Billroth Hospitals

HEALTH IS BEYOND WEALTH

YOUR WELLNESS Guide

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Dr. V. Jeganathan
Founder, Billroth Hospitals

"It has been said that a gentle word, a warm hand, a willing ear and small acts of kindness, often taken for granted, can change a life. We believe that to be true. Because we have seen first-hand the power of caring with compassion."

~ Dr. V. Jeganathan - Founder

MAN WITH VISION...

The Seed Was Sown

An extraordinary physician of our times, Dr. V. Jeganathan watched thoughtfully as the first bricks for his dream hospital were laid. His vision for creating a world-class healing environment which would attract the best medical minds was taking shape. He dreamt of creating an institution which would serve as a beacon of hope to patients from across the world, offering them the highest standards of excellence in medical care, delivered with compassion. And so began a journey that started with a 70-bed hospital for Gastroenterology. Now Billroth Hospitals, offers entire spectrum of Cancer Care and elevates cancer treatments through Medical, Surgical and Radiation Oncology.

"SINCE 1990, THERE WERE NO COMPROMISES AND NO LOOKING BACK AT BILLROTH HOSPITALS.

Ready to Care
EVERYWAY. EVERYDAY..

SUMMER IS COMING....

4 EFFECTS OF HEAT WAVE ON THE BODY

WHAT DOES HEAT DO TO OUR BODIES?

Blood vessels dilate as the body heats up. This lowers blood pressure and forces the heart to work harder to circulate blood throughout the body. This may cause minor symptoms such as itching heat rash or swollen feet. Sweating, on the other hand, causes a loss of fluids and salt, as well as a shift in the body's fluid and salt balance. Heat exhaustion can result from this, especially when accompanied by low blood pressure.

Symptoms include:

• Dizziness • Nausea • Fainting • Confusion • Muscle cramps • Headaches • Heavy sweating • Tiredness

If blood pressure drops too far, the risk of heart attacks rises.

WHY DO OUR BODIES REACT THIS WAY?

Whether it's summer or winter, our bodies seek to maintain a core temperature of around 37.5°C. Our bodies have evolved to work at this temperature. As the weather becomes hotter, the body must work more to maintain its core temperature. It starts sweating and opens additional blood vessels near the skin to lose heat to our surroundings. The heat loss from the skin increases substantially when sweat evaporates.

EFFECTS OF HEAT ON THE BODY

Some of the effects of heat waves on humans:

- *Dizziness and Faint feelings from not drinking enough water*
- *Heart Rate increases as the body works harder*
- *Heat rashes as the body loses heat from the skin*
- *Ankles can become swollen from increased blood flow*

WHAT SHOULD I DO IF I SEE SOMEONE WITH HEAT EXHAUSTION?

The following steps are advised to be taken when encountering someone with heat exhaustion

- *Move them to a cool place.*
- *Get them to lie down and raise their feet slightly*
- *Get them to drink plenty of water - sports or rehydration drinks are also OK*
- *Cool their skin - spray or sponge them with cool water and fan them. Cold packs around the armpits or neck are good too.*

HOW TO INCREASE HAEMOGLOBIN COUNT?

12 WAYS TO INCREASE HAEMOGLOBIN NATURALLY

1. *Iron-rich diet*
2. *Vitamin C intake*
3. *Folate-rich foods*
4. *Vitamin B12 sources*
5. *Pomegranate*
6. *Beetroot*
7. *Legumes and Nuts*
8. *Nettle tea*
9. *Avoid tea and coffee*
10. *Vitamin A-rich foods*
11. *Adequate hydration*
12. *Regular exercise*

HOW QUICKLY CAN HAEMOGLOBIN RISE?

The body takes time to produce new red blood cells, and therefore, a significant increase in haemoglobin levels may not occur overnight. However, with the appropriate interventions, improvements can be observed over a few weeks to months.

For instance:

1. ***Iron supplementation***
2. ***Dietary changes***
3. ***Treatments for underlying conditions***
4. ***Blood transfusions***

Remember that increasing haemoglobin is a gradual process, and patience is key. Consistency in adopting these practices and seeking medical guidance when needed can pave the way for steady improvements.

BURNING SENSATION IN FEET

Step into the world of foot health as we delve into the often perplexing and uncomfortable issue of a burning sensation in your feet. Let's embark on a journey to uncover the reasons behind the burn and discover steps towards happier, pain-free feet.

Burning feet is a burning sense in feet. It is also called burning feet syndrome, or foot burning syndrome. The person can feel a sharp burning sensation in the foot and the person can also suffer foot burning at night only. It can be due to various reasons. Burning sensation in feet can be treated and managed with proper medication and a healthy lifestyle.

CAUSES OF BURNING FEET

Burning feet can be a perplexing and uncomfortable condition with various potential causes. Understanding these triggers is essential for effective management. Here are some common causes of burning feet

• Neuropathy • Nerve Entrapment • Vitamin Deficiencies • Infections - Athlete's Foot • Autoimmune Diseases - Rheumatoid Arthritis • Medications • Inflammatory Conditions • Footwear and Pressure • Hormonal Changes • Heavy Metal Poisoning

FAQ'S

Is burning feet related to diabetes?

Yes, burning feet can be associated with diabetes. Peripheral neuropathy, a common diabetes consequence, causes nerve damage in the extremities, resulting in feelings such as burning, tingling, or numbness in the feet.

Is burning feet serious?

Diabetes, nerve damage, and circulation difficulties are some of the possible reasons of burning feet. In rare circumstances, it may indicate a more serious underlying condition. It is critical to consult a healthcare professional to establish the cause and the best treatment.

What foods cause burning feet?

Certain meals can increase symptoms in those suffering from peripheral neuropathy. High sugar and poor fat intake may contribute to inflammation and nerve injury. However, a well-balanced diet suited to individual health requirements is essential. A consultation with a healthcare physician or dietician is recommended.

Case Study: 01

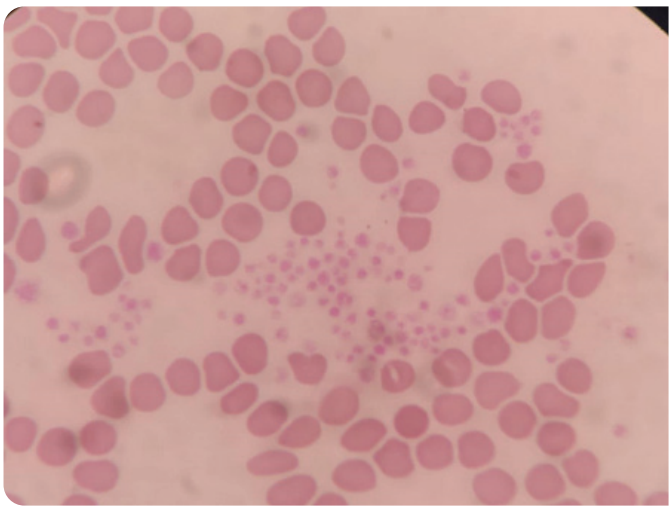
ELIMINATING THE ERROR

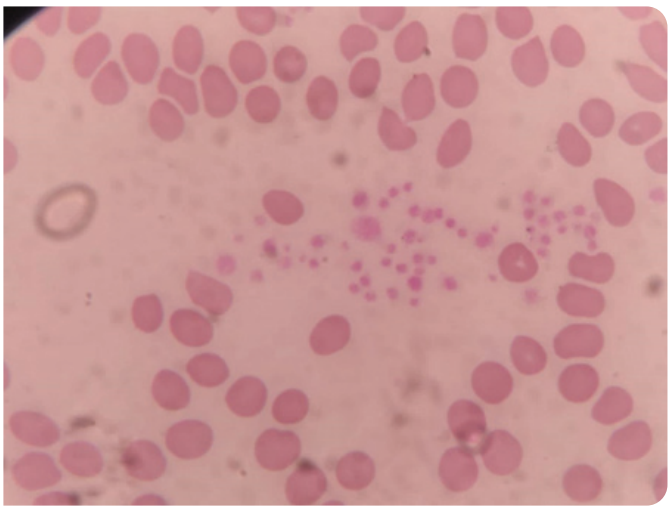
PSEUDOTHROMBOCYTOPENIA

The Story of the Platelet Clump.

