

# Welcare TODAY

LIVE RIGHT, LIVE HEALTHY  
A Patient Education Initiative by 'Arthritis Foundation'



## Honoured to be asked... Dr Mody with Union Minister Javdekar

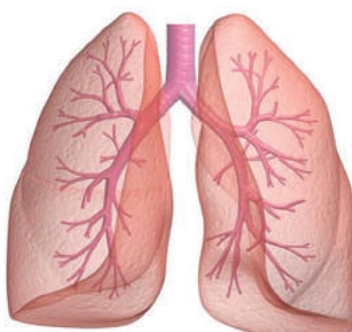
L to R: Dr Bharat Mody, Ms Geeta Goradia and Hon. Mr Javdekar during a luncheon meeting with top service providers of Vadodara city  
Story P 3

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Patient from Zimbabwe



ફેફસાના રોગો વિશે અગત્યની માહિતી



Two little African patients playing...



# Fitting Screws Accurately while Fixing the Spine

State of the Art technology 'Smart Screwdrivers' guide accurate placement of screws

## The Spinal Column

The Spinal Column [aka Spine] is formed with 33 individual bones [called vertebra] that interlock with each other.



Surgeon carefully tightens the screw

The vertebrae are numbered and divided into regions: cervical, thoracic, lumbar, sacral and coccyx. The spinal column is one of the most complex bone structures of the body.

Each vertebra has an opening through which the spinal cord passes. The spinal cord is a bunch of nervous tissue which extends from the brain.

## Instability of the Spine

Diseases of the vertebra cause misalignment and instability of the vertebral column. This results in moderate to severe pain and sometimes loss of function in the lower limbs, due to pressure on the spinal cord and the nerves coming out of it. To cure that the vertebrae need to be fixed in relation with each other.

Fixation of a lax unstable spine is done by fixation with interlocking screws and sometimes bone grafts.

## The challenges in using screws

In the complex three dimensional geometry of the spine it is very difficult to fix screws to stabilise the spine. One wrong screw placement will lead to pain and/or loss of func-

tion and a failed surgery.

Spine surgeons use devices like Image Intensifier Television [IITV] to guide them for screw placement but there still is a risk. If the surgeon had a device which indicated that a nerve was about to be touched, it would be a boon.

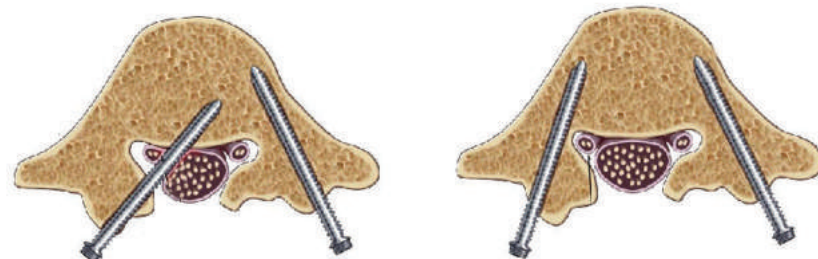
## Safe Screw Placement

The average rate of misplaced screws is around 20% when using conventional techniques. A research study showed that up to 14% of patients had 'at risk' screws: adjacent to blood vessels, pleura, oesophagus, diaphragm or trachea.

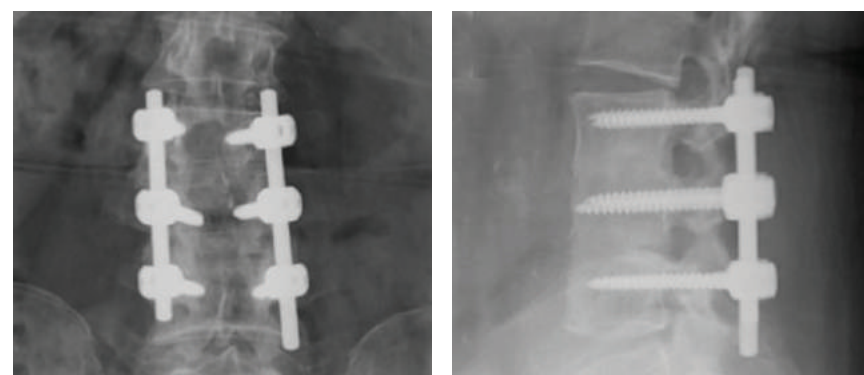
The consequences of misplaced screws cannot be over emphasized because misplaced pedicle screws can



The tip of the screw driver has an in-built radar which beeps when it is near a soft tissue structure.



