

Canfi

Fight Against Cancer

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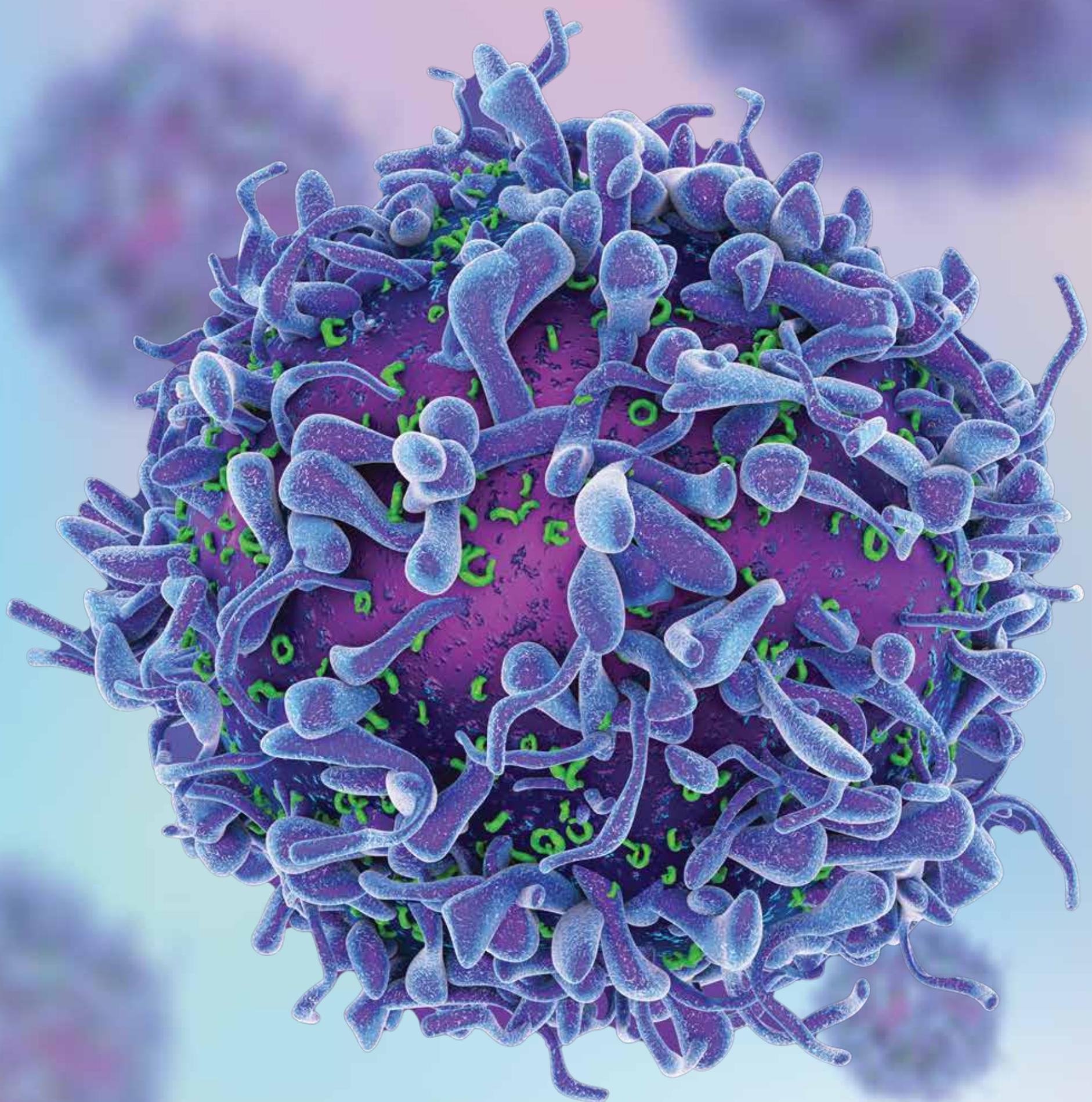
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About **Canfi**

