



NEWSLETTER JANUARY 2024

MEDI UPDATES

The date was chosen partly in honor of Janus, the Roman god of beginnings and the month's namesake. Though medieval Christians attempted to replace January 1 with more religiously significant dates, Pope Gregory XIII created a revised calendar that officially established January 1 as New Year's Day in 1582



NEUROSURGERY & NEUROLOGY
CARDIOLOGY
NEPHROLOGY & UROLOGY
CRITICAL CARE & PULMONOLOGY
LAP SURGERY & PLASTIC SURGERY
MEDICINE & PAEDIATRIC (NEONATOLOGY)
ORTHOPEDIC & JOINT REPLACEMENT
ANESTHESIA & EMERGENCY MEDICINE
RADIOLOGY & INTERVENTIONAL
RADIOLOGY
PATHOLOGY & DIAGNOSTICS
GASTROENTEROLOGY
ENT, PSYCHIATRY & ALLIED SPECIALITIES

AT SOME POINT IN EVERY PERSON'S LIFE, YOU WILL NEED AN ASSISTED MEDICAL DEVICE - WHETHER IT'S YOUR GLASSES, YOUR CONTACTS, OR AS YOU AGE AND YOU HAVE A HIP REPLACEMENT OR A KNEE REPLACEMENT OR A PACEMAKER.



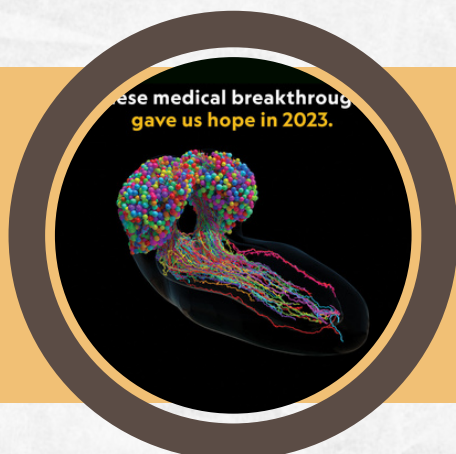
**WILSON
GREATBATCH**

Wilson Greatbatch, a professed “humble tinkerer” who, working in his barn in 1958, designed the first practical implantable pacemaker, a device that has preserved millions of lives. Mr. Greatbatch patented more than 325 inventions, notably a long-life lithium battery used in a wide range of medical implants.



Medical Breakthroughs of 2023

1. **The world's first CRISPR-based gene therapy becomes available** : The newly approved gene therapy, named CASGEVY, corrects faulty hemoglobin genes in a patient's bone marrow stem cells so they can produce functioning hemoglobin.
2. **The first drug that slows down Alzheimer's disease gets approved** : Leqembi is a monoclonal antibody that works by targeting amyloid plaques in the brain that are a defining feature of Alzheimer's disease.
3. **Researchers produce healthy mice pups from two fathers; no female required** : Researchers from Japan presented evidence at a scientific conference that it is possible to produce healthy, fertile mice without an egg from a female mouse.
4. **Scientists map all the connections in an insect brain** : Scientists have produced the first complete brain-wiring diagram of an insect brain. But a complete map of the connectome of a fruit fly larva reveals it contains more than 3,000 neurons and more than half a million connections between them
5. **Pigment-producing cells get "stuck" causing gray hairs** : Scientists show that when pigment-producing cells, called melanocytes, get stuck in an immature state, they fail to develop their blonde, brown, red, or black, hair color. This arrested state leads to graying hairs. New hair grows from follicles, found in the skin, where melanocytes also reside.
6. **Bacteria shown to help cancer cells spread more aggressively** : Scientists have found that some bacteria that are frequently found in many gastrointestinal tract tumors directly help cancer cells evade the body's immune response. Not only do these bacteria cooperate with tumor cells to promote cancer progression, they also help them spread more rapidly by breaking down anticancer drugs and causing the treatment to fail.
7. **AI identifies people at the highest risk of pancreatic cancer** : A new artificial intelligence (AI) tool can predict pancreatic cancer up to three years before actual diagnosis, by identifying specific patterns of conditions that occurred in patients' health records.



Preventive Health Checkup Plans
Personalised Health Check Ups

Contact

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No matter how strong the current beats against you, or how heavy your burden, or how tragic your love story. You keep going.



Book Troverts

Extraordinary Means Robyn Schneider

"Extraordinary Means" by Robyn Schneider is a young adult novel that tells the story of two teenagers, Lane Rosen and Sadie Montgomery, who meet under unusual circumstances while living in a tuberculosis (TB) sanatorium.

The novel is set in a world where a drug-resistant strain of tuberculosis has become widespread, leading to the establishment of a boarding school-like facility called Latham House for infected teenagers. Lane Rosen, a studious and ambitious student, is sent to Latham House after contracting the deadly disease. Sadie Montgomery, a spirited and rebellious girl, is already a resident at the facility.

As Lane and Sadie navigate their new lives at Latham House, they form an unexpected bond and develop a deep connection amidst the challenges of their health condition. The story revolves around their experiences within the walls of the sanatorium, their budding romance, and their struggle to come to terms with the uncertain future that their illness brings.

