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KIMS TRIVANDRUM

KIMS expressions!

Issue 28
KIMS CENTRE FOR CRITICAL CARE MEDICINE

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- ACHSI (Australian Council on Healthcare Standards International)
- KIMS got ACHSI accreditation in the year 2006 for demonstrating continuous improvements in patient safety and delivery of quality healthcare that is at par with international standards.
- NABH (National Accreditation Board for Hospitals & Healthcare Providers - India)
- KIMS received NABH in the year 2006 as a recognition of its commitment to ensure safe healthcare practices and infection control measures.
- NABL (National Accreditation Board for Testing & Calibration Laboratories)
- The Laboratory at KIMS is accredited by NABL in the year 2008, for ensuring precise diagnosis and following safe practices.
- NABH (National Accreditation Board for Hospitals & Healthcare Providers - India)
- KIMS Blood Bank is accredited by NABH in the year 2011, as recognition of its commitment to make safe blood and blood products easily available at the hour of need by adhering to modern techniques and quality standards.

Recognitions

- Best Hospital IT Project Award 2017
- CMO Asia National Award for Best In-house Magazine.
- NiB Awards 2016 for Best House Journal.
- Best Service Provider Award 2014 from Star Health and Allied Insurance Company Ltd.
- Golden Peacock International Business Excellence Award for the year 2013 initiated by Institute of Directors, United Kingdom.
- TRIMA CSR award 2012, for excellence in CSR Activities undertaken for the financial years 2010-2011 and 2011-2012.
- Dr.Prathap C. Reddy Safe Care award for Best Medication Safety Initiative 2011.
- Avaya Global Connect Customer responsiveness Award 2010.
- South Asian Federation of Accountants (SAFA) award for best presented accounts and corporate governance disclosure.
- Hospital Management Asia (HMA) Award for the Project Musculo skeletal injuries in 2009.
- AV Gandhi Memorial Award 2007 and 2008 for excellence in Cardiology.
- Award for transparency in financial reporting in the year 2005 and 2008.
- Best Power User Award by Cyber India Online for optimal power utilisation in the healthcare industry in India in 2004.
- Kerala State Pollution Control Board Award for biomedical waste management in 2004 & 2006.
- Health Tourism Award 2005 for maximum foreign exchange earnings.
- Best Customer Site Award from HCL Infosystems Ltd.
- Regional ACLS Training Center by American Heart Association.
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Vice-Chairman & Director Medical Services

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Group Chief Operating Officer

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**Acknowledgement**

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- KIMS Kollam
- KIMS Kottayam
- KIMS Cochin

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- Ms. Shaini S
- Mr. Mahesh C G
- Mr. Rajesh C
World Quality Day is celebrated every year around the world in November. All the units in GCC joined in this celebration. This day is celebrated to increase the worldwide awareness of the important contribution that Quality makes towards both organisational and national growth and prosperity. This year the theme was CELEBRATING EVERYDAY LEADERSHIP. Leadership is about how we strive to do our best and how we support others to do their best too. In this endeavour there is equal role of individuals, employers and partner organisations. Quality day is dedicated to leaders who exhibit the values of the quality of profession—a clarity of purpose, a focus on stakeholders, a commitment to do properly and to objectively evaluate outcomes, along with a passion for continuous improvement. Each unit in GCC conducted events with public awareness programmes, slogan contest, poster competition, poem competition and snap talks.

World Kidney day is a global awareness campaign aimed at raising the awareness about healthy kidneys, it’s role in our overall health and at reducing the frequency of kidney disease. Chronic kidney disease is a condition in which
there is progressive loss of kidney function. One out of ten people are affected, the world over. World kidney day was celebrated in GCC on 8th March. This year the theme was Kidneys and Women’s Health. Health Talks were conducted to increase the awareness regarding preventive behaviour, awareness about risk factors and how to live with kidney disease.

World Economic Forum 2017 in its Global Gender Gap report says that gender parity is about 200 years away, there needs to be a sustained motivation and a need to press for progress. There is a strong global momentum striving for gender parity. Gender parity won’t happen overnight. The good news is that across the world women are making positive gains day-by-day and a strong call to press for progress. International Women’s Day is not country, group or organisation specific. The day belongs to all groups worldwide. The day was celebrated with motivational talk on women empowerment, talk on antenatal & postnatal health and wellbeing in almost all the units in GCC also.

I express sincere thanks to all the suggestions received from the readers of previous issues of KIMS expressions.

Dr. Suprakasan S
KIMS Qatar Medical Centre
Sports Medicine: the concept, the science

Sports Medicine, also known as sport and exercise medicine is a branch of medicine that deals with physical fitness and the prevention and treatment of injuries related to sport and exercise.

Sports Medicine has three main objectives:

**Performance enhancement**
First objective is to enhance performance for sporting activities. This can be strength training for power events or endurance training for events like long distance running. The exercise regimes for both are different.

**Endurance training**
Endurance training is the act of exercising to increase endurance. The term endurance training generally refers to training the aerobic system. Endurance training is essential for a variety of endurance sports. A notable example is distance running events, 800meters upwards to marathon with the required degree of endurance training increasing with race distance. Other examples are cycling and competitive swimming. Long-term endurance training induces many physiological adaptations especially in the cardiovascular system. Endurance training primarily works on the slow twitch fibers and develop their efficiency and resistance to fatigue. Catabolism also improves the athlete’s capacity to use fat and glycogen stores as an energy source. Common methods for training include periodization, intervals, hard easy, long slow distance, and in recent years high-intensity interval training. Heart rate monitoring and blood lactate threshold measurements are used to measure endurance fitness.

**Strength training**
Strength training is a type of physical exercise specializing in the use of resistance to induce muscular contraction which builds the strength, anaerobic endurance, and size of skeletal muscles. Strength training can provide increased bone, muscle, tendon, and ligament strength and toughness, improved joint

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function, reduced potential for injury. Training commonly uses the technique of progressively increasing the force output of the muscle through incremental weight increases and uses a variety of exercises and types of equipment to target specific muscle groups. Strength training is primarily an anaerobic activity.

Injury prevention

The second objective of Sports Medicine is injury prevention by understanding the biomechanics of human movement and strengthening appropriate muscles to prevent injuries to joints and ligaments. It also involves education of athletes to avoid repetitive strain and overuse injuries. Extreme endurance training puts stress on the right ventricle and triggers cardiac arrhythmias. So cardiac evaluation for athletes involving in such sports is necessary to prevent cardiac events.

Treatment of injuries

The third aspect of Sports Medicine is the treatment of injuries sustained during sports. This starts with the management of acute injuries on field. Later in the hospital diagnostic modalities are used to find the underlying injury or medical derangement. Appropriate treatment is given. Then a rehabilitation programme is given to enable the athlete to come back to preinjury performance level.

Sports nutrition

Sports nutrition is the study and practice of nutrition and diet with regards to improving athletic performance. Sports Nutrition focuses its studies on the type, as well as the quantity of fluids and food taken by an athlete.

Athletes may choose to consider taking dietary supplements to assist in improving their athletic performance. There are many other supplements out there that include performance enhancing supplements (steroids, blood doping, creatine, human growth hormone), energy supplements (caffeine), and supplements that aid in recovery.

Energy supplements

Athletes sometimes turn to energy supplements to increase their ability to exercise more often. Common supplements include: Caffeine, Guarana, Vitamin B12, and Asian ginseng

Recovery Supplements

Recovery Supplements help athletes recover from post exercise muscle soreness. Only branched chain amino acids supplements have shown some benefit in controlled studies.

Performance Enhancing Supplements

Bodybuilders may choose to use illegal substances such as anabolic steroids. These can quickly build mass and strength, but have many adverse effects. Blood doping also known as blood transfusions, increases oxygen delivery to exercising tissues and has been demonstrated to improve performance in endurance sports, such as long-distance running.

The supplement, Creatine, may be helpful for well-trained athletes to increase exercise performance and strength. Other supplements include glutamine, androstenedione, chromium, and ephedra.

There are no substantial benefits from the extra intake of these supplements, yet high health risks and costs. High protein supplements combined with a low caloric diet can lead to serious renal impairment.

The current recommendation is to have a balanced diet of natural ingredients.

Sport psychology

Sport psychology is an interdisciplinary science that draws on knowledge from many related fields. It involves the study of how
psychological factors affect performance and how participation in sport and exercise affect psychological and physical health. In addition to instruction and training of psychological skills for performance improvement, applied sport psychology may include work with athletes, coaches, and parents regarding injury, rehabilitation, communication, team building, and career transitions. Commonly used techniques are relaxation including meditation to reduce anxiety, Goal setting, Imagery, Preperformance routines to prepare for a game or performance, Self talk to improve focus.

**Fitness Training**

Let’s discuss the benefits of exercise for physical fitness. There are several studies showing a significant reduction in morbidity and mortality due to Coronary Heart Disease in physically active persons compared with sedentary control groups.

A regular exercise programme, gives better glucose tolerance in elderly people and enhances the muscle’s sensitivity to insulin. Both middle aged and elderly show an increase in bone mass due to regular exercise programmes, counteracting osteoporosis. Habitual physical activity also reduces the risk of developing diabetes, hypertension and colon cancer.

The most recent recommendations advise people of all ages to include a minimum of 30 minutes of physical activity of moderate intensity on most, if not, all days of the week. Combined aerobic and strength training is most effective in association with dietary caloric restriction for the prevention and treatment of obesity.

**Exercise and mental health**

One of the largest studies to date on exercise and psychological health shows that the optimal amount of physical activity for improved mental health may be from 2.5 to 7.5 hours of activity per week. There are good data that rigorous physical activity for 30 minutes a day is fairly effective treatment for depression, yet, when a person feels that frequent bouts of exercise are a need, rather than a choice, then physical activity has the potential to be compulsive. When exercise is a compulsion, it is likely to be seen as part of a constellation of symptoms in a mental illness, such as anorexia or obsessive compulsive disorder.

Fitness Training is a totally unregulated field. People without any medical knowledge can become personal trainers. This has led to a huge increase in sports related injuries, due to unscientific training methods and harmful dietary advice.

Medically supervised exercise and evidence based training is vital in promoting safe fitness in the general public and in athletes.
Hello Kidney programme jointly organized by KIMS Hospital and All Saints College, Trivandrum to commemorate International Women’s day and World Kidney Day. Dr Praveen Murlidharan and Dr Prameela Joji jointly inaugurate the awareness programme in presence of Dr. Satish B and the organizing team of KIMS Trivandrum.
Dr. Sathish B, Consultant Nephrology, Dr. Praveen Murlidharan, Consultant Nephrology, Dr. Prameela Joji, Consultant Paediatrics, and Dr. Parvathy Menon, Faculty All Saints College giving the event day message.

