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ZEN ACADEMY BULLETIN

Official newsletter of Zen Multispeciality Hospital, Mumbai

Editorial Board

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EDITORIAL

Dear All,

It is with great joy and gratitude that I present to you the third and last issue of the first volume of Zen Bulletin. As we continue this journey together, we are reminded not only of the profound ideas shared within these pages but also of the quiet wisdom that emerges when we pause to listen—to ourselves, to others, and to the world around us.

At its core, Zen embodies simplicity, mindfulness, and the transformative power of being fully present. We have curated a collection of articles, reflections, and creative works celebrating these principles in this issue. Each piece invites us to slow down, breathe deeply, and rediscover beauty and meaning in the everyday. Dr Roy Patankar shares his excitement about Zen Hospital's expansion and the Zen Annexe's inclusion into the Zen family this month.

This edition marks an exciting expansion into new horizons with the inclusion of contributions from our esteemed colleagues in urology, Internal medicine and intensive care. Their thoughtful insights remind us how mindfulness intersects with medicine, enriching both practice and patient care. Additionally, Dr Ramesh Patankar shares his inspiring spiritual journey to the Maha Kumbh 2025—a testament to seeking connection, purpose, and transcendence.

From thought-provoking essays to deeply personal stories, every contribution reflects the power of awareness to shape our perspectives and deepen our understanding of ourselves and the society we inhabit. These writings challenge us to look beyond the surface and embrace life's subtleties with curiosity and compassion.

As Zen Bulletin evolves, it remains steadfast in its mission: to be a sanctuary for reflection, dialogue, and inspiration—a space where words soothe the mind and awaken the spirit. We are profoundly grateful for the growing community of readers, writers, and thinkers who support this endeavour. Together, we create a tapestry of shared experiences and collective growth.

May this issue bring you moments of stillness, insight, and renewed clarity as you navigate the complexities of modern life. Thank you for joining us on this path, and we look forward to continuing this journey together.

With Warm Regards,

Dr. Avinash Supe

Editor, Zen Bulletin

ZEN MULTISPECIALTY HOSPITAL EXPANDS WITH STATE-OF-THE-ART ANNEXE

Dr Roy Patankar

Zen Multispecialty Hospital, a leading healthcare provider in Chembur, is thrilled to announce the launch of its new **"Zen Annexe"** on **April 10, 2025**. This expansion adds **100 beds to the existing 110-bed facility**, enhancing its ability to deliver advanced medical services.

Expanding Excellence in Healthcare

The Zen Annexe reflects our hospital's growth and dedication to expanding specialised care. This new facility will enhance advanced urological and nephrology services while introducing specialised wound management for our community.

Advanced Specialty Departments

The Zen Annexe will feature dedicated departments for Urology and Nephrology, supported by a state-of-the-art Dialysis Center. These specialised units will be equipped with cutting-edge technology and staffed by experienced specialists to ensure the highest quality of care.

Key Highlights:

- **Urology Center of Excellence:** Equipped with Holmium laser, lithotripsy, and advanced urological endoscopy, we offer minimally invasive treatments for kidney stones, prostate disorders, and urological cancers. Our services also include urodynamics and urogynecological care, ensuring comprehensive, patient-centered care
- **Comprehensive Nephrology & Dialysis Care:** Expert management of kidney diseases, hypertension, and electrolyte imbalances, with a cutting-edge Dialysis Center offering hemodialysis and peritoneal dialysis.
- **Specialized Wound Care Clinic:** Focused on chronic wounds, diabetic ulcers, and pressure sores, utilising advanced healing technologies.
- **Enhanced Surgical & Critical Care:** Two major OT suites, a minor OT and a 16-bed ICU with advanced monitoring and life-support systems, ensuring comprehensive care for critically ill patients.

Commitment to Patient Comfort

Beyond medical excellence, the Zen Annexe is designed with patient comfort and convenience in mind. The facility features spacious patient rooms, a soothing environment, and amenities contributing to a positive healing experience. Our dedicated nursing staff and healthcare professionals are committed to providing compassionate care that addresses both the physical and emotional needs of our patients.

