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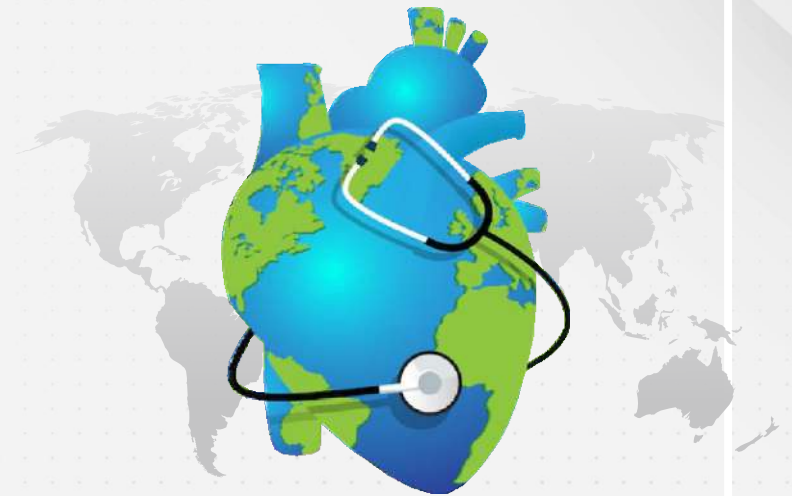
INDUS ALIVE

Year 8 Vol.14, SEPTEMBER-OCTOBER 2022, CHANDIGARH

A Health & Wellness Magazine by INDUS HOSPITALS, Mohali, (Pb.) India

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The latest techniques and treatments to
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Specialities	Doctor Name	Qualifications	OPD Days
Anesthesia & Pain Management	Dr. SPS Bedi	MBBS MD	Mon to Sat
	Dr. Arjun Joshi	MBBS MD	Mon to Sat
	Dr. Devinder Grewal	MBBS MD	Mon to Sat
Cardio Thoracic Vascular Surgery	Dr. Ashwani Bansal	MBBS MS MCh	Mon to Sat
Cardiology & Interventional Cardiology	Dr. Sandeep Parekh	MBBS MD DNB	Mon to Sat
Colorectal Surgery	Dr. Pankaj Garg	MBBS MS	On Call
Critical Care & Emergency Medicine	Dr. Jogesh Aggarwal	MBBS MD	Mon to Sat
ENT Surgery	Dr. Eshaan Kaushik	MBBS MS	Mon Wed Fri
Family Medicine	Dr. Sakshi Grover	MBBS DNB	Mon to Sat
Gastroenterology Surgery	Dr. BS Bhalla	MBBS MS	Mon & Wed
Gastroenterology	Dr. Navdeep Garg	MBBS MD DNB	Mon to Sat
General Surgery	Dr. Anil Kr Sharma	MBBS MS	Mon to Sat
Gynaecology & Obstetrics	Dr. Jasmine Kang Rana	MBBS DNB	Mon to Sat
Haematology	Dr. Mukesh Chawla	MBBS MD DrNB	Mon to Sat
Internal Medicine	Dr. Kanwar Singh Bhinder	MBBS MD	Mon to Sat
	Dr. Mayank Sharma	MBBS MD	Mon to Sat
Microbiology & Transfusion Medicine	Dr. Parminder Kaur Gill	MBBS MD	Mon to Sat
Nephrology & Dialysis	Dr. Narinder Sharma	MBBS MD DNB	Mon to Sat
Neurology	Dr. Neha Agarwal	MBBS MD DM	Mon to Sat
Neurosurgery	Dr. Rajnish Kumar	MBBS MS MCh	Mon to Sat
Nutrition & Dietetics	Dt. Mayank Kapoor	DDHN	Mon to Sat
	Dt. Gauri	MSc.	Mon to Sat
Oncology (Orthopedics)	Dr. Rajat Gupta	MBBS MS DNB	On Call
Oncology (Radiation)	Dr. Vinod Nimbran	MBBS MD	Tue Thu Sat
	Dr. Kamalpreet Kaur	MBBS DNB	Mon to Sat
Medical Oncology	Dr. Deepak Singla	MBBS MD DM	Mon to Sat
Oncology (Surgical)	Dr. Ashwan Kallianpuri	MBBS MS MCh	Mon to Sat
	Dr. Ashwani K Sachdeva	MBBS MS MCh	Mon to Sat
Orthopedics & Joint Replacement	Dr. VPS Sandhu	MBBS MS	Mon to Sat
Pathology	Dr. Ankush Nayyar	MBBS MD	Mon to Sat
Pediatrics, Neonatology & Hematology	Dr. Kushagra Taneja	MBBS MD	Mon to Sat
Pediatrics Surgery	Dr. Abhishek Gupta	MBBS MS MCh	Mon to Sat
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Plastic & Reconstructive Surgery	Dr. Ritwik Kaushik	MBBS MS MCh	Tue Thu Sat
Psychiatry, Behavioral & Drugs Rehabilitation	Dr. Prannay Gulati	MBBS MD	Mon to Sat (1st & 3rd Thu Outside)
	Dr. Vikas Bhateja	PhD(Cognitive Psy.) M.phil (Cl. Psy)	Mon to Sat
Counseling Psychologist	Mrs. Sarnit Chopra	MA PGDFCG	Mon to Fri
Pulmonology & Sleep Medicine	Dr. Kanwaljit Singh	MBBS MD	Mon Wed Fri
Radiology	Dr. Tejeshwar Singh	MBBS MD	Mon to Sat
	Dr. Meenu Bhorla	MBBS DMRD DNB	Mon to Sat
Renal Transplant Surgeon	Dr. Rajan Sharma	MBBS MS MCh	Mon to Sat
Skin, Laser & Cosmetic Medicine	Dr. Ramandeep Kaur	MBBS MD	On Call
Urology	Dr. Prashant Bansal	MBBS MS DNB	Mon to Sat
Vascular Surgery	Dr. Vishal Attri	MBBS MS	Mon to Sat (Every Fri Outside)

