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MMF HOSPITALS ASSOCIATION
JOSHI HOSPITAL AND
RATNA MEMORIAL HOSPITAL

MMFHA

NEWSLETTER वृत्तपत्र

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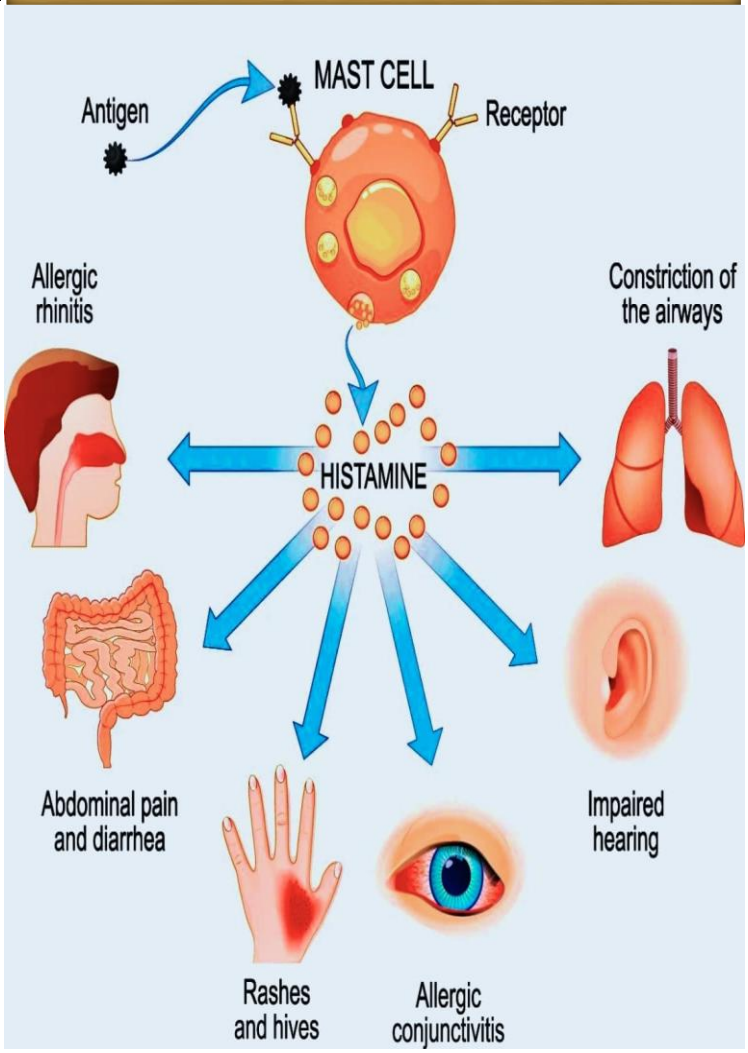
INSIDE THIS ISSUE

SPECIAL EDITION
ALLERGIES



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ALLERGIC RHINITIS

Dr. Mrunal Pathak
MBBS, MS ENT

Allergic rhinitis is a very common condition plaguing the urban as well as rural population since last 2 to 3 decades, mainly due to rising pollution, construction work, congestion. Almost 22% of adult population is affected by it. It is a condition characterised by inflammation of the respiratory membrane lining the nose right up to the lungs due to reaction to certain allergens. However, it is important to note that its generally not a life-threatening condition unless it occurs alongside severe asthma and anaphylaxis.

It is part of a systemic pathology mainly affecting nose, eyes, throat, lungs and skin. It affects the quality of life by impacting sleep patterns, fatigue, cognitive impairment and depression.

Causes-

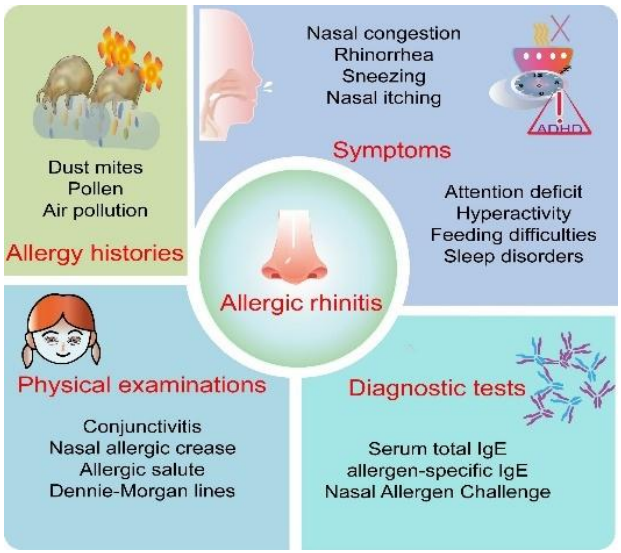
The most common factors causing it is genetic predisposition, dietary choices (dairy, nuts, proteins in egg, fish etc), allergens like second hand smoke, air pollution, pollen from grass and weed, house dust mites, pets, Mold, proximity to waste disposal, traffic congestion, nighttime exposure to artificial lighting. These allergens trigger a systematic response leading to the following symptoms-

Symptoms-

Watering from nose, posterior nasal drip, recurrent sneezing, nasal blockage, nose itching, itchy eyes, redness of eyes, tearing, dry cough. Also, certain life-threatening extreme symptoms like narrowing of windpipe, swelling of the voice box, shock! It is imperative to differentiate it from common cold as cold is caused by a virus commonly, lasts for 5-7 days, is associated with cough, body ache, fever, and is cured on symptomatic treatment.

Diagnosis-

it is usually diagnosed by detailed patient history and examination by an ENT specialist. Blood tests like serum Ig E, complete blood count and skin prick test to determine the specific allergens help in aiding the diagnosis.



Treatment-

Lifestyle modification- Allergen avoidance: such as reducing exposure to allergens by frequent dusting, elimination of contact, use of mask, avoid passive smoking, saline nasal irrigation, mindfulness and yoga for stress reduction.

Drug therapy- As recommended by your allergy specialist, certain drugs like anti histamines and steroids can help in relief of symptoms and prevention of development of complications. Steroid nasal sprays and similar locally acting drug therapy helps too.

Immunotherapy- This is the recent breakthrough in treatment of allergic rhinitis. If diagnosed and treated early progression to bronchial asthma can be prevented.

