



HEALTHLINE

Health News from PIMS

Inspiring Better Health



3rd March World Hearing Day

It was the year of 2007, when for the first time the “International Ear Care Day” was celebrated. After 9 years when in 2016, it was decided to rechristen it as World Hearing Day.

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4-8th March School Health Week

Nutrition for kids is based on the same principles as nutrition for adults. Everyone needs the same types of nutrients — such as vitamins, minerals, carbohydrates, protein and fat.

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8th March International Women's Day

“International Women’s Day” is celebrated on 8th March every year by women of all age group across the world. This day means different things to different people.

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9th March World Kidney Day

World Kidney Day (WKD) is observed every year on the second Thursday in March. This year the day will be observed on 9th March. This day is a mutual initiative of International Society of Nephrology (ISN) and the International Federation of Kidney Foundations (IFKF).

[Read More](#)

9th March 2017



World Glaucoma Week 2017

Don't let glaucoma take control of your life!

12-18th March World Glaucoma Week

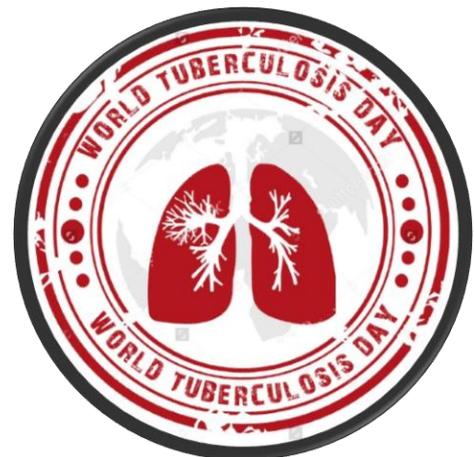
World Glaucoma Week is a joint global initiative of the World Glaucoma Association and the World Glaucoma Patients Association to raise awareness of glaucoma. It is being held from the 12th to the 16th of this month.

[Read More](#)

24th March World TB Day

Government of India is doing its best to diagnose and treat patients of resistant Tuberculosis also by category IV treatment for nearly two years given free of cost. More specific and rapid methods are being developed for diagnosing resistance like GENE EXPERT, used for sputum and other body fluids.

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News to Use

Do you know the Signs and symptoms of active TB?

The most common symptoms of TB are:-

- Coughing that lasts three or more weeks
- Coughing up blood
- Chest pain, or pain with breathing or coughing
- Unintentional weight loss
- Fatigue
- Fever
- Night sweats
- Chills
- Loss of appetite

Test used to diagnose kidney problems

Blood Test

Serum Creatinine Test
Glomerular Filtration Rate (GFR)
Blood Urea Nitrogen (BUN)

Urine Test

Urinalysis
Microalbuminuria
Creatinine Clearance

Imaging Test

CT Scan
Ultrasound

Kidney Biopsy

World Hearing Day

The WHO definition of Deafness refers to the complete loss of hearing ability in one or two ears. They include those also where hearing loss is more than 90 dB in better ear or total loss in both the ears. The WHO definition of 'Hearing Impairment' refers to both, partial or complete loss of ability to hear. "Hearing Handicapped" as defined by the Rehabilitation Council of India Act" 1992 is Hearing Impairment of 70 dB and above in better ear or total loss in both the ears



History of World Hearing Day

It was the year of 2007, when for the first time the "International Ear Care Day" was celebrated. After 9 years when in 2016, it was decided to rechristen it as World Hearing Day to promote healthy hearing and to increase the knowledge about Noise Induced Hearing Loss and it's prevention.

Hearing Loss Statistics

In India 63 million people (6.3%) people suffer from significant auditory loss. 4 in every 1000 children suffer from severe to profound hearing loss with over 1,00,000 babies are born with hearing deficiencies every year. The estimated prevalence of adult onset deafness in India was found to be 76% and childhood onset deafness is 2%.

International statistics:

All ages: 10%
Age 60+: 25%
Age 70+: 50%

Causes of Hearing Loss in India

1. Noise Pollution: In metropolitan and big cities, noise pollution is coming out to be one of the major and commonest causes of Hearing Loss and surprising enough it is 100% preventable but once the patient has it, it is for lifetime.
2. Ear Wax - 15.9%
3. Ageing and Presbycusis – 9%
4. Middle Ear infections (CSOM) – 5.2%
5. Serous Otitis Media – 3%
6. Tympanic Membrane Perforation- 0.5%
7. Genetic Defect – 0.2%

Unaddressed Hearing Loss Has a High Cost!



\$750 billion

- Barrier to education and social integration
- Loss of productivity
- Cognitive decline and depression

**3 March 2017
World Hearing Day**

Further the loss of health in general for various reasons also brings down the capacity to hear properly and it's connectivity to other body malfunctioning is as follows:

Tinnitus: 90% of people with tinnitus also have hearing loss.

Cognitive Decline: Those having hearing loss have 30-40% less thinking abilities as compared to the ones having no hearing loss.

Eye Health: Vision helps to identify from where actually a sound is coming. The amplification from the hearing aid compensates for the vision loss.

Ototoxicity: There are more than 200 medications in the market today that are known to cause hearing loss as they are toxic to the ears.

Current organizations & charities working on this cause :-

Over past few years , charities & non government organizations have become involved in improving ear & hearing healthcare services in India .

