

Rs.15

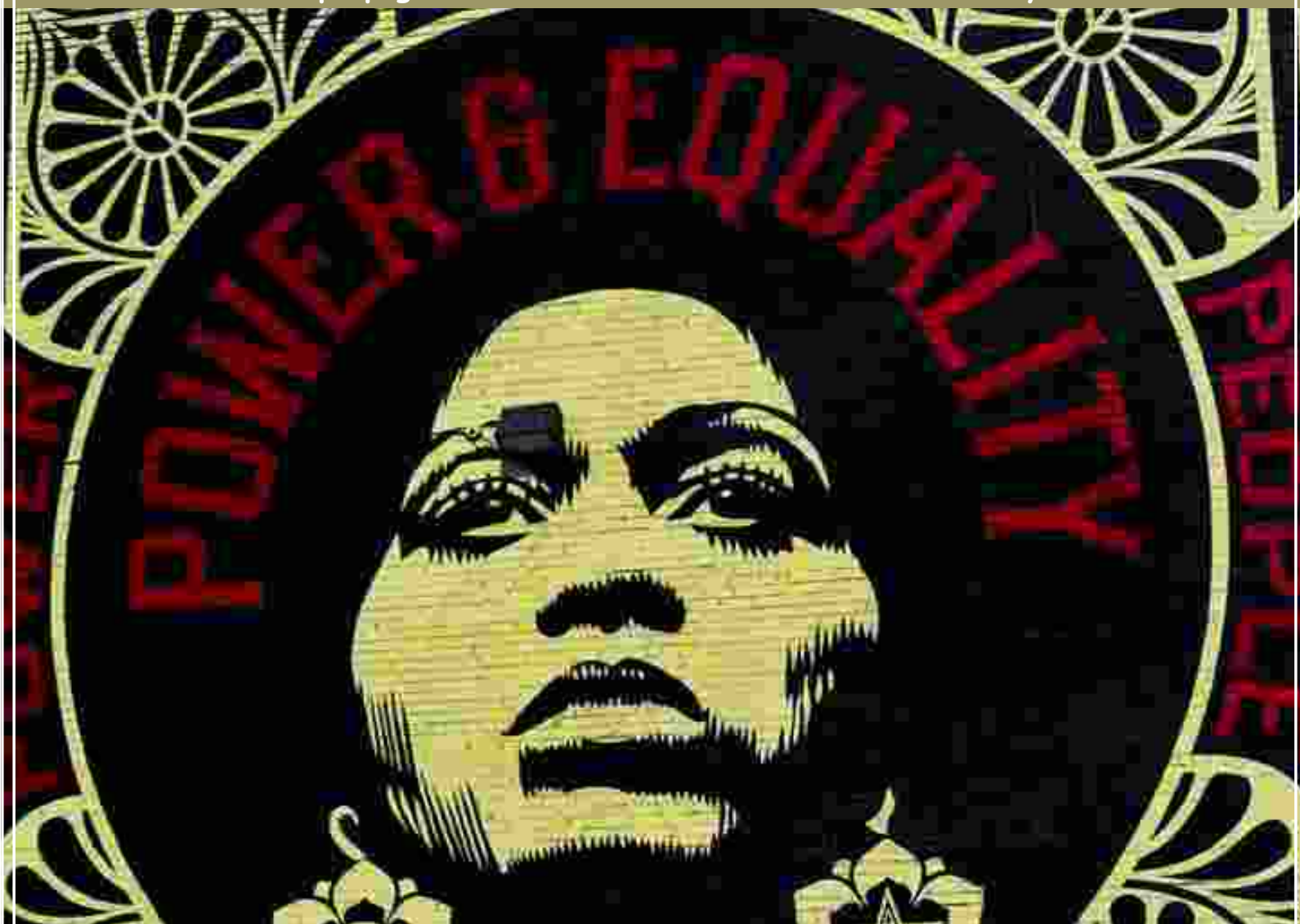


ISSN 0513-3149



# YOUR HEALTH

An Official Monthly Publication in English of the  
Indian Medical Association since 1952 for the people  
to propagate Health Awareness in the Community



Volume 71 • Number 03 • March 2022 • Kolkata



*Dedicated to bring Joy and Jubilation  
in peoples' Lives*



Makers of

# ZU-C <sup>500</sup> Injection

Vit. C Sugar Free Chewing Tablets  
Vitamin C 100mg/ml Injection (5ml ampoules) For IV / IM Use

# Maxtra <sup>®</sup>

Drops  
Syrup  
Tablet

Paracetamol + Phenylephrine + CPM

# Soventus <sup>®</sup>

Ambroxol 20mg + Guaiphenesin 50mg +  
Terbutaline 1.25mg/5ml **SYRUP**

# Eslo <sup>®</sup> $\frac{1.25}{2.5}{5}$

S(-) Amlodipine Tablets

# Zinconia <sup>®</sup> -50 Tablet Syrup

(Zinc Acetate equivalent to elemental zinc 50mg/20mg/5ml)



Healthcare Limited Office No. 5119, 5<sup>th</sup> Floor, D Wing, Oberoi Garden Estates, Chandivali, Andheri (E), Mumbai 400 072.



05	Editorial - Dr Samarendra Kumar Basu
06	From the desk of Secretary - Dr Sarbari Datta
07	From the desk of National Chairperson-IMA Women Doctors Wing - Dr Meena Ravi Wankhedkar
08	From the Desk of National Chairperson - IMA Mission Pink Health Wing, National Advisor- IMA WDW- Dr Mona Desai
09	Guest Editorial - Dr Minakshi Ganguly
10	International Women's Day - Dr Rajeswari Amma S K
11	#BreakTheBias : 2022 - Dr Sonali Mukherjee Bhattacharyya
12	Gynecology & International Women's day - Dr. Pallab Ganguly
13	Break the Bias The theme for International Womens'day, A reality Check-Satya Gopal Dey
15	Eating Disorders In Adolescence - Dr Rina Ghosh
17	Moving towards Gender Neutrality – Dr Mandira Banerjee Chattaraj
18	Best Practices for ECG Lead Placement on Women - Wipro GE Healthcare
20	Woman's Should Take Care of Their Heart - Dr Prakash Kumar Hazra
21	Blood in Urine in Womenan important warning sign - Dr Amit Ghosh
22	Is It Really 2022? - Dr Queen Aditya
23	Heart Diseases in Women - Dr P C Mandal
24	A female point of view ORA Healthy Perspective - Sudeshna Roy
25	Gender Equality -why it needs to be embraced - Dr Dalia Mitra
27	Frequently Asked Questions on Knee Joint Replacement - Dr Santosh Kumar
29	An accolade to Women Who Changed Cancer Care- Dr Sankar Sengupta
30	Multiple Myeloma: not cured but controlled - Dr Soumya Mukherjee
31	Cancer in women is Treatable -Dr Arundhati Chakraborty
32	Osteoporosis in Postmenopausal Women - Dr Sudipta Ghosh
34	Impact of New Surrogacy and ART bill on Infertility - Dr Sudip Basu

# YOUR HEALTH

## OF INDIAN MEDICAL ASSOCIATION

### HEADQUARTERS (KOLKATA)



Sir Nilratan Sircar IMA House, 53 Sir Nilratan Sarkar Sarani (Creek Row),  
Kolkata-700014, West Bengal, Ph: 033-22364200/9123674412,  
Email: yourhealthofima@gmail.com,yourhealthoffice@gmail.com



**Dr Ketan Desai**  
Past National President  
Indian Medical Association



**Dr J A Jayalal**  
Imm Past National President  
Indian Medical Association



**Dr Sahajanand Prasad Singh**  
National President  
Indian Medical Association



**Dr Jayesh M Lele**  
Hony. Secretary General  
Indian Medical Association



**Dr Anil Goyal**  
Hony. Finance Secretary  
Indian Medical Association

## Your Health Office Bearers (2020-22)



**Dr Samarendra Kumar Basu**  
Hony. Editor  
Your Health of IMA



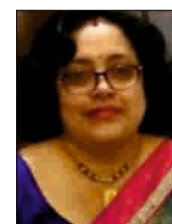
**Dr. Sarbari Dutta**  
Hony. Secretary  
Your Health of IMA



**Dr. Sanjoy Banerjee**  
Hony. Jt. Finance Secretary  
IMA HQs.



**Dr Prasanta Kr Bhattacharya**  
Hony. Associate Editor  
Your Health of IMA



**Dr Minakshi Gangopadhyay**  
Hony. Associate Editor  
Your Health of IMA

## Your Health Committee Members (2020-22)



**Dr Bibhuti Saha**  
Member  
Your Health Committee



**Dr Amitabha Bhattacharya**  
Member  
Your Health Committee



**Dr Nandita Chakrabarti**  
Member  
Your Health Committee



**Dr Udas Chandra Ghosh**  
Member  
Your Health Committee



**Dr Sonali Bhattacharya Mukherjee**, Member  
Your Health Committee

**Disclaimer** : the views and information expressed and provided in the Articles are the views and information of the respective authors. Your Health of IMA is not responsible for the authenticity of the contents of the Articles and Your Health cannot be held responsible or liable for any claim or damage arising out of any action or belief on the basis of the contents of the Articles.



**Dr Samarendra Kumar Basu**

## Editorial

Girls and boys see gender inequality in their home and community every day in textbooks , in the media and among the adults who cares for them.

Parents may assume unequal responsibilities for households work, with mothers bearing the brunt of care giving & chores. The majority of low skilled& underpaid community health workers who attend to children who are also woman with limited scope for professionals growth In schools gender inequaility not only hamper our growth of community but also leadership qualities also interfere. Leadership teams should represent of male & females. Though ratio of two gender is not at per .

The theme of international woman's day 8th March 2022 'Gender equality today for a sustainable tomorrow' recognizing the contribution of women & girls around the world., who are leading the charge on clomatic change adoption, mitigation, response to build a new sustainable future for all. Advancing gender equality in the context of climatic crisis and disaster risk reduction is one of the major challenges of the 21st century. The issue of climatic changes and sustainability have had and will have to continue severe& lasting impact on our environment, economic and social development. Women are increasingly being regonnisied as more vulnerable to climatic changes than men, as they constitute the majority of the worlds poor & dependant on the natural sources which climatic changes threatens the n most. At the same time girls& women are powerful & effective leaders and change makers of climatic adaptation & mitigation. They are involved in sustaining initiatives around the world Continuing to examine the opportunities as well as constraints to empower women to have a voice and equal power in decision making process.

The theme of international women day aligned with priority theme for the upcoming 66th commission on the status of women.

The world is changing & we hope a great change in gender equality which has already been started. Our women leaders of various spheres already proving their ability for example our women cricket team is the best example. In India our lady chief minister of Bengal as well as central finance minister & one Indian origin lady representative in American assembly are the fruitful examples . In IT sector , medical fraternity & lawyers women are placing them in right way & in right prospective.





Dr Sarbari Dutta

## From the Desk of Secretary

International Women's Day 2022  
“#BreakTheBias”

## "Gender equality today for a sustainable tomorrow"

It's the International Day to End Violence against Women.

International Women's Day is both for women and men – everyone is welcome. The day is about gender equality, and in order to achieve that we must elevate women. That is a fact. It is also referred to as Civil Awareness Day, Anti-Sexism Day and Anti-Discrimination Day, terms that some people prefer.

The date of March 8 was chosen for the celebration as it marks the day when women in Soviet Russia started protests for the right to vote which they were granted in 1917. A public holiday was later declared on the same date.

The history of International Women's Day stretches back more than 100 years, when the day was first observed across Europe and America. But according to NPR, it wasn't until March 8, 1946, that feminists in Italy chose the mimosa flower as a symbol of strength, sensibility and sensitivity for Women's Day. International Women's Day is commemorated in a variety of ways worldwide; it is a public holiday in several countries, and observed socially or locally in others.

International Women's Day was celebrated for the first time by the United Nations in 1975. Since then every year they come out with a theme.

The colour code of International Women's Day is Purple. Internationally, purple is a color that symbolizes women. IWD 2022 campaign theme: #BreakTheBias

- Imagine a gender equal world.
- A world free of bias, stereotypes, and discrimination.
- A world that is diverse, equitable, and inclusive.
- A world where difference is valued and celebrated.
- Together we can forge women's equality.
- Collectively we can all #BreakTheBias.

Individually, we're all responsible for our own thoughts and actions - all day, every day.

- We can break the bias in our communities.
- We can break the bias in our workplaces.
- We can break the bias in our schools, colleges and universities.
- Together, we can all break the bias - on International Women's Day (IWD) and beyond.

Whether deliberate or unconscious, bias makes it difficult for women to move ahead. Knowing that bias exists isn't enough, action is needed to level the playing field.

Are you in? Will you actively call out gender bias, discrimination and stereotyping each time you see it? Will you help break the bias? Cross your arms to show solidarity.

“Your Health of IMA” the publication of Indian Medical Association from Kolkata for the awareness common masses on various issues & for upliftment of basic knowledge of commonest diseases has dedicated its March 2022 issue on “International Women's Day - Theme #BreakTheBias”. I am really grateful to all the authors who have tried to focus on the IWD Theme “#BreakTheBias” and I hope it will be of utmost help for the common masses.



## From the Desk of National Chairperson-IMA Women Doctors Wing, HQs

**Dr Meena Ravi Wankhedkar**, Family Physician  
National Chairperson-IMA Family Forum HQs.

**BREAK THE BIAS**

At the outset, I take this opportunity to wish all the women in our fraternity a very happy International Women's Day in its fullest sense.

Today is an opportunity to celebrate the successes and strides that women have achieved in their work place within their respective fields.

