

# WOCKSYNAPSE



year of

**headwave**



Wockhardt Group

Pharmaceuticals | Biotechnology | Hospitals | Regenerative | Medicine | Communities | Foundations



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## Zahabiya Khorakiwala

Managing Director  
Wockhardt Hospitals

## Managing Director's Desk

### Dear Associates,

I am pleased to reflect on a period defined by significant clinical expansion and technical advancement across Wockhardt Hospitals. We have moved beyond traditional care models to embrace a more specialized, technology-driven approach that solidifies our position as a leader in tertiary healthcare.

This past year, we have achieved several critical milestones in our clinical capabilities, including the successful establishment of a dedicated, **full-time Liver Transplant team** and the significant augmentation of our Bone Marrow Transplant unit in Nagpur. We have further expanded our surgical precision by commissioning two Orthopedic Robots at our North Mumbai (NoBo) and Nagpur facilities. Supporting this growth, our consultant pool has expanded substantially with 44 new consultants joining the Wockhardt group to enhance our multidisciplinary care and expertise.

In tandem with these clinical leaps, we have undertaken a comprehensive refurbishment of our patient rooms and clinical facilities. This initiative ensures that our service level

offerings and patient environment now match the same high standard of clinical excellence demonstrated by our consultants every day.

Beyond infrastructure, we are at the cusp of a major digital transformation. We are currently transitioning to a new Hospital Information System (HIS) designed to streamline clinical workflows and provide our consultants with a more intuitive interface for patient management. This, alongside our aggressive strides in digitization and digital marketing, ensures that our excellence is accessible to a wider patient base than ever before.

The cases detailed in this edition of Wocksynapse are a direct reflection of this progress. They demonstrate how the integration of expert talent and cutting-edge technology allows us to solve the most complex medical challenges.

As we look ahead, our focus remains clear: to continue setting clinical benchmarks that prioritize safety and superior outcomes. I thank each of you for your role in this journey. Together, we continue to ensure that at Wockhardt Hospitals, Life Wins.

**Wishing you and your families continued success, health, and happiness.**



# Chief Editor Speak

Dear Associates,

I wish you and your families health, happiness, and continued success.

This is an opportune moment to reflect on the incredible journey we have shared. I am honored to lead a team that consistently demonstrates such unwavering dedication, resilience, and a deep-seated commitment to excellence in healthcare delivery.

Our clinical teams have delivered care of the highest standards, touching thousands of lives with both compassion and precision. Having moved past the initial hurdles of adopting new technologies, we are now in an era where innovation empowers our humanity. The seamless way you have integrated these digital advancements into your daily practice is a testament to your professionalism.

Our success is measured not merely in statistics, but in the profound trust our patients place in us. Every accolade we have earned belongs to you. Your dedication to clinical excellence and patient safety ensures that we remain a leader in the healthcare landscape, providing a sanctuary for healing 24/7/365.

The future will undoubtedly bring new challenges, but with our shared spirit of perseverance, I know we will continue to reach new heights. Together, we will keep striving to make a positive difference, ensuring that for every patient we serve, Life Wins Always.

On behalf of the leadership team, thank you for your tireless contributions. Your passion inspires us all to dream bigger and do better.

**Dr Parag Rindani (HQ BKC)**

Chief Executive Officer,  
Wockhardt Hospitals



01

***Dr. Robot  
will see You  
now -  
But don't  
throw away  
your  
stethoscope  
yet!!***



**Picture this:** It's 2035. You walk into a clinic, and instead of a receptionist, you are greeted by a holographic assistant with a flawless smile. A humanoid robot named "MediBot 9000" then glides over, does a retinal scan, takes your vitals and says, "You seem stressed! Shall I prescribe a Clonazepam and a digital detox for you over the weekend?"

It's amusingly futuristic, but not totally implausible. Artificial intelligence (AI) is already transforming how we live, work and yes – How we care for our health. But as technology races ahead, a big question looms:

## ***Will AI replace doctors someday?***

Let's explore this with equal parts curiosity, humour and healthy skepticism.

AI today can detect lung nodules on CT scans faster than radiologists. It can analyze heart rhythm data, predict diabetes risk, and even flag early signs of parkinsonism from a patient's speech. In short, algorithms are becoming medical overachievers. But before we decide to call it a day, let's remember this – Our washing machines have advanced with time too. And yet, they cannot fold our clothes.

AI is brilliant at pattern recognition, speed and scale. In surgeries, AI has improved precision and reduced blood loss, significantly improving patient outcomes. It never gets tired, distracted or hungry, and it does not require tea or bathroom breaks. But medicine is not just science – It is also storytelling, empathy, passion and trust. And those, so far, are uniquely human.

A good doctor does not just diagnose. They decode – translating symptoms, emotions and fears into understanding. AI might know that your patient's blood pressure is high, but it does not know that it is because your patient's boss scheduled an urgent meeting at 7 am on a Sunday morning. It can interpret your patient's ECG, but not the tremor in their voice when they ask, "Is it serious?" That human touch - compassion, comfort, and reassurance – cannot be programmed. At least, not yet. We do have youngsters sharing their break-up stories and asking for advice on ChatGPT, but ChatGPT cannot look them in the eye, hold their hand and say, "Trust me, this will pass." That is the essence of medicine and healthcare.

**The most exciting future is not about AI replacing doctors – It is about augmenting them.**

Imagine an AI that reviews thousands of medical journals overnight and gives you the latest research pertinent to a case right before your patient's appointment. There are already a couple of these in existence! Or a virtual assistant that constantly monitors your patient's vitals, establishes a baseline and alerts you as soon as there is something off.

Doctors and AI will work together: the doctor as the pilot, AI as the autopilot – managing data and documentation, flagging risks, and allowing doctors to focus on what truly matters: care, communication, understanding and decision-making.

Of course, there might be funny hiccups along the way. When an elderly patient asks, “Will I be okay, doc?” Dr. Robot might calculate the patient’s exact statistical probability of survival and say, “Data suggests you will be okay at least for the next one year if you do not have another fall!” Or a patient may complain to Amazon’s Alexa about a “crushing headache”, and within no time, Alexa may call for an ambulance to treat an “impending structural collapse” of the patient’s cranium.



**Dr. Behram Pardiwalla**

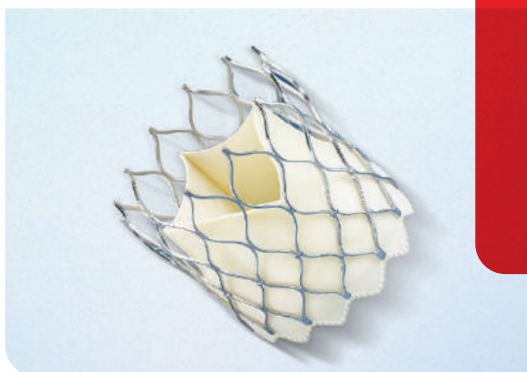
Senior Consultant  
Internal Medicine  
Director of Academics  
Wockhardt Hospitals  
South Mumbai

No matter what level of sophistication Google Gemini, ChatGPT or Perplexity achieve, illness will always have a human side – fear, hope, uncertainty and relief. Healing still begins with trust and building a rapport with the patient, not algorithms. Empathy has no software update. Artificial intelligence cannot gauge the intensity of relief that a patient feels when we tell them, “RELAX! It’s not cancer!”

As long as patients need reassurance, compassion and connection, doctors will remain irreplaceable. AI will enhance healthcare, but it won’t replace the healer at its heart.

**Takeaway:** The future of AI is not about man versus machine – it is man with machine. The best doctors of the future will be those who learn to use technology to think smarter, diagnose faster, treat better and care deeper. And if Dr. Robot does ever arrive, let’s just hope it does not start charging consultation fees in Bitcoin.

**P.S.** Is this article AI generated? Alas! We will not know for sure, shall we?



## *A Beating Heart, A Second Chance: 74-Year-Old Undergoes Rare “TAVI-in-TAVI” Procedure a remarkable story of medical precision and hope.*

02

patient had undergone a Transcatheter Aortic Valve Implantation (TAVI) in 2019 for severe aortic stenosis.

For years, he did well until recently, when he began experiencing breathlessness and low blood pressure. Tests revealed that his earlier TAVI valve had completely failed, leaving him critically ill and gasping for breath.

