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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
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
Cardiology & Interventional Cardiology	Dr. Mahesh Garg	MBBS MD DM	Mon to Sat
Cardio Thoracic Vascular Surgery	Dr. Ashwani Bansal	MBBS MS MCh	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. Praneeth Potluri	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. Sujata Bhardwaj	MBBS MD 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
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	Dt. Gauri	MSc.	Mon to Sat
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Oncology (Radiation)	Dr. Vinod Nimbran	MBBS MD	Tue | Thu | Sat
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Medical Oncology	Dr. Deepak Singla	MBBS MD DM	Mon to Sat
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	Dr. Ashwani K Sachdeva	MBBS MS MCh	Mon to Sat
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Plastic & Reconstructive Surgery	Dr. Ritwik Kaushik	MBBS MS MCh	Tue | Thu | Sat
	Dr. Vikas Bhateja	PhD(Cognitive Psy.) M.phil (Cl. Psy)	Mon to Sat
Counseling Psychologist	Mrs. Sarnit Chopra	MA PGDFCG	Mon to Fri
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Urology	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 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.

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For sending in your articles, Queries and suggestions: Contact:
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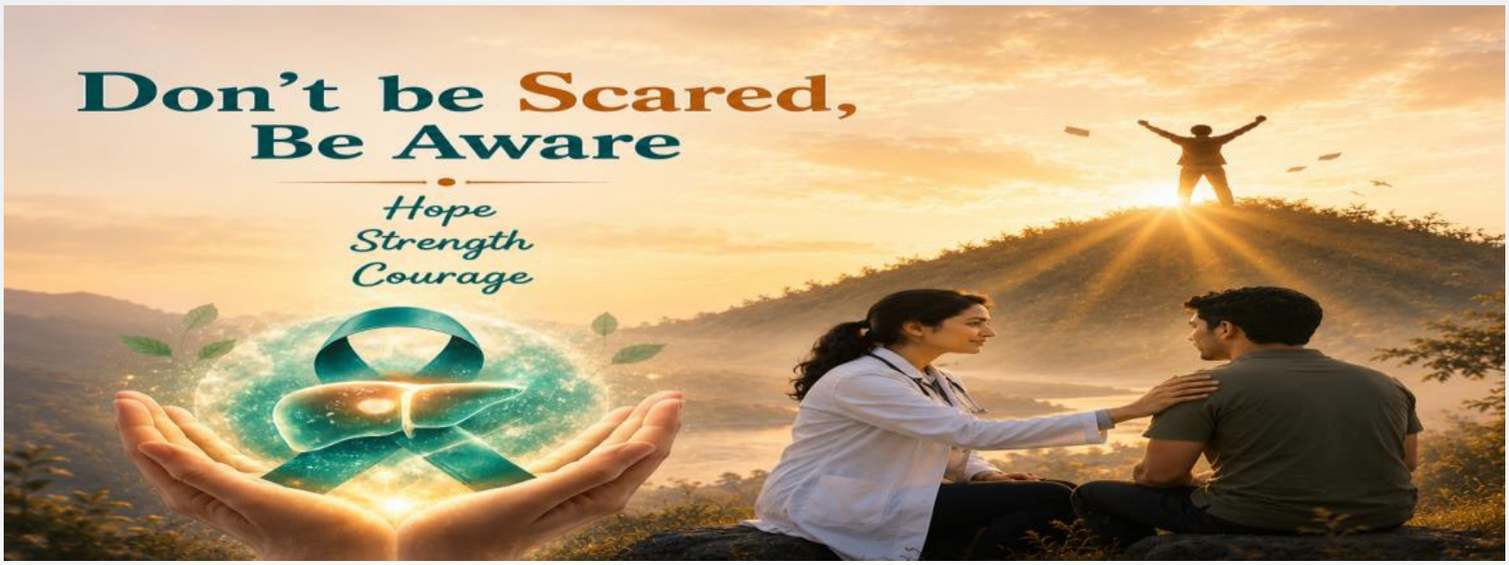
"CAN"cer - 'CAN' be defeated !