There is no greater pillar of stability than a strong, free and educated woman and there is no more inspiring role model than a man who respects and cherishes women and champions their leadership. Yet, many old-fashioned, false anti gender-equality beliefs and assumptions still exist.....the Gender Bias.

Gender Bias refers to a person receiving different treatment based on the person's real or perceived gender identity. Thus Gender Bias is a result of SEXISM. In many cultures, Sexism has historically meant that men have more power or influence than women and other marginalized genders.

The Progress of a woman is progress for all of us. Giving more opportunities to a woman is not an option but is a necessity and besides being a matter of rights, is also a manifestation of good economic sense.

Hence, in order to give true meaning to this year's International Women's Day theme i.e. "Gender Equality Today for a Sustainable Tomorrow", we have to Break the Bias.

In order to achieve this, work needs to be done from the get-go:

1. A girl's self esteem, ambition and expectations are first victims of Gender Bias. It creates learning inequality in the classroom and sets limits on further potential. Curriculum, textbooks and teacher training programs should be reviewed periodically to ensure Gender Bias is not perpetuated. Female role models should be introduced into the classroom as an encouraging step.
2. Women should increase their awareness of their own biases and try to recognize when these views are affecting their growth in the workplace.
3. Changing its attitude, society needs to accept both men and women in counter-stereotypical roles. Not doing so makes it difficult for women to ascend to leadership roles. Freedom should be allowed to all members to choose the roles most suited for them.
4. Performance reviews by gender and roles need to be analysed to see if Gender Bias is occurring at any given level.
5. Governmental policy is one of the most powerful systematic ways of overcoming Gender Bias, ensuring Gender Balance in selecting candidates for a role in any organisation.

Successful women walk the tightrope of being demanding and caring at the same time, setting high standards. They are authoritative, participative, and at the same time also encourage others to have a voice.

The more we can work together to create a positive change, the faster that change will happen.

Very well said by a leading woman CEO..

"Whatever you do, be different. Don't try to imitate a man. Be more ambitious. Be persevering and trust yourself. Excellence is the best way to defeat Sexism, but don't fear failure. Dare and get what you want as an independent woman who does not let herself be influenced by what others might think."

At the end of the day..we are all part of the problem where female decision makers are just as biased as men.. and we are all part of the solution as well, where men are in a position of power and they can and do help the women to rise to the top.



Dr Mona Desai, M.D. (PED)

## From the Desk of National Chairperson - IMA Mission Pink Health Wing National Advisor- IMA WDW

### Gender Bias

The word 'Bias' means -Prejudice against one person or group -and when we say the word 'Gender Bias' it is most of the time prejudice or discrimination against Female gender. So thinking about it, let us all be truthful to ourselves, just leave hypocrisy in one corner of the room and think about it.

Does it still exist.....?

-the answer is YES- YES in every walk of life, in every place on this earth, in more or less proportion. Then the question arises --"Who is responsible for it...?"

Well, the answer is- EVERYONE OF US.

The first reaction of all of us would be denial but after reading this article I am sure you will nod your head in affirmation.

Let us start from the very beginning from birth of a child. Still many families and Castes prefer a Male child-well so the 'Bias' -but those who don't mind any gender, let us talk about them. What do we do right from birth Blue for Boy and Pink for Girl. Girls are given gifts of Dolls and Kitchen sets etc., while a Boy is given gift of Cars, Guns, Sports equipments like Bat and Ball etc. So right from the birth we have instilled in the small one's mind that this is what your future will be and your entertainment. If a girl does not like to play with dolls or kitchen set and plays with ball and bat - she is nick-named as 'Tomboy'. So aren't we unknowingly influencing our small innocent children about the life they have to live when they grow up. Why such 'Bias'..? Who are we to decide such stringent rules?

When a child grows up- in poor families the male child is given the priority to study and if a Girl wants to study- she can but her priority is household chores. Even in good Elite Schools- during the Sports period -Boys and Girls are given different games to play.

Cricket is a 'religion' in our country, but it is still a Male domain. Female cricket is slowly coming up- but how many of us watch it, or do they get equal publicity?

When comes the time of choosing a career- always a girl is advised to choose an easy career which is less demanding and has less transfers- so that she can take care of her family. But no such criterias for Males. Are they not responsible to take care of their kids and

family? Is only earning money enough which even a female can do....?

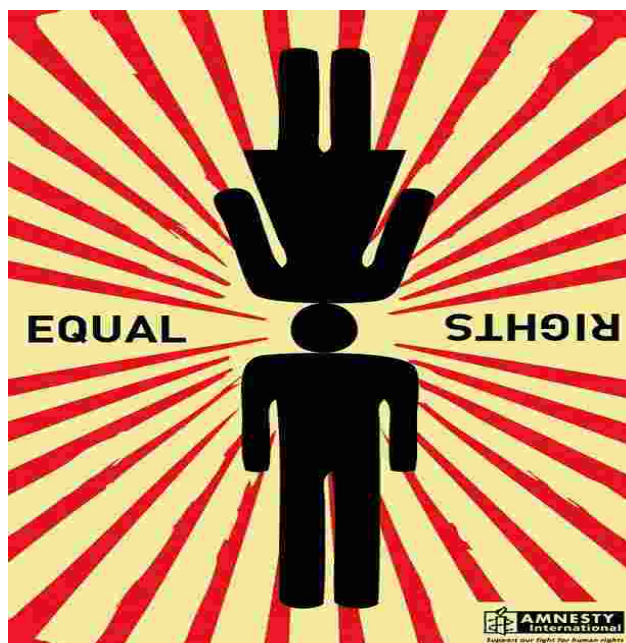
In marriage also, the house is in the name of the Male Partner. Very few Females have their homes in SOLELY their name. Up till now Females were not given their rights in inheritance, but recently Hon'ble High Court has given a judgement that females -married or unmarried have equal rights in inheritance- but it is seen in many households - the girls are emotionally exploited by their brother or family members in signing off their rights. Isn't this 'Bias'..?

We are talking about Empowerment - are we really Empowered? The answer is NO- we will never be empowered in real sense unless we change our thinking and attitude.

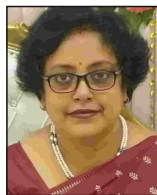
'Gender equality cannot be achieved unless women have been emancipated from all forms of oppression'

So let us now first change our own selves and stop the small Gender Biases we do unknowingly day in and day out. It is a long journey but you can always initiate and people will join you and aid you to finish.

'Achieving gender equality requires the engagement of women and men, girls and boys. It is everyone's responsibility'







Dr Meenakshi Ganguly

“Your Health” is always dedicated to all of your health. However, we should all recognize that a women represent the cornerstone of a family's overall health and welfare. However, because of the many roles a woman play, although they are focused on the health care of their spouse or children but often neglect their own health needs.

World Health Organization, which places importance on women's health as a social determinant of wider health of community. Women's health is not only affected by their biology, it is also affected by their social conditions, such as poverty, employment, and family responsibilities. Women's health is also shaped by historical, social, political, and economic forces and help explain the relationship between environmental conditions and individual woman's health. Social norms and women's status in society influence women's interactions with the health systems and health providers. In India, where we are still struggling to prevent female foetocide and infanticide, it is obvious that much to be done to improve health of the women and by doing so, to improve health of all the communities. Furthermore, many women's health conditions go undiagnosed in early stages [many STIs] and most drug trials do not include enough female test subjects.

Ignoring women health has its own price. Ill health and deficiency of nutrients in pregnant women can be passed to generations to come. Ill health or death of a mother can destroy life of a child. The health of families and communities are no doubt, tied to the health of women. The illness or death of a woman has serious and far-reaching consequences for the health of her children, family and the community too. This only sets up a unsustainable vicious cycle of ill health of communities at large.

Only health interventions will not improve it. We need change in the attitude of society towards breaking the gender bias and removing other adversities like poverty and restricted access to the healthcare institutions. To remind ourselves about the # “break the barrier” pledge we celebrate this International Women's Day, 8th March 2022. All of us should celebrate and cherish the achievements of society towards a world that will be free from bias, discrimination and stereotype.

It will be diverse, equitable, and inclusive society where everyone will bloom with their own individuality and get equal support from the community.

International Women's Day  
Words to Inspire





**Dr Rajeswari Amma S K**  
VCP, South Zone, National WDW

International Women's Day

International Women's Day is celebrated annually on 8 March, & to commemorate the women's advancements made in history, to call for the essential change in the outlook & life, and to celebrate acts of courage and determination by ordinary women, who have played an extraordinary role in the history of their countries and communities.

The theme for International Women's Day, 2022 is "Gender equality today for a sustainable tomorrow". Individually, we're all responsible for our own thoughts and actions, every day. We can break the bias in our communities, in our workplaces, in our schools, colleges and universities. Together, we can all break the bias - on International Women's Day and beyond.

Can we ever imagine a gender-equal world, a world free of bias, free of stereotypes, or free of any sort of discrimination? Every day we hear myriads of horrifying news about cruelty towards women in almost every part of the world, irrespective of the so-called civilized societies. Ideally, everyone wants a world that's diverse, equitable, and inclusive. A world where the difference is valued and celebrated. It's time for us to work together & fight for women's equality, across the globe. Yes, we have women premiers, prime ministers, presidents, CEOs, doctors everywhere in key areas.

Let's recognise the social, cultural, economic, and political achievements of women across the continents for humanity and for the women folks. We also should focus on unity, equality, and fairness especially in a world where the differences and injustices between women and men are considerably prominent. The day should be properly orchestrated to offer an opportunity to reflect on progress made, to call for change, and to celebrate ideal gestures of courage and determination by ordinary women who have played an extraordinary role in the history of their countries and communities, who came out with flying colours. Yes, we have n-number of stories from women folks to expatiate on their sufferings as well as victories against social discriminations, akin to gender, social, economic & mental tortures, or bias.

It's true that when women folks are empowered, they are catalysts of extremely positive change & they can

turn out to be great leaders with strength, courage, decision making & power in every walk of our lives & society. Yes, it's time to celebrate women's achievement, raise awareness against bias & take up the gauntlet to fight for equality & justice.

The history of International Women's Day stretches back more than a century when the day was first observed across Europe and USA. Yet, it wasn't until March 8, 1946, that feminists in Italy chose the mimosa flower as a symbol of strength, sensibility, and sensitivity for Women's Day as our great symbol.

Last year's theme for International Women's Day was "Women in leadership: Achieving an equal future in a COVID-19 world," which celebrated the tremendous efforts by women and girls around the world in shaping a more equal future and recovery from the COVID-19 pandemic and highlights the gaps that remain. Yes, among the healthcare fraternity, women also contributed as men in each segment of healthcare right from healthcare workers to scientists, who were involved in the development of vaccines and medicines.

It's sensible to explain that collective action and shared ownership for driving gender parity is what makes International Women's Day impactful & memorable.

Let's imagine, reincarnate a gender-equal world, a world free of bias, stereotypes, free of any disparities or differentiation whatsoever. Let us augur for an equal & respectful world for women folks across the universe & do work out to achieve the objective earnestly.





**Dr Sonali Mukherjee Bhattacharyya**

## #BreakTheBias : 2022

Imagine a gender equal world. A world free of bias, stereotypes and discrimination. A world that's diverse, equitable, and inclusive. A world where difference is valued and celebrated. Collectively we can all #BreakTheBias.

Celebrate women's achievement. Raise awareness against bias. Take action for equality.

This is where we begin.

Bias against complexion, shape, size, habits, in short, any criteria different to those that had been ingrained as acceptable.

Human beings are also animals.

We tend to forget that. And unfortunately, that is the very fact which pokes out its head like a snorting dragon, or rears a fang decorated head like terrible T Rex at every other bend of life among human society.

Why, a woman treated with respect at her work place receives the tone used with serving employees of the house the moment she steps in her home? Big epithets are there.

The lady of the house, Grihalaxmi, Matriarch etc

But actually she becomes the serving staff, second-class citizen, the second she crosses her own threshold.

No one will even pause to think, she has come back from work, or needs to clean herself or she is tired or hungry, may be, thirsty even?

Nah.

Missiles of voice will come flying.

My cup of tea, waiting for a long time, am watching the TV.

Mom, my files, where are they , I'll be late in finishing assignment.

Bahu, why the cable operator is not showing my channel? You forgot to phone them am sure?

It's not that the females do not fulfil these tasks. Most often than not, within 5 minutes all the demands have

been appeased. But for a change in attitude, tone of voices, and demands.

Change, dear world. Say thank you, say please, say take a breath, you take some nourishment too, then take care of the rest of us. And we are so happy to have you.

change the bias.

On the other hand, for a leaking tap, broken lock, buying of cosmetics, treating yourselves to a romantic dinner, why keep nagging the male partner ?

Why the female will not do these too?

Change the bias.

On a larger scale, as basic animal instinct, we tend to attack any idea or living being which is unfamiliar. It is basic self protection instinct.

So a person eats something different, label them horrible.

Some individuals have different sexual orientation, call them villains.

Persons from other parts of the world look different in skin, hair or eye colours or contours and dress differently, be hostile.

Isn't there too much negative vibes already in the world?

Doesn't all our religions ask us to love our neighbours repeatedly?

Stop attacking difference.

Consciously stay away from bias.

Let us analyse our own minds to change internally.

And, the biggest step, let us love more.

Let us stop trying to hurt people by actions and words.

Stop rejecting people as too fair, too dark, too thin, too fat, tooo... everything.

Let us practice gratitude and acceptance. Then, and then only all of us will win together, and #BreakTheBias.