The Pledge for Healthy habits

On-time media support from Club FM team

Event-Gift coupons given to contest winners
“mm, . . . then, what happened to the king?” I asked eagerly looking at her face.

“God transformed himself as a Mighty Man”, . . . she continued,“at last he destroyed the Evil King, nullifying his boon of virtual immortality!” she completed the story with a sarcastic smile and wide open eyes.

It was interesting to hear stories with various expressions, lying on my Mom’s lap during my early childhood days. The moral of these stories, like a driving force, later on helped me in growing as a positive minded person with love towards others.

My mom taught me how to love and my dad, being an example, taught me how to live. We had great respect for our teachers; they not only took care to teach lessons but also guided us in making decisions on our future. We had no extra classes or evening tutions in those days, no compulsions or pressures to get high marks to get a seat in Medical or Engineering colleges. We were allowed to play freely in the evenings and used to talk to our friends through the land phone. Before the digital era, the children grew up under the shade of parents and teachers. They had no problems in crossing the hurdles of life!

Till few years ago, we had a joint family system in our country in which all the family members worked together to improve the family, loved each other, supported youngsters, had time to listen to their problems and to guide them in the right way. A fast change to the digital era, made the whole world shrink into our palms in the form of the smart phone! The social media gained importance since we can see, talk and share our thoughts with others all over the world. The colourful printed notes, called currency, is the need of the day to buy anything! You can sit in an air-conditioned room with a smart phone and earn money by connecting the seller and buyer or connecting a bride with a groom. Now there is no need to feel love in the heart or see the beauty in the face; a bride needs the man’s prosperity to lead a comfortable life and the groom needs the property of the girl’s father!

Even though the social media is useful in many ways, the children are exposed to a cocktail of information and we give them no tools to process, understand and react to that information. The youth are troubled and pulled in different directions which we often fail to even notice in time. Nowadays, parents have no time to spend with their children. Dads are more worried about their deposits, income-tax and bank balances, working late hours at home and go to bed with sleeping pills or alcohol. Moms are busy with their office work, club meetings and parlour appointments. They depend on the house maids and tuition teachers to look after their children!
We are witnessing enough reports of students committing chilling crimes today! A recent news published in the media, created waves of shock in the minds of parents and teachers.

- In February 2018, in a Gurgaon private school, a class 7 student threatened in social media to ‘rape’ his teacher and her daughter, who was his classmate. The psychologically traumatised girl stopped coming to school and the teacher gave a complaint against the boy and resigned. The boy was suspended and at enquiry, the boy said that he was angry the teacher hadn’t been replying to his good morning wishes for about 4 days. He apologised for his act and added he had not thought of the consequences while posting the message.

- In the same school, a class 8 student sent a mail to another teacher, asking her for an outing for ‘candlelight date and sex’.

- A class 12 student in Haryana, allegedly shot his principal dead because he had been expelled from school.

- A 7 year old boy was murdered in an international school by a schoolmate who wanted an exam postponed.

- A 17 year old boy in Thanjavur, allegedly committed suicide by hanging from a ceiling fan in his house after being scolded by a teacher for coming late.

- In Ghaziabad, an 18 year old daughter attacked her 38 year old mother with sticks and rods when she was alone at home because parents objected when she wanted to run away with her teacher having alleged relationship. The father lodged a complaint in the police station against his daughter.

- In November 2017, a 4 year old girl child was raped by her school mate in a Delhi school.

So many children are driven to violence and sexual crimes. What is going on around us? Why is there a drastic change in the behaviour of our children? It’s really hard to imagine the psychology of a child in future.

I had a chance to view an advertisement on the television a few days ago. An adolescent boy enters the house looking down and keenly watching whatsapp messages in the mobile phone in his hand, takes his dinner kept on the dining table, moves to his room, removes the shirt and tries to enter the bathroom without taking his eyes off from the mobile phone throughout his acts. He then sees a new person coming out of the bathroom, turns around to see all new faces. Then he moves out with a sense of shame realizing that he had entered in some neighbours house!

The children and adolescents of today are living alone in their own world not knowing about what’s happening to the next person. It’s a bitter truth to accept that we are taking so much interest to talk to some unknown person in the remote corner of the world through a smart phone, without bothering to know the name of our neighbour!

Today the children are under the pressure and influences the previous generation could not imagine when they were of the same age. The parents and teachers need to accept that the world has changed. The children hide things from their parents not for fear of punishment, but for fear of disappointment and disapproval. The best thing we can give to our children is the confidence and time for an open minded talk and guidance as and when needed.

**Smart phone**

The doors of social media are wide open through smart phones inviting teens to Face book, Instagram, Snapchat, Twitter etc., to connect with the world. The term ‘Smart phone’ first appeared in 1997, when Ericsson described its GS 88 “Penelope” concept as a smart phone. A modern smart phone is a new
A class mobile phone that includes all the features of a laptop like web browsing, Wi-Fi, 3rd party apps etc., and allow adolescents to access the Internet, communicate and entertain themselves anywhere and anytime and thus mobile phones became a constant companion! The smart phone use in children and adolescents leads to delayed sleep onset, disruption of circadian rhythm, reduced day time alertness and diminished next-day performance. Some of the most popular social media websites are Face book, Google+, Gab, Myspace, Instagram, Linkedin, Pinterest, Reddit, Snapchat, Tumblr, Twitter, Viber, VK, Wechat, Weibo, WhatsApp, Wikia, and Youtube. The social media websites have more than 100,000,000 registered users. The statistics says India has the ‘world’s second largest mobile phone users’ with the figure standing above one billion. The age group of 16-18 using smart phones have shown a rapid rise from 5% in 2012 to 25% in early 2014.

According to Canalis, an investment firm of Singapore and Research firm Gartner by 2017, the annual rate of growth of smart phone users in India would be around 129% even more than that of China (109%)6,7.

Mobile phone addiction

WHO (Expert Committee - 1964) defined addiction as dependence, as the continuous use of something for the sake of relief, comfort or stimulation which often causes cravings when it is absent. The 2 types of addictions of today are6:

1. Substance addiction: drugs or alcohol induced
2. Mobile phone addiction: addiction with behavioral changes

A study conducted at Leelavathi hospital showed 79% of the population between the age group of 18 and 44 have their mobile phones with them almost all the time with only 2 hours of their waking day spent without their mobile phones on hand3. Due to mobile phone addiction, there is decreased brain activity which regulates emotions, decision-making and impulse control. In addition majority of teens start consuming alcohol, use tobacco which intern leads to poor dietary habits and increased levels of social loneliness4.

Nomophobia- defined as “fear of being without your mobile phone” is an emerging problem of the modern era in India also, as found in a study on mobile phone dependence among students of M.G.M Medical College, Indore (India) by Dixit et al.

Toddlers

According to researchers using a smart phone or iPad to pacify a toddler impede their ability to learn self-regulation and detrimental to their social - emotional development. There is plenty of expert evidence that children under 30 months cannot learn as well from television and videos as they can from parents interaction9. Playing with building blocks may help a toddler more with early maths skills than interactive electronic gadgets. The devices may replace their hands on activities important for the development of sensori-motor and visual-motor skills.

Nowadays, the cursive, map reading and mental math skills such as making change and tipping are falling by the wayside, as do-it-all devices move in.
The American Academy of Paediatrics cautions that children need more real face-time than screen time—More laps than apps! Hug Taylor, Yale university’s Chief of Obs & Gyn, found out the prenatal experience of mobile phone significantly increased hyperactive behaviour in offspring and altered brain chemistry. Parents should avoid white noise baby apps—Infants stay asleep with their brain being radiated by the phones all night long.

**Uses of mobile phones**

- To contact parents, family members and friends at any time of the day and night.
- To contact in Emergencies—to call Ambulance, Police, Fire service etc.,
- Easier to access to the Internet
- Make use of it as a Calculator, Alarm clock, Timer, Calender, Note pad, digital camera, GPS navigation, flash light, address book etc.,
- Entertainment—to watch movies, play games etc.,
- Useful for specially challenged children especially, deaf and dumb children, to express their thoughts through text messages and images.

The Mobile phone too has Positive as well as Negative aspects. The following are some of the physical and psychological effects affecting our children and adolescents.

**Teen Tendonitis (TTT):** The addiction of texting and excess messaging leads to Teen Tendonitis which causes pain and numbness in the hands, later on leads to conditions like Carpal Tunnel Syndrome and also arthritis in smaller joints of hands.

**Text Neck:** Pain over the neck and upper back due to poor posture and looking down at a mobile phone for a long time. Due to the over use of mobile phone, the normal forward curvature of cervical spine gradually changes to a backward curve which can be degenerative and progress to produce increasing intensity of pain. Resting the chin on the chest to look at the phone stretches the spinal cord and brain stem.

This can affect respiration, heart rate and blood pressure. It can also affect the secretion of the hormones like Endorphins and serotonin which in turn keeps us apprehensive and anxious while getting up from the bed in the mornings.

**Impaired vision:** Also known as Computer vision syndrome. The digital eye strain with burning and itching of eyes, leads to blurred vision by looking at the mobile phone screen for a longer time which leads to inattention blindness. Follow the 20-20-20 Rule and give your eyes the break they deserve.

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**The 20-20-20 Rule**

Reducing the effects of Computer Vision Syndrome

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**EVERY 20 MINUTES...**

**...TAKE A BREAK FOR 20 SECONDS...**

**...AND LOOK AT AN OBJECT 20 FEET AWAY.**
Road accidents: The instinct of answering by texting to every message comes to the mobile phone and talking while driving and walking on the roads are major causes of road traffic accidents.

Mobile phone radiation: A study conducted by the Journal of AMA stirred the debate when it investigated the repercussion the mobile phones could have on the brain activity. The children who use mobile phones have a possibility of developing a non-malignant tumour in the brain and ear. In 2011, the International Agency for Research and Cancer (IARC), a component of WHO appointed an expert working group to review all available evidence on the use of mobile phones. Finally, the WHO has classified mobile phone radiation as ‘possibly carcinogenic to humans’. Children absorb more than 60% of the radiation into the brain than adults because of their thinner skin, tissues and bones allow them to absorb the radiation twice than the grown ups. Their developing nervous system makes them vulnerable to this ‘carcinogen’.

Stress: Spending all day in talking and texting, instead of doing anything productive-studies have proven that teens who spend too much of their time with their mobile phone are more prone to stress and fatigue. It can also lead to psychological disorders in some case.

