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# Recovered from Covid-19?

## Save Lives. Donate Your Plasma.

After a person recovers from Covid-19, antibodies are developed in his/her plasma

When this person donates plasma, the antibodies present in their plasma help another Covid-19 patient by targeting the virus

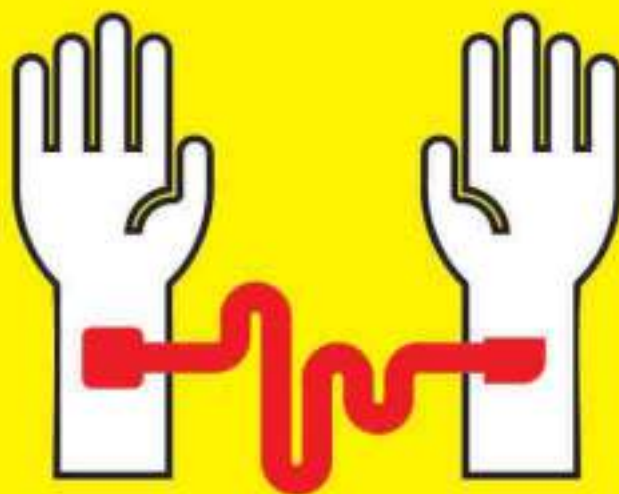


**It takes only 40 minutes for donation**

**This will help the patient**



## WHO CAN DONATE?



**Your age should be between 18-60 years**

**Women with no childbirth**

**You should be completely recovered from Covid-19**

**You can donate blood plasma only after 28 days of recovery**



**Bravehearts  
of KEM**

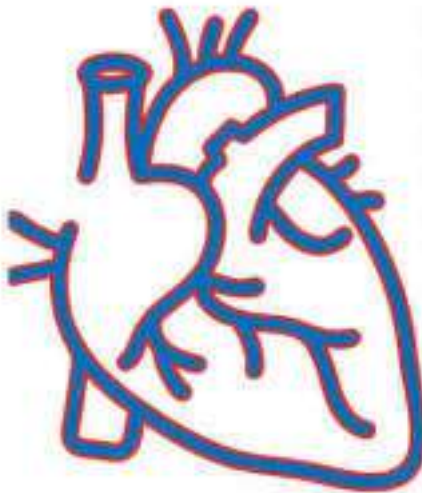
**We thank you all with pride  
for your brave and tireless  
efforts in our continued  
battle against COVID - 19**



**Bravehearts  
of KEM**

**Thank you for protecting us!**

# Coronary Artery Disease in India



Cardiovascular disease (CVD) continue to be the leading cause of death across the world. Nearly 150,000 people die per day worldwide, based on the latest comprehensive research that

was published in 2017. Of these 48,742 die of cardiovascular disease.

Studies have shown that there are significant variations between rich and poor nations. While in high income countries, death from cancer is twice that of CVD, in low income countries, including India, death from cardiac disease was three times that of cancer.

1 in 3 deaths globally are as result of CVD, yet the majority of premature heart disease and stroke is preventable. An ICMR study showed that in India, 1 in every 10 persons in our population is affected by CVD. By 2021, 42 % of the population is expected to be under threat. MI in those under 40 years of age is seen to be at least 10 times more than in western countries.

Non-Communicable Diseases (NCDs), including CVDs, are estimated to account for 60% of total adult deaths in India. CVDs account for over a quarter (26%) of these deaths. In India, more than 10.5 million deaths occur annually. and it was reported that CVD led to 20.3% of these deaths in men and 16.9% of all deaths in women. These numbers continue to rise.

There are several risk factors which lead to cardiovascular disease. These can be broadly divided into two categories: **modifiable and**

## **non-modifiable.**

Non Modifiable would be age, sex, and family history (Genetics). Modifiable would include smoking, hypertension, diabetes, sedentary lifestyle, stress, obesity and high cholesterol. The Principles of an ideal lifestyle include proper healthy diet, regular exercise, stress management (Yoga/Meditation) and regular medication with weight control.