**Dr Pallab Ganguly, MBBS, DGO, MRCOG**  
Consultant Gynecologist

## Gynecology & International Women's day

Gynecology is a subject of medicine which deals with reproductive system of women. And any women who goes through the life from menarche to menopause got to come and consult gynecologists many times in her life. She need to share very intricate details of her body and mind including many secrets of her private life with her gynecologist. So for a gynecologist 365 days a year should be a women's' day. A gynecologist should maintain the confidentiality of a women, support her at most vulnerable moments of her life, build awareness of health promoting life style and encourage her to live her own life in her own terms.

A most important step to celebrate gender equality is to respect the reproductive freedom of an woman. This may start from prescribing contraceptive to a women. All women asking for contraceptive should be given the cafeteria choice about different methods of contraception and information about their relative suitability and contraindications. A gynecologist should never ask for their marital status or identity of partner/s and play a role of moral police. Instead, they should be informed about taking protection during sexual practice irrespective of their marital status.

The same analogy extends in case when a girl or lady want termination of pregnancy. The risks involved should be explained and documented but asking for her husband/partner's consent is a clear disrespect to the reproductive autonomy of a women and should never be forced upon to a women. On the other hand no women should be subjected to termination without her own free consent and on insistence of her partner/husband. A gynecologist may face these situation regular basis and these are ways a gynecologist celebrate the women's day.

Another way to celebrate women's empowerment is to offer her options about treatment of her own body, helping her to make an informed decision and respecting that decision. In a male dominated society, it often happens that the husband makes the decision about the treatment of a women and most planned & financially advantageous treatment is decided on ignoring the long term health benefits and women's viewpoint about her own body. It results in unnecessary cesarean section, surgical menopause,

significant anemia and sometimes prolonged silent suffering of a lady. Gynecologists must rise up to these silent abuses of womanhood and be the advocate for the women so that the women can speak up her choice and execute her ownership of her own body. Any gynecologist must respect the informed decision of a women about the treatment even if the gynecologist do not agree with it completely. For example, a lady wishing for a normal delivery (without any medical contraindication) should be given a trial of labour even if likelihood of a successful vaginal delivery is low according to the gynecologist.

A gynecologist is the professional who would become a close associate with his/her patient not only about curing her disease but also giving her numerous health solutions which enable her to concentrate in other activity sphere of life. In many occasions it happen that a women want to postpone her menstrual bleeding for certain other commitment. A gynecologist should assist her in this. Many women want to reduce their menstrual bleeding just for to work their daily routine. A gynecologist should encourage them advise appropriately. Any gynecologist should also assist a women with PMS (premenstrual syndrome) with or without detectable pathology. This is how a gynecologist can assist a women to achieve more from her life and celebrate the true spirit of international women's day.

A gynecologist should have more duties towards the patients and to the female gender at large. Health promoting behaviors, especially in certain ages, are very important for maintaining optimum health and cope with hormonal changes. Importance of diet and exercise should be taught to all teenage girls so that many serious health problems including diabetes melitus can be prevented in future life. Iron and calcium supplementation should be advised for 6 months after birth. Appropriate life style, supplements and sometimes hormone replacement is needed in menopause not only to relief symptoms like hot flushes but also for the long term bone health.

*...continued on page 14*



**Satya Gopal Dey**

Psychological Counsellor , Head – Child Protection  
Advocacy and HR, Vikramshila Education Resource Society

## Break the Bias The theme for International Women's day A reality Check

The theme of this year's international women's day is "Break the bias". With this theme we have to dream and imagine a gender equal world. A world free of bias, stereotypes, and discrimination. A world that is diverse, equitable, and inclusive. A world where difference is valued and celebrated. Together we can forge women's equality. And finally and collectively we can all #BreakTheBias. What a lovely theme it is but what is there in the reality. In this write up I will give emphasis on the as of women in labour not is several other matter. Let's see what is the reality and what we all can say on the 8th March while celebrating International Women's day.

In our country about 90% of women are employed in the unorganized sector, they are involved in work those are lacking dignity of labour, social security, decent . timely and minimum wages. An analysis of their work pattern shows that women's choice of paid work is significantly influenced by patriarchal and religious norms of the society that has restricted their mobility and decision-making competency. Their work and contribution to economy and overall growth of the country is not judged and taken in to account. Above all domestic and care activities are specifically segmented as 'woman's work', they are left to manage paid and unpaid work responsibilities on their own, on a regular basis.

According to the NSSO data 2011-12 reflects that a majority of women take on employment in the primary sector, within the category of agricultural work. And Within the manufacturing and fabricating sector, they are found to be employed in low paying, casual, home-based work or in unpaid work within family run enterprises. In the tertiary sector, women are seen more in number in retail trade, education-related work and paid domestic household work. The purpose of women in these sectors are because of carrying out both domestic as well earning provisions.

The first and one of its kind national Time Use Survey (TUS), conducted in India in 1998-99 reflected that women's contribution is less than men on paid work

activities, but significant amount of time on household as well as unpaid work which includes collection of water, fuel, animal grazing, chopping and storing wood, preparing cow dung cake for fuel and helping in family petty business.

In a praise worthy article of Monika Banerjee is affiliated with Institute of Social Studies Trust reflected that, "In terms of care work too, it shows that women spend more time (4.47 hours per week) on direct care work (related to looking after children, elderly, sick and disabled) than men (0.88 hours per week). Researches have reported that this estimation could be lesser than actual time spent on care work as women perform care work simultaneously along with their other household duties as well as paid work. Thus, time spent on care work is not accounted separately".

Monika Banerjee also mentioned that for most womenfolk of in India , house hold word and caring child remains the centre of all work-related decisions that they take. Their strategies however, differ from situation to situation. An most of the time women choose work which is near to their place of living or within their home, part-time and therefore also either low or no wage; and in cases where the woman takes on full time work, it is seen that she chooses work places which give her the scope to bring her child to work. As a result the child also turned as Child labour, brick klin industry is an example in this context. And these work places women are prey to several exploitation and abuses.

Beside these women faced difficulties – finding regular work, untimely and ad hoc payment of wages, unhygienic, hazardous working conditions, lack of appropriate tools and basic facilities, inability to take leave and no provision for maternity leave.

There are situation when women are not able to take their kids to work, they usually have to leave their child alone in the house or with an older sibling. This has an adverse impact on the education of the older child and several times, also leads to accidents which

put the child in danger, abuse and unsafe.

Absence and lack of basic public services where most of these women workers reside and work also increases their time of engaging in work. They do not have any other alternative but have to spend long hours to access basic resources such as fetching drinking water. In regards to child care too, women fail to get any support as mostly the only child care facility available to them are ICDS centres, open only for a couple of hours, and in the Covid situation ICDS centres are closed all across the country. They also cater to children who are old enough to look after themselves. Women who have young children and have to go out of their home to work do not see ICDS centres as a practical option for their child care needs. In this manner women are constantly struggling with multiple burdens of work both at home and work place. This remains specifically true for those who are employed in the unorganized sector and do not have resources like their middle-class counterparts, who can outsource some of their responsibilities to another person at a cost like house maid, baby attendants, tutor for kids etc.

While the evidence on female work participation rate

shows a steep decline, the hard reality remains that women work, in the house as well as outside the house. The non availability of data to capture various aspects of a woman's work as 'work' has led to absolute failure of policies in acknowledging women as a 'worker' and recognizing their entitlement to equal wages, better work conditions and social security etc..

The Maternity Benefits as well as the Labour Code on Social Security 2018 and Protection of women from sexual offences act 2013 have also failed to take on board the challenges that women in informal work face and the complex nature of the work that they undertake.

The need of the hour is for a specific policy intervention which can ease this burden of work for them to a certain extent. In the literature we have portrayed women counter parts as "Half of the Sky". So half the sky should be cloudy but full sun shine.

Acknowledgements :

1. Monika Banerjee (Institute of Social Studies Trust, a voluntary and not-for-profit research organisation based in New Delhi)
2. Wikipedia

...continued from page 12

## Gynecology & International Women's day

Cancer preventive interventions are also very important and should be delivered by a gynecologist to the women. This starts from HPV vaccination in a teenage girl. Women should also be informed that breastfeeding reduces long term risk of breast cancer. Regular self breast examination is also very important for early diagnosis of breast cancer. Mammogram is high risk group and in appropriate age is also an effective strategy in war against breast cancer. PAP smear or HPV detection in cervical smear also need to be undertaken at least 5 yearly basis to tackle the menace of cervical cancer. Women with high risk family history of ovarian cancer should be tested for mutations of BRCA1/BRCA2 genes and options to be discussed. Many studies across the globe have proven these strategies are really effective in fighting with women's cancer and a gynecologist can empower a woman by advising them to accept these strategies.

That's celebration of women's day for a gynecologist.

Gynecology is an evolving speciality subject and now became very patient friendly. Subspecialties like adolescent gynecology, fetal medicine, maternal medicine, Urogynecology, gynec-oncology, cosmetic gynecology has evolved to cater the developing demands of women. Modern gynecologists follow evidence based management strategy with strict training guidelines. However, J. Marion Sims, considered the father of modern gynecology have been criticized for his lack of respect and surgeries on enslaved girls without consent or anesthesia. While the world is moving towards no gender bias approach many work fields are still dominated by men. However, Gynecological specialty profession in recent decades has seen women gynecologists outnumber men in the once male-dominated medical field of gynecology.



**Dr. Rina Ghosh**

Consultant Pediatrician, Institute of Child Health, Kolkata

## Eating Disorders in Adolescence Girls

An eating disorder is a serious mental health disorder that is centered on body image, bodyweight and an obsession with food and associated distressing emotions and thoughts. Eating disorders can affect physical, psychological and social aspects of life. They often go overlooked but can be deadly if left untreated.

### Types of Eating Disorder:

The most common types of eating disorders include bulimia nervosa, anorexia nervosa, binge eating disorder, avoidant restrictive food intake disorder and other specified eating and feeding disorders, including pica and rumination disorder. Eating disorders typically occur during adolescence or pre-adolescence and over 90% with eating disorders are female.

Anorexia nervosa affects as many as one in every 100 females. Teens with anorexia fear gaining weight and are at least 15% below their ideal body weights. They believe the main gauge of self worth is their body image.

Someone with Bulimia has repeated episodes of binge eating followed by compulsive behaviors such as vomiting or the use of laxatives to rid the body of food. Binge eating is characterized by uncontrolled overeating.

Bulimia often starts in the late teens and early adulthood. People with bulimia go through cycles of eating enormous amounts of foods followed by purging by vomiting, using laxatives, or diuretics or hours of aerobic exercise.

### Causes of Eating Disorders in adolescence:

Several factors can contribute to the causes of eating disorders in adolescents, including genetics, unhealthy dieting techniques or hormonal changes – especially in girls.

Adolescents who have experienced abuse which may be either physical, emotional or sexual, are also more likely to suffer from eating disorders. Psychological influences can also play a significant part in the development of an eating disorder. Advertising and media convey mixed messages about what a person's body "should" look like. Eating disorders are also linked



with depression and anxiety as well as other mental illnesses. In fact, nearly 50% of people with eating disorders also suffer from mood disorders. Addiction, alcohol or drug abuse and eating disorders often go hand in hand as well.

### Signs of an Eating Disorder

The signs of eating disorders can vary depending on the type of eating disorder. Each person may experience symptoms differently, but some of the most common signs of eating disorders include the following.

#### Emotional and Behavioral Signs of Eating disorders

- Extreme concern with body shape and size
- Preoccupation with weight, concern about calories, carbohydrates, fat content of food
- Skipping meals or eating small portions at regular meals
- Any new preoccupation or practices with fad diets or food, including removing entire food groups
- Frequent dieting and improper dieting
- Refusal to eat certain foods
- Withdrawal from friends and activities
- Extreme mood swings

#### Physical Signs of Eating Disorders Anorexia Nervosa

- Noticeable weight fluctuations
- Bizarre eating behaviors
- Excessive physical activity
- Muscle weakness
- Difficulty in concentrating
- Sleep disturbances
- Menstrual irregularities

- Constipation
- Fainting/syncope
- Stomach cramps or other gastrointestinal complaints
- Frequently feeling cold, Cold hands and feet or swelling of feet
- Dehydration
- Russell's Sign (excoriations or scars on the back of hands/knuckles from induced vomiting)
- Dry skin and hair
- Brittle nails
- Discoloration of teeth or cavities, from vomiting
- Swelling around salivary glands
- Poor wound healing
- Impaired immune function

### Management

If left untreated, eating disorders can lead to serious illness and even death. Although there is no easy therapy for eating disorders, they are treatable. A combination of therapies, including cognitive behavioral therapy and antidepressant medication, can be used to help teens overcome bulimia. Cognitive behavioral therapy helps by identifying and replacing inaccurate thoughts to help change behavior and emotional state.

### Treatment for ANOREXIA

Anorexia treatment usually involves nutritional feeding, medical monitoring, and psychological treatment. The immediate goal for the treatment of anorexia nervosa is weight gain and recovery from malnourishment. This is often established via an intensive outpatient program, or if needed, through an inpatient hospitalization program where caloric intake can be managed and controlled.

Treatment consists of:

- Medical treatment required to restore normal weight.
- Cognitive behavioral therapy focused on modifying harmful behaviors associated with psychological distress.

Talk therapy focused on modifying negative thoughts, behaviors and emotional responses associated with psychological distress and can help with self-esteem and behavioral changes.

- Counseling psychology is required to treat personal problems related to school, work, family and social life.
- Family therapy : Psychological counseling for



family members will help families resolve conflicts and communicate more effectively.

