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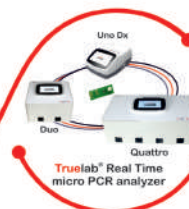
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# Exploring the Cutting-Edge Realm of Interventional Radiology

## Exploring the Cutting-Edge Realm of Interventional Radiology

**Dr Abhishek Bansal**

In the rapidly advancing landscape of modern medicine, interventional radiology (IR) has emerged as a revolutionary field that marries the power of imaging technology with minimally invasive procedures. This innovative discipline has transformed the way medical conditions are diagnosed and treated, offering patients an alternative to traditional surgical methods. By leveraging the expertise of radiologists and the precision of imaging tools, interventional radiology has paved the way for safer, quicker, and more effective medical interventions across a spectrum of conditions. This article delves into the world of interventional radiology, shedding light on its techniques, applications, and its profound impact on healthcare.

### The Essence of Interventional Radiology

Interventional radiology refers to a specialized branch of medicine that employs a variety of imaging modalities, such as X-rays, fluoroscopy, ultrasound, computed tomography (CT), and magnetic

resonance imaging (MRI), to guide minimally invasive procedures. Unlike traditional surgeries that require large incisions, IR procedures involve small, strategically placed incisions, or sometimes no incisions at all. The radiologist's role in interventional radiology is crucial, as they use real-time imaging to visualize internal structures, guide medical instruments, and perform precise interventions. Techniques in Interventional Radiology

**Embolization:** This technique involves the use of catheters to deliver agents like tiny particles, coils, or liquids to block or reduce blood flow to certain areas. It's used to treat conditions like uterine fibroids, aneurysms, and certain types of tumors.

**Angioplasty and Stenting:** These procedures are often used to treat narrowed or blocked blood vessels. A catheter with a balloon at its tip is inserted into the affected vessel and inflated to widen it. In some cases, a stent (a small mesh tube) is placed to maintain the vessel's patency.

**Radiolabelled Ablation (RFA)**



**Dr Abhishek Bansal**  
Sr. Consultant and Head,  
Department of  
Interventional Radiology,  
Sri Balaji Action Medical  
Institute and Action Cancer  
Hospital, New Delhi

**and Microwave Ablation:** These techniques involve using heat to destroy abnormal tissues, such as tumors or abnormal growths. They are commonly used to treat liver, lung, kidney & bone tumors.

**Biopsy:** IR allows for guided tissue

sampling using needles or catheters, enabling accurate diagnosis without the need for traditional surgery.

**Percutaneous Drainage:** Fluid collections or abscesses can be drained using image-guided techniques, reducing the need for invasive surgical drainage.

**Applications of Interventional Radiology**  
**Oncology:** Interventional radiology has transformed cancer treatment by enabling targeted therapies. Techniques like RFA, microwave ablation, and chemoembolization allow for the localized treatment of tumors, sparing healthy tissues.

**Vascular Conditions:** IR plays a significant role in treating conditions like deep vein thrombosis, varicose veins, and arterial stenosis. Angioplasty, stenting, and embolization are frequently used to address these issues.

**Pain Management:** Chronic pain from conditions like arthritis or nerve compression can be alleviated through IR-guided procedures, such as nerve blocks or injections.

**Gastrointestinal Disorders:** IR

is employed in treating conditions like bile duct blockages, gastrointestinal bleeding, and gastrostomy tube placements.

**Urology:** Kidney and urinary tract issues are often addressed using IR techniques, including kidney stone removal, stent placement, and treatment of benign prostatic hyperplasia.

### Advantages of Interventional Radiology

**Minimally Invasive:** IR procedures typically involve smaller incisions, resulting in reduced pain, shorter recovery times, and fewer complications compared to traditional surgeries.

**Accuracy:** Real-time imaging allows for precise navigation and targeting of treatment areas, minimizing damage to healthy tissues.

**Outpatient Procedures:** Many IR procedures are performed on an outpatient basis, eliminating the need for extended hospital stays.

**Reduced Risk:** The risk of infection, bleeding, and other complications is lowered due to the smaller incisions and reduced invasiveness of IR techniques.

**Shortened Recovery Times:**

Patients often experience quicker recovery times, allowing them to return to their normal activities sooner.

The future of interventional radiology holds promise. As imaging technology evolves, procedures are becoming even more precise and personalized. Nanotechnology, robotics, and advanced imaging techniques enhance the capabilities of interventional radiology, enabling interventions at a cellular level.