Screws are used to stabilize the diseased and weakened vertebral column. Left: Wrongly placed screws do more damage than good. Right: Correctly placed screws strengthen the unstable vertebral column by an interlocking mechanism.



Left: Front view of proper interlocked screws. Right: side view of the same patient. Successful surgeries make the patient pain & symptom free.

## Welcare TODAY

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Dr Harshida Mody

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Dr Bibhas Shah

### Contact Us

Do you have any query about any medical illness? Are you in two minds about getting a medical treatment? Please email to us. Welcare Hospital's Medical Specialists will help solve your dilemma.

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### Appointments

Doctors' appointments at  
Welcare Hospital  
[9:00 AM to 6:00 PM]

વેલકેર હોસ્પિટલના  
ડૉક્ટરની એપોઇન્ટમેન્ટ  
માટે ફોન કરો. સમય સવારે  
૯:૦૦ થી સાંજે ૬:૦૦ સુધી  
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## Dr Mody invited to meet HRD Minister Shri Prakash Javdekar



Dr Mody discussing GST related issues with Shri Prakash Javdekar, Union Cabinet Minister, HRD, with other luminaries of Vadodara like Chief Commissioner C & E Shri Arvind Singh, Shri Baheti [Alembic], Smt Geeta Goradia, Shri Dilip Shah and others.

India is experiencing a transformational indirect tax regime in the form of Goods & Service Tax [GST]. The Central Government is keen to ensure that the roll out is as smooth as possible. Honorable Prime Minister Shri Narendra Modi has advised all senior cabinet ministers to travel to different parts of the country and take one on one feedback about the impact, implications and implementation of this tax from leading members of different sections of the society.

Senior cabinet minister Shri Prakash Javdekar was given the responsibility to visit Vadodara for this purpose. The Chief Commissioner of Cus-

toms and Excise, Vadodara was given the responsibility of selecting key people from different sections to have a one on one meeting with the minister. From the healthcare arena the person selected for this important meeting was Dr Bharat Mody.

Said Dr Mody: 'It was a very good opportunity to convey some of the challenges posed by the new tax regime and at the same time understand the provisions planned by the government to help with implementation of GST from the Honourable Minister. GST will be a truly transformational taxation method for the country provided the implementation

is successful and some of the small problems are addressed in due course of time.'

It is to be noted that whilst healthcare is an exempt sector, which means the doctors and hospitals will not have to collect GST from patients for medical treatment, the healthcare provider will have to pay GST on the goods and services which they offer for providing treatment. While certain items like implants will have a 5% increase under the new system, at least in the state of Gujarat. Welcare Hospital is trying to absorb this cost without raising the cost of treatment to patients.



A gathering of families... 14 yr old Libna [third from left] and Swaleh [12, on bed] underwent deformity correction surgeries at Welcare. Now they have become friends and play video games together during their hospital stay!



## Revision Joint Surgery: Difficult, but possible in Welcare

To operate a previously operated area or organ has many challenges

**What is Knee Replacement Surgery?**

Although today's implants are designed to last many years, it's possible that after about 15 to 25 years the prosthetic joint will wear out and even break. If you are overweight or you engage in high impact activities such as running, badminton or tennis, the device may fail sooner. When a replaced artificial knee no longer functions correctly, revision surgery is often required. During this procedure, a surgeon replaces the old device with a new one.

Revision surgery is far more complicated than the first total knee replacement [TKR]. It has more than the usual risks associated with TKR. Nevertheless, more than 54,000 knee revision operations are performed in the U.S. each year.

First time knee replacement surgery has been performed in India in large numbers over the recent years. It has now reached a stage wherein the first generation of knee replacements are ready for revision surgery. Therefore, the country needs to be prepared to handle this prob-

lem.

**Why Revision Surgery is more complicated than Initial Surgery?**

A revision procedure is typically more complex than the original knee replacement surgery because the surgeon must remove the parts of the original implant which are usually fused with the bones. In addition, once the surgeon removes the prosthesis, less bone remains. So in some instances, bone grafts [pieces of bone taken from other bones of our body or from a donor] may be required to support the new prosthesis. A bone graft adds support and encourages new bone growth. However, the procedure requires additional preoperative planning, specialized tools, and greater surgical skill. The surgery takes longer to perform the surgery as compared to a first time knee replacement.

