

PULSE

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Godrej Memorial Hospital

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From the Editor's Desk

DUSSERA TO DIWALI – DECLUTTER, DECORATE AND DETOX

This festive season – like every year, we clean our houses – get rid of old stuff, buy new gadgets and clothes, decorate our homes and offices.

We indulge in sweets and feasts, invite and wish our near and dear ones.

We worship Goddess Laxmi and start a new accounting year (Vikram Samvat) and maybe new businesses.

School children will be taught to write about victory of good over evil and the significance (mythological) of each day of this festive season.

You have season's sales and post – Diwali sales and spas and health clubs and newspaper articles about relaxation and reducing the weight gained during the festive indulgences.

But all this is in the external material world. How much of the true significance do we really contemplate or implement? Let us see how we can truly imbibe and practice to help our body, mind and soul.

Let us de-clutter our minds and our lives by getting rid of any

unproductive or unhealthy thoughts, activities, habits – so that we create space, time and energy for better ideas, dreams and actions. Let us spend more time with ourselves and our loving family and friends throughout the year.

Let us decorate our body with the glow that comes from healthy habits – regarding our rest, recreation, diet, exercise and thinking. Let us read / learn about more beautiful thoughts and ways of life and living and giving.

Let the victory of good over evil not be restricted to books and essays. Let us pray and practice it in our daily lives, individually and collectively.

Let us bring more simplicity, smile and service in our daily dealings.

Let us not just detox our bodies but also our minds of all negative thoughts, habits and emotions – like envy, greed, pride, procrastination, revenge, pessimism, hatred, etc.

Let this festival of lights – Light up our lives and not just our houses.

BEST WISHES FOR THIS FESTIVE SEASON AND FOREVER.

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Child Development: Learner in Difficulty



Let me take this opportunity to congratulate and thank all of you at completing one year of Child Development Initiative at Godrej Memorial Hospital, envisioned to reach out to children with special needs. Hence I seize this opportunity to pen down a few facts on the most common childhood disability afflicting children all over the world- Learning Disability.

Teaching learners is often a joy. But occasionally, we come across students who are not meeting our expectations, then it becomes challenging for us. This article presents a practical approach to identifying, diagnosing, and managing the learner in difficulty.

Overview: Learning disabilities (LD) are the most common form of childhood impairment: 1 in 20 children have a learning disability of some kind. The term 'learning disability' is very wide and covers any development that is significantly behind what is expected for a particular age. Learning disability may occur on its own or in addition to sensory or physical impairments or medical conditions like epilepsy. For some children (for e.g., children with Down's syndrome), there is a genetic basis for their learning disability. However, for most children the causes of learning disability are never known. Although there are no cures, there is a great deal that can be done to help children with a learning disability to lead fulfilling and valued lives. Males with LD outnumber females. Difficulty with reading and language is the most common form of LD. Upto 80% of students with LD have difficulty reading.

LD symptoms can vary significantly from person to person, but are generally chronic, though not progressive. A child with LD will not outgrow it, though he/she may learn compensation strategies to partially overcome it. The learning and processing difficulties of LD are not related to intelligence, in fact such individuals may have average or above average IQs.

There are many ways to classify LDs. Common is:

- Reading Disorder
- Maths Disorder
- Disorder of written expression
- Other

Possible Academic Symptoms:

- Lower performance on group tests as compared to peers
- Decrease in reading and writing abilities over time
- Difficult copying
- Need extra time completing work

Possible other symptoms

- General awkwardness
- Easily distracted
- Difficulty concentrating

- Poor visual-motor coordination
- Poor organizational skills
- Difficulty with abstract thinking, difficulty with concepts of time
- Low self esteem, frustration
- Inappropriate displays of affection, rapid mood changes
- Difficulty making decisions

THE CHALLENGE: Many of us hesitate to identify and report learners experiencing difficulties for a number of reasons, including inexperience in handling such situations, concern they are misjudging the circumstances, lack of documentation, fear of retribution by the student, and the time required to resolve issues.

THE APPROACH: it is helpful to have a basic approach to a learner who is not meeting expectations. Teachers are good at recognizing a student not doing well but have difficulty deciding what to do next. We propose that the steps should be analogous to those of a parent or a teacher confronted with a coughing patient. And while we deal with such a person, we should not only think of the skills, attitudes, and behaviors of the learner but also consider the impact of the environment.

Common assistive approaches used in classroom:

- Allowing extra time for careful reading
- Providing the same information in different media formats like multimedia computer programs, captioned videotapes etc
- Using highlighters, colour coding, graph papers for organising information
- Having others to read aloud to them
- Dictating into a tape-recorder for note-taking
- Allowing verbal rather than written reports
- Teacher wears microphone to reduce distractions
- Audio taping lectures
- Headphones-earphones to reduce background noises and help the person to stay focussed.

Who can help:

- Teachers and school counsellors
- Pediatricians and Developmental Pediatricians
- Clinical psychologists
- Therapists
 - a. Speech and language therapists
 - b. Physiotherapists
 - c. Occupational therapists

- Dr Smita Roychoudhary
(Consultant Pediatrician)



Coronary Artery Bypass Surgery

Coronary artery disease in India as compared to the west is **totally a different cup of tea. It is characterized by**

- Younger Age Patients
- Diffuse Disease
- High Incidence Of Associated Diabetes

Why Coronary Artery Bypass Grafting (Surgery):

The purpose of CABG is to improve blood flow to the heart.

