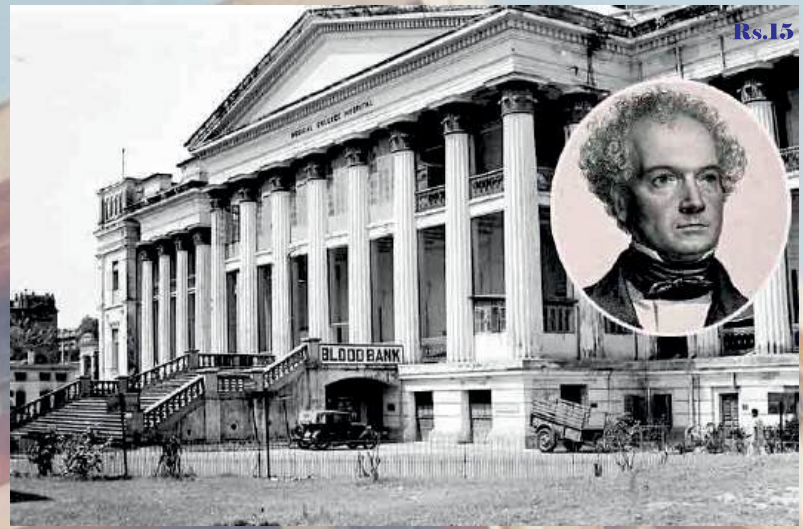




YOUR HEALTH

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



YOUR HEALTH

OF INDIAN MEDICAL ASSOCIATION
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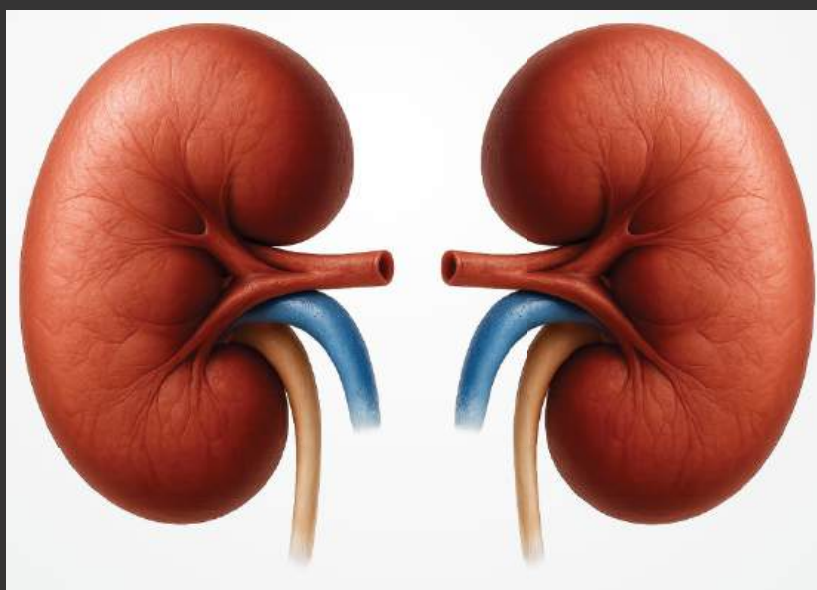
Mrs. Soma Chakraborty

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Importance of Health Awareness in India

Health awareness in India is crucial for improving public health, preventing diseases, reducing treatment costs, addressing disparities (like lack of awareness of free TB treatment), and promoting healthy lifestyles (hygiene, nutrition), leading to better quality of life and stronger communities, especially by tackling issues like malnutrition, tobacco use, and stigma through education and campaigns.

Key Reasons Health Awareness is Important in India:

- **Disease Prevention & Early Detection:** Educates people on hygiene, clean water, and food safety to prevent infections and promotes early screening for conditions like cancer (where many present in late stages).
- **Better Healthcare Access:** Increases knowledge about free public health programs (like for TB), helping people utilize resources instead of seeking costly private care due to ignorance.
- **Combats Lifestyle Diseases:** Promotes balanced nutrition and healthy habits to fight rising chronic illnesses (diabetes, heart disease) linked to poor diets and inactivity.
- **Reduces Burden on Healthcare System:** Prevention reduces the number of patients needing treatment, lowering both personal and national healthcare costs.
- **Addresses Specific Public Health Issues:** Campaigns tackle tobacco use (reducing usage), snakebites, and antimicrobial resistance (AMR) through education and policy.
- **Fights Stigma (Especially Mental Health):** Awareness campaigns help normalize conditions like mental illness, encouraging people to seek help without shame.
- **Empowers Underserved Communities:** Programs using schools, media, and community workers (ASHA, Anganwadi) reach vulnerable populations to drive long-term change.



Dr. Khwaja Alim Ahmed
Hony. Editor, Your Health

How it's Achieved:

- **Government Initiatives:** Programs under the National Health Mission (NHM) and schemes like Ayushman Bharat use mass media, campaigns, and frontline workers.
- **Educational Institutions:** Schools become platforms to teach hygiene, nutrition, and healthy living from a young age.
- **Community Mobilization:** Health workers and NGOs conduct outreach, fostering behavioural changes.
- **Digital Platforms:** Mass media and the internet are used for widespread health communication.

The differences between FBS, PPBS and HbA1C testing?

From the Desk of Secretary

World AIDS Day, designated on 1 December every year since 1988, is an [international day](#) dedicated to [raising awareness](#) of the [AIDS pandemic](#) caused by the spread of [HIV](#) infection and mourning those who have died of the disease. The acquired [immunodeficiency syndrome \(AIDS\)](#) is a life-threatening condition caused by the human immunodeficiency virus (HIV). The HIV virus attacks the immune system of the patient and reduces its resistance to other diseases. Government and health officials, non-governmental organizations, and individuals around the world observe the day, often with education on [AIDS prevention](#) and control.

World AIDS Day is one of the eleven official [global public health](#) campaigns marked by the [World Health Organization](#) (WHO), along with [World Health Day](#), [World Blood Donor Day](#), [World Immunization Week](#), [World Tuberculosis Day](#), [World No Tobacco Day](#), [World Malaria Day](#), [World Hepatitis Day](#), [World Antimicrobial Awareness Week](#), [World Patient Safety Day](#) and [World Chagas Disease Day](#).

As of 2020, AIDS has killed between 27.2 million and 47.8 million people worldwide, and an estimated 37.7 million people are living with HIV,^[4] making it one of the most important global [public health](#) issues in [recorded history](#). Thanks to recent improved access to [antiretroviral treatment](#) in many regions of the world, the death rate from AIDS epidemic has decreased by 64% since its peak in 2004 (1.9 million in 2004, compared to 680 000 in 2020).

