

Good Wishes For  
Prosperity &  
Happiness !

Happy  
Deepavali



NEWSLETTER NOVEMBER 2023

# MEDI UPDATES

Every ritual of the Diwali festival has a significance and a story behind them. Diwali symbolises the spiritual victory of light over darkness, good over evil and knowledge over ignorance.

It symbolises the spiritual "victory of light over darkness, good over evil, and knowledge over ignorance"

પ્રકાશપર્વ થી આવ્યું નવું વર્ષ નવરંગ થી સજાવે આપની દુનિયા એવી પ્રભુ જોડે અભીલાષા સાથે આપને અને આપના પરીવાર ને નૂતન વર્ષા અભિનંદન



**NEUROSURGERY & NEUROLOGY**

**CARDIOLOGY**

**NEPHROLOGY & UROLOGY**

**CRITICAL CARE & PULMONOLOGY**

**LAP SURGERY & PLASTIC SURGERY**

**MEDICINE & PAEDIATRIC (NEONATOLOGY)**

**ORTHOPEDIC & JOINT REPLACEMENT**

**ANESTHESIA & EMERGENCY MEDICINE**

**RADIOLOGY & INTERVENTIONAL**

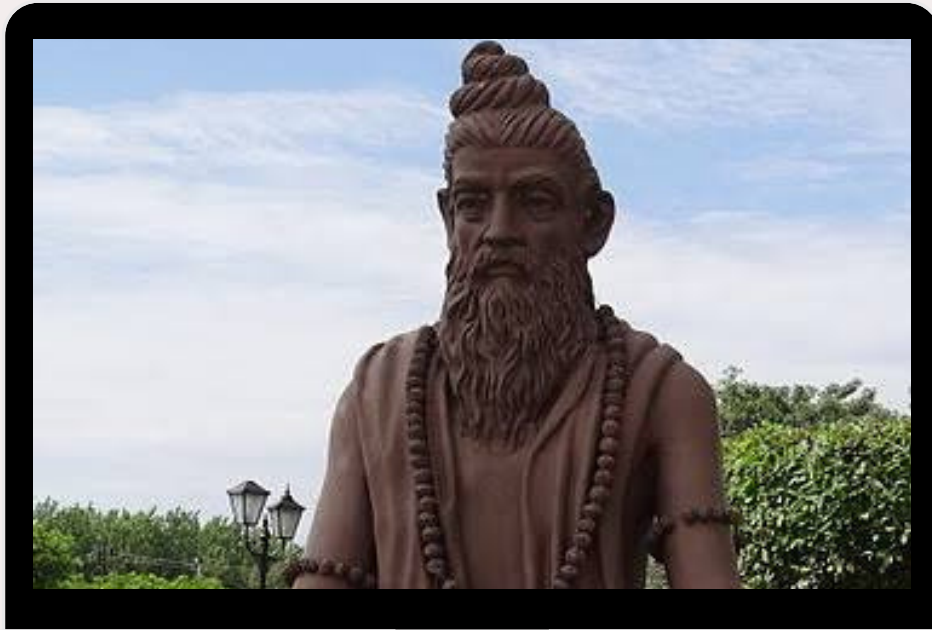
**RADIOLOGY**

**PATHOLOGY & DIAGNOSTICS**

**GASTROENTEROLOGY**

**ENT, PSYCHIATRY & ALLIED SPECIALITIES**

# FATHER OF AYURVEDA



## CHARAKA

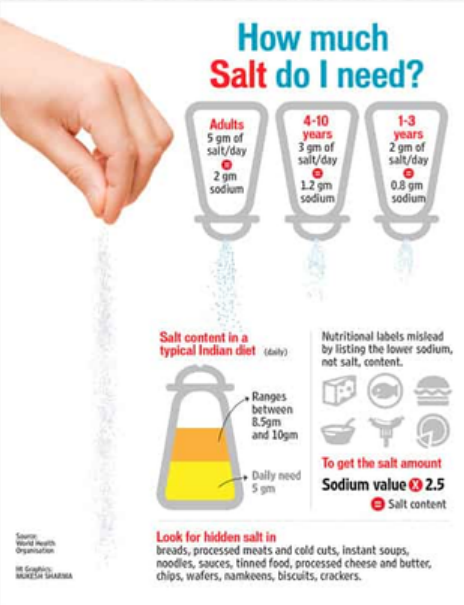
**Charaka, also known as Charaka Muni or Agnivesa, was an ancient Indian physician and scholar who made significant contributions to the field of Ayurveda. Ayurveda is a traditional system of medicine that originated in India more than 5,000 years ago.**



# How Much Salt Do I Need in Diet ?

## HEALTH INSIGHT

How much salt should I eat? It's a question most of us ask physicians when our blood pressure creeps up and we are forced to acknowledge we can't live forever. The answer is: Use added salt as little as possible. Here's why.

