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INDUS ALIVE

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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

Social Activities

Free Medical Checkup Camp organised by Indus Hospitals

Specialities	Doctor Name	Qualifications	OPD Days
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Cardio Thoracic Vascular Surgery	Dr. Ashwani Bansal	MBBS MS MCh	Mon to Sat
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Colorectal Surgery	Dr. Pankaj Garg	MBBS MS	On Call
Critical Care & Emergency Medicine	Dr. Jogesh Aggarwal	MBBS MD	Mon to Sat
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Medical Oncology	Dr. Deepak Singla	MBBS MD DM	Mon to Sat
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Pediatrics Neurology	Dr. Mukul Malhotra	MBBS MD DNB	Mon | Wed | Fri
Pediatrics Cardiology	Dr. Amitoz Singh Baidwan	MBBS DNB FNB	Mon to Sat
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
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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 forefont 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:

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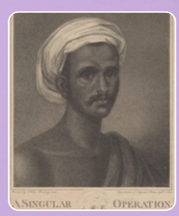
RHINOPLASTY

How Sushruta Did First Ever Nose Job!

Rhinoplasty is not just an aesthetic procedure. It is a life changing experience for those who had crooked noses due to birth defect or any trauma. It has been observed that such people accept it as their fate and live under denial and under-confidence for decades before they realize that their deformed noses were very much curable.

History of Rhinoplasty

Lord Byron, an English poet once said "the best prophet of future is past". History of rhinoplasty goes back to thousands of centuries ago. Rhinectomies (nose amputations) have been reported since the Indian Vedic period, when prisoners were punished with nose-cutting (remember sister of Ravana , Supnakaha rakshasani whose nose was cut by Lord Rama as punishment in Hindu Manuscript, Ramayana)

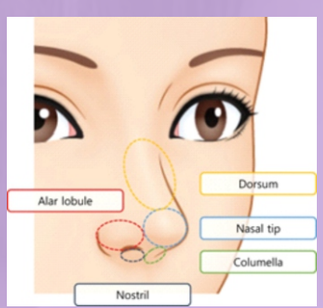


This is the picture of world's first known modern plastic surgery. It is also the picture of world's first known modern nose job. It was performed by a traditional Indian surgeon named Kumar. How many of you have ever heard of him?
The person in this picture was known as Cowasji. He was a Maratha bullock driver. He had been imprisoned by Tipu Sultan and his nose was cut off in prison. His nose was later restored by a traditional Surgeon named Kumar using "ancient Indian methods" in 1794 CE.

Those days 'nose repair' were quite prevalent among Indian practitioners. The origins of rhinoplasty dates back to 300BC when Sushruta used cheek and forehead flaps to repair amputated nose. The evidence and reports were largely undermined till centuries, until Europeans invaded India. Subsequently, the 'Indian method' of nose repair was propagated throughout the world. This was followed by the Renaissance period in Italy when Tagliacozzi introduced 'Italian method' of nose repair. After his death, there was a void of two centuries in any form of research in rhinoplasties. In 19th centuries, there was a resurgence of new methods invented by Von graeffe, Johann Freidrich Diffenbach, John Orlando Roe and Jacques Joseph.

Basic Structure & Anatomy of Nose

Nose is the most central and principle aesthetic part of the face. Marquardt's **golden ratio** concept of aesthetic face places nose as one of the most important landmark. Surface morphology of nose is divided into five parts as following:



1. **Dorsum**
2. **Nasal Tip**
3. **Alar lobule**
4. **Columella**
5. **Nostril**

As nose plays the central part of facial aesthesis, any deviation from normal would arouse the willingness to get it corrected. However, the concern of the patient should be legitimate. A Plastic surgeon is primarily responsible for taking all decisions for such patients.

