

This Newsletter based on the theme
DENGUE & CHIKUNGUNYA

Medi-Update

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PARUL SEVASHRAM HOSPITAL



PARUL INSTITUTE OF MEDICAL SCIENCES & RESEARCH

OMICRON

On Nov. 24, South Africa told the World Health Organization that amid a recent increase in COVID-19 cases, it had identified a new variant (B.1.1.529)— later named omicron — with a high number of mutations, raising concerns that it could spread more easily than other variants of the coronavirus.

How did omicron come about?

It's still uncertain how omicron evolved, but it's clear that the variant did not descend from delta or other known variants of SARS-CoV-2. In fact, sequencing data suggests the viral lineage goes way back, possibly to mid-2020. Omicron itself, however, is much newer, as current estimates indicate it began circulating in people only around mid-October.

Based on this information, scientists have put forward three main hypotheses for how omicron originated. The first is that the variant simply has been spreading under the radar in a population that isn't regularly sequencing viral samples, perhaps somewhere in southern Africa.

Or, the variant may have evolved in one or more immunocompromised people, such as a person with HIV. In this scenario, a weakened immune system would allow the virus to continue to replicate for a prolonged time in a person's body, racking up mutations over time. This mechanism has been hypothesized for the creation of previous variants, and viruses isolated from such patients have been shown to accumulate mutations, including those often seen in variants of concern.

Finally, it's possible that the virus made its way into animals in what's called a reverse zoonosis and then was transmitted back to a person. That would explain how the highly mutated variant came about without anyone noticing.

Much of the concern is related to the mutations present in the virus. As soon as sequencing efforts in Africa identified several instances of a new version of the coronavirus on Nov. 23, scientists noticed that the virus has an unprecedented number of mutations — 50 or more — across its genome.

How contagious is the omicron variant?

Several of the mutations present in the omicron genome, including some at the virus's furin cleavage site, have been linked to increased transmissibility.

One pair of key mutations has also been shown in lab tests to allow SARS-CoV-2 viruses to bind more strongly to the ACE2, the human receptor that the virus uses to gain entry into cells. At the same time, other mutations are thought to reduce the affinity for ACE2.

OMICRON

How well does previous infection or vaccination protect against omicron?

One of the most concerning aspects of omicron is its potential to evade immunity gained either from vaccination or previous infection. Omicron contains numerous mutations in its spike gene that are predicted to make neutralizing antibodies less effective, suggesting the variant could have an easier time reinfecting people who have recovered from COVID-19 and infecting vaccinated people.

Preliminary epidemiology data from South Africa also suggest that omicron is reinfecting people more frequently than would be expected if it did not have any new ability to get around prior immunity.

Can the omicron variant still be detected with existing diagnostic tests?

The omicron variant does perform differently than most other variants on a part of a PCR test, which may help identify it more rapidly. Due to a deletion in the S, or spike, gene, omicron variant samples will not test positive for that particular part of the virus, producing what scientists are referring to as “S gene dropout.”

Do treatments still work against infections with the omicron variant?

Based on what is known about omicron now, a few treatments are expected to work less well against omicron, particularly some of the monoclonal antibodies that target the SARS-CoV-2 virus.

Treatments, such as those that target the immune response, including steroids & IL6 Receptor Blockers, will be unaffected.

DENGUE AND CHIKUNGUNYA

Dengue

Dengue is a mosquito-borne viral disease transmitted by female mosquitoes mainly of the species *Aedes aegypti* and, to a lesser extent, *Ae. albopictus*. These mosquitoes are also vectors of chikungunya, yellow fever and Zika viruses. Dengue causes a wide spectrum of disease. This can range from subclinical disease (people may not know they are even infected) to severe flu-like symptoms in those infected. Although less common, some people develop severe dengue, which can be any number of complications associated with severe bleeding, organ impairment and/or plasma leakage. Severe dengue has a higher risk of death when not managed appropriately.

Severe dengue was first recognized in the 1950s during dengue epidemics in the Philippines and Thailand. Today, severe dengue affects most Asian and Latin American countries and has become a leading cause of hospitalization and death among children and adults in these regions. Dengue caused by a virus of the Flaviviridae family and there are four distinct, but closely related, serotypes of the virus that cause dengue (DENV-1, DENV-2, DENV-3 and DENV-4). Recovery from infection is believed to provide lifelong immunity against that serotype. However, cross-immunity to the other serotypes after recovery is only partial, and temporary. Subsequent infections (secondary infection) by other serotypes increase the risk of developing severe dengue.