"Cancer" is a scary word. It's a diagnosis that no one wants to hear. But if you or someone you know has been diagnosed with cancer, it's essential to understand the disease so that you can enlighten your or someones path in the journey to defeat this condition. Liver is one of the largest organs in the body. It helps digest fats by producing bile, stores energy in the form of glycogen, and removes harmful substances from the blood so they can be eliminated from the body.

What Is Liver Cancer? It is a disease in which abnormal (cancer) cells are formed in the tissues of the liver. Some of these cancers are benign (noncancerous) and some are malignant (cancerous) and can spread to other parts of the body (metastasis). These tumors have different causes and are treated differently. The outlook for health or recovery depends on what type of tumor you have. Of all cancer types, hepatocellular carcinoma (HCC) is a leading solid organ malignancy that is on the rise across the world, including India. It is important for us to know about the etiology, risk factors, prevention factors and the treatments available. HCC develops in the setting of cirrhosis in 80-90% patients which is a progressive and irreversible condition that causes scar tissue to form in your liver and increase your chances of developing liver cancer, hence itself considered as a pre- neoplastic state. Certain factors that increase the risk include: chronic infection with hepatitis B virus or hepatitis C virus, certain inherited liver diseases like hemochromatosis and Wilson's disease. Nonalcoholic fatty liver disease in which there occurs an accumulation of fat in the liver increases the risk, people with diabetes are known to be at greater risk of liver cancer, diabetes and insulin resistance are independent risk factors for HCC, exposure to aflatoxins that are poisons produced by molds that grow on crops that are stored poorly, excessive alcohol consumption daily over many years can lead to irreversible liver damage and increase your risk of liver cancer.

Prevention strategies that would reduce your risk of developing liver cancer can be reducing your risk of hepatitis B by receiving the hepatitis B vaccine. The vaccine can be given to almost anyone, including infants, older adults and those with compromised immune systems. No vaccine for hepatitis C exists, but you can reduce your risk of HCV infection by not injecting illegal drugs and preventing needle stick injury. Seek safe,clean shops when getting a piercing or tattoo. Needles that may not be properly sterilized can spread the hepatitis C virus. Know the health status of your sexual partner. Don't engage in unprotected sex unless you're certain your partner isn't infected with HBV, HCV or any other sexually transmitted infection. Treatments are available for hepatitis B and hepatitis C infections. Research shows that treatment can reduce the risk of developing liver cancer. Maintaining a healthy body weight, controlling your diabetes, drinking alcohol in moderation, if at all or not at all and reducing your risk of cirrhosis can all help lower your chance of developing liver cancer. People with conditions that increase the risk of liver cancer might consider screening, such as people who have: hepatitis B and Cinfection, liver cirrhosis, diabetes. Discuss the pros and cons of screening with your doctor. Together you can decide whether screening is right for you based on your risk. Screening typically involves a blood test and an abdominal ultrasound examination every six months.

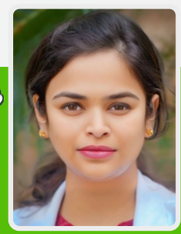
A disease of multifactorial etiology, HCC poses many challenges. The various treatment options available are surgery or transplant, TACE (transarterial chemoembolisation), ablative therapies like radio frequency or microwave ablation, chemotherapy and radiation therapy. Advanced therapy has made it possible to place the "radiation"- only to the parts that need to be treated minimizing the exposure of healthy tissue to radiation. This leads to preferential death of the cancer cells and relative sparing of the normal cells leading to better tumoricidal effects while lowering the adverse effects. The right kind of radiation therapy can be with right radiation equipment and right experts.It's most important to find the best cancer hospital in your city - one that is dedicated to treating the disease, equipped with expert oncologists and updated technology.

Educate yourself about the disease and its treatment to help you make meaningful progress in your or someone's fight against cancer.

