

JULY 2024

PULSE

BY JASLOK HOSPITAL

Times Health Survey

**TIMES HEALTH SURVEY
 ALL INDIA CRITICAL CARE HOSPITAL
 RANKING SURVEY 2024**

Specialities	Mumbai	West	National
Urology	2 nd	3 rd	5 th
Oncology	3 rd	3 rd	7 th
Cardiology	2 nd	2 nd	7 th
Respiratory	2 nd	2 nd	7 th
Gastroenterology & Hepatology	3 rd	3 rd	7 th
Pediatrics	2 nd	2 nd	7 th
Emergency & Trauma	2 nd	2 nd	7 th
Gastroenterology & Hepatology	2 nd	2 nd	8 th
Neuro Sciences	3 rd	4 th	14 th

Mid-day Award



Collaboration with Dr Mickey Mehta Influencer & Celebrity Fitness Guru



Jaslok Ratna: Dr. Susil Chandra Munsli



Jaslok Ratna: Dr. Shrinivas Balaji Desai



Jaslok Ratna: Dr. Suresh Vishwanath Joshi



51st Foundation Day Celebration



51st Foundation Day CME





OUR MISSION

- ◆ To make Jaslok Hospital the most respected medical institution of India.
- ◆ Providing the highest quality patient care.
- ◆ Nurturing and delivering clinical excellence and research.
- ◆ Doing charity to humanity irrespective of caste, race or denominations.



OUR VISION

To be the hospital of choice for patients, physicians and employees by providing state-of-the-art medical care with compassion and dignity.

LIFETIME OF CARE

A lifetime of care is as much about our 50 years history as it is about the next 50 and many more years. At its core it is the power of providing the highest quality patient care delivered through well-trained team, cutting-edge technology, research, all with a human touch.

To summarise it is a lifelong commitment from each and every 'Jaslokian' hence a Jaslokian's work is never finished.

EXECUTIVE SUMMARY

MEDICAL ACHIEVEMENTS

EXCEPTIONAL CASES

ACHIEVEMENTS

SCIENTIFIC PROGRAMS

HEALTH AWARENESS PROGRAMS

ONLINE

ON-GROUND

AWARDS & RECOGNITION

QUALITY MANAGEMENT SYSTEM

JASLOK IN NEWS

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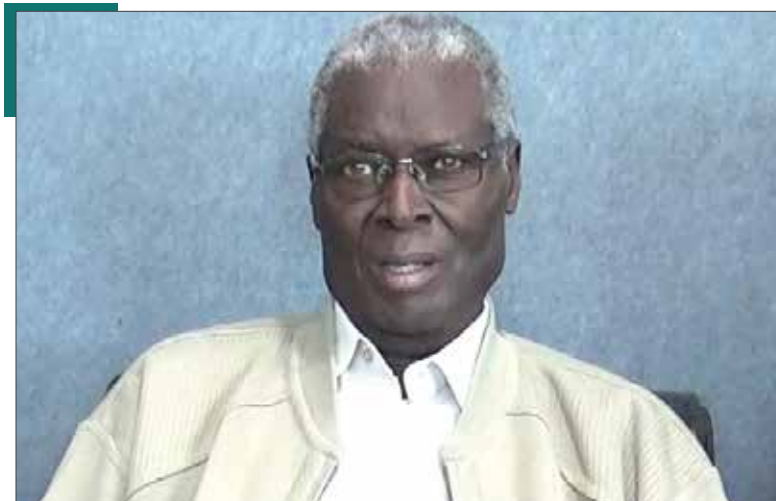
A MEDICAL MILESTONE: TREATING COMPLEX CASE OF COLON CANCER WITH METASTATIC PROSTATE CANCER AND THYROID CANCER

Mumbai, India -Jaslok Hospital and Research Centre in Mumbai recently treated Mr. George, a 77-year-old gentleman from Zambia, who was presented with symptoms of rectal bleeding and constipation. Prior to this had undergone a surgery for benign prostatic hyperplasia in 2015, which revealed prostatic malignancy. Due to the complexity of his case, involving multiple overlapping issues, he was referred to Jaslok Hospital for comprehensive management. At Jaslok Prompt evaluation revealed a growth in his large intestine that was diagnosed as a cancer of the sigmoid colon.

During a metastatic workup he was found to have high-grade metabolic activity with circumferential wall thickening in the sigmoid colon, moderately increased metabolic activity in a pericolic lymph node, and metastasis in a solitary pulmonary nodule in the left upper lung. Additionally, an enlarged prostate with extensive osteosclerotic skeletal lesions indicative of metastasis were observed. Low-grade metabolic activity was noted in the right lobe of the thyroid too. PSMA PET confirmed the thyroid lesion to be a secondary deposit.

At Jaslok Hospital, a multidisciplinary team comprising gastrointestinal surgeons, head and neck cancer surgeons, medical oncologists, urologists, and a nuclear medicine specialist evaluated Mr. George. The central question revolved around whether aggressive treatment of the colon cancer in the presence of advanced prostate cancer would benefit him or not? Imaging studies, including a PET scan revealed localised sigmoid colon tumor, localised thyroid cancer and prostate cancer with extensive bone metastasis. On Prostate-specific Membrane Antigen (PSMA) scan for prostate cancer indicated potential responsiveness to Lu-PSMA radiation therapy despite of extensive bony metastasis with good long term survival.

At length on discussion in an Institutional Tumour Board comprising of Dr Shailesh Raina, Director Urology, Dr Mehul Bhansali, Director Surgical Oncology, Dr Vikram Lele, Director Nuclear Medicine, Dr Pravin Agrawal, Sr Consultant GI & HPB Surgery,



George Namakando

Dr Vivek Shetty, Consultant GI & HPB Surgery, Dr Ganapathy Bhatt, Consultant Medical Oncology, Dr Rahul Chhabria, Consultant Cardiology and Dr Savi Kapila, Consultant Anaesthesiology a comprehensive plan was devised. It was surgical intervention for Colon cancer and Thyroid Cancer followed by Lutetium PSMA Radiation therapy for Prostate cancer. On January 6, 2024, Mr. George underwent two major surgeries simultaneously under single anaesthesia monitored by Dr Savi Kapila. A right hemithyroidectomy was performed by Dr Mehul Bhansali, Director Surgical Oncology and Dr Snehal Bhange, Consultant General Surgery, followed by a laparoscopy-assisted sigmoid colectomy by Dr Pravin Agrawal, Senior GI & HPB Surgeon and Dr Vivek Shetty GI & HPB Surgeon. Despite the lengthy duration of approximately 7 to 8 hours surgery, he demonstrated remarkable tolerance to the procedures. Subsequent to surgery, he was closely monitored in the ICU for any signs of complications. He was mobilized and started on solid diets as per the protocol.

Dr Mehul Bhansali, Director Surgical Oncology opined that “since the patient had a guarded prognosis in view of the extensive skeletal metastasis and lung metastasis from the primary prostatic malignancy as well as a second sigmoid malignancy a consensus decision was taken not to subject the patient for second neck surgery for a completion thyroidectomy.

The final histopathology after the hemi thyroidectomy revealed low grade follicular thyroid carcinoma, minimally invasive type.”

Speaking on about George, **Dr Vikram Lele, Director Nuclear Medicine at Jaslok Hospital** said “This patient had 3 malignancies: Of the colon, thyroid and prostate at the same time. PET CT scans with different isotopes helped to characterize these 3 malignancies and map out their spread in the body and to decide which malignancy had spread . Treatment was also given for the metastatic prostate cancer with Nuclear medicine isotope ¹⁷⁷Lu- PSMA. The thyroid cancer will be treated with radioactive Iodine later. Nuclear medicine is thus playing the major part in diagnosis and therapy of this patient”

GI & HPB Surgeons Dr Pravin Agrawal & Dr Vivek Shetty said “Between all three malignancies survival of colon cancer is lesser without treatment followed by Thyroid cancer followed by Prostate cancer. Hence he was subjected to aggressive surgical treatment for colon cancer and thyroid cancer”

George Namakando, was overwhelmed with his treatment and mentioned” I have survived this only because of the complete team of well-experienced doctors at Jaslok Hospital. They always kept my family updated about every minute detail. I am grateful to all the doctors and nurses who looked after me like a family”

Dr. Milind Khadke, Director at Jaslok Hospital & Research Centre, emphasized the significance of adopting a multidisciplinary approach in managing complex cases like Mr. George's. “Our team of physicians and surgeons collaborated seamlessly, pooling their expertise to formulate a meticulously tailored treatment strategy. This commitment to synergy and comprehensive care underscores our unwavering dedication to meeting the diverse needs of our patients.”

The patient’s departure from the hospital occurred under stable conditions, marking an important milestone in his treatment journey as he prepared to continue his comprehensive care regimen.

FIRST IN THE WORLD - GROUNDBREAKING TOTAL KNEE REPLACEMENT FOR A PATIENT WEIGHING 193KG AT JASLOK HOSPITAL

Mumbai, India - Jaslok Hospital achieves a remarkable milestone in the field of orthopaedic surgery with the successful Total Knee Replacement (TKR) procedure on a 193 kg patient, marking a significant breakthrough in addressing the challenges faced by overweight individuals seeking knee surgery.

