



COVER STORY

'Look into more pragmatic solutions instead of promoting mixopathy'



PRACTICAL VISIONARY:

Dr. Yusuf Kumble,

Chief Interventional Cardiologist & Managing Director,
Indiana Hospital & Heart Institute

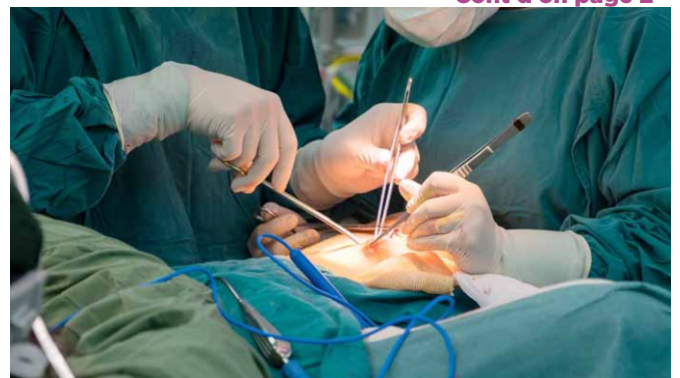
As you are well aware, a new Bill has been proposed by the Central Government that allows doctors practising Alternative Medicine to perform surgeries based on modern scientific medicine. Such a Mixopathy will be disastrous and would prove dear to the common man, especially the poor, avers **Dr. Yusuf Kumble**, offering solutions

Modern system of medicine has evolved as a result of decades of intense research. A doctor who specialises in a certain area of medicine further hones up his/her skills in her/his area of super-specialty, gets trained under experienced doctors and is only then permitted to perform surgeries. As against this, the new Bill allows Ayush doctors to perform certain surgeries even though they have no proper foundation, education, competency or experience.

The Bill is akin to promoting quackery. Quacks are not armed with proper degrees, yet they claim to know what medicines are to be dispensed and

under what all conditions such medicines can be prescribed. And we know the end result. It is not about the fight or argument between the two systems of medicines. While modern medicine evolved over a period of decades of research, the

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'Look into more pragmatic solutions instead of promoting mixopathy'

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other systems hardly have any research to back their claims. The government should encourage research for alternative medicine instead of advocating mixopathy.

What we are practising now is evidence-based modern medicine -- how, why and where it will work, and what are the side-effects, complications involved, etc. A large population, mostly poor, will have to bear the brunt as rich people will not approach such doctors for medication or surgery.

Despite the system having advanced as it has, the administration of certain medicines is still adversely affecting some patients coupled with complications due to iatrogenic causes. And mixopathy is certain to enhance the fear of medicines and surgeries. The new Bill will hit the



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common man most. The government's notion that there are not enough qualified doctors to treat a large number of the poor and hence Ayush doctors should be trained and be given a free hand in treating them is playing with the lives of the poor patients. This short-sighted thought can have disastrous effects in the long-term. Here what the government is trying to do is promote a quackery-like system rather than offer solutions.

There is no denying the fact that doctors are not willing to go to the rural areas to serve the poor,

but it is also a fact that even if they are willing to do so, rural areas do not have proper facilities and infrastructure to properly diagnose a disease and prescribe proper medicines. Also, there is no proper legal system to back such doctors if complications arise.

For decades, India's health expenditure as a percentage of GDP has been as low as 1.5, whereas in advanced countries, the health expenditure stands around 15-20% of the GDP. Only if we invest more for the long-term health of the nation, will there be a similar rise in the GDP. My message to the government is to provide doctors serving in rural areas better facilities. Solutions can be found if there is good intent

Some of the solutions are:

1. Provide MBBS doctors at the taluka government hospitals top-notch training to enable them to handle cases better.
2. Establish more medical colleges at the district level. This will see more doctors passing out each year. Here the government will have to allocate sufficient funds to provide and upgrade affordable medical education to the needy and deserving candidates.
3. Rework the health insurance schemes as there is an urgent need to unify the beneficiary system and reduce unnecessary spending, thereby coming up with a model that integrates the fragmented schemes into a unified system. Health insurance should be made compulsory backed by either the government or private players.

Thus, the government, instead of promoting mixopathy, should look into more pragmatic solutions, some of which I have outlined above, so that India's health-care landscape sees a robust and healthy change.

