



MMF Hospitals Association
Joshi Hospital &
Ratna Memorial Hospital

MMFHA NEWSLETTER



DR. L. B. JOSHI
FOUNDED JOSHI HOSPITAL

INAUGURAL ISSUE

THE FOUNDER TRUSTEES OF MAHARASHTRA MEDICAL FOUNDATION



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(STANDING: L TO R) - DR. SUBHASH S. KALE, DR. MOHAN B. GHARPURAY, DR. D.V. (LALA) TELANG,

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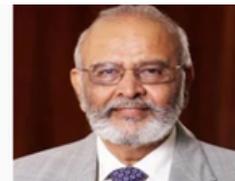
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SPECIAL EDITION VERTIGO

FROM THE DESK OF DIRECTOR



MR. ANIRUDH DESHPANDE
DIRECTOR

Greetings!

With great enthusiasm I extend a warm welcome to each of you as we unveil the inaugural issue of our hospital's newsletter. This publication is a testament to our commitment to keeping our community informed, engaged and connected.

As the Director of MMFHA Joshi Hospital & Ratna Memorial Hospital, our newsletter will serve as a bridge, bringing you the latest updates on medical advancements, health tips, patient stories, and behind-the-scene glimpses of our hospital's updates.

In this inaugural issue we are covering the topic of vertigo / imbalance and its management. I would urge all the readers to go through the articles written by our expert team of medical professionals. Also covered in the issue are the latest updates in MMF. Please do connect with our WhatsApp channel by scanning the QR code displayed on the last page. I invite you to dive into the pages of our newsletter and join us on this exciting journey. Your feedback is valuable, and I look forward to hearing your thoughts as we continue to improve and evolve. Together, let's turn the page to a new chapter of community health awareness.

Thank You,
Anirudh Deshpande

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Share your feedback on Whats App-

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PERIPHERAL CAUSES OF VERTIGO

Vertigo being a very common problem in routine medical practice, many a times remains mis diagnosed or under diagnosed. Overall, our balance is dependent on multiple systems such as brain, eyes, ears, joints and proprioceptive receptors. If any of these systems gets affected there could be imbalance. Dizziness is a broad term which includes generalised imbalance as well as a spinning sensation. Usually when you say vertigo it is a spinning sensation. Hence, it is very important to distinguish between vertigo and generalised imbalance.

Causes of vertigo related to ear-

1. BPPV (Benign paroxysmal positional vertigo)-

This is one of the most common causes of vertigo in day-to-day practice. In this condition, the patient gets a spinning sensation especially while turning the head to either side or while bending or looking up.

This feeling usually lasts for a few seconds and then settles. Sometimes it may be associated with nausea and vomiting.

This condition is diagnosed with a simple clinical test called Dix Hallpike test in which the patient's head is turned in different positions to find the side involved.

Treatment consists of a repositioning manoeuvre where the inner ear crystals are repositioned in a specific pouch, called utricle, inside the inner ear. This is a simple yet very effective treatment giving excellent results. Here in Joshi hospital, we have a state of art Videonystagmography (VNG) system which helps us diagnose and treat this condition with the help of video goggles which capture the eye movements associated with vertigo.

2. Meniere's disease- This condition also involves episodes of spinning sensation which are associated with nausea, vomiting, ringing sensation and fluctuating hearing loss. Hence a thorough clinical examination by ENT including audiometry needs to be performed. Acute episodes are treated with medical management.



DR. AJINKYA KELKAR
MS ENT, DNB, MRCS ENT (UK)
CONSULTANT ENT SURGEON

Salt restricted diet and vestibular rehabilitation exercises help the patient to recover and improve their quality of life. Our team involves a physiotherapist who helps the patient with rehabilitation exercises.

3. Acute labyrinthitis- This is a condition of the inner ear which usually occurs to due viral infection of the inner ear. Hearing loss, acute episodes of spinning, nausea, vomiting are the main symptoms.

Many a times patients do very well and recover with the help of medicines and vestibular rehabilitation exercises. In severe cases of vertigo, we sometimes have to admit the patient indoors for medical management.



In Joshi Hospital, we have a team of ENT, neurologists, orthopaedics, ophthalmologists, physiotherapists, audiologists who work together as team and help the patient get back on their feet after such vertigo episodes. It is commonly seen that patients with vertigo need a lot of counselling and encouragement since they lack confidence in their daily routine. A multi-disciplinary approach helps them gain their confidence and improve their quality of life.