Dr. Mrunal Pathak

ASTHMA: DIAGNOSIS AND TREATMENT
AN OVERVIEW

Dr. Himanshu Pophale
MBBS, MD (PULMONARY MEDICINE)

Asthma is a chronic inflammatory disorder of the airways characterized by variable respiratory symptoms such as Wheezing, Shortness of breath, Chest tightness and cough, that vary over time and in intensity together with variable airflow limitation.

Diagnosis of asthma is primarily clinical, supported by pulmonary function testing. It involves identifying characteristic symptoms and demonstrating variable airflow obstruction.

Symptoms

1. Wheezing
2. Chest tightness
3. Shortness of breath
4. Cough

These above symptoms vary over time and in intensity.

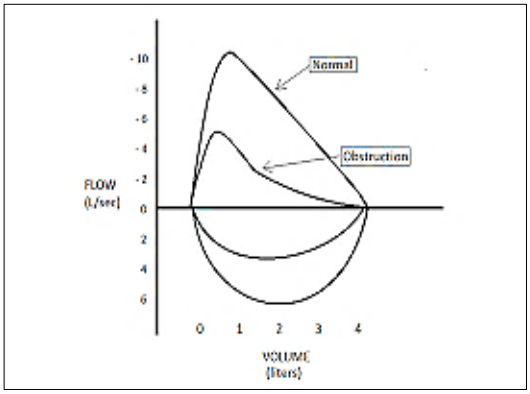
Often triggered by Allergens, Cold air exposure, Exercise, Viral infections, smoke.

These improve spontaneously or with Bronchodilators.

On detailed history these patients will also have Similar complaints in childhood, associated with history of allergies (Eczema, allergic rhinitis), symptom worsening at night or early morning hours, often all relieved on taking inhaler medications.

Diagnosis-

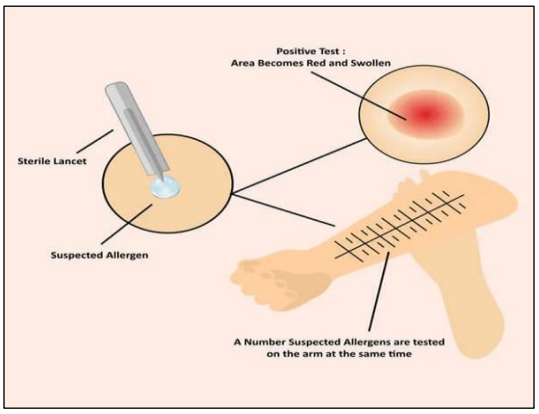
- **Spirometry:**
  Demonstrates **reversible airflow obstruction**: FEV_1/FVC ratio < 0.70 (Obstructive) FEV_1 improves by ≥12% and ≥200 mL after bronchodilator.



OBSTRUCTION AS SEEN ON SPIROMETRY

- **Peak Expiratory Flow (PEF):**
  Daily monitoring shows diurnal variation or variability >20%, supporting asthma.
- **Impulse oscillometry (IOS):**
  Impulse Oscillometry (IOS) is a non-invasive, effort-independent pulmonary function test that is increasingly used to assess airway resistance (R5, R20 & R5-R20) and reactance (X5, AX), especially in patients who cannot perform spirometry reliably.
  A significant decrease in R5 or improvement in X5/AX after bronchodilator inhalation (e.g., salbutamol) supports asthma diagnosis.
  A >20% decrease in R5 or >40% decrease in AX is often considered a positive bronchodilator response.

- **Bronchial Provocation Test:** Uses agents like methacholine or histamine to trigger bronchoconstriction in sensitive airways.
- **Allergy Testing:** Skin prick or serum IgE tests help identify allergen triggers.

