



## Welcome

The following consultants have joined us. Please welcome...



**Dr. Neha R. Godbole**  
DNB (Gen Surg), FCPS (Surg)  
Panel Consultant General Surgeon



**Dr. Aniket N. Zarkar**  
DNB (Gen Surg), FAMS (Lap Surg)  
Panel Consultant General Surgeon



**Dr. Kiran S. Gadre**  
MDS (Oral Surg) as a Panel  
Consultant Oral and  
Maxillofacial Surgeon



## "NO" To Sexual Violence

Women in India face a variety of problems within and outside of the family. The health of Indian women is intrinsically linked to their status in society. Sexual Violence against women is a matter of concern because of its increasing proportion. According to National Crimes Bureau Record (NCBR) Report 2016, out of 41761 who suffered any kind of crime, the assault on women with



intent to outrage her modesty reports contributes to 25% whereas kidnapping and abduction rate is 19% whereas 11.5% is the proportion of rape cases. Sexual violence can have long-lasting psychological, emotional and physical effects. Many times these effects are long lasting as well as devastating. There is an urgent need to unite together as a society to fight against the problem of sexual violence.

KEM Hospital Research Centre, Pune under Program for Primary Prevention of Sexual Violence has developed a mobile based application called 'NO' App. 'NO' aims to increase these risk factors for potential offenders by increasing social control ('NO'- App community) and the chances of facing legal consequences when committing the offense (police cooperation). Novel concept of this app is to generate a 'NO' app community to increase social support and control as well to prevent sexual violence. The more the 'NO' App is installed and used; it is expected that sexual assault will be less likely to occur. The App's objective is to discourage and disarm potential sexual offenders. The 'NO' App enables its users

**STOP**  
Sexual Violence



to send out a distress call to persons in the network, to other 'NO' users in the vicinity as well as the police. Important for stressing the primary preventive effect are a high number of users and the public awareness about the existence of the app. The more people have the application the more effective the preventive effect becomes, the less potential offenders will commit offenses in the first place. This makes it a community approach. Rather than looking at 'NO' as a tool for women to protect themselves in a distress situation, the goal is to make 'NO' a tool for the society (involving men too) to protect their own society members. Let's unite together and say 'NO' to sexual violence against women!

[www.notosexualviolence.org](http://www.notosexualviolence.org)

Dr. Laila Garda & PPSV Team  
(Program for Primary  
Prevention of Sexual Violence)

## Finding the Balance



In the changing and progressive India, a lot of women are working and enjoying the social and financial freedom that comes with it. This however comes with a price attached to it.

In a recent survey of 22-55 year old working women more than 80 percent reported that they had no time to relax and were stressed out at work.

This is due to the constant demands on working women, brought on by society and the family, the roles they are supposed to play and the ever increasing demands at workplace.

This leaves women extremely stressed out. We tend to feel irritable and unable to relax. We get tired easily, feeling drained out even on minimal work. Work becomes a chore, an unenjoyable endeavour. Along with this the physical health suffers too.

It is not possible to eliminate stress completely at work but we can reduce the stress at work. Exercising regularly in the day is important. One can take light exercise during working by means of taking short walks or climbing stairs at work. It is always a good idea to use the stairs than take a lift. Regular and sufficient sleep is of utmost importance to stay and feel fresh in the morning; being ready to face the next day with positivity. One should aim for finding happiness in small things even at work and do find social supports at workplace.

Dr. Panchanadikar  
Consultant-Psychiatry



## Cholesterol and Cardiovascular Diseases in Women

On the occasion of International Women's Day, let us take a look into the leading health concern of today's multi-tasking women.

ASCVD (Atherosclerotic cardiovascular diseases) including heart attacks and strokes remains the leading cause of mortality in Women. It was a past belief that women are not affected by heart attacks as often as men. This is no more true as women from 20 - 40 years of age are being affected. Rising cholesterol levels are a leading cause of the same and regular cholesterol testing with help from a lipidologist should form a part of the management. Ever rising epidemic of psychosocial stress, diabetes, hypertension, smoking and drinking too much alcohol further contributes to this risk. Poor lifestyles and eating habits lead to increase in weight.

Metabolic Syndrome is a conglomerate of abdominal obesity, hypertension, diabetes, low HDL (High Density Cholesterol) levels and high triglyceride levels. It is associated with heart problems and infertility.

