



HOLY FAMILY HOSPITAL NEW DELHI

NEWSLETTER



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HOLY FAMILY HOSPITAL, THE GREENEST INSTITUTION IN DELHI

Dr. Pradeep Chadha, Sr. Consultant, Surgery

It is a matter of great pride that our hospital is one of the greenest Institution in Delhi, a veritable oasis amidst concrete desert. The large variety of species and ages of trees testifies to continued commitment towards protection of our green spaces.

As busy professionals we rarely notice the stately, healthy and beautifully cared for trees which greet us every-day when we come to the Hospital. These trees have been planted and cared for by many true tree lovers over the past several decades. These trees lovingly cared for by our Horticulture Department led by Mr. Ram NathSingh and his team. All of us owe a debt of gratitude to them for beginners interested in trees, they will happily provide a wealth of information on them.



Horticulture Department

Right to Left: Hetram, Julian, Dilip, Ram Nath, Hariprem & Ajay

threatens the very existence of human race which is literally cutting the branch of the tree on which they are sitting.

I shall make an attempt to identify some of their features. We began with our avenue lining trees which you can easily locate and identify from the picture. As we enter the hospital we are greeted by the statue of Jesus flanked by two rows of Royal Palms (Roy Stonea). These trees are originally from Cuba and are usually seen in the garden of historical monuments. Various parts are used in treatment of DM, HTN and oil from the seeds for joints pain.

Chinese Fan Palm: this is a purely ornamental tree with typical fan shape leaves which drop suddenly at their outer ends. Large bunches of green coloured fruits can be seen.



Chinese Fan Palm

Wild Date Palm: this was a probably a gift packed in a birds dropping which now matured in a tree.

The stubs on their trunks are called boots. This tree had recently given birth to 3,4 saplings arising from near the roots called Pups, which have been transplanted in Staff Parking area facing the library. They are usually male or female trees and commercially harvested dates result from manually pollinating the male pollen on to the female flowers. The fruits when fresh range from bright orange to brown in colour. They are rich in mineral, fiber, vitamins and laxative in nature. This is a preferred food for breaking the ramzan fast.

As physician it is very easy for us to appreciate that trees are fellow living things which are forever giving Oxygen, food, shade, wood, medicine, beauty etc. and seeking nothing in return. Truly saintly and altruistic. However each genus and species has distinct individual traits of shape, size, age, flowering and fruiting and are vulnerable to the diseases by fungi, viruses, insects, bacteria etc exactly like us.

In addition to the above well-known benefits, numerous studies have shown that caring for plants and trees reduces stress, is a good form of exercise and infact many schools in Japan recommend forest walk for their students. Office spaces are recommended to have certain high oxygen giving plants like Areca, Senseveria etc to reduce work stress and increase productivity. Children exposed regularly to the garden soil have less allergic disease later in life.

Reckless tree felling has resulted in erratic weather, less rain, global warming which



Royal Palm



Wild date Palm





Saptarni Avenues

Saptarni Avenues (Alstonia Scholaris): This is a large evergreen tree with leaves arranged in star shape. The bark is used in treatment of Asthma and wood is used to make desk for students. In the first week of November it gives us light green flowers with an amazing fragrances.

Moringa Oleifera (Drumstick Tree): This is the most valuable tree which is a nature's pharmacy, in addition to flavouring our sambar. It is a rich source of vitamins A,B,C and Calcium. It is used for treatment of DM, HTM, Arthritis. It can be seen in front of the laundry. Bees love its flowers.



Moringa Oleifera

Maulsari: These trees lining our general parking boundary wall facing the main road. This is also called Spanish cherry and the bark is deeply fissured the leaves are dark and glossy and the fruit is red and olive shaped



Maulsari Tree Maulsari Fruit Fissured Bark



Genus Ficus: One of the most interesting trees of this Genus Ficus are richly on our campus. They have many common and interesting features (i) these trees form up to 50% food supply of birds and forest animal in nature (2) many of them have new leaves which are pink in colour and gradually change into green. Hence these trees have a leaf canopy changing colour in seasons (3) the flowers of the trees is inside the fruit as apposed to all the other fruits which have fruits outside the flower and the fertilization takes place inside the fruits by a very small mite, hence the fruit may have insect within (4) since many of them grow into massive trees it would be inadvisable to grow them in small confined spaces.



The Banyan is easily identified by its hanging roots. These trees can attain massive size. The largest in the country in Calcutta where the single tree has covered area around 1.75 acres with hundreds of hanging roots.



The well known three big boys of this genus are (1) Banyan – Ficus Benghelsis (2) Peepal tree – Ficus Religiosa (3) Pilkhan – Ficus Virens. The others being Goolars-Ficus Recinosa, Rubber Tree – Ficus Elastica and Anjeer – Ficus Carica.

Pilkhan or Pakkad is one of the most rapidly growing ficus easily identified by Strangler roots at upper parts of its trunk which don't reach the ground. Our pilkons are hence heavily pruned look small but left to themselves they can grow to massive size as shown below.



