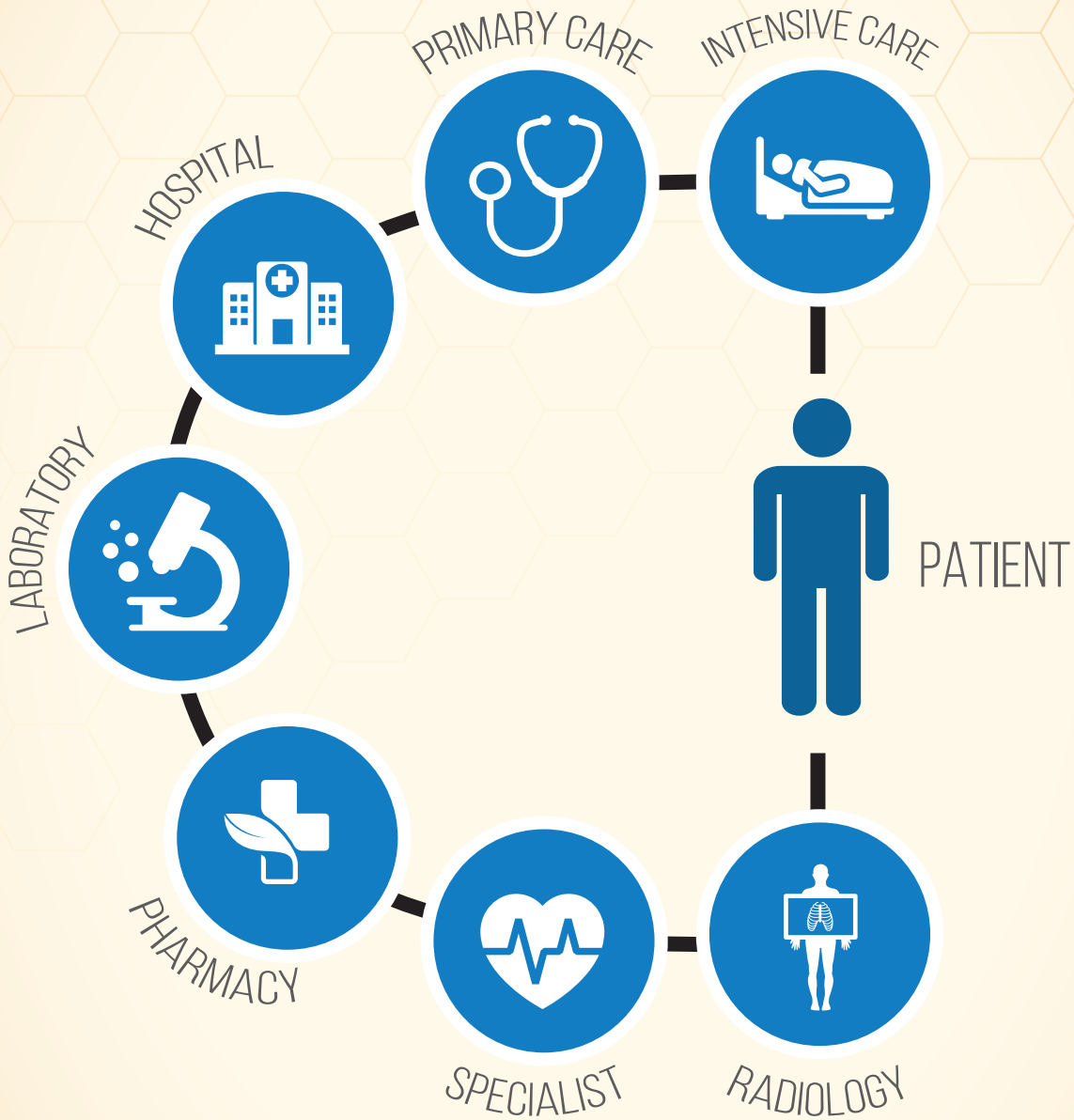


# MAROOF

Newsletter April 2017



**MAROOF**  
International Hospital

media@maroof.com.pk | www.maroof.com.pk

# MAROOF MEDICAL CAMP AT VILLAGE GHAMBEER, DISTRICT ABBOTTABAD

Healthy life is the basic right of everyone and we believe that every person should play his/her part in providing it to the most deserving.