Distribution and outbreaks of dengue

The disease is now endemic in more than 100 countries in Africa, the Americas, the Eastern Mediterranean, South-East Asia and the Western Pacific. The America, South-East Asia and Western Pacific regions are the most seriously affected, with Asia representing ~70% of the global burden of disease.

The COVID-19 pandemic is placing immense pressure on health care and management systems worldwide. WHO has emphasized the importance of sustaining efforts to prevent, detect and treat vector-borne diseases such as dengue and other arboviral diseases during this crucial period, as case numbers increase in several countries, exposing urban populations at highest risk for both diseases. The combined impact of COVID-19 and dengue epidemics can potentially result in devastating consequences for the populations at risk.

Dengue outbreak in India 2021

Total number of cases reported till September 2021 is 60,112 with 30 deaths as reported on the official site of National vector borne disease control programme. Total cases reported from Gujarat are 4938 with one death.

Disease characteristics (signs and symptoms)

Dengue is a severe, flu-like illness that affects infants, young children and adults, but seldom causes death. Symptoms usually last for 2–7 days, after an incubation period of 4–10 days. The World Health Organization classifies dengue into 2 major categories: dengue (with / without warning signs) and severe dengue as below:

Treatment

There is no specific treatment for dengue fever.

Fever reducers and pain killers can be taken to control the symptoms of muscle aches and pains, and fever.

DENGUE AND CHIKUNGUNYA

- The best options to treat these symptoms are acetaminophen or paracetamol.
- NSAIDs (non-steroidal anti-inflammatory drugs), such as ibuprofen and aspirin should be avoided. These anti-inflammatory drugs act by thinning the blood, and in a disease with risk of hemorrhage, blood thinners may exacerbate the prognosis.

Vaccination against dengue

The first dengue vaccine, Dengvaxia® (CYD-TDV) developed by Sanofi Pasteur was licensed in December 2015 and has now been approved by regulatory authorities in ~20 countries. As such, use of the vaccine is targeted for persons living in endemic areas, ranging from 9-45 years of age, who have had at least 1 documented dengue virus infection previously.

WHO position on the CYD-TDV vaccine

As described in the WHO position paper on the Dengvaxia vaccine (September 2018) the live attenuated dengue vaccine CYD-TDV has been shown in clinical trials to be efficacious and safe in persons who have had a previous dengue virus infection (seropositive individuals). However, it carries an increased risk of severe dengue in those who experience their first natural dengue infection after vaccination (those who were seronegative at the time of vaccination). For countries considering vaccination as part of their dengue control programme, pre-vaccination screening is the recommended strategy.

Prevention and control

- Preventing breeding sites
- Personal protective measures
- Adult mosquito control
- Wearing clothing that minimises skin exposure to mosquitoes is advised;

CHIKUNGUNYA

Chikungunya is an infection caused by the Chikungunya virus (CHIKV). The incubation period ranges from one to twelve days, and is most typically three to seven.

Chikungunya in India:

The number of cases reported till September 2021 in India has been 7052 and that in the state of Gujarat has been 1782. After a period of quiescence lasting up to 32 years, CHIKV re-emerged in India in 2005. Currently, every part of the country has become endemic for the disease with outbreaks resulting in huge economic and productivity losses. Several mutations have been identified in circulating strains of the virus resulting in better adaptations or increased fitness in the vector(s), effective transmission, and disease severity. CHIKV evolution has been a significant driver of epidemics in India, hence, the need to focus on proper surveillance, and implementation of prevention and control measure in the country. Presently, there are no licensed vaccines or antivirals available; however, India has initiated several efforts in this direction including traditional medicines.

