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YOUR HEALTH

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INSIDE

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Recipe for a woman's rise to the top job

Role of nutrition in gynecological health

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NAFLD the new pandemic in postmenopausal women

Breast Cancer: Early detection for your protection

PCOS so simple, but so difficult to understand

2023 spring outbreak: keeping the children safe

International Women's Day issue



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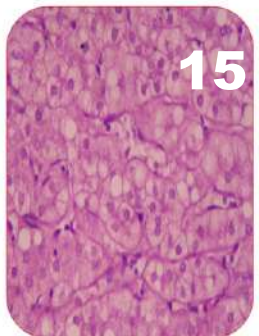
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International Women's Day 2023

Editorial



Dr Kakali Sen
Hony. Editor, Your Health

They say, "Behind every successful man is a woman".

However, times have changed, and so has the stand. Women don't walk behind men anymore, they pave the way forward in more ways than one. She is a mother, a wife, a daughter, a caregiver. She juggles household and work meetings with the same ease. But in the middle of all these conundrum, she misses out on the most important aspect of her life, self care. A woman endures a lot during her life, the monthly bleeds, the laborious childbirth, taking care of her child postpartum. Add to this the routine stress at home and work alike. It is our duty as a society to alleviate their concerns in whatever little way we can. Small gestures go a long way.

Although the society is progressing, there is still a major crevice between the women of different economic backgrounds with respect to healthcare specifically. Those belonging to the financially weaker strata are deprived of even the basic rights i.e access to healthcare. Availability of hygienic toilets, sanitary napkins, safe practices relating to childbirth like institutional births instead of home births can prevent mortality in women to a great extent. Basic education is the foundation of awareness. Right to education in girls and women should be promoted at all levels. The practice of early marriage and childbirth is a direct threat to the health of young girls. Although punishable, it is still practised in many regions of south-east Asia. Infact, female foeticide is still a reality in many parts of India. Until and unless, these practices are completely abolished, there will always be a hindrance to the overall rise of women as a cohort. The patriarchal society views sacrificing women in the name of honour killing, domestic violence, propensity of rape as ways to show a woman their status in the society.

Women are forced to deal with such mindless frugality to this day, but today's woman has learnt to take a stand, to say no, to fight back.

When a daughter is born, she brings with her the potential to create new life. Keeping our daughters healthy and educated is the least we can do to build a thriving society. Women health and empowerment go hand in hand. We sincerely hope, women take a cue and invest on themselves as much as they invest in their families and work.

Your Health believes that it is necessary to empower women with education, economic oppurtunities, health care as well as legal rights to enable them to reach their full potential as human beings. Also, it is equally essential to work in tandem with men so that they become more sensitive to the needs and rights of women and thus, fully understand the benefits that result from the equitable treatment and respect for women human rights.



Dr Satabdi Dalui
Guest Editor, Your Health March Issue
Consultant Anesthesiologist and
Critical Care Expert

From the Desk of Secretary

The history of International Women's Day stretches back more than 100 years, when the day was first observed across Europe and America. International Women's Day is commemorated in a variety of ways worldwide. 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.

Theme of the International Women's Day 2023 campaign is Embrace equity. Equity isn't just a nice-to-have, it's a must-have. A focus on gender equity needs to be part of every society's DNA. And it's critical to understand the difference between equity and equality. The aim of the IWD 2023 #Embrace equity campaign theme is to get the world talking about, Why equal opportunities aren't enough? People start from different places, so true inclusion and belonging require equitable action.

Theme of the International Women's Day 2022 campaign was #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.

The theme for International Women's Day in 2021 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.

So, every year we observe Women's Day with various theme for the upliftment, equality of Women. It will take years and continuous efforts to achieve the goal.

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



Dr Samarendra Kumar Basu
Hony. Secretary, Your Health

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 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.

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 2023 issue on "International Women's Day. I am really grateful to all the authors.

Role of USG in Pregnancy



Dr. Mousumi Roychowdhury
MD, FIAMS Consultant Radiologist

Pregnancy brings new expectations for the would-be parents.

Pregnancy is the tenure during which one or more offspring develops inside a woman's uterus or womb. While coping with the pregnancy blues, the would-be mother is also worried about the well-being of her child. And here comes the evaluation and role of ultrasonography.

USG uses sound waves to show a picture of the baby in the uterus and it is absolutely safe for mother and child. First ultrasonography is the occasion when the would-be mother gets to "see" her baby.

USG can be used for various reasons in pregnancy.

A In 1st trimester

- i) To detect pregnancy
 - ii) To detect number of gestations
 - iii) To detect whether intra or extra uterine pregnancy
 - iv) To assess the gestational age
 - v) To visualize the cardiac activity
 - vi) To assess the presence of subchorionic collection
- At 11 – 13 wks, a special test to look for chromosomal

abnormality done, known as 1st trimester screening, which includes –

- a) i) an USG known as NT scan, when the CRL (crown rump length) and Nuchal translucency are measured.
 - ii) In fetuses with chromosomal abnormalities, there is a higher prevalence of abnormal ductus venosus waveform.
- b) Double marker test, which estimates –
 - PAPP – A (Pregnancy associated plasma protein) – a protein in the blood.
 - Beta-hCG (beta human chorionic gonadotropin).

B) In 2nd trimester

Most 2nd trimester ultrasounds are done between 18 – 22 wks to examine the baby's anatomy and confirm that the baby is developing normally.

In conjunction with it, is done the blood tests –

- i) Triple marker test or kettering test or the Bart's test – estimation of alpha fetoprotein (AFP), human chorionic gonadotropin (hCG) and estriol. It is done between 15 to 22 Wks.
- ii) Quadruple marker test-
It is done between 15 -22 wks of pregnancy.
 - * Alpha fetoprotein (AFP).
 - * Unconjugated estriol
 - * Human chorionic gonadotropin (hCG).
 - * Inhibin – A

Generally the marker tests are done in following cases :

- * Age : Women 35 yrs and above.
- * Diabetes : Women within IDDM.
- * Family history : Women with a family history of congenital disabilities.
- * Previous congenital disability: Women who have had a child with a congenital disability.

(C) 3rd trimester pregnancy :

3rd trimester ultrasounds are to examine the placenta (grade, calcification, thickness), quantity of amniotic fluid,, cord around the neck of fetus, length of cervix, blood flow to the fetus. Biophysical profile (BPP) and Doppler test done to see whether the baby is getting enough oxygen.

Few special invasive tests done in pregnancy :

I Chorionic Villus Sampling (CVS) :

It is a prenatal test that involves taking a sample of

tissue from the placenta to test for chromosomal abnormalities and certain other genetic problems. CVS is normally done between the 10th and 12th wks of pregnancy.

