

Charnock



*Love Your Family
Love Your Health*

- | **From Doctor Desk:** Patient - physician Relationship
- | **Case:** A Case of Undifferentiated Fever
- | **Know About Your Disease:** Chickenpox
- | **Outdoor Activities:** Charnock Health Camps & Awareness Programmes

Lifestyle

**WORKING
FROM
HOME?**

Recipe

*Apple
Kheer*



From **Doctor's Desk**

PATIENT-PHYSICIAN RELATIONSHIP

The significance of the intimate personal relationship between physician and patient cannot be too strongly emphasised, for an extraordinarily large number of cases both the diagnosis and treatment are directly dependent on it. One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient.

Francis W Peabody, October 21, 1925

Lecture at Harvard Medical School.

These words of wisdom are as relevant today as it was about 100 years ago. We should remember that patients are not “cases” or “admissions” or “diseases”, they are all human beings like us made of flesh and bone with a soul. Patients do not fail treatments, treatments fail to benefit patients. This point is particularly important in this era of high tech clinical medicine. During our daily routine work where our relationship with patients matters most are-

INFORMED CONSENT-

The fundamental principle of medical ethics require physicians to act in the patient's best interest and to respect his autonomy. The physician is responsible for ensuring that the patient thoroughly understands the risk and benefit of any procedure. Here special care should be taken to ensure that the physician has no conflict of interest.



GRAVE PROGNOSIS AND DEATH-

Breaking bad news about diagnosis and impending grave outcome including death requires special communication skills on the part of the physician. To me it is one of the most stressful jobs we have to undertake in our clinical work. The physician must provide emotional, physical and spiritual support to the patient and his family. Good communication is essential to decide the end of life care including palliative and terminal care.

MAINTAINING HUMANISM AND PROFESSIONALISM-

This is again a tightrope walking for any doctor to balance both these aspects every time and for every situation. Many trends in modern health care tend to make medical care impersonal like (1) Escalating cost (2) Corporate and insurance-driven care, (3) Increasing reliance on technological advances and digitalisation and (4) The need for involvement of numerous specialists and healthcare workers. In the light of these changes in medical care it is a major challenge for physicians to maintain the humane aspect and be professionally adequate at the same time.

GLOBALIZATION OF MEDICINE-

The COVID pandemic has taught us that the germs of diseases follow no geographic boundaries and fast world travel has implications for disease spread. Hence the physicians should be cognizant of the diseases and new medical developments beyond their region.

From **Doctor's Desk**

PATIENT-PHYSICIAN RELATIONSHIP

MEDICINE AND INTERNET-

The internet has had a positive effect on the practice of medicine as wide range of information is available to doctors and patients almost instantaneously. This medium holds enormous potential for the delivery of current knowledge, practice guidelines, state of art conferences, journals an so on. Patients too are turning to the internet to acquire information about illnesses and therapies. However an important caveat here is that anything can be published on the internet without peer review. Hence patients sometimes fall into the trap of medical jargon and confront the doctors with weird ideas about disease and therapeutics. Here the doctors should give a patient hearing to the patient (so called Google Doctor) and clarify his misgivings rather than brushing him off.

PUBLIC EXPECTATION AND ACCOUNTABILITY-

The general public's level of knowledge regarding health issues has grown rapidly over the last few decades. As a result expectations from the health care system and physicians have also risen. Physicians are expected to master rapidly advancing fields (the science of medicine) while considering patients' unique needs (the art of medicine).

PHYSICIAN AS PERPETUAL STUDENT-

A physician is a student not only in medical school but also throughout his life. He never ceases to learn in his life ,everyday is a lesson for him. Ideally, he should pursue new knowledge continually by reading, attending seminars and conferences and searching on the internet. Although it is a difficult task for a busy practitioner however commitment to continued learning is an integral part and must be given the highest priority.

PHYSICIAN AS A CITIZEN-

The capacity to apply one's skill for the benefit of fellow human beings is a noble calling. In the light of their influence on society in general physicians must always be aware of the impact of what they do and say in public. They must set a perfect example as a law abiding noble citizen with the privilege of helping fellow citizens in their professional life.

RESEARCH, TEACHING AND PRACTICE OF MEDICINE-

The word doctor is derived from the Latin "docere", which means " to teach". As teachers physicians should share information and medical knowledge with colleagues, students and other related professionals. Advances in medicine depend on the acquisition of new information through research and improved medical care requires transmission of that information. The best interests of the patient must always take priority.

