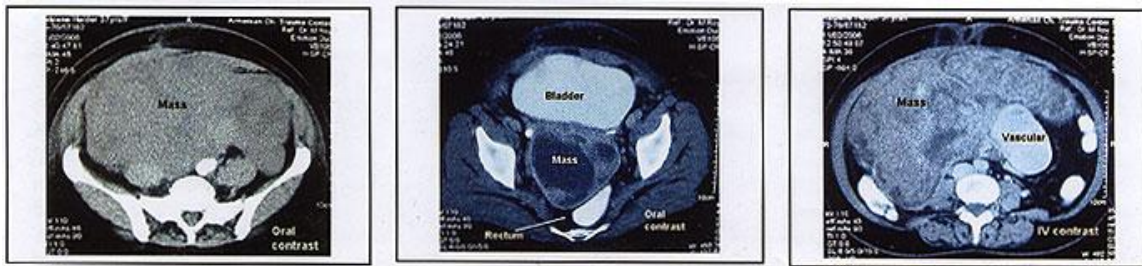


Healing Touch

Vol-4 No. 3
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Curing with compassion

Tale of a tumour



The abdominal cavity is home to a number of vital organs. It is one large cavity, which has been divided into few inter-connected compartments. Therefore, abdominal diseases may give rise to a variety of clinical symptoms and signs. In addition, diseases of one compartment could potentially spread into neighbouring cavities thereby altering the clinical manifestations of the primary ailment. All this leads to a diagnostic dilemma, which may not be resolved by state-of-the-art investigations.

A 37 years old nulliparous lady had presented to the outpatient department with a large asymptomatic abdominal mass. She was otherwise fit and healthy and had a good appetite and weight. She had undergone a laparotomy few weeks ago for the same condition in a suburban nursing home, where the mass was deemed irresectable and tissue obtained from adjacent structure was inconclusive on Histopathology. Upon presenting to this hospital, she underwent a contrast CT scan of the abdomen, which revealed a large mass filling almost the whole of abdomen and the pelvis. Due to the sheer extent, the organ of origin could not be deciphered. The left side of the mass was intensely vascular. Hence, a mesenteric angiogram was performed which showed that the superior mesenteric arcade was shifted cranially and to the right and the mass was deriving its blood supply from the sigmoid vessels. Her routine blood tests, tumour markers like CEA, CA 125 and CA 19.9 and chest X ray were normal.



She underwent a full bowel preparation and after general anaesthesia, both the ureters were stented by the Urologists. A formal laparotomy was done, which revealed a well-encapsulated mass. To our surprise, despite the CT findings, the mass could be dissected all around and was delivered out of the pelvis with ease.

The uterus was found pulled up into the abdomen (the uterus was not localized in the CT scan) and after complete dissection, the mass was found attached to the right side of the body of the uterus by a narrow pedicle and this was served. She made a smooth recovery and was discharged on the 6th postoperative day. Histopathology revealed leiomyoma, which in such clinical situation is a uterine fibroid!

Uterine fibroid originates from the uterine muscle and grow into the uterine cavity. Not uncommonly, they could grow outwards and form a sub serous mass by the side of the uterus. Rarely these growths could detach from the uterus, attract vascular supply from neighbouring tissues and migrate to an area remote from the uterus: wandering fibroid. Our patient represents one such rare case and is an example of how difficult it could be to diagnose a common abdominal disease, when it decides to present in an uncommon manner. Abdominal conditions may have subtle clinical findings and could defy most sophisticated investigations. It is no wonder that the study of abdominal diseases is such a fascinating speciality. Such a tricky situation calls for a multidisciplinary approach and separates the optimistic team from their nihilistic counterpart.

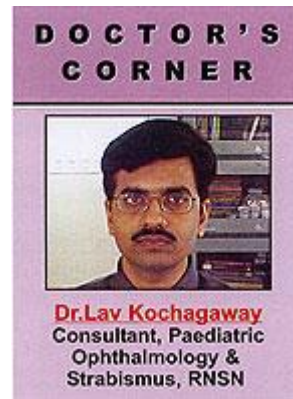
Dept of Surgery, Dept of Radiology and Dept. of Urology, ACTC

Botox for Blepharospasm

Botulinum toxin (Botox) is a complex protein produced by the anaerobic bacterium Clostridium botulinum. It produces a total of seven different toxins all of which have the same end result, the paralysis of muscle. One of the toxins, Botulinum Neurotoxin Type A, is now available for medical use under the trade name Botox. Small, diluted amounts can be directly injected into specific muscles causing controlled weakening of the muscles. It is freeze dried and supplied in vials containing 50/100 units - it is reconstituted using non-preserved saline. Botox is the brand name of the toxin produced by the bacterium Clostridium botulinum. In large amounts, this toxin can cause botulism, which you probably associate with food poisoning.