Total Knee Replacement is a life-changing procedure for individuals suffering from debilitating knee pain, restoring mobility and enhancing their quality of life. However, overweight individuals often encounter barriers in accessing this treatment due to increased surgical risks and technical complexities.

The case of 72 years old Mr. Richard Koszarek, weighing 193 kg patient admitted to Jaslok Hospital, exemplifies the dedication and innovation required to overcome these challenges. Dr. Rajesh Nawalkar, Senior Consultant Orthopedics & renowned orthopaedic surgeon, led the multidisciplinary team, including Dr. Altaf Patel, Director General Medicine,



Richard & Dr. Rajesh Nawalkar,
Consultant Orthopaedics

Dr. Prerana Gomes, Additional Director Anaesthesiology and Dr. Dheemant Goleria, Consultant Plastic & Reconstructive Surgery in meticulously planning and executing the surgery.

One of the primary challenges in TKR for overweight patients is anaesthesia risk and the heightened potential for embolism. Additionally, the use of a tourniquet, a standard practice in TKR surgeries, poses technical difficulties due to the larger thigh circumference, increasing the risk of tissue damage and complications.

To address these concerns, Dr. Nawalkar collaborated with instrument manufacturers to design specialized instruments tailored to the patient's unique anatomy, ensuring optimal surgical outcomes. Moreover, extensive pre-operative evaluations and consultations were conducted to ensure patient readiness and informed consent.

The surgery, performed on January 7, 2024, was a testament to meticulous planning and expert execution, with no complications reported during the procedure. However, the journey to recovery was equally crucial, with rehabilitation playing a pivotal role in achieving successful outcomes.

Under the guidance of Dr. Stanley and the dedicated rehabilitation team, the patient received tailored care, including specialized aids for ambulation and ablation, facilitating a smoother recovery process. The support of Jaslok Hospital's management and staff was instrumental in realizing this remarkable medical achievement.

Speaking about challenges in the surgery of such unique case Dr Rajesh Nawalkar, Senior Consultant

Orthopaedics stated-"Every patient is different, and it's crucial to adapt our surgical techniques to address their specific circumstances. By customizing our approach and collaborating closely with our colleagues, we were able to overcome the challenges posed by the patient's weight and achieve a successful outcome."

Adding to this Dr Prerana Gomes, Additional Director, Anaesthesiology said - "Managing anaesthesia for morbidly obese patients undergoing total knee replacement requires a comprehensive understanding of their physiological needs and potential risks. Our team approached this aspect of the surgery with utmost care, ensuring the patient's safety and comfort throughout the procedure."

Speaking about his life, Mr. Richard Koszarek mentioned, "Most of the doctors in India and overseas didn't agree to perform surgery because of my over-weight, however with the guidance of Dr Altaf Patel and with the trained surgical skills of Dr Rajesh Nawalkar, I was finally operated and today I am back on feet."

Dr Milind Khadke, Director Medical Services proudly mentioned "Today, as we celebrate this milestone, we also recognize the importance of perseverance, innovation, and collaboration in overcoming barriers to healthcare access. This case serves as an inspiration to individuals struggling with obesity-related knee issues, highlighting the possibility of achieving positive outcomes through specialized care and expertise".

FIRST IN INDIA: JASLOK HOSPITAL'S BREAKTHROUGH DIAGNOSIS FOR BILATERAL TRIGEMINAL NEURALGIA

Mumbai, India – Jaslok Hospital & Research Centre proudly announces a significant medical milestone in the diagnosis & treatment of Primary Bilateral Trigeminal Neuralgia (PBTN). A 56-year-old housewife from the interiors of Maharashtra, suffering from this debilitating condition, has experienced complete pain relief following Bilateral Micro Vascular Decompression (MVD), marking a major advancement in neurosurgery and the first in India.

The patient, with a five-year history of severe, shock-like pain on both sides of her face, endured excruciating episodes that lasted several minutes and were triggered by everyday activities such as talking, eating, brushing her teeth, and

even exposure to a cool breeze. Despite various medical treatments, she found no relief because the disease was not diagnosed. The excruciating pain made it difficult to perform basic household duties to an extent that it led to the development of suicidal thoughts.

Referred to Jaslok Hospital in October 2023, Dr. Raghvendra Ramdasi diagnosed her with Bilateral Primary Trigeminal Neuralgia. An MRI scan revealed vascular loops compressing her trigeminal nerves (fifth cranial nerve) on both sides.

Primary Bilateral Trigeminal Neuralgia is an extremely rare, with an incidence ranging from 0.6% to 5.9%. To date, only about 24 cases have been reported in the English medical literature, with none from India. This case marks the first reported instance in India where Bilateral MVD was performed, resulting in complete pain relief.

The trigeminal nerve, or fifth cranial nerve, supplies sensation to the face through three divisions. Trigeminal Neuralgia is a chronic pain disorder characterized by sudden, severe facial pain, often described as electric shock-like. Typically unilateral, the condition affects one or more divisions of the trigeminal nerve. In about 85% of cases, the cause is a vascular loop compressing the nerve at its root entry zone. While medications such as Carbamazepine, Gabapentin, Lamotrigine, and Topiramate can offer relief, Micro Vascular Decompression (MVD) remains the gold standard treatment. This surgical procedure involves placing a Teflon sponge between the nerve and the compressing vessel.

Under the leadership of Dr. Raghvendra Ramdasi, Consultant Neurosurgery at Jaslok Hospital, the medical team including Dr. Purnima Shah, Dr. Rajani Prajish and Dr Savi Kapila performed Bilateral Micro Vascular Decompression, initially operating on the more severe left side, followed by the right side a week later. Post-surgery, the patient experienced complete pain relief, significantly improving her quality of life. Six months later, she continues to live pain-free, able to resume normal activities without fear of pain attacks.

Dr. Raghvendra Ramdasi, Neurosurgeon at Jaslok Hospital: "Bilateral Trigeminal Neuralgia is often described as one of the most painful conditions a person can



Dr. Raghvendra Ramdasi, Consultant Neurosurgery

experience. This rare case was accurately diagnosed and hence treated with precision with Bilateral Micro Vascular Decompression, the first in India. Seeing our patient regain her quality of life after 5 years and live pain-free is the greatest reward. This case highlights the importance of expert diagnosis and the need for specialized care in managing rare conditions."

Kiran Awasthi with joy mentioned "Dr Ramdasi is has brought me from the doors of death. I was about to commit suicide as the pain was unbearable. He has gifted me a new life"

Dr. Paresh Doshi, Director of Neurosurgery, Functional neurosurgery and Stereotactic Neurosurgery, at Jaslok Hospital, "The diagnosis of Primary Bilateral Trigeminal Neuralgia (PBTN) is a rare occurrence and the successful completion of bilateral MVD at Jaslok Hospital is definitely a commendable achievement. While the surgical procedure of Bilateral Micro Vascular Decompression (MVD) is well-established, Bilateral Decompressive Surgery is uncommon. "

Dr. Milind Khadke, Director Medical Services of Jaslok Hospital: "The successful treatment of Primary Bilateral Trigeminal Neuralgia with Bilateral Micro Vascular Decompression, the first in India, is a monumental achievement for Jaslok Hospital. We are proud of our team's dedication to be vigilant in diagnosis of rare cases and thereby delivering life-changing results. I am delighted to see our patient walking out pain-free and continuing the same now for months"

THE CRITICAL ROLE OF VIGILANT MONITORING IN PREGNANCY-RELATED CARDIAC CONDITIONS

Cardiac disease during pregnancy presents a significant challenge due to the physiological changes that occur in a woman's body during gestation. These changes, which include increases in blood volume, heart rate, and cardiac output, are essential to meet the demands of the developing fetus. While most women tolerate these changes well, those with pre-existing cardiac conditions or those who develop cardiac issues during pregnancy may face complications that can affect both maternal and fetal health. Indeed, these conditions present a substantial risk of morbidity and mortality. However, with early detection and meticulous follow-up integrated into routine care, many of these incidents can be effectively treated or managed.

Pre-existing Cardiac Conditions

- 1. Chronic Hypertension:** High blood pressure existing before pregnancy can increase the risk of complications such as preeclampsia, gestational hypertension, and eclampsia. It requires close monitoring and management throughout pregnancy to prevent adverse outcomes.
- 2. Pulmonary Hypertension:** Elevated blood pressure in the pulmonary arteries leads to increased resistance to blood flow in the lungs. Pregnancy can exacerbate pulmonary hypertension and increase the risk of right-sided heart failure and maternal mortality.
- 3. Valvular Heart Disease:** Conditions like mitral valve prolapse, aortic valve stenosis, and mitral valve stenosis may worsen due to the increased demands on the heart and circulatory system during pregnancy. The increase in blood volume and cardiac output to support the developing fetus can exacerbate existing symptoms such as shortness of breath, chest pain, fainting, and fatigue, or lead to new complications like heart failure and arrhythmias.
- 4. Congenital Heart Disease (CHD):** Conditions like atrial septal defect (an abnormal opening between the upper chambers of the heart) and ventricular



Dr. Nihar Mehta, Associate Director, Structural Heart Valve Disease

septal defect (a hole in the wall separating the lower chambers of the heart) lead to increased workload on the heart. This can cause symptoms such as fatigue, shortness of breath, and palpitations, which can worsen during pregnancy.

