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MODERN MEDI HEALTH

SIMPLYFYING HEALTHCARE WITH KNOWLEDGE

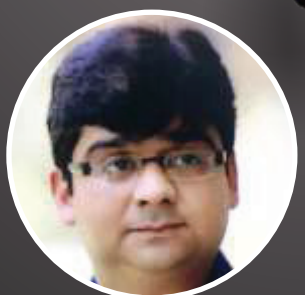
Cover Interview

"World's Best Surgeon In the Field of Bariatrics.

Dr. Muffazal Lakdawala

Founder & Chief Surgeon
Digestive Health Institute
by Dr. Muffi."

Dr. Shruti Bhatia
Sr. Consultant, Gynae Oncology
Action Cancer Hospital, New Delhi



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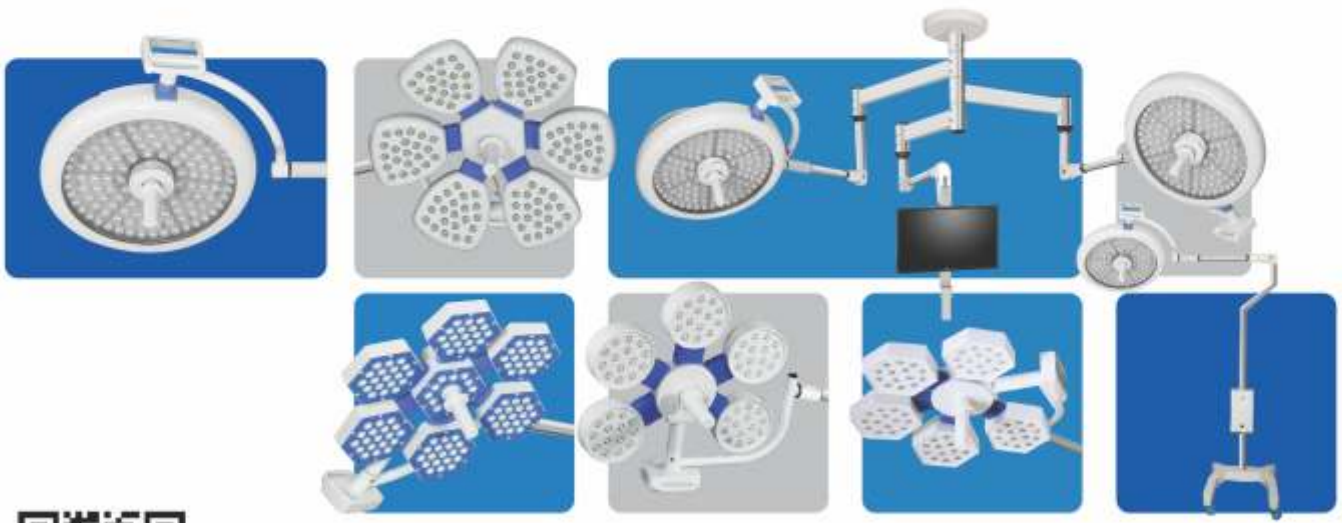

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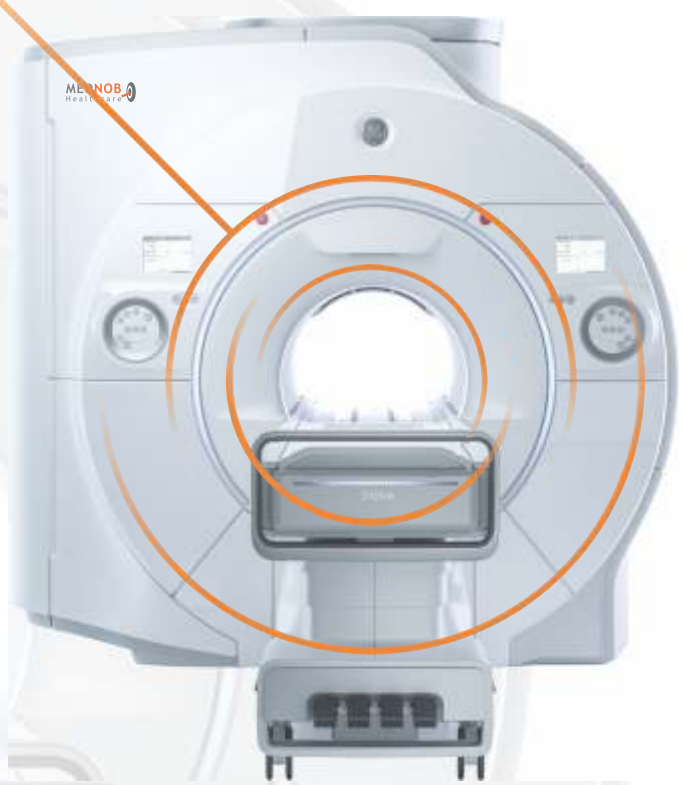

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PUBLISHER'S NOTE

Welcome to Modern Medi Health Guided by eminent healthcare experts, this magazine Provides a refreshing insight into the healthcare sector in terms of in-depth editorial content which includes the latest market trends & technologies, highly useful technical articles & case studies, business strategies, views & vision of industry leaders, upcoming events, projects, and one of the largest ranges of healthcare-related equipment/ machinery. All these and much more analytical information help you to effectively make informed decisions for your business.

India's healthcare sector is on the cusp of transformation. Owing to the sheer size of its Population, which is yet to gain access to universal quality healthcare, there is plethora of Opportunities awaiting the industry. However, to realize these opportunities the industry will have to rely on innovations that are not only specific to India but should also be able to address the healthcare needs of the world's second most populous nation with its entire social, Demographical and economic complexities.

This served as the guiding principle for us to come up with Modern Medi Health Magazine, which has taken up the challenge to simplify healthcare through knowledge sharing and helping the industry unlock its full potential to make India the healthiest nation on the planet.

Modern Medi Health has been started as a committed effort to serve as a reference point for various innovations in the multi-layered Indian Healthcare System which can be highlighted through our stories, articles, interviews and market intelligence.

lIn this issue, which we will released at Medical Fair Mumbai2020 , We are carries Articles and expert
opinions of some of the leading players of the Indian healthcare system, who have the ability to
affect change in the entire value chain through the sheer brilliance of their ideas.

We hope to serve the industry in achieving its goals by regularly providing them the latest
information and knowledge that they require to stay ahead of the curve.

Since we believe in team effort, we hope our readers would guide us in improving our content

Please write to us on editorial& marketing: Bhupesh@modernmedihealth.com to give your valuable feedback.

Happy Reading!
Bhupesh Tewari

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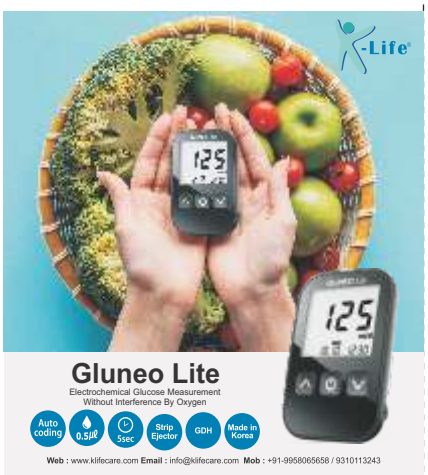
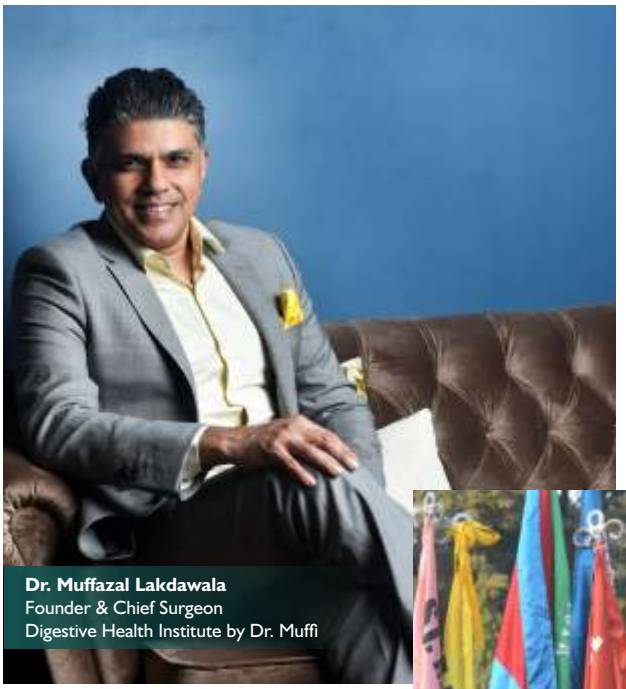
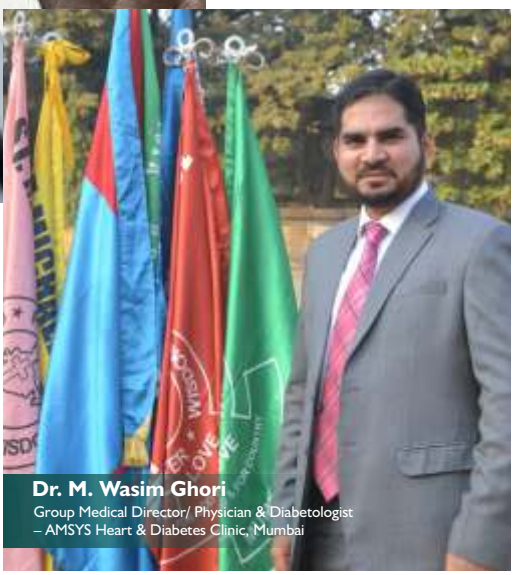




