QUARTERLY ISSUE/ MARCH-2025/VOL- 4

MMF HOSPITALS ASSOCIATION
JOSHI HOSPITAL AND
RATNA MEMORIAL HOSPITAL

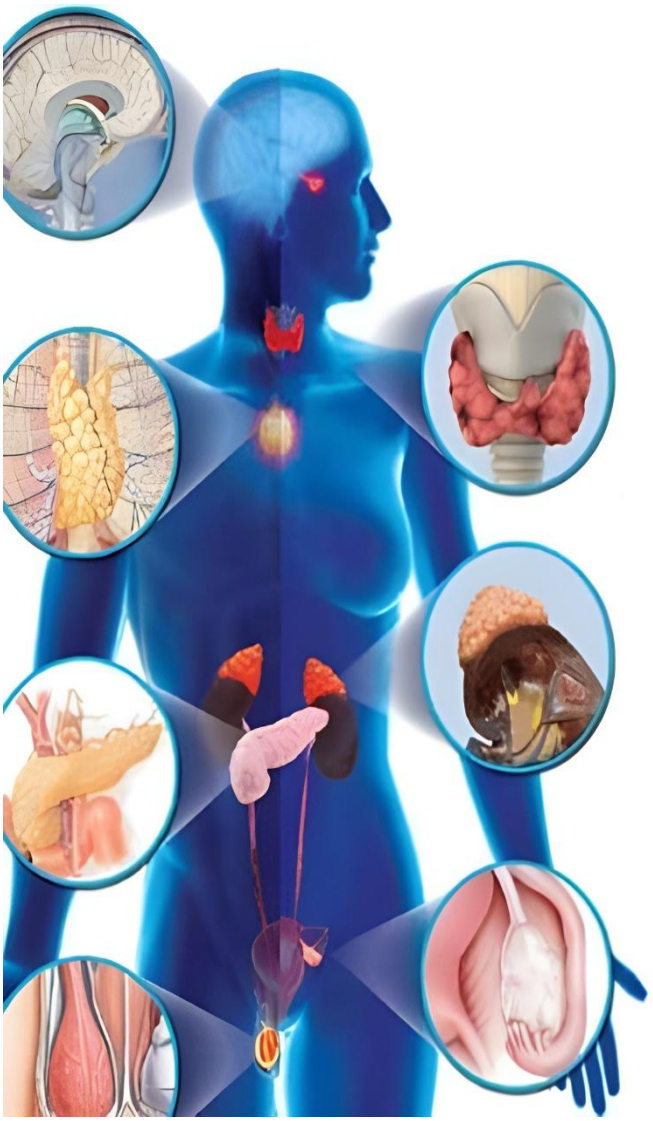
MMFHA

NEWSLETTER वृत्तपत्र

एमएमएफ हॉस्पिटल्स असोसिएशन
जोशी हॉस्पिटल आणि
रत्ना मेमोरियल हॉस्पिटल

INSIDE THIS ISSUE

SPECIAL EDITION
METABOLIC DISORDERS



JOSHI HOSPITAL

- OUR EDITORIAL TEAM -


Mr. ANIRUDH DESHPANDE


Dr. AJINKYA KELKAR


Ms. ASHWINI KHEDKAR


Ms. MAYURA MAHAJANI


Ms. HARSHALA JOSHI

RATNA MEMORIAL HOSPITAL

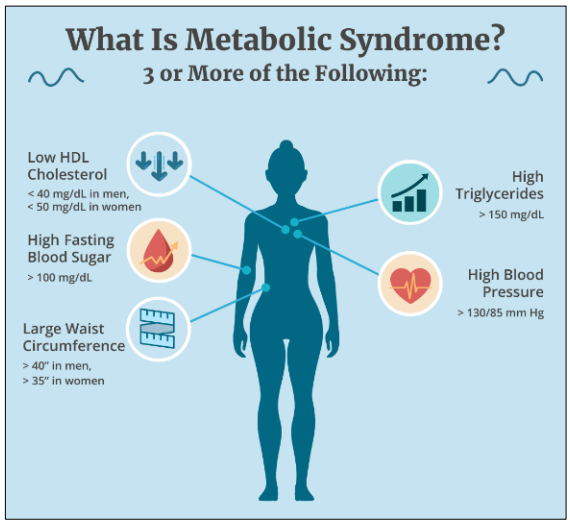
METABOLIC SYNDROME AND IRRITABLE BOWEL SYNDROME- IS THERE A RELATION?

Dr. Narendra S Javadekar
MD (MED), DNB(MED), MA (ECONOMICS)

Dr. Ashwini S Bodas
BHMS, DIPLOMA IN CLINICAL RESEARCH

What is Metabolic syndrome?

Metabolic syndrome is a group of disorders leading to increase in risk of cardiovascular, cerebrovascular accidents and diabetes. The syndrome includes five clinical conditions namely hypertension, high blood glucose (sugar), low levels of HDL ("good") cholesterol in the blood, high levels of triglycerides in the blood, large waist circumference or "apple-shaped" body. Whenever a person has three or more of these conditions, he or she is known to have Metabolic syndrome.[1] It is also known as dysmetabolic syndrome or X syndrome.[2]



Risk factors

- Genetic predisposition
- Sedentary lifestyle
- Personal or family history of diabetes
- Smoking
- Alcohol intake
- Stress
- High fat diet

Diagnosis of Metabolic syndrome

Whenever a person has three or more below mentioned conditions, he or she is known to have Metabolic syndrome.

- Elevated fasting glucose of l00 mg/dL or greater
- Reduced high-density lipoprotein
- Cholesterol, less than 40 mg/dL in men or less than 50 mg/dL in w
- Serum triglycerides level of 150 mg/dL or greater
- A waist circumference of more than 40 inches in men and 35 inches in women
- Blood pressure values of systolic 130 mm Hg or higher or diastolic 85 mm Hg or higher

Treatment

1. Lifestyle modifications

- **Diet** rich in whole grains, fruits, nuts, legumes, fish is recommended. Processed foods, refined carbohydrates, a diet rich in saturated and trans- fat and high amount of sodium should be avoided.
- **Body weight**- The long-term goal is to achieve a body mass index of less than 25 kg/m^2 and maintain the ideal body weight. A drop in 5-7% of body weight can help in reducing future health risks.
- **Exercise** - The American Heart Association and American College of Cardiology recommend 150 minutes of moderate-intensity or 70 minutes of high-intensity physical activity weekly.
- **Sleep** - Good sleep regime is advised.

- **Avoidance** of tobacco and alcohol use are recommended.

