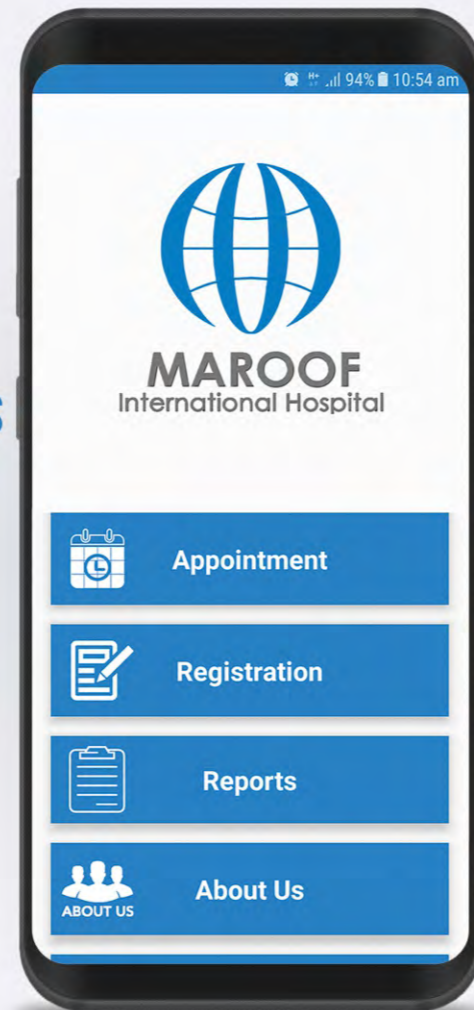


# MAROOF BRINGS HEALTHCARE AT YOUR FINGERTIPS

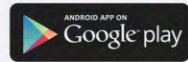
## NOW GET

- **QUICKER APPOINTMENTS**
- **ONLINE MEDICAL REPORTS**
- **ONLINE REGISTRATION**
- **DOCTOR'S INFORMATION**



*Taking health care to the next level!!!*

### DOWNLOAD MAROOF APP



Design&Printed by ComMatic, Ph 2802347

# MAROOF NEWSLETTER

November, 2018



### Editorial Board

Patron Ch. Naseer Ahmed	Chief Editor Ch. Haroon Naseer
Sr. Editor Malik Zeeshan Ali	Editor Mashal Rasool



10th Avenue, F-10 Markaz, Islamabad  
 Appointments & Helplines: 0335-5611198  
 UAN: 051-2222920 EXT:1005 & 1006  
 website: www.maroof.com.pk

**Maroof Medical & Diagnostic Center,**  
 22 West- Sardar Plaza, Opposite Poly Clinic,  
 Fazal-e-Haq Road, Blue Area, Islamabad





# MIH participated in International Health Expo 2018

Team Maroof International Hospital participated in a three days International Health Expo organized by MassComm on 5th, 6th & 7th October 2018 at Pak China Friendship Center. Three days medical stall was set up where the visitors were thoroughly briefed about the medical services provided at Maroof International Hospital. Visitors were also provided with free BP check, sugar check and consultations. Chairman MIH Ch. Naseer Ahmed & CEO MIH Ch. Haroon Naseer also visited the expo. Dr. Mir Waheed HoD A&ER, Dr. Mustafa Bhalli Consultant Orthopedics, Dr. Ghazala Bashir HoD Obs & Gynae, Dr. Imran Ghani Consultant Cardiologist and Dr. Salman consultant Pediatrics also visited the expo. The event was closed by shield distributions to all the participants.



# DENGUE FEVER



**Dr. Tahir Ali Khan**  
MBBS, FCPS  
Medical Specialist



Dengue (pronounced DENgee) fever is a painful, debilitating mosquito-borne disease caused by any one of four closely related dengue viruses. An estimated 390 million dengue infections occur worldwide each year, with about 96 million resulting in illness. Most cases occur in tropical areas of the world. Symptoms usually begin three to fourteen days after infection. These include high grade fever, headache, vomiting, muscle and joint pain and a characteristic skin rash.