However, lack of awareness about treatment often leads to death. It is important to remember that time is critical. Any delay causes more harm. The time when doctors have a chance to save most of the heart muscle is called 'The Golden Hour'. Studies show that to avoid permanent heart damage the patient must be taken to a hospital as fast as possible. Fewer than 10 percent of patients get to a hospital that fast as mostly there is reluctance in acknowledging what is happening. Those who reach the hospital quickly, often do not receive the optimal treatment, why do people delay going to a hospital? Many people don't recognize their symptoms as heart related. There are several misconceptions about heart attacks. People expect an AMI to be accompanied by a sudden, crushing chest pain, followed by unconsciousness - as portrayed by the media. Many times symptoms that don't disrupt activities of daily living, tend to be dismissed. The reality is only 5% of patients presently receive re-perfusion therapy within the first crucial hour after symptom onset. This is primarily because patients arrive at the emergency department too late.

**Dr. Milind Gadkari**  
Consultant  
& Head of Department,  
Cardiology



# COVID-19 Pandemic: New Challenges for Visual Health



The current pandemic has affected all cross sections of the society from medical professionals to working population to senior citizens. Even children, students have not been left out. In fact, they are ones whom we need to concentrate on. The current educational scenario across the globe has undergone a drastic change. With the impact of the pandemic shutting down all educational institutes, remote learning digitally has grown rapidly. Online teaching and learning have become the new routine with the start of schools and colleges this year. Even though it may seem feasible and convenient to teach and learn online, it also has a few downsides to it, especially on the visual health of young students.

For example, children have been used to a standard 5 - 6 hours of school every day. Now with online learning, students have to constantly be attentive to their classes via a screen for long hours at a stretch. This causes strain on their eyes giving rise to headaches, dry eye, blurry vision, and trouble concentrating. These are a few short-term effects. If proper care is taken to ensure breaks and readjusting focus of eyes in between online sessions after scheduled time, it can prevent any long-term adverse effects.

Ideally, the screen-time for any child is zero, but it is not practical since online learning is the

need of the hour. So, proper time and intervals must be fixed to ensure the visual health safety of children.

- Infants and toddlers up to 18 months should have the minimum screen time, which includes chatting with family members.
- For children aged 18 months to 2 years, screen time must not exceed 30 - 40 minutes, strictly not in a constant stretch.
- From the ages of 2 - 6 years, children in pre-school need more online time for learning. The maximum screen time should be 1hr under parental guidance.
- From the ages of 7 - 16 years, a consistent limit must be enforced by parents on all types of screens, and can be increased beyond 1hr according to their need.

Side effects of extended screen time include strain on the eyes, headache, blurred vision, dry and irritated eyes, losing focus, neck and shoulder pain, hindering brain activity, disrupted sleep, and insomniac behaviour. These side effects are usually caused due to looking at the screen for long continuous periods of time in the dark. The blue light emitting from devices with a digital screen causes harm to the retina. In addition to that, many times, children view screens from too close, with a hunched and bent posture that causes vision problems, and

back and neck issues. These problems if not rectified at the initial stages can cause irreversible repercussions to children's visual health over time.

**Preventing these ill-impacts of digital screens include:**

- Wearing glasses if required with proper lens coating
- Screen positioning in such a way that is 15-20 degrees below eye level
- Adjusting lighting of the screen to eliminate glare
- Focusing on posture so that the child sits upright and does not have to bend down to look at the screen
- Setting timings to give eyes the required rest to de-focus from the screen
- Following the 20-20-20 rule to look away from the screen for 20 seconds and focus on things that are at least 20 feet away, after intervals of 20 minutes
- Remembering to blink more frequently

Even though online learning and using the digital device has become necessary, one must always ensure that minimizing and reducing screen time is the only way to ensure proper visual health.