Dr. Ajinkya Kelkar

CERVICOGENIC VERTIGO

Vertigo or dizziness is a very common complaint, with 1 in 10 people across the world experiencing it in their lifetime. In India, it is estimated that nearly over nine million people suffer from dizziness.

There are various causes of dizziness, among which cervicogenic vertigo/ dizziness is common.

What is cervicogenic vertigo?

It is a type of dizziness originating due to problems in the neck (cervical spine).

What are the symptoms you might experience?

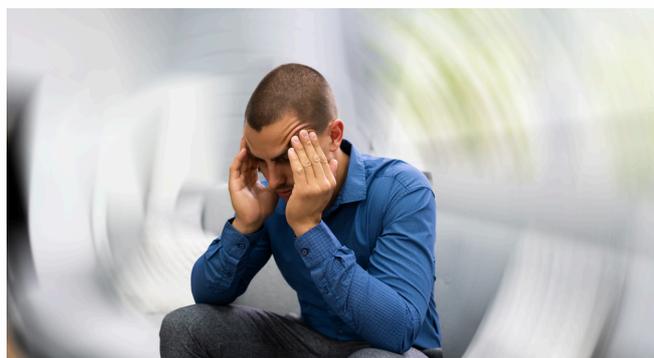
Patients usually suffer from neck pain, stiffness and dizziness or imbalance accompanied with neck movement. Symptoms can last several minutes to hours but will usually decrease as the pain eases.

What causes Cervicogenic dizziness?

This can happen due to poor posture, osteoarthritis, rheumatoid arthritis, issues in the blood vessels going through the neck, neck spondylosis, slipped disc or injury, for example after whiplash or head injury.

How is this condition diagnosed?

There is no single test which can diagnose this condition. Your Orthopaedic doctor will ask you detailed questions and do a thorough examination followed by X rays and some tests to come to a diagnosis. Other causes of dizziness also need to be ruled out. Other specialist input like ENT, Neurology might be required.



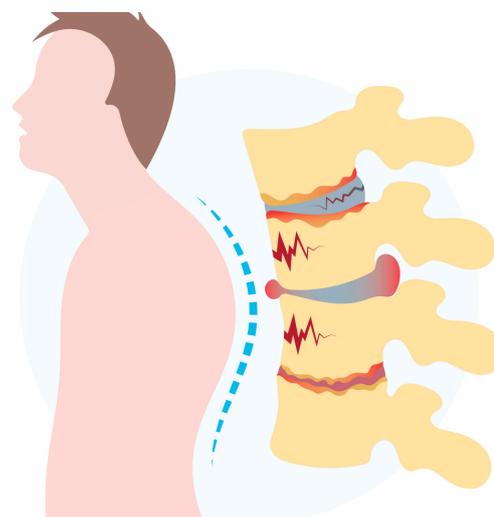
DR. CHINMAY GHASIS
MS(ORTHOAEDICS), MRCS(UK)
CONSULTANT ORTHOPAEDIC SURGEON

What is the treatment for cervicogenic vertigo?

Fortunately, usually this condition can be treated without the need for surgery. Your doctor will prescribe you medications. Along with this, Physiotherapy can help greatly.

Where to Go If You Suspect Cervical Vertigo?

You can visit your Orthopaedic doctor as getting an accurate diagnosis is paramount.



How can I avoid getting this?

Maintaining a good posture, avoiding slouching over mobile screens, having a good exercise regimen which includes neck mobility can help in prevention.

Dr. Chinmay Ghaisas

VISION AND VERTIGO

Maintaining balance is a complex process that is controlled by the vestibular system, visual system and proprioceptors.

Loss of vision in one or both eyes is detrimental to balance. Having poor depth perception negatively impacts balance.

Eye strain, double vision can cause utmost instability.

When the visual system is negatively impacted like head injury, stroke dizziness can occur. Dizziness also occurs due to eye misalignments, Binocular vision issues, nystagmus, visual midline shift, field loss and neglect.

Vision related balance problems

1. Binocular vision dysfunction: Having full 6/6 vision in each eye is not enough for proper ocular function. What we need is that the two eyes should balance each other, give the same input to the brain and move together in perfect harmony.

2. Diplopia: Seeing double can pose a greater risk for loss of balance and many accidents. Going up or down the stairs can become difficult.

3. Oculo-motor problems: Ability of our eyes to change focus on different objects quickly and also tracking objects in motion; when hampered can lead to a feeling of subjective dizziness. Also, the patient just feels extremely uncomfortable. This includes saccade and pursuit dysfunction.