New-Onset Cardiac Conditions

- 1. Gestational Hypertension Preeclampsia:** A pregnancy-specific condition characterized by new-onset hypertension (systolic blood pressure ≥ 140 mmHg or diastolic blood pressure ≥ 90 mmHg) after 20 weeks of gestation, accompanied by evidence of end-organ damage, such as proteinuria, thrombocytopenia, renal insufficiency, liver dysfunction, or neurological symptoms. It can lead to serious complications for both the mother and the fetus if left untreated.
- 2. Eclampsia:** A severe complication of preeclampsia characterized by the onset of seizures in a woman with preeclampsia, unrelated to other cerebral conditions. It requires immediate medical attention to prevent maternal and fetal morbidity and mortality.
- 3. Peripartum Cardiomyopathy (PPCM):** A rare but potentially life-threatening condition characterized by the development of heart failure during the last month of pregnancy or in the months following childbirth, typically within five months postpartum. It affects women who previously had no

history of heart disease. Symptoms of PPCM may include fatigue, shortness of breath, swelling of the legs, ankles, and feet (edema), difficulty lying flat due to shortness of breath (orthopnea), rapid or irregular heartbeat (palpitations), and coughing or wheezing, especially when lying flat. These symptoms can vary in severity and may mimic those of other pregnancy-related conditions, making diagnosis challenging.

4. **Arrhythmias:** Irregular heartbeats, including ectopic heartbeats, supraventricular tachycardia (SVT), atrial fibrillation (AFib), and ventricular arrhythmias, can occur due to hormonal changes and increased blood volume during pregnancy. While most arrhythmias are benign, some may require medical intervention for management. Close monitoring by healthcare providers is crucial.
5. **Coronary Artery Disease (CAD):** Although myocardial infarction (heart attack) in pregnancy is relatively rare, it can have serious consequences such as arrhythmias, heart failure, or even sudden cardiac death. Management typically involves close monitoring, lifestyle modifications, and sometimes cardiac interventions to ensure the safety of both the mother and the baby.

Effective management of cardiac conditions during pregnancy includes early detection, close monitoring, individualized treatment, careful medication management, and lifestyle modifications. Consideration of interventions like cardiac surgery or percutaneous procedures before or during pregnancy can reduce risks. Controlling risk factors, fetal monitoring, delivery planning, emergency preparedness, and postpartum care are essential to ensure the health of both the mother and the baby. A multidisciplinary approach to care, involving collaboration between obstetricians, cardiologists, nurses, and other healthcare providers, is crucial for ensuring optimal outcomes.

Case-Study - A 31-year-old woman in excellent health experienced a complication during her twin pregnancy, underscoring the importance of vigilant monitoring and prompt intervention in managing pre-eclampsia. Initially, her pregnancy progressed smoothly with no issues detected during regular prenatal check-ups and sonographies. However, in the seventh month, a borderline high blood pressure reading of 140/90 mmHg was noted. Despite normal cardiac function, her cardiologist prescribed pregnancy-safe blood pressure medications due to the twin pregnancy and her age. At 33 weeks, her blood pressure surged to 160/100 mmHg, and proteinuria was detected, signalling pre-eclampsia.

She was immediately hospitalized, and medication reduced her blood pressure to 130/84 mmHg. Nonetheless, at 34 weeks, her blood pressure rose again, and foetal distress was observed in one twin. The medical team performed an urgent caesarean section, delivering the twins who were then admitted to the neonatal ICU for observation. Postpartum, the mother continued blood pressure medication, compatible with breastfeeding, gradually tapering off as her condition improved.

Dr. Nihar Mehta, Associate Director- Structural Heart Valve Disease at Jaslok Hospital emphasized that timely intervention and meticulous monitoring averted severe cardiovascular complications, ensuring the safe delivery of both twins and highlighting the critical role of proactive management in optimizing maternal and foetal outcomes. This case illustrates the necessity of vigilant monitoring and prompt intervention in high-risk pregnancies, particularly those involving twins in women over 30, to minimize the risks associated with pre-eclampsia and ensure the well-being of both mother and babies.



WORLD'S FIRST COMPREHENSIVE CLINICAL TRIAL UNVEILS GROUNDBREAKING RESULTS IN PARKINSON'S DISEASE MANAGEMENT

Mumbai, 10th April 2023 - On the eve of World Parkinson's Day, Jaslok Hospital and Research Centre is proud to announce the unveiling of groundbreaking findings from the World's First Comprehensive Clinical Trial aimed at slowing the progression of Parkinson's disease. Led by Principal Investigator Dr. Paresh Doshi, this landmark trial marks a significant milestone in Parkinson's care, potentially revolutionizing management approaches and enhancing the quality of life for patients and caregivers worldwide.

Parkinson's Disease (PD) affects over 10 million people globally, with a particularly high prevalence in Asia, notably in India. The disease significantly impairs motor functions and quality of life due to the degeneration of dopaminergic neurons. Current treatments focus primarily on symptom management, leaving a critical gap in altering the disease's progression.

This pioneering trial explores the potential of transformative approaches such as dance and music therapy, along with mindfulness meditation, in managing PD symptoms and improving overall well-being. The study, conducted at Jaslok Hospital and Research Centre, engaged 28 individuals diagnosed with mild to moderate PD over a duration of six months.

Methodology: After obtaining informed consent from the patient, patients were randomly assigned by a computer-generated algorithm either to a therapy or a control group. The group chosen for therapy was offered either dance or music as their preferred form of therapy option. The philosophy is that people who love music may not like dance, and people who like to dance may prefer dance over music. Both groups of therapy were also given guided meditation by an expert trainer in the field of meditation. Several Parkinson's Disease related scorings were performed to evaluate the motor function, behaviour, mood, and cognitive functions of these patients before the trial and on the completion of the trial. The control group was also evaluated in the same manner. Both groups



The Team Led By Dr Paresh Doshi for Parkinson's Disease

continued their usual medical management. A patient diary was maintained to ensure adequate compliance, and patients who could not follow the required schedule were excluded from the trial.

Results:

We assessed two main areas of primary results. The first was the quality of life (measured by Parkinson's disease Questionnaire-PDQ39), and the second was the gold standard used to determine the impact of any treatment on the progression of Parkinson's disease (Unified Parkinson's disease rating scale - UPDRS). Additionally, we included two other data points to evaluate the impact of this treatment on the caregivers: PDQ-Carer change and Zarit Burden Interview Change.

All these four endpoints showed significant improvement, which was statistically significant, as seen in the below graph.

These results confirm the following:

That any therapy which the patient prefers, i.e. dance or music; along with meditation, has a definitive impact on the progress of the Parkinson's disease and also on the quality of life of the patient. This also translates into better well being and improved quality of life for the

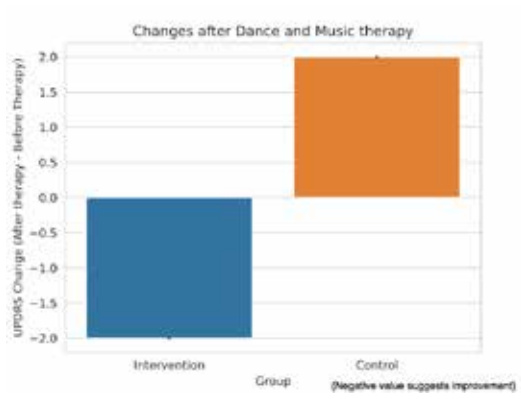
caretakers. Notably, the benefits observed in this trial extend beyond the intervention period, indicating the potential for long-lasting effects.

The results underscore the importance of exploring alternative therapies in managing PD comprehensively. Future directions include longer-term studies and investigations into diverse populations.

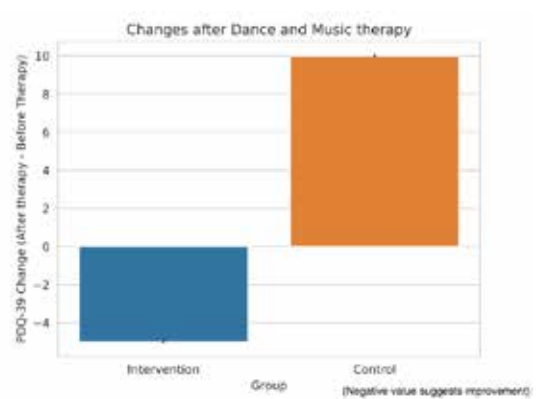
Additional key findings

Besides the above results, there was improvement seen in other areas like mood (Beck depression scale), memory function (MMSE), Balance (TUG and Berg Balance test) and Anxiety (Anxiety scale).