"Never be ashamed of a scar. It simply means you were stronger than what ever tried to hurt you"

Dr. Aprajita Mall
MBBS, MD, FICO
Consultant Radiation Oncology

INDUS SUPER SPECIALITY HOSPITAL
Opp. Old DC Office, Sector 55, Phase 1,
Mohali -160055
Ph. No. 01762-512600



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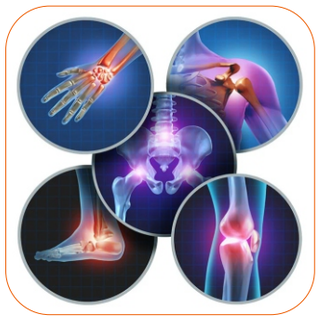
- Parkinson's Disease
- Spinal Cord Injury
- Frozen Shoulder
- Cervical & Mascular Pain
- Back Pain & Stiffness
- Sciatica
- Prolapsed Intervertebral Disc (PIVD)
- Knee Pain
- Sports Injury



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www.sukhsar.in

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Retinopathy of Prematurity (ROP)

What Is Retinopathy of Prematurity?

Retinopathy of prematurity (ROP) is a disease of the retina that can occur in premature babies. The retina is the thin, light-sensitive tissue that lines the inside surface of the eye. Cells in the retina convert incoming light into electrical impulses. These electrical impulses are carried by the optic nerve to the brain, which finally interprets them as visual images. As an analogy, if the eye is a camera, then the retina is the film of the camera.

ROP, also known as retrolental fibroplasia (RLF), was first described in the mid-1900s. At that time, it was thought that the condition was related to the use of oxygen therapy in newborn, especially premature, babies.

The normal development of blood vessels in the retina (a process referred to as vascularization) is not completed until a baby reaches full term (40 weeks) in utero. In premature babies, the retina has not fully developed. If retinal vascularization completes outside the uterus (i.e., after the premature birth), the retinal vessels may stop growing, or they may grow abnormally. ROP occurs when these vessels develop in an abnormal way.

Who Is at Risk for ROP?

Premature infants are at risk for this condition, particularly those with low birth weight and low gestational age.

As a result, a 2013 consensus policy statement by the American Academy of Pediatrics, the American Academy of Ophthalmology, and the American Academy of Pediatric Ophthalmology and Strabismus on ROP recommends the screening of all infants born at less than 31 weeks gestational age; weighing less than, or equal to, 1500 grams at birth; or in whom the neonatal course, in the opinion of the neonatologist, was complicated.

What Are ROP Screening Examinations?

Experts perform screening examinations for ROP by clinically examining the baby, often in the neonatal intensive care unit, but also in the clinic after the baby is discharged home. This may involve placement of a thin metal speculum to keep the eyelids open. The doctor examines the retina using a scope on his or her head (called an indirect ophthalmoscope) and a handheld lens that focuses the image from the retina.

How Does Retinopathy of Prematurity Affect the Retina?

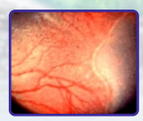
ROP is classified by the part of the retina affected (zone), the degree of involvement (stage), and the appearance of the blood vessels (presence or absence of "plus" disease).

Zone

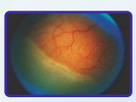
- Zone 1 is the most posterior (or most central) retina.
- Zone 2 is the intermediate (between the posterior and peripheral) retina.
- Zone 3 involves the peripheral (or outer) retina.
- The retinal vessels begin to develop in zone 1 and then gradually grow outward to the retinal periphery until reaching zone 3; thus, zone 1 involvement is more severe than zone 3 involvement.

Stages

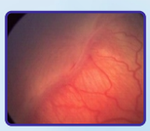
Stage 1: There is a demarcation line between the retina that has achieved vascularization and the more peripheral retina (i.e., the outer edges) that has not yet been vascularized. This indicates incomplete development of the retinal blood vessels, and in most cases, these babies, with time, will complete normal development of the retinal vessels.



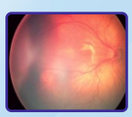
Stage 2: The demarcation line is elevated like a ridge.



