

Geetanjali Fertility Centre



ICSI



Incubator

IVF Ward



Team of Doctors

Services Offered

- ◆ IUI : Intrauterine Insemination
- ◆ IVF: In Vitro Fertilization
- ◆ ICSI : Intra Cytoplasmic Sperm Injection
- ◆ IMSI : Intracytoplasmic (Morphologically Selected Sperm Injection)
- ◆ Embryo Freezing
- ◆ Semen Banking
- ◆ Egg and Embryo Donation
- ◆ Assisted Laser Technology
- ◆ Blastocyst Culture
- ◆ Surrogacy
- ◆ Oocyte Bank
- ◆ Ovarian Tissue Banking
- ◆ Counselling
- ◆ Semen Washing
- ◆ Laparoscopy
- ◆ Hysteroscopy
- ◆ Fibroid Uterus
- ◆ PCOD Drilling
- ◆ Endometriosis
- ◆ Congenital Uterine Anomalies
- ◆ Bilateral Tubal Block Surgery



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FIRST CASE OF ROTATIONAL ATHERECTOMY (ROTABLATION) ASSISTED ANGIOPLASTY OF UDAIPUR REGION AT GEETANJALI CARDIAC CENTRE

Dr. Harish Sanadhya & Dr. C.P. Purohit - Geetanjali Cardiac Centre, GMCH



Dr. H. Sanadhya

Mr Govind Vyas (49 yrs.; R/O Bhilwara) was admitted to cardiac ICU with acute anterior wall MI on 16.12.2014 and his coronary angiography done revealed critical stenoses in left anterior descending (LAD) and right coronary (RCA) arteries. Subsequently he was planned for angioplasty to LAD and RCA lesions.

This was the first successful case of rotational atherectomy (rotablation) assisted angioplasty of Udaipur and Mewar region which was performed by Dr. Harish Sanadhya and Dr C.P.Purohit's team.

Rotational Atherectomy : An Invaluable Tool for Complex Lesions

One of the Achilles' heels of percutaneous coronary intervention (PCI) is severe, complex calcification. The presence of severe calcification in vessels may prevent the full balloon dilatation of a lesion. Optimal stent expansion and apposition are the key to successful treatment. A stent that cannot be fully expanded because of an undilatable lesion ("stent regret") can increase the risk of stent thrombosis and restenosis. Plaque modification and debulking of heavily calcified and undilatable lesions with rotational atherectomy (RA) facilitates stent delivery as well as prepares the lesion prior to stenting. The mechanism of RA is "differential cutting," whereby noncompliant tissue (i.e., calcified or fibrotic lesions) is selectively ablated and

elastic tissue (i.e., non-calcified or non-fibrotic vessels) is not. Atherectomy leads to a "cored out" appearance as atheromatous plaque is pulverized into microparticles, which are then released into the distal coronary circulation. The RA system includes the burr, Rotawire, console, and nitrogen tank. The selected burr size should be approximately 50% of the vessel diameter. A 6 French (F) guiding catheter can accommodate a 1.25 mm burr. A 7F guiding catheter is the minimum size required for burr sizes ranging from 1.5 mm to 2 mm. An 8F guiding catheter is the minimum size required for the 2.15 mm burr. A 10F guiding catheter is required for a 2.5 mm burr. RA is contraindicated in saphenous vein grafts (which are at high risk for distal embolization), thrombotic lesions, the presence of a dissection, in cases where the guidewire cannot traverse the lesion, and if the lesion is in the last remaining patent vessel. RA may increase the risk of perforation in severely angulated ($\geq 45^\circ$) or tortuous lesions due to eccentric passage of the burr.



Dr. C.P. Purohit

Continue...



HIGHLIGHTS

- First rotational atherectomy assisted angioplasty of Udaipur P...1
- Radiological assessment of giant cardiac cyst P...2
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OUR CONSTITUENT
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Desk of the Dean



A self published scientific journal is a proud possession of any institute, more so of a medical one. The joint issue of SPANDAN is having presentations of approach with angioplasty in cardiology & restoration of vision in difficult indications in ophthalmology, unusual case of FB in larynx & gigantic cardiac cyst provide better insights. Conferral of awards & distinguished new joinings in Geetanjali University deserve thumbs up.

Continue...

RA should be used with caution if there is severe left ventricular dysfunction (ejection fraction < 30%). Hemodynamic support with an intra-aortic balloon pump counterpulsation or left ventricular assist device should be strongly considered prior to atherectomy in such

cases. However, myocardial damage from distal embolization in patients with marginal left ventricular function may lead to worsening heart failure. Long lesions (≥ 25 mm) may increase the risk of distal embolization.

GIANT CARDIAC HYDATID CYST : A Case Report with Radiologic Assessment

Dr. Ravinder Kumar Kundu & Dr. Kapil Vyas - Dept. of Radiodiagnosis, GMCH



Dr. R.K. Kundu

Hydatid cyst (Hydatidosis / echinococcosis) is a zoonotic parasitic disease caused by larval stage of Echinococcus granulosus, which is usually found in liver (65%) and lungs (25%). Cardiac involvement is a rare entity accounting for less than 2% of cases of hydatid cyst. This case report is unusual as it is concerned with the description of a rare disease entity, its radiological appearances are discussed for early diagnosis and better understanding of the disease.

Case Presentation

A 20-year-old man was admitted to our hospital with one month history of precordial pain, progressive dyspnoea, precipitated by minimal exertion and palpitations. The patient hailed from a rural community and had been in close contact with animals, never smoked, and had no other significant past medical history. His blood pressure was 80/60 mm Hg, his pulse rate was 115 beats/min and his heart sounds were normal. Other systemic physical examinations revealed nothing abnormal. Routine biochemical and haematological investigations were normal. The chest X-Ray (posterior-anterior) film showed an increased cardiothoracic index with a bulge on the left border of the cardiac silhouette.