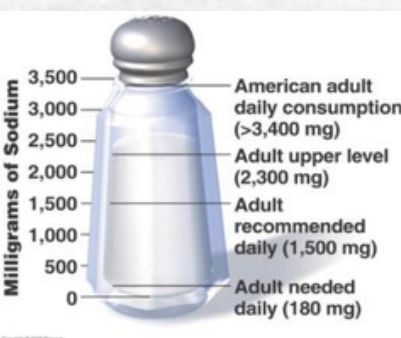


Use added salt as little as possible because sodium, the active component of salt, is present in almost everything we eat that is not raw.

Our body needs some amount of salt, about 3 gm each day, of which between 1 gm and 1.5 gm from food naturally. The added intake, says the World Health Organization, should not be no more than 5 gm – about one level teaspoon – a day.

A typical Indian diet contains between 8.5 gm and 10 gm of salt a day.

Cutting back on salt is far more difficult. Unlike sugar, salt finds insidious ways of creeping into your body. Saltiness is not an indicator as sodium is added to most processed and packaged food, including breads, to enhance taste, give texture and bind in water, which helps add bulk to a product



Some amount of sodium is needed to maintain the body's fluid balance, transmit nerve impulses and help muscles contract and relax. The kidneys balance the body's sodium level, holding on to it when blood levels fall and excreting it when the levels are too high. But when sodium remains high, the kidneys can't pump it out fast enough. Excess sodium causes water retention, at times adding up to one litre of water to the blood volume in a day, making the heart work harder and increasing pressure in your arteries.

Apart from making the body appear bloated, the added blood volume raises blood pressure, leading to higher chances of heart attack, stroke, congestive heart failure, cirrhosis and chronic kidney disease. One in three adults in urban India and one in five in rural India have chronic high blood pressure, which is a risk factor for heart disease and stroke, which are the leading cause of death in India.

1/4 teaspoon salt = 575 mg. sodium  
1/2 teaspoon salt = 1,150 mg. sodium  
3/4 teaspoon salt = 1,725 mg. sodium  
1 teaspoon salt = 2,300 mg. sodium

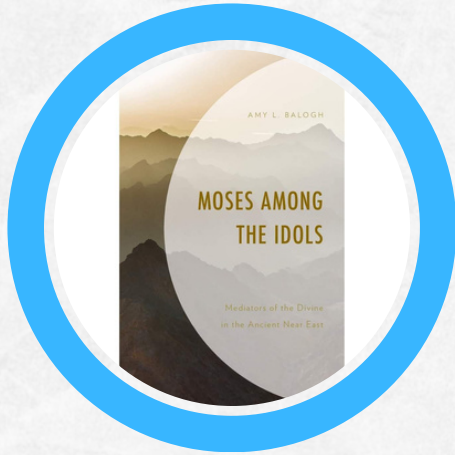


Preventive Health Checkup Plans  
Personalised Health Check Ups

Contact

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## Book Troverts

### Moses Among the Idols

**Moses among the Idols: Mediators of the Divine in the Ancient Near East, Amy Balogh challenges the traditional view of Moses as a unique and exceptional figure in the history of religion. Instead, she argues that Moses should be seen as part of a wider tradition of mediators of the divine in the ancient Near East.**

**Balogh begins by examining the concept of idolatry in the ancient Near East. She argues that idols were not simply seen as objects of worship, but rather as active mediators between humanity and the divine. Idols were believed to have the power to intercede on behalf of their devotees and to bring them blessings from the gods.**

**Balogh then turns to the figure of Moses. She argues that Moses' transformation from a fugitive shepherd to a leader of the Israelites can be understood in terms of his initiation into the role of a mediator of the divine. Balogh draws parallels between Moses' initiation and the initiation rituals of ancient Mesopotamian idols. She also argues that Moses' radiant face after his encounter with God on Mount Sinai is a sign of his status as a mediator of the divine.**

