



Doctor
Live

ACTION NEWSLETTER

हर मरीज के लिए नहीं है
रेमडेसिविर : डा. अरविंद

Doctor Facebook Live with Page No. 1

Media Coverage Page No. 3

Doctor Facebook Live Season- 36

Doctor Live

Topic:
How to diagnose & treat Black fungus in early stage
Know from Our Expert

SATURDAY
May 22nd 2021
TIME : 12:30 PM

Join Us Live On Facebook

Dr. Col Aditi Dusaj
Sr. Consultant-
Ophthalmology

SBAMI.Delhi

Doctor Live

Multiple Sclerosis Day Special

Topic:
Multiple Sclerosis-
Sign, Symptoms and
Management
Know from Our Expert

SATURDAY
May 29th 2021
TIME : 12:30 PM

Join Us Live On Facebook

Dr. Rajul Aggarwal
Sr. Consultant-
Neurology

SBAMI.Delhi

Doctor Live

World No Tobacco Day Special

Topic:
Tobacco-
Avoid this Ticket to
Death

Monday
May 31st 2021
TIME : 12:30 PM

Join Us
Live On Facebook

Dr. Pranjal Kulshreshtha
SURGICAL ONCOLOGIST
Head & Neck, Breast &
Thoracic Onco Surgery

actioncancerhospitaldelhi

Hospital has organised three fb live sessions on most burning topics during pandemic -Black Fungus, where been discussed about **How to diagnose and treat black fungus at early stage- Dr. Col. Aditi Dusaj.**, Sr. Consultant- Ophthalmology addressed the viewers on black fungus and how dangerous it can be.

Black fungus is a serious fungal infection. This type of fungus is usually grow in patients, who have stayed on steroids for a longer time and suffering from blood sugar . This fungus is present in the environment all the time but attacks only those who have low immunity power. Now a days the black fungus is usually found in people who have recovered from covid.

Dr Aditi has shared the symptoms like nasal discharge, nasal blockage , headache, fever, numbness/ swelling at one side of the face, redness in eyes, cough, nausea. Treatment options are available for black fungus if it is diagnosed at an early stage. She categorically said, to not to treat this at home and must visit hospital at the earliest for further treatment process.

Multiple Sclerosis -29th May 2021- Dr.Rajul Aggarwal-HOD and Sr. Consultant- Neurology. The FB live

broadcast on 29th May, where Dr.Rajul Aggarwal, HOD and Sr.Consultant-Neurology has shared extremely useful information on MS. He highlighted on main signs and symptoms of MS. MS is a chronic inflammatory disease in which attacks are immune invaded. The cellular activity becomes hyper active and creates swelling in brain which leads to multiple issues like vision loss, defects in spine and many more. Due to multiple relapse of MS, it causes damage to the brain cells which leads to disability. MS usually occurs between the age of 20 to 50. Few cases have been found in children below the age of 15 years.

The main trigger of MS in body is still unknown. The environmental and genetic factors can contribute in MS. Environment factors like active smoking and passive smoking can cause MS. Dr Rajul has simplify the clinical signs and symptoms of MS, which are broadly vision disorder, weakness, tingling numbness, imbalance, speech disorder. If these symptoms comes and go within a certain period of time. Investigation such as MRI (brain) can tell us different spots where inflammation has occurred. In order to prevent Multiple Sclerosis, one

should certainly avoid smoking and maintain a healthy lifestyle.

World Tobacco Day- Avoid this ticket to death- 31 may

On the occasion of World No Tobacco Day, Dr. Pranjal Kulshreshtha, Surgical Oncologist at Action Cancer Hospital addressed the viewers on harmful effects of tobacco and educated the viewers on how to get rid of tobacco addiction. It is a fact that consuming tobacco is becoming an epidemic, which is flourishing to the roots of children now. Children are consuming tobacco and cigarette as a fashion trend which is certainly not only harmful but fatal. We are less aware of the fact that tobacco damages every part of our body. Due to lack of support system in families and surrounding it becomes difficult to quit the addiction of tobacco. Once you have decided to quit tobacco you need to first gain the support of your near and dear ones. Also, at last while quitting tobacco you need to analyze the triggers which force you to consume tobacco. Tobacco not only disturbs our health but it disturbs our environment also.