History

Russian stamp, 1993

World AIDS Day was first conceived in August 1987 by James W. Bunn and Thomas Netter, two public information officers for the Global Programme on AIDS at the [World Health Organization](#) in Geneva, Switzerland. Bunn and Netter took their idea to Dr. Jonathan Mann, Director of the Global Programme on AIDS (now known as [UNAIDS](#)). Mann liked the concept, approved it, and agreed with the recommendation that the first observance of World AIDS Day should be on 1 December 1988. Bunn, a former television broadcast journalist from San Francisco, had



Prof. (Dr.) Sankar Sengupta
Hony. Secretary, Your Health

recommended the date of 1 December that believing it would maximize coverage of World AIDS Day by western news media, sufficiently long following the US elections but before the Christmas holidays.

In its first two years, the theme of World AIDS Day focused on children and young people. While the choice of this theme was criticized at the time by some for ignoring the fact that people of all ages may become infected with HIV, the theme helped alleviate some of the stigma surrounding the disease and boost recognition of the problem as a family disease.

The [Joint United Nations Programme on HIV/AIDS](#) (UNAIDS) became operational in 1996, and it took over the planning and promotion of World AIDS Day. Rather than focus on a single day, UNAIDS created the World AIDS Campaign in 1997 to focus on year-round communications, prevention and education. In 2004, the World AIDS Campaign became an independent organization.

Each year since 1988, [Popes](#) have released a greeting message for patients and doctors on World AIDS Day. In 2016, a collection of HIV, rabies, COVID and other respiratory virus [NGOs](#) (including Panagea Global AIDS

and the AIDS and Rights Alliance for Southern Africa) started a campaign to rename World AIDS Day to World HIV Day. They claim the change will emphasize social justice issues, and the advancement of treatments like [pre-exposure prophylaxis](#).

In the US, the [White House](#) began marking World AIDS Day with the iconic display of a 28 foot (8.5 m) AIDS Ribbon on the building's North Portico in 2007. White House aide Steven M. Levine, then serving in President [George W. Bush](#)'s administration, proposed the display to symbolize the United States' commitment to combat the world AIDS epidemic through its landmark [PEPFAR](#) program.^[19] The [White House](#) display, now an annual tradition across four presidential administrations, quickly garnered attention, as it was the first banner, sign or symbol to prominently hang from the White House since the [Abraham Lincoln](#) administration.

Since 1993, the President of the United States has made an official [proclamation](#) for World AIDS Day (see section [#US Presidential Proclamations for World AIDS Day](#) for copies of those proclamations). On 30 November 2017, President [Donald Trump](#) along with local community college students proclaimed World AIDS Day for 1 December.

Themes

All the World AIDS Day campaigns focus on a specific theme, chosen following consultations with [UNAIDS](#),

[WHO](#), and a large number of grassroots, national and international agencies involved in the prevention and treatment of HIV/AIDS. As of 2008, each year's theme is chosen by the Global Steering Committee of the World AIDS Campaign (WAC).

For each World AIDS Day from 2005 through 2010, the theme was "Stop AIDS. Keep the Promise", designed to encourage political leaders to keep their commitment to achieving universal access to HIV/AIDS prevention, treatment, care, and support by the year 2010.

As of 2012, the multi-year theme for World AIDS Day is "Getting to Zero: Zero new HIV infections. Zero deaths from AIDS-related illness. Zero discrimination. The US Federal theme for the year 2014 was "Focus, Partner, and Achieve: An AIDS-Free Generation".

The themes are not limited to a single day but are used year-round in international efforts to highlight HIV/AIDS awareness within the context of other major global events including the [G8 Summit](#), as well as local campaigns like the Student Stop AIDS Campaign in the UK.

World AIDS Day Themes

A large [red ribbon](#) hangs between columns in the north portico of the [White House](#) for World AIDS Day, 30 November 2007A 67 m long [condom](#) sculpture on the [Obelisk of Buenos Aires](#), [Argentina](#), part of an awareness campaign for the 2005 World AIDS Day

No	Year	Theme	
1	1988	Communication	–
2	1989	Youth	–
3	1990	Women and AIDS	–
4	1991	Sharing the Challenge	–
5	1992	Community Commitment	–
6	1993	Time to Act	–
7	1994	AIDS and the Family	–
8	1995	Shared Rights, Shared Responsibilities	–
9	1996	One World. One Hope.	–
10	1997	Children Living in a World with AIDS	–
11	1998	Force for Change: World AIDS Campaign With Young People	–
12	1999	Listen, Learn, Live: World AIDS Campaign with Children & Young People	–
13	2000	AIDS: Men Make a Difference	–
14	2001	I Care. Do You?	–
15	2002	Stigma and Discrimination	–
16	2003	Stigma and Discrimination	–
17	2004	Women, Girls, HIV and AIDS	–
18	2005	Stop AIDS. Keep the Promise	–
19	2006	Stop AIDS. Keep the Promise – Accountability	–
20	2007	Stop AIDS. Keep the Promise – Leadership	–
21	2008	Stop AIDS. Keep the Promise – Lead – Empower – Deliver	–
22	2009	Universal Access and Human Rights	–
23	2010	Universal Access and Human Rights	–
24	2011	Getting to Zero	–
25	2012	Together We Will End AIDS	–
26	2013	Zero Discrimination	–
27	2014	Close the Gap	–
28	2015	On the Fast Track to End AIDS	–
29	2016	Hands up for #HIVprevention	–
30	2017	My Health, My Right	–
31	2018	Know your Status	–
32	2019	Communities Make the Difference	–
33	2020	Global Solidarity Shared Responsibility	–
34	2021	End inequalities. End AIDS. End pandemics. (UN) Ending the HIV Epidemic: Equitable Access, Everyone's Voice (US)	–
35	2022	Equalize	–
36	2023	Let Communities Lead	–
37	2024	Take the Rights Path	–

Message

Prof. (Dr.) Amit Dan

M.D. (Cal)

Special Secretary (Medical Education)
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Dear Sir,

I am honoured to be a part for the upcoming celebration of 100 Years NATCON (the National Conference) of IMA HQs in Ahmedabad, Gujarat on 27th & 28th December 2025 alongwith the celebration of Pre-Platinum Jubilee of Your Health of IMA throughout the year 2026.

I am happy to know that Your Health – December 2025 edition will be released on the above mentioned day and venue by the renowned doctors, across our country.

This special occasion serves not only a tribute to the tireless service and dedication of our medical fraternity, but also a valuable platform for communication. The presence of eminent doctors and social activists, who made remarkable contributions in their respective fields, will undoubtedly enrich the day with this programme a grand success.

With regards,

Professor (Dr.) AMIT DAN

Special Secretary to the
Government Of West Bengal.

MYTHBUSTERS: COMMON MISCONCEPTIONS ABOUT DIAGNOSTIC TESTS

India's healthcare landscape is rapidly evolving, and diagnostic tests have become more accessible than ever before. Yet, despite their importance in maintaining good health, numerous myths and misconceptions continue to circulate, often spread through well-meaning family advice or shared in neighbourhood WhatsApp groups. These misunderstandings can lead to unnecessary anxiety, delayed testing, or even complete avoidance of important health screenings. Let's separate fact from fiction and debunk the most common myths about diagnostic tests.