Conclusion  
Interventional radiology stands as a testament to the incredible synergy between medical imaging and medical intervention. By merging technology and medical expertise, IR has revolutionized patient care across a multitude of medical conditions. The field's emphasis on minimally invasive techniques, precision, and rapid recovery has not only transformed the treatment landscape but has also improved patients' quality of life. As technology continues to advance, interventional radiology is poised to further redefine the boundaries of what's possible in modern healthcare.

## High Time to learn Simple CPR to arrest Sudden Cardiac Arrest Deaths

### 'Reset the Beat' Campaign launched to stop Death by SCA in its track

**Dhananjay Kumar**  
@15-August-2023

**New Delhi:** It seems heart is under siege post Covid and people are dropping dead like nine pins, thanks to cardiac arrests precipitating unwarranted in old and young alike. This has caused quandary among people and cardiologists equally. But thankfully, there is a reason to take heart as well. The one easy-peasy technique called CPR (Cardiopulmonary Resuscitation) which, if people all, equip themselves with, can save over 70 percent of them. Hence, 'Reset the Beat' CPR awareness campaign launched by Medtronic and Fortis Escorts Heart Institute promise to go a long way in stemming fatal tide of sudden cardiac arrest in India.

CPR (Cardiopulmonary Resuscitation) is a technique so simple that you learn before you know it. But do you know, learning it gives you an opportunity to be a savior for a song? The motto of this nationwide campaign is save and be saved by sudden surge of cardiac arrest in the aftermath of Covid.

**Dr Ashok Seth, Chairman, Fortis Escorts Heart Institute**

and a renowned cardiologist, while launching the campaign (July 5), made a fervent appeal to all and sundry to make CPR learning a movement to avert death by sudden cardiac arrest. Giving example of Seattle in USA, Dr Seth vouched that CPR could be a godsend in this hour of heart emergency in India. Dr Seth expressed his wish that there be such scenario as wherever sudden cardiac events occur in Delhi or elsewhere, there must be at least one CPR skilled person around to avert death. Quoting figures from where CPR learning is a norm, Dr Seth assured that over 70 percent people suffering SCA can be retrieved from the jaws of death by on the spot application of CPR and then taken to the hospital immediately. To Dr Seth red flagged the situation, saying aftermath of COVID and Pollution is proving double whammy on hearts in India. Post Covid, we are witnessing 2-3 times spurt in sudden cardiac arrests in here, he added. He said CPR could prove a great savior.

The CPR awareness campaign 'Reset the Beat' launched by India Medtronic Private Limited, a wholly owned subsidiary of Medtronic plc (NYSE: MDT) and Fortis Escorts Heart Institute will eventually be accelerated in association with other leading hospitals across India. In the first phase spanning three months, over 1500 people will be trained through 36 CPR workshops across hospitals, railway stations, police department, public markets, schools, colleges etc., in Delhi and Chennai. The traffic police forces will also be roped in to avert the crisis occurring on the roads.



The campaign underscores the urgent need to raise awareness on the need for administering timely CPR to save lives during an SCA. A recent study indicates that the survival rate during a sudden cardiac arrest (SCA) stands at 1.05% in India. The survival rates are influenced by factors such as availability of emergency medical services, prompt bystander CPR, and access to defibrillation. In recent times, several celebrities have lost their life due to SCA. These incidences have brought the health condition to the forefront and made many people take note. The need of the hour is to raise awareness not only on the condition

but also on how CPR can help save lives. Spreading awareness about CPR can help give SCA patients a second chance.

Speaking about the campaign, **Mr. Michael Blackwell, Vice President & Managing Director, Medtronic India**, said, 'Lack of awareness around SCA is a critical factor contributing to the alarming burden of heart diseases and mortality in India. By placing a strong emphasis on CPR education, we have the potential to save thousands of lives through 'Reset the Beat'. Through the innovative approach of bringing CPR training directly to the heart of our communities, and Medtronic's mission to alleviate pain, restore health and extend lives, we are eager to empower individuals to become life-savers and make a tangible difference in our society.'

**Dr Anil Saxena, Executive Director, Cardiac Pacing & Electro physiology, Fortis Escorts Hospital** said, 'We are delighted to collaborate with Medtronic for the impactful Reset the Beat campaign. At Fortis, we understand the pressing need to raise awareness about sudden cardiac arrest (SCA) and the impor-

tance of immediate response in saving lives. Together, we will work tirelessly to enhance survival rates and save countless lives. This collaboration exemplifies our unwavering dedication to improving cardiovascular health and ensuring that communities have the knowledge and tools necessary to act swiftly and confidently in critical situations.'