**What are the symptoms in patients who require Revision Joint Replacement?**

If a revision surgery is necessary, you will experience specific signs. Indications of excessive wear or failure include: diminished stability and/or reduced function in

the knee; increased pain or an infection (which usually occurs soon after the initial procedure); or a bone fracture or outright device failure. In other cases, bits and pieces of the prosthetic device may break off and cause tiny particles to accumulate around the joint.

**What exactly is Revision Surgery?**

Typically, a revision involves two separate operations: In the first surgery the orthopaedic surgeon removes the old prosthesis and inserts a polyethylene and cement block known as a spacer that has been treated with antibiotics. During the second surgery, done around six weeks later, the surgeon removes the spacer, reshapes and resurfaces the knee, and then implants the new knee device. Inserting the new device typically requires 2-3 hours, compared to 1½ hours for the first time knee replacement surgery.

If you require a bone graft, the surgeon will either take bone from another part of your own body or use bone from a donor, usually obtained through a bone bank. The surgeon might also in-

stall metal pieces such as wedges, wires, or screws to reinforce the bone for the implant or fasten the implant to the bone.

**Are the same artificial joint prostheses used for Revision Surgery too?**

No. A revision requires specialized prosthetic devices.

**What about after surgery?**

Post-operative care after knee revision surgery is very similar to the care of the first time joint replacement. This includes a combination of physical therapy, blood management and pain medication as necessary. Antibiotics and some method of blood clot prevention will be continued in the postoperative period. A brace or splint may be used to protect the joint after the surgery.

**How long does it take to recover after a Revision?**

Recovery time after revision knee surgery varies. Some patients take longer to recover. In most cases, physical therapy will be initiated within 24 hours of the procedure. In some cases, protective weight bearing, such as Partial Weight Bearing (PWB) or Toe Touch Weight Bearing (TTWB), is needed to promote bone healing.

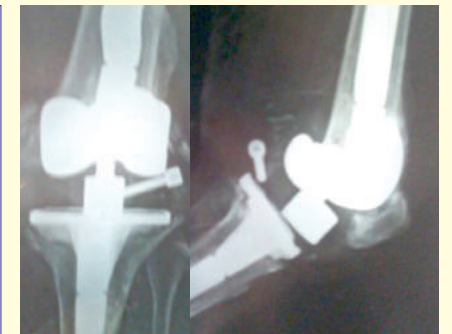
Therapy will usually continue for up to three months after surgery. Assist devices such as a walker or crutches, will be used early in the convalescence period. Patients will progress to cane assisted walking or walking without any assistance as their condition improves.

**Conclusion**

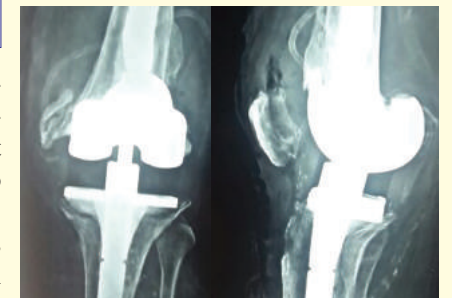
Although total knee replacement is a highly suc-



*It is difficult to believe that the patient used to be wheel chair bound before but a few days... Free from the wheelchair, Mr. Cavasjibhai's joy is obvious on his face as he walks on the third day after surgery, with the help of physiotherapists*



*Pre-operative x-ray showing the loose screw trapped at the back of the knee.*



*Post-operative photo showing the newly reconstructed knee.*

...Mr. Jahanbux Parabia was calling for advice for his father Mr. Cavasji Parabia's condition. The 83 years old dad had undergone knee replacement surgery on the left side 12 years ago. Cavasjibhai related that he had to undergo repeat surgeries three months after the primary surgery. This showed that the patient had some technical or infective condition at that time. The knee had already been operated twice before but the past 10 years had been reasonably good.

But for last one year Cavasjibhai had started observing that his knee has become unstable. He took medical advice in Surat, where he lives. He was told that the parts of his artificial knee had now come apart. A connecting screw had got loose and had moved to the back side of the knee near major blood vessels and

nerves. He required re-operation to correct the problem. But due to the complex surgery involved, the local joint replacement surgeons were reluctant to undertake the revision surgery.

