



JASLOK HOSPITAL  
A lifetime of care

April 2025

# PULSE

BY JASLOK HOSPITAL

**TEDx**  
**Jaslok Hospital  
and Research Centre**  
Catalyst for Change

TEDx Jaslok Hospital and Research Centre



Launch of JASLOK SPORTS ORTHOPOD  
(Comprehensive Sports Medicine Clinic)



TATA WPL 2025 at CCI (Women's Premier League 2025)



WTA 125K L&T at CCI (International Women's Lawn Tennis)



Bombay Gymkhana 10K Run: 150<sup>th</sup> Year Celebration



Wesness Marathon



## OUR MISSION

- To make Jaslok Hospital the most respected medical institution of India.
- Providing the highest quality patient care.
- Nurturing and delivering clinical excellence and research.
- Doing charity to humanity irrespective of caste, race or denominations.



## OUR VISION

To be the hospital of choice for patients, physicians and employees by providing state-of-the-art medical care with compassion and dignity.



## LIFETIME OF CARE

A lifetime of care is as much about our 50 years history as it is about the next 50 and many more years. At its core it is the power of providing the highest quality patient care delivered through well-trained team, cutting-edge technology, research, all with a human touch. To summarise, it is a lifelong commitment from each and every 'Jaslokian' hence a Jaslokian's work is never finished.



## EXECUTIVE SUMMARY

### MEDICAL ACHIEVEMENTS

Exceptional Cases

TEDx JASLOK HOSPITAL AND RESEARCH CENTRE

INTRODUCING THE JASLOK SPORTS ORTHOPOD

LAUNCH OF JAS HEALTH PODCAST

### HEALTH AWARENESS PROGRAMS

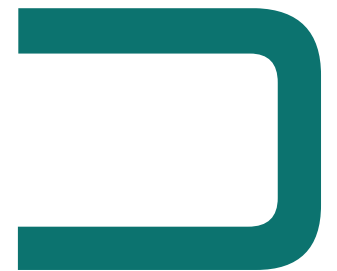
Community Activities

Corporate Activities

MEDICAL PARTNERS: TOURNAMENTS & MARATHONS

CELEBRATING WORLD HEALTH DAYS WITH PATIENTS

JASLOK IN NEWS



# INDIA'S FIRST SUCCESSFUL KIDNEY TRANSPLANT WITH RARE “BOMBAY” BLOOD GROUP AT JASLOK HOSPITAL

Jaslok Hospital & Research Centre has achieved a ground-breaking milestone in kidney transplantation by successfully performing India's first kidney transplant in a patient with the extremely rare “Bombay” blood group. This complex procedure underscores the hospital's commitment to providing cutting-edge medical care and offering hope to patients with unique challenges.

The “Bombay” blood group (hh) is exceptionally rare, occurring in approximately 1 in 10,000 individuals in India and 1 in a million worldwide. Because it lacks the H antigen, which is present in all other blood types, even O negative blood can cause a severe reaction in individuals with the “Bombay” blood group. This makes finding compatible donors incredibly challenging.

The recipient, a 30-year-old woman from Shirdi, had been suffering from kidney failure due to diabetes since 2022. When she visited the hospital, her reports from another hospital initially indicated she had an 'O' blood group. However, it was at Jaslok Hospital that her blood group was accurately diagnosed as the rare 'Bombay' blood group. An accurate blood group diagnosis is essential for any medical procedure, especially in major surgeries like a kidney transplant. A proper understanding of the blood group is crucial for a successful transplant, as the blood group plays a significant role in the organ's acceptance by the recipient's body. Her rare ‘Bombay’ blood group, also known as hh, presented a significant obstacle to finding a compatible donor. Individuals with this blood type lack the A, B, and H antigens on their red blood cells, making them universal plasma donors but extremely difficult recipients. After being turned away by multiple hospitals, she found hope at Jaslok Hospital.

The patient's mother, with a different and incompatible blood type (B positive), bravely stepped forward as a donor. The transplant team, led by renowned nephrologists and urologists, meticulously planned the procedure, including specialized treatments to minimize the risk of organ rejection. This involved closely monitoring and managing antibody levels, a critical aspect of incompatible transplants. The hospital's blood bank also played a crucial role, sourcing rare “Bombay” blood products from across the state to ensure patient safety during the surgery.