PATIENTS

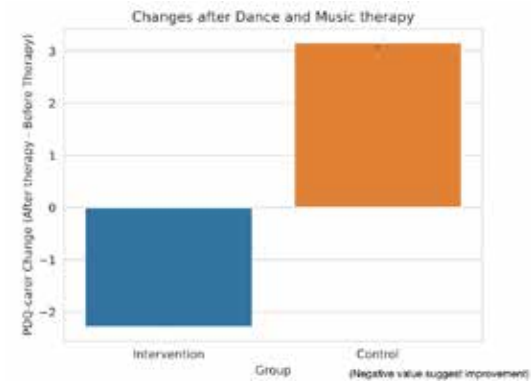


UPDRS

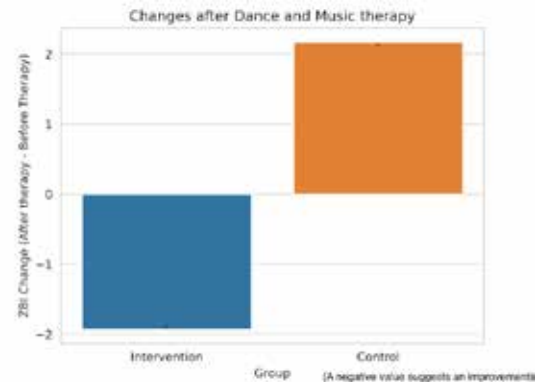


PDQ-39

CAREGIVERS



PDQ-CAREGIVER



Zerit Burden Inventory

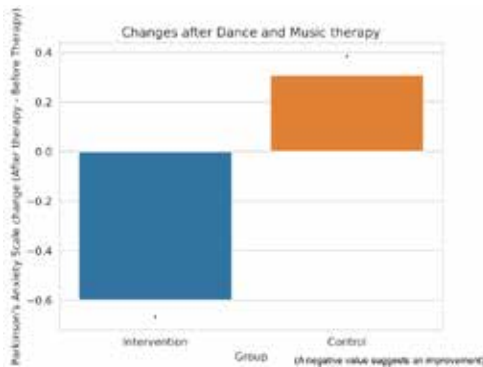
Commenting on this Prof. (Dr.) Paresh Doshi, Principal Investigator of the trial and the Director of Neurosurgery and Stereotactic and Functional Neurosurgical program at Jaslok Hospital and Research Centre says, "These results mark a significant leap forward in Parkinson's care. Our trial demonstrates the potential of alternative therapies in not just managing symptoms, but in potentially slowing the progression of this debilitating disease. Through innovative approaches like dance and music therapy, we are paving the way for a brighter future for Parkinson's patients and caregivers worldwide."

Explaining about the uniqueness of this trial, Dr. Doshi highlights that:

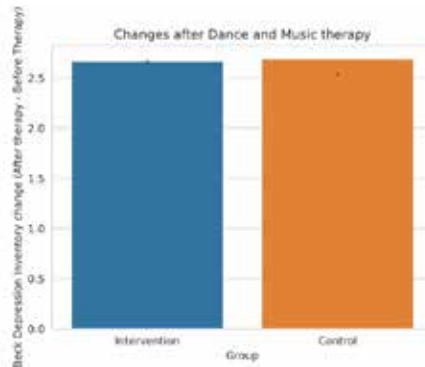
1. This is the first trial to have a blinded randomised evaluation of patients undergoing treatment and not undergoing therapy ever presented or studied in the world.
2. This is the first-ever trial in the world that has evaluated not only Parkinson's disease but also the caregivers' burden in the management of Parkinson's disease through dance and music therapy.
3. This trial laid a lot of emphasis on the quality of life, which was one of the principal trial endpoints which again has been very rarely evaluated for this form of treatment.
4. This level of detailed evaluation of motor disability, mood, behaviour, and cognition has always been performed in surgical interventional trials or medical interventional trials but never in any trials where no intervention except therapy like dance and music were offered.

"At Jaslok, we are committed to pushing the boundaries of medical research to improve patient outcomes. This groundbreaking trial reaffirms our dedication to innovation and patient-centered care. By harnessing the power of alternative therapies, we are not just treating Parkinson's disease, but transforming lives. Our mission is to continue leading the way in redefining standards of care and making a tangible difference in the lives of those affected by Parkinson's." says Dr. Milind Khadke, Director Medical Services at Jaslok Hospital.

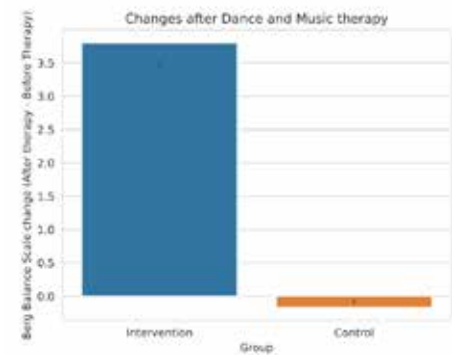
As we unveil these remarkable findings on the eve of World Parkinson's Day, Jaslok Hospital and Research Centre reaffirms its commitment to advancing Parkinson's care through innovative research and patient-centered approaches.



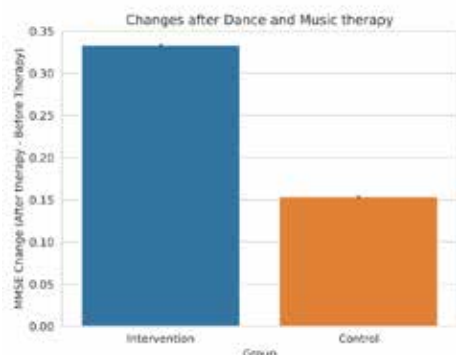
Anxiety Scale



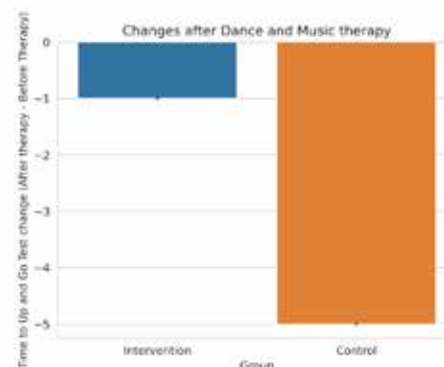
Beck's Depression Scale



BERG Balance Test



MMSE (Cognitive Scale)



TUG Test



ACHIEVEMENTS

DR SHOAIB PADARIA, DIRECTOR VASCULAR SCIENCES
ACADEMIC ACTIVITIES MAY – JUNE 2024



Dr Shoaib Padaria, Vice President – IUA, delivering an Invited Lecture on Thyroid Dysfunction and Vein Diseases at the World Congress of International Union of Angiology, at Porto, Portugal, on 14th June 2024



Dr Shoaib Padaria, Vice President of IUA, with members of the Indian Delegation at the World Congress of International Union of Angiology, at Porto, Portugal, on 15th June 2024



Dr Shoaib Padaria, Vice President of the IUA, delivering an invited lecture on Growth Factors in Venous Ulcers, at the World Congress of International Union of Angiology, on 15th June 2024.



Dr Shoaib Padaria, Chairman of the South Asia Chapter of IUA, with delegates from Nepal, Sr Lanka, Thailand and Indonesia



Dr Shoaib Padaria, Vice President of IUA, invited as Guest Speaker to deliver a talk on Treatment of Incompetent Perforator veins at the Egypt Africa Vein Conference held at Cairo, May 2024. Dr Padaria delivered an online virtual talk at the conference on May 16th 2024



Dr Shoaib Padaria, Vice President of IUA, invited as Guest Speaker at the Silk Road Venous Conference organised by the Vascular Society of Georgia. Dr Padaria delivered an online virtual talk on May 17th on “Anterior Accessory Saphenous Vein management”.

51ST YEAR ANNIVERSARY CELEBRATION

Jaslok Hospital celebrated the amazing doctors and employees with a heartwarming felicitation ceremony, followed by an evening filled with laughter, music, and dance. From a hilarious stand-up comedy act to incredible cultural performances by our talented team, it was a night of joy and appreciation.

FELICITATION OF DOCTORS & EMPLOYEES

Jaslok Ratnas



Employee Felicitation



CULTURAL PROGRAMS



JASLOK FOUNDATION DAY

Honoured the Founders and launched the new OPD complex on the 2nd and 3rd floors. This new space on the North-side includes a Multispecialty OPD, Health Check-up Department, and Investigation Departments.

It's a blend of modern design and top-notch facilities, adding to Jaslok's mark of excellence. Chairperson, Trustees, CEO, and esteemed consultants joined for the inauguration.



51ST FOUNDATION DAY CME BY JASLOK HOSPITAL IN ASSOCIATION WITH JAIN DOCTOR FEDERATION

Convenors: Dr. S. B. Desai and Dr. Paresh Doshi led the event, featuring

Keynote Address: Dr. Dipankar Dasgupta

Topic: Indian philosophy of pain.

Success Mantras : Dr. G. N. Mansukhani and Dr. J. D. Sunavala, who also launched his book "ER Ready Reckoner."