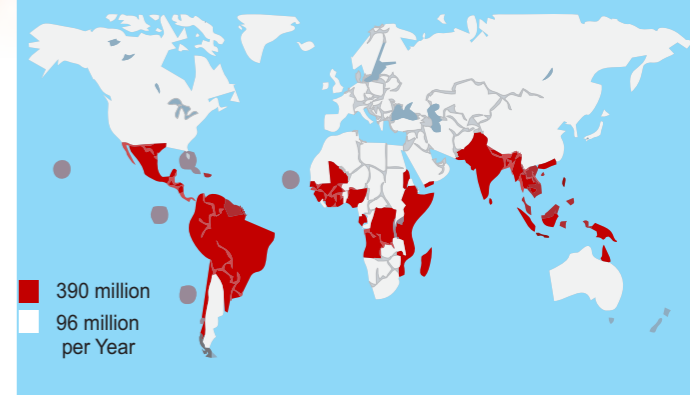
Symptoms, which usually begin four to six days after infection and last for up to 10 days, may include

- Sudden, high fever
- Severe headaches
- Pain behind the eyes
- Severe joint and muscle pain
- Fatigue
- Nausea
- Vomiting
- Skin rash, which appears two to five days after the onset of fever
- Mild bleeding (such a nose bleed, bleeding gums , or easy bruising)



Sometimes, symptoms are mild and can be mistaken for those of the flu or another viral infection. Younger children and people who have never had the infection before tend to have milder cases than older children and adults. However, serious problems can develop. These include dengue hemorrhagic fever, a rare complication characterized by high fever, damage to lymph and blood vessels, bleeding from the nose and gums, enlargement of the liver, and failure of the circulatory system. The symptoms may progress to massive bleeding, shock, and death. This is called dengue shock syndrome (DSS).

## DANGUE INFECTION IN WORLD WIDE



Recovery generally takes up to seven days. In a small proportion of cases, the disease develops into the life threatening dengue hemorrhagic fever, resulting in bleeding, low level of blood platelets, and blood plasma leakage, or into dengue shock syndrome where dangerously low blood pressure occurs.

A number of tests are available to confirm the diagnosis including detecting antibodies to the virus or it's RNA.

Treatment of acute dengue fever is supportive and includes giving fluids either by mouth or intravenously for mild or moderate disease. For more severe cases, blood transfusion may be required. Paracetamol is recommended instead of non-steroidal anti-inflammatory drugs (NSAIDs) for fever reduction and pain relief in dengue due to an increased risk of bleeding from NSAID use.

Dengue is spread by several species of mosquito of the Aedes type, principally A. segypti. The virus has five different types. Infection with one type usually gives lifelong immunity to that type, built only short term immunity to the others. subsequent infection with a different type increases the risk of severe complications.

A vaccine for dengue fever has been approved and is currently available in a number of countries. Other methods of prevention are by reducing mosquito habitat and limiting exposure to bites. This may be done by getting rid of standing water and wearing clothing that covers much of the body. Apart from eliminating the mosquitoes, work is ongoing for medication targeted directly at the virus.



**Dr. Waqar Hafeez**  
MD (USA)  
Member American  
Academy of Neurology



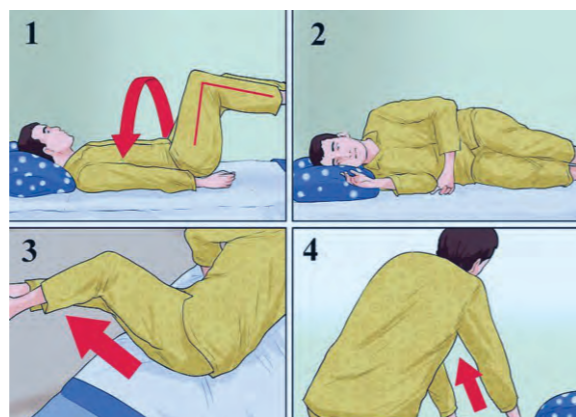
## LOWER BACK PAIN

### DISEASE OF THE BACK:

The disease of the back presents most commonly as pain in the back or legs. The disease can arise from the normal anatomical parts. For example patient can have disease of the bone, disc, muscle, ligaments etc which may present with pain or weakness in the distribution of the affected nerve. Careful history of the patient and examination of the area are therefore necessary for proper diagnosis as to where the problem is originating from (Muscle, bone or disc etc).