**Dr. Sanjay Shah**

Consultant and Head of Department, Ophthalmology

## The Gift of Sound: The Big Ears Project



Hellen Keller once said, "Blindness separates us from things, but deafness separates us from people. The sound of the voice that brings language, sets thoughts astir, and keeps us in the intellectual company of man".

The consequences of a child born with hearing loss are quite severe. Congenital hearing loss is a grossly neglected condition in India. The most effective strategy that ensures timely intervention is detection at birth. The K.E.M. Hospital with Dr. Neelam Vaid and her team aims to achieve the same.

Dr. Neelam Vaid has established a neonatal hearing screening programme at K.E.M. Hospital. It is the only one in Maharashtra where every baby born at the hospital is screened for hearing loss before discharge. She is the head of the special BIG EARS project, which was started in the year 2006 and is situated in TDH rehabilitation centre. It is one of a kind and focuses on early detection, diagnosis and treatment of hearing loss. Big Ears offers a variety of tests for detection, speech therapy, counselling and surgical interventions like cochlear implant, BAHA (Bone Anchored Hearing Aid).

Cochlear implant is a technique whereby an electrode is inserted in the inner ear of the patient to restore hearing. Cochlear implants are effective even in patients with profound hearing loss. Early interventions help develop language skills and lead a near normal life. Currently the central government and a few state governments offer financial assistance to children who need cochlear implant, however the demand is higher than the supply.

Dr. Vaid performed the first cochlear implant surgery at the K.E.M. Hospital on 1<sup>st</sup> April 2006.

Till date, 528 cochlear implant surgeries have been performed by her. From counselling the patients, helping them in getting required funding for the surgery, preparing them for surgery, to assessing them post operatively at regular intervals, Dr. Vaid and her team has been dedicated to this mammoth task.

All implantees are doing well academically and are also able to pursue music, arts, sports.

The highest reward for a person's toil is not what they get for it, but what they become by it.

This holds true for Dr. Vaid as she has become a household name in the field of cochlear implants.

**- Team Big Ears**



# Overcoming Breastfeeding Challenges with a Newborn

World Breastfeeding Week started in 1992, with annual themes including healthcare systems, women and work, the international code of marketing breast milk substitutes, community support, ecology, economy, science, education and human rights. World breastfeeding week celebrated from 1st - 7th August. This year the theme is "SUPPORT BREASTFEEDING-FOR A HEALTHIER PLANET". The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of a baby's life for optimum growth and health of baby. Babies who are given feeds other than breast milk are known to have a poorer immune response, more illnesses and require more hospitalizations. Surprisingly, despite various initiatives by our government, not even half the babies are exclusively breastfed. India has one of the highest rates of malnutrition and infant mortality rates. Why are mothers unable to breastfeed? Fewer than 5% are medical reasons which include failure of lactation or medical condition of mother, and in the vast majority cultural practices are responsible. Breastfeeding is one of the best ways of bonding with your baby, it not only provides nutrition but comfort, nurturing and is also a time for mother and baby to study one another's faces. Breastfeeding also releases oxytocin which is a love hormone that promotes bonding.



## Barriers / obstacles to breastfeeding for a new mother

- 1. Separation of mother and child:** In India most of the caesarean births are nearly three times more in private as compared to public sector health facilities. Initial cues, alertness for breastfeeding is lost due separation and immediate use of formula feeds as tiny tummy fills up.
- 2. Pre lacteal feeds:** In India people believes and follows tradition. Practicing pre lacteal feeds such as honey, water, gold which prevents dehydration are some of the beliefs which causes very high risk of infection as well as reduces baby's hunger and interferes with breastfeeding. Giving water is also not safe because it can cause infection and also fills baby's tummy limiting their feed.
- 3. Pressure on the mother to give the top feeds:** Mothers gradually start believing that their milk is insufficient as baby looks very thin and are pressurized to start animal milk or formula. False belief that milk is inadequate as babies tend to take larger supplemental feeds, sleep longer
- 4. Feeding in public:** Feeding the baby even under dupatta or shawl feels uncomfortable to mothers.