As we expand our capabilities with the opening of the Zen Annexe, Zen Multispecialty Hospital reaffirms its commitment to being at the forefront of healthcare excellence in Mumbai, providing accessible, advanced, and ***compassionate care to all*** our patients, along with a **single-minded focus on academics.**

ZEN MULTI-SPECIALITY HOSPITAL TO LAUNCH ADVANCED UROLOGY CENTRE

Dr Anil Bradoo, Consultant Urologist

Zen Multi-Speciality Hospital, Chembur, is set to open a cutting-edge, full-fledged **Urology facility** in April 2025.

The facility will house senior urologists from various sub-specialities, ensuring expert care for every patient. It will be equipped with the latest technology for accurate diagnosis, including advanced Doppler ultrasound, transrectal sonography, CT scans, and MRI facilities.

The hospital will offer dedicated daycare services for those requiring minor procedures or non-invasive treatments. These include **Urodynamics (to assess bladder function), Extracorporeal Shock Wave Lithotripsy (ESWL) for kidney stones, and flexible cystoscopy**. These options ensure patients can undergo treatment and return home the same day, avoiding overnight hospital stays.

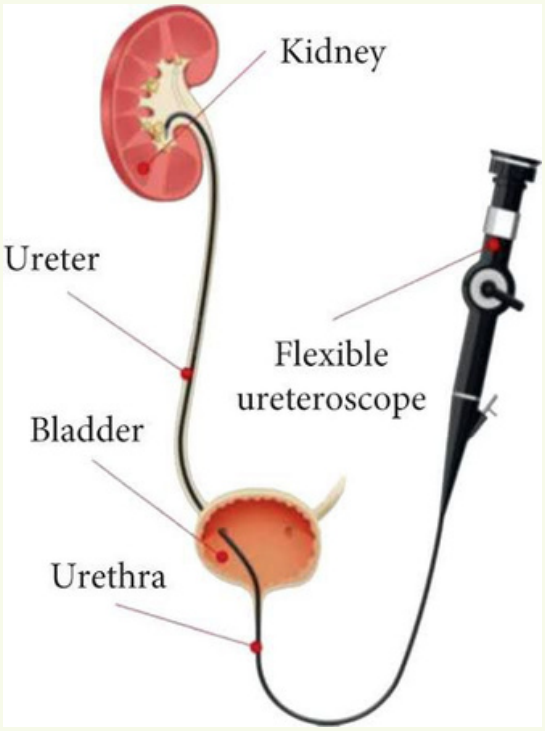
The department will also feature a modular operation theatre for various surgeries. From **minimally invasive endoscopic procedures to advanced robotic surgeries**, the team will specialise in treating conditions like prostate issues, urinary tract stones, kidney cancers, and bladder cancers. Other specialised services will include **reconstructive urology, pediatric urology, and laser surgeries** for stones and prostate enlargement.

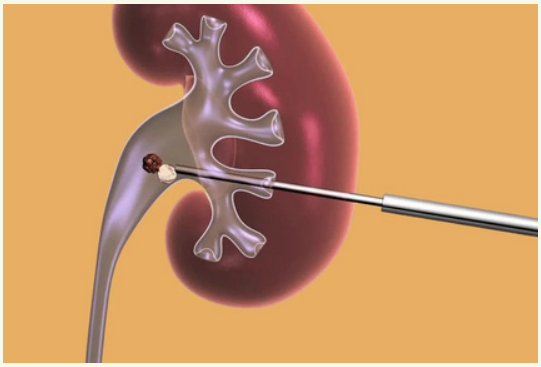
In addition to these offerings, the hospital will run special clinics focused on Andrology (male reproductive health) and Female Urology. The facility will also serve as a hub for learning, hosting workshops and Continuing Medical Education (CME) programs.

Backed by comprehensive nephrology services, the combined team of nephrologists and urologists will efficiently manage all kidney and urinary emergencies. Looking ahead, the hospital aims to establish a **kidney transplant unit,** further solidifying its commitment to providing complete kidney care.

With this new facility, Zen Multi-Speciality Hospital is poised to become a leader in comprehensive kidney and urology care, blending medical expertise with advanced technology.