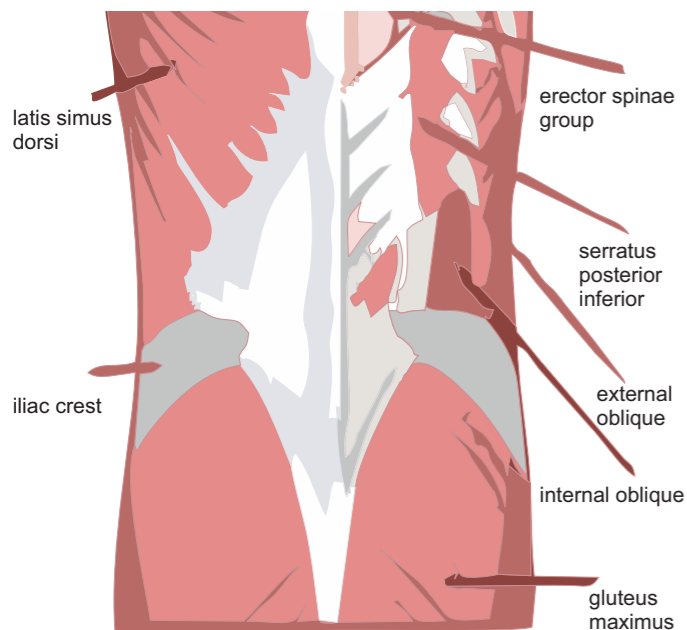
### MUSCLE SPASM:

Muscle spasm is extremely common phenomenon occurring in all age groups but more so in the young and older adults and less commonly in children. Spasm literally means that the muscle is contracted when it should not. The most common cause of muscle spasm is use of an unconditioned muscle for an activity that it does not usually perform. For example you go to gym after several months and lift heavy dumbbells, you'll get cramps in the muscles because the muscle is not used to performing that activity for months. But if you continue exercise, then the muscle gets used to it. Common causes of muscle spasms are sustained abnormal posture as well. This is particularly common in people who do desk work while bending their head for example teachers checking books, people doing computer work while their screen lays at a lower level than their head etc. Some people drive for a long time without lower back support and the muscles get taut. Muscle spasm get worse with the movement that involves the affected muscle.



### ANATOMY OF BACK:

The back consists of the back bone and the muscles. The back bone is in the middle of the back and on the sides are the muscles and ribs in the upper back and just the muscles in the lower back. The back bone consists of bones called vertebra and discs. Covering the bones and discs are ligaments. Ligaments are like bands or harness that keep things tied together. Surrounding these bones and ligaments are muscles. The vertebrae (Singular: Vertebra, Plural: Vertebrae) are numbered for convenience. For lower back there are five vertebrae conveniently named L1 through L5, where 'L' stands for 'Lumbar' or Lower back. Below the Lumbar vertebra are the sacral (or tail bone) vertebra abbreviated as 'S' for 'Sacral'. There are five sacral vertebrae named S1 through S5. Between each vertebra, comes out a nerve that goes down to supply muscles, skin sensations, deep sensations to the limbs and trunk.



There are some factors that play a part in developing muscle spasms. These include lack of good hydration, too much Caffeine (Coffee, tea, Qahva, caffeinated beverages), lack of sleep, taking diuretic pills for high blood pressure among others. Making sure that you are well hydrated and avoid the other risk factors mentioned and having a proper posture, you can avoid a muscle spasm.

### DISC ISSUES:

These are also one of the top reasons to have back pain. This kind of pain is different from muscle spasm in that the pain usually (but not always) goes down the buttock, thigh, leg or even toes. The nerves come out of the back and lie closer to discs. If the disc slips or protrudes out of its normal position, the nearby nerve may get pressed leading to symptoms of pain. The pain symptoms can be excruciating. Symptoms can get worse with different postures. There can be an electric current-like sensation that accompanies the pain.

