



JAGJIVANRAM HOSPITAL, WR, MUMBAI

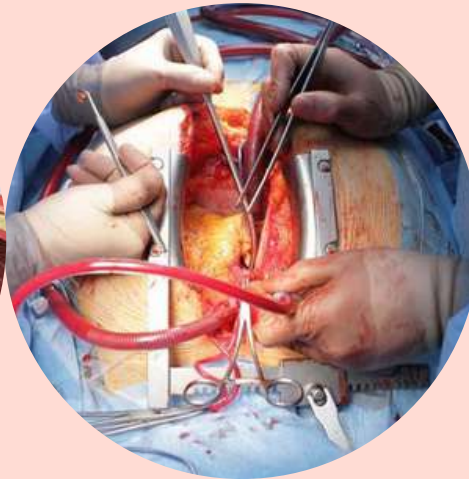
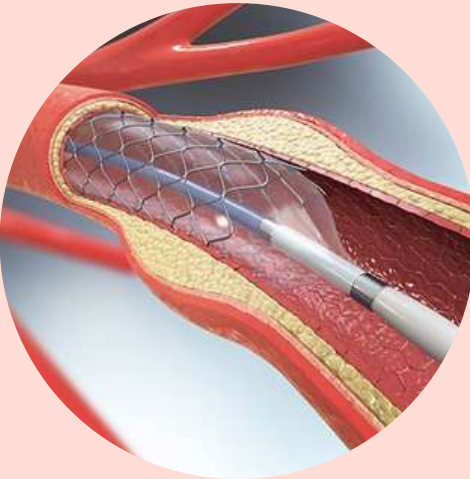


JRH'S

E-HEALTH MAGAZINE

ई - स्वास्थ्य पत्रिका

CARDIOLOGY - CVTS - CARDIAC ANAESTHESIA



OCTOBER 2024

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जगजीवनराम अस्पताल



“भारतीय रेलवे में पहला एनएबीएच मान्यता प्राप्त अस्पताल”

- जगजीवनराम अस्पताल का उद्घाटन 24 जून 1960 को 150 बिस्तरों वाले अस्पताल के रूप में हुआ था, जो अब बढ़कर 361 बिस्तरों वाला सुपर-स्पेशियलिटी अस्पताल बन गया है, जिसे भारतीय रेलवे में पहला एनएबीएच मान्यता प्राप्त अस्पताल होने की प्रमुख मान्यता प्राप्त है।
- एनएबीएच मान्यता जेआरएच में मरीजों की देखभाल के उच्च मानकों को इंगित करती है, जिसे जेआरएच में डॉक्टरों, पैरामेडिक्स और सहायक कर्मचारियों सहित लगभग 600 समर्पित कार्यबल द्वारा प्रदान किया जाता है।
- इसमें 32 आईसीयू बेड और 11 ओटी कॉम्प्लेक्स हैं। यहाँ एनएबीएच से मान्यता प्राप्त पैथोलॉजी और माइक्रोबायोलॉजी लैब, ब्लड बैंक और डायलिसिस सेंटर है।
- कार्डियोलॉजी, कार्डियोवैस्कुलर थोरेसिक सर्जरी, न्यूरोसर्जरी, न्यूरोलॉजी, जॉइंट रिप्लेसमेंट सर्जरी, गैस्ट्रोइंटेस्टाइनल सर्जरी, मेडिकल गैस्ट्रोएंटेरोलॉजी, यूरोलॉजी, हेमो-डायलिसिस, ऑन्कोसर्जरी, एडवांस पेन क्लिनिक और कॉर्नियल ट्रांसप्लांटेशन आदि जैसी सुपर स्पेशियलिटी में अत्याधुनिक उपचार सुविधाएं जेआरएच में उपलब्ध हैं।
- हर साल करीब 3 लाख मरीजों को ओपीडी में इलाज दिया जाता है और 12,000 मरीजों को इनडोर वार्ड में रखा जाता है।
- जेआरएच में हर साल करीब 14 लाख डायग्नोस्टिक और 6,000 सर्जिकल प्रक्रियाएं की जाती हैं।
- जगजीवन राम रेलवे अस्पताल, मुंबई, की 60 साल पुरानी इमारत को आईजीबीसी ग्रीन काउंसिल प्लेटिनम रेटिंग से सम्मानित किया गया है।
- अस्पताल को लगभग सभी विशेषज्ञताओं में स्नातकोत्तर और पोस्ट-डॉक्टरल प्रशिक्षण पाठ्यक्रम प्रदान करने के लिए राष्ट्रीय चिकित्सा विज्ञान परीक्षा बोर्ड, नई दिल्ली (NBEMS) द्वारा मान्यता प्राप्त है।
- इसे मुंबई के कुछ केंद्रों में से DNB के लिए FAT और अंतिम परीक्षा के लिए एक केंद्र के रूप में अनुमोदित किया गया है।
- इसे MBBS, नर्सिंग, लैब तकनीशियन, एक्स-रे तकनीशियन और अस्पताल प्रबंधन (TISS) जैसे पाठ्यक्रमों की इंटर्नशिप/प्रशिक्षण के लिए विभिन्न शिक्षण संस्थानों द्वारा भी मान्यता प्राप्त है।

National Accreditation Board for Hospitals & Healthcare Providers

(Constituent Board of Quality Council of India)

CERTIFICATION

Jagjivan Ram Hospital Western Railway

Maratha Mandir Marg, Mumbai Central
Mumbai City - 400601, Maharashtra

has been assessed and found to comply with NABH
Entry Level -Hospital requirements.

This certificate is valid for the Scope as specified in the
annexure subject to continued compliance with the
Entry Level requirements.

Valid from : February 06, 2024

Valid thru : February 05, 2026



Certificate No.
PEH-2024-2474

Dr. Atul Mohan Kochhar
Chief Executive Officer

National Accreditation Board for Hospitals & Healthcare Providers, 5th Floor, ITPI Building, 4A, Ring Road, IP Estate, New Delhi 110 002, India
Phone: +91-11-42600600, Fax: +91-11-2332 3415 • Email: helpdesk@nabh.co • Website: www.nabh.co



SI No. 017982



NABH as an organisation is ISQua Accredited



SI No. 019490



National Accreditation Board for Hospitals & Healthcare Providers

(Constituent Board of Quality Council of India)

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SCOPE OF SERVICES

ENTRY LEVEL - HOSPITAL

Jagjivan Ram Hospital Western Railway

Maratha Mandir Marg, Mumbai Central
Mumbai - 400601, Maharashtra

Certificate No. PEH-2024-2474

Valid from : February 06, 2024

Valid thru : February 05, 2026

Clinical Services

- Anaesthesiology
- Cardio Thoracic Vascular Surgery
- Cardiology (Interventional)
- Dentistry
- Dermatology and Venerology
- General Medicine
- General Surgery
(Including Laparoscopic Surgery)
- Nephrology (Including Dialysis)
- Neurology
- Neurosurgery
- Obstetrics and Gynaecology
(Including High-Risk Pregnancy)
- Ophthalmology
- Orthopaedics (Including Joint Replacement)
- Otorhinolaryngology
- Paediatrics
- Psychiatry (Only OPD)
- Surgical Gastroenterology
- Urology

Diagnostic Services

- 2D Echo
- DSA Lab

- EMG/EP
- Holter Monitoring
- Spirometry
- Tread Mill Testing
- Ultrasound
- X-Ray

Laboratory Services

- Clinical Bio-Chemistry
- Clinical Microbiology and Serology
- Clinical Pathology
- Cytopathology
- Haematology
- Histopathology

Pharmacy

Transfusions Services

- Blood Transfusions Services
- Blood Bank

Professions Allied to Medicine

- Ambulance
- Audiometry
- Dietetics
- Occupational Therapy
- Physiotherapy
- Psychology



NABH as an organisation is ISQua Accredited

Dr. Atul Mohan Kochhar
Chief Executive Officer

जगजीवनराम अस्पताल के चिकित्सा अधिकारी

S No	Name	Design	Grade	Department	CUG
1	डॉ ममता शर्मा	MD	NFHAG	Admin & Obgy	9004490520
2	डॉ अतुल शर्मा	CSS I	NFHAG	Admin & Anaesth	9004490522
3	डॉ महेंद्र एल	CSS II	NFHAG	Adm & Surgery/Obgy	9004490531
4	डॉ जेपी रावत	Ch Consl	HAG	Psychiatry	9004490550
5	डॉ प्रवीण चोपड़ा	Sr Consl	NFHAG	Dentistry	9324946972
6	डॉ बी नटराज	ACHD	NFHAG	Orthopaedics	9004490570
7	डॉ उमा नटराज	ACHD	NFHAG	ENT	9004490545
8	डॉ सुषमा रहाटे	ACHD	NFHAG	Ophthalmology	9004490541
9	डॉ पूनम शर्मा	ACHD	NFHAG	Public Health	9004499512
10	डॉ सी पी खटावकर	ACHD	NFHAG	Admin	9004490556
11	डॉ दिनेश कुमार साहू	ACHD	NFHAG	Anaesthesiology	9004490532
12	डॉ प्रदीप रणबिजुली	ACHD	NFHAG	Paediatrics	9004490565
13	डॉ अजीत कुमार मेहता	ACHD	NFHAG	Orthopaedics	9004490571
14	डॉ सविता गांगुर्डे	ACHD	SAG	Medicine	9004499513
15	डॉ अरुण कुमार	ACHD	SAG	Dentistry	9004490535
16	डॉ अशोक कुमार शर्मा	ACHD	SAG	Surgery	9004490580
17	डॉ शिशिर कुमार राउल	ACHD	SAG	Cardiology	9004490572
18	डॉ योगानंद पाटिल	Sr DMO	SG	Pathology	9004490576
19	डॉ इंदु पांडे	Sr DMO	SG	Ophthalmology	9004490587
20	डॉ अजय खोबरागडे	Sr DMO	SG	Medicine	9004449710
21	डॉ अनुजा कुलकर्णी	Sr DMO	SG	ENT	9004490563
22	डॉ प्रशांत ऋषि	Sr DMO	SG	Urology Surgery	9176456479
23	डॉ किशोर जैन	Sr DMO	JAG	GI Surg	9004490588
24	डॉ शरण	Sr DMO	JAG	Gastroenterology	9004490562
25	डॉ अविनाश अर्के	Sr DMO	JAG	Cardiology	9004490534
26	डॉ श्रमिष्ठा थुलकर	Sr DMO	JAG	Radiology	9004490551
27	डॉ अल्पा सोनावणे	Sr DMO	JAG	Anaesthesiology	9004449712
28	डॉ शुभांशु कुमार	Sr DMO	JAG	Critical Care Medicine	9004449464
29	डॉ योगेश सवाकारे	Sr DMO	JAG	Neurosurgery	9004355624
30	डॉ अजयकुमार पांडे	Sr DMO	JAG	CVTS	9004490529
31	डॉ. हर्षवर्द्धन भामरे	Sr DMO	JAG	Medicine	9324946968
32	डॉ प्रीति गुप्ता	Sr DMO	JAG	Medicine	9004473993
33	डॉ तृप्ति पिसाल	Sr DMO	JAG	Medicine	9004449711
34	डॉ. सुनयना सिरीवोलु	DMO	SS	Radiology	9989498268
35	डॉ मृणाल केसरी	DMO	SS	Pathology	9004490521
36	डॉ नाज़परवीन	DMO	SS	Paediatrics	9004471360
37	डॉ रोहिणी काशीदे	DMO	SS	ENT	9004490547
38	डॉ स्वाति मीना	DMO	SS	OBGY	9004490561
39	डॉ चिल्वेरी सिरीशा	DMO	SS	Medicine	9004490575
40	डॉ तिरुचला राजेश	DMO	SS	Cardiology	8897933435
41	डॉ सुवेन्दु पांडा	DMO	SS	Anaesthesiology	9004499567
42	डॉ. हरिचरण बी	DMO	SS	Gen Surgery	9004490586
43	डॉ चंदिनी डेनियल	DMO	SS	Anaesthesiology	9004490530
44	डॉ.सौरभ भांगले	DMO	SS	Obst & Gyn	9004490533