The left hilum was prominent with a round, well circumscribed mass seen within it. The electrocardiogram (ECG) exhibited T wave inversion resembling arrhythmia on left precordial leads and multiple ventricular premature complexes (VPC's). Holter monitoring showed run of non-sustained ventricular tachycardia (VT). Transthoracic echocardiography showed a huge multi-septate cystic mass within the apical region of left ventricle. (figure 1) His sonographic examination further suggested the presence of giant cardiac hydatid cyst measuring 58.4 mm x 43.3 mm in dimension (figure 2). Parasitic serology of the patient was positive for anti-echinococcus granulosus antibody by ELISA test. Intradermal Casoni's test and indirect



figure 1



figure 2

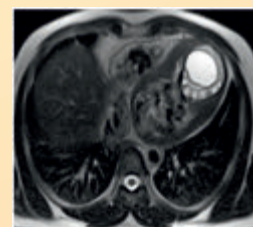


figure 3(a)

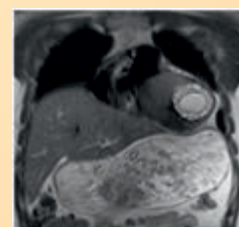


figure 3(b)

Editorial



Spandan enters the third year of its publication. It has been possible through the support of the entire family of G.U. It is an amalgamation of scientific & technical skills performed & knowledge of the

faculty. The reports of activities performed & displayed by students & faculty add to its value. The faculty is highly qualified & rich in knowledge & skills.

Editor-in-Chief

haemagglutination test was also positive. Diagnosis of cardiac hydatid cyst was confirmed and detailed structure was revealed by CT and MRI findings. Since, patient was allergic to contrast so unenhanced spiral computed tomography (NCCT) was done. NCCT thorax was performed which showed a well defined large, rounded, multiseptated cystic lesion with hypodense content, partially calcified wall and multiple isodense septae within, noted in the apical part of left ventricle. MRI was performed to know the exact anatomic location, morphology and nature of the internal and external structures relation of the cyst with cardiac chambers and confirming the extent of lesion. MRI depicts a characteristic rounded lesion appearing hypointense on T1-weighted images and hyperintense centre with hypointense periphery (pericyst)

on T2-weighted images [Figure 3 (a&b)]. Multiple - intralesional daughter cysts are also seen on T2-weighted sequences.

Conclusion

Imaging is critical for the initial diagnosis, progression, and follow-up of echinococcosis. The clinical presentation of cardiac hydatid cyst is usually insidious due to varying signs and symptoms and should be considered, particularly in endemic regions, in the differential diagnosis of patients with chest pain, even for those who do not have a history of hydatid disease. Furthermore, it should be noted that negative serology is found in up to 50% of cardiac locations. Echocardiography and MRI are easy, reliable, safe and effective imaging methods for establishing the diagnosis.

AN UNUSUAL CASE OF FOREIGN BODY IN LARYNX

Dr. V.P. Goyal, Prof. - Dept. of ENT, GMCH

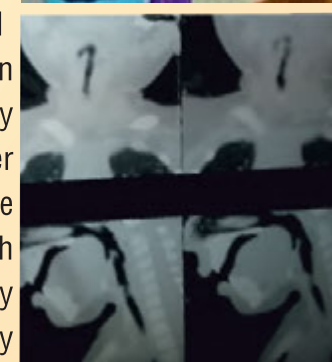


Dr. V.P. Goyal

Foreign body aspiration is a common paediatric problem under the age of 6 years. Children with a history of small objects in mouth and subsequently showing wheezing or choking episode should undergo prompt bronchoscopy. Accidentally inhaled foreign body is a surgical emergency. Time lag between accident and availability of expert attention is very important with regard to cumulative morbidity. This is a case of unusual foreign body in larynx - subglottic area which remained there for 12 days. Patient was referred from other tertiary center to GMCH. A 8 months old male child presented with recurrent episodes of difficulty in breathing and cough with noisy breathing since 12 days. On examination there was suprasternal indrawing. On auscultation bilateral wheezing and on and off with biphasic stridor. HRCT- neck with thorax showed foreign body in sub-glottic area. Patient was taken for rigid bronchoscopy urgently under general anaesthesia. 3.5 no. bronchoscope was introduced. Foreign body was seen in the sub-glottic area which was removed with forceps. Foreign body was a peel of ground nut. Patient recovered well in postoperative period and was discharged on third postoperative day.

Discussion - In all paediatric cases of noisy breathing with cough which are not responding to conventional treatment, a

possibility of foreign body aspiration should be kept in mind. Small foreign body of inert materials may or may not give rise to immediate respiratory symptoms of foreign body in airway. It may go undetected if not carefully approached and history of foreign body inhalation is insufficient or not present. X-ray chest and examination of upper and lower airway comprises the effective management of such cases. X-ray chest (sensitivity 66% and specificity 51%) may miss radiolucent inert foreign body. Auscultation (sensitivity 80% and specificity 72%) may miss inert foreign body not obstructing the airway. HRCT - neck with thorax are helpful in such cases. Therefore surgeon should have high index of suspicion of foreign body in airway in a patient especially of paediatric age group presenting with unexplained recurrent episodes of difficulty in breathing and cough not responding to medications. Diagnostic bronchoscopy is must in such cases. CT scan of neck and chest should also be done for making exact diagnosis.



CELEBRATION OF WORLD MENTAL HEALTH WEEK

Dept. of Psychiatry, GMCH

MANSIK SWASTHYA CHETNA RALLY

On 7th of October a rally was organized by Geetanjali University and attended by 600 students of the constituent institutions of Geetanjali University. This was flagged off by Deputy Superintendent of police and Dr. Pramila Bajaj Medical Superintendent of Geetanjali Hospital.

