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**Dr. Mrinal Wani
Dr. Aditi Malpani**

Know Your Consultant

Team KEM

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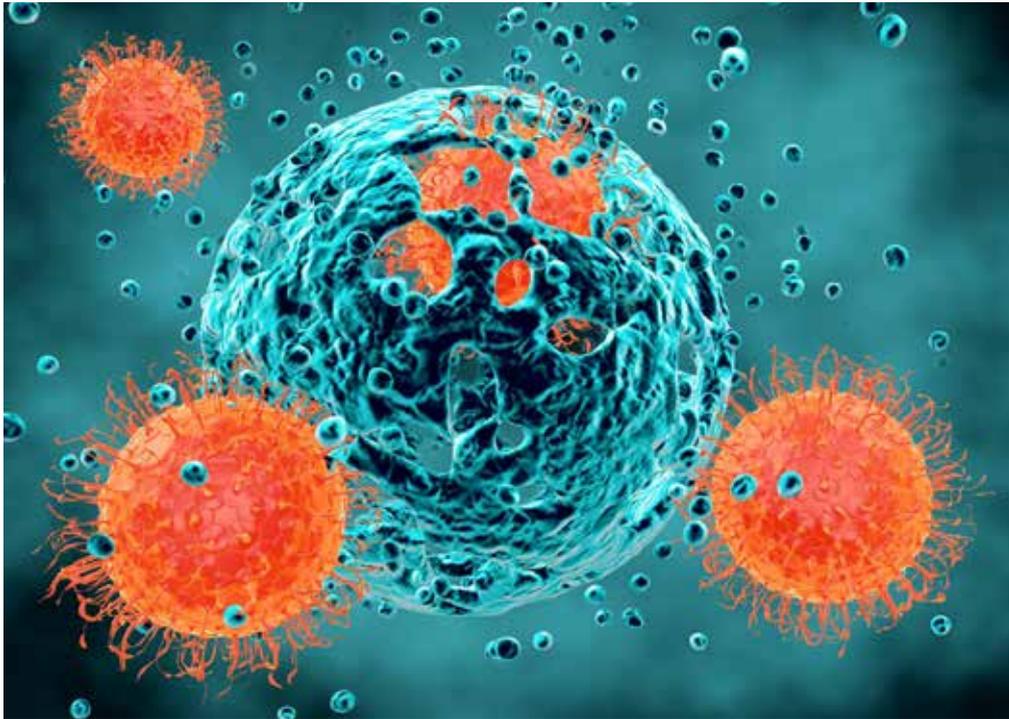
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Homoeopathy in cancer

Cancer comes under the category of chronic diseases, defined in homeopathy as a 'derangement of the vital force with an insidious onset and a gradual progress during which the vital force offers imperfect resistance so that the disease if not treated adequately, eventually ends with the death of the patient'.

The derangement occurs first at the general level and the eventual expression - the neoplasm may occur at the local level. The individual susceptibility will predispose the individual to the disease proper in general, while the weakness or the sensitivity of a particular part/viscus/system will lead to localization of disease in particular.

The derangement proceeds from functional to structural level.

CARCINOGENESIS

This process can be best studied under the following headings:

- Predisposition
- Disposition
- Diathesis
- Disease



1. Predisposition/Fundamental cause:

The fundamental cause of all chronic diseases is the miasm. Each individual is born with a miasmatic load which predisposes a symptom to a particular illness. In this case of course a malignancy. The miasmatic load can be determined by the study of the patient's family history or the past history which has been observed by several homoeopaths viz., Kent, Roberts, Charles Wheeler, Foubister, Kasad, Burdel, and Bushrod James.

Cancer patients usually have a strong family history of cancer or past history of tuberculosis or diabetes mellitus. Thus, cancer is usually developing on a soil fertilized by tuberculo-syphilitic miasm (however cancer encompasses all the miasms).