Botox disconnects the myoneural junction by inhibition of release of acetylcholine. Botox takes effect in hours to days, lasts months, and is essentially reversible (clinically) - ultra structural changes in the muscles are minor. Although antibodies to Botox have been found, they produce little if any clinical effect.

The first indications for which Botox was used clinically are Essential Blepharospasm and Acute paralytic squint. Other indications are hemifacial spasm, nystagmus, to produce temporary ptosis for treating corneal exposure, to remove wrinkles to face like forehead lines, crow's feet (lines around the eye) and frown lines. It is also being used for migraine headaches. Benefits begin in 1-14 days after the treatment and last on average for three to four months, after which it can be repeated. All effects of the toxin ultimately reverse with time.



Is Botox Safe?

Since 1990, success rates of over 90% have been reported in medical literature. Wide attention has been given to Botox and more and more applications have been found for it, often with equally impressive success rates. Botox is now the treatment choice for muscular spasms affecting the face, and repeated studies have demonstrated that it is a very safe and effective treatment.

Many studies have confirmed side effects to be minor in the vast majority of applications. Side effects are generally transitory, well tolerated, and amenable to treatment. They are related to the dose of Botox administered. Persistent complications are distinctly rare, and serious side effects are uncommon. Some of the reported side effects include:

- Flu like symptoms. These are mild and transient.
- Systemic complications are uncommon.
- Tenderness or bruising at the site of injection, and headaches-again mild and transient.
- Muscle weakness. This is to be expected in the muscles injected but in practice this is rarely a problem.
- Weakness in other areas is rarely troublesome and is associated with large doses.
- Allergy is a theoretical risk but is virtually unknown.
- Antibodies can be produced and if this happens the toxin becomes ineffective, but there are no other effects. The antibodies often disappear with time and treatment may be successfully recommenced after an interval.
- Other very low incidence of complications of botulinum toxin injections includes droopy eye (ptosis), dry eye and photosensitivity. One of the more common adverse effects, ptosis, is due to diffusion of toxin from the upper eyelid injection sites to the levator muscle.

Contraindications include pregnancy, lactation, and infection in the vicinity of the site, current treatment with amino glycosides group of antibiotics, bleeding disorders, myasthenia gravis and allergy to tetanus toxoid.

Botox for Blepharospasm:

Blepharospasm is a condition in which one or both eyelids spasm forcefully and close uncontrollably repeatedly. This involuntary closure of the eyelids may sometimes even result in temporary loss of vision. The cause of blepharospasm is unknown. Botox injections, when administered in tiny dosages by injection in the upper and lower eyelids of the involved eye, may result in effective resolution of the condition. The effect of the treatment usually begins in 1 to 14 days and lasts for 3 to 6 months. Repeat injections may be required every 3 to 6 months depending on recurrence and severity of the condition.

Botox for Hemifacial Spasm:

Hemifacial spasm is a condition, which involves spastic contractures of one half of the face that are forceful, uncontrollable, and may be agonizing to the afflicted. Hemifacial spasm may be due to vascular compression of the facial nerve or an intracranial tumour and therefore, neuroimaging is often considered. Treatment of hemifacial spasm may include surgery for the underlying cause, selective ablation of branches of the facial nerve, or Botox injections.

The Botox injections would certainly be considered appropriate symptomatic treatment (for hemifacial spasm) if an underlying cause cannot be found or is otherwise not treatable. The Botox injections may be given in select locations of the face with a tiny needle; retreatments are typically required every 3 to 6 months.

Seminar on stress management

Dr. Prashant Kakoday, Director, Center for Integral Health in Cambridge, UK visited our institution to deliver a lecture on: 'Management of Stress'. The meeting was held at 8.15am on 3rd March, in the Conference Hall of the Utility Building.