### Treatment for BULIMIA

Antidepressants, such as selective serotonin reuptake inhibitors (SSRIs) - in combination with psychological therapies, and nutritional counseling are now a mainstay in bulimia therapy. Clinics that specialize in eating disorders can often provide psychiatrists, psychotherapists, and nutritionists. All therapists involved should work in close cooperation with one another.

Bulimia treatment usually involve up to 20 sessions of CBT across 20 weeks. Psychological treatments for bulimia may involve individual, family, or group psychotherapy. Behavior or cognitive therapies are often prescribed, as well behavior therapy focuses on altering habits (such as bingeing and purging). CBT involves talking to a therapist, who will help you explore emotions and thoughts that could be contributing to eating disorder, and about the idea of weight and body shape. Sessions are usually devoted to analyzing the behavior and devising ways to change it, and the patient follows specific instructions between sessions. Cognitive therapy focuses on exploring and countering the negative thoughts that underlie destructive habits. Individual or group psychotherapy focuses on the underlying emotional experiences and relationships that have contributed to the bulimia.





**Dr Mandira Banerjee Chattaraj, MBBS, DMCH**  
Additional Chief Health Director, B.R. Singh Hospital Eastern Railway

## Moving towards Gender Neutrality

International Woman's Day is celebrated every year on 8th March. Do we have an International Men's Day? No. So why do we have to have an International Woman's Day? By earmarking it we have accepted the fact that women are not treated equally and we have to mark a day to create awareness amongst all population.

It is a pity that even before a female child is born, she is treated unequally. Female Foeticide rates in India, especially in states like Haryana are quite high and in spite of stringent laws against it we have not been able to stop it.

As the female child sees the light of the day, many of them do not reach their first birthday (Female infant mortality rate is one of the highest in India). The girl child is neither given proper nutrition, nor the adequate new born care needed in the first year.

When the girl reaches adolescence, she faces a different kind of discrimination as compared to her brother. A lot of rules are imposed on her which does not apply to her brother. She has to come back early from school or college, she cannot go out for parties with her friends, etc.

The custom of giving and accepting dowry during marriage is a custom still prevalent widely in India. The girl is considered to be a commodity to be raised and given up to another family, whereas the male child is considered to be an asset who will bring dowry to the family during marriage and will take care of the family (though this may not be true during recent times). Cases of dowry death and physical abuse post marriage due to not receiving adequate dowry is not uncommon.

Nowadays, our girls are also getting themselves adequately educated and joining jobs. During selection for jobs, many employers do not want to recruit females simply because they have to be given maternity and childcare leave. So, because of biological reasons, they are discriminated upon without any fault of their own. Women are paid less at many places for the same work they do. In a male

dominated corporate world, a woman has to work that much harder to rise up the ladder and reach a position of power. Even if they reach that position, it is very difficult to hold on to it as her male colleagues (who are not used to work under a female boss) does not readily cooperate and make life difficult for her. This has been a common experience shared by all prominent female CEOs like Indra Nooyi (PepsiCo), Arundhati Bhattacharya (SBI), etc.

What is the solution to the above problem? How do we move towards a goal of gender neutrality? The first thing is to sensitize the male child towards their female counterparts. It is the duty of the modern parents to educate and sensitize their male child that the female child is as important to the society as them and are in no way inferior to them. So, they should give respect to them just as they would do to any other human being. Educating right from their childhood would make them responsible, gender neutral adults without any bias.

The society should at large need to be educated in the form of seminars, debates and media publicity. Government programmes like 'Kanyashree', 'Rupashree' of Government of West Bengal and 'Beti Bachao, Beti Padhao' programme of the Central Government have contributed a lot in the last few years in creating awareness about taking care of the girl child.

Finally, we can say that, our country can only move forward if our womenfolk walk hand in hand with our menfolk and make the world a better place to live in.



## Best Practices for ECG Lead Placement on Women

### Wipro GE Healthcare

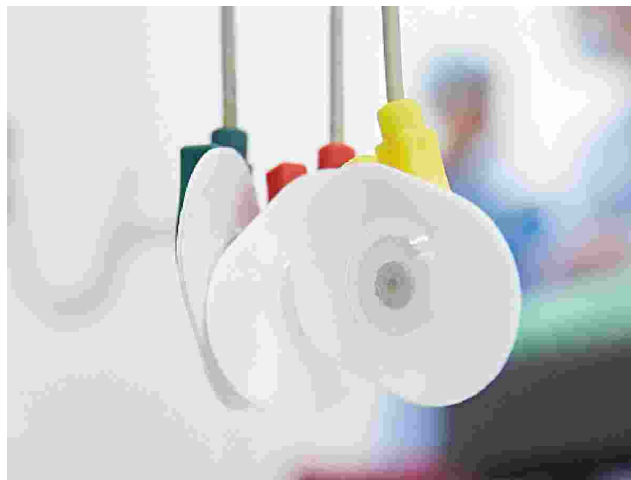
As with any diagnostic tool, accurate utilization of ECG is critical—and that includes correct ECG lead placement on women and men. As a paper in *Circulation* notes, misplacements can lead to incorrect readings of waveforms, potentially causing false-positive or false-negative diagnoses of conditions such as arrhythmias or myocardial infarction.<sup>1</sup> Positioning errors can also disrupt stratification and management efforts for patients with known cardiac disease.

Positioning problems are both well-documented and common, affecting waveform morphology, the potential for misreading, and the risk of misdiagnosis. While misplacement occurs across both sexes, anatomical differences can complicate correct ECG placement lead placement on women versus men. For instance, according to a review in *Cardiology and Cardiovascular Medicine*, challenges with lead placement can arise in cases where patients have large breast tissue or are overweight, as ECG professionals may not be able to locate bone landmarks in the chest.<sup>2</sup>

That same review also notes that paramedics could make errors in lead placement due to fears or embarrassment about exposing female patients' breast tissue, emphasizing the underlying dynamics of sex-based differences in cardiac care and their lasting impacts on women's health. While electrode misplacement can and does affect most patients—occurring in more than 50 percent of cases, and often in V1 and V2, according to the papers in *Circulation* and *Cardiology and Cardiovascular Medicine*—certain errors linked to sex can drive inequities in cardiovascular medicine and worsen existing disparities. For this reason, ECG professionals should consider how physiological differences can affect lead placement as they look to position ECG leads for diagnostic accuracy.

#### Ensuring Equitable Care Through Practice and Training

Variances in electrode placement between male and female patients can delay critical care and ultimately impact patient outcomes. ECG professionals should remain wary of potential lead misplacement and work to implement the correct positioning by using bone



landmarks. Doing so can help reduce the chances of inaccuracies showing up on the ECG and informing misdiagnoses.

Because breast size or shape can complicate anatomical reference points, it's recommended that ECG professionals continue to place electrodes beneath the breast when necessary, though research to determine what impact alternative placement may have on ECG recordings is ongoing. SCST guidelines note that ECG professionals can minimize physical contact with the breast by raising it with the back of the hand. This protocol may help mitigate negative impacts on care that could arise from a desire to preserve modesty.

Concerns around sex-based differences in cardiology outcomes emphasize the need not only for increased diligence in caring for patients but also for changes in medical education. Notably, one example in *Gender in the Genome* details a textbook that advises removing patients' neckties in cases of acute MI but does not mention bras.<sup>7</sup> As sex-based disparities become more apparent in cardiovascular medicine, it will take widespread and consistent efforts in practice and in training to highlight opportunities for improvement, including opportunities that relate to ECG placement.

With a commitment to equal and equitable care

delivery throughout the care continuum, cardiologists can play an active role in improving diagnostic accuracy and deploying prompt interventions for all patients, regardless of their sex, race, or any other differentiating factor.

1. Davis LL, Funk M, Fennie KP, et al. Abstract 16195: Does accuracy of V lead electrode placement differ based on gender of patient: results of the practical use of the latest standards of electrocardiography (PULSE) trial. *Circulation*. 2016;134(1).
2. Hadjiantoni A, Oak K, Mengi S, et al. Is the correct anatomical placement of the electrocardiogram (ECG) electrodes essential to diagnosis in the clinical setting: A systematic review. *Fortune Journals*. <https://www.fortunejournals.com/articles/is-the-correct-anatomical-placement-of-the-electrocardiogram-ecg-electrodes-essential-to-diagnosis-in-the-clinical-setting-a-syste.html>. Accessed November 11, 2021.
3. García-Niebla J, Llontop-García P, Valle-Racero JI, et al. Technical mistakes during the acquisition of the electrocardiogram. *Ann NoninvasiveElectrocardiol*.

2009;14(4):389-403.

4. Campbell B, Richley D, Ross C, et al. Clinical guidelines by consensus: recording a standard 12-lead electrocardiogram. *Society for Cardiological Science and Technology*. [http://www.scst.org.uk/resources/SCST\\_ECG\\_Recording\\_Guidelines\\_2017](http://www.scst.org.uk/resources/SCST_ECG_Recording_Guidelines_2017). Accessed November 11, 2021.
5. Wallen R, Tunnage B, Wells S. The 12-lead ECG in the emergency medical service setting: how electrode placement and paramedic gender are experienced by women. *Emergency Medicine Journal*. 2014;31:851-852.
6. European Society of Cardiology. Breast implants may impede ECG and lead to false heart attack diagnosis. <https://www.escardio.org/The-ESC/Press-Office/Press-releases/breast-implants-may-impede-ecg-and-lead-to-false-heart-attack-diagnosis?hit=wireek>. Accessed November 11, 2021.
7. Hiltner S, Oertelt-Prigione S. Sex and gender representations of myocardial infarction in German medical books. *Gender and the Genome*. June 2017:68-75.



With its 12- channel electrocardiograph, The **MAC 2000** helps caregivers save Precious time, right from the first WCG.



- Marquette 12SL ECG analysis program for clinical decision support
- Automatic capture of 10-second ECGs with one-touch operation
- Easy-to-read 7" Display



For details, calls us on **1800 102 2977** or email us at [TeamGEHealthcare@ge.com](mailto:TeamGEHealthcare@ge.com)  
[www.gehealthcare.in](http://www.gehealthcare.in)

©2022 General Electric company. Ge, the GE Monogram are trademarks of General Electric Company.



## Woman's Should Take Care of Their Heart

### Dr Prakash Kumar Hazra

Interventional Cardiologist, HOD, AMRI Hospitals, Dhakuria

Woman gives birth to their offspring and they keep our human race going. Literally Women's Heart is full of love and affections, but in physiology, lady's heart is smaller than man in dimensions. Many times women suffer from Heart Diseases like Heart Failure, Heart Attack. Anything, which is seen to men, is also happened to women. But because they have smaller Heart, in size, smaller frame, smaller body surface area and smaller arteries, is difficult some time to treat these angels of God by angioplasty or stents. In this sense, diseases are unique to them, different from men. But now there are many innovative therapies. These may overcome the shortcomings of larger devices. For example, it may be known that opening of woman's heart has been very much risky for valve replacement. But now this risk has come down significantly by knifeless surgery like TAVER, TAVI. Now the women are very sensitive to the scar on the chest or our tender areas. And these scars some times get converted into infections. So these fare sex people can have pacemaker that is called wireless pacemakers which is invisible, done by knifeless surgery and these are reality.

Now women also suffer from hypertension as badly as men. This Hypertension can now be treated by Renal Denervation like cardiac angioplasty. When woman gets menopause because of the hormonal imbalance, the diabetes, hypertension, heart failure, stroke, obesity comes in. So women's heart can be cured of these diseases by the newer drugs, which can reduce their sugar level, pressure level, uric Acid level. Their hemoglobin level may also be raised by this single drug, that is called SGLT2 that can help to women's Heart better than men and treats promptly. Action of these drugs on women's heart is much stronger better than men. So women with heart Failure, Diabetes, obesity should get SGLT2 medicines. Now there is another introduction of oral Semaglutide that is called Rybelsus. This is commercially available, and another breakthrough on women Heart with tremendous benefit.

And so women's heart has got many opportunities to be treated with newer devices and newer medicines. We know that the hormonal imbalance is very much important. Now Hormone replacement does not

prevent the diseases. It is better to be treated by newer medicines as I mentioned cholesterol vaccines, blood pressure reductions, and stroke operations. But for all these you have to be reached to the Hospital if it is acute Heart attack, acute stroke, at earliest. Many things we do in our Hospital starting from the treatment of brain, treat varicose vein without surgery, repair valves without knives replace pacemakers, implants the pacemakers with two palms. If they bleed at the time of their pregnancy womb we close there by angioplasty unlike open surgery. We also treat their fibroid in their uterus by angioplasty.

So the treatment of women's heart has been revolutionized by newer devices, drugs and gazettes. Now in the society, we know that the stress, the depressions, loneliness are more common especially after Covid in women than men. So the social medicine and mental medicine are also very important and at the end of the day the women are very happy if they keep smiling to regular exercise, quit smoking and do any other lifestyle modification which applicable to men are also applicable to the women. And during child birth they also suffer from hypertension, diabetes. There are medicines available, so contentious monitoring, regular health check-up are necessary throughout the pregnancy. In case of high risk pregnancy, these women heart or broadly said women health will be in risk if they do not keep attention of good particular practitioner. So been touch with a reputed degree holder & qualified doctors. So woman's heart, this is because of a new theme and we are focusing on women's health and if we keep the women's heart intact perhaps the future nation will be protected and the future of the future generation will see a healthy life.

If the baby is born with cardiac defects, cardiac nobilities and other diseases that his mother have to carry paralysis, neuro paralysis etc. So avoid many drugs, which are too harmful to the pregnancy. Birth defect of child to some extent can be avoided by carefully selection of drugs and not taking this medicine, until there is some emergency, at the time of their pregnancy.