2. Disposition:

The individual who is born, interacts with the environmental factors along with mental and physical attributes, this is termed as 'disposition'. At this juncture I would like to describe the constitution of Carcinosis.

Carcinosis was introduced and proved by Dr. D. M. Foubister of U.K. The exact source of the original Carcinosis is not known but it is believed to be from a carcinoma of the breast. There is a strong family history of cancer, diabetes or tuberculosis as compared to an average family. There is a past history of multiple severe infections in childhood like whooping cough, pneumonia.

Appearance of the patient:

- Multiple moles, blue sclera, brownish pigmentation and café-au-lait complexion.
- Craving or aversion to salt, milk, eggs, fat and fruits.
- Tendency to sleep in knee-elbow position or on the back with the hands above the head.
- Reaction to environmental factors, either aggravation or amelioration with sea air or at sea side.

At the level of mind:

- Sensitive to reprimands
- Easily hurt
- Sensitive to music
- Loves dancing, has a marked sense of rhythm
- Sympathetic
- Obstinate
- Fastidious
- Loves travelling
- Anticipatory anxiety about health or about developing cancer
- A/F - fear, fright
- Consolation aggravates



Foubister had stated that it was probably unsafe to give Carcinisin as a constitutional remedy to patients suspected of cancer. He believed that the further away you are from the actual cancer as in childhood the more useful Carcinisin is as a constitutional remedy. However, he later changed his opinion and recommended the use of Carcinisin in cases of cancer.

Dr. T. D. Ross has suggested the use of Carcinisin in cases of cancer which have a bad family history of certain illnesses as earlier mentioned. Burnett cured some cases of breast tumors and hard cervical glands which reappeared after surgical excision with Scirrhinum, one of the varieties of Carcinisin.

Certain studies have postulated the term 'cancer psyche' or 'cancer biotype', where the mind influences the body and it is often found that the prolonged psychological stress precedes the onset of tumor. Psychological stress affects the neuro-endocrinal axis as well as the reticulo-endothelial system, thereby weakening the host defense and thus promoting the onset of malignancy.

The composite profile of cancer patients has been derived from psychoanalytical testing of people of various ages and diagnostic categories. The cancer patient, usually has had a very traumatic childhood, the trauma usually involves the child-parent relationship, which leads to intense loneliness and a sense of being neglected, rejected, grief and despair. He overcompensates by constantly trying to please others and build their affection; frustration in this attempt only serves to worsen the already existing negative emotions. He develops intense hostility and resentment towards the environment that is wronged in and also develops the feeling of self-hatred and self-depreciation. However, the outward picture presented is of a thoughtful, gentle, unclaiming and almost too good to be true person. He tries to maintain healthy relationships and tries to find happiness from external factors like spouse, children and job. Problem now arises when there is loss of spouse, child, job, the old pattern reemerges and the individual succumbs to cancer and with the realization that he has cancer, his despair deepens; this further aggravates the disease condition and a vicious cycle begins.

Though all cancer patients do not confirm the above mentioned pattern, certain effects of psyche on the soma have been noted often.

Following characteristics often found:

- The loss of major emotional relationship and inability to cope with it leading to despair and hopelessness.
- Early childhood traumas especially lack of parental affection and attention.
- Tendency to hold resentment and inability to express it along with inability to forgive.
- Tendency to self-pity.
- A poor self image.
- Poor ability to develop and maintain long term, meaningful relationships resulting in marital discord, sexual maladjustment or disharmony at work.
- Tendency to depression.