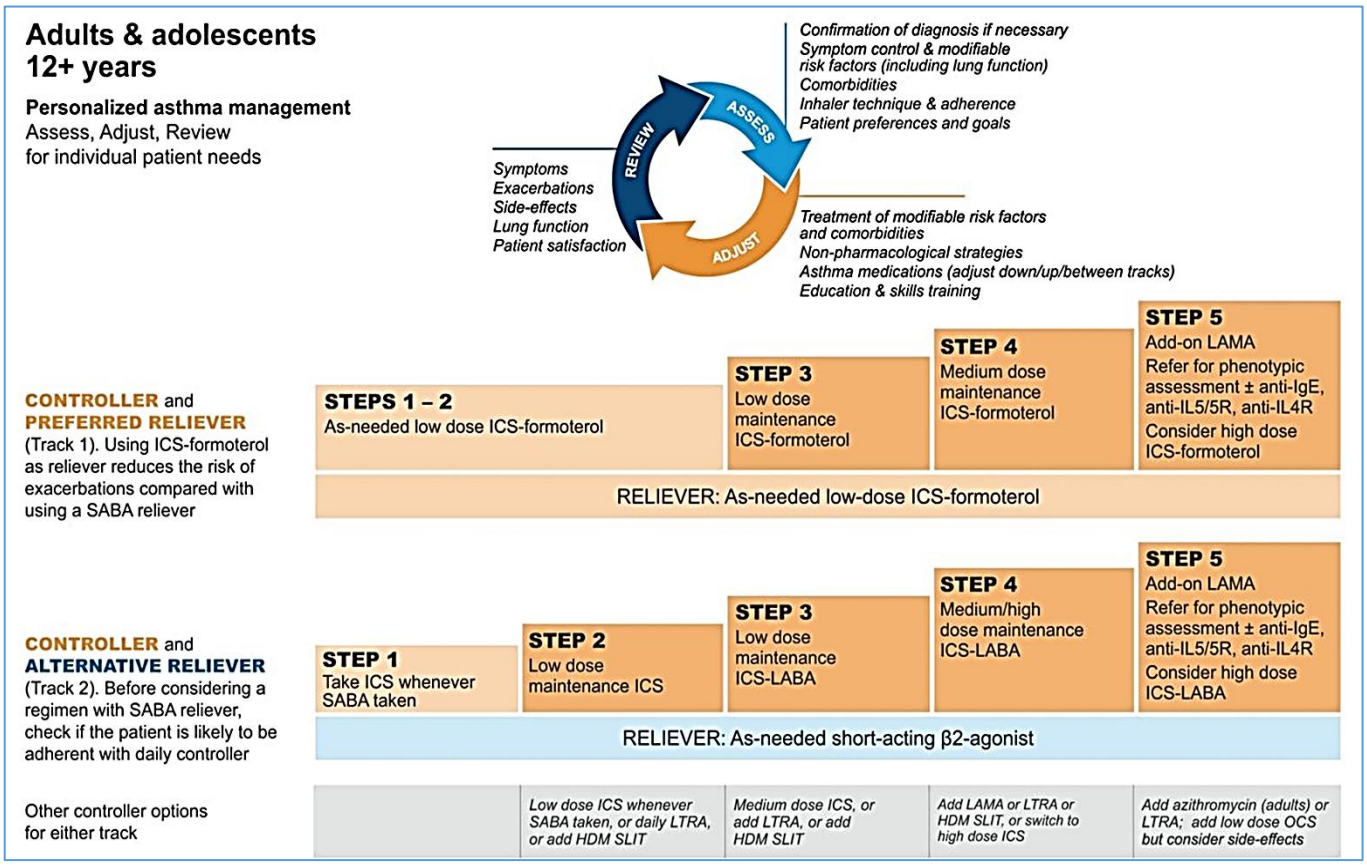


SKIN PRICK TEST

- **Blood Eosinophil Count:** Elevated eosinophils support allergic asthma.
- **Chest X-ray:** Usually normal but helps rule out alternative diagnoses.

Treatment-

- We follow the guidelines prescribed by GINA i.e. Global Initiative for Asthma
- Use inhalers: every day to prevent symptoms.
  Available combinations include an inhaled corticosteroid with inhaled bronchodilators.
- Depending on the severity & frequency of symptoms patients can be started on Low, Medium or High dose inhaled steroids.
- Few patients also require as and when needed Reliever Therapy.
- Take medicines daily as prescribed by the doctor, even if you feel asymptomatic.
- Check your inhaler technique with your doctor or nurse.
- Keep a doctor visit regularly to keep asthma under control.
- Avoid smoke, dust, and strong smells – these can make asthma worse.
- Stay away from cold air
- Keep your house clean – reduce dust, use masks while cleaning.
- Avoid pets with fur or feathers if they trigger asthma.



- Eat healthy food, stay active, and avoid being overweight – it helps your lungs work better.
- Practice breathing exercises like yoga or deep breathing.

Immunotherapy-

- Immunotherapy boosts or modifies the immune system to fight diseases like allergies, cancer, and autoimmune conditions.
- In allergy immunotherapy, controlled doses of allergens are given to build tolerance.
- It is commonly delivered as subcutaneous injections or sublingual tablets/drops.
- This treatment reduces symptoms and can offer long-term relief.
- Regular sessions and monitoring are essential for effectiveness.

Recent Advances in treatment of Asthma

BIOLOGICALS:
These group of medications are reserved for Severe Asthma and those having frequent exacerbations.

- Omalizumab – Inhibits IgE
- Mepolizumab – Inhibits IL-5
- Reslizumab – Inhibits IL-5
- Benralizumab – Inhibits IL-5 receptor α
- Dupilumab – Inhibits IL-4 and IL-13
- Tezepelumab – Inhibits TSLP

-Dr. Himanshu Pophale

IT AIN'T EASY BEING WHEEZY

Dr. Swapnil Kulkarni
MBBS, MD (PULMONOLOGY), DNB (RESPIRATORY MEDICINE)

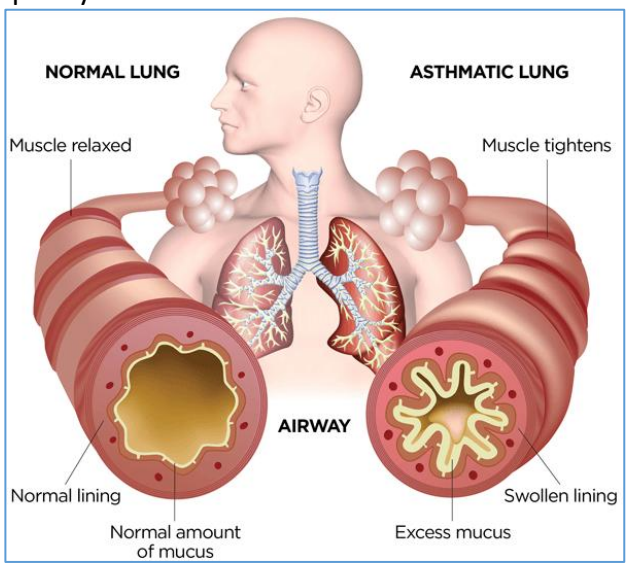
How Allergies Affect Lung Health?

Allergies are more than just a seasonal nuisance; they can significantly impact lung health, leading to discomfort and, in some cases, serious respiratory issues. When allergens like pollen, dust mites, pet dander, or mold trigger an immune response, the lungs often bear the brunt of the reaction. Understanding how allergies affect lung health can help individuals manage symptoms and protect their respiratory system.

How do allergies affect lung health?

Allergies occur when the immune system overreacts to harmless substances, releasing chemicals like histamine that cause inflammation. For many, this inflammation manifests nasal congestion, sneezing, or itchy eyes. However, the respiratory system, particularly the lungs, is also highly vulnerable. Allergic reactions can inflame the airways, making breathing difficult and exacerbating conditions like asthma or chronic obstructive pulmonary disease (COPD). One of the primary ways allergies affect the lungs is through allergic asthma, a condition where allergens trigger asthma symptoms. When exposed to allergens, the airways become inflamed, narrow, and produce excess mucus, leading to wheezing, coughing, and shortness of breath. According to various studies, about 60% of asthma cases are allergy related. For example, pollen exposure during spring can cause an asthma flare-up, making outdoor activities challenging. Similarly, indoor allergens like dust mites or pet dander can trigger symptoms year-round, particularly in poorly ventilated spaces.

Beyond asthma, allergies can lead to allergic bronchitis, where the bronchial tubes become inflamed due to allergen exposure. This condition causes persistent coughing, chest tightness, and difficulty breathing. If untreated, chronic allergic bronchitis may weaken lung function over time, increasing the risk of infections like pneumonia. For individuals with pre-existing lung conditions, allergies can act as a catalyst, worsening symptoms and reducing quality of life.