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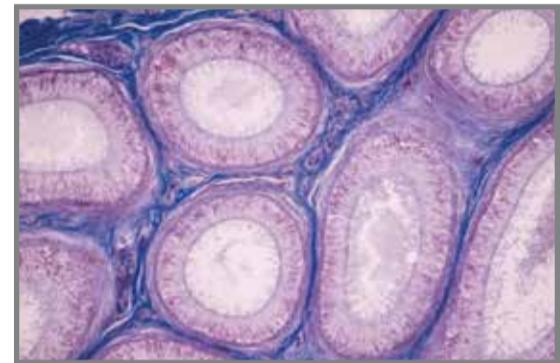
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Also available mobile applications in
Android and IOS platforms

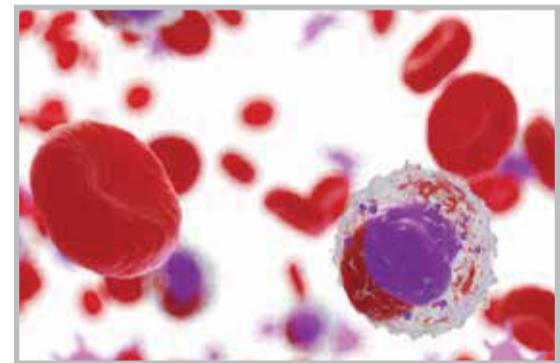




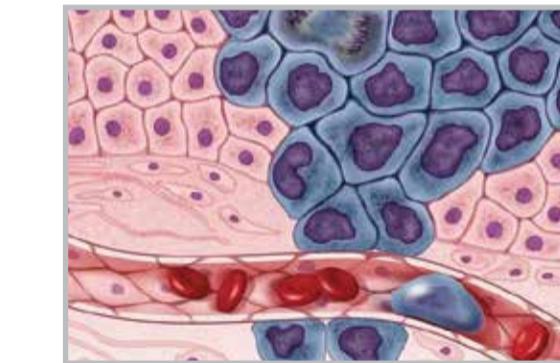
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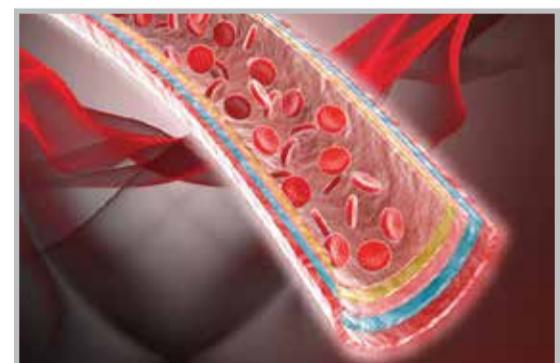
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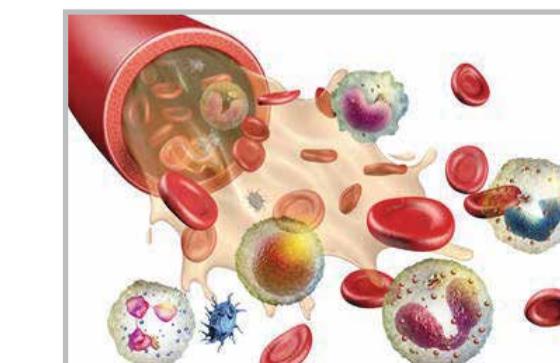
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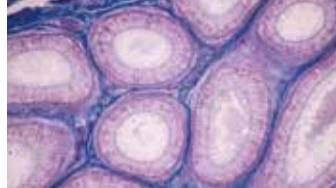


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Dos & dont coronary syndrome

Mapping the human body one cell at a time: New study reveals the intricate relationship between cell size and count



Background
 Cells, the foundational units of life, maintain specific sizes consistent across mammals, with larger bodies having more cells than larger ones. This consistent cell size facilitates their designated functions; deviations often indicate diseases. Cell types, like neurons and myocytes, possess size specificity essential for their tasks. Although past research hints at around 30 to 37 trillion human cells, a comprehensive understanding of the relationship between cell size and count remains unexplored. As endeavors like the Human Cell Atlas emerge, aiming to profile every human cell type, our data, integrating histology and anatomy, could provide a quantitative baseline for understanding cellular composition and function. This consolidated view aids in bridging modern single-cell research with classical cell biology, emphasizing the need for continued research into body-wide cell metrics.