GERIATRIC PHYSIOTHERAPY Helps the elderly stay agile

By Venkatesh Kumpala



As we humans grow older, we become susceptible to different age-related conditions. Arthritis, osteoporosis, Alzheimer's, cancer, fractures, joints that require replacement, stroke, decreased body balance, incontinence, and what not! The aged therefore requires special care and attention. That's where physical therapy comes in. Geriatric physical therapy isn't just the route to wellness, it also focuses on the treatment of the above mentioned conditions, thereby helping to improve the lifestyle of the adult population.

Orthopaedic physical therapy, for instance, focuses on damage & injuries to musculoskeletal variety, as well as assists in recovery after orthopaedic surgeries.

For the aged with cardiovascular conditions, cardio pulmonary physiotherapy plays an important role.

For those who have had a heart attack, or those with weak lungs, breathing issues, etc., physiotherapy will work wonders in improving their endurance, as also promote functional independence.

Finally, people with neurological conditions such as stroke, Parkinson's and Alzheimer's, physiotherapy will help improve their balance

and mobility, thus enabling them to carry on their day to day activities. Today, when we're witnessing a pandemic, we know how susceptible elderly people are, and how physiotherapy is helping them with breathing exercises to enable them to enhance their endurance, mobility and physical functions. Physiotherapy is hence an important and integral part of the treatment for Covid-19.

Geriatrics and Physiotherapy

Geriatrics is the branch of medicine that focuses on health care of the elderly. It aims to promote health and prevent and treat diseases and disabilities in older adults.

Physiotherapy plays an important role in geriatrics rehabilitation. Geriatric physiotherapy became a speciality in the study of physical therapy in 1989. Since then, physiotherapists have worked to understand the problems facing the ageing population. There is a long list of problems geriatric physiotherapists deal with including Alzheimer's, Arthritis, Balance disorder, Cancer, Cardio Vascular Diseases, Incontinence, Joint replacement, Pulmonary diseases, Stroke, etc.

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For the joy of old age

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Three major areas

1) Deconditioning: A problem that occurs because the patient simply doesn't use his limbs. This problem can be addressed by reconditioning the body through a range of movements and strengthening the exercise pattern.

2) Cardio Vascular Diseases: For conditions like heart disease and stroke, exercise, aqua therapy, electrical stimulations and more therapy can be used.

3) Musculoskeletal problems such as osteoporosis and osteoarthritis: Owing to osteoporosis, the aged suffer from issues like lack of balance and steadiness in gait. Geriatrics physiotherapy helps in restoring body balance and gait, thus preventing people falling down.

Benefits of geriatric physiotherapy

Geriatric physiotherapy aims to help the elderly to maintain functional independence and overall well-being. It also helps in:

- 1) Improving and managing the range of motions of various joints.
- 2) Maintaining the strength and endurance of the muscles.
- 3) Performing day to day activities without the need of a helping hand.
- 4) Building strength and stability required for independent living.

Why it's important?

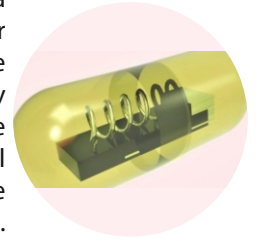
As we age, our body undergoes multiple degenerative changes, leading to loss of strength in muscle tone which restricts mobility and flexibility. We experience changes in social and emotional functioning with the increase in age, affecting our quality of life and general wellbeing. Geriatric care is important as it involves a sequence of preventive and intervening measures that provide the elderly the care and support essential to improve and manage their functional independence and quality of life.

Mr. Venkatesh Kumpala
Consultant Physiotherapist,
Indiana Hospital &
Heart Institute



Soon, a 'smart' pill in the gut to know the body

BENGALURU -- A team of researchers at the Indian Institute of Science (IISc) have developed a new diagnostic pill made of sugar and other materials which can be ingested to relay clinically important information about the gastrointestinal tract to medical staff, offering a glimpse of the future of internal imaging diagnostics. After the pill does its job, the body safely digests it.



The futuristic innovation was exciting enough to arouse the curiosity of University of Cambridge, which is funding the innovation through an Engineering to Clinical Practice award. An eminence grant was also given by the IISc.

Dr Sanjiv Sambandan, Associate Professor at the Department of Instrumentation and Applied Physics, IISc, explained that the pill is largely constructed out of Isomalt, a naturally sourced sweetener derived from sugar beet.

"The pill has four primary components: a battery, sensors, signal modulation and communication," said Sambandan, who is among the scientists behind the pill.

"Our primary material is isomalt that is metallised with thin films to construct circuit elements such as inductors and capacitors. The metal films are thinner than the foil sheets used to decorate Indian sweets. Batteries are based on a modified galvanic cell."

