



# KADAMBINI ORTHOPAEDIC & SPINE TRUST

(Kadambini Charitable Trust )

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Dear friends and elders,

This news letter is being released around the festive season of holi. I wish you all a very colorful and happy holi. It is the advent of spring and summer and people are usually cheerful around this time.

You will all be happy to learn that in the last six months with the start of activities of the **Kadambini Orthopedic & Spine Trust**, we have successfully treated around a thousand patients in the three health camps that we have organized in Odisha in the last 6 months .All this has been possible due to help from my friends from Shustrutam (our medical college group), my friends from NOBEL 2005(My Ravenshaw college friends), my other doctor friends and my family and relatives. My friends from the pharmaceutical industry have played a key role in arranging medicines for the camp.

The first camp was held in Kalarahang village which was my mother's birthplace .My doctor friends from all over the country ensured its success .The second camp was in Bhubaneswar which was jointly organized with GRIDCO and OPTCL. Mr. Shantanu Rath, Mr. Mohapatra and Mr. Das from Gridco were instrumental in ensuring its success .

The third camp was organized in a rural village at Sundari near Balasore which was organized by my brother in law Dr Bijoy kumar Panda and my elder brother Dr. Subrat Kumar Acharya .

The aim of our trust is to really help in our own way the health care scenario in our country. I feel this can be achieved by doing health camps, where we can sensitize patients for taking treatment and helping the sick to gain knowledge and start treatment .We have also distributed exercise charts and other health tips to help the patients to remain healthy.

The trust has helped in matching rich donors with poor and needy patients in getting healthcare. Ramlal (name changed was a laborer who needed spine surgery) had his spine surgery funded by a generous business man thus giving Ramlal a new lease of life. Priya(name changed) had congenital scoliosis and needed expensive surgery which was organized by the trust . Mohd. Iqbal was a poor man from J&K. He came to me with infection in the spine. He needed urgent surgery. He had some money but not enough for him to be treated in the lowest category in Sir Gangaram hospital so I was able to help him through the trust by money donated by the Khera family from Gurgoan. This gave me a lot of satisfaction as I was able to help this poor man with funds donated to me from those who had the money and wanted to help the poor. As a doctor in a Trust hospital where some money is required to treat poor patients my ability to partially fund the fees from the donors is of great help. There are so many ways a poor or needy patient can be helped. If you feel, you would like to donate, then please write a cheque to "**Kadambini Orthopaedic and spine trust- Kadambini charitable trust**".

With kind regards

**Shankar Acharya**

Trustee (KOST-KCT)

NOBEL 2005, Sushrutam 79, SPAI 76

# Nutrition in Chronic Kidney Disease patients

Dr. Anupam Prakash

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Diet is an inseparable part of life. Each living being needs diet and a nutritious one. Kidney diseases are on the rise and India is facing a mammoth burden posed by chronic kidney disease (CKD). CKD patients need to be very careful about their diet. The daily caloric intake prescription and the daily protein intake have to be taken as advised by the treating physician since these have to be individualized according to the individual patient. In fact, the whole dietary plan and pattern needs to be tailored keeping in mind the patient and his stage of disease and accompaniments (co-morbidities and complications). However, this article will try to put certain general guidelines for patients of kidney disease. By and large these should be followed except when the clinical condition so demands, in which case the treating doctor will obviously guide the patient. In no case is this article a substitute to the physician's advice.

Kidney disease patients are beset with certain peculiar problems, anorexia, nausea, vomitings, fluid retention, malnutrition and weight gain (despite losing muscle mass) being some of the important features of the CKD syndrome. The palatability of food and curbing one's natural instincts and difficulties in maintaining a separate kitchen are other problems apart from numerous social reasons.

The daily energy intake depends on the activity of the individual and per se does not need to be restricted in kidney disease patients. Daily protein intake also does not need to be restricted early in the CKD. However, most patients are diagnosed quite late, when it is pertinent to restrict dietary protein intake if the patient is not on dialysis. Dietary protein restriction is advised because it is believed to reduce generation of uraemic toxins and also prevent progression of kidney disease. However, in CKD stage 4 and 5, wherein dietary protein restriction has some role, the patient already has uraemic manifestations (anorexia, nausea, vomiting and malnutrition) and therefore, most physicians do not recommend protein restriction because the patient anyways is so severely anorexic that whatever amount of protein he/she takes is still not able to meet the recommended restricted protein prescribed (0.6 g/kg/day). However, patients who have a good appetite should not be allowed to take more than the routinely prescribed protein intake.

