



For Private Circulation only

INDUS ALIVE

Year 8 Vol.14, NOVEMBER-DECEMBER 2022, CHANDIGARH

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

Committed to building better Healthcare

The latest techniques and treatments to
ensure an Active, Healthy & Independent Lifestyle



World **AIDS DAY**

1st December

INDUS
INTERNATIONAL HOSPITAL



Social Activities

Free Medical Checkup Camp organised by Indus Hospitals



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. Rajan Mittal	MBBS MD DM	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. Ruchi Jagota	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
Pediatrics Neurology	Dr. Mukul Malhotra	MBBS MD DNB	Mon Wed Fri
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

For sending in your articles,
Queries and suggestions:

Contact:

Dr. Navtej Singh 98760 82222

Dr. Dimpy Gupta 62800 28464

Email : alive@indushospital.in

Services available for ECHS members are:

Generalised Services

General Medicine
ENT
Orthopedics
Microbiology
General Surgery
Obstetrics
Gynaecology
Pathology
Anesthesia
Emergency Services
Support
24 Hrs. Ambulance Service
24 Hrs. Pharmacy
Specialised Services

Surgery

Surgical Oncology
Gastro Intestinal Surgery
Traumatology
Laparoscopic Surgery
Joint Replacement
Radio Therapy Medicine
Cardiology
Urology
Medical Oncology
Obstetrics & Gynaecology
General Gynaecology
Onco-Gynaecology
Pathology
General Pathology
Onco-Pathology

For more details contact : Mr. Inderdeep Singh - 09888110310

Mobile App

Scan here
to
Download



Indus Information Centre
01762-512666

contact@indushospital.in

www.indushospital.in

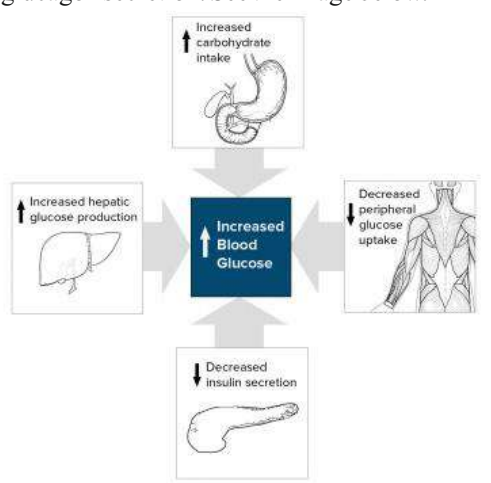
Designed By:

Rajat Pahwa (Graphic Designer)

Contact : 8699367738, 6280692412

TYPE II DIABETES MELLITUS

Type 2 diabetes mellitus consists of an array of dysfunctions characterized by hyperglycemia and resulting from the combination of resistance to insulin action, inadequate insulin secretion, and excessive or inappropriate glucagon secretion. See the image below.



Signs and symptoms

Many patients with type 2 diabetes are asymptomatic. Clinical manifestations include the following:

- Classic symptoms: Polyuria, polydipsia, polyphagia, and weight loss
- Blurred vision
- Lower-extremity paresthesias
- Yeast infections (eg, balanitis in men)

Possible Physical Findings in Patients with Type 2 Diabetes Mellitus

- Obesity, particularly central
- Hypertensions
- Eye-hemorrhages exudates, neovascularization
- Skin-acanthosis nigricans (particularly in dark skinned ethnic and racial groups); candida infections
- Neurologic-decreased or absent light touch, temperature sensation, and proprioception; loss of deep tendon reflexes in ankles
- Feet-dry, muscle atrophy, claw toes, ulcers

Diagnosis

Diagnostic criteria by the American Diabetes Association (ADA) include the following [1]:

- A fasting plasma glucose (FPG) level of 126 mg/dL (7.0 mmol/L) or higher, or
- A 2-hour plasma glucose level of 200 mg/dL (11.1 mmol/L) or higher during a 75-g oral glucose tolerance test (OGTT), or
- A random plasma glucose of 200 mg/dL (11.1 mmol/L) or higher in a patient with classic symptoms of hyperglycemia or hyperglycemic crisis.