Dr. Kakoday was born in India and specialised in ENT Surgery from the Royal College of Surgeons in London.

Thereafter, he has spent the last 15 years of his life in understanding and teaching the holistic principles of life and health. His views on health, entitled “The Concepts of Total Health” were presented to the WHO in the year 1994.

Dr. Kakoday’s areas of interest and research include the relationship between the psyche, emotions, behaviour and health. Inspired by the teachings of Brahma Kumaris World Spiritual University, he realizes the requirement for a fundamental shift in our attitude to bring about harmony and contentment in our society.

His ideas on consciousness and health have led him to being invited to speak in more than 60 countries at various universities, medical schools and organisations including the United Nations in Geneva, the ILO, and companies like Telenor in Norway.

On this day, his speech, presented to our doctors, nursing and paramedical staff, and the administrative staff of the hospital, enlightened the gathering on the science and healing power of happiness, the positive psychology and Raja Yoga, the beginning of a new consciousness with the realisation of happiness in life, health and forces of illness, healing through medicines, the spiritual dimension of health and wholeness of life, power of thought and management of stress.

After his thought evoking lecture, Sister Smita, in her mellifluous voice and lucid language taught the audience the methods of meditation for the purpose of management of stress.



Dr. Prashant Kakoday

Dr. Kakoday enlightened the gathering on the science and healing power of happiness, the positive psychology and Raja Yoga



The audience at the seminar



Sister Smita addresses the gathering

Talks on Myocardial Infarction, liver disease, telemedicine

The Academic Forum of RTIICS and ACTC (AFRA) organised a CME on Sunday, 26th March. The programme started at 10 am with the inaugural address delivered by Dr. Mrinalendu Das, Coordinator, AFRA. The participants consisted of doctors from both the hospital units and hence encompassed different areas of medical specialty.

The day's schedule comprised the following three addresses:

'Reperfusion strategies in the management of acute myocardial infarction' by Dr. Binayak Deb.



In his lecture, Dr. Deb stated that in the last decade, the approach to the management of acute myocardial infarction has shifted focus from pharmacological approach (thrombolysis) to mechanical reperfusion strategies (primary angioplasty). Different multicentric randomised clinical trials have shown the superiority of primary angioplasty over thrombolysis in acute AMI. However, some logistical and economical limitations remain in performing primary PTCA in the setting of an AMI. Hence, the conclusion would be to offer primary angioplasty to a particular subset of high risk AMI patients and the rest of the patients should undergo thrombolysis at the earliest possible time from the onset of symptoms.

'Alcoholic liver disease' by Dr. N. P. Bohidar. In his speech, Dr. Bohidar stated that alcohol consumption increases with industrialisation and so do alcohol-related medical problems. Alcoholic liver disease is the most dreadful of all the alcohol-related complications.

He pointed out that alcoholic liver disease is in fact a spectrum of disease starting from alcoholic fatty liver through alcoholic hepatitis to alcoholic cirrhosis of liver. However, this is not necessarily a sequential event that a person has to have alcoholic hepatitis before developing cirrhosis. And yet again, none of these are seen in a pure and singular entity: a patient of cirrhosis may have some amount of hepatitis and/or fatty liver along with it. Fatty liver is completely reversible on abstinence whereas hepatitis is partially reversible and cirrhosis is almost irreversible.

Unlike in the pancreas, the evil effects of alcohol on liver are dose-related and not idiosyncratic. When alcohol is consumed by a male at a dose of more than 80gms/day (Cirrhogenic Dose) for several years, there are fair chances of developing cirrhosis. This dose for females is much less. Similarly, due to the difference in the activity of alcohol-metabolising enzymes, this dose is different in different ethnic groups.

He stated that in the initial phase of fatty liver, the patient is asymptomatic and unless detected by the doctor while getting investigated for unrelated problems, it goes unnoticed and uncared for by the patient. On the other hand, alcoholic hepatitis is an acute condition and has high mortality despite proper care.

Alcoholic cirrhosis is a stage of no return and the symptoms, signs and complications are similar to those demonstrated in cirrhosis caused by any other reason. The best management of this is liver transplant, but because of the lack of donor organ and infrastructural and other facilities, the prognosis remains grim. The mainstay of all these types of ailments remains:

1. Abstinence,
2. Nutritional Supplementation
3. Prevention of complications.

Like in other medical conditions, he emphasized, prevention of alcoholic liver disease is far more simple and feasible than the different modes of therapy.