BIRTHDAYS in JUNE



01-Jun-Dr. Anurag Jain

05-Jun-Dr. Sunita Kaushik

06-Jun-Dr. Rupinder Singh Baweja

07-Jun-Dr. Virender Kumar

11-Jun-Dr. Dharmesh Laxmikant Khatri

15-Jun-Dr. Sadhana Mangwana

16-Jun- Dr. Prakash Khatri

17-Jun-Dr. Sushant Mittal

22-Jun-Dr. Renuka Gupta

29-Jun-Dr. Amit Kumar Shridhar

28-Jun-Ms. Pallavi Joshi

Family members of Sri Balaji Action Medical Institute & Action Cancer Hospital wishes each one of you a very Happy Birthday

www.actionhospital.com

www.actioncancerhospital.com

Wisdom Quotes: One Day or Day One... You Decide. (By Rohit Sharma)



Bone Marrow Transplant is the cure for Thalassemia

What is thalassemia?

Thalassemia is a genetic blood disorder that generally prevails in the family history. People with Thalassemia disease are not able to make enough hemoglobin, which causes severe Anaemia. Hemoglobin is a proteins found in red blood cells and carries oxygen to all parts of the body. People who have thalassemia produce fewer healthy haemoglobin proteins, and their bone marrow produces fewer healthy red blood cells. When there is not enough hemoglobin in the red blood cells, oxygen cannot get to all parts of the body. Organs then become starved for oxygen and are unable to function properly.

Status of Thalassemia in India -

In India, every year 10,000 children are being born with thalassemia which approximately accounts for 10% of the total world incidence of thalassemia-affected children. 1 in 8 thalassemia carriers live in India. In India, there are nearly 42 million carriers of the β -thalassemia trait.

Categorisation of Thalassemia :

In thalassemia either the alpha chains or beta chains are reduced thus causing aforesaid types.

There are two primary types of Thalassemia disease:

- Alpha Thalassemia disease
- Beta Thalassemia disease.

Beta thalassemia is more common than alpha thalassemia. Around 3-4% children that is 10000 to 12,000 have traits of beta thalassemia since birth. When the words "trait," "minor," "intermedia," or "major" are used, these words describe how severe thalassemia is. A person who has thalassemia trait may not have any symptoms at all or may have only mild anaemia, while a person with thalassemia major may have severe symptoms and may need regular blood transfusions to survive.

Diagnosis of Thalassemia

The diagnosis of Thalassemia can be confirmed with a blood test. The lab technician checks for the number of red blood cells and abnormalities in the size, shape, or color. Blood tests can also help in DNA analysis to look for mutated genes. Prenatal testing is another way to diagnose thalassemia and severity. Tests used to diagnose Thalassemia in fetuses include Chorionic Villus Sampling and Amniocentesis. Chorionic Villus Sampling is done usually in the 11th week of pregnancy. This test involves removing a tiny piece of the placenta for evaluation. And Amniocentesis is usually done in the 16th week of pregnancy. This includes examining a sample of the fluid that surrounds the fetus.

Symptoms

Those with thalassemia major usually show symptoms within the first two years of life. They become pale and listless and have poor appetites. They grow slowly and often develop jaundice. Without treatment, the spleen, liver, and heart soon become greatly enlarged. Bones become thin and brittle. Heart failure and infection are the leading causes of death among children with untreated thalassemia major.

The symptoms of thalassemia also vary depending on the type of thalassemia. These can include:

- Pale or yellow skin
- Shortness of breath
- Chest pain
- Heart related problems also arise in future
- Slow growth in children
- Enlarged spleen
- Poor appetite
- Wide or brittle bones
- Fatigue/Weakness
- Facial bone deformations
- Cold hands and feet
- Dark urine
- Abdominal swelling

CAUSES OF THALASSEMIA : The disease is an outcome of gene mutation. The more complexity of mutation higher is the chance of severe thalassemia. The disease is inherited if the disorder pertains to any of the parents. It cannot be affect us as flu or cold.

How to treat thalassemia patients

1. **Regular blood transfusions** with adequate iron chelation – Keep Hb>9.5gm/dl, Sr. ferritin<1000ug/l
2. **Iron chelation**- Necessary to remove excess iron from body with help of medications .
3. **Hematopoetic stem cell transplant** is the only cure as of date with Good results if done early with a match sibling donor. Half matched/haploidentical transplants also an emerging treatment option for those who want cure for thalassemia and do not have a matched sibling .
4. **Genetic Counselling** is a mainstay to prevent thalassemia
5. **Gene therapy** is the future but at present it is in clinical trials phase.