4. Visual field loss and Visual field neglect: loss of one particular side of visual field can cause



DR. SHWETA KELKAR
NEURO OPHTHALMOLOGIST

problems while walking, driving etc. Inability to see one particular part of the field has huge effect on balance.

5. Nystagmus: Rotators, repeated motion of eyes can cause the entire visual field to keep moving, which causes a loss of balance.

Investigation required

1. Binocular vision assessment
2. Oculo-motor assessment includes saccades and pursuits
3. Orthoptic evaluation
4. Neuro optometry assessment
5. Squint evaluation
6. Visual field and neglect assessment
7. Video nystagmography



Treatment options

Most of the treatment is based on neuro optometry and oculomotor rehabilitation in form of vision therapy

Vision therapy is a non invasive method of treating a number of vision problems.

It comprises of special glasses, prisms, flippers, marsden balls, balancing beams which can be performed by patient at home or they may be office based.

Dr. Shweta Kelkar

VESTIBULAR REHABILITATION EXERCISE



DR. PAVAN RAWADE
PHYSIOTHERAPIST



DR. POOJA POTE
PHYSIOTHERAPIST

1. GAZE STABILIZATION EXERCISE

HORIZONTAL

- Sit on a stable surface
- Focus on an object at arm's length (pen / finger etc)
- Move your head from side-to-side while focusing on the object without letting the image of the object getting blur

Duration and Frequency: 1 -2 minutes per session, 2 -3 times per day



VERTICAL

- Sit on a stable surface
- Focus on an object at arm's length (pen / finger etc)
- Move your head up and down (nodding) while focusing on the object without letting the image of the object getting blur.

Duration and Frequency: 1 -2 minutes per session, 2 -3 times per day.



VISUAL TRACKING

- Use a visual tracking tool, such as a pen or a finger at arm's length
- Move it slowly from side to side then up and down while keeping your head still.
- Follow the movement with your eyes only.

Duration and Frequency: 1 -2 minutes per session, 2 -3 times per day.



2. TANDEM WALKING (HEEL TO TOE WALKING)

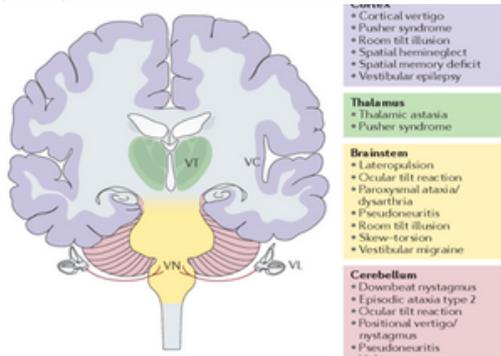
- Begin by standing with your feet together and your arms relaxed at your sides.
- Lift one foot and place it directly in front of the other while walking touching heel to toe.
- Keep your arms out to your sides for balance if needed.

Dr. Pawan Rawade & Dr. Pooja Pote



hearing impairment whereas central vertigo is often associated with other brainstem signs and symptoms. Lesions and dysfunction of the brainstem and higher centers for balance can lead to central vertigo.

Central vertigo is a clinical condition in which an individual experiences hallucinations of motion of their surroundings, or a sensation of spinning, while remaining still, as a result of dysfunction of the vestibular structures in the central nervous system (CNS)



Causes of Central vertigo-

- Vascular (Stroke) of brain stem, cerebellum, cerebral cortex in areas specified
- Drugs, such as anticonvulsants, aspirin, and alcohol.
- Multiple sclerosis with demyelination in above areas.
- Seizures (rarely),
- Trauma
- Tumors (cancerous or noncancerous) of posterior fossa.
- Vestibular migraine, a type of migraine headache.

Vestibular migraine or migrainous vertigo

Vestibular migraine is one of the most common cause of central vertigo in our clinical practice. Although common migraines are characterized by a moderate to severe pounding or throbbing headache, vestibular migraine may or may not involve headaches in combination with vestibular symptoms such as vertigo, imbalance, nausea and vomiting. Migraine in which there is headache in the posterior part of the head (Occipito-nuchal region) and a sense of movement - which may be spinning or usually it is side to side or front to back.

There are specific diagnostic criteria for vestibular migraine as per ICHD.