But open-heart surgery was out of the question. He had multiple health risks bronchial asthma, obesity, a massive stroke during his first procedure, and a recent abdominal hernia surgery with a long hospital stay.

“Redo surgery in such a fragile patient is extremely risky, and he himself was not ready for it, ” explained Dr. Vishal Pingle, Cardio-thoracic Surgeon, Wockhardt Hospitals, Mumbai Central.

That’s when the team proposed a daring alternative a



**Dr. Vishal Pingle**

Senior Consultant  
Interventional  
Cardiology  
Wockhardt Hospitals  
South Mumbai

# TAVI *inside the previous* TAVI *valve*

The complex procedure was led by Dr. Vishal Pingle, along with Dr. Ankur Phatarpekar, Interventional Cardiologist, and Dr. Gaurish Shinde, Anaesthesiologist.

“The previously implanted valve was a first generation implant, which made the second procedure far more challenging,” shared Dr. Pingle. “There was a real danger of valve dislodgement or complete heart block. But we were determined to give him a chance.”

“Such redo-TAVI cases demand absolute precision,” added Dr. Ankur Phatarpekar. “Every millimeter matters from positioning to pressure control. But when you see the new valve function perfectly and the patient breathe easy again, it makes every challenge worthwhile.”

Against all odds, the surgery was a success. The new valve was precisely deployed, and the patient’s heart began to beat strongly again. Within four days, he walked out of the hospital breathing freely and symptom-free.



**Dr. Ankur Phatarpekar**

Senior Consultant  
Interventional  
Cardiology  
Wockhardt Hospitals  
South Mumbai

“This was one of those moments that remind us why we do what we do,” added Dr. Pingle. “Seeing such a smooth recovery in a high-risk patient is the greatest reward for any doctor.”

**A triumph of expertise, teamwork, and the will to live proving that even a failing heart can find its rhythm again.**



03

**Brothers in Uniform,  
Brothers for Life:  
Cop Donates  
Liver to Save His  
Younger Brother**

A deeply moving story of brotherhood and bravery, a Maharashtra Police officer donated a part of his liver to save his younger brother’s life

The 38-year-old younger brother was battling acute-on-chronic liver failure and was brought to Wockhardt Hospitals in a critical state. He was deeply jaundiced, required blood pressure support, and was in urgent need of a liver transplant to survive. His elder brother, also serving in the Maharashtra Police, immediately volunteered to donate a portion of his liver.

“Despite knowing the risks, the elder brother was unwavering in his decision,” said Dr. Swapnil Sharma. “He told our team that as police officers, they had both faced danger before but this time, it was about saving family. His courage and love made all the difference.”

After detailed medical evaluations, the elder brother was found fit to donate. **The transplant surgery was complex but successful.** Both brothers recovered well under the care of Wockhardt’s dedicated multidisciplinary liver team, which includes transplant surgeons, anaesthetists, intensivists, radiologists, trained OT and ICU nurses, dietitians, and physiotherapists.

“Liver transplant in acute-on-chronic failure cases is highly challenging and demands seamless coordination among specialists,” added Dr. Sharma. “This success reflects the power of teamwork and the extraordinary bond between two brothers.”

Today, both brothers are recovering steadily, back to their lives and duty a living reminder that courage doesn’t always wear a uniform; sometimes, it lies in giving a part of oneself to save another.

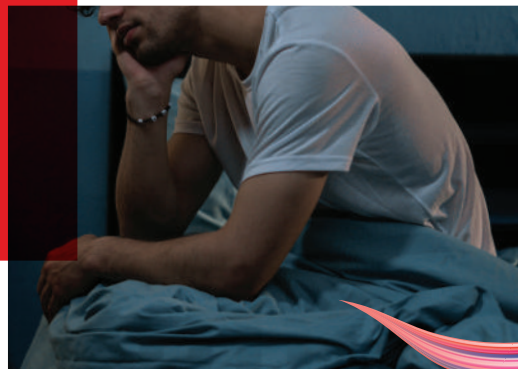
### Dr Swapnil Sharma

Consultant & Chief Surgeon,  
Liver Transplant,  
HPB & GI Surgeon  
Wockhardt Hospitals  
South Mumbai



## 04

### Chill, Stress and Sleepless Nights: Why Heart Attacks Are Rising Among Middle-Aged Men, Finds Wockhardt Hospitals



As Mumbai experiences its first winter chill, cardiologists at Wockhardt Hospitals, Mumbai Central have observed a worrying surge in emergency heart attack cases among men aged 35 to 65 years — many of them working professionals with multiple lifestyle-related risk factors.

In the months of September and October, the hospital reviewed 17 patients who underwent Primary Angioplasty (PAMI) procedures. The findings reveal that stress, irregular sleep, and unhealthy lifestyle habits are fast becoming silent killers.

#### September-October PAMI Snapshot

CATEGORY	OBSERVATIONS
Total cases reviewed	17
Gender split	82% men (14 patients) / 18% women (3 patients)
Age range	35 - 67 years
Diabetes	7 patients
Hypertension (High BP)	6 patients
Active smokers	5 patients
Regular drinkers / tobacco users	4 patients
Obese + multiple risk factors (smoking, drinking, 3 patients stress)	3 patients
Night shifts / poor sleep pattern	3 patients
Common procedure	Primary Angioplasty (PAMI)

# Stress, & Weather

## Lifestyle & A Dangerous Mix

“These numbers clearly show that heart attacks are now striking younger, working-age men burdened with stress and poor lifestyle choices,” says **Dr. Parin Sangoi, Consultant Interventional Cardiologist, Wockhardt Hospitals, Mumbai Central.**

“We saw smokers and diabetics presenting with more severe blockages and weaker heart pumping compared to non-smokers and non-diabetics. Add cold weather, irregular sleep, and long working hours — and the risk multiplies.”

Cold weather causes **blood vessels to constrict**, raises **blood pressure**, and makes **blood thicker**, increasing the chances of clots. For individuals already dealing with **diabetes, hypertension, obesity, or smoking**, this can become a deadly combination.

Nationally, this trend mirrors a larger concern. According to the **Indian Heart Association**, nearly **50% of heart attacks in India** occur in people under 50, and **cardiac emergencies rise by 30–40%** during winter months.



### Dr. Parin Sangoi

Consultant  
Interventional  
Cardiology  
Wockhardt Hospitals  
Mumbai Central

### The Takeaway

Dr. Sangoi cautions that men in their 30s to 50s especially those who smoke, drink, or have diabetes or high blood pressure must remain vigilant during the colder months. Even mild chest heaviness, fatigue, or shoulder pain should not be ignored. Reaching the hospital within the golden hour can save a life.

## 05 From Fear to Freedom: How Wockhardt Hospitals Helped a 60-Year-Old Woman Reclaim Her Life from a Rare Brain Disorder

Mumbai, October 2025: For years, a woman in her early 60s lived an active, independent life — travelling frequently to the United States to visit family. But within just a few weeks, everything changed. She became withdrawn, fearful, and stopped interacting with people. Once confident and social, she now refused to step out of home, convinced she couldn't manage even a simple journey alone.

Her son, deeply worried, brought her to Wockhardt Hospitals, Mumbai Central, where Consultant Neurologist Dr Sheetal Goyal took charge of her case.

“At first, her symptoms seemed psychological — excessive fear, disturbed sleep, lack of motivation. But there was no emotional trigger or stressful event to explain it,” shared Dr Goyal. “That made me think there was something deeper happening inside the brain.”



An MRI scan appeared normal, but an advanced FDG-PET brain scan revealed unusual hyperactivity in the frontotemporal regions — areas responsible for emotion and behaviour. Further testing confirmed the presence of autoimmune encephalitis, a rare brain condition in which the body's immune system mistakenly attacks healthy brain cells.

Dr Goyal and her team immediately began immunotherapy, including steroids, IVIG, and rituximab. Within weeks, her fear and anxiety began to ease, her sleep normalised, and her confidence started to return.

“This case is a reminder that not all behavioural changes are psychiatric,” said Dr Goyal. “Sometimes, the brain’s immune system is at play and if caught early, it’s completely reversible.”