Contact: 9830070337



**Dr Amit Ghosh, MS, FRCS, Dip Uro(UK)**  
Consultant Urologist

## Blood in Urine in Women - an important warning sign

Bloody urine or haematuria should never be ignored. Haematuria can occur when part of the urinary tract, which includes the kidneys, bladder, and ureters, sustains damage or becomes irritated. However, blood that appears in the urine does not always come from the urinary tract. In females, blood from the vagina, cervix, or uterus may appear in the urine, giving the false appearance of haematuria.

. For women, being older than 60 years, having a history of smoking, and having gross haematuria are the strongest predictors of urologic cancer. Any blood in the urine can be a sign of a serious health problem, even if it happens only once. Ignoring haematuria can lead to the worsening of serious conditions like cancer and kidney disease, so you should talk to your doctor as soon as possible. Asymptomatic microscopic haematuria is an important clinical sign of urinary tract malignancy. Asymptomatic microscopic haematuria has been variably defined over the years. In addition, the evidence primarily is based on data from male patients. However, whether the patient is a man or a woman influences the differential diagnosis of asymptomatic microscopic haematuria, and the risk of urinary tract malignancy (bladder, ureter, and kidney) is significantly less in women than in men. Among women, being older than 60 years, having a history of smoking, and having gross haematuria are the strongest predictors of urologic cancer. In low-risk, never-smoking women younger than 50 years without gross haematuria and with fewer than 25 red blood cells per high-power field, the risk of urinary tract malignancy is less than or equal to 0.5%. Furthermore, the evaluation may result in more harm than benefit and is unlikely to be cost effective. Thus, data support changing current haematuria recommendations in this low-risk group. Urinalysis is a commonly performed test and microscopic haematuria is a common finding. Renal cancer and bladder cancer are more common in men than women. In low-risk, never-smoking women younger than 50 years without gross haematuria and with fewer than 25 red blood cells per high-power

field, the risk of urinary tract malignancy is less than or equal to 0.5%.

Reasons people may have blood in the urine include infection in the bladder, kidney, viral illness, such as hepatitis—a virus that causes liver disease and inflammation of the liver, sexual activity, endometriosis a problem in women that occurs when the kind of tissue that normally lines the uterus grows somewhere else, such as the bladder. More serious reasons people may have haematuria include bladder or kidney cancer, polycystic kidney disease—a genetic disorder in which many cysts grow on a person's kidneys. People with gross haematuria that includes blood clots in the urine may have bladder pain or pain in the back. Sometimes urine tests using a dipstick can be positive even though the patient has no blood in the urine, which results in a “false-positive” test. The health care professional may look for red blood cells by examining the urine under a microscope before ordering further tests. Prior to obtaining a urine sample, the health care professional may ask a woman when she last menstruated. Sometimes blood from a woman's menstrual period can get into her urine sample and can result in a false-positive test for haematuria. The test should be repeated after the woman stops menstruating. Sometimes, a health care professional will test the patient's urine again. If the urine samples detect too many red blood cells, a health care professional may order additional tests like Blood test. A blood test involves drawing blood at a health care professional's office or a commercial facility and sending the sample to a lab for analysis. A blood test can detect high levels of creatinine, a waste product of normal muscle breakdown, which may indicate kidney disease. Other blood tests may detect signs of autoimmune diseases, such as lupus, or other diseases, such as prostate cancer, which can cause hematuria. CT scans use a combination of x-rays and computer technology to create images of the urinary tract, especially the kidneys. A health care professional

*...continued on page 22*



**Dr Queen Aditya, MD( G&O)**

Consultant Gynecologist, AMRI Mukundapur, Behala Balananda Brahmachari Hospital

## Is It Really 2022?

I was told we have progressed massively, in so many ways. We order food from Zomato and Swiggy with one touch of the finger. Android phones have gifted us online classes and almost everything is being done virtually. We the doctors, have learnt online consultations too, which probably was unconceivable even a few years back. We have created, with our expertise, a modern era where we can achieve almost anything we want. In other words, we take credit for making this world 'a much better place to live in'.

We, the women, in the yesteryears, were treated as untouchables in this country, during menstruation, and had to use old cloth as a remedy for the same. Now we have advanced means – sanitary pads, tampons, menstrual cups and so on. We are attending school, college, university and becoming professionally qualified alongside our male counterparts, whilst our great grandmothers couldn't remotely imagine the same. We are taking up responsible jobs in every possible walk of life.

But..... has our mindset really changed? Isn't it really shameful that in this jet age, most Indian households still sneer when a baby girl is born into the family? In northern part of India, sex determination by ultrasound is still a highly prevalent procedure, to abort the female foetus. How low can we stoop? In a country where we have seen contributions of Rani

Lakshmibai, Sarojini Naidu, Indira Gandhi, and currently many women who are reigning over International companies, sportswomen like P V Sindhu and Avani Lekhara who are really making us proud, making our tricolor fly high, we still want a male child! Many families divert all the resources for the upbringing of the male child, whereas the daughter is treated as a second class citizen. Being a gynaecologist, when I take the history of how many children the woman has, it's so insulting to still hear in a very derogatory tone, "doctor I have two girls" – as if they are dirt and not human beings. Is it not time for us to really change our mindset and give every girl her true rights? Gender bias is very much there, across all strata of society and it will never let the nation blossom to its full potential. Each one of us has the responsibility to set this right, starting from our own homes. Each daughter should get equal rights as the son does, in the truest way. In case there is no son, the daughter should be treated with love and dignity, and not cursed for being a girl, as, sadly, is still seen in many families. With our upcoming International Women's Day, let us all take a pledge to treat all our girls with dignity, recognize their true potential and let them blossom. Then only can we claim to be advanced. Then only is there a meaning to all this modernization. Then only can we take pride in being people of 2022.

*...continued from page 21*

### Blood in Urine in Women an important warning sign

may give the patient a solution to drink and an injection of contrast medium. CT scans require the patient to lie on a table that slides into a tunnel-shaped device that takes the x-rays. An x-ray technician performs the procedure in an outpatient centre or a hospital, and a radiologist interprets the images. The patient does not need anaesthesia. CT scans can help a doctor diagnose stones in the urinary tract, obstructions, infections, cysts, tumours, and traumatic injuries. The biopsy can help diagnose if the haematuria is due to kidney disease. Haematuria is the presence of blood in a person's urine. Gross haematuria is when a person can see the blood in his or her urine, and microscopic haematuria is when a person cannot see the blood in his or her urine, yet a health care professional can see it under a microscope. The causes of haematuria include vigorous exercise and sexual activity, among others. More serious causes of haematuria include kidney or bladder cancer; inflammation of the kidney, urethra, bladder, or prostate; and polycystic kidney disease, among other causes.

Contact No.: 9831012928



**Dr P C Mandal, MD, MRCP(UK), MRCPS (Glasgow), DM(cardiology), DNB (cardiology) FACC(USA)**  
consultant Interventional Cardiologist, Head of the Department – Apollo Heart Institute

## Heart Diseases in Women

Diabetes and heart diseases are on increasing trend in Indian sub-continent in an alarming rate. Pre-menopausal Women are protected from ischemic heart disease because of their hormonal and life style influences. But post-menopausal women are at same risk as compared to male and risk is greater among females at older age. Cardiometabolic risk factors in women are same as in men viz age, family history, hypertension, diabetes, high blood cholesterol and triglyceride levels, smoking and physical inactivity. Pre-menopausal hormonal protection in females is lost if she is diabetic, having polycystic ovarian disease or smoker. Glucose intolerance during pregnancy is also a risk factor for coronary artery disease. Indian females usually have more Body Mass Index (BMI) as compared to male and smoking amongst females are sharply increasing. In Indian Heart Watch study it has been observed that overweight and obesity was present in 41% of men and 45 % of women. High blood pressure was reported in 33% of men and 30% of women, while high cholesterol was found in one-quarter of all men and women. Diabetes was also reported in 34% of men and 37% of women. It has also been observed in epidemiological research among Indians that 79% of men and 83% of women were found to be physically inactive, while 51% of men and 48% of women were found to have high fat diets. Some 60% of men and 57% of women were found to have a low intake of fruit and vegetables, while 26% of men and 0.5% of women smoke. Furthermore among South Asians calcium deposition in heart arteries, low level of vitamin D, special fraction of cholesterol like high lipoprotein a (LPa), low high density lipoprotein (HDL) are emerging risk factors for ischaemic heart disease.

To reduce the heart disease risk factors and to improve the quality of life among heart patients 2 components need to be looked into at community level, government level and by health care providers. They are 1) health promotion and 2) health care delivery. Regular health check up for people with high heart risk score and gentlemen above 40 years and ladies above 50 years, by blood tests, Echocardiogram, treadmill

test, CT scan of heart or in some case by MRI or PET scan will obviously help to identify the disease at an early stage and heart attack can be prevented by adopting by simple medical treatment and life style modification.

Expensive treatments like angioplasty, drug eluting stents, and bypass surgery can be avoided if one feels responsible for his own wellness right at its beginning and act accordingly. Research published by American Diabetes Association proved that proper diet and exercise regime can bring down the probability of diabetes and heart disease by 75%. In addition continuous innovation and heart treatment developments within India is the way forward to make heart care affordable for common men.

Some unique risk factors among females include oral contraceptive use, post-menopausal hormone therapy, breast cancer therapy, gestational diabetes, pregnancy associated hypertension, pre-eclampsia and eclampsia, functional hypothalamic amenorrhea and polycystic ovarian syndrome. Low literacy combined with some women specific social factors are contributing factor for rapid increase in coronary artery disease amongst females in India. Social factors include social neglect and inequity, inferior working conditions, limited promotional avenues and psychosocial familial stress. Low educational level leads to poor understanding of coronary risk factors and their importance of control. Social stigmas prohibit them in following healthy life style habits specially outdoor exercises. Mental stress and depression are more common in females. A paradox exist regarding risk factor prevalence and heart disease related mortality among female in South East Asian region because of poor risk factors control in females and also delay in treatments both for acute and chronic cardiac conditions. Typical cardiac symptoms of coronary artery disease are more subtle and treated less aggressively leading to higher morbidity and mortality. Improving awareness regarding risk factor control including social liberalization and providing social equality shall be the major step forward to save our mothers.

Contact No.: 9830181895



**Sudeshna Roy**  
Film Director, Actor and Writer

## A female point of view ORA Healthy Perspective

Women have been worshipped in India as Gods. Yet our society bends its knees to such patriarchal pressures that when a girl child is born there is a pall of gloom. However if the first child is a girl the euphemism 'its Laxmi' the goddess of wealth who has come to us is used. There is no end to worshipping the Goddess for more and more wealth. Yet if the second child is also a girl, instead of joy the mother is more often than not castigated and blamed for giving birth to yet another 'Laxmi.' The mother of sons is eulogised as the woman with a 'golden womb.' in case of boys the more the merrier. And the sad part is that the patriarchy is so strong that even the mother believes the same.

This mindset still exists in our country. The reason behind it is years of patriarchal submission. The theories: Women are there to give birth to healthy male children only; Women are a drain on the father's wealth as she has to be passed off with a dowry; Women are needed at home to cook, clean and breed healthy heirs, of course male; Women need to be subservient to men be it her father, husband or son, to keep peace and prosperity of a family. And this archaic list goes on. Sad to say there is a huge section of our country, both male and female, who believe in these tenets. Although we worship Laxmi for wealth, Saraswati for education, Durga, Kali, Sheralwali, Vaishnudevi, Chamunda ma for health, strength and well being we are forever trying to take away the same from women.

We are in the 21st century. India has joined the digital revolution. A large number of women have stormed the male bastions and reached the top of their professions, because of education and broader mindsets. Yet even today the girl child is discriminated against.

Especially where food and nutrition is concerned. There is a belief that the girl child can grow even though not provided with enough nutrition as the child has hormonal protection. These are myths. A girl child needs as much nutrition as the male child. She is going

to bear children and therefore she needs nutrition for strength and also iron for haemoglobin. Very often girls suffer from iron deficiency and become anaemic, therefore in schools folic acid tablets are distributed amongst teenage children and young girls need proper food. This is something that mothers have to understand and realise and only if women are educated they will be aware of these needs.

Secondly, menstruation in women is a natural occurrence, there should be no taboo of untouchability during those days. There is nothing dirty about it, only hygiene needs to be observed. Cleanliness and proper use of sanitary napkins. There is nothing hush hush about it nor is it something that one needs to proclaim loudly. It is nature's way of showing the child is reaching puberty and will bear children in future. But this does not mean that the girl child has to be married off right now. Even if menstruation starts at 11 or 12 or 13 as the case may be, the child's body is not ready to bear children. In a country where child marriage is illegal, socially even today a large majority see no wrong in it. What they do not realise is that a child if married off early loses her freedom to grow physically or mentally. Household chores are thrust on her and she is often reduced to a chattel.

Her health suffers, unprotected sex often leads to early motherhood and this weakens the mother and child both. The young teenage bride's body needs nutrition to grow, and when pregnant, the nutrition does not reach the child in the womb, but goes to the mother alone. As a result a sick undernourished child could be born. Even death of mother and child is a possibility. Therefore awareness on this issue is of importance. And also unprotected sex on young bodies could lead to sexually transmitted diseases.

Thirdly a woman as she grows needs mental and physical development and early marriage stunts that. Instead education both formal and vocational needs

*...continued on page 26*





**Dr Dalia Mitra MD, FRCA (UK)**

Medical Director, Sanjiban Hospital, Fuleswar

Acknowledgements: Data taken from Publications by WHO, Lancet etc.

