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KIMS

HEALTHCARE GROUP



KIMS Trivandrum



KIMS Cancer Center



KIMS Kollam



KIMS Kottayam



KIMS Al Shifa, Perinthalmanna



KIMS Medical Centre, Trivandrum



Royal Bahrain Hospital



KIMS Bahrain Medical Center



RBH Medical Center



KIMS Oman Hospital



KIMS Medical Complex, Duqm



Branch Suncity Co. Ltd. Polyclinic



Jarir Medical Centre, Riyadh



KIMS Qatar Medical Centre



KIMS Medical Centre, Dubai



Al Rashidiyah Polyclinic

KIMS

Accreditations

- ACHSI (Australian Council on Healthcare Standards International)
 KIMS got ACHSI accreditation in the year 2006 for demonstrating continuous improvements in patient safety and delivery of quality healthcare that is at par with international standards.
- NABH (National Accreditation Board for Hospitals & Healthcare Providers India)
 KIMS received NABH in the year 2006 as a recognition of its commitment to ensure safe healthcare practices and infection control measures.
- NABL (National Accreditation Board for Testing & Calibration Laboratories)
 The Laboratory at KIMS is accredited by NABL in the year 2008, for ensuring precise diagnosis and following safe practices.
- NABH (National Accreditation Board for Hospitals & Healthcare Providers India)
 KIMS Blood Bank is accredited by NABH in the year 2011, as recognition of its commitment to make safe blood and blood products easily available at the hour of need by adhering to modern techniques and quality standards.
- KIMS is certified with nursing excellence by NABH in the year 2015, as a recognition of its commitment towards safe and ethical nursing care.
- NABH Medical imaging services is awarded in the year 2016 for its outstanding contribution to sound and ethical radio diagnostics practices.

Recognitions

- Association of Healthcare Providers of India(AHPI) Quality beyond Accreditation Award 2019
- Economic Times National Best Healthcare Brand Award 2019
- Scroll of Honour for Teaching and Clinical Excellence NBE accredited hospital 2018.
 National Award from the Association of National Board Accredited Institutions (ANBAI) & National Board of Examinations (NBE)
- Best Hospital IT Project Award 2017
- CMO Asia National Award for Best In-house Magazine.
- NiB Awards 2016 for Best House Journal.
- Golden Peacock National Quality Award 2014 in Healthcare Sector.
- Best Service Provider Award 2014 from Star Health and Allied Insurance Company Ltd.
- Golden Peacock International Business Excellence Award for the year 2013 initiated by Institute of Directors, United Kingdom.
- Commendation Certificate of Kerala State Government for energy conservation for the year 2012.
- TRIMA CSR award 2012, for excellence in CSR Activities undertaken for the financial years 2010-2011 and 2011-2012.
- Dr.Prathap C. Reddy Safe Care award for Best Medication Safety Initiative 2011.
- Avava Global Connect Customer responsiveness Award 2010.
- South Asian Federation of Accountants (SAFA) award for best presented accounts and corporate governance disclosure.
- A stable rating by CRISIL for best financial reporting in the year 2008.
- Hospital Management Asia (HMA) Award for the Project Musculo skeletal injuries in 2009.
- AV Gandhi Memorial Award 2007 and 2008 for excellence in Cardiology.
- Award for transparency in financial reporting in the year 2005 and 2008.
- Best Power User Award by Cyber India Online for optimal power utilisation in the healthcare industry in India in 2004.
- Kerala State Pollution Control Board Award for biomedical waste management in 2004 & 2006.
- Health Tourism Award 2005 for maximum foreign exchange earnings.
- Best Customer Site Award from HCL Infosystems Ltd.
- Regional ACLS and PALS Training Center by American Heart Association.

Visionaries



Dr. M I SahadullaChairman and Managing Director



Padmashree Prof.Dr.G Vijayaraghavan Vice Chairman & Director Medical Services



Mr. E M Najeeb Executive Director



Mr. E Iqbal Director – Support Service



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Editorial

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Mr. Pretheesh J Pillai KIMS Oman Hospital As incessant rains lashed Kerala, the state was at risk of yet another social and economic breakdown. Over 100,000 people in relief camps, hundreds rendered homeless and high number of casualities. This happens at a time when the State has not yet recovered from the devastating floods of the previous year. While the entire State machinery was deployed to save lives, there was public participation in the rescue and relief work: which is commendable. Lakhs of people were shifted to relief camps with issues of health and hygiene to be addressed. Women and children are most vulnerable. Kerala faced a crisis again, in a repeat of the previous year and the pattern of the disaster is disturbing. There has to be a sincere and determined effort to identify the cause or causes that have lead to this disaster. The natural terrains have been changed beyond recognition by deforestation, the concrete jungles and what not! No wonder, Man stands isolated and helpless, now that Nature vents her fury.

There is an increasing number of trauma cases reporting to our Emergency department. Most of the accidents involve youngsters. Two wheelers are the most vulnerable of the road users. This edition highlights certain major aspects of this social problem. There is a lot wanting, in terms of awareness, adherence and implementation. The lack of willingness to follow rules of road safety, a resistance to protective gear, and the challenges of the clinical aspects of trauma treatment are brought to light.

There is a lot more for the readers. This edition showcases invaluable information and certain facts regarding angioplasty. It endorses a healthy diet pattern and lot of





content that covers major health aspects of day-to-day life.

KIMS Group units had campaigned for creating awareness on the hazards of Tobacco use. We have also included a detailed writeup on the risks on using tobacco in the various forms that are available to the users.

Our biggest campaign of the year has been a mammoth bike rally across Kerala to create awareness on Cancer. There was a huge participation and had the uniqueness that riders were all Bullet Bike users. Our mission for promoting Organ donation has gained momentum this year. The events held at various venues have received much appreciation both in terms of presentation and direct message given to the public. Organ donation is life saving, since Transplantation is the best and sometimes the only form of treatment for many patients with end-stage organ failure. The need for organ transplantation is higher than the availability. Since organ donation is life saving, and also a noble deed, public must have a positive attitude toward donating organs.

The Editorial Team KIMS Trivandrum

Acknowledgement

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KIMS Trivandrum

KIMS Cancer Center

KIMS Kollam

KIMS Kottayam

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Jarir Medical Centre

KIMS Medical Centre Dubai





Head injury capital of the world



Dr. M. Vetharathnam

Despite all resuscitative measures, patient could not be revived. Death declared.

"This is the 4th case of road accident death with severe head injury in this week sir", the staff nurse standing next to me whispered in a thin voice.

"A helmet could have saved him", words spontaneously slipped out from my mouth. Recently we are facing more number of deaths among young adults with severe head injuries in road accidents.

I just came out of the ICU and briefed the details to the patient's father and told him to see his son before proceeding further to mobilize him to the mortuary.

"I don't want to see my son in this condition doctor, I have seen him smiling all the time", he continued in the midst of tears, "I can't imagine the pain he experienced at the time of accident, it's difficult to believe my son is no more sir!".

I had no words to console him and touched his shoulder sharing his emotions in a bit of silence.

This 21 year old young male brought to our emergency room with the history of road traffic accident-hit his head behind a Tipper lorry while riding a high velocity bike in an uncontrollable speed without wearing a helmet, happened around 12.15 pm. He was thrown out of the bike after hitting his head, unresponsive on the road with nasal and oral bleed. He had multiple episodes of blood stained vomiting during transit to a local hospital. Following first-aid treatment he was shifted to a Taluk hospital and started on intravenous fluids. Then transferred to the nearby private hospital where a CT brain was taken which showed a thin left sided subdural haematoma. With a referral letter to Neurosurgeon he was brought to our emergency room at 11.00 pm. He was unresponsive with low GCS, had an episode of generalized seizures in E.R and his clinical condition didn't correlate with outside CT finding. He was intubated in E.R and a CT Brain with

facial bones and C-spine screening was taken which showed a large left fronto-temporo-parietal acute subdural haematoma with mass effect and mid-line shift, bilateral haemorrhagic contusions, brain stem bleed and multiple skull and facial bone fractures. He was started on duel supports for hypotension, anticonvulsants, antibiotic and supportive measures and shifted to Neurosurgery ICU where he developed dilatation of pupils followed by asystole-a flat line in the monitor. A 'Code Blue' announced and with all the resuscitative measures we couldn't revive him.

I was psychologically disturbed much after talking to his father, a poor man still working at this age in a small company for a minimum salary to run his family and to educate his only son with dreams of a job and marriage for him! Needless to say it's horrible to feel the pains of the parents and the collapse of the family following every accident!