Telemedicine Initiative of Asia Heart Foundation by **Dr. Vinod K Gupta**. Telemedicine is one of the ways of treating patients who need specialist care but are residing away from city where such facilities exist. Rabindranath Tagore International Institute of Cardiac Sciences, Kolkata, a unit of Asia Heart Foundation, and Narayana Hrudalaya, Bangalore, set up a few 6-bedded telecardiac care units in far flung places of West Bengal, Assam, Karnataka and Tripura in association with the respective state government since 2001. These units were linked with the two centres at all times and when any cardiac patients presents to

any of these two centres, he is examined by the doctors there and his clinical notes along with the electrocardiogram are sent electronically to the control centres and the patient is placed under the supervision of a cardiologist. Till now we have been able to treat 8000 indoor patients, and more than 17000 have consulted Dr. Devi Shetty on an outpatient basis.

'Non-Medical Aspects of Telemedicine' by **Ms. Soma Bhan**.

The presentation defines the factors that go into identification of a particular location to be a Telemedicine center that would be connected to RTIICS/NH, the changes (civil, electrical) that are made in the room in order to convert it into a Coronary Care Unit, the stocking up of the required medical equipment and drugs, and finally, the training of the various categories of staff at RTIICS. Further, it shows how scientifically the whole process of teleconferencing has been perfected by us, in order to give maximum output in the minimum time possible.

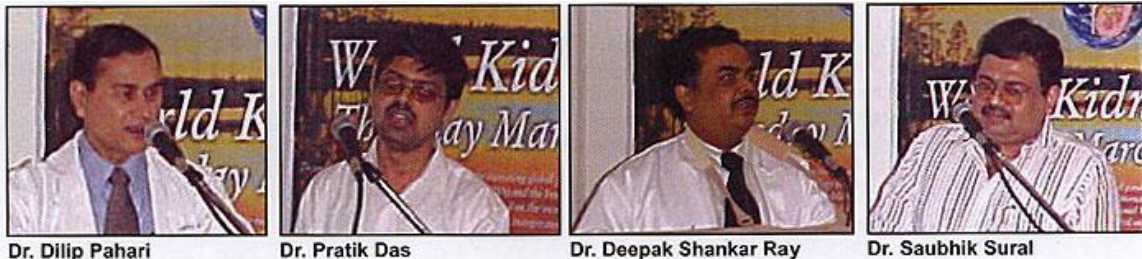
Lastly, it highlights one of the most important aspects of Telemedicine: 'Patient Satisfaction', which has to be ensured, as this is a complete shift from the way healthcare has been traditionally delivered. Constant feedback from patients (both outpatients and inpatients) who have used the facility gives us continued motivation, as well as helps us in making regular improvements.

With lively exchange of ideas among the participant doctors, the programme turned into a very interactive session, as delegated asked questions and made comments on the latest medical trends in the topics discussed.

A total of 40 delegates and doctors from RTIICS and ACTC attended the Meet, making it a successful seminar.

Certificates of participation were sent to all the delegates.

CME on preventive aspects of kidney disease



March 9 was celebrated all over the globe as World Kidney Day. On this occasion, the Department of Nephrology at Armenian Church Trauma Center organised one CME on Preventive Aspects of Kidney Disease.

The CME was held at the Conference Hall of the hospital's Utility Building.

It is being realised that death from kidney diseases ranks third among the lifestyle diseases affecting the modern world, following cardiac disease and cancer. As the population age increases, the burden of kidney diseases also rises at a proportion. It is an enormous task for any nation to take care of all end-stage renal failure patients. Therefore, there is urgent need for preventive aspects of kidney disease.