Schneider weaves a poignant narrative that explores themes of friendship, love, loss, and resilience in the face of adversity. The novel beautifully portrays the complexities of teenage life, the importance of seizing the present moment, and the emotional turmoil of dealing with a life-threatening illness.

As Lane and Sadie discover the meaning of living life to the fullest, "Extraordinary Means" is a heartfelt tale that captures the essence of youth, resilience, and the significance of finding joy and connections, even in the midst of challenging circumstances. Schneider's storytelling evokes empathy and compassion, drawing readers into the lives of the characters as they navigate the extraordinary challenges they face.

11 Clinical Trials that will Shape Future of Medicine in 2024

- 1. Base editing for hypercholesterolemia :** Amit Khera: Around 1 in every 300 people is born with heterozygous familial hypercholesterolemia, which makes it one of the most common inherited genetic conditions. The disease is caused by mutations in the PCSK9 gene, which encodes a protein that breaks down receptors for low-density lipoprotein (LDL), a type of cholesterol. Although statins can reduce the risk of cardiovascular disease in these patients, most are unable to achieve optimal LDL cholesterol levels on chronic therapy. The heart-1 trial is a global first-in-human study of in vivo DNA base editing and has the potential to demonstrate proof of concept for PCSK9-targeted base-editing treatment approaches for durably lowering of LDL cholesterol.
- 2. AI for early lung cancer diagnosis :** David Baldwin: Diagnosing lung cancer early saves lives. Although nearly three quarters of lung cancers are diagnosed late, at stage 3 or 4, earlier diagnosis at any stage allows better and more-effective treatment. A chest X-ray is most often the first test to suggest lung cancer and, if followed promptly by a computed tomography (CT) scan, can bring the diagnosis forward
- 3. T cell vaccine for HIV :** VIR-1388 is a cytomegalovirus (CMV) vector vaccine that induces strong, unique and sustained T cell responses that can potentially prevent acquisition of HIV. This follows a proof-of-concept trial of VIR-1111 that demonstrated its safety, although without a strong immune response; VIR-1388 is less attenuated than VIR-1111, and we believe it should be more immunogenic.
- 4. App therapy for perinatal depression :** Funded by the Research and Innovation for Global Health Transformation from the UK National Institute for Health and Care Research, a team led by the University of Liverpool has developed an app that allows a peer (a woman from the same community with no prior experience in healthcare delivery) to deliver a cognitive-therapy-based intervention to women in the second or third trimester of pregnancy who have major depression.
- 5. Stem cells for Parkinson's disease :** The STEM-PD trial will transplant dopaminergic neurons derived from human embryonic stem cells into the brains of patients 50–75 years of age with moderate Parkinson's disease. It is important both because it is the first time a human embryonic stem cell therapy is being tested in Parkinson's disease, and because we are targeting people with moderate disease, which gives them the most chance to benefit from the therapy. The first patients were administered doses in February 2023, and we hope to have preliminary results by the end of 2024.

6. Machine learning for patient triage : Identifying which patients in the emergency department are at high or low risk shortly after admission could help decision-making for patient care. Several clinical risk scores and triage systems for the stratification of patients have been developed, but they often underperform in clinical practice. Moreover, most of these risk scores have been only diagnostically validated in an observational cohort, but never for their actual clinical impact.

7. Immunotherapy for melanoma : Christian Blank: We have pioneered neoadjuvant checkpoint inhibition in recent years. In melanoma, the efficacy of neoadjuvant checkpoint inhibition versus the current standard of adjuvant therapy needs to be confirmed in a phase 3 trial before neoadjuvant therapy can be considered a standard option for this patient population.

8. Long-term efficacy of R21 malaria vaccine : Adrian Hill: A major problem with vaccines against malaria, and one reason it has taken over 100 years to deploy a vaccine, is that an exceptionally high antibody response is needed for the vaccine to work. Forty vaccines have gone into the clinic with the same circumsporozoite protein antigen, and only two of them have shown useful efficacy: RTS,S and R21. Vaccine efficacy for RTS,S/AS01 drops from 55% to around 30% at 4 years after vaccination, so long-term follow up is really important.

9. ADC for brain metastasis : Nancy Lin: Brain metastasis is a major problem in advanced breast cancer that affects about half of HER2-positive patients, but with only one treatment approved by the US Food and Drug Administration for this patient population. DESTINY-Breast12 is an open-label, multicenter, international study assessing the efficacy and safety of trastuzumab deruxtecan (Enhertu), an antibody–drug conjugate (ADC) that targets HER2, in participants with or without brain metastasis. Patients had been previously treated for advanced metastatic HER2-positive breast cancer that had progressed on prior anti-HER2-based regimens and had received no more than two lines or regimens of therapy in the metastatic setting (excluding tucatinib). Intracranial activity for this treatment is based on only very small prospective studies or prospective case series in single countries (as well as a mixed population of patients with active and stable brain metastases in the DESTINY-Breast01, 02 and 03 studies) – but these have shown encouraging responses.