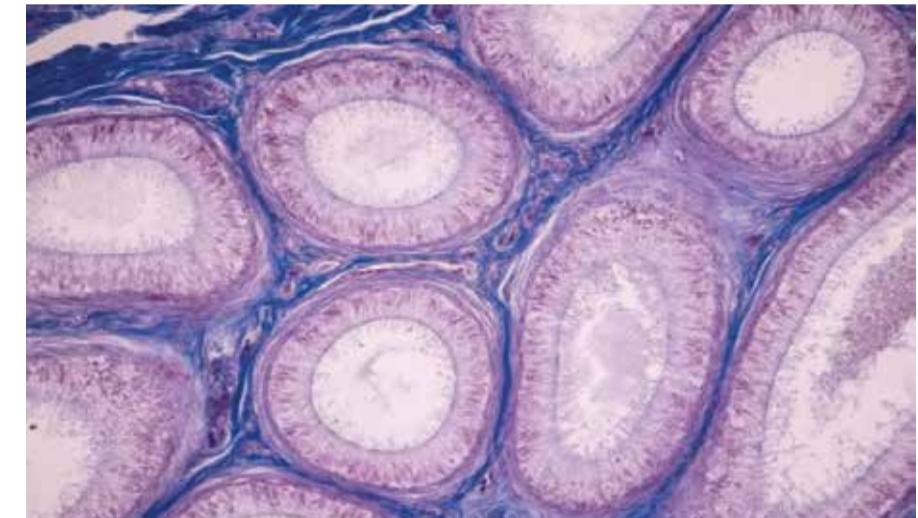
About the study
 The present study compiled data on cell sizes across the human body using three anatomical models: male, female, and child. Drawing from over 1,500 sources, the researchers identified around 400 unique cell types spread over 60 tissue systems. Using the male model as a reference, which had more detailed data, they made estimates for females and children based on certain assumptions.

1

Conclusions
 To summarize, the study recognized variations could arise from biological differences or measurement inaccuracies, revealing uncertainties in various cell types; while the relationship between cell ploidy and cell mass remains unexplored, initial estimates indicate only a small percentage of all nucleated cells are polyploid. There is a noticeable pattern where cell size and count are inversely related, seen across various organisms. The origins of these patterns are not universally acknowledged, but many factors could influence them, including cell growth and division rates. Lastly, this data could have various applications, from understanding immune functions, refining lymphocyte count estimates, aiding in cell identification techniques to acting as a reference for future studies, possibly offering insights into energetic predictions based on cell size.

