



Shantabaa Medical College & General Hospital, Amreli.

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“Rangoli” by students

Chairman's Message



મેડીકલ એજ્યુકેશન, હેલ્થ કેર અને રીયર્સ ક્ષેત્રે શ્રેષ્ઠતા હાંસિલ કરવાના વિઝન સાથે, અમરેલીના લોકોના નિસ્વાર્થ સમર્થન અને આશીર્વાદથી મને મારા વતન અમરેલીમાં “શાંતાબા મેડીકલ કોલેજ અને જનરલ હોસ્પિટલ” જેવું વિશાળ કાર્ય કરવાની શક્તિ મળી છે. આ કાર્ય માટેનો સંકલ્પ તો મને બહુ પહેલા થી જ મળ્યો હતો જ્યારે મેં મારા બા “શાંતાબા” ને

અમરેલીની સિવિલ હોસ્પિટલ ખાતે અંતિમ શ્વાસ લેતા નિહાળ્યા, અમરેલીની જનતાને મેં પસાર કર્યો તેવા નિસહાય અને નિરાશ કરનારા સમયમાંથી પસાર ના થવું પડે, જીવનના કપરા સમયમાં હું દરેક નો સાથ આપી શકું તેવા સંકલ્પ સાથે તથા આપણા રાજ્ય અને દેશના ભવિષ્ય એવા યુવા અને તેજસ્વી વિદ્યાર્થીઓને ઉચ્ચ કક્ષાનું ગુણવત્તા યુક્ત, તબીબી શિક્ષણ અને ટેકનીકલ શિક્ષણ આપી સાથે સાથે વિદ્યાર્થીઓમાં શિષ્ટતા, સંસ્કાર અને સકાર્મકતાનો દ્રષ્ટિકોણ ઉદ્ભવ થાય, ખાસ કરીને સમાજના નબળા વર્ગના વિદ્યાર્થીઓ પણ સફળતાના શિખરો સર કરી શકે અને સમાજના સેવાના કાર્યોમાં જોડાઈ શકે, દેશ અને વિદેશમાં આપણું અને દેશનું નામ રોશન કરી શકે તેવા સંકલ્પ સાથે કરેલું કાર્ય એટલે “શાંતાબા મેડીકલ કોલેજ અને જનરલ હોસ્પિટલ”

વસંતભાઈ ગજેરા



Director's Message

It is rightly said that “A dream becomes a goal when action is taken towards its achievement.” Shantabaa Medical College in taking constructive & purposeful actions to produce optimistic, independent, compassionate, life-long learning which will bring glory to our college, state & nation. Shantabaa General Hospital will also provide sustainable healthcare systems at Amreli district.

I am happy to know that Shantabaa Medical College is starting its college e-magazine. I wish all doctors, students and staffs associated with magazine, heartfelt congratulations for their commendable efforts & wish everyone a bright future.

Dr. Ekta Gajera

From the desk of editor



Its matter of great pride that Shantabaa Medical College is starting e-magazine. The magazine would have complete coverage of College, Hospital and the campus. The various activities like academic, cultural and personal achievements would be the part of magazine. This issue is the first step in that direction. I request all the teaching staff members and students to contribute in the form of article, events,

photograph and various activities notes for this e magazine. We intend to print it regularly but cannot do it without your all support and contribution.

Dr. Vikas Sinha
Dean



Vice Chancellor, Saurashtra University, Dr. Nitinkumar Pethani, visited Shantabaa Medical College, Amreli.

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Biochemical findings in different stages of Covid-19 infection

Bhavesh R. Sadariya, Associate Professor, Department of Biochemistry,
Shantabaa Medical College, Amreli.

Clinical biochemistry laboratory plays a key role in diagnosis and management of patients. Routine biochemical laboratory testing helps to assess disease severity, choose appropriate therapeutic strategy and monitor treatment response. Covid-19 is an infectious disease caused by severe acute respiratory syndrome coronavirus 2" (SARS CoV-2).¹ SARS Cov-2 is a member of Coronaviridae family which consists of enveloped, single stranded RNA. Most frequent symptoms in Covid-19 patients are fever, dry cough, chest tightness, malaise, shortness of breath and myalgia. Diarrhea and rhinorhea are rare symptoms.^{2,3} Injuries of extra pulmonary organ like liver, muscle, kidney and coagulation are found frequent in Covid-19 patients, while cerebral and circulation injuries are rare.³ Major cause of disease severity and death in patients of Covid-19 patients was thought to be due to excessive inflammatory response that occur in response to SARS CoV-2.⁴

