

infoKEM 2024

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Vestibular Rehabilitation Therapy

An evidence based approach to treatment of vertigo or dizziness without medication.

When the world literally spins !!

Dizziness or “chakkar” is quite a common symptom. However, patients find it quite difficult to explain what exactly they mean when they say “I am feeling dizzy”.

Dizziness gets commonly categorized based on the description by the patient as

- Vertigo : false sense of spinning
- Disequilibrium and Imbalance : feeling unsteady or losing balance
- Lightheadedness or Presyncope : feeling faintness based on the description by the patient.

Some patients may feel a combination of the above symptoms along with a host of secondary symptoms like nausea, fatigue, headache, neck pain, hearing loss, sound in ears (tinnitus), weakness, difficulty in concentration, even severe concerns like arm or leg weakness or slurring of speech.

These different descriptors to explain what they feel as a patient is because dizziness is caused due to variety of factors like benign paroxysmal positional vertigo (BPPV), vestibular neuritis, vestibular labyrinthitis, otosclerosis, Ménière’s disease, vestibular migraine, cervicogenic headache, stroke, multiple sclerosis, some types of tumors, some cardiac issues and sometimes even due to anxiety and depression.



For most patients, dizziness in any form causes significant distress as it increases discomfort, reduces the confidence in walking balance, increases the chances of falling and generally affects the quality of the patients' personal and social lives. It has been found that 17 to 30% of adults will experience some form of dizziness in their lifetime.

This complexity in dizziness assessment and its treatment therefore needs a multidisciplinary team of specialists like ENT surgeons, physicians, neurologists, psychiatrists, audiologists and vertigo rehabilitation specialists. Vertigo is therefore best assessed and treated in specialized Vertigo Clinics like the KEM Hospital Vertigo and Balance Clinic .

The KEM Hospital Vertigo and Balance Clinic provides a comprehensive multidisciplinary assessment of dizziness for patients with both continuous and episodic (only in certain situations or positions) complaints of dizziness. Patients undergo assessments to find the cause of vertigo or dizziness. The evaluation involves clinical examination for central and cardiac causes of dizziness, blood pressure measurement in lying and standing positions, nystagmus assessment using video nystagmography (VNG), and Positional testing for BPPV (for positional triggered vertigo) as well as vertigo due to neck pain. This allows for accurate diagnosis of the cause of vertigo and thereby allows the patient to get the most effective treatment.

Another highlight of the KEM Hospital Vertigo and Balance Clinic is its specialised Vestibular Rehabilitation Therapy setup. We now know that 45% of dizziness symptoms come from the balance system in the inner ear called the “ vestibular system”, and sometimes it also occurs due to neck or cervical spine issues.

Vertigo which arises from the ear or neck results in people complaining about spinning sensations while moving the head or getting up or lying down in bed. It causes difficulty in doing simple everyday activities like looking up or down, walking around, using the computer or phone for a long time, driving, doing household work and results in loss of balance.





This type of vertigo or dizziness is due to neck pain, muscle weakness, ear based vestibular (balance) dysfunction or benign paroxysmal positional vertigo and these patients are referred to the vertigo rehabilitation clinic. Here, specialist physiotherapists will assess the cause by checking nystagmus (uncontrolled movements of the eye), they will also assess coordination, balance, pain and strength to confirm the causes of the vertigo, dizziness and loss of balance.

Based on finding the therapists will treat using vestibular rehabilitation therapy (VRT).



What is VRT?

Vestibular Rehabilitation Therapy (VRT) is a specialised form of therapy that involves a series of graded exercises (no medication) designed to reduce vertigo and dizziness, gaze instability, and/or imbalance and falls. This treatment may include canal repositioning, habituation exercises for decreasing fear of movement, gaze stability training, strength training and balance training.

Goals of VRT:

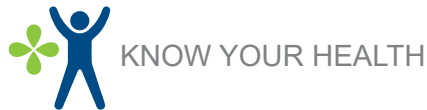
- Decrease symptoms of dizziness and disequilibrium
- Improve gaze stability
- Improve postural stability
- Decrease fall risk
- Improve functional mobility
- Improve participation in community, life roles

There is strong research evidence of the long-term success of VRT in treating vertigo in cases of vertigo arising from ear and neck conditions without the need of any medication. Vestibular Rehabilitation Therapy significantly reduces intensity and duration of dizzy spells and improves balance for activities of daily life so that you can regain your independence .