A 27-year-old male was admitted to the emergency room late in the evening. With a history of 1-day fever, fatigue, and myalgia, the initial investigation showed severe thrombocytopenia (platelet count 15000, haemoglobin/total count, and liver function tests were within normal limits. Dengue serology was negative. There were no lymphadenopathies, organomegaly, or bleeding tendencies. A probable diagnosis of viral fever with thrombocytopenia was made; a peripheral smear study/vitamin B12 levels/ANA/anti-DS DNA was sent; the patient was shifted overnight to the ICU, and a single donor platelet transfusion was given.

The next morning, a peripheral smear examination by our pathologist, Dr. Pooja, revealed platelet clumps. A platelet count drawn in the EDTA sample showed a platelet count of 48000, while simultaneously drawn whole blood showed a count of 163000. It was concluded that the patient had EDTA-induced PTCP (pseudo thrombocytopenia).





EDTA-dependent PTCP is a phenomenon of a spurious low platelet count due to the appearance of anti-platelet antibodies that cause platelet plumping in blood anticoagulated with EDTA. The platelet GP IIb/IIIa complex is normally hidden, but some individuals, due to the chelating effect of IgA antibodies, will bind to these sites, especially at lower temperatures.

In more than 1% of individuals, EDTA (ethylenediaminetetraacetic acid) causes platelet clumping. It can be avoided by simply using heparin or citrate as an anticoagulant in suspected individuals. It is not associated with any coagulation disturbance, and platelet function is normal.

This is a good case to show how manual examination of a peripheral smear supersedes a machine-offered platelet count and helps to avoid the mismanagement of patients.

Special thanks to Dr. Pooja [Pathologist] for promptly alerting us.

DR. M. PRIYADARSHINI, M.B.B.S., D.A., M.D.,
[GERIATRIC MEDICINE] GENERAL PHYSICIAN

Case Study: 02

REPORTED CASES WITH

PSEUDOTHROMBOCYTOPENIA

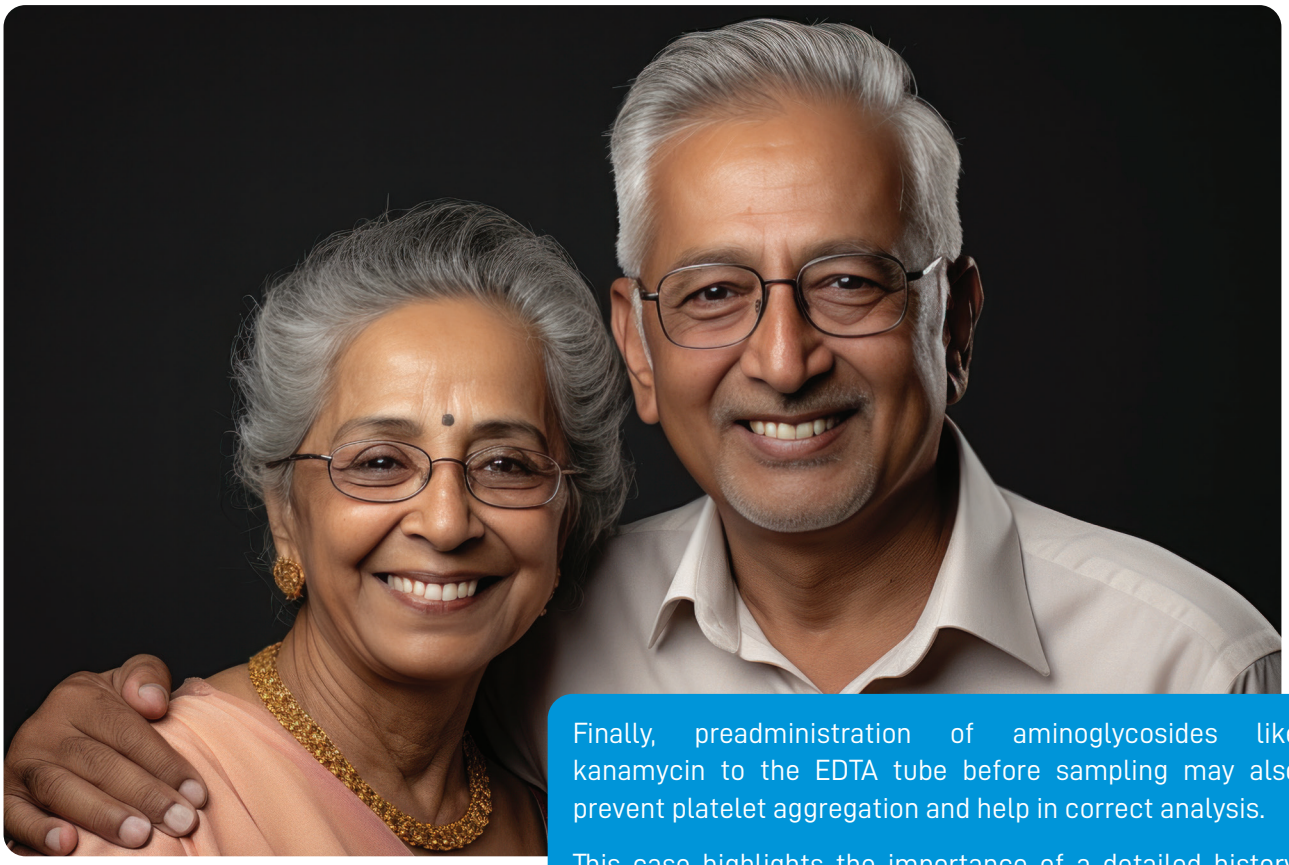
Due to Platelet Clumping.

A 65-year-old lady was referred from a diabetes care centre with a low platelet count for an emergency platelet transfusion. She had chronic medical issues like diabetes, hypertension, and dyslipidemia on regular medications. A detailed history revealed that she had a lower respiratory tract infection with a low platelet count (30,000/mcl) almost 20 days before the present hospitalization. A week later, the platelet count increased to 1,80,000/mcl. She also gave a history of dengue fever three months ago. During her visit for chronic disease management, an annual health check showed a platelet count of 19000/mcl, for which she was suggested further treatment.

On examination, she was hemodynamically stable and apyrexic; no pallor, icterus, cyanosis, clubbing, or lymphadenopathy were noticed. The liver and spleen were not enlarged with normal heart and breath sounds. There were no bleeding manifestations. A repeat complete blood count from our center confirmed severe thrombocytopenia with no other blood cell lineage abnormality. A peripheral smear examination showed platelet clumps and no evidence of thrombocytopenia. She also gave a history of joint pains, which directed the line of evaluation toward ruling out infectious and rheumatological disorders.

A possibility of pseudothrombocytopenia was suspected, and a discussion with our haematology department confirmed that EDTA was used for a complete blood count evaluation. Pseudothrombocytopenia is a condition where agglutination of platelets leads to a falsely low platelet count in automated analysis. EDTA-(ethylene diamine tetra acetic acid)-dependent pseudothrombocytopenia is not a very common finding and is seen in 0.1% of the general population.

Anticoagulation with EDTA can lead to platelet aggregation due to the presence of cold-reactive antiplatelet autoantibodies. This clumping was noticed in the microscopic examination, as revealed in the peripheral smear report. Hence, whenever in doubt, using anticoagulants such as sodium citrate and heparin may be helpful. However, platelet clumping may be seen in them as well. Hence, the evaluation of EDTA-anticoagulated samples at 37 °C is essential to obtaining accurate platelet counts.



Finally, preadministration of aminoglycosides like kanamycin to the EDTA tube before sampling may also prevent platelet aggregation and help in correct analysis.