2. Pharmacology

Antihypertensives, OHA (Oral hypoglycemic agents), statins.

3. Surgery

Bariatric surgery is recommended for patients with a BMI ≥40 kg/m^2 or those with a BMI ≥35 kg/m^2 and other comorbidities.

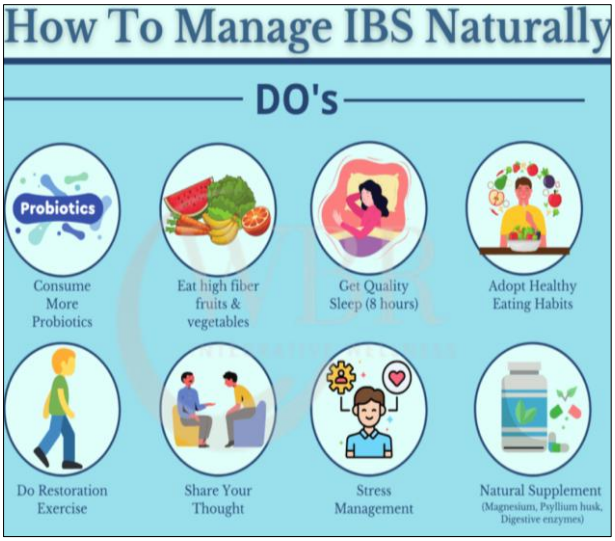
4. Community support

Family and social support is prominent in management of Metabolic syndrome.

IBS (Irritable Bowel Syndrome)

IBS (Irritable bowel syndrome) is one of the most common disorders among the range of functional GI (gastrointestinal disorders). It affects 20% of total population causing significant socio-economic burden. The relationship between IBS and metabolic syndrome has been linked to gut-brain axis, epigenetics and neuroendocrine functions. The association between IBS and metabolic syndrome was explored by Javadekar et al at a tertiary hospital by a research study. Metabolic syndrome was found in 307 of 1040 (29.5%) while 33 of 1040 (3.2%) had IBS. The proportion of IBS was not significantly different between participants with and without metabolic syndrome (1.6% vs 3.8% respectively; P = 0.06. No association was found between IBS and metabolic syndrome.[4]

However, IBS and metabolic syndrome both are multifactorial. Negative results from this study, by no means put an end on the topic of the relationship between metabolic syndrome and functional GI disorders including IBS. This study would encourage upcoming researchers to delve into the topic in detail by more long-term in-depth studies.



References

1.www.heart.org
2. www.webmd.com/metabolic syndrome/what is it
3. Swarup S, Ahmed I, Grigorova Y, et al. Metabolic Syndrome. [Updated 2024 Mar 7]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK459248
4. Javadekar, N.S., Oka, G.A., Joshi, A.S., Vaste, P., Tamane, S., & Lawate, P.S. (2021). Prevalence of irritable bowel syndrome and metabolic syndrome among young adults in an annual health checkup setting. JGH Open: An Open Access Journal of Gastroenterology and Hepatology, 5, 1148 - 1153.

Dr. Narendra Jawadekar and
Dr. Ashwini Bodas

निद्रा, जागृती व आरोग्य

Dr. Chandrashekhar Phansalkar
MBBS, MD (MEDICINE)

निद्रेचं आरोग्यामध्ये फार मोठं स्थान आहे. निद्रा पुरेशी मिळणं,वेळच्यावेळी मिळणं आणि उत्तम दर्जाची मिळणं यामुळे शरीर निरोगी राहतं इतकंच नव्हे तर मेंदूची कार्यक्षमता दीर्घकाळ उत्तम राहते; शारीरिक व मानसिक आजार दूर राहतात किंवा झालेले लवकर नियंत्रणात यायला व बरे व्हायला मदत होते.

निद्रा(निद्रेची वेळ झाल्यावर) लवकर लागणं,गाढ व सलग लागणं आणि ती योग्य काळ टिकून राहणं हे चांगल्या निद्रेचे तीन महत्त्वाचे गुण आहेत. मुख्य म्हणजे निद्रेच्या दर्जावर माणसाच्या जागेपणाचा दर्जा अवलंबून आहे. झोप व जागेपण, दोन्हींना दैनंदिन आयुष्यात सारखंच महत्त्व आहे. जागृतावस्था ही माणसाच्या नित्यकर्माचं व कर्तृत्वाचं पोषण करणारी स्थिती आहे. आणि तिच्या चैतन्याचा स्त्रोत निद्रेत आहे. जशी जागृतावस्थेची गुणवत्ता महत्त्वाची तशी आणि तितकीच निद्रेची गुणवत्ताही महत्त्वाची.

झोप आणि जागेपणाचं २४ तासांचं जे चक्र असतं त्याची सुनियमितता चांगल्या आरोग्यासाठी आवश्यक आहे. वेळच्यावेळी झोप व आवश्यक तितका वेळ झोप आणि वेळच्यावेळी जागेपण व आवश्यक तितका वेळ जागेपण ही या चक्राच्या सुनियमिततेची लक्षणं आहेत.

सकाळी उठल्या उठल्या उगवलेल्या सूर्याचं दर्शन घेण्यानं व सकाळच्या सूर्याचा प्रकाश डोळ्यावाटे आपल्या शरीरात येऊ देण्यानं जागं होण्यासाठी व जागृती टिकण्यासाठी अनुकूल अशी कॉर्टिसॉल सारखी संप्रेरके मेंदूमध्ये तयार होण्यास मदत होते; याउलट मावळतीच्या वेळच्या सूर्यप्रकाशामध्ये मेलॅटोनिन या झोपेसाठी आवश्यक असणाऱ्या संप्रेरकांचे योग्य प्रमाणामध्ये उत्पादन घडवून आणण्याची क्षमता असते. त्यामुळे संध्याकाळच्या वेळचा सूर्य, मावळत असतानाचा प्रकाश आपल्या डोळ्यावाटे आत येणं हे झोप लागण्यासाठी फायदेशीर आहे. अशाप्रकारे वेगवेगळ्या वेळचा सूर्यप्रकाश डोळ्यावाटे आत येण्यानं निद्रा व जागेपणाचं चक्र सुनियमित व सुनियंत्रित पणे चालू राहायला मदत होते. कदाचित सूर्यनमस्कार घालण्याचा व्यायाम यामुळेच महत्त्वाचा मानला गेला असावा. सूर्यप्रकाशाचे हे गुण व त्याचा झोपेवरील प्रभाव अभ्यासातून व अनेक संशोधनातून वैज्ञानिकांनी सिद्ध केलेला आहे. इथं ही गोष्ट पक्की लक्षात ठेवली पाहिजे की उगवणारा किंवा मावळणारा सूर्यच अशा पद्धतीचा पोषक प्रकाश देऊ शकतो. मध्यानीचा किंवा माथ्यावरचा सूर्य नाही. उलट मध्यानीच्या सूर्याकडे डोळे रोखून पाहत राहणे हे दृष्टीसाठी धोकादायक ठरू शकते.