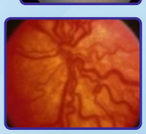
Stage 3: There is development of abnormal vessels (called neovascularization), which are not healthy, are fragile, and are prone to leaking blood. In addition, these abnormal vessels are often associated with fibrous scar tissue that can contract over time, pulling the underlying retina away from its attachment to the eye, which ultimately results in a retinal detachment.



Stage 4: Retinal detachment occurs. If it does not involve the central retina (called the macula) which is responsible for most detail vision, it is classified as stage 4a. If the macula is involved, then the ROP is stage 4b.



Stage 5: Total retinal detachment, in which the retina in its entirety is detached.



Presence or Absence of "Plus" Disease

Finally, if the vessels of the retina are particularly engorged and tortuous (i.e., twisted), it is described as "plus" disease. Clinicians report presence or absence of plus disease, based on their examinations.

Dr. Anupam Banger
MBBS MS (Ophthalmology)

INDUS HYGIEA
SCF 21, Phase-6, Mohali 160055
Tel: 0172 5022666

Classification

In babies who do have ROP, zone, stage, and presence or absence of plus disease are taken together to classify ROP as mild ROP, Type 1 ROP, or Type 2 ROP.

- In most cases, ROP resolves spontaneously as the infant grows and his/her retina develops.
- Some infants, however, develop Type 1 or worse ROP and require treatment (see below).
- Type 2 ROP does not require treatment, but does require clinical monitoring. The frequency and length of monitoring depends upon the status of the retinal vascularization and ROP.

ICROP was updated in 2005 by adding

- 1) The concept of a more virulent form of retinopathy - APROP (Aggressive posterior Retinopathy of Prematurity).
- 2)Description of an intermediate level of vascular dilatation and tortuousity of posterior pole vessels that are insufficient for the diagnosis of plus disease (Pre-plus disease)

- **Plus disease-** used to indicate abnormal vascular dilatation of posterior pole vessels in the presence of peripheral retinopathy. A "Plus" (+) is added, if at least 2 quadrants (usually 6 or more clock hours) of dilation and tortuosity of the posterior retinal blood vessels is seen.
- **Pre plus disease-** recent classification uses thus term to describe eyes in which peripapillary vessels are not normal, but not sufficiently abnormal to be called plus disease. Used to indicate clinicians that frequent examinations may be needed.
- **Prethreshhold ROP was defined as:**

- 1) Zone I, any stage ROP without plus disease.
- 2) Zone II, stage 2 ROP with plus disease .
- 3) Zone II, stage 3 ROP without plus disease.
- 4) Zone II, stage 3 ROP with plus disease but fewer than 5 contiguous or 8 cumulative clock hours.

- **Threshold disease** is defined as five contiguous or eight non-contiguous clock hours of involvement of stage III with plus disease in zone I or zone II.

- **AP-ROP:** aggressive posterior ROP -Earlier known as 'RUSH Disease' -posterior location -rapidly evolving preplus and plus disease neovascularization that may be subtle or even intraretinal in nature. - Progress to stage IV & V in 2-3 weeks without passing through characteristic stages II and III - requires laser treatment more than once.

FOLLOW UP

- Follow-up examinations should be recommended by the examining ophthalmologist on the basis of retinal findings classified according to the international classification. The following schedule is suggested.

a) 1-Week or Less Follow-up o Immature vascularisation: zone I-no ROP, immature retina extends into posterior zone II, near the boundary of zone I, stage 1 or 2 ROP in zone I, stage 3 ROP in zone II, the presence or suspected presence of aggressive posterior ROP.

b) 1- to 2-Week Follow-up o Immature vascularisation; posterior zone II, stage 2 ROP in zone II, unequivocally regressing ROP in zone I.

c) 2-Week Follow-up o Stage 1 ROP in zone II, immature vascularisation: zone II-no ROP, unequivocally regressing ROP in zone II.

d) 2- to 3-Week Follow-up o Stage 1 or 2 ROP in zone III, regressing ROP in zone III .