What began as a baffling emotional breakdown turned into a powerful story of recovery, made possible by precise diagnosis, timely treatment, and the dedicated care team at Wockhardt Hospitals, Mumbai Central.



**Dr Sheetal Goyal**

Senior Consultant  
Interventional  
Neurology  
Wockhardt Hospitals  
South Mumbai



## *Timely Intervention Saves Life of 14-Year-Old Snakebite Victim with Rare Stroke Complication*

06

A 14-year-old boy who was admitted in critical condition following a venomous snakebite in Manor. The child, bitten in the evening, collapsed immediately and sustained facial trauma and dental injuries due to the fall. He was initially treated at the local Primary Health Center (PHC), he was administered approximately 20 vials of antivenom before being referred to Wockhardt Hospitals, Mira Road. Upon arrival, he was in a coma, unresponsive, and bleeding profusely - a clinical picture often associated with viper bites. He was also found to have multiple facial fractures, including a fractured nasal septum.

Dr. Ankit Gupta said: “Our critical care team immediately administered additional antivenom, provided life support, and placed the child on a ventilator. As his condition stabilized, we observed weakness in his left arm and leg. This prompted an MRI of the brain, which revealed that he had suffered a stroke—a rare but known complication of viper envenomation. We started treatment with blood thinners and initiated intensive physiotherapy.”

The patient steadily improved over the following days. He remained under close observation and care at Wockhardt Hospitals, Mira Road for about 15 to 16 days before being discharged in a stable condition.” The patient steadily improved under continuous monitoring and care. After a hospital stay of 15 to 16 days, he was discharged in stable condition.

Dr. Ankit Gupta further added, “Today, the young patient is doing well and continues to recover through rehabilitation and physiotherapy. This case highlights the importance timely medical intervention and specialized critical care can make a life-saving difference in managing complex snakebite cases”



**Dr. Ankit Gupta**

Consultant  
Lead Pediatric  
Critical Care Medicine  
Wockhardt Hospitals  
North Mumbai

# Raising **Awareness** on **Snakebite Reporting**

Dr. Aklesh Tandekar, emphasized the public health importance of snakebite awareness and reporting. “Snakebites and related deaths are now classified as a Notifiable Disease in India. It is mandatory for both government and private healthcare facilities to report all suspected and confirmed snakebite cases and fatalities.”



**Dr. Aklesh Tandekar**  
Head Consultant  
Critical Care

He added that globally, someone is bitten by a snake every 10 seconds. According to the World Health Organization (WHO), snakebites cause an estimated 81,000 to 138,000 deaths annually and leave around 400,000 people with permanent disabilities. In India, nearly 90% of venomous snakebites are caused by the ‘big four’ species—common krait, Indian cobra, Russell's viper, and saw-scaled viper.

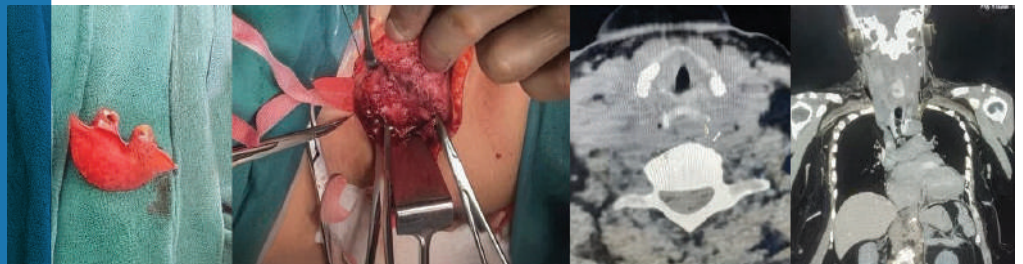
“Effective measures—especially community education and timely access to antivenom—can significantly reduce snakebite mortality in India,” said **Dr. Aklesh Tandekar**.

Wockhardt Hospitals Mira Road, remains committed to providing specialized and emergency care, equipped to handle complex, time-sensitive medical cases like this one.

**LIFE WINS at WOCKHARDT.**

07

## Successful Surgical Removal of Denture from Esophagus



A 74-year-old woman, presented with severe difficulty in swallowing and discomfort since 6 days. A foreign body was detected via an upper gastrointestinal (GI) endoscopy, revealing that a denture had lodged just below the upper esophageal sphincter (UES). Attempts to remove it with endoscopic instruments such as rat tooth forceps failed due to its deep embedding in the mucosa, necessitating an open surgical intervention.

The surgical team, led by **Dr. Chandraveer Singh**, **Dr. Tirathram Kaushik**, **Dr. Sheetal Radia** performed an esophagotomy through a neck incision under general anesthesia. The foreign body was removed en bloc, and the esophagus was repaired with 3-0 PDS sutures to ensure proper healing. Hemostasis was confirmed, a drain was inserted, and the closure was performed in layers.

The patient is reported to be in stable condition following the surgery. She is being closely monitored for any post-operative complications, including infection or swallowing difficulties.

Foreign body ingestion, particularly dentures, is a common but serious issue among the elderly. If not treated promptly, it can lead to perforation, infection,



**Dr. Chandraveer Singh**

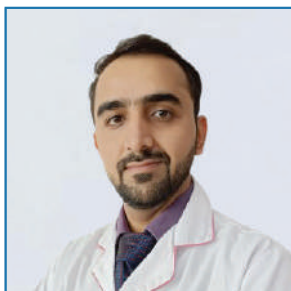
Senior Consultant  
Otorhinolaryngologist and  
Head & Neck Oncosurgeon  
Wockhardt Hospitals  
Nagpur

and life-threatening complications. This case highlights the expertise and efficiency of the surgical team at **Wockhardt Hospitals**, who successfully navigated a challenging case with precision and care.

Wockhardt Hospital, Mira Road, continues to uphold its reputation for advanced medical interventions and patient-centered care. The successful surgery demonstrates the hospital's capability in handling complex cases with cutting-edge surgical expertise and multidisciplinary teamwork.

Patient is expected to make a full recovery under the continued care of the medical team. This successful case serves as a testament to the importance of early diagnosis, skilled intervention, and state-of-the-art medical facilities in saving lives.

**LIFE WINS at WOCKHARDT.**



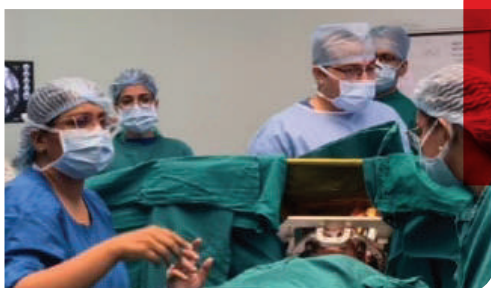
**Dr. Tirathram Kaushik**

Senior Consultant  
Oncosurgeon &  
Minimal Access Surgeon  
Wockhardt Hospitals  
Nagpur



**Dr. Sheetal Radia**

Senior Consultant  
Otorhinolaryngologist and  
Head & Neck Oncosurgeon  
Wockhardt Hospitals  
Nagpur



## Rewiring the brain : 08 DBS for Parkinson's disease

64 years old woman, with Parkinson's Disease since 9 years. Initially she responded well to the medications but with disease progression she had worsening of her symptoms including Bradykinesia, rigidity, tremors, freezing of gait & imbalance while walking. She had a lot of motor fluctuations in form of delayed ON, wearing OFF effect, and dyskinesias, which were difficult to control by medical management.

She was suggested DBS as a therapeutic option and DBS pre-surgical evaluation was done. She then underwent DBS of bilateral STN (Subthalamic Nuclei), under the team of **Dr. Mansi Shah** (Clinical Lead, DBS Program) and **Dr. Naren Nayak** (Functional Neurosurgeon). This was an awake DBS surgery. The hospital stay was uneventful and she was discharged after 5 days. The stimulation was switched ON and the first programming was done 2 weeks later. She showed very good response to the stimulation with better control of her Parkinsonian Symptoms, and >50% reduction of the medication dosages has also been achieved. Hence DBS should be considered as a therapy of choice in patients who have difficulty to control Parkinson's Disease. Remember, it is not a last therapeutic option but should be considered early in the disease course, particularly for patients with motor fluctuations. **Life Wins at Wockhardt Hospitals.**

Deep Brain Stimulation (DBS) has emerged as a revolutionary treatment option in Neurology. This advanced procedure offers renewed hope to individuals affected by Parkinson's Disease and other Movement Disorders, enhancing their quality of life and aiding in symptom management.