Pilkhan Tree outside the Metro Hospital, Lajpat Nagar, Delhi

Goolar Tree: It is on path from ENT towards laundry. Typically has figs growing from trunk of main branch. If you zoom in you could see a monkey eating figs. It is very easy to identify this tree from the figs growing on its trunk and main branches. When the red furry figs are ripe they give small of cooked pulao. Frequently the fig has insect in it.



Goolar Tree





Anjeer: This tree is growing in our herbarium adjacent to the round flower bed this bears the classical figs that are dried and we eat which are also full of vitamins, fiber and mineral.



Rubber Tree: This is opposite the ENT OPD at the start of the ramp. It is a classical indoor plant can grow to a tree but this not a rubber.

DEPARTMENT OF ORTHOPEDICS

The Department of Orthopedics has evolved by leaps and bounds over the recent years to provide state of art services incorporating the latest advances in knowhow, materials, skills, and expertise, covering an extensive field ranging from primary to **revision arthroplasty** of the hip, knee and shoulder, arthroscopic surgeries of the shoulder and knee, **Joint Replacement surgery**, the whole spectrum of trauma, paediatric orthopaedics, deformity correction and foot & ankle surgeries ably supported by highly motivated and skilled physiotherapy department. In collaboration with plastic surgery and neurosurgery colleagues department offers the whole gamut of the latest in curative, reparative & reconstructive orthopaedic surgery.

Senior Consultants - Dr. B. Nair, Dr. G.S. Tucker & Dr. BirenNadkarni

Junior Consultant - Dr. Pradeep Kriplani

Visiting Consultant - Dr. U. Sadhoo

Senior Residents

Customized Total Knee Replacement - Use of 3D Printing in Orthopaedics

Total Knee Arthroplasty (TKA) is a highly successful surgical procedure. Interest in improving surgical outcomes has led to improvements in surgical technique, instrumentation, and implant design. Computer navigation and robotic systems were introduced to further refine the mechanical alignment of joint replacement procedures. The cost to implement some of these technologies and the additional time required in the operating room to utilize these developments has limited the acceptance of them broadly.

The recent introduction of patient-specific instrumentation and patient-specific implants is another step forward to restore the pre-deformity anatomy and joint geometry. These patient-specific instruments are customized jigs manufactured on a case-by-case basis and designed to fit precisely on the tibia and femur in preparation of the bone cuts during surgery. The principal purported advantage of this new technology is an increased accuracy of bone cuts, and consequently positioning of the implants. This new technology can benefit the hospital by improving operating room time efficiencies through having shorter set-up times, and the elimination of cleaning, sterilization and inventory costs. The patient can potentially benefit by a shorter operative time, improved postoperative alignment and better fitting implants.

Pre-plan process flow for a customized total knee replacement involves a CT or MRI of the patient's knee, this scan data is provided to the implant manufacturer. The data is processed in a computer assisted design (CAD) system through a process referred to as segmentation. The segmentation process relies on laying individual points along the outer surface of each individual scan slice. Using this design engineering friendly software system, the primary femoral and tibial placement jigs are designed and manufactured for that patient. Once the primary distal femoral cut and proximal tibial cut are completed, the remaining bone preparation is accomplished with standardized off the shelf instrumentation. The case is then completed by implanting standardized off the shelf implants.



Dr. Biren Nadkarni
Sr. Consultant,
Orthopaedics



PrePlan Process Flow



Fig 1. Pre-plan process flow for customized patient-specific implants

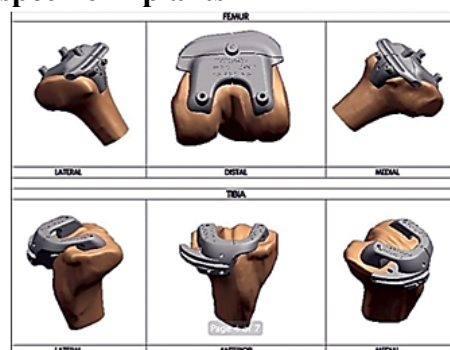
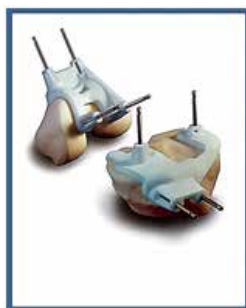


Fig 2. Customized patient-specific knee implants

There are advantages of both, MRI and CT, but each is better suited to a particular type of joint analysis. The MRI data is better suited for the analysis of soft tissue. This means that the segmentation process is typically performed on the surface of the articular cartilage. The CT scan is better suited for the imaging of hard tissue. In the case of the CT scan, the segmentation process is performed on the subchondral surface creating an image of the bone.

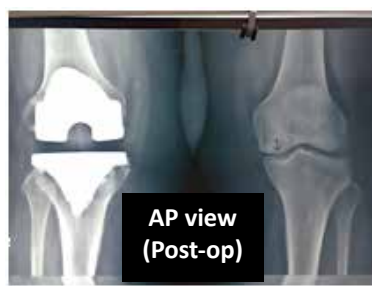


Fig 3. Pre-op: Bilateral Osteoarthritis

Fig 4. Post-op: customized implant

(right knee more affected than left)

The goal of customized knee surgery should be to restore the patient’s knee to as close as possible to their pre-disease state, corrected for any underlying deformity. The introduction of custom instrumentation and cutting blocks based on computed tomography (CT) or magnetic resonance imaging (MRI) has allowed for better restoration of mechanical alignment. One of the best indications of such customized jigs is in patients who need total knee replacement but have pre-existing implants like nails or plates for previous fractures. It also finds great use in patients with extra-articular deformity where standard jigs cannot be used.

