Shri R. Vikraman, Director (HR), NLCIL, at the Renal Care Unit-I of NLCIL General Hospital, after commissioning two new Dialysis machines there on 08.02.2017. Also seen with him are Dr. P. Ravi, CGS, and Medical Officers of NLCIL GH. With the new additions, the RCU-I unit now has 10 Dialysis machines. The RCU-I Unit works in 3 shifts and treats as many as 42 patients on thrice weekly Haemodialysis. The new facility has been provided with the laudable objective of rendering effective and efficient healthcare services.
How to use your Inhaler (Metered Dose Inhaler MDI) in Asthma

Dr. Aruna
Chest Clinic Department

Asthma is a condition in which your airways (breathing tubes) narrow & swell and produce extra mucus (phlegm). This can make breathing difficult, trigger coughing, wheezing and shortness of breath. It may be minor interference with daily activities and may lead to life threatening asthma attack. It cannot be CURED. But its symptoms can be controlled. It's important that you work with your doctor to track your signs & symptoms and adjust the treatment as needed.

Inhaler with spacer device is one of the most important treatment.

About Spacers
Also known as aerosol-holding chambers, add-on devices and spacing devices, spacers are long tubes that slow the delivery of medication from pressurized MDIs.

Spacers should always be used with MDI that deliver inhaled medication used in Asthma. Spacers can make it easier for medication to reach the lungs, and also mean less medication gets deposited in the mouth and throat, where it can lead to irritation and mild infections. The Asthma Society of Canada recommends that anyone, of any age, using a puffer, consider using a spacer.

While a spacer can make it easier to co-ordinate breathing in and activating an MDI, it can also make the MDI less portable because a spacer takes up extra space in a purse or a bag.

To Use a Spacer:
1. Shake the inhaler well before use (3-4 shakes)
2. Remove the cap from your inhaler, and from your spacer, if it has one
3. Put the inhaler into the spacer
4. Breathe out, away from the spacer
5. Bring the spacer to your mouth, put the mouthpiece between your teeth and close your lips around it
6. Press the top of your inhaler once
7. Breathe in very slowly until you have taken a full breath. If you hear a whistle sound, you are breathing in too fast. Slowly breath in.
8. Hold your breath for about ten seconds (finger counting 1 to 10), then breath out.

Cleaning Your Spacer
To clean your spacer, follow the instructions that come with it. In most cases, they will advise you to:
1. Take the spacer apart.
2. Gently move the parts back and forth in warm water using a mild soap. Never use high-pressure or boiling hot water, rubbing alcohol or disinfectant.
3. Rinse the parts well in clean water.
4. Do not dry inside of the spacer with a towel, as it will cause static. Instead, let the parts air dry (for example, leave them out overnight).
5. Put the spacer back together.
6. The lifetime of a spacer is 2 to 3 years.

Important reminders about Spacers
Always follow the instructions that come with your spacer. As well:
- Only use your spacer with a pressurized inhaler, not with a dry-powder inhaler.
- Spray only one puff into a spacer at a time.
- Use your spacer as soon as you’ve sprayed a puff into it.
- Never let anyone else use your spacer.
- Keep your spacer away from heat sources.
- If your spacer has a valve that is damaged, or if any other part of the spacer is damaged, do not use it. The spacer will have to be replaced.
- Some spacers have a whistle. Your technique is fine if you do not hear the whistle. However, if you hear the whistle, this means you should slow your breath down.
- It is very important that you consult your doctor, asthma educator or other healthcare professional to review proper inhaler technique.
Creeping Eruptions Due to Parasitic Infections

Dr. P. Kavitha
Dermatology Department

**Definition:**
Lesions creep / migrate due to the presence of moving parasites (worms) in the skin.

**Aetiology:**
- *Ancylostoma bresiliense*, *A. Caninium*, *A. Zeylonicum*, Uncinaria Stenocephala and *Hookworm* phlebotomum commonly cause this condition.
- Dog hookworm is the commonest and *Cutaneous larva migrans* is caused by *Strongyloides stercolis*.
- Subcutaneous granuloma is caused by *Dirofilaria regens* / *spirometra species*.
- *Gnathostima spp* / loa loa causes migratory evanescent subcutaneous swellings.
- Adult hookworms from intestine of dogs and cats through the animal faeces under appropriate humidity and temperature lays ova and they become intestine larvae which penetrate human skin. Sandy, warm, moist, shaded areas are the most favourable conditions.