Gender equality'-the subject stirs intense mixed emotions inside me. I start reflecting on my life's own journey as a child, a teenager, a young woman through today as a senior physician, academic, manager and leader in healthcare. It has been a roller coaster ride with many failures and triumphs.

Little did I realise that from a very early age, my mindset was strongly shaped by the societal norms, values, culture, beliefs and biases about who I was as a woman. There were clearly laid out rules about what I could or could not do. "Don't be loud, don't stay outdoors too late, don't dream to choose a profession which does not provide security. So, the motto was to comply with the accepted norm. This theme was reinforced everywhere I went, by the education system, my employment in different institutions home and away.

Gender inequality was everywhere, only people were not aware as much as they are now. It is very encouraging that it is being recognised more and more and people and institutions are engaged in finding the way to remedy it.

### **What is gender equality?**

'It refers to the entitlement of all genders to enjoy equal rights, opportunities and treatment. It asserts that all genders have right to develop and pursue their interests, free of discrimination, stereotypes and biases'

'Gender equality is a human right and is essential to the achievement of peaceful societies with full human potential and sustainable development. But Gender inequality manifests itself through discriminatory values, norms, culture, beliefs and practices.'

Gender inequality increases mortality and morbidity globally. It is related to low morale, low self-esteem and lower productivity

### **How does gender inequality manifest in healthcare?**

Health Workforce Working paper 1 by WHO showed that 67% of health workforce in 104 countries are female. But male workers occupy majority positions as physicians, dentists and pharmacists, while most females are nurses and midwives, with lower pay.

## **Gender Equality -why it needs to be embraced**

Women representation has increased over time. In 51 countries, among healthcare workers in higher wage band, majority under 40 years are female. Gender pay gap among healthcare workers

A huge gender pay gap still exists. A report on 21 countries showed that female health workers earn 28% less than males. Globally this pay gap is somewhat less -about 22%. More women work in part-time jobs. Women physicians work 4.2 hours fewer per week than males, women nurses work 3.5 hours fewer per week, and similar differences are shown across other occupations.

But different working hours and occupations can account for 16.8% pay gap. The remaining 11.2% gap remains unexplained.

There is 13% pay gap in hourly wages among female and male physicians. This number is 12% among nurses.

Data from European countries shows that males are twice as likely as females to be in the highest income category. Men are more frequently employed in private sector than women (49.2% vs 39.2%) in high paid jobs with better earning opportunity. But in low paid jobs the ratio reverses which shows 53% men are employed as opposed to 81.8% women. The low paid jobs are not secure and mostly part time jobs.

### **Career opportunities**

Women representation as leaders in medical field is very low, with fewer women holding senior leadership, managerial positions. Female doctors have fewer opportunities for career advancement. There are still not many women doctors in surgical specialities. In some medical schools the female doctors are discouraged to take up a profession which involve long hours and high mortality. In USA only 15% of medical school deans are women. 40 years ago, in my city, most of the principals, administrators, heads of the departments were males. There were hardly any female surgeons.

In research also women representation is lower than men. It is hard for them to get peer-reviewed, projects and grants.

### Care versus Cure- a restrictive belief

Women are stereotypically projected to have more empathy, to be more caring, a concept more reflective of household roles. Whereas males are considered as breadwinners, they are in a role to cure. This attitude creates a gender discrimination of how the society looks at women. A male doctor will be addressed as 'Sir' whereas a female doctor can easily be called 'Didi'(sister). A male doctor is a professional, but a female is less so. This creates the rationale for less respect, less pay and fewer opportunities.

Most women in healthcare are at the bottom of the system as nurses, midwives and community health workers. This restrictive belief that women are to care, and men are to cure makes the caregiver role less respected, viewed as less skilled and less deserving of remuneration.

### Gender inequality- effect on womens' health and patient care

Most of the nurses working in healthcare are women. They work two jobs: at hospital and at home. But they are less paid, less respected and sometimes victims of abuse at workplace. The women suffer from anxiety and depression, PTSD and burn outs more than men. Harassment, sometimes sexual in nature push them out of the profession. Stress burnout results in poor quality of care to patients.

Nurses contribute to 50% of health workforce worldwide. But this number is falling as overwork, low pay, disrespect, lack of training and support by the institution.

### How does greater gender equality help the society

Only one third of physician workforce worldwide are women. 40 years before, we were 22 girls in a class of 150 in our medical school. It has been shown that a country with higher number of women physicians has

greater gender equality in education and other societal norms. There are better health outcomes, low maternal and infant mortality and longer life expectancies.

Gender equality leads to economic growth, lowers fertility, reduces child mortality improves nutrition

It has also shown to improve productivity, innovation, decision making, employee retention and satisfaction.

### Gender Diverse workforce

A hospital study showed that a group of female patients suffering from acute MI had lower mortality when treated with female doctors as compared to when treated with male doctors. In another study patients treated by female surgeons had statistically significant difference in 30-day mortality, complications and readmissions than those treated by male doctors. Another study with primary care physicians showed fewer emergency home-calls for patients treated by female doctors, as they had more regular screening done by the female doctors. This showed the behavioural impact the female doctors may have, as they are more prone to adhering to protocols and guidelines, spend more time with patients and may have better communication skills.

These are transferable skills, and these observations can help create positive change by training and incorporation of behaviour change for all staff.

### Where do we go from here?

The pledge by United nations for International Women's Day, 8th March 2022 has already involved many government and non-government organisations to create policy framework towards removing cultural beliefs and biases and provide opportunities to achieve gender equality. Let us play our role, both individually, and as community to make it a reality.

*...continued from page 24*

## A female point of view ORA Healthy Perspective

to be provided. If we analyse the lives of successful women we shall see a lot of them have had mothers who have been educated and it is they who have stood by their daughters or sons too. The adage 'if you educate a man you educate an individual, but when you educate a woman you educate a family.' And this leads to an overall development of the community.

Very often we see even in education families give precedence to the male child. While the boy is sent to a "better" school, the girl is just given a perfunctory education. Yes this discrimination exists in so called middle class 'educated' urban and suburban families too.

Today what one should aim at is non discrimination of women, stopping child marriage, education of women and providing them with the opportunities to stand on their feet.

Boys need to be taught to respect women as their equals, to help them, not terrorise them, to realise that without women in the society world would come to a grinding halt. We have to educate our boys with proper values and not just our girls. In their battle for empowerment girls are learning of their rights. Similarly boys should be taught the proper perspective of things and not be bred on archaic ideas solicited by patriarchal policies of a dominantly male psyche.



**Dr Santosh Kumar**, Replacement Surgeon  
D. Ortho (JIPMER), MCh Ortho (USA)

## Frequently Asked Questions on Knee Joint Replacement

Knee joint replacement is now easy, secured and almost full of success. It is the only solution for the relief from painful life for degenerative knee. But before surgery, patients have many questions on this operation. This FAQ may help them to understand the actual facts.

### **Q. How should I proceed for Knee Replacement?**

Dr. Santosh Kumar: After deciding a date of admission and surgery, usually about 7 or 10 days prior to admission, we advise some Blood and Urine tests and a medical checkup by Physician. This is to make sure that you are fit for anaesthesia and operation. This will also help us detect if, at all, there is any active or recent infection in your body which can be treated before surgery.

Any active skin, dental or urinary infections are to go ahead for surgery and should be treated and documented in Lab reports! Patient is also required to inform the doctor regarding all the medicines being taken so as to stop certain drugs like blood thinner well ahead of surgery..

### **Q. How long does the surgery last?**

Dr. Santosh Kumar: An actual surgical procedure usually takes approximately 50 minutes to 1 hour. However, preoperative preparation time required by an anesthesiologist to prepare you for the surgery and certain procedures after surgery will make you stay in the operation room for about two-to two-and-half hour.

### **Q. Would I require a blood transfusion during or after the operation?**

Dr. Santosh Kumar: This will depend on your level of Haemoglobin before surgery. With use of tourniquet, blood loss during surgery is usually minimal. So during surgery, usually blood transfusion is not needed. But sometimes, we might advise after surgery, considering Haemoglobin level and the drain output coming out of the operative wound.

### **Q. What happens after surgery?**

Dr. Santosh Kumar:

#### 1st Day of Operation

After surgery, you will be shifted back to the room. Your blood pressure, pulse, respiration and temperature

will be checked frequently. Although circumstances vary from patient to patient, you are likely to have some or all of the following after surgery:

- 1) You will find that a large dressing has been applied to a surgical area to maintain cleanliness. This dressing is usually changed 2 days after surgery.
- 3) IV fluids started prior to surgery will continue until you are taking adequate amounts of fluid by mouth on day of surgery. IV antibiotics are frequently administered every eight to twelve hours for the next 48 hours after surgery to reduce the risk of infection.
- 4) One side effect of spinal anesthesia is often a difficulty in urinating after surgery. For this reason and also to measure the 24 hours urine output, a sterile tube called a urinary catheter will be inserted into your bladder while you are in anaesthesia effect in operation room after surgery.
- 5) Diet: You will be allowed to progress your diet as your condition permits; starting with ice chips and clear liquids as tolerated.
- 6) You will be assisted to sit, get up from the bed and then to walk on the same evening of operation by our physiotherapist. You will also be taught to move both ankles frequently along with some other exercises, to be done as per your comfort and tolerance.
- 7) You will be given blood thinning pill and if required sleep medication at night.

#### 2nd Day of Operation

On the next day of surgery, IV antibiotics, analgesics and epidural analgesics will be continued. You will be assisted to walk for 2 -3 times a day. Diet and plenty of liquids are encouraged from second day.

#### 3rd Day Onwards

Usually after 2 days of surgery, the pain is reduced and the patient is now much comfortable and confident. Drain from the wound along with urinary and epidural catheters are taken out. IV line is removed. Bulky dressing is removed and a thin sterile dressing strip is applied. Ice packs are advised to be put over the operative area for 4-5 times a day. Most patients start walking with stick on third day. Toilet training and stair

activity training are started. Physiotherapy as advised by therapist is advisable to be done on own for 3 to 4 times a day.

On 4th or 5th day after surgery, second dressing is changed. Patient is discharged once diet is normal, urine and bowel habits are routine and patient is able to sit in chair, go to toilet on own, walk for reasonable distance.

### **Q. What happens after I go home?**

Dr. Santosh Kumar:

- 1) You will be sent home on prescribed medications to control pain. Plan to take your pain medication 30 minutes before exercises.
- 2) Continue to walk with walker/stick. Bear weight and walk on the leg as much as is comfortable. Walking is one of the best kinds of physical therapy and for muscle strengthening.
- 3) If excess muscle aching occurs, you should reduce your exercises.
- 4) Put ice packs on your operated knee, 3-4 times daily to reduce pain and swelling. When using ice, remember not to get your incision wet before your staples are removed.
- 5) Keep the incision clean and dry. If you observe sudden increase in swelling and pain, drainage from the incision site, redness around the incision or fever is noticed, report this immediately to the doctor.
- 6) You should not take bath until staples are removed. Generally, the staples are removed in two weeks.
- 7) You should not drive a car until the 4-week follow-up appointment.

### **Q. What can I expect from an artificial knee?**

Dr. Santosh Kumar: An artificial knee is not a normal knee, which the nature has provided. However, the operation will provide pain relief for at least 25 years. In many patients, their total knee replacement will last their lifetime, but in some it may not last that long. If replacement provides you with pain relief and if you do not have other health problems, you should be able to carry out most of the normal activities of daily living like unlimited standing, sitting, walking etc. You can do exercises like bicycling, walking and swimming.

### **Q. There are so many different types of knee joints available in the market. Which one is the best suited for me?**

Dr. Santosh Kumar: Almost all modern total knee implants have very similar basic design and have some minor differences. Some of the joints have metallic components fixed to the end of thigh bone (Femur) and Leg bone (Tibia) with bone cement and a plastic insert between the two metallic components (Metal backed

Tibial component). It does offer some technical advantages to the surgeon. As against this, some other designs have All-Polyethylene tibial component called all-poly tibia, where the femoral component is metallic and the tibial component consists of only plastic.

All-poly tibial base plates are more cost-effective to the patient. Some of other available knee implants may include gender specific knees particularly for female patients and high flexion knee designs (Hi-flex knees), which are supposed to provide more knee bending. Long term results regarding longevity and patient satisfaction for these relatively recent designs are, however, not available at this stage.

Therefore, the final choice of the implant should be ideally left to the operating surgeon, who would base his decision keeping in mind the requirements of the patient, suitability of a particular implant in the given patient, survivors hip (longevity and track record) of the implant and also his experience and familiarity with the instrumentation and implant practiced.

### **Q How long do artificial knees last? Then What?**

Dr. Santosh Kumar: In many ways, a total knee replacement is similar to a set of automobile tires. How long the knee replacement lasts is related to the type and amount of use, and not simply how long it has been implanted. A set of automobile tires can last for many years if the car is not driven very much or they can wear out in less than one year if they are driven many miles over rough roads. How long a total knee lasts depends on how much it is used, what types of activities it is used for, how heavy the patient is, age of the patient at time of index surgery and whether the patient is staying in good physical condition.

In many patients, their total knee replacement will last their lifetime and in others, it may not. Total knee replacements are designed to provide painless and unlimited standing, sitting, walking and other activities of normal daily living. They do very well for walking, bicycling and swimming. They are not designed for jogging or sports like tennis or skiing. Total knee replacement surgery is done to improve quality of life and each patient must decide for oneself what makes life worth living for them and pursue happiness through those activities.