**Dr Aparna Jaswal, Director, Cardiac Electro physiology, Fortis Escorts Heart Institute** said, 'SCA is a serious cause of concern and a public health issue in India, particularly because there is less awareness about its symptoms and risk factors. It is imperative to educate people about SCA and the fact that in the absence of immediate resuscitation, it may not be possible to revive the person. Together, we will bring CPR training and life-saving skills directly to the heart of our communities, empowering individuals to make a real difference in cardiac emergencies.'

## Armed with latest IVF Technologies, Jaypee Hospital exudes hope for Childless Couples

### The Superspeciality Hospital marks World IVF Day by promising to fight Silent Epidemic of Infertility

**Dhananjay Kumar**  
@15-August-2023

**Noida/ Delhi:** Armed with one of the best IVF laboratories in North India, Jaypee Hospital pledged today on the occasion of World IVF Day to leave no stone unturned to fill the days of childless couples by babies. Asserting that infertility is widening its footprint as a silent epidemic, the hospital said there is urgent need to spread awareness that there is much light of hope at the end of infertility tunnel, thanks great advancement of the IVF and fertility technologies. Dr. Soma Singh, Senior Consultant, Department of IVF & Infertility, Jaypee Hospital, said in no uncertain terms that with the kind of lab Jaypee hospital has, there is a very good chance that any infertile couple can conceive.

Jaypee Hospital marked World IVF Day by highlighting the burden of infertility and its causes in today's world. Recognizing infertility as a medical condition is crucial to ensuring specialized care and support. Infertility, which is characterized by the inability to con-

ceive, is a complex issue with various underlying factors. It has emerged as a silent epidemic in India, affecting millions of couples across the nation. According to recent data, approximately 15% of Indian couples face challenges in achieving parenthood. However, due to social taboos and lack of awareness, many individuals and couples suffer in silence, delaying or avoiding seeking appropriate medical help. Dr. Soma Singh, Senior Consultant, Department of IVF & Infertility, Jaypee Hospital said, "Infertility rates have seen a concerning increase, driven by several contributory factors. A significant element is delayed marriage and childbearing among women. Additionally, the rise in sexually transmitted diseases has impacted fertility. Modern lifestyles characterized by reduced physical activity, job-related stress, and obesity also play a role. Environmental pollution further compounds the issue. Sadly, the social stigma associated with infertility often prevents individuals from seeking timely treatment



from infertility experts. Acknowledging these factors and overcoming the stigma is crucial to addressing the growing challenges of infertility and seeking appropriate support and solutions."

Since the birth of the first IVF baby in 1978 (Louise Brown), countless couples have reaped the benefits of this technique. Recent advancements in IVF technology have transformed fertility treatment, yielding higher success rates, improved patient experiences, and reduced risks for both couples and newborns. These developments represent a remarkable leap forward in assisted

reproductive technologies, offering

renewed hope and possibilities for families worldwide. In the battle against infertility, empathy and support are crucial for those facing challenges.

Acknowledging infertility as a medical condition and addressing lifestyle factors

will pave the way for improved reproductive health in India. By raising awareness and offering hope, we can create a path towards parenthood for those seeking help. Together, let us stand united in offering reassurance and understanding on this journey towards building families.

At Jaypee Hospital, we take pride in our dedicated "Department of IVF and Infertility," providing comprehensive support to couples facing con-

ception challenges. Our team comprises of experienced reproductive medicine specialists and in-house embryologists. We offer a wide range of infertility treatments and fertility preservation services, including oocyte and sperm freezing. Additionally, our specialists perform reproductive-enhancing surgeries to increase your chances of starting a family. Trust us to provide compassionate care and cutting-edge solutions on your journey towards parenthood.

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## SPEED is just what the Doctor ordered for best Outcome in Knee Replacement

The unique surgery 'Algorithm' curated by Aakash Healthcare is mantra of flawlessness



Dhananjay Kumar

**New Delhi:** SPEED is Aakash Healthcare's mantra of flawless knee replacement surgery. To pick from the latest glossary, this uniquely curated algorithm is a guarantee of best outcome, eliminating one and all possible untoward occurrence that might jeopardize the limbs for long. This knee replacement program is what makes Aakash Healthcare the most credible centre of excellence in India. For Dr Aashish Chaudhry, ace orthopedic surgeon and MD of this multispecialty hospital at Dwarka, flawless Total Knee Replacement (TKR) surgery is the Holy Grail.