Dr. Muffazal Lakdawala
Founder & Chief Surgeon
Digestive Health Institute by Dr. Muffi



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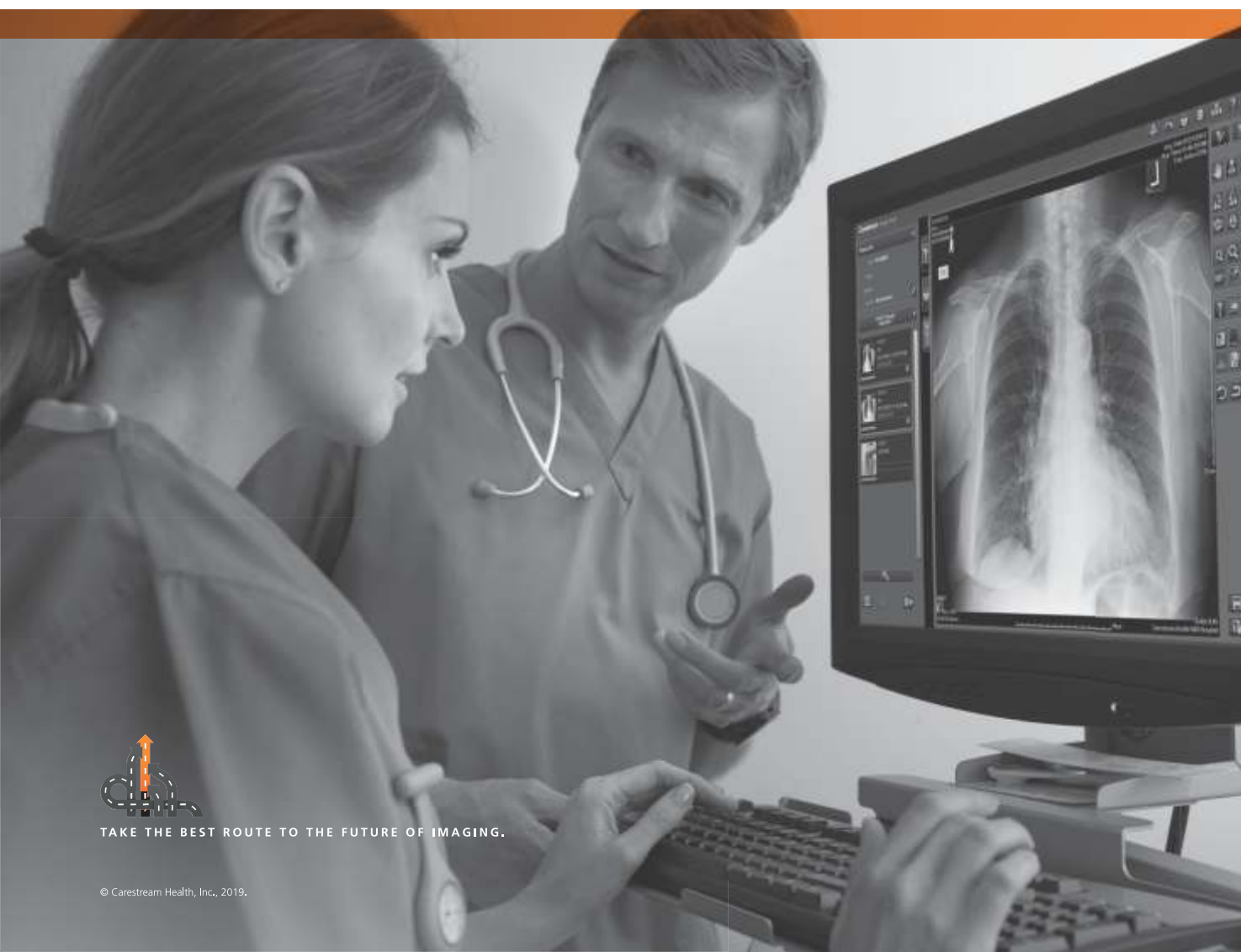

TAKE THE BEST ROUTE TO THE FUTURE OF IMAGING.

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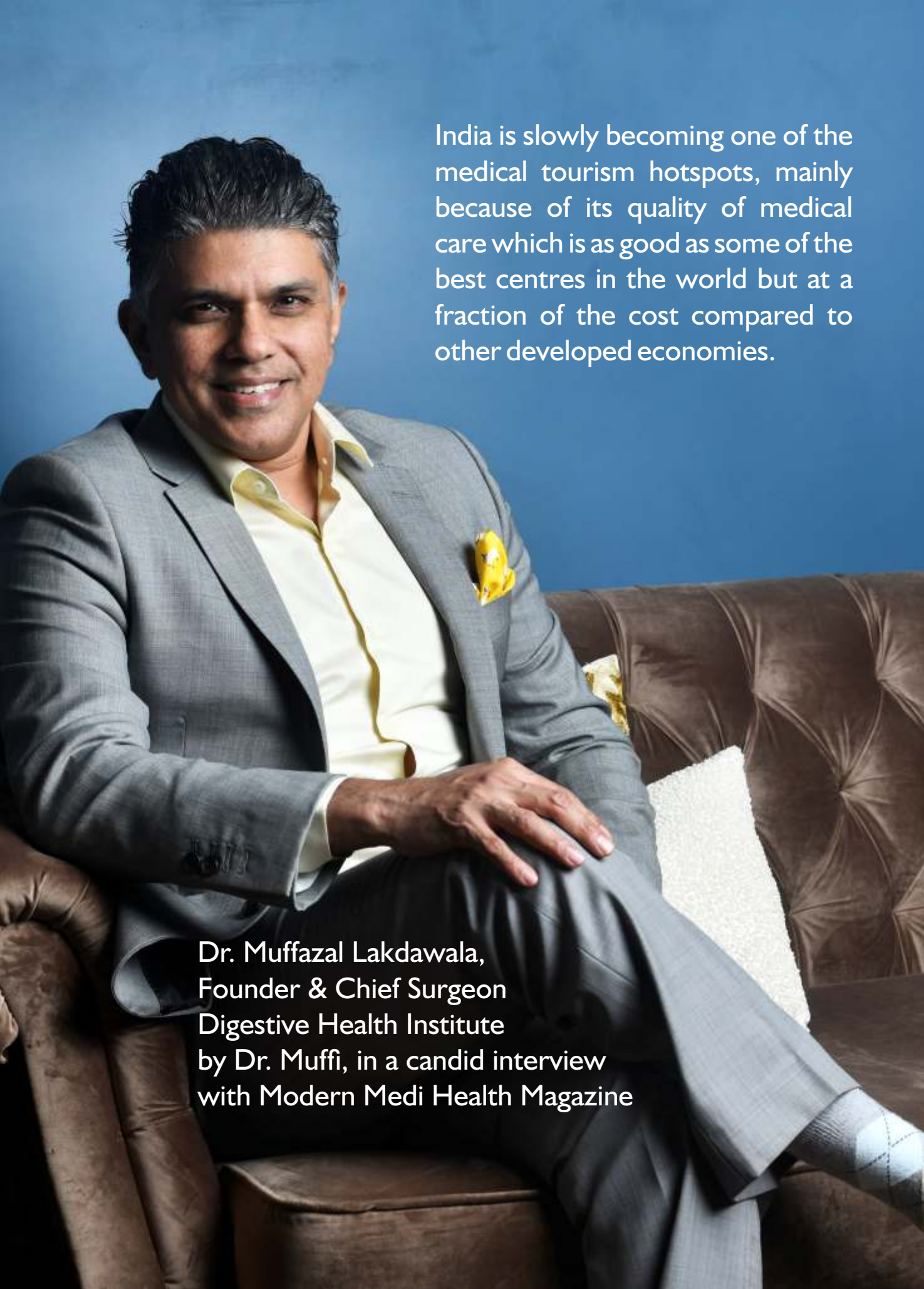

India is slowly becoming one of the medical tourism hotspots, mainly because of its quality of medical care which is as good as some of the best centres in the world but at a fraction of the cost compared to other developed economies.