### **Q. Should I opt for high flexion knee joint replacement to allow me to sit cross legged and squat?**

Dr. Santosh Kumar: With most of the current designs of conventional total knee replacements, average 120 degrees of knee bending (flexion) is achieved which is sufficient to perform most daily activities like walking, climbing stairs, getting in and out of car or rickshaw, rising from a chair etc.

...continued on page 33



## An accolade to Women Who Changed Cancer Care

**Dr Sankar Sengupta, MD (Microbiology)**  
Medical Superintendent & Head of Laboratory  
Chittaranjan National Cancer Institute, Kolkata

Despite growing numbers of women joining science, technology, engineering, and mathematics professions, the field of oncology is still a male-dominated one. According to the latest American Society of Clinical Oncology (ASCO) survey, for example, women made up fewer than 30 percent of the overall oncologist workforce. That's why on the occasion of International Women's day, let us recognize the valuable contributions of few womenscientists who have contributed internationally and in Indiato improve cancer care for patients and families.

### **Dr. Jane C. Wright :**

Dr. Wright was famous for promoting chemotherapy as a viable treatment option for patients. Over the course of her career, she published over 100 academic papers on chemotherapy alone.

She was the only female founding member of ASCO in 1964 and was also the first woman to be elected president of the New York Cancer Society in 1971.

On working in medicine, Dr. Wright eloquently said: "There's lots of fun in exploring the unknown. There's no greater thrill than in having an experiment turn out in such a way that you make a positive contribution."

### **Dr. Rosalind Franklin**

A British chemist, Dr. Franklin contributed to our understanding of deoxyribonucleic acid (DNA) and ribonucleic acid (RNA), which cancer researchers study today to pinpoint the genetic origins and development of certain cancers. In her research lab in 1952, the "Photo 51," the first known photograph that showed the iconic double helix of DNA was invented.

Drs. James Watson, Francis Crick, and Maurice Wilkins won the Nobel Prize in Physiology or Medicine in 1962 by their work based on the double helix.

### **Dr. Kamal Ranadive**

Kamal Ranadive a recipient of Padmabhushan was biomedical researcher known for her research in the link between cancers and viruses. She worked on the development of tissue culture at Johns Hopkins University in the US. She returned to India to establish the first Tissue Culture Laboratory in India at the Indian Cancer Research Centre, Mumbai. She also conducted

research on linkbetween cancer and genetics, as well as cancer in infants. Her work led to developments in the causes of diseases like leukaemia, breast cancer, and oesophageal cancer. She became the Director of Indian Cancer Research Centre and founded Indian Women Scientist Association (IWSA).

### **Rajani A Bhisey**

Rajani Bhisey works in the field of environmental carcinogenesis and molecular epidemiology of cancer and occupational hazards leading to cancer. She established a genetic toxicology laboratory at Cancer Research Institute (CRI) to test mutagenic potential of putative mutagens, conduct toxicology investigations and monitor genetic hazards of environmental agents. Her laboratory monitored genetic damage in bidi rollers and tobacco processors who are chronically exposed to high levels of tobacco dust. She is a member of the Monograph Program Panel, International Agency for Research on Cancer, Lyon, France.

### **Satyavati M Sirsat**

Satyavati Sirsat worked in the field of cancer research pathology. After doctoral studies in pathology at Tata Memorial Hospital for Cancer in 1958, Satyavati went on to study electron microscopy at the Chester Beatty Research Institute, London. She then established an electron microscopy lab at Indian Cancer Research Centre, a first in India. This gave Indian researchers the first thorough insight into the detailed cellular structure and offered ways for disease diagnosis through the examination of molecules within organs. This was the first time someone had attempted to study the molecular aspects of cancer. Her exhaustive study in fibre and tissue structures of human cancers opened new pathways in cancer diagnosis that were impossible earlier.

She pioneered studies to understand the very dangerous oral pre-cancer that plagued Indians due to excessive paan and tobacco chewing habits. Her biggest contribution remains the recognition of oral submucous fibrosis, in which a patient eventually loses the ability to even open his mouth, was a condition that occurs specifically in India and elucidated on how the disease develops. We could say that the warnings



**Dr Soumya Mukherjee, DM (Clinical Haematology)**  
Consultant Hematologist, Ruby General Hospital, Kolkata

## Multiple Myeloma: not cured but controlled

March is the Multiple Myeloma Awareness Month. Multiple Myeloma is a type of blood cancer, which affects predominantly to the older population. Both male & Female can be affected, but there is some male predominance. It is the 2nd commonest hematological malignancy through out the world.

**Introduction :** It is a type of blood cancer where excessive proliferation of plasma cells occur. Plasma cells are memory cells of our body which is very important as it secretes antibody to protect our body from the harmful pathogens. Malignant transformation of plasma cells in our body causes multiple Myeloma. There are two words in its name - 'Multiple' and 'Myeloma'. Why multiple? Since the disease affects the multiple sites of the body mainly bones and kidney. The Median age of Multiple Myeloma is 60-70 years.

**Presentations :** The most usual common primary presentation of this disease is low back pain or other bony pain for long duration. Other presentation are severe anemia, weakness and renal dysfunctions. Apart from that, few patients also present neurological problems like tingling sensation, paresthesia and some bleeding manifestation. In few cases easy bruisability are seen. The patients with such symptoms should be advised to consult hematologist as soon as possible.

**Investigations:** The suspected patients should undergone primary investigations like Complete blood Count, liver function Test, Serum Urea, Creatinine, Serum Calcium, beta2 microglobulin etc. Serum protein electrophoresis, immunofixation electrophoresis and bone marrow test including bone marrow biopsy and bone marrow aspiration should be done as special investigations. Some other molecular ancillary tests like cytogenetics & 'FISH test'

(Fluorescent In Situ Hybridization test ) are also done if required.

After diagnose, few other radiological and biochemical investigations should be done to assess the staging of the disease and accordingly we choose the therapy and the treatment for the patients.

**Treatment :** Myeloma is not curable disease but it can be controlled by standard & proper medication and patient can have normal quality of life for a long period. In modern time due to advancement of medication the median survival of the patients are seven to eight years or more.

The patients are treated usually by chemo therapy. There are different groups of chemo therapy like proteasome inhibitor, immuno modulator and steroid. Recently some monoclonal antibodies are also coming which do some fantastic jobs. The second most important treatment is bone marrow transplantation or more clearly autologous bone marrow transplantation. If the patient is eligible for bone marrow transplantation, we should do this after three or four cycles of chemotherapy followed by maintenance therapy. If the patient is not suitable or eligible for bone marrow transplantation we should continue ten to twelve cycles of chemotherapy followed by maintenance. Bone marrow transplantation delay the chance of relapse Since relapse of the Multiple Myeloma (even 2nd relapse or 3rd relapse) are seen to the majority of the patients. So definitely after bone marrow transplantation the patient can spend a good quality of life. So our main motto is that if the disease has been diagnosed early, we can treat it and patient has a good life. If not, patient may suffer severe infection, renal disease, renal failure & early mortality.

Contact: 9831427444

...continued from page 29

### An accolade to Women Who Changed Cancer Care

that we find on tobacco packets saying 'may cause mouth cancer' owe her the credit. Undoubtedly Satyavati M Sirsat was a Legend Who Shaped Cancer Research in India!

**Dr Chitra Sarkar :** Dr. Chitra Sarkar, Professor of Neuro pathology of AIIMS, New Delhi is recognized both at national and international levels for her contributions in Neuropathology. She has outstanding contributions

in basic research in Neuro-Oncology. Her studies on tumor markers and ultrastructural features of CNS tumors have helped in better understanding of their histogenesis. She is specially recognized for her contributions in the genetics of CNS tumors and methods of evaluation of their biological aggressiveness and recurrence of various CNS malignancies.



**Dr Arundhati Chakraborty, MD, Dip Pal. Med. (UK), MA (Clinical Psychology)**  
Senior Consultant Radiation Oncologist, Apollo Cancer Hospitals, Kolkata

## Cancer in women is Treatable

Cancer is uncontrolled growth of abnormal cells in the body. The incidence of patients with cancer in India among males was 679,421 (94.1 per 100,000) and Among females 712,758 (103.6 per 100,000) for the year 2020. One in 68 males has lung cancer. 1 in 29 females have breast cancer during their lifetime (0 - 74 ) years of age. Globally, non communicable diseases ( NCDs) are estimated to account for 71% of total deaths, and Cancer was one of the leading causes ( 9% ). The 2 most common cancers in women account for more than 50% of the cancers in women in India. Ca cervix- 23%, Ca breast- 27%, oral cancer- 6%, ovarian cancer 3 - 4%.

Breast Cancer is the most common cancer in women in India. It accounts for 27% of all cancers. 1 in 28 women could develop breast cancer. In the rural areas, the number is on a relatively lower side with 1 in 60 women at risk of developing breast cancer but in the urban areas it is about 1 in 22 women. Risk of breast cancer increases with age.

70 to 80% of breast cancer cases occur in patients without risk factors. Disease in first degree relative, Early menarche, late menopause, nulliparous women, First pregnancy above 30 years, Age more than 50 years, Previous cancer in one breast, Use of oral contraceptives. If oral contraceptives are used for more than 10 years, the relative risk of breast cancer is increased by fourfold, Germline mutations of oncogenes BRCA 1, BRCA 2 pose an increased risk in more than 10% of breast cancer patients. In more than 80% of cases, breast cancer is diagnosed by palpitation of a suspicious mass. The number of breast cancer diagnosis in asymptomatic patients by mammography screening is increasing. Nipple discharge is often caused by benign lesions. However serosanguinous secretion is the result of a malignant lesion in about 10 to 20% cases.

Prognostic factors are Tumour size, histology, grading and stage, Number of involved axillary lymph nodes. Locations of involved lymph nodes ( level 1, 2 or 3 ), Histological assessment of invasion of lymphatic or blood vessels, fixation to surrounding structures, penetration of the lymph node capsule, Receptors- oestrogen and progesterone receptor expression. HER2/neu over-expression level ( score 0 to 3)

### Treatment concepts

Therapeutic intent - curative, justifying combined intensive treatment strategies, The choice of treatment is based on risk classification according to tumour size, axillary node involvement, tumour grading, hormone receptor and HER2 receptor expression and patient age, Treatment is always interdisciplinary, including surgery, radiotherapy, chemotherapy and hormone therapy, In advanced breast cancer therapeutic intent is palliative. Metastatic breast cancer is a systemic disease, therefore treatment is primarily systemic in most cases. Treatment approach is based on the disease situation, comorbidity, age, sites of metastasis and local treatment options.

### Cervical cancer

About 5 lakh cases of uterine cervix worldwide. 27% of the cases are in India. 27% of death due to ca cervix are in India. It occurs in two age groups 35- 50 years and 65 -75 years. Since the introduction of cervical cancer screening, incidence of cervical cancer has decreased and preinvasive lesions are being diagnosed.

#### Cervical Intraepithelial Neoplasia (CIN)

Cervical dysplasia most commonly develops at the border between squamous epithelium and columnar epithelium CIN 1- mild dysplasia

CIN 2- moderate dysplasia

CIN 3- severe dysplasia, carcinoma in situ

Growth pattern is from CIN to superficial carcinoma of the cervix to invasive carcinoma

Early symptoms are post coital bleeding, vaginal bleeding, vaginal discharge and menorrhagia

Late symptoms include fatigue, weight loss, flank pain, pelvic pain and oedema of lower extremities

Treatment of preinvasive lesions and carcinoma in situ

1. Surgical cone biopsy
2. LEEP (loop electro surgical excision procedure)
3. LLETZ (large loop excision of the transformation zone)

...Continued on page 33...



## Osteoporosis in Postmenopausal Women

### Dr. Sudipta Ghosh

Senior consultant Orthopaedic surgeon, Woodlands Hospital

Oestrogen levels drop around the time of menopause, which occurs on average at the age of 50 years, resulting the increase of bone loss. When a person reaches menopause which causes menstruation to slow and eventually stop — their levels of the hormones estrogen and progesterone decrease. These hormones influence bone health, and lower quantities can lead to lower bone density. Reduced bone density can cause osteoporosis, which is particularly common in postmenopausal individuals. Keep reading to learn more about postmenopausal osteoporosis, including its symptoms, the treatment options, and more. This condition is more common in people who go through menopause. Postmenopausal bone loss is linked to lower levels of the hormone oestrogen. This hormone plays a major role in hormone metabolism, and it influences specialized bone cells called osteoclasts, osteoblasts, and osteocytes. When oestrogen levels drops, the bone cells do not reproduce at the same rate. As a result, a person's bones lose cells faster than they can make new ones, causing low bone density. As there are few noticeable symptoms of osteoporosis, the disease can progress silently. Often, a person with osteoporosis will not receive a diagnosis until they experience a broken bone. Most common fractures associated with osteoporosis affect the hip, vertebrae, or wrist. A person may also break other bones, such as those in the arm or pelvis. Something as minor as a cough or sneeze can sometimes cause a fracture. In addition to broken bones, other symptoms may occur. These may include -

- Hotflashes
- Vaginaldryness
- Changes to periods
- Headaches
- Nightsweats
- reducedsexdrive
- Stiffjoints
- Changes to moods
- Anxiety
- Heartpalpitations

### Causes

Menopause significantly accelerates bone loss, which increases a person's risk of osteoporosis. Bones

comprise a network of proteins and minerals. Those provide the bones flexibility and strength that the body needs to support to its movement. They also contain various specialized cells, such as osteocytes, these help to maintain this network. One factor, that can affect the bone structure, is the hormone estrogen. Although experts do not know precisely how estrogen keeps bones strong. They believe that osteocytes create a protein Trusted Source called SEMA3A, that maintains the bone matrix. They think that once a person reaches an older age in their lifespan their estrogen& SEMA3A levels fall, osteocytes start to die. As a result the bones become unable to maintain their structures and it's strength.