45	डॉ अनुकूल देशपांडे	ADMO	JS	Ophthalmology	9004490540
46	डॉ करीना जेवियर	ADMO	JS	Psychiatry	9048397571
47	डॉ प्रशांतकुमार भिंगराडिया	ADMO	JS	Orthopaedics	9409481935
48	डॉ मतेन शेख	CMP/FT	7th term	Family Medicine	9833350335
49	डॉ रिया गर्ग	CMP/FT	1 st term	Dentistry	8127393785

OPD SCHEDULE

OPD Timing: 9 am – 3.30 pm

Saturday all OPD: 9 am-1 pm

Emergency Room time: 1 pm – 9 am

	Doctor name	DAYS	TIME	PLACE
ANC CLINIC	Dr Mamta, Dr Swati, Dr Saurabh	W, S	9 am to 3.30 pm	OPD 1
Ayurveda	Dr Kirti Kumar Thakkar	M, T, W, Th, F, S	9 am to 3.30 pm	5 th Floor
Cardiac PAC	Dr Suvendu Panda	M, T, W, Th, F, S	11 am to 3.30pm	2nd Floor OPD
Cardiology	Dr Shishir Roul	Tues, Thurs, Sat	9 am to 3.30 pm	2nd Floor OPD
Cardiology	Dr Avinash Arke	Mon, Wed, Fri	9 am to 3.30 pm	2nd Floor OPD
Cardiology	Dr Rajesh T	Tues, Thurs, Sat	9 am to 3.30 pm	2nd Floor OPD
Chest Medicine	Dr Harish Chafle	Th, S (by appointment only)	9 am to 11 am	OPD 32C
CVTS	Dr Ajay Pandey	M, T, W, Th, F, S	2.30 pm to 4.00 pm	2 nd Floor OPD
Dentistry	Dr Arun Kumar	M, T, W, Th, F, S	9.00 am to 3.30 pm	Dental OPD
Dermatology	Dr Shwetha Jain	Fri (strictly by prior appointment only)	11.00 am to 1 pm	OPD 3A
ENT	Dr Uma Natraj	Tue/Fri	9 am to 3.30 pm	OPD 5
ENT	Dr Anuja Kulkarni	Thurs/Sat	9 am to 3.30 pm	OPD 5
ENT	Dr Rohini Bhimrao Kashide	Mon/Wed	9 am to 3.30 pm	OPD 5
Gastroenterology	Dr Sharan B Malipatil	Mon/Thurs	11 am to 1 pm	OPD 7B
Geriatrics	Dr Mateen Sheikh	M, T, W, Th, F, S		
GI SURGERY	Dr Kishore Jain	Tues/Wed/Fri	9 am to 3.30 pm	OPD 6
Haematology	Dr Pritam Jain	W (by appointment only)	3 pm to 4 pm	OPD 32C
HIV CLINIC	Dr Preeti Gupta	Wed	11 am to 1 pm	AKD
Homeopathy	Dr Vinod Rakshe	M, T, W, Th, F, S	9 am to 3.30 pm	5 th Floor
IMMUNIZATION	Dr Pradeep Ranabijuli	Thurs	9 am to 3.30 pm	CASUALTY
Medicine	Dr Trupti Pisal	Mon/2nd Sat	9 am to 3.30 pm	OPD 32
Medicine	Dr Preeti Gupta	Tues/3rd Sat	9 am to 3.30 pm	OPD 32
Medicine	Dr Savita Gangurde	Wed/5th Sat	9 am to 3.30 pm	OPD 32
Medicine	Dr Sireesha Chilveri	Thurs/4 Th Sat	9 am to 3.30 pm	OPD 32
Medicine	Dr Ajay Khobragade	Fri/1st Sat	9 am to 3.30 pm	OPD 32
Nephrology	Dr Savita Gangurde	Tues/Fri	11 am to 1 pm	AKD
Nephrology	Dr Das	Tue/Fri	11 am to 1 pm	AKD
Neurology	Dr Harshvardhan Bhamare	Mon / Tue / Fri	11 am to 1 pm	OPD 32C
Neurology	Dr Syed Zafer	Th (by appointment only)	2 pm to 3.30 pm	OPD 32C
Neurosurgery	Dr Yogesh Sawkare	Mon/Thurs	2 pm to 4 pm	OPD 6
Obst & Gyn	Dr Mamta Sharma	Mon, Thurs	9 am to 3.30 pm	OPD 1
Obst & Gyn	Dr Swati Meena	Mon, Thurs	9 am to 3.30 pm	OPD 1
Obst & Gyn	Dr Saurabh Bhangale	Mon, Thurs	9 am to 3.30 pm	OPD 1

Kind attention IRHS colleagues.....

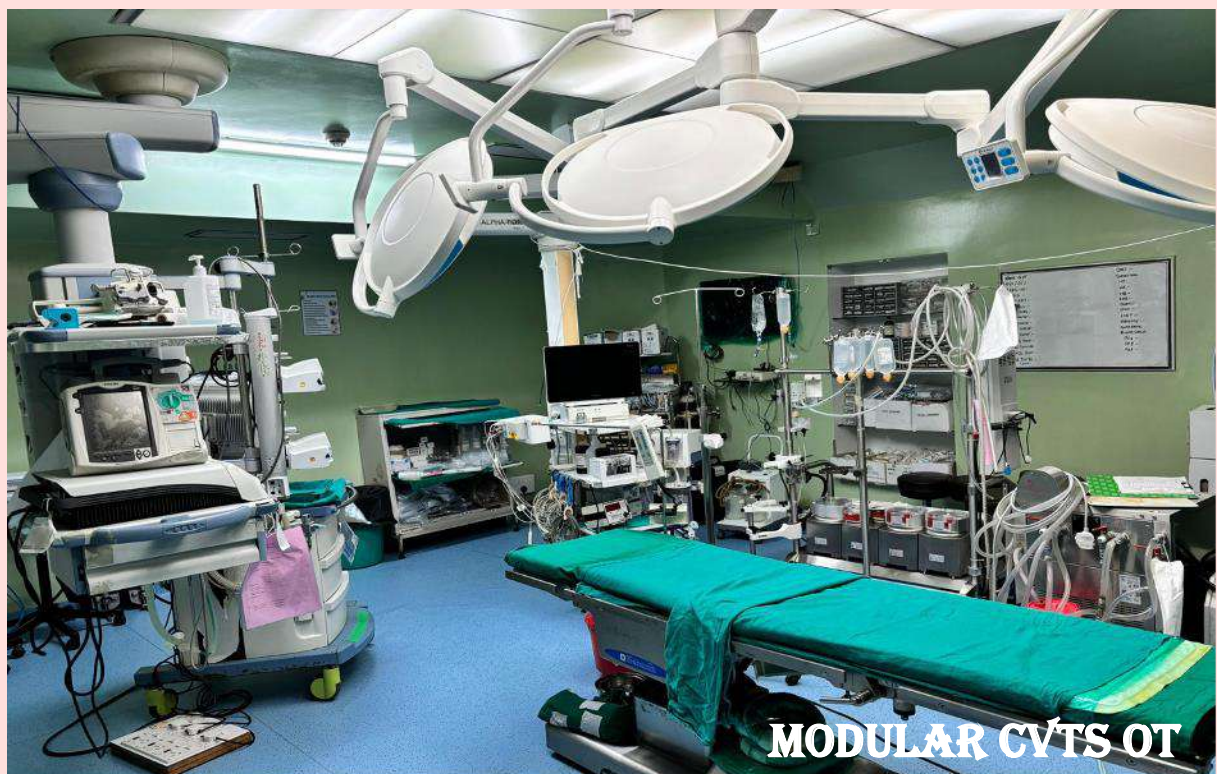
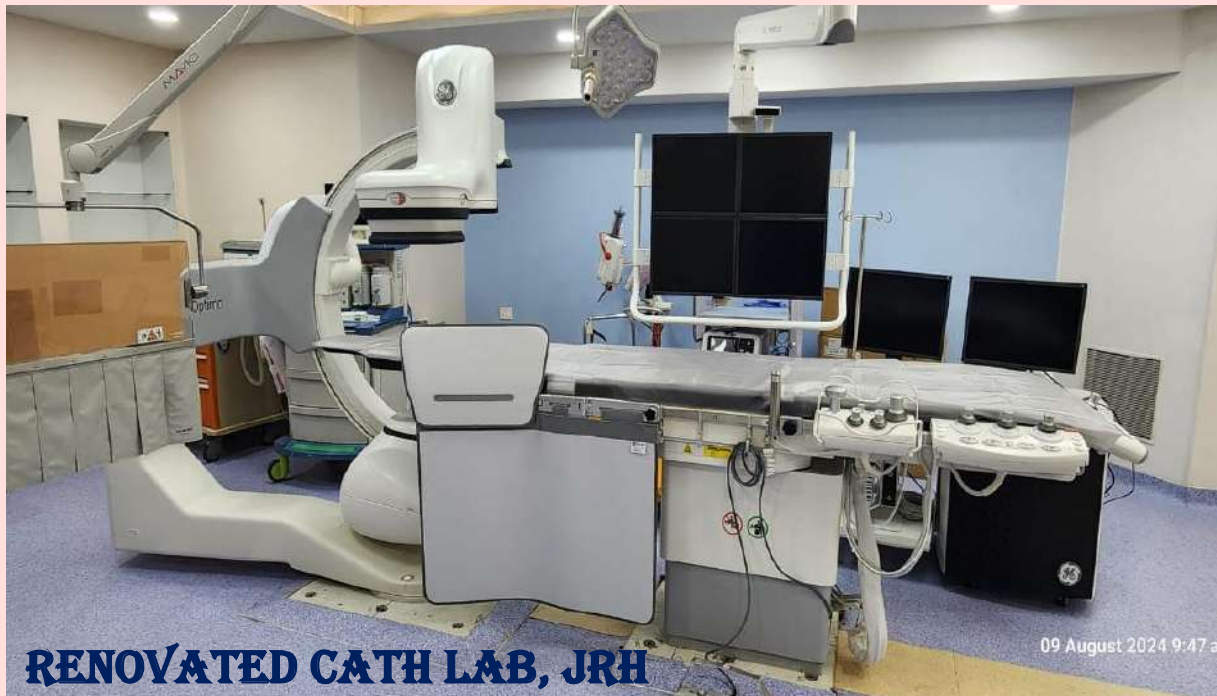