Allergies also contribute to postnasal drip where mucus from inflamed nasal passages drips into the throat and lungs. This can irritate the airways, cause coughing and increasing the risk of respiratory infections. In severe cases, allergens may trigger anaphylaxis, a life-threatening reaction that can constrict airways and severely impair breathing. While rare, this underscores the importance of managing

allergies effectively. Poor lung health due to allergies can also reduce oxygen intake, leading to fatigue, decreased physical stamina, and impaired immune function. Over time, chronic inflammation from untreated allergies may cause structural changes in the airways, a process known as airway remodeling, which can permanently reduce lung capacity.

Managing Allergies to Protect Lung Health

Fortunately, there are ways to mitigate the impact of allergies on lung health.

- First, identifying triggers through allergy testing is crucial.
- Once triggers are known, individuals can take steps to avoid them, such as using air purifiers, washing bedding frequently, or staying indoors during high pollen counts.
- Medications like antihistamines, nasal corticosteroids, or inhalers can reduce inflammation and manage symptoms.
- For severe cases, Immunotherapy (allergy shots) may desensitize the immune system to specific allergens.
- Lifestyle changes also play a role.
  - Regular exercise, when done in low-allergen environments, can strengthen lung function.
  - Staying hydrated and using a humidifier can keep airways moist, reducing irritation.
- Finally, consulting a healthcare provider for personalized treatment plans is essential, especially for those with asthma or other lung conditions. In conclusion, allergies can profoundly affect lung health by causing inflammation, triggering asthma, and increasing infection risk. By understanding these effects and taking proactive measures, individuals can breathe easier and safeguard their respiratory health.

Dr. Swapnil Kulkarni

SKIN ALLERGIES: COMMON AND UNCOMMON PRESENTATIONS IN INDIAN PATIENTS

Dr. Narendra G Patwardhan
MD (Skin), DV(London), DVD (Tel Aviv)

Contact dermatitis (CD), which includes both irritant contact dermatitis (ICD) and allergic contact dermatitis (ACD), is a prevalent inflammatory skin condition resulting from exposure to external agents. While ICD and ACD have distinct underlying mechanisms, they frequently present with similar clinical features, typically localized to the area of contact with the offending substance. The diagnosis of eczema ("dermatitis") is primarily clinical, based on history and objective findings. Recognizing contact dermatitis is essential for identifying and avoiding the trigger, which is crucial for improving patient outcomes and preventing the worsening of existing skin conditions. This review highlights common and uncommon skin allergies encountered in Indian patients, drawing on recent studies and comprehensive reviews.

Contact Dermatitis

(CD)

Irritant Contact Dermatitis (ICD)

Allergic Contact Dermatitis

(ACD)

Common Skin Allergies in India

Studies from India provide valuable insights into the predominant contact allergens. A study in South India among 150 patch test positive patients with ACD found that cement was the most common cause (44.7%), followed by nickel (10%) and plant antigens (9.3%). Contact dermatitis due to cement topped the list in this study, likely due to significant construction work in the area. The main allergen in cement dermatitis is hexavalent chromium. The most common allergen tested positive in this study was potassium dichromate (82 cases), which is found in cement. Occupational exposure was identified as the origin in 67% of ACD cases in this South Indian study. Hand eczema was a common presentation, with cement being the most frequent allergen in these cases.

Nickel sensitivity is a very common contact allergy worldwide. In the South Indian study, nickel was the second most common cause of ACD, identified in 15 cases. Nickel sensitivity is often more prevalent in females. Common sources of nickel exposure include jewelry (necklaces, other jewelry, studs in clothing), watches, and metal components of clothing. Cellular phones and their accessories can also cause nickel allergy. Nickel typically causes dermatitis on the face, scalp, ears, neck, arm, or trunk (periumbilical), but widespread dermatitis can occur. Individuals with atopic dermatitis (AD) may also be prone to nickel allergy.

Cosmetics are a significant source of contact allergies in India. Numerous synthetic cosmetics can cause dermatitis, especially among frequent users. Specific cosmetics and their ingredients are notable culprits in the Indian context.

Kumkum is a widespread incriminating agent for contact dermatitis. Red Kumkum formulations are particularly sensitizing. Other suspected contact allergens in Kumkum formulations can include Sudan-1 and 4-aminoazobenzene. Turmeric is also reported as a cause of contact dermatitis in India. Contact dermatitis due to Kumkum was observed in 8 patients in the South Indian study, with a female predominance.

The increasing use of hair dyes for cosmetic purposes is another major source of skin allergies. Para-phenylenediamine (PPD), a synthetic aromatic amine, is the most common allergen specifically implicated in hair dye contact dermatitis. PPD is recognized as a potent sensitizer. Its use is regulated in some regions, which may contribute to lower incidence rates in developed countries compared to developing nations like India. Other potential culprit allergens in hair dyes include toluene-2, 5 diamine, hydrogen peroxide, ammonia, resorcinol, 3 aminophenol, and 4 amino phenol. Hair dye contact dermatitis is a delayed hypersensitivity reaction, with symptoms appearing several hours to days after use. It commonly affects the scalp, hairline, and neck. Mild hypersensitivity can present as dermatitis of the ears and eyelids. In a study of hair dye contact dermatitis, lesions were observed over direct contact sites (scalp, face, neck) and indirect sites (trunk, hand, upper and lower extremities). Contact dermatitis to hair dye was seen in 2 cases in the South Indian study. Patch testing, particularly with the patient's own hair colour, is considered the gold standard for diagnosis.

Fragrances and preservatives are also common contact allergens found in a wide array of personal care items and other products. In a study focusing on cosmetic dermatitis in India, preservatives were the most common allergens (46.7%), followed by hair dyes (31%) and fragrances (16.4%). Essential oils, used in "natural" products, can also be sources of allergens.

Regarding chappals (footwear), the sources indicate that contact dermatitis from footwear is encountered in India, with leather being reported as a cause. Rubber is also listed as a source of contact dermatitis in the South Indian study.