- Dr. Dilip Pahari, HOD, Department of Nephrology, ACTC, spoke on the preventive aspects of glomerulonephritis and hypertension. He emphasised that, by the time the patient presents with symptoms, the disease is often at an advanced stage, and progression to end-stage renal failure cannot be halted. The disease needs to be detected early (before the onset of symptoms), only then can appropriate therapy be administered.
- Dr. D.S. Ray, Sr. Consultant Nephrologist, ACTC delivered his lecture of the preventive aspects of Diabetic Nephropathy.
- Dr. S. Sural, Sr. Consultant Nephrologist, Peerless Hospital spoke on the preventive aspects of renal damage from urinary tract infection.
- Dr. P. Das, Sr. Consultant Nephrologist, BP Poddar Hospital elaborated the preventive aspects of kidney disease from drugs. The meeting attended by several general practitioners and renowned nephrologists of the city was lively, interactive and highly educative to the attendees. This successful exchange of ideas and fruitful discussion ended in a sumptuous lunch. On the same day, commemorating the World Kidney Day, our hospital offered to the general public the facility of free testing for urine and serum creatinine.

Dr. Dilip Pahari, Head, Department of Nephrology, ACTC

AFRAACTIVITIES

- Case Presentation on 'Association between microalbuminuria and metabolic syndrome' by Dr. Abhijit Chanda on 10th March at the Utility Building.
- Presentation on 'Preventive strategy in hypertension and Glomerular disease' by Dr. Dilip Pahari on 17th March at the Utility Building.
- Presentation on 'Total hip arthroplasty' by Dr. Sutanu Hazra on 24th March at the Utility Building.

Instruction course by RNSN doctors

Dr. Pankaj Rupauliha & Dr. Sourav Sinha, Rotary Narayana Sankara Nethralaya consultants, conducted a very successful instruction course at the All India Ophthalmologic Society annual conference at Bhopal on 9-12 March 2006.

The instruction course on "Use & Practical tips on Indirect Ophthalmoscopy" was the most well received among all instruction courses. They have now been invited to conduct the same course at the SAARC Countries Annual Ophthalmic meeting at Colombo, Sri Lanka in September this year.

Dr. Sourav Sinha, our Vitreo-Retinal consultant was invited as guest faculty at an International meeting at Guwahati on 30th & 31st March. The symposium on "Diabetic Eye Disease" was attended by faculty from UK, USA & Australia. He spoke on Genetics & Diabetic Retinopathy and on Electrorretinogram and Diabetic Retinopathy.

Dr. Piyali Sen Chatterjee, our anesthetic ophthalmologist completed her fellowship in Pediatric Anesthesia offered by ORBIS International at Sankara Nethralaya, Chennai.

Komal Dashora, Administrator, Rotary Narayana Sankara Nethralaya

Expansion of RNSN Team

We welcome Dr. Keshab Halder and Dr. Rashmi Saraff to our family at the RNSN. The couple has recently returned from United Kingdom.



Both did their MBBS from Calcutta Medical College and then their MD from AIIMS, Delhi. Dr. Keshab Halder has further trained at the Rajendra Prasad Centre at AIIMS in Cornea. Dr. Rashmi holds special interest in Oculoplasty. Both of them possessed their FRCS (Ed) examinations conducted by Royal College of Physicians and Surgeons Edinburgh. They were both working with National Health Services in UK for the last 6 years.

Dr. Pankaj Rupauliha, Consultant Ophthalmologist, RNSN

Camp at Chinsurah

On 18th March, RTIICS held a Free Health Check-up Camp at Chinsurah, Hooghly. The organisers were Bijoy Krishna Modak Memorial Trust, Bally More, Hooghly, and the venue was Shishu Vigyan Kendra, |New Hospital Road, Chinsura, Hooghly. This camp was organised in the memory of Late Sri Bijoy Krishna Modak, a freedom fighter and Communist leader of Hooghly district.

The RTIICS team comprised Dr. Sanjeev Garg and Dr. Dibyendu Das, Mr. Irfan Ali, Mr. Sushant Kr. Sahoo, Mr. Abhijit Dey and Mr. Amit (our ECG technician).

Mr. Irfan and Mr. Amit reached the camp site at 11.00 am and upon being joined by Dr. Dibyendu and Mr. Abhijit started registration and taking ECGs for the patients gathered. This team was joined by Dr. Garg and Mr. Sushant Sahoo. Then the doctor's consultation started.

Out of the 85 patients who had attended the camp, our doctors diagnosed a few patients with Atrial Septal Defect/Ventricular Septal Defect and advised follow-up treatment. Dr. B.N. Sur, who was the authority representing the Trust, had made very satisfactory arrangements for the entire camp.

Around 3.00 pm the same day the RTIICS team finished the camp and left Chinsurah to reach RTIICS back at 6.00 pm.