DR. SALONI RAJE

Neurodevelopmental Therapist and Vestibular Rehab Specialist



International Epilepsy Day

International Epilepsy Day, observed annually on February 12, is an initiative led by the International Bureau of Epilepsy (IBE) and the International League Against Epilepsy (ILAE). In 2024, the theme, “Milestones on my Epilepsy Journey,” takes centre stage, highlighting the remarkable achievements of individuals navigating the challenges posed by epilepsy. This powerful theme aims to encourage people to openly share their personal journeys, fostering a supportive environment that breaks the silence surrounding epilepsy.

The focus on celebrating milestones is particularly crucial when dealing with paediatric epilepsy, where the impact extends beyond the affected child, to the entire family. The journey becomes a roller coaster ride, delicately balancing between under and overprotection of the child. For families, this theme signifies not just the diagnostic and treatment aspects but also encompasses the social, developmental, psychological, and emotional dimensions of dealing with epilepsy.

In the context of paediatric epilepsy, inclusivity is paramount. The theme underscores the importance of viewing each family as a cohesive unit with the child at its core. This ecosystem includes teachers, caregivers, friends, and the broader community. It calls for collective encouragement, appreciation, and compassionate engagement, recognizing the multifaceted challenges faced by families. The comprehensive medical team, too, is urged to extend their focus beyond mere diagnosis and medication, embracing a holistic approach that considers the broader well-being of those affected.

This collaborative effort seeks to create a supportive network, where families and individuals grappling with epilepsy feel secure and find strength to confront and overcome the challenges they encounter. Together, we can hold hands, fostering an environment of compassion and dignity, ensuring that each epilepsy warrior receives the support needed to triumph over adversity.



DR ABHIJEET BOTRE
Consultant, Paediatric Neurology



Piccolo Device Closure procedure on a 23weeks premature baby, born with congenital heart complications conducted by Team KEM Pune

The procedure was approved by FDA in 2021 is used to close opening between two major blood vessels especially useful in premature babies less than 2kg

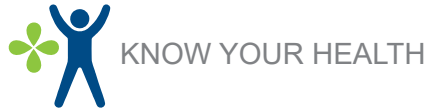
A team of doctors at KEM Hospital, Pune successfully conducted Piccolo Device Closure procedure on a 23-week born baby (male) with Patent ductus arteriosus (PDA) condition. The Piccolo Device Closure procedure and that too on a 23-week baby is the first in Pune. The multi-departmental treatment was led by Paediatric Cardiologist Dr. Pankaj Sugaonkar and Senior Neonatologist Dr. Tushar Parikh. Survival of 23-week premature baby in itself is rare; reported from Pune only once previously in 2018 by the same team at KEM Hospital Pune, led by Dr. Tushar Parikh. The hour long procedure performed in the cathlab and led by experts was assisted by a team of neonatologist, sisters and cathlab technicians.



Explaining the case Dr. Tushar Parikh, Senior Neonatologist at KEM Hospital, Pune said that the premature baby was in critical condition when born. As a part of our NICU procedure for such babies, we conduct point of care functional eco- cardiography. This is done to find out the cardio-vascular adaptation of the babies. The baby was diagnosed with Patent ductus arteriosus (PDA).

PDA is a congenital heart defect where there is a persistent opening between two major blood vessels. An opening called the ductus arteriosus is part of a baby's blood flow system in the womb. It usually closes shortly after birth. If it remains open, it's called a patent ductus arteriosus. A large opening if untreated can result in many complications.

Dr. Parikh added that in such cases we give a standard dose of medicines. However, the opening between the two blood vessels could not be closed. This was causing excess blood load on the lungs and the baby was ventilator dependent for about one and the half months.



We were just not able to get the baby off-ventilator due to this heart condition. After counselling the parents, we decided to go for Piccolo Device Closure procedure. The weight of baby had also increased from about 586 gm when born to 1600 gm during this time.

Dr. Pankaj Sugaonkar, Consultant Paediatric Cardiologist at KEM Hospital, Pune said that in this case, since the medicines were unable to close the opening the only option was surgery. Before Piccolo Device, heart surgeries was the only option to close this opening where incisions are made from the back side between the ribs. But in this case the condition of the baby was extremely critical and challenging. The baby was constantly on a ventilatory support and not stable for surgery. The innovative Piccolo Device Procedure is a boon for such babies and was lifesaving in this case.