Lack of areas designated for breast feeding in public - Most mothers opt for bottle feeds when going out in public or travelling. The feeling of embarrassment restricts their activities and is cited as a reason for choosing to feed supplementary formula or to give up breastfeeding altogether.

**5. Working Mothers:** Indian law allows 6 months maternity leave to allow the mother to exclusively breastfeed their babies for welfare of mother and child. Employed mothers typically find that returning to work is a significant barrier to breastfeeding. Most women often face inflexibility in their work hours and locations and a lack of privacy for breastfeeding or expressing milk.

**6. Lack of awareness:** Lack of knowledge of benefits of breastfeeding, especially the importance of first milk (colostrum) is the major barrier to timely start breastfeeding. In a few set-ups because of myths correct positioning and techniques are lacking as mothers are strictly told not to breastfeed in sleeping (lying down) position. The relatives put immense pressure not feed immediately as there is myth that initial few days mother can't satisfy her child with breast-milk. Most women are aware about benefits but they seem to lack knowledge about its specific benefits and correct guidance. In most of the sectors information about breastfeeding and infant formula, bottle kits are provided as mother and relatives are encouraged to give bottle feeding for a mother to feel relax. Lack of Antenatal counselling on breastfeeding and nipple examination is a major barrier.

**7. Obstetric complications:** Episiotomy, caesarean section, manual removal of the placenta causes substantial delay, ranging from an hour (Episiotomy) to a day (caesarean section), to starting of breastfeeding. Prolonged, exhaustive painful labour that lead to post-delivery fatigue.

**8. Breast abnormalities:** Many of the first-time mothers face problems in initiating breastfeeding because of the pre-existing breast abnormalities that are retracted and inverted nipple. Feeding delays till the correction of inverted or flat nipple and correct attachments. Frequent problems with breastfeeding include sore nipples, engorged breasts, mastitis, leaking milk, pain, and failure to latch on by the infant. Besides breast abnormality, other co-morbidities that include HIV, Hepatitis B delay the early feeding and in many cases mother or relatives refuse to give mother's feed. Families are not convinced even though baby has been given prophylaxis.

**9. Insufficient milk supply:** This is another common reason for early weaning of the infant. Having a poor milk supply can result from infrequent feeding or poor breastfeeding techniques, delayed breastfeeding. Lack of confidence in breastfeeding or not getting exact guidance and support from family members lead to the perception of an insufficient milk supply when in fact the quantity is enough to nurture the baby.

**10. Pre-term delivery:** Sudden pre-term delivery due to severe complications, LBW, hypoglycaemia, congenital issues delays breastfeeding. And sudden separation of baby from mother losses her confidence to bare a child.

**11. Gender based discrimination:** If the newborn happens to be a baby girl, then mother either refuse to feed baby immediately or react reluctantly especially during second delivery if they are expecting a baby boy is significant cause of delayed breastfeeding.

### Following ways to successful breastfeeding:

- Antenatal counselling and sensitisation about breastfeeding in last trimester
- Involve gynaecologist, paediatricians, lactation consultant and family members for 1000 days of your motherhood journey.
- Liquid gold (colostrum) to be given soon after delivery. Gives protection, immunity and first vaccination to your tiny feet's.
- Semi demand and frequent trials of breastfeeding for better hormonal stimulation.
- Correct attachment to breast and better positioning of baby is a key to successful breastfeeding.
- Believe in yourself and breast-milk changes its properties according to baby's increased demands.
- Life can be easier when you breastfeed, as it creates a very good bond and unconditional love to your baby.
- Breastfeeding will reduce hospitalisation and keep your baby healthy and active
- Breastfeeding will improve your baby's IQ if you feed exclusively for 6 months and continues breastfeeding up to 2 years with introducing solid food at correct age.
- Involve husband and family members in the baby care, and yes you are always there to nourish your baby.
- Always keep some time for your own self like yoga, meditation which will keep you happy, relax and motivated.
- See your baby's hunger signs, follow your baby's lead, make sure baby sleeps close to you.
- Look for 6 minimum wet diapers, comfort sleeping, activity, on demand feeding to boost your confidence of motherhood.
- Avoid nipple confusion by introducing bottles, pacifiers, fancy object as baby loses interest in breastfeeding, will invite unnecessary infections.
- Do follow up with your paediatrician to see how your baby is achieving milestones.
- In case of any need or help contact lactation counsellors.