CHILD MENTAL HEALTH PROGRAM

To increase awareness related to childhood mental illnesses a program was organized on 8th October which was attended by Students, parents and teachers of govt. middle school of Manwakhera in conference hall of Geetanjali Hospital. Almost 300 attendees were deliberated upon the kinds of psychiatric problems, their assessment and management.

EXHIBITION

Mental Health Awareness Exhibition was organized at main reception area of Geetanjali Hospital on 4th October which was inaugurated by Mr. Ankit Agarwal, Director operations, Geetanjali Hospital and Dr. F S Mehta, Dean Geetanjali Medical College. Exhibition was carried through the duration of whole mental health week for public awareness.

GERIATRIC MENTAL HEALTH PROGRAM

On 5th October a program was organized with collaboration of "Senior citizen council, Udaipur" in which Dr. D. M. Mathur Professor and Head and Dr. A. K. Singhal gave information regarding various mental health problems in old age.

MENTAL ILLNESSES - NYAY KI PARIDHI MEIN

On World Mental Health Day 10th October, a program was organized for the students to enhance their awareness about the medico-legal aspects of Mental health problems. Justice Bhardwaj deliberated upon the rights of psychiatric patients and rules for their care as mentioned in the mental health act. A very interesting play was enacted by the students of Geetanjali institute of Nursing over the social aspects of psychiatric problems & working of a mental hospital.



ACTIVITIES OF GEETANJALI SCHOOL & COLLEGE OF NURSING

HEALTH MELA

Under the banner of Geetanjali University, Udaipur, Dept. of Community Health Nursing of GSCN along with Sayluss Medicare Private Limited organized 2 days "Health Mela-2014" on 02.12.2014 & 03.12.2014 at our Urban Health Training Centre, Fatehpura, Udaipur. The Health Mela was graced by the warm presence of Dr. R. K. Nahar, Vice-chancellor, Geetanjali University, Udaipur, Sh. Ankit Agarwal, CEO & Director (operations), GMCH, Dr. Jayalakshmi L.S., Dean & Director of GSN & GCN, Principals of Geetanjali School & College of Nursing, all HOD's, and faculties of GSCN.



The activities of mela were :

- Health assessment and Model Exhibition on Disease prevention & Health Promotion issues by M.Sc. I & II Year, B.Sc. Nursing II and IV Year and GNM III Year Students.
- On Second day i.e. on 3rd Dec. 2014, free routine investigations like testing of Haemoglobin, Blood Grouping, RBS, BMI along with voluntary blood donation camp was organized.

ANTI AIDS RALLY

- Geetanjali school and college of nursing Organized an Anti Aids Rally under the supervision of community Health Nursing Department GSCN at Urban Health Training Centre, Sukhadiya Circle To Fatehpura Circle, Udaipur on 01.12.2014, the "Aids Awareness Day".

WORLD TUBERCULOSIS DAY CELEBRATED

- 25th March 2015, Department of Medical Surgical Nursing Geetanjali School & college of nursing celebrated "World Tuberculosis Day". The Theme was "REACH, TREAT AND CURE EVERYONE" B.Sc. Nursing 2nd Year Students Performed "Play regarding lack of knowledge and awareness about tuberculosis", also prepared various types of models, charts, posters related to tuberculosis & its prevention & displayed them in form of an exhibition.
- A rally with banner and slogans was also held at Geetanjali Campus and Sukhadiya Circle, Udaipur under the supervision of faculty of the Medical Surgical Nursing Department. The Rally was led by Mr. Yogeshwar Puri Goswami, Principal, Geetanjali College of Nursing Disposable Mask and Pamphlets were distributed to people to create an awareness regarding Tuberculosis and its prevention.



Comprehensive Management Restores Vision in a Patient with Cataract & Diabetic Macular Edema