Most common cause of disc issue is bending and lifting heavy things. Some people may get a slipped disc even by lifting a piece of paper. In these individuals, usually upper body weight is high. Disc issues also come with increasing weight. They can also happen after a bumpy ride or trauma.



Depending on the type of disc problem, treatment varies. Usually physiotherapy treats majority of patients but if symptoms are accompanied by other serious symptoms such as sudden loss of urine control or sudden constipation, neurosurgical evaluation becomes must. There are pain killers which help with the pain when one is undergoing physiotherapy. For physiotherapy, exercise is the mainstay of therapy. Other modalities used in physiotherapy such as deep heat and transcutaneous electric nerve stimulation (TENS) are just temporary measures to relieve pain and do not resolve the mechanical issue that underlies.

### LIGAMENT ISSUES:

Surrounding the joints are the ligaments. These can also get enlarged with inflammation and press on the nerves causing similar symptoms are disc problems. There issues are however gradual in onset and slower in progression. They often coexist with other pathologies.



### BONE ISSUES:

Bones can be the root of back issue especially in older adults. Pathologies of the bone include fractures, arthritis and trauma. Fractures can happen without trauma as well for example in people with weak bones (Osteoporosis) or in patients with cancer spreading to bones or in patients with infection of the bone. Arthritis tends to involve more of disc but also the edges of the bones which form small sharp edges. These edges can press on the nerves, causing pain in the distribution of the nerve.

Other causes of bone pain include inflammatory conditions.

### IMPORTANT POINTS:

It is important to question one's self as to what particular thing he did that lead to back pain. This helps doctor identify whether it is bone, disc or muscle that is causing the back pain.

Often times imaging and other tests of the back are necessary to help diagnose.

In majority of patients, physiotherapy alone improves back pain preventing one from going to surgery.

### SUMMARY:

- Back pain can be because of muscle, bone or nerve problem
- Identifying and then avoidance of triggers is important in order to avoid recurrent back pain
- Treatment is focused on physiotherapy and if not successful after sufficient time (usually weeks) then surgery is an option.

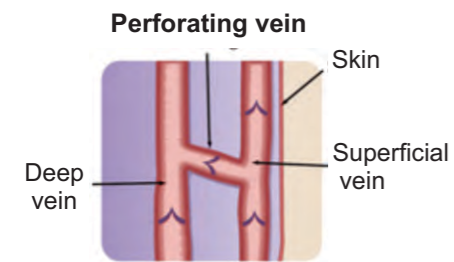
# Vein Disease and Varicose Veins

**Dr. Afzal Siddiquie**  
MBBS, FCPS, Fellowship  
(Vascular Surgery)  
Vascular Surgeon

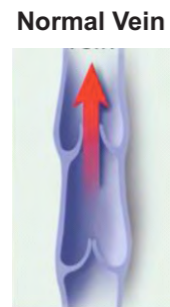


## What is Vein Disease?

The veins in your body play an important role in circulation. Healthy leg veins have valves that keep blood flowing from various parts of your body back to your heart. Yet, as people age, problems can develop in the veins and cause a variety of complications.



Perforating veins connect the deep system with the superficial system



Early symptoms may seem minor. However, they can become more serious and even life-threatening – if they are not treated. Which is why it is important to be aware of symptoms and seek medical advice at the earliest sign of a problem.

## There are two main types of veins:

**Superficial Veins:-** these are the visible veins under the skin more prominent when standing up.

**Deep Veins:-** these are within the muscles of the leg and cannot be seen.

The veins need to carry the blood upwards against gravity when we are standing. In order to do this they contain one-way VALVES. The muscles in the leg are also involved. During walking, which is particularly good for venous problems, the calf muscles squeeze the deep veins increasing the flow up out of the leg. This reduces the pressure in the veins. Since the deep and superficial veins are connected the benefits of this are felt in all veins of the leg. Standing still has the opposite effect, raising pressure in the veins and reducing flow.

## What is deep venous thrombosis (DVT)?

Deep Vein Thrombosis occurs when a blood clot forms in a large deep vein. These clots usually develop in the lower leg, thigh or pelvis.