Clinical picture:

Characteristic symptoms include sudden onset, combining high fever, joint pain, and rash. Other symptoms may occur, including headache, fatigue, digestive complaints, and conjunctivitis. Information gained during

DENGUE AND CHIKUNGUNYA

recent epidemics suggests that chikungunya fever may result in a chronic phase as well as the phase of acute illness. Within the acute phase, two stages have been identified: a viral stage during the first five to seven days, during which viremia occurs, followed by a convalescent stage lasting approximately ten days, during which symptoms improve and the virus cannot be detected in the blood. Typically, the disease begins with a sudden high fever that lasts from a few days to a week, and sometimes up to ten days. The fever is usually above 39 °C (102 °F) and sometimes reaching 40 °C (104 °F) and may be biphasic – lasting several days, breaking, and then returning. Following the fever, strong joint pain or stiffness occurs; it usually lasts weeks or months, but may last for years. The joint pain can be debilitating, often resulting in near immobility of the affected joints. Joint pain is reported in 87–98% of cases, and nearly always occurs in more than one joint, though joint swelling is uncommon. Rarely, neurological disorders have been reported in association with Chikungunya virus, including Guillain–Barré syndrome, palsies, meningoencephalitis, flaccid paralysis and neuropathy. In contrast to dengue fever, Chikungunya fever very rarely causes hemorrhagic complications. Symptoms of bleeding should lead to consideration of alternative diagnosis or co-infection with dengue fever or coexisting congestive hepatopathy.

Transmission:

Chikungunya virus (CHIKV), is a member of the genus Alphavirus, and family Togaviridae. It was first isolated in 1953 in Tanzania and is an RNA virus with a positive-sense single-stranded genome of about 11.6kb. It is a member of the Semliki Forest virus complex and is closely related to Ross River virus, O'nyong'nyong virus, and Semliki Forest virus. Because it is transmitted by arthropods, namely mosquitoes, it can also be referred to as an arbovirus (arthropod-borne virus). Chikungunya is generally transmitted from mosquitoes to humans. Less common modes of transmission include vertical transmission, which is transmission from mother to child during pregnancy or at birth. Transmission via infected blood products and through organ donation is also theoretically possible during times of outbreak, though no cases have yet been documented. Chikungunya is spread through bites from *Aedes* mosquitoes, and the species *A. aegypti* was identified as the most common vector, though the virus has recently been associated with many other species, including *A. albopictus*.

Diagnosis:

Virus isolation provides the most definitive diagnosis, but takes one to two weeks for completion. The technique involves exposing specific cell lines to samples from whole blood and identifying Chikungunya virus-specific responses. RT-PCR using nested primer pairs is used to amplify several chikungunya-specific genes from whole blood, generating thousands to millions of copies of the genes in order to identify them. RT-PCR can also be used to quantify the viral load in the blood. Using RT-PCR, diagnostic results can be available in one to two days.

Vaccine:

A phase-II vaccine trial used a live, attenuated virus, to develop viral resistance in 98% of those tested after 28 days and 85% still showed resistance after one year

WHATS UP WITH MEDICAL FIELD

ZyCoV-D, the only needle-free COVID vaccine in the world

ZyduCadila company has received the Emergency Use Authorization (EUA) from the Drug Controller General of India (DCGI) for ZyCoV-D the world's first Plasmid DNA Vaccine for COVID-19. ZyCoV-D is a three dose vaccine which will be administered first on day zero, day 28th and then on the 56th day. With this approval, India now has its first COVID-19 vaccine for the adolescents in the 12-18 age group, besides the adult population. The main advantage of DNA vaccines is their ability to stimulate both the humoral and cellular arms of the adaptive immune system. They are a valuable form of antigen-specific immunotherapy, as they are safe, stable and can be easily produced.

About ZyCoV-D

ZyCoV-D is a Plasmid DNA vaccine which when administered produces the spike protein of the SARS-CoV-2 virus and elicits an immune response mediated by the cellular and humoral arms of the human immune system, which play a vital role in protection from disease as well as viral clearance.

Facts about ZyCoV-D

- ZyCoV-D is an intradermal vaccine, which will be administered in three doses.
- It will be applied using The PharmaJet® needle free system, Tropis®, which can also lead to a significant reduction in any kind of side effects.
- ZyCoV-D is stored at 2-8 degree C but has shown good stability at temperatures of 25 degree C for at least three months. The thermostability of the vaccine will help in easy transportation and storage of the vaccine and reduce any cold chain breakdown challenges leading to vaccine wastage.
- The plasmid DNA platform provides ease of manufacturing with minimal biosafety requirements (BSL-1).
- Also being a Plasmid DNA vaccine, ZyCoV-D doesn't have any problem associated with vector-based immunity.
- The Plasmid DNA platform also allows generating new constructs quickly to deal with mutations in the virus, such as those already occurring.