DEPARTMENT OF ANAESTHESIA

The Department of Anaesthesia at Holy Family Hospital, since the inception has developed many folds. The eminent team of anaesthesia provides services to different speciality and super specialty surgeries including CTVS, Neurosurgery, Paediatrics, Plastic, Oncology, Urology, Bariatric and Joint replacements, together with anaesthetic services to general surgery, ENT, Orthopaedic, Ophthalmology, Obstetrics and Gynaecology, Radiology and other interventional procedures.

The Department has well equipped operation theatres and most advanced anaesthesia machines and equipment and well trained nurses to cater to the entire spectrum of surgical procedures. The Department is keeping pace with all latest innovation in all aspects of regional (including spinal, epidural, peripheral block) and general anaesthesia (including latest drugs, equipment and difficult airway management) and pain management programme.

There is active involvement of postoperative anaesthesia care units, bronchoscopies, MRI, ERCP and Cath Lab. Thus achieving excellence in clinical care, education and holding deep academic value.

FACULTY:

Chief of Anaesthesia: Dr. Mamta Agarwal

Senior Consultants: Dr. A.K. Sarkar, Dr. Madhuchhanda P.

Consultants: Dr. Zakir Hussain, Dr. Pragati Nanda, Dr. Bhawna Dagga, and Dr. Anisur Rehman

CASE REPORT – DIFFICULT AIRWAY

Expert airway management is an essential skill for an anaesthesiologist. Other than rendering a patient insensible to pain, no characteristic better defines an anaesthesiologist than the ability to manage an airway and a breathing patient.

The patient, we are discussing, was a 55 years old male scientist posted for laparoscopic cholecystectomy with severe ankylosing spondylitis. The severity was such that he was unable to lie supine and used to have 3-4 pillows underneath his head, just to lie down. Besides, neck movements, the mouth opening was also inadequate, so the scenario we were dealing **A Difficult Laryngoscopy**

With Difficult Intubation.

All routine investigation were within normal limits except X-ray spine.

Management – A meticulous airway assessment was done (MPG IV with negligible neck movement).



Dr. Mamta Agarwal
Sr. Consultant,
Anaesthesia

MPG - (MALLAMPATI AIRWAY GRADING)	
Grade I	Faucial pillars, uvula, soft and hard palate visible
Grade II	Uvula, soft and hard palate visible
Grade III	Base of uvula or none, soft shard palate visible.
Grade IV	Only hard palate visible.

A difficult airway cart comprising of different types and size of laryngoscopes, stylet, bougie, LMA, emergency drugs was prepared.

Three pillows were stacked beneath patient's head with anaesthetist standing on a 1 feet tall foot stool at patient head end. So the patient was practically in sitting position.

An awake intubation was planned without any muscle

relaxant to avoid any inadvertent complication in case 'cant ventilate cant intubate' scenario arises.

After proper premedication and oxygenation with 100% O₂, injection midazolam 1 mg + 5 mg propofol was given. After check ventilation, gentle laryngoscopy was done. Although laryngeal inlet was not visible, were able to intubate with the help of stylet and subtle manipulations.

Correct placement of endotracheal tube was confirmed with the help of End Tidal CO₂.

Surgery went uneventful and careful awake extubation was done afterwards.

Thus with proper technique and good expertise we were able to complete the surgery without any untoward incident.

STELLATE CAGLION BLOCK

A 59 year old female presented with complaints of pain, discoloration, numbness with cold fingers of Rt. hand. The intensity of symptoms increased in winters. She had history of amputation of index finger due to gangrene. These above



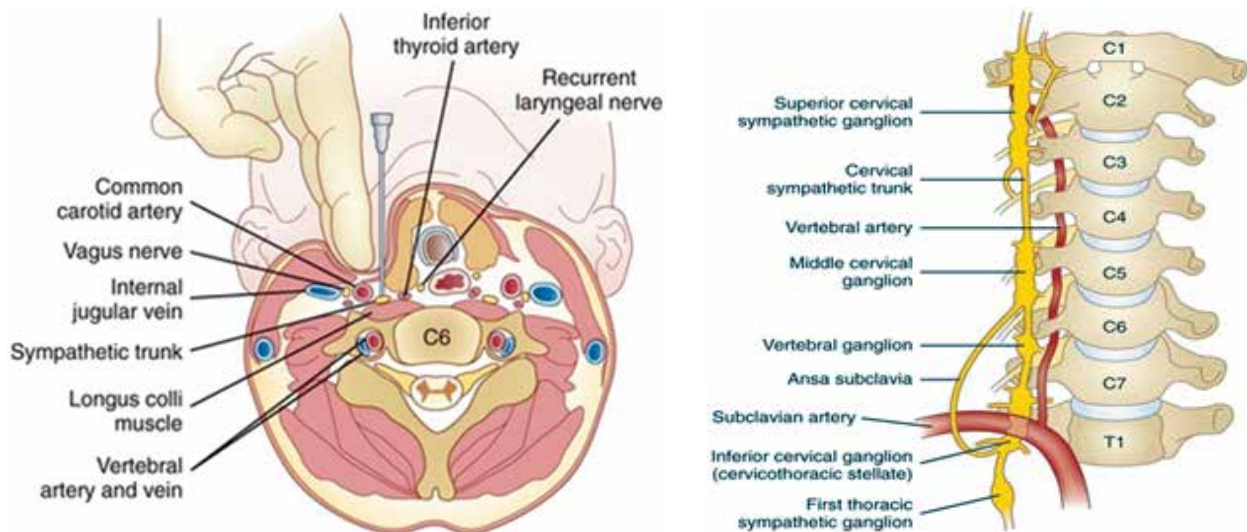
symptoms were indicative of arterial vascular insufficiency (Raynaud's Syndrome). The patient was planned for stellate ganglion block to alleviate the symptoms.