**Ms. Sayali Sathe**

Certified Breastfeeding Specialist (CBS)

Lactation Counsellor

Nectar Human Milk Bank In-charge

KEM Hospital, Pune

Consultant Nutritionist

## Achievements

### A Journey to the Miracle

When Aarav Shewale was born on 6th Oct 10, everyone was happy and we celebrated and looked forward to a great life ahead. Little did we know that it would be an eventful one with a lot of ups and downs.

As time passed, we felt that he was not responding to sound and by his first birthday, the suspicions were very high. So we did a hearing with ASSR and BERA in Feb 2012 and found that he indeed had bilateral profound hearing loss. It was a nightmare as we never thought that something like this would happen. There were also other innumerable incompetent advices to go meet babas, oils, mantras, poojas and what not. There were also a few who told us that Aarav will never be able to speak or go to 'normal' school and that we should think of deaf schools.

The doctor who first diagnosed him told us to think of Cochlear Implant (CI) surgery and referred us to Dr Vaid; our best advice came from Dr Vaid and we have followed it to the T. When we met Dr. Vaid, in the first meeting itself she cleared most of the doubts and gave us

the confidence which, as parents, we needed the most during that phase. She told us to visit the Big Ears department, meet with a few kids who have a CI and also check their Friday meeting program. After visiting Big Ears in March 2010 for the first time and meeting with Ms. Shanbaug, his audiologist and Shweta Deshpande, his speech therapist. We were very relieved that we are on the right path.

They also helped us to choose the right implant device. After these initial discussions, we got a lot of confidence about facing this situation.

Aarav was first implanted in April 2012 (right ear) and May 2015 (left ear) and during this period Ms. Anuradha helped us to coordinate with the AB team and insurance part.

After each implant, we took 1 year speech therapy twice a week in the Big Ears department with Shweta and later on they reduced that to once a week. But during this period we made sure that whatever we learned during the therapy, Aarav would practice at home along with his mother. Aarav's mother made sure that she would take his practice at least 1 hour each day. The initial phase was not so



good as even after all the therapy and practice Aarav was not speaking. He hardly said a few babbles. We told this concern to Shweta and she calmly replied that there will be a day, when Aarav will start talking and then you will have to say "Aarav, please stop".

Time passed, almost after 8-9 months, one fine day he started making different sentences on his own. He then started babbling, talking for the entire day, although most of the things were irrelevant and not making any sense. But the jinx was broken.

Years passed and he got admission and got selected in a regular hearing mainstream school. The initial phase was quite difficult as kids used to play with his headpiece. But we met with the teachers and educated them about the implant and headpiece. The teachers told all the kids from his class, why they should not touch his machine.

From pre-primary he moved to primary. He started learning different things on his own, started enjoying music and dance.

He was at par with all other hearing kids and at times a bit ahead. But as parents we still wanted him to have more. So, when he was 7 years old, his father decided that this year he would take him to Dhol Pathak to see if he can enjoy that and play dhol during miravnuk. For the first few weeks, he avoided and threw tantrums but soon regularly started practicing. The first time he played during Janmashtami

in front of a big crowd, he was ecstatic and then never looked back. He is now one of the youngest Tasha players in the prestigious "Gandhar Vadya Pathak" and plays Tasha in all miravnuks.