The most common symptoms of Carcinosis which I have repeatedly confirmed in my practice are:

- Fear of unknown
- Fear of death
- Fear of dark
- Fear of being alone
- Anxiety trifles
- Anxiety health about
- Anticipation about future
- Lack of confidence
- Fear of getting cancer
- Suicidal thoughts
- Melancholia
- Depression
- Ailments from grief
- Loss of loved ones
- Weeping ameliorates
- Suppressed weeping leading to physical symptoms
- Sympathetic to others
- Nursing ailments from
- Resentment
- Frustration
- Fear of impending disease especially incurable disease
- Conscientious
- Rigid personality
- Mild and gentle in nature
- Loathing in life
- History of fright or prolonged fear or unhappiness in childhood
- Fastidiousness
- Obstinacy
- Enjoys thunderstorm
- Enjoys music
- Enjoys dancing
- Tendency to insomnia
- Difficult concentration
- Dullness of mind
- Desire to travel
- After effects of vaccination
- Sleeps in knee-elbow position
- Sea air amel; sea air agg
- Craving for meat, especially fat of the meat
- Aversion to salt, milk, egg, fat, meat and fruits



Different types of Carcinoma that I have used in my practice is Carcinoma adenostoma (adenocarcinoma of the stomach), Carcinoma adenovesica (adenocarcinoma of the papillary bladder), Carcinoma intestinal Co. (Carcinoma bowel composite), Carcinoma scirrhum mammal (carcinoma scirrhous breast), Carcinoma squamous pulmonary (carcinoma of squamous lung) and Carcinoma (earlier origin and usage).

According to certain research's, cancer prone persons are 'anal' personalities who have not progressed beyond an early phase of personality development.

A study of 30 cancer patients revealed that even before they had come down with cancer, these individuals stand to interpret Rorschach Test in a rather morbid manner revealing their inner turmoil.

We can thus conclude, the prolonged mental stress is one of the chief factors that contribute to development of cancer. The link between stress and illness is the immune system which gets under mind so that immune surveillance is impaired. These dispositions which cannot positively and effectively deal with any stress are the dispositions that are prone to develop cancer.

3. Diathesis

'Diathesis' is a phase where an individual has a strong tendency to develop a particular disease (malignancy in this case), and during which a stressful environmental stimulus initiates the onset of disease. This stage cannot be directly known to the physician but it can be indirectly inferred by a study of the predisposition and the disposition. Identification at this level helps in two ways:

- a) Constitutional line of homoeopathic treatment can build up the host's defenses and awareness.
- b) Avoidance of probable environmental carcinogens can delay the onset of the disease.

4. Disease

Preclinical phase

This is the phase that extends from the inception of cancer to the time that it produces recognizable signs or symptoms. All cancer cells measure the same as a normal cell. A tumor takes a constant time to double its volume. The volume doubling time is designated as TD. The smallest tumor that is likely to be detected by physical/radiological examination will have a diameter of about one centimeter and may contain 10⁸-10⁹ tumor cells.

If this tumor is derived from single malignant transformed cell it will take 30 doublings to reach this stage. Thus, it takes several years after the onset of the cancer to bother an individual and come to the attention of the doctor. On the basis of modern cytokinetic studies this preclinical phase may last from 2-17 years. The preclinical phase also gives ample opportunities to the primary tumor cells to metastasize and lodge elsewhere.



Thus, by the time a tumor is detected there may already be widespread metastasis or the metastasis may be detected before the detection of the primary tumor which may at times remain undetected till the death of the patient. This preclinical phase will be totally asymptomatic or certain general symptoms may be thrown up by the deranged vital force (this depends upon the susceptibility of the individual). These general symptoms include lack of animation, lack of initiative, lassitude, insomnia, anorexia and digestive difficulties, dull look of the skin and dull expression.

Certain laboratory tests can help diagnose the preclinical phase like Capillary dynamic studies of the blood as propounded by Dr. Kaelin or Copper chloride crystallization method as propounded by Dr. Bessenich or Serum copper and iron levels, the copper level is known to rise and the iron level is known to fall during this phase or Mammography, Pap smear, Exfoliative cytologies and Tumor markers.