1. Please use Helpdesk number for enquiry about availability of respective IRHS, OPD days, OT days etc before sending patient to JRH.
2. Before referring patient please consult and discuss case details with concerned IRHS.
3. Please correct baseline parameters before sending patients for elective surgery so that PAC fitness can be obtained and surgery planned at earliest.
4. Please counsel patients that they may have to stay in Mumbai for few days to complete their evaluation.
5. Due to limited availability of attender accommodation only 1-2 relatives should accompany patient.
6. *Please advise patients to approach Helpdesk in case of any difficulty in JRH. If Problem persists, they may approach ANO/JRH.*

Contact Us

HELP DESK JRH				
Name	Rly Ph	P&T	CUG	Time
HELP DESK	43333	022 67643333	9004448519	24 x7
RECEPTION				
Mrs Sunita	43224	23017860		9am – 5 pm
EMERGENCY ROOM				
Casualty Sister I/c	43200	67643200	9004448519	7 am – 3 pm
Casualty Dresser	43200	23096106		24 x7
Casualty Doctor	43300	67643300		24 x7
AMBULANCE SERVICE				
Ambulance Driver	43170	67643170		24 x 7
WELFARE INSPECTOR				
Mr R D Mohite	43160	67643160	9004490528	10am – 5 pm
ESTABLISHMENT / RECRUITMENT SECTION				
Chief Office Superintendent	43181	67643181	67643262	11am – 5 pm
PA TO MD				
Mr Rahul Kumar	43100	022 67643100	8384090801	10am – 5 pm
ANO OFFICE				
ANO	43192	022 2307841	9004499565	10am – 5 pm

This issue of magazine is dedicated to
**Department of Cardiology &
Department of Cardio Vascular Thoracic
Surgery (CVTS)**



DEPARTMENT OF CARDIOLOGY

The Cardiology department is a well-equipped catheterization lab and cardiac OT along with all the latest machines to provide tertiary health care to all cardiac patients coming from different railways & it has been functioning excellently since 22nd August 2012 and touched many milestones in Indian railways over the last few years.

Our CATH lab has a DSA machine which is one of the best and latest model machines available in India and It has facilities for coronary and peripheral angiograms & angioplasties facilities with a 3D facility and having additional CT scan facility which we utilise in emergency particularly in CVA patients to rule out a cerebral bleed. Our lab has facilities of IVUS, OCT, Rota ablator, injector, FFR, and the latest real-time stent boost for proper deployment of the stent and it is equipped with electro-physiological study & radiofrequency ablation.

Non-Invasive laboratory –we have two high-end Echo machines with facilities of 2-D and 3-D echo for both adult and pediatric patients. Other than trans-thoracic echo, we have a facility of TEE, dobutamine stress echo, foetal echo, Holter monitoring, carotid Doppler, ambulatory BP monitoring etc for both adults and children.

STAFF:

IRHS-

Dr Shishir Kumar Roul. ACHD, Cardiologist

Dr Avinash Arke, Sr DMO, Cardiologist.

Dr T Rajesh, DMO (Cardiologist)

DNB (NBE) trainee,Cardiology -3

Sr. Residents:

Medicine- 3

Anaesthesia - 3

Surgery- 3

Workload/Annum (average)

OPD-18000.

IPD-5500

Cardiac intervention– 2400

Cardiac Surgeries –300

PAMI (primary angioplasty in MI)- 75

EVLT/Sclerotherapy – 150 cases

ECHO and others -8000

Services offered

Cardiology:

Coronary angiography, percutaneous transluminal coronary angioplasty, ROTA-ABLATION, LITHOTRIPSY, IVUS, FFR, EPS RFA, Pacemaker, ICD, CRTD, CRTP, Peripheral angiography and angioplasty, (renal, mesenteric upper and lower limb vessels), IVC filter insertion, Cerebral DSA, ASD / VSD / PDA / AV fistula device closure, COA stenting, Balloon valvuloplasty, Transcatheter aortic valve replacement (TAVR), EVLT, cerebral Aneurysm Coiling, Aortic Graft Stenting, IVC Filter, local Thrombolysis, Perma Catheter insertion, Embolization, TIPS, Sclerotherapy, Pericardiocentesis. Alcohol septal ablation for HOCM.

WORK LOAD

S N	Name of the Procedure	2020	2021	2022	2023	2024	Total Since Installation
1	CORONARY ANGIOGRAPHY	179	567	925	1053	185	8302
2	PTCA ELECTIVE/PAMI	62	252	573	500	70	3502
3	CEREBRAL DSA	6	25	45	57	3	399
4	CEREBRAL ANGIOPLASTY	0	0	1	3	0	6
5	CAROTID ANGIOPLASTY	3	7	11	15	2	73
6	VERTEBRAL ANGIOPLASTY		1	1	2	0	14
7	PERIPHERAL DSA	10	53	35	48	8	569
8	PERIPHERAL STENTING	4	18	22	16	3	217
9	ABDOMINAL AORTA GRAFT STENTING	0	0	1	4	0	10
10	PERIPHERAL POBA	5	4	2	6	1	144
11	DRUG-ELUTING BALLOON PLASTY	5	1	2	11	0	45
12	SUBCLAVIAN ARTERY STENTING				5	0	31
13	PERIPHERAL THROMBOLYSIS/ASPIRATION	2	0		9	0	100
14	IVC FILTER I/R	0	0	5	2	0	34
15	RENAL DSA	2	0	8	7	1	38
16	RENAL STENTING	1	4	6	2	0	35
17	EMBOLISATION	2	4		2	0	45
18	SCLEROTHERAPY			40	55	70	180
19	EVLT	6	10	14	27	35	327
20	ENDOVASCULAR GRAFT STENT	1	1		1	0	6
21	TAVI	0	0	3	10	4	18
22	TPI			14	21	5	50
23	PPI I/E	5	24	36	36	18	257
24	CRTD/C RTP/ICD	1	4	7	12	2	58
25	ASD	0	0	4	7	2	23
26	BMV	0	2	2	1	0	16
27	CATH STUDY			10	12	2	30
28	PERM CATH I/R		8	52	47	20	156
29	TIPPS			5	0	0	10
30	EPS/ABLATION	5	18	30	37	5	225
31	PERICARDIAL SINTESIS			6	8	2	35
32	OTHERS	47	21		38	30	679
	TOTAL CASES	346	1026	1860	2054	398	15565

ACHIEVEMENTS

We have done approximately 16000 cardiac interventions in the cath lab. We are doing all types of coronary interventions like complex coronary intervention which includes left main disease and bifurcation and trifurcation coronary lesions, Rota-ablation for calcified lesions using imaging whenever it is needed. We are also doing the electro-physiological study and ablation of patients suffering from arrhythmia successfully.

We are providing primary angioplasty in myocardial infarction (PAMI) facility round the clock to patients who suffer from massive heart attacks and we have done it successfully in around 400 patients over the last 6 years. Our door-to-balloon time is around 45 minutes against the international target time of 60 minutes.

JRH is the FIRST cardiac centre in the Indian railway to perform Trans Catheter Aortic Valve Replacement in a very high-risk aortic stenosis patient. So far we have performed TAVR in 17 cases with a near 100% success rate. We are the FIRST in the Indian Railway and one of few interventions in the country where TAVR is done in a pure Aortic Regurgitation patient.

We are also FIRST in doing a ROTATRIPSY procedure in the Indian railway on 03.03.22 which was done in a patient who was suffering from calcified coronary artery disease.

For the first time in the Indian railway, organ retrieval for organ transplants was done in our hospital which was initiated and organized by cardiologists JRH.

JRH is the First in the Indian Railway to perform device closure of coronary cameral fistula in a 4-year-old child in October 2024.

The first device closure of a VSD was done in October 2024.

The dept. of Cardiology successfully organized a national annual conference in March 2024 which was a great academic feast for all the delegates across the country.

We have many telecasts of cardiac interventions nationally and internationally and for the first time in the history of the Indian railway, we had live telecasts of complex angioplasty in INDIA LIVE and NIC in March and April respectively.

Many national and international cardiologists have visited our Cath lab and performed complex cardiac interventions in our lab.

We have been successfully doing CTO (chronic total occlusion) workshops in our lab with cardiologists from JAPAN, NEW YORK and various parts of INDIA.

Many LIVE interventions we are performing here are being telecast inside and outside the country. We have performed cases during INDIA LIVE, NIC, Asia Exchange and recently there were 4 LIVE cases of CTO performed from our Centre on 3rd and 4th June 2023 during IJCTO.

After having our in-house cardiac surgeon and cardiac anesthesiologist we are regularly doing pediatric cases and minimally invasive surgeries are being done successfully.

Recently we have trained more than 100 RPF staff at western railway to provide first aid to sudden cardiac arrest people which was highly appreciated by many news media.

Along with coronary interventions we also are doing all other vascular interventions and we have done more than 600 EVLT and RFA for chronic venous disorder.

Dr Shishir Kumar Roul

Dr Shishir Kumar Roul has performed many complex coronary interventions including left main, bifurcation angioplasty, CTO, ROTATRIPSY, device implantations and peripheral interventions. He has attended many national conferences targeting CTO interventions, ROTA ablation and bail out technique in coronary interventions.