Covid-19 disease states has been classified in three different stages: Stage I (Early infection phase), Stage II (Pulmonary phase – IIa without and IIb with Hypoxia), Stage III (hyperinflammation phase).⁵

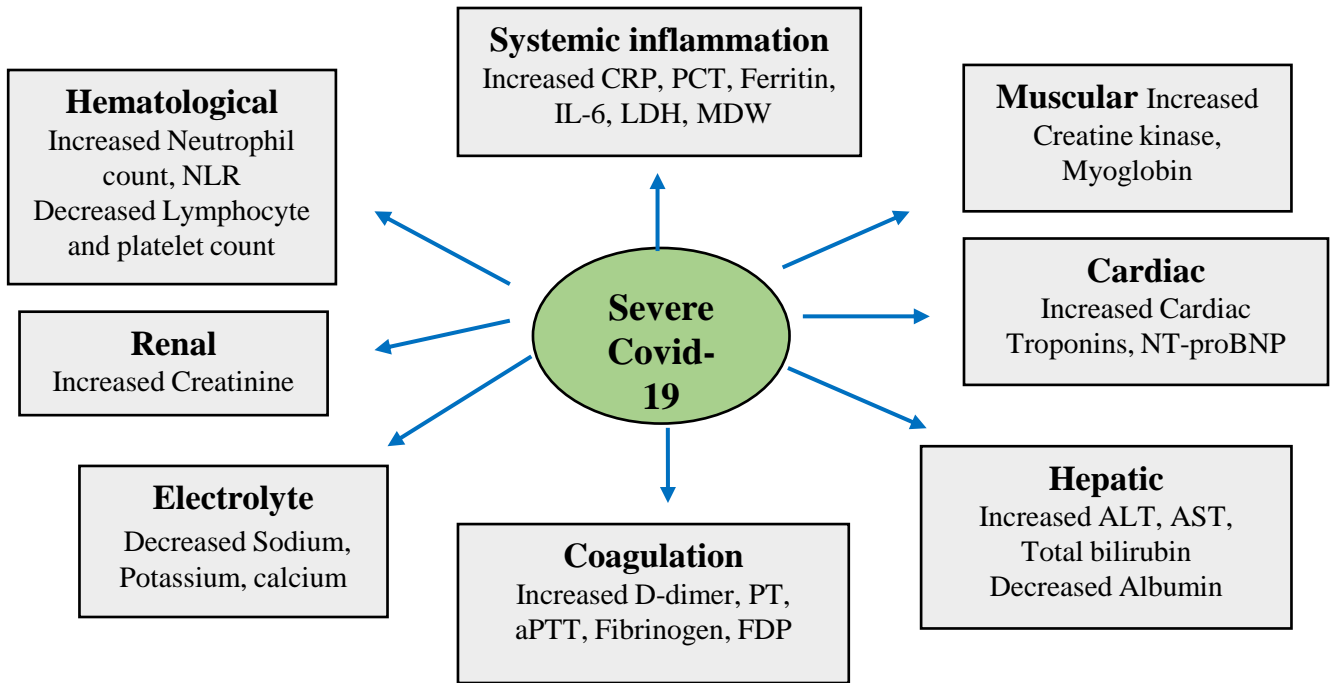
Table-1: Covid-19 disease stages -clinical symptoms and main laboratory findings^{5,6}

Covid 19 stages	Stage 1 Early infection phase	Stage 2 Pulmonary phase	Stage 3 Hyperinflammation phase
Severity	Mild	Moderate	Severe
Course/Event	Occurs at the time of inoculation and early establishment of disease – Viral response	Viral multiplication and localized inflammation in the lung	Minority of COVID-19 patients will transition into this phase which manifests as an extrapulmonary systemic hyperinflammation – Host response
Clinical symptoms	Nonspecific symptoms; Malaise, fever and dry cough	Viral pneumonia, with cough, fever, and possibly hypoxia	ARDS, SIRS, Cardiac failure
Main Laboratory findings	Lymphocytopenia, Thrombocytopenia, Increased PT, CRP, D-dimer, LDH	Increased CRP, Transaminases (ALT, AST)	Elevated inflammatory markers (CRP, LDH, IL-6, D-dimer, Ferritin) Increased Troponin and NT-proBNP