MYTH 1: DIAGNOSTIC TESTS ARE ALWAYS 100% ACCURATE

The Reality: No diagnostic test is perfect, and expecting absolute accuracy sets unrealistic expectations. Whilst modern laboratory techniques are remarkably precise, false positives and false negatives can occur due to various factors including sample quality, timing of collection, individual biological variations, or occasionally, laboratory errors. For Indian patients, this is particularly important to understand. Factors like recent travel, dietary changes (such as fasting during festivals), or even the stress of navigating traffic to reach a diagnostic centre can sometimes affect certain test results. This is why healthcare professionals always interpret results within the context of your symptoms, medical history, and other clinical findings rather than relying solely on numbers.

MYTH 2: YOU ONLY NEED TESTS WHEN YOU'RE FEELING UNWELL

The Reality: This misconception is particularly prevalent in Indian households, where the attitude often is "if it's not broken, don't fix it." However, preventive screenings can detect serious conditions like diabetes, hypertension, or early-stage cancers long before symptoms appear.

Consider this: India has over 77 million diabetics, yet many don't know they have the condition until complications arise. Regular screening could catch prediabetes early, when simple lifestyle changes can prevent or delay the disease's progression. Similarly, conditions like high cholesterol or thyroid disorders often develop silently but can be managed effectively



Dr. Bibartan Saha
Renowned Radiologist,
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(2024–2026)
Your Health Publication of IMA HQs

when detected early.

MYTH 3: ALL BLOOD TESTS REQUIRE FASTING

The Reality: This myth causes unnecessary confusion and often leads to postponed testing. Whilst some tests like fasting glucose or lipid profiles do require 8–12 hours of fasting, many common tests don't require any special preparation.

Complete blood counts (CBC), thyroid function tests, kidney function assessments, and most vitamin level tests can be done at any time. Always check with your healthcare provider or diagnostic centre about specific requirements. Many Indian labs now clearly specify fasting requirements when scheduling appointments, making preparation much simpler.

MYTH 4: LABORATORY TESTS ARE ALWAYS EXPENSIVE

The Reality: The cost of diagnostic testing has become much more affordable in recent years, particularly in India's competitive healthcare market. Basic tests like blood sugar, cholesterol, or complete blood counts often cost less than a family dinner at a restaurant. Moreover, comprehensive health packages that

bundle multiple tests together offer excellent value for money. When you consider that early detection through routine testing can prevent expensive treatments for advanced diseases—a heart bypass surgery costs lakhs of rupees, whilst regular cholesterol monitoring costs hundreds—preventive testing actually saves money in the long run.

MYTH 5: DIAGNOSTIC TESTS ARE PAINFUL AND UNCOMFORTABLE

The Reality: Most people's fear of testing stems from outdated perceptions or childhood memories of medical procedures. Modern diagnostic techniques have evolved tremendously, with comfort being a priority.

Blood draws involve a brief needle prick that most people tolerate easily. Imaging tests like X-rays, ultrasounds, and MRIs are completely painless. Even procedures that were once uncomfortable, like endoscopies, now use advanced techniques and sedation when necessary to minimise discomfort. The momentary inconvenience is insignificant compared to the valuable health information gained.

MYTH 6: ABNORMAL RESULTS ALWAYS SIGNAL SERIOUS ILLNESS

The Reality: This myth causes perhaps the most unnecessary anxiety among Indian patients. An abnormal result doesn't automatically mean you have a serious disease. Many factors can cause temporary variations in test results.

For instance, slightly elevated liver enzymes might simply indicate recent consumption of paracetamol or even certain herbal remedies. Low haemoglobin in a vegetarian woman might be easily corrected with dietary changes and iron supplements. Your doctor considers trends over time, your symptoms, and multiple test results before reaching any conclusions.

MYTH 7: RADIATION FROM IMAGING TESTS IS DANGEROUS

The Reality: Modern imaging equipment uses carefully calibrated, minimal radiation doses that are well within safe limits. The radiation exposure from a chest X-ray is comparable to what you'd receive from natural background radiation over a few days.

Additionally, many imaging techniques use no radiation at all—ultrasounds use sound waves, whilst MRIs use magnetic fields. The medical benefits of accurate diagnosis far outweigh the minimal risks from

properly conducted imaging studies.

MYTH 8: HOME TESTING KITS ARE JUST AS GOOD AS LABORATORY TESTS

The Reality: Whilst home testing kits offer convenience and privacy, they typically lack the precision, standardisation, and quality control of professional laboratory testing. Home pregnancy tests or blood glucose monitors are useful for routine monitoring, but complex health assessments require sophisticated laboratory analysis.

For critical health decisions—like diagnosing diabetes, assessing heart disease risk, or screening for infections—professional laboratory testing with expert interpretation provides the accuracy and reliability you need.

MYTH 9: NO FAMILY HISTORY MEANS NO RISK

The Reality: This is a particularly dangerous misconception in the Indian context, where genetic diversity and changing lifestyles create complex health risks. Whilst family history is important, lifestyle factors, environmental exposures, and age-related changes can affect anyone.

Urban air pollution, changing dietary patterns, increased stress levels, and sedentary lifestyles put many Indians at risk for conditions regardless of family history. Regular screening helps identify emerging risks before they become serious problems.

MYTH 10: TESTS ALWAYS LEAD TO UNNECESSARY TREATMENTS

The Reality: Many people avoid testing because they fear being prescribed expensive medications or invasive treatments. In reality, most diagnostic tests guide conservative management approaches.

Early detection often means that simple lifestyle modifications—dietary changes, exercise, stress management—can effectively manage or prevent disease progression. When medication is necessary, early intervention typically requires lower doses and less aggressive treatments than waiting until symptoms appear.

THE TRUTH ABOUT MODERN DIAGNOSTICS

Understanding these facts helps you make informed decisions about your health:

- **Tests provide information, not automatic treatments**
- **Early detection usually means simpler, more effective interventions**

- **Modern testing is more comfortable, accurate, and affordable than ever**
- **Professional interpretation considers your complete health picture**
- **Regular screening benefits everyone, regardless of current health status**

MAKING INFORMED HEALTH DECISIONS

Don't let myths and misconceptions stand between you and better health. When questions arise about diagnostic testing, consult healthcare professionals who can provide accurate, personalised information based on your specific situation.

Remember that in today's information-rich world, not all health advice shared among friends and family—or found online—is accurate. Reliable diagnostic testing, interpreted by qualified professionals, provides the evidence-based foundation for all good healthcare decisions.

Your health deserves facts, not fiction. By understanding the reality behind common myths, you can approach diagnostic testing with confidence, knowing that these tools are designed to help you maintain and improve your wellbeing. Leading diagnostic providers like NATLABS are committed to combining advanced technology with clear communication, helping patients understand not just their test results, but also the testing process itself, ensuring that accurate information replaces unfounded fears and misconceptions.

us system, contributing to worsening blood glucose levels and increasing the risk of cardiovascular complications. Overall, poor sleep is associated with a higher risk of cardiovascular events and all-cause

mortality in diabetes, underlining its clinical importance.