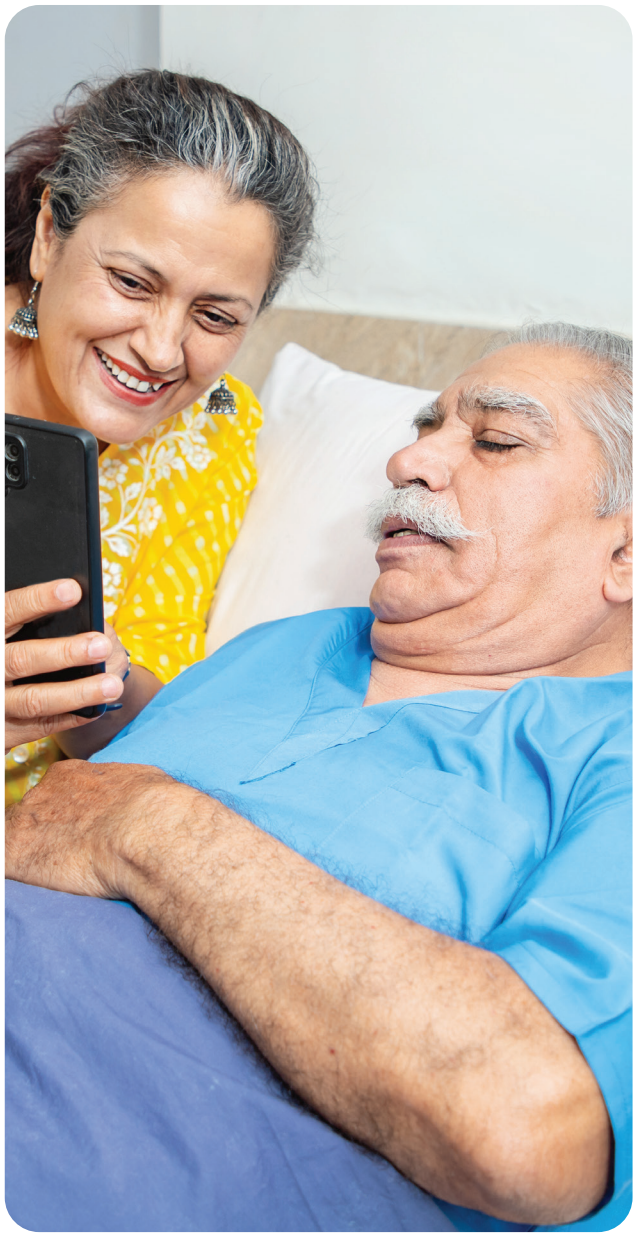
This case highlights the importance of a detailed history, evaluation, and correlation with the lab findings, thereby preventing unnecessary investigations and mismanagement in clinical practice.

DR. N. WASEEM AHMED, M.B.B.S., D.N.B
GENERAL PHYSICIAN

Case Study: 03

UNUSUAL CASE OF HYPONATREMIA

A 68-year-old male patient with a known case of diabetes mellitus, coronary artery disease (CAD), old cerebral vascular accident (CVA) presented to the emergency department. With complaints of altered sensorium, drowsiness, hiccups, and fatigue since 10 days.



On examination, his vitals were stable. Initial blood investigations revealed hyponatremia. The patient had a history of multiple admissions for recurrent hyponatremia for the past 3 months, but the cause remained unknown. On further evaluation, serum osmolality was low, and urine osmolality was normal. Hence, the patient was started on Tolvaptan, but no improvement in sodium level was witnessed.

Radiological imaging revealed normal kidneys and adrenals with no abnormalities. Serum cortisol levels normal.

Serum ACTH levels were elevated, and serum aldosterone levels were decreased. The patient was diagnosed with idiopathic primary hypoaldosteronism and started on mineralocorticoid replacement therapy with fludrocortisone.

Sodium levels in the patient gradually became normal, and he was discharged. The patient has been on oral mineralocorticoid replacement therapy with periodical electrolyte monitoring for the past 2 years with no recurrence of hyponatremia.

Hypoaldosteronism is caused by mineralocorticoid deficiency in the zona glomulosa [outermost layer] of the adrenal cortex, thus reducing the production of aldosterone levels.

Causes of Hypoaldosteronism:

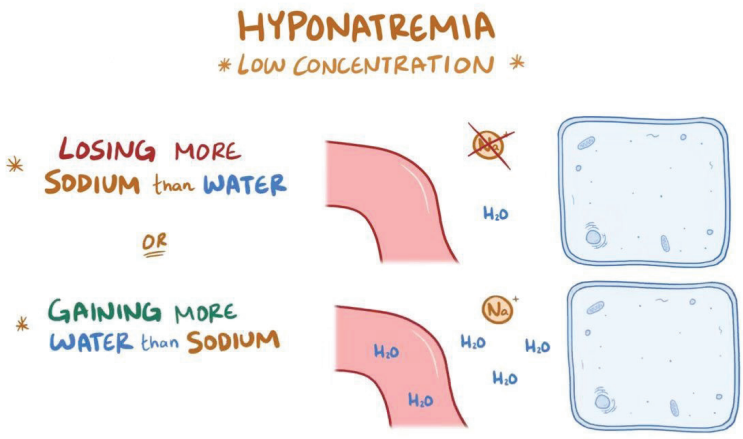
- Primary Adrenal Insufficiency [Addsison's disease]
- Secondary Adrenal Insufficiency

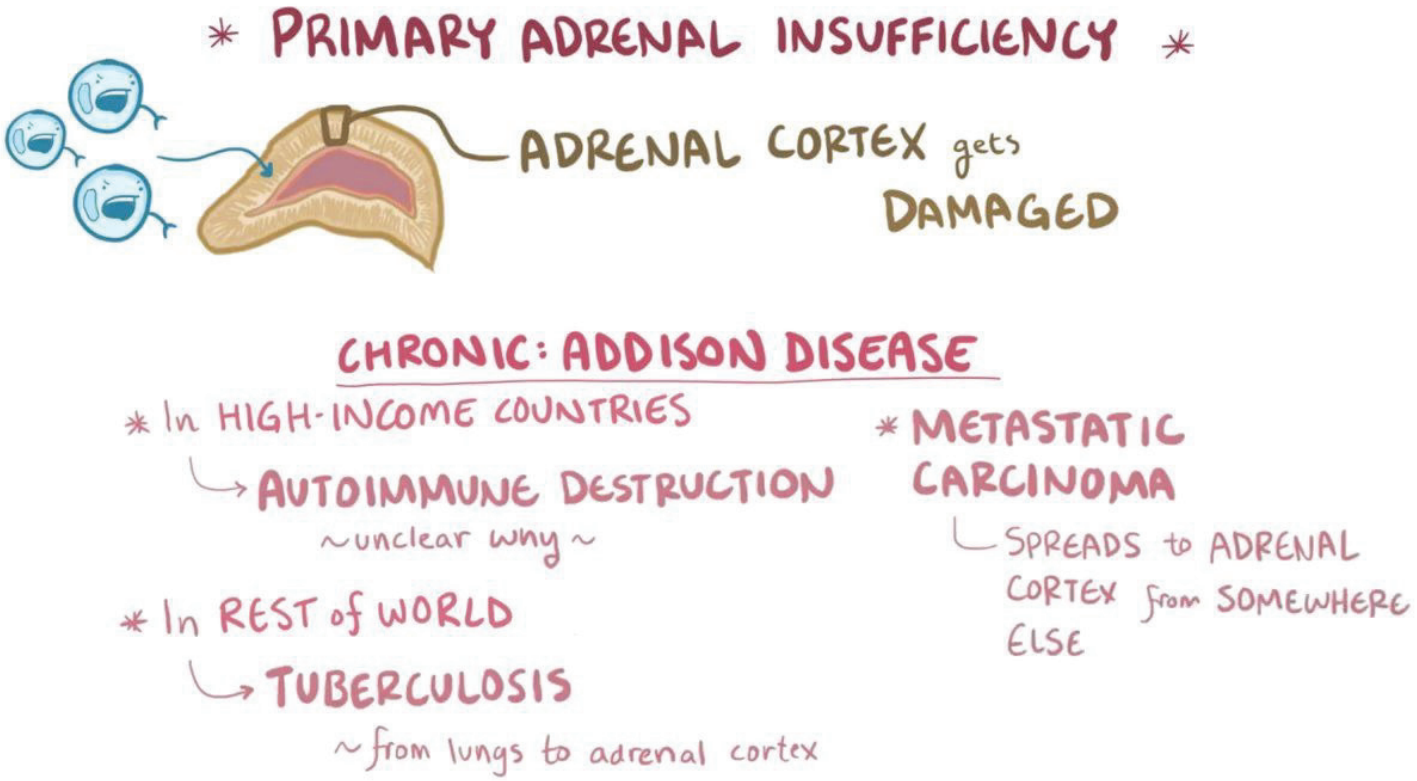
Dysfunction of the pituitary gland or hypothalamus leads to insufficient stimulation of the adrenal gland.