ARDS: Acute respiratory distress syndrome, SIRS: Systemic inflammatory response syndrome, PT: Prothrombin time, CRP: C –reactive protein, LDH: Lactate dehydrogenase, ALT: Alanine amino transferase, AST: Aspartate amino transferase, IL-6: Interleukin-6, NT-proBNP: N terminal pro B-type natriuretic peptide

Biochemical findings in different stages of Covid-19 infection

Figure-1: Main Biochemical alterations in severe Covid-19 patients⁶



MDW: Monocyte distribution width, PCT: Procalcitonin, aPTT: activated partial thromboplastin time, FDP: fibrin degradation products, NLR: Neutrophil lymphocyte ratio

Clinical laboratory has an essential role in management of Covid-19 which covers early recognition to assessment of disease severity and prediction of risk progression towards severe disease due to multi organ involvement.

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Gold standard (RT-PCR) test to diagnose COVID-19

Molecular Laboratory (RT-PCR), Department of Microbiology, SMCGH, Amreli.

Sanjeev Kumar, Associate Professor, Department of Microbiology,
Shantabaa Medical College, Amreli.

Background:

An outbreak of respiratory illness of unknown etiology was reported from Hubei province of Wuhan, People's Republic of China, in December 2019. The outbreak was attributed to a novel coronavirus (CoV), named as severe respiratory syndrome (SARS)-CoV-2 and the disease as COVID-19. Within one month, cases were reported from 25 countries. In view of the novel viral strain with reported high morbidity, establishing early countrywide diagnosis to detect imported cases became critical.

The Indian Council of Medical Research (ICMR)-National Institute of Virology (NIV), Pune, established screening as well as confirmatory assays for SARS-CoV-2. At the beginning all the RT-PCR laboratories were provided with the E gene screening real-time reverse transcription-polymerase chain reaction (rRT-PCR) assay. Later on they were provided E gene for screening and N/ORF/Rdrp gene for confirmatory assay.

Reverse Transcription-Polymerase Chain Reaction (RT-PCR):

RT-PCR relies on its ability to amplify a tiny amount of viral genetic material in a sample and is considered to be the gold standard for identification of SARS-CoV-2 virus. Currently, RT-PCR tests for COVID-19 generally use samples collected from the nasopharynx and oropharynx using swabs. We used PPE kit during the sample collection, after collection swabs were placed in viral transport medium (VTM) for rapid transportation to the molecular laboratory under aseptic and favorable conditions.

All specimens were processed in class II biological safety cabinet. A small quantity of specimen was added into lysis buffer which contains a guanidinium-based inactivating agent as well as a denaturing detergent. Samples were moved to next chamber for RNA extraction by using commercially available RNA extraction kits and refrigerated centrifuge machine. After separation of RNA from the samples were moved to next step for master mix. After adding the master mix the plate was inserted in RT-PCR machine.

Gold standard (RT-PCR) test to diagnose COVID-19

Molecular Laboratory (RT-PCR), Department of Microbiology, SMC GH, Amreli.

RT-PCR starts with laboratory conversion of viral genomic RNA into DNA by RNA-dependent DNA polymerase (reverse transcriptase). This reaction relies on small DNA sequence primers designed to specifically recognize complementary sequences on the RNA viral genome and the reverse transcriptase to generate a short complementary DNA copy (cDNA) of the viral RNA. In real-time RT-PCR, the amplification of DNA is monitored in real time as the PCR reaction progresses. This is done using a fluorescent dye or a sequence-specific DNA probe labeled with a fluorescent molecule and a quencher molecule, as in the case of TaqMan assays. An automated system then repeats the amplification process for about 40 cycles until the viral cDNA can be detected, usually by a fluorescent or electrical signal.

To date, the majority of molecular diagnostic tests have utilized the real-time RT-PCR technology targeting different SARS-CoV-2 genomic regions, including the ORF1b or ORF8 regions, and the nucleocapsid (N), spike (S) protein, RNA-dependent RNA polymerase (RdRP), or envelope (E) genes.