As parents, we always feel that our child should get good marks in school and other competitive examinations but sometimes we

forget that along with education, Sports play a major role in building a child's character. Aarav's father, himself an Ironman Athlete, initially introduced him to endurance running. He completed his first 3km run in 2013 at 3 years of age. He took part in the "Pune Running Beyond Marathon" (PRBM) event for 6 years and featured on their page as an inspirational child. Till date, he has taken part in different events and 10km run is the longest distance which he has completed. Aarav also was one of the youngest kids



from India to go to Colombo, Sri Lanka and participate in the Iron Kids International marathon for children in 2018.

Although these were fantastic achievements, we still wanted to give him more...

One Sunday, we went to Oxford Golf Course for a picnic and there Aarav was introduced to golf for the first time. We enrolled him for the basic training along with his father. Aarav started liking this game and started playing on his own. After training for 6-7 months, we thought of pushing him on to play competitively.

He trained very hard. During the 2019 summer vacation, when all his friends slept their mornings away, Aarav used to wake up at 5.45 am every day and go play golf with his father. On weekends, he practiced almost 6-7 hours. He finally got a chance to play his first competition in India wide West zone in 2019 May. In spite of all the practice, He stood last and was quite depressed. But failure helped him to fight back harder and it made him more determined to play better golf.

This year, 2020, he took part in the US Kids competition South zone and came 5th overall.

Apart from Sports and education, to ensure that his thinking skills are also challenged we enrolled him in a coding class. He loved the complexities and challenges that came with it. It was fun to see him debugging code and creating applications and games. After 40 or so classes and many hours of project submissions, Aarav is now a Certified Android and IOS App developer. He is not even 10 years old yet!

So to conclude was the journey easy? No, not at all. There was a time when we got frustrated. And many more where Aarav got frustrated. But as a unit all of us were determined that we will overcome this problem. Has that happened in 1 year? No. It took many many years and a lot of hard work to see this progress.

One should be positive and should make sure that you don't give up or lose hope. There will be days when as a parent you want to give up and blame fate. However, we need to understand that, our kids have been given a challenge, but that challenges can be faced and solved. It's just a matter of time. Also, always make sure that you as a parent have to be personally involved with these kids in all activities, whether it is speech therapy, school study, dance or sports. Continuous involvement and effort from parents will be the best push that the child gets to succeed in life!

**- Aarav's parents**



**Congratulation!**

**Mr. Vikas Sonavane for successfully participating in Fit India Freedom Run.**



I am Suyash Shelke, 26 years, living in Pune. I am hearing impaired since birth. I had a 90% mixed hearing loss in the left ear and 100% hearing loss in the right ear. So I had a hearing aid in my left ear for 10 years initially in my teenage years and got support for Speech therapy at "Shabdavedh". I have completed my schooling at Bhave High school, Pune.

It was on one of my routine check-up visits to Dr. Mandke's hearing services, that Dr.Kalyani Mandke and Dr.Dabke discussed a surgical procedure and concept of the BAHA (Bone Anchored Hearing Aid) from Cochlear. We were initially very uncertain as the procedure involved surgery and care after surgery which was totally new for us. However with thorough guidance from Dr.Mandke, Senior ENT specialist Dr.Sunil Dutt from Bangalore and Senior ENT specialist Dr.Neelam Vaid, I successfully undergone with this surgery at K.E.M. Hospital, Pune in December 2008 and started using the BAHA Processor in February 2009.

The Cochlear BAHA was the turning point in my life as it improved my hearing capabilities to such an extent that my hearing loss has now reduced to 51%, which is an extremely encouraging result. I gained a lot of self-confidence, passed SSC, HSC Science with first class and graduated with a BCA degree from a regular college (VCACS, Pune). My peers no longer see me as differently abled and that has really boosted my self-confidence and motivation. I have also applied for a two/four wheeler driving license with the help of Ali Yavar Jung institute, Mumbai and I can now drive/travel independently.