- It improves quality of life by relieving angina and exercise capacity in vast majority of cases.
- It also protects the heart against potential risk of a massive heart attack.
- Reduces need of medication.
- Restoring a sense of well being.

Will my heart disease be cured once I have had bypass surgery?

- Bypass surgery is not cure for heart disease.
- It is a form of treatment that relieves symptoms and improves the quality of life for many patients.
- Coronary artery disease is a steadily progressive disease and may eventually clog remaining arteries of the heart as well as bypasses.

How to get good long term results?

It is essential that you reduce your risk of heart disease by controlling your heart risk factors -

Smoking, Diabetes, High Blood Pressure, High Cholesterol, Mental Stress, Physical Inactivity, Obesity.

This will ensure that you get the best long-term result from your bypass surgery.

What is Coronary Artery Bypass Grafting:

CABG is a heart operation in which arteries or veins are taken from another part of the body to channel the needed blood flow to the coronary arteries.

Types of CABG:

- Conventional CABG under Cardiopulmonary Bypass.
- Beating Heart Coronary Artery Bypass Surgery.
- Minimally Invasive – CABG
- Total Robotic CABG

- DR. SUHAS J. PARIKH

MS; M.Ch.(Bom); FIACS; FISC, D.R.E(France); D.R.E. - Hospital La Pitie (Paris)

Clinical Associate - St. Vincent Hospital (Australia)

Sr. Consultant Cardiovascular & Thoracic Surgeon

GMH-ISCCM RECOGNITION AND TRAINING PROGRAMMES

Godrej memorial hospital has been recently given accreditation from the Indian Society of Critical Care Medicine, for starting various courses of post graduate diploma, and post MBBS certificate course in critical care.

Critical Care Medicine (CCM) is an evolving specialty overlapping multiple primary specialties. Recognizing the increasing need to consolidate the field and to promote awareness, continuing education and research in this field, the Indian Society of Critical Care Medicine (ISCCM) was Formed on 9th October 1993.

- To promote academic and scientific activity in the field of CCM.
- To encourage research in the field of critical care medicine.
- To organise continuing medical education and training programmes, meetings and conferences in CCM.
- To establish guidelines for the running and staffing of ICU'S.
- To publish scientific papers, journals, monographs and text books aimed at upgrading knowledge and skill
- To seek affiliation with national and international associations and societies or similar bodies to achieve the objectives of the society.
- To generate funds to carry out the objectives of the Society.
- To take such action as shall be considered with furthering the aims and objectives of the Society.

Indian Society of Critical Care Medicine was established on

9th October, 1993. It is the largest non-profit association of Indian Physicians, Nurses, Physiotherapists and other allied health care professionals involved in the care of the critically ill.

COURSES :

IDCCM

Duration: Duration of the Indian Diploma in Critical Care course (IDCC) is one year for MD/MS/DNB candidates and 2 years for DA/DTCD or equivalent candidates.

Eligibility : Diploma in Anaesthesia/Diploma in Chest diseases / Diploma in Orthopedics.

MD Medicine/Chest/Anaesthesia

DNB Medicine/Chest/Anaesthesia

MS General Surgery/Orthopedics

The base qualifications must be from a MCI recognized university.

IFCCM

The duration of the course is one year post IDCCM

POST-MBBS CERTIFICATE COURSE

Critical care is an upcoming specialty and presently has a huge shortage of trained dedicated manpower. MBBS doctors are a major workforce in ICU teams. This course has been proposed to impart structured critical care training to MBBS doctors to improve

patient management skills.

Eligibility: MBBS or equivalent allopathic medical degree with valid MCI registration.

SCOPE

Godrej Memorial Hospital will be an excellent training ground for future intensivists who will provide best in class medical care, knowledge & expertise across India & perhaps even abroad.

- Dr Mita Vira

MBBS,MD (Anaesthesia),
Fellow In Critical Care

Events

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Dr. Yusuf Esaf on behalf of
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The Pirojsha Godrej Foundation commemorated the birth centenary of Dosabai Godrej-Naoroji & announced the Dosabai Godrej-Naoroji Award on this occasion for compassionate care that facilitates & recognise the outstanding work done by nurses & the medical staffers at the Godrej Memorial Hospital On 25th October 2013

Observed World Heart Day 29th September 2013

During 30th September to 10th October by offering Cardiac Health Check up including 30 vital tests & General Physician, Dietitian consultation for only Rs 2499/-
Benefitted 89 Heart patients
7 Angiographies has been done @ 40% concession
2 Angioplasties has been done @ 20%concession

World Arthritis Day 12th October 2013

On 12th & 13th October 2013.
Offered Free consultation & Free X-Ray
Special concession on Knee Replacement
Single Knee 1,35,000/-
Bilateral Knee 2,70,000/-
20% off on Hip replacement
Registered 13 patients in 2 days.

World Obesity Day

26th & 27th October 2013
Offered Free Body Mass Index, Body Fat analysis & Free consultation of Bariatric Surgeon & Dietitian
Offered Bariatric Surgery for Rs 2,75,000/-
Registered 30 patients in 2 days.



*Wish you a Happy
Diwali*