



THE BOMBAY CITY AMBULANCE CORPS

(FOUNDED 1930)

(Registered under Acts XXI of 1860 and XXXIX of 1950)

BRIGADE GAZETTE

GRATIS

No.702

January 2026

The Bombay City Ambulance Corps wishes Patrons, Life Members and Well-wishers of the Society a very Happy and a Prosperous New Year 2026

PART – I

NEWS

NOTIFICATION

Specialist Instructors' Course in First Aid

The next Specialist Instructors' Course in First Aid to the Injured (February-March 2026, 11 sessions term), in English medium, will be conducted under the aegis of Jamsetji Tata Ambulance College from Monday, February 9, 2026 for 2 hours in the evening on Mondays and Thursdays.

Admission is open to participants who have successfully completed Basic First Aid Course. Enrollment will be at the sole discretion of the Commandant of the College. Those desirous of enrolling in the course should send WhatsApp message to Lt. Kansara on 981949871 or Captain Lad on 9930847744 from January 16 to 31, 2026. Enrolment form and Time Table will be sent. Last date for submitting the form is February 7, 2026, 8 pm.

Members and Well-wishers are requested to do wide publicity of the course

NOTIFICATION

Donations to Service Station Fund

We have received following donation to the Service Station Fund of the Society: -

Date 2025	Amount Rs.	Donations Received from
November 22	10,000.00	Mrs H. R. Damkevala
December 22	10,000.00	Mr. J. R. Damkevala
December 22	19,200.00	Saran Present
December 26	3,200.00	Saran Present

Donation to General Fund

We have received following donation to the General Fund of the Society: -

Date 2025	Amount Rs.	Donations Received from
November 07	12,000.00	Miss Sudnya Shivnath Banerjee

Donation to New Ambulance Car Fund

We have received a munificent donation of Rs. 5,00,000/- on November 13, 2025 from Ms. Meera Jasani

SERVICE STATION STATISTICS

Year 2025	November	December
Calls Registered	13	15
Removal Services	23	26
Services for which NO donation were received	19	22
Amount of Donations received on account of :		
Removal Services	0.00	Rs.5,500.00
Donation to Station Fund Rs.	20,000.00	22,400.00
Run of Ambulance Car (Amb. Car No.13)	293 Kms	339 Kms
Total Services rendered till date	82,880	82,908

Public Duty

Ambulance Car 13 (MH-01-CV-6683) with trained staff and equipment such as First Aid box, extra stretcher, oxygen cylinder etc., was posted at Football Ground for football matches as under:.

Sr. No.	Organizer	Date	Time
1	Saran Present	November 22, 23, 29	9.30 am to 6 pm
		and 30 December 6, 7 & 21	

PART II

C- REACTIVE PROTEIN

Just lipid profile not enough

1. The lipid profile – check for cholesterol and triglyceride level, has long been considered the cornerstone of cardiac risk assessment. But it is just a first step. Many patients suffer heart attacks despite having LDL (low-density lipoprotein – bad cholesterol) within the normal range. That is because inflammation, not just fat buildup, plays a major role in atherosclerosis- process of plaque buildup that clog arteries. Test like C – reactive protein (CRP) and high sensitivity CRP (hs-CRP) helps to detect this hidden inflammation.
2. **What is CRP, and why is hs-CRP a more specific marker for heart attack?** CRP is general marker of inflammation in the body. It can rise due to infections, autoimmune conditions, or even abscesses (pus pockets). However, when elevated hs-CRP is detected, it often points to chronic inflammation in blood vessels, which directly contribute to plaque formation and rupture in the heart. That's what makes hs-CRP a more targeted tool in assessing cardiac risk.
3. **Can someone with normal LDL but high hs-CRP still be at serious risk?** Absolutely. Many patients believe a low LDL means low risk. But if hs-CRP is high, it indicates vascular inflammation, which can make existing plaques unstable. These are the patients who may not get flagged during routine screening but still end up with serious cardiac events.
4. **What if both LDL cholesterol hs-CRP are high?** That is a high-risk combination. It means there is both fat buildup in the arteries and ongoing inflammation that can destabilize buildup, increasing chances of heart attacks or strokes. It is strongly recommended that immediate change in life style and medical intervention.