TERMINATION OF SCREENING

- COMPLETE VASCULARIZATION
- VASCULARIZATION in ZONE III (till 1 DD of temporal ora) - if no previous ROP in zone I & II
- REGRESSED ROP (b/w 40 -44 weeks PCA)- no active disease left
- 45 weeks PCA with less than pre threshold disease.

How is ROP Treated?

Laser Treatment

When ROP requires treatment, as in Type 1 or worse ROP, the most common treatment is laser therapy to the immature retina. The goal of laser therapy is to prevent the progression of ROP and reverse the growth of abnormal blood vessels that may have developed. Previously, cryotherapy (cold therapy) was also administered, but this is rarely used at present. Laser treatment may be done with or without anesthesia and involves application of laser through the pupil to the retina. No incisions are required.

Laser has been shown to decrease the progression of ROP, but in some infants, despite appropriate laser treatment, ROP progresses and may require additional interventions or may cause unfavorable structural or visual outcomes.

- **Intraocular Injection**
- **Surgical Treatments**

SOME MYTHS ABOUT SPINE SURGERY

Having spinal surgery is truly a challenging time to deal with. Let's have a look at the list of some commonly said myths about spine surgery.

1. A Person Requires Lengthy Bed Rest

With advancements in technologies, the time has gone when a person has to keep on bed rest for multiple months after spine surgery. At present, the surgeon suggests the patient walk or stand right after some time of the surgical method. And yes, a lot of ways are there to promote a better healing and faster recovery so the person would resume his usual day-to-day affairs shortly.

2. There Can Be A Possibility of More Than One Spinal Surgery

Well, this myth can happen, but in the rarest of cases. Generally, a person doesn't require more than surgery to get the treatment of his problem. A need for more than one surgery will be there if the problem doesn't fix and the patient suffers from a disturbance to the spine..

3. More Pain Will Take Place After The Completion of Surgery

This is not true that you will get complete relief from pain as the surgery finishes. Surely, there can be a feeling of discomfort after the completion of the procedure. During the initial days, you'll have to manage the pain where the doctor will guide you with some medicines. As time passes, the level will decrease.

4. There Will Be A Decreased Taste of Life After Surgery

One of the major objectives of performing spine surgery is to lessen the impact of pain and promote a better quality of life. No doubt, surgery is a big term for many of us and we hope not to face it in any part of our life.

5. Every Spinal Surgery Is A Major One

The spine is considered one of the most imperative parts of the body whose health is crucial to live a joyous life. When its health turns out to be terrible and surgery is recommended, it is not necessary that a person will have a major operation. With new inventions and technologies, a lot of minimally invasive surgeries are available,

Additionally, they have a reduced risk of infections and involve less post-surgical pain. Apart from that, if a person is guided with a minimally invasive operation, he will be discharged from the hospital shortly as such procedures require short hospital stays.

6. An Uncomfortable Situation To The Back Will Always Lead To A Surgery

No. every back pain does not require surgery.

7. There Will Be A Need To Take Medicines For A Lifetime

Another myth that is related to spine surgery is that a person will have to continue taking medicines for a longer period or till the end of life.medicines are given as neuro tonics and pain killers are obviously not needed.

8. Problems like Paralysis Can Occur Post Surgical Procedure

Some people have a fear of getting surgery. This may be due to the anticipation of some complications. Well, not only spine surgery, but almost every surgical operation can have some kinds of complications like infection, bleeding, or blood clots. Such happenings can occur in high risk case and complicated spine problems.

9. All the Physical Activities will be Stopped After Surgery

This can happen, but the talk is about a particular time. Right after the surgery, you will have a rehabilitation program in which you'll get in touch with a physical therapist. He will guide you with some exercises and therapies that will be beneficial for a better recovery.

HEALTHY SPINE BETTER LIFE

Don't let myths stop you from getting the right care.
Consult your spine specialist and take the first step towards a pain free life

Dr. Rajnish Kumar
MBBS, MS, MCh (Neuro Surgery)
Principal Consultant Neuro Surgery

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