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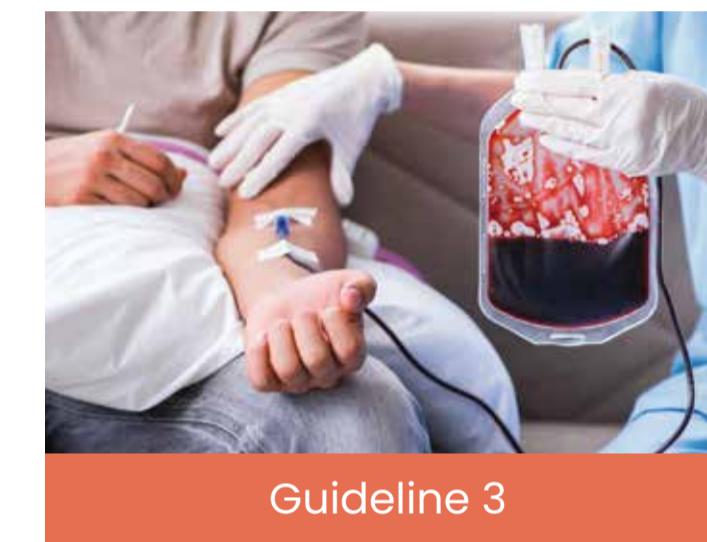
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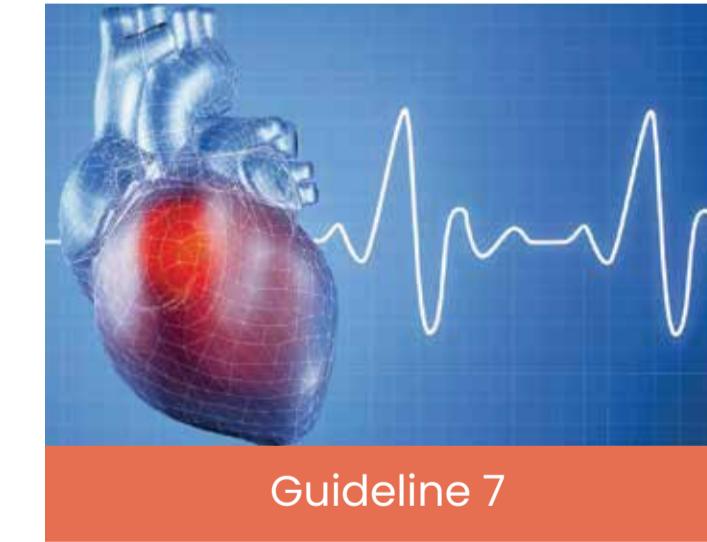
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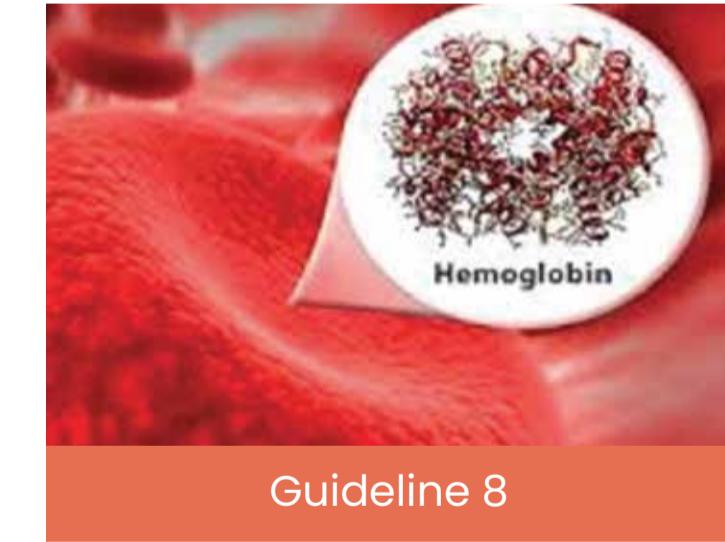
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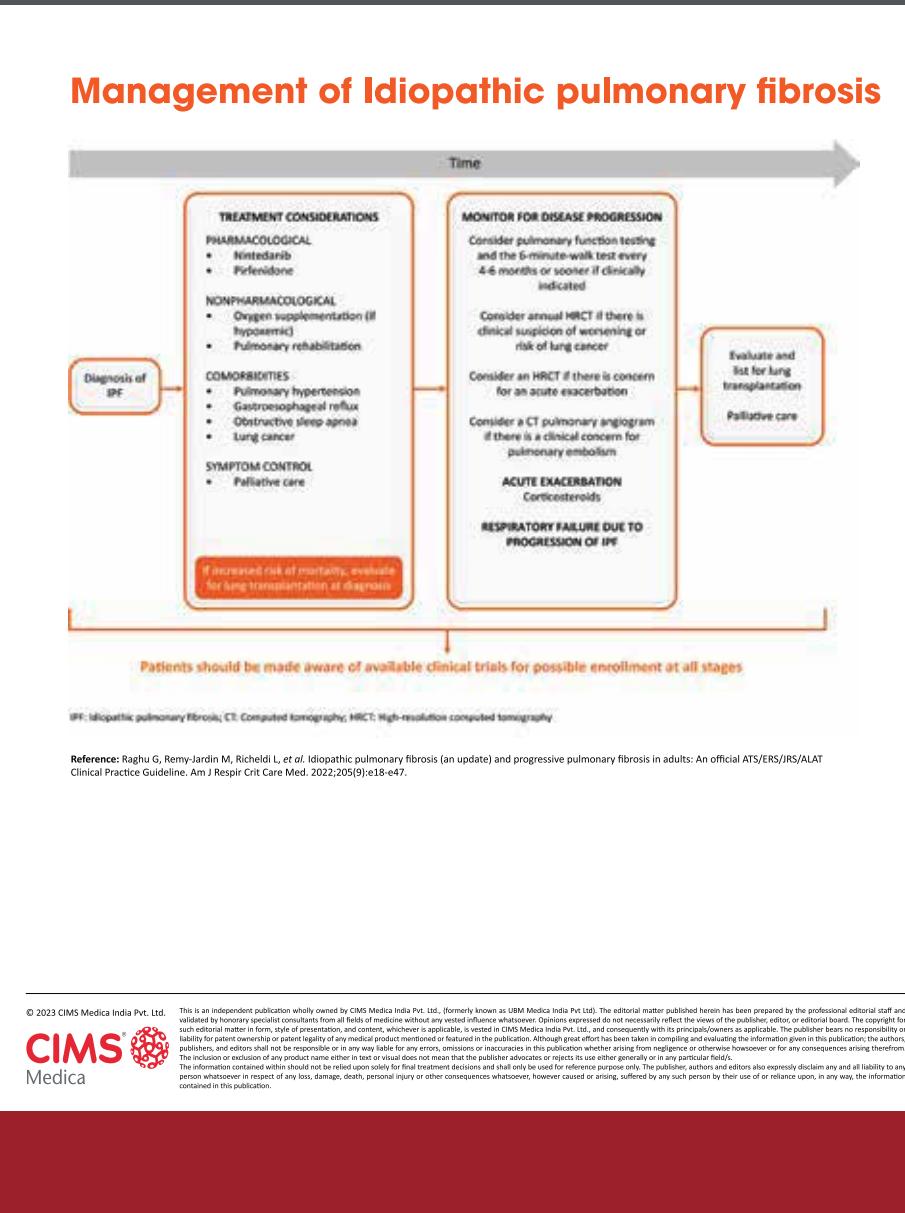
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Dos & dont coronary syndrome