Dr Shishir has presented many cases in national and international forums and his cases were selected ONE OF THE BEST CASES twice in past.

Dr Shishir has performed the FIRST ROTATRIPSY procedure at JRH (which is also FIRST in Indian railway) in a severely calcified coronary artery which is the most advanced and skillful technique in the field of cardiology. He is doing complex procedures like TAVR independently.

His special interest is to implement the PAMI programme in JRH which has been successfully over the last 6 years and achieved door-to-balloon time less than 40 minutes. He has set a rare example by opening an occluded artery of a patient who has a major heart attack with a door-to-balloon time of just 4 minutes and 16 seconds.

Dr Shishir has chaired some conferences as a national faculty and has delivered many lectures at national conferences online and international conferences offline. He was invited as a national faculty to share chairs and presented many cases in various renowned meetings like INDIA LIVE, NIC, IJ CTO, Bifurcation Club, IPC and CTO conferences etc. He is a guide and co-guide of residents of DNB medicines and cardiology.

Dr Shishir has been awarded with the Railway Board award and GM/WR award for providing quality best, cost-effective and guidelines-based treatment to all railway beneficiaries and for efforts in working with RAJBHASHA.

Dr Shishir has an associate fellowship from the European Society of Cardiology. Dr Shishir is also an associate member of the American College of Cardiology.

Dr Shishir has bagged the FIRST PRIZE AWARD among all cardiologists in Mumbai in a complex case presentation competition.

Specialized training is done in

1. Cardiovascular angiography and interventions
2. AMI course and complex bifurcation stenting work shop
3. Bailout tips and techniques during PCI.
- 4- Latest update in physiological study of coronary plaques
- 5- Hospital management, NAIR. 20-07-20 to 24-07-20

Research article-

Study of prevalence, aetiology, clinical features and treatment of patients admitted at Northern Railway Central Hospital- 2009-12

Prognostic significance of atrial fibrillation in a patient with heart failure-2014-17

Publication in National and international journals

- 1) Muni VenkatesaReddy, Shishir Kumar Roul, Saurabh Ajit Deshpande. Perioperative myocardial infarction in a case of mitral valve replacement – rare complication of a common procedure – Journal of Indian College of Cardiology. December 3, 2019, ip:10.232.74.26.
- 2) Shishir K. Roul, Shubhranshu Kumar, Muni Venkatesa Reddy, Saurabh Ajit Deshpande. Aggressive emergency interventional management in a case of intraoperative massive pulmonary embolism- Journal Indian College of Cardiology- April 20, 2020, IP:10.232.74.22.
- 3) Muni Venkatesa Reddy, Shishir Kumar Roul, Saurabh Ajit Deshpande. Successful use of venovenous snare to fix the wire in the collateral vein for proper placement of the left ventricular lead during cardiac resynchronization therapy, a case report- European Heart Journal 10 October 2019.
- 4) Dr Shishir Kumar Roul et al. Efficacy and safety of redeliver in Indian patients with moderate to severe COVID-19: results from the open-label period of phase ii, randomized controlled trial- January 2022. International Journal of Scientific Research- volume II, issue - 01. DOI:10.36106/ijsr/8408067
- 5) Shishir Kumar Roul, Muni Venkatesa Reddy, Saurabh Ajit Deshpande. A Cath lab nightmare – piggybacking of stents. Indian Heart Journal Cardiovascular, Volume 6, Issue 3, July– September 2022, Pages 126-129. doi.org/10.1016/j.ihjccr.2022.08.001
- 6) Shishir K Roul, DNB; Avinash Arke, DNB; Saurabh Ajit Deshpande, DM. ERRONEOUS Rapid Exchange balloon inflation during coronary angioplasty in a male patient in his 70s with chronic stable angina. JAMA Cardio, August 30, 2023. Doi:10.1001/jamacardio.2023.2658.

Presentation

He is a faculty in national and international conferences.

Scientific lectures on

Chest pain to AMI-National nursing conference, railway chapter, NAIR on Feb 2019.

Basic ECG- Anaesthesiologist conference, Mumbai –April 2019.

- 3) ACS, arrhythmia after MI-All India Physician conference, Railway chapter, JRH Dec 2019.

Dr Avinash Arke

Dr Avinash Arke joined JRH in August 2021 and working as Sr DMO. He is a skilled operator for performing both paediatric and adult cardiac interventions. He has a special interest in structural interventions for congenital heart disease. He is a guide and co-guide of residents of DrNB Cardiology.

Training:

He is trained in Cardiology, done his DrNB Cardiology from Vijaya Hospital Chennai, and FNB Paediatric Cardiology from Madras Medical Mission.

Research

1. Sreeja Pavithran, Kanagarajan Natarajan, Bijesh Vishwambaran, **Avinash Dayalal Arke**, Kothandam Sivakumar; Preliminary evaluation of a micro transesophageal probe in neonates

and young infants undergoing surgery for congenital heart disease; annals of Pediatric cardiology, 2014: vol 7 issue 3.

2. **Arke, Avinash** & V, Bijesh & P, Priya & AP, Bharath & P, Sreeja & Sivakumar, Kothandam & Singhi, Anil. (2014). Retraining of regressed left ventricle by transcatheter stenting of a closed ligamentum arteriosum in simple transposition of great arteries. Annals of Pediatric Cardiology. 7. 21-118.
3. **Avinash Arke**; COVID-19 and Cardiovascular Disease: A Review; Vidarbha J Intern Med, 2021;30, 50-57.
4. **Arke AD**, Babu PM, Borkar AM. Estimation of elevated systolic Pulmonary artery pressure using right ventricular isovolumic relaxation time. Vidarbha J Intern Med 2022;32:15-20.
5. Shishir K Roul, DNB; **Avinash Arke**, DNB; Saurabh Ajit Deshpande, DM. ERRONEOUS Rapid Exchange balloon inflation during coronary angioplasty in a male patient in his 70s with chronic stable angina. JAMA Cardio, August 30, 2023. Doi:10.1001/jamacardio.2023.2658.

Presentations:

1. Presented many papers and posters in national conferences.

Dr T Rajesh

Dr T Rajesh joined JRH in January 2024 after completing his DrNB Cardiology training from Madras Medical Mission and at present he is working as DMO (Cardiology). He is a skilful operator of cardiac intervention and has a special interest in imaging study and Electro-physiological studies.

Interesting case

Percutaneous Device closure of Coronary Cameral fistula from LCX to RA

A 4-year-old girl, second by birth order, born of non-consanguineous marriage was referred to us with complaints of failure to thrive and recurrent respiratory tract infection from 2 years. On examination, she was low in weight for her age, with a weight of 12 kg, and stunted at a height of 95 cm. Pulse rate was 140 bpm, BP was 90/60 mmHg. She had a grade 3 continuous murmur at the right upper sternal border, radiating to the right shoulder. 2D-Echocardiography showed (S, D, S) Acyanotic congenital heart disease, A large coronary cameral fistula from LCX draining behind the IAS into RA and mild LV dysfunction. CT coronary angiography confirmed the findings.

She underwent successful transcatheter device closure of coronary cameral fistula from the arterial side using a 10/7 mm vascular plug and was discharged home in stable condition.

Coronary cameral fistula is a condition in which an abnormal connection between the coronary artery and a cardiac chamber steals blood from the coronary artery resulting in myocardial ischemia, ventricular dysfunction, and heart failure.

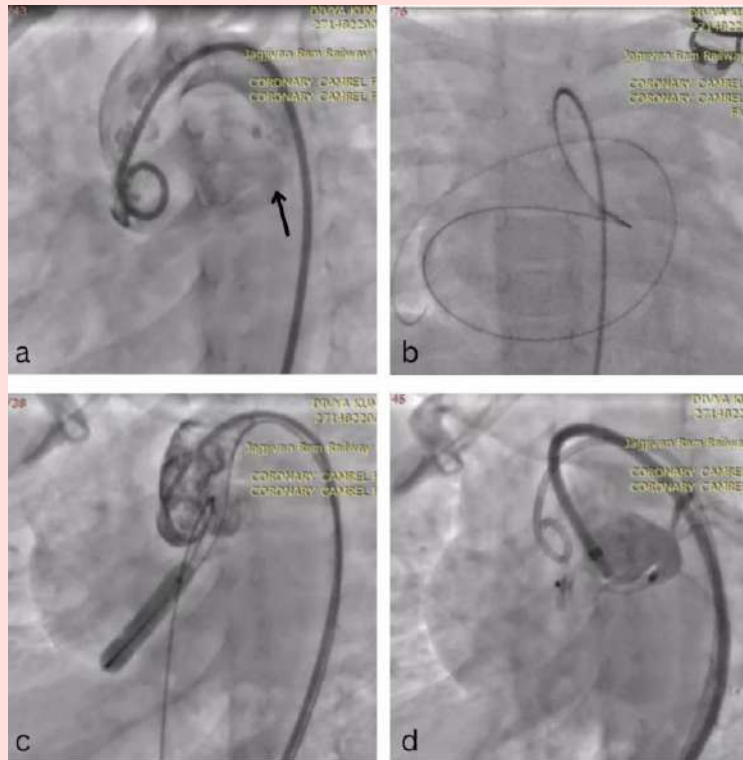


Fig 1. Device closure of the coronary cameral fistula. a. Aortic root angiogram shows dilated LMCA, LCX and a fistulous tract from LCX to RA (arrow). b. The wire course: Right femoral artery to descending aorta to ascending aorta to aortic root to LMCA to LCX to RA to RV to MPA to RPA to RDPA. c. Balloon occlusion test of coronary cameral fistula did not produce myocardial ischaemia in terms of ECG changes on the table. d. A Vascular plug, completely occluding the fistula.