Patients should note that once they are on dialysis whether haemodialysis or peritoneal dialysis, their protein intake has to be greater than a healthy adult's daily protein intake (normal 1g/kg/day; on dialysis- 1.1-1.4g/kg/day).

CKD patients need to restrict fluids and a rough estimate for fluid intake is 500 ml over and above the total urine output that a patient is having. What constitutes fluids is very important, because many patients commit that they are not drinking water but they keep on gaining weight (weight gain invariably is a consequence of fluid retention in CKD patients). Why this is important is because fluid retention in turn contributes to uncontrolled and refractory hypertension, makes antihypertensive medications and diuretics useless, burdens the heart and invariably is an inconvenience to the patient.

The foods that count as fluids are listed as under-Any food liquid at room temperature, Jello ices of any type, Ice cream, Popsicles, Soups, Thin stews, Sorbets, Ice chips & cubes, Watermelons, any fluid that you drink, including nutritional supplements, alcohol, coffee, tea, water for medications.

There have been several measures which have been enlisted to control thirst and are being mentioned below for benefit of readers-Avoid salty foods, Keep mouth moist with mouth rinses (do not swallow), Brush teeth often, Chewing gum (regular or sugar), Hard candy (regular or sugar), Frozen lemon slices, Frozen blueberries, Frozen grapes, Products specific to help dry mouth & lips, Use a humidifier in dry rooms or put in a bowl of water by a heating vent

CKD patients are also advised to cut down on potassium in their diet. Hyperkalemia (high potassium levels in the blood) is an important feature of CKD/uremic syndrome and can be life-threatening since it predisposes to cardiac arrhythmias. Therefore, a low potassium diet is advised. In general, patients of kidney disease (CKD patients) are advised to avoid the following food items, many of which are high in potassium also-

- ◆ Salt & all salted food items including pickles, chips, etc.
- ◆ Raw vegetables, vegetable salads & vegetable soups.
- ◆ Green leafy vegetables like Spinach, Sarson ka saag, green peas & beans.
- ◆ Fruit juices, squash & bottle drinks.
- ◆ Aerated drinks.
- ◆ Tender coconut water & coconut chutney.
- ◆ Malted beverages like Boost, Bournvita & Protinex.
- ◆ Cocoa & cocoa products including chocolates, etc.
- ◆ Tinned, canned, preserved & processed foods e.g. sauce, macaroni, processed cheese.
- ◆ Jam, Jaggery, Jelly, Honey, etc. (in diabetics)
- ◆ Dried fruits & nuts including groundnuts, cashewnuts, etc.
- ◆ Fruits like Mausambi (Sweet lime), Kharbooja (Musk melon), Nimbu (Lemon), Bel, Apricots, Loquat, Aaroo (Peaches), plums
- ◆ Pulses like Bengal gram, Black gram, Moong (whole), Red gram dhal & Lobia.
- ◆ Meat, Beef, Pork & Egg yolk.
- ◆ Food items prepared from Besan e.g. Boondi & Pakoras.

Certain important instructions to be followed by all CKD patients are as under :

- ◆ COOK ALL FOOD ITEMS WITHOUT SALT
- ◆ COOK ALL VEGETABLES NICELY BEFORE CONSUMPTION
- ◆ "A FRUIT A DAY KEEPS THE DOCTOR AWAY" - ONLY ONE FRUIT (100g) CAN BE TAKEN PER DAY LIKE APPLE, GUAVA, ORANGE, PAPAAYA & WATER MELON.
- ◆ DAILY CEREALS - 10-12 in number [1roti (20 g atta/flour) = ½ cup of cooked rice = 1 slice of bread].
- ◆ RESTRICT INTAKE OF DAL (PULSES) TO 25 g/ day (in uncooked form).
- ◆ RESTRICT INTAKE OF MILK & ITS PRODUCTS TO 400 ml/day (including coffee, tea, buttermilk).
- ◆ NON-VEGETARIANS TO RESTRICT TO 200 ml OF MILK & 50 g OF CHICKEN/FISH OR 1 EGG /DAY.