Though, I played Badminton earlier, I started running Marathons in 2016. I have successfully completed half marathons (21 KM) at PRBM in 2016 and Airtel Hyderabad Marathon in 2017 and Full Marathons (42 KM) at Tata Mumbai Marathon in 2018, 2019 and Airtel Hyderabad Marathon in 2018 and so on. I am also taking part in trekking, hiking. Now will be later training for ultra-marathons with runner groups who have over time been a great source of support.

I have done IT trainings and Microsoft certifications and I am looking for employment. I am confident, I will be able to do my job sincerely which is assigned to me and I would be willing to travel independently for work assignments, be it in India or Abroad.

**Suyash Shelke**

## Testimonials

मी प्रमोद तदिसकर. रा. कसबा पेठ, पुणे. जगामध्ये जी आता कोरोना ची जी महामारी सापडली आहे त्याचा बळी मी ही झालो. थोडा त्रास होत असल्यामुळे टेस्ट केली, आधीच लक्षणे कोरोना ची असल्याने पॉझिटिव्ह येणार याची कल्पना होती, रिपोर्ट आल्यावर जायचे कुठे हा खूप मोठा प्रश्न होता, सरकारी हॉस्पिटल ला जायचं तर व्यवस्था नीट नसणार असा माझा गैरसमजच म्हणावा लागेल.

का प्रायवेट ला जायचं तिथे सोयी सुविधा चांगल्या भेटतील मेडीकलेम आहे, खर्च आला तरी पैसे रिटर्न भेटणार या हेतूने तिथे जायचं का असा विचार येत होता परंतु बोललो अगोदर जाऊ घेऊन जातील तिकडे सोय नसेल व्यवस्थित तर जाऊ दुसरीकडे. सर्व विचार करून के.ई.एम. हॉस्पिटल, पुणे. इथे अॅडमिट झालो.

जे मनात होते त्याचा पेक्षा सर्व उलटे झाले, अत्यंत छान अशी सोय आहे इथे, कसलाही प्रॉब्लेम नाही ना कसली तक्रार, पहिल्या दिवशी आलो कुठे ठेवतायत काय करतायत धाकधुकच लागली होती, general ward रुम मध्ये आलो न काळजीच मिटली.

मी २३ ऑगस्टला आलो आणि २ सप्टेंबरला मला डिस्चार्ज मिळाला. या १० दिवसात जे डॉक्टर लोकांनी दिवसातून ३ वेळा आमचे चेक-अप त्रास काही होतोय का अशी खूप विचारपूस केली व आम्हाला खूप चांगली टिटमेंट दिली याबद्दल त्यांचे मानावे तेवढे आभार कमीच आहेत, नर्स लोक साफसफाई कामगार महिला, security गार्ड आणि मामा-लोक यांच्या कामाचे करावे तेवढे कौतुक कमीच आहे, खूप छान दररोज साफसफाई, सॅनटायझर फवारणी, सर्व गोष्टी एकदम मस्तच. या सर्व टीमचे कोणत्या शब्दांत आभार मानू हेच समजत नाही.

जी काही मला इथे या लोकांच्या कडून आपुलकीची वागणूक व सेवा मिळाली नंतर जो काही प्रतिसाद भेटला त्याबद्दल मी त्यांचा आयुष्यभर ऋणी राहीन.

खूप वेगळा अनुभव माझा आयुष्यात आला.

पुन्हा एकदा सर्वांचे आभार,  
कोणाच्या नावाचा उल्लेख राहिला असेल तर क्षमस्व.

असे कोणतेही शब्द नाहीत जे आपले आभार मानतील. जर जगाकडे आपल्यासारखे लोक असतील, तर ते एक चांगले ठिकाण होईल. जी काही मला व सर्व कोरोना पेसंटला सेवा मिळाली त्याबद्दल मी पुन्हा एकदा तुमचा आभारी आहे.