The stellate ganglion is a sympathetic ganglion formed by the fusion of the inferior cervical ganglion and the first thoracic ganglion. It is located at the level of C7, anterior to the transverse process of C7 and the neck of the first rib, superior to the cervical pleura and just below the subclavian artery. The Vertebral artery lies anterior to the ganglion as it has just originated from subclavian artery. After passing over the ganglion the artery centers the vertebral foramen and lies posterior to anterior tubercle of C6 (Chassaignac's Tubercle). Important vital structures lies beside stellate ganglion

→ Anterior and Inferior – Lung Apex

→ Medically – esophagus, trachea, thoracic duct, recurrent laryngeal nerve, thyroid gland

→ Posterior laterally – Phrenic nerve, brachial plexus, vertebral artery



INDICATION OF STELLATE GANGLION BLOCK

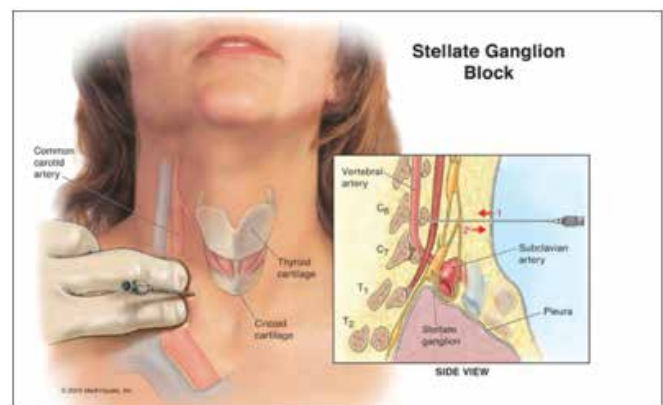
- A. Pain Syndrome:** Upper extremity CRPS, Phantom limb pain, Herpes zoster, Pain in head and neck, refractory angina.
- B. Arterial Vascular Insufficiency:** Raynaud's syndrome, Scleroderma, Obliterative Vascular Disease, Vasospasm, Trauma and Emboli, Post Aneurysm Clipping Spasm.
- C. Other –** Post CABG, Hyper Hydrosis

TECHNIQUE: A conventional blind para tracheal approach was applied in our patient. With supine position and head extended, anterior tubercle of C6 vertebrae which lies against cricoid cartilage was chosen as landmark. SCM muscle was extracted, thus laterally pulling the internal carotid artery away. Needle was then inserted perpendicular between cricoid and operator finger and passed until contact is made with C6 tubercle.

The block was successfully completed as evident from following signs- Horner's syndrome, Anhydrosis, nasal congestion, Venodilation in the limb and increase in temperature of the blocked limb.

Ganglion being close to vital structure is associated with side effects like – Vasovagal attack, IV injection, subarachnoid injection, Brachial Plexus block, hematoma, pneumothorax, Hoarseness of voice, esophageal perforation. Although in our case, none of the dreaded complication happened.

Thus stellate ganglion block is relatively safe block albeit in experienced hands that can be successfully applied to patient with chronic pain in upper limbs, head and neck.



DEPARTMENT OF DERMATOLOGY

The Department of Dermatology at Holy Family Hospital is manned by Dr.R.K. Bhatia, Dr. R.K.Basumatry and Dr.SandipAgnihotri with 40 years of experience, Dr Bhatia, an alumnus of MAMC Heads of the Department, which once boasted of illustrious dermatologists like Dr Kandhari, and Dr Lall to name a few. The Department runs regular OPD and offers minor surgical procedures like radio-frequency ablation, cryotherapy and excisions. As a new initiative, in collaboration with the Department of Plastic Surgery, an Aesthetic Clinic was started last year. The fledgling clinic offers Laser Therapy for hair reduction and Autologous Cell Suspension Grafting for Vitiligo amongst others.

Autologous epidermal cell suspension grafting for stable vitiligo- our experience

Dr Sandeep Agnihotri

Vitiligo, a skin condition of unknown etiology, characterized by white macules of depigmentation is a cause of considerable concern due to the stigma associated with cosmetic disfigurement. A worldwide incidence of 3-4% reflects its significance in dermatology departments.