Whether a hemoglobin A1c (HbA1c) level of 6.5% or higher should be a primary diagnostic criterion or an optional criterion remains a point of controversy.

Indications for diabetes screening in asymptomatic adults includes the following:

Sustained blood pressure >135/80 mm Hg

- Overweight and 1 or more other risk factors for diabetes (eg, first-degree relative with diabetes, BP >140/90 mm Hg, and HDL < 35 mg/dL and/or triglyceride level >250 mg/dL)
- ADA recommends screening at age 45 years in the absence of the above criteria.

Management

Goals of treatment are as follows:

- Microvascular (ie, eye and kidney disease) risk reduction through control of glycemia and blood pressure
- Macrovascular (ie, coronary, cerebrovascular, peripheral vascular) risk reduction through control of lipids and hypertension, smoking cessation
- Metabolic and neurologic risk reduction through control of glycemia

The EASD/ADA position statement contains 7 key points for management

1. Individualized glycemic targets and glucose-lowering therapies
2. Diet, exercise, and education as the foundation of the treatment program
3. Use of metformin as the optimal first-line drug unless contraindicated
4. After metformin, the use of 1 or 2 additional oral or injectable agents, with a goal of minimizing adverse effects if possible
5. Ultimately, insulin therapy alone or with other agents if needed to maintain blood glucose control
6. Where possible, all treatment decisions should involve the patient, with a focus on patient preferences, needs, and values
7. A major focus on comprehensive cardiovascular risk reduction

Approaches to prevention of diabetic complications include the following:

- HbA1c every 3-6 months
- Yearly dilated eye examinations
- Annual microalbumin checks
- Foot examinations at each visit
- Blood pressure < 130/80 mm Hg, lower in diabetic nephropathy
- Statin therapy to reduce low-density lipoprotein cholesterol

Dr. Sakshi Grover

MBBS, DNB
Consultant Family Medicine

INDUS INTERNATIONAL HOSPITAL

Plot No. 114, Chandigarh-Ambala Road,
NH-22, Derabass, Mohali-140507
Ph. No. 01762-512600

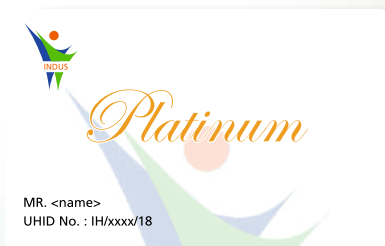
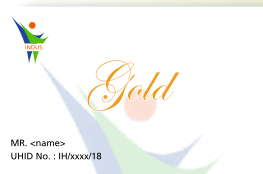
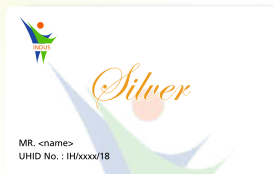


NOW SAVE MORE ON YOUR HOSPITAL VISIT

One Card For The Entire Family

INDUS PRIVILEGE CARDS

***SAVE UPTO 30% ON
HOSPITAL SERVICES**



	SILVER	GOLD	PLATINUM
OPD*/ DENTAL PROCEDURE	20%	20%	30%
IPD**	10%	15%	20%
DIAGNOSTIC	15%	20%	25%
LAB	15%	20%	25%
PHARMACY*	5%	10%	15%
HEMOCARE	10%	15%	20%
AMBULANCE	NIL	50% (within 15 km)	No Charges (within 15 km)
COST OF THE CARD	500/- 250/-	1000/- 500/-	1500/- 750/-