Dr. Muffazal Lakdawala,
Founder & Chief Surgeon
Digestive Health Institute
by Dr. Muffi, in a candid interview
with Modern Medi Health Magazine

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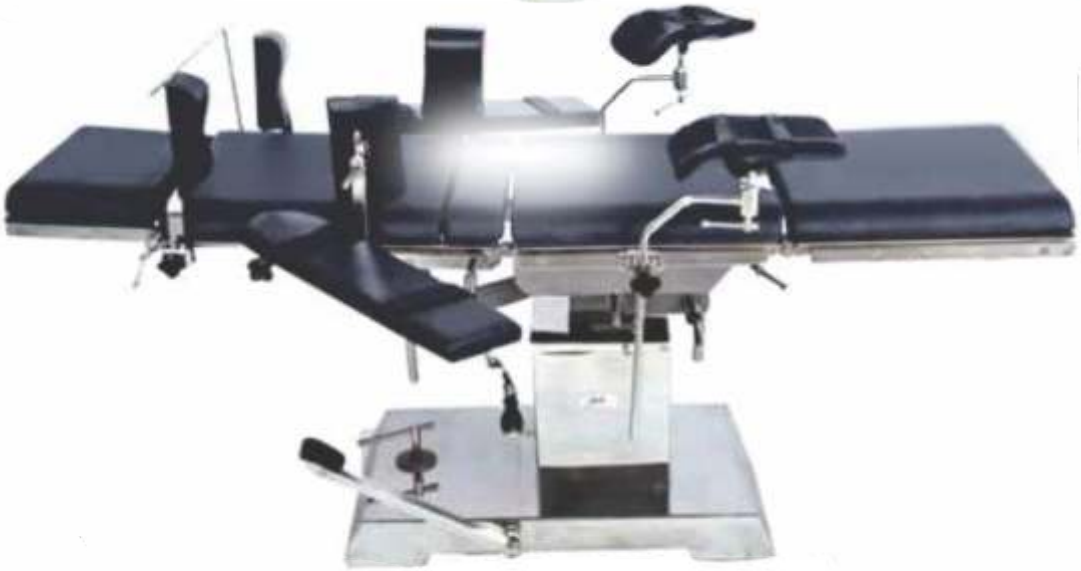

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Q-1. Highlight your contribution towards the Maharashtra government for the Maha Parivartan Scheme.

My team at Digestive Health Institute with our nutritionists and surgeons along with me have travelled for at least 10 Atal Arogya Shibir's within rural areas of Maharashtra. Each camp was attended by over 1 lac people. Our team helped those suffering from obesity, metabolic syndrome and other gastrointestinal issues. These camps targeted MA only the rural population who had no or little access to urban experts who could help them solve their issues. From the Maha Parivartan Scheme, we have been able to provide free medical advice to over 30000 people. We have even performed bariatric surgery on some selected patients as well free of cost.

Q-2. Tell us about the idea behind coming up with an Obesity Clinic for the Mumbai Police.

The Mumbai police force is an elite force that performs a variety of different functions to ensure that law and order are maintained in our city of Mumbai. It has always been our endeavor to serve the force that protects us Policemen lead irregular, erratic lives with no fixed working hours, sleep times or work schedules, this along with work-related stress and a regular intake of inexpensive, junk food results in weight gain.
Obesity and its related co-morbidities result in poor health at different levels of hierarchy in the police force.
Setting up the Obesity Clinic for the Mumbai Police is a way to ensure that we reach out to the force at the Police Hospital. Every week, two members of the DHI team, one surgeon and one nutritionist consult police members and their families at the Nagpada Police Hospital. We have already operated on a few police officers and set right diet patterns for many more. We plan to conduct a health check and regular seminars inclusive of diet and surgical counselling, exercise and Zumba classes for tackling obesity and metabolic syndrome for all the zones in Mumbai leading up to the World Obesity Day.

Q-3. Recently you joined hands with a BMC Hospital in Mumbai, tell us more about that initiative.

This has been a stellar initiative by the BMC and Medical Education Dept of Govt of Maharashtra.
The idea of joining hands with the BMC hospitals in Mumbai is to bring the surgical expertise of world known experts to not only help the poor patients get state of the art minimally invasive surgical care but also help students learn advanced procedures.
I believe this initiative can go a long way in bringing credibility to the BMC run hospitals.

Q-4. What is the vision guiding Digestive Health Institute? How is it different from other Health Institutes in Mumbai?

Holistic wellness for one and all is the vision that inspires me. In this mission, I have the wholehearted support of a hand-picked, experienced panel of specialists – Laparoscopic, Bariatric & GI surgeons, endocrinologists, hepatologist, nephrologist, chest physicians, nutritional science experts, physiotherapists, psychotherapists, hydrotherapists, fitness trainers and non-surgical weight-loss experts. The combined expertise of the team encompasses every aspect of wellness, assuring you a comprehensive approach and personalized attention from some of the finest in the field.
We believe in making sure that all aspects of obesity-related issues are looked at with medical expertise
Most importantly we believe in serving with a smile.

Q-5. Please tell us about the key services offered by Digestive Health Institute which make it one of the finest Health Institutes in the region.

Digestive Health Institute offers healthcare with empathy and humanity as it's main objectives. We believe that we can try and help even those who have given up all hope. Our primary focus is on laparoscopic and endoscopic surgical services. The team of expert surgeons have over 60 years of

combined experience and specialize in surgeries like Bariatric (Weight-Loss), Advanced Gastrointestinal & GI Surgical Oncology. Almost all our surgeries are done with a minimally invasive approach which leaves minimal or no scars and also quickens the recovery period. DHI also specializes in post-surgical care where our Post-Surgery Accelerated Rehab program focuses on speeding up the recovery process and helping the patient work towards a healthy and fitter lifestyle.

Q-6. How is Digestive Health Institute utilizing ICT (Information and Communication Technology) to bridge gaps in healthcare delivery?

We have been one of the first centres in India to indigenize our software for data collection of our bariatric patients. This has enabled us to not only service our clients better, but also evaluate and improve our services. We use concepts like e-consults, e-diets, e-workouts very effectively for patients who live far away from Mumbai.

Q-7. Please tells us about the recent achievements of Digestive Health Institute?

DHI was the first Bariatric centre in India to get the Centre of Excellence award in Bariatric Surgery from the SurgicalReview Corporation USA. Digestive Health Institute has been voted as the #1 Bariatric centre in Mumbai for two consecutive years, in 2017 & 2018, in the Times Health Survey. Additionally, DHI has been appointed as an official training centre for surgeons from China and South Korea.
I recently won the World Master Educator Award at the World Congress in Madrid this year and was also felicitated with the Best Surgeon of the World award at American Society for Metabolic and Bariatric Surgery(ASMBS) 2019 in Las Vegas.

Q-8. How is Digestive Health Institute leveraging on the new technologies to improve its operational efficiency and quality of services?

DHI houses a state-of-the-art Endoscopy Suite with the latest technological advancements to ensure a seamless and painless process during one's endoscopy. We have a temperature-controlled indoor water rehab pool. We also have an online review system that helps patients share their feedback in an easy manner. This helps us improve our efficiency.

Q-9. Being one of the leading Digestive Health Institute receiving international patients, how do you see the medical tourism sector developing in India? What are the current challenges?

India is slowly becoming one of the medical tourism hotspots, mainly because of its quality of medical care which is as good as some of the best centres in the world but at a fraction of the cost compared to other developed economies. We have patients coming in from various locations like South Africa, Kenya, Tanzania, the Middle East, Afghanistan, Pakistan and European countries to seek medical care. With India's most famous proverb, 'Atithi Devo Bhava', patients from abroad love the hospitality and care that Indians offer especially in the medical space.
At DHI we are a referral centre for all patients with high risk or otherwise complications of bariatric surgery done elsewhere in the Middle East. We are also the centre doing the largest number of single-incision bariatric surgeries in the world.