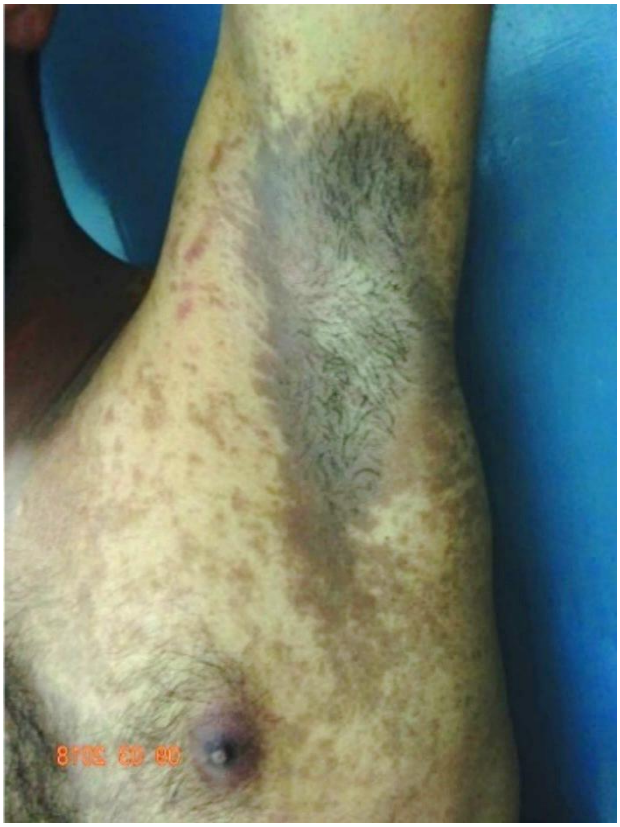
Plant antigens, particularly Parthenium hysterophorus, are a significant cause of contact dermatitis in India. This often presents as airborne contact dermatitis. Parthenium contact dermatitis was seen in 8 patients in the South Indian study.

Other common allergens identified through patch testing in the South Indian study included formaldehyde, cobalt chloride, epoxy resin,

parabens, black rubber mix, thiuram mix, mercapto mix, wood alcohol, 4-phenylene diamene (PPD), chinoform, colophony, fragrance mix, and polyethene glycol. Paint and rubber were also listed as substances causing ACD.

Uncommon Presentations and Allergies

Contact dermatitis can manifest in less typical ways than classic eczematous lesions (itching, erythema, vesicles, papulation, oozing in acute forms, or dryness, scaling, lichenification in chronic forms). These uncommon clinical findings of CD can lead to diagnostic challenges. An important, though potentially underrecognized, presentation in India is Pigmented Contact Dermatitis (PCD). Also



known as Riehl's Melanosis or Pigmented cosmetic dermatitis, PCD is an eczematous type of CD caused by repeated exposure to low-intensity allergens, often found in cosmetic products and fragrances. PCD clinically presents as diffuse facial melanosis, appearing as reticulate or blotchy slate-gray to brown hyperpigmented macules, typically over the face and neck, especially in individuals with Fitzpatrick skin types IV-VI. This pigmentation is frequently accompanied by erythema or itching. PCD is more common in middle-aged women and can have a significant psychological impact. While the exact causes can be intrinsic or extrinsic, extrinsic agents, particularly from cosmetics, are often implicated. As mentioned earlier, Kumkum and paraphenylenediamine (PPD) from hair dyes are significant incriminating agents for PCD from an Indian perspective. Fragrances, such as essential oils and specific compounds like benzyl salicylates and geraniol, are also considered likely culprits. PCD is now considered one of the diseases under the umbrella term acquired dermal macular hyperpigmentation (ADMH), alongside conditions like lichen planus pigmentosus (LPP) and ashy dermatosis. A study of patients with ADMH in India found positive patch tests to hair colours and PPD.

Other uncommon clinical forms of CD include non-eczematous presentations (e.g., lichenoid, purpuric, pigmented, lymphomatoid, granulomatous, or pustular). Bullous dermatitis is another less typical presentation. Angioedema-like contact dermatitis can present as itchy facial edema that lasts longer than typical angioedema. Alterations in hair or nails can also occur. Hair loss (alopecia), including cicatricial alopecia and alopecia totalis, has been associated with allergic contact dermatitis to hair dye, as has the loss of eyelashes after using mascara containing PPD. Hydrogen peroxide and monoethanolamine in hair dyes are considered key causative ingredients for hair dye-induced dermatitis and hair loss. Contact allergy to nail hardeners can cause nail damage mimicking psoriasis. Garlic can cause irritant contact dermatitis mimicking nail psoriasis.

Certain allergens may be less commonly recognized but important, particularly in vulnerable populations. Patients with AD may have a compromised skin barrier and increased exposure risk. They can become sensitized to

ingredients in topical corticosteroids (TCS), emollients like propylene glycol (PG), sorbitan esters, lanolin, fragrance, and preservatives. While not specifically highlighted as common in the Indian sources, these are generally relevant for dermatologists globally and could be present in products used by Indian patients. It is important to inquire about wet work and frequent hand washing/wiping as mechanisms of irritation that can contribute to contact allergies.

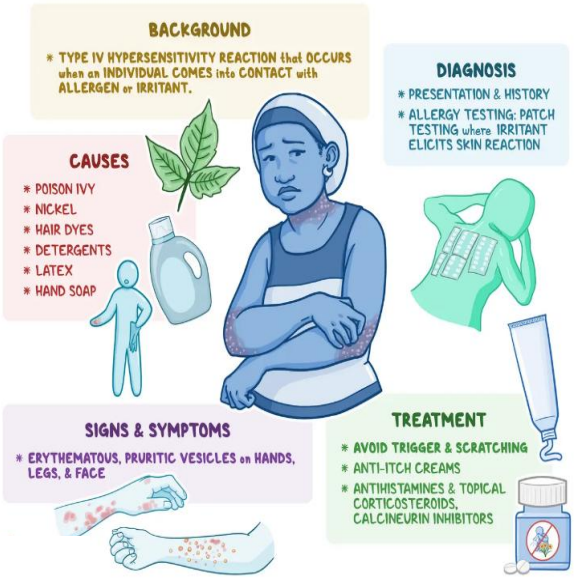
The differential diagnosis for contact dermatitis is broad and includes infectious diseases (e.g., herpes simplex, herpes zoster, impetigo, scabies, tinea, cellulitis), inflammatory conditions (polymorphic light eruption (PLE), acne, rosacea, lichen planus/lichenoid dermatoses, lichen simplex chronicus), autoimmune disorders (lupus erythematosus, dermatomyositis), and even premalignant or malignant conditions (cutaneous T-cell lymphoma, parapsoriasis en plaque, Paget's disease, squamous cell carcinoma in situ). The varied presentations of CD often lead to diagnostic delays.