A brighter future for kidney and urinary health is just around the corner!





RAPID DIAGNOSIS IN INFECTIOUS DISEASES

Dr Vikrant Shah, Consultant Physician/Infectious Disease Specialist

Rapid, accurate diagnosis is vital for managing infectious diseases like meningitis, sepsis, and drug-resistant infections. Advanced tools are transforming pathogen and resistance detection, enabling timely interventions and better outcomes. Below, we explore cutting-edge technologies reshaping infectious disease diagnostics.

BIOFIRE FilmArray Meningitis/Encephalitis Panel

- Detects 14 pathogens causing meningitis/encephalitis, including bacteria, viruses, and fungi.
- US-FDA approved in 2015, with studies showing 93-99% agreementwith conventional methods.
- Limitation: Reduced sensitivity for Cryptococcus.

XPERT CARBA-R

- Rapidly identifies carbapenemase-producing organisms in 48 minutes.
- Detects key resistance genes: KPC, NDM, VIM, IMP-1, OXA-48-like, OXA-181, and OXA-232.
- US-FDA approved in 2016, offering a simple and reliable solution for detecting drug-resistant pathogens.

Sepsis Flow CHIP Kit

- Combines multiplex PCR and microarray reverse hybridization for comprehensive pathogen identification.
- Detects Gram-negative bacilli, Gram-positive cocci, and various antibiotic resistance markers.
- Turnaround time: 6 hours; used on positive blood culture bottles. Highly sensitive and specific.

BD Glucan (Beta-D-Glucan)

- Detects fungal infections via pan-fungal antigen (except Cryptococcus, Mucorales).
- Valuable for diagnosing invasive fungal infections in hematological malignancies and transplant patients.
- Serial estimations improve diagnostic accuracy.
- Strong negative predictive value (NPV: 73-97%), particularly for Pneumocystis jirovecii pneumonia.

MALDI-ToF MS (Matrix-Assisted Laser Desorption/Ionization)

- Rapidly identifies bacteria/fungi from colonies or blood cultures within minutes .
- Faster, cost-effective, and accurate compared to traditional systems.

Pyrosequencing

Detects MTB and drug resistance directly from clinical specimens.More comprehensive than Xpert MTB/RIF; rapid and user-friendly.

Conclusion

These advanced diagnostic tools are transforming infectious disease management by enabling rapid, accurate, and comprehensive pathogen identification and resistance profiling. At Zen Hospital, we remain committed to adopting state-of-the-art diagnostic technologies to provide the best possible care for our patients.