To make matters worse, Cavasjibhai's heart had become weak with an ejection fraction of only 30% and his kidneys were also compromised. His condition was desperate.

Cavasjibhai was brought to Vadodara where Dr Mody and his team did a careful evaluation and discussed the pros and cons of the matter with the family. If no knee correction surgery was done on Cavasjibhai, it was likely that the knee might totally fail one day.

Cavasjibhai's family decided to put faith in the Welcare Team and infrastructure for a third knee surgery. The revision knee surgery was done and the

completely damaged knee was reconstructed once again to stability.

Cavasjibhai could get up the next day and soon he was walking.

Now both Jahanbux and Cavasjibhai are a happy pair. Cavasjibhai can now live an independent life in Surat whilst the son can work in Sharjah confident and comfortable that his father is free from pain. These are the wonders of modern surgical technology.

### Primary TKR prostheses



Primary [first time] TKR prosthesis [left] and revision TKR prosthesis [right]. The primary artificial joint has only three parts, for the femur, for the tibia and the plastic insert between them. While the revision knee joint contains about 8 - 13 separate parts, each of which has to be fitted with the other or the bone during surgery... No wonder revision TKR is such a complex surgery

### Revision TKR prostheses



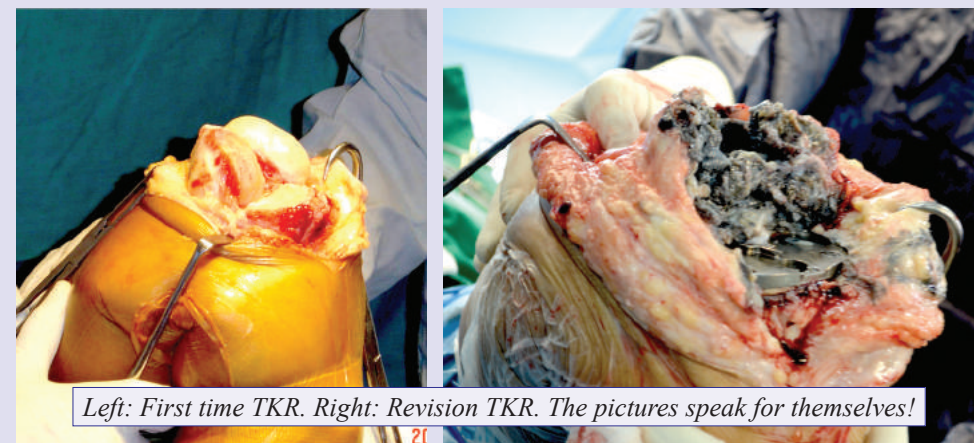
cessful operation in the majority of patients, some procedures fail. Failed cases are diagnosed by signs and symptoms such as an increase in pain or a decrease in knee function.

There are several reasons for the fail-

ure of knee implants such as wear, loosening, infection, injury & fracture and instability.

Advanced techniques and materials for revision knee surgery usually allow for substantial pain relief and improved

function; however, this may not always be possible. Revision joint replacement surgery remains a complex procedure that requires an experienced surgeon and proper pre-operative planning to achieve satisfactory outcomes.



*Left: First time TKR. Right: Revision TKR. The pictures speak for themselves!*



## True Grit: The Story of Nomuhle Shoko

She survived a road accident which killed two, her right leg was shattered, yet she travelled for treatment

Nomuhle lives in a suburb of Harare, the capital

of Zimbabwe. She and her other family members were

travelling in a car to attend a social function, when tragically hit. An out of control bus rammed in to their car killing 2 of the back seat passengers and grievously injured the third occupant, Nomuhle. The impact shattered the bones of her thigh and leg into multiple pieces. Doctors in Zimbabwe indicated their inability to reconstruct those shattered bones. Welcare Hospital is already a known healthcare destination in Zimbabwe.

Although it is unusual for a patient with freshly fractured bones to undertake such a long travel involving multiple flight changes, Nomuhle was firm that she would get herself operated only at Welcare Hospital. She was supported by her young and vibrant daughter Vimbai throughout. Having undergone 2 major reconstructive surgeries, and recovered from them, Nomuhle and Vimbai are now back in Zimbabwe!



L: Nomuhle receives physiotherapy after her surgery R: Vimbai celebrating her mom's recovery in Indian dresses!