Treatment

Once appropriate patient is selected and preoperative detailed analysis is done, patient is planned for surgery. The duration is usually 3 hours and it is performed under General anaesthesia.
Patient is usually discharged after 1-2 days with a small dressing over nose. A minimal scar is present at columella which is mostly concealed. Sometimes to their awe, patients are unable to find their scar subsequently after complete recovery.
For any kind of rhinoplasty, post operative events like swelling around nose , redness and pain and their subsequent resolution have always been a concern. Much advancement in techniques and instrumentation has been done to decrease these post operative events. Patients can return to their work within 2-3 days.

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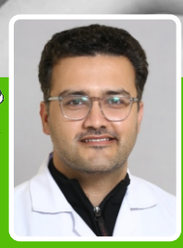

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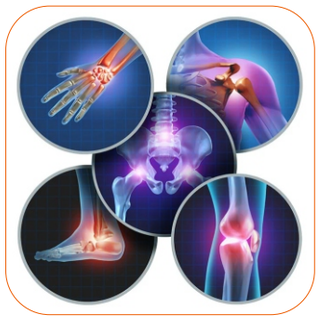
- Frozen Shoulder
- Cervical & Mascular Pain
- Back Pain & Stiffness
- Sciatica
- Prolapsed Intervertebral Disc (PIVD)
- Knee Pain
- Sports Injury



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PVD- Peripheral Vascular Disease

Peripheral Vascular Disease (PVD), also known as peripheral vascular disease (PVD), develops most commonly as a result of atherosclerosis, or hardening of the arteries, which occurs when cholesterol and scar tissue build up, forming a substance called plaque inside the arteries.

Those with PVD are at increased risk for heart disease, aortic aneurysms and stroke. PVD is also a marker for diabetes, hypertension and other conditions.

The clogged arteries cause decreased blood flow to the legs, which can result in pain when walking, and eventually gangrene and amputation.

SYMPTOMS

The most common symptoms of PVD is called intermittent claudication, which is painful cramping in the leg or hip that occurs when walking or exercising and typically disappears when the person stops the activity.

Numbness, tingling and weakness in the lower legs and feet
Burning or aching pain in feet or toes when resting
Sore on leg or foot that won't heal
Cold legs or feet Color change in skin or legs or feet
Loss of hair on legs
Have pain on the legs or feet that awakens you at night

RISK FACTORS

Over age 50 Smokers
Diabetic Overweight
Inactive (and do not exercise)
Have high blood pressure or high cholesterol or high lipid blood test
Have a family history of vascular disease, such as PVD, aneurysm, heart attack or stroke.

DIAGNOSIS

The most common test for PVD is the ankle-brachial index (ABI), a painless exam in which ultrasound is used to measure the ratio of blood pressure in the feet and arms.
The pressure in your foot is compared to the pressure in your arm to determine how well your blood is flowing and wether further tests are needed.
An individual with an ABI of 0.3 (high risk) has a two-to-three-fold increased risk of five-year cardiovascular death compared to a patient with an ABI of 0.95 (normal or low risk).

PVD also can be diagnosed noninvasively with imaging techniques:
Doppler ultrasound
Magnetic resonance angiography (MRA)
Computed tomography (CT) angiography

TREATMENTS LIFESTYLE CHANGES

Often PVD can be treated with lifestyle changes. Smoking cesssation and a structured exercise program are often all that is needed to alleviate symptoms and prevent further progression of the disease.

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FACC (USA), FSCAI (USA), FESC (France)
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Tell : 0172 5222000

Medication

Medication that lower cholesterol or control high blood pressure may be prescribed.
Medication also is available that been shown to significantly increase pain-free walking distance and total walking distance in individuals with intermittent claudication.
Other medication that prevent blood clots or the buildup of plaque in the arteries are available as well.

INTERVENTIONAL CARDIOLOGY

Angioplasty and stenting
Using imaging for guidance, the interventional Cardiologist threads a catheter through the femoral artery in the groin, to the blocked artery in the legs. Then the interventional Cardiologist inflates a balloon to open the blood vessel where it is narrowed or blocked. In some cases this is then held open with a stent, a tiny metal cylinder. This is a minimally invasive treatment that does not require surgery, just a nick in the skin the size of a pencil tip.