- Autoimmune disorder
- Infections [most commonly TB and fungal]
- Adrenal tumors
- Genetic factor [rare]

Treatment:

Lifelong mineralocorticoid replacement therapy with periodical serum electrolyte monitoring.





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HYPERPARATHYROIDISM

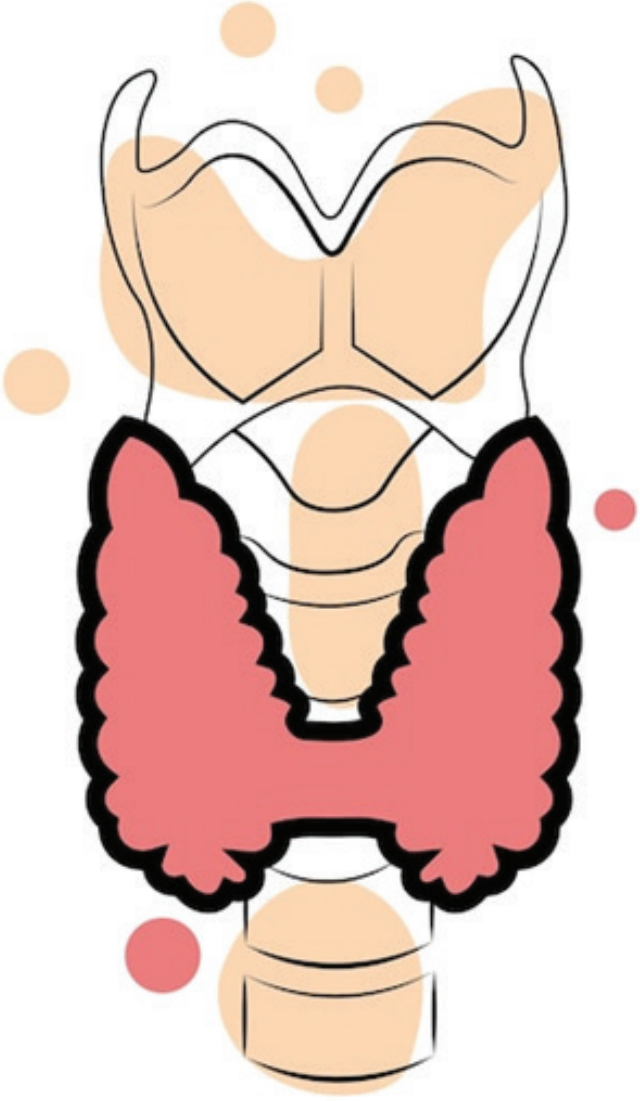
Case Study: 04

Primary Hyperparathyroidism in a Postmenopausal Women

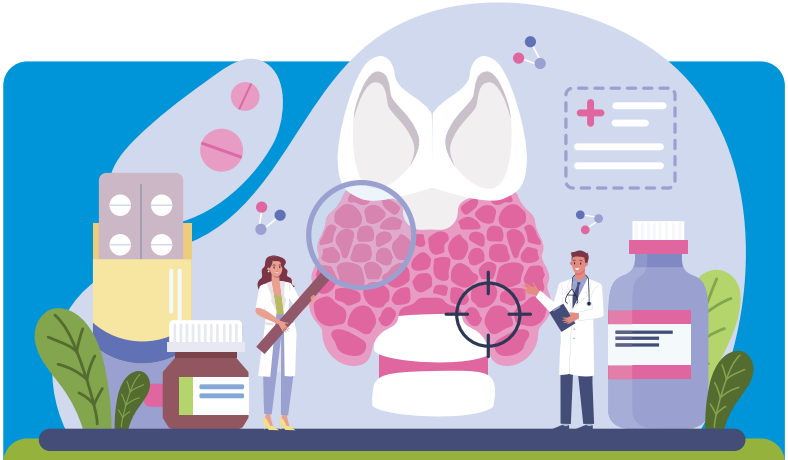
A 65-year-old retired gynecologist was referred to our center with a history of poor food intake, fatigue, and altered sensorium for one week. She sustained a fall causing a right femur greater trochanteric fracture 2 weeks prior and was conservatively managed, leading to bed-ridden status. She also had a history of type 2 diabetes mellitus, systemic hypertension, and coronary artery disease and was not on any medication.

The family communicated that she felt better and responded well three days ago after administering normal saline intravenously. But subsequently found no improvement with repeat administration. On evaluation in the ER, blood pressure was 200/90 mmHg, pulse rate of 115/mt, apyrexic, and no pallor.

Heart and breath sounds were normal, and there was tenderness in the suprapubic region and bony areas. A provisional diagnosis of acute encephalopathy, dyselectrolytemia, or urinary tract infection was made, and the patient was admitted for further evaluation.



Brain imaging revealed chronic lacunar infarction, small vessel ischemic changes, and no active infarction or hemorrhage. Laboratory investigations like complete blood count, blood sugar, electrolytes, thyroid, renal, and liver function were normal. Surprisingly, serum calcium was 13.3, with phosphorus 2.6, magnesium 1.4, and CRP 47. The cause of hypercalcemia was of concern. It was confirmed with ionized calcium of 6.8 and serum intact. Parathyroid hormone 368 (very high) has low vitamin D levels. Ultrasound abdomen showed no evidence of renal calculi. A clinical diagnosis of primary parahyperthyrodism was made and started on the tablet Cinacalcet with gradually increasing doses. The serum calcium level decreased to 11 in 3 days of treatment. Urine culture grew E. coli and was treated with sensitive antibiotics. A 99m Technectium Sesta MIBI scan of the parathyroid was suggestive of an ectopic left superior parathyroid adenoma. Considering her age, comorbidities, operative risk, and degree of hypercalcemia, medical management was advised. She improved clinically, and was sent home in a conscious state. An interdisciplinary team effort helped in clinching this clinical diagnosis and appropriate management.



Primary hyperparathyroidism is common in post-menopausal women and could be a cause of fractures. Parathyroid adenoma is a common cause of hyperparathyroidism. Hypercalcemia with hypophosphatemia is seen in primary hyperparathyroidism. Hypercalcemia can lead to depression and cognitive dysfunction. A DEXA scan is recommended in such cases. The medical treatment of hyperparathyroidism includes the use of phosphates, bisphosophonates, calcium-sensing receptor agonists, etc., which are supposed to treat hypercalcemia and osteoporosis. Combination therapy is needed to manage both osteoporosis and hypercalcemia. Routine monitoring is required, and some may develop symptoms again over a period of time.

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HIGH CHOLESTEROL

The Silent Threat to Your Kidneys

Expert Point of View

Cholesterol is a fat-like substance found in your blood. The body produces cholesterol on its own but it can also come from eating animal food products like meat. While your body needs a certain amount of cholesterol for certain functions, you don't want high levels of cholesterol.