Deep Brain Stimulation involves implanting a small device known as a Neurostimulator into the targeted brain regions. This device transmits electrical impulses to specific areas, effectively modulating abnormal neuronal activity. DBS is a form of neuromodulation and provides a very good control of the symptoms of Parkinson's disease, particularly in those patients who are difficult to manage on medications and are troubled by motor fluctuations like wearing off effect of the medications, troublesome Dyskinesias and others.

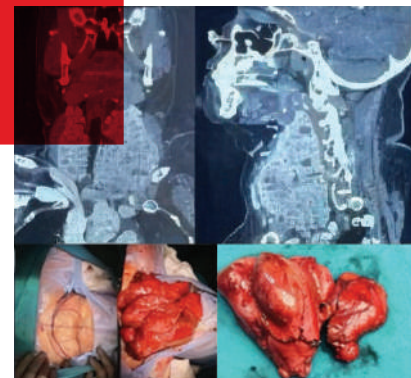
**Dr. Mansi Shah**

Senior Consultant  
Neurologist,  
Parkinson's Disease  
& Movement  
Disorders Specialist  
Wockhardt Hospitals  
North Mumbai



09

## Total Thyroidectomy for Retrosternal Goitre Using Harmonic Scalpel Performed Successfully



Patient presented with a history of anterior neck swelling, difficulty swallowing, and signs of airway compression. Investigations revealed a toxic multinodular goitre with a dominant “hot nodule” in the right thyroid lobe and multiple “cold areas” suggestive of malignant potential. A 99mTc thyroid scan and CT imaging confirmed the gland’s significant enlargement, with portions extending into the chest cavity and causing tracheal deviation.

### Challenges of Retrosternal Thyroidectomy

Retrosternal goitres pose unique surgical challenges due to their anatomical position, close proximity to vital structures like the trachea, esophagus, and major blood vessels, and the risk of excessive bleeding. In patient case, the gland measured approximately 9.5 cm in its largest dimension, compressing the trachea and significantly impairing respiration.

Dr. Ritesh Agrawal noted the urgency for surgical intervention due to the risk of airway obstruction and hyperthyroid complications.



**Dr. Ritesh Agrawal**

Senior Consultant  
Endocrine Surgeon  
Wockhardt Hospitals  
North Mumbai

### Advanced Surgical Approach

The surgical team, led by Dr. Chandraveer Singh employed the harmonic scalpel, a device that uses ultrasonic vibrations to cut and coagulate tissues simultaneously. This tool offers numerous advantages, including:

**Minimal blood loss:** Reduced bleeding during gland removal.

**Precision:** Safe dissection of the thyroid gland while protecting the recurrent laryngeal nerves and parathyroid glands.

**Faster recovery:** Shorter operative time and quicker postoperative recovery.

The procedure involved careful removal of the gland, including the retrosternal component, while safeguarding critical neck structures. Post-surgery, the excised gland weighed approximately 580 grams, showcasing multiple nodules, some with cystic degeneration.

### Successful Outcome

Postoperative recovery was smooth, with no complications such as hypocalcemia or vocal cord paralysis. The patient’s trachea, previously deviated, returned to its normal position, restoring comfortable breathing and swallowing. Histopathological evaluation confirmed the absence of malignancy in the excised nodules.



**Dr. Chandraveer Singh**

Senior Consultant  
Otorhinolaryngologist and  
Head & Neck Oncosurgeon  
Wockhardt Hospitals  
North Mumbai

Dr. Chandraveer Singh highlighted the importance of early detection and intervention in cases of multinodular goitres. “Using

**harmonic scalpel technology**

we were able to achieve a successful outcome for a high-risk patient. This case underscores the role of modern surgical tools in transforming thyroid surgery.”

**LIFE WINS at WOCKHARDT**

# Did YOU know?



**Dr. Prashant Mehta**  
Head Medical Administration  
Wockhardt Hospitals  
Rajkot

**Pinky Power:** You might think your thumb does all the heavy lifting, but without your pinky finger, you would lose about 50% of your hand's strength.

**A "Hairy" Stomach:** The human stomach must produce a new layer of mucus every two weeks; otherwise, the organ would actually digest itself.

**The World's Fastest Muscle:** The extraocular muscles, which allow your eyes to move, are the fastest-reacting muscles in the body, capable of moving the eye in less than 1/100th of a second.

**Sleep-Induced Height:** You are roughly 1 cm taller in the morning than in the evening because the cartilage in your spine compresses during the day due to gravity.

**The "Second Brain":** There are so many neurons in your gut (the enteric nervous system) that scientists often call it the "second brain." This is why you get "butterflies" when you're nervous.

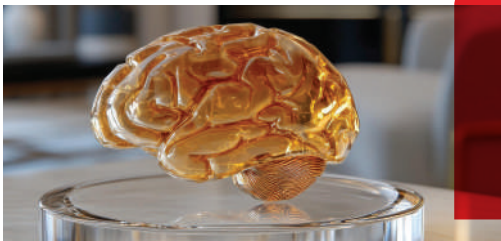
**Gas Production:** The average person produces enough flatus (gas) every day to fill a medium-sized party balloon.

**Blue-Eyed Ancestry:** Every single person with blue eyes on Earth can be traced back to a single ancestor who lived near the Black Sea about 6,000–10,000 years ago.

**Nose Memory:** While dogs have us beat on sensitivity, the human nose can still remember approximately 50,000 different scents.

**Shedding Season:** Every hour, humans shed about 600,000 particles of skin. By the time you are 70, you will have lost roughly 105 pounds of skin.

**The Liver's Regrowth:** The liver is the only visceral organ that can regenerate itself. If you donate half of your liver, it can grow back to its original size in a matter of weeks.



## Scarless Brain Surgery Saves Young 10 Woman from Vision Loss at Wockhardt Hospitals, Mira Road

A 25-year-old woman diagnosed with a rare cystic pituitary tumor underwent a scarless transnasal brain surgery at Wockhardt Hospitals, Mira Road, successfully removing the mass and preserving her vision and endocrine function.



**Dr. Vinod Rambal**  
Senior Consultant  
Neurosurgeon  
Wockhardt Hospitals  
North Mumbai

The patient presented with chronic headaches and hormonal symptoms. An MRI brain scan revealed a large cystic pituitary macroadenoma with suprasellar extension compressing the optic chiasma.

### Imaging Highlights:

**MRI Brain (Coronal & Sagittal Views):** Showed a well-defined, cystic lesion within the sella turcica extending superiorly to compress the optic chiasma, with thinning of the sella floor.

**CT PNS with Brain:** Revealed bilateral ethmoid sinus thickening, deviated nasal septum with bony spur, and



**Dr. Sheetal Radia**  
Senior Consultant  
Otorhinolaryngologist and  
Head & Neck Oncosurgeon  
Wockhardt Hospitals  
North Mumbai

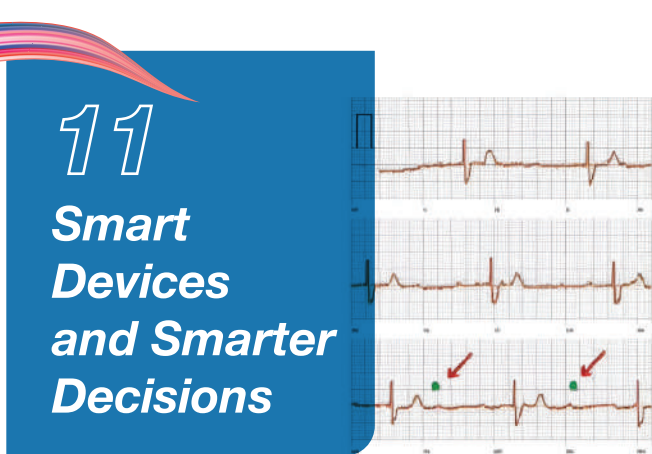
a bulging cystic sellar mass causing expansion of the sphenoid sinus and nasal cavity narrowing.