Clinical phase

It is the phase where the disease expresses itself overtly through symptoms and signs. This phase is therefore the tip of the iceberg and it would be grossly wrong to consider it as an entire disease. The various presenting symptoms have already been mentioned earlier. The staging and grading of the disease has also been mentioned earlier. While dealing with the expressions of the disease, a very important factor to be considered is the dominant miasm.

Dominating Miasm

This dominant miasm is available through the pathological changes, their pace and their various expressions with which the patient presents, at that particular point of time.

Sycotic miasm

A gradually progressing mass without ulceration or fungation or haemorrhage, cauliflower like growths.

Psoric-Syphilitic

Rapidly progressing growth with ulceration profuse haemorrhage, profound weakness, high erratic fever, severe cachexia, glandular involvement and ulcers with undetermined edges.

Syphilitic

Rapidly progressive disturbing changes involving bones, with severe bone pains, ulcers with punched out edges, glandular involvement.

Psoric

It is responsible for the asymptomatic phase of the disease.



Dr. Farokh Master
Consultant,
Homeopathy



Preconception screening programme

- Do you want a healthy pregnancy and child?
- Are you having difficulty in conceiving or having IVF failures?
- Have you experienced miscarriages in the past and are worried for future pregnancy outcomes?
- Are you married to a close blood relative?
- Is anyone in your family diagnosed with a genetic condition?
- Are you anxious about the risk of genetic diseases in your child?

If any of the above questions' answer is yes, then you will be benefitted by enrolling in the preconception screening programme at Tata Centre for Reproductive Health at KEM Hospital, Pune



1. What is the preconception period?

In an active reproductive life, the period or phase before conception is called the preconception period. Since the timing of conception is never sure, the time when a couple stops using any contraception or starts thinking about having a baby is considered the preconception period. Generally the three months before a woman conceives and up to one month after conception is a critical period, which can have significant effects on the health of the mother, the baby and the overall outcome of the pregnancy.



2. What is the purpose of preconception screening?

The World Health Organisation (WHO) defines Preconception care as the provision of biomedical, behavioural and social health interventions to women and couples before conception occurs. It aims at improving their health status, and reducing behaviours and individual and environmental factors that contribute to poor maternal and child health outcomes. By enrolling in a preconception screening programme, a couple can substantially increase the chances of having a healthy baby.

3. Who should enroll themselves in a preconception screening programme?

This programme is mainly aimed for those couples, who are planning pregnancy in next 6 months to a year time. The program includes consultation with a Medical Geneticist, a gynaecologist, a pelvic USG of female partner and a few blood investigations. Based on the family/ personal history and genetic risk assessment additional tests may be recommended after the consultation sessions.

4. Will preconception care increase the likelihood of becoming pregnant?

4 of 5 couples are likely to conceive within one year of unprotected intercourse. Preconception care will make the couple better prepared for the upcoming pregnancy. Small changes in their lifestyle, nutrition and management of some medical conditions will increase the likelihood of a healthy pregnancy and successful pregnancy outcome.

5. What if a couple is having problems conceiving?

As a part of the preconception screening programme, our team of Gynecologist, IVF experts and medical geneticist will assess the risk and will provide the customised solutions.

6. What if the family has had miscarriages in the past and wants to ensure a successful pregnancy?

Miscarriage is relatively common event during reproductive life. Most of time miscarriages happen by chance and there is a very high chance of having successful pregnancy outcomes. However if someone is experiencing two or more miscarriages, our team of gynaecologists and a geneticist will assist them in understanding the cause and will guide them for the future pregnancies.

7. What if the couple is already having some pre-existing medical conditions ?

Yes, certain medical conditions (SLE, Diabetes mellitus) and medicines (e.g. for epilepsy and for depression) consumed by female partner may have serious effects on fetal organ structures. As a part of preconception screening programme, these medical conditions and management will be reassessed and if needed some modifications will be suggested.

8. What if, there is a history of genetic disease in the family and family is concerned about genetic disease in their baby?