10. Intervention model for infant mental health : Dennis Ougrin: Nearly 100,000 children are currently in care across the UK, and many of them face behavioral challenges and an uncertain future. Children who are removed from their home due to abuse and neglect are one of the most vulnerable groups in any society. We are investigating the efficacy and cost-effectiveness of the New Orleans Intervention Model for Infant Mental Health relative to the usual social work services for children 0–5 years of age who are in foster care in Glasgow and London

11. CT screening for lung cancer ; 4-IN THE LUNG RUN will compare whether screening every 2 years is as effective at preventing cancer deaths as yearly tests in those with no abnormalities at their first scan

AN UPDATE ON EIGHT “NEW” ANTIBIOTICS AGAINST MULTIDRUG-RESISTANT GRAM-NEGATIVE BACTERIA

SERIES ONE – PLAZOMICIN



PLAZOMICIN



TEMOCILLIN



Cefiderocol



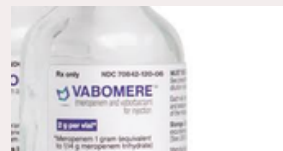
Eravacycline



Ceftazidime/
Avibactam



Ceftolozane/
Tazobactam



Meropenem/
Vaborbactam



IMIPENEM-
CILASTATIN/RELEBACTAM



IMIPENEM-CILASTATIN/RELEBACTAM

The FDA approved imipenem-cilastatin/relebactam (brand name Recarbrio) in 2019 for cUTI and cIAI indications at a dose of 1.25 g (imipenem 500 mg, cilastatin 500 mg, and relebactam 250 mg), IV, QID. The indication was extended to HAP/VAP in 2020.

Common side effects (in up to 10%) are nausea, diarrhea, elevated liver enzymes, increased eosinophils, and rash.

Like all beta-lactam/ beta-lactamase inhibitor (BL/ BLI) presented in the present manuscript, imipenem (+cilastatin)/relebactam, further referred to as imipenem/relebactam, shows activity against Enterobacterales (including ESBL and AmpC isolates) and *P. aeruginosa*, but not against *Acinetobacter* spp

Amiodarone & Thyroid

Normal

In normal, euthyroid individuals receiving amiodarone, acute changes in thyroid function tests include

- Serum T₄ and free T₄ concentrations rise by 20 to 40 percent during the first month of therapy.
- Serum T₃ concentrations decrease by up to 30 percent within the first few weeks of therapy.
- Serum reverse T₃ concentrations increase by 20 percent soon after the initiation of therapy.
- The serum TSH concentration usually rises slightly after the initiation of treatment and may exceed the upper limit of normal.

After three to six months of therapy, a steady state is reached in most patients who were euthyroid at baseline:

- Serum TSH concentration normalizes
- Serum total T₄, free T₄ and reverse T₃ concentrations remain slightly elevated or in the upper normal range
- Serum T₃ concentrations remain in the low normal range

Amiodarone may also cause a destructive thyroiditis in patients without underlying thyroid disease.

Abnormal

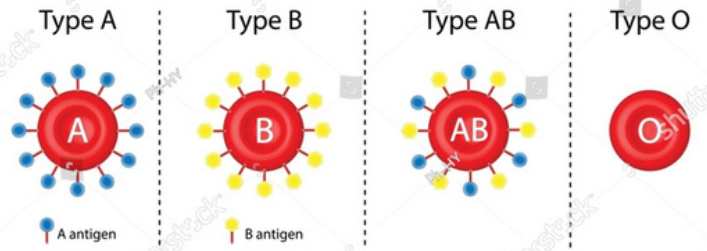
- Patients with underlying autoimmune thyroid disease are more likely to develop amiodarone-induced hypothyroidism, presumably due to failure to escape from the Wolff-Chaikoff effect.
- In patients with underlying multinodular goiter or latent Graves' disease, hyperthyroidism (increased synthesis of T₄ and T₃) may occur. The excess iodine from the amiodarone provides increased substrate, resulting in enhanced thyroid hormone production.

In patients taking amiodarone who are also being treated with warfarin, the consequences of amiodarone-induced thyroid dysfunction include a significant influence on warfarin response. The effect of warfarin is potentiated by thyrotoxicosis and attenuated in hypothyroidism.

In addition, amiodarone itself has effects on warfarin pharmacokinetics, which may be important if the amiodarone is discontinued because of thyroid dysfunction. In any patient with amiodarone-induced thyroid dysfunction who is also taking warfarin, the International Normalized Ratio (INR) should be monitored closely and appropriate adjustments in warfarin dosing made