### Diagnosis

If a doctor suspects osteoporosis, they may prescribe a bone density scan, called DEXA scan. This scan is relatively simple and painless, and it takes about –1020 minutes. During the procedure, the person will lie on their back on an X-ray table. A doctor will analyse the test results to determine the person's bone density. Usually then they will compare it with the bone density of a young adult, calculating the difference as a standard deviation (SD).

This calculation provides a T score. A T score of above -1 SD is normal, while a score between -1 and -2.5 shows some bone loss (called osteopenia), and a score of -2.5 or below shows bone loss that constitutes osteoporosis.

### Treatments

When treating osteoporosis, doctors aim to prevent bone fractures and breaks. They will also provide medication to help to strengthen the bones. A doctor's treatment decisions depend on the results of their evaluation and the bone density scans.

- Selective estrogen receptor modulators (SERMS): These medications can help bones to reduce the risk of fractures in a similar way to estrogen.
- Bisphosphonates: These medication slow down the bone loss. In this way, they maintain bone mass and density, reducing the risk of braking of bones. Different types of bisphosphonates, include risedronic acid, alendronic acid, zoledronic acid, and ibandronic acid.





- Calcium and vitamin D supplements: Calcium is the main mineral of bone, and vitamin D helps the body for calcium absorption. Experts recommend that adults should consume at least 700 milligrams of calcium and 10 micrograms of vitamin D per day.
- Hormone replacement therapy (HRT): Doctors sometimes recommend HRT for people who are going through menopause. Although HRT can help to improve bone strength. Experts do not recommend this treatment for addressing osteoporosis specifically because of its risks.
- Parathyroid hormone: This hormone regulates calcium levels in bones. Parathyroid treatments, such as teriparatide, stimulate cells that create new bone.

**Risk factors**

Besides menopause, risk factors for osteoporosis having a family history of the condition

- having a low Body Mass Index (BMI)
- taking highdose of steroids for longer than 3 months
- taking medications that can affect hormone levels, such as anti-estrogen tablets
- having an eating disorder
- drinking excessive alcohol
- smoking
- having underlying medical conditions, such as hormonal conditions or inflammatory disorders.

Regularly doing weight bearing exercise, weight training, walking, hiking and calcium & Vitamin D enriched diet can prevent osteoporosis.

Contact No.: 9007200962

**Cancer in women is Treatable**

**Invasive carcinoma**

1. Upto stage 2A surgery- radical hysterectomy with pelvic node dissection
2. For stage 2B to stage 4 primary radiotherapy with chemotherapy with Cisplatin
3. In patients with distant metastasis stage 4B chemotherapy with palliative intent is indicated

Education about HPV Infection and risk factors in young women. Pap smears since sexually active, every

3 years till the age of 65. Use of condoms, sexual hygiene.

HPV vaccination in girls aged 14 to 26 years in 3 doses at 0, 2 and 6 months. Treatment and prevention of both breast cancer and cervical cancer have improved radically. Awareness is needed among women about prevention and detection of both these diseases. Fear in society about cancer has to be reduced.

Contact No.: 9831742166

...continued from page 31

**Frequently Asked Questions on Knee Joint Replacement**

However, if your routine daily activities involve kneeling, squatting and sitting cross legged, a high flexion knee joint can be implanted. However, it is not known whether efforts to increase flexion could cause deleterious effect on the implanted joint like early loosening. One should, therefore, be careful about indulging in activities which cause extreme flexion of the knee joint. Also, there are certain criteria which have to be fulfilled for the implantation of the high flexion designs to achieve more than average range of motion of the knee joint after surgery.

Q. Is there any harm by waiting too long for surgery?

Dr. Santosh Kumar: As the knee arthritis worsens, the stiffness of the arthritic joint also worsens. This can make the replacement surgery technically more demanding. It may also lead to a longer recovery period and more physical therapy. In severe cases, joint flexibility may never return to normal. By waiting too long, you may not get the full benefits of your knee replacement surgery and such a delay could negatively impact the result of the surgery.

Contact: 9831266632 / 9831911584

...continued from page 28

**Be a Subscriber of Your Health**

- \* Life Member for IMA Members Rs.2,000/-
- \* Life Member for Non IMA Members Rs.3,000/-
- \* Corporate Membership (Annual) Rs.1,000/-

**FOR SUBSCRIBING:**

Please transfer the money in our Bank Account under intimation to us:  
 Name of Account : "Your Health of IMA", Account No.058601000020876; IFS CODE : IOBA0000586, IOB, Dharamtolla Street Branch, 141/1-A, Lenin Sarani, Kolkata -700013



**Dr Sudip Basu, MS, DNB, FRCOG, FRCPI, CCST(UK)**  
Consultant Gynaecologist and Infertility Specialist

Being associated with infertility treatment in Bengal for last decade, I can see a definite paradigm shift in patient profile. In UK, I used to work for the Cardiff Assisted Reproduction Unit, I Stayed there for seven years in different capacity, initially as Research Fellow, and then Senior Registrar and Clinical Lecturer. Most of the patients used to suffer from Pelvic Inflammatory disease (mostly Chlamydia), Endometriosis, Ovulatory dysfunction due to Polycystic Ovaries or unexplained infertility, and occasionally premature ovarian failure. But here we get patients with severe adenomyosis, Endometriosis, PCO and many with premature ovarian failure. Even patients in early thirty, come with very low ovarian reserve and frequently requiring egg donation programme. An estimate suggests on an average twenty to thirty percent of all infertility patients require egg donation on a regular basis or surrogacy at some stage of their treatment. Reality of early ovarian ageing is compounded with the fact that majority patients can only afford one IVF cycle and demands unrealistic success per cycle. Though the demand for good oocyte donors exponentially increased during last few years, so far it has been very unorganized sector in India, with the supply coming through the middle person who has donated eggs themselves in the past, and it considered relatively less risky way to earn money. Till now there has not been any law in India, curbing the unethical and less transparent but booming infertility industry. Though existing ICMR guidelines did not allow commercial oocyte donation, most of the time Infertility Units used to pay the donor some money in terms of travelling expenses and compensation for lost income to keep interest. New ART and Surrogacy Bill 2022 will only allow altruistic Oocyte donation where donor will be recruited through ART Bank, which will be separate from ART clinic providing the treatment. Each Donor can donate only once in life time, and paperwork will be linked to Aadhar Card to avoid flouting the law. One donor, one recipient will be applied to prevent dilution of genetic material. Only seven oocytes can be retrieved with the hope to prevent ovarian hyperstimulation syndrome. Donor will be provided with one-year medical insurance, payable by recipient. Though most of the changes proposed in the law has

## Impact of New Surrogacy and ART bill on Infertility

got positive progressive thinking, nonetheless the total cost of one cycle of egg donor treatment will be sky high and beyond the reach of less affordable patients. Even for financially privileged class, the waiting period will be lengthy due to short supply of donors. Only Married couple will be able to seek treatment which will automatically exclude live in couple and single parents (except Divorced or widowed), Surrogacy will be only Altruistic (close relative or somebody who would like to be good Samaritan), and certainly is going to be difficult proposition to recruit even for most suited patients. No doubt, we are going to see a sea change in infertility treatment in coming years and only time will tell us whether strict laws need to be amended later on due to public demand and convenience. But no wonder, patients with infertility issues need to brace themselves for tough time ahead.

Contact No. 98315 92936

With Best Compliments From -

# Avelino Health Care LLP

Marketed by

<p><b>Admist™</b> MOISTURISING LOTION 75gm</p>	<p><b>Admist™</b> Medicated Soap 75gm</p>
<p><b>Avomega™</b> Capsule 1 X 10 Capsule</p>	<p><b>LINOPRAZ™-D</b> Pantoprazole 40 mg + Domperidone IP 30 mg Capsule 1 X 10 Capsule</p>



স্বাস্থ্য সাথী কার্ড  
থাকলে হাতে  
মিলবে চিকিৎসা  
সাথে সাথে

- + ২৪ ঘণ্টা এমার্জেন্সি ও ট্রমা কেয়ার
- + ICU-NICU-PICU
- + কার্ডিওলজি + ক্যাথল্যাভ
- + অ্যাক্সিজেনোগ্রাফি + অ্যাক্সিজেনোগ্রাফিস্ট
- + পেসমেকার
- + নিউরো ও স্পাইন সার্জারি
- + জয়েন্ট রিপ্লেসমেন্ট - কোমর ও হাঁটু
- + আর্থ্রোস্কোপি
- + ক্যান্সার সার্জারি ও কেমোথেরাপি
- + ষোরাসিক সার্জারি ও লাং ক্যান্সার
- + লাপারোস্কোপিক সার্জারি
- + জেনারেল ও ওপেন সার্জারি
- + ইউরোলজি + ফেসিও ম্যাক্সিলারি
- + ডেন্টাল সার্জারি + ই-এন-টি ও হেড নেক
- + জেনারেল মেডিসিন
- + নিউরোলজি + চেস্ট মেডিসিন
- + ডায়াবেটিস ও এন্ডোক্রিন
- + নেফ্রোলজি, ডায়ালিসিস
- + হাই রিস্ক প্রেগনেন্সি + স্ত্রী ও শিশু
- + চর্মরোগ + সাইকিয়াট্রি
- + ফিজিকাল মেডিসিন ও রিহাব
- + অত্যাধুনিক ল্যাব ও ডায়াগনস্টিক্স
- + RT-PCR Covid 19
- + ফেমার প্রাইস প্যাথলজি
- + এন্ডোস্কোপি + ব্রঙ্কোস্কোপি
- + সিটি স্ক্যান + এক্স-রে
- + ব্লাড ব্যাক + পেইন ক্লিনিক
- + পোস্ট কোভিড ক্লিনিক



Sanjiban Hospital | Fuleswar | Howrah 711316

Tel: 8420028468 | +91 6290410760 | +91 8420053501 | www.sanjibanhospital.org

সঞ্জীবন

SANJIBAN

CLASS 1 SUPER SPECIALITY HOSPITAL  
FULESWAR | HOWRAH | WEST BENGAL

শ্রী প্রযোজ্য

www.scril.org.in



Scientific Clinical Laboratory Pvt. Ltd.

Late Prof. (Dr.) Subir kumar Dutta

Serving For **60** YEARS with Highest Quality Diagnostic at Affordable Cost



NABL ACCREDITED LAB  
SINCE 2002



15189 : 2012

ALL PATHOLOGICAL SERVICES ARE AVAILABLE

INTRODUCING

ALLERGY TEST COVID ANTIBODY TEST

MUCORMYCOSIS CULTURE

COVID RTPCR SAMPLE COLLECTION FACILITY AVAILABLE  
REPORT NEXT DAY

FOR HOME COLLECTION CALL

033 22651098 / 033 22658309 / 7605803833

scientificlab86@gmail.com

2, Ram Chandra Das Row,  
Kolkata - 700013

# YOUR HEALTH

Estd.1952  
only publication of  
The Indian Medical Association  
for the people in English



**MARCH 2022**

Date of Publication  
2nd March, 2022

R.N. I. No.2756/1964

Your Health

Sir Nilratan Sircar IMA House

53, Sir Nil Ratan Sircar Sarani,

(Creek Row), Kolkata -700 014

Tel:(033)2236-4200,

Email:yourhealthofima@gmail.com,

yourhealthoffice@gmail.com

## With the Best Compliments From,



### LARMARK PHARMACEUTICAL PVT.LTD.

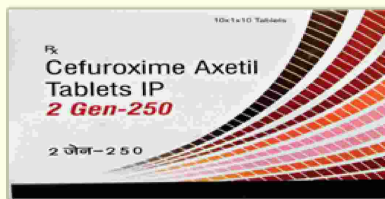
14/11, Pranabananda Road, (Adjacent to Kavi Nazrul Metro Stn.)

Kolkata-700 084. Phone : (+91) 33796 55680

E mail -info@larmarkpharma.com

Web Site: www.larmarkpharma.com

### Promoters of,



2 GEN -250



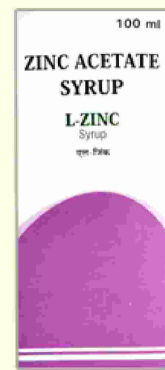
2 GEN-500



2GEN DRY SYP



DOLACTO



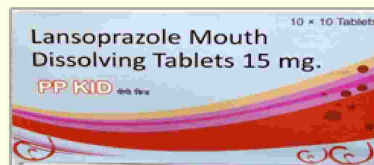
L-ZINC SYP



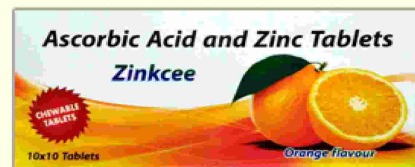
L-ZINC DROP



LA-COLIC



PP KID



ZINKCEE

If undelivered please return to:  
Your Health  
Sir Nilratan Sircar IMA House  
52, Sir Nilratan Sircar Sarani,  
(Creek Row), Kolkata-700014, INDIA

Printed and Published by **Dr. Sarbari Dutta** on behalf of Indian Medical Association  
and Printed at Rohini Printers, 25A, Creek Row, Kolkata-700014.  
Published from Sir Nilratan Sircar IMA House, 53 Sir Nilratan Sarkar Sarani,  
(Creek Row), Kolkata-700014, INDIA. Hony. Editor **Dr. Samarendra Kumar Basu.**