From us to you

Throughout the year we generate awareness around specific conditions and diseases that people struggle with daily. Indus Healthcare is committed to bring today's most pressing health issues to the forefront for public awareness.

In this issue of Indus Alive you will find various topics related to health issues, their management and follow-up.

Looking forward for your feedback and suggestions.

feedback@indushospital.in

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What is Hypoglycemia (Low Blood Sugar)?



For adults and children with diabetes, hypoglycemia (low blood sugar) is defined as a glucose value below 70 mg/dL. Hypoglycemia is a challenge to the body - our cells need to get glucose from the bloodstream to use for energy, and when blood sugar is low, there is not enough glucose for the cells. While hypoglycemia can be quite dangerous, most people with diabetes are able to recognize the signs and symptoms of hypoglycemia as their glucose levels are trending low before severe hypoglycemia occurs.

Classification of Hypoglycemia

Level	Glycemic criteria	Description
Glucose alert value (level 1)	≤ 70 mg/dL (3.9 mmol/L)	Sufficiently low for treatment with fast-acting carbohydrate and dose adjustment of glucose-lowering therapy
Clinically significant hypoglycemia (level 2)	< 54 mg/dL (3.0 mmol/L)	Sufficiently low to indicate serious, clinically important hypoglycemia
Severe hypoglycemia (level 3)	No specific glucose threshold	Hypoglycemia associated with severe cognitive impairment requiring external assistance for recovery

What is dangerously low blood sugar?

Severe hypoglycemia occurs when your body can't function properly because glucose is too low. In these extreme cases, low blood sugar can cause you to become confused or even to lose consciousness (when there is not enough glucose for the brain to adequately function). Severe hypoglycemia is characterized by a change in your mental state or the need for someone to help you treat the extreme low.

Low Blood Sugar Symptoms

Though not everyone experiences the same symptoms during hypoglycemia, it's important to try to notice what occurs in your body when your blood sugar is low.

These are some of the common symptoms of hypoglycemia:

- Hunger
- Sweating
- Shaking
- Fast heartbeat
- Headache
- Trouble concentrating
- Fatigue
- Irritability
- Confusion

What causes low blood sugar?

Hypoglycemia is usually a result of diabetes treatment, often because there is too much insulin in the body.