Q-10. Tell us about some success stories of Digestive Health Institute in 2018. What are your plans in 2019 to impact the healthcare delivery system in India? Are there any plans to expand its reach beyond the Western part of the country?

In 2018, we operated on one of the heaviest men in the world, a Frenchman called Kevin Chenais. He weighed in at 304 kgs when he visited us in late 2017 and his surgery was done in June 2018. Now a year later and with complete post-surgical rehab care, he has reduced over 190 kgs and is able to walk without the use of a motorized wheelchair that he came on. Every year we help over 500 patients win their battle against obesity and in 2020 we look to help those in the lower income groups avail of the benefits of diabetes remission with our schemes along with the government of Maharashtra. Our next stop is to set up a hospital dedicated to minimal invasive surgery that caters for all strata of society. Yes, we will be looking at expanding our reach to more than just the Western & Central part of India and even outside India in the future.

Q-11. Which innovations Digestive Health Institute is focusing on to improve its efficiencies and quality of care?

Customer service is our utmost priority and our post-surgical care is proof of that fact. We are constantly trying to bring in new techniques and innovations like the single Incision surgery, endoluminal approaches, robotics etc. that help us improve our efficiency. We have also started various research projects in the field of diabetes surgery.

Cervical Cancer Now it's curable

Dr. Shruti Bhatia
Sr. Consultant, Gynae Oncology
Action Cancer Hospital, New Delhi

Every year in India, approximately 123000 new cases of cervical cancer are diagnosed and 68000 women die from this deadly disease. Maximum numbers of cases occur in rural areas as compared to urban areas because of lack of awareness, knowledge and facilities to diagnose. Fortunately the incidence is decreasing but unfortunately it is still one of the most common cancer in Indian women, along with breast cancer.

Cervical cancer is a cancer arising from the lower narrow part of the uterus which is the entrance to the womb. It commonly presents as abnormal bleeding, which may be inter-menstrual or post-coital or post-menopausal .Seldom it does not cause any significant symptoms.

The cells lining the cervix undergo certain changes which may or may not proceed to full blown cancer. There is a strong correlation of HPV infection (human

papilloma virus infection) with progression to cancer cervix. Almost all cases of cancer cervix are associated with prior HPV infection. The age group most prone is 35-55. It is rarely seen below 20 years. Although 20% cases are above 65 years of age.

HPV infections are of two types- low risk and high risk. There are nearly about 120 types of HPV of which many are "low risk" types. Low risk infections usually do not progress to cancers. They can, however, cause genital warts or very minor cell changes in the cervix. There are more than a dozen types of "high-risk" HPV that can cause abnormal cells to form on the cervix. Types 16 and 18 are the most dangerous, since they cause about 80-90 percent of cervical cancers of total. In one study, the National Cancer Institute found that about 10 percent of women with HPV type 16 or 18 developed advanced, pre-cancerous cervical disease within three years, and 20 percent did so in 10 years.

High risk infections can be detected on routine screening like PAP smear, HPV DNA testing and by colposcopy. They often present as lesions on the cervix like cervical erosions which can be treated by cryocautery, electrocautery or LEEP. For prevention of HPV infection, two vaccines are available- injections Gardasil and

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injection Cervarix. Both vaccines target HPV 16 and 18 which are the high risk HPV strains. All girls and women between ages 13 to 45 are advised to meet their gynecologist and go in for the vaccination.

Lower age of sexual exposure and multiple sexual partners are definitely responsible for HPV infections and progression to cervical cancer. Lower age at first pregnancy and long term use of oral contraceptives also contribute to risk factors. Low socio- economic status, low education, smoking, exposure to DES in the mother's womb are also linked to cancer cervix. A person affected with HIV infection is 5 fold more at risk of cancer cervix.

Detection of cancer cells can be done by conventional PAPs screening/ Liquid cytology + HPV testing. This is usually done by an experienced gynecologist. Once the cancer cells are detected the next step is the staging of cancer. This depends on the size of tumor, depth of spread and spread to lymph nodes. Also spread to distant and neighboring organs is looked into. Treatments offered are surgery + radiotherapy + Chemotherapy. In advanced cases we offer targeted therapy where treatment is customized to make the rest of the patient's life comfortable.

Case Study:-

A 32 year old lady had come to us with complaints of persistent discharge and post coital bleeding. She had large cervical erosion for which she was advised hysterectomy by gynecologists. We examined the patient, did PAP smear, HPV testing and Colposcopy directed biopsy of cervix. She was diagnosed to have cervical intra-epithelial neoplasia I(CIN I) with high risk HPV infection. After antibiotics course, Cryotherapy was done to cure her erosion. Patient was kept under observation and repeated PAP smears and HPV testing were done. She is now symptom free and her PAP smears and HPV testing are normal.

Reach outto your partner:It may happen that sometimes one of the partners may not have an inclination towards physical intimacy, respecting that feeling and sharing it with the other partner is very essential. If you feel that your loved one is having a feeling of anxiety to take a step forward, embrace them with their shortcomings and try to understand what they are going through. Express your affection by understanding their state of mind and help them overcome it. These situations are the real test time for the couple to prove their love and care for each other which can also help to strengthen the bond between them.

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Dr. Kanika Sharma
Senior Consultant, Radiation Oncology at Dharamshila Narayana Superspeciality Hospital.

In the era of targeted therapies and advanced technologies it is unfortunate that few people miss out on their chances of cure from cancer due to their fears regarding the side effects of treatment. Especially when it comes to radiation therapy, there are lot of myths regarding its ill effects. Some of these notions were true till a decade back. But the radiation oncologist of today is equipped with an armementerium of technology and advances curtailing the side effects and improving quality of life. The commonest myths include

Myth 1- Radiation Therapy (RT) is painful.
Fact 1 - It is actually a painless treatment, so a person who is undergoing radiation therapy does not feel pain, warmth or heat when the treatment is given. Though during the course of treatment one may experience side effects are skin redness, or ulcers in throat/mouth depending on the site as a consequence of RT (which might lead to pain) which is taken care of by your treating doctor through medications and various other measures. The intensity of these can be reduced by modern radiation technique leading to skin sparing.

Myth 2- Radiation can be passed from person to person

Fact 2- Any person receiving external beam radiation or brachytherapy (Internal Radiation) does not become radioactive any time during treatment. There is no lingering radiation and its absorbed by body tissues. It's absolutely safe to stay with family and friends while you are on RT.

Myth 3- RT causes hair loss from head/scalp.
Fact 3- Radiation would cause local area hair loss which is temporary and reversible. Only patients receiving RT to head region would lose their scalp hair in a patchy manner and now a days with newer techniques like "Scalp Sparing IMRT" it is now possible to prevent this. Also, radiation received on any other body part, will not cause scalp hair loss. Male patients with RT might lose facial/beard/moustache hair which anyhow is recommended to be shaved/trimmed before treatment to avoid side effects on skin.

Myth 4- RT causes nausea/vomiting.
Fact 4- Radiation per se does not cause nausea / vomiting except whendirected to specific sites like abdominal area or head region.

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Myth 5- Radiation causes memory loss
Fact 5- Unless the cranial area is being irradiated. Radiation treatment would not make you forgetful. Also with the advent of new techniques in radiation, Hippocampal sparing (thecentre responsible for memory in our brain) is now an option,to prevent memory loss in patients receiving radiation for brain tumors.

Myth 6- Is Radiation therapy safe?
Fact 6- Radiation therapy has been used successfully to treat patients for more than 100 years. There are stochastic and deterministic effects of radiation but the risk 'radiation induced secondary cancers' one in 1000 to 10,000. Newer techniques like volumetric arc therapy(VMAT) have drastically reduced target volumes of area to be treated which reduces the doses of radiation to normal adjacent tissues around the tumor. Radiation therapy is vital for local control and prevent disease recurrence.

Myth 7- Radiation leads to skin burns
Fact 7- RT does not cause skin burning, but it does lead to redness, darkening, and peeling of skin in the local area being treated. The magnitude of these side effects varies from person to person and also depends on area being treated. These effects are usually temporary and gradually improve after RT completion.

Myth 8- Radiation affects the fertility
Fact 8- Modern radiotherapy is localized, and only affects the part being treated. It usually ensured that the radiation dose received by Gonads is minimal .If there is an anticipated high dose of radiation in vicinity of Gonads then Ova/sperm preservation is usually advised beforehand .At times ovaries are surgically shifted to an area where radiation will not be delivered.
So all the modern advances are aiming for a better control of cancer and at the same time also reducing the most feared side effects. A holistic approach is being followed where attention is being paid to the cosmetic and functional outcomes also. To ensure a good outcome it is essential to get timely treatment in a well equipped oncology centre. Specially with centres with all facilities under one roof.