1 / 2 | - 74% + | ↕ ⌂



Management of Idiopathic pulmonary fibrosis

Time

Diagnosis of IPF

TREATMENT CONSIDERATIONS

- PHARMACOLOGICAL
 - Nintedanib
 - Pirfenidone
- NONPHARMACOLOGICAL
 - Oxygen supplementation (if hypoxicemic)
 - Pulmonary rehabilitation
- COMORBIDITIES
 - Pulmonary hypertension
 - Gastroesophageal reflux
 - Obstructive sleep apnea
 - Lung cancer
- SYMPOTM CONTROL
 - Palliative care

If increased risk of mortality, evaluate for lung transplantation at diagnosis

MONITOR FOR DISEASE PROGRESSION

Consider pulmonary function testing and the 6-minute-walk test every 4-6 months or sooner if clinically indicated

Consider annual HRCT if there is clinical suspicion of worsening or risk of lung cancer

Consider an HRCT if there is concern for an acute exacerbation

Consider a CT pulmonary angiogram if there is a clinical concern for pulmonary embolism

ACUTE EXACERBATION

Corticosteroids

RESPIRATORY FAILURE DUE TO PROGRESSION OF IPF

Evaluate and list for lung transplantation
Palliative care

Patients should be made aware of available clinical trials for possible enrollment at all stages

For the use of a Registered Medical Practitioner or Hospital or Laboratory only.