Types of CVS procedures :

i) Transcervical – catheter is inserted through the cervix into the placenta to obtain the tissue sample.

ii) Transabdominal – A needle is inserted through the abdomen and uterus into the placenta to obtain the tissue sample.

CVS does not provide information on neural tube defects, such as spina bifida. So, women undergoing CVS also need a follow – up blood test between 16 – 18 wks of pregnancy to screen for neural tube defects.

(2) Amniocentesis :

It is a prenatal testing procedure performed during the second or third trimester of pregnancy. It can diagnose certain chromosomal condition (such as Down syndrome) or genetic condition (such as cystic fibrosis).. A thin needle used to remove a small amount of amniotic fluid from the sac surrounding the fetus.

Few complications in pregnancy that can be detected by USG

- Bleeding in early pregnancy – Tubal / Ectopic pregnancy. Bleeding in late pregnancy APH - Placenta previa, - Abruptio placenta.
 - Multiple pregnancy – complications such as
 - * Singl fetal death.
 - * Fetal growth restriction & discordant growth.
 - * Conjoined twins.
 - * Monoamniotic twins.
 - Prelabour rupture of membranes.
 - To detect unusual presentation of fetus such as breech and transverse lie.
 - In cases of bad obstetric history like – recurrent miscarriage.
 - Fetal growth disorders – IUGR, - Macrosomia
 - Amniotic fluid disorders – Oligohydramnios, - Polyhydramnios.
 - **Fetal hemolytic disease** : Rh-iso immunization (MCA Doppler study done)
- Non-immune fetal hydrops.
- **Fetal cardiac arrhythmia** :
 - * irregular rhythm.
 - * brady arrhythmia < 110/min
 - * tachyarrhythmia > 180/min
 - Fetal cranio-spinal + facial abnormalities e.g anencephaly, Spina bifida, encephalocele.
 - Fetal genitourinary abnormalities :
 - Upper urinary tract obstruction – obstruction of

PUJ.

- Ureterocele.
- Megaureter
- Lower urinary tract obstruction- Posterior urethral valv Urethral atresia.
- VUR
- abnormalities of genitalia.
- Kidney duplication.
- Renal ectopia.
- Horse shoe kidneys.
- Renal hypertension.

• **Fetal G.I. & Abdominal defects :**

- Omphalocele.
- Gastroschisis.
- Congenital diaphragmatic hernia.
- Oesophageal atresia ± trachea-oesophageal fistula.
- Duodenal atresia.
- Jejunal & ileal atresia.
- Meconium ileus, meconium peritonitis

PC– PNDT Act

Pre-conception and pre-natal diagnostic

- Techniques (Prohibition of sex selection) Act. Act asserted by president on 20th September 1994.
- Forced with effect from 1st January 1996.
- Amended in 2002 and 2003.
- Act was previously called “Prenatal Diagnostic techniques (Regulation and Presentation of Misuse) Act1994.
- Act includes prohibition of sex selection before and after conception.



Breast Cancer : Early Detection for Your Protection

Breast Cancer is a global health concern which is a leading cause of morbidity and mortality among women. Breast self-exams are a useful screening tool in early diagnosis when performed regularly in combination with physical exams by a doctor, mammogram and ultrasounds. Each of these screening tools works in different ways and has its own strengths and weaknesses. The earlier cancer is detected, the chances for treatment and survival is higher. Self-examination is an easy way to understand your body and identify when something might not be right.

Practicing monthly breast self-examination can help in detecting abnormalities or changes that may designate cancer. Before menopause, performing out a check at the same stage of the menstrual cycle each month can help in spotting any unusual features. Knowing how to spot the signs and detect changes can play an important role in prevention and also early detection leading to an increase in the chance of surviving breast cancer.

Most of the patients with breast cancer have no family history but include risk factors like late marriage and kids, no breastfeeding, early menses, late menopause, alcohol, smoking, obesity, high fat diet and physical inactivity.

There are several different areas of the breasts. The upper and outer area (which is near the underarm) tends to have the most prominent lumps and bumps. Different parts of breasts have different textures and densities. Knowing what they feel like will help in determining when something feels different.

Hormone levels fluctuate every month during the menstrual cycle, which causes changes in the breast tissue. While menstruating, it is essential to choose a time during the cycle when the breasts are felt least tender. Swelling begins to decrease when your period starts. The best time to self-examine breasts is usually the week after the menstrual cycle ends.

Begin with a visual examination of your breasts. Sit or stand in front of a mirror with your arms at your sides. To inspect your breasts visually, do the following:

Face forward and look for puckering, dimpling, or changes in size, shape or symmetry.

Check to see if your nipples are turned in (inverted).

Inspect your breasts with your hands pressed down on



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your hips.

Inspect your breasts with your arms raised overhead and the palms of your hands pressed together.

Lift your breasts to see if ridges along the bottom are proportionate.

The outcome of the self-breast examination:

Signs of normal breasts

Many women find lumps or changes in their breasts since some of these are normal changes that occur at various points in the menstrual cycles. Finding a change or lump in the breast is not a reason to panic. Breasts often feel different in different places. A firm ridge along the bottom of each breast is normal and the look and feel of the breasts also change as one ages.

Signs of abnormal breast and time to schedule an appointment with the doctor if you notice:

A hard lump or knot near the underarm region.

Changes in the way the breasts look or feel including thickening or prominent fullness that is different from the surrounding tissue.

Dimples, puckers, bulges or ridges on the skin of the breast.

Recent change in a nipple that is pushed in (inverted) instead of sticking out.

Redness, warmth, swelling or pain.

Itching, scales, sores or rashes.

Bloody nipple discharge.

Breast self-exam is a suitable, no-cost tool that a woman can use on a regular basis and at any age. It is suggested that all women routinely perform breast self-exams as part of their overall breast cancer screening plan. Your aim is to get used to the feel of your breasts. This will help in finding anything new or different. If you do find something different, reach out to your healthcare provider right away, do not shy away.

The next useful screening tool is mammogram. Mammography is specialized medical imaging that uses a low-dose x-ray system to see inside the breasts. A mammography exam, called a mammogram, aids in the early detection and diagnosis of breast diseases in women.

Three recent advances in mammography include

digital mammography, computer-aided detection and breast tomosynthesis.