Diagnosis and Management

Patch testing is required for diagnosis and is considered the gold standard for diagnosing hair dye contact dermatitis. It is also crucial in identifying causative allergens in PCD. Patch testing with the patient's personal products is recommended. Photopatch testing is indicated for suspected photo-induced CD. In cases of atypical or unresponsive eczema, skin biopsy may be necessary to establish the diagnosis and differentiate from other conditions. Histopathology in acute dermatitis typically shows severe spongiosis.

Management primarily focuses on allergen avoidance. For acute, severe hair dye contact dermatitis, washing the hair and scalp thoroughly is the initial step. Corticosteroids are the first-line treatment. Topical corticosteroids are preferred for localized dermatitis, while systemic corticosteroids may be used for more widespread involvement. Wet dressings and oral antihistamines can help relieve itching and redness. For PCD, general measures include avoiding allergens, wearing broad-spectrum sunscreen, and practicing sun-protective behaviors. Laser treatments have shown effectiveness in treating PCD. Some biologics may be indicated for treatment in certain cases.

In summary, contact dermatitis in India is commonly caused by exposure to cement, nickel, plant antigens, and cosmetic ingredients such as Kumkum, hair dyes (particularly PPD), preservatives, and fragrances. Dermatologists should be vigilant for these common culprits and be aware of less typical presentations, such as Pigmented Contact Dermatitis, which is relevant in the Indian population. A high index of suspicion, appropriate patch testing (including with personal products), consideration of differential diagnoses, and management focused on allergen avoidance are crucial for effective patient care.



Dr. Narendra Patwardhan

ANGIOEDEMA

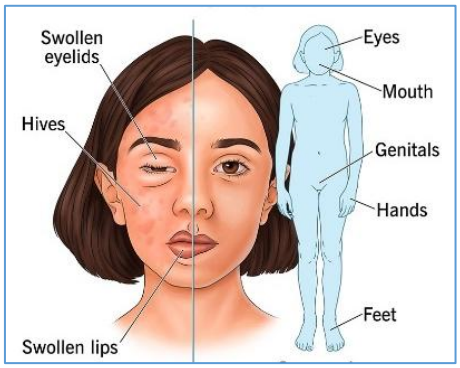
Dr. Megha Firodiya
MD, DNB (INTERNAL MEDICINE) EULAR CERTIFICATION IN RHEUMATOLOGY

ANGIOEDEMA is a condition which causes sudden swelling beneath the skin and mucous membranes often around eyes, lips, entire face, tongue, back of throat, vocal cords, hand, feet, abdomen and genitals. There can be burning, pain, redness, swelling of areas involved. Gut involvement can cause belly pain, diarrhea, nausea and vomiting.

Triggers:

1. Allergy: Food items like Egg, Fish, Shell Fish, Nuts, Fruits, Food colour, artificial flavours, Animal dander, pollens, dust.
2: Insect stings and Venoms.
3: Infections.
4.Heat
5: Stress.
6: Medicines like painkillers, drugs like ACE Inhibitors etc.
7.Other health issues.
8: Hereditary Runs in family and is rare.

Symptoms:



1.Swelling, Redness, Pain, Burning of involved body parts.
2. Itching and Hives: Red welts form on the skin which may be accompanied by itching. This is not seen in hereditary cases.
3: Difficulty Breathing: This is a medical emergency.
4: Gut involvement can lead to Tummy pain, diarrhea, nausea and vomiting.

IDENTIFYING POSSIBLE TRIGGERS HELPS TO PREVENT FUTURE EPISODES.

RED FLAGS:

Taking immediate action is very crucial in life threatening emergencies. If you have swelling in Throat, difficulty breathing, Tightness of chest seek emergency care.

Treatment:

Your doctor will assess you and decide your treatment.
Treatment involves Antihistaminic drugs, Steroids, Epinephrine injectors.
Above treatment does not work for Hereditary cases.

Hereditary Angioedema:

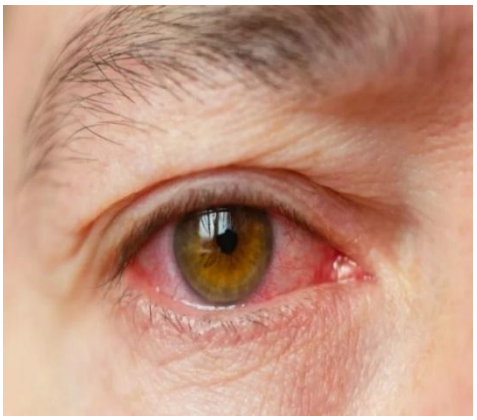
Let's know something about this rare disorder which runs in families. It's Autosomal Dominant so there is 50 percent chance of inheriting. It is due to deficiency of an enzyme called C1Inhibitor. This disorder presents by the age of 8 to 12 years and might worsen with puberty
Adulthood might show varying severity with stress, dental, medical procedures, infections, Drugs, pregnancy triggering Angioedema.
Swelling is not pitting and there are no hives
Many people might have at least one episode of life-threatening angioedema. Usual treatment like Antihistaminic drugs, Steroids, Epinephrine does not work here. It requires C1 inhibitor enzyme infusion and special drugs like Icatibant, Ecallantide.
Preventing life-threatening episodes is very crucial. Your doctor might advise Allergy test, find out triggers, educate you to prevent them and treat them, give you a prescription medication for immediate use, advise you to do lifestyle changes to avoid allergens and work on your stress levels. Follow up with your doctor regularly.

And as always stay positive and talk about your fears with your doctor and clear them.

Dr. Megha Firodiya

ALLERGIC CONJUNCTIVITIS

Allergic conjunctivitis is an inflammatory response of conjunctiva to allergens. It may affect up to 40% of people at some point in their lives. Allergic conjunctivitis is a common eye condition that is frequent in childhood. Prevalence is high in children between 7 to 16 years. Majority of patients with allergic conjunctivitis are associated with allergic rhinitis. An improper contact lens routine is one of the common causes of allergic conjunctivitis now a days.