धन्यवाद,

- Patient from Male COVID Ward



- Relative of patient from Nursing Home, 4<sup>th</sup> floor



## Circular



**Dr. Sanket Bankar**, MS-General Surgery, M.Ch, DNB-Surgical Oncology has joined us as an **Associate Consultant Surgical Oncologist**.

OPD Timings: **Every Monday: 11:30 AM - 1:00 PM** in the Surgery OPD.



**Dr. Ketki Kelkar**, has rejoined us as an **Associate Consultant in Haematology (Part-Time)**. She will be available in the Haematology Department from **Monday to Saturday between 1:00 PM to 5:00 PM**.

## Health Awareness Communications

### • Spinal Cord Injury Day

The infographic features a central graphic of a spine with the text "TIPS TO KEEP YOUR SPINE HEALTHY & HAPPY" and the "KEEP YOUR SPINE" logo. Surrounding this are eight circular icons with corresponding text:

- 1. Lift heavy objects correctly**: Illustration of a person lifting a box.
- 2. Practice good ergonomics while sitting, standing & working**: Illustration of a person sitting at a desk.
- 3. Maintain proper sleeping posture**: Illustration of a person sleeping on a bed.
- 4. Maintain a balanced diet**: Illustration of various fruits and vegetables.
- 5. Wear comfortable & well-balanced shoes**: Illustration of a pair of sneakers.
- 6. Exercise & stretch your muscles regularly**: Illustration of a person performing a stretching exercise.
- 7. Maintain a healthy weight**: Illustration of a person's torso with a scale.

• **World Physiotherapy Day**



**Physiotherapy for better mobility and pain-free living**



- Pain relief for sports related or other injuries
- Rehabilitation after an illness or surgery
- Improvement in physical movement



**MAKE AN APPOINTMENT WITH OUR PHYSIOTHERAPIST FOR A PAIN FREE LIFE**

020-2621 7460  
020-6603 7460

• **International Gynaecology Awareness Day**

**Regular Gynaecological health check-ups are a must for all women**



**MAKE AN APPOINTMENT WITH OUR GYNAECOLOGY DEPT. FOR A CHECK UP**

020-2621 7460  
020-6603 7460

INTERNATIONAL GYNAECOLOGICAL AWARENESS DAY 13<sup>TH</sup> SEP

• **World Suicide Prevention Day**



**WORLD SUICIDE PREVENTION DAY**

10<sup>TH</sup> SEPTEMBER, 2020

**Working Together to Prevent Suicide**

**Suicides Are Preventable**

- One person dies by suicide every 40 seconds
- Suicides and suicide attempts impact families, friends, colleagues, communities and society

**Take a Minute Change a Life**

• **World Marrow Donor Day**

**YOU CAN BE THE CURE**

Donate your bone marrow and help patients with life threatening disorders



 Three ways of donating bone marrow
 




 For a safe donation call, between 9.00 AM to 5.00 PM  
**020 6603 7460 or +91 8738980021**


• **World Alzheimer's Day**

**Heed the warning signs and identify Alzheimer's disease in time**

**DON'T IGNORE THESE SIGNS**

Time and places are confusing	Lapses in judgement
Unclear vision	Losing things
Social isolation	Finding words and making conversations can be frustrating
Memory loss	Daily tasks and chores are a challenge
Mood swings	




**Schedule an appointment with our neurologist**
 020-2621 7460  
 020-6603 7460

• **World Contraception Day**



**WORLD CONTRACEPTION DAY**

September 26<sup>th</sup>, 2020

To improve awareness on safe contraception and enable young people to make informed decisions about their sexual and reproductive health

**A STEP TOWARDS SOCIAL RESPONSIBILITY**



• **World Rabies Day**



• **World Heart Day**