Firstly, a healthy diet and exercise are important. Secondly, patients should check with their doctors about how much iron-rich food, such as spinach, to consume. Finally if you have thalassemia, follow these habits to stay well:

1. Eat a healthy diet to keep your bones strong and give you energy.
2. If you get a fever or feel ill, see your doctor
3. Distance yourself from sick people and wash your hands often as they have high infection risk.
4. Ask your doctor about intake of supplements like calcium and vitamin D.
5. Strict no to iron pills.
6. Taking ample amount of rest and less stress can be life-altering.

Myths and Facts

Myth: Thalassemia carrier couples will always have Thalassemia Major children.

Fact: That is not true. When both the partners are Thalassemia carriers there is 25 percent chance of having a Thalassemia Major child, 50 percent Thalassemia Minor and 25 percent normal i.e. not even a carrier. And if only one or none of the couple is a carrier, none of the child will be a Thalassemia Major.

Myth: Thalassemia is not preventable.

Fact: Thalassemia is 100 percent preventable. Thalassemia can be easily prevented by pre-marital screening or early pregnancy screening followed by marriage counseling and antenatal diagnosis if required.

Myth: There is no treatment for Thalassemia Major.

Fact: Thalassemia Majors can live normal life if they are given adequate blood transfusion and iron chelation therapy.

Myth: Thalassemia cannot be cured.

Fact: Thalassemia can be cured by bone marrow transplantation but it requires HLA matched siblings. However, HLA matched donor is not always available.

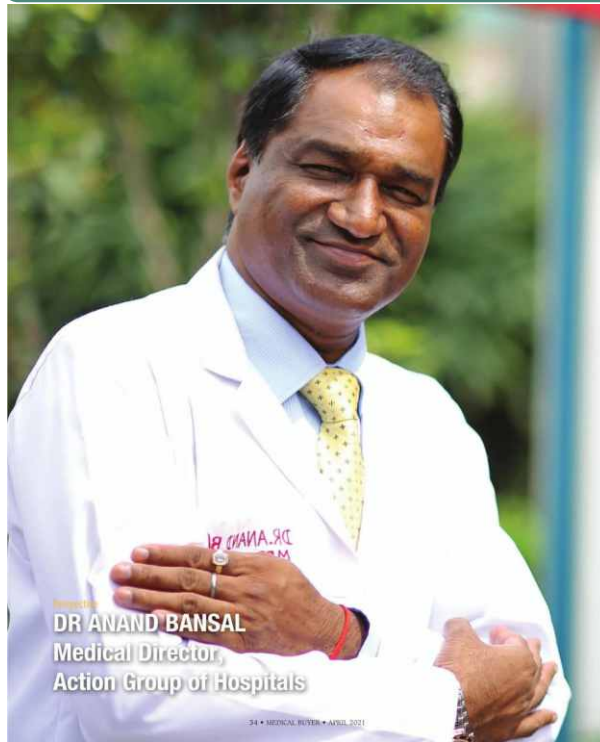


Arun Singh Danewa

Consultant
Paediatric Hemato
Oncology & BMT
MBBS, MD- General Medicine,
DM-Clinical Hematology



Media Coverages



DR ANAND BANSAL
Medical Director,
Action Group of Hospitals

Appearance in Medical Buyer by Dr. Anand Bansal, Medical Director

FOCUS ON A PLANNED HEALTHCARE ENVIRONMENT RATHER THAN TAKING RANDOM ACTION

ANAND BANSAL

Everything seems to be in a reorganizing mode requiring tireless efforts. The COVID-19 pandemic has had a lasting and deep impact on our healthcare system. Although entire humanity is going through this unprecedented change, the initial responsibility largely fell on healthcare workers. Also, the level of uncertainty and insupportable stress added to their challenges.

During the initial months of this sudden outbreak, whether it was shortage of beds, rising death toll, increased number of infected cases or doctors themselves getting infected while treating patients, every change affected our hospital systems like never before. It was a spine-chilling experience and together we dealt with it, displaying huge patience, empathy and commitment.