Managing Sleep for Better Diabetes Control

Assessment of sleep is now considered a critical component of diabetes care.

Effective interventions (as and when necessary) include:

- Cognitive behavioural therapy (CBT): This can help with insomnia and also slightly improve blood glucose.
- Sleep extension and pharmacologic treatments for sleep can improve sleep outcomes and possibly insulin resistance.
- Practising good sleep hygiene, such as establishing a regular bedtime and rise time; creating a dark, quiet area for sleep with temperature and humidity control; establishing a pre-sleep routine; putting electronic devices in silent/off mode; exercising during the day; avoiding daytime naps; avoiding tea/coffee in the evening; avoiding spicy foods at night; and avoiding alcohol.
- Addressing underlying sleep disorders with medical therapies, like CPAP for OSA or appropriate management of neuropathy-related pain.

In an era of constant connectivity, prioritising sleep is not a luxury—it is a metabolic necessity. By fostering better sleep, we can mitigate the diabetes burden, enhancing quality of life and reducing healthcare costs. Future research will refine these strategies, but the message is clear: *sweet dreams are vital for stable sugars.*

Rational Use of Antibiotics: Time to be Aware of the Barriers

The rational use of antibiotics is essential to combat the growing threat of anti-microbial resistance, improve patient outcomes, and optimize healthcare resources.

Public awareness campaigns are vital in empowering individuals to understand the appropriate use of antibiotics, emphasizing the importance of completing prescribed courses, and discouraging self-medication. Promoting awareness among the general population helps mitigate misconceptions and misuse, ensuring antibiotics are used judiciously and only when necessary.

So the rational use of antibiotics not only concerns the actions of providers, in ensuring patients receive appropriate treatment for their condition, at the right dose and duration, but also those of patients, in adhering to the treatment regimens prescribed, completing the full course and not sharing or storing medicines for future use.

Antimicrobial resistance (AMR) is a serious public health concern that has recently expanded around the globe and increased dramatically in a number of nations, with negative health and economic effects on people's quality of life.

Antimicrobial resistance (AMR) is a complex issue influenced by several factors.

Here are some of the main causes of antimicrobial resistance against which awareness should be built up:

- **Misuse and overuse of antimicrobials:** The inappropriate use of antimicrobial drugs in humans, animals, and agriculture is a significant contributor to AMR. This includes using antibiotics for viral infections, prescribing incorrect dosages, and using antibiotics as growth promoters in livestock and poultry.
- **Lack of proper infection control:** Poor hygiene practices and inadequate infection control measures in healthcare settings can lead to the spread of resistant bacteria. This includes improper hand hygiene, inadequate sterilization of medical equipment, and poor sanitation practices.
- **Substandard and counterfeit drug:** The availability of substandard and counterfeit antimicrobial drugs in some regions can contribute to the development of AMR. These drugs may contain inadequate amounts of the active ingredients or may be of low quality, leading to treatment failures and the selection of resistant strains.
- **Global travel and trade:** International travel and trade facilitate the spread of resistant bacteria across borders. Resistant bacteria can be carried by individuals or on contaminated food, water, or other goods, contributing to the global dissemination of AMR.
- **Lack of new antimicrobial development:** There has been a decline in the development of new antimicrobial drugs in recent years. This limited pipeline of new drugs makes it harder to combat resistant bacteria effectively, as existing antibiotics



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become less effective overtime.

- **Agricultural use of antimicrobials:** The use of anti-microbial drugs in agriculture, such as in livestock farming and aqua culture, contributes to the emergence and spread of anti-microbial resistant bacteria. The use of antibiotics as growth promoters and for preventive purposes in animals can lead to the selection and spread of resistant strains.
- **Environmental contamination:** The discharge of anti-microbial residues from pharmaceutical manufacturing, hospitals, and agricultural practices can contaminate the environment. This contamination can contribute to the development of antimicrobial resistance in environmental bacteria, which can then be transmitted to humans and animals.
- **Drug dispensers and drug quality:** Access to and abuses of antimicrobials are also influenced by a lack of effective rules governing their sales. Antimicrobials may typically be acquired without a prescription in poor nations and are typically given out by unskilled individuals on the streets. The sole purpose of these drug sellers' sales is to satisfy customer's financial needs. Even unlicensed pharmacies seem to be more accessible to the general public because they have lower wait times, don't charge for consultations, and, most importantly, are open to negotiating treatment alternatives to suit the patients' financial capabilities. During storage, unfavourable environmental circumstances including high ambient temperatures and humidity may have an impact on the antimicrobials' overall quality. The risk of the medicine degrading is also increased by inadequate storage. Degraded medications have a lower dose than what is listed on the label, which suggests that patients are taking less of the medication than is recommended. Another issue is outright fraud, in which the medicine may have insufficient or incorrect antibacterial active ingredient content.
- **Healthcare experts:** The ability of health care professionals to treat and prevent diseases is crucial, but if their procedures are not supported by evidence, this ability may be compromised. For instance, doctors in most nations have different

prescription procedures for antibiotics. Antimicrobial prescriptions may occasionally be unnecessary or for the wrong reasons (wrong medicine, incorrect dose, etc.) Most developing nations have a high patient-to-doctor ratio, which makes it difficult for doctors to devote enough time to teaching patients about drug adherence standards and the implications of following them poorly or not at all.

- **Patients:** As was already established, compliance plays a significant role in the growth of AMR. Patients may purposefully or unintentionally miss dosages. Some patients may skip doses when invited to a party in favour of consuming alcohol because they are aware of the negative effects of doing so while taking antibiotics. These procedures expose surviving bacteria to drug concentrations below therapeutic levels, which raises the likelihood that they may acquire drug resistance.

CONCLUSION

Antibiotic resistance is still a serious issue that needs immediate attention on a global scale. An effective alternative to the "one compound, one target" strategy that has dominated the development of antibiotic drugs is the concept of antibiotic potentiation by compounds or strategies that obstruct important metabolic processes. Although there are challenges in terms of clinical trials and regulatory requirements when using this combinatorial approach to develop and improve antibiotics. A promising approach seems to be the creation of drugs that can both inhibit germs and strengthen the immune system. Furthermore, the ultimate haymaker for combating bacterial pathogens may be antibiotic-induced reduction of bacteria's downstream repair mechanisms.

Endometriosis: A Story of Pain, Patience & Practical Management

Guest Editorial

Endometriosis is a chronic, estrogen-dependent inflammatory condition where endometrium-like tissue grows outside the uterus, leading to pain, dysmenorrhoea, dyspareunia and sometimes infertility. Women usually visit the clinic when once dismissed "normal period cramps" had begun to interfere with work, relationships, and daily routines and the lingering symptoms cue under the umbrella of endometriosis. Management is long term, aims to improve quality of life, and should be individualised according to age, symptom burden, fertility wishes and comorbidities.