Maroof International Hospital organized free medical camp on 12th March 2017 at Ghambeer Village, District Abbottabad. The venue for the camp was Shaheen Public School and its Principal Mr. Pervaiz Akhtar Abbasi inaugurated the medical camp.

The residents of Village Ghambeer and its surrounding villages were provided with free consultation for Ophthalmology, General Medicine, General Surgery, Pediatrics, Gynecology, Gastroenterology & Orthopedics.



MIH also arranged for free Blood Pressure, Glucose & Ultrasound checkups. They also provided free medicines to the patients.



On this occasion, the consultants of Maroof International Hospital, joined the team and facilitated the people for medical consultations. The team included Dr. Mumtaz Niazi, Dr. Ayesha Waqar Niazi, Dr. Osama Javed, Dr. Sabahat Makhdoom, Dr. Tehmina Touseef, Dr. Sundus, Dr. Zeeshan Khan, Dr. Muhammad Waqas, Dr. Tahira Zia, Dr. Mehreen Ali, Dr. Rana Abbas, Dr. Farhan Abbas and Dr. Nazar-ul-Islam. Along with consultants, paramedic staff and team of organizers from Administration







department, Security department, FNSD and Housekeeping also played their part in this noble cause.

Chairman Maroof International Hospital Ch. Naseer Ahmed, Executive Director Mr. Bilal Bin Zaheer and principal Shaheen Public School Mr. Pervaiz Akhtar distributed the certificates of appreciation among the organizers. At this occasion, Ch. Naseer Ahmed, Chairman MIH highly appreciated the efforts of his team.



He also highlighted the significance of providing healthcare to the people settled in less privileged areas and ensured that Maroof International Hospital will leave no stone unturned in achieving this aim. Mr. Inam-ul-Haq Abbasi and Mr. Anwar Baig Abbasi along with their organizing committee from Village Ghambeer extended their full cooperation for arranging this medical camp and highly appreciated the spirit of health care provision by Maroof International Hospital.





# TEAM BUILDING ACTIVITY FOR MIH EMPLOYEES

Teamwork is the base for the success of every task performed in an organization. To build a strong teamwork spirit among the employees of Maroof International Hospital, its HR department organized “Dominoes Challenge” as a team building activity. Thirty employees from all the departments took part in this activity. They were divided into six teams and these teams had to compete against each other. The winning team got cash prize. Employees found this activity excellent for better communication and teambuilding among inter-department employees.



## TRAINING WORKSHOP ON BLOOD BANKING TECHNIQUES

Maroof International Hospital arranged for a one day training workshop on “Blood Banking Techniques” in collaboration of IBTA and SBTP. This workshop was held on 02nd March 2017. The key areas addressed in the event were about basic immunology, antigen antibody reactions, cross match/compatibility testing—applications, principle and procedures (tube technique), gel card technology for immunohaematology, cross match/compatibility testing by gel card technology and Introduction to the National Guidelines on Quality Control in Transfusion Medicine. The key trainers for this workshop were Mr. M. Noor ul Amin, Manager Blood

Bank, Rawalpindi Institute of Cardiology, Usman Waheed, Technical Expert SBTP, Mr. Akhlaq Wazeer, Technical Officer, SBTP and Mr. Babar Hameed Awan, Sr. Manager Diagnostics, Maroof International Hospital. The workshop was closed with certificates and shields distribution among the attendees and the speakers.



## EMPLOYEE TRAINING ON CUSTOMER HANDLING

Sr. Manager Marketing, Malik Zeeshan Ali gave training to front desk employees about customer handling. He thoroughly explained them about how to manage different patient complaints and how to treat the patients with different temperaments.

This training also focused on key factors to be considered while dealing with patients of different health conditions. The attendees found this session to be very helpful.