In the backdrop of these challenges, we surely need to give time to every hospital to upgrade. It is not an easy task to bring in changes overnight. Our hospital has recovered from the initial shock and has upgraded its entire system. We have managed to ensure COVID-19 appropriate behavior. Be it repeated sanitization of surroundings or ensuring social distancing, we are following every precautionary measure with discipline. Wearing masks is mandatory, every visitor's temperature is checked at the entrance and hands are thoroughly sanitized before allowing entry and that too with a valid identity card.

Our hospitals are majorly treating cancer patients. Cancer was already an epidemic in the country, long before COVID-19 hit us. Unfortunately, due to rapid spread of COVID-19 infection, our cancer patients suffered extra pain and discomfort. Being immunocompromised, they had to follow additional restrictions, and for several reasons many of them could not be regular with their therapies.

While cancer patients need more patience, this uncertainty of time added more stress. But now, with all appropriate measures in place, many of them have

started being regular with their treatment and we are serving them in our hospitals.

Many patients suffering from chronic diseases, who had to undergo surgeries, also delayed their treatment. Now with the recommencement of elective surgeries that is resolved too. Also fearing infection in the hospital premises led to hesitation of patient visits. Patients regular with dental and ENT problems refrained from visiting hospitals in the earlier days. Now they have resumed their visits too.

Patients who were relying on online consultation in the pandemic have started reporting back to the hospital. No doubt, online platforms and digitalization are the key to the future, but at some level, patients need to be physically present in front of the concerned doctor for further examination.

Hence, we are equally encouraging their physical presence. It also reflects the patient's restored faith in the hospital. Patients from other states and overseas have also started reporting again, although due to ongoing protests on streets, this process has recently been disturbed partially. As per COVID-19 imposed restrictions, our hospital is surely back on track.

Along with hospitals' upgradation, people visiting hospitals also need to adhere to some formalities at their end. As previously, it was seen, many patients used to visit hospital with more than two attendants, now this has changed, and they come with only one responsible adult in order to ensure lesser crowd in hospital premises. They now also bring all the requisite documents, so that the concerned doctor can monitor their progress and lesser visits are required on their part.

As things are getting better and vaccine drive is underway, complete recovery from this pandemic looks possible. Hence for 2021 hopes are soaring high. This is surely a year of change and together we should make it a year of recovery and healing!

Sputnik International

12:24 GMT 21 MAY 2021

COVID-19 global data

Confirmed cases: 165,043,076

Recoveries: 101,392,935

Deaths: 3,421,714

JHU CSSE

LIVE: Demonstration in Support of Gaza, Jerusalem Palestinians Held in Al-Birah, West Bank



High Number of Diabetes Cases Responsible for Raging Black Fungus in India, Doctor Says

India is currently battling the world's worst surge of COVID-19, which has been exacerbated by various mutations of the virus as well as a rare disease, **Mucormycosis, commonly known as black fungus.**

A rare fungal disease, Mucormycosis, most commonly affects the sinuses or the lungs, with some afflicted by the malady losing their eyesight, nose, and jaw bone. Nose obstruction, swelling in the eyes or cheeks, and black dry crusts in the nose are among the early symptoms of the infection.

With a mortality rate of 50 percent, doctors believe it may be triggered by the use of steroids. Also known as black fungus, it has been detected as a post-COVID-19 complication, including among those who have uncontrolled diabetes.

Dr Aditi Dusaj, a senior ophthalmologist from the Sri Balaji Action Medical Institute, has explained why Mucormycosis is more prevalent among Indians.

Sputnik: Could you explain what Mucormycosis is? How dangerous is it?

Dr Dusaj: Mucormycosis is a deadly fungal infection, it's rare but life-threatening. The fungus belongs to the Zygomycota group. Fatality in this infection is around 50-60 percent. If the fungus is limited to the sinuses, the fatality rate is 40-45 percent, but if it invades the lung area, which is also known as pulmonary Mucormycosis, the fatality rate is 70-80 percent. If it spreads to the brain, sinuses, and lungs, the fatality rate is almost 90-100 percent. One has to be very careful, and treatment has to start at an early stage.

Sputnik: Many cases of Mucormycosis are being reported during the second wave of COVID-19 in India. What are the reasons for this outbreak?

