



# THE BOMBAY CITY AMBULANCE CORPS

( FOUNDED 1930 )

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

## BRIGADE GAZETTE

GRATIS

No. 635

September, 2014

### PART - I NOTIFICATIONS

#### Instructors' Courses

The next Specialist Instructors' Course in First Aid to the Injured (January-June 2015 term), in English medium, will be conducted under the aegis of Jamsetji Tata Ambulance College from Monday, January 5, 2014 for 2 hours in the evening on Mondays and Thursdays in First Aid.

Admission is open to teachers, factory supervisors, and approved social workers. Graduates with high academic qualifications and aptitude for teaching are preferred. Enrolment will be at the sole discretion of the Commandant of the College. Those desirous of enrolling in the course should call in person at the College office between 6 and 8 p.m. from December 1 to 25, 2014.

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

#### News

##### Condensed Basic Course (B/240)

The two days condensed basic First Aid course was conducted for 17 participants from Rangoonwala Foundation on July 2 and July 3 2014 from 1.30 p.m. to 6.30 p.m. each day.

#### Structural Audit

Doshi & Co. Chartered Engineers & Surveyors carried out structural audit/Condition survey Report of Head Quarters and Service station Building. The audit was required as Brihanmumbai Mahanagarपालिका, Office of Assistant Commissioner "A" Ward, 134-E, S.B.S Road, fort Mumbai, served a Notice Under section 353(B) of MMC ACT on 10th July 2014.

Concluding remark of the said Report: "Based on the observations and noting mentioned above it can be concluded that the overall condition of the building is satisfactory and the building will be safe and stable for the purpose for which it is intended."

However in due course certain structural repairs recommended will be carried out in future depending on funds.

#### Seminars of CPR

| No.        | Date 2014 | No. of Participants | Participants from        |
|------------|-----------|---------------------|--------------------------|
| 14/S/CPR/2 | July 24   | 22                  | Ruth Fitness Consultancy |
| 14/S/CPR/3 | August 2  | 27                  | Ruth Fitness Consultancy |
| 14/S/CPR/4 | August 4  | 19                  | General                  |

#### 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:

The ambulance car was standby for Govinda Celebration in Dadar - Prabhadevi area

| Sr. No. | Organiser                            | Date 2014       | Time                |
|---------|--------------------------------------|-----------------|---------------------|
| 1.      | Saran Presents                       | July 12, & 13   | 11 am to 11.30 pm   |
| 2.      | Mumbai District Football Association | August 14, & 15 | 8 am to 18 pm       |
| 3 .     | Govinda - Phoenix Foundation         | August 18       | 8.30 am to 18.00 pm |

YOU CAN VIEW BRIGADE GAZZETE ON  
WEBSITE (bcac.co.in)

#### Service Station Fund Donations

| Date 2014 | Amount (Rs.) | Donations received from:             |
|-----------|--------------|--------------------------------------|
| July 19   | 6,000/-      | Saran Presents                       |
| July 24   | 500/-        | Participant of CPR                   |
| August 4  | 9,500/-      | Participants of CPR                  |
| August 11 | 24,600/-     | Mumbai District Football Association |
| August 25 | 5,000/-      | Mrs. Sofie Abid Khambaty             |
| August 25 | 3,000/-      | Phoenix Foundation                   |

#### General Fund Donations

| Date 2014 | Amount (Rs.) | Donations received from:                   |
|-----------|--------------|--------------------------------------------|
| July 3    | 5,000/-      | Rangoonwala Foundation (India) Trust       |
| July 24   | 11,000/-     | Ruth G. Fitness Consultancy                |
| August 2  | 5,500/-      | Meroform India Private Ltd.                |
| August 11 | 10,000/-     | Ruth G. Fitness Consultancy                |
| August 25 | 75,000/-     | General Practitioner's Association, Mumbai |
| August 28 | 1,900/-      | Late Mrs. Kanta B. Shroff                  |

## PART II

### TREAT BP PROBLEMS WITH RIGHT MEDICATION : DOCS

A new study suggests that people with mild hypertension – a reading of 140 / 90, mm – should not pop daily pills for their condition, has upset most doctors here.

The journal Cochrane reviewed data from randomized trials in the United Kingdom, Australia and the United States among 9,000 patients. The patients had systolic blood pressure between 140 and 159 mm Hg and diastolic reading between 90 and 99 mm Hg. This is classified across the world, including India, as mild hypertension. There have, of course, been allegations from health activists that the hypertension definition has been manipulated in such a manner that the pharmaceuticals industry can sell its medication to maximum number of patients.

But hypertension or elevated blood pressure cannot be taken lightly predictably, most doctors here are upset with the Cochrane review. "It's a review and not an actual study on the effects of medication," said endocrinologist Shashank Joshi, who has conducted pan India study on the incidence of diabetes and hypertension. Many western reports on the review suggest newer medications were not included in this reviews. The UK Blood Pressure Association's professor Gareth Beevers said in a statement; "There is a danger some journalists and patients will take this review as evidence that hypertension in general is not worth treating. If lots of patients with sever grades of hypertension with existing CVD stop tablets, there could be disastrous consequences."

This fear is shared by Indian doctors. Dr. Anoop Misra of Fortis Hospital in Delhi, who is associated with the Diabetes Foundation of India, said, "Trials considered in this review were done only up to five years, while consequence of mild hypertension may appear only after decade or later. I suspect our results are more positive than Caucasians." "Given the burden of diabetes and hypertension in India, we should have more vigorous and aggressive treatment," said cardiologist N O Bansal, who heads the department in JJ Hospital's medical school.