The surgery was performed on July 15, 2025, using a transnasal trans-sphenoidal endoscopic technique a minimally invasive approach that avoids open craniotomy. The procedure was conducted by a multidisciplinary team: **Dr. Vinod Rambal, (Neurosurgeon) Dr. Chandraveer Singh, and Dr. Sheetal Radia, (Anterior Skull Base Surgeon)** with Anesthesia administered by **Dr. Rohit**. Postoperatively, the patient was monitored Under the care of **Dr. Chandraveer Singh** patient was stabilized and was discharged in a hemodynamically stable condition, with no visual deficit.

**Dr. Chandraveer Singh** commented, “This case underscores the power of endonasal endoscopic skull base surgery a technique that offers tumor removal without external scars, faster recovery, and excellent visual and endocrine outcomes.” The patient will undergo regular endocrinological follow-ups and imaging. Her recovery so far has been smooth, and she has returned to daily activities with no neurological concerns.

This successful intervention showcases the value of advanced imaging, early detection, and multi-specialty collaboration in treating complex brain tumors — giving young patients a second chance at a normal, healthy life.

**LIFE WINS at WOCKHARDT.**



A 46 year old male professional, with no known history of cardiovascular disease, presented with recurrent transient loss of consciousness (TLOC) over more than six months. The episodes were abrupt, without prodrome, and occasionally featured brief involuntary movements. These events led to multiple hospitalizations and significant occupational disruption.

Earlier intial evaluation (elsewhere) including MRI Brain, EEG, 48 hour Holter, ECG and Echocardiography was unremarkable with no identifiable cause, a presumptive diagnosis of

cryptogenic seizures was made, and the patient was started on multiple anti-epileptics. Sequentially in view of repeated symptoms.

Despite therapy, the syncopal episodes persisted. During one emergency visit, **Dr. Ashish Mishra** happened to interrogate the patient's smartwatch logs which had recorded heart rate data during the episodes. The daytime logs revealed Heart rate drops to 34 bpm and episodes correlating precisely with daytime symptoms. The patient was admitted for extended cardiac monitoring. Continuous telemetry confirmed paroxysmal high-grade AV block, including one episode of complete heart block of 5.4sec for which emergency temporary pacemaker implantation was done by Dr. Ashish Mishra.



### Management and Outcome

A dual-chamber permanent pacemaker was successfully implanted by **Dr. Ashish Mishra** and **Dr. Mayuresh Pradhan**. The post-procedural recovery was smooth and on 6-month follow-up - no recurrence of syncope. The patient resumed full professional activity, including international travels and engagements.



**Dr. Mayuresh Pradhan**

Senior Consultant  
Cardiovascular &  
Thoracic Surgeon  
Wockhardt Hospitals  
North Mumbai

### Patient Perspective

“The smartwatch tracked heart beat and rhythm but careful assessment of its logs by smart **Dr. Ashish Mishra** and the timely smarter decision of pacemaker implantation saved my life.”

### Conclusion

As wearable health technologies become more sophisticated and prevalent, their role in aiding diagnosis particularly in elusive cases will likely grow. This case illustrates how a simple device worn on the wrist made a life-altering difference by guiding timely therapy in a patient with undiagnosed paroxysmal AV block.

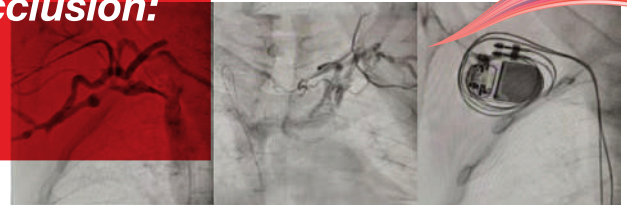


**Dr. Pavan Pai**

Senior Consultant  
Interventional Neurology  
& Stroke Specialist  
Wockhardt Hospitals  
North Mumbai

## LIFE WINS at WOCKHARDT.

# 12 Overcoming Silent Venous Occlusion: Balloon Venoplasty Enabling Pacemaker Implantation



A 75-year-old male with known coronary artery disease (double-vessel disease on medical therapy) presented with recurrent giddiness and lightheadedness. His ECG showed trifascicular block, and echocardiography revealed reduced ejection fraction (~35%). Holter monitoring demonstrated sinus pauses >2.5 seconds with episodes of AV dissociation, confirming the need for permanent pacing.

Although a dual-chamber ICD was considered, financial constraints led to opting for a dual-chamber permanent pacemaker.

### Procedural Challenge

During implantation, attempts to access both subclavian veins failed. Contrast study revealed chronic bilateral venous occlusion with collaterals—a completely unexpected finding. Pre-procedure suspicion was low as the patient had no history of central venous catheters, nor did he show signs such as facial or upper limb swelling, which are usually seen in venous obstruction. The collateral circulation had masked the problem.

At this stage, only invasive surgical epicardial pacing or costly leadless pacemaker systems seemed possible.

### Innovative Solution

An on-table decision was taken to perform balloon venoplasty of the right subclavian vein using a 6 × 20 mm balloon. This restored venous passage, allowing two pacing leads to be introduced.

## A dual-chamber MRI-compatible Biotronik pacemaker

was successfully implanted with good function.



**Dr. Anup Taksande**

Consultant  
Interventional  
Cardiology  
Wockhardt Hospitals  
North Mumbai

The patient made an uneventful recovery and, at one-month follow-up, remained symptom-free with stable pacing parameters.

### Key Learning Points for Referring Physicians

Silent venous occlusion is possible: Even in the absence of swelling or venous engorgement, chronic occlusion may exist due to collateral pathways.

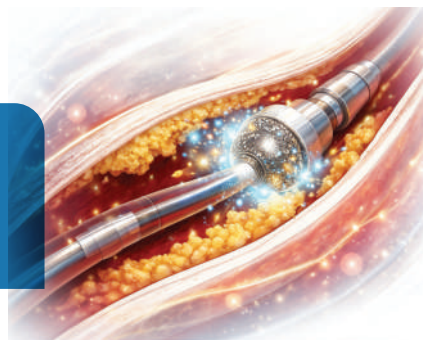
Pacemaker implantation challenges: Unexpected venous occlusion can complicate device placement. Balloon venoplasty offers a safe, minimally invasive, and cost-effective solution, avoiding the need for surgical epicardial leads or costly leadless systems.

Central message: In patients needing pacing, if venous obstruction is encountered, balloon venoplasty can restore access and enable conventional transvenous implantation.



LIFE WINS at WOCKHARDT.

## 13 Successful Treatment of a Complex Heart Blockage with Advanced Technology



A 55-year-old man suffered a serious heart attack (known as an inferior wall myocardial infarction) and was first treated at another hospital. Doctors there attempted an emergency angioplasty (a procedure to open blocked heart arteries). They worked hard. However, the blockage was extremely tight and calcified (hardened with calcium). It was so severe that even the smallest balloon could not pass through the artery. He was then stabilized with medications and transferred to Wockhardt Hospital, Rajkot, for further treatment under the care of Dr. Abhishek Raval, an experienced interventional cardiologist.

After careful planning and stabilizing the patient, Dr. Raval successfully performed the angioplasty using an advanced technique called

## Orbital Atherectomy

This modern technology helps to break down hard, calcified blockages and make way for proper treatment. The procedure went smoothly, and the patient was discharged in a stable and healthy condition.

Dr. Raval explains, “In difficult cases like this, proper planning and the use of newer technologies—such as Orbital Atherectomy—can make all the difference.”



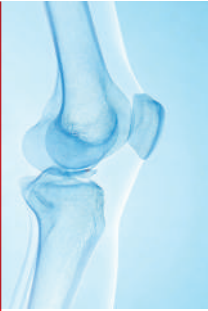
He also advises everyone to take steps to prevent heart disease, including:

- *Controlling diabetes, blood pressure, and cholesterol*
- *Avoiding smoking and substance abuse*
- *Maintaining a healthy weight*
- *Getting regular health check-ups*

Finally, he emphasizes that timely medical attention and intervention, like angioplasty when needed, can save lives.

# 14

## Why Fix the Whole Knee When Only One Part Is Damaged?



Imagine living with constant knee pain that refuses to fade away. That was the reality for 52y Female patient, whose daily activities had become difficult due to six months of persistent pain on the inner side of her knee.