Another 18 year old adolescent, brought to our E.R with history of 3 days old road accident - skid and fall into a roadside gutter while riding a bike, not wearing a Helmet! He was taken to a local hospital, CT brain showed minimal bifrontal contusions, conservatively treated and discharged next day. On the second day, after the discharge, he developed numbness all over the body below the neck and unable to move both his hands and legs-Quadriplegia. Suspecting a cervical spine injury, we took a CT Brain, Facial bones and Cervical spine which showed, apart from contusions, a fracture of Axis (2nd cervical vertebra) and partial transection of the spinal cord with surrounding odema. The MRI Cervical spine showed the odema around the spinal cord extending upwards to the brain stem (which controls the functions of heart and respiration) and downwards to the upper thoracic level. The clinical condition deteriorated further, he was intubated and kept on mechanical ventilator support and finally we couldn't save him.

Who is to blame for these deaths? The young guys without

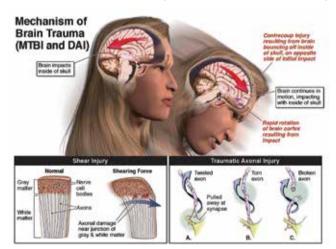


helmet, the by-standers at the accident scene, pre-hospital care, facilities in a suburb hospital, the delay in reaching a trauma care centre, the ambulance driver, the traffic rules, unhealthy roads or authorities?

Mechanism of head injury

I remember the classic saying 'buy your son a motor cycle for his last birthday', which explains the seriousness of two wheeler road accidents. The youngsters today are dying on the roads without knowing the value of their lives and emotions of their family. The family as well as our country suffers by losing professional youths in productive age group which in turn affects the economy of our country.

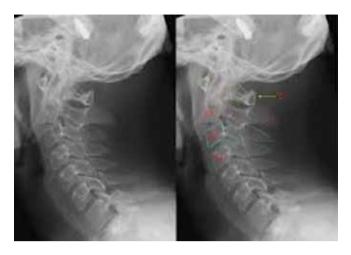
The bike rider in a high velocity bike, gets a massive impact of the head during road accident by head-on-collision with other vehicles or by hitting over hard or sharp objects on the road. When the head hits during a crash, the brain moves forward and hits the bone inside the skull (acceleration-deceleration injury)



which might get deformed and would tear the nerve fibres and blood vessels, producing bleeds which may recover, if treated in time, or results in permanent disability.

The Helmet is a mechanical barrier during an impact in road accidents, distributes the force of impact to a larger area and protects penetration of skull by sharp objects.

It is very common to have traumatic brain injury with maxillofacial and cervical spine fractures. As per trauma protocol a CT



scan of the brain should be taken along with facial bones and cervical spine to rule out fractures and spinal cord injuries. When there is leaking of the cerebrospinal fluid through the fractures of the base of the skull (CSF Rhinorrhea and Otorrhea), the infections will enter into the cranial cavity resulting in meningitis. Apart from bony fractures, the chances of getting soft tissue injuries are more, involving eyes, nose, ears, muscles of the face and neck resulting in loss of vision, hearing and disfigurement of the face. The victims who suffer from facial disfigurement often go through an identity crisis. They no longer recognise their own face leading to a constant physical and psychological pain. They may need multiple expensive surgeries to achieve only minor improvements in their facial appearance.

It is possible to save an accident victim if he reaches the trauma care centre within an hour or two, the Golden Hour, when the brain damage and bleeds are minimal! After stabilization and preparation in emergency room, the patient will be shifted directly to the operation theatre for emergency surgery - removal of part of skull bone to relieve the pressure (Craniectomy) and evacuation of bleeds inside the skull.

Golden hour

The 'Golden Hour' refers to the immediate one hour time period within which a trauma victim to be mobilized to the nearest





trauma centre so that there is highest chance of survival by initiating critical care management¹.



The concept of 'Golden Hour' first initiated by Dr.R.Adam Cowley, a military surgeon and head of the University of Maryland Shock Trauma Centre, during French military World War I. In Dr.Cowley's words, "There is a golden hour between life and death. If you are critically injured you have less than 60 minutes to survive. You might not die right then; it may be three days or two weeks laterbut something has happened in your body that is irreparable."²

Some medical professionals raised questions regarding the validity of the Golden Hour and its unproved scientific basis. But, all agree that the delay in definitive care leads to disastrous end of the trauma victim. The challenges in managing trauma victims within Golden Hour starts from getting information from the accident site and the immediate and efficient intervention of trauma care team in the hospitals. Worldwide, there are legal provisions to protect the people who help a trauma victim to transfer to the hospital. But, in our country, the legal issues and the repeated police interrogations keep the bystanders away from helping the victim at the accident site.

India-The head injury capital of the World!

India is crowned as "Head injury capital of the world", having more than 100,000 road accident deaths in a year and 1 million suffering from severe head injuries³. And 95% of the trauma victims don't receive optimal care in the 'Golden Hour'⁵. As per the latest United Nations data, the current population (LIVE) of

India is 1,369,899,240 as on August 1st 2019, which is equivalent to 17.74% of the total world population⁴. In India, more people are dying in road accidents than any other country including the more populous China! In our country, 1 out of 6 trauma victims die and in United States, the equation is 1 out of 200⁵.

India loses 3% of its GDP due to road accidents which is preventable. In our country, we have huge shortage of Neurosurgeons, one Neurosurgeon / 11 Lakh population and WHO recommends one Neurosurgeon / 1 Lakh population³. The number of trauma care centres are lesser compared to the ever growing population of India.

Globally, 1.35 million people are dying in road crashes every year. About 93% of road traffic deaths occur in low and middle income countries (LMICs), even though these countries have 60% of world's vehicles⁶. More than half of road accidents are among vulnerable road users: Motorcyclists, Cyclists and Pedestrians⁷.

Helmet saves head

We need to have a head to live! India is the 4th largest vehicle producer in the world, setting new vehicle safety standards to motorcycles and passenger cars. The structure of a two wheeler is unsafe in balancing on roads with high speed compared to a car and chances of head injuries are more during accidents. Without protection, the head is vulnerable to a traumatic impact during a crash even when travelling at a low speed.

We are quite well aware of the road safety measures but it is most unfortunate thing that we don't learn from our mistakes! The common causes of road accidents are over speeding, drunken driving, avoiding safety measures like Helmets, Seat belts and Child restraints, distractions while driving like conversation using mobile phones and messaging, non-adherence to lane driving and overtaking in wrong places.







It's a natural psyche of humans to prove their power and excel while driving on roads faster than others. The youngsters, while riding the vehicle at higher speed, will have decreased judging ability of the events on the road and most often, they lose control over the vehicle resulting in an accident with severe injuries. Consumption of alcohol when mixed with driving takes away the inhibition of mind and reduces the fear of taking risks, reduces



concentration and reaction time, impairs vision and finally ends up in a crash which may be fatal..

Only a minimal neurological damage occurs at the moment of head injury - the Primary injury. The brain damage progresses further during minutes, hours and days. And this secondary brain injury results in increased mortality if not attended immediately.

It's a common scene on roads among two wheeler riders, keeping the Helmet over the petrol tank while riding or the pillion rider, the girl holding the Helmet in hand or youngsters riding two wheelers without any safety measures! And whenever they



see a policeman at the corner, its usual for bike riders to wear the Helmet temporarily till they cross them. It is necessary for everyone to understand that wearing Helmet is to protect our head and brain and not for the policemen and the mandatory law. The aim of the police is not a drive 'against citizens' but to ensure safe and smooth driving. The aim of the police is not a drive 'against citizens' but to ensure safe and smooth driving. One of the main reasons why motorcyclists and four wheeler drivers are not following road safety measures is that most of the people do not go through the driving lessons before getting a licence.

During a recent visit to Andaman-Nicobar Islands, I have noticed, all the two wheeler riders and pillion riders wearing Helmet and a single line queue of two wheelers waiting for their turn in petrol filling stations. This road safety culture should spread all over our country!

As per WHO, wearing Helmet is the single most effective way of reducing head injuries from two wheeler accidents. Helmet decreases the severity of injuries by 72%, decreases mortality by 39% and brings down the cost of health care⁷.

Helmet protestors

Going for a long ride and enjoying the wind gushing through the hair, avoiding perspiration while in a traffic jam, hair loss, spine problems, loss of hearing and disturbance in wearing spectacles are some of the common reasons cited by people who don't want to wear Helmet. Is it not necessary to realise that the brain is more important than our hair and sweat?