Before, the end of the article, it is to re-emphasise that this article is an attempt to generate awareness among dietary modifications for kidney disease patients and also supplement the knowledge base of CKD patients and doctors involved in treating CKD patients. By no means, is this article exhaustive or a substitute to doctor's or the dietician's advice. Moreover, the nutritional advice will have to take into account the individual patient, the medical illnesses and complications the patient has and his/her socio-economic milieu. There is an old adage-"Some people live to eat" and "Some people eat to live"; and obviously, the latter are the ones who live long and healthy. We would suggest the same for kidney disease patients but with a caveat that they should eat cautiously and eat nutritious to live..... to live healthy and longer.

## Keep the Planet – Earth healthy

B.C. Pal, IFS (Retd.)

In recent years there has been marked change of climate that everybody experiences in terms of extreme temperature variations, vagaries of monsoon, cyclones, storms, hurricanes etc. and this climate change poses a threat to very existence of all life forms for both animal and plant kingdom resulting in gradual extinction of many species.

According to World bank calculations one fourth of children in developing countries suffer from malnutrition, about 100 crore people are devoid of pure drinking water, 160 crores do not have the facility of electricity and 300 crore are devoid of healthy environment.

In fact it has been realised that this situation of climate change of late, talked about throughout the world has arisen due to gradual increase in atmospheric temperature in the event of disproportionate amount of green house gases i.e. Carbon dioxide, Methane, Nitrous oxide termed as carbon footprints. The increase of green house gases in atmosphere surrounding the earth is because of human activities such as large scale industrialization, urbanisation, massive forest destruction and more so the luxurious lifestyle of developed countries in the world. In order to sustain our existence and live happily in congenial environmental condition both developed and developing countries ought to come together and agree to a strategy as to how to gradually reduce/stabilize the level of carbon footprints or else face the resultant consequences that are well perceived.

Now the crux of the issue is to how to implement the strategy in form of an action plan. It is therefore imperative that developed countries must extend necessary resources and technical know how to developing countries to face such a colossal challenge.

Action plan to counter climate change

Certain salient measures/ steps at personal or organisational level are most essential to adhere to. Prior to initiating action plan, the prevailing level of green house gases being released to be ascertained as a bench mark. There after following pragmatic steps need to be taken both at individual level and organisational level to reduce the carbon foot prints.

- (a) Save electrical energy consumption: Through use of CFL bulbs, use of five star rating house hold gadgets/ appliances (energy saving), put out fans/ lights whenever not required. Economic fuel consumption (Petrol Diesel Etc.) in vehicles.
- (b) Construction of green building with use of ecofriendly house hold appliances.
- (c) Conserve forests, resort to massive tree planting in all available spaces.
- (d) Use of Recycled papers.
- (e) Develop Massive/ dependable public transport system to reduce the number of four wheeler private vehicle. Resort to use of bicycle to save fuel.
- (f) Judicious use of water and close the flowing taps when noticed.

Environment awareness among masses- needs to be promoted. All these are feasible, if there is an attitudinal change, a social obligation for healthy and peaceful living in this planet- **The Earth.**

## Mo Aie....

Dr Tanmaya Panda (Dhanu)

.My childhood memories take me back to the time spent with my super active Aie (Grandmother) in Maithon Dam township. The old british bungalows, the lush green gardens in front of the house, the berry trees, the wire boundary, the flowers and all variety of fruit trees are unforgettable memories.

She was always full of energy and hardly took any rest. Her personal needs were very few & whatever time she had, was always busy serving others, even though she herself had a frail health. A very spiritual person she would spend hours praying. She frequently called up my mother to keep track of all news of family members and relatives. I cannot express in words her love for my Mamus, ( Uncles), my Maeens ( Aunts), my mother and all her grandchildren and her anxiety for the well being of her children.

She was Aja's true companion of for more than 60 years of marriage & stood by him in all difficult times. Her nature of being a giver and serving others at all given times was very much complimentary to Aja's meticulous and systematic attitude.