Treatment comprises of mainly medication to arrest spread and induce repigmentation eg; oral and topical steroids, phototherapy, topical immunomodulators, calcipotriol and a variety of popular ‘secret’ remedies in alternative medicine. Response rates vary, depending upon the modes of presentation; vitiligo vulgaris and segmental vitiligo respond well- partial to near complete reversal is widely reported.

However, certain variants are notoriously unresponsive eg; macules over bony prominences and acral areas and widespread vitiligo. Surgical management provides an effective recourse in such patients. These include punch grafting, suction blister grafting, split thickness grafting and the most recent , autologous epidermal cell suspension grafting.

The non-cultured epidermal cell (keratinocytes and melanocytes) suspension grafting technique ,popularized in 1998 by Olsson and Juhlin, broadly involves mild trypsinisation of harvested epidermis followed by mechanical agitation to separate cells which are then grafted on to the dermabraded recipient site. Grafted area is stimulated by phototherapy to induce early repigmentation. Ever since , advances in the procedure have ensured shortening of duration , by quicker separation of cells, the rate defining step. Modifications in graft harvesting e.g.suction blister, dermabrasion; bed preparation with lasers are some of the others.

OUR TECHNIQUE

Holy Family hospital commenced an aesthetic clinic, late last year, under which the technique of autologous cell suspension grafting for vitiligo was streamlined. Dr S. Nagarkars guidance novel cell separation/transport medium, has helped us reduce the operative/processing time to less than two hours. The cell rich pellet derived from the procedure is resuspended in serum derived from patients blood for grafting on superficially dermabraded recipient site, the dressing removed after 5 days ,to be followed by daily phototherapy till complete repigmentation.

STEPS



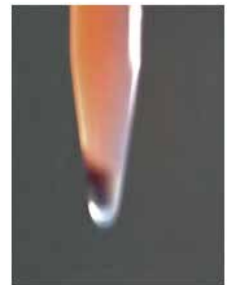
**Fragmented
ultra-thin graft**



**Graft in solution
incubated/
agitated for one
hour**



**Turbidity due to
cell separation**



**Pellet formed
following
centrifugation**

Repigmentation ensues approximately one week post phototherapy commencement. Large areas, four times the size of harvested tissue can be repigmented. Lesser morbidity, better matching with surrounding skin are some of the other advantages over conventional grafting.



FAITH

Poem By.....Dr. Suman Kirti

*You are like the Ocean,
Peaceful, yet deep.
Generous but with retribution
Unfathomable, Unpredictable
With grace and beauty.
You are like the Sky,
With changing colours.
Where I can reach any heights
But hold on to you lest I fall*

*You are like the rustling breeze
That soothes and caresses my brow
You are like the fire
That warms my heart yet does not burn.
You are like the Earth that I can stand on
Straight and tall and unafraid.*

*Dear God, you are manifold
Though I cannot see you
Yet I feel you all around me
As a divine shield
Throughout my life.*



Department of Pediatrics, Holy Family Hospital, presented Competitive Grands Rounds organized by Indian Journal of Pediatrics at All India Institute of Medical Sciences, New Delhi on 10th September 2017. Four hospitals including Holy Family Hospital were shortlisted for the presentations after an earlier round comprising of 23 entries from around the country. HFH was represented by Dr. Ashish Maheshwari (DNB Trainee), Dr. Umesh Sharma (DNB Trainee) and Dr. Dinesh Raj (Consultant, Paediatrics).

Quiz

Identify the abnormalities in the Chest CT.



Answer of last quiz : **Gastric outlet obstruction**

Kindly send your answer at: newsletter@holyfamilyhospitaldelhi.org

AYURVEDIC PANCHAKARMA THERAPY

Ayurveda is the ancient Indian holistic medical science which deals with body, mind and soul. It aims at maintenance and promotion of health, prevention and cure of diseases. It is based on *Panchamahabhuta* (Space, air, fire, water, earth) and *Tridosha* (*Vata, Pitta, Kapha*) theory. *Tridosha* or biological humors, in their equilibrium condition maintain normal health and in their imbalanced state cause diseases. Perfect physical, psychological, social and spiritual well being is called health. Ayurveda gives more importance to the diet and lifestyle for promotion of health and longevity. For maintenance of health and prevention of diseases, Ayurveda advises proper physical and mental discipline by following daily regimen, seasonal regimen and ethical regimen as per one's own constitution.



Dr. Bheema Bhat
Sr. Consultant,
Ayurveda,

Ayurveda groups all human beings into 7 different types of constitution (*Prakriti*) according to the predominance of biological humors (*Dosha*) and similarly groups them into three psychological constitution according to the predominance of psychological qualities (*Satwa, Rajas, Tamas*). These factors are always taken into account in examination of patients, diagnosis, prognosis, and treatment of diseases. Herbs are mainly used as medicines in Ayurveda for rejuvenation, virilization and treatment of diseases.

There are 8 main branches in Ayurveda viz., *Kaya chikitsa* (Medicine), *Kaumarabhritya* (Pediatrics), *Bhutavidya* (Psychiatry), *Shalakyatantra*

(Eye, ENT, dentistry), *Shalyatantra* (Surgery), *Agadatantra* (Toxicology), *Jarachikitsa/Rasayana* (Geriatrics) and *Vajikarana* (virilization). Ayurvedic approach of method of examination of patient and disease especially pulse examination is very unique.