Earlier in this year on January 9th a Helmet protest against mandate Helmet law held at Pune by Helmet Sakti Virodhi Kruti Samiti (HSVKS) which includes political people, business men, social and consumer activists and they performed the last rites of a Helmet at a crematorium with cervical collar, a wig and garlands (ref.8). In Puducherry, on February 13th another protest against mandatory Helmet held in front of Raj Nivas and legislators broke Helmets in the assembly⁸.

A survey by Exide Life Insurance in 2017 in 10 cities of our country revealed that almost 57% of two wheeler riders and 74% pillion riders don't wear Helmets. The reasons being skipping Helmet for comfort 29%, citing the cost 13%, those who believe Helmets are not mandatory by law 16% and by force of habit 22%.

Philip A Contos, 55 years, of Parish, New York was riding in his Harley Davidson, with a group of 550 motorcyclists, Onondaga





chapter of American Bikers Aimed Toward Education (ABATE) for creating awareness and freedom from New York city's mandatory Helmet law. During the procession, he toppled over, lost control, went head down and hit his head over the pavement. He was rushed to the hospital but died on the way⁹. The doctor in the emergency room expressed his emotions "A simple Helmet could have prevented his death!".

Global initiatives & India

The first death from road accident was recorded in 1869. It was said at the time that "this must never happen again". But more than a century later, now, the 'Global status report on road safety -2018' by World Health Organization shows that the number of deaths on the world's roads remain unacceptably high with an estimated 1.35 million people dying on roads and 50 million people are with severe injuries in road accidents every year globally.

All over the world, road accidents are the leading cause of death among youngsters in between 15 to 29 years of age. The Traumatic Brain Injury, 'the silent epidemic', expected to become the third leading cause of mortality and disability by the year 2020. The growing population and increased number of motorized vehicles in low and middle income countries (LMICs), led to the increase in road accident deaths.

WHO collaborating with Bloomberg Initiative for Global Road Safety (BIGRS) 2015-2019 to reduce fatalities from road crashes in targeted LMICs, including India. In 2017, WHO released "Save LIVES", a technical package of evidence based measures to decrease global road traffic mortalities. It focuses on: Speed management, Leadership, Infrastructure design and improvement, Vehicle safety standards and Enforcement of traffic laws and post-crash Survival.

India signed the Brazilia declaration on road safety in 2015, the 2^{nd} high level conference for Decade of action: 2011 - 2020, committing itself to reduce road accidents and fatalities by half¹⁰. Till now, meeting the target of the declaration remains a tough task if not impossible in the near future. As per the Indian government data, 1,50,000 people are dying annually in road accidents. But, WHO report argues that the numbers are underestimated and India must be losing more than 2,99,000 lives each year¹⁰.

Indian Head Injury Foundation (IHIF) started in February 2007 by Maharaja Gaj Singh¹¹. His son Shivraj Singh, a polo player, fell from the horse, had severe head injury in February 2005 followed by coma for months. The family had painful experience to provide him the timely professional care and rehabilitation to bring him back to life with remarkable recovery. After realizing the inadequacy in the treatment of head injury in our country, Maharaja Gaj Singh founded the IHIF with the aim of providing the people in our country, the optimal immediate care after sustaining head injuries, the neuro-rehabilitation and to spread awareness in the prevention and care of traumatic brain injuries.



The Neurological Society of India started a yearlong campaign on 11th December 2018 for the prevention of road accidents and head injuries with the caption of : "HEADS . . We Win!". H-Helmets Must, E-Effective bystander response, A-Alert pedestrian, D-Drive responsibly and S-Speed kills³.

Indian roads & Road users

India has a road network of 5.6 million kms, of which National Highways contribute just 2%, State highways 3% and the major share covered by Rural roads 70%. The National high ways which has 40% of our country's road traffic gets most of the attention¹². Between 2008 and 2018, our country's rank in the road quality improved from 87 to 51. Even though, there is progress in roads, it is not hand-in-hand with faster growing economy and population. It is common to see in our cities, the deep potholes, worsening after every rain due to insufficient





drainage, hanging electrical wires in the flood hit areas and frequently deepened pits on a newly laid roads without inter-



departmental co-ordination. The multilane highways are built without taking into consideration, the needs of villagers who need to cross it, leading to more accidents.

The fool-proof driving licence tests, compulsory use of Full face ISI standard Helmets with buckles-on, seat-belts while driving, child restraints for kids, heavy penalty and cancelling the licence in drunken driving and drug abuse, mobile vehicle tracker, sign boards and speed restrictions in accident prone areas with speed breakers, avoiding advertisement boards and playing screens which diverts and obstructs visibility especially at junctions, appropriate foot path and zebra crossings for pedestrians and last but not the least-the care for other human beings (road users) including aged and specially challenged people while driving will reduce the number of road crashes and death!

Things to remember

Today, our country struggles to reduce the number of road accidents and mortality rate. It is every Indian citizen's duty to make our country a safe place to live. It's necessary to build up a perfect trauma care system which includes, Pre-Hospital (Emergency), Hospital (Critical Care) and Post-Hospital (Rehabilitation) care to prevent the road accident deaths.

Prevention and control of road accidents has been planned across the world under "5 E's": Education, Enforcement, Engineering, Environment and Emergency care of accident victims.

The Education of road safety starts from childhood at home. The parents should practice road safety measures in day-to-day life, so that the children can learn easily and follow when they grow.

In schools, with all other subjects, the road culture and safety measures while using the roads should be taught by the teachers.





'Basic Life Support' (BLS) to be included in the syllabus with demonstrations at High school level.



And it is necessary for everyone to know how to react at an accident scene, to assess the critical condition of the trauma victim, how to call the nearest ambulance and to help the survivor to reach the hospital at the earliest.

The trauma victim who needs immediate care, instead of reaching the trauma care centre, is shifted to several hospitals, losing the benefits of Golden Hour and chances of survival! The delay in shifting the critically injured patient to a higher centre, results in irreversible damage to the brain and an increase in number of deaths.





The concept of 'Air ambulance' with trained crew members is utmost necessary to avoid the delay in carrying the trauma victims to higher centres in time. There should be an easily approachable communication facility for common man to call the air ambulance to the accident site. At National level, the number of air ambulances to be increased to meet the crisis today.

A step ahead, in near future, the 'Drone ambulances' will come into our help to transfer the accident victim to the trauma centres at the earliest.



The ambulances should be placed at various locations along the highway for immediate reach. The Cranes to evacuate the accident vehicles, Medical and Traffic-aid posts to be kept at all Toll-Plazas.

All the National and State highways should be constructed as 4 or 6 lane roads to prevent head-on collisions. The speed-cameras, mobile tracker system and proper sign boards at accident prone areas will help controlling the speed of the vehicles and road accident deaths.



Strict law enforcement, Injury surveillance to identify the targeted areas for intervention to bring down the mortality, a national policy and adequate budget for injury prevention and enough research work and studies to improve road safety are the need of the hour.

To Educate volunteers in rural areas to teach the road safety measures and prevention of accidents through visuals on the screen and demonstration with dummies to bring down road crashes.

As per WHO - 'Even the most sophisticated emergency care system is ineffective if the bystanders fail to recognize a serious injury or do not know how to call for help!'

If we, you and me, make up our minds to follow the traffic rules and road safety measures and teach our children the same, it is possible to have a safe future by bringing down the number of road crashes and deaths in our country!



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FAQ on Angioplasty



Dr. Praveen S V Consultant & Chief Co-ordinator Cardiology

Cardiovascular diseases are the number One cause of death globally. More people die from heart attacks and cardiovascular diseases annually than any other causes. Since the pioneering first angioplasty by Dr. Andreas Grüntzig, angioplasty has progressed and moved forward globally. World wide millions of people are treated by angioplasty for heart blockage every year.

What is angioplasty?

Angioplasty or Percutaneous coronary intervention is a minimally invasive non surgical treatment for removal of blockages in heart blood vessels wherein a tube called a catheter is passed to the heart blood vessel. A balloon is used to open up the narrowed segment of heart blood vessel and a stent is put in place to keep that narrowed artery open. It is done as an emergency during a heart attack or as elective procedure for blockages which cause angina.

How does my doctor decide whether a blockage needs angioplasty?

This is decided by an Angiogram. Generally any block which produces symptoms and which narrows the Heart blood vessels by 70% or more needs to be fixed by an angioplasty.

Can multiple blockages be treated by angioplasty?