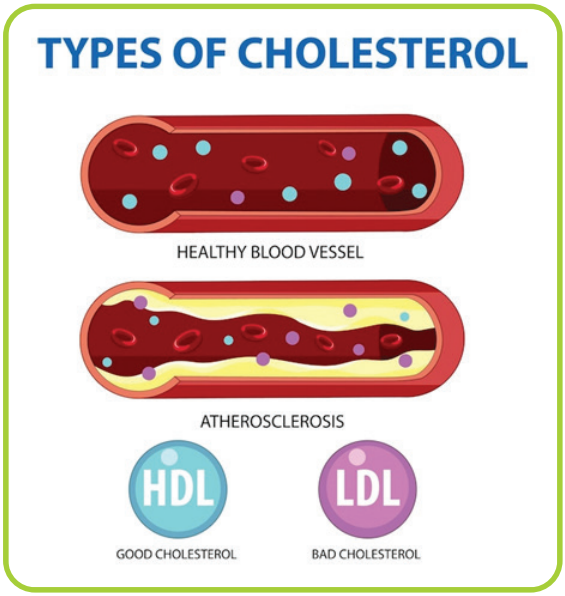
The buildup of cholesterol in blood vessels can narrow the vessels and cause blockages. Narrowed or blocked blood vessels can prevent blood from getting to certain parts of your body, including your kidneys. So, one of the major risks of high cholesterol is kidney disease.

Linking Cholesterol to Kidney Problems

According to the National Kidney Foundation, a Physician's Health Study found that individuals with cholesterol problems are twice as likely to have chronic kidney disease (CKD). People with high total cholesterol and reduced "good" HDL cholesterol) were more likely to have a reduced glomerular filtration rate (GFR). Measuring GFR is the most effective way to assess kidney function.

Also, people with CKD have a higher risk of developing heart disease. That's because people with CKD may also have other health issues known to lead to heart disease. These risks include

- *Large calcium intake from diet and medication*
- *Whole body inflammation*
- *High blood phosphorous levels*
- *High parathyroid hormone levels*



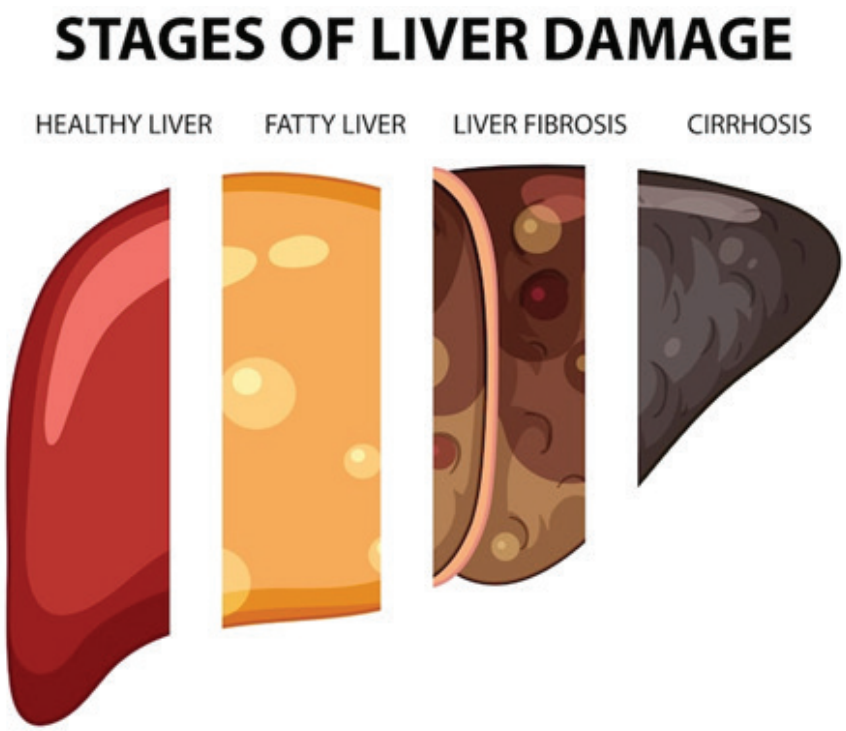
Elevated cholesterol levels can contribute to the development of a condition called "nephrotic syndrome," which is characterized by the leakage of large amounts of protein, including albumin, into the urine. This condition can lead to various kidney-related issues.

1. **Glomerular Damage:** Elevated cholesterol levels can lead to damage to the glomeruli, the tiny filtering units of the kidneys. This damage disrupts the glomerular filtration barrier, allowing larger molecules like proteins to leak into the urine.

2. **Podocyte Dysfunction:** Podocytes are specialized cells in the glomeruli that help maintain the filtration barrier. High cholesterol can lead to dysfunction of podocytes, increasing the permeability of the barrier and allowing protein leakage.

3. **Inflammation and Oxidative Stress:** High cholesterol levels can trigger inflammation and oxidative stress within the kidneys. These processes contribute to further damage to the glomeruli and other kidney structures.

4. **Hyperlipidemia and Atherosclerosis:** High cholesterol can lead to atherosclerosis, a buildup of fatty deposits in blood vessels. Atherosclerosis can affect the blood vessels supplying the kidneys, reducing blood flow and potentially impairing kidney function. Additionally, atherosclerosis in other blood vessels, such as those supplying the heart, brain, and legs, can impact overall cardiovascular health, which is closely linked to kidney health.

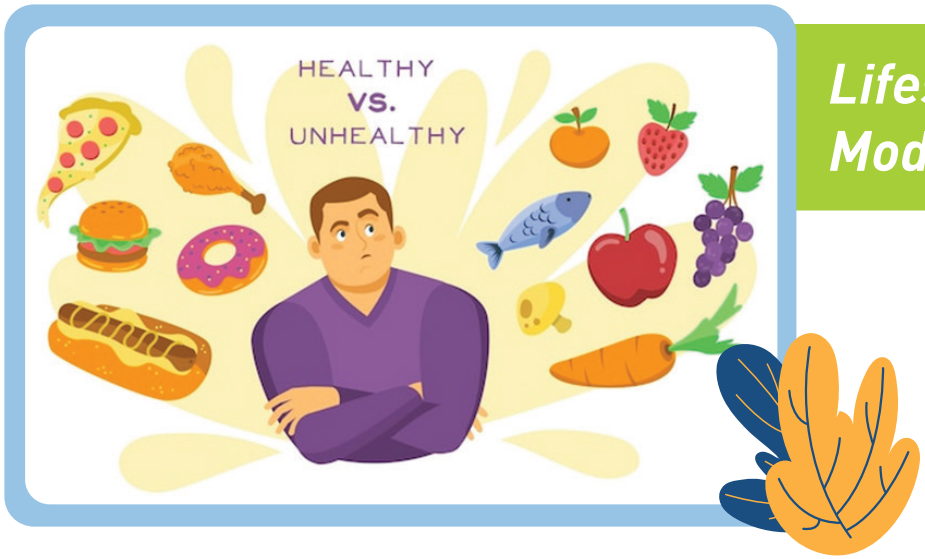


5. **Increased Blood Clotting:**

   High cholesterol can lead to increased blood clotting, which can further compromise blood flow to the kidneys and contribute to kidney damage.

6. **Reduced Nitric Oxide Availability:** High cholesterol levels can reduce the availability of nitric oxide, a molecule that helps relax blood vessels and regulate blood flow. Reduced nitric oxide can contribute to vasoconstriction and reduced blood flow to the kidneys.

7. **Impact on Kidney Function:** The kidneys play a crucial role in filtering waste products and excess substances from the blood. High cholesterol-related damage to the glomeruli and blood vessels can lead to reduced kidney function and impaired ability to regulate blood pressure and electrolyte balance.
8. **Association with Chronic Kidney Disease (CKD):** High cholesterol is a risk factor for the development and progression of chronic kidney disease (CKD). CKD is a gradual loss of kidney function over time and can result from various factors, including damage caused by high cholesterol.
9. **Interaction with Other Risk Factors:** High cholesterol often coexists with other risk factors for kidney disease, such as diabetes, hypertension, and obesity. The combination of these risk factors can accelerate kidney damage and increase the risk of kidney-related complications.



Lifestyle Modifications

To reduce unhealthy fat in your diet, you can:

- Limit red and processed meat.
- Choose skim, low-fat, or fat-free dairy instead of whole-milk products.
- Avoid fried foods.
- Cook with healthy oils such as vegetable oil.
- Eat plenty of fruits, vegetables, whole grains, poultry, fish, and nuts.
- Skip sodium-filled or sugar-sweetened foods and drinks.