5. **What about other markers like Lipoprotein(a) and homocysteine?** Lipoprotein(a) or Lp(a) is a genetic form of bad cholesterol. Some people are born with high levels. Even if their other cholesterol numbers are fine, elevated Lp(a) significantly increases their risk of premature atherosclerosis. Unfortunately, it often goes undiagnosed unless specifically tested. Homocysteine (an amino acid in blood that helps build proteins) is another marker. High levels, known as hyper homocysteinemia, are linked to heart disease, stroke, and even Alzheimer's. It is usually caused by deficiency in B6, B12, or folic acid. Correcting this can help reduce vascular damage over time.

6. **Are there treatments to manage newer risk factors?** Yes. For inflammation, statins like rosuvastatin lower LDL and also reduce hs-CRP. For high Lp(a), life style changes help to some extent, but targeted therapies currently under research. Vitamin B supplements can help manage high homocysteine levels.
7. **What about advanced tests like MPO and TMAO?** Myeloperoxidase (MPO) and trimethylamine N-Oxide (TMAO) are cutting edge tests that are not routinely done. MPO is a marker of oxidative stress and inflammation in the arteries. TMAO is linked to gut health and diet, with high levels associated with increased heart risk. While not for everyone, they can provide extra insight in high risk or complex cases.
8. **Why is it important for general physicians and family doctors to be aware of these markers?** It is because they are often the first point of contact. If they rely only on the lipid profile, they might miss underlying inflammation or genetic risks. Greater awareness and early referrals can help prevent major cardiac events.
9. **What is the message for people who think their heart is healthy just because their cholesterol levels look normal?** People should not feel falsely reassured. Cholesterol is just one piece of the puzzle. Inflammation, genetics, and micronutrient deficiencies can silently raise your risk. If here is family history of heart disease or other risk factors, ask doctor about hs-CRP, Lp(a) and homocysteine testing. Prevention starts with awareness.

How to read CRP and hs-CRP test:

< 10 mg/L	Normal range
< 1 mg/L	No significant inflammation
1–3 mg/L	Mild inflammation
3–10 mg/L	Moderate inflammation (may be due to infections, chronic diseases)
> 10	Significant Inflammation (Often due to infection,

trauma or chronic inflammatory disease

Hs-CRP		
< 1	Low risk	
1–3	Moderate risk	
> 3	High risk	

– Curtsey: TOI HEALTH

FIELD SERVICE: BHATIA HOSPITAL FIRE

December 22, 2025

1.30 pm

Fire right below SoBo hosp's NICU prompts evacuation, no injuries



Courtesy Times of India December 23, 2025

AN APPEAL FOR DONATION

The Bombay City Ambulance Corps a society and a charitable trust provides free ambulance services and ambulance education. Except for the ambulance staff and a menial staff everybody renders honorary services to the society. The maintenance of the society mainly depends on voluntary donations.

Donations to the society are exempted from payment of Income Tax u/s 80G. We therefore appeal well-wishers for generous donations to following funds.

1. Ambulance Service Station Corpus Fund. Interest income of the endowment can be utilized for the FREE First Aid and Ambulance Service.

2. Service Station Fund

3. Building Painting Fund. The building has to undergo major repairs post structural audit. We have set aside Rs. 2,10,000/- We need about Rs. 8,00,000/- more.

Donations may be paid by Crossed order Cheque in the name of "THE BOMBAY CITY AMBULANCE CORPS".

KINDLY VISIT OUR WEBSITE TO READ BRIGADE GAZETTE - bcac.co.in

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BOOK-POST

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