Loss of sleep: Keeping mobile phone nearby while sleeping to respond to calls and texts, teens feel pressurized to remain reachable around the clock. It leads to sleep interruption and disruption. Teens also become irritable when they are sleep deprived.

Increases Anxiety: Relying on texting as a prime mode of communication can increase anxiety in teens. The instant reply by the friend can bring joy and elation, but if delayed response or no response, the same pleasure turns into disappointment.

Inappropriate Behaviour: Texting and sending inappropriate pictures is a growing problem with teens. The images go in the wrong hands, giving others access to the private photos. Children can also access pornographic sites from their multimedia devices.

Academics: The teens used to talk on the phone during the free time and send messages during the classes. Thus, they miss the lessons taught and fall behind the other students.

Malpractice in exams: Some make use of calculator while others store information in it. Most of the students indulge in exam malpractices and cheating during internal and external exams.

The Silent epidemic: A curiosity about sexuality in adolescents is a normal and healthy aspect of human development. Before the digital era, the sexual exploration among the youth were viewing pictures of indigenous people without dress in National Geographic channel and under garments ads in catalogues and weeklies. Now, for a teenager, who is unsure of his or her sexual identity, the pornography can be like a trip to the ultimate candy shop, where they can reveal in the new euphoric feelings while anonymously connecting with others who share their sexual tastes. For most of the young people it is not a casual interest, but an addictive force that is leading to a quiet epidemic of young people who cannot control their on-line habits. There is an unhealthy interference with normal sexual development which leads to shame, guilt and premature sexual activity. The internet and cable porn channels now are sources of developing a new breed of addicts who literally sacrifice health and happiness to indulge in the magic images they quietly worship. The amount of pornography available to young and old alike has roared into everyday life so overwhelmingly that it has challenged the ability
of Social science to create models of treatment and outcomes to keep up with the pace of change.11

**Blue Whale Challenge:** A teen boy come across the online game, The Blue whale. He is given one challenge after the other. He keeps on moving to the subsequent levels. The final and concluding challenge asks him to commit suicide. He clicks himself on top of a building and jumps. This is the first death of a 14 year old boy in India, happened recently in Mumbai, which is linked to the infamous game: Blue Whale!12 The participants are expected to share photos of the challenges completed by them. A teenager brain has 80% structure and function of the adult brain and is compared to a driver who can drive a car without knowing how to use the brakes to stop it!

**Cyber Bullying:** Sending or posting harmful or cruel text messages, tagging inappropriate pictures, spreading rumours, insulting comments and filming and posting videos online which causes negative long term consequences for victims. The people in cyberspace behave in a way they do not in real life because of the effects of disinhibition. Disinhibition means that normal behavioural restraint can become lost or disregarded (Mason, 2008). According to the recently released Intel Security’s “Teens, Tweens and Technology study 2015”, 81% of Indian respondents between 8 and 16 are active on social media. Of these, 22% have reported being bullied online—the highest in the four countries surveyed, Australia, USA and Singapore being the other three.13 As many as 89% of the teens polled in the Intel Security Survey felt that “likes” on their profiles were very important for their self image. The Cyber bullying is a fast growing trend that Indian parents and teachers can’t afford to ignore.
• Do not let your child use the mobile phone when the signal is weak. It will increase the power to the maximum, as the phone attempts to connect to a new relay antenna.

• Make sure that there is no mobile phone mast or network tower near your house or your kid’s school.

• Do not let children take mobile phone to school.

• Let the dinner time at home be free of electronic devices. Talking to each other with eye-to-eye contact creates confidence and respect upon each other.

• Do not leave mobile phones in the bedroom at night.

• Negotiate with your teen what should be the acceptable amount of time and money spent on mobile phones and tell him to limit his impulse of replying to the text instantly.

• To avoid speaking and texting while driving or crossing the road.

• Turning off the mobile phone, tablets, computer and television before going to sleep will help maintain a regular sleep schedule and prevents stimulation and melatonin-suppressing effects of artificial light exposure that are counter productive to sleep.

• The Charging of all mobile phones should be at a single place at home and avoid mobile phones and other electronic devices charging on the bed side.

• It is better to use old-fashioned alarm clocks to wake you and your children.

• Pregnant women should keep mobile phones away from their abdomen and men who wish to become fathers should never keep activated phones in the pockets (studies show the mobile phone radiation decreases the sperm motility) (Fig.18) (Ref.15).

• Awareness campaigns regarding Cyber bullying, not only for the students but also for parents, teachers and other educational authorities.

• Eat green vegetables, get good sleep at night in a dark room to enhance natural repair of DNA that may have been damaged by mobile phone use during the day.

Lead by Example: It is an easy way to guide and protect our children.

Dear Friend, Read the topic again - Its “You, Your Child and Mobile Phone!”

Hats off to Ms. Trisha Prabhu! She is an Indian teen in Chicago, created her award winning patented software in 2013, the ‘ReThink’ that approaches the issue of cyber bullying from its source—the mindset of the bully. ReThink uses context-sensitive word screening, sending out prompts that enable adolescents to consider the possible consequences of posting hurtful message before actually posting it\textsuperscript{13,14}. This stops the bullying even before it takes place!

Dear Friend, don’t you think its high time to act and make correct decisions to save our children from this mobile phone addiction! We should spend adequate time with our children everyday, let them feel free to have an open minded talk with us about their studies, interest in sports and music, physical and psychological discomforts, their plan of future and also about their boy and girl friends. We should support and try to clear their doubts regarding life. The sex education in our country is more about biology. The more we talk to adolescents about boundaries, love and relationship, the greater chance they have of developing a healthy outlook! Needless to say, any words or terms with negative connotations are to be avoided while talking to our children, as in the long run, these can lead to children feeling ashamed and dirty.

Be Ready for a change!

• Don’t let toddlers or young children use mobile phones.

• To avoid keeping the mobile phone directly up to the head and use hands free ear buds and microphones.

• Do not let your child make calls in buses, trains, cars and elevators. Because the mobile phone works harder to get the signal out through the metal, which increase the power level.
References
5. https://m.dailyhunt.in/news/india/english/asian+age-epaperasianage/18+yr+old+thrashes+mother+to+death+father+blames+daughter+s+affair.
6. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4336980
7. Smart phone Users around the world-statistics and facts (Infographic) 2013,may 23)
9. The guardian:Tablets and smart phones may affect social and emotional development, Scientists speculate-February 2015

SIX HEALTH HINTS

1. Germs of many diseases enter through the mouth—try always to wash your hands before you handle food
2. Don’t leave litter about—even crumbs encourage vermin and flies, both carriers of disease
3. Wash all over if possible before going to the shelter
4. Remove all bedding from shelter frequently for cleaning and airing
5. Keep the ventilators open—you must have fresh air from outside
6. Change all underclothes before going to the shelter—they need airing after daytime wear

KEEP FIGHTING FIT
World Health Day 2018

World Health Day at Mall of Travancore: Campaign for promoting Health

Management Walkathon Flag Off by Shri. P. Prakash IPS, Trivandrum City Police Commissioner
Balakalothsavam: the Art, Cultural and Literary festival for children

Winners of Kalathilakam and Kalaprathibha Award
Balakalothsavam: the Art, Cultural and Literary festival for children. The biggest platform available to children of KIMS Staff, to showcase their talents in various art forms.
Health benefits of Papaya

Decreases the risk of obesity, and overall mortality, diabetes (Unripe), heart disease and promotes a healthy complexion and hair, increased energy, overall lower weight.

Health benefits of Turmeric

Helps in wound healing
Reduces aches and discomfort
Encourages balanced blood sugar
Soothes irritated tissue
Cholesterol optimisation
Protection for stomach ailment and ulcers

Probiotics vs Prebiotics

<table>
<thead>
<tr>
<th>Probiotics</th>
<th>Prebiotics</th>
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<tbody>
<tr>
<td>They are alive</td>
<td>Special form of dietary fiber</td>
</tr>
<tr>
<td>Usually bacteria or yeast</td>
<td>Acts as a fertilizer for the good bacteria in gut</td>
</tr>
<tr>
<td>Aid digestion and other health benefits Eg. Yogurt, cheese, wine, buttermilk etc.</td>
<td>Helpful for several chronic digestive disorders or inflammatory bowel diseases Eg. Garlic, onion, wheat bran, banana etc.</td>
</tr>
</tbody>
</table>
Health benefits of Plantain

- It boosts the immunity level of young children naturally
- It helps to cut calories and also keeps your tummy full
- It gives relief from chest burns and cuts the acidity level in the body
- Fighting constipation problems
- It regulates the insulin in the body
- To fight urinary tract infections, it reduces the burning sensation in the urethra
- Healing stomach ulcer

Health benefits of Fish oil

- Fish oils are a good source of omega 3 fatty acids, which can help with memory, heart health etc.
- Reduce symptoms of osteoarthritis
- Reduce the signs of ageing and age related vision loss
- Boosts brain power and memory and is a protection from Alzheimer’s disease
- Preserves lean muscle in cancer patients
- Improves bone health
- Fish oil consumed during pregnancy may help protect mothers from post partum depression
- Protects heart from mental stress
- Good for skin and hair health
- Helps in normalising cholesterol

Benefits of Flax seed

- Great source of fiber. Helps keep the bowels regular.
  1. Plant source of omega 3. Plays an important role in anti inflammatory system of our body.
  2. Contain lignans which decreases the risk of breast cancer in women and prostrate cancer in men. Lignans alter the way your body metabolises estrogen into safer form.

The Zone diet

- Principle: Reducing the intake of CHO
  - Consuming a plenty of omega 3 fatty acids
- Aim: To ensure healthy insulin levels
- Benefits: Healthier weight
  - Less sickness
  - Slower ageing
Benefits of Lady’s finger
- Weight loss
- Heart diseases
- Controls blood sugar levels
- Improves digestion
- Improves immunity
- Prevention of colon cancer

Quail eggs
- Brain stimulator
- Fights anaemia
- Removes toxins
- Stomach ulcer management
- Increases the level of haemoglobin

Mighty Magnesium
Magnesium is associated with the contraction and relaxation of muscles. Getting more of the mineral may help to alleviate muscle tenderness in people with Chronic Fatigue Syndrome. Good food sources include sunflower seeds, nuts and cereals containing bran.