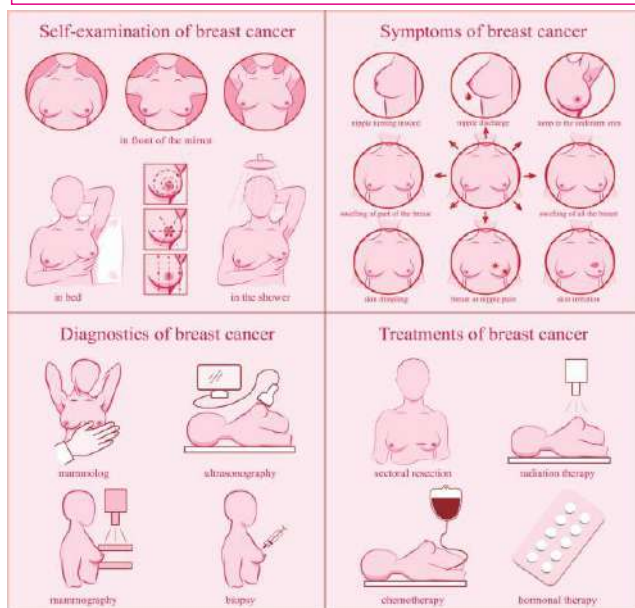
Digital mammography, also called full-field digital mammography (FFDM), is a mammography system in which the x-ray film is replaced by electronics that convert x-rays into mammographic pictures of the breast. The patient's experience during a digital mammogram is similar to having a conventional film mammogram.

Computer-aided detection (CAD) systems search digitized mammographic images for abnormal areas of density, mass, or calcification that may indicate the presence of cancer. The CAD system highlights these areas on the images, alerting the radiologist to carefully assess this area.

Breast tomosynthesis, also called three-dimensional (3-D) mammography and digital breast tomosynthesis (DBT), is an advanced form of breast imaging where multiple images of the breast from different angles are captured and reconstructed ("synthesized") into a three-dimensional image set.

Mammograms are used as a screening tool to detect early breast cancer in women experiencing no symptoms. They can also be used to detect and diagnose breast disease in women experiencing symptoms such as a lump, pain, skin dimpling or nipple discharge. The two types of use of mammography is screening mammography and diagnostic mammography.

Practicing monthly breast self-examination can help in detecting abnormalities or changes that may designate cancer.



DON'T IGNORE:

- **A hard lump or knot near the underarm region.**
- **Changes in the way the breasts look or feel including thickening or prominent fullness that is different from the surrounding tissue.**
- **Dimples, puckers, bulges or ridges on the skin of the breast.**
- **Recent change in a nipple that is pushed in (inverted) instead of sticking out.**
- **Redness, warmth, swelling or pain.**
- **Itching, scales, sores or rashes.**
- **Bloody nipple discharge**

“PCOS” / “PCOD” so Simple, but so Difficult to Understand

Polycystic Ovarian Syndrome(PCOS) or Polycystic Ovarian Disease (PCOD) are synonymous. PCOS was first recognized in 1935. PCOS is recognized worldwide as the leading endocrine(hormonal) and metabolic disorder in women. PCOS affects almost 1 in 10 women. Though it is called cystic but it not cyst, basically it is cystic appearance of ovaries associated with hormonal imbalance. PCOS mainly affects women in childbearing age.

Most common presentation of PCOS are – Weight gain, Irregular periods, Excessive unwanted hair growth, Infertility(unable to conceive) ,male pattern hair loss , anxiety and depression & Skin issues like Acne, Skin tags, dark skin patches, Oily skin & anxiety,depression and mood swings.

PCOS is one of the leading causes of female factor infertility and can lead to other severe health conditions such as: obesity, type 2 diabetes, heart attack and increased risk for endometrial cancer. More than 50% of women with PCOS will have diabetes before the age of 40. The risk of heart attack is 4 to 7 times higher in women with PCOS than women of the same age without PCOS. Approximately 50% of women with PCOS suffer from obesity. Women with PCOS have 3 times increased risk of developing endometrial cancer. Women with PCOS have high cholesterol, greater risk of high blood pressure.

PCOS mainly a clinical diagnosis and this is supported by some investigations. Most common investigation is ultrasonography. Other are the hormonal tests. There is increase level of androgen (male hormone). Thyroid problem should be ruled out.

Lifestyle modification is one of the most important treatment strategy of PCOS. A number of studies demonstrate that modest weight loss of 5-10% of initial body weight improves metabolic, physiological and psychological aspects of PCOS. Daily 30 minutes moderate exercise or walking at least 5 days in a week is recommended. Dietary modification is very much helpful. Avoid fast food (momo, chowmin, biryani, rolls, maggi etc.), refine flour, oily and fried foods, processed foods, salty foods, saturated fats, sugar & trans fats, moderate alcohol, cream, cheese, ice cream. Eat a bigger breakfast and a smaller dinner. Include more protein and greens in diet. Daily eat one



Dr. Saheli Kapat

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seasonal fruits. When you eat carbohydrates, make them complex like roti, oats, poha etc. Fruits, non-starchy vegetables, low-fat dairy, lean meats, fish, nuts & seeds, whole grains are recommended.

For treatment of PCOS pharmaceutical options are hormonal treatments, anti-androgen, anti-diabetic drugs etc.

Among the hormonal treatment OCP (Birth control pills) are most commonly used. OCP protects the uterus by ensuring regular ovulation, helps alleviate hair loss and acne symptoms, protects against unwanted pregnancy.

Among antidiabetic drugs metformin, myo-inositol are most commonly used. Those improve egg quality, improves insulin levels, lower gestational diabetes mellitus risk.

Infertility is one of great concern of PCOS. PCOS is a hormonal imbalance causing ovulatory disturbance, which is responsible for menstrual irregularities and infertility. Treatment options for PCOS-related infertility are lifestyle modifications, some non-hormonal medicine. Ovulation induction one of the most commonly used method. Laparoscopic ovarian drilling is another method for infertility treatment. If all above method are not successful, IVF is the last resource. Women with children can have PCOS, women with PCOS can have children.

PCOS can not be cured, but the hormonal imbalances and symptoms can be treated. So, don't be ashamed of having PCOS. Recognise the symptoms of PCOS and seek medical help from your gynaecologist.