Sambandan said "the pill is as safe as a few fortified cereals". "The metals and other elements are well below the toxicity limit (daily intake) for a 10 kg child," he added.

"There are two extremes," said Sambandan. On the one hand, said Sambandan, are "medically supervised invasive tests that are reliable but take up valuable time and energy of a medical professional".

On the other are wearable devices, which he argued, "are easy to use and safe and do not need medical supervision". "However, they are not always reliable and timely," he added.

The research team said that the pill represents a merging of the two tools. "The diagnosed information is sent to a central database. Any problem needing medical supervision for an individual or community can be identified and attended to," Sambandan explained.

Dr Taslimarif Saiyed, Director of the Centre for Cellular and Molecular Platforms (C-Camp), which has independently assessed the innovation, expressed optimism that "the technology will change the way internal imaging diagnostics happens in India and beyond".

TAVI successfully performed on a high-risk patient in Indiana Hospital



ACCOMPLISHMENT: The patient with the cardiology team of Indiana Hospital.

MANGALURU - Indiana Hospital and Heart Institute, Mangaluru crossed yet another milestone recently. Its team of cardiologists, under the able hands of Dr. Yusuf Kumble, performed Transcatheter Aortic Valve Implantation (TAVI) on a high-risk elderly patient with bicuspid aortic valve (BAV) and co-morbidities treating him for aortic stenosis.

Aortic valve stenosis is a serious disease which can shorten the life span or even cause death in the elderly. This was in fact, more challenging and complex than other cases, as in this case, the patient had a bicuspid aortic valve and co-morbidities. A bicuspid aortic valve (BAV) is an aortic valve that has only two leaflets instead of three as is in a normal case.

The patient, after the successful procedure, is now hale and hearty; he was discharged after three days of hospitalisation. It may be recalled that Coastal and Malnad region's first TAVI was performed by Dr. Yusuf Kumble at Indiana Hospital about a year ago successfully.

Says Dr. Yusuf Kumble, who has performed innumerable complex coronary procedures, "In this procedure, you can replace the valve without opening the heart under local anaesthesia. It is similar to an angioplasty done to remove a block. We did the procedure using an Indian valve."

In TAVI, a thin, flexible tube (catheter) housing the collapsed valve is inserted most commonly through an artery in the leg (transfemoral approach) and delivered to the heart. Similar to coronary artery stenting methods, this procedure is performed in a cardiac cath lab.

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Post Covid and Mental Health

By Dr. Siva Sivakantha



1) Overall what will be the impact of this pandemic on Mental Health? As treating physicians it is clear the current pandemic will have short and long term impact, not just on Physical Health but Mental Health too. As lungs are primarily affected by this Novel Virus any dysfunction will lead to impaired brain function. In general most of Mental Health issues we face today can be an immediate or long term consequence/complication of this deadly pandemic.

2) I will try addressing the immediate and long term Mental Health issues as we have seen and treated such patients up to now. Any person who is diagnosed with Covid can go through various emotional difficulties, in which common are panic, anxiety, fear, adjustment issues, grief and in few depression. These need to be diagnosed early (as in physical complications) so that it can be addressed effectively. Not addressing these issues can impact their overall treatment, hospital stay, co-morbidity, delayed recovery, inability to participate in rehabilitation, overall compliance with treatment and many others.

3) In the acute phase, when lungs are markedly affected, patients may develop Hypoxic brain dysfunction known as Encephalopathy (brain not getting adequate oxygen to function normally) leading to confusion, disorientation and inability to participate in their treatment. This needs immediate care to prevent further escalation.

Elderly, patients with past history of stroke or other brain impairment, co-morbid medical issues (diabetes, kidney, liver problems, hypertension) are at higher risk to develop Delirium. Similar condition which can mimic Delirium is ICU psychosis. It is important to rule out medication side effects which may also attribute to such condition.

4) Many such Covid affected patients can also develop mood or emotional disability such as anxiety, panic, adjustment issues and grief. The mere fact that it is novel and pandemic can trigger such fear, apprehension, feeling overwhelmed or feeling helplessness / hopelessness. Further prolonged social isolation, being away from family, believing such information which are not true or lack facts, ICU stay, ventilation, witnessing more serious patients around, patients with prior history of anxiety/depression, patients who are currently in treatment for such emotional problems are those with higher risk to develop such condition.