Every pregnancy has some risk of genetic condition in the baby. The Preconception



programme includes consultation with a medical geneticist who will further guide them for the carrier screening for common genetic disorders such as beta thalassemia, congenital adrenal hyperplasia and spinal muscular atrophy. If the family has other concerns such as family members who may be affected by a presumed genetic disorder, this will be addressed in a genetic counseling session. Genetics tests sometimes may take up to 3-6 months of time and hence preconception phase is an ideal time for genetic risk assessment.

9. What if, previous pregnancy has resulted in a healthy baby?

Yes, every pregnancy is a new event and hence preconception screening will be helpful to all couples who are planning pregnancy even though they have had a healthy baby in the past.

10. What if someone is married to a close blood relative? Do they need to worry about genetic disorders in their child ?

There is a background risk of 3% to 5% for major genetic abnormalities in every pregnancy, regardless of their family history or any other factors. If marriage happens between close blood relatives like cousins, then this risk is increased 2-3 times. In other words, in 90% of such marriages, children are born normal. However, it is recommended that they get themselves screened for common genetic disorders like beta thalassemia, congenital adrenal hyperplasia and spinal muscular atrophy. The couple however, may talk to Geneticist, get their concerns resolved and opt for a few advanced genetic testing options.

11. What are the few most important steps for preconception care?

- a) Female partner should start taking folic acid supplements as soon as they stop using contraception and start planning for pregnancy. Usually a 400 microgram daily dose is sufficient to prevent neural tube defects (a defect in spine formation of the baby) in about 90% of cases. They may need higher doses of folic acid if they have pre-existing diabetes or have any history of previous child affected neural tube defects or they are on anti-epileptic drugs.
- b) Both partners should stop smoking, drinking alcohol and consuming any other illicit drug
- c) Both partners should involve themselves in a healthy lifestyle with a healthy diet and a light exercise plan.
- d) Enroll in a preconception screening programme



For any query/ appointment, please contact
Tata Centre for Reproductive Health at KEM Hospital, Pune
Phone: 02066037385 WhatsApp: 7030945912

Dr. Meenal Agarwal
Full Time Medical Geneticists



Know More about Geriatric Medicine

Geriatric medicine as a speciality looks into complete holistic care of the elderly. Aging leads to various changes in the body. With increased longevity, chronic and degenerative disease is on the rise. The health needs of older adults are different from younger people owing to reduced functional reserves of the body. They have atypical presentations of common medical illness and are prone to drug interactions and side effects of multiple medications. In geriatric medicine, physical illness, psychological health, and social- environmental needs are simultaneously managed while treating patients for any acute illness or continuing with chronic disease management. Treating a geriatric patient is essentially multidisciplinary team work. Family and caregivers' role is equally important in deciding and following the treatment. Thus it's a person oriented approach and not only treating a particular disease. Whatever the illness is, the aim is to improve functional independence and eventually quality of life.

Psychosocial health is of paramount importance while we take care of elderly. Family members and caregivers have a major role in this. Due to retirement, loss of spouse, change of housing, transportation issues, elderly feel more isolated and left out. Relatively reduced mobility due to pain, illness, memory issues aggravate the problem. Isolation, loneliness, fear, neglect and in few cases even abuse of old people can go unrecognized. If unattended can lead to severe depression and suicidal tendencies. Social participation and engagement in community activities can prevent these psychosocial complications.



<p>Common health problems in elderly</p> <ol style="list-style-type: none">1. Hypertension2. Asthma and chronic bronchitis3. Ischemic heart disease4. Giddiness5. Urine incontinence6. Memory loss7. Depression8. Arthritis9. Osteoporosis10. Cancers11. Vision and hearing difficulties12. Low appetite and nutritional problems	<p>Geriatric services for the elderly include</p> <ul style="list-style-type: none">•Comprehensive geriatric assessment•Preventive aspects and counselling•Perioperative optimization•Geriatric syndromes management•Rehabilitation post injury , surgery•Home care•Vaccinations
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Dr. Aditi Malpani
Associate Consultant
Geriatric Medicine



Dr. Mrinal Parikh-Wani

M.D.(Hom.),B.H.M.S.(Gold Medalist)

Consultant, Homeopathy

Dr. Mrinal Parikh-Wani was born and brought-up in Pune. She did her schooling from St. Anne's High School. Her parents have been based in Pune itself and her Father is also a Homoeopathic Consultant.