Role of nutrition in gynecological health

Diet and nutrition are fundamental in maintaining the general health of populations, including women's health. Health status can be affected by nutrient deficiency and vice versa. Gene–nutrient interactions are important contributors to health management and disease prevention. Nutrition can alter gene expression, as well as the susceptibility to diseases, including cancer, through several mechanisms. Gynecological diseases in general are diseases involving the female reproductive system and include benign and malignant tumors, infections, and endocrine diseases. Benign diseases such as uterine fibroids and endometriosis are common, with a negative impact on women's quality of life, while malignant tumors are among the most common cause of death in the recent years. We live in an era where polycystic ovarian syndrome (PCOS) is getting more prevalent among urban population in India. The prevalence rate of PCOS is high among Indian women. The pooled prevalence of PCOS was close to 10% using Rotterdam's criteria and AES criteria, while it was 5.8% using NIH criteria. Apart from PCOS there are many more gynecological issues which affect the women population of India like, uterine fibroids (UFs), endometriosis, polycystic ovarian syndrome (PCOS), infertility, menstrual disorders and vaginal infections. Several dietary supplements and nutrients potentially provide benefits in preventing and treating common gynecological diseases like uterine fibroids (UFs), endometriosis, polycystic ovarian syndrome (PCOS), infertility, menstrual disorders and vaginal infections, according to an article in the journal *Nutrients*.

According to several researches Numerous studies reveal that fruits, tea and vegetables, as well as various dietary compounds, can alter several signaling pathways involved in disease pathogenesis. Studies also show that nutrition can “impact cancer cells, such as the activation of tumor suppressor genes and an increase in apoptosis and the activity of cell survival proteins, thus playing a protective role against cancer. For infertility, the Mediterranean diet, which is rich in vegetables, fruits, whole grains, legumes, nuts and olive oil, and low in red meat, has been shown to be associated with a higher chance of pregnancy, with the high fat content of vegetable oil perhaps being the driving force behind this connection.



Dr. Ananya Bhowmik
Clinical Nutritionist and Lifestyle Consultant
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The Nurses' Health Study cohort also demonstrated a significant link between female fertility and consumption of low-glycemic carbohydrates, monounsaturated fatty acids and proteins of plant origin, along with supplements with iron, folate, and vitamins. Likewise, long-chain omega-3 fatty acids appear to improve female infertility through changes in insulin sensitivity and inflammation because these pathways also influence ovulatory function.

For PCOS, the intake of omega-3 unsaturated fatty acids reduces the risk of PCOS in women with insulin resistance. Additionally, zinc supplementation may be an adjunctive nutritional treatment for inducing insulin sensitivity in women with PCOS. For UFs, diets rich in vegetables, fruits and dairy foods can play a positive and protective role in the disease, whereas substantial intake of red meat might increase the risk. For endometriosis, foods rich in omega-6 fatty acids like red meat are linked to higher levels of estradiol and

For PCOS, the intake of omega-3 unsaturated fatty acids reduces the risk of PCOS in women with insulin resistance.

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For endometriosis, foods rich in omega-6 fatty acids like red meat are linked to higher levels of estradiol and estrone sulfate, thus resulting in higher concentrations of steroids, inflammation and increasing the risk for the development of endometriosis.

estrone sulfate, thus resulting in higher concentrations of steroids, inflammation and increasing the risk for the development of endometriosis.

Conversely, supplementation with omega-3 fatty acids may decrease the growth of endometrial implants and the production of inflammatory factors, especially in patients with stage III or IV endometriosis. For vaginal microbiome, nutrients and female reproductive tract infections, numerous studies have found connections between bacterial vaginosis (BV) and low micronutrient status, including vitamins A, C, E and D and beta-carotene, and low dietary intake of folate and calcium.

For gynecological cancers, recent research has found that neither fruits nor vegetables are associated with the risk of any cancer. Furthermore, vitamins and mineral compounds do not reduce cancer risk in well-nourished populations.

For cervical cancer, reactive oxygen species (ROS) may play a role in cervical cancer pathogenesis; hence, consumption of dietary antioxidants, such as carotenes, ascorbic acid and vitamin D, might offer a

protective role by neutralizing harmful ROS. Antioxidants might also modulate the immune system for a better response to the cancer microenvironment.

Similarly, natural antioxidants may retard or protect against persistent Human papillomavirus (HPV) infection and eventual cervical cancer development. For ovarian cancer, isoflavones seem to have a protective effect, due to inhibiting the growth and proliferation of ovarian cell lines.

The role of diet in breast cancer has been investigated to a limited extent. Nevertheless, the most compelling evidence was reported for alcohol intake by a substantial number of studies. Alcohol consumption is associated with a higher breast cancer risk, especially for hormone-dependent tumors, with a 12% increase in estrogen receptor tumor risk per 10 g ethanol per day. Omega-3 polyunsaturated fatty acids were found to confer a 14% less risk of breast cancer, perhaps through estrogen and adipokine modulating effects. Additionally, trans-fatty acids and an increased monounsaturated to saturated fatty acids ratio may heighten a woman's risk of the tumor. In regard to carbohydrates, the results are mixed and vary between pre- and postmenopausal women. Epidemiological studies have recognized a potentially higher risk of breast cancer among vitamin D-deficient women. A meta-analysis has indeed detected an inverse association between serum vitamin D level and breast cancer risk

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Recipe for a Woman's Rise to the top job



Dr. Rupali Basu, MD & CEO
of Woodlands Multispeciality Hospital

How many big corporates do you know with women at the helm?

And now a corollary, how many of them belong to the family that owns the business?

The miniscule number of women at the very top of the ladder in a corporate set-up bears testimony to how difficult it is for them to rise above everyone else. According to estimates, barely 27% women are in leadership positions and just 5% make it to the top-tier C-Suite level jobs. The figures are stark because 50% of total global workforce is women.

If one works with a company which is the part of a group or conglomerate, it is that much more difficult to get access to or be noticed by the Board and hence gain their confidence to be considered in the role of captaining the ship.

Updated knowledge and skill-set

One must, however, remember that if there are hurdles in your path, they can be overcome by putting your best foot forwards. Foremost, you must have thorough and updated knowledge of the industry and

its workings. For me, as I have been overseeing the running hospitals, being a doctor has constantly helped, along with the various courses in advanced hospital management that I attended, including from US institutes like Harvard Medical International, Boston, and Haas School of Business, University of California, Berkeley. Hospitals are normally run by non-medicos but it has been seen that the results are better when a doctor-CEO is manning the wheel.

One cannot be averse to finance and money matters either, as women often are, if one is to run a company successfully. One has to be updated about the world economy and specifically the economics of one's own country. It is not about counting money, but understanding how money moves.

To be able to run with minimum stutters one must have an understanding of market as well as the internal power dynamics of the company and adopt a risk focussed and safety focussed approach.

Passion and energy

How passionate one is about their job determines how far they will go in the profession or up the corporate ladder. One has to have that extra something to offer. If one is zealous to the point of obsession about their work, he or she will obviously go a long way. They will discover within themselves the extra energy and feel the motivation to put in the extra hours needed to fulfil all the commitments to the job at hand, something that would augur well for the meaningful growth of the company as well as the individual.