**Balogh concludes by arguing that Moses' role as a mediator of the divine is essential for understanding the biblical narrative of the Exodus. She argues that the Exodus story is not simply a story about the Israelites' liberation from slavery in Egypt, but also a story about the establishment of a new relationship between God and his people. Moses' role as a mediator of the divine was essential for making this new relationship possible.**



Overuse of proton pump inhibitors (PPIs) is common. As many as **40% to 65%** of hospitalized patients receiving PPIs **do not have an ongoing indication.**

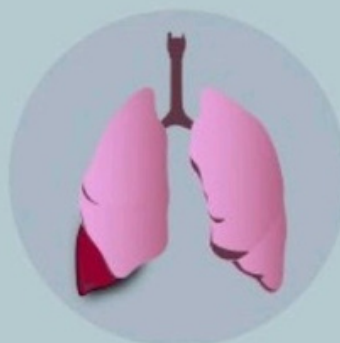


OSTEOPOROSIS, FRACTURES

RECOGNIZED  
LONG-TERM  
SIDE EFFECTS  
OF PPIs



CLOSTRIDIUM  
DIFFICILE INFECTION



PNEUMONIA



KIDNEY DISEASE



LOW IRON AND VITAMIN B12  
LEVELS CAUSING ANEMIA

Long Time Proton Pump inhibitors use are related to following Safety Concerns

- Clostridiym Difficle and Enteric Infections
- Microscopic Colitis, Hypergastronomia, Atrophic Gastritis
- Vit b12 Malabsorbption, Magnesium Malabsorbption, Iron Malabsorbption
- Malabsorbption of calcium and Fracture Risk of hip, wrist and spine
- Kidney Disease
- Dementia
- Pneumonia
- Inflammatory bowel diseases
- Intestinal colonization of Multidrug Resistant Bacteria

All Patient who doesnt have definitive indication of PPI's should not be prescribed

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

## SERIES ONE – PLAZOMICIN



PLAZOMICIN



TEMOCILLIN



Cefiderocol



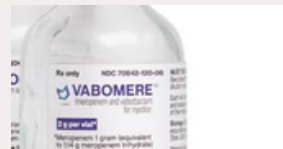
Eravacycline



Ceftazidime/  
Avibactam



Ceftolozane/  
Tazobactam



Meropenem/  
Vaborbactam



IMIPENEM-  
CILASTATIN/RELE  
BACTAM



## CEFTAZIDIME/AVIBACTAM

Ceftazidime/avibactam shows activity against Gram-negative bacteria producing ESBL, carbapenem nonsusceptible Enterobacterales, and *P. aeruginosa* as long as they are not due to the presence of MBL genes. Data on the susceptibility of *Acinetobacter* to ceftazidime/avibactam is limited.

Among the “new” antibiotics in this manuscript, the most clinical data are available for ceftazidime/avibactam. In treating cUTI due to ceftazidime-resistant Enterobacterales and *Pseudomonas aeruginosa*, it was shown to be noninferior against the best-available therapy (mostly carbapenem)

Ceftazidime/avibactam 2 g/0.5 g IV, TDS has also been shown to be noninferior to meropenem 1 g IV, TDS, in treating nosocomial pneumonia, including VAP.



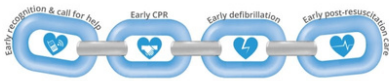


# EAT RIGHT THIS DIWALI

- Give your loved ones healthier gifts such as fruit baskets and dry fruits instead of sweets.
- Use healthier alternatives in your culinary preparations like using jaggery instead of sugar and whole wheat flour instead of maida.
- Don't forget to exercise during Diwali. Go hit the gym and burn those extra calories!
- Indulging in creative activities like making diyas, lanterns can be a fun-filled family time activity. You can create innovative biodegradable diyas from orange peels.
- Pets are also highly affected by the noise pollution. Take care of your pets, keep them at home, draw curtains and cover their ears if possible.
- If you love crackers, go for pollution-free crackers. Wear well-fitting cotton outfits while you burst crackers to avoid any mishaps.
- Asthma patients need to keep their inhaler always with them. Avoid eating oily food and stay away from the smoke of firecrackers



# NURSING : DEFIBRILLATOR



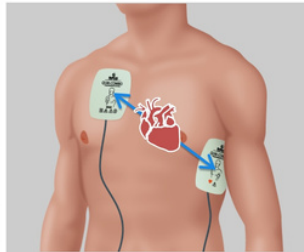
Early defibrillation is one of the key elements in the chain of survival.