ENDURING VALUES OF THE MEDICAL PROFESSION-

No greater opportunity, responsibility or obligation can fall to the lot of a human being than to become a physician. In the care of the suffering (the physician) needs technical skill, scientific knowledge and human understanding.. Tact, sympathy and understanding are expected of the physician, for the patient is no mere collection of symptoms, signs, disordered functions, damaged organs and disturbed emotions.(The patient) is human, fearful, and hopeful, seeking relief, help and reassurance.

— Harrison's Principles of Internal Medicine, 1950

A Case of Undifferentiated Fever

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Introduction

The syndrome of prolonged high-grade undifferentiated fever can be a diagnostic dilemma for all physicians alike. The differential diagnosis may range from common viral exanthems, bacterial infections, parasitic and spirochaetal infections to connective tissue disorders. In cases of undifferentiated fever, some typical characteristics provide the clue to the diagnosis and initiation of proper therapy. Rickettsial fevers are uncommon but occasional presentations of the syndrome with long standing high-grade fever. A case of rickettsial fever with rash in a 41 yrs old lady is reported.

Case Report

A 41-year-old lady (non-residential Indian) was presented with high-grade intermittent fever for the last 11 days associated with generalised body ache, malaise and intense headache. There was a recent history of travelling to her village in Murshidabad, WB. There were associated symptoms of intermittent episodes of vomiting and diarrhoea since the last 7 days. There was no history of snake bite; bleeding from the gums, nose, or throat; blood in the stools; oral or genital ulcers; seizures; joint pains or swelling. There was no history of any drug intake. General examination revealed a febrile patient with a temperature of 103 degrees F. The patient was conscious, oriented and the higher mental functions were normal. Conjunctival congestion was present. A typical lesion--possibly a bite mark ulcer (eschar) was discovered over the right lower limb thigh area (Fig 1.1 & 1.2). The lesion was tender to point pressure. A tick bite mark of 1 x 1 cm with overlying eschar and an inflammatory areola was seen. There were no digital infarcts, or gangrene of the fingertips, nose or ear lobes. The external genitalia was normal. Systemic examination revealed mild splenomegaly of 1 cm. The hemogram, peripheral blood smear and platelet count were normal. Smears for malarial parasite were negative. The serum bilirubin level was normal. The liver transaminase was elevated: SGOT 250 IU/L, and SGPT 136 IU/L. Urine examination revealed microscopic hematuria. The BUN and serum creatinine levels were normal. Dengue NS1 & IgM, Widal test, MPDA, COVID 19 RT-PCR, Blood Culture and Urine Culture reports were normal.

Serology for HBsAg and HCV were negative. During the course of hospitalization, the patient developed palpitations and was found to have sinus tachycardia of 130/min with borderline cardiomegaly. The cardiothoracic ratio was 15:30. The CKMB value was 26 U/L. An echocardiogram ruled out any pericardial effusion. The patient was diagnosed as a case of scrub typhus on clinical and serological (Scrub Typhus IgM positive) grounds and was treated with doxycycline 100 mg twice daily and additional supportive treatment for hepatitis. She responded well to the treatment with subsidence of both the fever and associated symptoms.