Dr. Rishi Mehta, Department of Ophthalmology, GMCH



Dr. Rishi Mehta

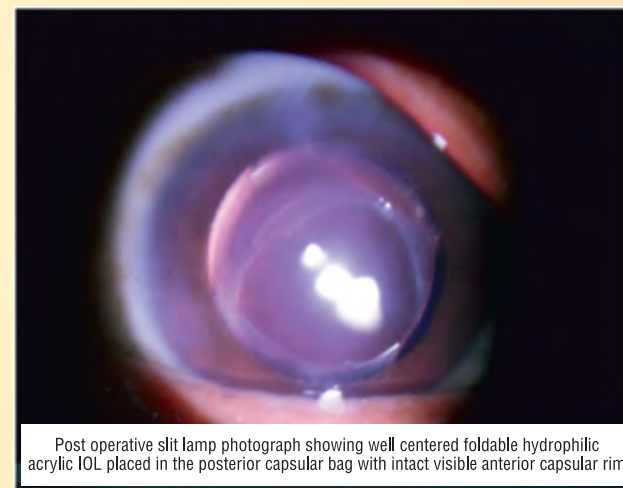
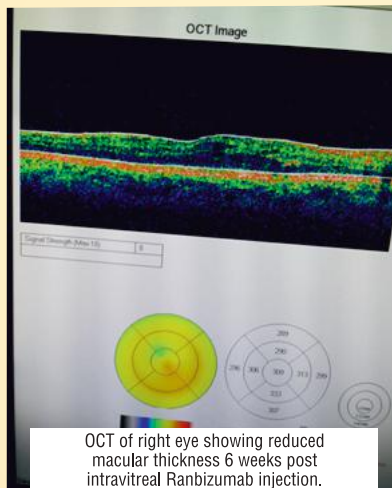
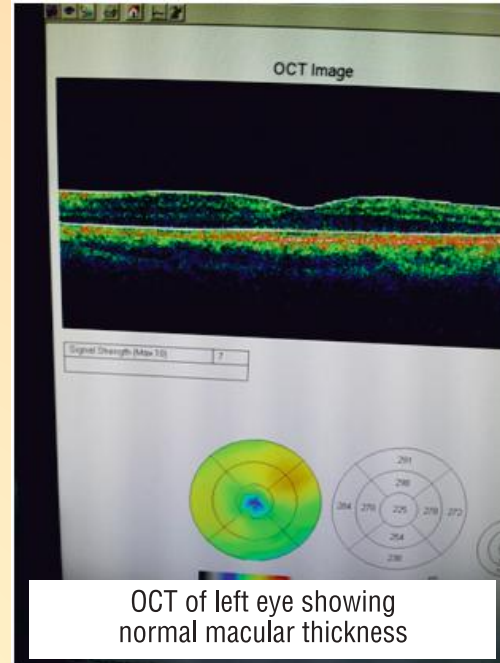
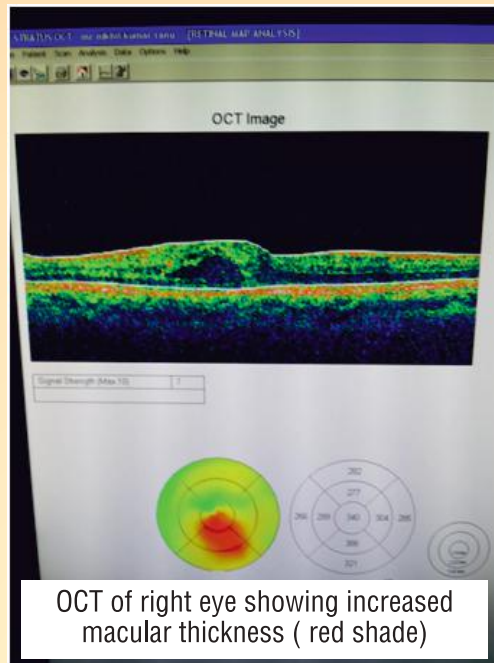
In an era of super specialisation where cataracts are dealt by anterior segment surgeons & the retinal disorders by posterior segment surgeons, it becomes a challenge for an ophthalmologist when he is confronted by a case in which both the segments are involved. A male patient 62 years old presented with dimness of vision in right eye since 1 week. He had a history of well controlled non insulin dependent diabetes mellitus (NIDDM) since 5 years. On

ophthalmic examination his visual acuity in right eye was 6/60 which could be improved only till 6/36 with glasses. Left eye best corrected visual acuity was 6/6. On slit lamp examination both eyes had cataract of nuclear sclerosis grade II. Slit lamp biomicroscopic fundus examination which provides a stereoscopic as well as highly magnified view of central retina was performed by +90D. Indirect Ophthalmoscopy for peripheral view of fundus was performed by +20D. Fundus examination revealed Non Proliferative Diabetic Retinopathy

Continue...

(NPDR) in both eyes as well as Diabetic Macular Edema (DME) in right eye. Optical Coherence Tomography (OCT) was performed to measure retinal thickness which showed macular thickness of 388 microns in right eye as compared to 254 microns in left eye. A diagnosis of bilateral immature cataract with DME in right eye was made. The patient was explained about the progressive nature of the disease process and the need for urgent intervention without which it might lead to irreversible loss of vision. A decision to first control the DME and then to proceed with cataract surgery was made. DME was earlier considered irreversible for which management by retinal laser photocoagulation was aimed only at maintaining the residual vision. But with the introduction of intravitreal injection of anti vascular growth factor (anti-VEGF) DME can be reversed and macular thickness reduced, leading even to improvement of vision. Ranbizumab is the only intravitreal anti-VEGF currently approved by USFDA for the management of DME. Other anti-VEGF agent that is being used is not approved for intravitreal injection for DME and is currently being used as off- label preparation. The intravitreal ranbizumab injection was given and phacoemulsification with foldable intraocular lens implantation was done. The macular thickness reduced from

388 microns at presentation to 333 microns at 6 weeks post injection. The final uncorrected visual acuity was 6/9 which improved to 6/6 p with glasses. This case shows how a comprehensive approach with well balanced skills of both anterior segment and posterior segment surgery complemented by sophisticated investigations like OCT, high end ophthalmic microscope and phacoemulsification machine, can restore vision in diseases which were considered difficult to manage otherwise.



“ You may forget the one, with whom you have laughed,
But never the one, with whom you have wept ”

KHALIL GIBRAN

QUIZ

Quiz - I



well - defined, painless, indurated erythematous plaques

A 13 year old female presented to the department of skin, venereal diseases and leprosy with complaints of multiple, crusted,

on left arm and forearm since 1 month. On examination multiple, well defined, erythematous, scaly plaques measuring 3-4 cm in diameter, were present on her left forearm and arm. She also has multiple skin tags on the edge of the atrophic scars which were present on her neck and upper part of chest. Multiple pus discharging sinuses were seen in both the arm pits. she gave no history of fever, anorexia, Weight loss, coughing and trauma.

Family history : not significant.

Quiz - II



Q1. What is it composed of ?

Identify the following lesion.



Q2. What organism causes it?

Search for the correct answer, else where in this issue.

MOTIVATIONAL ENHANCEMENT THERAPY FOR ALCOHOL & SUBSTANCE DEPENDENCE

Dept. of Psychiatry - GMCH

Dr. Manu Sharma, Assistant Professor of Psychiatry was invited as a resource person at the International Conference on 'Emerging Role of Guidance and Counselling in Health and Well-being'. This international conference was organized on November 2014 at the prestigious Mohan Lal Sukhadia University (MLSU), Udaipur. Dr. Manu Sharma deliberated on “Motivational Enhancement Therapy for Alcohol Dependence and other Substance Use Disorders” with case report & AV Presentation. The participants agreed that the topic is very important for practitioners & researchers. (The department of psychiatry-GMCH is

providing this evidence based psychotherapeutic intervention for patients with substance use disorders.)