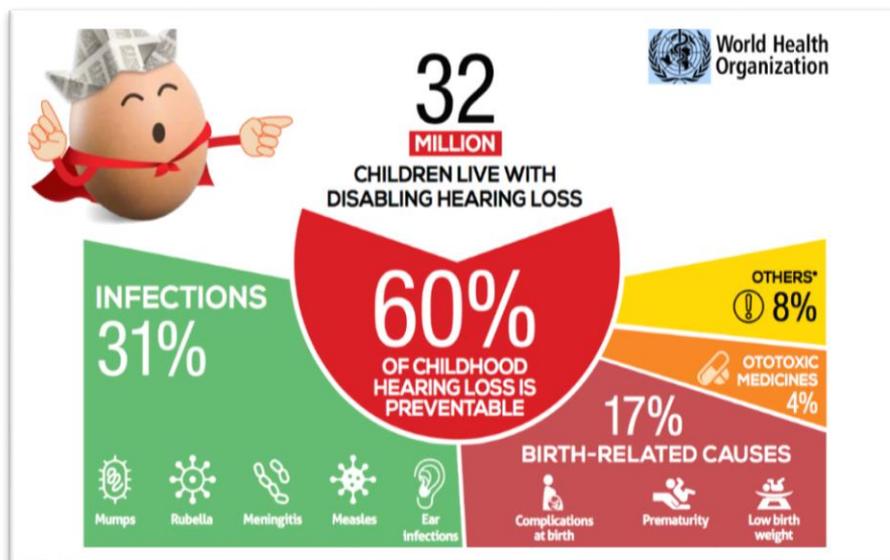
1. Aural education for the hearing impaired (AURED)
2. Development education empowerment for disadvantage in society (DEEDS)
3. Deaf child India
4. Hearing international India
5. Indian deaf children's society
6. Research education & audiological development society (READS)

Universal Newborn Hearing Screening

India is one of few developing countries with a universal newborn hearing screening programme. Despite India's exceptionally, large population & high annual birth rate (25 babies/100), India has well developing health care system/ well establish immunization programme.

In 2006, acc.to WHO, national programme for prevention & control of deafness was launched in India. National programme for prevention & control of deafness is currently running in over 60 districts across India & aims to identify babies with severe profound hearing loss by 6 months of age & intervene or initiate rehabilitation by 9 month of age. Under this programme, India follows a 2 stage protocol for newborn hearing screening.

In an institute based screening, the programme's goal to screen every baby born in a hospital or admitted soon after birth using **otoacoustic emission**, especially transient evoked otoacoustic emissions. If a baby does not pass then they are re-tested in a month. If the baby does not pass at the re-screen, then they are referred for auditory brainstem response



(ABR) testing at tertiary level centre. At community based screenings, the programme's goal is to screen babies who are not born in hospitals. This screening should be carried out using a questionnaire & behavioural testing & is performed when baby is immunized at 6 weeks of age or older. A trained health care worker at sub centre administers immunization & performs the immunization & performs the hearing screening. This protocol is repeated at every immunization. If a baby does not pass the screening, then they are referred for an OAE screening at district hospital. If they don't pass the OAE screening, then they are sent for ABR Evaluation. Once a baby is identified with hearing loss they are referred for hearing aid fitting & rehabilitation at district hospital.

Prevention

Government of India has launched the **National programme for prevention and control of deafness (NPPCD)**. Since it has been introduced at the primary healthcare level, it envisages a reduction in the burden of deafness and prevention of future hearing loss in India. India celebrates the international week for the deaf in September and September 26 is recognized as "Day of The Deaf" in India. Besides, the measures which could significantly contribute in bringing down the laws are:

- a) To aware the general public through the social media, about the cause and effects.
- b) To council the youngsters to optimize the use of ear phones
- c) To enjoy the music at a moderate volume especially while enjoying the parties
- d) Guidance to family and friends who can contribute by recognizing the early signs of hearing loss like:
 - Turning the volume up on TV
 - Often avoiding social situations
 - Regularly misunderstanding the conversations
 - Regularly feeling tired or stress



Dr. Harvinder Kumar
Professor & Head
Department of ENT

COGNITIVE DECLINE

Those with hearing loss experience a **30-40% GREATER DECLINE** in thinking abilities compared to those without hearing loss.



TINNITUS

90% OF PEOPLE WITH TINNITUS ALSO HAVE HEARING LOSS.

Tinnitus affects **1 in 5 people**. Tinnitus can be caused by hearing loss, an ear injury or a circulatory system disorder.



DEPRESSION

Uncorrected hearing loss gives rise to **poorer quality of life**, isolation and reduced social activity, leading to depression.

SAFETY/BALANCE

PEOPLE WITH MILD HEARING LOSS (25dB) ARE

3 TIMES

more likely to have a history of falling. Every additional 10 decibels of hearing loss increases the chances of falling by 1.4 times.



EYE HEALTH



VISION HELPS YOU IDENTIFY WHERE A SOUND IS COMING FROM.

If you have vision and hearing loss, your ability to target sound location is compromised. The amplification from hearing aids helps compensate for the vision loss.

HYPERTENSION

THERE IS A SIGNIFICANT ASSOCIATION BETWEEN HIGH BLOOD PRESSURE AND HEARING LOSS.



Hypertension can be an accelerating factor of hearing loss in older adults.

HEART HEALTH



THE INNER EAR IS EXTREMELY SENSITIVE TO BLOOD FLOW.

Studies show that a healthy cardiovascular system – a person's heart, arteries and veins – has a positive effect on hearing. Inadequate blood flow and trauma to the blood vessels of the inner ear can contribute to hearing loss.

OBESITY

HIGHER BODY MASS INDEX (BMI) AND LARGER WAIST CIRCUMFERENCE ARE ASSOCIATED WITH INCREASED RISK OF HEARING LOSS IN WOMEN.



SMOKING

CURRENT SMOKERS HAVE A **70% HIGHER RISK** OF HAVING HEARING LOSS THAN NONSMOKERS.

DIABETES



HEARING LOSS IS **TWICE AS COMMON** IN PEOPLE WITH DIABETES COMPARED TO THOSE WITHOUT.

Adults whose blood glucose is higher than normal but not high enough for a diabetes diagnosis, have a **30% higher rate of hearing loss** compared to those with normal blood sugar.

OSTEOPOROSIS



A study linked osteoporosis and hearing loss, theorizing that demineralization of the three middle ear bones may contribute to a conductive hearing impairment.

ISOLATION

ADULTS 50 YEARS AND OLDER

with untreated hearing loss are more likely to report depression, anxiety, anger and frustration, emotional instability and paranoia; than those who wear hearing aids.