Moreover, in India, a sizeable number of patients don't know they are suffering from hypertension. Dr. Shashank Joshi, who consults at Lilavati Hospital in Bandra, said, "Approximately half the patients

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are undetected, half of those detected are not treated, half of those detected are not treated, half of those treated failed to get their disease in control," he said, so the question of over medication doesn't arise, feel experts.

Cardiologist Ganesh Kumar from L.H. Hiranandi Hospital in Powai was the only one who agreed with the Cochrane review. He said, "Many patients suffer from white-coat hypertension, their blood pressure goes up by merely waiting in the waiting room of a doctor (who wears a white coat)." So blood pressure readings should be repeated over a three-month period before the patient is put on medication.

There is also the role of exercise and diet, Lead reviewer of the Cochrane Review, David Cundiff, was quoted saying "Patients focus on exercising smoking cessation, and eating a DASH (diet against systolic hypertension) or a Mediterranean diet."

**WHAT IS HYPERTENSION?**

High blood pressure is dangerous because it makes the heart work too hard and hardens the arteries. It increases the risk of heart disease and stroke as well as congestive heart failure, kidney disease, and blindness. Blood pressure is the force of blood against the wall of arteries. It rises and falls in a day if it stays elevated over a period of time, it is called hypertension or high blood pressure.

**ABUSE OF ANTIBIOTICS**

**FUELS GROWTH OF SUPERBUG**

Doctors debate over Indian origin of the drug-resistant NDM-1

The Super bug, NDM-1 (New Delhi metallo-beta-lactamase-1) has travelled a long way. And we are not talking about its alleged birth in New Delhi to its escape to Europe. Since the time it was first isolated in 2008 in a Swedish patient who has undergone an operation in New Delhi – The superbug has spread its tentacles, with cases being

cited in Canada, Australia, the US, most of Europe and the Indian subcontinent. The recent death of a Belgian's patient who caught the bug at a hospital in Pakistan, has created waves of panic across the world. But in Mumbai itself, Hinduja Hospital in Mahim isolated the super bacterium in 22 patients in a span of three months. This spurt in numbers occurred within a year of the bacteria being isolated in 2008. The NDM-1 is the latest impossible-to-treat bacteria in the powerful world of superbugs. It can destroy carbapenems, the last-time of antibiotics available.

"If a single hospital can isolate such a significant number of bacteria with a new resistance gene in a short period of time, the data from all the Indian hospital, if available would potentially be move intersecting and shocking than the human genome project data." Wrote Dr. Abdul Ghafar K, consultant in infectious diseases at Apollo Hospital, Chennai, in an editorial in JAPI, one the leading Indian research journals. But is it our careless and carefree attitude towards antibiotics that's also fuelling the superbug? A senior microbiologist from Mumbai believes that mutations in bugs to create superbug—can only occur in countries like India where antibiotics are routinely overused or abused.

In his JAPI article that appeared in March, Dr. Ghafur wrote, "Our country, India, is the world leader in antibiotic resistance, in no other country antibiotics been misused to such an extent." Microbes, be said, are the ultimate warriors. His article blames the Indian medical community. "We have to be ashamed of the NDM-1 gene. Even though we have not contributed to carbapenem development, we have contributed a resistance gene with a glamorous name. The overuse of antibiotics in embedded in our Indian gene. It is an Indian tradition."

With antibiotics freely available in pharmacies, most people don't even bother consulting a doctor, and opt for self-medication. Not completing the course can also create more resistant strains. "Doctors prescribe antibiotics even for viral infection making bacteria in one's body resistance-prone," said Dr. Camilla Rodrigues, head of microbiology, Hinduja Hospital.

According to Dr. Vikay De Silva, medical director, Asian Hear Institute, Bandra, hospitals should have regular surveillance involving intensivists, microbiologists, and surgeons to decide on the nature of antibiotics that should and should not be prescribed.

But the debate on the origin of the NDM-1 rages across borders. Indian doctors are upset that their European counterparts have in their research papers over the last two years held India responsible for "creating" the superbug. The rest of the world is worried that the flocking of medical tourists to India could lead to patients returning with NDM-1. Dr. Abhay Chaudhary, president of the Indian association of Medical Microbiologist and director of Haffkine Institute, believes the European conclusion that the superbug originated from the Indian subcontinent is not substantiated. "Some of the extrapolations in the study that appeared in the Lancet Infections Diseases journal are inappropriate," he said, adding that Mumbai hospitals – in the public and private sector – has improved their hospital infection control systems over the last few years. "The permissible limit of hospital infections across the world is between 2-5% of all patients. In India, there are hospitals that have a rate of 10% but there also are those that have an infection rate lower than 2%," he said..... with inputs from Sumitra Deb Roy.

— Courtesy Mumbai Mirror

| SERVICE STATION STATISTICS                    |          |            |
|-----------------------------------------------|----------|------------|
| Year 2014                                     | July     | August     |
| Calls Registered                              | 6        | 12         |
| Removal Services                              | 8        | 16         |
| Services for which NO donations were received | 5        | 10         |
| <b>Donations received on account of :</b>     |          |            |
| Removal Services                              | ₹ 600/-  | ₹ 1,750/-  |
| Donations to the Station Fund                 | ₹ 6,500  | ₹ 42,100/- |
| Run of Ambulance                              | 277 Kms. | 342 Kms.   |
| Total services rendered till date             | 79,452   | 79,468     |

**An Appeal**

Since use of our Ambulance Service as seen above is very poor, Members and well wishers are requested to give publicity of our Free Ambulance Service.

Pamphlet of our service is sent herewith. Kindly Xerox or ask for copies of the same from our office and distribute around your contacts.

Suggestions for improvement of our services are welcome.

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 - 400 098 for the owners of the Publication "The Bombay City Ambulance Corps".

**BOOK - POST**

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