The dedicated team responsible for this remarkable achievement included Nephrologists Dr. Rushi Deshpande and Dr. Ashwin Patil; Urologists Dr. A. A. Raval and Dr. J. G. Lalimalani; Anaesthetists Dr. Dipankar Dasgupta and Dr. Savi Shah; Blood Bank officers Dr. Asha and Dr. Tejaswini; and Transplant Coordinators Mrs. Ruchita, Mr. Nilesh, Mrs. Pradnya, and Mrs. Sheetal. Their combined expertise and collaborative efforts were instrumental in this groundbreaking success.

Dr. Rushi Deshpande, Director of the department of Nephrology (Academics) at Jaslok Hospital stated - “Performing this transplant was a formidable challenge, given that no similar cases had been undertaken anywhere in the world to the best of my knowledge. Further, it was at Jaslok Hospital that her correct blood group was diagnosed and knowing this before the transplant was crucial; otherwise, it could have resulted in a catastrophe. The expertise of our highly trained team of doctors and nurses, coupled with the top-notch infrastructure and laboratory support at Jaslok Hospital, played a pivotal role in ensuring the success of the procedure.”

"Jaslok Hospital is a pioneer in ABO-incompatible renal transplants," stated Dr. Milind Khadke, Medical Director, Jaslok Hospital. "However, performing an incompatible transplant with a 'Bombay' blood group recipient is exceptionally rare and complex, requiring meticulous planning and a precise desensitization protocol."





Mrs. Pradnya, Dr. Rushi Deshpande, Dr. Ashwin Patil, Ms. Komal, Ms. Ruchita

Dr. Ashwin Patil, Consultant Nephrologist, added, "While we routinely monitor ABO titres and perform plasma exchange in incompatible transplants, this case required additional monitoring of 'Anti-H' antibody titres, further highlighting the complexity of the procedure."

Pooja, 30 year old patient with tears of joy said "Dr. Deshpande, his team and everyone at Jaslok hospital looked after me like a family. I had given up on living but today I am thankful to all at Jaslok hospital for giving me this new lease of life when so many hospitals turned down my case."

The successful transplant demonstrates Jaslok Hospital's leadership in addressing complex medical challenges and provides renewed hope for individuals with the "Bombay" blood group seeking life-saving organ transplants.



# SIMULTANEOUS CORONARY ARTERY BYPASS GRAFT AND DECEASED DONOR LIVER TRANSPLANT SAVES LIFE OF 63-YEAR-OLD AT JASLOK HOSPITAL – A FIRST IN INDIA

In a groundbreaking medical achievement, Jaslok Hospital & Research Centre has successfully performed a simultaneous coronary artery bypass graft (CABG) surgery and deceased donor liver transplant (DDLT) on a 63-year-old patient, Mr. Babu Michael. This complex dual procedure, a first in India, highlights the hospital's expertise in multidisciplinary collaboration, advanced surgical techniques, and commitment to patient care. The case also underscores the growing challenge of managing coexisting cardiovascular and liver diseases, a trend on the rise globally.

Mr. Michael's medical journey began with a diagnosis of cirrhosis seven years prior, secondary to non-alcoholic fatty liver disease (NAFLD), a condition affecting one-third of India's population and increasingly linked to liver cancer. In 2021, he underwent a focussed radiation therapy (SBRT) for liver cancers, a treatment he required again in April 2024. While the tumors were partially controlled, his liver function began to decompensate, necessitating a liver transplant. During his pre-transplant evaluation, it was detected that he has significant blockage in his left main coronary artery. Dr. Rahul Chhabria, Associate Director, Emergency Cardiology opined that the coronary blockages require revascularization with surgery prior to his liver transplant and that he was not a candidate for angioplasty as he had complex anatomy of his left main vessel and also it would have postponed his liver transplant. This presented a complex dilemma: delaying the transplant to address the heart condition risked further cancer progression and liver deterioration, while performing either surgery alone carried significantly elevated risks due to the combined impact of both diseases.