OTOTOXICITY



THERE ARE MORE THAN **200 MEDICATIONS** ON THE MARKET TODAY THAT ARE KNOWN TO CAUSE HEARING LOSS (TOXIC TO THE EARS).

The list of known ototoxic drugs includes:

- Aspirin
- Quinine
- Water pills
- Certain antibiotics
- Some anticancer drugs
- Some anesthetics
- Environmental chemicals like carbon monoxide, hexane and mercury

TOTAL BODY
HEALTH
BETTER HEARING
HEALTH

BEGINS WITH



Poster by:
Dr. Aashrya Malik
Batch 2012



Make Listening Safe

School Health Week

Introduction

Nutrition for kids is based on the same principles as nutrition for adults. Everyone needs the same types of nutrients — such as vitamins, minerals, carbohydrates, protein and fat. Children, however, need different amounts of specific nutrients at different ages.

So what's the best formula to fuel your child's growth and development?

Consider these nutrient-dense foods:

Protein: Choose seafood, lean meat and poultry, eggs, beans, peas, soy products, and unsalted nuts and seeds.

Fruits: Encourage your child to eat a variety of fresh, canned, frozen or dried fruits — rather than fruit juice. If your child drinks juice, make sure it's 100 percent juice without added sugars and limit his or her servings.

Vegetables: Serve a variety of fresh, canned, frozen or dried vegetables. Aim to provide a variety of vegetables, including dark green, red and orange, beans and peas, starchy and others, each week.

Grains: Choose whole grains, such as whole-wheat bread, oatmeal, or brown or wild rice. Limit refined grains.

Dairy: Encourage your child to eat and drink fat-free or low-fat dairy products, such as milk, yogurt, cheese or fortified soy beverages.



Aim to limit your child's calories from:

Added sugar: Limit added sugars. Naturally occurring sugars, such as those in fruit and milk, are not added sugars. Examples of added sugars include brown sugar, corn sweetener, corn syrup, honey and others.

Saturated and trans fats: Limit saturated fats — fats that mainly come from animal sources of food, such as red meat, poultry and full-fat dairy products. Look for ways to replace saturated fats with vegetable and nut oils, which provide essential fatty acids and vitamin E. Healthier fats are also naturally present in olives, nuts, avocados and seafood. Limit trans fats by avoiding foods that contain partially hydrogenated oil.



To ensure kids are getting the vitamins, minerals and other goodies they need, it is important that they eat a wide variety of nutritious foods from all the different food groups.

Different colours of fruits and vegetables usually contain different combinations of nutrients. So put a rainbow of colours on your child's plate (green, white, yellow, orange, blue, purple, red) to get the most nutritional value out of the meal.

How can we encourage children to eat a wide variety of foods?

To encourage kids to eat a wide variety of foods, first and foremost, it is important to be a role model yourself. As parents, we are an important influence to our children and can do many things to help them develop healthy eating habits for life. Show by example – eat fruits, vegetables and wholegrains with meals or as snacks, keep fresh fruit on the bench or table, try new foods yourself and carry a bottle of water around.

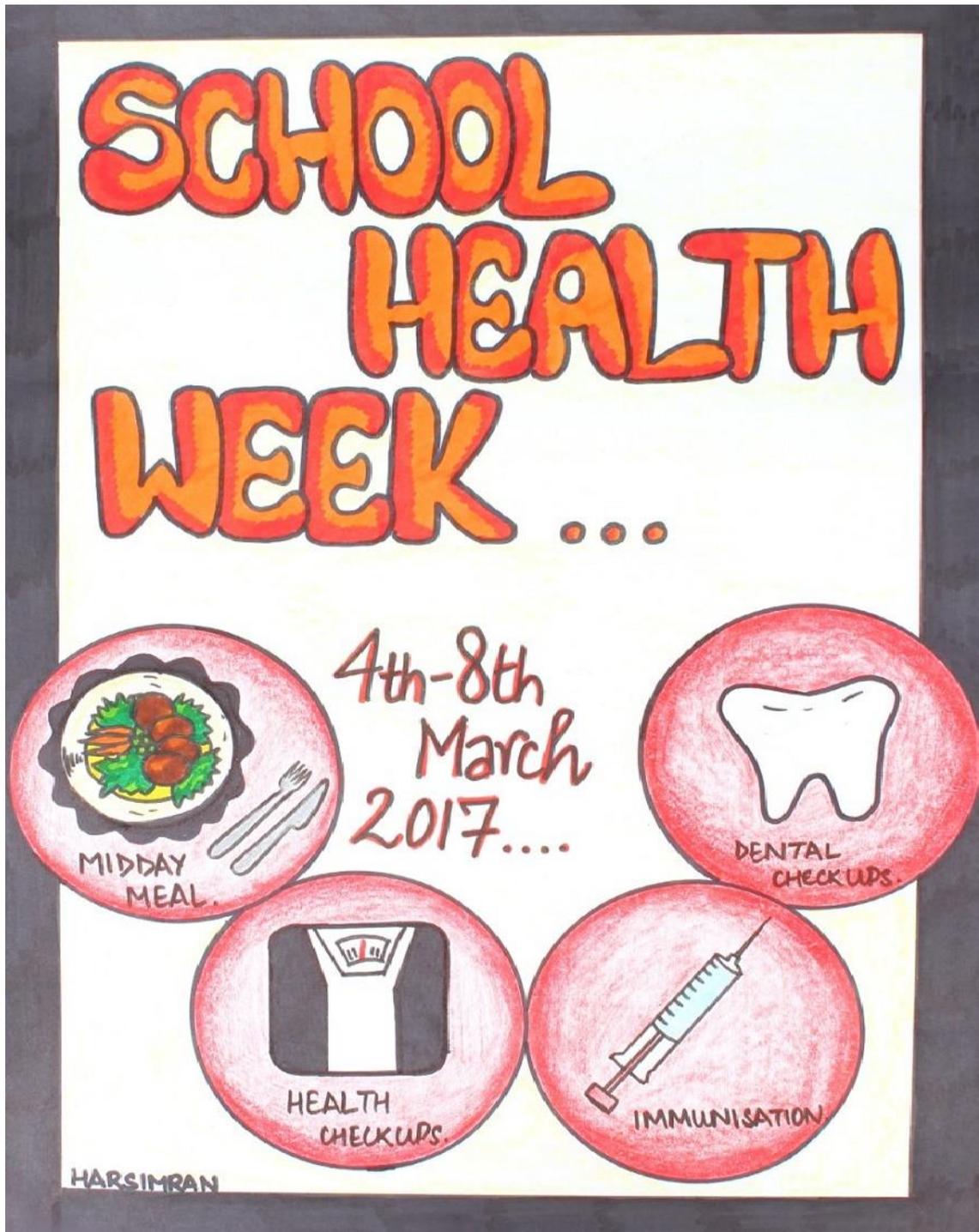
You could also get creative in the kitchen and make food fun, by cutting it into shapes with cookie cutters, naming a food your child helped create, for example "Avas' salad", making funny faces on then plate with fruits and vegetables, making vegetables taste better by serving with dressings or dips like hummus or making your own ice cream from frozen bananas.