Dr. Manu Sharma
deliberating with participants

HARMONY – 2015 EXCITING, COLORFUL & COMPETITIVE

The annual games, sports, cultural & literary programs of GMCH were celebrated from 15th March to 29th March as “Harmony-2015”.

Competitions were conducted in cricket, volley ball, basket ball, badminton, table tennis, chess, carom etc. Solo, Duet & group songs, fashion shows, dance competitions, etc were the competitions of cultural programs. Through “Rangoli Making” students gave message of feticide, infanticide, women's emancipation & others. Press conference, mehendi, antrakshari, paintings, cacophonics, fun quiz & dumb-charades were organized as literary events. Students in large numbers participated, enjoyed & had great fun. The winners in each event were given attractive prizes. The Harmony-2015 was conducted in a wonderfully arranged programs. With Shri J.P. Agarwal, chairman as chief guest, the other guests of honour were Vice Chairman Shri Kapil Agarwal, Vice Chancellor Dr. R.K. Nahar & C.E.O Shri Ankit Agarwal. Dr. F.S. Mehta, the Dean presented the annual report of the institution. The



students who excelled in the field of education were rewarded. Aviral Shah was adjudged as the best graduate student. The convener of the program was Dr. Manjindar Kaur.

SWACH BHARAT SWASTH BHARAT (THE MISSION IN ACTION)

The Geetanjali Medical College & Hospital Udaipur joined hands with the MCI campaign & celebrated the above program from Nov. 7th to 14th 2014 in Geetanjali premises in collaboration with the sister institutions of Geetanjali University as a part to fulfill the dream of Mahatma Gandhi to keep country utmost clean. Honorable Prime Minister, Shri Narendra Modi launched the above program.

The program started with inauguration & pledge swearing ceremony by the Dean GMCH, Dr. F.S. Mehta. Specific tasks of cleanliness viz. cleaning water tanks, testing water for bacteria examination reports, inspection of sewerage & STP, Biomedical waste collection & disposition, Inspection of sewerage, STP Mets, kitchen & canteen & food court inspection, CSSD,



Microbiology, CS, activities to control tobacco use in hospital premises. Campus cleanliness, Inhouse hygiene awareness programs & cleanliness rallies through talks & A.V. presentations were held in hospital wards & lobbies.

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THE THIRD BASIC COURSE WORKSHOP ON MET

The third basic course workshop of MCI on issue of “Medical Education Technology” was convened at Geetanjali Medical College, Udaipur the nodal centre of MCI. It was a three day workshop in which 28 medical teachers including the Dean of the college, Dr. F.S. Mehta actively participated. Dr. Manjindar Kaur, Dr. Arvind yadav, Dr. Ashish Sharma, Dr. Pratibha & Dr. Prabhakaran acted as resource persons to effectively deal with the key contents of the course with power point presentations, group discussions, role plays etc. The

number of trained teachers in the suggested curriculum of MCI on Medical Education Technology has touched the figure of 98 which is highest among all Govt. & private medical colleges of Rajasthan, GMCH is requesting Medical Council of India to give it the status of a regional centre for Medical Education Technology.



TIMES MEWAR HEALTHCARE ACHIEVERS FROM GMCH

In a first of its kind ceremony, The **Times of India in association with Ascent Group, Udaipur** organized the Times Mewar Healthcare Achievers 2015 to honor eminent doctors for their pioneering and dedicated efforts in various fields of medicine in the Mewar region. The jury for the awards comprised of Mr. S.K. Verma, IFS (Retd.); Dr. S.K. Mehra; pathologist and microbiologist; Dr. G.L. Dad, medical jurist; Dr. C.R. Vyas, a reputed biochemist. Mr. Arjun Meena, Member of Parliament was the chief guest of the ceremony.

GMCH is proud of the fact that many of its doctors were among the awardees.



Dr. Naveen Chandra Sharma, Professor and Head, Dept. of Radiodiagnosis

With over 40 years of experience in teaching, he has played a pioneering role in the installation of MRI machines and diagnostic facilities in medical colleges under the PPP scheme.



Dr. S.K. Luhadia, Professor and Head, Dept. of Respiratory Medicine

He is an eminent chest physician with over 34 years of teaching experience. He is a life member of National College of Chest Physicians, Indian College of Allergy, Asthma and Applied Immunology, and Indian Chest Society. He has more than a dozen research publications, textbook chapters in respiratory medicine to his credit. He has also served on the editorial board of several journals.

Dr. D.M. Mathur, Professor and Head, Dept. of Psychiatry

He has been actively involved in research in various significant areas, presented research papers, delivered guest lectures. He is a life member of Indian Psychiatry Society and has also served as its President. He has offered services in medical camps for the mentally challenged and delivered many talks on mental health issues. He offers honorary services to the inmates of Ashadham Ashram, Udaipur.



Dr. Shankar Vangipuram, Director, Radiosurgery Division, Geetanjali Cancer Centre

Has served as senior resident at the prestigious Tata Memorial Hospital, Mumbai. He has worked in the field of radiation oncology at Anand, Goraj, Baroda and Karamsad, Gujrat for about 12 years. He has played a key role in the initiation of cancer services at GMCH.



Dr. Pankaj Trivedi, Assistant Professor, Dept. of Urology

He completed his MBBS and MS (General Surgery) from R.N.T. Medical College, Udaipur. He has been widely appreciated for his video and poster presentations.



Dr. G.L. Dad, Proff. & Head, Forensic Medicin, GMCH

Avery senior & highly experienced forensic Medicine expert of the state. He has been one of the members of jury to select-out achievers.