Dr Sugaonkar added that the procedure is performed in a cathlab. The device is in the form of three disc shaped or dumbbell shaped layers made of metal. It is loaded in a delivery system and inserted through a small incision in the leg (thigh) and guided through vessels to the heart to seal the opening. To help this happen catheter and a sheath in a crossed manner is guided through the vessel on which the device is placed and taken on the descending thoracic aorta after which the device is taken to seal the opening. 'In a extreme premature neonate it all becomes very challenging' he added.

In six to nine months, a tissue layer grows over the device and becomes the part of the heart. This is a one-time





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procedure and the device need not be changed, neither are any medications required. The procedure has many advantages. Lesser surgical marks, lower risk of infection and faster recovery makes this procedure more viable in such critical cases added.

The baby is now 10 months old and doing absolutely fine, added Dr. Parikh.



पुण्यातील केईएम हॉस्पिटलमध्ये डॉक्टरांच्या टीम तर्फे जन्मजात हृदयामध्ये गुंतागुंत असलेल्या व मुदतपूर्व जन्मलेल्या बाळावर पिकोलो डिव्हाईस क्लोजर प्रक्रिया यशस्वी

पुणे : केईएम हॉस्पिटल पुणे मधील डॉक्टरांच्या टीम तर्फे २३ आठवड्यांमध्ये जन्मलेल्या व पेटंट डक्टस आर्टिरिओसिस (पीडीए) ही स्थिती असलेल्या बाळावर पिकोलो डिव्हाईस क्लोजर प्रक्रिया करण्यात आली. केईएम मधील बहुरिचारीय टीमने इंटरव्हेंटनल पेडियाट्रिक कार्डिओलॉजिस्ट डॉ.पंकज सुगावकर आणि चरित्र नवजात तज्ज्ञ डॉ.तुषार पारीख यांच्या नेतृत्वाखाली या लहान बाळावर (मुलगा) उपचार केले. कॅथलंबमध्ये एक तास चालविल्या प्रक्रियेन नवजात तज्ज्ञ,तंत्रज्ञ व परिचारिका यांचा समावेश होता.अशा प्रकारे करण्यात आलेली पुण्यातील ही पहिलीची प्रक्रिया असून २३



आठवड्यांच्या मुदतपूर्व जन्मलेले बाळ याचणे हे देखील एक दुर्मिळ घन आहे. यापूर्वी २०१८ मध्ये आरोग्य) च्या चाचण्या करण्यात आल्या.त्यात या

डॉ.तुषार पारीख यांच्या नेतृत्वाखाली केईएम हॉस्पिटल पुणे येथेच २३ आठवड्यांच्या मुदतपूर्व जन्मलेल्या बाळाला याचविषयात यश मिळाले होते. याबाबत अधिक माहिती देताना केईएम हॉस्पिटलमधील चरित्र नवजात तज्ज्ञ डॉ.तुषार पारीख म्हणाले की, हे बाळ आपल्या जन्माच्या वेळेस अत्यंत गंभीर परिस्थितीत होते.अशा बाळासाठी एनआयसीयूची प्रक्रिया म्हणून पंक्शनल इन्फे कार्डिओग्राफी (बाळाच्या हृदयाचे असावण करवून घ्यायचे होते) च्या चाचण्या करण्यात आल्या.त्यात या

बाळाला पेटंट डक्टस आर्टिरिओसिस (पीडीए) ही स्थिती असल्याचे निष्पन्न झाले. पीडीए हा जन्मजात हृदयविकार असून यामध्ये २ प्रमुख रक्तवाहिन्यांमध्ये सतत एक छिद्र असते,या छिद्रातला डक्टस आर्टिरिओसिस असे म्हणतात.आईच्या पोटात असताना,बाळाला रक्तवाहक कर्णाया हा गर्भाशयातील प्रवाहाची एक धारा अन्हे.हे छिद्र सहसा जन्मानंतर लवकर बंद होते.जर ते उघडे राहिले तर त्या स्थितीला पेटंट डक्टस आर्टिरिओसिस असे म्हणतात. छिद्र मोठे असल्यास व उपचार न केल्यास अनेक गुंतागुंत निर्माण होतात.