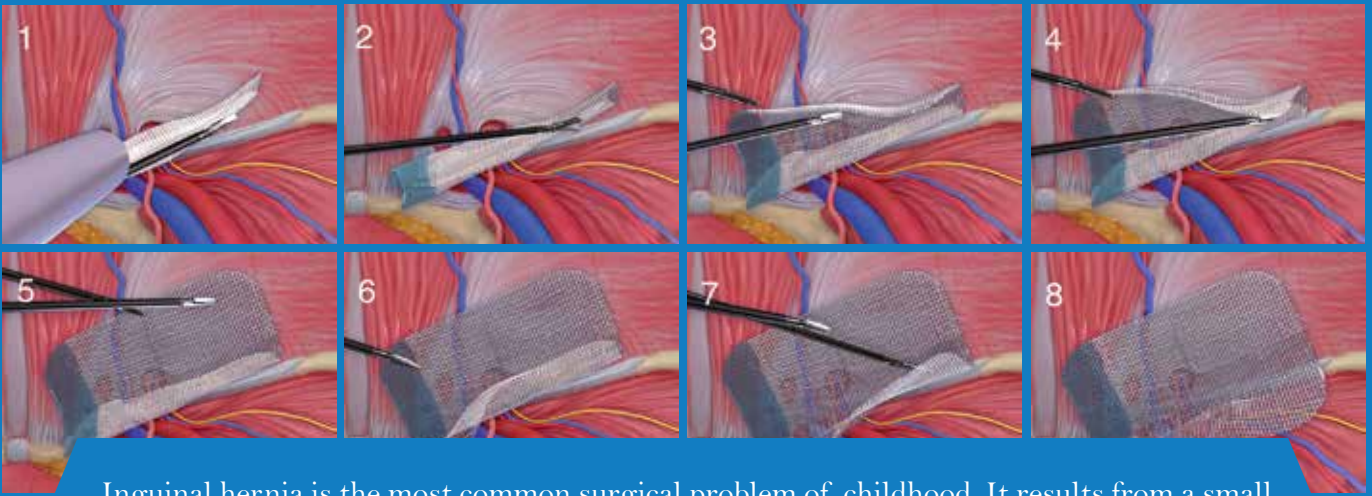
*Employee of the Month*

**Mr. Ahmed Mukhtar**  
Patient Services Officer

Patient services Department receiving certificate and prize for the employee of the month from CEO MIH Ch. Haroon Naseer and Executive Director Mr. Bilal Bin Zaheer.



# INGUINAL HERNIA IN CHILDREN



Inguinal hernia is the most common surgical problem of childhood. It results from a small sac that comes through the inguinal ring that is normally open during fetal life and closes around the time of birth. For reasons we don't understand, it does not close in some infants. This sac then makes a pathway for abdominal organs to come through the inguinal ring into the groin. In boys, the organ is usually a loop of bowel and in girls; it may be bowel or an ovary. In boys and girls, the hernia first appears as a bulge in the groin, and may appear and disappear, or may be present all the time. It will usually "pop out" when the child cries or strains. If only fluid comes through the inguinal ring into the sac, the problem is called a hydrocele.

The following questions would come to your mind.



**DR. FARHAN ANSARI**  
(CONSULTANT PEDIATRICIAN)  
GRADUATED FROM AMC.  
FRCS (U.K)

## WHY DOES MY CHILD NEED SURGERY?

Inguinal hernias never go away without treatment. Furthermore, if the sac is left open, a loop of bowel or other organ may become trapped or which is called incarcerated (stuck) in the sac. Once trapped, the organ, which comes through this very small opening, can swell and compress the blood supply that is pulled along with it. Without adequate blood supply, the organ trapped in the hernia sac can become damaged or even die. If your child has a "Stuck" hernia, he or she may have a hard, red, painful lump, may vomit, may be unwilling to eat and may stop stooling. This is an emergency. If this happens, your child should be taken to your nearest hospital's emergency room. The ER doctors will contact a pediatric surgeon. If the hernia cannot be pushed back (reduced) into the abdominal cavity, your child will need immediate surgery.



## WHAT DOES THE SURGERY INVOLVE?

The surgery takes about one hour. Your child's pediatric surgeon will close the opening to the hernia sac through a very small (about one inch) incision in the groin. This is called an "open" operation. The pediatric surgeon will tell you which approach is best for your child. Children less than one year of age, can have an open sac on the other side that could become a hernia later. Your child's surgeon may use a tiny telescope to look for a hernia on the opposite side and close it if there is one. The surgeon will discuss this with you before the operation.