Sample this- Issac Doru, 55 year old football player and technician of Indian Football Team, was put out of action, thanks to his worn out knees. But after SPEED guided knee replacement in Aakash Healthcare in 2019 by Dr Aashish Chaudhry, Mr Doru got his knees as

new and is still sprinting like his former self. After surgery, in just three weeks, Mr Doru was climbing stairs, galloping at that! But for SPEED, the outcome could have gone other way as well. God forbid, in case of surgery going awry in absence of such nuanced care, Mr Doru's life might have been saga of trauma and torture.

JC Chaudhry, Dr Aashish's iconic father, is best trophy of his SPEED success. Dr Aashish Chaudhry did his knee replacement surgery in 2017. Due to bad knee, his papa could hardly walk or climb stair but after surgery by his son, he is long back in harness.

Speed program factors in possible consequences namely pain, infection, failure, need for revision and effectively preempts them. In acronym, S stands for Safety protocols, P stands for Painless, E stands for Exact fit, 2nd E stands for Express Rehabilitation and D stands for Durability of implant.

Instances of Mr Doru like clean success story abound in about 7000 knee replacement Dr Chaudhry has



done so far. With SPEED program in place, such outcome is the rule rather than exception in Aakash Healthcare. Talking to Medicare News, Dr Chaudhry spoke at length about the need of protocols and precautions needed for best outcome. Dr Chaudhry said, "SPEED is the hallmark of the meticulous knee replacement surgery in Aakash Healthcare. Ours is a holistic knee replacement program. Doing perfect surgery alone is not enough, other very crucial aspects have to be taken into account to make surgery sustainable. Our program is team based, not surgeon based.

revision are outcomes of a botched surgery and puts patients' life in a lot of traumatic experience.

Unlike literal meaning of the acronym SPEED, Dr Chaudhry is never in a hurry. In this sense, SPEED may seem a bit of a misnomer. He has no penchant for flaunting his numbers like some orthopedic surgeons do. He would rather like to flaunt quality of surgery. The safety and best outcome of the patient is uppermost on his mind and he would pull out all stops to achieve the best. SPEED is what makes Dr Aashish a cut above the rest in knee replacement surgery domain. He is out to establish highest benchmark of knee replacement and has very thoughtfully created nuanced way forward.

Dr Chaudhry says, "We hear all kinds of oils claiming no need of knee replacement surgery but the truth is knee replacement has no alternative. In times to come, the need of this technology will increase exponentially. As for now, 12 lakh people are in need of knee replacement but hardly two and

half lakh get their knees replaced. For one, in India there is no mature audience to understand the need of getting painful knee replaced. They suffer in silence but would not go for knee replacement. They should understand that the surgery would transform their lives completely and give them new lease of life."

But Dr Chaudhry has a word of caution for those who go gung ho in activities after knee replacement surgery. Dr Chaudhry says, "I advise my patients to go for only low contact sports namely swimming, golfing, table tennis and double badminton. People after this surgery should be well advised not to tempt fate."

Summing up, Health and Wellness Congress has recently awarded him as the most iconic healthcare leader of India not for nothing. It is for sure the testament to his standing as an ace orthopedic surgeon for more than 20 years now. His SPEED program has indeed revolutionized the TKR procedure in the country.

## Women are losing 'Amrit' against Cancer Death in India

Study by Amrita Hospital, Kochi finds women more vulnerable to Cancer Death

Dhananjay Kumar  
@15-August-2023

**Kochi/ New Delhi :** C word is menacingly catching up with women in India. In a study by Amrita Hospital Kochi, the weaker sex i.e. has been found more vulnerable to cancer deaths. On the other hand, men have come up trumps in evading cancer deaths compared to women.