Engaging debates:

- AI in medicine, chaired by Dr. Rajesh Sainani & Dr. Kaustubh Vaidya with insights from Dr. Vikram Lele & Dr. Sanjay Nagral.
- Gender discrimination in the medical profession, chaired by Dr. Ritu Jain & Dr. Gautam Zaveri, with insights from Dr. Sadashiv Chaudhari & Dr. Sudeshna Ray.
- The necessity of research was also discussed, chaired by Dr. Ajit Vaze & Dr. Shruti Tandon, with insights from Dr. Paresh Doshi & Dr. Nilesh Doctor.
- The event was graced by our Trustee, Mr. Vinod Chanrai, and CEO, Mr. Jitendra Haryan, marking a huge success.

Total Attendees: 250



CME WITH GHATKOPAR MEDICAL ASSOCIATION AT HOTEL MEGHDOOT

Speakers:

Dr. Natasha Tipnis,
Consultant Neurology & Epilepsy
Specialist

Topic: Video EEG Monitoring,
When, Why, How & Where

Dr. Upendra Bhalerao,
Consultant Cardiovascular & Thoracic
Surgery & Heart Transplantation

Topic: Minimally Invasive cardiac
Surgery

Dr. Shailesh Sable,
Director Liver Transplant
Program

Topic: Basics of Liver
Transplantation

Total Attendance - 67



CME WITH BOMBAY D- WARD MEDICAL ASSOCIATION AT HOTEL KRISHNA PALACE

Speaker:

Dr. Dr Shailesh Sable, Director Liver Transplant Program

Total Attendance - 230+

Topic: Understanding Liver Transplant



CME WITH JAIN DOCTORS ASSOCIATION AT HOTEL KRISHNA PALACE

Speakers:

Dr Suresh Joshi,
Director Cardiovascular Surgery

Topic: Minimal Invasive Valve Procedure
a boon for HVD Patients

Dr Nihar Mehta
Associate Director Structural Heart Diseases

Topic: Patient Valve Selection for Trans
catheter Valve Replacement Procedures.

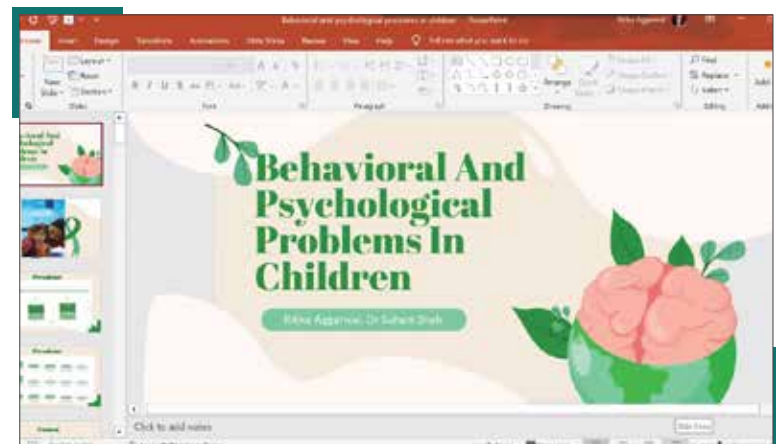
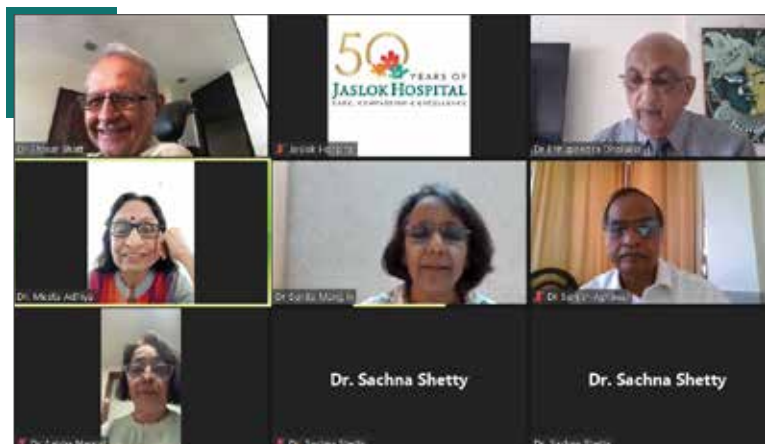
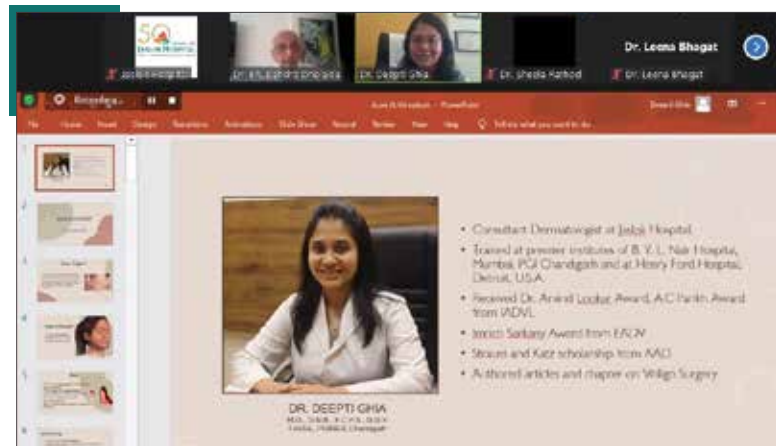
Total Attendance - 75



ONLINE ACTIVITIES: APRIL TO JUNE 2024

Sr. No.	Consultant	Specialty	Attendees
1.	Dr Deepti Ghia	Dermatology	76
2.	Dr Nidhi Khandelwal	General, Laparoscopic & Bariatric Surgery	53
3.	Dr Suhani Shah	Paediatric Neurology	58
4.	Dr Nihar Mehta, Dr Sunil Jain & Dr Sudeshna Ray	Cardiology, Accident & Emergency and Obstetrics & Gynaecology	83
5.	Dr Aabha Nagral & Dr Sachna Shetty	Hepatology and Accident & Emergency	67
6.	Dr Suhani Shah & Ms Ritika Aggarwal	Paediatric Neurology & Psychology	62
7.	Ms Ritika Aggarwal	Psychology	55
8.	Dr H. B. Chandalia	Diabetology & Endocrinology	167
9.	Dr Natasha Tipnis	Neurology & Epilepsy	79
			700

Dr Bhupendra Dholakia, Dr Sunita Manglik, Dr Suresh Agarwal, Dr Leena Bhagat, Dr Sheela Rathod, Dr Hemant Patel, Dr Bharat Bhatt, Dr Priti Bhargava, Dr Meeta Adhia, Dr Pragnesh Shah, Dr Deepak Kriplani, Dr Meera Golani, Dr Atul Doshi & Dr Nitin Shah



ON GROUND ACTIVITIES

ONGC ECG RBS BMD Camp



NTPC



UGANDA DELEGATE

We invited our local partner and their team members:

- Dr. Henry Ddungu – (Haematologist)
- Dr. Emmanuel Rogers Ssekasanvu – (Nephrologist)
- Ms Clare - Magnus Medi Team Member (Uganda)
- Mrs. Judith Sheenah- Magnus Medi - Country Head.

In their visit they have given a brief introduction about the hospital & the services.

They met Dr. Ashwin Mehta, Dr. Shailesh Raina, Dr. Ganapathi Bhat and Dr. Rushi Deshpande.



TANZANIA DELEGATE

We invited Ms. Hawa Mwema (CEO - CARE HEALTH & Hospitality services - Tanzania) & Mr. Jameet (Tauro Health Solutions) for Hospital visit.

In their visit they have given a brief introduction about the hospital & the services. They have also visited our Cath lab to see the facility & met Dr. Ashwin Mehta.



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TIMES HEALTH SURVEY

**TIMES HEALTH SURVEY
ALL INDIA CRITICAL CARE HOSPITAL
RANKING SURVEY 2024**

Specialities	Mumbai	West	National
Urology	2 nd	3 rd	5 th
Oncology	3 rd	3 rd	7 th
Cardiology	2 nd	2 nd	7 th
Nephrology	2 nd	2 nd	7 th
Obstetrics & Gynaecology	3 rd	3 rd	7 th
Paediatrics	2 nd	2 nd	7 th
Emergency & Trauma	2 nd	2 nd	7 th
Gastroenterology & Hepatology	2 nd	2 nd	8 th
Neuro Sciences	3 rd	4 th	14 th

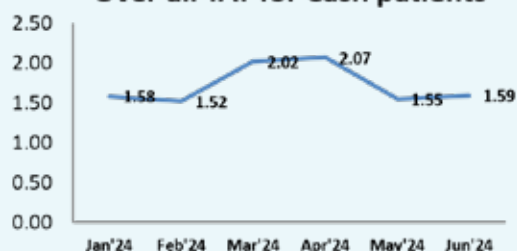
MID-DAY AWARD



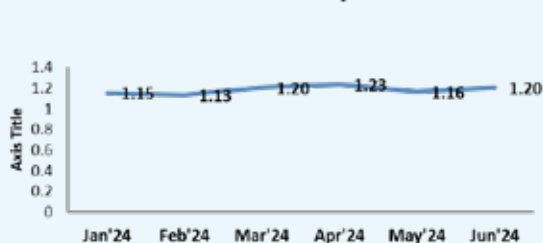


Cash Discharges

Over all TAT for Cash patients



TAT for 80% Cash patients



	Total Discharges	Cash Discharges	80% Cash Discharges
Jan'24	991	401	321
Feb'24	933	363	306
Mar'24	993	430	344
Apr'24	977	389	311
May'24	1000	391	313
Jun'24	885	362	290