Camp at Jamshedpur

On 24th and 25th March, RTIICS held a Free Health Check-up Camp at Gamharia, Jamshedpur. The camp was held in association with X.I.T.E. (Xavier Institute of Tribal Education), Gamharia, Tatanagar.

On Friday, 24th March, Mr. Rakesh Verma and Sushanta Kr. Sahoo along with Dr. B.K. Swain, Dr. |Nirmal Jajodia, Dr. D. Roy and two of our technicians Mr. Ashish Kundu and Mr. Amit Choudhury started from Kolkata by the hospital vehicle "Cardiac Care on Wheels" at 7.00 am and reached Jamshedpur at 2.00 pm.

On the same day Mr. Rajdeep Khan and Mr. Athar Harim along with Dr. Pankaj Singh and Dr. S.K. Dubey started from Kolkata at 5.30 pm by Steel Express and reached Jamshedpur at 9.40 pm.

The camp started at 3.00 pm on the 24th and got over by 8.30 pm.

The next day, the camp started at 8.00 am and concluded at 1.00 pm. A Total of 283 patients were seen at this camp out of which 85 were patients of Cardiology, 78 for Neurosurgery, 99 for Orthopaedics and 21 for General Surgery, 64 free ECGs and 26 free Echocardiographies were also performed.

The camp was very well-managed and every patient was served free tea and snacks after consultation with our doctors. At the end of the camp, a small function was organised. Father P D Thomas, Director, XITE and Mr. Pandey from State Bank of India presented gifts to the doctors and to the team members of RTIICS. We received requests from them to organise more such camps every year and also to organise a Free-Eye-Check-up Camp at the earliest.

The whole team of RTIICS started at 2.15 pm from Gamharia in our vehicle “Cardiac Care on Wheels” and reached Kolkata at 9.30 pm.

The organisers Father Henry and Mr. Robin along with their team-members deserve true credit for such a well-managed and successful camp and for the hospitality they extended to us.

Epilepsy Camp

The Neurology Department of Armenian Church Trauma Center held its monthly Epilepsy Camp on 18th March within the premises of the hospital.

Dr. Rajesh B. Iyer from Narayana Hrudayalaya, and our Neurologists Dr. Amlan Mandal and Dr. Debasish Choudhury saw as many as 28 patients at the camp.

Free health check-up

RTIICS organized free health check-up camps at the hospital premises for the local residents of Mukundapur on 5th, 12th and 19th March. The authorities handed over Lifetime Valid Health Cards to every patient attending the camps, to provide special discount such as:

- 20% discount on all diagnostic tests
- 10% discount on all Lab tests
- 5% discount on all in-patient charges and
- 5% discount on all surgery packages.

- On 5th March, a Free Cardiac Check-up Camp was conducted.

The hospital team comprised Dr. Debasis Mitra, Dr. Panchanan Sahoo, Dr. B.P. Chatterjee, Dr. Binayak Deb, Dr. K.K. Agarwal, Dr. Ghoshdastidar, Dr. Halder and Dr. D. Das. The camp started at 8.30 am in the morning, when our technicians started measuring the patients' Blood Pressure and Pulse Rate. A total of 166 patients turned up on this day to attend the camp, and free ECGs were taken for all of them. After ECG they were led to consult our doctors. Apart from free ECGs, the patients had free TMT and Echocardiography tests done as well.

The camp concluded at 2.30 pm, and was very well-managed under the able guidance of Mr. Rakesh Verma, by Mr. Rajdeep Khan, Mr. Sushanta Sahoo and Mr. Athar Harim.

- On 12th March, our hospital held a Free Orthopaedic Camp within the RTIICS hospital premises. Dr. Sutanu Hazra and Dr. Surya Udai Singh provided consultation to all the 137 patients who had gathered to avail of the camp. The patients had free X-rays taken. Having started at 8.30 am, the camp concluded at 2.00 pm. Mr. Rajdeep Khan, Mr. Pinaki Chandra and Mr. Sushanta Kr. Sahoo, the hospital's Corporate Affairs Wing, managed the whole show brilliantly.
- On 19th March, another Free Cardiac Camp was organised. This camp too was held at the hospital (RTIICS) premises. Dr. Debabrata Roy, Dr. Binayak Deb, Dr. Abhijit Mukherjee, Dr. Avijit Basu, Dr. Debdata Bhattacharya and Dr. Panchanan Sahoo provided consultation at the camp. The camp started at 8.30 am and concluded at 2.00 pm.