You could also get kids involved in the food shopping and discuss where fruits, vegetables, meats and grains come from. Let your child make healthy food choices themselves.



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Poster By:

Harsimran

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International Women's Day

“International Women’s Day” is celebrated on 8th March every year by women of all age group across the world. This day means different things to different people. For some it is celebration, for others it is call-to-action to accelerate gender parity & for many it is an opportunity to align & promote relevant activity. But this day is perfect moment for gender focused action. As obstetrician I will use this occasion to share my thoughts on some gender related issues like Maternal Mortality & Female Discrimination.

Maternal Mortality is death of any female during pregnancy or within 42 days of termination of pregnancy, irrespective of duration, site of pregnancy, from any cause related to or aggravated by pregnancy.

Maternal Mortality Rate is the number of maternal deaths per lakh live births & this is the most sensitive index that reflects the quality of reproductive care provided to pregnant women. In developing country life time risk of death in the process of becoming mother is 1: 3,600- 1: 10,000. MMR in India is 1: 50. MMR as per sample registration system in 2015 is 167 in the whole country with highest in Assam (328) & lowest in Kerala (66).

In simple terms maternal death is nothing else than death of a mother or a female in the process of becoming a mother.

I truly believe that when a mother dies, virtually the whole unit of that family dies.

In our society mother is the axis around which the whole house revolves. Her absence causes maximum loss to the children, the husband & then rest of the family, extended family, society she lives in, institution she works in, the state & country.

This is because mother has started shouldering more & more responsibilities & excelled in areas which were once not made for her.

A few days back in an interview Mrs. Indrani Noori CEO PEPSICO said ‘that it is daily exercise to decide where she wants to be mother, wife, CEO or herself’.

Same happens with all of us & for that matter with every working Lady & now we are part & parcel of decision making from home to country policies. It is daily scene in labor room that female in role of mother/mother-in-law/grandmother is a deciding factor for junior female’s pregnancy care. Hence woman is playing pivot role in her reproductive health of country & MMR.

So we can definitely take steps to reduce MMR apart from steps taken by our Government in the form of various Schemes

- Janani Suraksha Yojana
- Janani Shishu Suraksha Yojana
- MCH program & other endless programs

All these are envisioned to ensure minimum maternal deaths at country level.

Although the MMR dropped from 212 deaths per 100,000 live births in 2007-09 to 167 in 2015, India is behind the target of 103 deaths per live births to be achieved by 2015 under the United



Nations-mandated Millennium Development Goals (MDGs). Our endeavor is to ensure every mother lives with her family till her natural death.

Theme for 2017 'International Woman's Day' is "Be Bold For Change".



It is not only the females who have to be ready or bold enough to change but everybody else too. If we want equal society on this planet, society has to change cutting across all boundaries of gender, class, and caste. Change is needed right from birth to the death of female in each aspect.

Historically, females are labeled 'weaker sex'. But they are born with God-gifted stronger XX genes than XY & after conquering all intrauterine struggles she comes in this world to face all extra-uterine struggles & discriminations. As a woman, every mother has to be bold enough to contribute towards this year's goal at individual level by supporting & respecting the newborn daughter.

Her birth should be a matter of joy rather than mourning. If a mother stands up boldly & decides to make her daughter 'Welcome & Wanted' nobody on this earth can dare to declare the newborn soul 'Unwanted & Dejected'. Mother's role doesn't end here then; she has to fight for her rights of equal nutrition & equal education & let her grow with all opportunities in every field so that this helpless girl at birth transforms into an well educated, emotionally stable, economically independent individual capable of taking her own decisions.