The initial plan considered a live donor transplant, but after careful evaluation, prioritizing donor health and recognizing the potential for recipient instability during such a complex procedure, the team decided against this approach. Mr. Michael was then placed on the waiting list for a (DDLT), understanding the uncertainties and potential wait times associated with cadaveric donation. Hope arrived unexpectedly with the selfless generosity of the family of a 47-year-old deceased donor, turning their tragic loss into a life-saving gift for Mr. Michael. This prompted a rapid mobilization of the hospital's resources, with intensive care units and social workers working tirelessly to facilitate the complex logistical and medical preparations. The intricate surgical process began with Dr. Upendra Bhalerao, Consultant Cardiac Surgeon, performing a beating-heart, off-pump CABG. This technique aimed to minimize surgical trauma and optimize Mr. Michael's condition for the subsequent transplant. Dr. Bhalerao emphasized the high-risk nature of the procedure and the need for meticulous precision to ensure Mr. Michael's readiness for the liver transplant. Following a period of close observation to ensure stability and the absence of bleeding, the green light was given for the liver transplant. The transplant team, led by Dr. Shailesh Sable, Dr. Pravin Agrawal, Dr. Vibha Varma, and Dr. Vivek Shetty, then commenced the complex procedure. The anesthesia team, comprising Dr. Mohit Rohra, Dr. Nikhil Konde, and Dr. Savi Shah, played a crucial role in maintaining hemodynamic stability and managing Mr. Michael's physiological parameters throughout both surgeries, performed within a six-hour timeframe. The intricate surgical process began with Dr. Upendra Bhalerao, Consultant Cardiac Surgeon, performing a beating-heart, off-pump CABG. This technique aimed to minimize surgical trauma and optimize Mr. Michael's condition for the subsequent transplant. Dr. Bhalerao emphasized the high-risk nature of the procedure and the need for meticulous precision to ensure Mr. Michael's readiness for the liver transplant. Following a period of close observation to ensure stability and the absence of bleeding, the green light was given for the liver transplant. The transplant team, led by Dr. Shailesh Sable, Dr. Pravin Agrawal, Dr. Vibha Varma, and Dr. Vivek Shetty, then commenced the complex procedure. The anesthesia team, comprising Dr. Mohit Rohra, Dr. Nikhil Konde, and Dr. Savi Shah, played a crucial role in maintaining hemodynamic stability and managing Mr. Michael's physiological parameters throughout both surgeries, performed within a six-hour timeframe.



Remarkably, Mr. Michael tolerated both procedures well. He was taken off the ventilator on the second day and made a steady recovery, being discharged home after two weeks with both his heart and new liver functioning normally. The Critical Care team led by Dr. Shruti Tandan, diligently looked after the patient's well-being in the pre-operative and post-operative period in the hospital.

"In the era of Modern Medicine, we often stretch the limits. Cardiac disease is the leading cause of death in patients with NAFLD and it is important to screen patients for a silent heart involvement. This is one of such cases wherein a simultaneous very high risk dual surgery were performed by multidisciplinary team effort, careful planning and flawless execution. Mr. Babu can live a normal life and we all feel satisfied about it" commented Dr. Aabha Nagral, Director Gastroenterology, Chief Hepatologist & Liver Transplant Physician at Jaslok Hospital who managed the patient over the last 7 years.

"This pioneering case underscores the importance of thorough pre-transplant evaluations, multidisciplinary collaboration, and the life-saving potential of organ donation. It also highlights the increasing need for innovative approaches to manage complex cases involving coexisting conditions, particularly in the context of the rising prevalence of NAFLD and cardiovascular disease" stated Dr. Shailesh Sable, Director Liver Transplant Program at Jaslok Hospital.

Speaking about the case Dr. Upendra Bhalerao, Consultant & Coordinator Cardiovascular Thoracic Surgery mentioned "This was a very high risk and challenging procedure and the surgery also need to be performed well in time so as to make him suitable for liver transplant. The Procedure was performed as beating heart of pump coronary artery bypass surgery. The Cardiac surgical team was very diligent in maintaining hemodynamic stability, perioperative bleeding control and perfect outcome."

Patient and relatives were delighted about the meticulous planning and execution of two very high risk procedures by Jaslok team. "After knowing the extent of his liver and heart problem, we thought it is impossible for him to survive with a good life. Team at Jaslok has put in herculean effort to get his heart fixed and liver transplanted. We are extremely grateful for the support and effort and sincerely admire the dedication and team effort. We are also thankful for the donor family for their noble act of donating the liver to my papa expressed Babu's daughter.



Sitting (L-R):

Dr. Rahul Chhabria, Dr. Shailesh Sable, Dr. Aabha Nagral, Mr. Babu Micheal (Patient),

Dr. Upendra Bhalerao, Dr. Pravin Agarwal, Dr. Shruti Tandan

Standing (L-R): Dr. Manek Kutar, Dr. Nikhil Konde, Dr. Mohit Rohra

# LIFE-CHANGING SURGERY SAVES 15-YEAR-OLD FROM PARALYSIS: ADITI'S REMARKABLE RECOVER

In a groundbreaking case at Jaslok Hospital, 15-year-old Aditi Bade, from Icchalkaranji near Kolhapur, underwent a complex and life-changing surgery to correct a severe spinal deformity caused by Neurofibromatosis Type 1 (NF1).