This year as I wished "Happy New Year" to everybody, the voice of Aie rang in my ear....'haerae Dhanu..Thor Aie katha Ebe mane padila... (You got time now to remember your grandmother?) I wish it will be selfish for me to think my Aie to be present always by my side.

After all.... Dehino ashmi...tatha dehe...kaimaram, jobananum, jara

Tatha dehantara prapty ...dhirastatra na muhyatae. (Gita :2,13)

(As the body with the embodied self passes through the youth, householder, old age doing its duties and responsibilities....ultimately.. it gives up the body to merge in everlasting, changeless happiness.)

At the divine call she has left the physical frame to be secure and at peace in the lap of heavenly father after serving us for the lifetime. Be there and bless us!!...Aie.

# GLIMPSES OF THE 2nd HEALTH CAMP AT POWER HOSPITAL, BHUBANESWAR



# GLIMPSES OF THE 2nd HEALTH CAMP AT POWER HOSPITAL, BHUBANESWAR



Osteoporosis is a major global public health problem associated with significant morbidity, mortality, and socioeconomic burden. It is defined as a skeletal disorder characterised by low bone strength, leading to an increased risk of fragility fractures. The greatest bone loss occurs in women during perimenopause and is associated with estrogen insufficiency, a condition of menopause. It is also called the "silent epidemic" as there are no symptoms to alert women to the progressive weakening of their bones.

This silently progressing metabolic bone disease is widely prevalent in India and osteoporotic fractures are a common cause of morbidity and mortality in adult Indian men and women.

Prevention of osteoporosis should start early in life, but it's never too late to improve bone health. There are measures women can take to prevent or attenuate bone loss, and accurate diagnostic tools and effective treatment are available. This article provides females with a review of osteoporosis and current recommendations for prevention and treatment so they can maintain optimal bone health.

### Risk factors associated with osteoporosis :

Non modifiable risk factors -Personal fracture as an adult, maternal history of fracture, caucasian or asian race, Advance age > 65 years, female gender, poor health.

Modifiable risk factors - Current cigarette smoking, Low body weight, Estrogen deficiency, Alcoholism, Impaired vision, Recurrent falls, Inadequate physical activity, Poor health. Due to osteoporosis there is increased risk of fractures at vertebral column, wrist and hip.

### How to measure bone strength :

Osteoporosis is a condition that can be prevented and treated if diagnosed early and accurately. Unfortunately, it is often undiagnosed until a fracture occurs. Measuring bone mineral density (BMD) is the most important tool in the diagnosis of osteoporosis. The gold standard for measuring BMD is the dual-energy X-ray absorptiometry (DEXA) densitometer, a specialized X-ray device that precisely quantifies BMD at the spine, femur, and other skeletal sites. DEXA scans are noninvasive and comfortable for the patient, with very low radiation requiring only 10 minutes for the entire examination. With the onset of menopause, rapid bone loss occurs which is believed to average approximately 2-3% over the following 5-10 years, being greatest in the early postmenopausal years. Bone mineral density is best measured at the hip. The scan reports BMD as a Z score or a T score. The Z score is used in premenopausal women; it represents the difference between the test result and the average score for women of the same age and ethnicity. The T score is used in postmenopausal women. The T-score represents the number of SDs above or below the mean BMD for the young, healthy female population aged 20-29 yrs.

### Who should undergo BMD testing

- All the women younger than 65 years with risk factors of osteoporosis (besides menopause)
- All women 65 years and older regardless of risk factors for osteoporosis
- Postmenopausal women with fractures ( to confirm diagnosis and severity of disease)
- Women who are considering therapy for osteoporosis
- Women who have been on HRT for prolonged periods

### PREVENTION AND MANAGEMENT OF OSTEOPOROSIS

- Adequate calcium and vitamin D intake are the most important modifiable factors in ensuring bone health, followed by weight-bearing exercise.
- Avoiding smoking and excessive alcohol intake
- When osteoporosis progresses despite lifestyle changes, then hormone therapy or pharmacotherapy, including bisphosphonates and estrogen agonists/antagonists (also known as selective estrogen receptor modulators, or SERMs), may be prescribed.