Aloevera
- Detoxify the body
- Hydrates the skin
- Lowers high cholesterol
- Supports immune system
- Stabilises blood sugar
- Soothes arthritis pain

Blueberries; antioxidant superstars
Blueberries are rated third in the ORAC (Oxygen radical absorbance capacity) scores, which rates the antioxidant capacity of foods. Fresh blueberries have a high level of ORAC, 2400 per 100gm. This is almost equal to five servings of some fruits and vegetables.

Dark Chocolate is a mood enhancer
The naturally occurring substance in chocolate called phenylethylamine has found to elevate endorphine levels and to act as a natural antidepressant.

Did you know??????
Brightly coloured vegetables are antioxidants. Brilliant coloured vegetables look great on the plate. But there is another reason to eat them: the plant pigments, they contain are rich sources of disease fighting antioxidants. These compounds help to protect cells from damage that can lead to cancer and heart diseases.
Soothe a sore throat with Lemon tea
Lemons are loaded with vitamin C and can make a soothing and beneficial drink for sore throats when made into a hot drink. Squeeze the juice of a lemon into a cup of boiling water and add a teaspoon of honey.

Health benefits of Sprouts
- Digestion
- Metabolic booster
- Anaemia
- Weight loss
- Heart health
- Vision and eye health
- Allergy

Health benefits of Noni
- Analgesic
- Immune system booster
- Antidepressent/ sedative
- Skincare/ hair
- Antitumour/ anticancer
- Hypertension
- Cholesterol
- Memory
- Irritable bowel syndrome
- Antibacterial / antifungal / antiviral
- Good for fertility

Pumpkin boosts nutrition in humans
Pumpkin is very low in fat and has only 40kcalories per half cup
The bright orange flesh contain plenty of betacarotene. This can be converted into Vitamin A inside our bodies, as well as being an important phytochemical on its own, possibly helping to reduce risk for heart diseases and certain cancers.
Imporance of drinking Water
Drinking water at the correct time maximizes its effectiveness on the human body
Drinking two glasses of water in the morning helps activate internal organs
Drinking one glass of water before a meal will help in digestion
Drinking one glass of water before taking a shower helps prevent high blood pressure
Drinking a glass of water before bed helps prevent strokes or heart attacks

Pomegranate-nature’s power fruit
Also termed as the “Chinese apple”
Eating pomegranate helps immensely in losing weight the natural way while providing with many other health benefits
Healthy skin and hair
Lowers high blood pressure
Improves digestion
Natural remedy for diarrhoea
Good for expectant mothers
Reduces leg cramps

Some great choices
Greens: Branch out beyond bright and dark green lettuce, kale, s, broccoli, cabbage are just a few of the options- all packed with calcium, magnesium, iron, potassium, zinc, and vitamins A, C, E and K.

Sweet vegetables: Naturally sweet vegetables- such as corn, carrots, beets, sweet potatoes, yams, onions, and squash- add healthy sweetness to your meals and reduce your cravings for other sweets.

Fruit: Fruit is a tasty, satisfying way to fill up on fiber, vitamins, and antioxidants. Berries are cancer fighting, apples provide fiber, oranges and mangoes offer vitamins and so on.
Foods that cannot be reheated

Egg
Reheating this protein powerhouse when it is boiled or scrambled can be toxic and can wreak havoc in your digestive system.

Celery, Spinach and Beets
Heat can cause the nitrates of these veggies to turn toxic and release carcinogenic properties - when they are heated up a second time. So its best to take these foods go out of whatever dish you are reheating.

Oils
Grape seed oil, walnut oil, avocado oil, hazelnut oil and flaxseed oil all have very low smoke points. That is why when you reheat them, they become rancid. So avoid using them as cooking oil.

Health benefits of Raisins
Reduces acidity and blood pressure
Prevents colon cancer and tumours
Keep your eyesight strong
Maintains healthy and glowing skin

Health benefits of Avocado
Cardiovascular health
Blood pressure
Cancer prevention
Soft, healthy skin
Higher concentration of folate

Tips for reducing weight
Eat more home cooked foods
Have 3 three servings of vegetables a day
Eat more whole grains
Add a meatless meal once a week
Start the day with a healthy high protein breakfast
Drink more water
Have healthy snacks
Reduce total fat
Include adequate fish in your diet
Vaibhava: Unveiling the talents

Vaibhava: Showcasing the talents of children with developmental disorders like Autism, Learning disabilities, who are under the care and guidance of Learning Enhancement Centre, Holistic Medicine Department

World Voice Day: Inauguration of World Voice Day celebration by Mr. M. Jayachandran Music Director & Singer, Dr. M I Sahadulla, CMD KIMS Healthcare Group, Prof. Dr. S Sasikumaran Nair, Former Prof. & HOD, Department of ENT, Medical College, Trivandrum, Dr. Jayakumar R Menon, Sr. Consultant, Department of Laryngology, KIMS, Dr. Manju E Issac & Dr. Ragitha Binu Krishnan
Autumn winds stole from verdant boughs,
The crimson orb was decked for a tearless adieu
Save for the distant cuckoo’s lone echoes
The air donned a singular spectral hue.

None heard the rattle of the yellowed pane,
None discerned the dull clunk of a fallen pen
No witness as my breaths did ebb and wane,
No portent to conjecture this eternal sojourn.

Earthly prison garments ruefully undone,
Perdition and divine providence their course must run
Twin worlds cleaved by tunneling vision
Writhe upon each other for emancipation.

Seldom had Death occurred to me so fleeting
A ruse to absolution, the prospect of retreating
As fog sealed my eyes from the spectacle,
Of a triumphant transition, or dire debacle.

Today I must answer for my concealed crimes,
The gore behind glory, smeared in grimes
Today I must outrun the towering walls of subterfuge
In the coils of confession, I must seek refuge.

Artful masks fall haplessly to the floor,
And I am seized with the thrill of discovery
Of a conscience that had once stormed out the door,
That noxious callousness once scathed beyond recovery.

I was but a timid infant in Death’s sturdy arms,
Unclothed, unarmed, unfed, untouched
Stranger to the world’s threats and smiling harms,
Uncouth, uncorrupted, yet oddly understood.

Death must have stood watch over my earthly empire,
As I bartered my blotless soul for a regime’s allure
His laughter muffled by my passionless non-chalance
Swirling omens discarded sans a second’s glance.

Death dims the clarion call of salvation,
And the thundering peals of perpetual liberation
Reversion so absolute obliterates all fear,
And welcome silences resonate in my ear.
Inauguration of World Cancer Day stall by Dr. M. I. Sahadulla, CMD KIMS Group, Dr. Sheriff Sahadulla, ED KIMS Group, Dr. Jayaprakash Madhavan, Radiation Oncologist KCC, in presence of Dr. Saffia P M, Dr. Boben Thomas, Dr. Cherian Thampy and Ms. Reshmi Aysha.

World Cancer Day
World Cancer Day

Cancer day Balloon release and Awareness talk inaugurated by Mr. Manoj Abraham IPS, Range IG Trivandrum and Mr. Prakash IPS, City Police Commissioner Trivandrum in presence of KIMS Cancer Center team of Ms. Reshmi Aysha COO, Dr.Cherian Thampy and Dr. Sandeep B Pillai
Inauguration of Cancer Awareness programme by Mr. Shani Khan, ACP Sankhumugham in presence of Ms. Reshmi Aysha COO KIMS Cancer Center and Dr. Swapna, Program Manager NRHM

World Cancer Day programme: Flashmob and street play on the theme of Cancer awareness

World Cancer day-Training programme for Maldivian Nursing students as part of KCC International branding
World Cancer Day-Training programme for Maldivian Nursing students as part of KCC International branding

World Cancer Day-Inauguration of In-house training and Awareness program for KIMS Nursing team by Ms. Reshmi Aysha, COO KCC
World Health Day: Bike rally Flag off
World Health Day

Prize distribution to Health Quiz winners by Mr. Tariq E N, Head of Operations, KIMS Kollam
Inauguration of Women’s day programme by Adv. Sheela Mani, Member-Travancore Devaswom board in presence of Mr. Tariq E N, Head of Operations, Dr. Agnus-Dermatologist Dr. Sreedevi-Gynecologist, Mahesh C G Department Head-Healthcare Promotions, Ms. Saliamma Nursing Superintendent, and Ms. Sailthata - PRO

Walkathon by students of Federal College from KIMS Kollam to Kottiyam Junction
Inauguration of Women’s day programme by Adv. Sheela Mani, Member-Travancore Devaswom board in presence of Mr. Tariq E N, Head of Operations, Dr. Agnus-Dermatologist Dr. Sreedevi-Gynecologist, Mahesh C G Department Head-Healthcare Promotions, Ms. Saliamma Nursing Superintendent, and Ms. Sailetha - PRO

International Women’s Day

Walkathon by students of Federal College from KIMS Kollam to Kottiyam Junction

Inauguration of Dialysis Unit - Mr. Tariq E N, Head of Operations, Dr. Rajendran D, Medical Superintendent and Dr. Sabarinath, Nephrologist

CME on Endoscopic Thyroidectomy by Dr. R. Padmakumar organized in association with Surgeons Club of Quilon

Inauguration of Operation Theatre by Mr. Tariq E N, Dr. James T L, Sr. Surgeon, Dr. Prabhash D and Dr. Suman, Surgeon
Workshop on Paediatric Allergy and Immunotherapy inaugurated by Mr. Tariq E N, Head of Operations, in presence of Dr. Naga Raju, Dr. Narmada and Dr. Sibi

ELS training for Ambulance Drivers at KIMS Kollam. Faculty included Dr. Mridula Mary Augustine, (Intensivist), Dr. Vivek Sampath (Emergency Physician) and Dr. Ajith Kumar J. (Emergency physician) KIMS Privilege cards, special kit and certificates given to participants by Mr. Tariq E N.

Super speciality mega medical camp was jointly organized by KIMS Kollam, Ashraamam Mythri Resident Association and Kollam Rotary Club of Quilon Heritage.

Health talk at ONGC.
Launch of KIMS Care Card for the members of Kottayam press club by Dr. M I Sahadulla CMD KIMS Group. Received by Mr. C A M Kareem, Madhyamam Daily in presence of Dr. P M Zuhara, Mr. Neelakannan P Group COO, Dr. Shaji K Thomas Medical Supt KIMS Kottayam, Mr. Kamalesh M Administrator, Mr. Sanu George Thomas President Press Club Kottayam and Mr. S Sanilkumar Secretary Press Club Kottayam. KIMS Care Card offers OP & IP benefits to members of Kottayam Press club and their family members.
Run for Health ! Run for the Vembanad Lake !!!