Management of Allergic rhinitis

Step

- Patients with moderate/severe symptoms of rhinitis and/or rhino-conjunctivitis, with/without asthma
- Symptoms on exposure with relevant aeroallergens
- Confirmation of IgE sensitization (skin test and/or specific IgE) [proof of clinical relevance]
- Treatment with optimal pharmacotherapy and avoidance of allergen, if possible
 - Rhinitis follows the proposed algorithm
 - Asthma: consider lack of symptom control in patients receiving inhaled corticosteroids
 - For safety reasons allergen immunotherapy should not be initiated if asthma is not controlled
- Evaluation of symptom control and eligibility
- Insufficient symptom control and adherence
- View of patient and/or caregiver
- Consider allergen immunotherapy

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Preview and Top 5 Topics

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World Health Summit



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Digital Healthcare Innovation Summit



Abstract 1

ILD-India register

Bridget Collins, Sheetu Singh, Jyotsna Joshi, Deepak Talwar, Sandeep Katiyar, Nishtha Singh, Lawrence Ho, Jai Kumar Samaria, Parthasarathi Bhattacharya, Rakesh Gupta,

Abstract 2

Idiopathic pulmonary fibrosis (IPF) and connective tissue disease (CTD)

Bridget Collins, Sheetu Singh, Jyotsna Joshi, Deepak Talwar, Sandeep Katiyar, Nishtha Singh, Lawrence Ho, Jai Kumar Samaria, Parthasarathi Bhattacharya,

Abstract 3

Asthma-COPD overlap syndrome (ACOS) versus “pure” COPD: A distinct phenotype?

Bridget Collins, Sheetu Singh, Jyotsna Joshi, Deepak Talwar, Sandeep Katiyar, Nishtha Singh, Lawrence Ho, Jai Kumar Samaria, Parthasarathi Bhattacharya, Rakesh Gupta,

☰ Dos & dont coronary syndrome

1 / 2 | - 74% + | ☰ ⌂



ILD-India registry: Idiopathic pulmonary fibrosis (IPF) and connective tissue disease (CTD) associated interstitial lung disease (CTD-ILD)

Bridget Collins, Sheetu Singh, Jyotsna Joshi, Deepak Talwar, Sandeep Katiyar, Nishtha Singh, Lawrence Ho, Jai Kumar Samaria, Parthasarathi Bhattacharya, Rakesh Gupta, Sudhir Chaudhari, Tejraj Singh, Vijay Moond, Sudhakar Pipavath, Jitesh Ahuja, Ravindran Chetambath, Alok Ghoshal, Nirmal Kumar Jain, Gayathri Joshy, Surya Kant, Parvaiz Koul, Raja Dhar, Rajesh Swarnkar, Surendra Sharma, Dhrubajyoti Roy, Kripesh Sarmah, Bhavin Jankharia, Rodney Schmidt, Virendra Singh, Ganesh Raghu.

Background: Little is known about the profile of Interstitial Lung Diseases (ILDs) in India.

Aim: Describe prevalence and characteristics of patients with newly diagnosed IPF and CTD-ILD in India.

Method: Prospective registry with detailed case report forms gathered from 27 centres in 19 cities across India. All patients had CTD serologies and high-resolution computed tomography (HRCT) chest.

Results: The final diagnosis validated by multidisciplinary discussion (MDD) among ILD experts at Centre for ILD (CILD), University of Washington, Seattle, USA was IPF (per 2011 criteria) in 148/1084 (14%) and CTD-ILD in 151/1084 (14%) adult patients. Kappa score for interobserver agreement on IPF and CTD-ILD diagnoses between CILD experts and local site investigators was 0.38. Patients with CTD-ILD were younger (51 ± 14 yrs) than those with IPF (65 ± 8 yrs) and more often women (74% CTD-ILD vs. 26% IPF). 44% of IPF patients were current smokers, compared to 13% with CTD-ILD. 29% of CTD-ILD patients had definite usual interstitial pneumonia on HRCT. Mean FVC and DLCO were moderately reduced (FVC 58% predicted in both groups, DLCO 67% CTD-ILD 64% IPF). The most common CTD associated with ILD was rheumatoid arthritis (25%).

Conclusion: Our findings provide the first prospective insight into the clinical features and proportion of patients with new onset IPF and CTD-ILD in India; data for IPF in the ILD-India registry was limited to patients with typical clinical/HRCT features of IPF. Interobserver agreement on diagnosis between CILD experts and local site investigators was fair and supports the need for MDD among experienced ILD experts for an accurate diagnosis.