*Terms & Conditions Apply



EXPERT HOMECARE YOU CAN TRUST

OUR SERVICES

Doctor
@Home



Nursing
@Home



Caretaker
@Home



Mother &
Baby Care @Home



IV infusion/
Dressing @Home



Physiotherapy
@Home



Medical Equipment
@Home



Laboratory Services
@Home



Medicine
@Home



For Booking a service / further information

Dial +91 9712974533

24 X7 customer care

Dial 01762-512630

KS HOMECARE

Admin Block, INDUS INTERNATIONAL HOSPITAL,
NH-22, Ambala-Chandigarh Highway, Derabassi, 01762-512630

Registered Office :

INDUS HEALTHCARE, SCF 100, Phase 3B2, Mohali

Complete Herbal Ayurvedic Proprietary Medicine



SUKHSAR

Effective Ayurvedic Formulations



RED OINTMENT



ECSOCARE



PAINCURE ROLL ON



HEPPA PLUS SYRUP & CAPSULES



DERMACARE SERUM



MADHUME HAR



SUKHREX COUGH SYRUP



PYRIGON



ORA PLUS



IMMUNE CHAMPION



URISUKH



PROSTCURE



SUKHZYME



ASHA KIRAN



MASTER KEY SYRUP & CAPSULES



STROKE OIL



IRON RATTAN



IRON RATTAN

Marketed By :



Inventor
S. JIWAN SINGH
(1896-1987)

INDUS SPECIALITY HEALTH
SCF 21, Sector 56, Phase-6, Mohali.
C.C. No. 01762-512613
contact@sukhsar.in
www.sukhsar.in

Facebook /indushospitals
www.indushospital.in
sukhsar@indushealthcare.in
www.sukhsar.in

01762-512613

Menopause 1

Defination : Permanent stoppage of menstrual cycles for one year.

Age : normally occurs from age of 45-52 yrs in indian ladies.

Symptoms : irregular periods, hot flushes, night sweats, heart palpitations, vaginal dryness, decreased libido, mood swings, irritability, increased anxiety, sleeplessness difficulty in concentration, forgetfulness.

Management

HEALTHY EATING

1. Reduce the amount of saturated fats in diet. Minimize intake of processed foods.
2. Increase the amount of fibre in your diet - It lowers cholesterol and reduces the risk of heart disease. Drink plenty of water.
3. Eat at least 5 portions of fruit and vegetables in a day - It increase your protection against heart disease and cancer.
4. Lower the intake of salt - to prevent hypertension.

PHYSICAL EXERCISE

1. It reduces the risk of heart disease, bone loss and weight gain.
2. Reduces the incidence and severity of sleep disturbance, vaginal atrophy, joint pains and hot flushes.
3. Improves the strength, stamina, energy and flexibility, working of heart, lungs and muscles.

TYPES OF EXERCISE

Aerobic Activities are the great for heart, lungs and for losing weight . e.g. swimming, cycling etc.

Weight bearing exercise - when bones and muscle work against gravity. e.g. walking, dancing etc.

Flexibility and stretching exercise - reduce the risk of injury and allow the joints to move freely e.g. yoga, bowling etc.

To get the most benefit, one should be a active at moderate level for a minimum of 30 minutes per day for 5 or more days a week.

MAINTAINING BONE HEALTH

Due to decreased estrogen levels after menopause the calcium levels decrease leading to bone loss as far as 5% per year, bone become brittle and risk of osteoporosis and fractures increase.

Calcium : 1-1.5 gm of calcium is required after menopause . Available in milk, yoghurt, cheese and calcium supplements

Vitamin D : It helps the body to use calcium. Stay in sunlight for 30 minutes a day and take vitamin d rich foods-fish oils etc.

Weight bearing exercise : Prevent the osteoporotic changes, improve balance and coordination.

QUIT SMOKING

Consult your doctor for medication : HRT-hormonal replacement therapy can prevent bone loss, but needs to be taken under supervision.

Bladder/ Vaginal atrophy : Some patients can have incontinence of urine and sexual dysfunction. They should consult their gynaecs for understanding kegels exercises and for local hormonal therapy like estrogen creams etc.

