



THE BOMBAY CITY AMBULANCE CORPS

(FOUNDED 1930)

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

BRIGADE GAZETTE

GRATIS

No. 631

January, 2014

The Bombay City Ambulance Corps wishes Patrons, Life Members, and Well wishers of the Society a very Happy and a Prosperous New Year (2014)

**75 YEARS OF SERVICE FREE FIRST AID AND
AMBULANCE SERVICE STATION ESTABLISHED ON JANUARY 1, 2014**

PART - I NOTIFICATIONS

Results of First Aid Instructors' Examination

The Examination of the students of the Specialist Instructors' Course in First Aid to the Injured (Course No. I/238) of Jamsetji Tata Ambulance College was conducted in November 2012 by the Board of Examiners appointed by the Medical Board of the Society consisting of (1) Dr. A.H. Kantharia, M.D. (Bom), and (2) Dr. Girish G. Lad, M.S. (Bom.), The Board was assisted by (i) Lt. Lalit M. Pandya, B.Sc., Dip. Amb. Work, (ii) Mr. Anjan S. Lalaji, B.Com., Dip. Amb. Work and (iii) Mr. Glen Rebelo, Specialist Instructor in First Aid, as assessors for practical tests. The following students have been declared successful in order of merit:

1. Mr. Ghanshyam P. Kalwani, B.A.,
2. Mr. Hira Ballabh, and
3. Mr. Swatantra Kumar Singh.

Awards

1. **Mr. Ghanshayam P. Kalwani, B.A.** has been awarded the "First Aid Instructors' Cup" for standing first in the examination.
2. **Mr. Hira Ballabh**, has been awarded the "First Aid Instructors' Prize for standing Second in the examination.
3. **Mr. Swatantra Kumar Singh**, has been awarded the "Consolation Prize" for standing Third in the examination.

NEWS

DIAMOND JUBILEE

Free First Aid and Ambulance Service Station of our Corps is completing 75 years of FREE SERVICE on January 1, 2014. The then Managing Committee of Society established the FREE FIRST AID AND AMBULANCE SERVICE on January 1, 1939. During 2014 the Diamond Jubilee will be celebrated. Suggestions from members, volunteers past and present and well wishers are invited.

Public Duty

Ambulance Car 12 (MH-01-L-9420) with trained staff and equipments such as First Aid box, extra stretcher, oxygen cylinder etc., was posted at Football Ground for football matches as under:

Sr. No.	Organiser	Date 2013	Time
1.	Mumbai District Football Association	November 10, 24, December 1	1 p.m. To 6.30 pm
2.	Saran Presents	November 23,	10 am to 6.30 pm
3	Astro Park League	November 19, 20, 23, 24, 26, 27, December 3, 4, 10, 11, 17, 18	7 pm to 11.45 pm

Seminars on CPR for Bystanders

One day Cardio Pulmonary Resuscitation (13/S/CPR/11) was conducted on December 2, 2013. 14 participants attended the seminar

Donations to Service Station Fund

Date 2013	Amount (Rs.)	Donations received from
November 1	12,000/-	Saran Presents
November 2	5,000/-	Mumbai Hockey Association
November 11	500/-	Hanumant Katkar
November 11	14,300/-	Mumbai District Football Association
December 2	500/-	Benafsa Gazdar
December 2	500/-	Amogh Pandit
December 2	500/-	Rajesh K. Sawant
December 2	500/-	Bombay Hospital Nursing School

Donations to General Fund

We have received on November 21, 2013 a donation of Rs. 25,000/- from Lotus Trust, Mumbai for General Fund of our Society.

PART II

Good and bad cholesterol

What is the difference between the two and how much does diet affect your cholesterol?

If there is one burning topic these days, it is being discussed by every one from a layman to an erudite physician. Cholesterol is a waxy fat produced by the liver and found in various foods. It is necessary for the human body to build cell walls and many hormones including testosterone.

It is found in animal products like eggs, meats, whole dairy fats. It does travel through the blood stream alone and when combined with protein is called lipoprotein a low density lipoprotein (LDL) is likely to clog the arteries and prevent blood from flowing through them. A high density lipoprotein (HDL) is called the good cholesterol because it scavenges cholesterol from blood vessels and returns it to liver. Studies have shown that Masai tribe of Africa has the lowest cholesterol in spite of them consuming cholesterol rich diets. Similarly the African Samburus who consume twice the animal fat than an average American also have very low cholesterol. Studies have also revealed that those with low blood cholesterol eat just as much saturated fat as their counterparts with high cholesterol. An article written in 1950 by Gerther and Paul Dudley white, eminent cardiologists of the time, state there is vertically no correlation between ingested cholesterol and the cholesterol in the serum.

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Studies done in the United Kingdom by Clarke suggests that a typical British diet replacing saturated fats by other fats and avoiding 60% of dietary cholesterol reduces the total blood cholesterol by about 10 to 50 %. There is also a possibility that the size of the LDL particle might be modified to a less dangerous one with the help of a proper diet.