योगनिद्रा व ध्यानधारणा अर्थात मेडिटेशन यामुळे सुद्धा चांगली झोप लागण्यास मदत होते. योगनिद्रा किंवा मेडिटेशन सारख्या गोष्टी नियमित करणाऱ्यांना लाभणारी निद्रा ही देखील चांगल्या निद्रेच्या सर्व लक्षणांनी युक्त असते. (निद्रा-संमोहन देखील निद्रानाशावरचा एक विज्ञानमान्य उपाय आहे.)

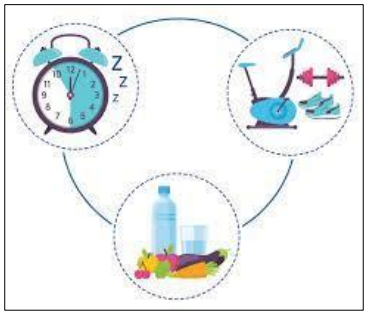
झोपून उठल्यानंतरच्या एक तासात व्यायाम करणं ही देखील झोपेच्या आणि जागेपणाच्या चक्रासाठी पोषक अशी क्रिया आहे. सकाळच्या झोपेनंतरच्या व्यायामाने मेंदूमध्ये जी संप्रेरके तयार होतात ती झोपेला एक इष्ट

असा पूर्णविराम देऊन जागेपणाचा उत्साह तर वाढवतातच परंतु बारा तासानंतर आवश्यक असणारी झोप पुन्हा वेळच्यावेळी यावी आणि योग्य तितका वेळ लागावी याचीही मेंदूच्या घड्याळात सोय करून ठेवतात.

संध्याकाळी केलेल्या व्यायामामुळे झोप उशिरा लागण्याची शक्यता असते पण ज्या लोकांना सकाळी व्यायाम करण्यास वेळ नसतो त्यांनी व्यायाम पूर्णपणे टाळू नक्कीच नये. संध्याकाळच्या व्यायामामुळे काहीशी उशिरा झोप लागेल व सकाळी जाग देखील उशिराच येईल. पण तुमच्या दैनंदिन वेळापत्रकास हे सोयीचे असेल तर असं करण्यास हरकत नाही. नियमित व्यायामाचा फायदा हा शरीराला सर्वच परिस्थितींमध्ये होतो तसा तो वेळापत्रक बदलले तरी झोपेच्या बाबतीत सुद्धा होतो. व्यायामांमुळे मेंदूवर होणाऱ्या परिणामाने जागरूकता व सतर्कता वाढते आणि पर्यायाने झोप दडपली जाते. म्हणून झोपेच्या वेळेपूर्वीच्या चार तासात शक्यतो जड अथवा अतिरेकी शारीरिक व्यायाम करू नये.

कॅफिन जे कॉफीमध्ये अधिक प्रमाणात असतं त्याचा सुद्धा झोप व जागेपणाशी जवळचा संबंध आहे. पण ते मर्यादित प्रमाणातच घ्यावं. कॅफिन मनुष्याला जागं आणि सतर्क ठेवतं. कॅफिनमध्ये उत्साह,जोश आणि काम करण्याची क्षमता वाढवण्याचे गुण आहेत. कॅफिन घेण्याची वेळ मात्र महत्त्वाची आहे. कॅफिन हे झोपेतून उठल्यानंतरच्या चार ते सहा तासातच घेणं चांगलं.दुपारनंतर संध्याकाळपर्यंत आणि उशिरा रात्री कॅफीन घेऊ नये. असं केल्यानं वेळेवर झोप लागण्याचं टळतं आणि त्यामुळे झोप आणि जागेपणाच्या चक्रावर विपरीत परिणाम होतो. अर्थात काही लोकांमध्ये कॅफिनच्या याच परिणामांची तीव्रता अधिक होऊन त्यांनाअस्वस्थता,छातीत धडधड, चलबीचल होऊ शकते. अशांनी अर्थातच कॅफिन टाळावे.

आहार व त्याच्या वेळांमुळे शरीरामध्ये होणारे रासायनिक



बदल हे देखील झोप आणि जागेपणाच्या चक्रामध्ये महत्त्वाचं काम करतात. दिवसाच्या पहिल्या दोन प्रहरांमध्ये त्या दिवशीच्या आवश्यक अन्नातील अधिकांश घेणं हे निद्रा-जागृतीच्या चक्रासाठी फायदेशीर ठरतं.संध्याकाळी उशिरा व अति पोट भरल्यास त्याचा झोपेवर विपरीत परिणाम होतो. झोपेच्या वेळेपूर्वी पोट अति भरू नये;हलकं खावं. तेही झोपण्यापूर्वी २ तास आधी. अन्नाच्या चयापचयाने होणाऱ्या परिणामामुळे मेंदूची सतर्कता व जागृतता वाढते जी झोपेच्या वेळी उपयोगाची नसते. शिवाय जेवण घेतल्या घेतल्या लगेचच झोपेसाठी आडवं झाल्यास ज्या लोकांना पित्त किंवा ऍसिडिटीचा त्रास आहे त्यांच्यामध्ये हा त्रास वाढू शकतो. झोपेसाठी आडवं झाल्याने नुकतंच खाल्लेलं अन्न घशाशी येऊन हा त्रास वाढतो.

दिवसा, विशेषतः दुपारच्या वेळी छोट्या छोट्या डुलक्या, ज्याला इंग्रजी मध्ये नॅप्स म्हणतात, त्या घेणं हे उत्साह, एकाग्रता व कार्यक्षमता वाढवू शकतं अर्थात या डुलक्या सहसा अर्धा ते एक तासापेक्षा जास्त नसाव्यात.

झोपेपूर्वी काही गोष्टी टाळणं आवश्यक आहे - पहिली गोष्ट म्हणजे झगझगीत प्रकाश. चांगली झोप लागण्यासाठी झोपण्याच्या खोलीत अंधार असणं व तो अगदीच शक्य नसल्यास(उदा:जिथं लहान मूल आहे तिथं) मंद प्रकाश असणं आवश्यक असतं. झोपेसाठी आवश्यक अशी रासायनिक स्थिती मेंदूमध्ये निर्माण होण्यासाठी अंधाराची गरज असते.

