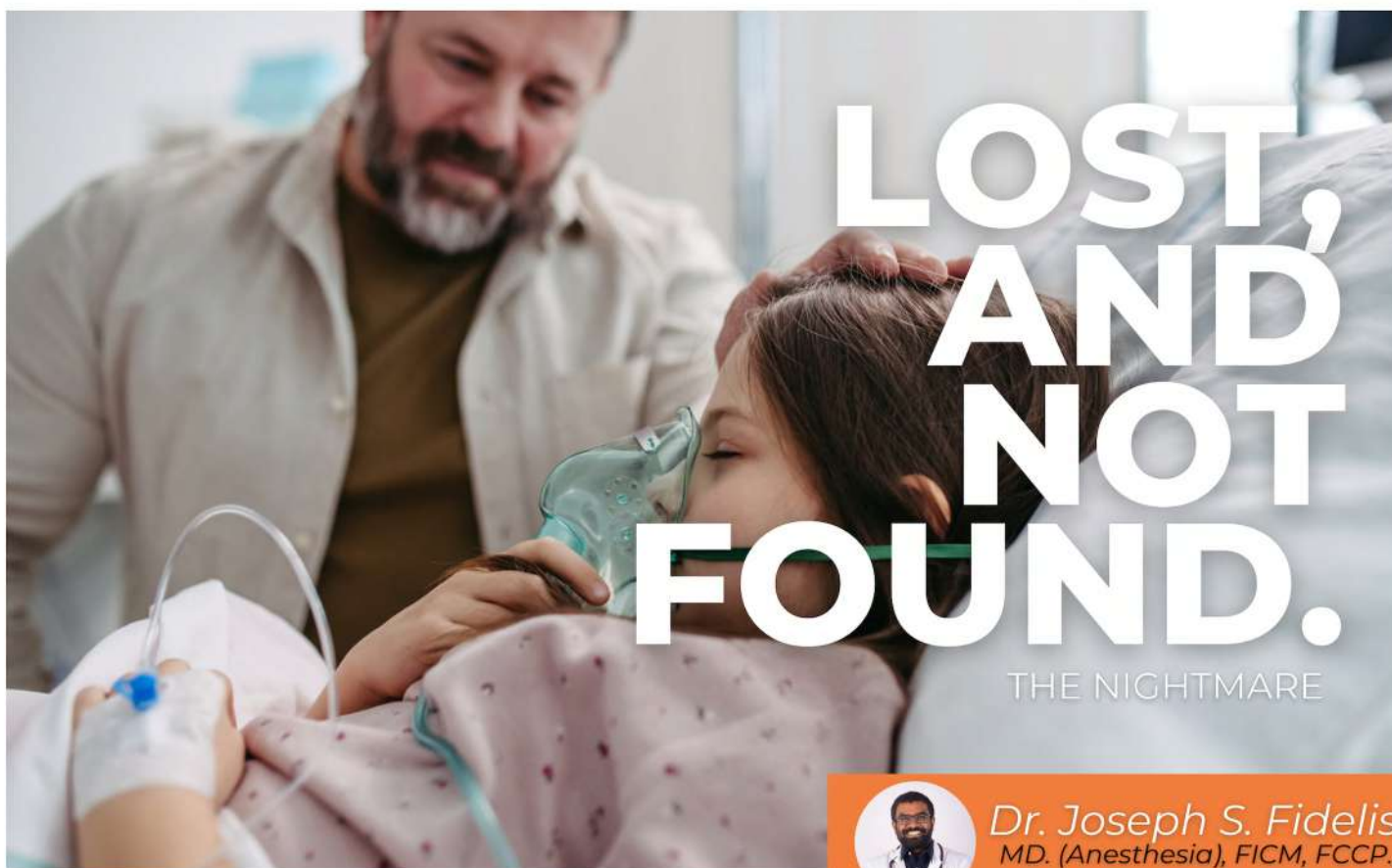
With over 60 participants, we explored vital topics including IPC & AMSP programme, infection control audit tools, rational prescription practices, and practical solutions for antibiotic selection and usage challenges.

Let's continue to apply these learnings in our healthcare practices, striving for excellence and ensuring the best possible care for our patients.

Stay tuned for future events and opportunities to collaborate. together, we're shaping the future of healthcare!







# LOST, AND NOT FOUND.

THE NIGHTMARE



*Dr. Joseph S. Fidelis*  
MD. (Anesthesia), FICM, FCCP.,

It all happened in a matter of less than four hours.

Having exhausted his balance leave, he had just returned from a short vacation. Work had piled up at office and he was working hard to catch up on meetings, calls, mails, proposals and whatnot. Suddenly, his mobile rang. Something made him pick up the phone, though it was an unknown number. He was about to say, "Will call you later" and he heard a frantic voice on the other side. "Please come to the hospital immediately; your daughter is admitted".

He ran to his supervisor asking permission to take leave regarding a family emergency. His supervisor stared back at him and said, "Okay. I can't say no. Go take care of your family, but it may reflect badly on your appraisal as you have missed too many deadlines". There was a war raging inside his mind, but he took a deep breath and rushed to the hospital.

He tried calling his wife on the way, but her phone was not reachable. As soon as he entered the hospital, he felt the chaos. Panicked by now, he ran to the reception. He asked for his daughter by name, who would have been brought in a while back. He was directed to the emergency. There he was told, "Yes, she was brought in a couple of hours back." He found his wife near the emergency area sobbing inconsolably.

He asked her, "what happened". She said, "Don't know. Gita (their teenage daughter) had started breathing heavily all of a sudden. I brought her here. And they took her into the emergency department". He peeped inside, found a doctor smiling and talking over a mobile phone. He looks inside in utter despair and is able to locate Gita on one of the beds: gasping for breath with the mask on her face and monitors connected and beeping continuously. He could also see her fright on her face. He tried to get the attention of a doctor to know 'what was happening' but failed.

Feeling helpless, he sat down in the chair next to his wife waiting for someone to come out of the emergency door. Even the 20-minute wait appeared to be a lifetime and tortuous every single minute. He kept on consoling his wife that all would be ok. A person suddenly came out of the casualty and gave a bunch of sheets for him to sign to continue the treatment. He signed them blindly and was desperate to have some information. He was asked to pay a deposit of ten thousand rupees immediately for the treatment.







## LOST, AND NOT FOUND.

He held the man's hand with despair, "Will you at least tell me what is happening?" The man shrugged and said, "I do not know, ask the doctor."

He ran to the cash counter to pay the money. The cashier said, "Cash only as the swipe machine was not working". He rummaged through the purse, searching for cash. He could find barely three thousand or so. He asked if he could pay the balance later. A curt 'no' was all he got. He ran to the ATM near the hospital and came back with the cash.

He rushed with the receipt to the emergency and found a doctor approaching him. "Are you the parents of the girl? You need to take care of her properly. She is doing fine now. You can take her home". His Actually, too many questions flooded his mind, but words didn't come out. He felt so relieved just to know that she was ok and they could all go home. This time, he had tears in his eyes.

A nurse hurriedly explained that Gita was actually suffering from a mild asthma attack possibly because of excessive dust and a watering nose. On the way back home, Gita asked her teary-eyed mother 'what had happened'. She said, hospitals are like factories and run like machines. No emotions, no feelings!

As an afterthought, she added,

*"Hope that God brings care back into healthcare".*





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