The contribution subject of the dietary cholesterol is subject of the medical controversy. Do we unnecessarily deny our patients high cholesterol food when condition to blood cholesterol is very little? Studies have over ages addressed these issues and in the 1970s when a physician wrote an article stating that dietary cholesterol did not contribute to blood cholesterol, he was ask if he had cholesterol, rich diet. He said that he did not, because he did not want to be smartest in the graveyard.

Recently, an egg feeding intervention trial at the department of nutritional services at University of Connecticut, have found out that consumption of 2-3 eggs per day do not affect the blood cholesterol on 2/3rd of the population. (The hyper-responders) had their LDL levels raised. However, the HDL level had also went up keeping the ratio of LDL to HDL same.

It is important to remember that LDL cholesterol is of two types – the dense and the dangerous and the buoyant and the less dangerous. This explains the clinical studies where people with markedly elevated LDL do not suffer from disease because they have the large buoyant type of LDL. This can be measured by nuclear magnetic resonance (NMR) particle analysis or gradient gel electrophoresis.

It is possible to predict the presence of small dense LDL if a person has HDL below 35 and triglycerides above 250 and in the presence of one of these there is a 90% chance of small dense LDL being present. There is usually a genetic predisposition to this type of LDL Minimal exercise and high saturated fat diet and insulin resistance or pre-diabetes are the other causes of small dense LDL. If you divide the triglycerides by number of HDL and if turns out to be less than 2, you have more of the large buoyant LDL. If the numbers is 3 or more you are likely to have small dense LDL. This simple mathematical equation stresses the importance of triglycerides and HDL on the particle size.

Diet on the other hand is known to increase the particle size. The effect of exercise is also known to increase the LDL particle size and in particular the intensity of exercise in addition exercise lowers triglycerides

and increases the good cholesterol or HDL. The National Cholesterol Education Program educates us as to goals of therapy and suggests that optional LDL should always be lower than 100 mg% (Milligram per cent is a traditional symbol used in denote a unit of measure of concentration), in those with heart diseases. Other researchers believe that closest to 40mg% are the best. Other reasons for low LDL may be severe liver disease, malnutrition, over-active thyroid, chronic infectious diseases and drugs. The high density lipoproteins on the other hand are protective against heart disease, literally cleaning the arteries of cholesterol and returning it back the liver. HDL is elevated by exercise, alcohol and drugs, and is reduced by smoking, type 2 diabetes, obesity and drugs.

The NCEP recommends that every individual above the age of 20 years should have all lipid fractions estimated and must be treated for abnormalities. Though the effect of diet on serum cholesterol remains controversial, I must admit there is some correlation and a certain degree of dietary restriction is necessary. The commonly used drug to lower LDL is a Statin. There is a linear mathematical relation between LDL lowering and reduction of heart disease events. A 40mg% reduction of LDL is associated with a 22% reduction in heart events. Statins lowers triglycerides as well if they are less than 400 mg% and raise the HDL by 5 to 10%.

Though reasonably safe, there are side effects of muscle damage, liver dysfunction and the large doses precipitate diabetes if you are so prone. There are recent reports of kidney dysfunction with large doses of Statins. Elevated triglycerides are treated with diet rich of fibrates.

So in conclusion the approach to disorders of lipids must be multi factorial and aggressive, particularly in us Indian who are so prone to vascular disease.

Not just habit, laziness is a disease

If you think laziness is a bad habit, think again, for health experts claim it's "a disease".

A team from imperial College London has said physical inactivity should be classed as "disease in its own right" – this is because as the link between inactivity and poor health is so strong.

"Given the significant associated mortality and morbidity we propose that perhaps physical inactivity should also be considered for recognition as a disease in its own right.

Obesity is already classed as a disease by the world health organization, he said adding it was often partially the result of a deeper cause not doing enough exercise.

Money is pumped at treating the symptoms of physical inactivity... at obesity, diabetes, hypertension, heart disease – but not at the root cause. Recent studies showed only one in 20 people took the minimum amount of recommended exercise, but there was still No coordinated plan to tackle the problem.

Physical activity promotion in primary care would be nice. Preventive option, offered typically in the form of unstructured advice by inadequately trained professionals.

The findings have been published in the British journal of Sports Medicine.

The evidence showed that lack of fitness than being fat.

— Courtesy Mumbai Mirror

SERVICE STATION STATISTICS		
Year 2013	November	December
Calls Registered	1	14
Removal Services	1	20
Services for which NO donations were received	Nil	08
Donations received on account of :		
Removal Services	₹ 100/-	₹ 2700/-
Donations to the Station Fund	₹ 31,800/-	₹2,000/-
Run of Ambulance (Car No.12)	111 Kms.	432 Kms.
Total services rendered till date	79,833	79,852

ALL OUR SERVICES ARE FREE, BASED ON VOLUNTARY DONATIONS

Edited and Published by Captain R. J. Lad, D.E.R.E., Dip. Amb. Work, Officer Commanding, The Bombay City Ambulance Corps, at Head Quarters, 21 New Marine Lines, Mumbai - 400 020 and printed by him at Print Percept, Mumbai - 400 101 for the owners of the Publication "The Bombay City Ambulance Corps".

BOOK - POST

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