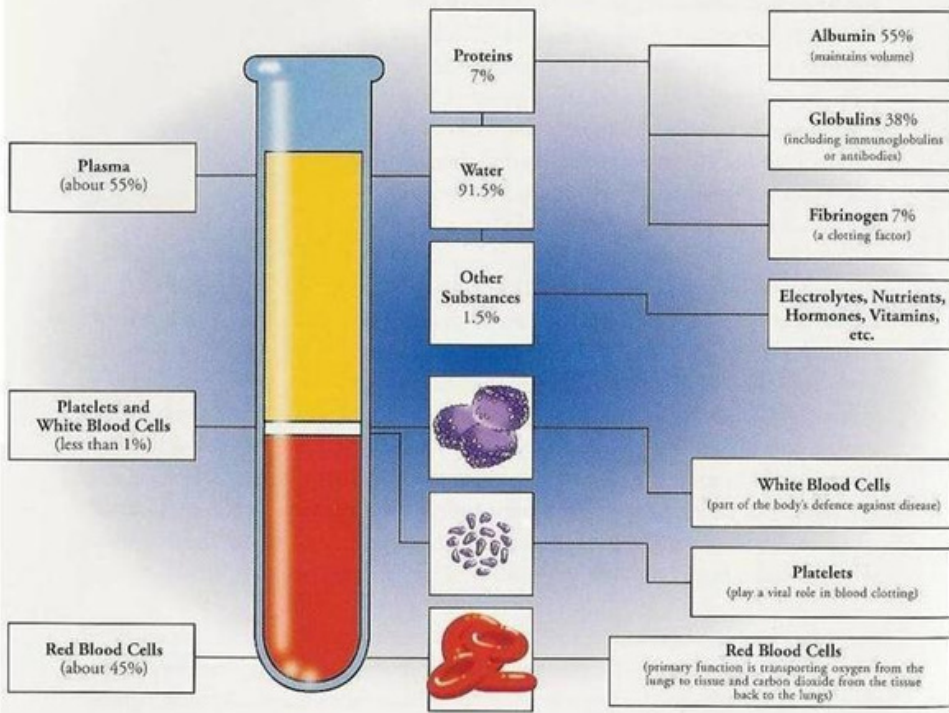
ABO blood group



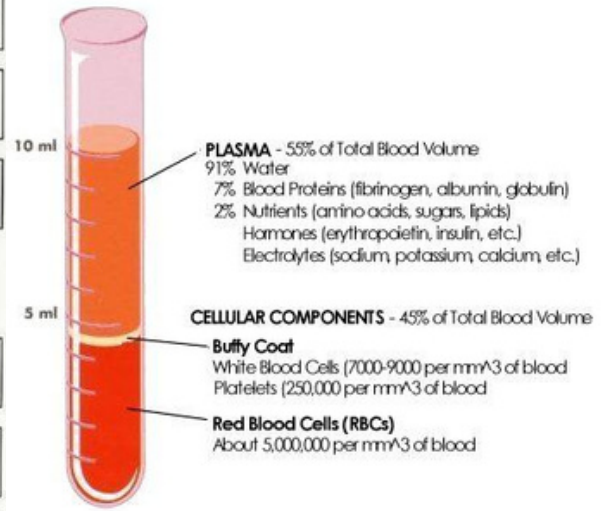
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The Makeup of Blood



NURSING BLOOD PRODUCTS



Whole blood



Type	You can give blood to	You can receive blood from
A+	A+, AB+	A+, A-, O+, O-
O+	O+, A+, B+, AB+	O+, O-
B+	B+, AB+	B+, B-, O+, O-
AB+	AB+	Everyone
A-	A+, A-, AB+, AB-	A-, O-
O-	Everyone	O-
B-	B+, B-, AB+, AB-	B-, O-
AB-	AB+, AB-	AB-, A-, B-, O-

Solution	Glucose (g/L)	Na ⁺	K ⁺	Ca ⁺²	Cl ⁻	Lactate	PO ₄ ⁻³	Mg ⁺²
5% Dextrose (D ₅ W)	50	0	0	0	0	0	0	0
10% Dextrose (D ₁₀ W)	100	0	0	0	0	0	0	0
Normal Saline (NS)	0	154	0	0	154	0	0	0
D ₅ NS	50	154	0	0	154	0	0	0
D ₅ ½NS	50	77	0	0	77	0	0	0
0.2% NS	0	31	0	0	31	0	0	0
3% NaCl	0	513	0	0	513	0	0	0
Ringer's Lactate (LR)	0	130	4	3	109	28	0	0
D ₅ LR	50	130	4	3	109	28	0	0
D ₁₀ E#48	100	30	15	0	20	25	3	3
D ₅ E#48	50	25	20	0	22	23	3	3
D ₁₀ E#75	100	57	35	0	40	25	12	6
D ₆ E#75	60	40	40	0	35	20	15	0

Common intravenous solutions

Hartmann's solution

Hartmann's solution or Compound Sodium Lactate is a solution that is isotonic with blood and intended for intravenous administration.

One litre of Hartmann's Solution contains:

- 131 mEq of sodium ion = 131 mmol/L.
- 111 mEq of chloride ion = 111 mmol/L.
- 29 mEq of lactate = 29 mmol/L.
- 5 mEq of potassium ion = 5 mmol/L.
- 2 mEq of calcium ion = 2 mmol/L .