अंधाराप्रमाणेच खोलीतील तापमान हा देखील झोप लागण्यासाठी महत्वाचा घटक आहे. निद्रा देवी वश होण्याकरता शयनगृहात आनंददायी असा थंडावा असावा. हे तापमान साधारणतः २४° सें आसपास असलं तर चांगलं.

झोपेसाठी आवश्यक असणारी संप्रेरके मेंदूत योग्य प्रमाणात तयार होण्यासाठी हे तापमान आवश्यक असतं. बाह्य तापमाना इतकंच शरीरातील तापमानही झोपेसाठी महत्त्वाचं असतं. संध्याकाळच्या वेळी शक्यतो गरम पाण्याने अंघोळ करावी. असं केल्यास शरीराचं अंतर्गत तापमान कमी होतं ज्यामुळे (मेंदूत घडणाऱ्या रासायनिक बदलांमुळे) झोप चांगली लागण्यास मदत होते. याउलट थंड पाण्याच्या स्नानाचा परीणाम व्यायामासारखाच असतो. थंड पाण्याने जागरूकता आणि एकाग्रता वाढते; झोप कमी होते. म्हणून थंड पाण्याने स्नान करणं सकाळी उठल्यावर चांगलं. त्यावेळी चांगलं जागं होणं तसंच उत्साही आणि एकाग्र होणं आवश्यक असतं.

पित्त किंवा ऍसिडिटी सारखे आजार नसल्यास पायाखाली एखादी उशी ठेवून पाय थोडेसे उचललेल्या अवस्थेत ठेवल्यास झोप चांगली लागायला मदत होते. याचा संबंध लसिकाभिसरण व रक्ताभिसरणाशी आहे.

झोपेमध्ये व्यत्यय आणणारा आणखी एक आजार म्हणजे ऑबस्ट्रक्टिव्ह स्लिप ॲपनीया. या आजारामुळे श्वसन मार्गात वारंवार अडथळा निर्माण होतो. ज्यामुळे मेंदूला होणारा ऑक्सिजनचा पुरवठा कमी होऊन झोपमोड होत राहते. या आजाराची लक्षणे म्हणजे घोरणे, लठ्ठपणा असणे; तसेच रात्रीच्या अपुऱ्या व तुटक झोपेमुळे दिवसभर गुंगी व थकवा राहणे. या आजारामुळे कार्यक्षमता एकाग्रता तर कमी होतेच शिवाय रक्तदाब, हृदयविकार, फुफुसाचे आजार असे धोकादायक आजारदेखील बळावू शकतात. या आजाराचे निदान स्लीप स्टडी अर्थात झोपेचा शास्त्रोक्त अभ्यास करून करता येते व या आजारावर सीपॅप नावाचं यंत्र उपचार म्हणून वापरलं जातं. क्वचित प्रसंगी गळ्यामध्ये छोटीशी शस्त्रक्रिया करून श्वसन मार्ग खुला देखील करण्याचा उपचार उपलब्ध आहे.

बऱ्याच व्यक्तींना झोपेत घोरण्याची सवय असते. या घोरण्यावर खरा उपचार म्हणजे जीवनशैलीत बदल. वजन कमी करणे, नियमित व्यायाम करणे, सकस व संतुलित आहार घेणे, मद्यपान, धूम्रपान यासारखी व्यसनं टाळणे, झोपेच्या वेळा सांभाळणे हाच.

सगळ्यात शेवटचा मुद्दा झोपेच्या औषधांचा. निद्रानाशावर घेतली जाणारी झोपेची औषधं व्यक्तीला त्यांच्या सवयीचा गुलाम बनवू शकतात हे आपण कितीतरी वेळा पाहतो आणि आपल्यापैकी काहीजण अनुभवतो देखील! अशा औषधांच्या ज्या डोस ने सुरुवात केली जाते तो डोस पुढे पुरेनासा होतो आणि तो वाढवत न्यावा लागतो. अर्थातच यामुळे या औषधांच्या दुष्परिणामांची शक्यता वाढते. झोपेच्या औषधांचा उपयोग टाळल्यास उत्तम पण ती घ्यावी लागतच असतील तर ती डॉक्टरच्या सल्ल्यानुसार व त्यांनी सांगितलेल्या डोस मध्येच घेणे गरजेचे असते.

निद्रेला आपल्या

आरोग्यामध्ये अनन्यसाधारण महत्त्व आहे. चांगली निद्रा ही चांगल्या शारीरिक तसेच चांगल्या मानसिक आरोग्याधनाच्या भांडाराची व या भांडारातील सर्व दालनांची "मास्टर की" आहे. चांगल्या निद्रेमुळे कार्यक्षमता,स्मरणशक्ती तसेच प्रतिकारशक्ती वाढतात व राखता येतात. जीवनशैलीत योग्य ते बदल करून व बदललेली जीवनशैली राखण्याची शिस्त अंगी बाणवून चांगली निद्रा वश करता येते. ती वश करण्याकरता कुठलाही इतर खर्च करावा लागत नाही.

डॉ. चंद्रशेखर फणसळकर

REVERSAL OF DIABETES: MYTH OR REALITY?

Dr. Kishor Shelgikar
MBBS, MD (MEDICINE)

Diabetes is conventionally thought of as an 'incurable' disease. Often, this fact cannot be accepted by patients and many of them are in search of the Holy Grail aiming to achieve complete cure, may it be herbal medicine, naturopathy, acupressure or any other alternative medical treatment. Over the last decade or so, a concept of 'reversal' of diabetes has gained popularity. Although it does have a scientific basis, lay people are often misinformed and have incorrect notions about it. It is important to know the reality behind it so that one doesn't get carried away by tall claims. Let us therefore have a closer look at this concept.

A mistake made by many is to equate 'reversal' with 'cure'! Reversal can be better interpreted as remission rather than cure. The term remission implies a possibility of relapse or recurrence; it is NOT a cure in the true sense. The state of remission must be achieved with efforts, and as soon as these efforts stop, relapsing is inevitable. This contrasts with cure, which implies permanent freedom from disease, irrespective of the efforts put in. Thus, diabetes is NOT a curable disease, but a state of remission - even life-long - can be achieved with continued efforts in that direction.

Why is it so?