Credit Discharges

Overall TAT for Credit Patients



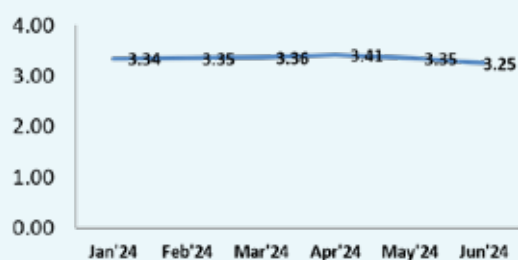
TAT for 80% Credit



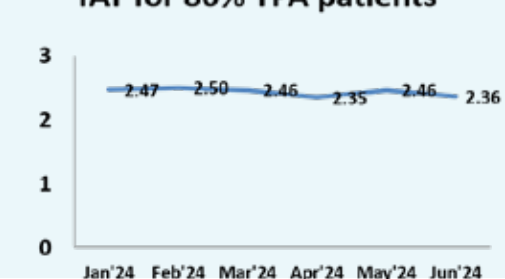
	Total Discharges	Credit Discharges	80% Credit Discharges
Jan'24	991	107	86
Feb'24	933	115	92
Mar'24	993	96	77
Apr'24	977	104	78
May'24	1000	100	80
Jun'24	885	118	94

TPA Discharges

Overall TAT for TPA patients



TAT for 80% TPA patients



	Total Discharges	TPA Discharges	80% TPA Discharges
Jan'24	991	351	281
Feb'24	933	317	254
Mar'24	993	342	274
Apr'24	977	348	278
May'24	1000	357	286
Jun'24	885	295	236

GOOD CATCH PROGRAM AWARDS

For March-April'24

Award Category	Description	Staff Name	Location
Top Scorer	Max Incidents Reported	Deepali Dabade	4th East ICU
Most Valuable Player	Near Miss	Ujwala Gawde	Neuro ICU

Hindustan Times Sign in

Home Latest News Elections **Cricket** HT Pre

Election Results Live Lok Sabha Election 2024 Results Live

Heatwave alert: Watch out for these warning signs of heat stroke that can land you in hospital

By **Parmita Uniyal** X, New Delhi

May 30, 2024 10:46 AM IST

Do not take symptoms like rapid heartbeat, blazing hot skin, dizziness and nausea lightly as it could be heat stroke. Kr **OPEN APP**

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TS Inter Results 2024 Ideas of India Opinion INQ042547 Elections 2024 ABP-CVoter Opinion Poll IPL 2024 CUET Exams

World Malaria Day 2024: Know First Few Symptoms You Get When You Have Malaria

World Malaria Day 2024: The symptoms of malaria usually appear about one and a half to two weeks after being bitten by an infected mosquito, although presenting symptoms may be variable.

By: **ABP News Bureau** | Updated at: 23 Apr 2024 08:37 PM (IST)

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Men's Health Month: Routine checks up and screenings men over 40 must consider

Updated on: 25 June 2024 01:41 AM IST | Mumbai
Asha Ravi | asha.ravi@midday.com

City study finds music, dance reduce Parkinson's symptoms

Times News Network

Mumbai: For 11 years, Kundvli resident, Kalyan Kashim popped in once a week every day to manage the tremors in his left hand and leg. Parkinson's disease had also turned his voice "very gruff" and turned him into a recluse who declined stepping out.

Then eight months ago, he enrolled in a clinical trial studying the effect of singing on the severity of Parkinson disease's symptoms. On Wednesday, on the eve of World Parkinson's Day, Kashim said singing had changed his life and given him confidence. "I have started singing Mohammed Rafi songs with a local orchestra on 10 occasions," said the 66-year-old contractor for marriage decorations.

Kashim Mehta (70), who was diagnosed with the condition three years ago, enrolled in the same study, but chose dancing instead of singing. Kashim and Mehta were among 20 patients with Parkinson's disease to enrol for the study conducted by neurosurgeon Dr. Parash Doshi of Jaslok Hospital.

"We used various scales to measure the effect of six months of music or dance therapy on mood, balance and mobility and cognition," said Dr Doshi. All scores were higher for patients in the intervention group as compared to those in the control group, he said.

In the last eight months, Mehta disclosed that he moved "very slowly". "My wife, Shobha, liked to dance, but I hadn't tried it. During the dance sessions, I realised I was walking better and the tremors seemed less severe," he said.

Parkinson's disease is the second most common neurodegenerative disorder affecting over 10 million people worldwide. It's caused by nerve cell damage in the brain, causing dopamine levels to drop and significantly impair motor functions in Asia, particularly in India, its prevalence is high, with around 10 million parkinson people.

Previous studies in the West had shown that interventions such as music, dance and mindfulness meditation improved symptoms, especially the gait, and improved quality of life. They, however, didn't lead to any reduction in medication.



The clinical trial began eight months ago at Jaslok Hospital



Dance, music therapy could help manage Parkinson's disease: Study

HT Correspondent
Kundvli@hindustantimes.com

MUMBAI: A recent study conducted at Jaslok Hospital on Parel Road has demonstrated the positive impact of dance and music therapy on Parkinson's disease management.

The study, initiated in March of the previous year, aimed to assess the effects of dance and music therapy and medication on disease progression and the quality of life of patients and caregivers. Parkinsons were divided into a control group and a therapy group, with the latter further divided into sub-groups for dance or music therapy, based on their preference.

Parkinson's Disease (PD) affects over 10 million people globally, with a particularly high prevalence in Asia, notably in India. The disease significantly impairs motor functions and quality of life due to the degeneration of dopaminergic neurons. Current treatments focus primarily on symptom management, leaving a critical gap in altering the disease's progression.

The study, which was spearheaded by Dr Parash Doshi, neurosurgeon, included 20 patients with PD to moderate Parkinson's disease.

Its primary objective was to examine the impact of dance, music and medication on the progression of mild and moderate Parkinson's disease and assess the impact of these therapies on the quality of life of the caregivers.

"We had 10 patients in the control group and 10 patients who were divided into sub-groups for dance or music therapy based on their preference. Both the groups were given the standard care. However, we saw some after six months," said Dr Doshi.

For the patients undergoing dance or music therapy, Dr Doshi said there was a lowering in medication requirements and overall better mood and quality of life. The study included 15 minutes of guided meditation.

"Several Parkinson's Disease related surveys were performed to evaluate the motor function, balance, mood, and cognitive functions of these patients before the trial and on the completion of the trial. The control group was also evaluated similarly," he said.

According to the team of neurosurgeon doctors at Jaslok, music has been shown to improve motor rhythmically, while dance was shown to improve mood and cognitive functions. Both music and dance are also known to help with sleep and improve the quality of life of Parkinson's patients. Meditation, on the other hand, can reduce stress and help regulate thoughts and emotions, reducing psychological distress.

"We assessed two main areas of primary results. The first was the quality of life (measured by Parkinson's Disease Questionnaire PDQ39), and the second was the Unified Parkinson's Disease Rating Scale - UPDRS, which is considered the gold standard to determine the impact of any treatment on the progression of Parkinson's disease. Additionally, we included two other data points to evaluate the impact of this treatment on the caregivers: PDQ-Carer change and Zarit Burden Interview Change. All these four endpoints showed significant improvement, which was statistically significant. The study outcomes suggest that dance and music therapy may offer tangible benefits in managing Parkinson's disease, especially in improving physical symptoms and quality of life, as well as reducing the burden on caregivers," said Dr Doshi.

Kashim Mehta, 70, was diagnosed with moderate Parkinson's disease and was one of the 10 patients enrolled for the study at Jaslok Hospital last year. "I was started on music therapy in April and can feel remarkable improvement since then," he said.

While the hospital is not publishing the study for public journal, it plans to host further research on longer-term studies, exploring other forms of alternative therapies, or conducting similar studies on larger and more diverse populations.



Jaslok in news

City study finds music, dance reduce Parkinson's symptoms

Tara News Network

Mumbai: For 11 years, Kandivli resident Krishna Kadum popped in over five pills every day to manage the tremors in his left hand and leg. Parkinson's disease had also turned his voice "very gruff" and turned him into a creature who did not sleep at night.

Then came a music man, he enrolled in a clinical trial studying the effect of singing on the severity of Parkinson disease's symptoms. On Wednesday, on the eve of World Parkinson's Day, Kadum said singing had changed his life and given him confidence. "I have since sang Mohanram's Ball's songs with a local orchestra on 12 occasions," said the 66-year-old contractor for Monday decorations.

Kajiv Mehta (70), who was diagnosed with the condition three years ago, enrolled in the same study, but chose dancing instead of singing. Kadum said Mehta went missing for a month with Parkinson's disease treatment for the study conducted by neurologist Dr. Parash Doshi of Jaslok Hospital.