Yes. Multiple blockages can definitely be treated and relieved completely by an angioplasty. This might involve placing multiple stents.

What are the risks associated with angioplasty?

Angioplasty is a relatively safe procedure with success rates more than 99 %. But as with any procedure, rare problems as bleeding, clotting within stent, heart beat abnormalities etc can occur, but generally all these risks are manageable with good outcomes.

Does angioplasty always involve putting stents?

Majority of the angioplasty done in modern days involves putting in stents. Stents reduce the chance of reblockage appreciably.

Less frequently, your treating cardiologist might just remove the blockage by balloon dilation alone.

Does the stent have a life span or longevity?

Once a stent is implanted to remove a block, it stays there for life and is usually embedded by body tissue. In less than 10 % of cases, stent can develop reblockage which is called stent thrombosis and restenosis inside necessitating further treatment. Continuing medications as blood thinners prevent reblockage to a large extent

What type of stent will my doctor put in?

Stents are thin metallic slotted tubes. Previously plain metallic stents called bare metal stents were commonly used. In the present era, almost all angioplasties are done with drug eluting stents. These stents have a coating of medications on it to prevent the chances of reblockage.

How long does it take to recover from angioplasty?

Recovery from angioplasty is brief. Patients are discharged typically 2 or 3 days after an angioplasty. Majority of patients are able to return to work a few days or a week after angioplasty.

When can I return to normal activities after angioplasty?

You can always return to a normal life after angioplasty. Always follow your doctors advise on exercise after angioplasty. As a general guide, after a non emergency angioplasty, typically after a week, you can do moderate activities and resume your normal activities. Avoid strenuous exertion and lifting heavy weights for 3 or 4 weeks.

Has the Angioplasty fixed my heart problem?

Angioplasty treats the narrowed blockage alone. It does not treat the basic cause of blockage, the build up of cholesterol and thereby plaques in blood vessel. Prevention of plaque build up is very important to prevent further heart disease in the course of time. A healthy life style which includes a heart healthy diet, good exercise regimen, cessation of smoking, compliance to



medications and following your doctors prescription are the key steps.

Angioplasty has fixed my block. Is there any need to continue medicines?

After an angioplasty, there is around 5 to 10 % chance of reblockage in the stent. To prevent this, blood thinners as aspirin and the like are to be taken as prescribed by your doctor. Also to prevent further build up of cholesterol and plaques, cholesterol lowering medications are to be continued. Other medications to prevent heart attack, control blood pressure might be needed.

When can you resume normal sex after angioplasty?

Sex is permissible after an angioplasty. If you had a non elective angioplasty, you can resume sex after a few days. If you had a heart attack, you may need to wait a few weeks before you resume normal sexual life. Always consult your doctor when you are in doubt about when to resume sexual activities.

Does angioplasty damage my kidneys?

This is one of the most common misconceptions. The dye used for angiogram and angioplasty, called the contrast, does not generally create any damage to the kidneys.

Although angioplasty can reduce the symptoms of Coronary Heart Disease, it isn't a cure for CHD or the risk factors that led to it. Research on angioplasty is ongoing to make it safer and more effective and to prevent the treated arteries from narrowing again. Making healthy lifestyle changes can help maintain the good results from angioplasty.

Angioplasty is life saving in a heart attack and also in some critical blocks or situations and relieve the symptoms. But angioplasty is only one aspect of the multipronged strategy for treating coronary heart disease. Life style interventions, medications and risk factor control are also as important in ensuring symptom free increased survival of patients.









Ear infections in rainy season



Dr. Abhilash Alex Francis Consultant ENT, Head & Neck Surgeon

Monsoon rains bring me nostalgia of my school days, singing and getting drenched in pouring rains. After the long hot, scorching summer days, the first shower of monsoon brings a sigh of relief to each and everybody. The downpour quenches the thirst of the disfigured and cracked mother earth. With the onset of the season, both plants and animals, withered by the tremendous heat, enliven and come back to their full life. The sapless, pale-looking, dust-smitten mountains and forests regain their lush greenery.

Though the monsoon brings us the much-needed respite from the summer. It also comes with its own set of problems. The increase in waterborne diseases and the high humidity is bad for people who suffer from ear and throat infections. Our body's immunity reduces due to dehydration during the summer and becomes susceptible to the diseases associated with rains. The diseases include malaria, dengue, jaundice, gastrointestinal infections like typhoid and cholera, and the viral infections like cold and cough. Ear problems also resurface this time around as the external ear cannel lined by the Squamous-cell epithelium is susceptible to infections

Some people love to itch their ears and put cotton buds, sticks, feathers or cloth inside their ears and itch it. This is a strict no as fungus is breeding everywhere. So, these might contain fungus, and once you put it inside your ear it starts growing there. This causes the ears to itch vigorously for a day or two and then the problem worsens with complaints of earache and a feeling of blockage. The organisms responsible for this clinical entity are usually fungus especially Aspergillus niger. The fungi are usually secondary invaders of tissue already rendered susceptible by bacterial infections; physical injury or excessive accumulation of wax in the external auditory canal. The fungus tends to grow in humid, dark and warm areas and ear canal is one of the best places, especially in the rainy season. Excessive use of antibiotic ear drops may also be a cause of fungal infection of the ear. Also, people who have a small hole in the ear drum undergo trouble.

Due to this ear discharge begins and this is a big problem that may even require surgery.

What are the Types of Ear Infection during Monsoon?

There are 2 types of Infections which are common during monsoon.

1. Bacterial infection

Though bacterial infection cases occur throughout the year, there is a large increase in cases during monsoon.

2. Fungal Infection

Fungal infection occurs when the humidity is high. The wet and moist surfaces are breeding ground for fungus. The infection lies in the outer ear or the ear canal. The scientific name for fungal infection is Otomycosis.

Whether it is the outer, middle or inner ear, some of the common symptoms affecting users are:

- 1. You may feel acute pain in the infected ear.
- 2. There may be some discharge from the ears.
- 3. Some people also suffer from decreased hearing Acute infection can also cause dizziness.
- 4. Along with the ear pain some people may suffer from severe headaches.
- 5. In case of children, they may cry and refuse to feed as well as constantly tug their ears.

Why do we get ear infection during Monsoon?

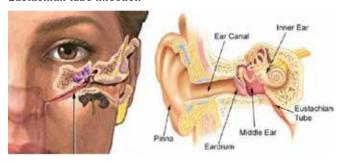
The increase in humidity due to the rains is an ideal condition for fungus and bacteria to grow. We often get caught in the rain and get drenched. Not changing into dry clothes immediately or walking into an air-conditioned room in wet clothes is an invitation for common cold and throat infection. According to ENT Doctors, the increase in ear infection cases jump 6 to 10 times during monsoons.



What are the causes of Bacterial infection?

Bacterial infection can happen due to several causes. Throat infection is very common during the monsoon. Normally the infection during monsoon starts from the throat. Smokers are more prone than others. Most of us do not pay attention and expect the infection to cure on its own. This infection spreads to the ear through the Eustachian tube. Also, moulds can grow in ac filters during monsoon season which can get aerosolized and increase the infection rate.

Eustachian tube infection



Location of the Eustachian Tube

Being exposed to rain, snow and cold wind may lead to a throat infection. The infection in the throat spreads to the Eustachian tube, this tube connects the throat to our Ear. The ear gets infected through the Eustachian tube. This infection is caused by bacteria.

It is important to keep things in mind for preventing ear infections:

- Keep your ears clean: It is important not to put anything in the
 ears to clean them- this may cause injuries and infections It
 is important to clean your outer ears with a clean cloth to
 avoid a fungal infection while using a hairspray, swimming
 or if you are out in the rain.
- Clean earphones once a week to avoid infections of ear canal
- 3. Avoid putting cotton in your ears: Avoid putting cotton swabs in your ears as it can lead to trapping of bacteria within.
- Don't ignore a warning sign: If you suffer from any of the symptoms of ear infection it is wise to get tested by an ENT specialist.

- 5. Gargle your throat frequently with saltwater.
- Carry a hand sanitizer at all times, use it if your hands come in contact with surfaces touched by others viz. doorknobs, bus and metro handrails etc.
- Also, we drink cold beverages during summers to overcome heat. This can lead to throat infections and fever. Prefer hot beverages like herbal tea and soups. It will keep the body warm and boost the immune system.
- 8. Avoid swimming in ponds and rivers or use protective devices to prevent water from entering into ears.