## What is pulmonary embolism (PE)?

Pulmonary Embolism occurs when part or all of a blood clot breaks off and travels to the lungs.

## What is chronic venous insufficiency (CVI)?

If the venous system in the leg fails to work normally, the pressure in the leg veins rises. This damages the circulation

in the lower leg particularly around the ankle leading to the following problems:

- Varicose veins
- Aching
- Swelling
- Cramping
- Heaviness or tiredness
- Itching
- Open skin sores
- Restlessness

## Varicose Veins

This occurs when the superficial veins become dilated, elongated and twisted blood vessels that don't control blood flow as they should. In some cases, they can be small spider veins and even appear thread-like. In other cases they may appear as large grape-like clusters under the skin.

## Why?

There are several reasons for this occurring.

- Inherited weakness of vein wall.
- There may be faulty valves or reduced number of valves.
- Hormonal effects in pregnancy.
- Prolonged standing.
- More common as we get older.

Once "varicose" the valves in the superficial veins do not work and the flow follows gravity, down the leg when standing. This is why the pain and swelling due to varicose veins is often worse after standing or at the end of the day.

Varicose veins may be more than just a cosmetic issue. Varicose veins occur more often in women than men, especially during pregnancy.

## What problems (symptoms) do Varicose veins cause?

The pressure in the veins especially when standing can lead to pain, swelling, and may sometimes lead to skin changes (brown staining, eczema, ulceration).



## Who is at Risk?

- Female Gender
- Increasing age.
- Family history
- Trauma
- Prolonged standing
- Obesity
- Current or previous pregnancy
- Smoking.

## Prevention

Lifestyle changes may be recommended to control existing symptoms and prevent others. The following measures may help prevent varicose veins and CVI.

- Manage body weight
- Exercise regularly, focusing on exercises that work your legs (run or walk)
- Elevate your legs whenever possible
- Avoid prolonged standing or sitting
- Avoid clothes that are tight around the waist, groin or legs
- Avoid shoes that limit use of calf muscles (i.e., high heels)
- Eat a diet low in salt and rich in high-fiber foods.

## How the Diagnosis is made?

To diagnose varicose veins, your doctor will do a physical exam, including looking at your legs while you're standing to check for swelling. Your doctor may also ask you to describe any pain and aching in your legs.

You also may need an ultrasound test to see if the valves in your veins are functioning normally.

## Treatment

Varicose veins are often misunderstood as a cosmetic problem and many people living with them do not seek treatment.

- Self-care to life-style changes (as mentioned earlier)
- Wearing compression stockings all day is often the first approach to try before moving on to other treatments. They steadily squeeze your legs, helping veins and leg muscles move blood more efficiently. The amount of compression varies by type and brand.
- If you don't respond to self-care or compression stockings, or if your condition is more severe, your doctor may suggest one of these varicose vein treatments:

## Minimal Invasive Procedures

- Fortunately, treatment usually doesn't mean a hospital stay or a long, uncomfortable recovery.
- The good news is that there are minimally invasive treatment options available for varicose veins and CVI to be treated on outpatient basis.

A. Foam Sclerotherapy, in which a doctor injects the veins with a solution that causes the vein to close and seal it, and the blood is then directed through healthier veins. This is a

common treatment option, but may require multiple treatments. It is useful for treating small and medium sized varicose veins. Although the same vein may need to be injected more than once, sclerotherapy is very effective mode of treatment. Sclerotherapy doesn't require anesthesia and can be done in your doctor's office.

B. Radio-Frequency Ablation (RFA). In this, your doctor inserts a thin tube (catheter) into an enlarged vein. This ClosureFast procedure uses controlled and consistent heat (Radio-frequency) delivered by the catheter to seal the diseased vein. Once the vein is sealed, blood is rerouted to nearby healthy veins. This procedure is the preferred treatment for larger varicose veins.

C. The VenaSeal closure system delivers a small amount of proprietary medical adhesive to the diseased vein. The adhesive seals the vein and blood is rerouted through nearby healthy veins.