Other lifestyle factors that may help include:

- Exercise
- Not smoking
- Losing excess weight

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CONSULTANT NEPHROLOGIST

DID YOU KNOW?

- Children also should have their cholesterol checked.
- Age 40 is when adults should increase the frequency of cholesterol checks.
- Ideal cholesterol levels are not the same for everyone.
- High cholesterol can run in families.

How Diabetes Damages the Kidneys??

Expert Point of View

Diabetes is a disease that affects the body's ability to produce or use insulin. When the body turns the food eaten into energy (also called sugar or glucose), insulin is used to move this sugar into the cells. If someone produces little or no insulin, or if the body cannot use the insulin (insulin resistant), the sugar remains in the bloodstream instead of going into the cells.

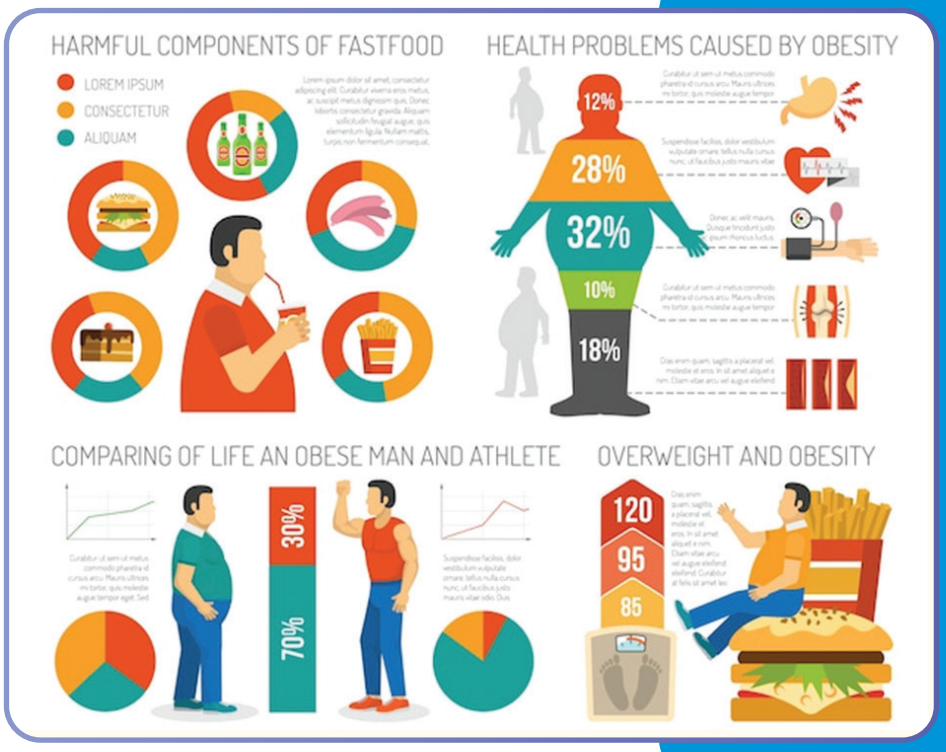
Over time, high levels of sugar in the blood damage tiny blood vessels throughout the body including the filters of the kidneys. As more damage occurs to the kidneys, more fluid and waste remain in the bloodstream instead of being removed.

Type 1 diabetes (also known as juvenile diabetes or insulin-dependent diabetes) is typically diagnosed early because its symptoms are severe and rapid. A treatment plan can then be put in place and continued. Unfortunately, Type 2 diabetes often goes undiagnosed for many years because early symptoms are not severe.

It is estimated that by the time someone is diagnosed with Type 2 diabetes, the disease has been present for four to seven years. since diabetes may have been present for some time, the chances for kidney damage increase. Type 2 diabetes (also known as adult-onset diabetes or non-insulin-dependent diabetes) accounts for approximately 90% of diabetes cases. Of new patients diagnosed with Type 2 diabetes, 8% have nephropathy or kidney damage.

Symptoms of diabetes

Obesity is on the rise



Obesity is linked to insulin resistance, which is a factor in developing Type 2 diabetes. If someone is insulin resistant, their body is unable to use the insulin. High glucose levels may be a sign someone is pre-diabetic. If their blood glucose level is persistently high, they may eventually develop Type 2 diabetes.

As more Indians become obese, cases of Type 2 diabetes rise. Since many people with Type 2 diabetes are diagnosed in a later stage of the disease, chances are higher their kidneys are already damaged.

High blood pressure can accompany *Type 2 diabetes*

Patients with Type 2 diabetes sometimes develop high blood pressure. High blood pressure damages tiny blood vessels in the body (called capillaries). These capillaries are responsible for transporting oxygen and energy to the body's cells. They also transport blood to the filters of the kidneys, where waste and fluid are removed and clean blood is returned to the body.

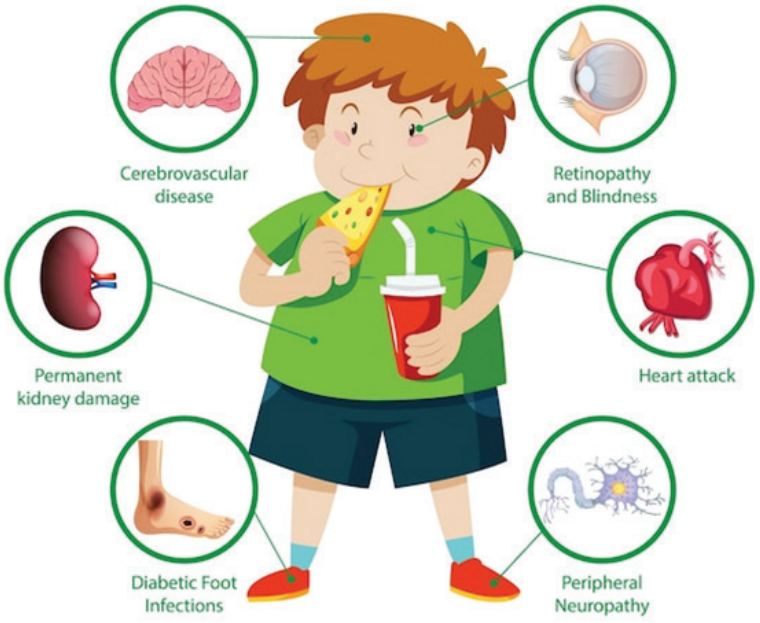
High glucose levels coupled with high blood pressure can accelerate the damage to the blood vessels in the kidneys. This can lead to a drop in kidney function. If left untreated, the kidneys will lose function over time to the point where dialysis becomes necessary.

Chronic kidney disease is progressive

Chronic kidney disease is a progressive condition - this means damage occurs over time. It is a slow process. Someone may not even realize anything is wrong. In fact, most people do not show any symptoms or discomfort from kidney damage until the kidneys can no longer work well enough to support their vital life functions.

The good news is that with an early diagnosis of diabetes, steps can be taken to help prevent kidney damage. Even if tests indicate a person has slight kidney damage, there are still treatment options that may help prevent further damage and preserve remaining kidney function.

What are your risks for diabetes?



Becoming aware of your diabetes is important. One of the following factors you at a higher-than-normal risk for diabetes:

- **Obesity**
- **Family history of diabetes**
- **Member of the following ethnic groups: Native American, African American, Hispanic, Asian American, Pacific Islander**

Regular checkups give you important information about your health. If you have any of the above risk factors for diabetes, your doctor can test your blood glucose levels and make recommendations for any treatment you may need.

DR. [CAPT.] S.E. DHANASEGARAN, M.D., [MED], D.N.B [NEPH],
CONSULTANT NEPHROLOGIST

Noteworthy

Common Medical Emergencies & How to Deal with Them??

First aid care still seems like a far cry which shouldn't ideally be the case. It's no lie that one needs to be particularly active during the time of a medical emergency while maintaining calm to reach the best possible state before professional help arrives.