THE GEETANAJALI CARDIAC CENTRE COMPLETES TWO YEARS

The geetanjali cardiac centre successfully completed two years of its existence with outstanding achievements in the field of cardiac care. Over 3600 angiographies were performed by Dr. C.P. Purohit & Dr. Harish Sanadhya while 675 cardiac surgeries were done at the centre by Dr. Sanjay Gandhi & the dedicated staff of the centre. The marketing team & the HR team also contributed their support. The management under the leadership of Mr.

A n k i t Agarwal is determined to make it a centre of excellence



SNORING: AN ANNOYANCE ONLY OR A SERIOUS HEALTH PROBLEM TOO ?

Dr. H.N. Mathur - Prof. Dept. of Community Medicine, GMCH



Dr. H.N. Mathur

Snoring is a common sleep disorder that is assuming the shape of a public health problem. It is commonly encountered in middle-aged individuals and may lead to a serious health problem called obstructive sleep apnea (OSA). If a snorer is having un-refreshing sleep, feeling of choking, recurrent awakening from sleep, daytime fatigue, and change in personality, he/she has crossed the line of demarcation between snoring and potentially life-threatening disease. There are many predisposing factors such as obesity, sedentary life style, heredity, alcohol, and certain drugs that lead to this condition. OSA is affecting the population worldwide. Various studies have been done till date to evaluate its actual prevalence. The Wisconsin Sleep Cohort Study showed that 25% of middle-age men and 10% of middle-age women had sleep-disordered breathing (AHI > 5/h), with 4% of men and 2% of women also having hypersomnolence, fulfilling the current diagnostic criteria for OSA. OSA-related co-morbid diseases are hypertension (odds ratio 1.37), 1 coronary artery disease, congestive heart failure, pre-diabetes (odds ratio 3.18), type 2 diabetes mellitus (odds ratio 4.17), and chronic kidney disease. Usually, OSA sufferers have disturbed sleep affecting

their normal life as evidenced by two to three times higher rates of traffic accidents among individuals with OSA as compared to general population. Therefore, early diagnosis and optimum management of snoring/OSA is of paramount importance. In a hospital-based study of urban men between 35 and 65 years from western India, the prevalence of OSA was 19.5% and is threefold higher in men as compared to women. The reason behind OSA can be attributed to the fact that during sleep resistance to airflow is increased at certain areas in the upper respiratory tract. These areas may be further compromised by a sleep-related reduction in muscle tone and the effects of gravity related to being in the supine position. As a result, ventilation may be decreased (hypopnea) or absent (apnea) for several seconds until upper airway muscle tone increases, allowing the resumption of normal ventilation. This recovery is often associated with an arousal or shift to a lighter sleep stage. As deeper sleep resumes and muscle tone diminishes, the cycle may repeat itself. Traditional screening methods for OSA is overnight polysomnography (PSG) and since it is an expensive procedure Berlin questionnaire and Epworth sleepiness scale has been suggested to screen patients prior to PSG in resource limited settings like India. Management

protocol includes behavioral modifications such as weight loss, change in sleep position from supine to lateral and avoiding of alcohol, hypnotics, and narcotics before bedtime. Definitive modalities include continuous positive airway pressure (CPAP), surgery to enlarge upper airway, and oral appliances. CPAP has been the gold standard therapy since long but the cost of CPAP machine needs to be subsidized especially in developing countries like India. Oral appliances are another simple, efficient and cost-effective alternative of treating OSA besides CPAP. An oral appliance is an oral device that is inserted in the mouth to modify the upper airway for the treatment of snoring and obstructive sleep apnea. Oral appliances should be fitted by qualified dental personnel who are trained and experienced in the overall care of oral

health, temporomandibular joint, dental occlusions, and associated oral structures. They basically allow the lower jaw and tongue to remain in a forward position during sleep, thereby preventing them from falling back and obstructing the airway. Some appliances such as palatal lift appliance elevate the soft palate and prevent its vibration which is the most frequent cause of snoring. Thus, although not all snorers have OSA, snoring is a cardinal symptom of OSA and is now recognized as a clinical entity that may be related to conditions with increased morbidity. In developing countries like India, the social embarrassment and distress of loud snoring is now motivating middle aged individuals to request professional help.

168th WORLD ANAESTHESIA DAY CELEBRATED

Department of Anaesthesia - GMCH

The department of Anaesthesiology and Critical Care (GMCH) and Hospital Management organized an exhibition for common masses and hospital staff on "Anaesthesia Awareness" on 16th October 2014. Thereafter, year book of Anaesthesia was released on this occasion. Exhibition was opened for general public and Hospital Staff. Community education was imparted by the faculty to explain common men about Anaesthesia. There were thirty two posters displayed in the exhibition and there was an Audio-Visual section in the exhibition where Hospital nursing staffs were taught how they can intubate the patients in case of emergency. Also, they were given Hands-On practice of CPR techniques on Intubating Mannequin. All heads of Surgical and Medical specialities participated in the event including Dr. AK Gupta, Dr. CP Joshi, Dr. NC



Sharma, Dr. Pramila Bajaj, Dr. SK Luhadia. The exhibition was planned and executed by Professor Dr. S.S. Jaitawat and Associate Professor Dr. Rajneendra Sharma.

Quiz - I

Answer -
Lupus Vulgaris

Contributed by Dr. Kalpana Gupta
Dept. of Dermatology

Answer Key Of - Spot The Diagnosis

Quiz - II

Answer to Q.1
Sebaceous horn or cutaneous horn.
It is composed of compacted keratin.

Contributed by Dr. Ashutosh Soni
Dept. of Plastic Surgery & Burns

Answer to Q.2
Herpes Zoster (Shingles) affecting T8 to T10 dermatomes
Caused by Varicella Zoster virus.