When she consulted Dr. Hardik Dhamsania at Wockhardt Hospital, Rajkot, a detailed examination was conducted. An X-ray revealed osteoarthritis limited to the medial compartment of the knee, with no involvement of the lateral or patellofemoral compartments. To assess further, an MRI was

advised, which showed a medial meniscus tear with intact ACL, MCL, and other ligaments.

In traditional Total Knee Replacement (TKR), the entire knee joint is replaced—even if only one section is damaged. However, in her case, since the rest of her knee was healthy, Dr. Dhamsania recommended a partial approach. UKR preserves the healthy bone and ligaments, requires a smaller incision, causes less tissue trauma, and allows faster recovery.

Based on these findings, she was identified as an ideal candidate for a Partial Knee Replacement (Unicompartmental Knee Replacement – UKR).

*In traditional Total Knee Replacement (TKR), the entire knee joint is replaced—even if only one section is damaged. However, in her case, since the rest of her knee was healthy, Dr. Dhamsania recommended a partial approach. UKR preserves the healthy bone and ligaments, requires a smaller incision, causes less tissue trauma, and allows faster recovery.*

Patient underwent the partial knee replacement successfully. She began walking with a walker the very next day and was discharged soon after. Within just a week, she was walking comfortably and independently—without any support.

Thanks to this precise and minimally invasive treatment, Patient regained her mobility and returned to her normal life with renewed confidence and comfort.

### Dr Hardik Dhamsania

Senior Consultant  
Orthopaedics  
Wockhardt Hospitals  
Rajkot



A 68 years old gentleman came to Onco-surgery department of Wockhardt Hospital Rajkot, to consult for surgery in known case of CA rectum-post neoadjuvant radiation and chemotherapy, investigation and local examination done for the same and planned for surgery-laparoscopic abdominoperineal resection (lap APR).

The case was taken by Dr. Prashant Vanzar and Dr. Himanshu Koyani, who decided to use advanced 4K Stryker laparoscope trolley and perform Abdominoperineal Resection that allowed surgeons to operate by minimal invasion with a small, accurate incision to remove the tumour without disturbing the healthy tissue.

About this case, Dr. Prashant Vanzar said, "Laparoscopic intervention for abdominal surgery is safer, less invasive, and far more predictable with least complications and infection chances." Dr. Himanshu Koyani



# 15

## Rectal Cancer Victory: 4K Laparoscopic APR Ensures Speedy Recovery and Zero Complications for 68-Year-Old Patient

added, "With Laparoscopic Onco-Surgery in young and old patients we get precision and accuracy with least complications and speedy recovery in major abdominal surgeries.



**Dr Prashant Vanzar**

Senior Consultant  
Surgical Oncology  
Wockhardt Hospitals  
Rajkot

The results were remarkable. The patient had no post operative complaints and complications. He regained his mobility immediately after the surgery. Patient at this aged achieved recovery in no time.

*About this case, Dr. Prashant Vanzar said, "Laparoscopic intervention for abdominal surgery is safer, less invasive, and far more predictable with least complications and infection chances." Dr. Himanshu Koyani added, "With Laparoscopic Onco-Surgery in young and old patients we get precision and accuracy with least complications and speedy recovery in major abdominal surgeries.*

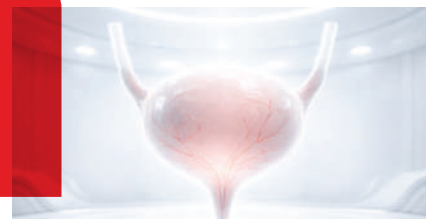


**Dr Himanshu Koyani**

Senior Consultant  
Surgical Oncology  
Wockhardt Hospitals  
Rajkot

This case reflects the new advanced bright future of high tech, patient friendly, and life restoring minimal invasion laparoscopic abdominal surgeries.

## 16 **Bladder Saved: Hctionated IGRT Achieves Complete Metabolic Response in Advanced Urothelial Carcinoma**



A 65-year-old gentleman presented at Wockhardt Hospital, Rajkot with a history of hematuria. Following cystoscopy, biopsy, and PET-CT evaluation, he was diagnosed with high-grade invasive urothelial carcinoma of the urinary bladder with pelvic lymph node involvement (CT2N3M0).



**Dr. Rahul Misra**

Consultant  
Radiation Oncologist  
Wockhardt Hospitals  
Rajkot

The patient received three cycles of neoadjuvant chemotherapy (gemcitabine and cisplatin) in view of bulky nodes. He showed a partial response to chemotherapy; however, he was reluctant to undergo radical cystectomy. After a multidisciplinary tumor board (MDT) discussion, radical chemoradiation was advised. Unfortunately, due to concerns about morbidity, the patient declined further chemotherapy.

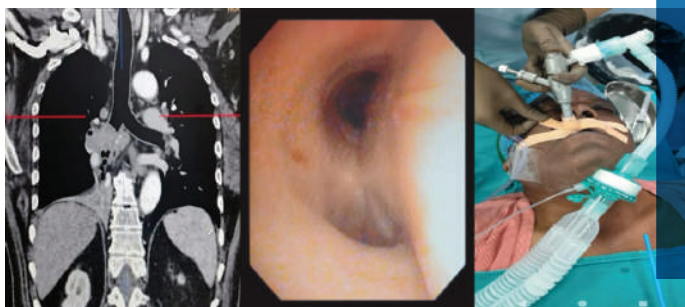
As an alternative, he was treated with

## **Radical** *radiotherapy*

using a hypofractionated regimen—a total dose of 55 Gy in 20 fractions over 4 weeks. The treatment was delivered with a daily bladder protocol and daily image guidance (IGRT), ensuring precision and safety.

The patient tolerated the treatment remarkably well, with no significant morbidity during or after therapy. On regular follow-up, a PET-CT performed three months post-treatment revealed a complete metabolic response.

He remains well and is currently under close surveillance with periodic cystoscopy follow-ups.



## Airway obstruction to airway control Anesthetic insight for challenges in intra bronchial tumor excision

Airway obstruction to airway control -Anesthetic insight for challenges in intra bronchial tumor excision. A 66 year old male patient with hypertensive, diabetic hypothyroid, post PTCA with COPD came with a complaint of difficulty in breathing for which he requires continuous bipap ventilation.

CT scan shows the right mediastinal tumor with intra bronchial extension. The tumor was obstructing the right main bronchus completely with the right lung collapse .Cryobiopsy with de bulking of intra bronchial tumor through rigid bronchoscopy under general anesthesia was planned by pulmonologist Dr. Sameer Arbat.



**Dr. Avantika Jaiswal**

Senior Consultant  
Anaesthesia  
Wockhardt Hospitals  
Nagpur

The patient was suffering from multiple comorbidities such as reduced ejection fraction, compromised renal function, reduced lung capacity, and difficulty intubation.

- *Procedure related challenges*
- *Securing airway with rigid bronchoscope*
- *To prevent airway trauma*
- *To maintain oxygenation in apneic period*
- *Sharing a Airways during procedure*
- *Hemostasis and bleeding control*
- *Preventing airway fire*
- *To be prepared for complete airway collapse including preparedness for cardiopulmonary bypass.*



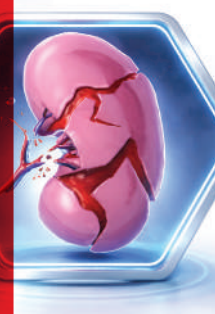
**Dr. Sameer Arbat**

Senior Consultant  
Pulmonology  
Wockhardt Hospitals  
Nagpur

Patient was intubated with 12 Fr rigid bronchoscope and complete excision of tumor was done, patient was ventilated for few hours and then extubated with no requirement of bipap in post-operative period. Patient was discharged on 3rd day and now receiving chemotherapy for further management.

Intra bronchial tumor excision presents the most demanding airway challenges for anesthesiologist. Successful management relies on meticulous planning ,clear communication and seamless team work, anticipation of complication and rapid adaptability to evolving airway dynamics. Anesthesiologists play a decisive role in turning high-risk scenarios into safe and control procedures

## Successful Surgical Management of a Young Male With Grade V Splenic Trauma



A young male patient was brought to the casualty in a state of profound shock following a high-impact abdominal trauma. On arrival, he was pale, hypotensive, and tachycardic, indicating ongoing intra-abdominal bleeding. Immediate resuscitative measures were initiated as per ATLS protocol. Rapid assessment and imaging confirmed a Grade V splenic injury, necessitating urgent surgical intervention.