5) Few patients can develop depression due to prolonged hospital stay, multiple complications, losing hope, financial/family burden, death of family member/friends due to Covid, lack of support network, lack of coping skills, unemployment, uncertainty about future, grief are few reasons among many to cause depression. There are few reports where individuals have committed suicide mostly because of panic,

Post Covid & Mental Health

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ignorance, stigma, mass/social hysteria, fake news, are just few to mention.

6) As physicians we also have come across many who are not affected, yet complaining of recent onset in anxiety/panic or even depression. Again individuals with prior history or at risk (like having family history or stress), currently in treatment can experience recurrence or worsening in their symptoms during these stressful times. Such patients are mostly preoccupied and overly concerned with irrational or uncontrollable worries.

7) Though less common compared to anxiety, depression, it is possible for few to develop Obsessive/Compulsive behaviours (fear of getting infected, excessive washing/cleaning), Phobias (distorted information, lacking facts can worsen) and other mood related issues. More this pandemic last these risks too will increase. Remember HIV and how people reacted hysterically until they were educated and gained insight.

8) There are many other issues which are less thought or discussed but can be of long term consequence. To mention a few, prolonged mandated home stay (especially among elderly and children), lack of social exposure, losing support systems, displacement (migrants), lack of schooling/learning, prolong exposure to digital/social media, increased substance use, domestic violence, impact on physical health, inactivity, long term economic impact, living with Covid as told by experts are factors which may impact both physical and emotional health. Even medication compliance among patients is poor during this period due to several restrictions, lack of access/availability.

9) Our recommendations are same as before to identify and treat such causes as we would have done otherwise. It is pertinent that we achieve this through public education, awareness, timely management, close monitoring and discussing with family/friends of the affected. Diagnosing early and treating co-morbid mental health issues immensely help with overall recovery and prognosis. A coordinated multidisciplinary approach will help treating such co-morbid mental health issues secondary to Covid Pandemic.

Dr. Siva Sivakantha, MBBS, MD (Psychiatry),
is the Senior Consultant Psychiatrist at
Indiana Hospital & Heart Institute, Mangaluru

Indiana extends services to Bhatkal

MANGALURU -- Indiana Hospital and Heart Institute, Mangaluru, in association with Welfare Hospital, Bhatkal has started providing healthcare services at Bhatkal from January 31. The people of Bhatkal will be provided healthcare services in eight super specialties to begin with. Specialists from the department of Cardiology, Urology, OBG, Pulmonology, Dermatology, Orthopaedics, Gastroenterology and Rheumatology will keep visiting the facility at Bhatkal.

Republic Day celebrated

MANGALURU -- Indiana Hospital & Heart Institute celebrated the 72nd Republic Day with the hoisting of the tricolor by Dr. Manjunath Suresh Pandit, consultant cardiologist. Speaking on the occasion, Dr. Manjunath asserted, "Let us all pledge to serve our country making it a better and happier place to live." In view of the COVID-19 pandemic situation, the event had a limited number of participants, including Dr. Ali Kumble, chairman, Indiana Hospital.



DEPARTMENTS AT INDIANA HOSPITAL

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DR. YUSUF A KUMBLE
MBBS, MD, DM (Cardiology - AIIMS), (DNB Cardio),
FSCAI, FESC, FACC (USA)
Chief Interventional Cardiologist,
Managing Director - IHHI Ltd.

DR. ABDUL MANSOOR
MBBS, MD, DM (CARDIOLOGY), MRCP, AFESC
Consultant Interventional Cardiologist & HOD

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MBBS, MD, DM (Cardiology)
Consultant Interventional Cardiologist

DR. PRACHI SHARMA
MBBS, MD (GOLD MEDALIST), DNB, DM CARDIOLOGY (GOLD MEDALIST)
Consultant Interventional Cardiologist

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MBBS, MS (GEN SURG), MCh (CVTS)
Consultant Adult & Paediatric Cardiothoracic Surgeon

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MBBS, MD, FCCM, DM (Cardiac Anaesthesia)
Consultant Cardiac Anaesthesiologist

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Consultant Physician, Diabetologist & Intensivist

DR. MOHAMMED SHA ALAM M.B
MBBS, MD (GENERAL MEDICINE)
Consultant - General Medicine

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Sr. Consultant & HOD (PAEDIATRICS), Chairman - IHHI Ltd.