Mild allergic conjunctivitis- Conjunctival congestion

Moderate allergic conjunctivitis: - Conjunctivalpapillae

Severe Allergic conjunctivitis: -Giant Papillary Conjunctivitis

The types of allergic conjunctivitis include:

- **Seasonal allergic conjunctivitis (hay fever conjunctivitis)**. Seasonal allergic conjunctivitis typically occurs during the spring, summer and fall, when trees, grasses and weeds produce lots of pollen. Another name for seasonal allergic conjunctivitis is acute allergic conjunctivitis. “Acute” means it develops suddenly. This is the most common type of allergy.

Dr Rashmi Pathak
MS OPHTHALMOLOGY, FELLOWSHIP IN PAEDIATRIC OPHTHALMOLOGY

- **Perennial allergic conjunctivitis (year-round allergic conjunctivitis)**. Perennial allergic conjunctivitis may occur throughout the year. Common causes include pet dander and dust mites. Another name for perennial allergic conjunctivitis is chronic allergic conjunctivitis. “Chronic” means it continues or reoccurs often over a long time.
- **Immune mediated**- Vernal Keratoconjunctivitis, Atopic Keratoconjunctivitis and Giant Papillary Conjunctivitis

Symptoms

Patients are present with symptoms such as

- Redness of eyes
- Watering
- Intense itching of eyes
- Swollen eyelids
- Sensitivity to light
- Discharge
- Blurred vision

Common Allergens-

- Pollen Grain
- Dust Mite
- Mold Spores
- Pet Dander
- Chemicals or fragrances in soaps, detergents, deodorants, moisturizers, cologne/perfume

Signs-

- Conjunctival congestion
- Conjunctival papillae
- Watering
- Stringy discharge
- Puffy/Swollen eyelids
- Corneal punctate keratitis
- Corneal Ulcer (Sheilds ulcer)

Treatment depends on the type and severity of allergic conjunctivitis.

Type of treatment modalities -

- Cold Compression
- Artificial Tears
- Antiallergic Eyedrops – Antihistaminics- Azelastine, Olopatadine

  -Mast cell stabilizer- Nedocromil, Lodoxamide, Olopatadine

- Topical Steroids- Loteprednol
- Immunotherapy
- Surgical Treatment- Superficial Keratectomy

Additional Measures to be taken are-

- Avoid allergens
- Washing face after exposure to environmental allergens like dust or pollens
- Keeping Contact Lenses and case clean. Changing contact lens solution daily.

Dr Rashmi Pathak

CROSSWORD

A	D	U	O	Y	Q	H	F	C	B	S	A	N
N	G	C	L	O	V	J	N	Q	E	S	F	G
G	H	E	L	U	X	R	G	U	K	X	C	I
I	M	M	U	N	O	T	H	E	R	A	P	Y
O	J	E	M	R	B	E	Z	I	C	S	U	R
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D	L	T	S	K	J	I	Y	N	H	H	N	C
E	W	Y	A	Z	M	Q	W	K	J	M	E	L
M	E	U	G	A	O	L	A	C	T	A	S	E
A	R	I	H	C	P	Y	U	D	C	T	I	Z

1 _____Causes sudden swelling beneath the skin and mucous membranes often around eyes, lips, entire face, tongue, back of throat, vocal cords, hand, feet, abdomen and genitals.
2._____ boosts or modifies the immune system to fight diseases like allergies, cancer, and autoimmune conditions.
3. _____ Often triggered by Allergens, Cold air exposure, Exercise, Viral infections, smoke.
4. _____ enzyme deficiency causes lactose intolerance
5._____, Nickle sensitivity, cosmetics etc are the most common cause of contact dermatitis.

Answers: 1) ANGIOEDEMA, 2) IMMUNOTHERAPY, 3) ASTHAMA, 4) LACTASE, 5) CEMENT

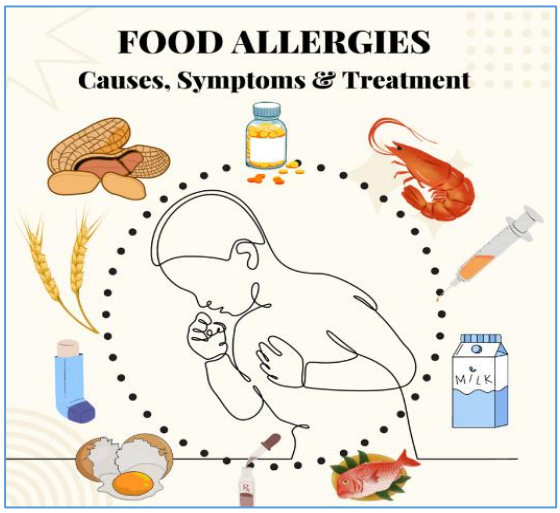
UNDERSTANDING THE DIFFERENCE BETWEEN FOOD ALLERGY AND FOOD

Ms. Mayura Mahajani
REGISTERED DIETITIAN
MSC (DFSM), CDE

Food allergies and food intolerances are often confused, but they are fundamentally different conditions. Both involve adverse reactions to certain foods, but they differ in terms of causes, symptoms, severity, and management.

What is Food Allergy?

A **food allergy** involves the immune system. The body mistakenly identifies a harmless food—such as peanuts, dairy, or shellfish—as a threat and produces Immunoglobulin E (IgE) antibodies. These antibodies trigger the release of histamine, leading to allergic symptoms such as swelling, itching, and inflammation. In severe cases, a life-threatening reaction called **anaphylaxis** can occur, requiring immediate medical attention.



Common Causes

- Common Food triggers- Nuts, dairy, eggs, shellfish, wheat, soy, fish, mushrooms, and sesame.

- Cross-reactivity with similar proteins in different foods.
- Genetic and family history
- Environmental factors, poor gut health, food processing methods and cross contamination during food manufacturing.

Symptoms

It can affect various systems in the body:

Skin: hives, swelling, itching

Respiratory: wheezing, coughing, shortness of breath

Gastrointestinal: nausea, vomiting, stomach cramps

Cardiovascular: dizziness, weak pulse, shock

Severe cases: anaphylaxis with symptoms such as breathing difficulty, low blood pressure, and loss of consciousness

Risk factors for severe reactions include asthma, prior episodes of anaphylaxis, and delays in administering epinephrine.