Discussion

Man is accidentally infected when he encroaches on the mite-infested areas, known as the mite islands. These consist of areas with secondary scrub growth, which grows after the clearance of primary forest, and hence the term scrub typhus. However, the infection can occur in diverse habitats such as seashores, rice fields, and even semideserts. Most cases in disease-endemic areas occur through agricultural exposure such as working in rice fields in India, Nepal, and Bangladesh. Living at the edge of the village, living in the houses near grassland, vegetable field or ditch, house yard without cement floor, piling weeds in the house or yard, all of these are risk factors for scrub typhus infection. Working in vegetable fields and hilly areas, and harvesting in autumn posed the highest risks. Fever is the most common feature of scrub typhus and in endemic areas it is one of the causes of "fever of unknown origin." The clinical manifestations of this disease range from subclinical disease to organ failure to fatal disease. After ruling out complicated malaria, leptospirosis and dengue fever, many of these cases remained undiagnosed. Scrub typhus is grossly under-diagnosed in India due to its nonspecific clinical presentation limited awareness and low index of suspicion among clinicians, and lack of diagnostic facilities. The infection manifests clinically as a nonspecific febrile illness often accompanied by headache, myalgia, nausea, vomiting, diarrhoea, cough or breathlessness. Severity varies from subclinical illness to severe illness with multiple organ system involvements, which can be serious enough to be fatal, unless diagnosed early and treated. Serious complications of scrub typhus are not uncommon and may be fatal; they include pneumonia, myocarditis, meningo-encephalitis, acute renal failure and gastrointestinal bleeding. Early diagnosis is important because there is usually an excellent response to treatment, and timely antimicrobial therapy may help prevent complications. In developing countries with limited diagnostic facilities, it is prudent to recommend empiric therapy in patients with undifferentiated febrile illness having evidence of multiple system involvements. Doxycycline 200 mg/day is the treatment of choice for scrub typhus. Other antibiotics useful for the treatment of this infection are chloramphenicol, azithromycin and rifampicin. Rapid resolution of fever following doxycycline is so characteristic that it can be used as a therapeutic test. Azithromycin has been proved more effective than doxycycline in doxycycline-susceptible and doxycycline-resistant strains causing scrub typhus. In this case, the patient presented very late - 10 days after her illness started. With no improvement in clinical condition, a detailed examination of the patient revealed the eschar. She responded excellently to azithromycin and doxycycline therapy and was discharged soon enough.

References

Vivekanandan M, Mani A, Priya YS, Singh AP, Jayakumar S, Purty S. Outbreak of scrub typhus in Pondicherry. *J Assoc Physicians India* 2010;58:24-8

Strickman D, Sheer T, Salata K, Hershey J, Dasch G, Kelly D, et al. In vitro effectiveness of azithromycin against doxycycline-resistant and -susceptible strains of *Rickettsia tsutsugamushi*, etiologic agent of scrub typhus. *Antimicrob Agents Chemother* 1995;39:2406-10

Mathai E, Lloyd G, Cherian T, Abraham OC, Cherian AM. Serological evidence for the continued presence of human rickettsioses in southern India. *Ann Trop Med Parasitol* 2001;95:395-8

Varghese GM, Abraham OC, Mathai D, Thomas K, Aaron R, Kavitha ML, et al. Scrub typhus among hospitalised patients with febrile illness in South India: Magnitude and clinical predictors. *J Infect* 2006;52:56-60

Kamarasu K, Malathi M, Rajagopal V, Subramani K, Jagadeeshramasamy D, Mathai E. Serological evidence for wide distribution of spotted fevers & typhus fever in Tamil Nadu. *Indian J Med Res* 2007;126:128-30

Mahajan SK, Rolain JM, Sankhyani N, Kaushal RK, Raoult D. Pediatric scrub typhus in Indian Himalayas. *Indian J Pediatr* 2008;75:947-9

Somashekar HR, Moses PD, Pavithran S, Mathew LG, Agarwal I, Rolain JM, et al. Magnitude and features of scrub typhus and spotted fever in children in India. *J Trop Pediatr* 2006;52:228-9

Ittyachen AM. Emerging infections in Kerala: A case of scrub typhus. *Natl Med J India* 2009;22:333-4

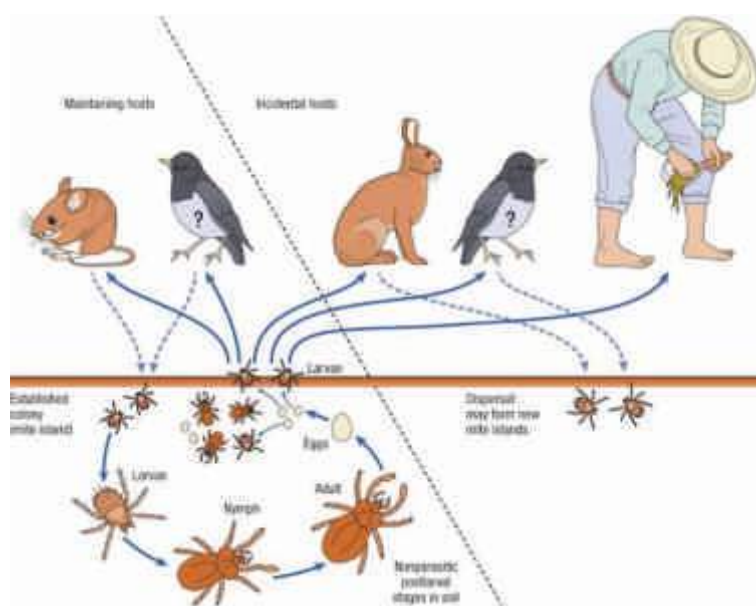
Sharma A, Mahajan S, Gupta ML, Kanga A, Sharma V. Investigation of an outbreak of scrub typhus in the himalayan region of India. *Jpn J Infect Dis* 2005;58:208-10