Contributed by Dr. Ashutosh Soni
Dept. of Plastic Surgery & Burns

“Peace starts with a smile..”

MOTHER TERESA

THE 1st NATIONAL CONFERENCE ON ASTROLOGY & HEALTH

The above two days conference was organized under the joint auspices of Dev Varun Research centre & public trust & Geetanjali University Udaipur.

On 21st & 22nd December 2014, about 300 astrology specialists & a number of allopathic doctors having knowledge and interest in astrology participated in the conference which was addressed by a number of renowned astrologers of the country.

The chief guest of the inaugural session was Bal Yogeshwar Shailendra Nath of Kamaksha Ma Shailendra baba Kamdhenu Seva Sansthan trust of Jhunjunu while the special guest of honour was shri J.P. Agarwal, Chairman, Geetanjali University Trust.

Shri pandit Niranjn Bhatt was the president of the overall program. The founder of “mahamrityunjay peeth”, Hissar. Swami Sehejanand was also amongst the important dignitary of the main function and the program.

The Vice Chancellor of Geetanjali University Dr. R.K. Nahar, Vice Chairman Shri Kapil Agarwal & CEO Shri Ankit Agarwal were the other guests of honour.

The distinguished speakers in various sessions were shree Ramesh Bhujraj Trivedi (Jodhpur), Babu Lal Joshi (Ratlam), Nitin Gothi (Mumbai), Dr. Lalit Pant (Delhi), Mithilesh Trivedi (Allahbad), Ravi Jain (Ratlam), Harsh Dev Shastri (Mumbai), Prahlad Rai (Jaipur), K.N. Vashishth (Merruth), Abhishek Joshi(Jodhpur), Rashmi Chaudhry (Kotadwar), Dr. Kailash vyas, Dr. Mahesh Dave, Dr. Sanjay Gandhi (Udaipur), Uttara Sharma & Amit Tiwari (Kanpur).

A good number of allopathic doctors also took part in



program. They had thorough thought provoking deliberations on various issues of relationship between various astrological facts (janam kundali, stars, Hast rekha, panchtatvas & its balancing etc) & causation & management of various incurable diseases & conditions. A jyotish samarika & rajyog patrika were also published on the occasion. The concluding function was chaired by the state education minister Shri Vasudev Devnani, Ex central minister Dr. Girija Vyas, Swami Sehejanand ji, & Shri Kapil Agarwal were the special guests of honour.



A TYPICAL PRESENTATION OF EXTRAHEPATIC BILIARY ATRESIA (EHBA) IN A NEONATE

Dr. Devendra Sareen, Prof. & Head, Dr. Gaurav Ameta, Dr. Jeetendra Gandhi,- Dept. of Pediatrics, GMCH



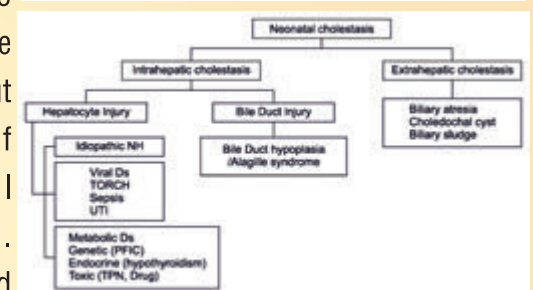
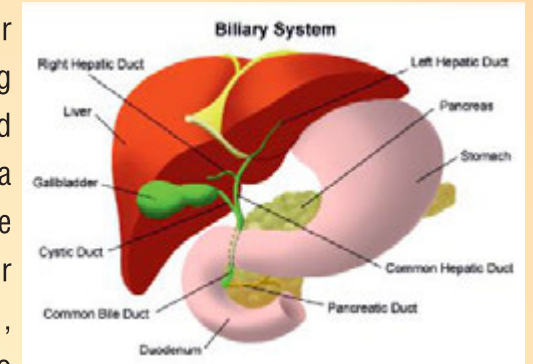
Extrahepatic Biliary Atresia is rare in Neonatal period but one of the common causes of neonatal cholestasis. Neonatal cholestasis is defined biochemically as prolonged elevation of the serum levels of conjugated bilirubin beyond the 1st 14 days

of life.

One must have high index of suspicion of EHBA in those newborns who present with neonatal cholestasis and should diagnose the disease at earliest i.e before golden period of 60 days, to prevent early cirrhotic changes.

A 46 days old infant, presented with history of diarrhea since 2 days & progressive distension of abdomen. Baby had birth history of delivery at our institute and it was 1st of twin Preterm (32 wk) with birth weight 1190gms. Positive antenatal history of PIH & IVF conception. Mother was elderly gravida. Baby was kept in NICU for 30 days for prematurity and septicemia, was treated and discharged with diagnosis of preterm (32wk) /SGA/ hypoglycernal neonatal hyperbilirubinemia/ sepsis. On initial examination, vitals were stable. pallor and icterus (deep orange) were present. Per abdomen examination revealed soft distension of abdomen with visible bowel loops & presence of peristaltic sounds. Other systems were within normal limits. Stool color was variable with pale yellow to dark yellow. There was dark diaper staining by urine. Blood investigations on day one of admission were suggestive of anemia (Hb-7.5) with negative sepsis screen, normal electrolytes. Infant was treated with probiotics, IV antibiotics & IV fluids in view of clinical sepsis. Breast feeding was continued. Abdominal distension reduced in 24hrs. LFT showed direct hyperbilirubinemia (direct bilirubin 4.3 mg/dl) and raised SGOT and SGPT with normal

PT/INR. After confirming negative blood culture (being a common cause of direct hyperbilirubinemia), we planned to investigate further to find out the cause of Neonatal Cholestasis. Thyroid



functions were normal. There was no hypoglycemia and urine for reducing sugar was negative, normal GALT assay (galactosemia ruled out). Urine KOH was positive with oval budding yeast cell, so we assumed it might be because of fungal sepsis, for which antifungal (Injection fluconazole) was added. Medical management of Neonatal cholestasis including Vitamin A, D, E, K, calcium, phosphorus, magnesium, Urodeoxycholic acid were added. After 7 days of antifungal therapy we repeated LFT's, they were derranged with further increased SGOT & SGPT, increased conjugated bilirubin. Ultrasound suggested contracted Gall bladder. Now we were having strong suspicion of extra hepatic biliary atresia. We wanted to investigate with HIDA scan to diagnose Extrahepatic Biliary Atresia (EHBA) and also differentiate it from Idiopathic Neonatal Hepatitis. We referred case to another centre for HIDA scan and liver biopsy. We followed the case. Infant was diagnosed with Extrahepatic Biliary Atresia and was advised Kasai operation there.