Even in The US, men are three times as likely to have been considered for profit-and-loss roles and this situation can transform all over the world if women can gear up for the change.

**One must, however,
remember that if there are hurdles in
your path,
they can be overcome by
putting your best foot forwards.**

How passionate one is about their job determines how far they will go in the profession or up the corporate ladder.

Then again, it is doubly difficult for a woman to delve deep into their professional lives compared to men. The woman, of course, cannot in most cases detach themselves completely from the family as there will be certain aspects of family life that will demand her attention. So, she has to strike a balance, in a way in which she does the requisite needful at home but also is able to devote enough time at work. This sounds and is a difficult proposition but is possible to accomplish with deft time allocation and multitasking.

Uninfluenceable integrity

One has to answer to all these calls of duty but, at the same time, one's integrity must always remain uncompromised if one is to get to the very top and remain there without a blemish. So, too, with values and principles. The day-to-day running of the enterprise should be achieved by putting in the hard yards, not cut corners, and being completely rule-bound — an approach that automatically cuts out being unethical. The adherence to this way of running an enterprise, or life in general, should be one hundred percent uninfluenceable. People around you would still judge you and perceive you in a certain way. As long as one is true to oneself and continues to contribute to the company, a person on the top rung of the ladder should just be aware of these perceptions but never be affected by them. The face should display peace and the personality radiate control and confidence.



NAFLD the New Pandemic in Postmenopausal Women

Nonalcoholic fatty liver disease (NAFLD) prevalence in women is increasing rapidly worldwide. Although women of reproductive age show lower rates as compared to men; the prevalence in postmenopausal women is similar or even more than males. This is predominantly due to loss of protection following the menopausal transition. NAFLD risk is higher with higher rates of severe hepatic fibrosis in postmenopausal women with older women experiencing greater mortality than men. Along with estrogen deficiency, dietary factors and metabolic comorbidities (obesity, dyslipidemia, and type 2 diabetes (T2D)) also exacerbate this complex relationship and heighten the development of fatty liver (NAFLD) and steatohepatitis(NASH).

EPIDEMIOLOGY

Epidemiology survey of women revealed that the prevalence of NAFLD increases with age doubling every decade with highest in the decade 60-70 yrs. The number of nonalcoholic steatohepatitis (NASH) cases is expected to double by 2030, while rates of NASH progressing further to cirrhosis and hepatocellular

carcinoma (HCC) will also increase. Women are also experiencing a more steeply rising mortality rate compared to men. NASH is now the leading indication for liver transplantation in women. Women with NAFLD show significantly higher age-adjusted cardiovascular disease (CVD) prevalence compared to those without NAFLD.

India is the diabetic capital of the world as is confirmed by latest studies and is estimated that one in five people in India have diabetes. Diabetes, Hypertension, Hypothyroidism and obesity lead to the Metabolic Syndrome which is the new pandemic which has hit the world and India post covid. Latest published data suggest that approximately one in three adults or children have NAFLD in India.

PATHOGENESIS

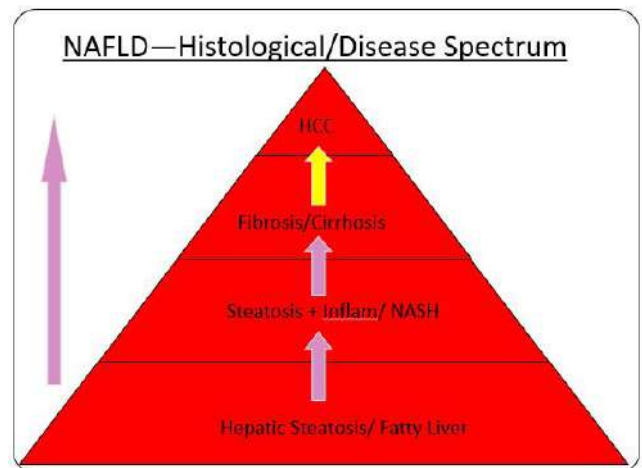
The age-dependent increase in NAFLD is attributed to hormonal changes in women as a result of menopause. Menopausal status is associated with changes in body composition like increased body mass index (BMI)-adjusted waist circumference and levels of intra-



Dr. Ashvini Sengupta

Director Lab Service

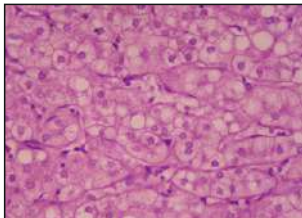
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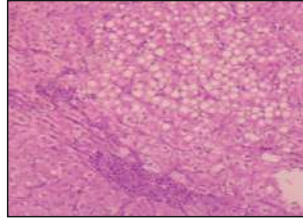
abdominal fat, which are associated with metabolic syndrome like T2D and insulin resistance. The pathophysiological mechanisms underlying the development of Non-alcoholic fatty liver disease (NAFLD) and its progression to Non-alcoholic steatohepatitis (NASH) and cirrhosis involve pro-inflammatory agents, oxidative stress, apoptosis, adipokines, JNK-1 activation, increased IGF-1 activity, immunomodulation, and alteration of the gut microbiota

Study of impact of estrogen deficiency on liver lipid metabolism indicates that estrogen receptor-

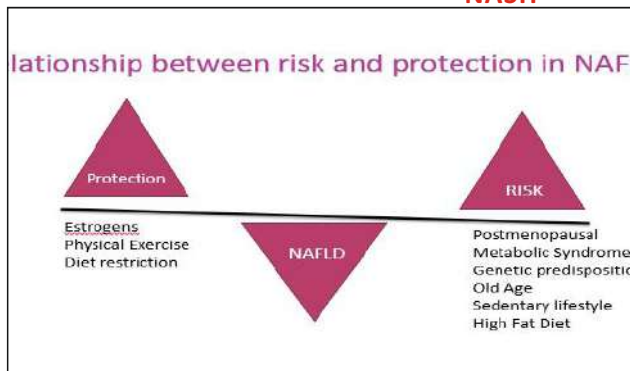
mediated signaling pathways may play a critical role in basal hepatic lipid metabolism. Results suggest that combination of high dietary fructose intake and estrogen depletion synergistically contribute to liver damage through independent mechanisms involving oxidative stress-induced hepatocyte death and proinflammatory activation creating a steatogenic



Hepatic Steatosis



**Steatosis+Inflammation
=NASH**



and/or fibrogenic environment

DISEASE SPECTRUM

Nonalcoholic fatty liver disease (NAFLD) is a chronic disease that develops as a result of excessive accumulation of triglycerides in the liver forming Hepatic steatosis. Clinical severity of hepatic steatosis is based on the percentage of fat within the hepatocytes: grade 0 (healthy, <5%), grade 1 (mild, 5–33%), grade 2 (moderate, 34–66%), and grade 3 (severe, >66%). Nonalcoholic fatty liver disease spans a histological spectrum that includes steatosis, hepatic inflammation, and ballooning of hepatocytes (ie, NASH), liver fibrosis leading to cirrhosis and HCC.