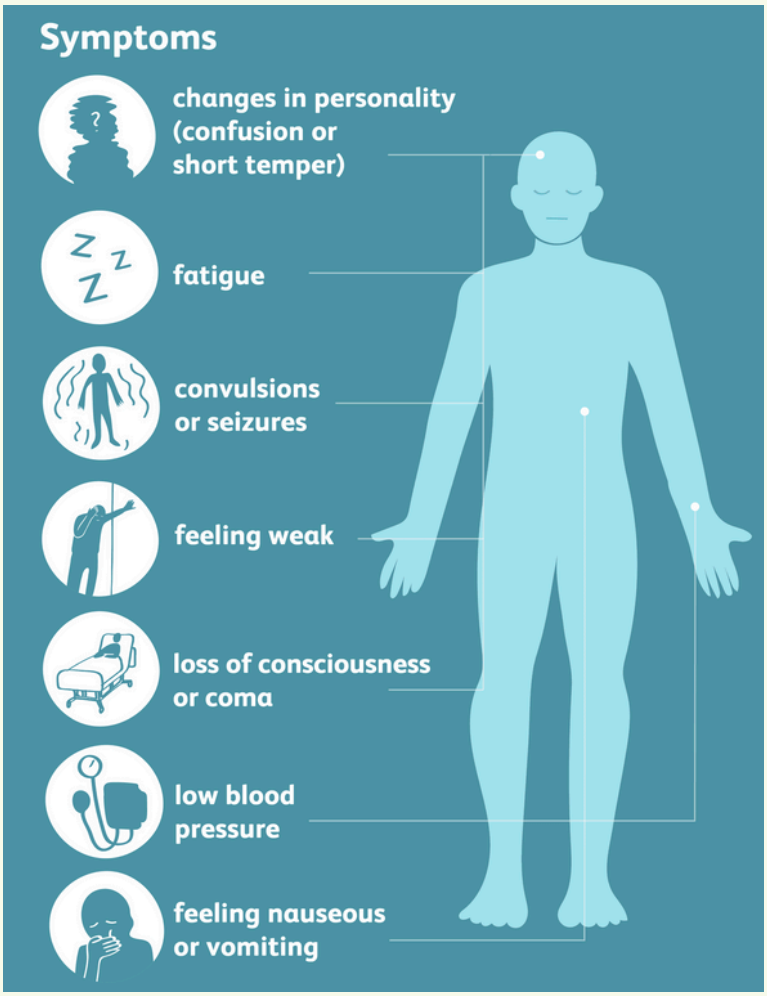
HYPONATREMIA

Dr. Hemant Bhirud, Consultant Intensivist

Have you ever felt unusually tired, confused, or unsteady for no apparent reason? These could be signs of a condition called hyponatremia, which occurs when the level of sodium in your blood drops too low. Sodium is an essential mineral that helps regulate water balance in your body, supports nerve function, and keeps your muscles working properly. When sodium levels fall below normal, it can lead to a range of symptoms and, if untreated, serious health issues.

What Causes Low Sodium Levels?

1. **Drinking Too Much Water:** Consuming excessive amounts of water can dilute the sodium in your blood.
2. **Losing Too Much Sodium:** Conditions like vomiting, diarrhea, or heavy sweating can cause you to lose sodium. Certain medications, like diuretics (water pills), can also contribute.
3. **Underlying Health Conditions:** Problems like kidney disease, heart failure, or hormonal imbalances can disrupt the body's ability to maintain proper sodium levels.



What Are the Symptoms?

The symptoms of low sodium depend on how quickly the levels drop and how severe the imbalance is:

- **Mild Cases:** You might feel fatigued, weak, or have trouble concentrating. Some people experience nausea or headaches.
- **Severe Cases:** In more serious situations, low sodium can cause confusion, seizures, or even loss of consciousness.

How Is It Treated?

- **Mild Cases:** Often, simply reducing fluid intake or making dietary adjustments can help restore balance.
- **Severe Cases:** In more serious situations, treatment may involve intravenous fluids or medications to gradually raise sodium levels. It's important to correct sodium slowly to avoid complications.

Tips to Prevent Hyponatremia

- **Stay Hydrated, but Don't Overdo It:** Drink water when you're thirsty, but avoid excessive water intake unless advised by your doctor.
- **Maintain a Balanced Diet:** Include foods rich in sodium, like nuts, cheese, and table salt, in moderation.
- **Be Cautious with Medications:** If you're on diuretics or other medications that affect sodium levels, discuss regular monitoring with your doctor.

DIABETIC EMERGENCIES IN THE ICU

Dr Nilakshi Sabnis, Consultant Physician

Acute diabetic emergencies like DKA, HHS, and hypoglycemia are life-threatening and common in the ICU. With rising diabetes prevalence, prompt recognition and management are vital to reducing morbidity and mortality.

Diabetic Ketoacidosis (DKA):

DKA is caused by insulin deficiency and glucagon excess, leading to hyperglycemia, ketosis, and acidosis. Blood glucose ranges from 250-600 mg/dL, with symptoms like abdominal pain, vomiting, Kussmaul breathing, fruity breath, and altered mental status. Precipitating factors include infections, MI, stroke, pregnancy, or missed insulin doses.

Management starts with 2-3 L of 0.9% NS over 1-2 hours, then 0.45% NS at 250-500 mL/hour. Switch to 5% dextrose when glucose reaches 200 mg/dL. Administer IV insulin (0.1 units/kg bolus, then 0.1 units/kg/hour infusion). Monitor potassium closely, supplementing with 10-20 mEq KCl per liter if needed. Use bicarbonate only for pH < 6.9. Monitor glucose hourly, electrolytes every 4-6 hours, and vital signs. Transition to subcutaneous insulin once stable.