**Sites:**
- Feet, hands and buttocks. There can be non-specific dermatitis at the site of penetration.
- They lie quiet for weeks/months/creeps (moves) immediately leading on to wandering thread like line (3mm).
- Itchy slightly raised. Flesh – coloured/pink to bizarre patterns can be seen.
- If large number of larvae are present there is a disorganized series of loop, and tortuous tracks. They move from few mm to few cm daily. It is self limiting condition accompanied by Loefflers syndrome.

**Diagnosis:**
Based on clinical picture, wandering serpentine / itchy lesions, or it can be atypical with hidden vesicles and scaling / scratching / secondary infection.

**Prevention:**
Avoid lying on dry sand, even on a towel. It is best to lie on sand washed by the tide (or) use a mattress.

Facial Injuries

Dr. S. Ramprabha
Dental Department

Fractures of middle third of the facial bone & the mandible are known as Maxillo-facial injuries. Maxillo-facial injuries in to the Cranial bones is called Cranio-Maxillo facial injuries. First in Resuscitation is to maintain an airway. Site of injury may be littered with broken teeth, bone and soft tissues.

**How airway in Maxillo facial injury is obstructed?**
- Oro-Nasal airways by blood clot, Vomit, Saliva, Broken teeth, bone, denture etc. Closure of Oro-naso pharynx by bodily backward displacement of tongue in anterior (front) part of the fractures of mandible. Closure of oro-nasopharynx of downward and posterior displacement of fractured maxilla.

**Airway Management:**
Clean oral cavity & large bore suction is used. Control of tongue by insertion of a suture & traction on it. Impacted maxilla should be pulled out by inserting finger behind soft palate. If possible Nasopharyngeal tube to be inserted. Endo tracheal intubation is ideal for patients with compromised airway. For long term airway maintenance tracheostomy is indicated. Haemorrhage may be from soft tissues or bone. Blood loss should be assured & replaced. Soft issue bleeding can be managed by applying direct pressure with gauze swabs and ligation of vessels. Post nasal bleeding can be controlled by insertion of two 12-14 G Foley’s catheters in to the posterior nasal space through the nose and inflating the balloon to required size. Anterior Nasal bleeding can be asserted by packing the anterior noses with roller guaze.

**MID FACE FRACTURES ARE 3 TYPES**
In above case we have to look for:
- Severe oedema of face (Oedema)
- Bilateral circumorbital or sub conjunctival haemorrhage
- Lengthening of face due to downward and backward displacement of maxilla
- Disorganisation of nasal complex bleeding
- Palpate orbital margin for tenderness & step deformities
- Palpate zygomatic arch bilaterally.
Mandible to be looked for:
- Palpate Mandible & TMJ's
- Step defects
- Sublingual Haematoma (Haematoma – accumulation of blood within the tissues that clots to form a solid swelling)
- Avulsion of teeth
- Deviation of mandible
- Dearranged occlusion of teeth
- Difficulty in opening mouth

Prevention
1) Wear helmet (Quality is important in buying helmet)

INTRODUCTION
- Popular saying is home remedies are ignored, same is with walking
- Walking is the best, easiest exercise for either sex & for all ages
- Don’t need any gadgets except the intention to walk
- It can be done by healthy to stay healthy & sick to become healthy
- It is a natural health insurance. Multi beneficial exercise
- It is boon to many like diabetics, obese, hypertensives, IHDs, gastric problems, constipation, insomnia, thyroid, hormonal imbalance, stress, circulatory disorders, post-operative patients (after bypass)
- List is endless as is a Panacea.