Here are some reasons why hypoglycemia might occur:

- Too much insulin administered for your body's needs at the time.
- Sulfonylureas stimulate insulin release from the pancreas, even if your glucose levels are in range - this can lead to low blood sugar.
- Too high levels of diabetes medications. If you are taking glucose-lowering drugs in combination with sulfonylureas or insulin, these medications can lower your blood sugar and increase your risk for hypoglycemia.
- Not enough food, particularly carbohydrates.
- Too much exercise at one time, particularly mild to moderate aerobic exercise. This is because exercise can increase your sensitivity to insulin, which allows your muscle cells to take up glucose from your bloodstream.
- Illness, particularly if associated with vomiting, nausea, and diarrhea.
- Other medical conditions, including some liver and kidney illnesses, eating disorders, and certain hormone deficiencies.

How To Treat Low Blood Sugar (Hypoglycemia)

Untreated low blood sugar can be dangerous, so it's important to know what to do about it and to treat it immediately.

The 15-15 Rule

For low blood sugar between 55-69 mg/dL, raise it by following the 15-15 rule: have 15 grams of carbs and check your blood sugar after 15 minutes. If it's still below your target range, have another serving. Repeat these steps until it's in your target range. Once it's in range, eat a nutritious meal or snack to ensure it doesn't get too low again.

The 15-15 Rule

If you have low blood sugar between 55-69 mg/dL, you can treat it with the 15-15 rule: have 15 grams of carbs. Check it after 15 minutes. Repeat if you're still below your target range.

These items have about 15 grams of carbs:

- 4 ounces ($\frac{1}{2}$ cup) of juice or regular soda.
- 1 tablespoon of sugar, honey, or syrup.
- Hard candies, jellybeans, or gumdrops (see food label for how much to eat).
- 3-4 glucose tablets (follow instructions).
- 1 dose of glucose gel (usually 1 tube; follow instructions).
- Tips to keep in mind:
 - It takes time for blood sugar to rise after eating. Give some time for treatment to work. Following the 15-15 rule helps.
 - Young children usually need less than 15 grams of carbs, especially infants and toddlers. Ask your doctor how much your child needs.
 - You should avoid eating a carb with lots of fiber, such as beans or lentils, or a carb that also has fat, such as chocolate. Fiber and fat slow down how fast you absorb sugar.
 - Check your blood sugar often when lows are more likely, such as when the weather is hot or when you travel.

- **IN CASE THE PATIENT IS UNCONSCIOUS OR DROWSY THEN DO NOT GIVE HIM ANYTHING BY MOUTH AND BRING HIM TO NEAREST HOSPITAL.**

Hypoglycemia Unawareness

If you have been undergoing frequent episodes of hypoglycemia for a long period of time, then your body will slowly get used to it. Your brain eventually stops emitting warning signals every time your blood sugars dip. This is called hypoglycemia unawareness and can prove dangerous.

"This can be avoided by taking proper steps to prevent episodes of hypoglycemia right from the beginning of the disease."

There is no particular level at which every individual starts exhibiting symptoms of hypoglycemia as the body's limits can vary from person to person.

Dr. Rajat Chauhan

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Fellowship in Diabetes Mellitus, Liverpool
Consultant General Medicine



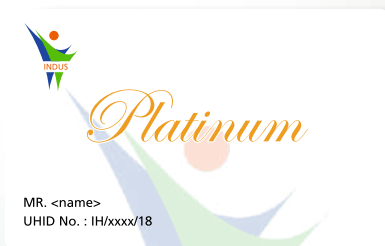
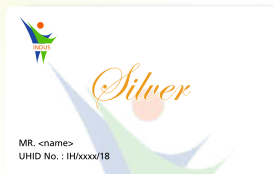
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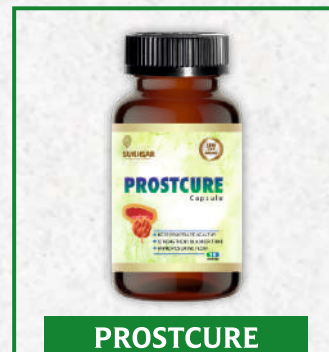
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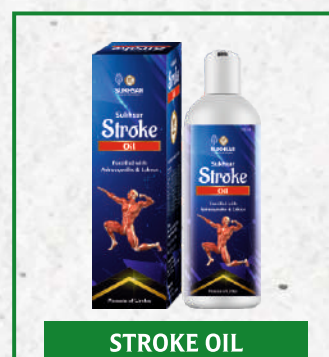
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Heart Attack & Unstable Angina Overview



What is a heart attack?