KIMS participated in the “Fun Run” as part of the marathon dedicated to preserve Vembanadan Lake from pollution. KIMS Kottayam team provided Medical and Ambulance support. The run was conducted to inspire people to remember the importance of keeping health. Part of the profit from this event goes to a fund for treatment of Paediatric Cancer. Sri Thrivanchoor Radhakrishnan MLA participated in the run. The Marathon was organised by the Lions Club International.
Inauguration of KIMS Good Neighbour Privilege Scheme by Shri. Suresh Kurup MLA in the presence of Mr. Neelakannan P, GCOO, Dr. Shaji K Thomas MS, Dr. Jiss Thomas Dy MS, Mr. Kamalesh M, Administrator, Ms. Minimol Manoj, Vice president Aymanam Grama panchayath, Mr. Jibi John, Director Rain Forest Resorts, Kottayam

KIMS Team at old age home in the presence of Mr. Neelakannan P GCOO, Dr. Aby John, Mr. Kamalesh M, Administrator
Medical camp at Vaikom police station

School Health Talk by Dr. Shaji K Thomas
Neurosurgery was all about opening the skull and doing complex surgeries with cold instruments with at least a week of ICU stay and sometimes ventilator support. As opening the skull, itself has its own problems like CSF leak, infection and also retraction of brain tissue to get access to vital structures at skull base.

In this 21st century, surgeries are rapidly evolving and thanks to latest evolutions in technology, minimally invasive surgeries are the dictum. Here at KIMS Alshifa superspeciality hospital we have made it all simple by using small high definition cameras attached to tubular lenses called endoscopes which enter your brain through natural orifices like ear, nose etc for accessing the vital structures at the skull base without retracting the brain tissue leading to less chance of complications and less hospital stay and curtailing the total expense of these complex surgeries. With the collective effort of ENT and Neurosurgery department, skull base no longer remains an uncharted frontier.

Our skull base surgery department have performed multiple endoscopic pituitary surgeries, numerous CSF leak repairs including revisions and many rare endoscopic lateral skull base surgeries. A few rare and interesting cases are enumerated below.
Case I: A 39-year-old female, tailor by occupation presented with an embarrassing symptom of left eye winking and twitching of left side of face and lips involuntarily. She also had severe facial pain during attacks and had taken multiple medicines with no effect. Her MRI showed a blood vessel compressing the facial nerve as the culprit of her symptoms. We did the first endoscopic minimally invasive retro sigmoid approach for left hemifacial spasm; a keyhole procedure in the skull and under endoscopic assistance the culprit blood vessel was diverted form the cranial nerve to face at its entry point to brain. She had only one day of ICU stay and left hospital next day happily ever after to continue her job alleviated of this misery.

Case II: We had a 27-year-old male with complaints of heart beating in ear, pulsations in ear, unable to hear normal sound because of these voices and intolerance to loud sound including his own footsteps. He also had several episodes of vertigo. We did a detailed investigation in our state of art vertigo lab and arrived at a diagnosis of very rare disorder called Superior semi-circular canal dehiscence. His high-resolution CT scan showed an abnormal communication between his brain and the ear and all the blood flowing through his brain was heard in his ear resulting in all his symptoms. Because of this he was also depressed and was not going for his job. We did the first endoscopic middle cranial fossa approach in Kerala. The defect was identified at the arcuate eminence and was sealed in the cranial side with only a keyhole surgery. He too had only one day hospital stay and was discharged next day relieved of his symptom and progressively improving hearing.

Case III: A 27-year-old male, gulf employee presented to us with complaints of right sided facial deviation and inability to close left eye, on and off episodes for past one year. He also had decreased hearing in left side since last 9 years which he conveniently ignored. He also complained of severe vertigo. On detailed evaluation; he was found to have a rare bone eroding disease which is congenital in origin. When we evaluated him with CT and MRI, we found that the whole bone in which ear is enclosed is destroyed by disease and was reaching to the brain and encasing the major blood vessel to brain(ICA) and compressing the cranial nerve to the face causing his symptoms. This is a very rare disease classified as massive petrous bone cholesteatoma and is very difficult to eradicate by preserving the nerve to face and blood vessel to brain. Our dedicated skull base team did a marathon 8-hour surgery and the whole disease was removed preserving the facial nerve by using Nerve integrity monitor and the internal carotid artery at the expense of hearing which was already lost. Patient had one day ICU stay and discharged without any complications.

The scope of endoscopic skull base surgery is evolving rapidly and with latest technological innovations any disease in the base of brain can be endoscopically tackled with minimal hospital stay, least complications and reduced cost. Neurosurgery is now minimally invasive and less moribund at KIMS Alshifa hospital, Perinthalmanna. The team of doctors including Head of ENT, Head and neck surgery department Dr. Abhilash Alex Francis, Ent surgeon Dr. Amjad Farook and Neurosurgery department head Dr. Praveen K and Dr Joby Jose have found their passion in making lives easier for their patients applying minimally invasive endoscopic techniques coupled with state of art technologies present at KIMS Alshifa super speciality hospital.
Inauguration of NICU by Dr. M I Sahadulla, CMD KIMS Group and Mr. P Unneen Vice Chairman KIMS Alshifa in presence of Dr. Moideen Babu, Dr. Praveen and Mr. Neelakannan P GCOO
STOP HEART ATTACK Campaign launched by Dr. E K Ummar, Hon. President of IMA-Kerala chapter, in presence of Mr. P Unneen, Vice Chairman KIMS Alshifa and other dignitaries on World Health Day.

Quality Day - Recognition to participants.
Launch of Handbook on Epilepsy patient by Mr. P Unneen, Vice chairman. Overview on Epilepsy by the Specialists

Christmas Day Celebration

Seminar on Epilepsy & Neurology by Dr. Praveen & Dr. Rajesh M Karuvattil at Puthanangadi
Psychology seminar by Dr. Aaseesh at ISS Sr Secondary school, Perinthalmanna

Arthroscopy Sports Injury Seminar by Dr. Abdulla Khaleel at Fit n’Fine Health club, Perinthalmanna

Healthy Youth for Healthy Society - Special Camp in association with Directorate of VHSE through NSS

Suraksha ELS Training by Dr. Abeer, KIMS Alshifa in association with District Trauma Care, Karuvarakundu Unit
What is cancer?

- Uncontrolled growth of cells leads to formation of a lump or tumor which could be benign or malignant.
- Malignant lump is called cancer.

How common is cancer in INDIA?

1. As per ICMR based PBCR and HBCR registries 14.3L new cases of cancer are diagnosed in INDIA of which 7.36L deaths are attributed to cancer in 2016.
2. 1 in 8 individuals in INDIA are expected to develop cancer in their lifetime.
3. Only 20% of patients present in early stages.
4. Incidence of cancer is expected to cross 18L in 2020.

Frequency of different types of cancer in INDIA

- Cancer of breast is the most common cancer in India (1.42L/year)
- Second being cancer lung(1.14L/year)
- Followed by cancer cervix, colorectal cancers and oral cancers).

Gender predilection of cancers in INDIA

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<tr>
<th>MALES</th>
<th>FEMALES</th>
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<tr>
<td>1.CA.ORAL CAVITY</td>
<td>1.CA.BREAST</td>
</tr>
<tr>
<td>2.CA.LUNG</td>
<td>2.CA.CERVIX</td>
</tr>
<tr>
<td>3.CA.COLON</td>
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What is a cause for rising incidence of cancer?

1. Increasing life expectancy.
2. Lifestyle changes
3. Addictions
4. Infections(HIV, HPV, EBV, CMV).

Is there any possibility to control this rising incidence of cancer?

This control is possible with the following strategies:

1. Education
   By educating about the factors which are responsible for the development of cancer so that the high risk groups wont arise-primordial prevention.
2. Screening
   To examine and do screening procedures in individuals who are asymptomatic but has high risk of developing cancers.
3. Awareness and volunteering

Patient and society should be aware of warning signs of cancer and present to the proper specialist on time which prevents neglect and delayed diagnosis hence promotes timely treatment and survivals.

What is screening and what is its impact on cancer and its survival?

- Doing examination and tests in asymptomatic high-risk individuals to evaluate for development of cancer is called screening.
- It helps to diagnose precancerous and early cancerous lesions thereby rendering cancer treatable and curable.

Data pertaining to the most common cancers suggest when cancer is diagnosed in early stages, 10 years survivals are almost 80% and once if presents in advanced and metastatic stages survivals fall to <30%.

What are the other cancer preventive strategies?

- Vaccination:
  1. HPV vaccine: (bivalent and quadrivalent) both approved by FDA have shown to decrease incidence of cancer related to this infection by 90% mostly cancer cervix.
  2. HBV vaccine: shown to prevent hepatitis B and therefore incidence of HCC is decreased. Other vaccines for EBV and HCV are under research.

- Chemoprevention:
  1. Tamoxifen and raloxifen in patients for prevention of breast cancer.
  2. Asprin used over a long period of time decreases the chances of colorectal cancers.

In India only 20% of cancers are diagnosed in early stages making grave prognosis in this disease therefore cancer prevention and screening strategies should be implemented aggressively....

Because always prevention is better than cure
Special Guest, Area Police SHO during World Cancer Day event at Hospital

Mr. Sadhika Ali, GM-Operations/Unit Head and team of Doctors giving World Cancer Day message to Reporters
Inauguration of “KIMS MOM CLINIC” as part of International Women’s Day by popular Dancer & Cine/Serial Actress Ms.Devi Chandana

Launch of Exclusive Delivery package
General camp organized by KIMS Cochin in association with Medi Assist

National Level CME on Endoscopic Ear Surgery inaugurated by Prof. R N Patil in presence of other dignitaries
Internal ENT camp organized by KIMS Cochin, as a part of International Hearing Day inaugurated by Mr. Jayakrishnan, CI of Police, Kalamassery

General Camp in association with NSS team of NUALS College of Law at Vypeen, Fort Cochin inaugurated by Sri. S Sharma, MLA

Pulmonology and General Medicine camp at Muppathadam Colony
Breast Feeding: Give a Healthy Start

It is has been observed that many most mothers are quite concerned what to feed and what should be avoided during the first year of their babies. Here are some simple tips and recommendations for feeding at during this important age.

It is important paramount to make appropriate food choices for your baby during the first year of his or her life. Please note this is the time when your child grows faster than any other age. Always try to feed your baby a variety of healthy foods at the proper time.