## Surgery

High ligation and vein stripping. This procedure involves tying off a vein before it joins a deep vein and removing the vein through small incisions. Removing the vein won't adversely affect circulation in your leg because veins deeper in the leg take care of the larger volumes of blood. This procedure requires anesthesia and hospital admission.

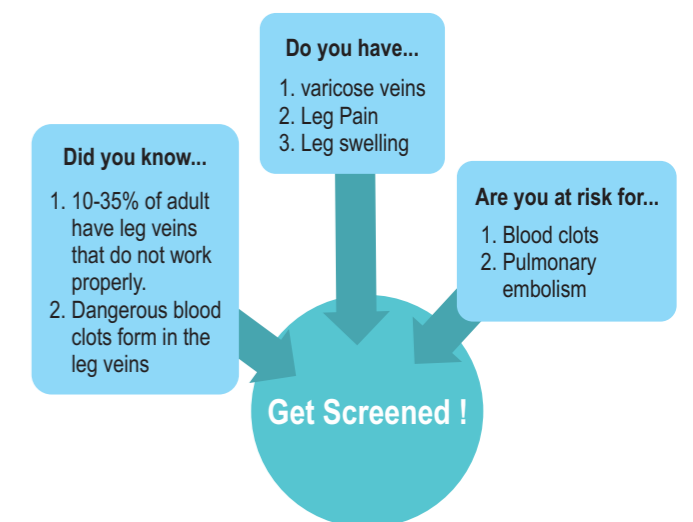
## If varicose veins are left untreated:

The veins can enlarge and worsen. As a result, the symptoms will become more severe. Additional health problems can result. These include:

- Severe venous insufficiency, a severe pooling of blood in the veins that slows the return of blood to the heart. This can lead to conditions like deep vein thrombosis and pulmonary embolism.
- Sores or skin ulcers.
- Ongoing irritation, swelling and painful rashes on the legs.

## What is Venous Screening?

Venous screening is the assessment that will help determine how at risk you are for developing Venous Disease.



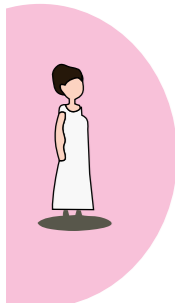


**Ms. Ayesha Nasir RD**  
Consultant Nutritionist




# Vitamin D: The Sunshine Vitamin Deficiency

Now a days Vitamin D deficiency is very common topic under discussion. Vitamin D is basically fat soluble vitamin that is necessary for various functions in our body. It was found in National Nutrition survey that there is a widespread deficiency of Vitamin D in Pakistan and among non-pregnant mothers of index child 85.1% were vitamin D deficient. Out of these 87.9 were from urban areas and 84.2 were from rural areas. When the vitamin D deficiency was assessed on provincial level it was found the prevalence of vitamin D deficiency among no pregnant women in Punjab was 83.5%, in Sindh it was 90.5%, in KPK it was 79.5%, in Baluchistan it was 82.6%, in FATA it was 85%, in AJK it was 95% and in Gilgit it was 96.2%. Similarly the prevalence of vitamin D deficiency was also determined for the pregnant women. The data revealed that among pregnant mothers of index child 86.1% were vitamin D deficient out of these 86.3% were from urban areas and 86.1% were from rural areas.



PUNJAB	83%
SINDH	90.5%
KPK	79.5%
BALOCHISTAN	82.6%
FATA	85%
AJK	95%
GILGAT	96.2%



PUNJAB	87%
SINDH	84.5%
KPK	77.5%
BALOCHISTAN	77.6%
FATA	85.5%
AJK	85.5%
GILGAT	95.7%

When the vitamin D deficiency was assessed on provincial level it was found the prevalence of vitamin D deficiency among pregnant women in Punjab was 87.7 %, in Sindh it was 84.6 %, in KP it was 77.5 %, in Baluchistan it was 77.6 %, in FATA it in AJK it was 85.5 % and in Gilgit it was 95.7 %. Similarly Vit D deficiency is also prevalent among children and adolescents.