Calcium and vitamin D deficiencies must be corrected before initiating pharmacologic therapy. Calcium and vitamin D. For women ages 50 years and older, recommended daily intake of at least 1,200 mg of elemental calcium. Dairy products are the major dietary sources of calcium like low-fat yogurt, cheddar cheese, and nonfat milk. Nondairy sources include canned sardines with bones; dark leafy vegetables; canned salmon with bones; and calcium-fortified orange juice and cereals.

- The primary source of vitamin D is sunlight. Very few foods apart from oily fish such as salmon and mackerel, naturally contain vitamin D. Most dietary intake comes from fortified products, particularly milk, milk products, orange juice, and breakfast cereals. Fewer than 10% of adults get enough vitamin D from diet alone; even with supplementation, fewer than 30% of women ages 50 or older meet the current recommendations.
- Exercise. Weight-bearing exercise and resistance training may enhance bone health in both premenopausal and postmenopausal women. Women who exercise regularly, regardless of age, should increase progressively up to 30- 60 minutes 3-5 days per week, include low-to-moderate weight-bearing exercises for variety, such as brisk walking, stair-climbing, dancing, hiking, or aerobics. Sedentary women should start walking (indoors or out) in proper footwear for 10 minutes per day 3 times a week; increase by one minute each week.
- Pharmacotherapy is appropriate if lifestyle changes don't adequately control bone loss. It is appropriate in
- All postmenopausal women with BMD T scores less than or equal to -2.5 at the lumbar spine, femoral neck, or total hip region.
- Postmenopausal women with BMD T scores from -1 to -2.5 and a 10-year risk of a hip fracture of at least 3% or of another major osteoporotic fracture of at least 20%
- All postmenopausal women with a history of a vertebral or hip fracture.

# 25 REASONS TO EMBRACE CRITICISM

Criticism isn't always easy to receive -- and yet, it can be transformed into an opportunity for personal growth, motional development, time efficiency, improved relationships, and self-confidence. This article shares 25 reasons to embrace criticism: "I realize criticism doesn't always come gently from someone legitimately trying to help. A lot of the feedback we receive is unsolicited and doesn't come from teachers -- or maybe all of it does. We can't control what other people will say to us, whether they'll approve or form opinions and share them. But we can control how we internalize it, respond to it, and learn from it, and when we release it and move on. If you've been having a hard time dealing with criticism lately, it may help to remember the following:"

## THE BENEFITS OF CRITICISM

### Personal Growth

1. Looking for seeds of truth in criticism encourages humility. It's not easy to take an honest look at yourself and your weaknesses, but you can only grow if you're willing to try.
2. Learning from criticism allows you to improve. Almost every critique gives you a tool to more effectively create the tomorrow you visualize.
3. Criticism opens you up to new perspectives and new ideas you may not have considered. Whenever someone challenges you, they help expand your thinking.
4. Your critics give you an opportunity to practice active listening. This means you resist the urge to analyze in your head, planning your rebuttal, and simply consider what the other person is saying.
5. You have the chance to practice forgiveness when you come up against harsh critics. Most of us carry around stress and frustration that we unintentionally misdirect from time to time.

### Emotional Benefits

6. It's helpful to learn how to sit with the discomfort of an initial emotional reaction instead of immediately acting or retaliating. All too often we want to do something with our feelings-generally not a great idea!
  7. Criticism gives you the chance to foster problem solving skills, which isn't always easy when you're feeling sensitive, selfcritical, or annoyed with your critic. The less time you have to do something with it.
  8. Receiving criticism that hits a sensitive spot helps you explore unresolved issues. Maybe you're sensitive about our intelligence because you're holding onto something someone said to you years ago-something you need to release.
  9. Interpreting someone else's feedback is an opportunity for rational thinking- sometimes, despite a negative tone, criticism is incredibly useful.
  10. Criticism encourages you to question your instinctive associations and feelings; praise is good, criticism is bad. If we recondition ourselves to see things in less black and white terms, there's no stop to how far we can go!
- ### Improved Relationships
11. Criticism presents an opportunity to choose peace over conflict. Often times, when criticized our instinct is to fight, creating unnecessary drama. The people around us generally want to help us, not judge us.
  12. Fielding criticism well helps you mitigate the need to be right. Nothing closes an open mind like ego-bad for your personal growth, and damaging for relationships.
  13. Your critics give you an opportunity to challenge any people-pleasing tendencies. Relationships based on a constant need for approval can be draining for everyone involved. It's liberating to let people think whatever they want-they're going to do it anyway.
  14. Criticism gives you the chance to teach people how to treat you. If someone delivers it poorly, you can take this opportunity to tell them, "I think you make some valid points, but I would receive them better if you didn't raise your voice."
  15. Certain pieces of criticism teach you not to sweat the small stuff. In the grand scheme of things, it doesn't matter that your boyfriend thinks you load the dishwasher "wrong."