She completed her B.H.M.S.(Bachelor of Homoeopathic Medicine and Surgery) in 2016 with flying colours. She stood as a Gold Medalist in Graduation. After which she completed her Post Graduation in the speciality of Practice of Medicine.



She also has completed the 'Difficult Cases with In Depth Analysis Course' in Classical Homoeopathy at Alonissos- Greece. She has received multiple recognitions including the Dr. Malati Allen Noble Award in May 2016 and Dr. Mukesh Batra Scholarship in 2016 as the most meritorious student.

She has received thorough clinical training in the medical field under renowned Homoeopathic and Allopathic Consultants. She has been privileged enough to be trained and guided by Doctors of Modern Medicine for a detailed clinical expertise.

Dr. Mrinal Parikh- Wani is a practicing Homoeopathic Consultant at Pune. Apart from running a Homoeopathic OPD at KEM Hospital, Pune; she also has her private Homoeopathic practice at 2 clinics – M.G. Road and Wanowarie.

She is experienced in treating varied chronic and acute cases over the past many years. She has a specialized expertise in the treatment of cases of Arthritis, Chronic skin conditions, PCOD, Fibroids, Allergic conditions, Irritable Bowel syndrome, Anxiety, Depression, Autoimmune disorders. She also provides palliative treatment in long – standing incurable diseases including cancers.

She enjoys teaching and offers her teachings on a Homoeopathic learning platform – 'The Homoeopathic Academy'. Besides, she also loves to travel and learn from new experiences. Her favourite pastime is playing table tennis and being a voracious reader.

She is a staunch believer of a balanced approach to health and aims to work for the betterment of the health of the society. She is an ardent supporter of the service of mankind and aspires to do so through Homoeopathy.



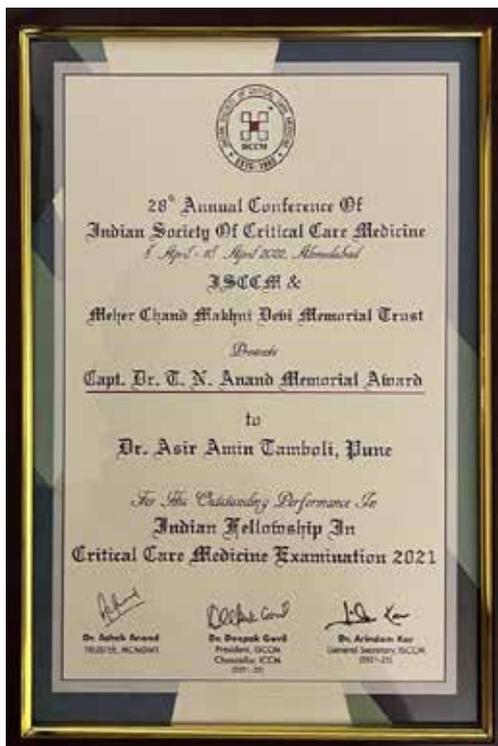
Dr. Aditi Malpani Associate Consultant Geriatric Medicine

Dr. Aditi has completed her MBBS from Pravara Medical College, Loni. Further she has done DNB Medicine and is practicing as a physician for the last 14 years. In 2021, she did post graduate diploma in geriatric medicine from CMC Vellore.

She is a member of IMA and API india. She likes to read, keep learning and acquiring new skills in the field of medicine. She has special interest in working for holistic wellbeing including counselling of the older age group people. She aims to work as a part of a multidisciplinary team given the varied nature of the role as geriatric specialist. Communication skills play a pivotal role in the practice and management of patients. Her motto is 'To follow a person oriented approach'



ACHIEVEMENTS



Congratulations!