MULTIPLE BENEFITS:
- Improves the heart functioning, Prevents heart attacks, Improves micro-dermal blood circulation, Toxins are excreted through sweat, Blood pressure under control, increases good cholesterol & reduces bad cholesterol, Blood glucose levels are under control, Bodyweight is controlled by shedding extra kiler grams, Mental depression, anxiety & stress are controlled, Improves muscle tone, improves suppleness & flexibility, Walking induces good sleep,
- Tiredness, exhaustion are reduced, Physical & mental abilities are improved, Improves body immunity, you will be mentally ready to face the life, Marital bliss improves for all ages of either sex, you will get new contacts through walking.

BEFORE WALKING:
- Anybody can start walking at any age. Do light exercise to warm-up for 10 min before walk. Drink 200ml of water 10 min before walk. Avoid too cold, too hot climates. Use proper clothing to protect from climate extremes. Walk in a serene, green area with less pollution. People above 45 years with health problems take doctor’s suggestion before start walking. Especially for diabetics is must. Carry 200ml of water, 2 biscuits and 10gm glucose in your pocket to prevent any hypoglycemia and medical emergencies. Asthmatics carry inhaler in their pockets.

NEEDED THINGS FOR WALKING:
- Well fitting convenient shoes, cotton clothes & strong desire to walk and be healthy. First 3-5 min walk slowly, then increase the speed & maintain the pace for 12-15 min, slowdown next 3-5 min and then stop. Initially you may have muscle pains for 4 – 5 days, but they will disappear later. First day walk only for 5 min, then increase it by 3 min every 3 days till you walk 30 min/day. If you feel uncomfortable stop walking, sit relax, have 2 sips of water. Walk with another person, but avoid talking while brisk walking. Avoid your phone while walking. Try to enjoy the nature while walking. Select plain flat areas, sandy lands.
are good for obese. Don’t walk immediately after food. Don’t do irregular walking, do daily for a fixed time. For diabetics medicines, food control is essential with daily walking for 40 min. Daily 30 min walking is very good for overall health.

SMALL PRE-CAUTIONS:
Heart beat rate upper limit: 220 - your age will give the upper limit of your heart beat. If you reach 50 – 70% of upper heart rate limit it will help. For diabetics & obese people daily 40 – 45 min walk with little faster pace gives excellent results in 3 – 4 weeks.

WHAT HAPPENS WHILE WALKING:
Your first few steps trigger the release of energy producing chemicals in your cells to fuel your walk. Your heart rate reverse-up from about 70 to 100 beats per minute, boosting blood flow and warming muscles. Any stiffness subsides as joints release lubricating fluid to help you to move more easily. As you get moving, your body burns 5 calories per minute, compared with only 1 per minute at rest. Your body needs more fuel and starts pulling from its carbohydrates and fat stores.

MINUTES 6 - 10
Heartbeat increases and you’re burning up to 6 calories per minute as you pick up the pace. As light rise in blood pressure is countered by release of chemicals that expand blood vessels, bringing more blood and oxygen to working muscles.

MINUTES 11 TO 20
Your body temperature keeps rising, and you start to perspire as blood vessels near the skin expand to release heat. As your walk becomes brisker, you will be burning up to 7 calories per minute and breathing harder. Hormones such as epinephrine and glucagon rise to release fuel to the muscles.

MINUTES 21 to 45
Feeling invigorated, you start to relax as your body releases tension. Thanks in part to a dose of feel-good chemicals such as endorphins in your brain. As more fat is burned, insulin (which helps to store fat) drops, excellent news for anyone battling excess weight or diabetes.

MINUTES 46 to 60
Your muscles may feel fatigued as carbohydrates stores are reduced. As you cool down, your heart rate decreases and your breathing slows. You will be burning fewer calories but more than you were before you started. Your calorie burn will remain elevated for up to 1 hour.

MYTHS ABOUT WALKING:

We don’t need exercises in older age?
This is a big myth, in fact elder people need regular exercise as the body activity is reduced. Their muscles & joints are flexible. Reduces the intensity of arthritis by walking daily. But they should not choose harder exercises.