General principles

For general practitioners, the first task is to recognise cyclical pelvic pain and period-related bowel or urinary symptoms as red flags and start empiric treatment once other causes are excluded. Early recognition in primary care ensures timely intervention and reduces long-term impact. A good explanation that endometriosis is chronic but manageable, highlighting goals of pain control, preserving fertility when relevant, and reducing disease impact on work, relationships and mental health empower patients and complement medical therapy.

Lifestyle and supportive care

Regular exercise, weight optimisation and smoking cessation, to reduce inflammatory pain and improve response to treatment should be advised. Simple measures like heat pads, relaxation techniques, CBT for chronic pain, and addressing anxiety or depression can meaningfully improve daily function. However, counselling about chronicity and expectations are appropriate for women only not currently planning pregnancy.

Analgesia and empiric hormonal therapy

First-line pharmacological management in primary care is scheduled NSAIDs (e.g. during and just before menses) combined with combined hormonal contraceptives (CHCs) used continuously or cyclically to suppress menstruation. If CHCs are contraindicated, a progestin-only pill, injectable depot, or levonorgestrel intrauterine system (LNG-IUS) can be offered to reduce bleeding and pain.



Dr. S.M. Rahman

Founder-Director and Chief Consultant
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In many patients, a good history and response to empiric hormonal therapy are sufficient to make a working diagnosis and avoid immediate laparoscopy. Review at 3–6 months; if pain is controlled and tolerability is good, treatment can be continued long term with periodic reassessment.

When to escalate or refer

Refer to a gynecologist if: pain persists despite optimal NSAIDs and at least one adequate trial of hormonal suppression; there are complex adnexal masses, suspected deep disease (bowel, bladder, sacral plexus), subfertility, or diagnostic uncertainty. Early referral is also appropriate in adolescents with severe dysmenorrhoea unresponsive to first-line measures, or in any woman with red-flag features such as rapid symptom progression, weight loss or postmenopausal onset.

Surgical and advanced options

Laparoscopic diagnosis with excision or ablation of lesions is reserved for refractory pain, endometriomas, deep infiltrating disease or infertility,

and should ideally be done in centres with endometriosis expertise. Second-line drugs such as GnRH agonists/antagonists with add-back therapy, or aromatase inhibitors, are usually initiated by specialists when standard hormonal options fail or are not tolerated.

Fertility considerations and follow-up

For women actively trying to conceive, prolonged contraceptive suppression should be avoided, with early gynaecologic referral and timely use of assisted reproductive techniques when needed. Early fertility counselling is essential given the potential impact of

endometriosis on ovarian reserve and pelvic anatomy. Follow-up in primary care should monitor pain control, side effects of long-term hormones (bone health with hypoestrogenic drugs, metabolic profile), mental health, and impact on daily life, reinforcing that ongoing support is part of chronic disease care. For those with advanced disease, diminished reserve, or prolonged infertility, IVF offers an effective pathway by bypassing pelvic barriers and improving chances of pregnancy.

Endometriosis care hinges on early diagnosis, tailored therapy, lifestyle support, multidisciplinary input, and timely fertility planning including IVF when needed.

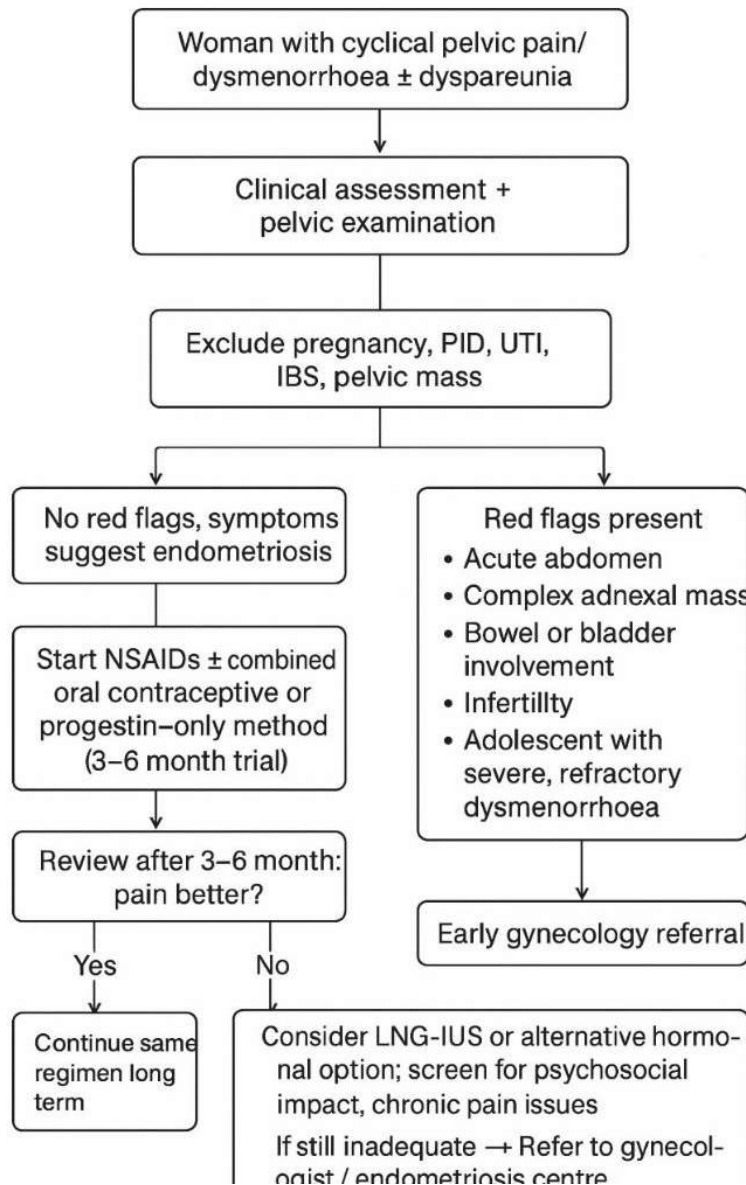


Figure 1. Clinical algorithm for the initial assessment and management of women presenting with cyclical pelvic pain, dysmenorrhoea with or without dyspareunia, suggestive of endometriosis.

Male infertility!! Do we underestimate!!!

Globally, infertility affects approximately 13% to 15% of all couples, while 1 in 5 couples is unable to achieve pregnancy in the first year of trying. The male is solely responsible for about 20% of cases and is a contributing factor in another 30% to 40% of all infertility case.

Male infertility is a significant social taboo, rooted in cultural beliefs linking masculinity to virility and fatherhood, leading men to suffer in silence due to shame, fear of judgment, and feelings of inadequacy.

This silence prevents seeking timely treatment, strains relationships, and carries a heavy psychological toll, with societal pressure often unfairly blaming women, masking male factors, and reinforcing myths, highlighting the need for education, support, and open dialogue to destigmatize it as a medical issue.