The cancer mortality trend in India has decreased by 0.19% annually among men but increased by 0.25% among women, which translates to an increase of 0.02% among the combined sexes, an analysis of mortality trends of 23 major cancers in the Indian population, which killed 12.85 million Indians between 2000 and 2019, has found. The study, published in JCO Global Oncology, a journal affiliated with the American Society of Clinical Oncology, was conducted by Ajli Shaji, Dr Pavithran K, and Dr Vijay Kumar DK from the Amrita Hospital, Kochi, in collaboration

with Dr. Catherine Sauvaget from the International Agency for Research on Cancer, a division of WHO. According to the study, increasing mortality trends were seen among cancers of the lung, breast, colorectum, lymphoma, multiple myeloma, gallbladder, pancreas, kidney, and mesothelioma between 2000 and 2019. The highest annual increase in mortality was observed in pancreatic cancer among both sexes at 2.7% (2.1% among men and 3.7% in women). However, the stomach, esophagus, leukemia, larynx, and melanoma cancers showed a declining cancer mortality trend irrespective of sex.

The cancer mortality was high among men than women for all common cancers except thyroid (0.6%) and gallbladder (0.6%) cancers. Larynx cancer had almost a 6-fold high mortality among men than women, followed by lung (2.9%), melanoma (2.5%), urinary bladder (2.3%), mouth and oropharynx (2.2%), and liver (1.9%), while stomach and



colorectal cancer mortality was relatively similar among both sexes, the study has found. Ajli Shaji, Head of Cancer Registry at Amrita Hospital, Kochi, said: "Cancer mortality trends have not been documented across the population of India. We, therefore, analyzed the overall and individual cancer mortality trends for 23 major cancers between 2000 and 2019 on basis of Global Health Observatory (GHO) database. This estimation-based study might be a substitute for constructing precise and efficient

health care infrastructure to acquire better cancer control programs in India in the absence of a national cancer registry or country-wide cancer mortality data." Talking about the findings of the study, Dr Vijay Kumar DK, Head of Dept. Breast & Gynec Oncology, Amrita Hospital, Kochi, said: "We wanted to investigate how the number of cancer-related fatalities has changed in India over the past two decades. The study has shown that cancer mortality trend among men in India have shown a slight yet

statistically significant decrease over time. In contrast, the increase in cancer mortality among women and both sexes combined has been minor and not statistically significant. Among all common malignancies, women had higher rate of gallbladder and thyroid cancer mortality than men; meanwhile, a yearly significant increase of pancreatic cancer mortality was seen among both sexes, with higher increase in women."

Added Dr Pavithran K, Head of Dept. Medical Oncology, Amrita Hospital, Kochi: "The study highlights the need for a multi-pronged approach to address the rising cancer mortality rates in India, including awareness on cancer symptoms, cancer prevention policies, improved health infrastructure, and specifically dedicated human resources. A multi-faceted strategy is required to tackle India's rising cancer mortality rates. Lack of knowledge about cancer symptoms delays treatment for preventable

## अमृतकाल में गेहूं क्यों बना सेहत का जहर और मिलेट अमृत

एफएसएसआई के लिए गेहूं का सवाल एक बड़ा धर्म संकट



Dhananjay Kumar

भारत की एक मुश्किल जगह गेहूं के दुर्दिन चल रहे हैं। अमृतकाल में जहां सेहत के काल के रूप में चिह्नित किया जा रहा है। डाक्टरीज के मरीजों को तो इसे चिन्मये से ची नहीं बुने की सलाह दी जा रही है। जो सुधार व बाजार अतिरिक्त पर प्रचलन में नई मोडों को नए इलाक़ पर इन्फ़ेक्शन को नियंत्रण रखने के बाद से तो बहस के लिए धातु के जो की तरह ही गेहूं रसों पर खेती का माहौल है। फूट गेहूं पर एफएसएसआई के पास भी गेहूं के खिलाफ पॉसिबिलिटी सलूट है लेकिन वह उसके लिए धर्म संकट जैसा है। वह इस तथ्य को धर्म में ही रखना चाहता है। लंबे समय से इस मुद्दे पर देश में जुलूस चल रहा है।

एक अरसे से यह आज भोजनवादी (विनिर्माण डायरेक्शन) के निशान पर है। यह हेल्थ यानी आँखों की स्थिति सेहत का नव ब्रेड एकादमी फंडा है। इस पर पूरी दुनिया में लगभग एकमत बन गया है। कैसे आधुनिक का यह ब्रेड सिस्टम है कि आपका पेट और फायन डैक है तो यह ठीक है। हम क्या खाते पीते हैं उसका हवाही सेहत से गहरा संबंध है। यह अब रोगों के खोले विरोध मानने हैं और सेहत के लिए सुनिश्चित भोजन की वकालत भी करते हैं। आहार विशेषज्ञ (डाक्टरीज) का मानना है कि यह रोग प्रसारक (ऑक्सीजन पेट) में पेट होते हैं और ओं वही हराजा बन सकते हैं।