Starting Implanting good eating habits at this early stage will helps set healthy eating patterns for the rest of the life. Here are few feeding recommendations for the first year:

• Don’t give solid foods unless your child’s doctor advises you to do so. Typically, solid foods are not to be started before age 4 months because as your baby is no’t mature enough to eat solid food from a spoon. An exclusively breast-fed baby may continue only breast-feeding up to 5 to 6 months provided the mother is producing enough. They don’t need any additional solids as breast milk or formula milk provides your baby all the nutrients that are needed for growth.

• Infants during the period of breast or formula milk feeding usually do not require any extra water unless the child is exposed to hot weather and there is risk of dehydration.

• According to The American Academy of Paediatrics (AAP), all infants, children, and adolescents take enough vitamin D through supplements, formula, or cow’s milk to prevent complications from deficiency of this vitamin.

• Minimum intake of Vvitamin D should be 400 IU per day, beginning soon after birth. Your doctor will decide what form of Vvitamin D your baby needs to take.

• Routine supplementation of vitamin or iron in an otherwise health child is not mandatory.

Feeding tips

Below These are some important points to consider when feeding your baby:

• While starting solid foods, give your baby one new food item at a time, not mixtures (such as cereal and
fruit or meat dinners). Give the new food for three to five days before adding another new food item. This way you can have an idea what foods your baby may be allergic to or is not tolerating.

- Begin with small amounts of new solid foods, a teaspoon (smaller) at first and slowly increase to a tablespoon (bigger).
- You should start with infant rice cereal first, mixed as directed, followed by vegetables, fruits, and then meats.
- Infant cereals with iron should be given to your infant until your infant is age 18 months.
- Cow’s milk shouldn’t be added to the diet until your infant is age 1. Cow’s milk doesn’t provide the proper nutrients for your baby. Beyond one year of age, cow’s milk can be introduced gradually.
- The AAP recommends not giving fruit juices to infants younger than age 6 months. Only pasteurized, 100% fruit juices (without added sugar) may be given to older infants and children and should be limited to 4 to 6 ounces a day. Dilute the juice with water and offer it in a cup with a meal.
- Better to avoid honey in any form for your child’s first year, as it may cause infant botulism, a severe type of food poisoning.
- You should aim to give up the bottle by his or her first birthday.
- It is important not to restrict the fat content in the diets of very young children, unless advised by your child’s doctor. Children need them for the development of their brains and nervous systems, and for general growth.

Make a healthy start, ensure a healthy future!
Adapted from Bulletin of Children’s Hospital of Philadelphia, USA
RBH 7th Year Anniversary at Royal Bahrain Hospital

Winners of Annual Football Tournament 2018 – KMI

Winners of Annual Cricket Tournament 2018 – KBMC

Winners of Annual Volleyball Tournament 2018 – RBHMC
Team Hope Voluntary Group

Bahrain Basketball Association: RBH participation

The Bahrain National Cricket Team, co-sponsored by Royal Bahrain Hospital

The Cricket Team, geared up for the Asia Cricket Council’s (ACC) Under 16 Cricket Tournament, January 2018. Team officials along with the team
Team Hope Voluntary Group - Ambulance Tour for Children

Bahrain Basketball Association - Ambulance support

Cricket Association 2018 - RBH Sponsor
Royal Charity Organization Agreement signing with Royal Bahrain Hospital: The signing ceremony at the Royal Charity Organization headquarters by Mr. Ahmed Jawahery, President of Royal Bahrain Hospital and Dr. Mustafa Al Sayed, Secretary General (RCO) in presence of Dr. Sheriff Sahadulla, Executive Director, KIMS Healthcare Group, Mr. Rahma Jaberi, General Manager, KIMS Group, alongwith officials from both parties

Renewal of agreement with Royal Charity Organization (RCO) for the third consecutive year to provide widows and orphans with free medical treatment.

SNEHA children visit RBH for free consultations

Alba Family Day - Medical Checkup
Banagas Health & Safety Week with Dr. Sayed - Neurology
Visit by Nadeen School Students
CPR First-Aid training at Almoayyed International

Medical Checkup at Oasis Mall-Riffa

Carnival at Palms School: Sponsor & Free Checkup

Medical Checkup at Ramli Mall

Health Day at Banagas
The very concept of immunization started with the great work of Edward Anthony Jenner in 1798, when he proved the successful vaccination against small pox. Since then various workers around the globe started with their works, and more and more vaccines were produced and were in use. At present we have many vaccines against many infections.

Immunization is a process or act of making the individuals immune, which is usually done in infancy or childhood. Immunization is the mainstay in primary prevention strategy against any infectious disease. There are now three main age groups at which immunizations are targeted.

Immunization for infants & childhood through 6 years starts from birth itself, Wherein BCG 7 & Hep B are given in some areas around the world and later IPV & DTP. Haemophilus influenza b type, MMR, Pneumococcal conjugate vaccine & varicella vaccine are also given during this period.

Older children of 7-18 years are vaccinated with flu vaccine every year, then they will get the Tetanus pertussis diptheria vaccine. All children at 11-12 years old should get a series of HPV vaccine atleast 6 months apart. Ideally all children in the age group of 11-12 years should get a single shot of Meningococcal Conjugate Vaccine (Men ACWY) and followed by a booster at the age of 16. Teens of 16 – 18 years old may be vaccinated with serogroup B meningococcal vaccine, Men B.

ADULT IMMUNIZATION is said to be the need of the hour. Adults do require vaccination protocols with booster doses of Hep B, Shingles and other communicable diseases.

Proper understanding among health care providers on this matter is important for proper protection of adults. It is estimated globally that more than 25% mortality in adults are due to infections of various types. Vaccines are recommened for the adult population on the basis of age, prior vaccination status, health conditions, life style, occupation and travel. There had been significant effort on the part of health providers to decrease the morbidity & mortality due to these infections in adults. This has produced significant reduction in the communicable diseases in adult population.

The recommendations include one should get flu vaccine every year and one should get one dose of Tdap, if it was never received in childhood or adult, and one should also get booster of Td every 10 years.

Zoster vaccines are of 2 types. One should get 2 doses RZV at the age 50 years or older or one dose of ZVL at the age of 60 years or older, even if you had shingles earlier. There are two types of pneumococcal vaccines, ideally one should get one dose of PCV 13 or one dose of PPSV 23, depending upon your age and health condition as with meningococcal vaccine either one dose or two depending on your health condition. Pneumococcal Vaccine should be given to all poor planning to have Splenectomy. Finally HPV vaccine one should get vaccine if you are a woman through age 26, or through age 21 if you are a man and did not complete the series earlier. In addition one is ideally advised to take MMR, Varicella, haemophilus influenza type B, Hep A, Hep B, if not taken in childhood.

To conclude Adult immunization is need of the hour.
Pregnancy is often an exciting time in a woman’s life. The joy of motherhood can bring so much emotion and excitement that sometimes the last thing on their minds is dental care. However, pregnancy is one of the most important times to pay attention to oral health more than ever! During pregnancy, a woman’s body will go through changes and the growing baby will be pulling the nutrients they need to grow from their mother’s body. For this reason, it is extra important that you listen to your obstetrician as well as visit your dentist in order to ensure that both you and your baby are taken care of.

Many women experience depleted amount of calcium during and after pregnancy due to not getting adequate amounts through diet or supplement. Since the baby will take what it needs from you to grow, you will be the one to suffer if you do not follow your doctor’s instructions. Some women also find that their teeth become weak or may even break because their calcium levels are too low. Additionally, since your immune system is changing, you may also be prone to cavities, which is why it is extra important to visit a dentist for an exam and routine cleaning. This is especially for in women who have children close in age.

Pregnancy Gingivitis

Pregnancy Gingivitis is the swelling/inflammation of the gums that many pregnant women suffer from, especially early on in their pregnancy. It is caused by a bacterial film that grows on the teeth, resulting in plaque buildup. This plaque irritates the gum tissue, making them tender, bright red, swollen, sensitive, and easy to make bleed. The hormonal changes during pregnancy change the body’s natural response to dental plaque exaggerating the way the gum tissues react to the bacteria in plaque resulting in a higher chance of pregnant women getting...
gingivitis. Generally, if extra care is taken of the teeth and possible plaque buildup, it can be prevented. It is even more important to have a good oral hygiene routine during this time.

It is very important for expecting mothers to take treatment steps quickly if they have gum disease because this condition can lead to a six times greater risk of having preterm and low-birth weight babies! If expectant mothers have untreated tooth decay and/or consume excessive sugar, their children had four times the risk of developing tooth decay as opposed to children of mothers with proper oral hygiene and healthier diets.

As far as hormones are concerned, expecting mothers (and also women who take oral contraceptives) generally experience elevated levels of estrogen and progesterone. This is why pregnant women have a 65 to 70% chance of developing gingivitis during the pregnancy. The risk of getting gingivitis increases beginning with the second month of pregnancy and decreases with the ninth month.

If you already have gingivitis going into a pregnancy, it will most likely get worse during pregnancy if you do not get treatment. Keep in mind that it is the bacteria in plaque that cause gingivitis by infecting the gum tissue and not the hormonal changes.

The problem with gum disease (periodontal disease) is that the infected gums are toxic reservoirs of disease-causing bacteria. The toxins released can attack the ligaments, gums, and bones surrounding your teeth to create infected pockets similar to large infected wounds in the oral cavity. These pockets, unfortunately, can provide access to your bloodstream and allow bacteria to travel throughout your body, even crossing the placenta.

Since the bacteria that cause gingivitis can enter the bloodstream, the bacteria can travel all the way down to the uterus. This triggers the body to produce prostaglandins, which is a natural fatty acid that normally controls inflammation and smooth muscle contraction. When a woman is pregnant her level of prostaglandins increases and peaks when she goes into labor. It is possible that if extra prostaglandins are produced when the body is reacting to infected gums, a pregnant woman’s body may think it is a signal to go into labor sooner than expected, thus causing a baby to be born too early or too small.

Extensive research on the alterations of oral structures during pregnancy has been presented by Ziskin and Nesse (1946) and later by Maier and Orban (1949) and Hilming (1950, 1951). Loe (1965) and Loe and Silness (1963, 1964, 1966) have re-investigated the clinical aspects of gingivitis and concluded that pregnancy is always associated with gingivitis and lack of oral hygiene. Symptoms of gingivitis first appear at the second month of gestation and reach maximum severity one month before delivery. During the ninth month, gingivitis was found to decrease slightly. The correlation between plaque and gingivitis was closer after parturition than during pregnancy. Therefore, Loe and Silness (1963, 1964, 1965, 1966) suggested that, during pregnancy, an additional factor probably hormonal in nature is introduced which, together with the bacteria, may be responsible for the accentuated inflammatory periodontal condition.