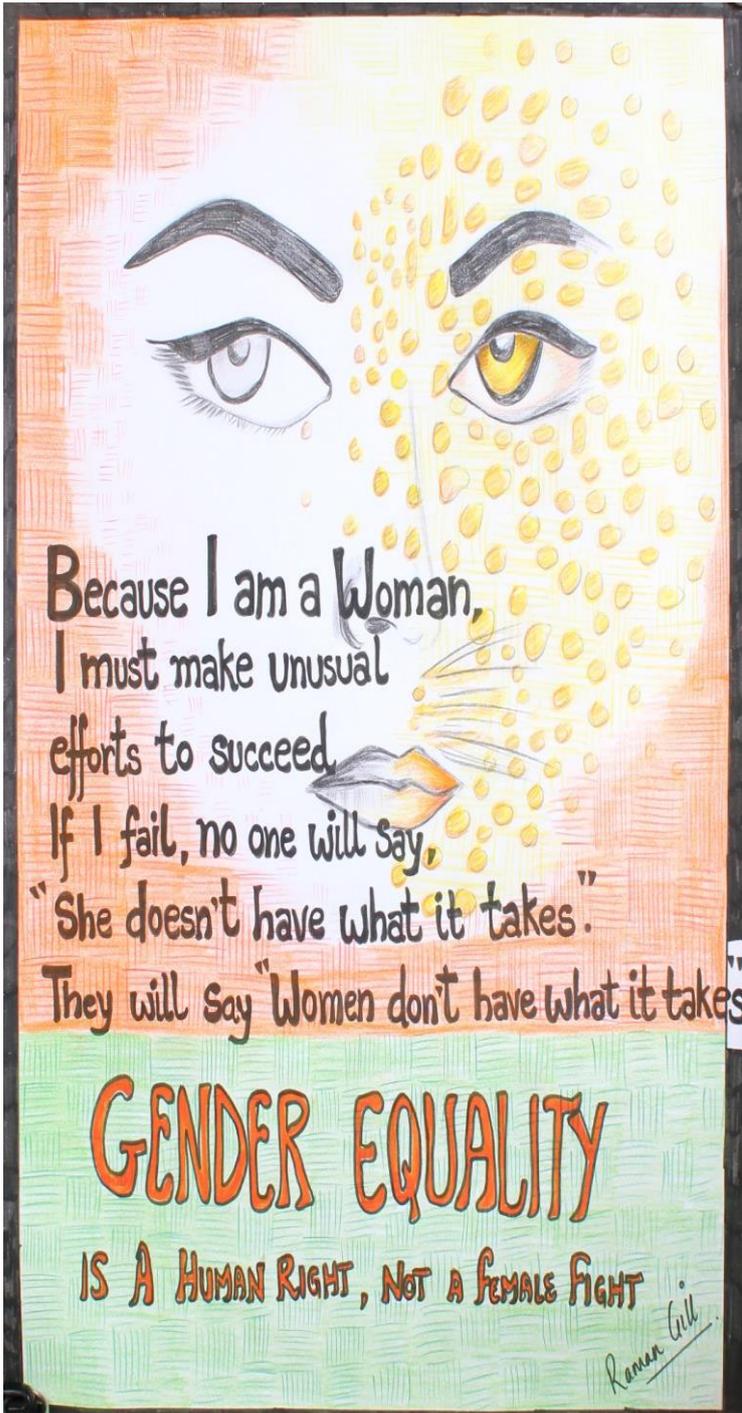
So empower yourself & every female in your house & society by standing up

- Against female foeticide
- Against illegal abortions
- For 100% female literacy
- For 100% booked pregnancies and in-hospital deliveries
- Raising voice against all female issues like unequal wages to female laborer to sexual harassment & rape.

Only then this women's day will be celebrated in letter & spirit.

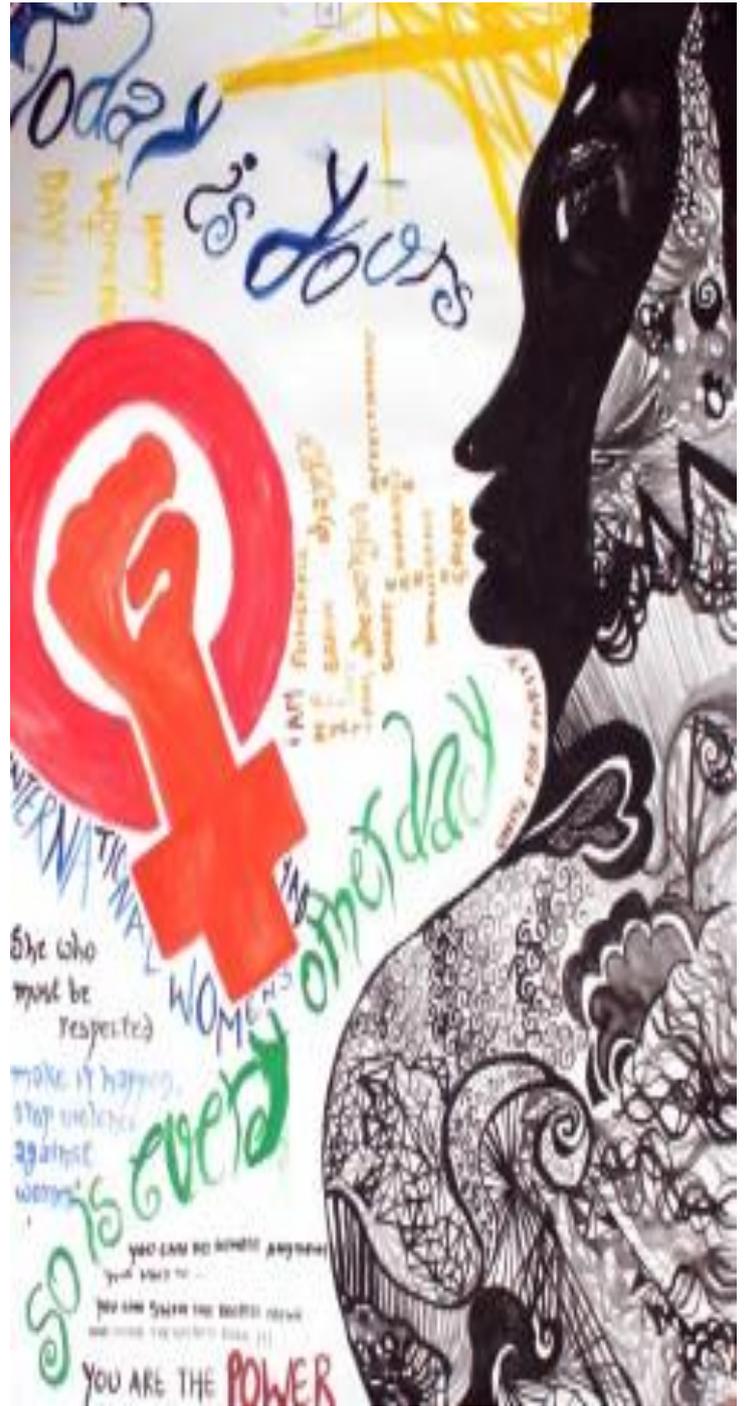


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Poster By:

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Poster By:

Suha Soni
Batch 2015

World Kidney Day

World Kidney Day (WKD) is observed every year on the second Thursday in March. This year the day will be observed on 9th March. This day is a mutual initiative of International Society of Nephrology (ISN) and the International Federation of Kidney Foundations (IFKF). The aim of the day is to raise awareness about the role played by kidneys in maintaining overall health and to reduce the frequency and impact of kidney disease and its associated health problems worldwide.