1

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LACTULOSE RETENTION ENEMA IN THE MANAGEMENT OF HEPATIC ENCEPHALOPATHY



Case presentation

A 45-year-old female patient presented to the clinic with complaints of confusion and disorientation. The patient's symptoms had been worsening for the past two weeks, and she reported difficulty performing daily activities.

Family history

The patient had a family history of liver disease, with her father diagnosed with alcoholic cirrhosis.

Medical history

The patient had a history of alcohol abuse and was a heavy drinker for the past ten years. She had not received any medical treatment for her alcoholism and had not been compliant with any medication or therapy.

Physical examination

- Blood pressure: 130/80 mmHg
- Heart rate: 80 beats per minute
- Respiratory rate: 16 breaths per minute
- Oxygen saturation: 97% on room air
- Temperature: 37.0°C (98.6°F)

Neurological examination: The patient appeared lethargic and had asterixis. Her vital signs were stable, and there were no focal neurological deficits or signs of trauma.

Laboratory investigations

- Serum ammonia: 175 µmol/L (normal range: 11–50 µmol/L)
- Alanine transaminase (ALT): 48 U/L (normal range: 7–56 U/L)
- Aspartate transaminase (AST): 45 U/L (normal range: 10–40 U/L)
- Total bilirubin: 1.5 mg/dL (normal range: 0.2–1.3 mg/dL)
- International normalized ratio (INR): 1.3 (normal range: 0.8–1.2)

Diagnosis

Laboratory investigations showed elevated serum ammonia levels, and liver function tests were abnormal, with elevated bilirubin levels and liver enzymes. The patient was diagnosed with hepatic encephalopathy secondary to alcoholic cirrhosis.

Treatment

The patient was started on lactulose (Ready-to-Use) retention enema to reduce ammonia levels in the gut. The lactulose (Ready-to-Use) retention (20% W/V 275 mL enema) improved patient comfort and compliance. The patient was also advised to stop alcohol consumption and was referred to an addiction specialist.

Follow-up and outcome

The patient was followed up regularly and responded well to lactulose therapy. Her symptoms of confusion and disorientation improved, and there were no adverse effects of lactulose therapy. However, the patient was non-compliant with the addiction specialist's advice and continued to consume alcohol.

Conclusion

This case highlights the importance of early diagnosis and prompt treatment of hepatic encephalopathy. Lactulose therapy, along with appropriate lifestyle modifications, can improve the quality of life and prognosis of patients with hepatic encephalopathy.

QUIZ

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DECEMBER 2023

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SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4 1 Event	5	6
7	8	9	10	11	12	13
14	15	16 2 Events	17	18	19	20
21	22	23	24	25	26	27
28						

04**11th World Congress on Hypertension, Cardiology, Primary Health and Patient Care**

Venue: Paris, France

Website: <https://hypertensioncongress.cardiologymeeting.com/>

Hematology +

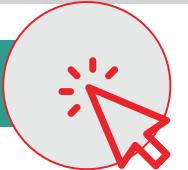
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Solid tumors +