Common crystalloid solutions

Composition of Common Crystalloid Solutions

Solution	Other Name	[Na ⁺](mmol/L)	[Cl ⁻](mmol/L)	[Glucose](mmol/L)	[Glucose](mg/dl)
D5W	5% Dextrose	0	0	278	5000
2/3D & 1/3S	3.3% Dextrose / 0.3% saline	51	51	185	3333
Half-normal saline	0.45% NaCl	77	77	0	0
Normal saline	0.9% NaCl	154	154	0	0
Ringer's lactate	Lactated Ringer	130	109	0	0

Ringer's lactate also has 28 mmol/L lactate, 4 mmol/L K⁺ and 3 mmol/L Ca²⁺. Ringer's acetate (ASERING) also has 28 mmol/L acetate, 4 mmol/L K⁺ and 3 mmol/L Ca²⁺.

Effect of Adding One Litre

Solution	Change in ECF	Change in ICF
D5W	333 mL	667 mL
2/3D & 1/3S	556 mL	444 mL
Half-normal saline	667 mL	333 mL
Normal saline	1000 mL	0 mL
Ringer's lactate	900 mL	100 mL

ICU / ER

DRUG GUIDELINES

Drips	Standard Concentration	Rate options		Comments	
		Start	Max		
Cisatracurium	200mg/250mL	0.5mcg/kg/min	10mcg/kg/min	Paralytic of choice in renal or hepatic insufficiency	
Diltiazem	100mg/100mL	5mg/hr	15mg/hr	May bolus 10-25 mg initially	
Dobutamine	250mg/250mL	1-5mcg/kg/min	20mcg/kg/min	Does not significantly raise blood pressure but used for inotropic effects	
Dopamine	400mg/250mL	1-5mcg/kg/min	20mcg/kg/min	Central line	
Epinephrine	4mg/250mL	0.5 mcg/min	10mcg/min	Central line	
Esmolol	2500mg/250mL	25mcg/kg/min	300mcg/kg/min	May bolus 50-500 mcg/kg initially	
Isoproterenol	1mg/250mL	0.2mcg/min	20mcg/min	Contraindicated in arrhythmia and angina, caution in heart disease	
Lidocaine	2000mg/250ml	1-4mg/min	5mg/min	Caution if history of heart block	
Milrinone				dysfunction	
Nitroglycerin				renal failure	
Nitroprusside	Fentanyl	1 mcg/kg	2 mcg/kg (100 mcg)	Ampule	For analgesia if needed with RSI/procedures
	Vecuronium	0.1 mg/kg	0.1 mg/kg (or 10 mg)	Vial	Use adjusted BW if > 130% IBW Prolonged effect in renal/hepatic impairment
	Naloxone	0.04 mg	0.4 mg (may repeat)	Vial or syringe	Lower doses with re-dosing (q2-3 min) may be needed in opiate-dependent patients
Norepinephrine	0mg/250mL	1mcg/min	50mcg/min	Central line	
Phenylephrine	30mg/250mL	20mcg/min	200mcg/min	Pure alpha agonist with least effect on heart rate	

ACLS Medications	Usual Dose	Max Dose	Drug Package	Comments
Adenosine	6mg	---	Vial	May give additional 12mg dose if no conversion. Defibrillator must be present. Decrease dose to 3mg if pt on dipyridamole or carbamazepine
Amiodarone	150 mg	300 mg	Vial	300mg for VFib or pulseless VT
Atropine	0.5 mg	0.04 mg/kg (or 3 mg)	Syringe	No longer recommended in asystole and PEA
Epinephrine	1 mg	---	Syringe	Given every 3-5 minutes 2-2.5mg if given endotracheally
Lidocaine	1-1.5 mg/kg	3 mg/kg (or 300 mg)	Syringe	For VFib or pulseless VT. If persists after initial dose, may give additional 0.5-0.75mg/kg every 5-10min to max dose
Vasopressin	40 units	---	Vial	May replace 1 st or 2 nd dose of epinephrine
Magnesium	1-2 g	6 g	Vial	For VFib/pulseless VT with Torsades only

Miscellaneous	Usual Dose	Max Dose	Drug Package	Comments
Fentanyl	1 mcg/kg	2 mcg/kg (100 mcg)	Ampule	For analgesia if needed with RSI/procedures
Vecuronium	0.1 mg/kg	0.1 mg/kg (or 10 mg)	Vial	Use adjusted BW if > 130% IBW Prolonged effect in renal/hepatic impairment
Naloxone	0.04 mg	0.4 mg (may repeat)	Vial or syringe	Lower doses with re-dosing (q2-3 min) may be needed in opiate-dependent patients