A total of 149 patients attended the camp. Credit goes to Mr. Saurav Mandal, Mr. Sushanta Kr. Sahoo and Mr. Vijay Pratap Raghuvanshi for seeing through this camp to success.

Mr. Athar Harim, Department of Marketing, RTIICS

Hemolytic jaundice

Hemolytic jaundice is a relatively uncommon case of jaundice, and as the name suggests, it is related to hemolysis. Hemolysis means breaking down of the red blood cells (RBCs). Normally, a RBC survives for about 120 days and then it breaks down. Then, the haemoglobin portion in it (which is the main substance necessary for the well-being of the person) forms bilirubin. Synthesis of bilirubin is a complex procedure carried out in the liver. After synthesis, this bilirubin finds way into the blood and is gradually excreted by the body either through urine or stool. Hence, though there is constant breakdown of RBC, the level of bilirubin in blood in a normal person maintained at a steady level.

Under situations when the breakdown of RBC is extremely rapid and this rate exceeds the rate of excretion of bilirubin from the body, there is accumulation of bilirubin in the blood. The bilirubin level of the body goes beyond the normal, and then we know that the person is afflicted with jaundice.

Peculiarly, in these cases of haemolytic jaundice, as bilirubin is unconjugated, it is not excreted in urine. Hence, even if the person's bilirubin level is high the urine is not highly coloured. Infact, the urine retains its normal colour. So, some name this condition "acholuric jaundice". This situation can result either in acute illness like malaria, mismatch transfusion, sepsis or toxic product intake (eg. Dapsone etc.) or in chronic ailments, specially hemoglobinopathies (eg. Thalassemia, Sickle Cell Disease etc.). Haemolytic jaundice associated with acute illness does require urgent management of the original disease and with this, the jaundice also improves. Mismatched transfusion is the most dreadful. Its management requires intensive care. In all those acute conditions leading to haemolysis, kidney failure is also likely to occur, not because of jaundice, but because of the original ailment. Haemolytic jaundice associated with chronic ailments like Sickle Cell Disease or hemoglobinopathies is relatively more common. These are situations where the life span of the RBC is shortened due to an inherent (hereditary) or acquired defect. The bilirubin level rarely goes higher than 5 mg%. The liver is otherwise normal and the management of anaemia is basically essential. These conditions are better prevented than treated. For this, an early diagnosis is essential. At times, pre-marital counselling is quite helpful. For eg. in cases of thalassemia or sickle cell disease, it is advisable not to procreate as there is a high risk of the offspring inheriting the disease.

Whatever may be the cause, acute or chronic, these patients of haemolytic jaundice do not require any dietary restrictions from the liver point of view. However, they may need some restrictions on their diet in order to manage the original disease.

(The other types of Jaundice will be dealt with in the subsequent issues.)

Dr. N P Bohidar
MD, DM (Gastro-AIIMS) FICP
Consultant Gastroenterology, ACTC

Health check-up for senior citizens

On the 15th of March, the department of Health Check Up at Rabindranath Tagore International Institute of Cardiac Sciences took the responsibility to conduct a Check-up Programme for the senior citizens from the Parsi Community. We had 13 guests aged between 64 to 86 years out of which a couple was also on wheelchair. Our guests arrived together in a bus by 8.30 am after which they were taken to do a series of tests which included Echocardiography, ECG, X-ray, Ultrasonography of the abdomen and all the blood tests which comprised Complete Blood Count, Blood Grouping and Typing, Fasting and Post Prandial Blood Sugar, Uric Acid Renal Profile, Lipid Profile, Liver Function Test and

Electrolytes. They had a one to one interactive session with the physiotherapist Debjani, dietician Amrita and the cardiologist Dr. V K Gupta, who advised and counselled them on their daily activities.



Apart from the normal old age problems, they were all found in good health. In spite of some being diabetic or hypertensive it was found that their cholesterol level was high and their parameters well under control. They were all very enthusiastic and positive in their approach.

The purpose of this programme was to prevent these aged people from the inconvenience of going to various places for their healthcare needs. Our hospital provided them the opportunity to get their complete check-up done under the same roof and within a period of 6 to 7 hours.