## Dr Simba Kaja came from Zimbabwe for training



Left: Dr Kaja observing the technique of advanced arthroscopy being performed by Dr Mody. Above: A doctor and a patient from Zimbabwe feeling at home in Vadodara!

It is understandable that India is a favoured destination for health care for patients from Africa because it offers high quality medical expertise at reasonable rates. What is not usual is that it is now also being looked at as a favoured destination by young doctors from Africa for higher levels of medical and surgical training. Dr

Simba Kaja a bright young orthopaedic surgeon from Zimbabwe is a good example of this trend. Having finished his basic medical studies in Zimbabwe he is doing a fellowship at Lusaka University in Zambia. The Orthopaedic department of Lusaka University had invited Dr Mody recently for a lecture. Dr Kaja had heard Dr Mody teach the

finer aspects of joint replacement, a surgical speciality which is still in its early stages of development in his home country. He requested his University head to recommend him for fellowship training under Dr Mody at Welcare Hospital, Vadodara. He is at present undergoing this training at Welcare Hospital. Says Dr Kaja, 'I have seen more joint replacement surgeries, simple to com-

plex in one week at Welcare Hospital, than what I would have seen in five years in my home country! It was also a pleasant surprise to catch up with patients from my country taking treatment at Welcare Hospital!' Dr. Mody says, 'It is a matter of pride and satisfaction for us that we are able to put Vadodara and India on the world map of not only medical tourism but also medical teaching!'

## ફેફસાના રોગોના લક્ષણો : આ તકલીફો પર ધ્યાન આપો...

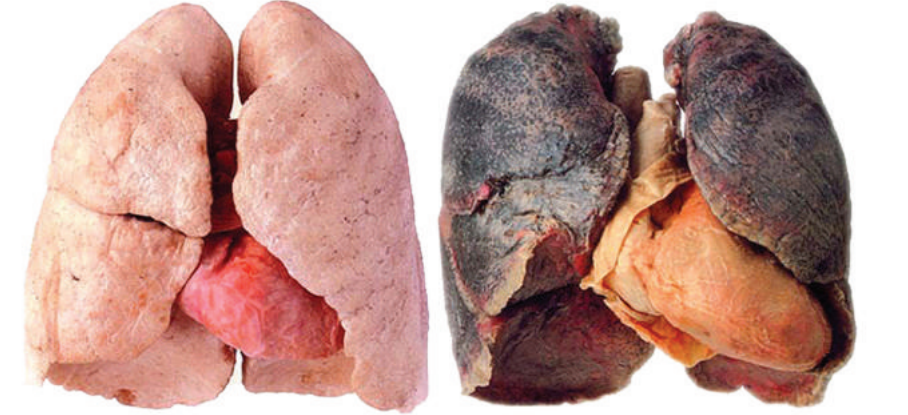
ફેફસા રોગ નિષ્ણાત ડૉ આશિષ છત્રાવાલા કહે છે કે દર્દીઓને રોગો વિશે પહેલાથી માહિતી હોય તો સારવાર સારી થાય

ફેફસાના રોગ તેમજ ઇન્ટેન્સિવ કેર નિષ્ણાત ડૉ છત્રાવાલા ફેફસાના રોગોવિશે પ્રશ્નો દ્વારા જરૂરી જાણકારી આપે છે. જો તમને નિમ્ન તકલીફોમાંથી કોઈ તકલીફ હોય તો તમારે તબીબી સલાહ અને સારવાર લેવી જરૂરી છે.

- શું તમને વારંવાર ખાંસી, ઉધરસ, કફ કે શ્વાસની તકલીફ રહે છે ?
- શું તમને તમારી ઉંમરની વ્યક્તિ કરતા શ્વાસ બહાર કાઢવામાં કે અંદર લેવામાં તકલીફ પડે છે ?
- શું તમને છાતીમાં કફ ભરાઈ જવાના કારણે ચાલવાથી કે કામ કરવાથી શ્વાસ લેવામાં તકલીફ પડે છે ?
- શું તમે સીગારેટ, બીડી, તમાકૂ વગેરેનું સેવન કરો છો કે કરતા હતા ?
- શું તમને ધૂળ, ધુમાડો, પાળેલા પ્રાણીઓની ઝાંઝાટી, પક્ષીઓના પીંછા અથવા ફુલોની પરાગરજ ની એલર્જી છે ?
- શું તમને મોસમ બદલાવાની સાથે અને ખાસ કરીને ઠંડી કે શિયાળાની ઋતુમાં શ્વાસ લેવામાં તકલીફ પડે છે ?
- શું તમે થોડીક શારીરિક મહેનત જેવી કે રમવું અથવા કસરત કરવી વગેરેથી હાંફ કે ખાંસી ચઢે છે ?
- શું તમને ઘરમાં ઝાપટ-ઝુપટ કરવાથી, અનાજ સાફ કરતી વખતે અથવા