The spleen is one of the most commonly injured intraabdominal organs in trauma, involved in

approximately 2% of trauma admissions. Blunt trauma accounts for over 94% of traumatic splenic injury, and the remainder is largely secondary to stabbing and high-velocity weaponry. Injuries can range from small capsular tears to focal vascular injuries such as pseudoaneurysms and arteriovenous fistulae to high-grade fractures with active arterial bleeding. The vascular nature of the spleen makes it susceptible to arterial bleeding, causing significant hemoperitoneum and hemodynamic compromise and instability, often necessitating splenectomy.

However, the spleen plays a vital role in innate and adaptive immunity, hematopoiesis, and the clearance of cellular debris. Consequently, nonoperative management is now the standard of care for hemodynamically stable patients, including those with high-grade splenic injuries. The primary goal is splenic preservation, and recent advances permit precise localization and control of bleeding vessels. When surgical intervention is necessary, splenorrhaphy is preferred over splenectomy when feasible. Splenectomy increases susceptibility to infections caused by encapsulated pathogens and parasites that reside within erythrocytes. Overwhelming postsplenectomy sepsis still carries a 50% mortality. Patients are also at elevated risk for early and delayed infections and may have an increased risk for thromboembolic complications. The effective use of diagnostic tools and therapeutic strategies is key to improving outcomes and minimizing preventable morbidity and mortality.

The patient was shifted to the Intensive Care Unit (ICU) for initial stabilization. Aggressive fluid resuscitation, vasopressor support, and close hemodynamic monitoring were carried out by the critical care team. Once the patient was optimised for surgery, he was taken for an emergency splenectomy. Intraoperatively, the anesthesia team ensured excellent hemodynamic control. The patient required two units of packed red blood cells, which were transfused without complications. The splenectomy was completed successfully, and meticulous surgical technique ensured complete hemostasis. Post-surgery, the patient was shifted back to the Surgical ICU for continued monitoring. The physicians and intensivist team managed his post-operative course with close attention to infection prophylaxis, pain control, and respiratory care. Over the next 24 hours, his vitals stabilized, and laboratory parameters improved steadily.



**Dr Ankur Mishra**

Senior Consultant  
General Surgery  
Wockhardt Hospitals  
Nagpur

By the second post-operative day, the patient was started on a soft diet, which he tolerated well. Early ambulation was encouraged, and the patient gradually regained strength. On post-operative day three, he was shifted out of the ICU to the surgical ward in stable condition.

The remainder of his recovery was smooth. The wound site healed well, bowel habits normalized, and he maintained good oral intake. After a total hospital stay of five days, the patient was discharged in stable condition with appropriate post-splenectomy vaccination advice and follow-up instructions.

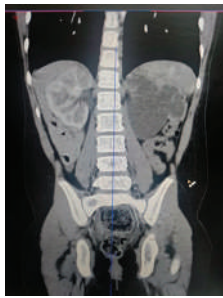
This case highlights the importance of coordinated multidisciplinary care—rapid trauma assessment, efficient surgical management, skilled anesthesia support, and meticulous ICU care—in achieving successful outcomes in high-grade splenic trauma.

19

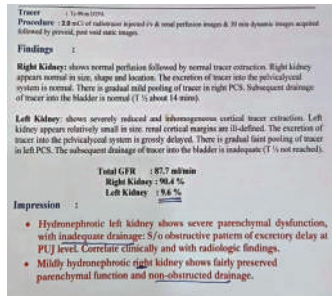
### **Laparoscopic Nephrectomy for a Non-Functioning Kidney in an 8-Year-Old Child**

A 8-year-old girl from Madhya Pradesh presented with intermittent left flank pain for several months. There was no significant history of recurrent urinary tract infection or hematuria. Clinical examination revealed mild left flank tenderness with a palpable mass.

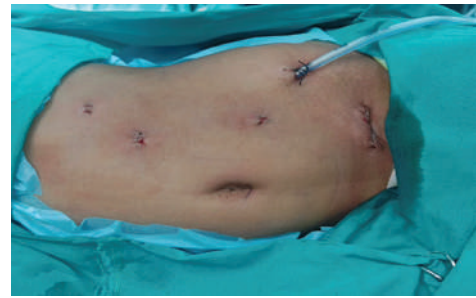
Initial ultrasonography revealed severe hydronephrosis of the left kidney with marked cortical thinning. To assess drainage and residual renal function, a CT scan followed by a DTPA renogram was performed, confirming **gross hydronephrosis with non-functioning left kidney**. The right kidney was normal in terms of function and appearance.



CT Scan



DTPA renogram report



Immediate post op

After counseling the family regarding treatment options and expected outcomes, the patient was scheduled for

## Laparoscopic left nephrectomy

Under general anesthesia, a transperitoneal laparoscopic approach was used. Ports were strategically placed to allow optimal instrument access to the pediatric abdomen. The massively hydronephrotic kidney posed challenges in dissection due to its distorted anatomy; however, careful mobilization of the renal hilum was achieved. The renal vessels were clipped and divided, and the kidney was removed after decompression to facilitate extraction through a small incision.

Hydronephrosis in children remains a significant cause of renal impairment, often resulting from congenital obstruction at various levels of the urinary tract. Early diagnosis and management are crucial for preserving renal function. In advanced cases with irreversible loss of kidney function, nephrectomy is necessary. Over the past decade, minimally invasive techniques have gained widespread acceptance, with laparoscopic nephrectomy increasingly preferred because of reduced postoperative morbidity, better cosmesis, and faster recovery. However, performing such surgery in pediatric patients demands high technical expertise because of the limited working space and anatomical variability. We report a case of successful laparoscopic nephrectomy in an 8-year-old girl with a grossly hydronephrotic and non-functioning left kidney.

Postoperative recovery was smooth. Oral intake was resumed on Day 1, and the patient was mobilized early. Pain control was achieved with minimal analgesic requirement. She was discharged on **postoperative day 3** in stable condition. Follow-up at 2 weeks showed satisfactory wound healing and symptom resolution. The histopathology examination confirmed a non-functional hydronephrotic kidney without malignancy.

This case highlights the feasibility and benefits of minimally invasive nephrectomy in pediatric patients with non-functioning kidneys. While open nephrectomy remains an option, laparoscopy offers superior cosmetic outcomes, reduced hospital stay, and faster return to normal activity — all highly desirable in the pediatric population.

Limited availability of pediatric-focused laparoscopic expertise in many centers often leads to delayed or redirected care. Early referral and awareness of these advanced surgical options can significantly improve outcomes in children with severe renal pathology.



### Dr. Shrikant Jai

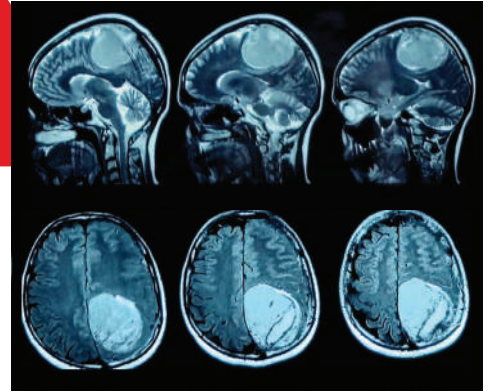
Senior Consultant  
Urology  
Wockhardt Hospitals  
Nagpur

Laparoscopic nephrectomy is a safe and effective treatment for non-functioning kidneys in children.

Minimally invasive surgery ensures quicker recovery and minimal morbidity, especially important in pediatric patients.

Increasing awareness among clinicians can expand timely access to advanced urological interventions in our region.

## 20 Pregnant Patient with Severe Headaches: Don't Forget Brain Tumours



A 31-year-old patient with 6 months of pregnancy, presented to Wockhardt hospital Raikot, with sudden severe headache and decrease sensation on right side of body with right side weakness with one episode of projectile vomiting since 2 days. On examination, her GCS was E4V5M6, bilateral pupil equally reactive to light, Mini Mental Status Examination (MMSE) 30/30, with otherwise normal CNS examination. Foetal assessment by Obstetric USG showed a viable singleton foetus in utero of 24 weeks, with normal heart rate and anatomy for age.