EVENTS AND ACTIVITIES

Inauguration of Sensory Unit at TDH Rehabilitation Morris Child Development Centre

The Department of Occupational Therapy inaugurated The Sensory Unit for kids. The Unit is in the form of a 'Sensory Room' which will be useful for kids with special needs including Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD) and sensory processing disorders through sensory integration therapy which includes a range of activities. The Unit was inaugurated by Dr Sudha Chaudhari Senior consultant Paediatrician at K E M Hospital. Speaking on the occasion, Mrs. Bharati Patil, Occupational therapist at The Centre said that sensory issues in kids are due to their inability to process sensory inputs or information that comes through their senses.

The five visible senses are sense of touch, vision, hearing, smell and taste. If these senses do not work together children become hyperactive or hypoactive, because of which they cannot tolerate bright-light or sound, are fearful of swings and play equipment, or love jumping pushing, hitting other children and distracting children in class.



केईएम हॉस्पिटल पुणेमधील टीडीएच रिहॅबिलिटेशन मॉरिस चार्डल्ड डेव्हलपमेंट सेंटर येथे सेन्सरी युनिटचे उद्घाटन



पुणे : केईएम हॉस्पिटल पुणे मधील ऑक्युपेशनल थेरेपी विभागामध्ये लहान मुलांसाठी सेन्सरी युनिट सुरू करण्यात आले आहे. हे युनिट सेन्सरी रुग्णांच्या स्वरूपात असून ह्या मध्ये अँटिड्रम स्पेक्ट्रम डिसऑर्डर (एएसडी), अटेंशन डेफिसिट हायपरअॅक्टिव्हिटी डिसऑर्डर (एडीएचडी) व सेन्सरी प्रोसेसिंग डिसऑर्डर असलेल्या लहान मुलांच्या विशेष गरजांसाठी उपयुक्त ठरतील अशा सेन्सरी इंटरियेशन थेरेपीसारख्या विविध उपचार पद्धतींचा समावेश आहे. या युनिटचे उद्घाटन केईएम हॉस्पिटल पुणे मधील वरिष्ठ सल्लागार व प्रख्यात बालरोग तज्ञ डॉ. सुधा चौधरी यांच्या हस्ते करण्यात आले.

याप्रसंगी बोळताना केईएम हॉस्पिटल पुणे येथील ऑक्युपेशनल थेरेपीस्ट भासती पाटील म्हणाल्या की, मुलांमध्ये विविध संवेदनासंबंधी समस्या या त्यांच्या संवेदनांद्वारे प्राप्त माहितीवर योग्य प्रक्रिया करण्याच्या असमर्थतेमुळे निर्माण होतात. स्पर्श, दृष्टी, श्रवण, गंध आणि ध्वनि या पाच दृश्य संवेदना आहेत. जर या

संवेदना एकत्रितपणे कार्य करत नसतील तर मुले हायपरअॅक्टिव (अतिक्रियाशील) किंवा हायपरअॅक्टिव (सक्रिय नसणे) होतात. त्यातील काही उदाहरणे म्हणजे ही मुले प्रखर-प्रकाश किंवा मोठा आवाज सहन करू शकत नाहीत. झोके आणि

खेळाच्या उपकरणांना धाकू लागतात. त्याचप्रमाणे सतत उड्या मारणे, इतर मुलांना मारणे आणि वर्गातील मुलांचे स्थळ विचलित करणे, ह्या सारखे वर्तन दोष पण ह्या मुलांमध्ये दिसू शकतात. भारती फटील पुढे म्हणाल्या की,

यावर औषध नसले तरी ऑक्युपेशनल थेरेपी अतिसंवेदनशील भावना अनुभवत असलेल्या मुलांना स्थिर करण्यासाठी उपयुक्त ठरू शकते. यापैकी बहुतेक मुले 2.5 वर्षे ते 8 वर्षांपर्यंतच्या वयातील असतात.

संवेदनांद्वारे प्राप्त माहितीची योग्य प्रकारे प्रक्रिया करण्याच्या दृष्टीने मदत करण्यासाठी या सेन्सरी रूममध्ये, विविध उपकरणे आणि पायाभूत सुविधा असतील.