**Pregnancy Granuloma/Tumors**

Pregnancy tumors (pyogenic granuloma) are part of the exaggerated response to the plaque/bacteria that causes gum disease. They are inflammatory and benign growths that develop on the gums, and although they are not cancerous, they should be treated. They are rare and usually painless.
Beware of any medications that you take during pregnancy when you are treating an infection.

**Tooth Mobility**

Even your internal organs shift their positions to accommodate your growing baby. However, you likely hadn’t considered that your teeth can move too. Tooth mobility during pregnancy is not uncommon.

**Dental Caries**

Tooth decay is an infection that is caused by bacteria and infants are not born with the bacteria that cause your teeth to decay. Children usually acquire these bacteria from their mother before they reach the age of three. The usual ways of transmitting bacteria are through kissing, sharing utensils, cleaning off a pacifier using your mouth, or when an infant puts their hand inside your mouth. Mothers who have active tooth decay are more likely to transmit bacteria to the child. When the child acquires these bacteria, they become more likely to get tooth decay early in their lives. If you are pregnant and if you have active tooth decay then you should improve your oral health. This will reduce the risk that your child will get tooth decay. You must reduce the cavity-causing bacteria in your mouth so that you do not transmit it to your child.

**Erosion**

Acid erosion, also known as dental erosion, is a type of tooth wear. It is defined as the irreversible loss of tooth structure. Morning sickness in pregnancy that continues for extended periods of time and increases the gastric reflux during pregnancy contributes to dental erosion.

**Candidiasis**

Candidiasis is caused by the fungus Candida albicans, which inhabits the mouth or genitals. However, when the immune system is not functioning at full capacity, the body is unable to keep the levels of fungus in check, and thrush can result as seen during pregnancy.

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**Optimum time for dental treatment during pregnancy**

**Ideal position on dental chair for pregnant women**

During the second and third trimester, a decrease in the blood pressure and cardiac output can occur when patient is in supine position due to the compression of inferior vena cava by gravid uterus, causing reduction of cardiac output. This condition is called supine hypotensive syndrome and is manifested as light headedness, hypotension and syncope. If it occurs, emergency care for situation consists of rolling the patient into her left side to lift the uterus off the vena cava and administering 100% oxygen. Pregnant patient may be positioned semi-reclining. The ideal position of the pregnant women in dental chair is left lateral decubitus position with right buttock and hip elevated 15 degrees.

**Use of radiation on pregnant patients**

Doses given and time of gestation are important. Doses
less than 5-10 rads (cGy) are not teratogenic. Fetus is most susceptible to radiation between the 2nd and 6th week of gestation. Single dental x-ray exposes patient to 0.01 millirads of radiation. In relative terms, this amount is 40 times less than daily dose acquired from cosmic radiation. Thus dental x-rays for emergency procedures using a lead apron are relatively safe.

Suggestions for addressing your pregnancy and dental work needs:

- The American Dental Association (ADA) recommends pregnant women eat a balanced diet, brush their teeth thoroughly with a fluoride toothpaste twice a day, and floss daily.
- Have preventive exams and cleanings during your pregnancy.
- Let your dentist know you are pregnant.
- For pregnant women with hyperemesis gravidarium (excessive and uncontrolled vomiting), morning appointments should be avoided.
- Postpone non-emergency dental work until the second trimester or after delivery, if possible.
- Elective procedures should be postponed until after the delivery.
- Maintain healthy circulation by keeping your legs uncrossed while you sit in the dentist’s chair.
- In case of vomiting, the patient should be repositioned upright.
- After vomiting rinsing mouth with cold water or mouthwash is recommended.
- Take a pillow to help keep you and the baby more comfortable.

KIMS Medical Complex (KMC), is one of the first private healthcare providers in Duqm. KMC is the second unit of KIMS Healthcare group in Sultanate of Oman. Currently KMC offers the services of General medicine, Dental Services, Emergency services and Pharmacy. KMC offers complete laboratory facilities with Digital X-ray, Ultra sound and anomaly scans. Other specialities are being provided from Muscat on visiting basis.

The second phase of KMC will have more specialities like ENT, Cardiology, Paediatrics, Internal medicine etc. More facilities like CT scan, introduction of IP beds are also planned, which will ensure a 24 hour coverage of hospital services.
Quality Day Seminar by Mr. Deepinder Singh, GCC Group Head, Quality Improvement

Quality Day Seminar Post session

Medical Camp as part of National Day Celebrations Qatar
Women’s Day celebration inaugurated by Mr. Sambath Kumar, Administrator

Information session as part of Women’s Day celebration. Topic was Physiotherapy in Antenatal care by Ms. Sneha Vikas Thakre
The diabetes is the most common medical disorder in pregnancy; around 5% of women are diabetic. Among these pregnant diabetic women approx 87.5% have gestational diabetes, 7.5% have type 1 diabetes and 5% have type 2 diabetes. The diabetes is on rise due to obesity, older women becoming pregnant and certain ethnic group like South Asian, Caribbean Middle Eastern having more prevalence of type 2 diabetes.

So we need to screen, diagnose and treat the diabetic women pregnant women to prevent complications in women as well as fetus.

‘Don’t sugar coat I am diabetic”, emphasizes that once young healthy women become diabetic they need to be properly counseled that they will have to take care of their glycemic control like diabetics by taking insulin, monitoring blood sugars, daily exercise, visit to diabetologist and monitoring after delivery as diabetes may or may not resolve. Her management needs multidisciplinary approach involving obstetrician, dietitian, diabetologist, ophthalmologist, nephrologists.

Why pregnant women develop gestational diabetes?

As we know young healthy women of reproductive age usually go through phase of pregnancy but they may experience diabetes whether they have family history or not and it is attributed to altered carbohydrates metabolism in pregnancy. Though insulin production increases two fold in pregnancy the insulin resistance hormone like HPL, Glucagon, Progesterone & CRH also increases. Hence pregnancy is state of insulin resistance especially towards term.

The persistent hyperglycemia in pregnancy causes micro and macro vascular complications. Pregnant diabetic mothers experience both hypoglycemia and diabetic ketoacidosis more worsening of retinopathy, worsening of nephropathy and preeclampsia. There are more incidence of miscarriage & still birth, congenital anomalies (like sacral agenesis, cardiac defects, neural tube defects) & macrosomia in fetus and more risk of shoulder dystocia, neonatal hypoglycemia, respiratory distress. So good glycemic control can help in reducing maternal & fetal complications.

Important facts

Understanding of certain factors pertaining to pregnancy can aid in managing the diabetes in pregnant women better. Like maternal glucose crosses the placenta but maternal insulin cannot so fetus has to produce his own. As pregnancy advances insulin resistance increases leading to increase exogenic insulin requirements.
Management of diabetes in pregnancy - key points

Preconception

It is important that she is in optimum health before conception. The HBA1C has to be below 6.5% (48mmol/l) and she should be advised against pregnancy if her HBA1C is 10% (86mmol) as at this level risk of miscarriage and congenital malformation is high. She should reduce her weight if her BMI is above 27 kg/m2. She should be advised to take folic acid (5mg per day) until 12 weeks of gestation to reduce risk of neural tube defects in fetus. She should be advised to have a renal and retinal assessment.

Screening-OGTT

Screening for gestational diabetes can be done at booking appointment by identifying the risk factors like BMI above 30 kg/m2, previous gestational diabetes, previous macrosomic baby 4.5kg or above, family history of diabetes (1st degree relative) or ethnic group with high prevalence of diabetes (South Asians, Caribbeans, Middle Easterns). The 2 hour 75g OGTT is the standard test can be done at booking, repeat at 24-28 weeks if result of first OGTT test is normal. The women should be diagnosed having gestational diabetes if her fasting plasma glucose level is 5.6mmol/l or above and or 2 hour is 7.8mmol/l or above.

Antenatal Care

The cornerstone of antenatal care is multidisciplinary approach and good glycemic control. The patient of any type of diabetes in pregnancy have to maintain following blood sugar targets

Fasting s 5.3mmol/l, 1 hr after meal 7.8mmol/l or 2hr after meal 6.4mmol/l

Current recommendation is to switch to insulin in pregnancy if patient was on oral hypoglycemics. However there is growing interest in use of Metformin and Glibenclamide in the management of diabetes in pregnancy. An RCT comparing Metformin to insulin in gestational diabetes (MIG TRIAL) has recently confirmed the safety of metformin usage. So current NICE recommendation are that metformin can be considered. Newer insulin like aspart and lispro are safe to use in pregnancy. The Patient has to be taught about hypoglycemia symptoms and its management especially in 1st trimester. Studies have shown that highest risk of hypoglycemia is between 8& 16 wks.

Women can be even offered CSII (continuous subcutaneous insulin infusion) if adequate control not obtained by multiple daily injections.

Retinal and renal assessment should be done if she has preexisting diabetes as retinopathy (two fold increased) & nephropathy is accelerated in pregnancy.

Fetal monitoring

The aim is to identify the two extremes of weight growth restriction or macrosomia. Patient needs to have detailed anomaly scan at 20 wks and growths svan4 weekly starting from 2-28 wks.

Delivery & Labour in Diabetic Mothers

Current NICE 2015) guidelines are that women with diabetes without complications should be delivered between 37+ and 38+6 weeks. During labour blood sugars are monitors hourly maintaining between 4 & 7 mmol/l.

Neonatal Care

Neonate has to monitor vigilantly for 24 hours. Carry out blood tests for hypoglycemia, polycythemia, hypocalcaemia, hypomagnesamia. Ensure to start breast feeding within half an hour and maintain baby sugar above 2mmol/l.

Postnatal Care of Diabetic Mothers

Immediately after birth insulin requirement are reduced and women who had gestational diabetes should discontinue blood glucose lowering therapy immediately after birth. Breast feeding should be encouraged.

Prevention of type 2 DM

To exclude persisting hyperglycemia test fasting plasma glucose at 6-13 wks after birth and then offer annually HBA1C. Women who had GDM have increased lifetime risk (40-60%) of developing type 2DM within 10-15yrs. Modification of diet and lifestyle may prevent or delay the development of diabetes later in life.