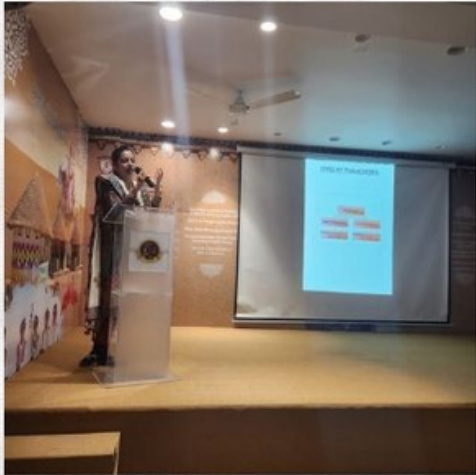
CME
Family Physician
&
IMA, Gandhidham



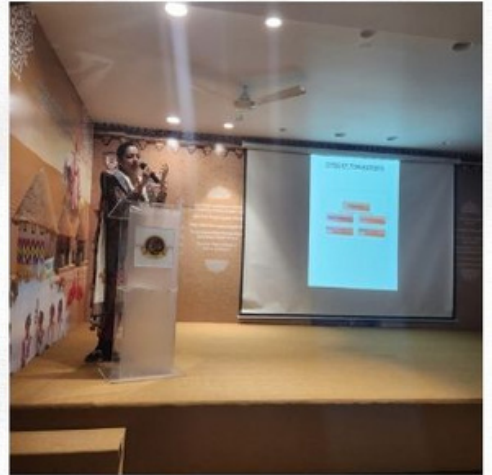


Marathon
23-12-23





**Awareness
Sessions**
**Dr Naaz Hamdulay
on Thalessemia**
**Dr Maulik Patel
on Cardiac Care**
Camp @ Dhrab Hospital, Mundra





NEPHROLOGY DEPARTMENT

DR BHAVIN MADOWARA



DR BHAVIN MANDOWARA
UROLOGIST

DIVINE LIFE HOSPITAL
ADIPUR

Dr Bhavin Mandowara, is Lead Nephrologist at Divine Life Hospital. He has earned unique identity as Nephrologist in this region

He specialised in Nephrology from Zydus Hospital, Ahmedabad with rich experience of working in Baroda

He Specialised in Kidney Related Ailments, Dialysis, Critical Care Nephrology & Procedures.

He has been treating Patients in Adipur Bhuj, Rapar & Bhojai Region with his excellent expertise.

BLOCKCHAIN TECHNOLOGY

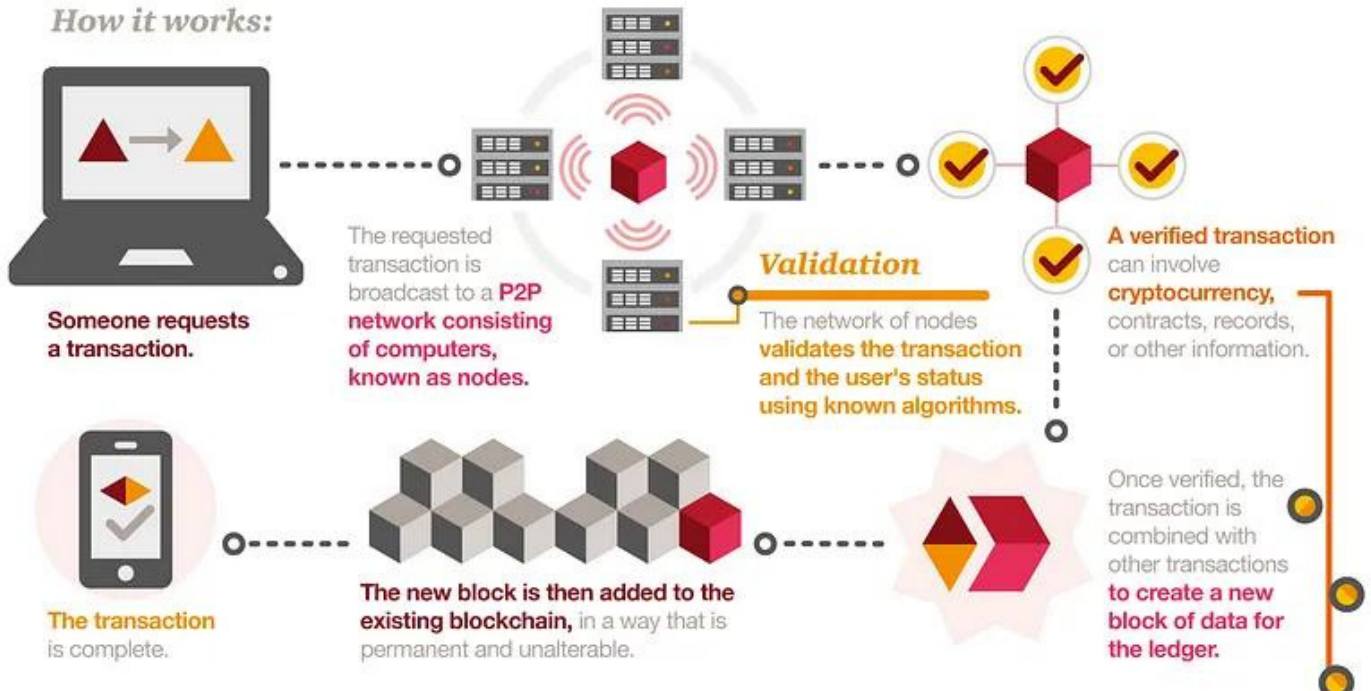
A look at

blockchain technology

What is it?

The **blockchain** is a decentralized ledger of all transactions across a peer-to-peer network. Using this technology, participants can confirm transactions without the need for a central certifying authority. Potential applications include fund transfers, settling trades, voting, and many other uses.

How it works:



BLOCKCHAIN

Blockchain is a method of recording information that makes it impossible or difficult for the system to be changed, hacked, or manipulated. A blockchain is a distributed ledger that duplicates and distributes transactions across the network of computers participating in the blockchain.