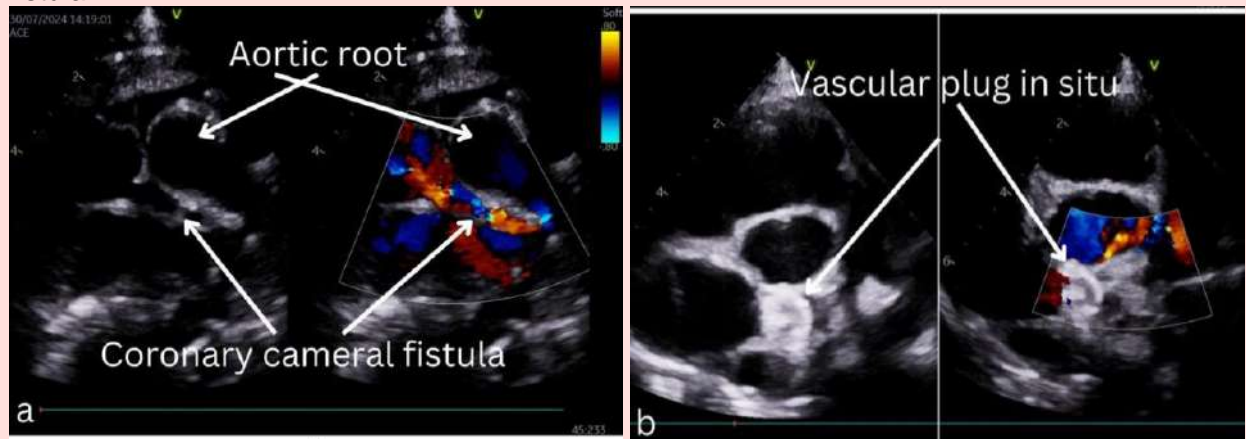


Figure 2. Pre and post-procedure 2D-Echocardiography. a. Pre-procedure 2D Echocardiography showing dilated left main coronary artery continuing as LCX and dilated fistulous tract draining in the right atrium just after the IAS. b. Post-procedure 2D Echocardiography showing a Vascular plug in situ completely occluding the coronary cameral fistula.

Dr. Avinash D. Arke
Sr. DMO Cardiology
MD Paediatrics, FNB Paeditric Cardiology, DrNB Cardiology

Smoking and Alcohol: Two unclaimed methods of suicide.

Introduction

Heart disease remains a leading cause of morbidity and mortality globally. While often associated with older adults, the prevalence of heart disease in younger populations is rising alarmingly. Two significant contributors to this trend are smoking and alcohol consumption. I aim to explore the dangerous effects of smoking and alcohol on heart health, particularly among young individuals. We will delve into the physiological mechanisms by which these substances harm the cardiovascular system, the statistics highlighting their impact, and strategies for public awareness and prevention.



Understanding Heart Disease

Heart disease encompasses various conditions that affect the heart's structure and function. The most common forms include coronary artery disease, heart failure, and arrhythmias. Risk factors for heart disease include high blood pressure, high cholesterol, obesity, diabetes, and lifestyle choices such as smoking and excessive alcohol consumption.

The Young and Heart Disease

While heart disease was traditionally viewed as a problem for older adults, recent studies have shown a worrying trend of heart-related issues in younger populations. Factors contributing to this shift include increased rates of obesity, sedentary lifestyles, poor dietary choices, and the significant role of smoking and alcohol.

Smoking and Its Impact on Heart Health

Physiological Effects of Smoking

Smoking is known to have a multitude of harmful effects on the cardiovascular system. The primary harmful agent in tobacco smoke is nicotine, which causes blood vessels to constrict, leading to increased heart rate and blood pressure. Other harmful substances in tobacco, such as carbon monoxide and tar, contribute to arterial damage and inflammation.

Key Effects:

1. **Increased Heart Rate:** Nicotine stimulates the release of adrenaline, causing the heart to beat faster and work harder.
2. **Reduced Oxygen Supply:** Carbon monoxide from cigarette smoke binds to haemoglobin more effectively than oxygen, reducing the amount of oxygen transported in the blood.

3. **Atherosclerosis:** Smoking accelerates the process of atherosclerosis, where arteries become clogged with fatty deposits, increasing the risk of heart attack and stroke.
4. **Inflammation:** Smoking leads to chronic inflammation, further damaging blood vessels and promoting clot formation.

Statistics and Young Smokers

According to the World Health Organization (WHO), approximately 1.3 billion people worldwide smoke, with many beginning during their teenage years. The Centres for Disease Control and Prevention (CDC) reports that about 1 in 5 high school students in the United States use tobacco products, including e-cigarettes, which also pose significant risks to heart health.

Alcohol Consumption and Heart Health

Recent studies showed any amount of alcohol is injurious to heart.

Key Effects:

1. **Cardiomyopathy:** Heavy drinking can weaken the heart muscle, leading to a condition known as alcoholic cardiomyopathy, which impairs the heart's ability to pump blood effectively.
2. **Arrhythmias:** Alcohol can disrupt the normal rhythm of the heart, leading to conditions such as atrial fibrillation, which increases the risk of stroke.
3. **Hypertension:** Excessive alcohol intake is a well-known cause of high blood pressure, a significant risk factor for heart disease.
4. **Increased Caloric Intake:** Alcohol contains empty calories that can contribute to obesity, further exacerbating heart disease risk.

Statistics and Young Drinkers

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) reports that approximately 29% of young adults aged 18 to 25 engage in binge drinking. This pattern of drinking is particularly dangerous, as it can lead to both immediate and long-term health issues, including the development of heart disease at a younger age.

The Intersection of Smoking and Alcohol

When combined, smoking and alcohol significantly exacerbate the risks associated with heart disease. Studies show that individuals who both smoke and drink heavily are at a much higher risk for cardiovascular issues compared to those who engage in only one of these behaviours. The interaction between these substances can lead to compounded effects on heart health, making prevention and cessation efforts critical.

Risks of Concurrent Use

1. **Increased Toxicity:** The combination of smoking and drinking can enhance the toxicity of each substance, leading to greater damage to the cardiovascular system.
2. **Lifestyle Choices:** Individuals who smoke are more likely to engage in heavy drinking, creating a cycle of poor health choices that can have devastating effects on heart health.

3. **Heightened Psychological Stress:** Both smoking and excessive alcohol consumption are often used as coping mechanisms for stress, which can further contribute to cardiovascular problems.

Public Awareness and Prevention

Education Campaigns

To combat the rising incidence of heart disease in young people, effective public awareness campaigns are essential. These campaigns should focus on the dangers of smoking and alcohol, using relatable messaging to resonate with younger audiences. Social media platforms can be leveraged to spread awareness and engage young people in conversations about heart health.

School Programs

Integrating heart health education into school curricula can help raise awareness from an early age. Programs focusing on the dangers of smoking and alcohol, along with promoting healthy lifestyle choices, can empower students to make informed decisions about their health.

Support for Cessation

Providing resources and support for quitting smoking and reducing alcohol consumption is critical. Programs offering counselling, support groups, and access to cessation tools can help young individuals overcome addiction and make healthier choices.

Conclusion

The dangers of smoking and alcohol consumption on heart health are profound, particularly among young individuals. As the prevalence of heart disease in younger populations continues to rise, it is crucial to address the risk factors associated with these behaviours. Through comprehensive education, community support, and effective public health campaigns, we can work towards a future where young people are more aware of the dangers and equipped to make healthier lifestyle choices.

By fostering a culture of health awareness and support, we can combat the growing trend of heart disease and ensure a healthier future for generations to come. The time to act is now- **let us unite in the fight against smoking and alcohol, safeguarding the heart health of our youth.**

Please forget it ***LITTLE AMOUNT OF ALCOHOL IS BENEFICIAL TO HEART.***



Dr Shishir Kumar Roul.
Addl. Chief Health Director &
HOD, Dept. of Cardiology

CARDIO VASCULAR THORACIC SURGERY DEPARTMENT (CVTS)

The CVTS department is well equipped with cardiac OT and ICU along with all the latest machinery to provide tertiary health care to all cardiac patients coming from different railways & it has been functioning excellently since 2013 and touched many milestones in Indian railways over the last few years.

Our cardiac OT is one of the well-equipped OT in the city and all the latest surgical accessories are there to deal with any complex cardiac surgery with facilities of ECMO, TEG, CELL SAVER, Minimal invasive instruments cardiac surgery instruments, Pediatric cardiac surgery set and Thoracic surgery set etc.

CVTS ICU – Six-bed ICU with the latest Philips multipara monitor. 2 IABP machines and 1 mobile echo machine (shared with cardiology). Inability to manage all types of complex cardiac post-operative patients.

STAFF:

IRHS-

Dr Ajaykumar R Pandey, Sr DMO (CVTS Surgeon)

Dr Suwendu Panda, ADMO, Cardiac Anaesthesiologist.

Visiting Consultant:

DrBehranwala (CVT Surgeon)

DrUmbarkar (CVT Surgeon)

Dr Kamlesh Jain (CVTS surgeon)

Sr.Residents (Shared with cardiology) :

Medicine- 3

Anaesthesia -3

Surgery- 3

Workload/Annum(average)

Cardiac Surgeries –300

Thoracic and Vascular surgeries – 100 (avg).

CATH LAB

Services offered

Coronary artery bypass grafting, valve repair and replacement, AV fistula creation and repair, aortic aneurysm repair and grafting, pericardiotomy, myomectomy, peripheral vascular bypass grafting, surgical removal of the intracardiac tumour, surgical correction of ASD/VSD/PDA, epicardial pacemaker insertion. myomectomy for HOCM.

Workload

CVTS SURGERIES

SR NO	NAME OF PROCEDURE	2019	2020	2021	2022	2023	TOTAL since installation
1	CARDIAC	177	51	123	185	109	1530
2	NON CARDIAC	44	8	08	25	48	369
	TOTAL	221	59	131	210	157	1899

ACHIEVEMENTS:

1. Regularly performing all types of complex cardiac surgeries.
2. Started Paediatric Cardiac Surgery program.
3. Started regularly doing Minimally Invasive cardiac surgical procedures like MICS ASD, MICS CABG and MICS Mitral Valve Replacements.
4. Recently started our VATS (VIDEO ASSISTED THORACOSCOPIC SURGERY PROGRAM) and successfully did VATS thymectomy for a 14-year-old Myasthenia Gravis Patient.

Dr Ajay Pandey- (IRHS CVTS SURGEON) joined initially NRCH (NR) in Jan 2022 and was later transferred to JRH in June 2022.

He manages CVTS surgery as part of the department along with Dr Suvendu.

He has a special interest in Pediatric Cardiac Surgery and minimally Invasive Cardiac Surgery.

He wishes to further train himself in Heart Failure surgeries and thoracic organ transplants.

Training:

1. MCh CVTS from the prestigious King George Medical University, Lucknow (Gold Medal).
2. Training in Pediatric Cardiac Surgery at Sir Ganga Ram Hospital, New Delhi.
3. Worked as Consultant in Fortis Escorts group hospital, New Delhi.

Research:

- (1) Kanna S, Pandey A, Aggarwal N, Joshi RK, Joshi R. Aneurysm of Pulmonary Sinus of Valsalva: Successful Management of a Case. Ann Thorac Surg. 2022 Jan;113(1):e37-e39.