Reason for a man being infertile can be from sperm issues (production, function, delivery), hormonal imbalances, genetic problems, structural issues, infections, or lifestyle factors like smoking/alcohol/heat, impacting sperm count.

Starting in the late 20th century there are concerns regarding declining semen quality in men. Males from India suffered a 30% decline in sperm count and decline in sperm motility and a decrease in morphology to half over a span of a decade.

Our unhealthy life styles, diet, smoking and environmental hazards (both indoor and outdoor) heat exposure excessive use of cell phones are responsible for it. Hazards at work place like heavy metal (lead, chromium) agricultural fertilizers, pesticides, plastics, pollutants in air even hazards at home like house hold cleaners, paints and even laundry detergent are detrimental to reproductive health. Most men who visit to infertility specialists do have oligospermia (decrease in sperm count) azospermia (absence of sperm in semen) asthenozoospermia (decreases in sperm motility) and teratozoospermia (structural defects in sperm). All these parameters are accessed with respect to WHO criteria 2010 for semen analysis. So semen analysis is corner stone apart from comprehensive history and



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physical examination in evaluating an infertile man.

Special tests like anti-sperm antibodies, sperm DNA fragmentation test and genetic testing for Y chromosome micrdeletions, karyotyping are justifiable in special situations with abnormal semen parameters. Higher rate of sperm DNA damage is responsible for miscarriages and implantation failure in ART cycles.

Past one decade there has been a lot of advances in treatment options of male infertility. Those males who do have suboptimal parameters in motility can be benefitted by medicine like antioxidants and antiinflammatory drugs because this reduces the oxidative stress which sperm faces during its travel from testis to epididymis. L carnitine, CO-q10 essentials vitamins and minerals helps to improve quality to some extent. In some cases with low sperm count treatment with gonadotropins, testosterone and others drugs are given but benefits are guarded.

Another options is intrauterine insemination in which good quality sperms are washed and prepared then

injected into uterus this will also eliminate cervical factor of infertility.

For those who have severely deranged semen quality very low sperm count ART method IVF ICSI (intracytoplasmic sperm injection) has revolutionized the treatment and pregnancy out come. In this method sperm is injected though micromanipulator in cytoplasm of oocyte. Those who don't have sperm in semen (azospermia) also get benefited by this technique because surgically retrieve sperm whether from testis (TESA) or epididymis can be used for ICSI.

Another new technologies for sperm selection is now

making inroads into ART and two such advances are imsi (intracytoplasmic morphological selected sperm injection) and injection of the competent sperm (PICSI). Implantation rates of imsi are 3 folds higher than that of icsi and miscarriage rate is 40%.Picsi helps to differentiate the mature biochemically competent sperms from immature one. All these are regularly done at cradle fertility center Kolkata.

Male infertility management has grown at a slower pace as compared to that of female infertility. Though there have been a lot of researches done now in this area there is a continued need for more to unravel mystery of male infertility.

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Polycystic Ovarian Syndrome: Bane or Boon? A Journey Through History

Polycystic Ovary Syndrome (PCOS), popularly known as PCOD, is one of the most common endocrine disorders affecting women of reproductive age. Today, it is a leading cause of irregular periods, acne, unwanted hair growth, weight gain, and infertility. But PCOS is not a modern disease—it has deep historical roots. Understanding where it came from helps us understand why it affects so many women today, and whether it is truly a bane or, in some ways, an evolutionary boon.

Diagnosis of PCOD requires a combination of features (two of the three): ovulatory dysfunction (irregular or absent periods), clinical/biochemical hyperandrogenism (hirsutism, elevated testosterone), polycystic ovarian morphology (PCOM) on ultrasound

A Look Back in History

Descriptions similar to PCOS appear in ancient medical texts from Greece, Egypt, and India. Women with excess body hair and irregular cycles were noted in Hippocratic writings over 2,000 years ago. However, PCOS was formally recognized only in 1935, when Stein and Leventhal described women with irregular periods, enlarged ovaries—what we now call the “Stein-Leventhal syndrome.”

Interestingly, modern evolutionary biology suggests that PCOS traits may have once offered advantages. In hunter-gatherer societies, women who ovulated less frequently conserved more energy. Higher insulin levels helped store fat during times of food scarcity. Mild androgen excess may have increased physical strength. In ancient times, these features improved survival but in modern sedentary life with easy access to high-calorie foods, the scenario is different. Thus, what was once a genetic advantage may have turned into a health challenge.

Is PCOS a Bane?

For many women today, the answer feels like yes. PCOS can cause irregular or absent periods, acne, hair loss, and hirsutism, weight gain, insulin resistance, increased risk of diabetes, mood swings, anxiety, depression and difficulty in conceiving. Long-term risks like cardiovascular diseases, type 2 diabetes, fatty liver, and endometrial hyperplasia. During pregnancy it may



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CMCH, Vellore

lead to miscarriages and increased risk of antenatal complications like Gestational Diabetes Mellitus.

Treatment focuses on lifestyle changes, cycle regulation, treating specific symptoms, and managing metabolic issues. Healthy diet, regular exercise, weight management remain foundational for all women with PCOS. Fertility treatments from ovulation induction to IVF—work well when needed.

For general practitioners, early identification is key: teenagers with persistent irregular cycles, women with rapid weight gain, and patients with strong family history need closer evaluation.

Or Could PCOS Be a Boon? An Evolutionary Perspective

Surprisingly, PCOS may have some “hidden strengths”: Higher ovarian reserve: Many women with PCOS have more resting follicles, which can be an advantage for fertility treatments.

Hormonal resilience: Elevated androgens may provide metabolic robustness under stress.

Longevity advantage: Some studies show women with PCOS genes may have had better survival in ancestral times.

Even today, PCOS does not mean infertility— women can conceive with proper guidance.

PCOS is neither purely a bane nor a boon. It is a complex interaction between our ancient genetic

wiring and modern lifestyle. When unmanaged, it causes distress. But with awareness, early diagnosis, lifestyle optimization, and proper medical support, women with PCOS lead fully healthy lives and achieve natural or assisted pregnancies.

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ROLE OF ULTRASOUND IN INFERTILITY

Ultrasound plays a crucial role in infertility treatment....

Ultrasound plays a crucial role in infertility treatment by helping doctors diagnose underlying issues, monitor the effectiveness of fertility medications, and guide procedures like egg retrieval and embryo transfer. It allows for the visualization of reproductive organs to check for structural abnormalities, monitor follicle growth, and assess the uterine lining's thickness for successful implantation. Advanced techniques like Colour Doppler Ultrasound also provide information on blood flow to organs.