Vitamin D is necessary in our body for calcium absorption. Calcium defiance is linked to Vitamin D deficiency. Its deficiency leads to bone weakness, rickets in children and osteoporosis and osteomalcia in females. Bones become thin and brittle and easy to fracture. Vitamin D is also necessary for growth, immune functions and muscular functions. In females, Vitamin D also prevents from Breast cancer. It also links with mood and depression. If a mother is deficient in Vitamin D levels, the baby will also suffer. There is need to pay attention especially in females of child bearing age, young girls and children. Young females are at more risk of deficiency because of their poor dietary habits, consumption of carbonated beverages and sedentary life style.

In Pakistan, besides having ample amount of sun light we have severe deficiency of Vitamin D due to our dietary habits and life styles. We hardly expose our bodies to sunlight because of our culture. Secondly Ultraviolet rays, dust particles, environmental conditions and use of sun protectors prevent from sufficient synthesis of vitamin D in body.

Vitamin D is present in green leafy vegetables, egg yolk, beef liver and fish oil. Milk and dairy products are also good source but very few foods have Vitamin D so sunlight is the best source and its defiance can be overcome by taking foods containing Vitamin D and supplements. A normal healthy individual requires 400IU of Vitamin D on daily basis while deficient may need higher doses. Consult your physician or Nutritionist to overcome deficiency. Improve your dietary habits, take supplements of vitamin D after prescription by physician and be physically active. At least try to go in sunlight of between 10:00am to 03:00pm twice a week. Live with healthy bones.

# What is Infertility?

**Dr. Tehmina Rehman**  
MBBS,FCPS  
Consultant Gynecologist



7% MEN  
11% WOMEN

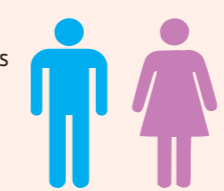
About 7% of men and about 11% of women of reproductive age have experienced fertility problem.

Infertility is the inability to achieve pregnancy after 12 months or more of regular unprotected sexual intercourse (or after six months if the woman is older than 35). The term describes men who can't get a woman pregnancy and women who can't get pregnant or carry a pregnancy to term.

- In 1/3 of the infertile couples, the problem is with the man.
- In 1/3 of the infertile couples, the problem can't be identified or is with both man and woman
- In 1/3 of the infertile couples, the problem is with the woman.

## What causes or contributes to infertility?

- MEN:**
- Certain medications such as testosterone /gels patches to treat "Low T".
  - Testicular injury or overheating.



- WOMEN:**
- Gynecological disorders such as polycystic ovaries syndrome (PCOS), Primary ovarian insufficiency (POI) endometriosis and uterine fibroids.
  - Problems with anatomy of the reproductive organs



**MEN & WOMEN:**

- Exposure to chemicals
- Cancer and/or exposure to radiation or chemotherapy
- Stress
- Conditions such as diabetes, heart disease, obesity, high blood pressure and autoimmune disorders
- Smoking and/or alcohol and drug abuses
- Sexually transmitted infections (STIs)



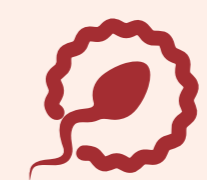
## What's age got todo with it?



People are waiting longer than ever before to start families. Women are now 8 times more likely to have their first child after age 35 than they were in 70s. But waiting too long can cause problems.

After age 30, a woman's fertility decreases rapidly every year until menopause, usually around age 50.

In the decade before menopause, her fertility is also greatly reduced. Male fertility also declines with age, but more gradually.

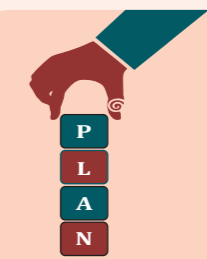


- Older men produce fewer sperms and lower quality sperm
- Older women have fewer eggs and lower quality eggs.
- The risk of some health conditions associated with infertility (above) increases with age.
- Age related decline in sperm and egg quality increase the risk of health conditions such as down syndrome, autism and schizophrenia in future generations



## What Now?

**Get informed!**  
Learn the risk factors of infertility and ask your health care provider any questions you have about your ability to conceive and the natural course of fertility through your lifespan.