Supportive care +



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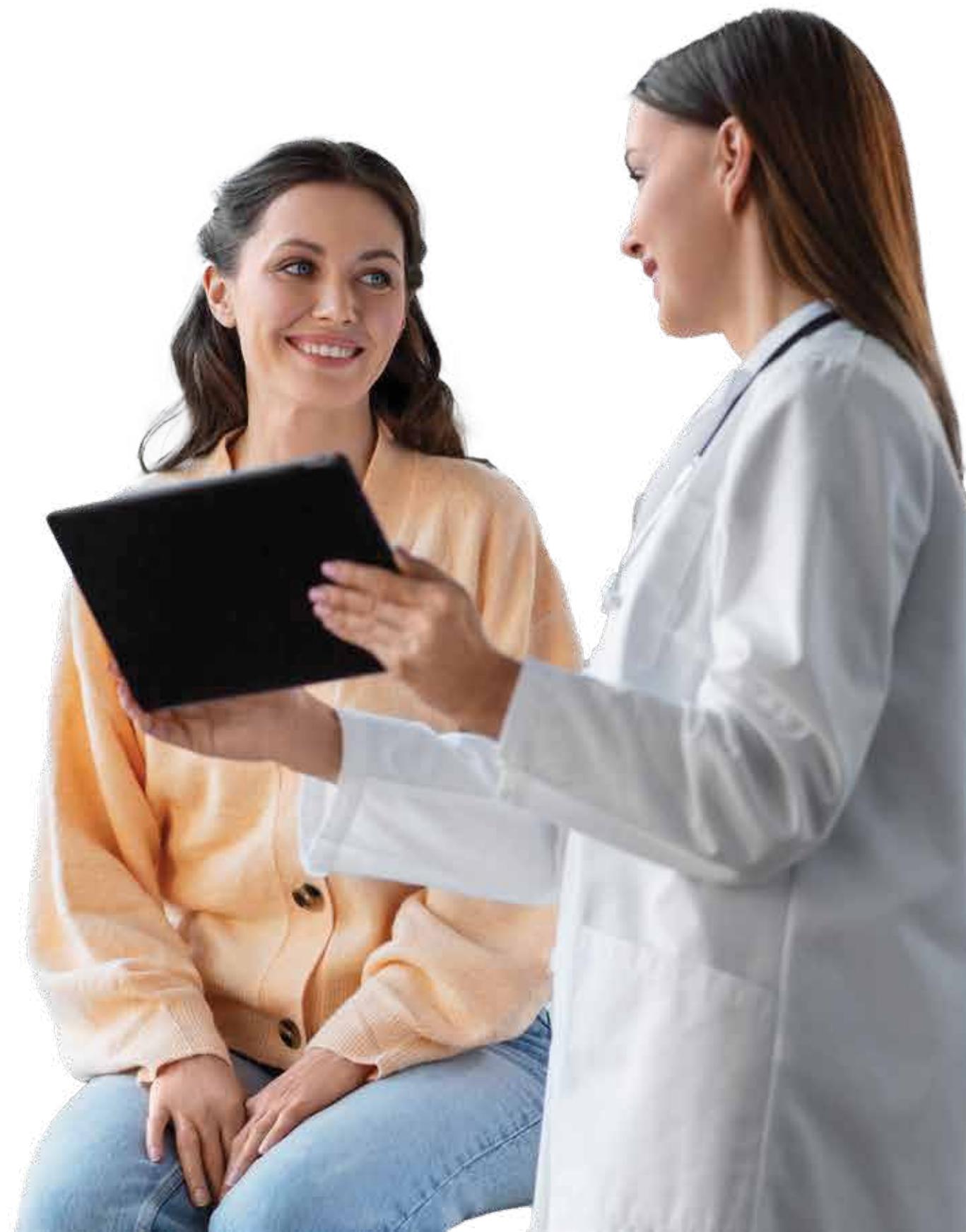
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☰ Dos & dont coronary syndrome

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HEART FAILURE: Acute and Chronic



Heart failure is a serious condition in which the heart does not pump blood as efficiently as it should. It is the most common diagnosis in hospitalised patients over age of 65 years. One in nine deaths has heart failure as a contributing cause. To avoid heart failure, there's a need to prevent other heart problems.¹

Do's

- Eat in heart-healthy ways: Fruits and vegetables, low fat dairy, chicken, olive oil, fish, avocados^{1,2}
- Maintain a healthy weight¹
- Get regular exercise³
- Control high blood pressure and diabetes²

1

Develop sleep hygiene⁴

Manage pre-existing conditions, especially heart conditions⁵

Keep the total amount of fluids you drink to only 6 to 8 glasses each day⁵

Balance activity and rest periods⁵

Report new or worsening symptoms to a doctor⁵

2

Do's




Eat in heart-healthy ways:
Fruits and vegetables, low fat dairy, chicken, olive oil, fish, avocados^{1,2}




Maintain a healthy weight¹

Get regular exercise³

Control high blood pressure and diabetes²

Full Name

Email

Mobile Number

Your Message

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