References

- NICE guidelines diabetes in pregnancy management from preconception to the postnatal period.
- Hand book of obstetric medicine (Nelson –Piercy)
- Evidence based text for MRCOG (David M.Luesley & Mark.D.Kilby)
Focus Jubail National Campaign. The three month campaign “Don’t be extravagant” for promoting “less wastage of food & good life style”

Wellness counter by Suncity: At KMCC kudumbavedi Republic day Event@Safwa and at Filipino Embassy tour at Jubail Wellness counter at Hamte company accommodation

CME for Sabic Doctors on Occupational Health
Seminar by Dr. Jayalakshmi for Navodaya Women’s Wing, Jubail on Women’s day
Navodaya women’s wing consist of total 500 members who work for charity, awareness & well being of Malayalee female community in Jubail

Medical support by Suncity for KMCC Jubail football tournament

Whatsapp service inauguration

Suncity-Bupa wellness camp at corporate Tabook Pharmaceutical Co
Diabetes, even when treated optimally, increases the vulnerability to a number of infections by compromising the immune system of the body. Some of these infections can be prevented by vaccination and healthy lifestyle.

Are there vaccines for adults? Do adults need vaccination if they have received vaccine during childhood?

Vaccines are available for adults. Booster dose or a fresh set of vaccines may be required for adults because the immunity from childhood vaccinations can wear off with time and adults may be at risk for new and different diseases. Some vaccines may not have been available or taken during their childhood. Hence all adults should discuss with their doctors about vaccination, especially people who are vulnerable such as healthcare personnel, pregnant women, the elderly, and people with diabetes or any other chronic disease.

Which vaccines are recommended for adults with diabetes?

All adults with diabetes need vaccination for protection against seasonal flu (influenza), pneumococcal disease, hepatitis B, shingles (herpes zoster), diphtheria, tetanus, and pertussis (whooping cough).

- Flu in people with diabetes is often severe leading to hospitalization, or death due to complications. Hence flu vaccine once a year is the best way to protect against flu.
- Research indicates that hepatitis B infection is more common in people with diabetes compared to those without. Hepatitis B virus causes acute liver infection and related complications. Approximately 1 in 20 acute infections may progress to chronic infection, cirrhosis (scarring of liver) or liver cancer. Hepatitis B vaccination consists of a series of three injections. People with diabetes must consult their doctor about when and how to get vaccinated.

  • People with diabetes are more likely to have severe pneumococcal infection. There are several types of pneumococcal bacteria which can cause infection of the bloodstream (sepsis), lungs (pneumonia), ear, and membranes covering the brain and spinal cord (meningitis). There are two types of pneumococcal vaccine and the doctors will decide which one is appropriate for a particular individual.

  • The shingles vaccine is available for protection against shingles (herpes zoster) and the TDaP vaccine offers protection against tetanus, diphtheria, and pertussis (whooping cough).

Are vaccines safe in adults?

Although side effects of vaccines are minor and self-limited, like any other medicine some vaccines have been associated with very rare but serious health effects. Taking vaccines under the supervision of healthcare providers will help to minimize these side effects.
Launch of Airport Clinics: Inauguration of Airport Clinics at the new terminal by Shaikh Ayman Bin Ahmed Al Hosani, Chief Executive Officer of Oman Airports and Dr. Houssam Akoum, Chief Operating Officer at KOH, in presence of officials from both sides. Oman Airports and KIMS Oman Hospital (KOH) have launched two Airport Clinics and three First Aid units at the new terminal. KOH will manage and operate a total of two clinics and three first aid units located at outside Departure Terminal, inside Emergency Clinic and near the Ramp area.

Antenatal classes for expectant mothers at KIMS Oman Hospital

Launch of Privilege card for FILCOSOC, the association of Filipino community in Oman, as a part of Community reach out program

Health screening, diet counseling, hearing screening and health talk at Ministry of Tourism, Muscat
“You don’t miss it till you lose it” goes a popular saying. Most people pay a lot of attention to keeping fit through proper food and exercise, but sadly take their sense of hearing for granted. Proper hearing is essential to our sense of connectedness to the world. It doesn’t take much to care for our ears, yet many of us simply don’t know how! Young people today are especially at risk, with an alarming trend of early hearing loss due to prolonged noise exposure from listening to music on their mobile devices. A moment of mindfulness can prevent serious complications! Here are a few things to consider:

**Ear wax is good! Cotton buds are not!**

Many people think that the yellow brown ear wax their ear produces is gross and icky. The truth however, is that ear wax, known technically as ‘Cerumen’ protects the ear from a wide variety of bacterial and fungal infections, in addition to being a natural waterproofing compound. The ear is normally self- cleansing, with the ear wax gradually making its way towards the outer ear, where it dries and gets shed off. You don’t need to remove it using Cotton Buds! Cotton buds not only strip the ear canal of this much needed lubricant, antibacterial and waterproofing substance, they can damage the delicate skin of the inner ear. Deeply inserted cotton buds often break off and get left behind and require a trip to the emergency room to be removed. You can even damage the ear drum and the delicate ear bones with an improperly inserted cotton bud applicator. The cotton bud can also force the ear wax deeper into the ear, causing wax buildup.

All that is needed for proper ear hygiene is a gentle cleaning of the outer ear and surrounding skin with a clean towel. Ear wax can occasionally get impacted within the ear, forming a wax plug. This may happen if you have narrow ear canals or a tendency to form dry wax. In this case, using wax softening drops for about a week followed by a trip to the ENT specialist is recommended. The softened ear wax can then be removed by suction or syringing.

**Ditch those Ear phones!**

A large number of young people regularly listen to music on their mobile devices using ear phones. The resulting lack of environmental awareness has been implicated in an increasing number of preventable traffic accidents all over the world.
The regular use of earphones blocks the natural routes of ear wax migration out of the ear and may lead to wax buildup. Sharing earphones is a common habit— you invariably end up sharing bacteria too! Thus earphones have led to an increasing number of cases of otitis externa— infection of the skin of the outer ear.

Listening to loud music using earphones can be particularly detrimental for the ear. Commercially available earphones can produce sound as high as 120 dB+ at the level of the tympanic membrane— literally the equivalent of an aircraft engine! There are many cases of young people permanently damaging their hearing as a result.

One should avoid use of earphones as far as possible. If really unavoidable, do at least try to give a 5 - 10 minute ‘break’ to your ear every hour. Don’t share your earphones— clean them regularly with sanitizer solution and keep them safe in a closed box when not in use.

Seek silence!

Ear phones are not the only way we can end up damaging our hearing. Modern day culture thrives on noise, whether from the TV, Hi Fi system, Vacuum cleaner or the lawn mower. Exposure to noise makes us irritable and tired. The cumulative effects of noise often lead to early onset of avoidable hearing loss.

Pay some attention to the noise level of your environment. Turn down the volume— your ears will thank you.

Watch your medication

A large number of commonly used medicines can damage the sense of hearing. This ranges from OTC medication such as Aspirin to antibiotics such as Gentamicin and various antihypertensive and anti cancer drugs.

Always avoid self medication. Take medicine only as per the advice of your doctor, and inform him if you have any hearing issues.

Don’t ignore hearing changes

Modern day occupations such as Call center jobs place an undue load on the sense of hearing. Even those in administrative jobs or in business increasingly find themselves talking for hours on the phone, often using a hands-free device. Hearing loss, consequently is being reported by younger and younger people.

Hearing screening is recommended on a yearly basis for those who are at risk of hearing loss due to regular noise exposure in the workplace. People over 45 will also benefit from getting their hearing tested every few years— just like for near vision glasses.

You should never ignore symptoms such as tinnitus or ear pain. Seek the advice of an ENT specialist early. Your ears will thank you!
Wellness screening for Jotun Paints

Specialist consultation conjoined with VLCC Int’l at Habtoor Resort Marina

KIMS at St.Regis Hotel in Habtoor City
Audiometry check-up for Refco Metals

Free Medical Campaign at H Hotel

Wellness screening at Media Rotana
India’s leading Homoeopathy healthcare corporate, announced its foray into Bahrain through an integrated healthcare model with KIMS Bahrain Medical Centre.

India’s largest homoeopathic clinic join hands with KBMC to provide advanced treatment in the field of Homoeopathy.
KIMS Bahrain Medical Centre launches Privilege cards for Bangladesh school staff-Corporate discount scheme to Bangladesh Community
Privilege Cards received by Dr. Shareeja Ali, Principal Bangladesh School Bahrain

KIMS Health screening for Ministry of Commerce
Annual Day Celebration for Pinay Ikaw at Sacred Heart Church

Khawla School

National Day Medical camp at Umm Al Hassam Govt School
Christmas Day Celebration

Quality Day - Recognition to participants
Kaliveedu Kudumba Koottayma programme

Pravasi Association Sports Meet First Aid and Ambulance Support
New Consultants joining KIMS family

Dr M Safarulla
Hon. Sr. Consultant
Internal Medicine

Dr Vinod Felix
Consultant
Rhinology & Skull Base

Dr Thomas Isaac
Consultant
Internal Medicine

Dr Asgar Abbas
Consultant
Ophthalmology

Dr Jiju Joseph
Sr. Consultant
Anaesthesiology

Dr Rajan B
Administration
Associate Director Clinical Services

Dr Rakesh Rajeevan Nair
Consultant Endodontist
KIMS Medical Center

Dr Bobby Iype
Associate Consultant
Neurosurgery

Dr Mathew Thomas
Associate Consultant
High Risk Obstetrics & Foetal Medicine

Dr Benoy Stanly
Coordinator Dental Clinic Tvm &
International Patients
Dental Oral & Maxillofacial
KIMS Centre for Critical Care Medicine

KIMS Centre for Critical Care is South Kerala’s most advanced unit, dedicated to the needs of patients requiring intensive monitoring. It also offers an entire spectrum of life support systems. KIMS Centre for Critical Care is the trusted name in medical community, being the preferred center in complex cases from other ICU’s.

WE STAND OUT IN

- ECMO for extremely critical cases
- ICU Quality indicators at par with International benchmarking standards
- Accredited academic centre of ISCCM & National Board of Examinations
- Tele ICU conferencing with experts in various specialties for complicated cases
- Outcomes of patients comparable to International Standards
- Dedicated & Experienced Intensivist led team of multidisciplinary ICUs
- Treatment based on Internationally accepted protocols
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Dr. Deepak V, MD, EDIC - Consultant Intensivist
Dr. Sujith M Thomas, MD, FNB, EDIC - Consultant Intensivist
Dr. Muraleedharan R, MD, MPhil, IDCCM - Consultant Intensivist
Dr. Ziyana Liyakath, DNB, IDCCM, EDAC - Assoc. Consultant Intensivist

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Coordinator & Professor Emeritus

Dr. Shahy Ali Khan S L, Consultant
Dr. Firoz Khan M H, Consultant
Dr. Liju Varghese, Consultant
Dr. Mittu John Mathew, Consultant

Dr. Najeeb A A, Consultant
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Dr. Sneha Ann Abraham
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