A heart attack occurs when blood flow to the heart is blocked. Without blood and oxygen it carries, part of heart starts to die. A heart attack doesn't have to be deadly. Quick treatment can restore blood flow to the heart and save your life.

Your Doctor might call a heart attack a myocardial infarction, or MI. Your doctor might also use the term acute coronary syndrome for your heart attack or unstable angina.

What is angina and why is unstable angina a concern?

Angina is a type of chest pain or discomfort that occurs when there is not enough blood flow to the heart. Angina can be dangerous. So it is important to pay attention to your symptoms, know what is typical for you learn how to control it, and know what is typical for you, learn how to control it, and know when to call for help.

Symptoms of angina include chest pain or pressure, or strange feeling in the chest. Some people feel pain, pressure, or strange feeling in the back, neck, jaw, or upper belly, or in one or both shoulders or arms.

There are two types of angina:

- **STABLE ANGINA** has typical pattern. You can likely predict when it will happen. It happens when your heart is working harder and needs more oxygen, such as during exercise. Your symptoms go away when you rest.
- **UNSTABLE ANGINA** is unexpected and resting or taking nitroglycerin may not help. Your doctor will probably diagnose unstable angina if you are having symptoms for the first time or if your symptoms are getting worse, lasting longer, happening more often, or happening at rest.

Unstable Angina is a warning sign that a heart attack may happen soon, so it requires treatment right away. But if you have any symptoms of angina, see your doctor.

What Causes a Heart attack?

Heart attack happens when blood flow to the heart is blocked. This usually occurs because fatty deposits called plaque have built up inside the coronary arteries, which supply blood to the heart. If a plaque breaks open, the body tries to fix it by forming a clot around it. The Clot can block the artery, preventing the Flow of blood and oxygen to the heart. This process of plaque buildup in the coronary arteries is called coronary artery disease, or CAD.

Factors like intense exercise, sudden strong emotion, or illegal drug use (Such as a stimulant like cocaine) can trigger a heart attack. But in Many cases, there is no Clear reason why heart attack occurs when they do.

What are the symptoms?

- Chest pain or pressure, or strange feeling in chest.
- Sweating, shortness of breath.
- Nausea or vomiting
- Pain, pressure, or strange feeling in the back, neck, jaw, or upper belly, or in one or both shoulders or arms.
- Lightheadedness or sudden weakness.
- Fast or irregular heartbeat.

What should you do if you think you are having a heart attack?

The best choice is to go to the hospital in an ambulance. The paramedics can begin lifesaving treatments even before you arrive at the hospital. If you cannot reach emergency services, have someone drive you to the hospital right away. Do not drive yourself unless you have absolutely no other choice.

How is a heart attack treated?

At the hospital, you will have test, Such as:

- **ELECTROCARDIOGRAM (EKG OR ECG)** it can detect signs of poor blood flow, heart muscle damage, abnormal heartbeats, and other heart problems.
- **CARDIAC ENZYMES:** having these enzymes in the blood is usually a sign that the heart has been damaged.
- **CARDIAC CATHETERIZATION:** This test shows which arteries are blocked and how your heart is working.

How is a heart attack managed?

- **ANGIOPLASTY:** If cardiac catheterization shows that an artery is blocked, a doctor may do angioplasty right away to help blood flow through the artery.
- **BYPASS SURGERY:** Doctor may do emergency bypass surgery to redirect blood around the blocked artery.
- **CARDIAC REHAB PROGRAM:** A cardiac rehab program is designed for you and supervised by doctors and other specialists. It can help you learn how to eat a balanced diet and exercise safely. Take all of your medicines correctly. Do not stop taking your medicine unless your doctor tells you to. If you stop taking your medicine, you might raise your risk of having another heart attack.

Can you prevent a heart attack?