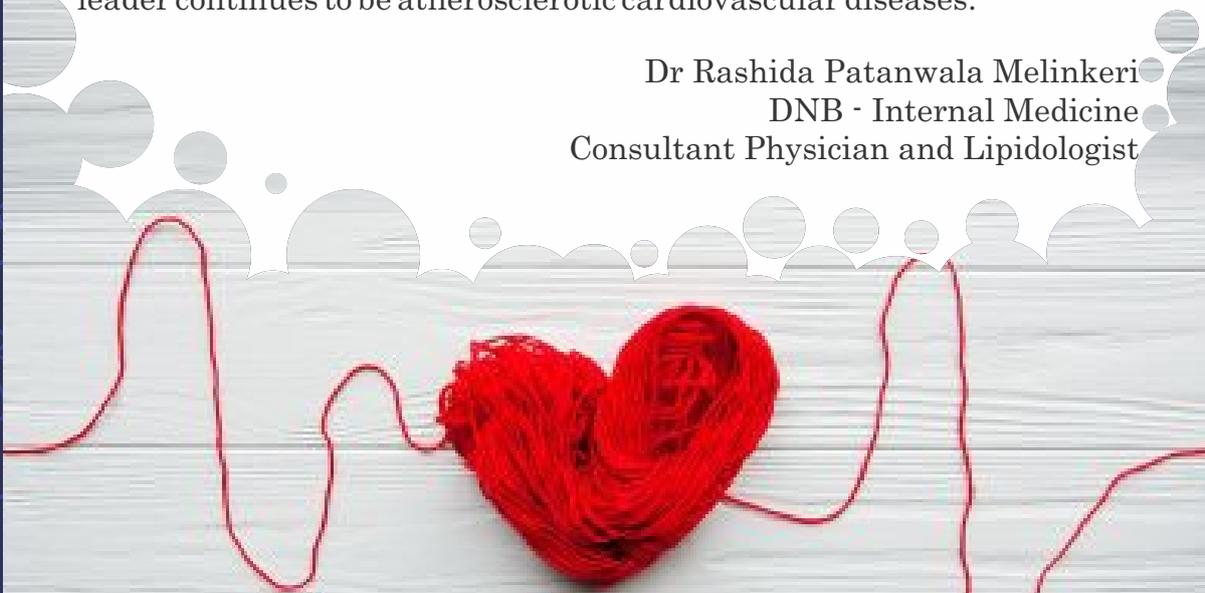
Women with Polycystic Ovarian Disease are at increased risk for metabolic syndrome, diabetes mellitus and complications of pregnancy. Insulin resistance in this group is associated with derangement in cholesterol values.

Women experience a number of hormonal changes - beginning from puberty, through pregnancy and up to menopause. After menopause, women have increased levels of LDL (Low Density Cholesterol - bad cholesterol), total cholesterol and drop in the HDL (High Density Cholesterol - good cholesterol) as compared to the premenopausal women. A steady rise of cholesterol levels occurs throughout pregnancy.

Contraceptive pills are associated with disturbances in cholesterol levels and risk of thrombotic episodes.

Nutritional problems and infections are a cause of concern in a certain social strata in the society. Breast Cancer, infertility, skin & bone health, depression, etc are other causes of concern in women but the leader continues to be atherosclerotic cardiovascular diseases.

Dr Rashida Patanwala Melinkeri  
DNB - Internal Medicine  
Consultant Physician and Lipidologist





## Supermom: The mother of a child with disabilities

“A supermom is an exemplary mother, a woman who performs the traditional duties of housekeeping and child rearing while also having a full-time job.”

When she is a mother of a special child with disabilities she is more than a supermom. A mother of a child with disabilities invariably is presented with the unique set of challenges associated with providing care for the child. Depending on the nature and severity of the disability the degree of parental involvement and responsibilities vary.

A mother is usually the primary caregiver in the family in our cultural setup. The lady of the house is the backbone of the family in providing multiple support and services not only to the child but also to the extended family and often aging in-laws. Caring for a disabled child requires a very special skill set with lot of patience, love and dedication. The additional responsibility of a disabled child significantly affects the ability to maintain a balance in her own life along with maintaining stability in the family.

The stress experienced by the mother not only negatively impacts her ability to care for the child but also affects her own mental and physical health. Very often she is blamed and held responsible for the disability in the child. She is guilt ridden and often depressed which goes unrecognised and untreated. The presence of a disabled child in the family not only causes emotional stress, it leads to economic burden with



high cost of treatment and intervention. It causes a lot of physical stress of visiting hospitals and treatment centers. It also involves physical care of the child for activities of daily living which takes a lot of energy and exertion, especially in older children. It leads to a lot of social ostracization and isolation especially in mothers who become homebound and avoid socialisation for fear of stigma. It takes a toll on Mother's health with sleep deprivation and unpredictable course of the disability.