Panchakarma therapy is one of the great specialties of Ayurveda, which is also known as detoxification or purification therapy. It includes different types of oil massages (*snehana – abhyanga, dhara, shirobasti*, etc); fomentation (*svedana* -steam bath, *pizhichil, katibasti, patra panda sveda, shastikashalipindasveda* etc). *Snehana* and *svedana* are called *purva karma*.

Abhyanga treatment



Shirodhara treatment



Main Panchakarmaare -

- *Vamana karma* (therapeutic vomiting to control *kaphadosha*),
- *Virechana karma* (therapeutic purgation to control *pitta dosha*),
- *AnuvasanaBasti karma* (medicated enema with oil to control *Vatadosha*)
- *NiruhaBasti karma* (medicated enema with decoctions, oil, honey, salt etc to control *Vatadosha*)
- *Nasya karma* (Nasal medication therapy to normalize all three *dosha* in head).

Panchakarma is very effective therapy for many chronic diseases as well as few acute diseases also. It tries to control all *doshas* and eliminate toxins / waste materials from the body, not only from the gastro-intestinal system but also from the tissue level. It has been described in Ayurveda that in any disease when the *doshas* are excessively aggravated, Panchakarma therapy should be done first to detoxify the body and then the actual medicinal treatment should be carried out so that not only success of the treatment would be very good but also chances of recurrence of the disease may not be there.

The main objective of Panchakarma procedures are:

- **For maintenance-promotion of health and prevention of diseases** – *Doshas* have the tendency to get vitiated in different seasons and if appropriate care is not taken to control the aggravation, it may lead to diseases. During monsoon, *vata* dosha gets vitiated. Hence, *Basti karma* (medicated enema) is to be done. In the season of Autumn, *pitta dosha* gets aggravated and hence *virechana karma* (purgation) is to be performed. In spring season, *vamana karma* (vomiting) is to be done to control *kapha* vitiation. It increases the quality of the tissues and also immune system which in turn enhances vigor, vitality and longevity.
- **Treatment of diseases** – Diseases are due to the aggravation of *doshas*. To eliminate/ control the excessively vitiated *doshas*, Panchakarma treatment is to be done. Then the exact treatment of the diseases should be carried out along with appropriate medicines, diet and lifestyle.

Panchakarma treatments are very effective in -

- Joint diseases (Rheumatoid Arthritis, Osteo Arthritis, cervical and lumbar spondylosis, prolapsed inter-vertebral disc, pain in joints)
- Neuro-muscular diseases (Paralysis of all types, Parkinson's disease, Fibromyalgia, muscular dystrophy, etc)
- Skin disease (Psoriasis, vitiligo, allergic dermatitis, etc)
- Migraine, sinusitis, Bronchial asthma
- Psychological disorders (stress, anxiety, depression)
- Obesity
- Gynecological diseases, infertility.

Ayurvedic Panchakarma therapy is considered as a wonder therapy which is very important and essential for maintenance and promotional of health, prevention and cure of diseases. Diseases are not only cured but recurrence chances are less. Extensive researches have shown positive results and benefits of Panchakarma therapy.

Hearty Welcome to Holy Family Hospital



Dr. U.K. Sadhoo,
Sr. Consultant,
Orthopaedics



Dr. V K Rajoria ,
Sr. Consultant,
Neurosurgery



Dr. Rajesh Gothi,
Sr. Consultant,
Radiology



Dr. Navile Aditya Murali,
Consultant,
Oncology



Dr. Sumant Gupta,
Consultant,
Oncology

PHYSIOTHERAPY DEPARTMENT

Physiotherapy Department at Holy Family Hospital provides comprehensive management with Exercise Therapy and Electrotherapeutic modalities. The Physiotherapy Team works with individuals where movement and function have been affected by injuries/trauma, various disease processes, aging, or environmental factors to enhance, maintain and restore maximum movement and functional ability. The Team works with varied Exercise Therapy and Electrotherapy techniques with emphasis on Rehabilitation and well – being of the patient.

Varied techniques used are:

- Manual therapy techniques (like Muscle Energy Techniques, Mulligan Mobilization, Kaltenborn Mobilization Techniques, Taping, Soft - tissue Mobilization, Trigger point Therapy to name a few);
- Specific exercise regimes for varied conditions from regaining movement to strengthening muscles;
- Use of Electrotherapeutic modalities such as Superficial heat modalities like IRR, Wax bath, Hot Packs; Deep heat modalities like Short wave Diathermy , Microwave Diathermy; Longwave Diathermy, Ultrasonic therapy (dual frequency, dual head), Therapeutic currents (like Interferential Therapy , TENS, Stimulation Therapy, Russian currents, Ultra Reiz, Didynamic currents, Combination Therapy), Cold therapy, Traction, Pneumatic Compression Therapy, Laser Therapy, Infrared Sauna, Continuous Passive Motion Machine (for Knee joint, Shoulder joint and Elbow joint) .
- Prescription of assistive devices, prostheses and orthoses is also taken care of.