Balloon angioplasty and stenting have generally replaced invasive surgery as the first-line treatment for PVD.

Atherectomy

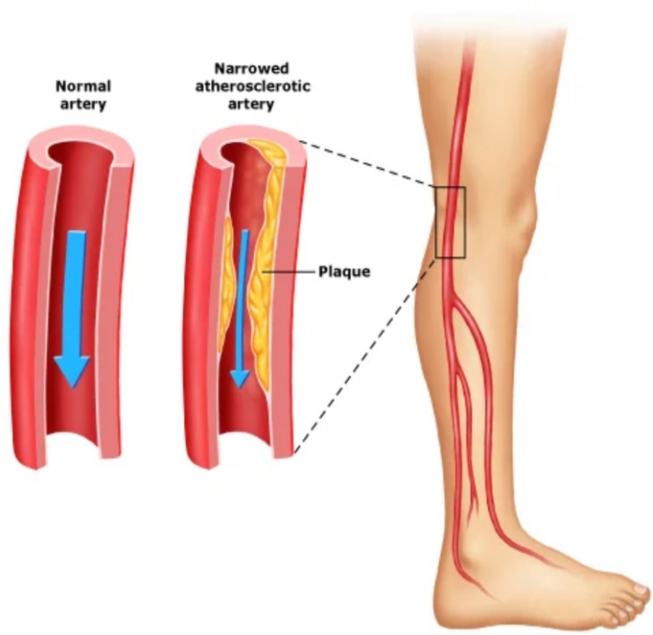
With this treatment, tiny catheter is inserted into the artery at the site of blockage that is able to "shave" or "cut" the plaque from the inside of the artery and remove it from the patient.

Stent-grafts

A stent covered with synthetic fabric is inserted into the blood vessels to bypass diseased arteries.

Surgery

Sometimes, open surgery is required to remove blockage from arteries or to bypass the clogged area.



Schizophrenia

Q 1: What is Schizophrenia?

Schizophrenia is a serious mental health condition in which patient suffers from disordered ideas, beliefs and experiences. In a way, people with schizophrenia lose touch with reality and are unable to differentiate between real and false thoughts and experiences.

Q 2: Who gets Schizophrenia?

Schizophrenia develops in about 1% of population throughout the world. It can occur in both men and women. The most common ages for it first to develop are 15-25 in men and 25-35 in women. Hereditary factors are important. For example, a close family member of someone with schizophrenia has a 1 in 10 chance of also developing the condition. But other factors apart from heritable factors are also important as not all relatives of schizophrenic patients develop this disorder.

Q 3: What causes Schizophrenia?

It is thought that imbalance of certain brain chemicals (neurotransmitters) may cause the symptoms. It is not clear why these changes occur in the neurotransmitters.

Q 4: What are the symptoms of Schizophrenia?

There are many possible symptoms. They are often classed into positive, negative and cognitive. Positive symptoms are those that show abnormal mental functions. Negative symptoms are those that show the absence of a mental function that should normally be present.

Positive symptoms:

Delusions: These are false beliefs that a person has and most people from the same culture would agree that they are wrong.

Hallucinations: This means hearing, seeing, feeling, smelling, or tasting things that are not real. Hearing voices is the most common

Disordered thoughts: They have unusual or dysfunctional ways of thinking and have trouble organizing his or her thoughts or connecting them logically. They may talk in a garbled way that is hard to understand. Person may stop speaking abruptly in the middle of a thought.

Negative symptoms:

Lack of motivation: Tasks are not completed, concentration is poor, there is loss of interest in social activities and the person often wants to be alone.

Few spontaneous movements and much time doing nothing.

Facial expressions do not change much and the voice may sound monotonous.

Changed feelings: Emotions may become flat. Sometimes the emotions may be odd, such as laughing at something sad.

People with negative symptoms need help with everyday tasks. They often neglect basic personal hygiene. This may make them seem lazy or unwilling to help themselves, but the problems are symptoms caused by the schizophrenia.