Blockchain facilitates the verification and traceability of multistep transactions that require verification and traceability. It can ensure secure transactions, lower compliance expenses, and accelerate data transfer processing. Blockchain technology can aid in contract administration and product auditing.

FUTURE TECH


DIVINE
LIFE HOSPITAL
MANAGED BY MEDIAID HEALTHCARE LLP



UNEXPECTED RBC ANTIBODIES SCREENING

WHAT ARE UNEXPECTED RBC ANTIBODIES?

All red cell antibodies other than naturally occurring anti-A and anti-B antibodies are defined as "unexpected antibodies." There are 2 types of unexpected antibodies: alloantibodies and autoantibodies.

WHAT CAUSES UNEXPECTED ANTIBODIES?

Depending on the type of antibody, some develop naturally in patients but most unexpected antibodies are formed as part of the immune response after exposure to foreign antigens during pregnancy or transfusion.

WHAT DOES IT MEAN WHEN RBC ANTIBODY IS POSITIVE?

A positive result means you have one or more RBC antibodies in your blood that could attack red blood cells in certain types of donor blood.

HOW DO ANTIBODIES DESTROY RBC?

Antibodies to blood group antigens can cause immune RBC destruction directly (extravascular destruction) or indirectly through subsequent complement activation (intravascular hemolysis).

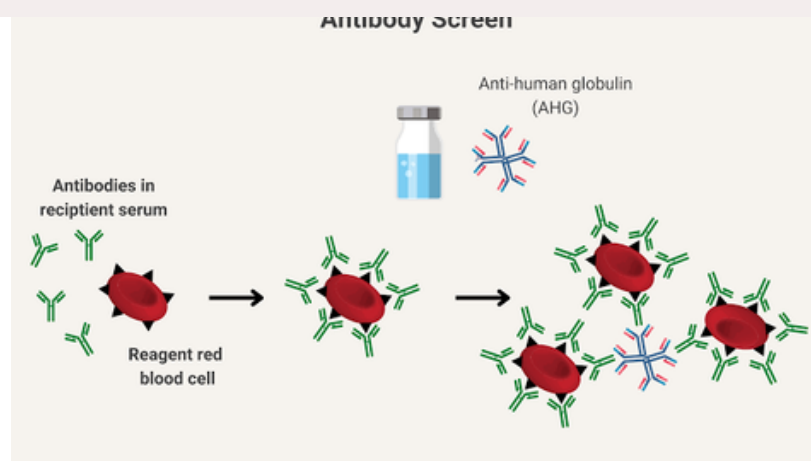
WHERE DO RBC ANTIBODIES COME FROM?

These antibodies may have formed from a blood transfusion, from an earlier pregnancy, or even from exposure to some viruses or bacteria.

An RBC (red blood cell) antibody screen is a blood test that looks for RBC antibodies in your blood. These antibodies destroy red blood cells that are different from your own (foreign). Having RBC antibodies won't harm your health, but: If you have a blood transfusion, they could cause serious illness

TEST CHECK

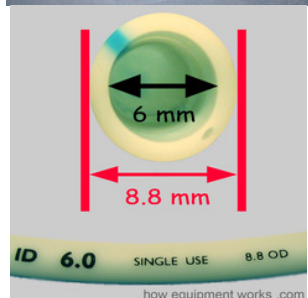
RBC Antibody Screen helps identify red blood cell antibodies for safe transfusions, with positive results indicating the presence of antibodies





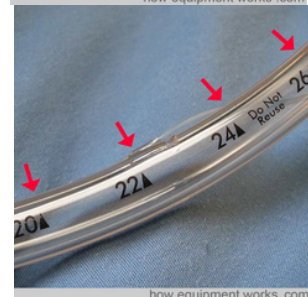
Most endotracheal tubes that you will encounter will be made out of plastic (Polyvinyl Chloride, PVC). These may be visually clear or opaque.

The “size” of an endotracheal tube refers to its internal diameter. Therefore if you ask for a “size 6” endotracheal tube, you are asking for one with an internal diameter of 6 mm. The image below shows a size 6 mm endotracheal tube. In this particular endotracheal tube, the internal diameter is labelled as “ID 6.0” and similarly, the outside diameter is labelled as 8.8 OD.



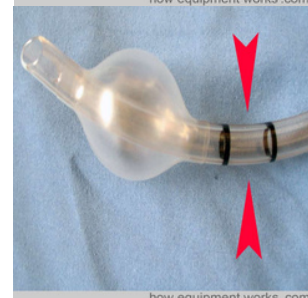
The length of an endotracheal tube is measured from the end that goes into the trachea and is marked in centimeters. After intubation, you should note the “length marking” of the endotracheal tube with reference to a landmark such as incisor teeth or lips. This will help you to monitor the endotracheal tube position and detect if it has moved outwards or further down into a bronchus.

The endotracheal tube shown below has two marks. In this type, keep the vocal cords between the two marks. However, these marking systems only provide a rough estimate and correct endotracheal tube position depth should always be confirmed by auscultation.