Various fields covered in OPD as well as IPD are:



Cardiovascular & pulmonary physiotherapy - to improve the chest expansion, assist in removal of secretions, improve the endurance capacity.

Orthopaedic & Sports physiotherapy: for all post-operative orthopedic procedures, fractures, joint replacements, acute and chronic sports injuries, arthritis, sprains, strains, spondylosis, osteoarthritis, peri-arthritis and amputations to name a few conditions.

Pediatric physiotherapy - management of infants and children with congenital, developmental, neuromuscular, skeletal, or acquired disorders/diseases.

Women's health related physiotherapy - Include prenatal exercise classes, exercises and guidance during the post natal period to name a few.

Geriatric physiotherapy- Geriatric patients are given an appropriate level of rehabilitation so that they can function at a minimum level of dependency and improve their quality of life.

Physiotherapy for Neurological Cases – Physiotherapy rehabilitation regimes for cases such as Stroke, Chronic Pain conditions, Brain injury, Cerebral Palsy, GB Syndrome, Multiple Sclerosis, Parkinson's Disease, Bell's Palsy, Spinal Cord Injury to name a few.



GIVE THE GIFT OF LIFE - BECOME AN ORGAN DONOR

Holy Family Hospital and Holy Family College of Nursing organised a talk on Organ Donation

A Sensitization Drive to Promote Organ Donation and create awareness about the concept of Brain Stem Death was organized by Holy Family Hospital in association with National Organ and Tissue Transplant Organization (NOTTO), Directorate General of Health and Services, Ministry of Health and Family Welfare, Government of India, on 7th September, 2017.

Dr. S. K. Bathan, Coordinator, NOTTO enlightened the gathering with his very informative address. Some of the Key points Highlighted are:

- People of all ages can become donors even if they are some suffering from Hypertension, Diabetes Mellitus.
- Organ Donation is different from Body Donation.
- Organ donation is done to save lives whereas Body Donation is for use in education and research.
- One Organ Donor can save up to 8 lives and heal up to 35 through Tissue Donation
- If an individual is not registered for body donation even then his family members can give consent for body donation
- Eye Donation is possible only within 6 hours of Death. It takes 15 to 20 minutes for the Doctor or Technician to perform the procedure.
- Avoid use of fans near or above the body and keep the eye-lids closed in case of Eye Donation

Why Organ Donation (The need for Cadaver Donors)?

Organ	Annual Requirement	Availability
Kidney	2,00,000	7,500
Heart	50,000	150
Liver	30,000	1500



What is Brain Stem Death?

The stage at which all functions of the Brain Stem have permanent or irreversible cessation and is so certified under sub section (6) of Section 3 of Organ Transplant Act.

Types of Donor

- **Living Donor** can be only near relative i.e. Spouse, Son, Daughter, Brother or Sister, Grandparents and Grandchildren of the age 18 years and above. Other than relative, distant relative or friend can donate only after proper verification of relationship with the recipient.
- **Swap Transplantation:** Paired kidney exchange, also known as a “kidney swap” occurs when a living kidney donor is incompatible with the recipient, and so exchanges kidneys with another donor/recipient pair. Two live donor transplants would occur.
- **Deceased /Cadaver Donors** can be of any age.

Who are Potential Donors?

Organs that can be transplanted by Deceased Donors are two lungs, Heart, Liver, Intestine, Two Kidneys and Pancreas. Organs need to be transplanted at the earliest and can't be stored. Tissues which can be stored in Tissue Bank include Cornea, Skin, Tendon, Heart Valves, Bone and Cartilage.

What is the Preservation Time of Donated Organs?

Heart- 4 to 6 hours	Lungs- 4-8 hours	Intestines- 6- 10 hours
Liver – 12- 15 hours	Pancreas- 12- 24 hours	Kidneys- 24-48 hours

What to do when there is availability of Brain death Donor?

- Family Consent is mandatory for Organ Donation
- Functionality of Organs need to be checked
- It is must to share Information with SOTTO/ROTTA/NOTTO for timely allocation
- A brain dead person will not survive on a ventilator for more than 2-4 days. The decision to donate has to be taken as early as possible.

Ministry of Health and Family Welfare has established NOTTO at National level, 5 ROTTA at Regional level and State Human Organs and Tissues Removal and Storage Networks The State units are linked to hospitals, organ or tissue matching laboratories and tissue banks within their area and also to regional and national networking organizations. The broad principles of organ allocation and sharing are also established

Development of National Waiting List of Patients is prepared by NOTTO as per THOTA (Transplantation of Human Organs Act) Rules 2014 Sec. 31, (4)(e). The registered Hospital needs to prepare and update Waiting List of Patients at NOTTO portal.

Be an Organ Donor: Share your Life, Share your decision and Sign a Donor Card

Holy Family Hospital has been registered for Kidney Transplant and will start the Programme soon

LIGHTER MOMENTS

Healthy living tips

Question: Does an apple a day keep the doctor away?

Answer: Only if you aim it well enough.

Smile

A note on dentists’ door: “Smile. You might be doing this for the last time”.


What’s the Best Type of Doctor?