3 Most Common Medical Emergency that People Experience

Common medical emergencies can range from heart attacks and strokes to severe allergic reactions and accidents. Here are the three most common medical emergencies that requires immediate medical attention to prevent serious complications:

Burns and Scalds

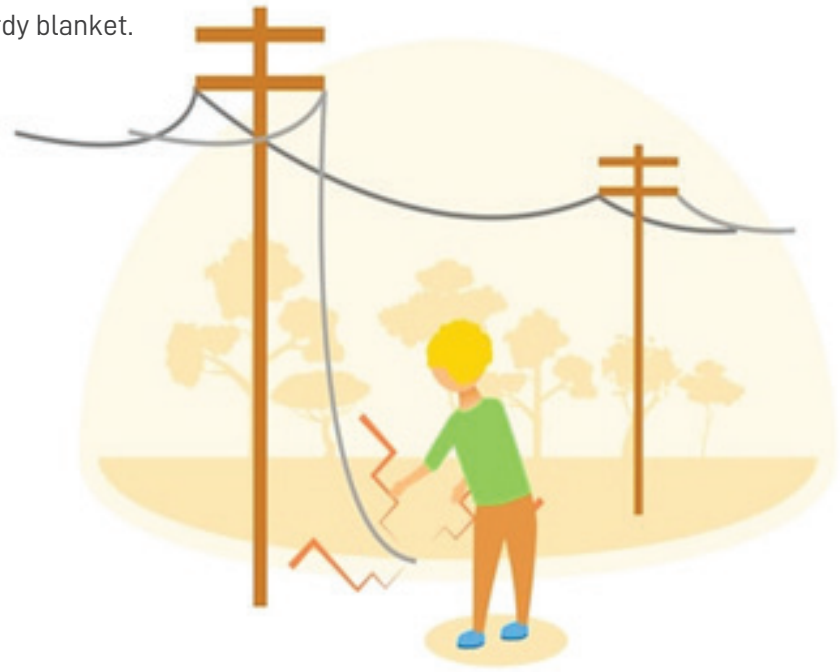
Burns are one of the most common medical emergencies. From dry heat to fire, there are numerous ways by which burns are caused. Burns caused due to chemical reasons (like coming in contact with strong, acerbic acids and alkalis) are also critical and must be attended to at the earliest. Moreover, if an injury is caused by the means of boiled water or steam, it is known as a scald. The symptoms of the aforementioned conditions i.e. burns and scalds are almost similar. They include reddish/charred skin, blisters, etc. If someone in your vicinity has caught fire or mistakenly come into contact with steam/boiling water, you must follow the following first-aid tips:

- Make sure your hands are sanitized before you touch the affected/burnt area.
- Avoid applying any kind of ointment/lotions immediately to the affected area.
- Carefully handle the blisters if they are formed. Avoid rupturing them at any cost.
- Use dry sterile dressing to conceal the burned area. If sterile dressing is not available at the moment, clothing materials such as linen can also be employed at the affected area.
- Do not put extreme pressure while tying the bandage on the burnt area with blisters. However, in all other burn cases, the bandage must be tied tightly.

Electrocution

Electrocution happens when a person comes in contact with a naked electricity wire. It results in severe burns. The following first-aid tips during the time of electrocution will help the patient greatly:

- First and foremost, cut off the power supply at the earliest. Avoid using a knife or scissors to do so.
- Use insulating materials, try to amputate the patient.
- Lower the head of the patient and let him lie down. In case, the injuries are on the head or chest, the head must be somewhat raised.
- Cover the patient with the help of a sturdy blanket.
- Slacken all tight clothing.



Chest pain and Heart attack

Chest discomfort often results in a heart attack. One can check for the following symptoms to ascertain if it's chest pain:

- Chest discomfort/pain
- Sweating
- Palpitations
- Nausea/vomiting
- Discomfort in the neck/arms/shoulders
- Body weakness
- Irregular heartbeat

How do Smoking and Drinking Harm Your Health?

Drinking and smoking often go together. People who choose to smoke and drink together do so as a way of life. Both habits might have a major negative impact on your body. These two habits are so intertwined that many people find it impossible to avoid them. It may even prove fatal if someone does it frequently. So, it is important to be aware of the health risks associated with drinking and smoking.

The Dire Effects of Smoking and Drinking on Health

The list of health effects of smoking and alcohol on health provided below can help you decide whether to give up these two harmful behaviors.

- *Wrinkles on The Skin*
- *Impact Digestive System*
- *Affect Respiratory System*
- *High Cholesterol*
- *Reproductive System*
- *Cardiovascular System*
- *Cancer Risk*
- *Liver Cirrhosis*
- *Damage Central Nervous System*
- *Weakened Immune System*

Why smoking and drinking is bad for your health?

- *Smoking and drinking are detrimental to health due to their severe adverse effects. Smoking tobacco exposes the body to harmful chemicals that damage the lungs, heart, and blood vessels, leading to respiratory diseases, cardiovascular issues, and cancers.*

- *Additionally, alcohol consumption in excess can harm the liver, and brain, and increase the risk of addiction, accidents, and chronic conditions like liver disease and certain cancers.*

- *Both habits weaken the immune system, impair cognitive function, and contribute to premature aging.*

- *Adopting these habits significantly elevates the risk of life-threatening diseases and compromises overall well-being, making it imperative to avoid or minimize smoking and excessive alcohol consumption for better health.*

BENEFITS OF KICKING THE HABIT

Kicking the habits of drinking and smoking can bring about a myriad of life-transforming benefits, positively impacting both physical health and overall well-being. Here are the significant advantages of abandoning these harmful behaviors:

1. Improved Physical Health:

- **Respiratory System:** Quitting smoking allows the respiratory system to heal, resulting in improved lung function and reduced risk of respiratory diseases like chronic bronchitis and emphysema.
- **Cardiovascular Health:** Both smoking and excessive drinking can strain the heart and blood vessels, leading to an increased risk of heart disease. By quitting smoking and reducing alcohol intake, individuals significantly lower their chances of heart-related issues like heart attacks and strokes.
- **Cancer Risk Reduction:** Smoking is a major contributor to various cancers, including lung, throat, and mouth cancers. Reducing alcohol intake also decreases the risk of developing certain types of cancer, such as liver and breast cancer.

2. Enhanced Mental Well-being:

• **Stress Reduction:** While some may resort to smoking and drinking to cope with stress, these habits can exacerbate anxiety in the long run. Quitting smoking and moderating alcohol intake can lead to reduced stress levels and improved mental clarity.