याप्रसंगी केईएम हॉस्पिटल पुणे येथे वैद्यकीय प्रशासक डॉ. विश्वनाथ येसूळ म्हणाले की, सेन्सरी रूम ही संवेदनासंबंधी समस्या असलेल्या मुलांनाच मदत करण्याबरोबरच ही आव्हानात्मक परिस्थिती उद्भवलेल्या या मुलांच्या पाठ्यांमध्ये देखील आशा निर्माण करेल. स्वतःसह परिणामांसह तज्ञांच्या मदतीने अत्याधुनिक सुविधा आणि उपकरणे एकत्रित करून मुलांसाठी सर्वोत्तम सेवा देण्याचा आमचा प्रयत्न आहे. हे सेंटर सोमवार ते शनिवार सकाळी 9.00 ते संध्याकाळी 4.00 वा दरम्यान सुरू राहील.



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While there is no real medication, occupational therapies can make children feel and do better. Most of these kids come from a tender age of 2.5 years up to 8 years. These kids cannot even express themselves and become overwhelmed added Bharati Patil. To help these kids process information better with their senses, the 'Sensory Room' will have instruments, activities and infrastructure which will help in that direction.

Dr. Vishwanath Yemul, Medical Administrator, KEM Hospital, Pune said that the 'Sensory Room' will not only help children with sensory issues, but also bring a sense of hope especially to parents of these kids who find themselves in a challenging situation. Our endeavour is to integrate state-of-the-art facilities and equipment along with experts to deliver the best outcome for children.

The Centre is open throughout the week from Monday to Saturday- between 9.00 am to 4.00 pm

केईएम हॉस्पिटलमध्ये लहान मुलांसाठी सेन्सरी युनिट

पुणे : केईएम हॉस्पिटलमध्ये ऑक्युपेशनल थेरेपी विभागामध्ये लहान मुलांसाठी सेन्सरी युनिट सुरू करण्यात आले आहे. हे युनिट सेन्सरी रूमच्या स्वरूपात असून, यामध्ये ऑटिझम स्पेक्ट्रम डिसऑर्डर, अटेंशन डेफिसिट हायपर अॅक्टिव्हिटी डिसऑर्डर व सेन्सरी प्रोसेसिंग डिसऑर्डर असलेल्या लहान मुलांच्या विशेष गरजांसाठी उपयुक्त ठरतील, अशा सेन्सरी इंटिग्रेशन थेरेपीसारख्या विविध उपचार पद्धतींचा समावेश आहे. या युनिटचे उद्घाटन सुधा चौधरी यांच्या हस्ते करण्यात आले. भारती पाटील म्हणाल्या, 'गंध आणि चव या पाच हश्य संवेदना आहेत. दरम्यान, डॉ. विश्वनाथ येमुल म्हणाले 'सेन्सरी रूम ही समस्या...



ऑक्युपेशनल थेरेपी विभाग में सेन्सरी यूनिट

पुणे, (सं). केईएम हॉस्पिटल पुणे के ऑक्युपेशनल थेरेपी विभाग में छोटे बच्चों के लिए सेन्सरी यूनिट शुरू किया गया है. यह यूनिट सेन्सरी रूम के रूप में है, जो ऑटिज्म स्पेक्ट्रम डिसऑर्डर (एएसडी), अटेंशन डेफिसिट हाइपर एक्टिविटी डिसऑर्डर (एडीएचडी) व सेन्सरी प्रोसेसिंग डिसऑर्डर वाले छोटे बच्चों की विशेष जरूरतों के लिए उपयुक्त होंगी. ऐसे सेन्सरी इंटिग्रेशन थेरेपी जैसे विविध उपचार पद्धतियों का समावेश है. इस यूनिट का उद्घाटन केईएम हॉस्पिटल पुणे की वरिष्ठ सलाहकार व प्रख्यात बालरोग विशेष डॉ. सुधा चौधरी के हाथों किया गया. यह सेंटर सोमवार से शनिवार- सुबह 9 से शाम 4 बजे तक शुरू रहेगा.