WILL THE EXERCISE INCREASES EXERTION?
This is another myth, in fact daily exercise (walk form 25 min) reduces exertion. Marital bliss increases. Depression is reduced.

IS IT WASTE OF TIME BY EXERCISE?
No never, in fact it is a real investment for good health to avoid many health problems and to avoid expensive, painful, depressive hospitalization, keeping away from home near and dear.

CAN’T WE WALK IN THE EVENINGS?
You can very well. But mornings are preferable, as the pollution are less, your body was inactive for 6 – 8 hours in the bed.

ARE ALL EXERCISES SAME?
There are 2 types. One regular to stay healthy, no major health problems, 25 min reasonable pace walking 6 days/week is good. For obese, diabetics, arthritic people, it is better to walk for 30 – 40 min 6 days a week.

CAUTIONS:
• Don’t walk immediately after food.
• Don’t do irregular walking, do daily for a fixed time.
• For diabetics medicines, food control is essential with daily walking for 40 min.
• Daily 30 min walking is very good for overall health.
• Cover shorter distance initially, increase it by 300 mts every 3 days.
• It improves overall body functioning.
• Walking helps in preventing many health problems including diabetes.

DANGER BELLS:
• Chest pain, breathlessness, excess sweating, reeling sensation, exhaustion, losing physical balance are contra-indicated for walkers.

CONCLUSION:
Let us walk and kick out of diabetes and other health problems out of globe over a period of time.

PROVEN:
Globally thousands of walker groups in many parts of the world has been studied and got very positive results in reducing disease burden on the society.
PRESENT SCENARIO

In India, we have an estimated 4.6 million people with corneal blindness that is curable through corneal transplantation, made possible by eye donation.

More than 90% of the corneal transplantation is carried out successfully and helps restore vision in people with corneal blindness.

1) Who can be eye donors?

Anyone from the age of one.

There is no age-limit for donating the eye.

All one needs to do is bequeath his or her eyes by taking a simple pledge to donate the eyes after death.

While taking a pledge during ones lifetime itself is a noble deed, it requires the support of the relatives or friends to carry out the wishes of eye donation of the deceased.

People using spectacles and those diagnosed with diabetes and hypertension can donate their eyes.

2) Can the next of kin consent to a donation if the deceased person has not signed an eye donation form?

Yes, the relatives of the deceased can decide on donating the eyes of their beloved one.

3) Who cannot donate their eyes?

A Person cannot donate if:

- Death due to unknown causes.
- People who die due to infections such as rabies, syphilis, infectious hepatitis, septicemia and AIDS.
- Leukemia.
- Lymphoma.
- Ocular tumor / inflammation.

4) Can a person who is blind due to retinal or optic nerve disease donate his eyes?

Yes, provided the cornea of the donor is clear.

5) Are there any religious conflicts in eye donation?

There are no religious conflicts on eye donation.

Eye donation gives a gift of sight to others.

As such, it is consistent with beliefs and attitudes of all major religious and ethical traditions.

6) Will eye donation cause delays in funeral arrangement?

No, it has to be performed within six hours and leaves no disfigurement that will interfere with common funeral practices.

7) Can a living person donate his eyes?

No, donation from living persons is not accepted.

8) Is the whole eye of the donor transplanted?

No, only the cornea is transplanted.

However, the rest of the eye is used for research and education purposes.

9) What to do after death of relative?

- Keep the eyes of the deceased closed and covered with moist cotton.
- Switch off the ceiling fan, if any, directly over the deceased person.
- If possible, apply antibiotic eye drops periodically in the deceased's eyes to reduce the chance of any infection.

10) Will the recipient be informed of the donor’s details?

No, the gift of sight is made anonymously.

11) Does the recipient have to pay for the eye that is used for grafting?

Services by the government and voluntary sector are provided free of charge.

Donated eyes are never bought or sold. Your eyes after death need not perish. Help blinds to see, donate eyes after death.