Treatment

An ear infection may need treatments and procedures or in some cases even surgery. The common treatments for ear infections include:

- Cleaning of the Wax: If there is a wax buildup in your ears, which leads to an infection, a professional cleaning may be required by a doctor under a head light with specialized micro instruments.
- 2. Ear Drops: Using ear drops can also dissolve the ear wax and clean out the ear infection.
- 3. Cleaning of the otomycotic debris is very important in the treatment of otomycosis.
- 4. Using topical antifungal ear drops may help.
- 5. In my experience, rather than using aqueous based ear drops, I prefer antifungal ointments which are instilled to the ear canal after meticulous cleaning of fungal debris.

It usually takes a week to clear out an ear infection, but if still doesn't get better it is advisable to consult a medical practitioner. Sometimes ear infections may also require surgeries like Myringotomy, Tympanoplasty or Mastoidectomy, which can be an OPD procedure or might need a day's stay in the hospital.

Prevention is better than cure











Are you looking for the ideal body contour?

Introducing the state-of-the-art, Hi-definition Body sculpture experience at the Royal Aesthetic Center at the Royal Bahrain Hospital.

Hi definition Liposculpture is one of the most sought after surgical procedures in aesthetic plastic surgery. This has been possible by techniques utilizing VASER, a third generation ultrasound assisted lipoplasty technique.

It uses ultrasound energy to emulsify (soften and break) the fat, without damaging blood vessels and nerves, making subsequent suction aspiration of fat easy, resulting in less bruising and tissue damage. This fat aspirated can be used for fat grafting procedures in the same sitting. This is termed 4D body sculpture. Areas typically treated are the chest, abdomen and arms in males, while neck, abdomen, flanks, back, buttocks, thighs, hips and calves in females.

As with all other liposuction techniques, this is not a substitute for weight reduction, but a method of removing deposits of fatty tissue and improving definition. The best candidates for high-definition body contouring are individuals of relatively normal weight who have excess fat in particular areas of the body. Firm, elastic skin will result in a better final result.

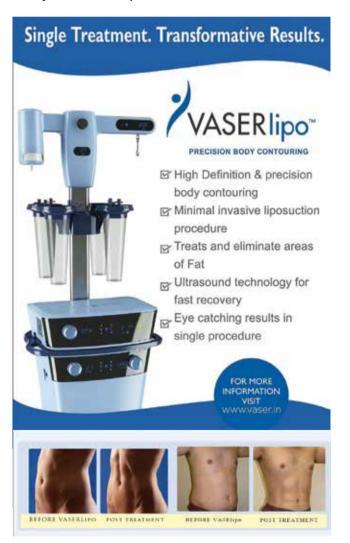
After the fat plane is wetted with a solution a solid metal grooved Vaser probe is inserted. Ultrasonic energy emits from the end and sides of the probe, as it is passed back and forth, breaking down fatty deposits in the superficial and deep planes. A hollow cannula is then inserted and is directed through the area of emulsified fat cells. The cannula is attached to a vacuum source, which provides gentle suction to remove the emulsified fat. The VASER procedure is unique in that, it first targets and dissolves fat cells and then draws off emulsified fat, leaving the collagen matrix intact, surgical trauma, complications and potential for post-operative pain and bruising are minimized while skin retraction/ tightening is optimal. This enables smooth sculpting of body fat in the chest and abdominal regions giving a chiseled muscular look in the male patient and a lean, fit appearance in the female.

Thus in a nutshell, the overall advantages of VASER are-

- Less trauma hence less bleeding, bruises, pain and faster recovery.
- Safe for superficial use and hence used for high definition contouring.
- Better skin tightening than regular suction assisted liposuction.
- Aspirated fat can safely be used for injection for augmentation/ contouring/ better definition.

Dr. Dean Gomes — Consultant, Plastic and Cosmetic Surgery
Dr. Ramesh Padubidri — Specialist Plastic Surgery

For more information, contact the Royal Aesthetic Center at Royal Bahrain Hospital on 17246857 or 17246939.







Shaikh Isa Bin Ali Al Khalifa – President of the Bahrain Basketball Association, presents memento to Dr. Sheriff Sahadulla in presence of Mr. Rahma Jaberi.

Bahrain Basketball Association has long term relation with Royal Bahrain Hospital. RBH provides Ambulance services to all their games in the season including consultations and procedures to all their players. The memento is in acknowledgement and appreciation for the services RBH provides for the Association.







Digital Detox Camp to encourage your children to play Outdoor Sports

In a digital age where smartphones, tablets and PS4's are controlling our lifestyle, it is becoming a daunting task for parents for managing the growth process of their children including their mental and physical development. To address this issue, Royal Bahrain Hospital alongwith Bahrain Tennis Club and Athletic Kings and organised a Digital Detox Camp for Children and Parents with a view of encouraging children to play more outdoor sports and improve bonding between parents and children. The camp was held at the Bahrain Tennis Club in April 2019. It was a free camp and parents and children had the opportunity to bond over multi skills workshops, yoga, tennis and much more. Children from ages 2 to 14 could participate along with their parents.

Today's children need to be encouraged to get away from digital devices and spend more time outdoors. This will promote their health and growth. Sports are important for children as it builds healthy bones and muscles, increases fitness, improves sleep, helps them socialize and improves their self-confidence among other things. Outdoor activities promote a healthy lifestyle! Parents are a great example if they are active. Studies have shown that children who are more active are healthier and have a lower chance of obesity and diabetes. They feel less stress, sleep better and are more confident.





Sciatica



Dr. Shamsher Singh, M.B.B.S.,M.S. Specialist Orthopaedician

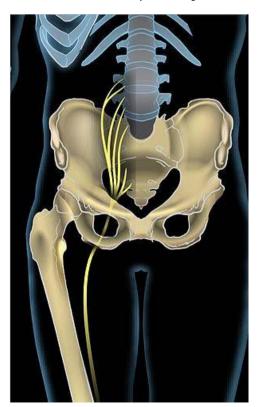
Sciatica is a symptom like head ache.

People sitting for long periods and physically inactive are likely to develop it more frequently when compared to people who are active.



What is actually Sciatica

Sciatic nerve is the longest nerve in the human body. Scaitica occurs due to compression of sciatic nerve at any site. This nerve runs down from the lower spine through the buttocks and



to the back of the thigh. Sciatica is not a diagnosis but a set of symptoms causing the pain. Usually in OPDs patients tell the doctor, they are suffering from sciatica. Often the term sciatica is confused

It is a condition so wide spread and many people think that they can self treat or just follow others advice on how to relieve the pain.

Facts of sciatica

- 1. Sciaitic nerve is the longest nerve in the human body.
- 2. It is formed by lumbar 4 to sacral 3 segments of sacral plexus
- 3. Fibres that emerge from I4-s3 segments form the single nerve in front of piriformis muscle.

Causes of sciatica

Results from compression of sciatic nerve by muscle, joints, ligaments or discs in the course of the nerve.

Types of sciatica

- Referred pain which comes from abnormal movement & degeneration of muscles joints ligaments and spine.
- 2. Neurogenic pain nerve compression is the most common cause of nerve compression.

Causes

- 1. a) degenerated discs
 - b) bulging discs
 - c) herniated disc
 - d) disc degeneration & osteophyte formation
- 2. Spinal stenosis
- A) narrowing of spinal canal
- B) degeneration, tumors and cysts in spinal canal
- C) structural variation
- D) fractures



3. Piriformis syndrome

Occurs when piriformis muscle compresses the sciatic nerve as it passes out of pelvis



Location of sciatic pain

- 1. Buttocks
- 2. Back of thighs
- 3. Back and outside of calf muscle
- 4. Foot and toes

Symptoms are usually experienced on one side but can occur on both sides.

Most common symptoms

- 1. Sharp shooting pain in the legs.
- 2. Burning and pricking sensation.

- 3. Numbness and pins & needle sensation in legs & foot.
- 4. Pain that will become worse while sitting and standing.
- 5. Pain improves while walking and lying down.
- 6. Difficult to stand or walk normally.
- 7. Pain aggravated by coughing and sneezing.
- 8. Low back pain.

Risk factors

Age: people in 30s-40s have a high risk of developing sciatica.

Profession: jobs that require lifting heavy loads for long periods.

Life style: sedentary life style, people who sit for long periods and physically inactive are likely to develop scattica.

Diagnosis

The following will be the questions the doctor will ask you-

Do you have numbness or weakness in your leg?

Do certain positions increase your discomfort?

Does pain hamper your day to day activities?

Do you do lots of physical work?