Dr Dusaj: During the first wave, the lockdown was introduced at a very early stage. At that time, we reported fewer cases, hence complications related to COVID-19 were low. Nevertheless, a few cases of Mucormycosis were reported last year too, but they were really low. As the number of COVID-19 cases surged this time, more cases of complications related to COVID-19 occurred.

Sputnik: India is not the only country to have reported a dramatic spike in COVID-19 cases, but we haven't heard of a Mucormycosis outbreak in other countries. Why?

Dr Dusaj: India or New Delhi is also known as the diabetic capital of the world: more diabetes cases, more Mucormycosis cases. I agree that India is the only country seeing a huge spike in these cases in the COVID-19 pandemic. What's driving this deadly infection is uncertain, but it may be related to patient factors (diabetes, steroid use) and also the virulence of the virus (suppression of a patient's immunity and low lymphocyte count).

Sputnik: Who should take more precautions?

Dr Dusaj: Patients who have a history of uncontrolled sugar, diabetes, or using steroids, using immunosuppressive drugs should be more cautious. Additionally, any patient with a high iron level in the blood should be cautious, because the fungus binds up with the iron.

Those who have low immunity are also susceptible to black fungus.

Sputnik: There have been multiple reports about Mucormycosis patients losing their eyesight.

हर मरीज के लिए नहीं है रेमडेसिविर : डा. अरविंद



डा अरविंद अग्रवाल • जागरण

जागरण संवाददाता, पश्चिमी दिल्ली : कोरोना संक्रमण के बढ़े मामलों के बाद बीते कुछ दिनों में रेमडेसिविर इंजेक्शन की मांग कई गुना बढ़ गई है, पर यह कोरोना के लिए कोई निर्धारित इलाज नहीं है। बालाजी एक्शन मेडिकल इंस्टीट्यूट में चिकित्सा विशेषज्ञ डा. अरविंद अग्रवाल ने बताया कि रेमडेसिविर एंटीवायरल इंजेक्शन है। यह शरीर में वायरस को खत्म करने में कारगर है, पर हर कोरोना संक्रमित मरीज को इसकी जरूरत नहीं है और हर मरीज के लिए यह कोई सफल इलाज का तरीका भी नहीं है। मध्यम गंभीर (माडरेट) मरीजों के लिए ही रेमडेसिविर कारगर है, क्योंकि अति गंभीर मरीजों पर इसके सकारात्मक प्रभाव कम ही देखने को मिले हैं। इसके अलावा कोरोना संक्रमण के शुरुआती सात दिनों के भीतर यदि गंभीर कोरोना संक्रमित मरीज को रेमडेसिविर इंजेक्शन के सभी डोज लगा दिए जाएं तो मरीज के जीवन की रक्षा की संभावना बढ़ जाती है। हालांकि इसका लीवर व किडनी पर काफी गहरा प्रभाव पड़ता है।

Appearance in Dainik Jagran by
Dr. Arvind Aggarwal, Sr. Consultant, Internal Medicine

Hypertension patients need to be cautious of COVID, say experts

NEW DELHI: As hypertension is one of the most common comorbidity among Covid-19 patients, health experts on Sunday emphasised that they should not be worried about developing

Continued on page 2

Hypertension patients ...

the infectious disease, but, needs to be more cautious and take adequate measures. According to the experts, inflammation in arteries caused by Covid-19 infection is affecting the autonomic nervous system which is resulting in the fluctuation of blood pressure (BP) in such patients.

Therefore, keeping a tab on BP levels among hypertension patients is a must, said Rakesh Chugh, Senior Consultant and in charge, CTVS, Sri Balaji Action Medical Institute, ahead of the World Hypertension Day, which is observed on May 17.

"This pandemic, which is giving anxiety and tension, is more dangerous for BP patients as many of them are frequently reporting with BP and pulse going up and down," Chugh told IANS.

The experts mentioned that Covid-19 is known to involve people with existing hypertension more frequently than an otherwise healthy person.

According to TS Kler, Chairman, Fortis Heart and Vascular Institute, Gurugram and Fortis Hospital, Vasant Kunj, it may be due to the fact the immunity is weaker in these individuals.

"However, the clear association of Covid-19 as a causative risk factor for hypertension is not established," Kler told IANS.