There will be no stitches to remove from the skin later because the stitches will all be under the skin and will dissolve on their own. Your child's skin will be covered with small bandages called Steri-strips.



## HOW LONG WILL MY CHILD STAY IN THE HOSPITAL?

After the operation your child will return back to the recovery area, and you can be with him or her while he or she is waking up. Some children are upset and confused as the anesthesia starts wearing off. This is temporary and not unusual. Most children will go home as soon as they are awake and able to drink liquids after the operation. If your child was born prematurely, or has other health problems, the surgeon may keep him or her in the hospital overnight to monitor his or her breathing.



## HOMECARE AFTER HERNIA REPAIR

Most children will go home as soon as they are awake and able to drink liquids after the operation. If your child was born prematurely, or has other health problems, the surgeon may keep him or her in the hospital overnight to monitor his or her breathing.

- Pain Management
- Care for Dressings
- Swelling After Surgery
- Bathing Restrictions
- Activity Restrictions
- Do I see the surgeon again after the operation?

## PAIN MANAGEMENT

At the end of the operation, the surgeon will put a long-acting, numbing medication (local anesthetic) into the incision. Most children only need Paracetamol (Panadol) or Ibuprofen (Brufen) by mouth every four to six hours for the first 24 hours after surgery. If your child is still uncomfortable, we may prescribe something stronger.

## CARE FOR DRESSINGS

Gauze and clear plastic dressings may be removed two days after surgery. Under the gauze, there may be a small amount of blood. This is normal. The skin surround the incision may be red and bruised, and the incision will be slightly swollen. Over the incision, there may be Steri-strips that can be worn while taking a bath and can be removed one week after the operation.

In most operations, the wound is closed with dissolvable suture(stitches). These stitches are under

the skin and do not have to be removed. In some children these stitches may come through the incision about 4 weeks postoperatively. This may be associated with a little local redness and pus and it may involve an end of the incision or a larger portion. This is normal and is best treated by gently cleansing the area with soap and water and waiting. When the suture falls out or completely dissolves, the wound will heal. If your child has redness, swelling and pain of the incision and a fever please let your pediatric surgeon know about it.

## SWELLING AFTER SURGERY

There will be some swelling at the incision. In boys, swelling of the scrotum (sac where the testis is present) is normal after the hernia surgery, and may take several weeks to go away completely. In girls, there may be some swelling in the skin folds below the incision. For both boys and girls, you will be able to feel a firm ridge under the incision that lasts several months. This is called a "healing ridge", and is where the tissues are sewn back together.

## BATHING RESTRICTIONS

Your child may bathe or shower two days after surgery. Before then, he or she may take a sponge bath, but the Steri-strips should be left on if they are present.

## ACTIVITY RESTRICTIONS

There are no specific restrictions. Children will limit their own activity until they feel better, and most are back to normal activity in a day or two. Some children may require several days to feel better.



## DO I SEE THE SURGEON AGAIN AFTER THE OPERATION?

A visit to our office about one week after the surgery is scheduled before you leave the hospital. Call our office at Pediatric surgical OPD for the following:

- Any concerns you have about your child's recovery
- A temperature of 101°F or higher
- A red incision
- Increasing pain and tenderness at the incision
- Any liquid coming out of the incision



Inflammatory Bowel Diseases form a major chunk of the gastrointestinal group of disorders falling under the class of autoimmune diseases. As the name connotes it refers to a syndicate of inflammatory conditions affecting the colon and the small intestine. They are frequently misdiagnosed and mismanaged. Due to their production of an array of amorphous symptoms these disorders have a greater likelihood of being missed if not properly investigated. The two major typical constituents of these set of disorders is Crohn's disease and Ulcerative Colitis. Atypical constituents of IBDs encompass Behçet's disease, Diversion colitis and Microscopic colitis. They might present with similar symptoms but are differentiated on the basis of a number of other diagnostic factors. Since IBDs is a very vast topic my focus would be primarily on Ulcerative Colitis and its relevant features.