- (2) Pandey AR, Agarwal S, Joshi R, Agarwal, Aggarwal M, Joshi R. Techniques to avoid hypothermic circulatory arrest in the management of renal tumour with right atrium extension in children. Indian J Thorac Cardiovasc Surg. 2022 Jan;38(1):92-95.
- (3) Pandey A R, Kar S, Aggarwal N, Bhargava S, Khantwal Joshi R, Joshi R. A review of the Yasui operation with long-term follow-up of a case. Indian J Thorac Cardiovasc Surg. 2021 Sep;37(5):533- 541.
- (4) Kumar A, Pandey AR, Chandra S, Kumar B. Comparison of del Nido's cardioplegia with St. Thomas's cardioplegia for myocardial protection in adult open-heart surgery. Heart India 2019;7.
- (5) Pandey A.K., Singh S.K., Devenraj V. et al. Pneumopericardium: a rare complication following pericardiocentesis. Indian J Thorac Cardiovasc Surg (2019) 35: 493.
- (6) Kumar A, Pandey AR, Prakash V, Singh V, Tandon S, Yadav S. Lower gastrointestinal bleeding due to iliac artery-cecal fistula: A late presentation of blunt injury abdomen. Indian J Vasc Endovasc Surg 2017;4:209-10.
- (7) Pandey AK (2021) Gastric Outlet Obstruction Due to Primary Duodenal Tuberculosis – A Case Report on Rare Presentation of an Uncommon Condition. Arch Med Vol. 13 No. 5:24.

PRESENTATIONS:

- Presented many papers in national conferences.

Dr Suvendu Panda joined as ADMO Cardiac Anaesthesiologist and performed all complex cardiac surgeries and pediatric surgery independently and successfully.

1. Panda S, Chatterji C, Muralidhar V, Rojalin Baby SK, Shrivastav T. Comparison of confirmation of placement of laryngeal mask airway by fiberoptic laryngoscope and ultrasound examination: A feasibility study. Bali J Anaesthesiol 2021;5:83-7.
2. Panda S, Pujara J, Chauhan A, Varma A, venuthurupalli R, Pandya H. et al. Comparative study of intranasal dexmedetomidine v/s midazolam for sedation of pediatric patients during transthoracic echocardiography. Ann Card Anaesth 2021;24:224-94-9.
3. Panda s, Baby SKR, Thousani r: evaluation of the efficacy of ultrasound in detecting correct placement of the central venous catheter and determining the elimination of the need for chest radiography. Journal of Cardiac Critical Care TSS 2021;01:01.
4. Panda S, Gandhi H, Surti J, Mishra A, Champaneri B. Anesthetic and intensive care management of left main coronary artery to main pulmonary artery fistula diagnosed in postoperative case of tetralogy of Fallot. Ann Card Anaesth 2021;24:272-4.
5. Panda s, Baby S K R, Singh G. Spinal Muscular Atrophy Type II: Anesthetic Challenges and Perioperative Management. Journal of Cardiac Critical Care TSS 2021; 05(03): 249-251

PAPER PRESENTATIONS

- Presented many papers in national conferences.

Myocardial Infarction (Heart Attack) in Young

Rahul a 32 year old working young man suddenly had a chest pain while he was travelling in a Suburban train to reach his office and his pain continued to last for more than 20 minutes and he was feeling very uncomfortable and prompted him to see nearby doctor ,where an ECG was done which showed ,he had a heart attack. He was immediately referred to a hospital with interventional cardiologist services. He was admitted found to have 100% block of one of the arteries. He underwent an emergency reopening of the vessel. His life was saved and he was advised to continue medications till life long



This is becoming a common scenario with our urbanization and industrial revolution. Even though heart attack in young is less compared to people older than 50 years old. The number of youth with heart attack has been increasing for the past 10 to 20 years as per Global heart Burden study.

The landmark Inter Heart study which studied heart disease in all the three races including the white black and Asian races have concluded that the Asians have increased propensity to have heart disease due to vessel blocks and diabetes mellitus compare to white and black races.

In this study , the first heart attack was seen occurring 6 years early in Asians compared to people from other countries and races. For a disease to occur, two components are necessary one is from genes and the other from environment.

In this study, Asian Indians and other South Asians have a genetic makeup which gives them the higher chance of abnormal cholesterol, diabetes and abdominal fat. Hence we can get heart problems even though we don't smoke or don't eat junk food or don't eat non vegetarian or don't drink alcohol .If some one in the family mother ,father or any relative had heart attack or underwent angioplasty or By pass surgery at a younger age (men less than 55yr and female less 65 yr)then genes in those family are responsible for early heart attacks in the subsequent generation to come and the sons can get attacks at even less age compared to parents .

If for example a person gets heart attack at the age of 45 years or below then his son compared to his own friends has 10 times more chance of getting a heart attack and that too at an early age than his father.

Coming to environment there are two factors protective and harmful. Protective factors include healthy habits regular physical activity, diet rich in vegetables and fruits,yoga and meditation.

Harmful factors include tobacco usage (active smoking passive smoking tobacco chewing tobacco sniffing) Sedentary lifestyle Excessive alcohol drinking . The notion of regularly consuming small quantity of alcohol in western people does not translate into a healthy habit in Indians. In general we do not consume alcohol regularly but if we start we directly get into harmful binge drinking.

As per WHO , 80% of heart attacks in young , diabetes and 40% of Cancer is preventable.

As discussed above Indian Asians are more susceptible by our genetic makeup to get abnormal cholesterol diabetes and abdominal fat. Hence we have to prevent unhealthy habits coming into our life. That will happen if we take healthy lifestyle measures regular physical activity, Yoga, meditation, eating vegetables and fruits .

We should be avoiding refined carbohydrate foods, carbonated drinks, deep fried foods, eating while watching television.

In India heart attack in young were more commonly seen in males compared to females , reason was smoking /tobacco usage was done exclusively by men. There is 2.8 times increased risk of heart disease if we smoke or do tobacco usage. This is clearly more than risk of having diabetes which is which causes 2.4 times compared to normal people.

Hence avoiding tobacco exposure in all forms active smoking ,passive smoking, tobacco chewing ,tobacco sniffing should be avoided at all costs.

Once anyone in the family has heart disease or heart attack at an early age then their children should have health checkups at an early age to look for heart disease.

Anyone who has diabetes ,hypertension, abnormal cholesterol,excessive weight should follow the healthy lifestyle including diet and activity and take regular medications to keep there blood sugars, blood pressure , blood cholesterol and weight under control.

Anyone who had heart attack and who had underwent angioplasty or Bypass surgery should regularly take medicines and continue to follow healthy lifestyle to prevent further attack.

Dr. T. Rajesh
DMO Cardiology

HOW TO INCREASE HDL (GOOD CHOLESTEROL)?

HDL (High-Density Lipoprotein) and LDL (Low-Density Lipoprotein) are two types of cholesterol found in your blood. Understanding their roles and management is crucial for maintaining heart health.

HDL (Good Cholesterol)

1. Helps remove excess cholesterol from bloodstream
2. Transports cholesterol to liver for excretion
3. Lowers risk of heart disease and stroke
4. Ideal levels: 60-100 mg/dL (men), 50-90 mg/dL (women)

LDL (Bad Cholesterol)

1. Carries cholesterol from liver to cells
2. Excess LDL leads to plaque buildup in arteries
3. Increases risk of heart disease and stroke
4. Ideal levels: Less than 100 mg/dL (optimal), 100-129 mg/dL (near optimal)

Triglycerides

1. Fat stored in bloodstream
2. High levels increase heart disease risk
3. Ideal levels: Less than 150 mg/dL

Cholesterol Management

1. Diet: Limit saturated and trans fats, increase omega-3 fatty acids

2. Exercise: Regular physical activity
3. Weight: Maintain healthy weight
4. Quit smoking
5. Limit alcohol consumption
6. Medications (if necessary): Statins, fibrates, niacin

Cholesterol Levels

1. Total Cholesterol: Less than 200 mg/dL
2. HDL: 60-100 mg/dL (men), 50-90 mg/dL (women)
3. LDL: Less than 100 mg/dL
4. Triglycerides: Less than 150 mg/dL

Testing

1. Lipid Profile (fasting blood test)
2. Cholesterol screening: Every 5 years (adults), every 2 years (high-risk individuals)

Treatment

1. **Lifestyle changes** (diet, exercise, weight management)
2. **Medications** (statins, fibrates, niacin)
3. **Alternative therapies** (plant sterols, fish oil)

Consult your healthcare provider for personalized guidance on managing cholesterol levels.

Would you like more information on cholesterol or heart health?

Increasing HDL (Good Cholesterol) / decreasing LDL (Bad Cholesterol) levels requires a combination of lifestyle changes, dietary modifications and supplements. Here are some ways to boost HDL:

Lifestyle Changes

1. **Regular Exercise:** Aerobic exercises (brisk walking, cycling, swimming) for 150 minutes/week.
2. **Quit Smoking:** Smoking lowers HDL levels.
3. **Maintain Healthy Weight:** Excess weight can lower HDL.
4. **Reduce Stress:** Chronic stress can negatively impact HDL.
5. **Get Enough Sleep:** 7-8 hours/night.

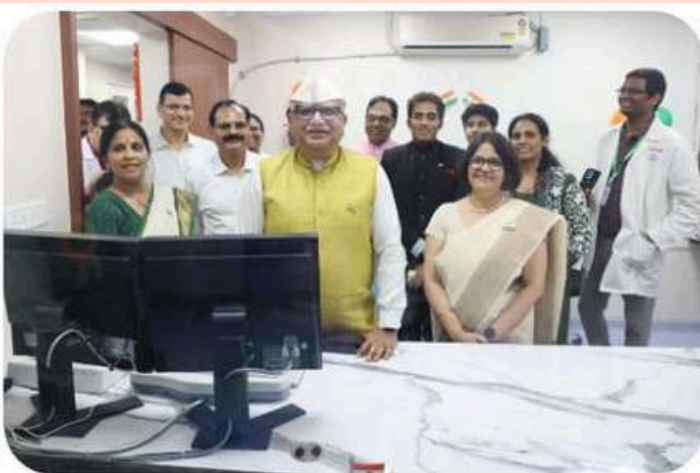
Dietary Modifications

1. **Omega-3 Fatty Acids:** Fatty fish (salmon, mackerel), flaxseeds, walnuts.
2. **Soluble Fiber-Rich Foods:** Oats, barley, fruits (apples, berries), vegetables (carrots, brussels sprouts).
3. **Healthy Fats:** Avocados, olive oil, nuts (almonds, pecans).
4. **Lean Protein:** Chicken, turkey, fish.