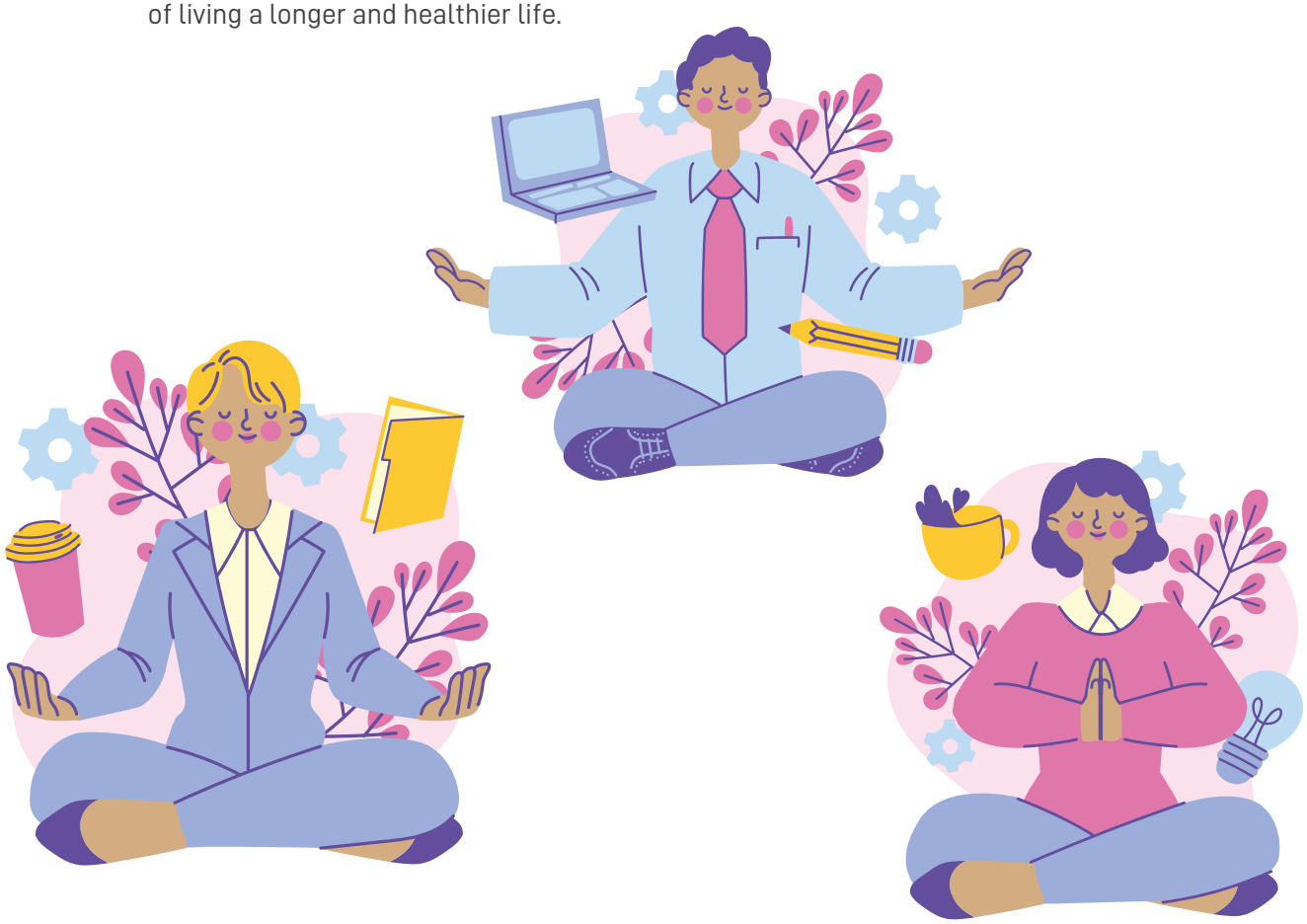
• **Improved Emotional Balance:** Letting go of these harmful habits can positively impact emotional stability and promote a more positive outlook on life.

3. Aesthetic Benefits:

• **Youthful Appearance:** Smoking and excessive drinking can cause premature aging, leading to wrinkles and dull skin. By quitting both habits, individuals can achieve a more youthful and vibrant complexion.

4. Enhanced Longevity:

Increased Life Expectancy: By quitting smoking and moderating alcohol intake, individuals significantly reduce their risk of developing life-threatening diseases, increasing their chances of living a longer and healthier life.



What is Preventive Healthcare???

Types, Benefits, and Significance

As the name suggests, Preventive Healthcare essentially deals with measures that need to be taken to prevent the onset of possible diseases. It particularly aims to reduce the likelihood of disease and its associated risk factors. It can be applied and utilised at any stage of a person's life. Even if someone is suffering from a certain disease, preventive healthcare works to ensure that there is no further decline in the condition.

> **Prevention is better than cure.**

Diseases and health conditions can be initiated or affected by several factors, including the environment, genetics, lifestyle choices, disease agents, etc. Preventive healthcare works to establish anticipatory actions to regulate these factors and prevent diseases from developing or spreading further.

Benefits of Preventive Care

Preventive healthcare has tons of benefits for the world population in general. Some of these benefits include:

- Preventive medicine focuses on controlling the risk factors and increasing your chance of living a quality and healthy life.
- Preventive healthcare also operates on a disease spectrum. So, if someone already suffers from a disease, preventive healthcare can reduce any further damage via some medical advice and lifestyle changes.
- Preventive methods like vaccinations can even eradicate a disease.
- It can save you time, money, and the stress of dealing with diseases.

Billroth Hospitals' Dialysis Team Brings Game-Changing Innovation

In the dynamic world of healthcare, innovation is the driving force that propels institutions toward excellence. The spotlight shines on the exceptional Dialysis Team, whose groundbreaking work in simplifying the Bi-carb mixer pump process has not only revolutionized the field but has also alleviated a significant challenge faced by healthcare providers—the need for frequent replacements.

Challenges of the Past

The conventional methods of Bi-carb mixer pumps were replaced every three months posing a formidable challenge for the dialysis team. The corrosive effects of the chemicals on the impeller and motor winding not only compromised the mixing ratio but also demanded frequent and costly replacements. This dilemma led the team to explore innovative solutions to enhance the durability of the machines and streamline the dialysis process.

The Paradigm-Shifting Innovation

Enter the game-changing Non-conductive Bi-carb mixer pump, a brainchild of Billroth Hospitals' Dialysis Team. The ingenious 1HP Ceiling-Mounted system ensures that the pump remains in a non-contact position with the Bi-carb chemical, eliminating the corrosive impact that plagued the traditional methods. This groundbreaking approach not only extends the machine's lifespan but also eliminates the need for frequent replacements, saving valuable time and resources. The innovation's impact is profound—dialysis machines equipped with the Non-conductive Bi-carb mixer pump now boast remarkable durability.

No More Replacement Hassles

Gone are the days of scheduling frequent replacements, as the new Non-conductive Bi-carb mixer pump has eliminated this recurring challenge. The relief felt by the dialysis team is palpable, allowing them to focus more on patient care and less on maintenance logistics. The innovative approach speaks volumes about Billroth Hospitals' unwavering dedication to creating an environment where healthcare professionals can deliver their best.

Vibrant Pongal Celebration

A Joyous Start for Healthcare Heroes

In the spirit of fostering camaraderie and celebrating the diverse cultural fabric within its walls, We at Billroth Hospitals, recently hosted a grand Pongal celebration for its dedicated staff. The hospital grounds were abuzz with excitement as our staff gathered to partake in a day filled with lively competitions, engaging activities, and the warmth of shared festivities.

Colourful Rangolis Transform the Hospital Premises

As the sun dawned on the day of the Pongal celebration at Billroth Hospital, the entrance was adorned with vibrant and intricate rangolis. The colorful patterns, created by talented staff members, not only added to the festive ambiance but also showcased the creativity and artistic flair within the hospital community.

Activities Bring Joy and Laughter








The celebration kicked off with a series of engagement activities that brought smiles to everyone's faces. The classic "Musical Chairs" had participants laughing and dancing to the tunes of traditional Pongal melodies. The competitive spirit was further fuelled by the "Banana and Bun Eating" contest, testing the participants' culinary skills and speed.

Adding a touch of nostalgia, the traditional "Lemon and Spoon" race had healthcare workers showcasing their balance and coordination, proving that their skills extend beyond the medical realm.

Prizes Galore for the Champions






As the day unfolded, the winners of each competition were honoured and celebrated. From gift vouchers to personalized trophies, prizes were distributed to recognize the talent and enthusiasm displayed by the participants

Billroth Hospital's January

Resounding Medical Camps

At Billroth Hospital, we believe in extending the reach of quality healthcare beyond our facility walls. In January, we embarked on a series of medical camps aimed at providing crucial health services to diverse communities. Camps, held in Gudiyatham and Pallavaram, exemplify our commitment to enhancing the general well-being of the people we serve.







Gudiyatham Medical Camp

Led by the dedicated team of Billroth, the medical camp in Gudiyatham on January 7, 2024, was a resounding success. The camp served as a hub for people seeking free health check-ups, consultations, and diagnostic services. The event witnessed an impressive turnout of people who flocked to avail themselves of free health consultations to take charge of their well-being.

Pallavaram Medical Camp in Association with the Human Welfare Association

In collaboration with the Human Welfare Association, Billroth Hospital organized another impactful medical camp at Inayat Hall in Pallavaram. This event not only provided essential medical services but also fostered engagement and awareness. Residents of Pallavaram had the opportunity to benefit from free health screenings, consultations with experienced healthcare professionals, and educational sessions on adopting a healthier lifestyle.

The collaborative spirit of the doctors and teaming up with the Human Welfare Association allowed us to extend our services. By taking healthcare directly to the people, we hope to inspire positive lifestyle changes and foster a culture of well-being.

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