World kidney day was first celebrated in 2006. The idea was to educate the world about the importance of kidney health, and reduce the impact of kidney disease and other health conditions associated with them.

The goal that was established was to raise awareness of what kidney does and what can happen when they are not working properly. They strive to teach the risk factors and bring screening to those at risk for CKD. The main overall goal by teaching communities how to keep the risk factors as low as possible.



World kidney day is also about donation. Transplant professionals use the day to educate people on the need for organ donation. This is decision that is left until the last moment can be difficult and painful for families. But individuals can easily make their wishes known when they are been discussed about this with the surgeons.

Dialysis patients are humans first - just like us

The following can be the signs and symptoms of kidney diseases:

- Fever
- Burning or pain during urination
- Increase in the frequency of urination
- Blood in Urine
- Bedwetting
- Swelling around the eyes, face, feet, and ankles (called edema)
- Bloody diarrhoea
- Tiredness
- Loss of appetite
- Abdominal pain

How to have healthy kidney

Keep regular control of your blood sugar. About 50% of people with Diabetes will develop kidney damage. Make sure you are doing all you can to stay in control!

Keep fit and active. Staying active helps in many areas to keep your kidneys healthy as well as promotes positive mood and weight loss.

Eat healthy and keep your weight in check. Making good food choices will go hand in hand with staying active to reduce weight and encourage good health.

Water, water, water! Keeping hydrated is good for your skin as well as your kidneys. Staying hydrated flushes the toxins out of the kidneys and reduces the chance of kidney stones.

No Smoking! Smoking is bad in many ways, but for the kidneys, the chance of developing cancer in them increases by 50% for smokers.

Stay away from over-the-counter medicine for chronic issues. Many over-the-counter medicines such as ibuprofen can harm your kidneys if taken regularly. It is ok to take for emergencies, but see a physician if you are having chronic pain for options that will not cause harm.

HOW TO CARE FOR YOUR KIDNEYS

SEE YOUR DOCTOR FOR REGULAR CHECK UPS



MANAGE YOUR DIABETES



HAVE A HEALTHY BLOOD PRESSURE



KNOW YOUR FAMILY'S KIDNEY HEALTH HISTORY

TAKE MEDICATION AS PRESCRIBED



STOP SMOKING



EAT HEALTHY



LIMIT ALCOHOL

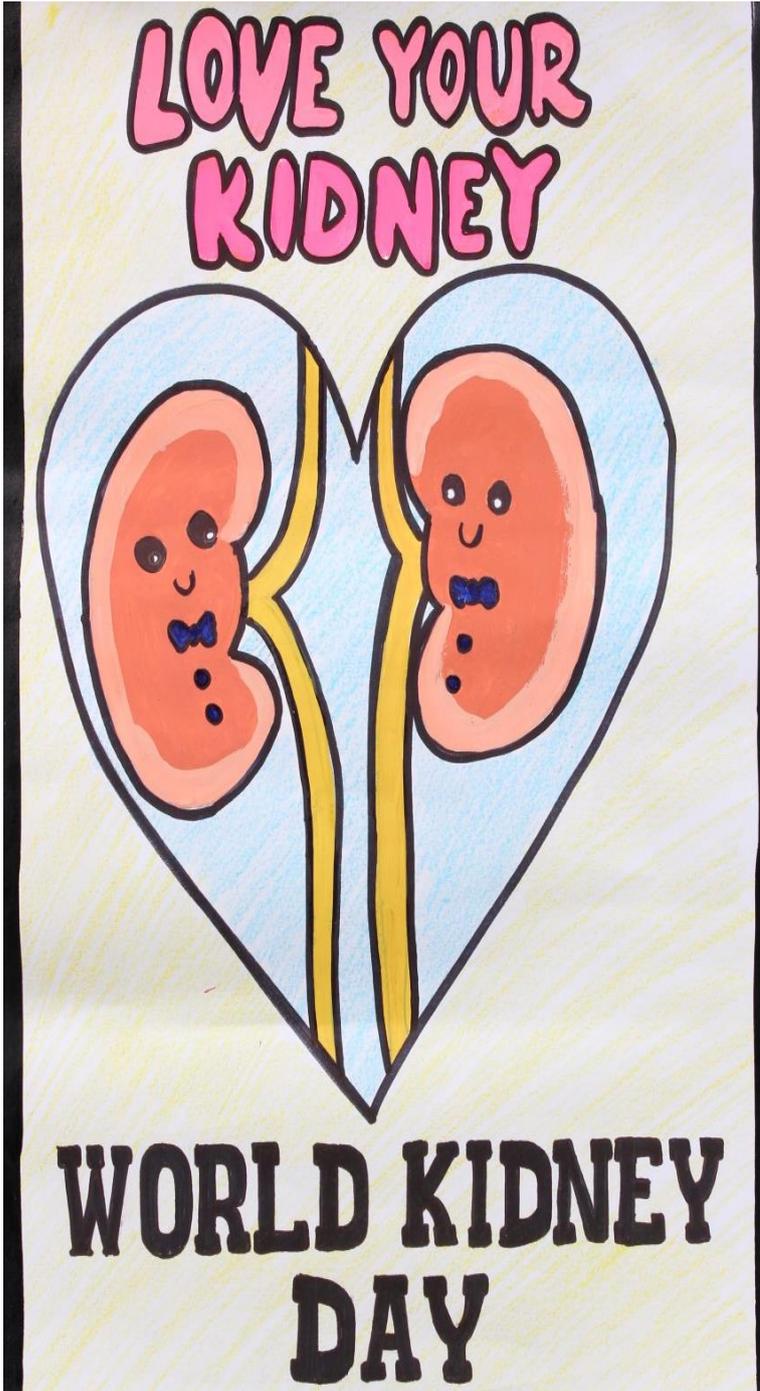
AIM FOR A HEALTHY WEIGHT



BE ACTIVE



nephroplus
dialysis made easy



Poster By:

Simran Kaur
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Suha Soni
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World Glaucoma Week

World Glaucoma Week is a joint global initiative of the World Glaucoma Association and the World Glaucoma Patients Association to raise awareness of glaucoma.