The European Society of Intensive Care Medicine (ESICM) & Sepsis

Updated Adult Guidelines – October 2021

Surviving Sepsis Campaign

The European Society of Intensive Care Medicine (ESICM) alongside the Society of Critical Care Medicine (SCCM) spearheaded the Surviving Sepsis Campaign (SSC) in 2002 with several aims including the

WHATS UP WITH MEDICAL FIELD

development of guidelines for diagnosis, treatment and post-ICU care of sepsis and a reduction of mortality from sepsis.

The updated adult sepsis guidelines represent input from a diverse panel of 60 experts and a survey of more than 800 intensivists from more than 30 countries. The guidelines recommend involving patients and their families in goals-of-care discussions to treat the long-term effects of sepsis.

Surviving sepsis campaign: international guidelines for management of sepsis and septic shock 2021 can be assessed on following website address

https://link.springer.com/epdf/10.1007/s00134-021-06506-y?sharing_token=VVDduNR3_kS3yPL4a8-le_e4RwlQNchNByi7wbcMAY76O6J-XN3F8lN2mCH25t4eezOvpCK0XoM8hzpl3cd32TK86DzL5n9bj7EvztDf7FgKqzqGT9Z4k6vMkOTgBKNsDIUQ_hnA5DTYLkUPq9znzdupKmFHjvjbrhO_BiUq-Tc%3D

INTERESTING MEDICAL CASE REPORTS OF PATIENTS TREATED AT PSH

Case -1 - Laparoscopic Ileal Pouch Anal Anastomoses for Inflammatory Bowel Disease (Ulcerative Colitis)

A male patient aged 26 years presented to the Department of GI Surgery at Parul Sevashram Hospital. On diagnostic investigations, Patient was found to be suffering from Severe Acute Ulcerative Colitis



Patient was operated for **Laparoscopic Ileal Pouch Anal Anastomoses**. This entails the creation of Neo-Rectum called J Pouch with preservation of Reproductive & Sexual Functions.

Patient's post operative stay was uneventful & mentions about his improved quality of life on regular followup

Operating Surgeons: *Dr. Nitin Patel, Dr. Madhavan Iyenger, Dr. Arpan Shah & Dr. Rahul Damor*

Case -2 Laproscopic Heller's Cardiomyotomy with Fundoplication

A 22 year old male patient presented to the Department of General Surgery with complaints of Dysphagia and Persistent Vomiting associated with weight loss since 2 months. After investigations, patient was found to be having evidence of smooth narrowing at Lower Esophagus with Dilated Proximal Esophagus. Also, Upper GI Scopy suggested coherent finding with tight GE Junction presented with Achalasia Cardia.



Laproscopic Heller's Cardiomyotomy was performed at GE Junction along with Toupet Partial Fundoplication.

The patient had an uneventful stay and is maintaining good on regular follow up

Operating Surgeon : *Dr. Chirag Parikh, Dr. Tejas Patel, Dr. Harshil Shah*

Anaesthetist : *Dr. Hetal Parikh, Dr. Chinar Pate, Dr. Nirali Prajapati*

INTERESTING MEDICAL CASE REPORTS OF PATIENTS TREATED AT PSH

Case -3 Case of Persistent/ Recurrent Bilious Vomiting Managed Successfully at Parul Sevashram Hospital)

A 3 year old patient presented with complaint of persistent bilious vomiting since birth at Department of Pediatrics, Parul Sevashram Hospital.

On evaluation and abdomen sonography, patient was detected to have Gastric Outlet Obstruction. Patient was also found to have Collapsed Stomach with abrupt narrowing at 2nd and 3rd part of Duodenum; on detailed evaluation through CECT Abdomen and Gastro Graffin Study.

Patient was operated for Laprotomy & Jejunostomy indicating grossly dilated stomach and 1st and 2nd part of Duodenum, an extremely rare condition at this age. Patient was closely monitored by our expert team and was happily discharged on 6th post-operative day without any complication.