Narvencar KP, Rodrigues S, Nevrekar RP, Dias L, Dias A, Vaz M, et al. Scrub typhus in patients reporting with acute febrile illness at a tertiary health care institution in Goa. *Indian J Med Res* 2012;136:1020-4

Mahajan SK. Scrub typhus. *J Assoc Physicians India* 2005;53:954-8

Lyu Y, Tian L, Zhang L, Dou X, Wang X, Li W, et al. A case-control study of risk factors associated with scrub typhus infection in Beijing, China. *PLoS One* 2013;8:e63668

Chogle AR. Diagnosis and treatment of scrub typhus - The Indian scenario. *J Assoc Physicians India* 2010;58:11-2



CHICKENPOX

What Causes Chickenpox?

The cause is varicella-zoster herpes virus. People catch chickenpox, when they are around someone who has it, by breathing in droplets containing the virus. People also catch it by direct contact with skin lesions on infected people.

What Are the Symptoms of Chickenpox?

Symptoms develop 7 to 21 days after exposure. They include slight fever, runny nose, slight cough, headache, tiredness, and no appetite.

Red spots that appear on the body 2 to 3 days later develop into an itchy rash that forms blisters, which dry and become scabs in 4 to 5 days. People may have only a few blisters, or more than 500 may appear. Chickenpox is usually contagious 1 to 2 days before the rash and up to 6 days after blisters form. The mouth, ears, and eyes can also have ulcers.

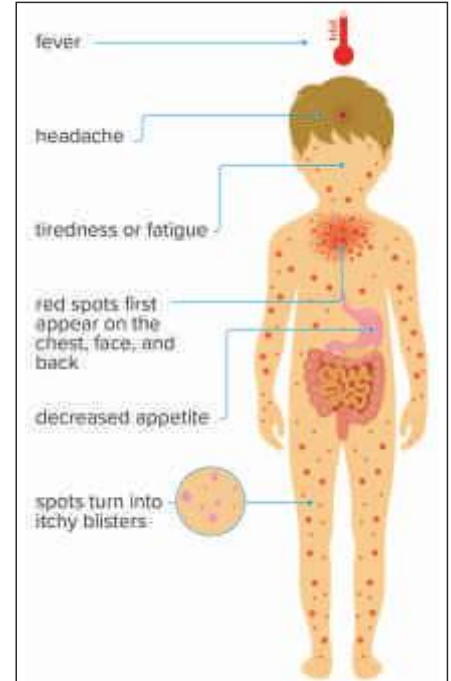
How Is Chickenpox Diagnosed?

The health care provider will make a diagnosis by the medical history and by looking at the rash.

How Is Chickenpox Treated?

Healthy children need no specific medicine but can get symptom relief. Nonaspirin products such as acetaminophen can reduce fever. DO NOT give aspirin to children with chickenpox. Antihistamines, lotions such as calamine, and oatmeal baths can reduce itching. Drinking liquids and resting are recommended. To prevent spreading chickenpox, keep children away from others until blisters have crusted.

SIGNS AND SYMPTOMS OF CHICKENPOX



Care



Do not scratch skin



Apply soothing lotion



Medicine for fever

Prevention



Vaccine



Wash hands

People at high risk for severe infection and people with impaired immune systems (e.g., those with bone marrow transplants or leukaemia) may get antiviral drugs to prevent complications from chickenpox.

DOs and DON'Ts in Managing Chickenpox:

DO call your health care provider at once if you're pregnant and think that you were exposed to chickenpox.

DO wash your hands regularly and wash bed linens and recently worn clothes with hot, soapy water.

DO keep fingernails short to prevent scratching and avoid infection.

DO rest, but allow quiet activity.

DO use nonaspirin drugs for fever.