The expert also warned that smoking can lead to adverse effects among hypertension patients as it has long been known that BP and heart rate increase during smoking.

These effects are specifically associated with nicotine.

"Smoking cessation is of utmost importance for managing the BP. So, quitting smoking not just reduces BP, but also reduces the risk of heart attacks and stroke in hypertension patients.

Other than that, exercise and a good diet also play an important role among hypertension patients.

Anand Kumar Pandey, Director and Senior Consultant - Cardiology, Dharamshila Narayana Superspecialty Hospital, said that the stress and anxiety caused by this pandemic are potentially worsening our hypertension patients' condition.

"Therefore, such patients need medical as well as emotional support in this unprecedented time," Pandey noted. Witnessing a decline in the last 24 hours, India on Sunday reported 3,11,170 new Covid-19 cases, and 4,077 fatalities, the Union Ministry of Health and Family Welfare said. In the past 24 days, India's daily Covid tally has plateaued over the three-lakh mark and over 3,00,000 casualties for 18 days. (IANS)

Appearance in The Sentinel by
Dr. Rakesh Chugh, Sr. Consultant, CTVS

Appearance in Sputniknews by
Dr. Col. Aditi Dusaj, Sr. Consultant, Ophthalmology

All consultants are requested to kindly update Medical Director about the advanced and complicated surgeries performed so that same can be provided to PR Agency for publicity



Coverages on Various News Channel

जरा सी सावधानी से दूर होगा तनाव

श्री बालाजी एक्शन अस्पताल

AVAILABLE ON: 212, 366, 182, 772, 215, 426

जल्द मिलेगी बच्चों की वैक्सिन

बाल रोग विशेषज्ञ, शिशुचिक, श्री बालजी एक्शन अस्पताल, सिविल इंजीनियर, जयश्री हॉस्पिटल, स्तुतियो

AVAILABLE ON: 772, 215, 426

कई लोगों की आंखें निकलनी पड़ी

श्री बालाजी एक्शन मेडिकल इंस्टीट्यूट

AVAILABLE ON: 212, 366, 182, 772, 215, 426

APN News Sri Balaji Action Pallavi Joshi

APN News Dr Rohit Goyal Sri Balaji Action

APN News Dr Aditi Sri Balaji Action

आज का कोरोना मीटर

भारत	उत्तर प्रदेश	तमिलनाडु	आंध्र प्रदेश
2,57,299	7,682	36,184	20,937

गानियाबाद: 995, तिरुवनंतपुरम: 4,151, चेन्नई: 5,814, कोयंबटूर: 3,251

कितनी बढ़ी Wave.. ब्लैक फ्रगस Conclave

लौक फंगस का कहर

राज्य: गुजरात, केस: 1170+, मौत: 61

TV9 Bharatvarsh_Sri Balaji Action_Dr Prashant

किसको जल्दी पकड़ेगा वायरस?..आपके ब्लड ग्रुप पर रिसर्च

कोरोना का खतरा ग्रुप बनेबनान!

मांसाहारी लोगों के संक्रमित होने की आशंका ज्यादा

उजाला सिग्नास अस्पताल, चैयारमैन, BLK हार्ट सेंटर, बालाजी एक्शन अस्पताल, अभिषेक उपाध्याय

BREAKING NEWS

अस्पतालों में बेड की संख्या बढ़ाई गई है- सिसोदिया

TV9 Bharatvarsh_Sri Balaji Action_Dr Ankit Bansal

COVID-19 HELPLINE

स्वाति रेग्ना, ज़ी मीडिया

डॉ. राजेश भगवान, कोविड-19 विशेषज्ञ, श्री बालाजी एक्शन मेडिकल इंस्टीट्यूट

Zee Business_Sri Balaji Action_Dr Rajesh

कोविड मरीजों की देखभाल कर रहे नर्सों ने शेयर की अपनी कहानियां

परिवार से दूर, ना खाने-पीने की चिंता, बस कर रहीं मरीजों की सेवा!