The symptoms befall in accordance with the severity index of the disease. It primarily affects individuals aged between 15-30 years but rarely may manifest over 60 years of age as well. The majority of patients present with complaints such as a gradual onset of diarrhea which is usually accompanied by blood and mucus and this perpetuates through a period of weeks without actually resolving by itself. This is also marked by a crampy abdominal pain and discomfort followed by tenesmus; a feeling of incomplete defecation. Continual bleeding from the large intestine accompanied by the fear of eating due to the recapitulating occurrence of diarrhea leads to a long-standing anemia and weight loss.

Ulcerative colitis predominantly affects the colon and rectum. However its extra-intestinal manifestations present themselves in a high percentage of patients. This disease involves patchy areas of the colon and rectum and hence is classified and treated accordingly. Proctitis is the inflammation limited to the rectal part of the intestine whereas Pancolitis involves the entire colon and the rectum. Apart from these Proctosigmoiditis which occurs less frequently involves the rectosigmoid colon. Another occurrence is in the form of left-sided colitis, this primarily involves the descending colon extending up to the emergence of the transverse colon and splenic flexure which is present on the left side of the patient. Lastly another variant is Extensive Colitis which involves large patchy and indefinite areas of the colon and rectum and may extend beyond that as well.

The severity index of this disease is a prerequisite to stratify the patient as to what category of treatment he/she falls in. This can be consigned as a mild, moderate, severe or fulminant disease. Generally speaking a milder form of the disease represents itself with constipation and about 4 or less episodes of diarrhea per day and is tolerable. A moderate form of the disease is also not relatively dangerous and may be presented with a slight anemia. The major concerns are raised in the severe and fulminant forms of the disease whose complications can be markedly life-threatening. They both evince a corroboration of toxicity which can be exhibited by severe anemia, a high grade fever, tachycardia and elevated C-reactive protein and ESR values. While the moderate form of disease corresponds to about 6 bloody stools per day, a fulminant manifestation can lead to a recurrence of more than 10 stools per day. This can effectuate the production of a minacious complication, a Toxic Megacolon. It is marked by acute colonic distension, abdominal bloating, tachycardia, severe dehydration and fever which can lead to a septic shock.

The forthright cause of Ulcerative Colitis is still idiopathic. Hence it is safe to discuss other factors that



**DR. MAHAM NAEEM**  
**MEDICAL OFFICER**  
**(SURGERY)**

## **ULCERATIVE COLITIS A MINACIOUS AFFLICTION**



may play a significant role in its occurrence. A number of theories have come into play but the most concrete ones involve environmental and genetic factors. The cardinal environmental factor is the effect of diet. Studies indicate an increased prevalence of ulcerative colitis in individuals who consume large amounts of vitamin B6 and unsaturated fats. A large consumption of alcohol is also a contributory factor. There are also studies being conducted in favor of low sulfur diets aggravating this condition due to mucosal sulfide detoxification but there is not substantial evidence yet to support it. Genetic factors elaborate mutations in the transporter proteins OCTN1 and OCTN1. Alongside these cell scaffolding proteins belonging to the MAGUK family also show evidence of involvement. Currently 12 genomes have been identified corresponding to chromosomes 1, 3, 5, 6, 12, 14, 16 and 19 which may be involved with ulcerative colitis.