The NASH Clinical Research Network scoring system uses a NASH Activity Score (NAS) to grade and stage disease.

Nonalcoholic fatty liver disease is a progressive disease. Approximately 15% to 20% of NAFLD patients progress to NASH, 30% to 40% of NASH patients develop fibrosis, and 15% to 20% of NASH + fibrosis advance to cirrhosis and often develop Hepatocellular carcinoma.

In a study of biopsy-proven NAFLD, the presence of advanced fibrosis was significantly higher in

postmenopausal women (27.6%) compared with premenopausal women and men.

Age ≥50 years was associated with a significant risk of advanced fibrosis in women than men.

Menopause, NASH, and HDL-cholesterol were found to be independently associated with fibrosis. Interestingly, women who experienced menopause before the age of 40 years (Surgical menopause) had a 90% increased risk of more severe fibrosis. Analysis of women with borderline or definite NASH, premature menopause was associated with 60% increased risk of having more severe fibrosis. These results suggested that increased time estrogen deficiency may exacerbate postmenopausal fibrosis risk.

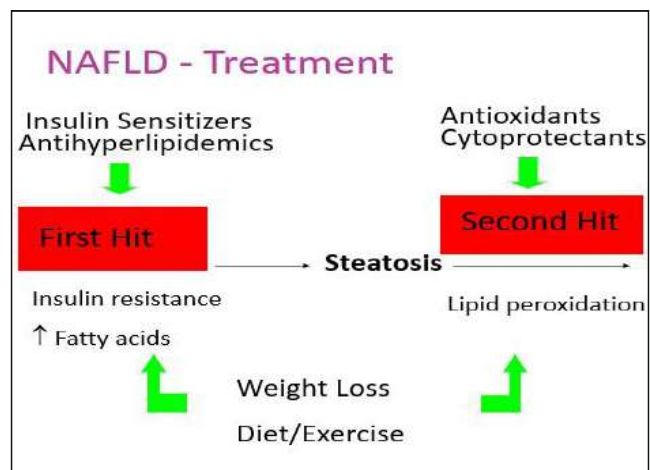
Diagnostic Tests

- Normal lab results do not rule out NAFLD – Early mild Steatosis
- Elevated liver enzymes ALT, AST, GGT most common
- Increased Glucose, Triglycerides and decreased HDL
- Mild Increased PT INR and decreased Albumin with cirrhosis
- Ultrasonography - Non-invasive modality - detect Fatty Liver/NASH
- Fibroscan/Elastography - detect fibrosis
- LIVER BIOPSY – Gold Standard

Treatment

Sustained gradual weight loss and exercise are the most important therapies with dietary restrictions. Rapid weight loss seems to have a detrimental effect on liver.

Insulin sensitizers like Metformin, cytoprotectants like Vitamin E, antioxidants play limited role but fail to reverse the histopathology.



Don't Die Doc!



Dr. Sarika Verma

ENT Surgeon & Allergy

Specialist, Chairperson-IMA

WDW Gurgaon, President AOI Gurgaon

Medicine is not a profession for the faint hearted! If you thought it would be easy you are wrong. If you don't like your job, Get out! Leave your residency. Take a job in marketing, sales, advertising. Travel. Take a long break. And if you like being a healer, stay on. It's the most gratifying profession in the world.

Getting into MBBS is one of the toughest exams in the country. Passing the final year exam is a very tough proposition. Staying awake 24 to 48 to 72 hours at a time in internship is not easy. Preparing for NEET PG is super difficult. Residency is grueling. Senior residency is painful. One doesn't get respect from senior doctors, one doesn't get encouragement from fellow doctors, no respect from nurses or staff. The only thing that makes it all worth it is when you save a life. When you learn how to operate. When you do a good procedure.

Almost every child in India has a toy doctor set as they grow up. You are living The Dream. One out of 50,000

children gets into MBBS. And when such talented youth take their lives, it drives everyone crazy. Please remember your parents will never smile again. You are their joy and pride. Killing yourself is not an option.

I am reaching out to every young doctor in India today and asking them to evaluate why they chose to become a doctor. If it was to make money, property dealers make a lot more money than any doctor can even dream of. If you became a doctor to become famous, influencers on social media have many million followers compared to doctors. If you became a doctor to earn a decent living for your family, to have respect in society, to get to heal people then everything you undergo in residency is worth it.

I know people can be harsh, the world can be cruel, hours are tough, studying is not easy, but please be strong. If you can't stand the heat, get out of the kitchen. Leaving the profession is more honorable than leaving the world.

I urge all medical students and young doctors to please read this article carefully. Remember that you are priceless. Your being alive means so much to your parents, siblings and family members. Nothing in this world justifies killing yourself. As long as you have air in your lungs, and a beating heart, everything is possible.

I urge all senior professors, assistant professor, senior residents to please be kinder to our junior doctors. They are unable to take stress and too many of them are using the exit button. Whatever you want to teach them, be a little kind. Kindness and empathy can go a long way. Before we save the world, let's save each other.



2023 Spring Outbreak: Keeping the Children Safe

What is the danger?

And we thought COVID was over... and our children largely escaped the brunt of it. Come the season of spring 2023, and most of the hospitals are out of pediatric beds. What is worse is that these patients are not recovering quickly enough, with most suffering a prolonged illness, and an unfortunate few dying, despite the best efforts of doctors, nurses, other medical staff and parents alike. When one hears /sees the news, it's even more frightening.

Is it Adenovirus or is it Coronavirus... or is it the Flu... or is it something else? Tests called Respiratory Viral Panels have been conducted on nasopharyngeal swab samples collected from children admitted in various hospitals of the state. The reports show a 33% incidence of Adenovirus but have also heavily implicated other viruses like the Coronavirus, Influenza Virus, Respiratory Syncytial Virus (RSV), Rhinovirus, etc. to have contributed to this outbreak. Well, it could be any virus attacking our respiratory system. They all start out with similar symptoms like fever, cough, cold, etc.