Our experience during COVID-19:

Our Chairman took initiation to establish RT-PCR lab at our Medical College and Hospital. We established full-fledged RT-PCR Laboratory with our dedicated Management and Microbiology staff in the month of September, 2020. Our RT-PCR laboratory has accredited with Indian Council of Medical Research (ICMR) and National Accreditation Board for Testing and Calibration Laboratories (NABL). Successfully so far we have tested more than 3 lakh samples; during the peak level of Covid-19 we have received 2000-2500 samples per day. Our microbiology team and technical staff worked without the time limit during the peak time. We have received the samples throughout the Amreli district and we provided the test reports within 24-48 hours during the peak time. At present we are providing the test reports within 24 hours. From the beginning we have provided the Indoor patient reports within 6 hours.

Gold standard (RT-PCR) test to diagnose COVID-19

Molecular Laboratory (RT-PCR), Department of Microbiology, SMCGH, Amreli.

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Role of Neutrophil - Lymphocyte ratio (NLR) In Covid 19

Abhishek R Godhani, Assistant Professor, Department of Pathology,
Shantabaa Medical College, Amreli.

In medicine neutrophil to lymphocyte ratio (NLR) is used as a marker of subclinical inflammation. It is calculated by dividing the number of neutrophils by number of lymphocytes, usually from peripheral blood sample,[1] but sometimes also from cells that infiltrate tissue, such as tumor.[2] Recently Lymphocyte Monocyte ratio (LMR) has also been studied as a marker of inflammation including Tuberculosis and various cancers.

Neutrophil to Lymphocyte ratio was first demonstrated as useful parameter after a correlation of a relationship between the neutrophil lymphocyte ratio to reactions of the immune response was noted. A study in 2001 was conducted by the Department of Anesthesiology and Intensive Care Medicine, St. Elizabeth Cancer Institute in Bratislava by Zahorec which suggested the routine used of the ratio as a stress factor in clinical ICU practice in intervals of 6-12 and 24 hours.[3]

The first study to demonstrate that pretherapeutic NLR can be used as a predictor of chemotherapy sensitivity to thoracic esophageal cancer was demonstrated by Hiroshi Sato, Yasuhiro Tsubosa, and Tatsuyuki Kawano in a 2012 study published in World Journal of Surgery journal.[4]

Higher NLR is independent predictor of mortality in patients undergoing angiography or cardiac revascularization.[1] Increased NLR is associated with poor prognosis of various cancers,[3] such as esophageal cancer[2] or advanced pancreatic cancer. NLR can be used as a prognostic marker for COVID-19 given the significant difference of NLR between those died and recovered from COVID-19.

COVID-19, an infectious disease caused by SARS-CoV-2, mainly targets the lungs and in severe cases may result in multiorgan injury and death. SARS-CoV-2 binds to the alveolar ACE2 receptors and release inflammatory markers, which activate the immune system, leading to a cytokine storm. So, early and accurate detections of severe COVID-19 cases after diagnosis is important for the immediately treatment of high-risk patients.

Role of Neutrophil - Lymphocyte ratio (NLR) In Covid 19

The COVID-19 pandemic in India is a part of the worldwide pandemic of corona virus disease 2019 (COVID-19) caused by severe acute respiratory syndrome corona virus 2 (SARS-CoV-2). As of 27 September 2021, according to official figures, India has the second-highest number of confirmed cases in the world (after the United States of America) with 33,678,786 reported cases of COVID-19 infection and the third-highest number of COVID-19 deaths (after the United States and Brazil) at 466,980[5] deaths.[6][7][8]

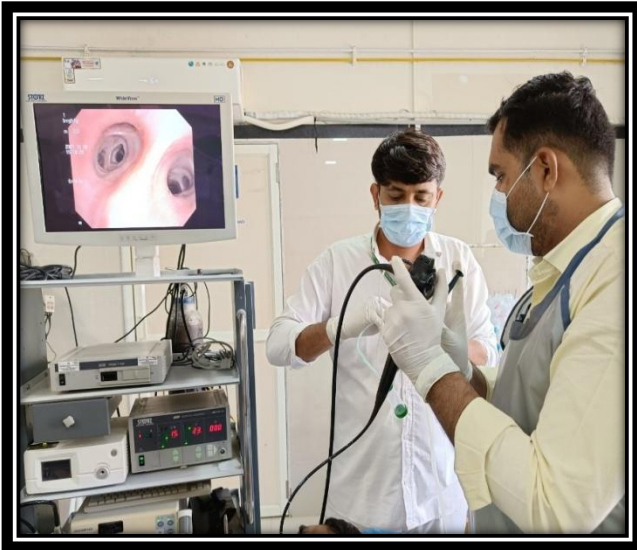
Cut off of NLR for Covid 19 varies between 3 to 4 in various studies.[9] NLR has a high potential to accurately predict the severity of COVID-19. It helps in differentiation of no severe and severe cases.