केईएम हॉस्पिटल पुणे के टीडीएच रिहबिलिटेशन मॉडिस चार्ल्ड डेव्हलपमेंट सेंटर में सेन्सरी युनिट का उद्घाटन

पुणे : केईएम हॉस्पिटल पुणे के ऑक्युपेशनल थेरेपी विभाग में छोटे बच्चों के लिए सेन्सरी युनिट शुरू किया गया है. यह युनिट सेन्सरी रूम के रूप में है, जो ऑटिज्म स्पेक्ट्रम डिसऑर्डर (एएसडी), अटेंशन डेफिसिट हायपरअॅक्टिव्हिटी (एडीएचडी) व सेन्सरी प्रोसेसिंग डिसऑर्डर रहे छोटे बच्चों की विशेष जरूरतों के लिए उपयुक्त होंगी ऐसे सेन्सरी इंटिग्रेशन थेरेपी जैसे विविध उपचार पद्धतियों का समावेश है. इस युनिट का उद्घाटन केईएम हॉस्पिटल पुणे की वरिष्ठ सलाहकार प्रख्यात बालरोग तज्ञ डॉ. सुधा चौधरी के हाथों से किया गया. सोमवार से शनिवार- सुबह 9 बजे तक शुरू रहेगा.

केईएम हॉस्पिटल पुणे मधील टीडीएच रिहबिलिटेशन मॉडिस चार्ल्ड डेव्हलपमेंट सेंटर वेंचे सेन्सरी युनिटचे उद्घाटन

पुणे : केईएम हॉस्पिटल पुणे मधील ऑक्युपेशनल थेरेपी विभागामध्ये लहान मुलांसाठी सेन्सरी युनिट सुरू करण्यात आले आहे. हे युनिट सेन्सरी रूमच्या स्वरूपात असून, यामध्ये ऑटिझम स्पेक्ट्रम डिसऑर्डर (एएसडी), अटेंशन डेफिसिट हायपरअॅक्टिव्हिटी (एडीएचडी) व सेन्सरी प्रोसेसिंग डिसऑर्डर असलेल्या लहान मुलांच्या विशेष गरजांसाठी उपयुक्त ठरतील अशा सेन्सरी इंटिग्रेशन थेरेपीसारख्या विविध उपचार पद्धतींचा समावेश आहे. या युनिटचे उद्घाटन केईएम हॉस्पिटल पुणे मधील वरिष्ठ सलाहकार व प्रख्यात बालरोग तज्ञ डॉ. सुधा चौधरी यांच्या हस्ते करण्यात आले. याप्रसंगी कोलताना केईएम हॉस्पिटल पुणे येथील ऑक्युपेशनल थेरेपीमध्ये भारती पाटील म्हणाल्या की, 'गंध आणि चव या पाच हश्य संवेदना आहेत. जर या संवेदना एकत्रितपणे कार्य करत नसतील तर मुले हायपरअॅक्टिव्हिटी (अतिक्रियाशील) किंवा हायपरअॅक्टिव्हिटी (सक्रिय नसणे) होतात. त्यातील काही उदाहरणे म्हणजे ही मुले प्रखर-प्रकाश किंवा मोठा आवाज सहन करू शकत नाहीत. जो को को आणि खेळाच्या उपकरणांना धावठू लागतात. त्याचप्रमाणे सतत उड्या मारणे, इतर मुलांना मारणे आणि घर्णातील मुलांचे स्वस्थ विचलित करणे, ह्या सारखे वर्तन दोष पण ह्या मुलांमध्ये दिसू शकतात.



EVENTS AND ACTIVITIES

Organ Donors give Gift of Life

Happy to share that we have discharged our recent deceased-donor liver transplant (DDLT) recipient home. He received the liver from a brain-stem dead organ donor from KEM Hospital, Pune.



We salute the spirit of the family of the donor, who during the difficult times showed the courage to take the great decision of organ donation, which helped many lives.

Organ donors are no less than Gods, as they give others the Gift Of Life.





Healthcare 2024

Healthcare 2024, the healthcare seminar conducted by the students of the Healthcare Management Institute (HMI), KEM Hospital, was held on 25th February 2024 at the KEMHRC Auditorium. The theme for this seminar was “Job Opportunities in the Healthcare Sector.”

A total of 54 delegates attended the seminar. These were students from Sancheti Healthcare Academy, HMI, and nursing students from C.Y. Dangat Patil Institute of Nursing, Pune.

The invitees were Prof Kalyan Chakravarti, Chairperson, HMI, Dr. V.L. Yemul, Medical Administrator, KEM Hospital, and Dr. D. D. Shetty, Former Director of Academics, KEM Hospital, Pune. The students were encouraged to seek out their careers from a vast range of opportunities available in healthcare.