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Prevention: the best way to deal with cardiac diseases

RAHUL RASTOGI
Co-Founder & CEO, Agatsa.

Cardiovascular diseases (CVDs) can strike with surprise when you least expect them. What is worse is that they do not bring about any obvious symptoms until much later. Statistics indicate that CVDs are the number one cause of death globally and responsible for over 2.1 million deaths per year in India alone. The burden of heart diseases is rapidly increasing primarily due to a stressful and sedentary way of life. Given the rise of a workaholic culture among the millennials that has thrown daily life off balance, the prevalence of heart conditions is slowly drifting towards the lower age spectrum. However, studies show that 80% of CVDs including heart failure, heart attack and stroke are preventable.

Who is at Risk ?

While earlier, CVDs were attributed to ageing, statistics from around the world indicate that it is affecting a relatively younger population in developing countries like India. The reason for this is lack of proper nutrition, diet, and access to medical care. Demographic studies show that the rate of cardiac ailments is highest among south Asians, especially Indians. The risk group includes those who are above the age of 45, people with a family history of heart disease and those with other lifestyle conditions such as hypertension, diabetes and obesity.

Blame it on the lifestyle:

The villain that has been silently choking up our arteries may well be the birthday cake, chicken wings and cheese popcorn. The whole lifestyle that orients around late night dinners and heavy lunches and poor breakfasts is to blame. For some, it is the lack of awareness and for others, it is about the desire to change that takes them away from simple preventive measures.

Prevention is the best medicine:

Matters of the heart have never been easy. Fortunately, preventing heart diseases is entirely in your hands. Some ways one can avert heart ailments include the following.

• **Eat healthy:** It is time to steer clear of those fried goodies and restrict your sweet tooth to festive indulgences. Your daily diet must include plenty of fresh seasonal fruits and vegetables, whole grains, oily fish, nuts and seeds, and complex carbohydrates.

• **Keep your weight under control:** According to World Health Organization (WHO), about 13% of the world population is obese. Studies show that a 10 kg weight spike increases a person's chance of coronary heart disease by 12%. Exercising at least for 30 minutes 5 days a week or walking 10,000 steps everyday can bring down your risk of heart disease.

• Keep a check on your cholesterol, blood pressure and diabetes. These diseases can be easily controlled with a proper diet, moderate exercise and monitoring vital statistics such as blood pressure, sugar and cholesterol levels.

• **Cut down on smoking and alcohol:** Smoking and excessive alcohol consumption can cause spikes in blood sugar and blood pressure levels. Though easier said than done, quitting smoking and cutting down on liquor can do wonders for your body.

• **Manage stress:** Stress is a major contributor to heart diseases. Keep stress at bay by making meditation, mindfulness practice and yoga a part of everyday life.

• **Regular screening:** Heart diseases are a silent killer. Any problems that do not present symptoms yet can be checked during regular preventive care routines. Age appropriate annual preventive healthcare is a must for prevention and early detection of many major diseases including cardiac problems. Nowadays, it has become possible to check vital health statistics at home with the help of portable devices. These can be instrumental in timely diagnosis of heart diseases and therefore on-time management.

Apart from curative care, CVD management requires a holistic approach that places high emphasis on preventive care. Little lifestyle modifications can reflect greatly on your life in the long run. There is a need for building greater awareness among people about heart diseases and their prevention. The best solution to beatingCVDs is to take better care of your heart before it stops beating.

Reaching menopause is the end to a new beginning:

Possibly the most common and biggest myth related menopause is that it's the start of the end. This fact may have been true during our ancestral times, when the usual age of menopause overlapped with or often exceeded life expectancy, but in current times women are living for a longer period of time and are leading healthier and improved lives than ever before. The average woman today can presume to live about one-third of her adult life post reaching the phase of menopause, which characteristically starts around age 51. And for most feminine, those years are actually a time of development and opportunity. Women should bear in mind that menopause only marks the end to your monthly period and should not be considered to be the end of your life, nor is it the depressed experience it is often made out to be.

Most women going through this phase are sure to experience anxiety:

This is completely untrue, women are already twice as probable as men to experience unhappiness or depression. Bouts of worry and mood swings can arise because of hormone fluctuations and major depressive episodes, but an episode of menopause alone cannot be held responsible for causing any sort of despair in them.

All women are likely to experience unpleasant symptoms during menopause:

Although it is true that most women do have signs and indications that include hot flashes, bed-time sweats, and mood fluctuations, but menopause is known to affect each woman differently. For many women, menopausal indications are very mild, and for some, the only understandable symptom is the absence of a monthly cycle.

Women tend to gain a lot of weight post menopause:

Many women tend to gain weight between the age groups of thirty five and fifty five. Although some researches confirm that middle-aged women tend to put on more weight during peri-menopause and menopause phase, others have revealed that even those women who remain pre-menopausal during this age range have a propensity to experience weight gain. Some researches indicate to a modification in body composition post menopause, including upsurges in the fat percentage of the body and reductions in lean body mass. If you take care of your dietary intake and follow a good exercise regime, you can avert unwanted weight advance during your middle years.

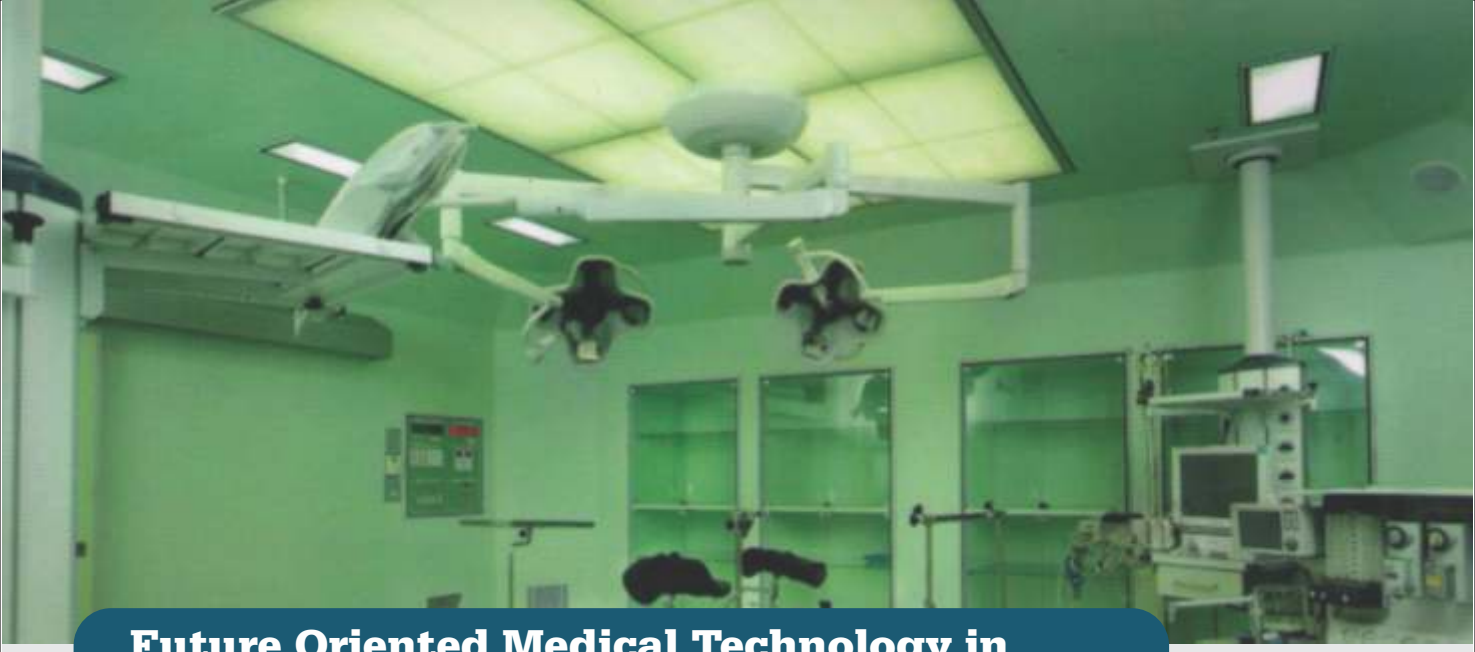
Women stop having sexual intercourse after menopause:

This is totally false in fact sex can essentially be better and more fulfilling post menopause owing to the fact that you no longer have to face the fear about getting pregnant. Some women are also able to gain a healthier mental outlook and a superior level of self-assurance that comes with adulthood. So before you play the blame game on menopause, you must always check with your doctor if a lack of interest or condensed enjoyment in sex is due to any long-lasting sicknesses or to a medicine that you may be taking.