आज यह सभी सुन्न (इन्फ्लेक्शन) है। यह खाते भोजन ही अंत में रोग बन रहा है। यह खाते विशेषज्ञों के गेट ने गेहूं के अरसे से बनी खाते पीने की चीजों को गेट हेल्थ का सबसे बड़ा

दुश्मन बनकर दिख रहे हैं। यह भी सही है कि आज मैदा से बनी चीजें जैसे पिज्जा, नूटल, बर्गर, पास्ता, मोमो आदि की बेहतरीन खात हो रही है। अगर गेहूं इलाक़ खलनक है तो सामान्य चिंत की बात होनी चाहिए। डाक्टरीज के ज्वलंत विरोध में अब सबसे पहले गेहूं छोड़ो की सलाह देने लगे हैं। गेहूं के आटे की गेहूं को न्यू सुधार का देकर मसुमेह (डाक्टरीज) के मरीजों को अब सबसे पहले गेहूं से लंबा करने की सलाह दी जाने लगी है क्योंकि विशेषज्ञों के अनुसार गेहूं कोटिंग में चीनी (शुगर) की खासी मात्रा होती है। मिलेट (मोट अर) को खाते में एक यह भी है कि यह मसुमेह के मरीजों के लिए यह अमृत जैसा है। जानी मानी आहार विशेषज्ञ एवं विनिर्माण डायरेक्शन इसी खासता कहती हैं- हम गेहूं खाते रहे तो हेल्थ ड्रिफ्ट का समन पूरा नहीं होने वाला क्योंकि क्योंकि गेहूं ही सारी चीजों का जोड़ बन रहा है। जो डाक्टरीजवादी मतलब किसी भी चीजों से ग्रस्त है उन्हें गेहूं का सेवन तत्काल बंद करना चाहिए। जो अभी समय है वे भी खाते में गेहूं का कम से कम प्रयोग करें। गेहूं के आटे की दो चालाकियों में 2 चमच के बखर चीनी होती है। सोफ़र हम एक दिन में गेहूं की खेती के जेवर किन्हीं चीजों खा जाते हैं। यह कहें कि गेहूं के खेती की जगह से ही भारत मसुमेह रोग की दुनिया को घेरने की जगह पर है तो अतिरिक्त नहीं होना। गेहूं में फाय नदने वाला स्टार्च बड़ों को नहीं बल्कि सब्स की रोगप्रसारक बनता है। गेहूं की खेती एवं अन्य पकवान हर इंसान के पेट (पेट) में सुन्न पैदा करती है।

श्रीलंका खोलाओ आगे कहती हैं- बहुत पहले खाते जाने वाली गेहूं खाना हीनकारक जगह था इसलिए मसुमेह के मरीज कम थे लेकिन 1960 के बाद गेहूं की अधिक उन्नत वाली जो किम आदि है



बहुत हासिकक सचिंत हो रही है। पीपुल मोदी ने मिलेट बड़ा देने का कदम उठा कर सेहत की दिशा में एक बेहद प्रगतिशील काम किया है। हम यह नहीं कहें कि गेहूं में प्रोटीन नहीं है। गेहूं में प्रोटीन है लेकिन स्टार्च जो खलनक बनता है। यह स्टार्च के प्रति सस्वेनलैबल लगे हैं कि गेहूं ही मरि हलिनकारक नहीं है यह सभी लोगों के लिए हासिकक है।

पेबाहर दवा (न्यूट्रिशन मेडिसिन) से रोगों का इलाज करने वाली जानी मानी पोषण विशेषज्ञ मंत्री चंड ने कहा कि गेहूं से बनी खातों की चीजों से शिथिल पक्षों हो सके करना चाहिए। पहले के गेहूं में स्टार्च कम होता था लेकिन अब गेहूं की जो किम हम खाते हैं वह अनुपयोगिक रूप से बहुत बढ़त गया है और उसमें स्टार्च की खानों मात्रा हो गई है। स्टार्च एक ऐसा प्रोटीन है जिसका पचन बहुत कठिन होता है। इससे पेट में सुन्न की पैदा होना है। हम अपने मरीजों को गेहूं से बनी खात पचने की चीजों से परहेज करने की सलाह देते हैं। यह बहुत से रोगों का कारण बन रहा है।