Let's look into the basic causes that lead to the development of diabetes. Type 2 diabetes, the commonest type we see around us, invariably develops from a combination of a genetic background (genes that make an individual prone to develop diabetes) fueled by environmental insults which include obesity, urbanized lifestyle, faulty diet, lack of exercise, mental stress, environmental pollution, toxins, and even our development in mother's womb before we are born! What can be achieved by 'reversal programs' is only a favorable modification in some of these environmental factors; it is impossible to modify the genetic predisposition, which persists throughout the lifetime. As soon as the efforts in terms of lifestyle modification stop and one starts living a 'free' lifestyle, there is a high likelihood that diabetes will recur because genetic predisposition remains unchanged. One should look at reversal programs to achieve remission and not cure.

How do we define remission in the context of diabetes?

It is a state in which blood glucose and glycated hemoglobin (HbA1c) levels are maintained below the standard cut off limits for diagnosis of diabetes for at least 3 months without any glucose lowering medication. These parameters have to be rechecked periodically (at least once every year) to confirm continued remission.

How is remission achieved?

All the 'reversal / remission programs' target lifestyle factors and try to modify them favorably, body weight being the most important. Any intervention that leads to

substantial weight loss can potentially achieve remission. These include various forms of diet (low carb diets, very low-calorie diets, vegan diet, intermittent fasting), structured exercise programs, medications used for weight loss (orlistat, GLP-1 receptor agonists) and even bariatric surgery as the last resort. Other environmental factors such as smoking, alcohol consumption, mental stress, etc. also need to be addressed. One cannot overlook the fact that a patient's motivation and perseverance is of utmost importance; psychological counselling can help in this respect.

Is it possible to achieve remission in all diabetic patients?

The answer is NO. Chances of achieving remission are higher in those who are obese, have recent onset of diabetes, milder elevations in blood glucose / HbA1c, lower requirements of antidiabetic medication and those who are motivated. These patients are better candidates for any reversal program. Reversal may be more of a dream than reality in most of the others!

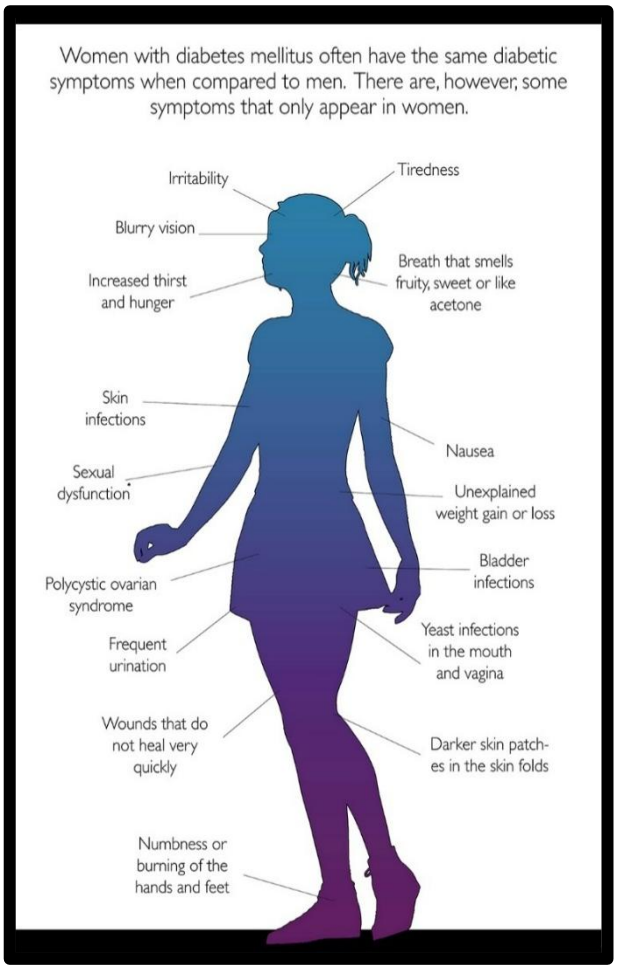
In conclusion, one must understand that there is as yet no cure for diabetes. Reversal is not cured; it is only a state of remission, achieved by modification of certain lifestyle factors (body weight being the most important), and is likely to relapse if efforts required for these modifications stop. After all, everything in the world comes with a price tag attached! It should also be noted that this discussion only pertains to type 2 diabetes. Other uncommon types of diabetes have to be approached differently.

Dr. Kishor Shelgikar

DIABETES AND WOMEN
A GENDRED PERSPECTIVE

Dr. Uma Alurkar
MBBS, MD (MEDICINE)

Diabetes is a chronic metabolic disorder associated with a high blood glucose level > 200 mg/dl or an HbA1C > 6.7 diagnoses diabetes.



Today 30% of the female population in the world has DM. So, is diabetes different in men and women?

Experience of women with diabetes:

- 13% greater risk of death from all causes.
- 30% greater risk from cardiovascular disease.
- 58% risk of death from coronary artery disease.

Both men and women have similar symptoms in diabetes with a few minor differences:

1) Women suffer more UTI's than men. In diabetes, the urine is full of sugar and hence makes one prone to urinary infections.
2) Candida infections of vagina are more common in females. Oral yeast infections known as thrush are also more common. To prevent yeast infections, drink plenty of water, wear cotton underwear and urinate often instead of waiting till bladder is full.
3) Due to diabetic neuropathy, there is excessive vaginal dryness resulting in painful coitus.
4) PCOS is a condition which often affects young girls and is associated with insulin resistance which elevates blood glucose levels. PCOS is associated with increased body hair, weight gain, irregular periods, depression, insulin resistance and diabetes.
5) Pregnancy and diabetes: If a woman has Type I or Type II diabetes before pregnancy, it is called pre-gestational diabetes. Women who show high blood glucose levels between 24 to 28 weeks are known to have gestational diabetes. Sugar needs to be controlled well during pregnancy otherwise foetus can have congenital anomalies and macrosomia. Women can have complications like pre-eclampsia, eclampsia IUD and premature birth.
6) Eating disorders are more common in women with diabetes.
7) Depression: Women with diabetes have a higher risk of depression than men.
8) Also, depression is associated with a higher risk of diabetes.

9) Diabetes also affects the sexual life of women. It lowers their interest in sex and their ability to enjoy it.
10) Many women choose to use birth control pills to prevent pregnancy. Some birth control methods can spike the sugar.
11) Diabetes and menopause: After menopause, the body makes less oestrogen which can cause unpredictable ups and downs in blood sugar. Women may gain weight which increases their need for insulin and other diabetes medicines. Hot flushes and night sweats may disrupt sleep making managing sugar harder.
12) Young women with diabetes are more likely to suffer from liver disorders (NAFLD) than non-diabetics.
13) Incidence and progression to diabetic retinopathy is more in women than men.
14) Type II diabetes has a more pronounced effect on heart failure progression in women (women 5-fold v men 2.4-fold).
15) A higher risk of renal failure was observed in women possibly due to less intensive risk factor therapy.
16) Under treatment of diabetes is a major problem in women.