It is possible to get pregnant after menopause:

During the start of the menopause phase, when you are still having an infrequent period you are technically considered to be in the perimenopause. If you have indulged into sexual intercourse with your partner you can get pregnant and hence must consider taking to your doctor about the right birth control suitable for you during this time. Once you have successfully reached 12 consecutive months with no sign of a menstrual period, you have officially surpassed through menopause and there is no longer a need for you to worry about conceiving.

Certainly the biggest myth about menopause is that it is considered to be a phase when you slow down and start watching your health start to go downhill. In reality women live healthier, tend to become more active than ever before and can often utilize this time to further advance their career goals, travel and should spend more time with loved ones. Women who take proper care of their minds and bodies can continue to enjoy life long even after menopause and nothing can stop them.



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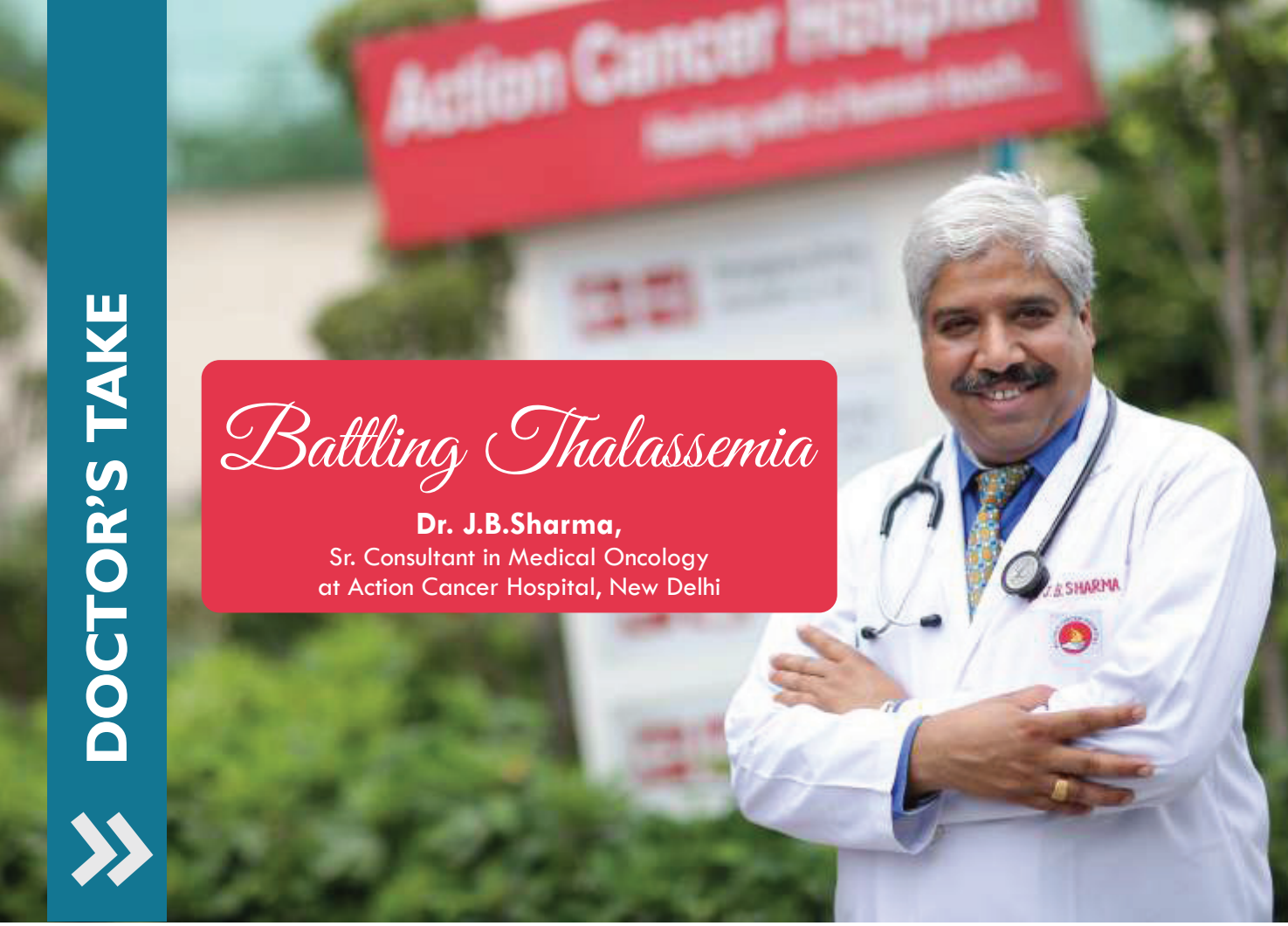

Battling Thalassemia

Dr. J.B.Sharma,
Sr. Consultant in Medical Oncology
at Action Cancer Hospital, New Delhi

Thalassemia (Mediterranean Anaemia) is a genetic disorder of the blood in which the body is not able to make enough haemoglobin (or we can say body makes abnormal form of haemoglobin) causing excessive destruction of the red blood cells leading to severe anaemia.
Haemoglobin is the protein part of red blood cells that carries oxygen to all parts of the body. In thalassemia cases, where insufficient haemoglobin is present in the blood, oxygen does not reach all body parts properly causing starvation of organs for oxygen and thereby inability to function properly.

Thalassemia is inherited that means at least one parent is a carrier of the disease; it's either genetic mutation or deletion of main gene fragments. If only one parent is a carrier, patient develops Thalassemia Minor, wherein there are no symptoms or may develop minor symptoms like minor anaemia. In case, both parents are carriers of the trait, the patient develops serious form, Thalassemia Major (almost 25% of the cases)

Thalassemia is a complex group of diseases (therefore a disorder) most commonly prevalent in areas where P. falciparum malaria is common including Asia, Africa, Middle & South East, China and Mediterranean countries like Greece and Italy. This inherited disorder confers a degree of protection against malaria, even a single gene gives this protection. Beta-thalassemia carriers also have some protection against coronary heart disease. Due to global migrations, the disease is now found everywhere in the world. Around 70 million people carry the beta-thalassemia trait worldwide. World's highest numbers of carriers are in Maldives (16% of the population).

In normal population, 95% people have Haemoglobin A which has 4 protein chains; 2 alpha and 2 beta globins (A2B2). 2-3% population has Haemoglobin A2 which has 2 alpha and 2 delta globins (A2D2). Less than 2% of the population has Haemoglobin F (fetal haemoglobin) which has 2 alpha and 2 gamma globins (A2Y2). Haemoglobin F is produce by the foetus in the uterus of the mother and has high affinity for oxygen. After birth, adult haemoglobin rapidly increases and fetal haemoglobin productions drops.

In thalassemia patients, mutation or deletion of genes that control globin production occurs causing decreased production of globin chains and abnormal haemoglobin ratio. This leads to decreased synthesis of haemoglobin and thereby thalassemia expression. Various thalassemia resemble another genetic disorder of the blood affecting haemoglobin, called sickle-cell anaemia.

Genetic testing and counseling are strongly recommended for the parents carrying thalassemia trait before planning the baby. Large number of cases are being reported in countries like Nepal, Pakistan and Bangladesh due to lack of these genetic testings.

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Types of Thalassemia

Haemoglobin is made up of two types of proteins, Alpha globin and Beta globin. In Thalassemia, a defect occurs in a gene that controls production of one of these proteins. The two main forms of thalassemia are alpha-thalassemia, in which at least one of the alpha globin genes is abnormal; and beta-thalassemia, in which the beta globin genes are affected. Both these forms have several types. The exact form affects the severity and prognosis.

Alpha-thalassemia

This occurs in excess of beta globins and decreased alpha globins leading to formation of Haemoglobin H. Under certain special circumstances, it leads to red cell destruction. It is also linked to the deletion of 16p chromosome. It has two types.

Alpha-thalassemia Major (also called Hydrops fetalis) is a very serious disease in which no alpha globins are formed and thereby anaemia begins even before the birth of the baby. Pregnant mother carrying the baby is herself at serious risk of pregnancy and delivery complications. The baby is either stillborn or die shortly after birth. This form is generally incompatible with life.