Moreso, **do we have antivirals for each specific virus?**

The answer is No. And please don't get confused with antibiotics here, as they act against bacteria. Bacteria are a lot easier to defeat which is why we have so many antibiotics available for use. But viruses, because they change their characteristics so often, are much more difficult to tame. By the time antivirals and vaccines against a particular virus become available for the masses, the virus may have changed its nature so much that the former may no longer be effective.

What should you look out for?

Well, as has been previously said, the initial symptoms are usually that of a common cold - cough, a blocked or runny nose, and fever. There could be redness of eyes, a sore throat, earache, and even diarrhoea with vomiting. Within 3-7 days of having any or more of these symptoms, parents usually take their kids to a doctor. They receive a prescription and follow it.

However, what is noticeable this season is that, at the end of the course of medicines, the symptoms aren't going away completely as expected. They continue for a prolonged period. And those that are unlucky worsen rather than improve.

Parents can easily look out for a few general symptoms in their children, no matter the ailment, that indicate a requirement of immediate medical attention, and most likely hospital admission:

- inability to sleep peacefully despite medications for relief

- a state of general drowsiness / lethargy, especially in the absence of fever or even after fever subsides - a severely reduced or absent urine output (which usually means dehydration)

Now, let's focus on a few danger signs of a worsening common cold... that which now is no longer just a common cold... but has evolved into a Pneumonia or Bronchiolitis (commonly known as Wheezing):

- -persistence of fever
- -persistence of cough, especially that which will not allow the child to even sleep or eat
- -onset of shortness of breath

How do you recognize shortness of breath at home?

- the child finds it difficult even to drink / eat
- the child breathes quickly, even when there is no fever or fever has subsided
- chest indrawing develops, where the junction of the chest and abdomen retracts (with each breath)
- the nostrils flare up (with each breath)
- the head moves (with each breath) as if the child
-
- A sound like a sigh, repeatedly produced by the child on breathing out as if in pain
-

What should you do?

The most important thing is to not lose our wits in the



Dr. Ankita Dutta

Consultant Paediatrician
Galaxy Multispeciality
Hospital, Barrackpore

midst of this outbreak, moreso with all the social media hysteria.

What is happening here is adults go out of their homes, get infected with a disease-causing virus and carry it into their household. They transmit the infection to the children. Due to a lack of previous exposure, the children cannot fight the virus effectively and, thus, suffer from a much severe disease than the adults. So, adults and slightly older children must not forget the

basics of hygiene – wearing masks and washing hands. When parents notice any worrying symptom(s) in their children, they should immediately report to their doctor or visit the nearest hospital. They should ask their doctor to demonstrate the symptoms of breathing difficulty.

A tip here: most of these symptoms usually occur at late nights and early mornings, with the children doing relatively much better during daylight. So, who better than a parent to recognize the danger signs at these odd hours! Wish all the readers stay healthy this season! Let us all be aware and protect the children

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Trailblazers in the field of Medicine



Dr. Kadambini Ganguly

She was the first female Indian physician to graduate and actually practise as a physician in Western medicine. She was born in 1861 and her father was a Bramho Samaj reformer.

She graduated from Bethune college and became the first female graduate in the British empire. She studied medicine from Calcutta Medical College becoming one of the few women (the other being Dr. Anandibai Joshi) to have qualified to practice western medicine.

She went to the United Kingdom and qualified as an LRCS (Glasgow), LRCP (Edinburgh) and GFPS (Dublin) returning to India in 1892. She then started practicing at Lady Dufferin Hospital after which she started her own private practice.

In 1889 she was one of the female delegates at the Indian National Congress sessions. She organised a meeting in Calcutta regarding the Satyagraha of South Africa and collected money as part of a fundraiser to help them. She died in 1923 at the age of 62 years.

She was the first female Indian physician and the first Indian woman to have gained a degree in western medicine. She qualified as a doctor by gaining a degree from Women's Medical College, Pennsylvania now known as Drexel University in the United States of America.

When she was just fourteen years of age, she gave birth to a child who died after a few days due to poor medical services in India. This event inspired her to become a doctor. Her husband Gopalraj supported her further studies.

She addressed the Serampore College hall, where she told everybody about her decision and how there was a need for female doctors in India. Her speech got her appreciation and financial support.

After graduation she came back to India and was appointed as a doctor in charge in Kolhapur princely state's Albert Edward Hospital. However, she could not really practice medicine, since she died of tuberculosis which she had been suffering from for a long time at the young age of 22.



Dr. Anandibai Joshi



Dr. Indira Hinduja

She was An Indian gynaecologist, obstetrician and infertility special who pioneered the Gamete Intrafallopian Transfer (GIFT) technique which led to the birth of India's first GIFT baby on the 4 January 1988.

she had also delivered India's first test tube baby on the 6 August 1986.

On 24 January 1991, gave the country's first baby out of an oocyte donation technique for menopausal and premature ovarian failure parents, which she is credited with developing.

Currently, she is practicing full-time in obstetrics and gynaecology at P. D. Hinduja Hospital, Mahim West, Bombay as well as being an honorary obstetrician and gynaecologist at PD Hinduja National Hospital and Medical Research Centre in Mumbai.

Belonging to a family that valued science and medicine , Dr. V. Shanta did her M.B.B.S. from Madras Medical College and went on to do an M.D in Obstetrics and Gynaecology

she joined the Cancer Institute in Chennai. For three years she worked as an honorary staff member after which she got a meagre salary. Dr. Shanta worked to grow the hospital to its present statute as an affordable and accessible place for cancer treatment in Chennai.

Dr. Shanta advocates the early detection and treatment of cancer and change in mental perception of extreme helplessness towards this disease. She is a member of the Tamil Nadu State Planning Commission of Health and a fellow of the National Academy of Medical Sciences.

Since then she has received many awards.



Dr. V. Shanta



Dr. Padmavati Iyer

Dr Padmavati Sivaramakrishna Iyer, who turned 101 this year, is as active now as she was when she started training patients in India 60 plus years ago. she was the first cardiologist and created the first cardiology department in a medical institute and founded India's first heart foundation meant to spread awareness about diseases of the heart.

She is an Indian neonatologist at Sion Hospital, Mumbai. What she is known for is running Asia's first Human Milk Bank.

Mother's milk is extremely important for a baby to be healthy and protected against various diseases. Yet, many babies don't get to drink it because sometimes the mother is unable to produce it. That's why the Human Milk Bank was the need of the hour when it was first established. And this is a step towards decreasing the mortality rate of the wonder that is new life.



Dr. Jayashree Mondkar



Dr. Kasturi Rajadhyaksha

Although She worked as a gynecologist but Her primary objective was to bring an end to domestic violence among women and help pregnant women in distress. Her dedication towards this cause motivated her to establish 'Women of Indian Subcontinent Support group' that worked towards ameliorating the lives of women workers.