Pioglitazone use in women during menopause should be restricted due to risk of fractures.
SGLT1 inhibitors and GLP1 analogues are used less in women probably due to high-cost factor.

Conclusion

Women would potentially benefit from targeted prevention programmes and more intense sex specific risk reduction approaches.

Dr. Uma Alurkar

DIABETES AND PSYCHOLOGICAL WELLBEING / MENTAL HEALTH

Mental health is a critical element of daily life. Psychological wellbeing affects how we think and feel, respond and handle stress, relate to and interact with others, and make choices in general and specifically for our health. Mental health influences how we handle our physical health – for example the challenge of sticking to a diabetes care plan.

Mind-body interaction and interdependence

Beliefs, attitudes, perceptions, feelings, and thoughts can potentially impact on how healthy your body is. Undetected or untreated psychological and mental health issues can make chronic conditions like diabetes worse. Likewise, problems associated with diabetes can worsen mental health issues. However, if one gets better, the other tends to get better too.

Stress, anxiety and depression

Stress has become an integral part of life. If you are stressed, you may not take care of yourself as well as you would without it. Blood sugar levels are affected too. Stress hormones like cortisol are known to cause an unpredictable rise or fall in blood sugar levels. Stress from being ill or injured can make your blood sugar go up. Being stressed over a long period of time can trigger other health problems or make them worse and vice versa, often trapping patients into a vicious cycle.

Dr. Abhijeet Joshi
MBBS, DNB (MED)

Anxiety—feelings of worry, fear, or being on edge—is how your mind and body react to stress. People with diabetes are 20% more likely than those without diabetes to have anxiety (Lancet 2020). Managing a long-term condition like diabetes which includes consistent and regular diet regulation, meticulous carbohydrate counting, blood sugar level monitoring, and taking/adjusting medication doses especially for injectable insulin is a major source of anxiety for some.

Depression is a medical illness that causes feelings of sadness. The spectrum can range from a general loss of interest in daily activities up to suicidal thoughts. People with diabetes are two to three times more likely to have depression than people without diabetes (Basecu et al 2016). Depression may worsen the outcome of comorbid medical conditions, including increasing the risk of death and hospitalization. Yet, only 25% to 50% of people with diabetes with depression get diagnosed and treated (CDC 2024).

Diabetes Distress

Studies have shown that 42–77% of diabetic patients suffer from diabetes distress (Hu et al 2020)- which includes feelings of being overwhelmed. Diabetics often feel discouraged, worried, frustrated, or tired of dealing with daily diabetes care. The key challenge being results not proportionate to the efforts taken to control blood sugar levels or diabetes related complications which develop despite the best efforts.

Diabetes distress may lead to decisions that negatively impact care. The risk of falling back into unhealthy habits is high, some stop checking the blood sugar levels, and worse still skip doctor's appointments. This may happen to many—if not most—people with diabetes, often after years of good management and consistent efforts being put into controlling it. What steps can we take to manage the two together?

Diabetes is a life changing experience and seeking and receiving professional support is key in managing it. Regular check-up and follow up with your physician and dietician are key. They are best placed to understand the challenges and recognize the need for psychological support. Including referring you to a **mental health counsellor** specializing in the management of chronic health conditions in a timely manner.

Evidence suggests management of diabetes and psychological wellbeing should focus on timely diagnosis, regular monitoring, and three key approaches:
1. Maintaining a healthy balanced diet,
2. Regular physical exercise of your choice with elements of basic weight training and
3. Relaxation techniques like meditation or yoga for psychological wellbeing, augmented by at least 6-7 hours of sleep.

Embracing diabetes, inculcating lifestyle changes, and adhering to them in the long term is critical. Metabolic syndrome often triggered and or worsened by diabetes causes most of the diabetes related complications.

The ABCD Mantra is handy in managing it and includes:

- **A-** Achieve and maintain Hba1c level < 7 %
- **B-** Blood pressure control
- **C-** Cholesterol should be kept within limits
- **D-** Discipline – diet, exercise, sleep, avoid alcohol & smoking, reduce salt intake, regulate involuntary consumption of sugar etc.

Dr. Abhijeet Joshi

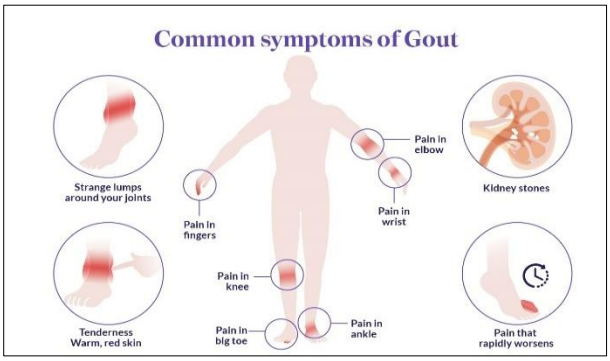
GOUT

Dr. Megha Firodiya
MD, DNB (Medicine)
EULAR Certification in Rheumatology

Signs and symptoms of Gout:

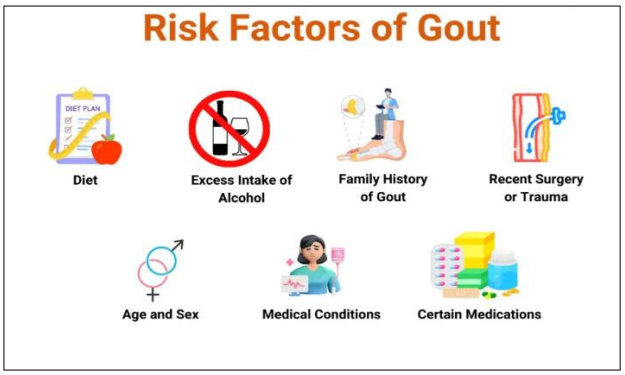
One joint or multiple joints can be involved. Acute Gout: Lasts for one to two weeks. Big toe is most commonly involved (called as Podagra) though finger, elbow, wrist, knees may sometimes be involved. Acute Gout is one of the

most severely painful conditions. Chronic Gout: Repeated attacks cause joints damage and bone deformity. The skin over the affected joints can become itchy and pruritic. Chronic Gout can lead to formation of tophi which are whitish, yellowish nodules on Helix of ear, fingers, elbows and toes. Sometimes they can open up the skin. Uric acid stones can form in kidneys and kidney disease can occur with chronic Gout.