HEALTH SCREENING

All menopausal women should see their gynecologist at least once a year.

Following tests needs to be done

Haemogram, urinalysis, lipid profile, sugar levels, ECG, pap test, mammography, transvaginal ultrasound - for endometrial thickness.- frequency of tests depends on the therapy being taken.

In case of any new symptoms like postmenopausal bleeding one must see the gynaec for proper evaluation and to rule out malignancies.

Dr. Jasmine Kang Rana

MBBS, MS, DNB

INDUS INTERNATIONAL HOSPITAL

Chandigarh- Ambala Road, NH-22,
Dera Bassi, Mohali - 140507
Tel : 01762-512600



A Case Report on Isolated Right Sided Aortic Arch on Antenatal Ultrasound Presenting as Di-George Syndrome

A 22 Years old female, Mrs. B, married for 9 months presented to antenatal clinic at 7 wks of gestation for routine checkup, antenatal booking and further follow up. All routine antenatal investigations were advised and viability scan was done.

Advanced First trimester screening ultrasound (NT/NB scan) for Nuchal translucency & Nasal Bone was advised between 12-13 wks. The findings of which are as follows - single live fetus, CRL of 57.8 mm corresponding to 12 wks 2 day; Nasal bone appears normal. NT- 1.1mm; Tricuspid regurgitation- Absent. Ductus venosus flow- Normal. On fetal cardiac evaluation -Tick sign/V sign (of 3 Vessel trachea view) is replaced by U shaped configuration of ductal and aortic arch- representing aortic arch/double aortic arch. There is suspicion of associated aberrant left subclavian artery. Right & Left uterine artery P.I-WNL.

Patient was advised Early Target Level II Fetal morphology scan and Fetal Echocardiography which was done at 16+2 wks of gestation. Fetal Echocardiography findings were suggestive of Right sided Aortic Arch with Left sided Ductus. No other valvular abnormality or other congenital heart defects were found.

On Early level II USG at 16+2 wks, no other soft tissue marker was present, fetal morphology and facies were normal. Similar were the finding in Level II USG (Detail anomaly scan) repeated at 19+3 wks of gestation. However a follow up ultrasound and Genetic consultation was suggested. The consultation with medical geneticist was planned for patient to understand the implications of findings of USG & Fetal ECHO. Pedigree analysis of the patient was done. Patient & attendants were explained that Right sided aortic arch (RAA) is associated with a slight increased risk of Di-George syndrome. However, it can be seen normally in 0.1% population and may sometimes be associated with chromosomal aneuploidy, Di George syndrome, Congenital heart defect (ruled out in Fetal ECHO) and vascular rings, which if present in ARSA may be corrected surgically when symptomatic.

Patient was advised Amniocentesis with QFPCR and Micro Array (LMA-315k) to rule out 22q11.2 deletion associated with Di-George syndrome.

Amniocentesis was performed. On FISH-No aneuploidy was detected for chromosome 13,21,18 or sex chromosome. Chromosomal micro-array analysis revealed a loss of 1.3 Mb in Chromosome 22 at 22q11.21 region which also contained genes such as TBX1 & DGCR8 & the finding was consistent with DiGeorge syndrome. Patient underwent termination of pregnancy (MTP), fetal autopsy was done. The couple was advised genetic counselling.



Overview about DiGeorge Syndrome

22q11.2 deletion syndrome is the most common chromosomal microdeletion disorder, estimated to result mainly from de-novo non-homologous meiotic recombination events occurring in approximately 1 in every 1000 fetuses.