કોઈપણ જાતના ધૂમાડાથી (ચુલાનો અથવા અગરબત્તીનો ધુમાડો) અથવા

અથવા ટીબી-ન્યુમોનિયા થયો હતો? એન્ટીબાયોટીક્સ અને કફ સીરપની



ડાબે-તંદુરસ્ત વ્યક્તિના ફેફસા. જમણે-સીગારેટ, બીડી, તમાકૂ વગેરેનું નિયમિત સેવન બાદ ફેફસાની હાલત.

પરફ્યુમ-સ્પ્રે ના કારણે વારંવાર ઉધરસ, નાકમાંથી પાણી પડવું, છીકો, નાક બંધ થઈ જવું, અથવા શ્વાસની તકલીફ વગેરે થાય છે ?

સારવાર પછી પણ આ તકલીફ વારંવાર થાય છે ?

- આ ઉપરાંત એવા લોકો જેમણે વરસો સુધી ધૂળ, રજકણો, ધૂમાડો અથવા પ્રદુષિત હવા ધરાવતા વાતાવરણ, કે કોલસા ની ખાણ, સિમેન્ટ, ટેક્સટાઈલ, કેમીકલ અને આભૂષણ ના ઇલેક્ટ્રોપ્લેટિંગ ઉદ્યોગમાં કામ કર્યું હોય અને વારંવાર શ્વાસ, ખાંસી કે ઉધરસ ની તકલીફ થતી હોય.

શું તમને રાત્રે અથવા વહેલી સવારે વારંવાર ખાંસી આવે છે ? સસણી બોલે અથવા છાતીમાંથી સીટી જેવો અવાજ (વિર્ઝીંગ) આવે છે ?

### ડૉ આશિષ છત્રાવાલા

MD [Pulmonary Medicine] IDCCM [Critical Care] ફેફસાના રોગો તેમજ ઇન્ટેન્સિવ કેર નિષ્ણાત હવેથી વેલકેર હોસ્પિટલમાં નિયમિત સેવાઓ આપશે, જેમ કે...

- ચેપી રોગો - ન્યુમોનિયા, ટી.બી., બ્રોન્કાઈટીસ, પ્લ્યુરાઈટીસ વગેરે
- એલર્જી ના રોગો - અસ્થમા (દમ), શ્વાસની તકલીફો, ન મટતી શર્દા
- ફેફસામાં પાણી ભરાયું હોય, ફેફસા કોલેપ્સ થયા હોય (ન્યુમો થોરેક્સ)
- ફેફસાની બાયોપ્સી વગેરે...



એક્સ-રે સાથે હવે સીટી સ્કેન દ્વારા પણ ફેફસાની તપાસ કરવામાં આવે છે





# વેલકેર હોસ્પિટલ ઘોષણા કરી રહ્યું છે કે

દર મહિનાના ઘોષિત શનિવારને સ્વાસ્થ્ય અધિકાર દિવસ તરીકે ઉજવાશે

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વિનામુલ્યે સેવાઓ: હાડકા અને સાંધાના રોગોનું ચેકઅપ, એક્સ-રે, બીએમડી તપાસ અને જનરલ મેડિસીન રોગોની તપાસ. વહેલા તે પહેલા ધોરણે રજીસ્ટ્રેશન. એપોઇન્ટમેન્ટ વગર વિનામુલ્યે તપાસ થઈ શકશે નહીં. ફોન -૦૨૬૫ ૨૩૩૭૧૭૨ સરનામું : વેલકેર હોસ્પિટલ, અટલાદરા વડસર રોડ, વડોદરા.