It is being held from the 12th to the 16th of this month.

Glaucoma is a group of eye diseases that causes progressive damage to the optic nerve at the point where it leaves the eye to carry visual information to the brain.

If left untreated, it leads to gradual worsening of vision or blindness. Once incurred, visual damage is mostly irreversible, and this has led to glaucoma being described as the "**silent blinding disease**" or the "**sneak thief of sight**". Glaucoma has emerged as the second commonest cause of blindness the world over with about 8.5 million people rendered blind due to it.

Early detection is essential to limiting visual impairment and preventing the progression towards severe visual handicap or blindness. An eye-care professional can detect glaucoma in its early stages and advise on the best course of action.

12th March is internationally recognized as World Glaucoma Day. Several glaucoma screening-cum awareness camps are being held across India to raise awareness among the people regarding the disease.

It is the second leading cause of blindness world wide . Glaucoma is PAINLESS and the irony of the disease is that about half of the people who have it don't know that they have it. The damage done by the disease is IRREVERSIBLE. Early detection and treatment is the key to prevention of irreversible loss of vision. It is very important that regular exams should be done, as there is nothing that will prevent glaucoma. The progression can be slowed down by **EARLY DIAGNOSIS AND EARLY TREATMENT**. It is diagnosed by measuring intraocular pressure, performing ophthalmoscopy, and mapping the visual fields. There are two major types of glaucoma namely Primary Open Angle Glaucoma (POAG) and closed angle glaucoma. Treatment of POAG is Anti-glaucoma eye drops or tablets. Surgery may be required in advanced cases. Narrow angle is treated by laser or surgery.



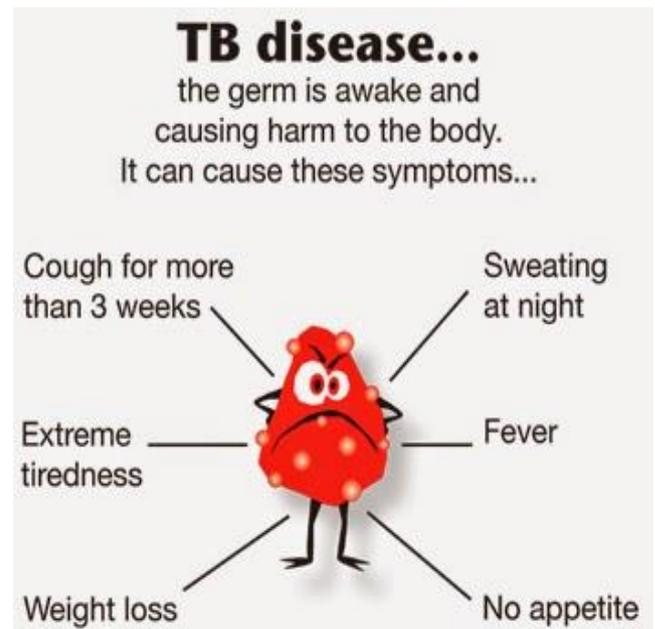
Dr. Barinder Kaur
Assistant Professor
Department of Ophthalmology

World TB Day

Tuberculosis, an ancient and deadly bacterial disease that most commonly affects the lungs, has been curable for decades using a cocktail of antibiotics taken for minimum six months. India is undisputed global capital of tuberculosis with an estimated 2.2 million new active cases detected in 2015 with prevalence of 2.5 million. India brought its cure for masses by Revised National Tuberculosis Control Programme (RNTCP) IN 1990s and had early success in reducing the number of cases. But that faided, in part because it failed to reach patients in the private sector, where the vast majority of Indians get medical care. Studies have shown that nearly 70 percent of patients of tuberculosis go to the private sector for diagnosis and treatment and on analysing the prescription pattern of physicians for tuberculosis, shocking result was seen that 100 doctors prescribed nearly 70 different regimens for this disease. As we celebrate World Tuberculosis Day on 24 March each year to mark Robert Koch's discovery of tuberculous bacillus, there is a great deal to ponder about our failures to stop TB from spreading despite several path breaking advancements in the diagnosis and therapy, before we embark upon the herculean task to eradicate it totally from the community.

It is estimated that about 40 % of the Indian population is infected with TB bacteria, the vast majority of whom have latent TB rather than TB disease. So each latent TB case should not be treated for the disease because it will lead to wastage of resources and a person not having tuberculosis will have to take un necessary treatment for long duration. There is a lot of research going on in the field of diagnosis of tuberculosis and many new investigations have been made available and are in the pipeline. Inspite of so many new tools available for diagnosis, isolation of mycobacterium tuberculosis is by far the most specific test available and has stood the test of time. For extra pulmonary tuberculosis, tissue diagnosis is the best followed by other non specific ones like mantoux, Erythrocyte Sedimentation Rate (ESR), Quantiferon Gold test, Polymerase Chain Reaction (PCR) and many more.

As far as treatment is concerned, guidelines have been developed and its very simple regimen of 6 months for a new case as per RNTCP is available free of cost at the doorsteps for TB patients and it has to be monitored and assured that the patient has taken treatment to assure the principle of Directly Observed Treatment (DOTS). Here comes the role of the doctor to guide the patient for the therapy and to notify the health authorities about the disease as tuberculosis has been made a NOTIFIABLE disease by the Government of India.