**Patients in cardiac arrest with a shockable rhythm should be defibrillated as soon as possible!**

## Current Vector

Defibrillation is performed by applying two electrodes to the chest, and passing a current between them.

Modern defibrillators use gel-adhesive pads containing the electrodes. These pads are placed on the chest as shown, so that the current will pass through the heart.



### Select the energy

Set the defibrillator to the desired energy.

Energy settings may vary for different brands of defibrillators. Check both manufacturer's settings and your local policy for confirmation.

Ensure "Synchronise" is turned OFF



### ERC recommended energy settings

Defibrillator	Initial Energy Setting
Pulsed biphasic	120-150J
Other biphasic	150-200J
Monophasic	200-360J



## Defibrillator safety

If the patient is intubated or has an LMA / supraglottic airway in place, do NOT disconnect from the ventilator circuit during defibrillation.

However, if facemask / nasal oxygen, remove oxygen from the patient, keeping it at least 1m from the pads.

"Hands on" defibrillation (where CPR is continued during the shock) is NOT currently recommended



### Electrical safety

When the defibrillator is charged, loudly say "STAND CLEAR, OXYGEN AWAY" while doing a visual sweep of the area to ensure no person is in contact with anything touching the patient.

The only person who is now touching the patient should be the CPR provider.



### Charge

Say "CHARGING. CONTINUE CPR"

Press the charge button on the defibrillator.

Defibrillators usually have an audible tone to highlight it is charging, and a different tone to indicate it is fully charged.

CPR **must** continue while the defibrillator charges to minimise interruption to chest compressions.



## Refractory / recurrent shockable rhythms

In patients who have recurrent or refractory shockable rhythms (i.e. those requiring >3 shocks), consider the following:

- ensure pad contact is optimised
- increasing energy to maximum
- changing pad position to anteroposterior or other
- replacing pads +/- defibrillator

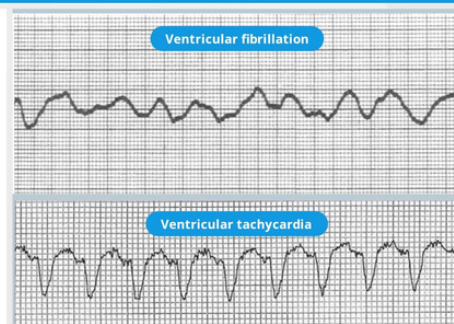
Double sequential defibrillation is not currently recommended., consider the following:



## Indications

Defibrillation is the definitive treatment for shockable rhythms, including ventricular fibrillation and pulseless ventricular tachycardia.

We will teach you how to differentiate shockable from non-shockable rhythms in the next ALS module.



## Components of a Defibrillator

A defibrillator is comprised of a charging unit, which has a built in monitor, monitoring leads, a discharge cable and 2 pads.

The charging unit contains buttons to charge the defibrillator, discharge (shock) the patient and to disarm the charge if it is no longer needed.

Controls are also included to be able to use the monitoring.



## Components of a Defibrillator

Most machines now use gel adhesive pads.

Note the correct placement positions are indicated on the pads

Always use defibrillation pads that are recommended by the defibrillator manufacturer.