Do you sit for long hours to work?

How often you do exercise?

Physical examination

A few common methods are the following-

Rising from a squatting position, walking on your toes & heels, raising your one leg, straight leg raising test etc.

Investigations

If your pain is changing in nature investigations could be x-ray spine, CT Scan, MRI Scan and EMG.

Causes of sciatica

The following factors may trigger your sciatica-

Over weight or Obesity.

Tight jeans and underwear.

Putting stress on yourself.





High heels and non-cushioned shoes.

Wallet, cellphones and credit cards in your back pocket.

Treatment

If your pain doesn't improve with self-care measures, your doctor might suggest some of the following treatments.

Medications

The types of drugs that might be prescribed for sciatica pain include:

- Anti-inflammatories
- · Muscle relaxants
- Narcotics
- Tricyclic antidepressants
- · Anti-seizure medications

Physical therapy

Once your acute pain improves, your doctor or a physical therapist can design a rehabilitation program to help you prevent future injuries. This typically includes exercises to correct your posture, strengthen The muscles supporting your back and improve your flexibility.

Steroid injections

In some cases, your doctor might recommend injection of a corticosteroid medication into the area around the involved nerve root. Corticosteroids help reduce pain by suppressing inflammation around the irritated nerve. The effects usually wear off in a few months. The number of steroid injections you can receive is limited because the risk of serious side effects increases when the injections occur too frequently.

Lifestyle and home remedies

For most people, sciatica responds to self-care measures. Although resting for a day or so may provide some relief, prolonged inactivity will make your signs and symptoms worse.

Other self-care treatments that might help include:

 Cold packs-Initially, you might get relief from a cold pack placed on the painful area for upto 20 minutes several times a day. Use an ice pack or a package of frozen peas wrapped in a clean towel.

- Hot packs- After two to three days, apply heat to the areas that hurt. Use hot packs, a heat lamp or a heating pad at the lowest setting. It you continue to have pain, try alternating warm and cold packs.
- Stretching- Stretching exercises for your low back can help you feel better and might help relieve nerve root compression.
 Avoid jerking, bouncing or twisting during the stretch, and try to hold the stretch for at least 30 seconds.
- Over-the-counter medications- Pain relievers such as ibuprofen (Advil, Motrin IB, others) and naproxen sodium (Aleve) are sometimes helpful for sciatica.

Alternative medicine

Alternative therapies commonly used for low back pain include:

- Acupuncture- In acupuncture, the practitioner inserts hairthin needles into your skin at specific points on your body.
 Some studies have suggested that acupuncture can help back pain, while others have found no benefit. If you decide to try acupuncture, choose a licensed practitioner to ensure that he or she has had extensive training.
- Chiropractic- Spinal adjustment (manipulation) is one form of therapy. Chiropractors use to treat restricted spinal mobility.
 The goal is to restore spinal movement and, as a result, improve function and decrease pain. Spinal manipulation appears to be as effective and safe as standard treatments for low back pain, but might not be appropriate for radiating pain.

Preparing for your appointment

Not everyone who has sciatica needs medical care. If your symptoms are severe or persist for more than a month, though, make an appointment with your doctor.





KQMO Wellness Counter and first aid provider for Govt Primary school festival with Wakra Baladiya



KIMS Qatar Medical Center (KQMC) in association with Sanskriti conducted free Medical Camp at KQMC.

Inauguration of free medical camp at Doha Exchange

The event was inaugurated by the Honourable Ambassador of India in Qatar Mr. P Kumaran in the presence of KQMC Executive Director Mr. Nishad Azeem, KQMC Chairman Mr. Jassim Mubarack Jassim Mohammed Al Kather, Norka Roots Director Mr. C V Rappai & Sanskriti General Secretary Mr Vijayakumar. About 550 patients attended the camp from different parts of Qatar.



12 STEPS TO HAPPINESS



Thank

Thank someone and be appreciative toward your colleagues, every single day.



Experience

Experience new things, try stuff out, and let people run all kinds of experiments.



Give

Give something to another person or make it possible for others to offer gifts.



Hike

Hike outdoors, enjoy nature, and allow people an escape from the office and the city.



Help

Help someone who is in need of assistance, or enable colleagues to help each other.



Meditate

Meditate and get people to learn and adopt mindfulness practices.



Eat Well

Eat well, and make good, healthy foods easily available for everyone.



Socialize

Socialize, relate to other people, and make it easy for colleagues to develop connections.



Exercise

Exercise and work out regularly and make it easy for people to take care of their bodies.



Aim

Aim for a goal and get people to understand and realize their own purpose.



Rest

Rest well, sleep sufficiently, and enable colleagues to refresh their minds.



Smile

Smile whenever you can, appreciate humor, and get colleagues to engage in fun activities.



Micro dentistry – Next level of dental practice



Dr. Parveen Molly Benson,

Micro dentistry is one of the most advanced approaches to treating dental damage, providing many benefits and an alternative to traditional dentistry.

The goal of the micro dentist is to identify unsound tooth structure, which is a threat to the long term stability of the tooth, and then neutralize or remove those structures with minimal disruptions and invasion of the surrounding sound tooth structure. Minimal disruptions of sound tooth structure provide the additional patient benefit of reducing or eliminating the pain associated with traditional dentistry.

Micro dentistry is minimally invasive dentistry with the aid of microscopic optical device that magnifies the operative field.



History

 The application of operating microscope in clinical dentistry can be traced to Apothekar in 1981.

He converted a medical operating microscope for use in Endodontic. Routine use of the microscope was observed in the 1990's.

 Specifically designed dental operating microscope became an accepted part of endodontic therapy until recently, the role of operating microscope in general dental practice has been very limited involving a practitioners who performed a significant number of Endodontic or Periodontic procedures.

Magnification tools

Two basic types of magnification systems are commonly used:

- LOUPES Optical principles in Loupes are the most common magnification system used in dentistry. These are fundamentally two monocular microscopes with side by side lenses angled to focus an object. The magnified image that has joined stereoscopic properties that are created by the use of convergent lens system. They are further classified as:
- Single Lens Magnifiers- clip-on, flip up, jeweler's glasses
- Multi Lens Telescopic Loupes
- SURGICAL MICROSCOPES-



OPTICAL PRINCIPLES OF SURGICAL MICROSCOPE- It is a complicated system of lenses that allows stereoscopic version at a magnification of approximately 4-40 x with an excellent illumination of the working area. The light beams fall parallel on to the retinas of the observer so that no eye convergence is necessary and the demand on the lateral rectus muscles is minimal.



Uses

- These tools are useful in dentistry for various purposes such as diagnosis of sub gingival deposits, micro fractures, longitudinal fractures, and defective margin fit of restoration, etc. that are often overlooked clinically.
- Magnification is often necessary to study root canal anatomy and surface in Endodontic.
- Diagnosis of second mesiobuccal root canal of maxillary molar, extra root canal, C shaped canals, etc. are extremely easy and leading to successful management of case.
- Use of microscope is the best for detection of perforation, localization of the broken Endodontic instruments in root canals, where visualization is the major problem.
- They expand diagnostic option due to better lighting and sight.
- Repair of perforation can be done more accurately and reliably using variable and adjustable magnification with shadow free light.
- Prognosis for major preservation of tooth structure without any major loss is the reality with surgical operating microscope.

Advantages

- Use of magnification tolls have been shown to improve visual acuity, providing increased precision in surgical care as well as certain other types of treatments.
- The operating microscopes provide ergonomic benefits. The clinicians sit in a comfortable upright position relying upon directed patients movements or movements of a mirror to visualize surgical sites. This balanced position may help reduce musculo skeletal injuries that are common among members of dental profession.

- The video camera attached to microscope can be useful by providing both patients and auxiliary staff with the ability to observe in real time. This helps in educating patients on their treatment needs.
- The ability to easily document a procedure using digital microphotography and micro- videography with cameras attached to operating microscopes opens up new possibilities for patient education, documentation, professional presentation and medico legal documentation.

Infection control

Magnifying loupes collect debris from many procedures. Infection control is difficult at best.

Ideally, all areas of the loupes should be disinfected with a high level of disinfectant after each patient.



In conclusion, micro dentistry is quite undoubtedly the future of dental practice due to its increased efficacy, reduced errors and ergonomic benefits.







Kidney Day awareness campaign slogan: Keep your kidneys clean, Drink more water Campaign promoted with distribution of water bottles to 1000 patients. Free kidney early evolution camp in association with FOCUS Jubail





Smoking and Pregnancy



Dr. Sailaja Kaza Specialist Obstetrics/Gynaecology

Protecting baby from tobacco smoke is one of the best things for a child to have a healthy start in life. It can be difficult to stop smoking, but it's never too late to quit.