Dr. Asir Tamboli working as Consultant in ICCU (MBBS DNB FNB critical care medicine) was awarded the Gold Medal 'Anand Memorial Award' in IFCCM exam at the National Critical Care Conference held at Ahmedabad.



EVENTS AND ACTIVITIES



Lions Club of Pune Future distributes three lakh medical grade masks ahead of Ganeshotsav PUNE, AUGUST 27, 2022

Lions Club of Pune Future today distributed 1 lakh medical grade masks each to KEM Hospital, Pune Police and Sassoon Hospital in Pune. The masks were handed over in a special program organized at the Research Auditorium of KEM Hospital Pune.



Narendra Bhandari former International Director, Sandeep Karnik Joint Commissioner of Pune Police, Dr. Vinayak Kale, Dean of B.J. Medical College and Sassoon Hospital, Dr. Vishwanath Yemul Medical Administrator KEM Hospital Pune, Dr. Madhur Rao, Sr. Dy. Medical Administrator, KEM Hospital Pune, Vrushali Ganu President of Lions Club of Pune Future, Adv. Tanay Deshmukh Secretary, Rahul Bedre Treasurer, Ashok Mistry Coordinator of Lions Club activities and other dignitaries were present on the occasion.

The masks have been given by 'The Mask lab' from Himachal Pradesh under their CSR initiative.



Celebration of World Breastfeeding Week 2022

The World Breastfeeding Week is celebrated every year from 1st to 7th August. It aims at encouraging breastfeeding and improving the health of babies around the world. This year, the theme is “Step-up for breastfeeding- Educate and Support.”

Breastfeeding week was celebrated at KEMH with great show. This was a grand success owing to the initiative and great efforts by our lactation expert, Ms. Sayali Sathe.

Our marketing team Ms. Chitra Sarase, nurse educator Ms. Neha Dive and Pramila, the senior nursing staff Ms. Aarti Patharkar, Ms. Neetu Misal, and entire NICU team has extended their maximum support for the promotion of the program and assuring maximum participation.

The event was felicitated by and made possible by SAPT healthcare and social worker Ms. Deepali Bhangare, who generously supported and helped this event by giving a token of appreciation for guests of honor, exciting prizes for winners of various competitions.

Dr. Umesh Vaidya has been a very great support and a constant motivation from him always encourages us to plan these events.

There were 3 main events-

On 2nd of August Ms. Sayali conducted a breastfeeding and nutrition quiz for doctors and NICU staff.

On 3rd of August the event was planned for new mom's and parents admitted in KEMH, there was a special lecture series by doctors, social workers and lactation counselors . Dr. Ria has given her insights on baby care and important Do's and Don'ts. Ms. Deepali had talked about the very important aspect and early discharge key from NICU is personal hygiene and handwashing. Ms. Sayali talked about myths and facts about mother's nutritional intake.

Our nursing school students had done a very precise and informative inspirational role play to create awareness and breastfeeding.

On 6th of August the session was conducted for our hardworking nursing staff at KEMH. We had arranged a poster competition on the theme of this year. The event was judged by Ms. Vaishali Madkaikar, Senior Pediatric Nutritionist. This was followed by a quiz competition for nursing staff on lactation management and nutrition. More than 70 nurses participated, answers were discussed in detail making it educational as well as interesting, the session was judged by NICU physiotherapist Dr. Shikha and Dr. Gauri.

Our guest of honour, Ms. Neeta Mhankale, nursing superintendent and senior sister Ms. Mangala Mhadalkar and Sushma Kulkarni felicitated the winners of the quiz and poster competitions. Also certificate to all participation was given to all nurses.