Haemoglobin H-Constant Spring Disease is another type of alpha-thalassemia with varying types. This is also a severe form of the disease causing bone issues including overgrowth of forehead, cheek bones and jaw. Other symptoms include jaundice, extremely enlarged spleen and malnourishment.

Beta-thalassemia

This occurs in excess of alpha globins that accumulate in immature red blood cells and interfere with cell maturation and function leading to ineffective red cell production and anaemia. It also has two types.

Thalassemia Major (Cooley's Anaemia) - Its symptoms appear before second birthday of the child. It causes severe life-threatening anaemia. Other symptoms include paleness, fussiness, poor appetite, frequent infections, enlargement of organs, and jaundice. This is a serious form that requires regular blood transfusions.
Thalassemia Intermedia is a less severe form in which blood transfusions are not required.

Delta-thalassemia

Just like beta-thalassemia, in this mutations affect ability of the gene to produce delta chains.

Combined Haemoglobinopathies

Thalassemia can exist in combination with other haemoglobinopathies.

Haemoglobin E/thalassemia is clinically similar to Beta-thalassemia major or thalassemia intermedia. It is common in Thailand, parts of India and Cambodia.

Haemoglobin S/thalassemia is clinically similar to sickle-cell disease with feature of spleen enlargement too. It is common in African and Mediterranean countries.

Haemoglobin C /thalassemia causes moderately severe anaemia with spleen enlargement and is common in African and Mediterranean countries.
Haemoglobin D/thalassemia is common in northwest parts of India and Pakistan.

Symptoms

Thalassemia is detected during the screening of the newborn. That means, patient gets diagnosed before becoming symptomatic.

If undiagnosed, newborn screening symptoms may include jaundice pallor or paleness, fatigue, headache, dizziness, fast heart beat, difficult concentration, cramping of legs, poor growth, shortness of breath, bone changes, and/or pulmonary hypertension.
Iron overload can happen in patients due to disease itself or due to frequent blood transfusions. This can damage heart, liver, endocrine system (producing hormones). Almost all beta-thalassemia patients get fatal iron levels.

Infection is also very common in all patients, especially in case of spleen removal. Spleen aids in fighting infection and filters old unwanted cells. Increased destruction of red blood cells in thalassemia causes spleen to enlarge and makes anaemia more worse. This reduces the life of transfused cells. Severe enlargement demands spleen removal.

Bone deformities occur due to expansion of bones causing abnormal bone structures specially in skull and face. This expansion also causes thin and brittle bones increasing the risk of breaking of bones too.
Anaemia causes slowing of child's growth and puberty delay also.

In case of untreated thalassemia, patient may develop complications including liver and heart enalrgement, severe anaemia, congestive heart failure or abnormal heart rhythms, tumour masses (in non-transfused thalassemia patients), and/or premature death.

Diagnosis

Confirmation of thalassemia is very critical. Complete blood count and haemoglobin electrophoresis is the first diagnostic test.

Mutations may sometimes overlap and give incorrect or false negative reports. So, genetic analysis for both alpha and beta mutations are necessary.

Patients with thalassemia intermedia may have extra overloaded anaemia due to nutritional deficiencies or infectious complications. Complete medical history covering factors like viral illness, temporary haemoglobin reduction, medications suppressing marrow, or environmental factors must be done. Laboratory screening is utmost important to rule out any other cause of anaemia.

G6PD level, serum ferritin, serum iron, total iron binding capacity, and red cell folate levels should be measured.

Screening Policy

Awareness campaigns on large scale are organized in India by both government and non-government

Also, pre-marital screenings are voluntarily being promoted so as to detect carriers of thalassemia and prevent marriage between both carriers.

Management

Thalassemia is a treatable disorder, manageable with blood transfusions and chelation therapy (for iron overload). The type of treatment depends upon severity of the disease. Regular medical care under the Haematologist is to be seeked.

People with mild thalassemia do not require any management or follow-up.

People with beta-thalassemia trait should not be wrongly labeled as iron deficiency anaemia. High use of iron-supplements should be avoided. Counseling should be sought for all persons with traits of thalassemia.

Patients with thalassemia major require proper medical intervention. Learning how to stay healthy is most important. Blood transfusion regime is the first line effective protocol in prolonging life of the patient.

Sometimes, 'Alloimmunization' may occur which is the immune reaction of the body against the transfused blood cells. In such cases, blood has to be checked and compared first to own blood. These patients can get transfusions, but might have to wait longer to get compatible blood.

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Regular transfusions make it important for the patient to get vaccinated against other blood borne diseases such as hepatitis as these viruses spread through blood. Routine paediatric immunizations must be done effectively. Nutritious meals, exercising, and keeping positive relationships are other tools.

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Since ages, India has been world-renowned for its picturesque locales, rich heritage, vibrant culture and warm hospitality, making it a must-visit destination for many global travelers. But in recent times, the tourism sector of the country is witnessing the progression of a new trajectory - Medical Tourism.

The global Medical Value Travel (MVT) market estimated at USD 54 billion is expected to grow at CAGR of 13% till 2025. The Indian MVT Industry is facing a phenomenal growth percentage of 18% CAGR every year too. Currently constituting of nearly 18% of the global MVT market, India is expected to reach 20% of the share with a volume of about USD 9 billion (about Rs 65,000 crore) by 2020 as per a report released by Federation of Indian Chambers of Commerce and Industry (FICCI) in in collaboration with consulting major Ernst & Young.

Preferred destinations for Medical Value Travel (MVT) has moved away from the developed markets of US and Western Europe to developing markets especially in Asia. With increase in geriatric population and healthcare turning costlier in developed countries, coupled with the rise of Asian economies and emergence of concept of Medical Value Travel (MVT) as a growth opportunity, several Asian countries have developed ecosystems necessary to become an MVT hub.

Among these economies, India is viewed as one of the preferred destinations and holds the fifth position among 41 major medical tourism destinations. India is more affordable in terms of medical treatment and travel when compared to western countries. Medical travelers can save up to 50 per cent as the average daily cost of travel within India is 31 dollars (about Rs 2,232) compared to the United States having 223 dollars (about Rs 16,056).

Major source markets for India are countries from Southeast Asia, Middle East, Africa and SAARC region. More than 50% of medical travelers coming to India are from Bangladesh. Major destination cities in India's Medial Value Travel (MVT) market are Delhi, Mumbai, Chennai, Bangalore, Hyderabad and Kolkata. A total of 27% of medical travelers visit Maharashtra out of which 80% go to Mumbai. Chennai attracts nearly 15% while Kerala handles around 5-7%.

India's offerings in the MVT space have led it to be one of the most popular MVT destinations. These offerings include affordable treatment, service and care and tourism.

Factors Facilitating Growth

India is known to offer a complete bouquet of healthcare services at an affordable price. Despite having a diversity of languages, India is one of the largest English-speaking nations. Be it cardiac bypass, organ transplant, cosmetic surgery, IVF, orthopedic and cancer treatment or even dental care, India has become a popular destination for these procedures along with advanced and alternative medicine processes.

Some of the major factors supplementing the robust expansion of medical tourism in India are:

1) Affordability: India boasts of well-certified, highly skilled and experienced medical professionals offering affordable services of optimum international standards. Additionally, India provides world-class hospital infrastructure at minimal charges when compared to countries such as the US, UK and Gulf nations. A patient traveling to India for their medical treatment can save anywhere between 30-70% of their expenditures, inclusive of travel and accommodation.

2) Implementation of Technology: From sharing the entire treatment plan to post-hospitalization care management, India has been successively incorporating technological advancements for clinical outcome and for managing the complete life cycle of a patient. From Cloud Computing, Social Media Organization, Data Mining, Artificial Intelligence (AI), Machine Learning (ML) to IoT Sensor Technology and Electronic Medical Records (EMR), these interventions are reshaping the future of healthcare. Being a fast adopter of these disruptions, India has certainly earned an advantage over the rest of the countries.

3) Personalized Care: Through provision of comfortable care and hospitality at affordable rates, India has been attracting a lot of medical tourists for personalized care, largely provided by unorganized players and startups till now, personalized care is a booming segment of healthcare in the country.

4) Post-treatment Recovery: Equipped with natural therapeutic practices such as Ayurveda, Naturopathy and Yoga, India provides the best of respites post-treatment. In recent times, more and more patients are coming to India to benefit from the time tested and health-restorative AYUSH treatments in combination.

Government and Private Players

The growth of Indian Medical Value Travel Industry can be accredited to both government and private players. Government of India policy think-tank NITI Aayog (National Institution for Transforming India) has identified MVT as one of the major growth drivers and a major source of Forex earning and is currently working out a roadmap to ensure significant growth by 2020.