DO notify school nurses and parents of playmates who may have been exposed.

DO use antihistamines and cool sponge baths to reduce itching.

DO call your health care provider if your temperature is higher than 101° F or if weakness, headache, or sensitivity to light develop.

DO call your health care provider if vomiting, restlessness, and irritability occur, with decreased consciousness.

DO know that a vaccine for chickenpox is available for those who have not yet had the disease.

DON'T scratch blisters or scabs.

DON'T expose pregnant women, newborns, elderly people, or those with a low resistance to infection to chickenpox.

DON'T let infected children go to school or day care for at least 6 days after the first blisters appear. Dried, crusted scabs are not infectious.

DON'T give aspirin to children younger than 16 years because of the risk of Reye's syndrome.

Self-Love & Thank Your Body



Saying “thank you” to others is something you learn at an early age. But how often do you thank yourself?

Saying “thank you” to your body is one of the most important things you can do, especially when you’re pursuing a life of self-love and wellness. It’s not a habit that comes naturally because society is constantly telling us to change ourselves to fit a socially accepted standard.

Here are eight ways you can appreciate your body with simple rituals for self-love and wellness.

1. Meditation

Meditation is a beautiful way to center yourself. When life is stressful or your mind is racing, you can always turn to meditation. It’s also accessible to everyone because you can do it anywhere. All you need to do is find a quiet, comfortable space, close your eyes, and simply breathe.

2. Mindful movement

Moving your body in a mindful way is much different than exercising or working out. This isn’t about forcing yourself to do something you hate. This is about tuning in to your body and asking yourself what you need. One of my favourite ways to move my body is walking outdoors with my dogs. I look at the sky, the flowers, the trees, and the beauty all around me. I become present and aware. I love the way my body feels.

3. A good read

When I first started exploring self-love, I really didn’t know what it meant. I knew how to love someone else, but how the heck do I love myself? My personal self-love journey eventually began at a yoga class. As I walked into the studio, I turned to my left and saw a book that instantly sang to me. The title was, “The Mastery of Love” by Don Miguel Ruiz. I picked it up and purchased it right there. Little did I know my life would change forever.

3. Surround yourself with joy

Where do you spend most of your time? Is it your desk at work? Is it your car? When you look around your surroundings, do you feel a burst of joy? If not, the next step is to create an environment you absolutely love.

4. Ask for help

Self-love is asking for help. When you’re having a hard time, you’ll be surprised that most people do want to be there for you. It may be hard to be vulnerable and ask for help, but one of the best ways to get through a tough time is getting the support you need.

5. Find your place of bliss

We should all have that one place we can go to and feel blissful. For example, when I need a pick-me-up or a place to rejuvenate my soul, I head to a coffee shop. Something about sitting down at a table, surrounded by the positive energy, working on my computer, and sipping on a latte fills my needs.

7. Mirror work

I’m sure you look in the mirror daily. This can be a very negative experience for many because of the unkind inner dialogue you hear. Don’t listen to those words. Instead, when you look in the mirror, look yourself in the eyes and say “I love you.” Do it, even if you feel silly!

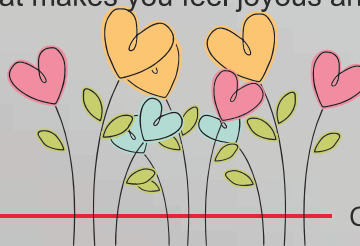
8. Gratitude

Having a morning and nighttime routine that’s dedicated to gratitude is an amazing way to boost your self-love. And all you need is a journal to start.

Takeaway

Remember, self-love is a multifaceted concept. Like any other relationship in your life, the one you have with yourself requires nurturing, patience, and kindness. There are many ways to practice self-love, and these are just a few. Explore different methods of caring for yourself, and find what makes you feel joyous and healthy — in your mind, body, and soul.

It can begin with a simple “thank you.”



Charnock Health Camps & Awareness Programmes

Vaccination camp at Heritage School of 15 to 18 years old



Music Composer Joy Sarkar, for COVID Booster Dose



WORKING FROM HOME?

