

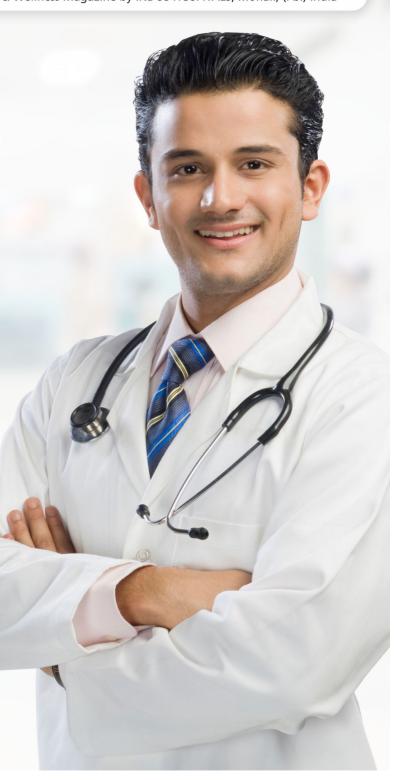
A Health & Wellness Magazine by INDUS HOSPITALS, Mohali, (Pb.) India

Committed to building better Healthcare

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



A Heartfelt thanks to our **Doctors** for the care they provide everyday...



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
Anestriesia di fam Management	Dr. Arjun Joshi	MBBS MD	Mon to Sat
	Dr. Devinder Grewal	MBBS MD	Mon to Sat
Cardiology & Interventional Cardiology	Dr. Mahesh Garg	MBBS MD DM	Mon to Sat
Cardio Thoracic Vascular Surgery			Mon to Sat
Colorectal Surgery	Dr. Ashwani Bansal	MBBS MS MCh	1 00 000
	Dr. Pankaj Garg	MBBS MS	On Call
Critical Care & Emergency Medicine	Dr. Jogesh Aggarwal	MBBS MD	Mon to Sat
ENT Surgery	Dr. Potluri Praneeth	MBBS MS	Mon to Sat
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
Internal Medicine	Dr. Kanwar Singh Bhinder	MBBS MD	Mon to Sat
Internal Medicine	Dr. Mayank Sharma	MBBS MD	Mon to Sat
Joint Replacement & Sports Medicine	Dr. B. Harna	MBBS, MS, DNB	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. Niyati Tejaswini	Msc	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 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
Counseling Psychologist	Mrs. Sarnit Chopra	MA PGDFCG	Mon to Fri
Pulmonology & Sleep Medicine	Dr. Kanwaljit Singh	MBBS MD	Mon Wed Fri
Radiology	Dr. Bhavneet Singh	MBBS MD, DNB	Mon to Sat
	Dr. Jaspreet Singh	MBBS MD, DNB	Mon to Sat
	Dr. Rajan Sharma	MBBS MS MCh	Mon to Sat
Renal Transplant Surgeon	Di. Najari Sharina		
		MBBS MD	On Call
Renal Transplant Surgeon Skin, Laser & Cosmetic Medicine Urology	Dr. Ramandeep Kaur Dr. Prashant Bansal	MBBS MD MBBS MS DNB	On Call Mon to Sat

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:

Dr. Navtej Singh 98760 82222 Email : alive@indushospital.in

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HIPEC THERAPY A new ray of hope for advanced abdominal cancers

HIPEC stands for Hyperthermic Intraperitoneal Chemotherapy, and it is a treatment approach used in certain cases of cancer, particularly cancers that have spread to the peritoneal cavity, which is the abdominal space that contains organs such as the stomach, liver, and intestines. HIPEC combines surgery and chemotherapy to target cancer cells in the peritoneal cavity.

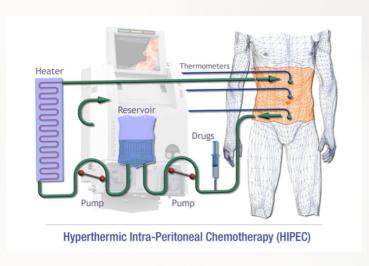
The role of HIPEC in cancer is to deliver high concentrations of chemotherapy drugs directly to the affected area while minimizing systemic side effects. It involves the following steps:

- **1. Surgery:** The first step is to perform cytoreductive surgery, which aims to remove visible tumors and visible disease from the peritoneal cavity. The surgeon will attempt to remove all visible tumor nodules, as well as any affected organs or tissues if necessary.
- **2. Chemotherapy:** After the surgery, the heated chemotherapy solution is infused into the peritoneal cavity. The chemotherapy drugs used in HIPEC are heated to increase their effectiveness. The solution is circulated within the cavity for a specific duration, usually around 1 to 2 hours. The heat increases the penetration of the drugs into the tumor tissues and enhances their cytotoxic effects.