આગળના સ્વાસ્થ્ય અધિકાર દિવસો

૨ સપ્ટેમ્બર  
૨૦૧૭

૭ ઓક્ટોબર  
૨૦૧૭

## જી.એસ.ટી.ના કારણે વેલકેરના દર્દીઓને કોઈ શુલ્ક વધારો નથી

જી.એસ.ટી. ના કારણે થયેલા દવા તેમજ સાધનોના ભાવ વધારા છતાં ઓપરેશન ફી ચથાવત

નં.	ઓપરેશન	જી.એસ.ટી. વધારો*
<b>હાડકાને લગતી સર્જરી</b>		
૧	સંપૂર્ણ ઘૂંટણ પ્રત્યારોપ [TKR]	કૃત્રિમ સાંધા પર ૫ %
૨	સંપૂર્ણ થાપાનું પ્રત્યારોપ [THR]	અને દવા પર ૭ %
૩	આર્થ્રોસ્કોપી	ટાંકા ના દોરા પર ૫ % અને દવા પર ૭ %
૪	ફેક્યુરની સારવાર	બધા સાધનો પર ૭ %
<b>સ્થાન સર્જરી</b>		
૫	મણકા અને કરોડરજ્જુની બધી સર્જરી	બધા સાધનો પર ૭ % દવાઓ પર ૭ %
<b>યુરો સર્જરી</b>		
૫	પ્રોસ્ટેટ સર્જરી	દવાઓ પર ૭ %
<b>જનરલ સર્જરી</b>		
૬	હર્નિયા (સારણગાંઠ) મોટું	મેશ ૫ % , દવા પર ૭ %
*જુના ટેક્ષ બાદ કર્યા પછીનો જીએસટી ના કારણે થતો વધારો		

વેલકેર હોસ્પિટલે પોતાની સંસ્થાકીય વ્યવસ્થા અને તાકાત વૈશ્વિક સ્તરે ઉભી કરી છે. આ વર્લ્ડ ક્લાસ હોસ્પિટલ જોઈને સમાજના ઘણા વર્ગને એવી ગેર સમજ છે કે ઉચ્ચ કક્ષાની વેલકેર હોસ્પિટલમાં સારવાર ખર્ચ પણ ઘણો વધારે હશે. વેલકેર હોસ્પિટલ વિશેની આ ગેરસમજ સાવ ખોટી છે. વેલકેર હોસ્પિટલમાં સમાજને મદદરૂપ બની રહે તે રીતની નીતિ બનાવવામાં આવી છે. વેલકેર હોસ્પિટલ અત્યાધુનિક હોસ્પિટલ છે છતાં અહીં સારવાર ખર્ચ મધ્યમ વર્ગને પોષાય તે મુજબ રાખવામાં આવ્યો છે.

હાલના સમયે ભારતમાં જી.એસ.ટી. (Goods & Service tax) લાગુ કરાવામાં આવ્યો છે અને તેનો પ્રભાવ ચારે કોર પ્રસરી રહ્યો છે. તબીબી સેવાઓને લગતી દવા અને કૃત્રિમ સાંધા તથા ઓર્થોપેડિક ડિવાઈસીસ ઉપર પણ ૫ થી ૭ % વધારાનો જી.એસ.ટી. મુકવામાં આવ્યો છે.

પણ વેલકેર હોસ્પિટલ દર્દી મિત્રોને જણાવતા આનંદ અનુભવે છે કે વલી જુલાઈ ૨૦૧૭ થી જી.એસ.ટી. લાગુ થયો હોવા છતાં વેલકેર હોસ્પિટલમાં સારવાર માટે જી.એસ.ટી.ના રૂપમાં પડતર કિંમત પર વધારાનો સારવાર ખર્ચ કરવો પડશે નહીં. તબીબી ક્ષેત્રમાં જી.એસ.ટી.નો પ્રભાવ કોષ્ટકમાં જાણી શકશે.

**Welcare Hospital**



દર્દીઓની સેવા અને સુવિધામાં સદા તત્પર

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Vadodara-390012 [Gujarat]  
☎ - 0265 2337172  
[www.welcarehospital.co.in](http://www.welcarehospital.co.in)

Edited, Printed & Published by Dr Harshida B Mody

Welcare Hospital, Atladara-Vadsar Ring Road, Atladara, Vadodara-390012 [Gujarat] ☎ - 0265 2337172  
Printed at Print Vision Pvt Ltd, Print Vision House, Opp. Central Bank of India, Ambawadi, Ahmedabad-380006