Current management of a vestibular migraine consists of conventional migraine management as there is currently no accepted specific treatment for this disease. Additionally, convincing a patient of the diagnosis can prove difficult and lead to a delay in treatment or absence of treatment. This is understandable based on the fact that vertiginous symptoms are often asynchronous with headaches and may be a difficult connection for the practitioner or patient to grasp.

Current recommendations for prevention include lifestyle changes such as avoidance of dietary, behavioral, or sleep hygiene triggers. Several studies have shown the benefit of dietary changes, other lifestyle changes, especially sleep hygiene, tricyclic antidepressants, beta blockers, flunarizine and topiramate. Physiotherapy may play a role in treating some of the associated sequelae of vestibular migraine which include anxiety, visual dependence, and/or loss of confidence. Those with interictal symptoms of imbalance could consider vestibular rehabilitation therapy as a potential treatment modality.

Treatment / Management

The initial step in approaching a patient complaining of vertigo is to determine whether they are in fact experiencing primary vertigo and not another form of dizziness caused by a migraine, medication, or alcohol. Once a diagnosis of central vertigo has been established, treatment is aimed at the underlying cause. Imaging studies should be done as soon as possible with a patient complaining of vertigo, and the patient should not be left unattended until a thorough examination is complete and a diagnosis is made. Most of the time, the patient will need to be admitted to the hospital for the treatment of the underlying cause of vertigo. Vestibular rehabilitation can play a major part in management especially in post stroke and post traumatic vertigo.

Dr. Pornima Gauri

MIGRAINE AND FOOD

Migraine is an episodic intense throbbing head pain (lasts for 4 to 72 hrs.) recurring attacks and significant reductions in the quality of life. It is usually a one sided pain. It includes sensitivity to light, noise and smells, nausea and vomiting, upset stomach, loss of appetite, fatigue and dizziness.

What is the cause of migraine?

The exact cause of migraine is currently unknown but it is thought to result from the release of pain producing inflammatory substances around the nerves and blood vessels of the head. Migraine could be triggered by a variety of factors including sleep changes, weather changes, skipping meals, food, drugs, odors.

The trigger factors of migraine can be non-nutritional or nutritional.

Non-nutritional triggers:

These include fatigue, exercise, sleep deprivation, bright lights, head trauma, infection, menstruation and oral contraceptives. Try to minimize these triggers whenever possible.

Nutritional triggers

Many Researches suggest that Dietary factors may be predictors of migraine prognosis because of their involvement in systemic inflammation, vasodilation, cerebral glucose metabolism, mitochondrial dysfunction, and the frequency and severity of migraine attacks.

Foods That Trigger Migraines are

- **Caffeine:** Coffee, tea, and chocolate contain caffeine. Too much caffeine or sudden withdrawal can cause headaches; moderate amounts might help prevent migraines.
- **Alcohol:** Red wine, in particular, is a common trigger for migraines. Alcohol can lead to dehydration, which contributes to headaches. In many cases, the tyramine and / or histamine in the drink and not the alcohol causes migraine.
- **Citrus fruits,** pickles, and vinegar have a potential to trigger migraine.



MS. MAYURA MAHAJANI

REGISTERED DIETITIAN
MSC (DFSM), CDE,

- **Artificial Sweeteners:** Processed foods often contain artificial sweeteners. (Aspartame) is thought to trigger migraines.

IMPORTANT TO NOTE: TRIGGER FOODS ARE NOT SAME AND ARE SPECIFIC TO INDIVIDUALS. THE ELIMINATION OF TRIGGER FOODS FROM THE DIET DOES NOT NECESSARILY MEAN FREEDOM FROM MIGRAINE ATTACKS.

To prevent or improve migraine symptoms:

A recent researches/ literature review found that

- Ketogenic, high-folate, low-fat, modified Atkins, and high omega-3 / low omega-6 diets demonstrated beneficial effects.
- Dietary patterns and diet quality can affect the duration, frequency, and severity of migraine headaches. Certain foods contain high amounts of minerals, vitamins, and fatty acids that may help prevent migraine.



The following foods in moderation, may help:

Omega 3 - Fish or Fish Oil, flax-seeds
Magnesium rich foods - dark leafy greens, Avocado, and Tuna, Spinach, Whole grains, Black beans.

Riboflavin-rich foods: Dairy products, Almonds, Whole grains, Eggs, Soy, Chicken

Tryptophan-rich foods: Black eyed peas, Pumpkin seeds, Walnuts, Sesame seeds, Cheese

Antioxidants: Carotenoids (xanthophylls and carotenes) and polyphenols (phenolic acid, anthocyanins, lignans, flavonoids, and phenolic acid).