This was followed by the speakers who spoke on various opportunities available in health insurance, digital healthcare, and business process outsourcing companies, human resources and third-party administrators.



A panel discussion was conducted on whether a diploma or a management degree offered better job opportunities. It was agreed that although both were excellent avenues for jobs, a degree offered greater chance of being selected for jobs.

The seminar concluded with a vote of thanks to all participants and the distribution of certificates.



EVENTS AND ACTIVITIES





EVENTS AND ACTIVITIES

Retirement Function

The function was held on 29th February for Mr. Sanjiv Kalokhe (Clerk/DEO/Cashier), and Mr. Robert Joseph (Sr. HK Staff).



	<p>DR. KAUSTUBH WANI, BHMS, has joined our hospital as a Consultant – Homeopathy.</p> <p>OPD Timing: Wednesday, 09:30 AM - 12:30 PM</p>
	<p>DR. RAJU BHUKYA, MD (Anaesthesiology) will be working with us as as Full Time Junior Consultant, Anaesthesiology.</p>



MEDIA

Rising allergies, tonsillitis cases among adults: Docs

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Pune: Doctors in the city reported a rise in allergies and tonsillitis among adults, attributing the trend to increased construction activities, dust pollution and temperature fluctuations.

Tonsillitis is more common in kids, but is now seen in adults as well, said ear-nose-throat (ENT) specialists and general physicians.

Medical experts said improper ventilation in the home and workplace and exposure to heavier particulate matter, such as concrete dust and smoke, is leading to extended allergic reactions.

Dr Nudrat Kamal, consultant head of the ENT department at Noble Hospital, told TOI. "As summer approaches, we see more pollen in the air, triggering allergies. Pollution from construction work and smog due to unkempt vehicles exacerbates things. Two-wheeler riders are more vulnerable. Even those working from home complain of allergies as pollution is everywhere — there is no escape."

Chronic cough prevalence at 3% in rural areas: KEM study

Pune: An analysis conducted by international researchers as a part of the Burden of Obstructive Lung Disease Collaborative Research Group, including Pune's KEM Hospital Research Centre, has found prevalence of chronic cough at 3% in rural Pune, at 4-5% among urban poor communities in Mumbai and Mysuru, and at 7% in Kashmir.

Over 3,500 individuals over 40 years participated from these locations in the analysis. It found chronic cough was common among women, current and passive smokers, and among those in dusty jobs, having a history of tuberculosis, obese and people with hypertension or airflow limitation.

A total of 515 people were involved from Mumbai, 724 from Mysore, 1,387 from rural Pune and 952 from Kashmir: The study found chronic cough prevalence in south Asia, which included Pune, Mysuru, Mumbai and Kashmir, and Karachi from Pakistan, was 8.9%. Nearly 42% of these were women, 11.8% were smokers, 7.1% were former smokers and 19.9% of them were in dusty jobs. — **Neha Madaan**

Col Dr Inderdeep Singh, ENT consultant with Jupiter Hospitals, said, "Patients who earlier did not report allergies now experience aggressive reactions. Post-pandemic, people are focusing on health by exercising frequently, taking vitamin supplements and eating properly, but this is not increasing immunity."

City-based ENT consul-

tant Dr Seemab Shaikh confirmed, "Allergies are definitely on the rise among working adults, be it those travelling for work or WFH. The pollution levels have gone up compared to pre-pandemic times. The number of patients and the presentations among them have changed. Ongoing building and Metro construction has worsened matters."



ACHIEVEMENTS

Congratulations Dr. Suchitra Mohite Jadhav, for getting Fellowship in Critical Care Ultrasound (FCCU) by the Indian College of Critical Care Medicine. She has successfully completed one year training and passed examination with merit and demonstrated proficiency in whole body point of care ultrasound.



HEALTHCARE AWARENESS

Epilepsy is a treatable condition

Upto 70% of people with epilepsy could become seizure free with appropriate diagnosis and use of cost-effective, and commonly available, anti-seizure medicines.



Let us turn awareness into action!

Make a pledge to

- prioritize health screenings,
- encourage loved ones to adopt a healthy lifestyle,
- support cancer research initiatives.

Small steps today can lead to a cancer-free tomorrow.



Together, let's be the change we wish to see.