Factors precipitating Gout:

1. Non-vegetarian diet: Red meats, Liver, kidney, thymus, Seafood, Anchovies, Scallops
2. Alcohol: especially Beer.
3. Obesity.
4. High Fructose corn syrup containing drinks.
5. Kidney problems. (Renal Failure)
6. Some medicines can precipitate Gout, but your doctor can decide side effects vs benefits.
7. Cancer, Chemotherapy and certain blood conditions can increase uric acid.
8. Dehydration: Stay hydrated.



Acute attacks are managed by painkillers and anti-inflammatory medicine (NSAID). NSAIDs are unsafe for people with kidney problems where a drug called colchicine is used. Short doses of steroids can be used to reduce severe inflammation. Chronic attacks are lowered by Uric Acid lowering drugs like allopurinol, Febuxostat or other newer drugs. Allopurinol should not be taken with Grapefruit juice. Hot and cold compress as tolerated can soothe the joints. Be Positive and talk about your fears with your doctor. Prevention of attack: Reduce weight if you are obese. Stay hydrated. Take your medicines on time. Do not self-medicate. Have diet which suits your condition, avoid non-vegetarian diet, alcohol and high fructose corn syrup containing drinks. Cherries, berries, leafy vegetables in moderation, whole grains are good for u. HAVE A POSITIVE MINDSET. Life can very well managed in-spite of having Gout.

Dr. Megha Firodiya

PCOD/PCOS म्हणजे काय?

Polycystic Ovarian Disease / Polycystic ovary syndrome

हि महिलांमध्ये उदभवणारी मासिक पाळीशी संबंधित स्थिती आहे ज्यामध्ये परिपक्व स्त्री बीजांचे निर्माण (Mature Ovarian Follicle) वेळेवर होत नाही व गर्भधारणेत अडचण निर्माण होते.

PCOD हि समस्या १८ ते ३५ या वयोगटातील महिलांमध्ये प्रामुख्याने दिसून येते. याचे कारण मुख्यतः जीवनशैलीतील बदल आणि वाढत्या हार्मोनल समस्या हे आहे.

PCOS हा एक मेटाबॉलिक विकार आहे. ज्यामध्ये अंडाशय जास्त प्रमाणात अँड्रोजन्स रिलीज करते आणि अंडाशयात (OVARY) अनेक सिस्ट तयार होतात व स्त्रीबीज निर्मिती थांबते.

PCOD ची लक्षणे काय असतात?

- अनियमित मासिक पाळी - मासिक पाळी १०-१५ दिवस आधी किंवा नंतर येणे. काही वेळा १ ते २ महिने पाळी न येणे.
- वजन वाढणे.
- श्रोणीत किंवा ओटी पोटात वेदना होणे.
- स्वभावात चिडचिडेपणा येणे,अचानक मूड बदलणे, चेहऱ्यावर केसांची जास्त वाढ होणे, शरीरावर अतिरिक्त केस येणे.
- वंध्यत्व किंवा मुल ना होणे.
- झोप न येणे.
- अतिरिक्त थकवा जाणवणे.
- वॉटर रिटेंशन- चेहऱ्यावर / पायावर सूज येणे.
- चेहऱ्यावर पिंपल्स / फोड येणे.

PCOD /PCOS ची क|रणे काय असतात?

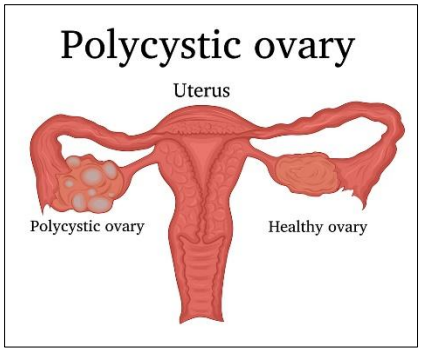
प्रत्येक स्त्री मध्ये याची करणे वेगवेगळी असू शकतात.

- इन्सुलिनचे वाढते प्रमाण/ इन्सुलिन प्रतिकारशक्ती (INSULIN RESISTANCE)

Dr. Snehal Desai
MBBS, DNB (MEDICINE)

- हार्मोनल असंतुलन (HORMONAL IMBALANCE)
- अनुवंशिकता
- अँड्रोजन हार्मोन वाढणे.
- सिगारेट किंवा दारूचा अतिरेक
- निष्क्रिय जीवनशैली
- लठ्ठपणा / OBESITY
- अयोग्य आहार (FAST FOOD)

PCOD / PCOS उपचार पद्धती निदान कसे करावे?



या आजाराचे निदान करण्यासाठी अल्ट्रासाऊंडद्वारे (SONOGRAPHY) ओव्हरीयन सिस्ट शोधणे आवश्यक आहे. त्याचबरोबर काही ब्लड टेस्ट करून घेणे.

C8C, LIPID PROFILE, HBAC, BLOOD SUGAR – FASTING, POSTPRANDIAL, THYROID FUNCTION TEST, FASTING इन्सुलिन, FSH, LH, PROLACTIN .

योग्य उपचार व जीवनशैलीत सकारात्मक बदल करून PCOD / PCOS समस्या नियंत्रणात आणल्या जाऊ शकतात.

PCOD / PCOS समस्या नियंत्रण

- संतुलित आहार करणे-

- उच्च कोलेस्ट्रॉल, फॅट कर्बोदके, साखर असलेले पदार्थ, मैदा मेयॉनीज, चीज, शुगर, तळलेले पदार्थ, पिझ्झा यासारखे फास्ट फूड टाळणे.
- नियमित व्यायाम करणे-
- एक्सरसाईझ, सायकलिंग, स्विमिंग, स्किपींग, फास्ट वॉक, रनिंग.
- वजन घटवणे, पोटावरील चरबी कमी करणे.
- दारू सिगरेट टाळणे.
- वेळेवर औषध घेणे.

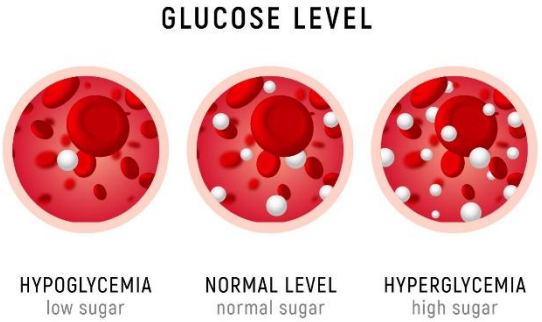
ही औषधे PHYSICIAN / GYNECOLIGIST तज्ञ डॉक्टरांच्या सल्ल्याने घ्यावीत. यामध्ये हार्मोन्स नियंत्रित करणारी औषधे व इन्सुलिन रेसिस्टन्स कमी करणाऱ्या औषधांचा समावेश असतो.