The first description of the constellation of finding now known to be due to this chromosomal difference was made in 1960's in children with the DiGeorge syndrome, who presented with the clinical triad of immunodeficiency, hypoparathyroidism and congenital heart disease. The syndrome which involves micro deletion (approx 0.7-3 million base pairs in size), is now known to have heterogenous presentation irrespective of deletion size that includes multiple additional congenital anomalies & later -onset conditions such as cardiac and palatal abnormalities, gastro-intestinal, genito-urinary and renal anomalies, endocrine problems, immune & autoimmune difference, and brain involvement as evidenced by variable developmental delays, cognitive deficits, intellectual disabilities, autistic spectrum and neuropsychiatric illnesses such as anxiety disorders and schizophrenia.

TAKE HOME MESSAGE

1. Advanced 1st trimester ultrasound (NT/NB scan) advised between 11-13+6 wks should not be missed. It is better to get it done beyond 12 weeks for better assessment of fetal morphology and early diagnosis of anomaly (if any).
2. It is possible with advanced machines and High resolution probes to get Fetal Echocardiography done as early as 13-14 weeks so it should not be delayed till 20 weeks.
3. Isolated RAA may be associated with DiGeorge syndrome. Do consult a Fetal medicine specialist/ Medical Geneticist.
4. Since the deletion reported here presents with clinical features, some of which may not be picked up on the Ultrasound, detail clinical correlation is not feasible.
5. Parental chromosomal analysis is recommended to determine the origin of this variation, penetrance and subsequently ascertain the recurrence risk in future pregnancies. Genetic counselling is strongly recommended.

Dr. Shefali Wadhvani

MBBS, MD (Obstetrics & Gynaecology)
DNB, FRM, Fellowship in Reproductive Medicine
Consultant Gynaecologist & Fertility Specialist

HEALTHSURE MULTISPECIALITY HOSPITAL
Clinically supported by IND HEALTHSURE LLP (INDUS HOSPITA)
NH-95, Chandigarh-Ludhiana Road,
Gharuan, Punjab 140413





OUR TEAM OF SUPER-SPECIALISTS, SURGEONS, PHYSICIANS, MEDICOS AND ALLIED STAFF WORK TO PROVIDE THE BEST MEDICAL CARE WITH AN APPROACH THAT IS SPECIFIC, EFFECTIVE AND AFFORDABLE.

Centres of Excellence

- | | |
|------------------------|--|
| Advanced Critical Care | Advanced Liver & Gastroenterology Care |
| Advanced Cancer Care | Advanced Lab & Transfusion Medicine |
| Advanced Heart Care | Advanced Neonatal & Children Care |
| Advanced Kidney Care | Advanced Cosmetic & Beauty Care |
| Advanced Surgical Care | Advanced Bones & Joints Care |
| Advanced Neuro Care | Advanced Women Care |
| Advanced Lungs Care | Advanced ENT Care |

Special Support Services

- 40+ Medical Treatment Specialities
- 50+ ICU Beds in 8 Categories
- 700 Patients Bed Capacity in Total
- 24x7 Blood Bank, CLIA Enabled
- De Addiction Centre & Rehabilitation
- Govt. Authorised COVID Care Facilities
- In-house MRI, Radiodiagnosis & Lab Services

INDUS HOSPITALS

- Indus International Hospital, Dera Bassi (Mohali), PB
- Indus Super Speciality Hospital, Phase 1, Mohali, PB
- Indus Hospital & Scan Lab, Phase 3B2, Mohali, PB
- Indus Hygiea, Phase 6, Mohali, PB
- Indus Fatehgarh Sahib Hospital, Punjab
- Mehndiratta Hospital, Ambala City, HR
Clinically Supported By Indus Super Healthcare LLP
- Healthsure Multispeciality Hospital, Gharuan, PB
Clinically Supported By IND HEALTHSURE LLP (INDUS HOSPITALS)



Biggest NABH approved set up of
Tertiary Care Hospital Units in Tricity Chandigarh

[/indushospitals](#)

www.indushospital.in

contact@indushospital.in

01762-512666

We are empanelled with all major Insurance providers, ECHS, CGHS, ESI & Govt. Health Schemes