"We used various tests to measure the effect of six months of music or dance therapy on mood, balance and cognition," said Dr Doshi. All scores were higher for patients in the intervention group as compared to those in the control group, he said.



The clinical trial began eight months ago at Jaslok Hospital

In the last eight months, Mehta noticed that he moved "very slowly". "My wife, Snehal, took to dancing, but I hadn't. In fact, during the therapy sessions, I realized I was working better and the tremors seemed less severe," he said.



Parkinson's disease is the second most common neurodegenerative disorder affecting over 10 million people worldwide. It's caused by neurodegeneration in the brain, causing dopamine levels to drop and significantly impacting motor function. In India, its prevalence is high, with around 70 cases per 1 lakh people. Previous studies in the West, had shown that interventions such as music, dance and tai chi could improve symptoms, cognitive function and improved quality of life. They, however, didn't look at the direction of medication.

दैनिक भास्कर

Mumbai 21 May 2024

Page No. 10, Page Name: Maharashtra, Language: Hindi, Edition: Daily

224 1023, Sleeping for more than 7 hours could badly damage your brain

औवर स्लीपिंग • इससे मोटापा, डायबिटीज, अल्सर का आसंका बढ़ती है, हृदय संबंधी रोगों का भी खतरा नौ घंटे से अधिक सोते हैं तो यह औवर स्लीपिंग, इसका मस्तिष्क पर सीधा असर



मस्तिष्क को ठीक ढंग से काम करने के लिए औवर स्लीपिंग (Oversleeping) नौ घंटे से अधिक सोने से बचना चाहिए। नौ घंटे से अधिक सोने से मोटापा, डायबिटीज, अल्सर का आसंका बढ़ती है, हृदय संबंधी रोगों का भी खतरा बढ़ जाता है।



औवर स्लीपिंग (Oversleeping) नौ घंटे से अधिक सोने से मोटापा, डायबिटीज, अल्सर का आसंका बढ़ती है, हृदय संबंधी रोगों का भी खतरा बढ़ जाता है।

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चेहऱ्याच्या दुर्मीळ आजारावर मुंबईत यशस्वी उपचार!

अमरावतीच्या महिलेला तोंडात जाणवत होते विजेचे धडे

मुंबई: पुण्यात राहणाऱ्या अमरावती येथे राहणाऱ्या ५५ वर्षीय महिला यशस्वी उपचाराने तोंडात जाणवत होते विजेचे धडे. चेहऱ्याच्या दुर्मीळतेने तोंडात जाणवत होते विजेचे धडे. चेहऱ्याच्या दुर्मीळतेने तोंडात जाणवत होते विजेचे धडे.

महिलेने अमरावती, कापूर अग्नि संस्थान येथे उपचार घेतले. चेहऱ्याच्या दुर्मीळतेने तोंडात जाणवत होते विजेचे धडे. चेहऱ्याच्या दुर्मीळतेने तोंडात जाणवत होते विजेचे धडे.

उपचाराने तोंडात जाणवत होते विजेचे धडे. चेहऱ्याच्या दुर्मीळतेने तोंडात जाणवत होते विजेचे धडे. चेहऱ्याच्या दुर्मीळतेने तोंडात जाणवत होते विजेचे धडे.

आध्यात्मिक विचार केल्या • असा दुर्मीळ आजाराचा उपचार करण्यासाठी विचार केल्या. आध्यात्मिक विचार केल्या. आध्यात्मिक विचार केल्या.

भारतातील पहिले चिकित्सा प्रकाशन • भारतातील पहिले चिकित्सा प्रकाशन. भारतातील पहिले चिकित्सा प्रकाशन.



NBT भारत राज्य लोकसभा 2024 IPL बिजनेस

Hindi News Metro Mumbai Development Mumbai Doctors P

मुंबई में 193 किलो के अमेरिकी बुर्जुग का नी रिप्लेसमेंट कर डॉक्टरों ने बनाया रेकॉर्ड, दुनिया में पहला मामला

मुंबई के डॉक्टरों ने बताया कि 193 किलोग्राम वजन वाले 72 वर्षीय अमेरिकी व्यक्ति की सफलतापूर्वक टोटल नी रिप्लेसमेंट (टीकेआर) किया गया है। यह सर्जरी मुंबई के जसलोक अस्पताल एवं अनुसंधान केंद्र के सर्जनों ने की है। यह दुनिया में घटने बदलने की सर्जरी के लिए सबसे भारी वजन वाला मरीज है।

मेंदूच्या दुर्मीळ आजारावर यशस्वी उपचार देशात पहिलाच रुग्ण; चेहऱ्याच्या नसांमध्ये असह्य वेदना

मुंबई, २० मे २०२४: महाराष्ट्र प्रमुख विद्यापीठ आजारावर अत्यंत यशस्वी उपचार घडवून आला आहे. या उपचाराने प्रथम एक महाराष्ट्रीय रुग्ण यशस्वी उपचार प्राप्त झाला. या रुग्णाचा चेहऱ्याच्या नसांमध्ये असह्य वेदना होत होते. या रुग्णाचा उपचार यशस्वी झाला. या रुग्णाचा उपचार यशस्वी झाला.



अग्नि केले उपचार • अग्नि केले उपचार यशस्वी उपचार घडवून आला आहे. या उपचाराने प्रथम एक महाराष्ट्रीय रुग्ण यशस्वी उपचार प्राप्त झाला. या रुग्णाचा चेहऱ्याच्या नसांमध्ये असह्य वेदना होत होते. या रुग्णाचा उपचार यशस्वी झाला.

०.६ ते ५.९ टक्के लोकांमध्ये आजार

आजारीत • आजारीत लोकांमध्ये आजार ०.६ ते ५.९ टक्के लोकांमध्ये प्रचलित करतो. आजारीत लोकांमध्ये आजार ०.६ ते ५.९ टक्के लोकांमध्ये प्रचलित करतो.

मुंबई में लौटी अमरावती की महिला की खोई हुई मुस्कान

अमरावती में रहनेवाली 56 वर्षीय महिला की मुस्कान लौटी अमरावती की महिला की खोई हुई मुस्कान। अमरावती में रहनेवाली 56 वर्षीय महिला की मुस्कान लौटी अमरावती की महिला की खोई हुई मुस्कान।

बाईटेलटा टायजेमिनल न्यूरोलॉज्या बीमारी से ग्रस्त वी महिला • बाईटेलटा टायजेमिनल न्यूरोलॉज्या बीमारी से ग्रस्त वी महिला। बाईटेलटा टायजेमिनल न्यूरोलॉज्या बीमारी से ग्रस्त वी महिला।



डॉक्टरों का माना असा • डॉक्टरों का माना असा। डॉक्टरों का माना असा। डॉक्टरों का माना असा।

अलका याज्ञिकने जेम अथानक संभलावानुं बंध थर्ष गयुं अेपुं कोर्धने पण थर्ष शके थे

वर्धमान शिवाजी अस्पताल, मुंबईमध्ये अलका याज्ञिकने कोर्धने अथानक संभलावणेची प्रक्रिया पूर्ण केली आहे. या प्रक्रियेत अलका याज्ञिकने कोर्धने अथानक संभलावणेची प्रक्रिया पूर्ण केली आहे. या प्रक्रियेत अलका याज्ञिकने कोर्धने अथानक संभलावणेची प्रक्रिया पूर्ण केली आहे.



अलका याज्ञिकने कोर्धने अथानक संभलावणेची प्रक्रिया पूर्ण केली आहे. या प्रक्रियेत अलका याज्ञिकने कोर्धने अथानक संभलावणेची प्रक्रिया पूर्ण केली आहे. या प्रक्रियेत अलका याज्ञिकने कोर्धने अथानक संभलावणेची प्रक्रिया पूर्ण केली आहे.



193 किलो के बुजुर्ग का हुआ नी रिप्लेसमेंट सर्जरी के लिए मैन्युफैक्चरर से डिजाइन कर बनवाया उपकरण

मुंबई: उत्तरी के 193 किलो वजन वाले बुजुर्ग का वजन कम करने के लिए रिप्लेसमेंट सर्जरी करनी पड़ी थी। रिप्लेसमेंट सर्जरी के लिए मैन्युफैक्चरर से डिजाइन कर बनवाया उपकरण का उपयोग करके बुजुर्ग को 193 किलो के वजन से 172 किलो तक कम करने में सफलता मिली।



अपेक्षित से अल्प रिस्क वाले उपकरण (72) प्रयोग के बाद ही बुजुर्ग को 193 किलो के वजन से 172 किलो तक कम करने में सफलता मिली।

सर्जरी में बुनीतिया डॉ. नवलकर ने बताया कि अतिरिक्त वजन को कम करने के लिए रिप्लेसमेंट सर्जरी करनी पड़ी थी। रिप्लेसमेंट सर्जरी के लिए मैन्युफैक्चरर से डिजाइन कर बनवाया उपकरण का उपयोग करके बुजुर्ग को 193 किलो के वजन से 172 किलो तक कम करने में सफलता मिली।

१९३ किलो वजन धरापता दर्दीनी घुंटाणी शस्त्रक्रिया करवामां आवी



मुंबई, ता. २६ : जसलोक हॉस्पिटलमां १९३ किलो वजन धरापता ७२ वर्षीय अमेरिकन दर्दीनी नी रिप्लेसमेंट सर्जरी (घुंटा बढलवानी शस्त्रक्रिया) सकणतापूर्वक पार पाडवामां आवी थे. विश्वमां प्रथमवार आटलुं भुं वजन धरावती व्यक्तिनी सकण नी रिप्लेसमेंट सर्जरी कराई थे. डॉक्टरोंने उत्पादक साथे वात करीने विशेष उपकरणो बनावाडववा पड्या थे. अमेरिकाना निवासी रिचर्ड कोस्त्रारेके अनेक डॉक्टरोंनो संपर्क कर्यो હતો, परंतु तेमना वधुपडता वजनने लीधे अमेरिकाना डॉक्टरों ज्योभम लेवा तैयार नहोता. छेवटे तेमणे जसलोक हॉस्पिटलनो संपर्क कर्यो હતો.