What is Food Intolerance?

Food intolerance (or sensitivity) is typically related to the digestive system. It occurs when the body cannot properly digest certain foods due to enzyme deficiencies, sensitivity to additives, or reactions to naturally occurring chemicals in foods.

Common causes

- **Lack of digestive enzymes** (e.g., lactase deficiency causing lactose intolerance)

- **Sensitivity to additives** like sulfites, artificial colorings, and preservatives, flavour enhancers, emulsifiers, sweeteners.

- **Naturally occurring chemicals** such as histamines (in cheese, bananas, wine) or salicylates (in fruits and vegetables)
- **Conditions** like Irritable Bowel Syndrome (IBS)

Symptoms are usually less severe and appear gradually:

Gastrointestinal:

Bloating, gas, abdominal pain, diarrhea, constipation, nausea, vomiting

General:

Headaches, fatigue, irritability, skin rashes

Unlike allergies, symptoms can be dose-dependent and may appear hours after ingestion, lasting for several hours or even days.

Diagnosis

Food allergies are diagnosed through:

Skin prick tests

Blood tests measuring IgE antibodies

Supervised oral food challenges

Food intolerances are typically diagnosed based on symptom tracking and elimination diets, as they don't show up on allergy tests.

Treatment and Management

Food Allergy:

In emergencies, Multidisciplinary team gets involved. Treatment includes antihistamines and **epinephrine auto-injectors**

Long-term management involves strict **avoidance of allergens** and possibly **immunotherapy**

Food Intolerance:

No cure, but symptoms can be managed by avoiding or reducing intake of trigger foods

Exclusion diets help identify intolerances (removing and reintroducing foods while tracking symptoms)

Probiotics and digestive aids may provide symptom relief.

Prevention

For allergies:

Avoid known allergens and read food labels carefully

Look for **hidden allergens** in processed foods.

when in "doubt "avoide" especially eating out at restaurants/ parties

Be prepared with emergency medication (e.g., epinephrine)

Educate family and caregivers about managing allergic reactions

For intolerances:

Choose alternatives like lactose-free or gluten-free products

Plan meals to avoid trigger foods

Make safe food choices and ensure adequate nutrient intake.

Ms. Mayura Mahajani

HOSPITAL GALLERY

WORKERS DAY CELEBRATION

INTERNATIONAL NURSES DAY CELEBRATION

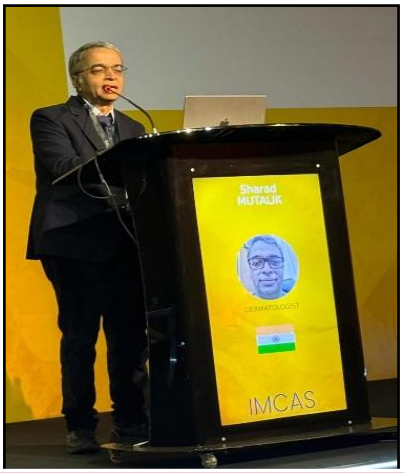
DIABETES CAMP

ART GALLERY

Painting exhibition by Dr Megha Firodiya to support Research, Education, Training and Rehabilitation of Specially abled individuals with Autism.

-ACHIEVEMENTS-

Happy to inform all that our beloved teacher Dr Girish Yande Sir has been elected unopposed Chairman of FFUS (Functional and Female Urology Subsection), Urology Society of India.



Dr. Sharad Mutalik (Dermatologist) Speaker at IMCAS 2025 Sao Paulo on Lasers for Hyperpigmentation

-CONGRATULATIONS-

Dr. Amit Shingade
Promoted to
Administrator (JH)

Dr. Varsha Sarode
Promoted to
Medical Administrator (RMH)

-SHINING STARS-

98.60 % (SSC)
Ms. Siya Omkar Betawadkar
Daughter of Dr. Chaitali Betwadkar (COO)

91.80 % (SSC)
Ms. Megha Sandeep Kajulkar
Daughter of Ms. Smita Kajulkar (SN)

88 % (SSC)
Ms. Arya Shailesh Katke
Daughter of Ms. Pallavi Katke (SN)

85.40 % (SSC)
Ms. Akshara Shailendra Jamdade
Daughter of Ms. Usha Jamdade (SN)

-PHOTOGRAPHY-
DR. GAJANAN KANITKAR

A WARM WELCOME TO OUR MMFHA FAMILY

JOSHI HOSPITAL

- Yogesh Ram Chavan
  (Billing And Insurance Executive)
- Sakshi Rajesh Nikam
  (Dietician)
- Amit Santosh Gaikwad
  (Anesthesia Technician)
- Shrushti Kiran Sharma
  (Clinical Assistant)
- Nikhil Vijay Ghodke
  (Casualty In charge)

RATNA HOSPITAL

- Dr. Chaudhari Kiran Avdhutrao
  (Clinical Assistant)
- Dr. Adkine Pooja Nijanand
  (Clinical Assistant)
- Dr. Rohit Shirpati Chopde
  (Clinical Assistant)
- Mr. Jeti Sachin Hanmant
  (Staff Nurse)
- Mrs. Vrushali Tawade
  (X-Ray Technician)
- Mr. Sumit Janrao (Facility Executive)
- Dr. Avani Nadkarni (Intensivist)
- Dr. Sumit Zanwar (Intensivist)

-NEW EQUIPMENTS -

1) High-end Bipolar TURP system compatible with Olympus Cautery machine.
Suitable for TURP and TURBT procedures
Works in saline medium, reducing TUR syndrome risk. Offers efficient cutting, coagulation, and superior hemostasis.

2) **Dornier ESWL system with Ultrasound and C-arm imaging**
Effective for radiolucent stone fragmentation
Non-invasive, precise, and efficient stone treatment.

3) **Retrograde Intrarenal Surgery (RIRS)**, with Holmium Laser for effective fragmentation of renal stones in minimally invasive treatment of kidney stones using flexible ureteroscopy.

4) **Medtronic Microdebrider System** Installed for Giving Precision in Surgical Outcomes for Sinus Surgery.

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newsletter@mmfhospitals.in

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