EVENTS AND ACTIVITIES



Celebrating World Breastfeeding Week





EVENTS AND ACTIVITIES



Short Film on respiratory diseases by KEM Hospital Research Centre Pune

PUNE 24 AUGUST 2022:

The KEM Hospital Research Centre Pune today launched a short film to create awareness about respiratory diseases. The 15-minute film is financially supported by the NIHR Global Health Research Unit in Respiratory Health (RESPIRE) at the University of Edinburgh, UK.

This film is a story targeted at rural audiences which aims to raise awareness about respiratory health, focusing on COPD and Asthma, including preventive measures, available treatments, and rehabilitation possibilities. The film also sheds light on the important work being done at the Pulmonary Rehabilitation Centre at KEM Vadu.

Dr Parag Khatavkar, Chest Physician, KEM Hospital Research Centre said that respiratory diseases, especially COPD and Asthma are amongst the most misunderstood and underdiagnosed diseases. The film will help reduce the confusion and increase awareness about the disease and its diagnosis. The film also attempts to debunk myths, misconceptions and superstitions surrounding the disease and tries to de-stigmatise the use of inhalers and similar treatments. Such films are necessary to clarify misunderstandings regarding respiratory diseases. The stigma attached to using an inhaler is high and such films are necessary to de-stigmatise the use of inhalers and other similar treatments.

Diksha Singh, KEM Hospital Research Centre who conceptualised and coordinated the film production process added that the intention is to have screenings in the urban as well as rural areas and further post it across all social media platforms. The film will also be screened in the waiting areas of the General as well as Chest Department OPDs, Private Chest clinics and study clinics at the Vadu Rural Health Programme. Dr Sanjay Juvekar, Professor and Head, Vadu Rural Health Program, KEM Hospital Research Centre informed that the Pulmonary Rehabilitation study was the first instance of a PR being systematically introduced in rural India and demonstrates effects of PR on improving health & quality of life of Chronic Respiratory Disease patients.



<p>DR. ADITI MALPANI DNB General Medicine has joined us as an Associate Consultant (Geriatric Medicine). <u>OPD Timing:</u> Every Monday & Friday, 1:30 PM - 3:30 PM</p>		<p>DR. PRASAD KULAT DNB (Obstetrics & Gynaecology) as a Panel Consultant in the department of Obstetrics & Gynaecology.</p>	
<p>MS. SANGEETA NAIR has joined the KEM team on 1st August 2022 as Matron – OT.</p>		<p>MS. AMRAPALI RANE has joined the KEM team on 8th August 2022 as Junior Executive – Customer Relations.</p>	



You all are besets in your filed. Keep doing similar job and help others in leading their fruitful and soulful lives. All the best and love you all from heart.

The whole team is doing top notch role in their exceptional fields. The whole team is an outmost warrior in their work. Good job and congratulation to all doctors' staff and CCU staff.

You all are glittering stars. Keep glittering others life with your valuable efforts all the best to all the KEM warriors.

Patient from ICCU

आमच्या अनुभवानुसार ICU मधील सर्व स्टाफ डॉक्टर नर्स यांनी रुग्णाची आवश्यक ती काळजी घेतली पेशन्टला योग्य रीतीने मार्गदर्शन केले.

तसेच आमच्या बरोबर आपुलकीने वागुन त्यांनी आम्लाला चांगल्या प्रकरि सहकार्य केले तसेच त्यांनी योग्य ते चांगले मार्गदर्शन केले व सहकार्य केले. त्या सर्वांचा मी नातेवाईक याच्या वतीने आभारी आहे. त्यांना धन्यवाद देतो.

Patient's relative from ICU-A

BENEFITS OF BREASTFEEDING



Breast milk is easy to digest

Breastfeeding reduces risk of ovarian and breast cancer in the mother.

Breast milk is optimum nutrition for babies and builds immunity in the baby

Breastfeeding provides an emotional and psychological contact with the mother



KEM
Hospital
PUNE
Quality and ethics in patient care