## Make a plan!

It's never too early to start. Talk to your health care provider now about how to improve your overall health and eliminate risk factors so that your body is ready to conceive when you are.

# Consultants on Board

Dr. Tehmina Rehman has recently joined us at MIH. She is coming with decades of experience in various areas of Obstetrics and Gynaecology. She graduated from Army Medical College and did her postgraduate training from there as well. After her fellowship from CPSP, she served in the army before moving to private practice and teaching.

Besides practicing obstetrics, she has special interest in Laparoscopic/Hysteroscopic (minimally invasive) surgery having trained with the army and the civil, and is doing all the procedures at MIH. She set up Balouchistan's first fertility and IUI center and is keen to offer these services at MIH.

Dr. Tehmina's administrative and teaching experience adds to the quality of services she is able to offer at MIH.



**Dr. Tehmina Rehman**  
MBBS, FCPS

**Consultant**  
Obstetrics & Gynecology

Dr. Afzal Siddique graduated from Quaid-e-Azam medical college in 2002. He completed his first fellowship in general surgery. He then completed his second fellowship in vascular surgery from Armed Forces Post Graduate Medical Institute (AFPGMI) Rawalpindi. He has recently worked as a Senior Registrar Vascular Surgery at Bahawal Victoria Hospital Bahawalpur.

Dr. Afzal is expert in the current innovative and minimal invasive procedures in varicose veins. He has also got expertise in various techniques and procedures in AV Fistula formation in hemodialysis patients.

Vascular Surgery is an emerging and demanding subspecialty in Pakistan as well as across the globe. Vascular surgeons deal with all of the blood vessels in the body except the heart. We have a very few number of vascular surgeons in Pakistan. College of Physicians and Surgeons Pakistan (CPSP) has recently recognized the training in this specialty.

Dr. Afzal is among the first batch in the specialty in Pakistan.



**Dr. Afzal Siddique**  
MBBS,FCPS,

**Fellowship** (Vascular Surgery)

**Vascular Surgeon**

## Beans Salad

### Ingredients

- 1/4 cup White beans
- 1/4 cup Red kidney beans
- 1/4 cup Green grams
- 100 gms French beans
- 1 medium sized Onion
- 1/2 cup Fresh coriander
- 1/3 cup Mint
- 2 Green chillies
- 3 tbslp Lemon Juice
- 1 1/2 tsp Chaat Masala

### Method

- Wash white beans and kidney beans separately.
- Soak them separately, overnight in plenty of water. Wash and soak the green moong beans for about two hours.
- Boil the three dry beans separately in salted water till soft. Drain and let them cool.
- Strain the french beans and cut into one-fourth inch pieces. Boil in salted boiling water till done.
- Drain immediately and refresh with cold water. Drain and keep aside.
- Peel and cut onion into one-fourth inch size pieces. Clean, wash, drain and chop green coriander and mint.
- Wash and chop green chillies finely. Peel and wash and chop it.
- Dilute lemon juice with equal amount of water. Stir in chopped green coriander, mint, green chillies and chaat masala.
- Mix well and refrigerate the dressing for at least an hour.
- Mix all the cooked beans with diced onion and add the dressing. Toss the salad to evenly mix the dressing.

Eat Healthy

## TESTIMONIALS

I visited Laboratory for my samples and was attended by Ms. Zahida Khatoon to take my blood samples. I must appreciate her patient care attitude and skills. She did amazing job.

(Ameer Abbas)

I came to Maroof international Hospital for my surgery. This journey began from 15th October and lasted till 20th October. The entire surgical staff took so well care of me that I did not feel to be at hospital. It felt like a home to me. Without exaggeration, all of them starting from my consultant to all the doctors including **Dr. Ammara**, **Dr. Hina** and **Dr. Faisal Nadeem** were very professional people. The entire nursing and patient care staff took care of me like a sister. I wish them best and will visit to meet them again.

(Ms.Maryam)

Very impressive services received at ER. Both doctors and senior technicians were highly professional people.

(Mr. Shayan Mufti)