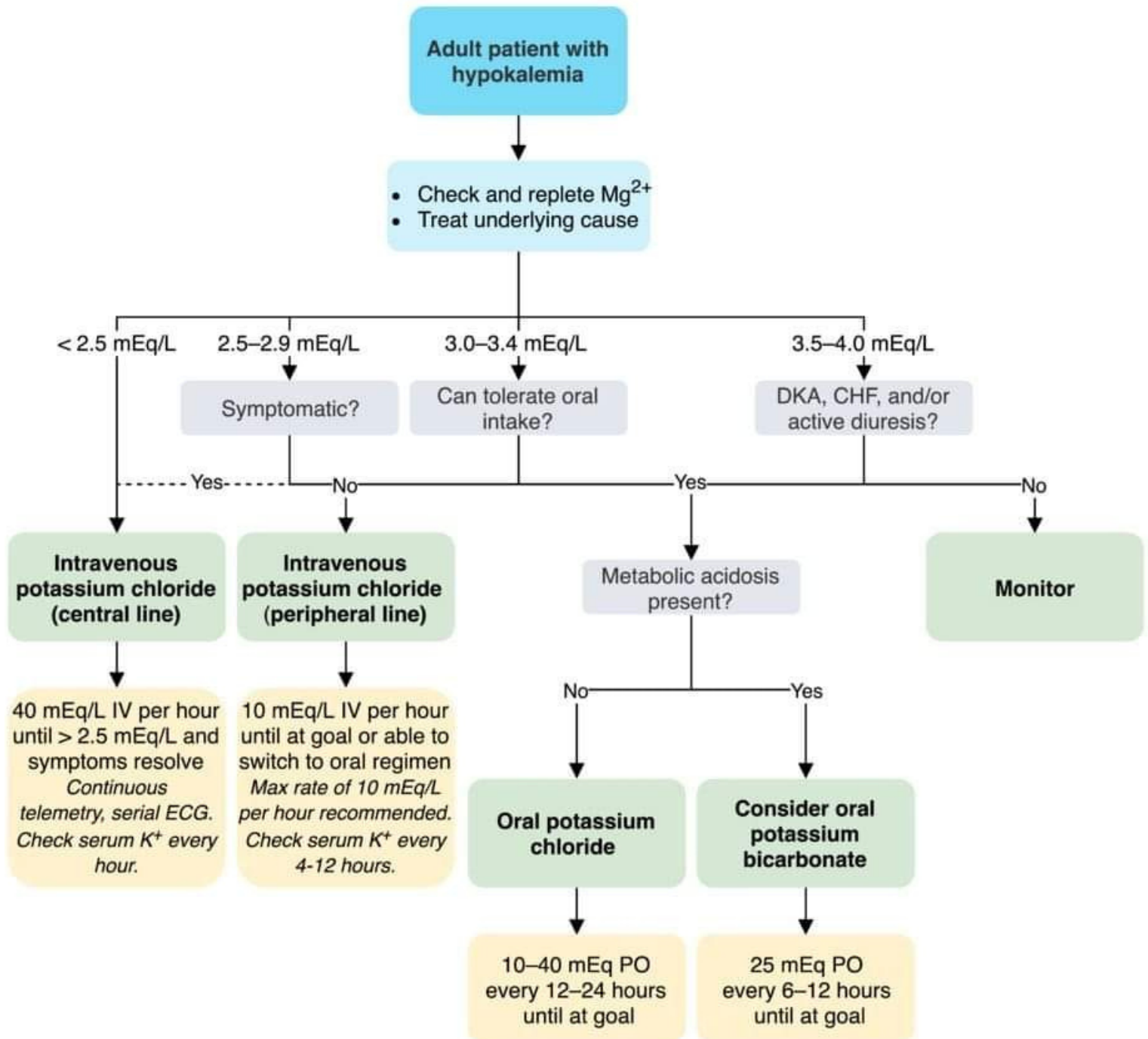
If you work in an area where you may be required to operate the defibrillator, you must learn how to use it





# Treatment Protocols

## Hypokalemia



# HIGHLIGHTS

First Aid Training  
@ Gandhidham Railway Station  
By Dr Manoj Maheshwari & Team