Mr Sreejith M P, SNS/JRH-BCT

Inauguration of Cath Lab on
the Independence Day
by Shri Ashok Kumar Misra, GM/WR



INDEPENDENCE DAY

FELICITATION OF STAFF



Glipmps of Independence Day

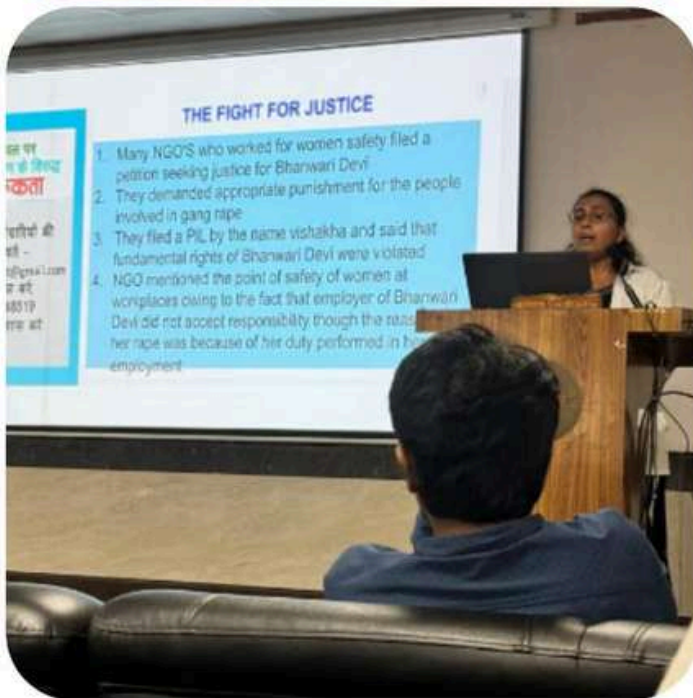
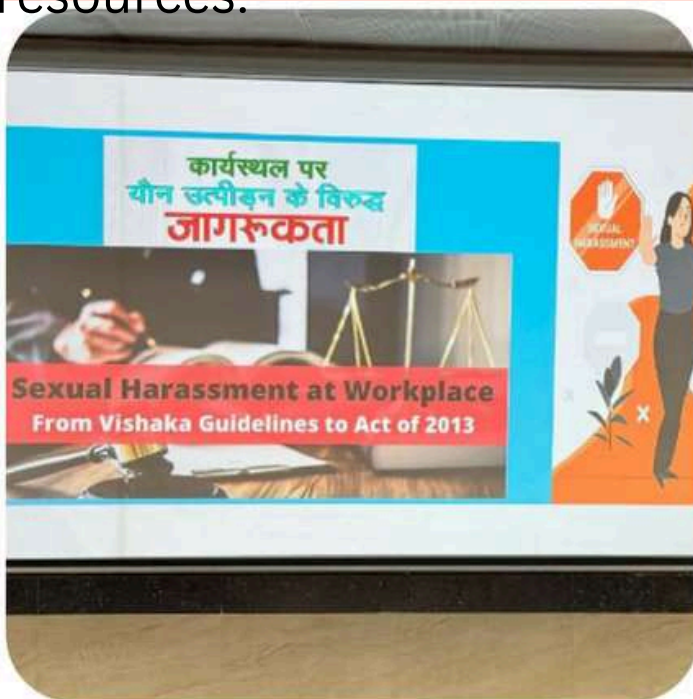


Inauguration of renovated Ward 7 by Dr Konda Anuradha, PCMD/WR



A Lecture on Prevention of Sexual Harrassment at Work Place

This 2024 WSHD theme is Positive Relationships. As WSHD 2024 approaches, we encourage you to start planning how to get involved and positively impact your community. Together, we can raise awareness, reduce stigma, and improve access to essential sexual health resources.



WORLD ENVIRONMENT DAY

Best, from the Hospital Waste



The Swachhata Hi Seva campaign 2024, observed from 17th September to 1st October, is themed “Swabhav Swachhata, Sanskaar Swachhata,” culminating in the celebration of Swachh Bharat Diwas on 2nd October.



The World Mental Health Day: 10th of October 2024

There was a presentation on “Workplace Stress,” covering topics such as psychological first aid and effective communication, using the acronym ISBAR. A skit titled “WARD MEI TENSION, MENTAL HEALTH PE ATTENTION” humorously portrayed workplace stress and its effects on hospital staff.



World Heart Day

World Heart Day was celebrated on 29/09/2024 with the theme “Use Heart for action”. A lecture was delivered to patients in OPD about atherosclerotic heart disease and its prevention, congenital heart disease. and CPR. a Poster competition was organised and the winners were awarded.



WORLD BREAST FEEDING WEEK (1 - 7 AUGUST, 2024)

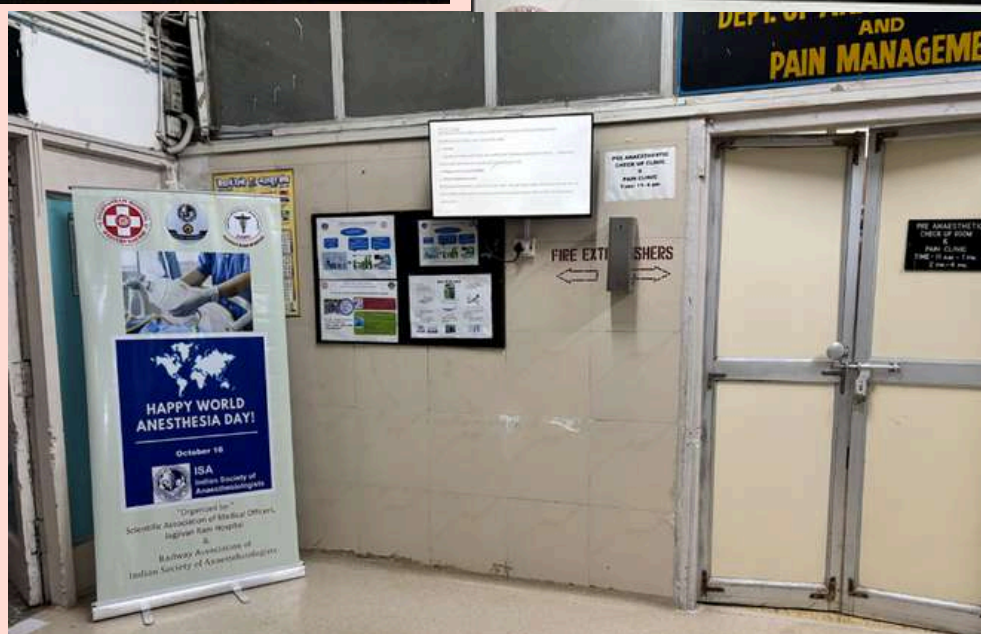
World Breastfeeding week celebration- Department of Paediatrics and Obstetrics and Gynaecology, held a lecture on the benefits and techniques of Breastfeeding for the Health care workers of Jagjivan Ram Hospital. This was followed by an interactive session and clearing all the queries.



WORLD ANAESTHESIA DAY CELEBRATION

16 OCTOBER 2024

Awareness poster displayed in Patient waiting area



World Arthritis Day
Poster exhibition (12th October)



World no tobacco Day Anti Tobacco campaign poster exhibition



मोबाइल

ए मोबाइल,
तुने जिंदगी मे आकर, जीने का ढंग बदला
भले ही, मुश्किलें आसान की, सारा जीवन ही बदला
तेरा उपयोग करके, अपना समय बचाना चाहा
मेरा वक्त छीन कर, तुने समय संज्ञान ही बदला

गुजरता था बचपन, कभी खुले मैदानों में
बाग में, खलिहान में, नाना के ननिहाल में
दोस्तों के बिना न सुबह होती, न होती थी शाम
चुराकर ही स्वादिष्ट लगते, अमरूद हो या आम
अब सारे बगीचें, सारे मैदान मोबाइल में कैद हुए
फेसबुक, व्हाट्सएप पर ही आभासी दोस्त हुए
ननिहाल की न याद आती, रिश्तों का अर्थ बदला
थोड़ासा बदलना चाहा, तुने सारा जीवन ही बदला

शिक्षा के बहाने से, बच्चों के हाथ तू आया
पढ़ाई हो या न हो, सबने तुझे अपनाया
पर, तुझे अपनाने से, रूठ गई किताब
जाने कौन इसे कब पढ़ेगा, वह हो गई बेताब
युवाओं ने तो तेरा, बस दुरुपयोग ही किया
वह निकम्मे हो गए, किमती वक्त बरबाद किया
बरबाद किये गए कल का, कैसे चुकाओगे बदला
थोड़ासा बदलना चाहा, तुने सारा जीवन ही बदला

सुनकर मेरी कड़वी बातें, मोबाइल झल्लाकर बोला
जवाब तेरे सवाल मे है, क्या अपने दिल को टटोला ?
हरदम मुझे पास हो रखते, बेवजह निहारते रहते
मैं भी चाहूँ थोड़ी शांति, तुम इसे भंग करते रहते
पढ़ाई हो, Gaming हो, grocery हो या शॉपिंग
मेरे बिना कैसे करोगे, बिल भुगतान या बैंकिंग
दोस्ती, रिश्तेदारी इनका अर्थ तुमने तो है बदला
मुझे जरा बाजु में रखदो, फिर कहना, कैसे जीवन बदला!



Dr. Avinash D. Arke
Sr. DMO / Cardiology / JRH

Anaesthesiologist: paving a path to Patient Safety

Whether in pain for labour,
Or daunted by disease,
Be assured of the best care,
You receive in anaesthesiology.

You are wheeled into our theatre,
And no matter the surgical play,
You will be kept warm and safe,
For the duration of your stay.

We watch your heart, and hear your lungs,
We hold your hand, and give our all.
We know the score, and how to save,
We know when to rush and when to stall.

The curtain keeps us hidden away,
But we watch it all determined,
The blood, the loss, the output and all,
We weigh it all in our mind.

We put you to sleep and wake you up,
A rollercoaster of events in between,
And when you wake, our jobs half-done,
We're focused on the next, no time to preen.

So yes, we are doctors, and proud
We whisper doubts and speak orders loud.
Safety is our watchword, and our promise we keep,
The anaesthesiologist; your advocate when you are asleep.



Dr.Chandini R Daniel
DMO/JRH

समय पुराना था

समय पुराना था
तन ढँकने को कपड़े न थे,
फिर भी लोग तन ढँकने का
प्रयास करते थे ...!
आज कपड़ों के भंडार हैं,
फिर भी तन दिखाने का
प्रयास करते हैं
समाज सभ्य जो हो गया हैं ।

समय पुराना था,
आवागमन के साधन कम थे।
फिर भी लोग परिजनों से
मिला करते थे ...!
आज आवागमन के
साधनों की भरमार है।
फिर भी लोग न मिलने के
बहाने बनाते हैं ।
समाज सभ्य जो हो गया हैं ।

समय पुराना था,
घर की बेटी,
पूरे गाँव की बेटी होती थी।
आज की बेटी पड़ोसी से ही
असुरक्षित हैं ...!
समाज सभ्य जो हो गया हैं !