Dr. Snehal Desai

HYPERGLYCEMIA IN CRITICALLY ILL PATIENTS

Dr. Afzal Malik
ICU REGISTRAR

Hyperglycemia, defined as elevated blood glucose levels (>140 mg/dL), is a common complication in critically ill patients, even in those without pre-existing diabetes. Occurring in up to 90% of ICU patients, it is linked to increased morbidity, mortality, and prolonged hospitalization. This article explores the causes, implications, and evidence-based management of hyperglycemia in ICU settings



➢ Why is it important to control blood sugar levels?

Because hyperglycemia may

- Increase Risk of Infections
- Risk of blood clot formation, which may lead to heart attack stroke and impaired functioning of other vital organs by limiting the blood flow
- Increase ICU Mortality & Morbidity
- Increase Risk of kidney FAILURE (acute kidney injury)
- Neurological Impairment & Delirium

➢ Causes of Hyperglycemia in Critically Ill Patients

1. Stress Response:
    - Critical illness induces a hypermetabolic state with increased secretion of counter-regulatory hormones (cortisol, catecholamines, glucagon, and growth hormone).
    - These hormones promote stored glucose to release in blood from liver, conversion of fat and protein to glucose thus
    - Increase blood sugar levels, and insulin resistance.
2. Inflammatory Response:
    - Cytokines (INFLAMATORY ENZYMES) like TNF-α, IL-1, and IL-6 contribute to insulin resistance.
3. Commonly used lifesaving medications
    - Corticosteroid
    - Vasopressors (e.g., epinephrine, norepinephrine)
    - Total Parenteral Nutrition (TPN): High glucose load can cause hyperglycemia.
    - β-agonists (e.g., salbutamol):
4. Pre-existing Diabetes Mellitus:
    - Patients with undiagnosed or poorly controlled diabetes are at higher risk.

Diagnosis

- Blood Glucose Levels: Fasting >126 mg/dl or Random >200 mg/dl.
- Hba1c: measures in the last three months average blood sugar (for undiagnosed diabetes) and poorly controlled diabetes
- Insulin and C-Peptide Levels (in select cases).

Management of Hyperglycemia in Critically Ill Patients

Blood Glucose Targets

- Target 140–180 mg/dL in most ICU patients.

- More stringent control (110–140 mg/dL) may be considered in select cases but should be avoided due to risk of hypoglycemia (LOW BLOOD SUGARS)

Insulin Therapy

- Intravenous (IV) Insulin Drip: Preferred in critically ill patients, especially those on mechanical ventilation, sepsis, or shock.
- Subcutaneous Insulin: Used in stable ICU patients or those transitioning out of IV insulin therapy.
- Tapering of steroids when possible
- Adjusting carbohydrate content of TPN (total parenteral nutrition) or covering TPN with insulin

Monitoring

- Hourly blood glucose monitoring initially, then every 2–4 hours once stable.
- Regular assessment of electrolytes- insulin therapy can cause low potassium level in blood

Challenges in Management
Patient heterogeneity complicates glucose control. Diabetics may require higher glucose targets to avoid hypoglycemia, while non-diabetics need vigilant monitoring for stress-induced spikes. Rapid physiological changes, such as sepsis resolution or sedation weaning, necessitate dynamic adjustments. Additionally, medications and intermittent nutrition intake further destabilize glucose levels.

Dr. Afzal Malik

CROSSWORD

I	B	S	D	I	A	B	S
S	G	O	T	P	G	R	R
Q	C	A	F	F	O	L	I
P	C	R	N	O	U	I	X
D	I	A	B	E	T	E	S
C	A	F	F	E	I	N	E

1. Painful condition of joints is called
2. Substance found in tea/coffee that disturbs sleep
3. Shortform of irritable bowel syndrome
4. Polycystic Ovarian Disease is also called
5. Increase sugar level in blood is called

1. GOUT
2. CAFFEINE
3. IBS
4. PCOD
5. DIABETES

BLOOD DONATION CAMP



REPUBLIC DAY CELEBRATION


EYE & CATARACT SCREENING CAMP



RETIREMENT PROGRAMME

MRS. MANISHA JOSHI

MR. JAYRAM JADHAV

PHYSIOTHERAPY SESSION

EMPLOYEE OF THE QUARTER

JOSHI HOSPITAL

Dr. Vijay Powar

Ms. Shanti Kharat

Mr. Vijaykumar Dhabu

Mr. Sandeep Mahadik

RATNA MEMORIAL HOSPITAL

Dr. Sarita Kulkarni

Ms. Manasi Gate

Mr. Ravi Waghmare

Mr. Santosh Labade

WOMEN'S DAY CELEBRATION

WARM WELCOME TO OUR MMFHA FAMILY

JOSHI HOSPITAL

- AKANKSHA PRAKASH LOKHANDE (STAFF NURSE)
- SHREYAS NIVRUTTI KARE (STAFF NURSE)
- RAHUL NAVAL SHIRSATH (DIALYSIS TECHNINCIAN)
- GANESH BHAGWAT KADE (CLINICAL ASSISTANT)
- AKASH ANNASAHEB ATOLE (CLINICAL ASSISTANT)
- AVINASH ASHOK ZINGE (LAB TECHNICIAN)

RATNA MEMORIAL HOSPITAL

- GANESH MADHUKAR GADGE (LAB TECHNICIAN)
- NISHA RAJU SHINDE (DIALYSIS TECHNICIAN)
- VINAYAK MAHAKASHYAP BHOSALE (FACILITY EXECUTIVE)
- ASHWINI DHONDIRAM JADHAV (CLINICAL ASSISTANT)
- NEHA LAXMAN KHANDKE (PATIENT RELATION OFFICER)
- RAJU BHUKYA (INTENSIVIST)

Facility Enhancement - Refreshments

Enjoy a refreshing cup of coffee, tea while you wait!

Whether you're here for a short visit or a long wait, we hope this small gesture brings some comfort during your time with us.
(Vending machine serves between 8pm to 8am while canteen covers the rest of the day)

Location: Waiting Area (Casualty)

Please send your suggestions, feedback and article contribution to editorial team at

newsletter@mmfhospitals.in

SHARE YOUR FEEDBACK ON WHATSAPP-
+91 8956214290 (JH) +91 8669955332 (RMH)