Cognitive symptoms

Cognitive symptoms are subtle. They are mostly detected only when other tests are performed. Cognitive symptoms include:

Poor "executive functioning" (the ability to understand information and use it to make decisions)

Trouble focusing or paying attention

Problems with "working memory" (the ability to use information immediately after learning it).

Cognitive symptoms often make it hard to lead a normal life and earn a livelihood as they limit productivity.

Substance use

People who have schizophrenia are much more likely to have a substance or alcohol abuse problem than the general population. Substance abuse can make treatment for schizophrenia less effective. Some drugs, like marijuana and stimulants such as amphetamines or cocaine, may make symptoms worse.

Schizophrenia and smoking

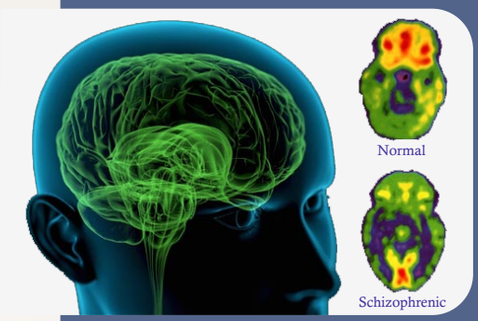
Addiction to nicotine is the most common form of substance abuse in people with schizophrenia. They are addicted to nicotine at three times the rate of the general population.

Q 5: What are the treatment options?

Treatment is mainly with medicines, with addition of psychosocial measures to improve overall outcome. Treatment can be initiated on out-patient basis for most patients but some people need to be admitted to hospital for a short time if symptoms are severe. Only a small number of people have such a severe illness that they remain in hospital long-term.

People with schizophrenia often do not realize or accept that they are ill. Therefore, sometimes when persuasion fails, some people are admitted to hospital for treatment against their will by use of the Mental Health Act. This means that doctors and social workers can force a person to go to hospital. This is only done when the person is thought to be a danger to themselves or others.

Medication: The main medicines used to treat schizophrenia are called antipsychotics. They work by altering the balance of some brain chemicals (neurotransmitters). Antipsychotic medication is used to relieve the symptoms. Antipsychotic medicines tend to work best to ease positive symptoms and tend not to work so well to ease negative symptoms. Antipsychotic medicines are also used to prevent recurring episodes of symptoms (relapses). Therefore, antipsychotic medication is usually taken on a long-term basis. There are various antipsychotic medicines and different ones may be used in different circumstances.



A good response to antipsychotic medication occurs in about 7 in 10 cases. However, symptoms may take 2-4 weeks to improve after starting medication and it can take several weeks for full improvement. Even when symptoms ease, antipsychotic medication is normally continued long-term. This aims to prevent relapses, or to limit the number and severity of relapses. However, if a patient had only one episode of symptoms that cleared completely with treatment, one option is to try coming off medication after 1-2 years.

Cognitive Behavior Therapy (CBT): CBT helps patients with symptoms that do not go away even when they take medication. The therapist teaches people with schizophrenia how to test the reality of their thoughts and perceptions, how to "not listen" to their voices, and how to manage their symptoms overall. CBT can help reduce the severity of symptoms and reduce the risk of relapse.

Family education: People with schizophrenia depend on their families for care. So it is important that family members know as much as possible about the disease. With the help of a therapist, family members can learn coping strategies and problem-solving skills. In this way the family can help make sure their loved one sticks with treatment and stays on his or her medication.

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Rehabilitation: Rehabilitation emphasizes social and vocational training to help people with schizophrenia function better in their communities. Rehabilitation programs can include job counseling and training, money management counseling, help in learning to use public transportation, and opportunities to practice communication skills. Programs like these help patients improve their functioning.

Integrated treatment for co-occurring substance abuse: Substance abuse is the most common co-occurring disorder in people with schizophrenia. When schizophrenia treatment programs and drug treatment programs are used together, patients get better results.

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