  
**DIVINE**  
LIFE HOSPITAL  
MANAGED BY MEDIAID HEALTHCARE LLP



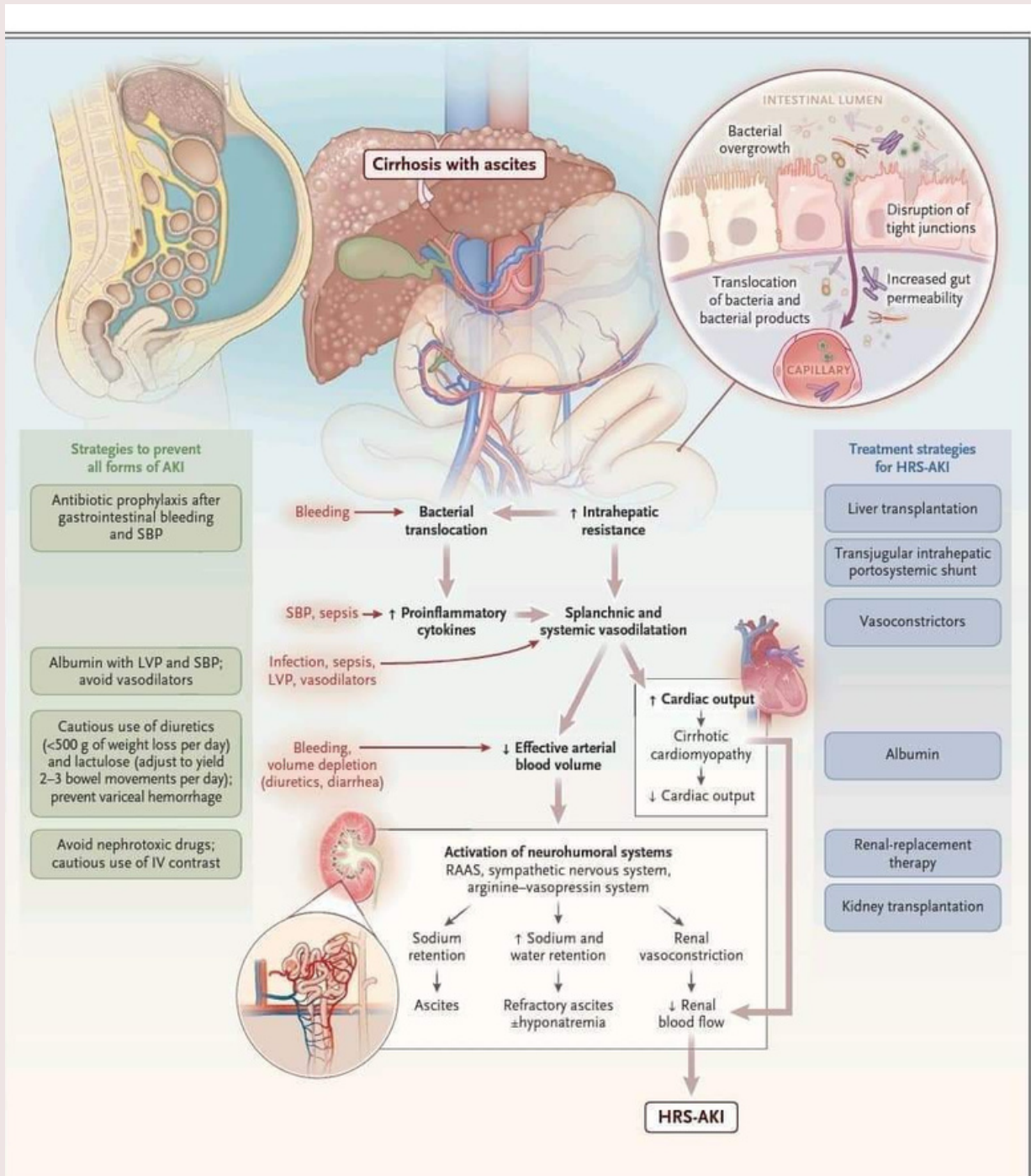


# HIGHLIGHTS

Health Talk on Cardiac Care  
at Company Motherandsons, Kandla



# HEPATORENAL SYNDROME



**Figure 1.** Pathophysiology of the Hepatorenal Syndrome and Acute Kidney Injury (HRS-AKI) in Patients with Cirrhosis.

A sine qua non for the development of HRS-AKI is the presence of ascites, which is often tense ascites and is often associated with hyponatremia, a low mean arterial pressure, and oliguria. Factors that can precipitate AKI in a patient with cirrhosis (even without ascites) or HRS-AKI are indicated by red arrows. Strategies to prevent all forms of AKI (including HRS-AKI) in patients with cirrhosis are shown. IV denotes intravenous, LVP large-volume paracentesis, RAAS renin-angiotensin-aldosterone system, and SBP spontaneous bacterial peritonitis.





# Neurosurgery Department

## NEURO - SPINE SURGERY

# DR PRASAD TEMKAR

Dr Prasad Temkar, Lead Neurosurgeon at Divine Life Hospital has been boon to the region. He has earned unique identity as Neurosurgeon

He specialised in all Neurotrauma, Spine Surgeries, Endoscopic Neurosurgeries, Microscopic Surgeries.

He has Vast experience in the field with speciality training at Apollo Hospital, Chennai

He has contributed in developing interventional Neurosurgeries at Adipur, one of the few centers in the region doing Tertiary care Neurowork.