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College Corner - Department of Respiratory Medicine

BRONCHOSCOPY



Bronchoscopy is an endoscopic technique of visualizing the inside of the airways for diagnostic and therapeutic purposes. An instrument (bronchoscope) is inserted into the airways, usually through the nose or mouth, or occasionally through a tracheotomy tube. Procedure can be done in minor OT, I.C.U or even bedside during emergency. During the procedure, sedatives such as midazolam or propofol may be used.

A local anesthetic (lignocaine) is often given to anesthetize the mucous membrane of the pharynx, larynx and trachea. The patient is monitored during the procedure with periodic blood pressure checks, continuous ECG monitoring of the heart, and pulse oximetry.

It is used for

- to diagnose cause of non resolving pneumonia
- to remove mucus plugs, foreign body.
- to diagnose etiology of lung mass- benign or malignant
- to diagnose cause of chronic cough, haemoptysis, recurrent infections.

At our institute we have advanced OLYMPUS bronchoscope 180 series. It has outer diameter 6mm, working channel diameter 2.8 mm, length 600 mm. It costs around 14 lacs rupees.

Dr Hymn Parikh

MD (Respiratory Medicine), DNB, MNAMAS, FIP

Assistant Prof. Dept of Respiratory Medicine

Shantabaa Medical College and General Hospital, Amreli.

College Corner - Department of Ophthalmology

PHACOEMULSIFICATION



Phacoemulsification is a modern cataract surgery method in which the eye's internal lens is emulsified with an ultrasonic hand piece and aspirated from the eye.

Procedure is done under Topical anesthesia typically by the instillation of a local anesthetic such as tetracaine or lidocaine. Alternatively, longer-acting agent bupivacaine may be injected into the area surrounding (per bulbar block)

or behind (retro bulbar block) the eye muscle cone to more fully immobilize the extra ocular muscles and minimize pain sensation.

Proper sterile precautions are taken to prepare the area for surgery, including use of antiseptics like povidone-iodine. Sterile drapes, gowns and gloves are employed. In procedure small incision at the edge of the cornea and then creates an opening in the membrane that surrounds the lens. A small ultrasonic probe is then inserted, breaking up the cloudy lens into tiny fragments. Small incision makes surgery painless and patient can be discharged on same day.

Our Institute Shantabaa Medical College and General Hospital, Amreli recently obtained state of art Phacoemulsification Machine ALCON LEGION approximately at 34 lacs for better cataract surgeries, good visual outcome and shorter hospital stay.

Dr Pooja Pandya (Parikh)

Assistant Prof. Dept of Ophthalmology

Shantabaa Medical College and General Hospital, Amreli.

College Corner - Department of Dentistry

BEFORE

AFTER



Shantabaa Medical College and General Hospital has fully equipped dental department, which provide all type of dental treatment.

With our team of skilled dental surgeons we are able to provide all type of dental treatment with very good aesthetic & satisfactory results and special attention to provide great care and respect to our senior citizens. We have affordable and quick setup of prosthetic work- denture and crown-bridges.

Dr. Tulsi Sanghavi (MDS)
Associate Prof. Dept of Dentistry
Shantabaa Medical College
and General Hospital, Amreli.



Revised Basic Course Workshop & Attitude, Ethics & Communication (AETCOM)



A Revised Basic Course Workshop & Attitude, Ethics & Communication (AETCOM) sensitization programme for faculties was conducted by Medical Education Unit of Shantabaa Medical College, Amreli under aegis of Smt. NHL Municipal Medical College, Ellis bridge, Ahmadabad, NMC Nodal Centre in Medical Education Technologies from 2nd September to 4th September, 2021. This training was observed by NMC observer Dr. Bhavesh Jarwani, Professor & Head, Department of Emergency Medicine from Smt. NHL Municipal Medical College, Ahmadabad.