The Government has taken concrete steps to make India stand out in the area of medical value travel. Government's vision and intention to promote and develop India can be gauged by the fact that four ministries (Ministry of Health and Family Welfare, Ministry of Tourism, Ministry of Commerce and Ministry of AYUSH) along with Services Export Promotion Council (SEPC) and NABH are involved in promoting India, globally, as the preferred destination for medical tourism.

Furthermore, the government is strengthening the cause by introducing more liberalized visa regime making the process simple and seamless along with drafting policies ensuring complete transparency and patient safety. For instance, policies such as the introduction of Medical VISA and e-Medical VISA allowing multiple entries and longer stays as per medical conditions have been implemented.

The government is actively mandating accreditations to wellness centers and Medical Value Travel (MVT) facilitators in various states & cities for the ease of medical value travelers. The recently-launched Ayushman Bharat Yojana stands as a testament of active government involvement in the provision of holistic healthcare.

The quality of medical service is one of the hallmarks of India's position in global MVT. In this regard, private healthcare players are playing a crucial role by dynamically focusing on building and improving the infrastructure to make it at par with international standards. Additionally, these providers are working extensively on the enhancement of skills to provide cost-effective medical care on the same level of quality as any developed country.
Currently, there are 38 Joint Commission International (JCI) and 619 National Accreditation Board for Hospitals & Healthcare Providers (NABH) accredited hospitals. Even being affordable, the mortality rate after 30 days of surgery is less in India (1.4%) compared to USA (1.9%) which shows the quality of post-operative care provided by the Indian health service providers.

Recommendations & the Way Forward:

However, there is a need to improve on post-operative care in terms of environment, hygiene and precautions required after a patient is being operated.
Besides, there are no government-to-government institutional arrangements between India and patient source countries. The institutional tie-ups are maintained by hospitals and facilitators without government interference. In addition, there is no grievances or redressal mechanism in place for international patients to raise any complaints. There is no policy arrangement in place to insure patients in case of unexpected complications in treatment.
Medical Value Travel industry is thriving in India and receives over 5 lacs medical value travelers
annually from different source countries. With a strong target group-oriented branding and marketing "Heal in India" campaign and a robust platform for patients to interact with different stakeholders of industry and a well-defined code of conduct for MVT business, India stand to elevate its existing position to rank among the most preferred MVT destinations.

It is in this context that Medical and Health Information Management Association (MaHIMA), Mumbai and Indo-France European Triangle (IFET), Paris are bringing together different stakeholders to jointly discuss and deliberate on "How India can achieve its goal of becoming a USD 9 billion industry by 2020 in Medical Value Travel?" - A revolution that will redefine India as a key player in the medical tourism industry besides showcasing its developments in cutting-edge technology, affordable and improved healthcare services.

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EXPERT OPINION

When to accompany Automation with Blood Smear Review?

"Existing Criteria & its application strategy in Medical Laboratory"?

Automation was introduced, around half a century ago in hematology testing laboratories, which is getting evolved and sophisticated with time. Manual techniques, especially to prepare a stained blood film and observe under the microscope is becoming complementary activity of a laboratory in case there is a doubt or discrepancy in routine results shown by hematology analyzer on a particular patient's blood sample. Bain's research unearthed that Blood Smear Reviews (BSRs) and Manual Differential Leukocyte Count(MDLCs) are too cumbersome and not cost effective thus not affordable for every lab and with every work-load scenario.

Upgrading technical capability & analytical performance, automation in hematology is getting more refined, the utility of analyzer and subsequent complementary slide review is getting changed based on variety of factors that may affect & lead to misguiding laboratory results. Major factors are age, gender, demography, laboratory, geography and level of automation as well, which makes the manual review process a subjective one. Well-appreciated practice of manual review by one lab in a particular geography may be of no importance for another laboratory with different factors mentioned above.

There is a little uniformity on criteria-for-action, across countries, to the following dilemma of when to complement the automation results with microscopic evaluation of manually stain blood film.

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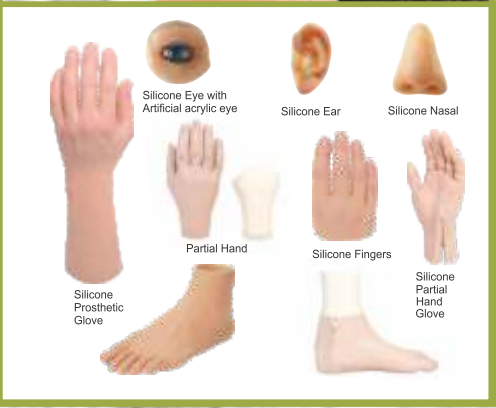
In 2002, Dr. BerendHouwen developed general accepted guidelines by gathering 20 subject pioneers on subject to discuss and determine the most appropriate criteria that is applicable uniformly throughout laboratories across the world. Thus, an "International Consensus Group for Hematology Review." Was established which meticulously considered all possible conditions that may affect the results of automation and contemplated upon issue of when to complement the results of automation with stained blood film examination. Total of 83 Rules were formulated in the first draft and then further subjected to 15 well-reputed laboratories for testing on a total of around 13,298 routine blood samples. Following detailed clinical considerations & statistical analysis, rules were further refined and consolidated and only 41 rules were considered to be included in the final version. These were published in 2005 by Dr. BerendHouwen.

These rules consider age, gender, first time samples, repeat samples based on delta rules, screening thresholds and presence or absence of specific suspect flags & alarms given by the automated hematology analyzer. These rules were prepared considering as a comprehensive assistance to all hematology laboratories across the world. However, before implementing them in any laboratory's routine operations, they need to be validated and a protocol has been suggested by the consensus group for the same.

These rules are helpful to achieve following objectives:

- Cost Reduction
- Reduce Turn-Around-Time (TAT) of Results (without sacrificing quality)
- Justify performance and skills of automated multi-parametric hematology analyzers



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These rules also help in distinguishing samples with a high probability of containing relevant morphological alterations for the better & timely diagnosis and treatment of patients.

All hematology laboratories are encouraged to establish their own locally valid protocols indicating when should they review the smear and when to perform manual differential. These guidelines developed by the International consensus group of hematology review may act as a starting point, however, they must be interpreted in consideration with experience of the laboratory staff, sophistication of the hematology analyzer, electronic recording system, estimated incidences of abnormalities and variations in population reference values being tested.

The use of review criteria which would allow the release of automated counts without a BSR, is neither a widespread, well-accepted or standardized procedure. Some of the laboratories even use these published rules without any local customization or validation and without any empirical evidence available for the same.

Many of the healthcare laboratories &hospitals have conducted validation studies on these established rules, whether these are applicable or not to their particular laboratory. Study by Comar SR, from Brazil, unearthed that amendments are required especially in "Delta Check" rules. Delta limits are found to be established by each laboratory taking into account the physio-pathological aspects and technical characteristics of the automated analyzer used.The delta check rules play an important role in the efficiency and reliability of the CBC results but many clinical laboratories are incapable of implementing them in their electronic records because of high software development costs.

Another reason is that most of the laboratory professionals are not very familiar with these rules, which make their understanding, dissemination and implementation further difficult. The ISLH does not suggest any specific "Delta Check limits", leaving them to the discretion of the laboratory. The consensus group only suggests specific actions for situations in which Delta limits exceeded from the established ones by each individual laboratory.

Literature review says that the criteria established by the International Consensus group, must be further evaluated considering local peculiarities, population trends, demographic parameters, technology usage, climatic conditions, pathological and physiological considerations. However, further studies going on across countries check the utility and scope of establishing new criteria or better adaptation protocols for the existing one.

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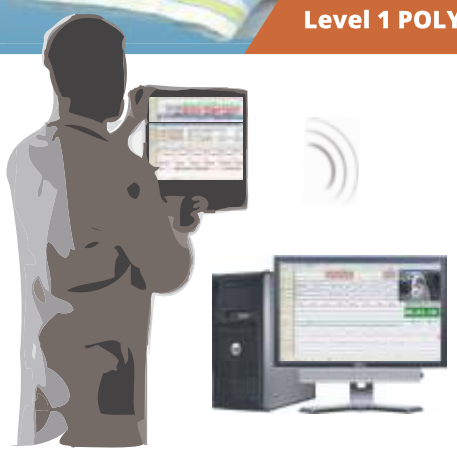

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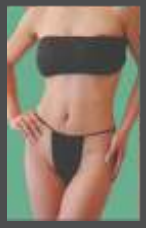
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