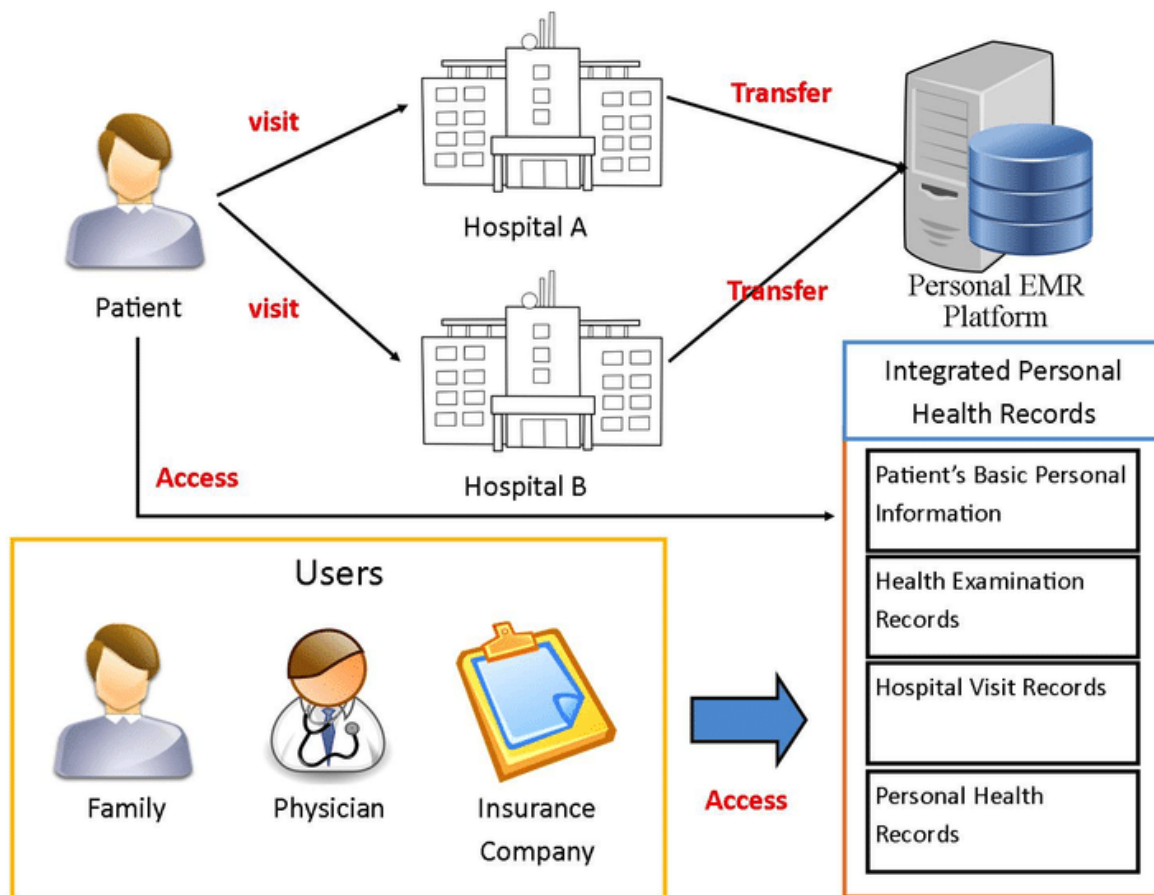
**Dr. Prasad Temkar**  
(Neuro Surgeon)

**DR PRASAD TEMKAR**  
**NEUROSURGEON**

**DIVINE LIFE HOSPITAL**  
**ADIPUR**



# DIGITAL HEALTH : EMR



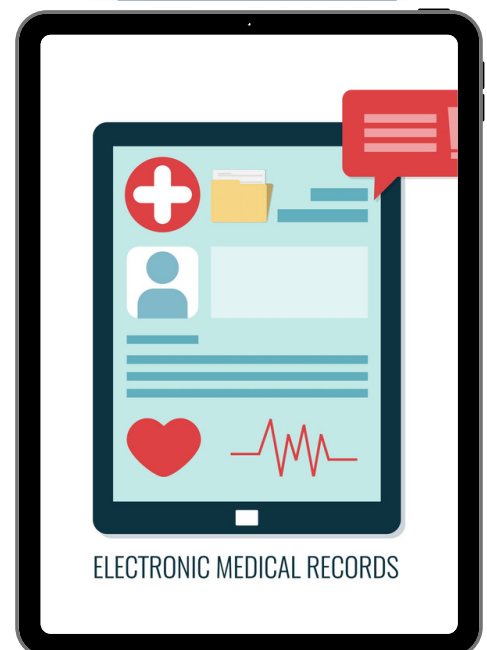
## EMR

An Electronic Health Record (EHR) is an electronic version of a patient's medical history, that is maintained by the provider over time, and may include all of the key administrative clinical data relevant to that person's care under a particular provider, including demographics, progress notes, problems, medications.