Hyperglycemic Hyperosmolar State (HHS):

HHS is marked by hyperglycemia (600-1200 mg/dL), dehydration, and hyperosmolarity without significant ketosis or acidosis. It affects elderly Type 2 diabetics, often triggered by infections, stroke, or poor oral intake. Symptoms include lethargy, obtundation, or coma, with no abdominal pain, vomiting, or Kussmaul breathing.

Management includes 1-3 L of 0.9% NS initially, then 0.45% NS to avoid rapid correction. Insulin is given at 0.1 units/kg/hour, with electrolyte supplementation as needed. Monitor glucose, electrolytes, and clinical status closely.

Hypoglycemia:

Hypoglycemia is a common emergency in diabetics, especially Type 1 or those on sulfonylureas/insulin, with higher risk in the elderly and those with renal impairment. Symptoms include confusion, seizures, sweating, palpitations, and tremors. Prolonged hypoglycemia can cause brain injury, coma, or death.

Treat with oral glucose if alert or IV dextrose (50 mL bolus) if unconscious; use glucagon if IV access is unavailable. Monitor glucose every 15-30 minutes for recurrence. In critically ill patients, target glucose between 140-180 mg/dL.

LEVONADIFLOXACIN – BRIDGING THE THERAPEUTIC GAPS IN GRAM-POSITIVE INFECTIONS

Dr Vikrant Shah, Consultant Physician/Infectious Disease Specialist

Infectious diseases remain a significant challenge, especially in populations with rising multi-morbidity. Chronic conditions like diabetes, heart disease, and renal or hepatic impairment complicate bacterial infection management, necessitating antibiotics with superior efficacy, safety, and pharmacokinetic properties. Older antibiotics such as glycopeptides (e.g., vancomycin) and linezolid, while effective, have limitations, including suboptimal tissue penetration and dose-dependent toxicities.

The Need for Newer Antibiotics

The rise of multidrug-resistant (MDR) pathogens, such as methicillin-resistant Staphylococcus aureus (MRSA), has further complicated treatment. Suboptimal therapies often lead to prolonged hospital stays, therapy failures, and readmissions, highlighting the need for newer antibiotics that address these gaps.

Levonadifloxacin: A Game-Changing Option

Levonadifloxacin (intravenous) and its oral prodrug alalevonadifloxacin are innovative options for treating Gram-positive infections, including MRSA. Approved by India's Central Drugs Standard Control Organisation (CDSCO), they are indicated for acute bacterial skin and skin structure infections (ABSSSI), diabetic foot infections, and concurrent bacteraemia.

Real-World Evidence

A recent observational study of 1,229 patients across 177 hospitals demonstrated clinical cure rates of 90-98% in infections such as ABSSSI, diabetic foot infections, pneumonia, bloodstream infections, and secondary bacterial pneumonia in COVID-19. No serious drug-related adverse events were reported, with mild-to-moderate adverse events occurring in less than 5% of cases.

Clinically Advantageous Features of Levonadifloxacin

1. **Broad-Spectrum Activity :** Effective against resistant Gram-positive, atypical, and some Gram-negative pathogens.
2. **Enhanced Tissue Penetration :** Superior lung penetration compared to vancomycin and linezolid, ideal for pneumonia.
3. **Oral and IV Flexibility :** Seamless step-down from IV to oral therapy, enabling outpatient treatment.
4. **Safety :** No dose adjustments for renal/hepatic impairment; minimal drug-drug interactions.
5. **Resistance Suppression :** Low risk of resistance development during therapy.

Conclusion

Levonadifloxacin represents a significant advancement in treating Gram-positive infections, particularly in complex patient populations. At Zen Hospital, we embrace innovative therapies like levonadifloxacin to enhance patient outcomes and combat the growing challenges of antibiotic resistance and multi-morbidity.