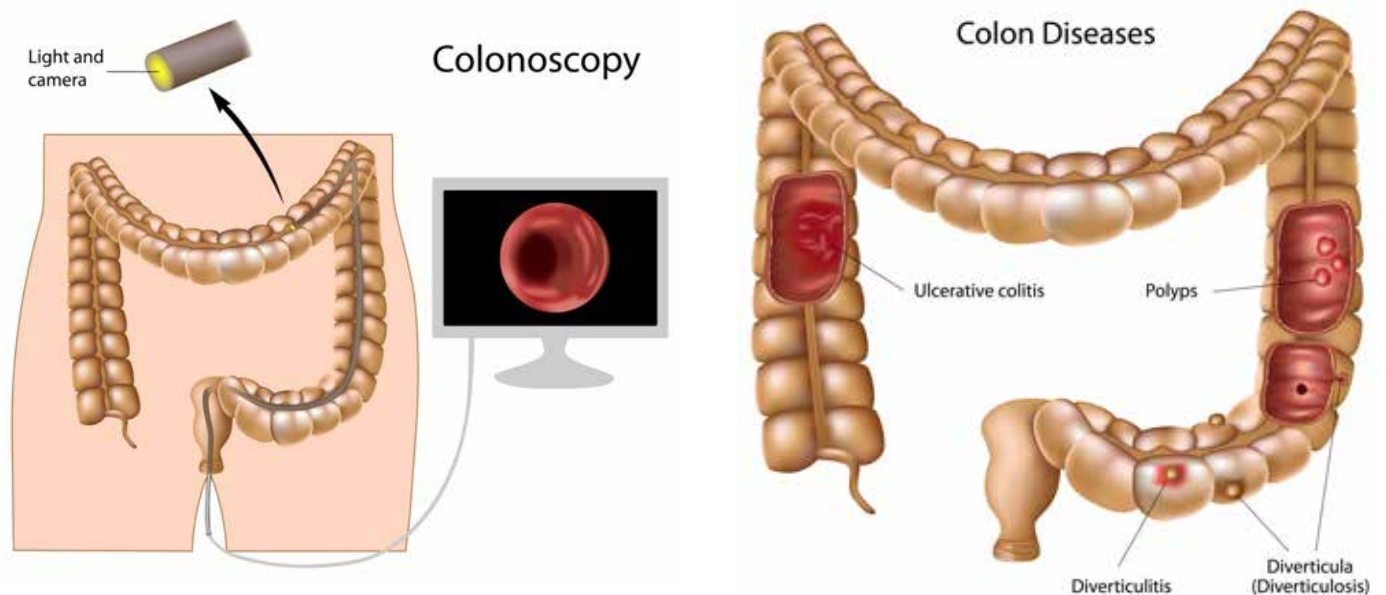


Ulcerative colitis presents with extra-intestinal features which may be mild or severe depending again on the severity index. These include a wide array of symptoms affecting the skin, joints and other organs. The joints can be affected in the form of seronegative arthritis, ankylosing spondylitis and sacroiliitis. The skin conditions manifest as erythema nodosum and pyoderma gangrenosum. It can also affect the eyes causing uveitis and episcleritis. Moreover other organs may get involved such as the bile ducts which get inflamed in primary sclerosing cholangitis.

The diagnosis of Ulcerative colitis demands a detailed work-up and clinical examination to find out the extent of the disease in order to decide its line of treatment. The basic lab investigations involved are the complete blood count – for an anemic picture and a high platelet count, x-rays of the abdomen which show a characteristic thumb-printing sign due to thickening of haustral folds, ESR and CRP which are significantly raised. The standard diagnostic test for Ulcerative colitis is however sigmoidoscopy and colonoscopy. Direct visualization can provide a detailed scenario of the disease and the areas involved.

The first line treatment options for Ulcerative colitis are oral medications. They are adjusted according to the severity index of the disease and consequently switched over to higher doses and a more aggressive treatment. They belong to the class of 5- Aminosalicylic acid drugs which include Sulfasalazine and Mesasalazine.

## ULCERATIVE COLITIS - A MINACIOUS AFFLICTION



Corticosteroids are an indispensable mantle in the treatment of Ulcerative Colitis. The disadvantage however arising from their long-term use, they are not exactly favorable. But due to their immunosuppressant attributes and healing properties, Prednisolone is frequently resorted to. Other drugs include Immunosuppressants such as Azathioprine and Methotrexate. Tumor Necrosis factor inhibitors such as Infliximab and Adalimumab are also used.

Surgical treatments such as the removal of the affected part of the bowel are often employed in the treatment of Ulcerative colitis as it is more responsive to them. An Ileo-anal Pouch procedure has been deemed to be effective. This involves removal of a significant part of the large intestine and a temporary ileostomy is made. The rectal stump and anus is left behind as after a period of six to twelve months an internal pouch is made which is

reconnected to the rectal stump and the ileostomy is reversed thus resulting in a normally functional bowel system of the patient.

Ulcerative Colitis is a long-standing and perturbing ailment with restricted treatment options. Its response to treatments varies from patient to patient and requires a great degree of patience from the patient himself. In some it resolves without any complications while in others it can lead to an increased risk of development of Colorectal Carcinoma in case of the disease progression being more than 10 years. Prevention of such risks can be done by getting regular screening colonoscopies and biopsies to rule out dysplastic changes after every 1 to 2 years in patients with a long-standing disease of more than 8 years.