Treating Doctors : Dr. Uma Nayak (HOD), Dr. Hemal Dave, Dr. Naveen Ganapan, Dr. Nirali Dhivar, Dr. Sadhana Tomar, Dr. Nehal Patel

Operating Surgeon : Dr. Siddharth Nayak



Case -4 Case of Refractory Pancreatic Ascites due to Disconnecting Duct Syndrome managed successfully at Parul Sevashram Hospital

A young female patient aged 11 years visited the Department of Paediatrics at Parul Sevashram Hospital with severe malnutrition, massive abdominal distension, severe pallor with on and off epigastric abdominal pain since 1 month. Patient had massive Ascites causing breathlessness for which the patient was treated medically with multiple Ascitic tapping, enzyme replacement and other supportive treatment for pancreatic insufficiency.

On further evaluation with CT Abdomen, the patient was found to have Atrophied Pancreas with changes of Chronic Pancreatitis and gross Ascites. MRCP was suggestive of prominent side branches at the tail of pancreas with no obvious communication with MPD, suggestive of 'disconnecting duct syndrome'.

Patient was managed with ERCP and MPD stone removal along with dilation of Stricture and Stent placement which decreased the Ascites and clinical symptoms.

With a major focus on improving nutritional status, the patient was discharged and on follow up visit, there was complete resolution of Ascites.

Pediatricians: Dr. Hemal Dave, Dr. Naveen Ganapan, Dr. Nirali Dhivar, Dr. Nehal Patel

Pediatric Gastroenterologist: Dr. Nidhi Saini

Medical Gastroenterologists (Adult): Dr. Dhaval Dave, Dr. Darshak Shah



INTERESTING MEDICAL CASE REPORTS OF PATIENTS TREATED AT PSH

Case -5 Lung Salvage by Right Upper Pulmonary Lobectomy- In case of Post TB Sequelae and Haemoptysis

A 35 year old male patient presented to the Department of Cardiothoracic & Vascular Surgery at Parul Sevashram Hospital with the history of Recurrent Haemoptysis for 1.5 years as a post Tuberculosis sequelae. After



consultation and followed by Investigations, the patient was found to be having Bilateral Bronchiectasis in Upper Lobes. Also, Bronchoscopy suggested & revealed active bleeding from the Right Upper Lobe.

The procedure was very risky due to severe adhesions of the Lobe with Thorax and almost incomplete minor fissure. Right Pulmonary Upper Lobectomy was performed by our expert team of doctors thereby salvaging the Right Lung.

Patient's stay was uneventful and doing good on regular follow up.

Operating Surgeon : Dr. Parth Bharat Solanki

Anaesthetist : Dr. Hitendra Kanzaria

WHAT'S NEW AT PIMSR & PSH

1. **Stroke awareness month** observed by the physiotherapy team of Parul Sevashram hospital. Many activities like game playing, educative sessions and fun activities conducted by the physiotherapy team.



2. **Infection control week**

COVID-19 continues to show the world what we've always known—infection prevention play a crucial role in keeping everyone safe and healthy.

Aligning with this year's theme “Make Your Intention Infection Prevention”, Team at Parul Sevashram Hospital led by Infection Control Department initiated several activities for infection prevention to educate staff, patients and relatives aimed to reduce the risk of patients, visitors and healthcare workers getting an infection.

A special hand washing dance activity was performed to educate patients and relatives on seven important steps of hand hygiene.

Swiss Cheese Working Model was showcased on how different layers of protection can help you keep safe; highlighting the importance of COVID vaccination

Staff were involved in games and activities like Infection prevention snakes and ladders, kaun Banega Gyanpati and a display of different measures to control infection prevention was organized which helped to understand the concept.



3. **Hand on training on compression** – only life support (COLS) organised by department of anaesthesiology for Diploma students of Parul institute of engineering and technology



WHAT'S NEW AT PIMSR & PSH

4. Medical excellence award

Parul Sevshram hospital celebrated 9 successful years of the journey by sharing the joy with all members of PSH & PIMSR family and by felicitating the doctors, nurses, paramedics and administrators whose contributions have led the organization to where it stands today.



5. Critical care in medicine

Parul Sevashram hospital got the permission to commence the critical care courses – IDCCM, CTCCM and IDCCN under senior and experienced intensivists Dr Udgeeth Thaker and Dr Misbah Rangwala.

6. One of the largest dialysis centers of Gujarat commenced at Parul Sevashram hospital

The dialysis center of PSH managed jointly with nephroplus has recently expanded its capacity to 30 beds making it one of the largest dialysis centers of Vadodara and Gujarat.

Under the expert care of senior nephrologists, physicians and a strong technical team, more than 1200 dialysis patients are efficiently managed every month.