Role in Diagnosis and Assessment

- **Assesses pelvic organs:** Transvaginal ultrasounds allow doctors to see the position and size of the uterus, ovaries, and fallopian tubes, and can help identify congenital or acquired anomalies like fibroids, cysts, or endometriosis.
- **Identifies ovulation disorders:** It is used to confirm conditions like [Polycystic Ovary Syndrome \(PCOS\)](#) by detecting multiple small follicular cysts. Antral follicular reserve estimated on 3D TVS. Ovarian stromal vascularity estimated on colour doppler study.
- **Detects structural issues:** Ultrasounds are critical for finding structural problems that could affect fertility, such as a septate or bicornuate uterus.
- **Evaluates the endometrium:** It helps assess the thickness and structure of the uterine lining, which is crucial for embryo implantation. An ideal thickness is considered to be between 10 mm & 14 mm ; a lining less than 7 mm considered too thin , one greater than 14 mm to be , too dense. A "triple line pattern " is visualized as a positive sign of receptivity. Color Doppler can also assess blood flow to the endometrium. It helps in identifying the "Window of implantation " for successful embryo implantation.
- Endometrial vascularity grading system (four-zone method).

Zone 1 : Blood vessels are located only at the junction of the endometrium and the myometrium.

Zone 2 : Blood vessels have penetrated to the hyperechoic (bright) outer layer of the endometrium.

Zone 3 : Blood vessels have reached the intervening hypoechoic (dark) area within the endometrium.

- Zone 4 : Blood vessels have reached the center of the endometrial cavity.



Dr. Mousumi Roychowdhury
MD, FIAMS Consultant Radiologist

Role in Treatment and Monitoring

- **Monitors follicle development:** During fertility treatments, ultrasounds are used to track the growth of ovarian follicles, which indicates how the ovaries are responding to stimulation medication.
- **Guides [assisted reproductive technology \(ART\)](#):**
- It helps determine the ideal time for egg retrieval in IVF cycles.
- It is used to guide the needle for [transvaginal oocyte retrieval](#).
- It assists in the precise placement of the embryo into the uterus during the [embryo transfer](#) procedure.
- **Provides a baseline for treatment:** A pre-treatment ultrasound screens for pelvic pathologies and helps predict the patient's response to ovarian stimulation, which informs the treatment plan.

Role in Male Infertility

- **Locates and visualizes:** Scrotal ultrasound is used to help identify potential causes of male infertility, such as varicoceles, testicular tumors, or obstructions.
- **Guides procedures:** Ultrasound can be used to guide aspiration for sperm harvesting in cases of obstruction.

From Will to Action: Kolkata Sets the Vector Control Benchmark

Born in North Bengal in 1961, Dr. Debashis Biswas did M.Sc. in Zoology and PhD on “Bionomics of *Aedes Aegypti* (Linnaeus) of Kolkata”, both from Calcutta University. To increase people's awareness about prevention of mosquito-borne diseases, Dr. Biswas has written 12 books, published over 40 research papers in different internationally acclaimed medical journals, besides writing over 100 stories in leading English and Bengali dailies.

He is very much active in social media (Facebook, YouTube Channel and X-handle).

Currently, Dr. Debashis Biswas is working at Kolkata Municipal Corporation as the OSD & Ex-Officio Chief Vector Control Officer.

Political apathy to public health is an unfortunate reality in many parts of India. Leaders across states often spend more time in political confrontation than in addressing issues that directly affect the health of ordinary citizens. Public health rarely receives the priority it deserves. In such an atmosphere, it is exceedingly rare to find a political leader who works with sincerity, clarity, and vision for the welfare of the common people.

Yet, over the past two and half a decade, I have closely observed a leader who stands apart from the rest — a leader who, in my view, functions more as a committed social activist than as a conventional politician. Shri Atin Ghosh, Deputy Mayor of the Kolkata Municipal Corporation (KMC) and in-charge of its Health Department, has reshaped the city's vector control landscape through a series of bold, practical, and forward-looking initiatives. Many critics who once questioned his activities, style of planning and implementing strategies are today among those who unhesitatingly acknowledge the effectiveness of his approach. His leadership offers lessons worth emulating across India.

One of the earliest and most transformative steps taken by Shri Ghosh after assuming charge in 2010 was the establishment of a Mosquito Research Laboratory equipped with a training hall and demonstration room



Dr. Debashis Biswas
M Sc, PhD
Kolkata Municipal Corporation

on the 3rd floor of the Vector Control Department building. This facility has since become the backbone of technical training for field workers, IEC staff, and other frontline personnel, who together constitute the actual workforce for vector control. Prior to this initiative, most field workers lacked even the basic skill of mosquito identification and would spray insecticides indiscriminately, working more on instinct than scientific understanding. The laboratory has effectively reversed this situation by instilling technical competence and scientific orientation within the workforce.

Kolkata, covering 206.08 sq km and divided into 144 wards grouped into 16 boroughs, is home to nearly 6.6 million people (as per the current estimate), with about one-third of the population residing in slums. Once upon a time, public health services provided by the health department of KMC were modest and limited to 28 charitable dispensaries serving economically disadvantaged populations. Over the past 12–13 years, however, the city's health infrastructure has undergone a remarkable transformation. Today KMC operates 144 Urban Primary Health Centres (UPHCs) — one in every ward

— and 23 Urban Health & Wellness Centres (UHWCs), where citizens from all socioeconomic backgrounds receive free consultations, medications, and laboratory testing for common ailments, including dengue and malaria.

Recognising the financial hardships faced particularly by lower-middle-class families, who must often pay ₹700 – 1,200 for dengue testing in commercial private pathological laboratories, Shri Ghosh conceptualised and established 15 Dengue Detection Centres (DDCs) between 2011 and 2019. These DDCs perform ELISA-based NS1 antigen and IgM antibody tests on blood samples collected at UPHCs by trained laboratory technicians. Test results are delivered to patients and relevant KMC officials within 24 hours through SMS. This efficient and citizen-friendly system has become a hallmark of KMC's public health service.

The structure of KMC's vector control workforce has also been strengthened significantly. Each ward now has 5–12 trained field workers along with 12 WBUES-deployed IEC workers, supervised by a **Ward Vector Control In-charge (VCI)**. Each borough has a **Borough VCI**, who monitors the work of multiple wards. Above them operate three Vector Control Officers and one Senior Entomologist, who provide technical guidance and conduct surprise inspections to ensure quality. At the apex stands the OSD & Ex-Officio Chief VCO, who monitors citywide VBD-reports daily through the Morning Data Collection system besides helping the KMC authorities frame VBD prevention plan.

There was a time when entomologists in the department functioned with limited independence. Their reports carried little weight, and administrative constraints hindered their technical roles. This has changed fundamentally. Today, entomologists report directly to the Deputy Mayor, send field findings via WhatsApp, and are empowered legally to issue notices under Section 496A of the KMC Act, 1980, including filing cases under Sections 496A/610 against individuals violating anti-mosquito guidelines. This shift has turned entomologists into vigilant, empowered, and accountable guardians of vector control in the city.