Our team at the Health Check-up Department comprises Hetal, Rita and Kanchana. The trio left no stone unturned in making our guests comfortable. We would like to acknowledge the support that was extended to us by Ms. Navaz Garda who took the initiative to get these respected Senior Citizens to our hospital and coordinate the whole programme, and Ms. Shirin Dastur without whom this would not have been possible.

A second group of 15 Senior Citizens from the Parsi Community will visit us for a similar programme on 19th April.

Ms. Roli Verma
Coordinator
Sr. Citizens' Club, RTIICS-ACTC

SURGERIES DONE SUCCESSFULLY WITH THE HELP OF THE GUEST SUPPORT CELL



Dr Pratap Pani at an Emergency Procedure



New fully functional ACTC general ward

- Having lost her mother at a tender age, and a father who had shunned her, twelve year old Pinky Das had only her grandmother to look after her. The child was suffering from a congenital heart problem and required an MVR Surgery. The housemaid grandmother did not let Pinky lose hope. She started saving from her meagre income and applied to various funding agencies as guided by the hospital's Guest Support Cell. Finally, the hard work for the good cause worked and their prayers were answered. Our clinical Director, Dr. A. Raghuvanshi performed the MVR surgery with whatever sum they could afford, and saved Pinky's life.
- 15 year old Tumpa Das, brought up by her rag-picker leprosy-stricken mother, was diagnosed with a heart problem that required an MVR surgery. Mother and daughter were directed to the Guest Support Cell by our Clinical Director, who later performed the girl's surgery at a concession with the meagre amount that could be gathered by the Udayan Rehabilitation Centre for Leprosy patients.

- 6-year-old Ankur Das's father thought his woes were over after the child got a BT shunt done, but the heart problems kept recurring. The child was brought from Bangladesh for check-up at our hospital. An angiogram followed by a total correction surgery was required immediately. Ankur's father, a poor helper in a tailoring shop had no clue as to how to meet the expenses. Under the guidance of the Cell, he approached funding agencies and Dr. Raghuvanshi, our Clinical Director proved to be his savoir when he was offered a sizeable concession to afford his son's surgery.
- 45-year-old Dulal Roy, a father of two school-going kids and a wife to support, somehow made his livelihood by selling paan in a small shop at Karimgonj in Assam. A critical heart disease had restricted his daily activities and an immediate CABG was required for him to be normal once more. But his savings and some help from his relatives were just not sufficient for the surgery. So with an expectant heart he approached the Cell. Our Consultant Cardiac Surgeon, Dr. Kunal Sarkar agreed to perform the surgery at an unthinkable low cost.
- Nupur Dey, a 35-year-old deaf and dumb lady was diagnosed with a serious heart ailment. A retired gentleman, her father could not afford the PTMC procedure she needed. Dr. Sunip Banerjee did the PTMC at a concessional rate and saved her life.
- 13 year old Sujit Mondal was hit by a bicycle and ended up with a broken swollen hand. He was rushed to ACTC. Upon examination he was advised an immediate Manipulation and Fixation (Grade B) surgery. His peon father could not arrange for the costs involved in the surgery. It was then that Dr. Vikash Kapoor, Head, Department of Orthopaedics, ACTC guided the patient to the Guest Support Cell who sent the family to various funding agencies. Finally, Dr. Kapoor performed the complex surgery at a much lower cost.
- Banshi Marick, a 50 year old poor worker in a sweet shop was suffering from severe pain in the stomach. With his small earnings and a family to look after, he hardly had any savings to meet the cost for the Carcinoma of Stomach operation required. Dr. S.K. Dubey, Consultant, Department of General Surgery and MIS, considered his case and performed the surgery at a throw-away cost.

Surgeries done successfully with the help of the Guest Support Cell in the month of March, 2006:
RTIICS Surgeries – 42, RTIICS Cathlab – 16, ACTC – 16.

Ms. Baidehi Banik, GRE, Guest Support Cell

Dear Readers,

We at RTIICS and ACTC believe our senior citizens are our wealth, deserving of our respect and care. In our quest to bring a little happiness and health to them, we organized a gathering-cum-check-up for them last month. We hope our endeavour has given these members of our family as much joy as it gives us. - **Editor**