WHAT'S NEW AT PIMSR & PSH

7. CME on Sepsis

Department of Microbiology, Infectious disease and Medicine organized a CME on Sepsis in the view of World Sepsis Day on 17-09-2021 where more than 100 participants attended the CME.



FACULTY ACHIEVEMENTS

- **Dr Jagdish Gohil**, Professor & Head of department OB & GY was invited as a guest speaker at 44th SOGOG 2021 workshop of operative obstetrics. He delivered a talk on topic of Cesarean delivery – Be alert!! The nightmare is lurking at the horizon.



- **Dr Karthik Vishwanathan**, Professor & Head department of Orthopaedics is selected as principal investigator for Natopnal task force study on venous thromboembolism by ICMR

AWARDS & ACCOLADES

Parul Sevashram Hospital has been accorded with entry level certification by **NABH**. This will go a long way in improving the quality standards of the hospital and subsequently the outcome for our patients.



Parul Sevashram Hospital has been awarded with two prestigious awards

- City's Best Hospital Award 2021
- Gujarat's Best Hospital Award 2021 for Diversity

CENTER OF EXCELLENCE WITH PATH BREAKING ADVANCED SERVICES AT PARUL SEVASHRAM HOSPITAL

Parul Sevashram Hospital is a 750 bedded multispecialty & superspecialty teaching hospital offering the most advanced treatments with state-of-the-art technology and cutting-edge surgical and medical techniques to deliver outstanding outcomes. Driven by motives of

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For more information contact:
P.O. Limda, Tal. Waghodia,
Vadodara - 391-760

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અંગદાન અંગે જાગૃતિ લાવવા માટે પારુલ યુનિ, અંગદાન ચેરિટેબલ ટ્રસ્ટ સાથે જોડાઈ દેશમાં અંગદાનની માગને પહોંચી વળવા પ્રયાસ

અંગદાન અંગે જાગૃતિ વધારવા અને લોકોને શિક્ષિત કરવા માટેના ઉપસ્થિતિએ શપથ લીધા

સંદેશ

આજના સમાજમાં, સમય વિશ્વમાં અંગ દાનાઓની માંગમાં વધારો થયો છે અને ભારત એવા દેશોમાંનો એક છે જ્યાં આવા દાતાઓની ખૂબ જ જરૂર છે. આ જરૂરિયાતને પહોંચી વળવાના માર્ગે તરીકે પારુલ યુનિવર્સિટીએ અંગદાન ચેરિટેબલ ટ્રસ્ટ સાથે ભાગીદારી કરી છે. દેશમાં સંસ્કૃત વધારવાની દિશામાં સકારાત્મક પગલું ભરનાર જ થી ડિસ્કોવરે યુનિવર્સિટીના વડોદરા કેમ્પસમાં તેમના નવા અંગદાનની શરૂઆત કરી હતી. જે અંતર્ગત અંગદાનની જાગૃતિ કેલાવની મોબાઈલ વાન અને અંગદાન રથ વાનનું લોન્ચિંગ કર્યું હતું. જે કાર્યક્રમમાં દિલીપ દેશમુખ, સ્વાયંત અંગદાન



ચેરિટેબલ ટ્રસ્ટ અને સામાજિક કાર્યકર, ભારતવન્માઈ બહુ, પટેલ મહામંડળી, ભાજપ, અસોકભાઈ પટેલ, વડોદરા જીલ્લા પંચાયત અધ્યક્ષ અને ડો. કિનેન્ડ પટેલ, સ્ટેન્ડિંગ

કમિટીના અધ્યક્ષ ઉપસ્થિત રહ્યા હતા. આ સાથે આ કાર્યક્રમમાં મેડીકલ કાર્યકર અને સંચાલક મંડળના સભ્ય ડો. કોમલ પટેલ અને પારુલ યુનિવર્સિટીના ઓબ્સ્ટેટ ડો. એમ.

એન. પટેલ પણ ઉપસ્થિત રહ્યા હતા.