POSSIBLE NUTRITIONAL FACTORS THAT TRIGGER MIGRAINE

Sr. No	POSSIBLE MIGRAINE FOOD TRIGGERS	FOOD SOURCES
1	MONOSODIUM GLUTAMATE [MSG]	CHINESE FOOD, FROZEN FOOD, CANNED SOUP, SALAD DRESSINGS/SAUCES, PROCESSED MEATS, SNACK FOODS
2	NITRATES AND NITRITES	MEAT WITH ADDED PRESERVATIVES, PROCESSED MEAT PRODUCTS
3	TYRAMINE	AGED OR BLUE CHEESE, SMOKES/CURED/PICKLED MEAT OR FISH, RED WINE OR BEER, SOY SAUCE, MISO, TEMPEH, MINCEMEAT PIE, PICKLES, OLIVES, NUTS, YOGURT, SALAMI, SAUERKRAUT
4	PHENYLETHYLAMINE	CHOCOLATE, COCOA, GARLIC, ONION, AND NUTS, YELLOW CHEESE, CITRUS FRUIT, CANNED BERRIES, RED WINE.
5	HISTAMINE	BANANA, BEEF, PORK, BEER, CHEESE (ESPECIALLY YELLOW RIPENED), CHICKEN LIVER, EGGPLANT, FISH, SHELLFISH, PROCESSED MEAT, SAUERKRAUT, TEMPEH, TOFU, MISO, TAMARI, SPINACH, STRAWBERRY, TOMATO, TOMATO SAUCE, TOMATO PASTE, WINE, YEAST AND FOODS CONTAINING YEAST, PINEAPPLE, CITRUS FRUIT, CHOCOLATE.

- REMEMBER -

1. There is 'NO' diet as such called as "migraine diet". A well balanced diet at regular intervals with consistent schedule will help avoid possibly of low blood sugar levels which can trigger or worsen a migraine.
2. Regularly consuming healthful fresh foods, limiting sodium and fat and staying well hydrated are essential steps in managing migraines.
3. Remember that individual responses vary, and keeping a food diary can help identify specific dietary triggers. Suspected food should be eliminated one at a time.
4. Be aware of non-food triggers.
5. Your Doctor / Neurologist / Registered Dietitian will help you to find better solutions for migraine.



Ms. Mayura Mahajani

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Congratulations!

Welcome

NEW CONSULTANTS



DR. ANIRUDDHA
KSHIRSAGAR
ORTHOPAEDIC SURGEON



DR. ISHANT REGE
ENDOVASCULAR
NEUROSURGEON



FREE RETINA CHECK UP IN
DIABETIC PATIENT CAMP CONDUCTED BY DR. RASHMI
PATHAK (OPHTHALMOLOGIST) IN APRIL 2024



NEW

CARDIAC REHABILITATION PROGRAM

- CARDIOLOGIST CONSULTATION
- PHYSIOTHERAPY SESSIONS
- DIET CONSULTATION
- COUNCELLING

WHAT OUR HAPPY PATIENTS SAY ABOUT US

**AKUGIZIBWE TADEO
(SOUTH AFRICA)**

I was admitted at MMF Joshi hospital from 19th to 28th February 2024 for a hip replacement surgery. In my own experience, The hospital is well equipped, with competent and professional staff, both medical and non medical. The treatment I got fulfilled my expectation, and I would still come back if I had to choose between Joshi Hospital and any other. Special thanks to the Orthopaedic surgeon who worked on me and his entire team, the PRO who offered us support selflessly, the sisters/nurse for the tireless care, and everyone who attended to us. Thank you.



(Joshi Hospital)

**VEDANT KAREKAR
(PUNE)**

I am thankful to the surgeon for my surgery. He is best highly skilled and senior most urologist to consult. Also thankful to all staff of Hospital...Very cooperative staff. All doctors sisters are very Best. Homely experience..Very caring staff. Thank you to everyone for being such a wonderful staff. Mama and Maasi all are so good co operative and best. Positive Vibes come from this hospital as per my experience. Wonderful experience,

Thank You

(Ratna Memorial



Hospital)



WORD PUZZLE

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

1. Name of special edition of this newsletter.
2. Common food that triggers migraine.
3. Double vision
4. Episodic throbbing, intense head pain.
5. One cause of vertigo related to ear.