12) Conditions with potential risk of transmission of local or systemic communicable from donor to recipient.

- Death of unknown cause*
- Death with neurologic disease of unestablished diagnosis*
- Subacute sclerosing panencephalitis
- Progressive multifocal leukoencephalopathy
- Active meningitis or encephalitis*
- Encephalopathy of unknown origin or progressive
The menopausal years in a woman's life can be taxing as the interval changes affects her physical and mental well-being. Most women will live long enough to become postmenopausal. Menopause can be associated with discomfort, a decreased quality of life and or increase in the risk of osteoporosis and heart disease. The onset of menopause is an excellent time to assess a female's overall health and the need for maintenance measures, which may include hormone replacement therapy counseling and education for a healthy lifestyle are important.

Premenopausal woman:
There will be gradual decrease in oestradiol levels leading to highly individualized impact on each woman. Typical signs of menopause have been irregular periods, hot flushes and dryness so these are the indicators of a shift from pre-menopausal to perimenopause. Erratic ovulation is also seen commonly, mood swings, joint pains, unusual sensitivity to certain food and increased pre-menstrual discomfort. High intake of soya food stuffs help in lengthening the cycle. Non hormonal treatment given are Vitamin A, Iron, bioflamanoide evening primrose oil. Hormones like low dose oral contraceptives or progestins, regular physical exercise or activity lubricates skin and hair, relieves depression and promotes restorative sleep, also reduce risk breast cancer. Perimenopausal problems:
They are not ill but confused at the changes occurring in their body. Reassurance that the condition is only temporary. If symptoms are intolerable then, therapy becomes necessary providing symptomatic relief on the same cases. HRT may be initiated common complaints are : Hot flushes affecting around 50% to 90% of females. Numerous remedies have been tried, right from acupuncture, paced respiration and even exercise, Vitamin E, ginseng, soya products and certain herbs (e.g.: chasteberry melbrosia) is being used for hot flushes. HRT is very effective against hot flushes and night sweats. Some perimenopausal problems may be caused by other diseases e.g., joint pain due to arthritis, hair thinning because of hypothyroidism etc., sometimes small adjustments are enough to provide relief e.g., intake of yoghurt may prevent vaginal infections, change of environment also proves beneficial. Women with surgically induced menopause (i.e., hysterectomy with bilateral oophorectomy) usually experience severe and intolerable perimenopausal symptoms. They are more susceptible to coronary heart disease (CHD) and osteoporosis. In such cases, HRT has been recommended both for treating the distressing symptoms and also for providing protection against these diseases.

Postmenopausal woman:
Twelve months without periods is known as menopause, combined HRT (oestrogen plus progestin) reduces or eliminates the increased risk of endometrial cancer seen with oestrogen therapy alone. Perimenopausal problems:
Hot flushes, sleeplessness, irritability, fatigue, anxiety,
dry vagina, cystitis, incontinence, joint paints, pruritis, palpitations, muscle cramps, flatulence indigestion, memory lapses.

Active assessment of HRT:
- Regular Mammography
- Endometrial Biopsy (in woman uterine intact)
- Vaginal ultrasound
- Measuring blood cholesterol levels
- Monitoring risk of gall stones.

HRT: DO'S:
- Try to eat wholegrain, legumes, vegetables.

DONT'S:
- Choose low fat/cholesterol food.
- Take vitamins / minerals supplements (if required)
- Optimise sunlight exposure.
- 20 mins. Exercise daily – it mitigates the menopausal blues.

TB Awareness Programme

NLCIL General Hospital celebrated TB awareness programme on 25.02.2017. The scientific session was inaugurated by Shri R. Vikraman, Director (Human Resources), moderated by Dr. S. Karunakaran, Deputy Director/Medical Services, DTCD / Cuddalore district and presided by Dr.P.Ravi, Chief Genl. Superintendent / Medical. As part of the celebration, various scientific programmes, puppet show, poster displays and quiz on TB were conducted and was attended by nursing students and staffs, Doctors and other staff members of the hospital. Pamphlets were distributed to the general public.