Chronic stress and depression in mother can negatively impact the mother child relationship, with resentment building up for the child or other family members who may not be contributing to the care of the child. There are documented cases of anxiety and depression in mothers leading to suicide along with the disabled child. It only points to the extreme stress and feeling of hopelessness about her child's future as well as her own.

If we really have to empower the woman of the house specially when there is a special child involved we need to look at realignment of roles within the family. There has to be collaboration among all family members including siblings of the disabled child. We need to instill a sense of sharing of work and responsibilities as far as caring of the disabled child is concerned. Recognition of the mother's personal need for “me time”, relaxation, recreation and regular relief from caring of the child is very important. Early recognition of symptoms of stress and depression in the mother and its treatment is crucial.

Empowering the mother with the knowledge of the disability and providing action plan will give her a sense of control and hope for the future. Participation in a support group and recognition of her tremendous effort and her contribution towards the well being of the child is imperative to boost her moral. It is important to redefine the job description of a mother of a disabled child as one who is happy with herself, is supported physically, mentally and emotionally by people around her, who looks after her own health and fitness and most importantly is free of guilt of having given birth to a child with disability. She is the true Supermom in the real sense.

Bindu Patni (HOD)  
Clinical Psychologist  
Child Development Unit  
TDH Morris Rehabilitation Centre



# Know Your Consultant

## Personal Details

Rashida was born and brought up in Dubai. She completed schooling in Dubai and then enrolled herself at Wadia College in Pune. She did her graduation from Amravati University and post-graduation from KEM Hospital under the guidance of Dr. Pradeep Divate.

Her parents are based in Pune and she is the eldest of 4 siblings. She is married to Dr. Sachin Melinkeri whom she met during post-graduation at KEM Hospital. He is a Consultant in HIV medicine. They have a 12 year old son. She stays in Panchavati with her husband's family.

She takes an active role in managing the day to day domestic affairs at home. She is a foodie and enjoys food of various cuisines. She is an avid traveller and enjoys reading.

Her favourite author is Ayn Rand. She has various social circles and loves being with friends.

## Academic Qualifications

- MBBS - Dr. Punjabrao Deshmukh Memorial Medical College Amravati University, Maharashtra, India - Silver Medalist. 1996
- Diplomate of National Board (D.N.B.) Internal Medicine - K.E.M. Hospital, Pune  
National Board of Examinations, New Delhi, India. 2004
- Clinical Observership at Royal Free Hospital, London - Lipidology - 2014
- Lipidology Certification Course - Lipid Association Of India. 2017

## Work Engagements

- Pioneered Cholesterol Clinic on Fergusson College Road, Pune.
- Associate Consultant at KEM Hospital and Sahyadri Speciality Hospital, Pune.
- She pioneered the Lipid/ Cholesterol clinic at Sahyadri Hospital in 2016
- She was a part of the expert consensus panel of Lipid Association of India which released "Consensus Statement on Management of Dyslipidemia In Indians Part-1" in March 2016 and Part-2 in October 2017.
- Member of Asian Registry of Familial Hypercholesterolemia.
- She is actively involved in creating awareness and addressing problems pertaining to cholesterol at meetings organised by various IT companies.



**Dr. Rashida  
Patanwala Melinkeri**  
DNB (Gen Med)  
Associate Consultant  
Physician and Lipidologist



- She has authored publications in national and international journals:

Neurological Manifestation of B12 deficiency with reappraisal of its etiology-Annals of Indian Academy of Neurology, 2003 volume 6 (Pg 265 – 274)

Neurological Manifestation of B12 deficiency with emphasis on its etiology-Journal of Physicians Of India, May 2014;62(5):400-5.

Lipid Association of India - Expert Consensus Statement on Management of Dyslipidemia in Indians Part 1. Supplement to Journal of The Association of Physicians of India. 1st March, 2016

Lipid Association of India - Expert Consensus Statement on Management of Dyslipidemia in Indians Part 2. Clinical Lipidology. October 2017:Vol. 12, no.1, 56–109.

## Patient Testimonials

*“Your staff was very helpful and the quality of food is really very good. During my entire stay, because of your good quality food, I was totally ensured that I do not need to care about food. Thanks a lot!”*

Patient from Nursing Home  
(Deluxe room)  
13/05/2018

*“We want to express thanks and appreciation for your caring treatment and gesture. We are highly impressed by your total commitment in taking care of our patient right from the time of admission for DSA and Carotid stenting in the Cathlab. Your warmth has helped us feel comfortable in this tensed situation. We thank the staff members of Cathlab and HDU. We also sincerely thank Dr. A. B. Alurkar and Dr. Ashish Trivedi for their honest guidance and commitment towards precision. We wish you good luck and good time.”*

Patient from  
HDU (ICU-III)  
23/05/2018