**Dr. Jigna Ganatra**

Consultant Obstetrician and Gynaecologist  
Wockhardt Hospital  
Raikot

MRI showed a well defined, altered signal intensity, extra axial lesion (69\*54\*54mm) noted involving left high parietal parafalcine region with mild surrounding oedema, effacement of underlying cerebral sulci, midline shift of 5mm, causing compression of the superior sagittal sinus, possibility of the neoplastic lesion - Meningioma with haemorrhage, likely over calcification.

Patient was admitted under the supervision of Dr. Kant Jogani, consultant and HOD neurosurgery and Dr Viral Vasani, consultant Neurosurgery. She was referred to consultant OBGY, Dr. Jigna Ganatra, for Obstetric management.

**Dr Viral Vasani**

Consultant Neurosurgery  
Wockhardt Hospital  
Raikot



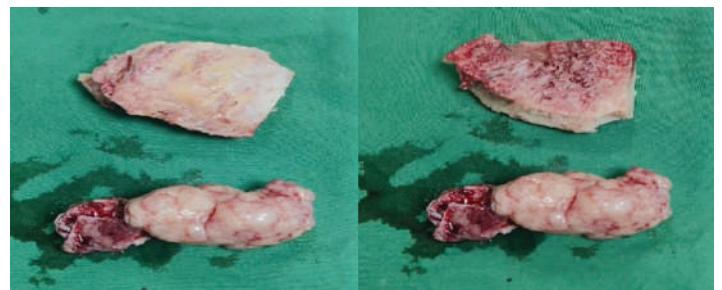
After doing necessary pre operative workup with normal 2D Echo, patient and her relatives were explained about the risk of preterm delivery. With safe anaesthesia technique, and under expert guidance from Dr. Rajesh Radadiya and team, she underwent surgery **LEFT PARASAGITAL PARIETAL CRANIOTOMY WITH TOTAL EXCISION OF SOL**, under general anaesthesia. Tumour was vascular, extra-axial, with retrotumoral hematoma and had an attachment with falx

Post operative period was uneventful and patient was kept under observation in SICU for 2 days and later shifted to the ward room. Post op neurological deficit (weakness, decreased sensation, and headache) improved. Post operative USG was normal and later on post operative day 4 she was safely and happily discharged from the hospital.



**Dr. Kant Jogani**

Consultant Neurosurgery  
Wockhardt Hospital  
Raikot

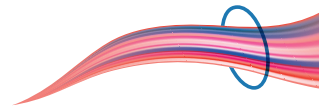


Pregnancy related meningiomas tend to have a relapsing course in relation to pregnancy and menstruation. Rapidly increase in size during pregnancy, regresses after delivery and re-occurs during subsequent pregnancies. The observational study with lab findings have lead to the hypothesis that female hormones may play a role in the pathophysiology of meningioma.

**Dr. Rajesh Radadiya**

Consultant Anaesthesia  
Wockhardt Hospital  
Raikot





## Healwave at One

*A note from Manan Ambani*

*Healwave completes one year at Wockhardt this month.*

*For me, this moment is less about where Healwave started and more about what it is becoming as a brand inside the organisation.*

*When we first spoke about Healwave, the intent was simple. We wanted to create a creative and communication layer that could live naturally within healthcare, not sit on top of it. A brand that understands hospitals, respects the pace and seriousness of medicine, and still allows space for clarity, warmth and human connection.*

*Over the last year, Healwave has slowly found its place across teams, hospitals and conversations. It has moved through patient communication, internal initiatives, events, design systems and everyday storytelling. Not as a campaign idea, but as a way of thinking about how Wockhardt speaks, presents itself and builds trust over time.*

*That is what matters most to me. Brand longevity.*

*Healwave is not meant to be a short-term creative label. It is meant to grow with the organisation. To evolve as our hospitals evolve. To stay relevant not by being loud, but by being consistent, thoughtful and rooted in real work happening on the ground.*

*What I have learned over this year is that a brand only becomes real when it is no longer owned by one team. Healwave works best when it flows through everyone who uses it. When doctors, nurses, administrators, designers, content teams and leadership all shape it in their own ways, through their own priorities and responsibilities.*

*In many ways, Healwave is not a separate identity. It is a reflection of what already exists inside Wockhardt. The discipline. The empathy. The quiet confidence. The focus on doing things properly, even when no one is watching.*

*If Healwave is to last, it must remain flexible. It must listen closely to people on the floor. It must stay honest about what healthcare truly looks like, not what branding often tries to make it look like.*

*One year in, I see Healwave not as a finished brand, but as a living one. A system that will continue to grow with the organisation, shaped by many hands, many voices and many everyday decisions.*

*That is how it will endure.*

**Mr. Manan Ambani**

Creative Head  
Wockhardt Group



## ***The Impact of Clinical Research in Hospitals: Advancing Drug Discovery and Managing Emerging Diseases***

the frontline platforms where innovative therapies are tested, validated, and translated into real-world patient care.

At the heart of drug discovery lies a rigorous and structured clinical trial process. While laboratory research and preclinical studies provide initial insights into potential therapies, it is through clinical trials that the safety, efficacy, and optimal use of new drugs are established in human populations. Hospitals, equipped with skilled investigators, multidisciplinary teams, and access to diverse patient populations, provide an ideal environment for conducting these trials in compliance with ethical and regulatory standards such as

# **Good Clinical Practice (GCP)**

One of the most significant contributions of hospital-based clinical research is in addressing emerging and evolving diseases. Recent global health challenges, including pandemics, rare diseases, and rapidly mutating conditions, highlight the urgent need for novel therapeutic interventions. Clinical trials enable the rapid evaluation of new drugs, vaccines, and treatment strategies, ensuring that patients have timely access to potentially life-saving innovations. Without robust clinical research infrastructure in hospitals, the response to such health crises would be significantly delayed.

Moreover, clinical trials offer patients early access to cutting-edge treatments that may not yet be widely available. This is particularly important in fields like oncology, where standard therapies may have limited effectiveness. Participation in clinical research not only benefits individual patients but also contributes to the collective advancement of medical knowledge, helping future patients receive improved and more targeted therapies.

In addition to advancing treatment options, clinical research enhances the overall quality of healthcare delivery within hospitals. It fosters a culture of evidence-based practice, continuous learning, and adherence to high standards of patient safety and documentation. Healthcare professionals involved in research gain exposure to the latest scientific developments, improving their clinical expertise and decision-making capabilities.

Furthermore, hospital-based clinical trials support the development of personalized medicine. By studying how different populations respond to specific treatments, researchers can identify biomarkers and tailor therapies to individual patient needs. This approach leads to more effective treatments with fewer adverse effects, ultimately improving patient outcomes.

In conclusion, clinical research in hospitals is a cornerstone of modern healthcare and drug discovery. It bridges the gap between innovation and patient care, enabling the development of new therapies to combat both existing and emerging diseases. As the healthcare landscape continues to evolve, strengthening clinical trial capabilities within hospitals will be essential to ensure timely, safe, and effective treatment solutions for future generations.

Clinical research conducted in hospitals plays a pivotal role in transforming scientific discoveries into safe and effective treatments. As the global burden of disease continues to evolve—with the emergence of new infections, complex chronic conditions, and treatment-resistant disorders—the importance of clinical trials has become more critical than ever. Hospitals serve as

### **Ms. Kinjal Pitroda**

Clinical Pharmacologist,  
Lead CRC, N.M. Virani  
Wockhardt Hospital,  
Rajkot



## A Warm Welcome to Our Newest Consultants

Name	Designation	Unit
Dr. Gunjan Chanchalani	Consultant Critical Care	SOBO
Dr. Hema Solanki	Consultant Anesthesia	SOBO
Dr. Keval Shukla	Consultant Neurosurgery	SOBO
Dr. Zuber Ansari	Consultant GI and HPB Surgeon	SOBO
Dr. Richa Bharadwaj	Consultant Obstetrics & Gynaecology	SOBO
Dr. Sachin Chaudhary	Consultant Anesthesia	SOBO
Dr. Unmesh Bedekar	Consultant Anesthesia	SOBO
Dr. Sameera Rane	Consultant Anesthesia	SOBO
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