सुनिश्चित करने वाली सरकारी संस्था भारतीय खाद्य सुरक्षा एवं मानक, 1 फिफ्थ एंड 1 (एफएसएसआई) के लाभाधान में 2019 में गेहूं के अरसे से बनी चीजों के खाने से होने वाली बीमारियाँ विषय पर अवैज्ञानिक एवं संवर्धन समेत एक सच माने अंतराष्ट्रीय विशेषज्ञों ने सात शब्दों में कहा था कि गेहूं भारत की सेहत के लिए बहुत बड़ा खतरा है। खास कर मसुमेह की बड़ी संख्या को देखते हुए भारत गेहूं का सेवन बंद ही कर दे तो बेहतर होगा।

लेकिन गेहूं के प्रमुख भोजन होने की वजह (एफएसएसआई) ने इस मामले पर चुप्पी साध ली। संवर्धन समेतन के बाद शिथिल हैबिट सेटर में इसे विषय पर दो दिन का मिनीसिमल हुआ जिसमें गेहूं को साफ शब्दों में सेहत के लिए खतरनाक बताया गया।

वही मसुमेह के जाने माने विशेषज्ञ एवं डाक्टरीज एडुकेशन रिसर्च फाउंडेशन के संस्थापक डा. अशोक शिन्हा ने कहा- हम लोग लोग खा रहे हैं वह गेहूं का रिफाईंड आटा। खा रहे हैं। बाजार जाते हैं और आटे की एक बोरी से आते हैं जो कोकरा विहीन मैदा होता है। हम गेहूं का आटा नहीं बल्कि मैदा खा रहे हैं। गेहूं के ऐसे आटे से सुन्न बनने का जोरियत जबरन होता है। लोग गेहूं खाते हैं जिसका कारण खातों को कोई दिक्कत नहीं है। अपने मरीजों को गेहूं की रोटी खाने से मना नहीं करता।

बेशक मिलेट गेहूं से बेहतर अरसे है लेकिन मिलेट से बना भोजन दो बार खाता मुश्किल मिलेट का प्रयोग हो तो बेहतर होगा।

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## Biosimilar Drug Companies caught candid trying to skirt around Conditions for Marketing

### Consumer Activists scotch the idea of Patient Safety being traded for Affordability



Dhnananjay Kumar

**New Delhi:** Renowned consumer activists have cut short attempts of biosimilar drug companies to take shortcut for marketing medicines. The makers of this genre of medicines are battling for relaxation of conditions for marketing approval. The activists have said without mincing words that patient safety cannot be traded for access and affordability. On Biosimilars' attempt to skirt pre-requisites, the activists have put their feet down, saying the safety question should be off limits for any kind of compromise. Hot on the heels of a letter written early on this month to secretaries of Union Health Ministry and Department of Biotechnology for cutting corners, consumer activists have red

flagged the attempt citing recent mishaps due to 'made in India' medicines which have badly battered the image of pharmacy of the world that India prides itself upon. The makers seem to be in a hurry to capture the market coxing drug regulators to throw caution to the winds.

The letter in the name of representatives of various civil society, community organizations, health organizations and patient groups asks for waiving of conditions imposed by current Indian Biosimilar Guidelines namely mandatory animal studies and comparative safety and efficacy studies for marketing approval. Branding these conditions major barrier in the way of biosimilars trying to enter the market, the letter flaunts the question of access and affordability. The argument of sidelining safety concern for making medicines affordable does not sit well with



consumer interest advocates. Prof. Bejon Misra, internationally renowned consumer policy expert, activist and Founder Director, Patient Safety and Access Initiative of India Foundation is categorical saying safety question cannot be given a go by when it comes to medicine, nowise. In his official statement, prof Misra said, "Patient safety should be of paramount importance while approving pharmaceutical products in any market. Clinical trials and safety efficacy studies are vital requisites to ensure products launched in the market are safe and efficacious. The safety of patients cannot be compromised for the sake of affordability. There is no denying that biosimilars can significantly bring down the price of essential biologics

that are used for critical diseases including cancer but that does not mean biosimilars are allowed without adequate safety studies. In fact, because biologics are different than conventional chemical molecules and are complex and difficult to develop, it is important that biosimilar undergo rigorous testing and clinical scrutiny to ensure they are safe and efficacious. Comparative safety and effectiveness data is necessary to support the demonstration of biosimilarity.