### Time Efficiency

16. The more time you spend dwelling about what someone said, the less time you have to do something with it.
17. If you improve how you operate after receiving criticism, this will save time and energy in the future. When you think about from that perspective-criticism as a time saver-it's hard not to appreciate it !
18. Fostering the ability to let go of your feelings and thoughts about being critiqued can help you let go in other areas of your life. Letting go of worries, regrets, stresses, fears, and even positive feelings helps you root yourself in the present moment. Mindfulness is always the most efficient use of time.
19. Criticism reinforces the power of personal space. Taking 10 minutes to process your emotions, perhaps by writing in a journal, will ensure you respond well. And responding the well the first time prevents one critical comment from dominating your day.
20. In some cases, criticism teaches you how to interact with a person, if they're negative or hostile, for example. Knowing this can save you a lot of time and stress in the future.

### Self Confidence

21. Learning to receive false criticism-feedback that has no constructive value-without losing your confidence is a must if you want to do big things in life. The more attention your work receives, the more criticism you'll have to field.
22. When someone criticizes you, it shines a light on your own insecurities. If you secretly agree that you're lazy, you should get to the root of that. Why do you believe that-and what can you do about it ?
23. Learning to move forward after criticism, even if you don't feel incredibly confident, ensures no isolated comment prevents you from seizing your dreams. Think of it as separating the wheat from the chaff; takes what's useful, leave the rest, and keep going!
24. When someone else appraises you harshly, you have an opportunity to monitor your internal self-talk. Research indicates up to 80% of our thoughts are negative. Take this opportunity to monitor and change your thought processes so you don't drain and sabotage yourself!
25. Receiving feedback well reminds you it's OK to have flaws-imperfection is part of being human. If you can admit weakness and work on them without getting down on yourself, you'll experience far more happiness, peace, enjoyment, and success.

*We are all perfectly imperfect, and other people may notice that from time to time. We may even notice in it each other. Somehow accepting that is a huge weight off my mind.*  
- by **Lori Deschene**

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## GLIMPSES OF THIRD HEALTH CAMP AT BALASORE



### ACKNOWLEDGEMENTS

This Holi news letter will coincide with the 4th KOST camp. I have been extremely lucky to be able to hold these camps so successfully in Odisha. A successful camp needs a lot of hard work and team effort. I will be failing in my duties if I do not acknowledge all those who helped in the success of these camps.

I thank Pratap Bhai & Budhan for having organized this fourth camp at Bhubaneswar. Dr Sivaji Patnaik has been instrumental in getting all the doctors for the camp everytime.

I thank Rupa, Sivaji and all his friends who have spared their valuable time for their humane service. All my friends from NOBEL 2005 have always supported wholeheartedly for the success of the camps.

All members of SUSHRUTAM ( my medical college friends) have gone out of their way by spending their time, energy and money to come and offer their services. I thank my family of doctors especially Prof. Subrat Kumar Acharya, Dr B. K. Panda, Dr Tanmaya Panda, Dr Anita Acharya and all my family members for their constant encouragement and support to continue these activities.

I am grateful to Gaurav Anand , Sumanta and his team in from Stadchem Pharma, Kamal and Gopesh from Dr. Reddy Labs have always gone out of their way to provide logistics for the camps. Other pharmaceuticals have helped me with medicines namely Wanbury, J&J, Lupin, Intas, Zuventus, Novartis, Sun, Pharmed & Macleods pharma & I thank them all.

I thank the patients attending the camps for having put their trust in us and encouraging us to do better everytime.

**Shankar Acharya**

Trustee KOST, Member NOBEL2005

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