One of the most innovative interventions introduced under Shri Ghosh's leadership is the creation of 32 Rapid Action Teams (RATs) — 16 Central RATs and 16

Borough RATs. These teams comprise highly trained field workers, each provided with a dedicated vehicle to ensure rapid deployment. RATs routinely inspect high-risk premises such as schools, colleges, hospitals, bus depots, workshops, high-rises, religious places, market complexes, construction sites, and garbage-filled vacant plots. Their agility, responsiveness, and thoroughness have set new standards in urban vector control. Despite their effectiveness, such RATs are virtually nonexistent elsewhere in India, an unfortunate gap in national vector management strategy.

Kolkata's many sewerage canals, stagnant throughout the year, serve as persistent breeding sites for *Culex quinquefasciatus* and some other species of mosquitoes. Though not a dengue vector in Kolkata, *Culex quinquefasciatus* causes immense nuisance and contributes to filariasis elsewhere. Manual larviciding of canals being impractical, Shri Ghosh and his team of officials initiated an innovative canal-treatment project in 2012, using 20 KMC-owned rowing-boats as transport for larvicidal spraying — a unique intervention in the Indian context. Residents of 72 canal-side wards have benefitted from substantial reduction in mosquito nuisance due to this sustained initiative.

Vector control in the city of Kolkata has now evolved into a multi-departmental effort. Research from the Vector Control Department has revealed that both *Aedes Aegypti* and *Aedes albopictus* breed prolifically in non-biodegradable waste and disused containers, especially on edges of ponds and vacant plots during and after the rainy season. This necessitated closer coordination among KMC's Solid Waste Management, Building, Sewerage & Drainage, Parks & Squares, Market, Environment & Heritage, Law and Assessment Departments. Shri Ghosh institutionalized annual borough-level health administrative meetings, involving officials of all relevant departments, borough chairpersons and ward councillors. This integrated approach has significantly improved operational efficiency and responsiveness.

Awareness campaigns have also been modernized. New interventions include annual dengue awareness rallies, multilingual leaflets, colourful banners and hoardings with sharp teaser messages, hand-miking

twice weekly, house visits by IEC workers, and auto-miking for 4–6 months during transmission season. These sustained, community-oriented communication efforts have substantially improved public awareness and participation.

The achievements of KMC's vector management efforts over the past decade are measurable and significant. Malaria cases have dramatically reduced from around 100,000 in 2010 to only 6,136 in 2024. Dengue reporting has become systematic and comprehensive, enabling precise identification of vulnerable zones and timely interventions. Annual dengue burden, once uncertain due to poor reporting, now averages around 3590 cases between 2011 and 2024. The city follows a scientifically structured Action

Plan from January to December every year, ensuring continuity and preparedness.

In conclusion, vector control in the city of Kolkata is no longer merely the responsibility of the Health Department of KMC — it is a coordinated, multi-departmental, community-inclusive effort powered by dynamic and visionary political leadership. The transformative work led by the Deputy Mayor demonstrates that with determination, scientific grounding and administrative commitment, even the most persistent public health challenges can be mitigated. His model offers valuable lessons for municipal administrations across India. The million-dollar question is: Are political leaders elsewhere willing to listen and learn?

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Patient Relationship with Hospital

The relationship between a patient and a hospital is inherently complex. As this relationship extends over time, it can become even more complicated if not managed properly. A strong patient–hospital relationship is an imperative factor in running a hospital smoothly. Any communication gap can quickly lead to misunderstandings and dissatisfaction.

To maintain a smooth and healthy relationship with patients and their relatives, hospitals should focus on the following key points:

1. Communication during Admission: We believe that first impressions are lasting impressions. Clear and transparent communication during the admission process is essential. Patients and their families should be properly informed about:

Admission procedures

Expected expenses

Details of the treating doctor

Hospital rules, policies, and protocols

This clarity helps reduce anxiety and builds trust from the very beginning.

2. Be Empathetic: Emotional Intelligence (EI) plays a vital role in effective communication. Empathy enables healthcare staff to understand patient concerns and emotions, leading to meaningful and compassionate interactions. Communication should be clear, respectful, and emotionally balanced from both sides.

3. Nursing (Sister) Responsibilities: Nurses have a critical role in patient engagement. They should ensure that patients are fully informed about their rights and responsibilities, treatment processes, and daily care routines.

4. Facilities and Services: Hospital facilities and support services form a major part of the patient experience. Patients and their families should be clearly informed about the available facilities and how to access them.

5. Building Trust : Trust is often a major concern for patients. Hospitals must reassure them that they are being treated by a competent and experienced medical team. Consistency, transparency, and ethical care are essential to strengthen this trust.

6. Role of the Floor Coordinator: Floor coordinators



Mrs. Soma Chakraborty
Co-Founder Director
GOODACE HOSPITAL

play an important role in bridging communication gaps. They should provide daily updates on the patient's condition to relatives, ensuring clarity and reducing uncertainty.

7. Doctor–Patient Interaction: Doctor interactions are the most crucial element of patient care. Doctors should take time to explain:

The patient's condition

Required procedures

Treatment plans

Recovery expectations

Providing hope, reassurance, and honest guidance helps align patients and families with the treatment journey.

All the above points are essential for maintaining a smooth and positive relationship with patients and their relatives. Hospitals should strive to make patients feel at home, recognizing that this phase is an important chapter in their life journey. Sharing recovery stories of other patients can instill hope and confidence, reinforcing trust and emotional comfort.

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Applications in the female reproductive system: female lower genital tract malformation

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Applications in the female pelvic floor: female pelvic floor dysfunction (FPFD)



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- Offering convenient acquisition for more information

Diagnosis of Vaginal Malformation

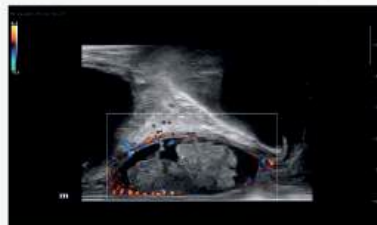
The biplane transducer can overcome the limitations of traditional gynecological scanning and clearly show the structure and length of the vagina.



Pic 1: Primordial uterus – vaginal malformation

Diagnosis of Female Urinary Tract Symptoms

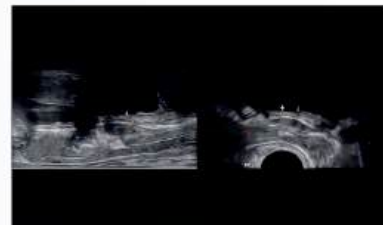
The biplane transducer can overcome the limitations of traditional urogynecology scanning and clearly show the structure if the urinary tract.



Pic 2: Clear cell carcinoma of urethra and vagina

Evaluation of Female Pelvic Floor

The biplane transducer provides higher resolution to evaluate post-operative results with clear visualization of the sling and mesh.



Pic 3: Biplane transducer shows pelvic floor postoperative mesh

Source:

Pic 1: Sichuan Provincial People's Hospital, China

Pic 2: Nanjing Drum Tower Hospital affiliated to Medical College of Nanjing University, China

Pic 3: Chinese Journal of Medical Ultrasound (Electronic Edition), Vol. 18, No. 11, November 2021

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