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MBBS, DNB (PAEDIATRICS), FIAP (NEONATOLOGY)
Consultant Neonatologist

DR. ARUN VARGHESE

MBBS, MD (PAEDIATRICS) FPCC (PAEDIATRIC CRITICAL CARE)
Consultant - Paediatric Intensivist

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Senior Paediatric Surgeon & Paediatric Urologist

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MBBS, MS, MCh (Paediatric Surgery), PGIMER - Chandigarh
FELLOW IN PAEDIATRIC UROLOGY
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DR. SIDDHARTH V.T.

MBBS, MS (GEN SURG), MCh (CVTS)
Consultant Adult & Paediatric Cardiothoracic Surgeon

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MBBS, DNB (General Medicine) MRCP (Rheumatology) UK
Consultant Rheumatologist

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Consultant ENT Surgeon

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MBBS, MD (EMERGENCY MEDICINE), FICM
Consultant Emergency Medicine

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Consultant - Emergency Medicine

DR. AJITH ALFRED SOLOMON

MBBS, MEM (GWU-USA)
Consultant - Emergency Medicine

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MBBS, MD (Pulmonary Medicine)
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Sr. Consultant Orthopaedic Surgeon

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MBBS, MS (ORTO), MCh (ORTHO)
Sr. Consultant Orthopaedic Surgeon
(Spine & Joint Replacement)

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MBBS, MS (ORTHO), MCh (ORTHO), D'ORTHO
Fellow in Deformity Correction - Iizarov, (Russia)
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MBBS, D'ORTHO
Consultant Orthopaedic Surgeon

DR. NAVANEETH S KAMATH

MBBS, MS (Ortho), HBNI - Orthopaedic Oncology
(Tata Memorial Hospital, Mumbai)
Consultant Orthopaedic Onco Surgeon

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MBBS, DDVL (DERMATOLOGY, VENERELOGY & LEPROSY)
Consultant Dermatologist

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MBBS, MD (GENERAL MEDICINE), DM (NEPHROLOGY)
Sr. Consultant Nephrologist & Kidney Transplant Physician

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DR. ABHIJIT SHETTY
MBBS, MS (SURGERY), DNB (UROLOGY)
Consultant Urologist & Kidney Transplant Surgeon

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MBBS, MD (MED) DM (NEURO)
Associate Professor & Sr. Consultant Neurologist

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DR. ELVIS RODRIGUES
MBBS, MS (GENERAL SURGERY), MCh (NEURO SURGERY) NIMHANS
Sr. Consultant Neuro Surgeon

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DR. DHARMA KUMAR K.G.
MBBS, MS (GENERAL SURGERY), MCh (SURGICAL ONCOLOGY)
Tata Memorial Hospital, Mumbai
Consultant Surgical Oncologist

DEPARTMENT OF GYNAECOLOGY

Prof. DR. BHAVANA SHERIGAR
MBBS, MD, (OBG), FICOG
Sr. Consultant Obstetrician & Gynaecologist

DEPARTMENT OF GENERAL SURGERY

DR. KESHAV PRASAD Y.V
MBBS, MS (GEN SURG), DNB (GEN SURG), FMAS, FIAGES
Consultant General & Laparoscopic Surgeon

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DR. APOORVA SRIJAYADEVA
MBBS, DNB (MEDICINE), DNB (MEDICAL GASTROENTEROLOGY), FCCP
Consultant Interventional Gastroenterologist

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DR. MEGHANA S KUMAR
BDS, MDS
Consultant Paediatric Dentist

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MBBS, MD (PSYCHIATRY)
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MBBS, DOMS
Consultant Ophthalmologist

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MBBS, DA (ANASTHESIA)
Consultant Anaesthesiologist

DR. SHANFAR

MBBS, MD (ANASTHESIA)
Consultant Anaesthesiologist

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MBBS, MD, FCCM, DM (Cardiac Anaesthesia)
Consultant Cardiac Anaesthesiologist

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MBBS, DMRD
Senior Consultant Radiologist

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MBBS, DNB (RADIO DIAGNOSIS)
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MBBS, MS (General Surgery),
DNB (Vascular & Endovascular Surgery)
Consultant Vascular Surgeon

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MBBS, DNB (General Surgery), FIAGES, FACS
Advanced Laparoscopic Surgeon

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BDS, MDS
Consultant Maxillofacial Surgeon

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MBBS, MS (GENERAL SURGERY),
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Consultant Plastic & Reconstructive Surgeon

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MBBS, MS, MCh (Paediatric Surgery)
Paediatric Surgeon

DR. SANDEEP RAI

MBBS, MS, MCh (Paediatric Surgery)
Paediatric Surgeon