To make it easier to pass through the vocal cords and to give you a better vision ahead of the tip, endotracheal tubes have a “slant” called a bevel .

Some endotracheal tubes have an additional hole at the tip called a Murphy’s Eye . If the main opening of the endotracheal tube gets blocked by for example abutting against the tracheal wall (represented in the image by my finger) gas flow can still occur via the Murphy Eye. Without the Murphy Eye , the endotracheal tube would have been completely obstructed .



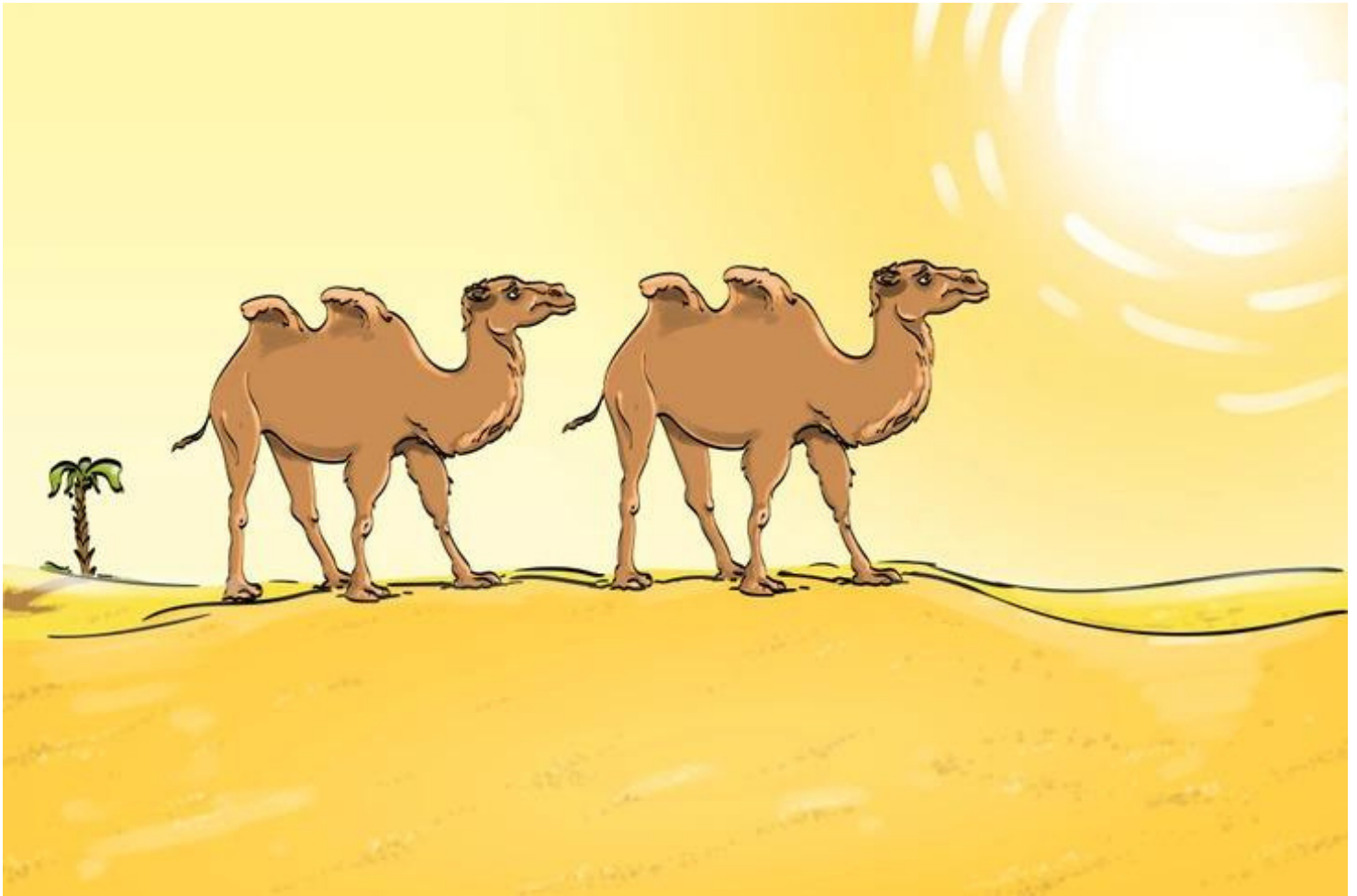
Pls Join our LinkedIn Group : <https://www.linkedin.com/groups/9233179>



Divine Life Hospital, Post Office Road, Adipur
Divine Kutch Life Care, 7 Arrows, Bhuj
Divine Hospital, Anjar

www.divinelifehospital.com
www.mediaidhealthcarellp.com
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BRAIN TEASERS



In this picture, you can see two camels walking in the desert. The sun is shining quite brightly over them, and there is sand all around them. Now, you may think that everything looks normal in this picture, but you will be wrong. There is a big mistake in this picture that cannot be spotted by just about anyone. can you ?

DIVINE LIFE HOSPITAL

- ✓ Affordable
- ✓ Quality Care
- ✓ Best team of Doctors
- ✓ State of Art Equipments
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