Corn is one of the most widely grown cereal crops in the world and has become the third most important cereal crops other than wheat and rice. Corn and its other plant parts are used in various food, agricultural and health applications. Corn cereal contains nutritious components essential for health.

In herbal medicine the part of the corn that is used are the long stigmas, called silks, which grow from the top end of the corn's 'ear'. Once they are dried the corn silks look very different to their fresh form, becoming brown, curled, crinkly, and incredibly light-weight. The main historical and current use of the Corn-silk as a medicine is for the special action of being what is known as a 'soothing diuretic'.

Let's have a look at different benefits of corn silk.

## WHY IS CORN SILK BENEFICIAL FOR YOU?



MS. MUBASHERA IQBAL TARANA  
CLINICAL DIETITION

### TREATS URINARY TRACT INFECTIONS

Corn silk works as an anti-inflammatory agent for urinary tract infections. It basically coats the urinary tract lining and thwarts further irritation. Corn silk tea consumption helps soothe the inflamed bladder and the urinary tract. It makes you urinate, and thus reduces the risk of bacteria build-up in the urinary tract.

### KEEPS KIDNEY STONES AT BAY

Kidney stones are made of small crystallized deposits that can cause pain and annoyance. Corn silk usage can increase urine flow and decrease the chances of sediment formation in kidneys, which otherwise can eventually lead to kidney stone formation. However, remember that its use will not treat kidney stones that are already present.



### LOWERS BLOOD PRESSURE

A lot of people suffer from hypertension or high blood pressure issues nowadays. They can consume corn silk tea to reduce high blood pressure. This will ensure they don't have to cope with the adverse effects of OTC blood pressure medications.

### WORKS AS A DIURETIC AGENT

For ages, corn silk tea has been used as a natural potent diuretic agent. It helps flush out excess water and waste from the body, thereby reducing complications related to water retention. According to studies, usage of diuretics helps get rid of several

health hazards including congestive heart failure and kidney diseases in the long run.

### HELPS HEAL INFLAMMATORY AILMENTS AND CONDITIONS

Corn silk is known for its anti-inflammatory properties. Traditional medicine followers are of the view that it can be used to reduce the pain caused by inflammatory ailments like gout and arthritis. The diuretic action of corn silk may prevent excess uric acid formation in the body joints, which leads to gout pain. However, it should not be taken as a cure for arthritis related conditions.

### HELPS FIGHT CHOLESTEROL

Cholesterol in the bloodstream leads to the onset of several critical ailments in the long run (including cardiac complications). Keeping cholesterol levels in the blood low is the key to staying healthy and avoiding heart hazards, say the doctors. A study carried out by Jilin University scientists in China showed that corn silk consumption brings down cholesterol in rodents.

### SOURCE OF VITAMIN C

Corn silk contains vitamin C, which is ideal for boosting immunity. It also plays a pivotal role in regulating a myriad functions in the human body.

### HELPS FIGHT OBESITY

Obesity is a major health menace affecting a large part of the human population nowadays. While obesity is caused by more than one factor including genetics, some people put on excess weight owing to excess water retention and toxin accumulation in the body. Since corn silk helps eliminate excess water and waste from the body, such people will find it helpful to evade weight gain. They can have this tea twice or thrice a day for maximum benefits. However, it would be wrong to assume that it is a cure for obesity.



## TESTIMONIALS

- A very pleasant experience of a super hospital with excellent service. I am very happy with the way my wife was taken care of and I am grateful to all staff members. (Mr. Mahmood Ahmed)

- We are satisfied with the hospital performance specially Dr. Salman & Dr. Tahir Khan. The staff was very cooperative. We had a very good experience. Special thanks and appreciation for nursing staff and doctors. (Mr. Zeeshan Zeb)

- The doctors and staff were very cooperative. My daughter got very satisfactory treatment. The hospital is very clean and has hygienic environment. (Muhammad Ali Khan)

- I came to Maroof International Hospital with my very sick son Muhaiman. Dr. Zafar Iqbal treated my son like his own son. Excellent nursing staff that perform their duty very efficiently. (Mr. Sajjad)

## Tips for Healthy Skin

- Drink at least two liters of water every day.
- Sleep for eight hours each night.
- Fresh fruits, juices, salads and vegetables should be major part of your meals.
- Avoid junk food.
- Avoid sunlight during peak hours (10:00am-02:00pm) and use proper skin screens.
- Cleanse your skin thoroughly at day end & use good moisturizer.
- Exercise 3-5 times a week.
- Use minimum and good quality cosmetics.