The best doctor in the world is the veterinarian. He can’t ask his patients what is the matter – he’s got to just know.

– Will Rogers

MY BRAIN:

80% Medical Knowledge
18% Patient related information
2% Personal life



Obesity doesn’t run in family.
The main problem is
nobody runs
in family.



Holy Family Hospital - Free Medical Camp

Holy Family hospital has organized Six Free Medical Health Camp in areas like Sangam Vihar, Gobind Puri, Hauz Khas, Alakananda, Vasant Kunj and Janpura with the Team of 12 members of Holy Family Hospital, that includes Cardiologist, Physicians, Intern, Technician, Staff Nurse, Helper, Driver and Clerical Staffs.

Free Physician and Cardiac consultation along with Free Blood Sugar, Blood pressure, Blood Grouping and ECG tests were provided by the Hospital. The Hospital is also provided 10% discount on remaining other diagnosis tests in the Hospital.

Approximate 849 Patients visited the Free Health Camps.

This Camp was successfully organized under the Guidance of Fr. George P.A, Director, Dr. Sumbul Warsi, Medical Superintendent, Dr. Tilottama Nischal, Community Health Coordinator with Mr. Oscar Nazareth, Mr. Arun Raimond, Mr. Anil Kumar and the team.

We will continue organizing this Medical Camps in Future also.



Small Story

This is an old classic worth a read anytime about Lateral thinking - a classic example....

How To Determine The Height Of A Skyscraper With A Barometer

This was a question in a physics degree exam at the University of Copenhagen: "Describe how to determine the height of a skyscraper with a Barometer."

One student replied, "You tie a long piece of string to the neck of the barometer, then lower the barometer from the roof of the skyscraper to the Ground. The length of the string plus the length of the barometer will equal the height of the building."

This highly original answer so incensed the examiner that the student was failed immediately. The student appealed on the grounds that his answer was indisputably correct, and the university appointed an independent arbiter to decide the case. The arbiter judged that the answer was indeed correct, but did not display any noticeable knowledge of physics. To resolve the problem, It was decided to call the student in and allow him six minutes in which to provide a verbal answer that showed at least a minimal familiarity with the basic principles of physics.

For five minutes the student sat in silence, forehead creased in thought. The arbiter reminded him that time was running out, to which the student replied that he had several extremely relevant answers, but couldn't make up His mind which to use. On being advised to hurry up the student replied as follows: "Firstly, you could take the barometer up to the roof of the Skyscraper, drop it over the edge, and measure the time it takes to reach The ground.

The height of the building can then be worked out from the Formula $H = 0.5g \times t \text{ squared}$. But bad luck on the barometer."

"Or if the sun is shining you could measure the height of the barometer, Then set it on end and measure the length of its shadow. Then you measure the length of the skyscraper's shadow, and thereafter it is a simple matter of proportional arithmetic to work out the height of the skyscraper."

"But if you wanted to be highly scientific about it, you could tie a short piece of string to the barometer and swing it like a pendulum, first at ground level and then on the roof of the skyscraper. The height is worked out by the difference in the gravitational restoring force $T = 2 \pi \text{ sq root } (l/g)$."

"Or if the skyscraper has an outside emergency staircase, it would be easier to walk up it and mark off the height of the skyscraper in barometer lengths, then add them up."

"If you merely wanted to be boring and orthodox about it, of course, you could use the barometer to measure the air pressure on the roof of the Skyscraper and on the ground, and convert the difference in millibars into feet to give the height of the building."

"But since we are constantly being exhorted to exercise independence of mind and apply scientific methods, undoubtedly the best way would be to knock on The janitor's door and say to him, 'If you would like a nice new barometer, I will give you this one if you tell me the height of this skyscraper'."

The student was Niels Bohr, the only Dane to win the Nobel prize for Physics.



Anaesthesia / Pain Management	Neurology with Neurosurgery
Dental Clinic	Obstetrics and Gynaecology with Laparoscopic Surgery
Comprehensive Cardiology Service (Including Interventions)	Orthopaedics, Trauma and Joint Replacements
Dermatology	Paediatrics with IPCU & NICU
Emergency Services	Physiotherapy
Eye and ENT Surgery	Plastic and Vascular Surgery
Gastroenterology with Endoscopy	Psychiatry with Clinical Psychology
General, Laparoscopic and Paediatric Surgery	Radiology with CT and MRI
Intensive Care (ICU/PCU/NICU)	Respiratory Medicine (Bronchoscopy, Sleep Lab, EBUS, Thoracoscopy, PFT-DLCO)
Laboratory Services	Thoracic Surgery
Medicine with ICU	Urology and Urosurgery
Nephrology and Dialysis	Alternative Medicine Including Homoeopathy & Ayurveda

Public Relations Officer (PRO)- Mr. Unni Nair - 9716832114

Editorial

Dr. Sanjay Sood, Sr. Consultant

Friends,

Holy Family Hospital in its mission to provide affordable healthcare to society is adding newer modalities in Superspecialities.

It is heartening to share that our hospital is now a registered center for Renal transplant it all happened due to great efforts of the administration and the renal transplant team.

This is a happening hospital in NCR.

Editorial team wishes all the best to transplant team.

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