The EMR's can be accessed online by doctors, irrespective of where they are based and help more when patients require opinions from consultants in different medical domains. Accurately documenting a patient's medical history reduces diagnosis errors and helps provide appropriate care.

**FUTURE TECH**

  
**DIVINE**  
LIFE HOSPITAL  
MANAGED BY MEDIAID HEALTHCARE LLP



# DEMYSTIFYING YOUNG INDIA'S HEART HEALTH

## 1. WHAT IS THE DIFFERENCE BETWEEN A HEART ATTACK AND A CARDIAC ARREST?

A heart attack also known as Myocardial Infarction occurs when one of the blood vessels (called coronary artery in medical terms) carrying blood to the heart muscle gets suddenly blocked completely. Cardiac arrest on the other hand occurs suddenly and often without any warning. It usually follows an electric malfunction in the heart causing a sudden cessation of electrical activity or irregular heartbeat (referred to as arrhythmia).

## 2. WHAT IS THE MOST COMMON REASON WHY YOUNG INDIANS ARE FALLING PREY TO HEART ATTACKS ?

India has emerged as the diabetes capital of the world and this is a major risk factor for premature cardiac disease. Unhealthy eating habits coupled with lack of exercise have been contributing to it too.

Furthermore, uncontrolled hypertension, reliance on alternative schools of medicine, stress, obesity and air pollution also play a role in the occurrence of heart attacks.

## 3. WHY ARE "SEEMINGLY FIT" PEOPLE EXPERIENCING HEART ATTACKS MORE FREQUENTLY NOW ?

research has found evidence that sudden and high-intensity exercises (especially in people who exercise infrequently) can acutely increase the risk of sudden cardiac arrest in individuals with underlying cardiac disease like coronary artery disease (recognised or unrecognised) or cardiac muscle disorders like hypertrophic cardiomyopathy.

## 4. CAN HEALTH SUPPLEMENTS LEAD TO UNUSUAL CARDIAC ACTIVITY?

Many protein powders labelled herbal, ayurvedic and safe may in fact contain heavy metals like cadmium, lead, arsenic or mercury) leading to toxic effects.

Fat-burning supplements are popular as they help you lose weight in a short span of time. However, they can also occasionally have damaging side effects on our bodies.

The most common cause of mortality in India is now cardiovascular disease (CVD), surpassing cancer, as per the World Health Organisation (WHO). Despite the considerably varying frequency of risk factors across regions, CVD is the main cause of death in all of India.

## FACT CHECK

### COVID-19 and heart attacks: Is there a correlation?

Prior to the COVID-19 pandemic, heart attacks were the leading cause of death worldwide but were steadily on the decline. However, the new study—recently published in the peer-reviewed Journal of Medical Virology—shows that heart attack death rates took a sharp turn and increased for all age groups during the pandemic.

The COVID-19 virus may accelerate pre-existing coronary artery disease even in young adults, it may lead to inflammation which may trigger the rupture of vulnerable plaques, mental stress like job loss fears, staying indoors with resultant lack of exercise and delay in seeking medical attention (for fear of exposure) may all play a role in triggering acute events.





## Clinical Details

You find the following device on the cardiac arrest trolley in your hospital

- What is it?
- How does it work?



A PEEP valve is used to resist flow from the expiratory outlet of the ventilation device.

This in turn results in a build up of pressure in the circuit as the patient exhales. This pressure is known as PEEP.

PEEP is defined as the pressure above atmospheric pressure, measured in the alveoli, at the end of exhalation. As this pressure cannot be directly measured clinically, upper airway pressure is used as a surrogate.

PEEP valves are controlled by a spring. The tighter the spring, the higher the resistance to flow, and the higher the PEEP. Commercially available PEEP valves can be set by screwing the top inwards or outwards, and can range between 0 and 20cmH<sub>2</sub>O

preload for their cardiac output, resulting in haemodynamic instability.

Overall, PEEP valves are likely to be useful in patients with severe respiratory failure who require manual ventilation. Most authorities would suggest an initial setting of 5-10cmH<sub>2</sub>O.

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



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# BRAIN TEASERS

Brain Teaser 10

8,549,176,320

What makes this number unique:  
8,549,176,320?



How can  $8 + 8 = 4$ ?

Brain Teaser

$8 + 8 = 4$



# DIVINE LIFE HOSPITAL

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- ✓ Quality Care
- ✓ Best team of Doctors
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