## HEALTH RECIPE OF THE MONTH PIZZA ROLLS FOR LUNCHBOX

### INGREDIENT

- Pizza Dough (You can make it yourself too by kneading 2 cups flour, 1 tbsp instant yeast, 1 tsp salt, 1 egg and ¼ cup oil. Knead well with warm water and leave covered for two hours or till it doubles in size).
- Pizza Sauce ½ cup
- Chicken chunks 1 cup
- Mozzarella Cheese 1 cup (shredded)

### INSTRUCTIONS:

- Preheat oven at 180 C.
- Roll pizza dough smoothly.
- Evenly spread pizza sauce on top of dough.
- Sprinkle chicken chunks and mozzarella cheese.
- Roll the dough in a long log.
- Cut the logs into 12 rolls each. Your rolls will be about 1 inch in width.
- Place these rolls on baking tray and bake in oven for 12-15 minutes.

Tip: You can freeze these rolls and bake them later whenever needed.

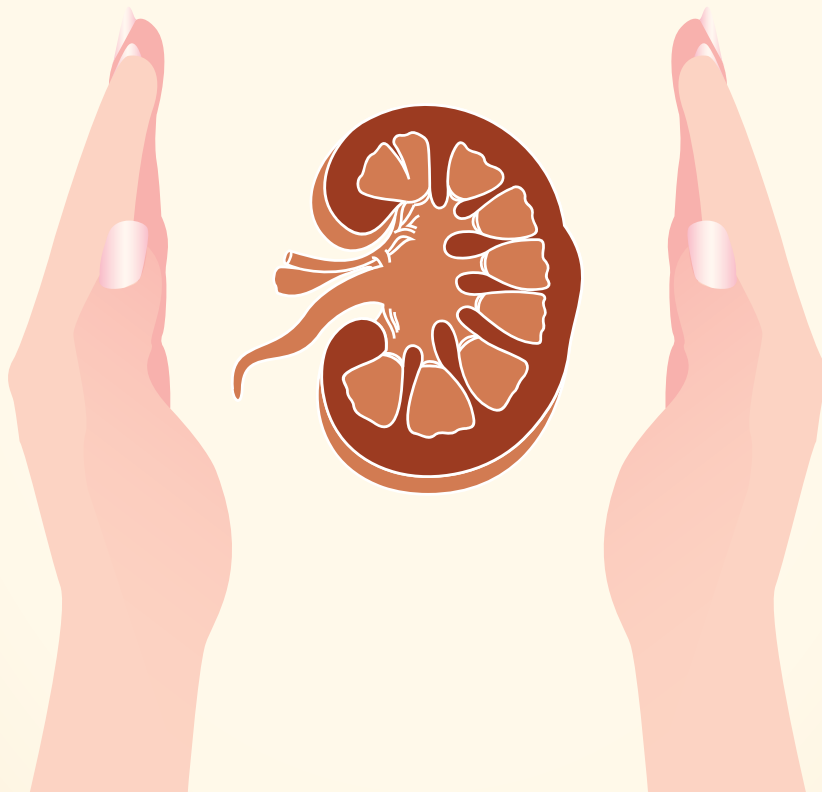
# MAROOF DIALYSIS UNIT

BEST CARE WITH STATE OF THE ART TECHNOLOGY

MIH IS PROUD TO OFFER THE BEST DIALYSIS FACILITY IN TWIN CITIE WITH

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- UFS SENSOR
- HYGIENIC CHAIN: COMPACT FLUID PATH & BUILT-IN DISINFECTION THAT HELP REDUCE BIOFILM PROLIFERATION AND LIQUID PURITY
- SHORT DISINFECTION PROGRAM
- HIGH FLUX DIALYSIS
- SODIUM BICARBONATE PROFILING

UNDER THE SUPERVISION OF HIGHLY EXPERIENCED AND CARING STAFF



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