Every cigarette smoke contains over 4,000 chemicals, so smoking during pregnancy harms unborn baby. Cigarettes can restrict the essential oxygen supply to the baby. As a result, their heart has to beat harder every time they smoke.

Why is smoking in pregnancy harmful?

smoking reduces the amount of oxygen and nutrients that pass through the placenta whitch increases risk of:

- miscarriage
- ectopic pregnancy (a pregnancy growing outside the womb)
- your baby dying in the womb (stillbirth) or shortly after birth

 one-third of all deaths in the womb or shortly after birth are
 thought to be caused by smoking born with abnormalities –
 face defects, such as cleft lip and palate, are more common
 because smoking affects the way baby develops
- baby's growth and health are affected the more they smoke, the less healthy the baby will be, and a baby that is small due to smoking is more likely to have health problems when young and also later in life
- bleeding during the last months of pregnancy, which is known as an abruption (when the placenta comes away from the wall of the womb) – this could be life threatening.
- premature birth, when baby is born before 37 weeks of pregnancy.
 - Babies and children whose mothers smoke during pregnancy are also at greater risk of:
- sudden and unexplained death, known as sudden infant death syndrome (SIDS) – as well as happening to newborn babies, this can also happen to infants over 12 months:
- · asthma, chest and ear infections, and pneumonia

- behaviour problems such as ADHD (attention deficit hyperactivity disorder)
- performing poorly at school.

Stopping smoking reduces all the risks described above

Benefits of stopping smoking in pregnancy

Stopping smoking will help both mother and the baby immediately. Harmful gases, such as carbon monoxide, and other damaging chemicals will clear from the body.

By stopping smoking

- · reduces the risk of complications in pregnancy and birth
- more likely to have a healthier pregnancy and a healthier baby reduces the risk of stillbirth
- baby is less likely to be born too early and have to face the additional breathing, feeding and health problems.
- baby is less likely to be born underweight: babies of women
 who smoke are, on average, 200g (about 8oz) lighter than
 other babies, which can cause problems during and after
 labour. For example they are more likely to have a problem
 keeping warm and are more prone to infection
- reduces the risk of cot death, also known as sudden infant death syndrome

Stopping smoking will also help the baby later in life. Children whose parents smoke are more likely to suffer from asthma and other serious illnesses that may need hospital treatment.

The sooner to stop smoking, the better. But even stopping in the last few weeks of pregnancy will benefit mother and baby.

Secondhand (passive) smoke harms your baby

If partner or anyone else smokes, their smoke can affect mother and the baby both before and after birth.

Secondhand smoke can also reduce the baby's birthweight and increase the risk of cot death. Babies whose parents smoke



are more likely to be admitted to hospital form bronchitis or pneumonia during first year of life.

Nicotine replacement therapy (NRT)

NRT can be used during pregnancy if it will help stop smoking, and patient unable to stop without it. It's not recommended to take stop smoking tablets such as bupropion or varenicline during pregnancy.

NRT contains only nicotine and none of the damaging chemicals found in cigarettes, so it is a much better option than continuing to smoke. NRT is available as:

- patches
- gum
- inhalator
- nasal spray
- · mouth spray
- · oral strips
- lozenges
- microtabs

If patient has pregnancy-related nausea and vomiting, patches may be a better solution.

NRT patches should be used for no more than 16 hours in any 24-hour period. The best way to stick to this is to remove the patch at bedtime.

Before using any of these products better to take opinion from specialist stop smoking adviser.

By getting this specialist advice one can be sure that they are doing the best for your baby and best for themselves.

Liquorice-flavoured nicotine products

Pregnant women are advised to avoid liquorice-flavoured nicotine products. Although there is no known risk with small amounts of liquorice flavouring.

As other flavours are available, pregnant women are advised to select an alternative, such as fruit or mint.

E-cigarettes in pregnancy

E-cigarettes allow to inhale nicotine through a vapour rather than smoke. Cigarettes deliver nicotine along with thousands of harmful chemicals. By itself, nicotine is relatively harmless.

E-cigarettes do not produce tar and carbon monoxide, two of the main toxins in cigarette smoke. Carbon monoxide is particularly harmful to developing babies. The vapour from an e-cigarette does contain some of the potentially harmful chemicals found in cigarette smoke, but at much lower levels.

E-cigarettes are fairly new and there are still some things we don't know. However, current evidence indicates they are much less risky than smoking.

Stop Smoking services can offer one-to-one or group sessions with trained stop smoking advisers and may even have a pregnancy stop smoking specialist.

Key points

- Smoking both active and passively in pregnancy is harmful to both mother and the baby.
- A baby that is small due to smoking is not a healthy baby.
- If you smoke, the best thing you can do is stop. Stopping at any time in pregnancy will help, though the sooner the better.
- stopping completely (rather than just cut down), ideally before getting pregnant.
- take help, advice and support to stop smoking.
- carbon monoxide (CO) test is offered early in pregnancy.
- Nicotine replacement therapy (NRT) is safe to use in pregnancy.
- E-cigarettes are currently not recommended for use in pregnancy.

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- 4. RCOG patient information 2015







Heart healthy diet



Ms. Jishy Seby Diet Consultant

Cardio Vascular Diseases are the leading cause of death in the present world killing 17.5 million people every year. Heart is one of the most important organ in the human body and it should be kept healthy. Heart attack and strokes are the main causes of death not only in developed countries, but also in population of developing countries. Weight control and regular exercise are critical for keeping your heart in shape—but the food you eat may matter just as much. A heart-healthy diet can reduce your risk of heart disease or stroke by 80%.

No single food can make you magically healthy, so your goal can be to incorporate a variety of healthy foods cooked in healthy ways into your diet, and make these habits your new lifestyle. How much you eat is just as important as what you eat. Overloading your plate, taking seconds and eating until you feel stuffed can lead to eating more calories, fat and cholesterol than you should. One serving of pasta is 1/2 cup, a serving of meat, fish or chicken is 2 to 3 ounces, or about the size and thickness of a deck of cards.

The goals of a heart-healthy diet are to eat foods that help to reduce LDL (Low Density Lipoprotein or Bad cholesterol), triglycerides and increase HDL (High density lipoprotein or Good cholesterol).

This requires certain diet regulations as follows-

Eat More

Healthy fats: raw nuts, olive oil, fish oils, flax seeds, or avocados



Nutrients: colorful fruits and vegetables—fresh or frozen, prepared without butter



Fiber: cereals, breads, and pasta made from whole grains or legumes



Omega 3 and protein: fish, poultry





Calcium and protein: Egg whites, egg substitutes, skim or 1% milk, low-fat or nonfat cheeses or yogurt





Eat Less

Trans fats from partially hydrogenated or deep-fried foods; saturated fats from whole-fat dairy or red meat.



Packaged foods of any kind, especially those high in sodium
White or egg breads, granola-type cereals, refined pastas or rice.
Shell fish. Red meat. bacon. sausage, fried chicken, organ meats



Egg yolks, whole or 2 percent milk, whole milk products like cheese or yogurt.





A heart healthy diet should focus on including whole grain cereals, more servings of natural foods like fruits and vegetables, protein sources like nuts, fish, egg white and low fat milk and milk products.

The good cholesterol can be increased by consuming foods that contain Omega 3 fatty acids like fish and fish oil, almonds, walnut, flax seeds, avocado etc. The American Heart Association recommends at least two servings of fish a week, which is 3.5 ounces of cooked fish or 3/4 cup of flaked fish to maintain a healthy heart. Reducing salt intake can lower blood pressure and decrease the risk of heart disease and heart failure.

Mostly everyone believes all vegetable oils are heart healthy. But this is not true. Coconut, palm and palm kernel oils are sources of saturated fats, which can raise blood cholesterol levels and be detrimental to heart health.

Hydrogenated vegetable oils, such as those in hard margarine, can raise blood cholesterol levels. Healthier oils include olive, canola, sunflower and corn oil. But all oils have same calorie, so use moderately. There is a misconception that extra virgin olive oil is the best oil for frying. High heat destroys the health benefits of oils. The ability of oil to withstand high heat without becoming oxidized or changing structure, known as the smoke point, is one of the determining factors of oil's suitability for cooking. Extra virgin olive oil has very low smoking point, it is meant for use in salads in fresh form.