The goals of HIPEC are to kill remaining cancer cells after surgery, prevent their recurrence, and improve overall survival rates. It is most commonly used for cancers that have originated in or spread to the peritoneal cavity, such as appendiceal cancer, colorectal cancer, ovarian cancer, and mesothelioma. HIPEC can also be considered for select cases of gastric cancer, peritoneal mesothelioma, and pseudomyxoma peritonei.

It's important to note that HIPEC is a complex procedure and is typically performed by a specialized surgical team with expertise in peritoneal surface malignancies. The eligibility for HIPEC depends on various factors, including the type and stage of cancer, extent of peritoneal involvement, and overall health of the patient.

As with any medical procedure, HIPEC carries potential risks and complications. These may include infection, bleeding, organ damage, and chemotherapy-related side effects. The decision to undergo HIPEC should be made after a thorough discussion between the patient and their healthcare team, weighing the potential benefits against the risks and considering individual circumstances.









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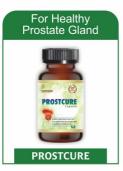


























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Techniques to enhance

Emotional Intelligence

Emotional intelligence (EI) is of paramount importance in our personal and professional lives.It

enables us to understand and manage our emotions and connect empathetically with others. By developing emotional intelligence, we can foster better relationships, make sound decisions, and lead a more fulfilling life.

Techniques to enhance emotional intelligence and promote personal growth.

Self-Awareness:

The foundation of emotional intelligence lies in self-awareness. Take time to reflect on your emotions, thoughts, and behaviors. Notice patterns and triggers that influence your emotional responses. Regular journaling or meditation practices can help you gain insight into your emotions and thought processes.

Active Listening:

Developing strong listening skills is essential for improving emotional intelligence. Practice active listening by giving your full attention to others when they speak. Avoid interrupting or formulating responses in your mind while they are talking. Focus on understanding their perspective and emotions, and respond empathetically.

Empathy and Perspective-Taking:

Empathy is the ability to understand and share the feelings of another person. Cultivate empathy by putting yourself in others' shoes and considering their experiences and emotions. Practice perspective-taking by considering multiple viewpoints in different situations. This mindset encourages compassion and understanding.

Emotional Regulation:

Learn to recognize and regulate your emotions effectively. Take note of your triggers and learn healthy coping mechanisms to manage stress and negative emotions. Deep breathing exercises, mindfulness, and engaging in activities you enjoy can help restore emotional balance. Practice patience and avoid impulsive reactions, giving yourself time to process emotions before responding.

Mrs. Sarnit Chopra Counselling Psychologist







Nonverbal Communication:

Pay attention to nonverbal cues, such as body language and facial expressions. Nonverbal communication often conveys emotions more accurately than words alone. Practice reading these cues to gain a deeper understanding of others' feelings. Similarly, be mindful of your own nonverbal signals, ensuring they align with your intended message.

Conflict Resolution:

Developing conflict resolution skills is crucial for emotional intelligence. Focus on finding win-win solutions rather than imposing your own perspective. Actively listen to all parties involved, validate their emotions, and seek common ground. Practicing effective communication and negotiation skills will enable you to navigate conflicts with empathy and understanding.

Continuous Learning and Feedback:

Emotional intelligence is a lifelong journey. Seek opportunities for growth by engaging in self-improvement activities, such as workshops, therapy, or coaching. Be open to feedback from others and embrace constructive criticism as a means to enhance your emotional intelligence further.

Emotional intelligence is essential because it enhances self-awareness, strengthens relationships, improves communication, facilitates conflict resolution, fosters effective leadership and collaboration, builds emotional resilience, aids decision-making, and contributes to overall well-being. Developing emotional intelligence empowers us to navigate life's challenges with grace, empathy, and a deeper understanding of ourselves and others.

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?

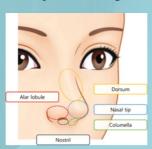
The person in this picture was known as Cowasji. He was a Maratha bullock driver. He had been imprisoned by Tipu Sultan and his nose was cut off in prison. His nose was later restored by a traditional Surgeon named Kumar using "ancient Indian methods" in 1794 CE.



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.

Dr. Ritwik Kaushik

INDUS INTERNATIONAL HOSPITAL

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