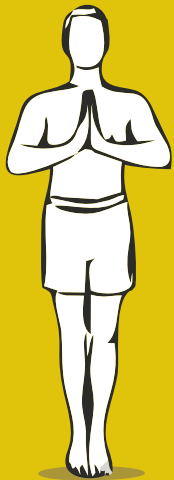
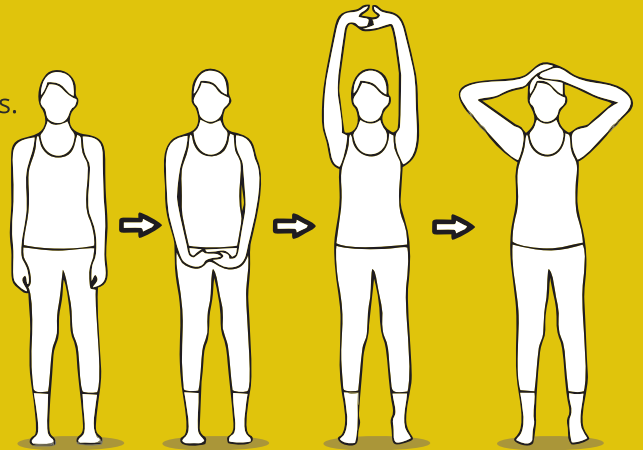
Try these 5 yoga asanas to increase your productivity

Formation of the posture

- Stand with your feet shoulder.
- Keep your arms beside your torso and inhale.
- Now stretch your arms out and interlock your fingers on top of the head.
- Gently lift your heels and stretch your hand to the ceiling.
- Gently breathe and tuck your navel in.
- Keep lifting your heels and extending your hands to the ceiling.
- Exhale and slowly bring your heels down and release your fingers.

Benefits:

- It prepares your body and calms your mind.
- It improves overall body posture.
- It creates self-awareness.
- It improves posture.
- It strengthens thighs, ankles, and feet.
- It tones the muscles of the abdomen.
- It calms down the mind.
- It relaxes the central nervous system.



Formation of the posture

- Stand with your hip-width apart, planted firmly against the floor.
- Place your arms together in front of your heart, with your forearms parallel to the ground.
- Elbows are pointed outwards and feel your chest opening up.
- Feel the pressure between your palms and gently breathe.

Benefits

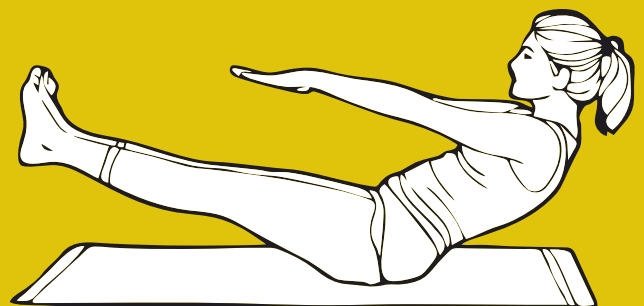
- It promotes the balance between both sides of the body
- It develops a sense of poise and respect for body and mind in preparation for the practice

Formation of the posture

- Sit on the mat with your legs fully extended.
- Bend your knees and lean your torso back.
- Extend the arms in front of you and raise your legs to a 45-degree angle.
- With your arms parallel to the floor, keep your gaze on your toes or the nose.
- Breath out as you release the pose.

Benefits

- It strengthens the lower back, stomach and leg muscles.
- It improves the functioning of the digestive system.
- It tones the waist and promotes weight loss.
- It removes gastrointestinal discomfort
- It eliminates lethargy.
- It builds the abdominal muscles.
- It stimulates circulatory, nervous and hormonal systems.

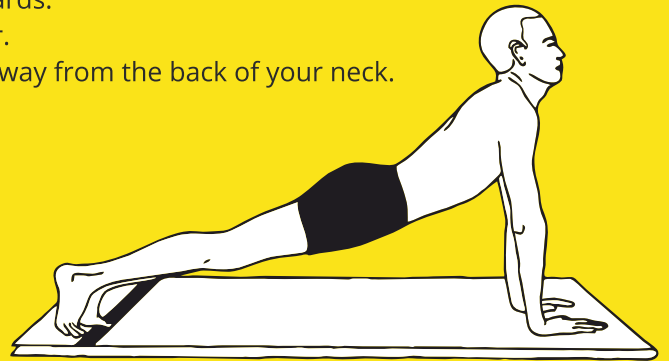


Formation of the posture

- Start in the downward dog asana.
- Now inhale and drop your torso forward until your arms are perpendicular to the floor.
- Keep your shoulders directly over the wrist.
- With your torso parallel to the floor, press your outer arms inwards.
- Make sure to keep your index fingers firmly pressed to the floor.
- Lower your knees to the ground and lift the base of your skull away from the back of your neck.
- Make sure you look straight down at the floor.
- Keep your throat and eyes soft and hold the pose for a while.