NF1 is a genetic disorder that Aditi inherited from her father, which led to her developing kyphoscoliosis, a condition where the spine twists and curves, often referred to as "snake spine." The deformity is progressive, becoming more severe during puberty, and in Aditi's case, the curvature worsened drastically after an early diagnosis before the pandemic.

Initially identified just before the COVID-19 lockdowns, Aditi's spinal curve worsened due to delays in treatment. Unlike typical scoliosis, the spinal curve in NF1 patients can progress rapidly, becoming so severe that it can cause paralysis if not treated. Aditi's spine had become twisted and, without intervention, would eventually impinge upon her spinal cord, leading to paraplegia.

Aditi's family, initially hesitant to pursue surgery due to the significant risk of permanent paralysis, found hope after consulting with Dr. Manish Kothari, a renowned scoliosis spine surgeon at Jaslok Hospital. After detailed discussions with the family, Dr. Kothari explained the urgency of the situation and the risks involved if surgery was not performed. They decided to proceed with the surgery, understanding that it was the only option to prevent further damage to Aditi's spinal cord.



Patient's Mother, Ms. Aditi, Dr. Manish Kothari

Dr. Manish Kothari stated:

"This was a highly complex case, requiring precision and expertise. The severity of the spinal deformity, combined with NF1 and congenital spine defects, made this one of the most challenging surgeries I've encountered. It was critical that we acted quickly to prevent paralysis. The team worked collaboratively to ensure Aditi received the best possible care, and today, she's on the path to a full recovery. Her case is a reminder of the importance of timely intervention in rare and complex conditions."

Dr. Fazal Nabi, Director of Paediatrics at Jaslok Hospital, shared:

"Aditi's case was incredibly challenging due to the complexities of her condition. Ensuring her stability throughout the surgical process required a multi-disciplinary approach, and it's rewarding to see the positive results. The collaboration between the paediatrics, anaesthesia, and surgical teams played a pivotal role in ensuring her safe recovery. This case highlights how precision and teamwork are crucial when handling such intricate medical conditions."



During pre-surgery evaluations, a benign low-grade tumor was discovered in Aditi's lower brain. Dr. Sudheer Ambekar, a neurosurgeon at Jaslok Hospital, reviewed the tumor and determined it did not require immediate surgery. Dr. Fazal Nabi, Director of Paediatrics, and Dr. Savi Kapila, Consultant Anaesthesiologist, worked together to prepare Aditi for the highly complicated surgery.

Aditi's case was particularly rare due to additional congenital spine defects, which made the surgery even more technically challenging. This is the first documented case of NF1 combined with birth defects in the spine causing such severe rigid kyphoscoliosis.

The surgery, led by Dr. Manish Kothari, lasted 8 hours and involved breaking the spine into two pieces, followed by the removal of one complete vertebra in a procedure called posterior vertebral column resection. The challenge was to protect the spinal cord while performing this intricate procedure. The spine was then straightened using titanium screws and rods. To access the spine fully, three ribs on the right and one on the left were removed, a procedure managed by Dr. Upendra Bahlerao, a CVTS surgeon.

Following the surgery, Aditi's spinal curvature was reduced from an alarming 120 degrees to a much-improved 60 degrees. She is now on the road to recovery and is a much happier and healthier young girl. However, she may require a second surgery in the future to further support her recovery.

This successful surgery is a testament to the expertise of Jaslok Hospital's multidisciplinary team and highlights the importance of timely intervention in complex medical conditions like NF1. Aditi's case serves as an inspiration to others facing similar challenges, showcasing the hope and possibilities offered by advanced medical care.

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## 7 YEARS OLD GIRL RECEIVES STENT YOUNGEST IN THE WORLD

Antra Poria is the youngest patient in the world to undergo angioplasty and stenting with drug coated stent for her coronary artery disease.

Coronary artery disease is the disease of the adults and commonest cause of the death in adults after the age of 45, is practically unknown in kids. Then Antara Poria, a playful child of 7 years age, repeated complaints to her mother, that when she runs, her chest hurts in the centre. She has to immediately stop and then she gets relief. And again it would recur every time she would, play or run or climb.

Dr. Shripal Jain, Paediatric Cardiologist at Wadia Children's Hospital. Who saw the child, took ECG of the child and was shocked to see grossly abnormal ECG. In a day or two condition worsened. Now without wasting any time he decided to do "Coronary Angiography", a procedure which outlines coronary arteries and demonstrates, flow limiting blocks.

He found that main artery (Left Main) on the left side, which supplies nearly 70% of the heart, had 99% block.

She was sitting on a volcano. If this artery closes completely which can happen at any moment, she would collapse and we may lose her for ever.