The Indian biopharma industry is already struggling to keep up with international quality and testing standards, given the existing regulatory inadequacy. Further relaxations in the current regulations will not only be bad for India's reputation on the global map but also put Indian patients at a huge risk. Anurag S. Rathore, Ph.D., Coordinator, DBT COE for Biopharmaceutical

(Jointly with) Yardi School of Artificial Intelligence, Indian Institute of Technology, Delhi is equally concerned by the attempt and has unambiguously put his view points as follows.

"Indeed clinical trials continue to be the single largest contributor to the development and commercialization of a bio therapeutic product. This is even true for a biosimilar, class of compounds for which the quantum of required clinical trials is already substantially reduced. It is also true that biosimilars cost significantly more than their pharmaceutical generic counterparts, thereby impacting their affordability and accessibility. These facts have been fuelling calls for the reduction or even elimination of clinical trials as this would substantially lower the cost of manufacturing and make them more affordable. While these calls are gaining momentum, the regulators need to keep the delicate balance between affordability and patient safety."



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- D.Y. Patil Fertility Centre, Navi Mumbai
- Budget IVF & Fertility Centre, Dadar (W), Mumbai
- Bloom Clinic, Connaught Place, New Delhi

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Prenatal Sex Determination & Sex Selection is Illegal in India & Not Done Here.

\*A Babies and Us Fertility and IVF Centre (India) Pvt Ltd Initiative



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# A new hope for cancer treatment

with Disease Management Groups at Max Institute of Cancer Care, Vaishali.

**Max Institute of Cancer Care (MICC), Vaishali** has one of the largest oncology teams in North India, delivering highest quality of cancer care. Central to this culture and aspiration is the development of highly specialised and specific teams of doctors focused on treating specific cancers. Each DMG comprises of specialists from various fields including Surgical Oncology, Medical Oncology, Radiation Oncology, Pathology, Radiology, Palliative Medicine and Nuclear Medicine with exclusive focus and expertise in treating cancers of a particular site or organ, rather than treating every type of cancer.

At MICC, there are currently 10 DMGs focusing specifically on management

of cancers of each of the organ groups including Head and Neck Cancers, Breast Cancers, Thoracic Cancers, Gastrointestinal Cancers, Urological Cancers, Gynaecological Cancers, Bone and Soft Tissue Cancers, Childhood Cancers, Neurology Cancers, Blood Cancers including Bone Marrow Transplantation.

## Tumor Board

Each DMG works as an integrated team and organises DMG Tumour Board meetings every week. All cancer patients are systematically discussed in their respective DMG Tumour Board meetings where a comprehensive personalised care plan is formulated.



This approach of cancer management is our unique strength at MICC. Such DMG based cancer management has the advantage of providing a comprehensive and focused care to the patients which translates into better outcomes. Though this is a common practice at most major centres globally, this is not the norm in India. The expertise of each specialist in a particular cancer type continues to grow and ultimately comes back to patients in the form of informed decisions which have delivered proven results over time, leading to better outcomes. This strength has given this team the recognition and responsibility to host the virtual tumour board for the National Cancer Grid (NCG). NCG has more than 150 Cancer Centres as members and we engage with oncologists from different centres to discuss complex cases.

At MICC, we are also building DMG Clinics. The DMG clinics are organ specific clinics with a Surgical Oncologist, Medical Oncologist and Radiation Oncologist being present at the same clinic. This makes it possible and convenient for cancer patients to consult all the specialists involved in

their care at a single site in a short time frame. This ultimately results in earlier initiation of treatment plan.

Our team is supported by strong processes and world class infrastructure, including:

- Over 200 dedicated beds for cancer patients
- Dedicated Women Cancer Centre
- Bone Marrow Transplant Unit
- Team of more than 50 Super Specialists
- 10 Disease Management Groups (DMGs) for specific types of cancers
- 6 Modular Operation Theaters
- Latest PET Scan and Digital Mammography

We have a unique advantage of being housed in a multi-speciality hospital complex which has all other tertiary level specialities including Cardiac Sciences, Nephrology, Neurosciences, Gastroenterology and more. The dedicated Cancer tower in Vaishali would bring a new energy in the Oncology world and is expected to set a benchmark in Cancer Care in Northern India.

For more information, visit [maxhealthcare.in](https://maxhealthcare.in) or call 8860 444 888



Max Super Speciality Hospital, Vaishali (A unit of Crosslay Remedies Ltd.)

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