Resource faculties for this training were MEU Coordinator Dr. Bhavesh Sadariya Associate Professor, Dept. of Biochemistry, Members DR. M. V. Gajera Professor, Dept. of Pharmacology, Dr. Meet Chauhan Associate Professor, Dept. of Community Medicine, Dr. Ravikumar M. Parmar Associate Professor, Dept. of Anesthesia, CC Member Dr. Unmesh Dave, Associate Professor, Dept. of Physiology.

Total 24 faculties from different departments attended the training. At the end of training the certificates were given by the Dean Dr. Vikas Sinha and NMC observer Dr. B Jarwani.



Rejuvenation & Rejoice Celebrations by
Community Medicine Department

International **Women's Day** Celebration..!!!

Community medicine department celebrated international women's day at Shantabaa Medical College on 8th march 2021 along with all the female students and staffs of institute.



Activities like – Displaying short story video clip of “Indian women who were first in their field”, educational session on topics like menstrual hygiene, prevention of anaemia and cervical cancer followed by experience sharing on life journey – motivational speech by senior faculty of the institute. 181- Abhayam team highlighted their activities related to women's safety. Other activities like Dancing, singing, stand-up comedy, speech, poster presentation, games etc carried out by students and staff. Celebration was ended by distributing IFA tablets to all adolescent students.

Rejuvenation & Rejoice Celebrations by
Community Medicine Department

World **Tuberculosis** Day Celebration..!!!
'The Clock is Ticking'

Celebration of World Tuberculosis Day by The Community Medicine Department in coordination with District Tuberculosis Centre (DTC), Amreli. Aim of day was to increase awareness and together let's try to eliminate the disease in every possible way. In the Celebration first and second year MBBS students participated very enthusiastically. The theme of World TB Day 2021," 'The Clock is Ticking' - conveys the sense that the world is running out of time to act on the commitments to end TB made by global leaders". Keeping the theme into the centre, poster, slogan and quiz competition was organized among the students. Winner was awarded with the trophy and token of appreciation was provided to the other participants.



Student Activities..!!!

- Ganesh Chaturthi -



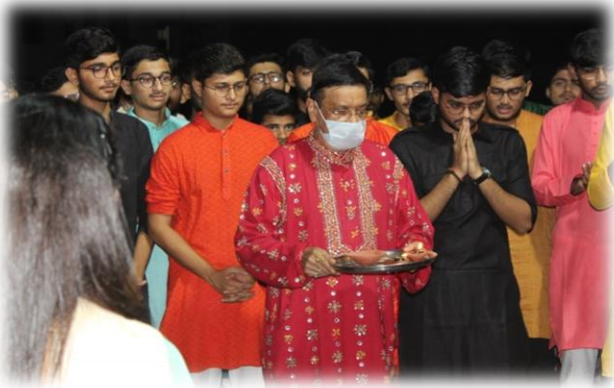
Student Activities..!!!

- Traditional Day -



Student Activities..!!!

- GARBA CELEBRATION -



- facilitation ceremony -

Hon. Minister Shri Parshotambhai Rupala's facilitation ceremony was solemnized at Shantabaa Medical College, Amreli (Gujarat) By Smt. S. H. Gajera Charitable Trust. At this event BJP Gujarat President Shri C.R. Patil, Cabinet minister Shri Jayeshbhai Radadiya, Sansad Shri Narayanbhai Kachadiya, and MLA Shri Raghavjibhai Patel were also present.



New Small Step



As a small step toward serving people we are glad to inform that we was inaugurated CT Scan unit on 08/12/2021 at our new hospital building, inauguration done by Shri Kaka Sahebji and District magistrate Shri, Amreli. All staff was remain present at this event.

General OPD & Non-Communicable Disease Camp

Date - 21-Oct-2021

Place - Rural Health Training Centre –Jaliya

Date - 28-Oct-2021

Place - Urban heath training centre – Baharpara

The purpose of camp was to screen the non-communicable diseases among >30 years people and to aware people regarding non-communicable diseases, vector borne diseases, hygiene practices and General health check-up & treatment of common illness. **Total 218 people were benefitted with Camp.** Activities like - Screening of Obesity, Hypertension and Diabetes by weight, height, waist circumference, Blood pressure and RBS measurements at camp site and samples to measure Blood-Cholesterol were also collected for patients whose age was 30 years or more. IEC materials-pamphlets were distributed to raise awareness about general information, proper diet and preventive measures for NCDs, hygiene practices and prevention & control of mosquito borne diseases during the camp.

AGAR ART



Hospital Campus, SMCGH ,Amreli.