સમય કાર્યક્રમ વિશે માહિતી આપતા મેડીકલ કાર્યકર ડો. કોમલ પટેલે જણાવ્યું હતું. પારુલ યુનિવર્સિટીની આયુર્વેદ, કાર્મચી અને તોમિયાપીની ફેકલ્ટીઓમાં અભ્યાસ કરતા વિદ્યાર્થીઓના જ્ઞાનમાં વધારો કરીને અંગદાનના ભેગમાં તેઓ કેવી રીતે લોકોને જાગૃત કરી શકે છે તે સમજાવવામાં આવ્યું હતું. મોબાઈલવાન નિષ્ણાઓની ટીમને સ્થાનિક સમુદાયો સુધી પહોંચવામાં અને જાહેરાતો દ્વારા જાગૃતિ કેલાવવામાં મદદ કરશે. કાર્યક્રમમાં હાજર તમામ સભ્યો અને વિદ્યાર્થીઓએ અંગદાન અને જાગૃતિ વધારવા અને લોકોને શિક્ષિત કરવા માટેના શપથ લીધા હતા.

પારુલ યુનિ.ના 16 પીજી વિભાગમાં મેડિકલની 53 બેઠકને મંજૂરી મળી

અંગદાન ચેરિટી ટ્રસ્ટ

પારુલ ઇન્સ્ટિટ્યૂટ ઓફ મેડિકલ સાયન્સ એન્ડ રિસર્ચના 16 વિભાગોમાં નેશનલ મેડિકલ કમિશન દ્વારા 53બેઠકોને મંજૂરી આપવામાં આવી છે. સાથુ શૈક્ષિક વર્ષથી સંસ્થાને 16 પોસ્ટ ગ્રેજ્યુએશન વિભાગોમાં કુલ 53 બેઠકોની પરચાનગી મળી છે. જેમાં જનરલ મેડિસિન, આંતરિક, ચર્મીનારોગનું વિજ્ઞાન, જનરલ સર્જરી, ઓર્થોપેડિક્સ, ઓબ્સ્ટ્રીક્ટિવ એન્ડ ગાયનેકોલોજી, ઓપ્થેલ્મોલોજી, રેડિયોલોજી, એનેસ્થેસિયા, માઈક્રોબાયોલોજી, સર્વાર્પિત નિષ્ણાત સંસાધનો અમને પેથોલોજી, આયોરેમિસ્ટ્રી, એનલોજી, ફિઝિયોલોજી તેમજ કમ્પ્યુટર અને કોમ્યુનિટી મેડિસિનનો સમાવેશ થાય છે. આ પરચાનગીઓ તબીબી ભેગમાં ઉચ્ચ

MYTH AND FACTS

Myth : If your platelet count is low, you have dengue

Fact : Though platelet count characterizes dengue, every time its occurrence doesn't mean you are affected by the disease. If it is followed by fever, your chances of being diagnosed for dengue are more however if only your platelet count is low, you may be suffering from other conditions like leptospirosis, scrub typhus

Myth : Papaya leaf can cure dengue

Fact : Papaya leaf is associated with helping in the management of dengue. But, it cannot cure dengue. So, you can have it as a supplement with the prescribed medicines but cannot totally rely on it.

Myth : Only children and old individuals are susceptible to dengue fever

Fact : this is not at all true. Dengue can affect anyone regardless of their age, gender, or socio-economic condition. However, there are other factors that can increase your risk of getting affected by the disease. They include having prior dengue fever and living in a tropical region.

Myth : Chikungunya is only transmitted by mosquito bite

Fact : It can be transmitted by vertical transmission and can be a blood borne infection as well

Myth : Incubation period for dengue is in weeks

Fact : Incubation period of dengue fever is 3-7 days

MEDI – QUIZ

- Aedes mosquitoes causing arboviral diseases generally bite during**
 - Daytime
 - Night time
 - Both of the above
 - None of the above
- Best dengue diagnosis in first week**
 - NS1 antigen
 - Antibody titre
 - Blood culture
 - None of above
- Which of the following is also known as break bone fever**
 - Dengue
 - Chikungunya
 - Kala-Azar
 - Yellow fever
- Chikungunya mosquito is transmitted by which mosquito**
 - Aedes aegyptii
 - Mansonia
 - None of above
 - Both of above
- Which of the following is not an arboviral disease**
 - Malaria
 - Dengue
 - Chikungunya
 - Japanese encephalitis

Answers to MCQs in previous newsletter

1.B

2.D

3.D

4.D

5.A

This newsletter comes to you with the
efforts of our literature club
Dr. Krunal Shah | Dr. Shashwat Nagar
Dr. Nisarg Savjiani

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