जसलोक हॉस्पिटलना सिनियर कन्सल्टन्ट ओर्थोपेडिक सर्जर्न डॉ. राजेश नवलकरे पण ओपरेशन पढेलां चारवार दर्दीनुं काउन्सेलिंग कर्यो હતुं अने तेमने ज्योभमथी माहितगार कर्यो હતા. दर्दी ओपरेशन माटे तैयार धया હતા. ओपरेशन बे कलाक ચાલ્યું હતુं अने એક પગનો घुंटा रिप्लेस करायो હતો. दर्दी હવે પહેલાं કરતા सारी रीते ચાલી શકે છે. डॉ. नवलकरे आ पढेलां १०५ किलो वजन धरापता दर्दीनुं ओपरेशन कर्यो હતुं. तेमणे कछुं के वधु वजन धरापता दर्दी माटे अनेस्वैशियानो डॉज नक्की करवो पडकारजनक होय थे. अमां डॉ. प्रेरणा गोमसे महत्वनी ભૂમિકા ભજવી હતી. दर्दीनुं વજન વધુ હોય તો ઓપરેશન વખતે સ્કતસ્રાવનું જોખમ રહે છે. ઉપરાંત લોહીના ગૂઢા જામી જવાથી હાર્ટએટેક પણ આવી શકે છે અને દર્દીનું મૃત્યુ પણ થઈ શકે છે.

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औवर स्लीपिंग • इससे मोटापा, डायबिटीज, अतिसाद की आशंका बढ़ती है, हृदय संबंधी रोगों का भी खतरा नौ घंटे से अधिक सोते हैं तो यह ओवर स्लीपिंग, इसका मस्तिष्क पर सीधा असर

डॉ. अनूप देसाई
काकाबा नुरोसिकल
स्पेशलिस्ट
मुंबई

अच्छी स्लीपिंग और शारीरिक सेहत के लिए रातों रात सोने के 7 से 9 घंटे के बीच में सोना चाहिए है। लेकिन रात में सोने के 10 घंटे से अधिक सोने और अतिरिक्त सोने से मोटापा, डायबिटीज, अतिसाद और हृदय संबंधी रोगों का खतरा बढ़ता है।

मोटर नुकसान क्या है? रक्तवाहिकाएं सिकुड़ती हैं

मोटर नुकसान का मतलब है कि रक्तवाहिकाएं सिकुड़ती हैं और रक्त का प्रवाह प्रभावित होता है।

तकलान क्या है? दिनभर झपकी, सिर दर्द भी

तकलान का मतलब है कि दिनभर झपकी, सिर दर्द, थकान, और शारीरिक कमजोरी का सामना करना पड़े।



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Men's Health Month: Routine checks up and screenings men over 40 must consider



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Anita Rizvi | anita.rizvi@mid-day.com

193 किलो के बुजुर्ग का हुआ नी रिप्लेसमेंट सर्जरी के लिए मैनुफैक्चरर से डिजाइन कर बनवाया उपकरण

Sard.Pandey@timesgroup.com

मुंबई: डॉक्टर ने 193 किलो वजन वाले बुजुर्ग का वजन घटाने में रिप्लेसमेंट (चूटना बदलना) सर्जरी की है। वजन में घटाने का इलाज शोकरेक सर्जरी की सहायता से रिप्लेसमेंट सर्जरी की गई है। सर्जरी के डॉक्टर को मैनुफैक्चरर ने का का विशेष डिजाइन के उपकरण बनाए हैं। अमेरिका के रिप्लेसमेंट शोकरेक (72) मरीज के डॉ. के साथी पेशान में। उन्होंने कई डॉक्टरों से अपने इलाज कराया, लेकिन कोई सफल नहीं हुआ।



अमेरिका से आए रिचर्ड कोल्जार्क (72) चूटना के डॉ. से परेशान थे। मुंबई के डॉक्टरों ने डिजाइन किया।

सर्जरी में चुनौतियाँ: डॉ. चतुर्वर्ण ने बताया कि अतिरिक्त वजन वाले व्यक्ति में एनेस्थेसिया का खतरा निश्चित करने एक चुनौती है, वैसे एक वजन में एनेस्थेसिया किशन के दौरानका खतरा डॉ. केला मेश में अतिरिक्त वजन। अमेरिका के डॉ. के साथी पेशान में। उन्होंने कई डॉक्टरों से अपने इलाज कराया, लेकिन कोई सफल नहीं हुआ।

मेरे अतिरिक्त वजन के कारण इडिया और डिबेट के कई डॉक्टर सर्जरी करने से फसत रहे थे। डॉ. अलाक पटेल के मार्गदर्शन और डॉ. राजेश के अनुभव और रिस्क के कारण सर्जरी सफल हुई और आज मैं अपने वजन पर खड़ा हूँ। - रिचर्ड कोल्जार्क, मरीज

अतिरिक्त वजन वाले बुजुर्ग का वजन घटाने में रिप्लेसमेंट (चूटना बदलना) सर्जरी की है। वजन में घटाने का इलाज शोकरेक सर्जरी की सहायता से रिप्लेसमेंट सर्जरी की गई है। सर्जरी के डॉक्टर को मैनुफैक्चरर ने का का विशेष डिजाइन के उपकरण बनाए हैं। अमेरिका के रिप्लेसमेंट शोकरेक (72) मरीज के डॉ. के साथी पेशान में। उन्होंने कई डॉक्टरों से अपने इलाज कराया, लेकिन कोई सफल नहीं हुआ।

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अतिरिक्त वजन वाले बुजुर्ग का वजन घटाने में रिप्लेसमेंट (चूटना बदलना) सर्जरी की है। वजन में घटाने का इलाज शोकरेक सर्जरी की सहायता से रिप्लेसमेंट सर्जरी की गई है। सर्जरी के डॉक्टर को मैनुफैक्चरर ने का का विशेष डिजाइन के उपकरण बनाए हैं। अमेरिका के रिप्लेसमेंट शोकरेक (72) मरीज के डॉ. के साथी पेशान में। उन्होंने कई डॉक्टरों से अपने इलाज कराया, लेकिन कोई सफल नहीं हुआ।

पार्किन्सन्सवर ध्यान, नृत्य, संगीत थेरपी

मुंबई : पुढारी वृत्तसेवा

पार्किन्सन्स आजागराव मेडिटेशनबरोबरच नृत्य आणि संगीत थेरपी सुरू करण्यात आली आहे. जसलोक रुग्णालयात सहा महिने चाललेल्या क्लिनिकल चाचण्यांचे सकारात्मक परिणाम **जसलोकचा प्रयाग**

जसलोकमध्ये सौम्य ते मध्यम पार्किन्सन्स झालेल्या २८ रुग्णांवर सहा महिन्याने चाचणी करण्यात आली. थेरपीसाठी निवडलेल्या गटाला त्यांच्या पसंतीच्या पर्यायानुसार नृत्य किंवा संगीतोपचार देण्यात आला. थेरपीच्या दोन्ही गटांना तज्ज्ञ प्रशिक्षकाडून मार्गदर्शन करून मेडिटेशनचे

जसलोक हॉस्पिटल अँड रिसर्च सेंटरचे डॉ. पेश दोशी यांनी सांगितले की, जगभरात १ कोटी पार्किन्सन्स रुग्ण आहेत. भारतातही या आजारचे मोठे प्रमाण आहे. या आजारत डोपामिनर्जिक चेतापेशींचा -हास होतो आणि त्यातून स्मृतिप्रंश होत असल्याने रुग्णांचे संतुलन बिघडते.

घडेली देण्यात आले. चाचणी सुरू होण्याच्या आधी आणि पूर्ण झाल्यानंतर या रुग्णांमधील बदलांची नोंद केली गेली. या सहा महिन्यांनंतर रुग्णांचा मूड, स्मरणशक्ती, तोल सांभाळणे आणि चिंता यात सुधारणा होवून जीवनमानाचाही दर्जा उंचावला.

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