To improve your heart health:

- Don't smoke, and avoid secondhand smoke. Quitting smoking can quickly reduce the risk of another heart attack or death.
- Eat a heart-healthy diet that can include plenty of fish, fruits, vegetables, beans, high-fiber grains and breads, and olive oil.
- Get regular exercise. Your doctor can suggest a safe level of exercise for you.
- Control your cholesterol and blood pressure.
- Manage your diabetes.
- Lower your stress level. Stress can damage your heart.
- Take a daily aspirin if doctor advises it.



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Clinical Hematology

Haemato-Oncology

Clinical Haematology/ Haemato-Oncology is branch of clinical medicine which deals with diagnosis and treatment of blood & lymphatic system diseases. It includes both benign & malignant conditions including various blood cancers affecting blood cells, and stem cell transplant. It includes:

- RBC disorders.
- WBC & plasma cell disorders.
- Platelet disorders.
- Lymphatic disorders.
- Histiocytic disorders.
- Bone marrow / Stem cell transplant.

Haematology Department at Indus Hospitals, Derabassi & Mohali is one of tertiary/ referral hospital in region of Punjab with robust clinical & laboratory haematological services under one roof:

- Outpatient clinic (including Day Care facility)
- Inpatient wards & ICUs
- Laboratory Haematology (includes haematopathology, histopathology & cytopathology)
- Blood bank
- Radiological & Nuclear medicine (inc PET- CT)

We have team of highly qualified clinical Haemato-oncologist, pathologists, BTOs, RMOs and nursing staff who work diligently for patient care. We are specialized to treat **both adult and paediatric patients**. In addition, we have **24-hour emergency services** through which any haematological patient can be evaluated and treated round the clock.

We have advanced haematological laboratory services required in diagnosis and follow of haematological conditions. It includes CBC counter, coagulation tests, HPLC, Bone marrow aspiration and biopsy with **flow cytometry, IHC** and various staining techniques, molecular tests, etc.

We also have advanced in-house Blood Bank services with **packed red blood cells**, platelet aphaeresis, FFP, etc. **Leucodepleted and Irradiated** blood products are available for special subgroups of haematological patients. All blood products are tested by standard techniques which assures lowest risk of transmission of infections.

We have full-fledged in-house radiological & nuclear medicine departments where we have facilities for X rays, Ultrasonography (USG), Computerised Tomography (CT), Magnetic Resonance imaging (MRI) and whole body PET-CT facilities

We have dedicated nurses who are trained to handle chemotherapy drugs to avoid any errors and manage its complications. We have **chemotherapy day-care facility** too, which allows us to give chemotherapy on outpatient basis where patient comes in morning and can go back home same day.

For **bone marrow transplantation**, we have facility for pre-assessment of patient and donors for bone marrow transplantation including high **resolution HLA typing** and management of post-transplant complications. We are happy to announce that we are working tirelessly to build a good bone marrow transplant unit as per standard norms with HEPA filtered units, latest equipment for stem cell aphaeresis and radiation facility.

Various disorders treated are (Both adult & paediatric patients)

- **Blood Cancers:** Leukemias (Acute Myeloid Leukemia **AML**, Acute Lymphoblastic Leukemia **ALL**, Chronic Myeloid Leukemia **CML**)
- **Lymphomas** (Hodgkin's & Non-Hodgkin's, **HL & NHL**)
- **Multiple Myeloma** (MM)
- **Myeloproliferative neoplasms** (MPN-PV, ET, Myelofibrosis)
- **Myelodysplastic syndromes** (MDS: low & high risk)
- **Aplastic Anaemia**, pure red cell aplasia & Congenital Bone Marrow failure syndromes
- Iron deficiency Anaemia, Megaloblastic Anaemia & Various other **Anaemias**
- **Thalassemias** & Sickle Cell Anaemia
- Deep Vein Thrombosis (**DVT**) & Hereditary Thrombophilias
- Bleeding & Platelet disorders (**ITP**, TTP, HUS, vWD, etc)
- Haemophilia & Coagulopathy (DIC)
- Hemophagocytic lymphohistiocytosis (HLH), Langerhans Cell Histiocytosis (LCH) & Histiocytic Disorders
- Primary Immunodeficiency Disorders
- **Bone Marrow Transplant** (Matched Sibling, Matched unrelated & Haploidentical BMT)

Dr. Mukesh Chawla

MBBS, MD, DrNB (Haematology)
Haemato-Oncologist & BMT Physician
Consultant Haematologist

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