“ Science without religion is lame..
Religion without science is blind ”

ALBERT EINSTEIN

COMBINATORIAL CHEMISTRY: A NOVEL METHOD IN DRUG DISCOVERY

Virendra Singh - Dept. of Pharmaceutical Chemistry, GMCH



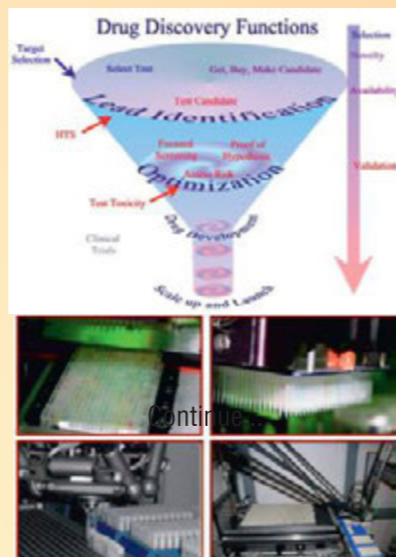
Mr. Virendra

Combinatorial Chemistry is one of the new techniques developed in pharmaceutical industries to reduce the time and cost associated with producing effective and competitive new drug. In medicine, biotechnology, and pharmacology, drug discovery is the process by which drugs are discovered and/or designed. In the past most drugs have been discovered either by identifying the active ingredient from traditional remedies using natural resources or by surprising discovery. A new approach has been to understand how disease and infection are controlled at the molecular and physiological level and to target specific entities based on this knowledge. The combinatorial process of drug discovery involves the identification of candidates, synthesis, characterization, screening, and assays for therapeutic efficacy. Once a compound has shown its value in these tests, it will begin the process of drug development prior to clinical trials.

It would seem modern combinatorial approach to drug discovery & may soon prove to be so effective at producing active ingredients that there is virtually no need to seek new drug from plants or other natural resources in disappearing tropical forests. But is this really the case. Combinatorial chemistry essentially means reacting a set of starting chemicals in all possible combinations. Traditionally, chemists make compounds one at a time, step by step. If the synthesis of a compound requires numerous steps, the intermediate compounds are usually purified after each step. On the other hand, when chemists use combinatorial methods they will always be making many different compounds at the same time often in the same reaction vessel. The purification steps are usually faster and less complicated compared to the traditional methods.

Two different methods exist for rapidly creating thousands of molecules from only a few starting materials. "Split and Mix" synthesis is the fastest method of producing many compounds with a minimal number of starting materials

and reaction vessels. The basic principle is explained in the following example: Starting with three batches of beads, in three separate containers, one reacted with building block "a," one with "b," and one with "c." The three beads are washed and then mixed and split into the three vessels. Each vessel contains all three types of beads. Addition of another building block to each vessel (a in container 1, b in container 2, and c in container 3) yields 9 different molecules across the three vessels. Another round of washing, mixing, and splitting, puts each of the 9 molecules in each of the three vessels. Adding another building block results in a total of 27 different molecules. By continuing this process, millions of unique molecules can be created very quickly. The parallel synthesis method involves multiple reaction vessels and attachment of each building block in a stepwise function. Typically a plate with 96 individual wells is used, with beads attached to each well. The advantage of parallel synthesis is that the composition of each compound is known, but generally, the split and mix procedure can generate many more compounds in the same amount of time. This method is used typically when generating libraries of under 10000 molecules. In summary, combinatorial synthesis is a process which rapidly produces many different compounds by using a few starting reagents and varying the reactions used. The objective is to build a large library of compounds from a starting "scaffold" to interact with specific biological targets. From this library, the most potent hits can then be isolated for further testing & development, eventually leading to a finished product to begin clinical trials.



LAGUHTER - THE BEST MEDICINE

A psychotherapist, who had started from scratch, was having such success in his business that he could now afford to have a proper banner advertising his practice. He told a young boy to paint the signboard for him and put it above the entrance to his chamber. He soon noticed, however, that instead of his business building up, it was beginning to slacken. It was when his assistant observed that the ladies in particular were shying away from his office after reading the signboard that he decided to check it out himself. There at the entrance was a small wooden board that read, "PSYCHO-THE-RAPIST".

Source : R.K. Laxman - Dose of laguhter, Penguin books

DISTINGUISH JOININGS



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Dr. Kamlesh Bhatt

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Certificate in Infectious Diseases (Mumbai)
**Consultant Intensivist &
Infectious Diseases Physician, GMCH**

Continue... SWACH BHARAT SWASTH BHARAT (THE MISSION IN ACTION)

Hostel room, mess, canteen cleanliness, poster collegiate, debate competition were held under supervision of teams of volunteers with faculty members as guides. The Dean & Principal of all colleges, hospital superintendent, marketing & HR deptt., nursing staff, housekeeping incharges & some faculty members took active part to make the dream of PM come true.



“ King may rule the world !
But the wise rule kings.. ”

SHEKEL HAKODESH