Benefits

- It strengthens thigh, arms and shoulders
- It makes the spine and abdominal muscles robust.
- It builds the core muscles.
- It improves balance in the nervous system.
- It stimulates the Manipura chakra.
- It energizes the entire body and instills the feeling of positivity.
- It develops a sense of inner equilibrium and harmony.

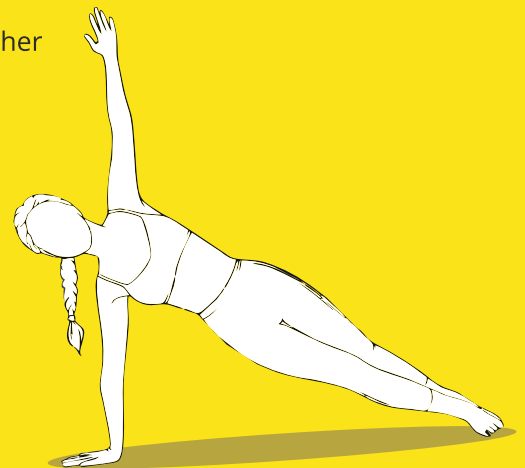


Formation of the posture

- Begin with Santholanasan (Plank)
- With your left palm firmly on the ground, remove your right hand off the floor
- Turn your entire body to face the right side and lift your right leg off the floor and place it over your left leg
- Raise your right arm above and keep your fingers pointing to the sky
- Ensure that both your knees, heels and feet are in contact with each other
- Ensure that both arms and shoulders are in one straight line
- Turn your head and look up at your right hand
- Hold the asana for a while
- Repeat the same on the left side

Benefits

- Slowly building your capacity to hold this asana for long periods will help you gain immense arm and core strength.
- It burns fat around your waist.
- It improves the sense of balance.
- It boosts concentration.
- It strengthens the wrists and shoulders.



Method

- Sit in any comfortable pose and keep your spine comfortably erect.
- Close your eyes with index fingers, mouth with ring and small fingers and thumbs with respective thumbs.
- Inhale deeply through the nose and exhale in a controlled manner making a deep humming sound like "hmmmmmm".
- Repeat it for four more rounds.

Duration

- You may begin practising this breathing technique for five minutes a day and gradually increase it with time.

Benefits

- It calms the mind and rejuvenates the body.
- It increases sensitivity to tastes and fragrances.
- It relieves stress and anxiety.
- It makes the voice pleasant and melodious and strengthens the vocal cords.
- It treats throat uneasiness.
- It balances blood pressure.
- It improves concentration.



Include a basic warm-up (Sukshma Vyayam) into your routine before beginning your practice. Try to keep distractions to a minimum during your yoga practice. Conclude your session with light breathing, and meditation practice.



FOOD

Apple Kheer

INGREDIENTS

- 1 Apple
- 1 tsp ghee
- 3 cup milk
- $\frac{1}{4}$ tsp saffron / kesar
- $\frac{1}{4}$ cup condensed milk / milkmaid
- $\frac{1}{4}$ tsp cardamom powder
- 2 tbsp dry fruits (chopped)

Instructions

1. Peel the skin of the apple and grate it and transfer it to a pan. Make sure not to rest long as it oxidized and turns brown.
2. Saute grated apple with 1 tsp ghee on medium flame.
3. Cook until the water evaporates and the apple is cooked well. Cool completely.
4. In a large Kadai heat 3 cups of milk and add $\frac{1}{4}$ tsp saffron. Get to a boil.
5. Add $\frac{1}{4}$ cup condensed milk and mix well.
6. Boil for 10 minutes or until the milk thickens.
7. Add $\frac{1}{4}$ tsp cardamom powder and mix well. Allow the milk to cool completely.
8. Now add cooked apple and mix well. Make sure both apple and milk are at room temperature, else there are chances of milk to curdle.
9. Cover and refrigerate for 30 minutes or until it is chilled.
10. Finally, serve Apple Kheer garnished with a few chopped nuts.



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