समय पुराना था,
लोग नगर-मोहल्ले के बुजुर्गों
का हालचाल पूछते थे ...!
आज माँ-बाप तक को
वृद्धाश्रम में डाल देते हैं ।
समाज सभ्य जो हो गया हैं ।

समय पुराना था,
खिलौनों की कमी थी ।
फिर भी मोहल्ले भर के बच्चों
के साथ खेला करते थे ...!
आज खिलौनों की भरमार है,
पर बच्चे मोबाइल की जकड़
में बंद हैं ...!!
समाज सभ्य जो हो गया हैं ।

समय पुराना था,
गली-मोहल्ले के पशुओं
तक को रोटी दी जाती थी ...!
आज पड़ोसी के बच्चे भी
भूखे सो जाते हैं ...!!
समाज सभ्य जो हो गया हैं ।

समय पुराना था,
पड़ोसी के घर में आए
रिश्तेदार का भी पूरा
परिचय पूछ लेते थे ...!
आज तो पड़ोसी का नाम
तक नहीं जानते ...!!
समाज सभ्य जो हो गया हैं ।
वाह रे आधुनिक एवं सभ्य समाज



Parikshit Madhav
NS/JRH/BCT

Recent events in Cardiology / JRH recognised by Media

Gm, Western Railway Inaugurated The State-Of-The-Art Dsa Cath Lab At Jagjivan Ram Hospital

Shri Ashok Kumar Misra, GM/WR also felicitated 70 employees of JRH for their outstanding performance during the NABH accreditation process.

Agencies
Mumbai, August 17

Shri Ashok Kumar Misra, General Manager of Western Railway inaugurated the state-of-the-art Digital Subtraction Angiography (DSA) Cath Lab at Western Railway's Jagjivan Ram Hospital (JRH) on 15th August 2024. Dr. Anuradha Konda, Principal Chief Medical Director (PCMD), Shri



Mahesh Chandra, Principal Chief Material Manager (PCMM), Shri Neeraj Verma, Divisional Railway Manager of Mumbai

Mamta Sharma Medical Officer JRH and Senior Railways were also present on the occasion. According to the Chief Public Relations Officer, Western Railway, the new DSA Cath Lab machine

at JRH on turn-key project basis at a cost of more than ₹ 6 Crore. The new machine will prove to be a vital tool towards achieving excellence in the hospital. It

has been providing tertiary healthcare since 2012 and has successfully completed around 16,000 cardiac and non-cardiac procedures, achieving many milestones in the field of interventional cardiology.

Shri Vineet further stated that, GM Shri Misra felicitated 70 employees of JRH by presenting them with shields and certificates for their outstanding work during the National Accreditation Board for Hospitals (NABH) accreditation process. It is pertinent to mention that due to the dedicated efforts of these employees, JRH has gained the first

जगजीवन राम अस्पताल द्वारा भारतीय रेल कार्डियोलॉजी सम्मेलन का आयोजन

मुंबई। मुंबई सेंट्रल स्थित पश्चिम रेलवे के जगजीवनराम रेलवे अस्पताल द्वारा हाल ही में प्रतिष्ठित वार्षिक सम्मेलन का आयोजन किया गया। सम्मेलन की मुख्य अतिथि रेलवे बोर्ड की रेलवे स्वास्थ्य सेवाओं की महानिदेशक डॉ. सुगंधा राहा और सम्माननीय अतिथि पश्चिम रेलवे के महाप्रबंधक अशोक कुमार मिश्र द्वारा सम्मेलन का उद्घाटन किया गया। पश्चिम रेलवे के मुख्य जनसंपर्क अधिकारी सुमित ठाकुर द्वारा जारी एक प्रेस विज्ञप्ति के अनुसार वार्षिक सम्मेलन



कार्डियोलॉजी विभागों की वर्तमान नैदानिक स्थिति को देखते हुए इसकी योजना बनाई गई थी। देश के विभिन्न हिस्सों से आए प्रख्यात वक्ताओं ने हाल की प्रगति के साथ-साथ हृदय रोगों के

लिया और इसका उद्देश्य ज्ञान साझा करने, सहयोगात्मक चर्चाओं को बढ़ावा देने और प्रिवेंटिव और इंटरवेंशनल कार्डियोलॉजी में प्रगति को बढ़ावा देने के लिए एक पेशेवर मंच प्रदान करना था। सम्मेलन ने हृदय स्वास्थ्य के निरंतर विकसित रहे इस क्षेत्र में सहयोग, नेटवर्किंग और सीखने का एक अनूठा अवसर प्रदान किया। इस अवसर पर डॉ. एवं मिश्र द्वारा एक स्मारिका का विमोचन किया गया।

पश्चिम रेलवे के जगजीवन राम अस्पताल में आरपीएफ कर्मियों के लिए सीपीआर कार्यशाला का आयोजन

मुंबई (संवाददाता)

मंत्र न्यूज

मुंबई। हार्ट अटैक या कार्डियक अरेस्ट की घटनाएं दिन-प्रतिदिन

फ्रंटलाइन स्ट्राफ के लिए। चिकित्सा सहायता उपलब्ध होने से पहले उन्हें का उचित तरीका जीवन बचा सकता है। इस दिशा में आगे बढ़ते हुए, हाल ही में पश्चिम रेलवे के जगजीवन राम अस्पताल ने आरपीएफ कर्मियों के लिए एक

कर्मचारियों को उचित सीपीआर की उचित तकनीक, एडो (ऑटोमेटेड एक्सटर्नल डिफिब्रिलेटर) के उपयोग और इस महान प्रक्रिया में हुई नई प्रगति के बारे में शिक्षित करना था। जेआरएच के विभागध्यक्ष और अतिरिक्त मुख्य स्वास्थ्य निदेशक-

दिया। उन्होंने दिल के दौरे को रोकने के लिए प्रमुख निवारक कदमों के बारे में भी बताया और कर्मचारियों की समय-समय पर स्वास्थ्य जांच पर जोर दिया। सुश्री सुमैया राघवन के नेतृत्व में होली फीमिली अस्पताल की रिवाइव हार्ट फाउंडेशन की एक

सीपीआर करने के लिए कहा गया और सभी कदम दिशानिर्देशों के अनुसार उठाये गये, जिनकी निगरानी जेआरएच के अर्द्धी तरह से प्रशिक्षित और प्रमाणित सीपीआर प्रशिक्षकों ने की। कार्यशाला की योजना जेआरएच की चिकित्सा



बढ़ती जा रही है और अप्रत्याशित रूप से यह अब युवाओं के लिए गंभीर चिंता का विषय बन गया है, जो हमारे देश के लिए एक चिंताजनक स्थिति है। ऐसी स्थिति में, कार्डियो पल्मोनरी रिससिटेशन (सीपीएल) के बारे में सीखना और जागरूकता पैदा करना सभी के लिए जरूरी हो गया है, खासकर

पर एक कार्यशाला आयोजित की, जो भारतीय रेलवे के फ्रंटलाइन कर्मचारियों में से एक है। पश्चिम रेलवे के मुख्य जनसंपर्क अधिकारी श्री विनीत अभिषेक को ओर से जारी प्रेस विज्ञप्ति के अनुसार कार्यशाला में लगभग 100 आरपीएफ कर्मियों और 25 अन्य कर्मचारियों ने भाग लिया। कार्यक्रम का उद्देश्य

कार्डियोलॉजी डॉ. विश्वरूप कुमार राज ने सीने में हृदय से लेकर दिल के दौरे और कार्डियोरेस्पिरेटरी अरेस्ट विषयों पर व्याख्यान दिया। अपने व्याख्यान में उन्होंने दिल के दौरे के विभिन्न लक्षणों के साथ-साथ इसे नज़रअंदाज किये जाने तथा समय से पता न चलने पर होने वाली जटिलताओं पर जोर

टीम ने सीपीआर तकनीक का इस्तेमाल करते दिखाया। डॉ. अविनाश अर्का, वरिष्ठ मंडल चिकित्सा अधिकारी, कार्डियोलॉजी ने अपने अनूठे अंदाज में अपनी कविता के माध्यम से लोगों में जागरूकता पैदा की। भाग लेने वाले सभी आरपीएफ कर्मचारियों को विभिन्न आपातकालीन स्थितियों में

निर्देशक डॉ. ममता शर्मा के मार्गदर्शन में बनाई गई थी। श्री विनीत ने आगे कहा कि फ्रंटलाइन कर्मचारियों के लिए इस तरह की कार्यशालाओं का आयोजन लाभकारी साबित होगा और हृदय रोगों तथा सीपीआर देने के उचित तरीके और इसकी जीवन रक्षक क्षमता के बारे में जागरूकता पैदा होगी।



रेल्वे स्वास्थ्य सेवार्ये

हमारा मिशन

सहिष्णुता पूर्ण व्यवहार,
उत्कृष्ट तकनीकी व आधुनिकतम संसाधनों
के
तर्कसंगत और मूल्योचित उपयोग
द्वारा
रोगियों की सम्पूर्ण संतुष्टि
ही
प्रत्येक रेल स्वास्थ्यकर्मी
का
एकमात्र लक्ष्य
उसकी
एकमात्र साधना

जगजीवनराम अस्पताल

हमारा लक्ष्य

मानव स्पर्श के साथ चिकित्सा क्षेत्र में
प्रगति के साथ तालमेल रखते हुए रेलवे
लाभार्थियों को गुणवत्तापूर्ण निवारक और
उपचारात्मक स्वास्थ्य सेवा प्रदान करने
के लिए जेआरएच को उत्कृष्टता का केंद्र
बनाना



RAILWAY HEALTH SERVICES

MISSION STATEMENT

TOTAL
PATIENT SATISFACTION
THROUGH
HUMAN APPROACH
&
SHARED COMMITMENT
OF
EVERY SINGLE DOCTOR & PARAMEDIC
TO PROVIDE
QUALITY HEALTH CARE
USING
MODERN, COST EFFECTIVE
TECHNIQUES
& TECHNOLOGIES

JAGJIVANRAM HOSPITAL

VISION STATEMENT

Making JRH as center of
excellence for providing quality
preventive and curative
healthcare to railway
beneficiaries keeping pace with
advancement in medical field
with human touch