Avoid fried foods as they increase the risk for heart diseases. Use canola oil or sunflower oil for cooking in higher temperatures.

Often hailed as a healthy alternative to butter, margarines aren't always a better choice. Ordinary margarines contain just as much fat and as many calories as butter. Worse still, they may also contain hydrogenated vegetable oils, which create trans fats – and these are thought to be as harmful to our heart health as saturates.

Although nuts are high in calories and fat, most contain hearthealthy monounsaturates rather than saturates and have a low glycaemic index. This means they help keep blood sugar levels steady and leave you fuller for longer after eating them.

Nuts also contain protein, fibre and many other vitamins and





minerals and so can contribute to a healthy diet. But all the nuts should be taken in moderation (not more than 8 or 10 a day) and always choose unsalted ones.

Exercise is a great way to balance the calories we take in from foods, which helps with weight control. It is also great for stress management. And maintaining a healthy weight and managing stress helps prevent heart disease. But exercise won't necessarily



erase all the effects of an unbalanced diet—for example, one that is high in saturated fat, trans fat and sugar, and low in whole grains, fiber, vitamins, minerals and antioxidants. Besides, your body likely won't feel like exercising if you haven't fueled it with the variety of healthy foods it needs. Daily 45 minutes of exercise strengthens the heart muscle, improves blood flow, reduces high

blood pressure, raises HDL cholesterol and helps control blood sugars and body weight.



Keeping well hydrated by drinking plenty of water is also essential to maintain a healthy body. Smoking and exposure to second hand smoke also increases the risk for heart diseases. Children are most affected by the exposure to second hand smoke. Public awareness is important to encourage people to quit smoking.

Your motto should be dietary enhancement, not deprivation. When you enjoy what you eat, you feel more positive about life, which helps you feel better. A strong heart is a result of healthy lifestyle choices. Be active and stress-free.

Launch of NOBESITY Club



Nobesity Club is an obesity/post bariatric support group. The team comprises of Consultants, dietician and counselors. The idea is the support persons who are fighting with obesity and also persons who have undergone a weight reduction surgery lately. Both the group require a lot of medical care. The group will be given guidance on effective weight loss programmes and what suits each one of them. The club will be monitored by the team of experts regularly.



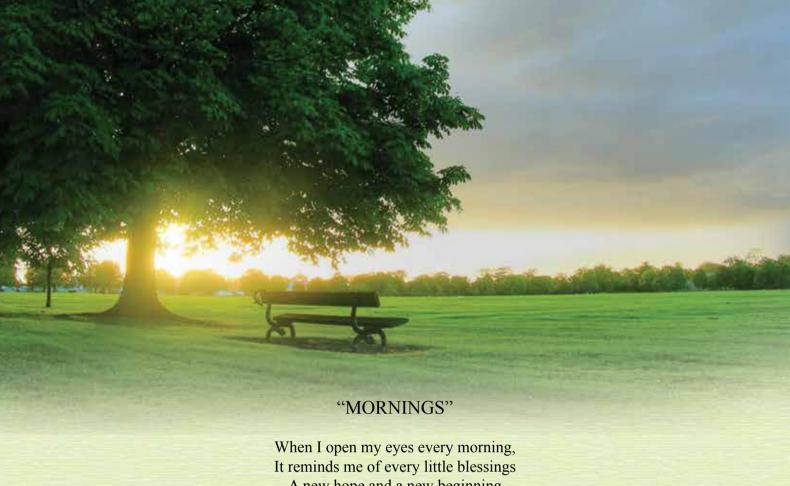






Opening of JMC Beauty and Cosmetic Clinic - Dr. Wael Nabeel, Internal Medicine Specialist JMC, Mr Majeed Chingoli, Member KIMS Director board, Mr Khalid, Administrator Govt Affairs, Mr Fahid Hassan, Administrator





A new hope and a new beginning To refresh my mind, body and spirit.

Thank you God for the morning sunshine Heat passed my body during sunrise Even my eyes closed, I have sense the light I opened my eyes, blessed I am with my sight.

I held and open the window To let the sun reach my pillow I smelled the scent of the flowers outside Along the mist of the green grass they collide.

The wind blows and touched my skin The leaves from the trees were falling And the birds resting were singing How sweet is the taste of every morning!

I heard the sound of my breathing And my heart keeps on beating How grateful I am for every morning I'm still here on Earth, alive and kicking!

> Riza S Zabala Jarir Medical Centre, Riyadh



















Say NO to Tobacco: Any day, Every day!



Dr. Sandeep B Pillai MS, DNB, MCh Department of Surgical Oncology

Tobacco is regarded as the deadliest human invention, the killing power of which is far more than atomic bombs or many other man made disasters. Approximately 100 million lives were lost due to tobacco use in the previous century alone. Most unfortunately, despite the realisation of it's dangers, many people still continue to smoke or chew tobacco.



Health issues of tobacco use

Tobacco is consumed mainly in the form of smoking cigarettes, bidis or cigars, which vary according to the content and nature of tobacco used. The other major route of tobacco consumption is as smokeless tobacco — as in pan, snuff, ghutka or even as tobacco toothpaste (masheri). Any form of tobacco use is considered deadly, even though the ill effects vary according to the mode of use and the site of exposure.

Smoking of cigarettes result in a wide variety of chemical substances entering the airways, of which nicotine and tar are the most dangerous. Nicotine results in addiction; while it is the tar content that causes cancer. There are at least 72 potentially cancer causing substances in each puff that one takes in while smoking. Many of these can damage the DNA of our cells, leading to mutations that result in cancer.

There are about 12 types of cancers due to tobacco use which are summed up below-

Smoking tobacco

Lung cancer, oral cancer, laryngeal cancer, gastrointestinal cancers, urinary cancer and leukemia are directly linked to

smoking tobacco. Lung cancer is the leading cancer as well as the number one killer among all cancers in humans.

Smokeless tobacco

More or less confined to the immediate vicinity of the site of exposure.



Pan and quid chewing typically results in cancer of the lip, lower jaw and gums.

Ghutka produces cancer of the inner cheek and lip. This is one of the commonest cancers affecting the population of Indian subcontinent.

Other major and some minor health effects

Nicotine in the smoke leads to blockage of blood vessels, decreased blood flow to the heart, brain, kidneys and limbs which is often drastic and many times life threatening.

Chronic smoking results in Stroke, heart attack, hypertension, sleeplessness and gangrene of limbs requiring amputation.

Smoking can cause erectile dysfunction as infertility.

Bad breath and loss of taste are also consequences of this regrettable habit.

Preventive measures

Penalties-Increasing taxation on tobacco products.





Community awareness-Projection of warning signs during smoking scenes in movies.

Propagating repulsive advertisements highlighting the gruesome after effects of tobacco.

Banning tobacco use in the public places.

Health education programmes.

Individual programmes

Psychological counselling, medications and nicotine tablets or chewing gums.

Educating about the ill effects of tobacco, and explaining the positive consequences of abstinence. Restriction for use by children and young adults by legislation.

Visits to cancer hospitals and screening of educational documentaries.

The numbers of tobacco users may be as high as 40% of all males and 5% of all females in many countries including India. The number of females and young adults using tobacco is on the rise, which is equally alarming. Hence observing 'World No Tobacco Day' is an occasion to educate the general public regarding the deadly ill effects of tobacco and to re-affirm the necessity of absolute abstinence from any form of tobacco use.

Let us pledge our support to the worldwide fight for tobacco eradication, and hope that our society will evolve into a health conscious one in the future.







KERALA RIDES TO CONQUER CANCER' an initiative from KIMS Cancer Center – KIMS Healthcare Group to spread awareness about Cancer across Kerala as part of World Cancer Day. The Cancer awareness message was spread by team of women bullet riders (Flag Bearers) who started the bullet rally from Kasaragod and drove up to Trivandrum covering the whole Kerala.







KIMS Healthcare Group receives the Economic Times National Best Healthcare Brand Award from Shri. Sidharth Nath Singh, Health Minister of UP and Ms. Nafisa Ali, actor and social activist



KIMS receives AHPI Award 2019

KIMS received AHPI Quality beyond Accreditation Award 2019 from General Dr. V K Singh PVSM, AVSM, YSM, ADC, Union Minister of State for External Affairs in presence of Dr. Alex (Secretary AHPI) and Dr. Giridhar Gyani (President AHPI)

Association of healthcare providers of India award for quality beyond accreditation: The award is for achieving clinical excellence and enhancing systems and processes beyond accreditation requirements.





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