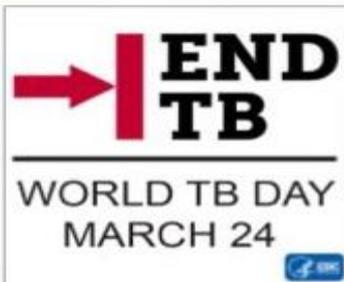
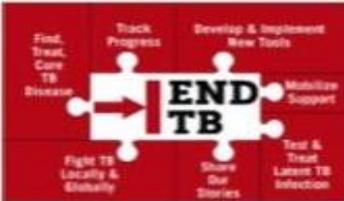
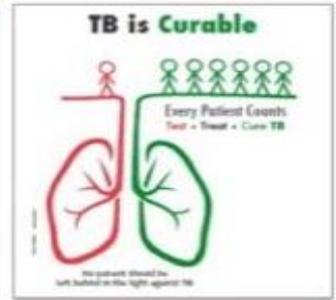
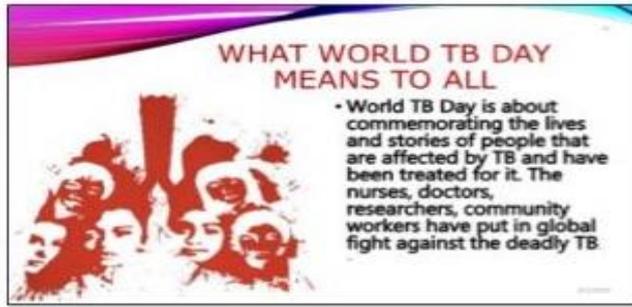
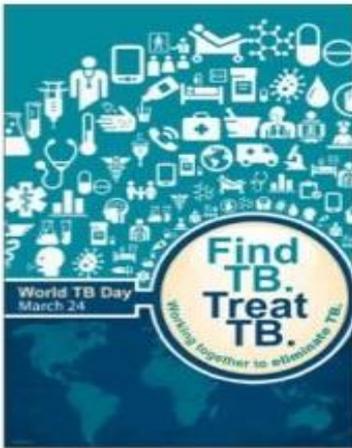


As I remember saying of my Guru who taught me tuberculosis, he always said “Better not to treat rather than mal treat”, means if we don’t treat a patient of tuberculosis there are chances of cure by the natural innate immunity but if we mal treat, there are chances of producing resistant TB cases which are again a big burden on the human resources. Occurrence of drug resistant tuberculosis is essentially a man made disaster that is contributed mainly by the complacency of the health care provider and fueled by the HIV pandemic. When not treated properly, tuberculosis not only spreads but also mutates into more drug resistant forms, which are far more difficult to treat. Multidrug resistant TB, in which the two most powerful drugs are ineffective, is contagious and curable only about 60 percent of the time. A Mumbai pulmonologist, Dr. Udhwadia warned in a paper in 2011 that he had found four TB patients who were totally drug resistant.

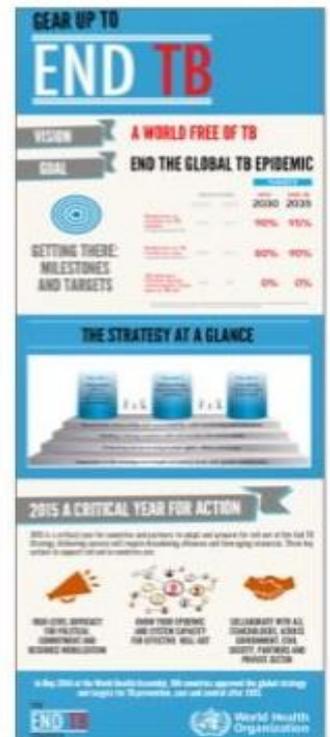
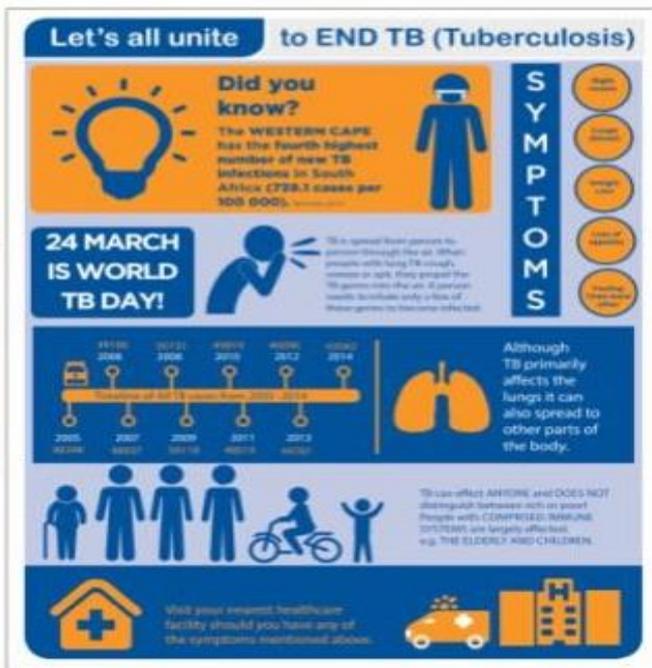
Government of India is doing its best to diagnose and treat patients of resistant Tuberculosis also by category IV treatment for nearly two years given free of cost. More specific and rapid methods are being developed for diagnosing resistance like GENE EXPERT, used for sputum and other body fluids. As so called miracle drug namely “BEDAQUILINE” has been approved by the government of India to treat MDR (Multi Drug Resistant) & XDR (Extensive Drug Resistant) TB, it is now high time to realize that it cannot be fought by drugs alone but requires addressing many social issues like poverty and illiteracy. And as always, prevention is better than cure, so first spread of sensitive and resistant tuberculosis should be prevented by early detection and treatment of patients and second sensitive tuberculosis should be managed properly to prevent the emergence of resistant tuberculosis.



Dr. Vineet Mahajan
Associate Professor
Department of TB & Chest



WORLD TB DAY MARCH 24



Dr. Vineet Mahajan (Associate Professor)
Dr. Ashish Gupta (Junior Resident)

Poster By:

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