वो स्वास्थ्य व्यवस्थाओं का 'स्टेचर' हैं, डॉक्टरों के काम में 'दर्द की गोली' और मरीजों को समय पर दवा देकर 'दर्द-निवारक' भी हैं। कोविड में अपने घर-परिवार से दूर रहकर मरीजों को कभी प्यार से तो कभी डॉक्टर ठीक करने वाली नर्सों ही तो हैं।

कई नर्सों ने खोया अपने परिवार को

हमने इस दौरान अपने परिवार को भी खोया है, लेकिन हम हिम्मत नहीं हार सकते। यह कहना है श्री बालाजी एक्शन मेडिकल इंस्टीट्यूट में नर्सों सुशोभितेन्द्र लोचनदेव के परिवार से दूर रहकर मरीजों की देखभाल करने वाली नर्सों की कहानी।

12 मई नर्स दिवस विशेष

मरीज को मुस्कुराहट देने की कोशिश होती है

हॉस्पिटल में नर्सों का काम है कि हम लोग इस समय घर में रहकर ही मानते हैं कि हमें देखभाल मिलेगी। लेकिन मरीजों को देखभाल करने के लिए हमें अपने घर से दूर रहना पड़ता है। हमें अपने परिवार से दूर रहना पड़ता है। हमें अपने परिवार से दूर रहना पड़ता है।

आप भी किसी कोविड मरीज के लिए नर्स बनकर सेवा कर रहे हैं, तो आपने अनुभव हमसे शेयर करें।

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Appearance in Navbharat Times by Sarita Ahluwalia, Nursing Suprintendant

आवंसिटी - महिलाएं मोटापे से बचने का यथासंभव प्रयास करती हैं, लेकिन वो जीवन के हर मोड़ पर घेर लेता है। ज़ाबिए कि जीवन के अलगा-अलगा दौर में वजन बढ़ने के क्या कारण होते हैं और उससे कैसे निपटना है, डा. बिपटला हैं जो कि वही!

मोटापे से मुकाबले से पहले

शुद्धि - शरीर को स्वस्थ रखने के लिए हमें अपने शरीर को स्वस्थ रखना और नियमित व्यायाम करना है। एक व्यस्त स्त्री को दिन में 2,500 कैलोरी की आवश्यकता होती है। अधिक शारीरिक श्रम की स्थिति में यह मात्रा 3,000 कैलोरी हो सकती है। शरीर के शुरुआती दिनों में विभिन्न रिवाजों के चलते स्तन्य को कम ही संभव है, लेकिन आप द्वारा अपनी जीवनशैली संतुलित करें।

मोटापे की जांच आज

के दौर में रिक्तों में पोसीओजी के अलावा हाइपोथायरॉइडिज्म भी आम है। इसके तहत पेट के निचले हिस्से, जंघों में पेट इकट्ठा होने लगता है। इसलिए कोई भी महिला यदि स्तन्य उभार करने के बाद भी बढ़ते वजन का सामना कर रही है तो तुरंत अपने सभी डॉक्टरों से सलाह लें।

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प्रकार

डॉ. कौप्ये जैन

श्री बालाजी एक्शन मेडिकल इंस्टीट्यूट

कौन-सा प्रकार?

मोटापे को एक ही तरह की समस्या से न जोड़ें। यह आमतौर पर दो तरह से हो सकता है:

- सैटोपाथल मोटापा**: यह मोटापा अधोस्थल पेट और जंघों पर जमा फैट है जो थायरॉइड, डायबिटीज, हार्मोनल समस्या के कारण होता है।
- युनिफॉर्म आवंसिटी**: यह मोटापा अतिव्यक्त खानपान, निष्क्रियता, कोलेस्ट्रॉल आदि के जमा होने पर होता है। अपने मोटापे को स्वस्थ रखने के लिए डॉक्टरों से सलाह लें।

प्रसव के बाद

क्या करें - कुल रूप से मोटापे को नियंत्रित करने के लिए हमें अपने शरीर को स्वस्थ रखना और नियमित व्यायाम करना है। एक व्यस्त स्त्री को दिन में 2,500 कैलोरी की आवश्यकता होती है। अधिक शारीरिक श्रम की स्थिति में यह मात्रा 3,000 कैलोरी हो सकती है। शरीर के शुरुआती दिनों में विभिन्न रिवाजों के चलते स्तन्य को कम ही संभव है, लेकिन आप द्वारा अपनी जीवनशैली संतुलित करें।

Appearance in Dainik Bhaskar by Dr. Poonam Aggarwal, Sr. Consultant, Gynaecologist

GRAPHIC DESIGNER - ROHIT SHARMA