ANSWERING THE CALL OF GANGA: A JOURNEY TO PRAYAGRAJ DURING MAHAKUMBH

Dr Ramesh Patankar, Consultant Neurologist

Since childhood, the river Ganga has captivated me with its stories of faith, history, and beauty. From its tranquil origins at Bhagirathi, enriched by the pristine Alaknanda and Mandakini, to its majestic confluence with the Bay of Bengal at Ganga Sagar, every stretch of the river tells a unique tale. But nothing could have prepared me for my recent visit to Prayagraj during the **once-in-144-year Mahakumbh**—a global event drawing millions.

Last month, as news buzzed about the massive congregation at Prayagdham, curiosity gripped me. Witnessing over a crore people gathered in one place felt like a once-in-a-lifetime opportunity. Yet, practical challenges loomed—trains and flights were fully booked, and travelling alone wasn't ideal, given my health, age, and safety concerns. Just as I began to resign myself, fate intervened—or perhaps, it was the call of Ganga herself.

I learned that my brother-in-law, Air Marshal Makarand Ranade, and his wife, Vaishali, were visiting Prayagraj. I decided to join them. After landing in Delhi, we began our journey from Noida early the next morning. The **700-kilometre drive** took ten hours on impeccable roads lined with lush green fields. Along the way, throngs of people travelled by buses, cars, tractors, and bikes, many carrying utensils and cooking supplies for an extended stay. The excitement and anticipation were unmistakable as everyone headed toward this sacred destination.

By evening, we reached Prayagraj and checked into the Sangam Guest House, a majestic military-run property that felt like a palace. **Prayagraj** is where the Yamuna meets the Ganga, and mythology holds that the invisible Saraswati also joins them.

The next morning, we woke before dawn and headed to the boat club. Colourful LED lights illuminated the streets, while bhajan chants filled the crisp air, creating an enchanting atmosphere. Only the shimmering Shastri Bridge over the Yamuna was visible in the dark. As the sun rose, painting the river in orange and red hues, thousands of boats appeared on the water. Seagulls resting on the water took flight as the boats approached, adding to the dreamlike scene.

Fifty ghats lined both banks of the Yamuna, bustling with pilgrims. At Sangam, small islands served as boat stops where pilgrims disembarked to bathe in the icy, refreshing waters. Despite the massive crowd, the scene was orderly and disciplined, a testament to human harmony.

Though hesitant at first, I embraced the cold water for a dip; a ritual said to cleanse sins and bring liberation. The invigorating flow left me feeling renewed. As the boatman signalled our return, I felt my brief yet profound connection with Ganga complete.

And so, I answered the call of Ganga—not through grand plans but through serendipity and shared moments with loved ones. This short journey left an **indelible mark on my soul,** reminding me of the timeless bond between humans and nature, faith and tradition.

RECENT PUBLICATIONS BY "TEAM ZEN" IN PEER-REVIEWED JOURNALS

Original Article

The use of indocyanine green and near-infrared imaging in laparoscopic completion cholecystectomy for the management of stump cholecystitis: A case series

Sanatan Dattaram Bhandarkar, Vishakha Rajendra Kalikar, Advait Patankar, Roy Patankar

Department of Surgery, Zen Multispeciality Hospital, Chembur, Mumbai, Maharashtra, India

Is Indocyanine Green the New Gold Standard for Checking Completion of Laparoscopic Heller's Cardiomyotomy?

Jainil Patel • Vishakha Kalikar • Roysuneel Patankar • Avinash Supe

CASE REPORT

Impact of Fluorescence-guided Surgery on splenic preservation: a case of splenic hydatidosis

Nalawade, Kshitija Dr.; Bhukebag, Prasad Dr.; Supe, Avinash Dr.; Patankar, Roy Dr.

Author Information

Formosan Journal of Surgery ():10.1097/FS9.0000000000000206, January 23, 2025. | *DOI:* 10.1097/FS9.0000000000000206

CASE REPORTS

A case report: Can a titanised polypropylene mesh (TiMesh) obviate a dual mesh for sandwich technique for parastomal hernias?

Kalikartemp, Vishakha*; Patankar, Roy

Author Information

Formosan Journal of Surgery 58(2):p 77-79, Mar-Apr 2025. | *DOI:* 10.1097/FS9.0000000000000200