She is also the co-founder of 'ASHA-a ray of hope', a not-profit working to help the victims of domestic abuse in the South Asian Community. She dedicated a part of her life towards community service.

International Women's Day 2023 Quiz

1. On what day is International Women's Day celebrated every year?

2. When was the first IWD observed?

3. What is the United Nations' theme for IWD 2023?

4. Who was the first woman to lead a contingent in the Army Day Parade?

5. Who was the only woman speaker of the Lok Sabha?

6. Who was the first woman to fly in a combat zone?

7. She is a Dentist by profession, dancer by passion and also a social media influencer. Her husband represented India at the World Youth Chess Championship although he is renowned for an entirely different sport. Who is she?

8. She is regarded as the first freedom fighter of India. She is a tuluva queen of coastal Karnataka. She is known for her strong resistance against European colonists in the 16th century. Who is she?

9. Indian Women Teacher's Day is celebrated on her birthday. Identify her?

10. Longest serving governor of India. Her mother was the first female governor of India. Himalayan Zoological park in Darjeeling is named after her. She cofounded INC in Hyderabad princely state. Who is she?

11. Which woman is considered as the World's first computer programmer?

12. Which female Indian cricketer became the first to score a double century in Test cricket in 2004?

13. Who is world's highest paid female author according to Forbes magazine 2008?



Please send your answers to yourhealthoffice@gmail.com within 30th April, 2023. Attractive prizes are there. Please mention your name, designation, phone number while sending the answer.

Women's Health: Myths and Facts

Myth 1: There's nothing I can do to prevent cancer.

Luckily, having a healthy lifestyle and getting regular cancer screenings can help prevent some of the most common types of cancer. For example, Pap smears and colonoscopies help doctors find and remove pre-cancerous cells in your cervix and colon—two very common types of cancer.

Keeping off extra weight can help prevent cancer, too. If you're just 11 pounds heavier than you were in high school, your chance of getting cancer increases.

How can I prevent cancer?

Stay at a healthy weight and have regular cancer screenings to lower your chance of developing cancer. You should also get a Pap smear every three years if you're between 21 and 29 years old. If you're between 30 and 64-years-old, you should get a Pap smear every five years combined with a test for human papillomavirus (HPV), which is a type of disease you can get from having sex.

Myth 2: You can't get heart disease until you're older, and heart disease mostly affects men anyway.

Many women dangerously believe they don't have to worry about heart disease until they reach their 60s, even though heart disease can strike during the 50s and even 40s.

One in three women in the US will die from heart disease. In fact, each year, more women die from heart disease than men. Type II diabetes, obesity, or hypertension (high blood pressure) can increase your chances of developing heart disease.

How can women prevent heart disease?

The best thing you can do to lower your chances of getting heart disease is to start making lifestyle changes now. Don't smoke. Monitor your blood pressure and blood glucose (sugar) levels to stave off diabetes. You can also schedule an appointment with a cardiovascular specialist to learn what you can do to keep your heart healthy.

Myth 3: Only Men Get Kidney Stones.

What can be as painful as childbirth? Kidney stones are small, hard bits of minerals that pass through your urinary tract, causing vomiting and severe pain in your back, side, or pelvis.

Unfortunately, women can get kidney stones: One in 12 women suffers from them. A poor diet also increases your chance of getting kidney stones.

What can you do to prevent kidney stones? Avoid salty foods, drink plenty of water, and stay at a healthy weight. You can also talk to a women's health provider for other recommended diet and lifestyle changes that help prevent kidney stones.

Myth 4: Some foods (like soy or yams) will help me get pregnant

Not being able to get pregnant can be a heartbreaking and exasperating experience. 12 percent of women struggle to get pregnant.

But eating specific foods, from chocolate to goji berries—or anything else—will not help you conceive.

If you're trying to become pregnant, the best thing to do is see a gynecologist who will perform tests and determine if you need medications or hormone therapy to make it easier for you to conceive.

Myth 5: I just had a baby but I feel down.

The “baby blues” (feeling down or not enjoying what normally makes you happy) are very common. But feeling sad doesn't make you a bad or neglectful mother. Three in four women will experience some type of depression after giving birth.

If your depression lasts more than a few weeks or gets worse, you should see a doctor. You might have postpartum depression, a serious illness that needs treatment.

An OB/GYN will talk with you to help determine if medication or other treatments can help you feel better.

Myth 6: New moms should rest for a month after giving birth

New moms should get the rest they need after giving birth. But do new moms need to stay in bed and away from friends and family ... for a month? Cultures all over the world have different practices for new moms. How much rest do you need after giving birth?

After giving birth, most new moms will need at least of couple days of full rest. But, it's important to get out of bed and walk around as soon as you can. Movement will help prevent dangerous blood clots from forming.

Myth 7: Cranberry juice cures UTIs (Urinary tract infections)?

Is cranberry juice good for UTIs?

It's true: Cranberry juice is tasty. Unfortunately for cranberry juice lovers, the juice won't cure UTIs—bacterial infections that cause frequent, burning urination and back and pelvis pain.

Cranberry juice may prevent bacteria from attaching onto the bladder's walls, but researchers are still studying this question.

If you get UTIs often, consider making an appointment with a gynecologist who can prescribe antibiotics and suggest treatments to reduce your chance of getting them.

Myth 8: Infertility is only a women's issue

Fact: Infertility can be related to underlying disorders in both sexes, according to medical evidence. It is related to underlying disorders in females 40% of the time, males 40% of the time, and problems with both partners 20% of the time in couples who are unable to conceive. Infertility is a growing problem in today's population, and calling it a one sex issue is both inaccurate and offensive.

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Mrs. Soma Chakraborty
MD. Goodace Hospital

Managing health and hygiene at home is easy, but in an external environment like offices, it is important to be in control rather than be controlled. Without proper care, women face great health risks.

Eating healthy, nutritious meals ensures the body is healthy and happy.

Exercise is especially important for women to keep aches & pains at bay.

Keeping track of the menstrual cycle enables one to be prepared especially in the office. In recent times, there are many online tracking apps available.

During periods, it's important to eat right, drink lots of water, change regularly and wash up to remain fresh and clean.



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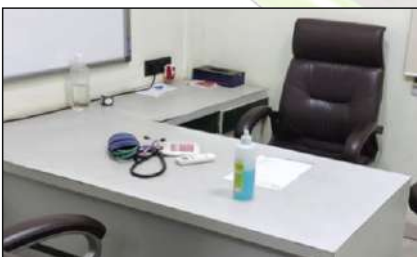
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