Very next day morning Dr. A.B. Mehta along with his team of Dr. Nikesh Jain, Dr. S.R. Handa and Dr. Shripal Jain decided to offer angioplasty with Drug coated stent. This is "State of the Art treatment" and in her case lifesaving Angioplasty.

## Exceptional Cases

Says Dr. A.B. Mehta now we had several problems. The catheters and other instruments are all designed to deal with adult patients, because coronary disease is the disease of the adults. Such instruments for babies and kids are just not available. We were baffled, but we rolled up our sleeves and decided to fabricate the needed catheters, by moulding and reshaping catheters.

Our hearts were in our hands, 'What if she collapses during procedure?' We therefore had kept a stand by Cardiac Surgeon Dr. Upendra Bhalerao, with bypass machine and cardiac surgery theatre on standby. Under mild sedation, catheter was introduced through her right groin and it was manipulated to reach upto her coronary artery under X-Ray fluoroscopy control.

The procedure was over in 40 minutes and within 2 hours, she was fully conscious, alert and co-operative.

What is the future of child?

Why did she get this disease?

Well she has familial hypercholesterolemia a disease transmitted genetically to progeny. Her cholesterol level about 900 mg per dl. 600% higher than normal.

In future she may need even liver transplant since, this kind of cholesterol disturbance may not respond to conventional medical therapy.

She was discharged from the hospital in two days time and was playful as ever before.

Dr. A.B. Mehta added that now I have seen the entire spectrum the youngest angioplasty is 7 years old and oldest is 93 years old, Shri Pramukh Swami the leader of Swami Narayan Sampradaya.



Dr. A.B. Mehta, Dr. Nikesh Jain, Dr. S.R. Handa, Patients Father, Ms. Antara





Mr. Jitendra Haryan: Healthy Body, Healthy Mind: The Key To A Life Well-designed



Dr. A.B. Mehta: Making of a "Cardiologist"



Dr. J.D. Sunavala: A Canvas of Hidden Allusions



Dr. Aabha Nagral: My Journey with Wilson Disease



Dr. Rajesh Parikh: RESILIENCE from Despair to Hope



Dr. Ritu Jain: Breaking Barriers: Transforming the Fight Against Cancer



Dr. Joy Desai: Sleep: A Biological Health Investment



Dr. Shruti Tandan: OWN



Dr. Sanjay Nagral: Why Doctors Who Say "I Don't Know" are Safer Doctors





**Dr. Vikram Lele:** The Hidden Heroes of Medicine: Radioisotopes in Diagnosis and Therapy



**Mrs. Roselind Matthews:** From Compassion To Results: The Impact of Patient Centred Care



**Dr. Indraneel Raut:** Together We Heal: The Essential Role of Teamwork in Healthcare Excellence



**Dr. Sudeshna Ray:** God, Good will and Grit: A Story of Comeback from the Edge of Life



**Dr. Mukul Roy:** Curator & Licensee with  
**Ms. Jyoti David -** Creative Organizer



## Pioneering Achievement!

Jaslok Hospital made history by hosting the first-ever TEDx event organized by a hospital! TEDx Jaslok Hospital and Research Centre - Catalyst for Change brought together visionary speakers to share innovative ideas and inspire positive impact on human lives.

## Notable speakers included:

Mr. Jitendra Haryan, Dr. A.B. Mehta, Dr. J.D. Sunavala, Dr. Ritu Jain, Dr. Rajesh Parikh, Dr. Aabha Nagral, Dr. Vikram Lele, Dr. Joy Desai, Dr. Shruti Tandan, Dr. Indraneel Raut, Dr. Sudeshna Ray, Dr. Sanjay Nagral, Mrs. Roselind Matthews, Dr. Mukul Roy was the licensee and curator for the TEDx and Ms. Jyoti David, was the Creative Organizer

**A groundbreaking initiative that sparked meaningful conversations and empowered change!**

# JASLOK HOSPITAL & RESEARCH CENTRE LAUNCHES JASLOK SPORTS ORTHOPOD: A SPECIALIZED CLINIC FOR SPORTS INJURIES

Jaslok Hospital & Research Centre has launched the Jaslok Sports Orthopod, a state-of-the-art clinic dedicated to the treatment and rehabilitation of sports injuries. This initiative aims to help athletes and fitness enthusiasts recover fully and safely through personalized care programs and expert guidance.

The clinic is equipped with the latest technology and a multidisciplinary team of experts to provide comprehensive care. It offers in-depth injury assessments, where sports injuries are diagnosed through advanced screening methods, followed by tailored treatment plans. The clinic provides a wide range of treatment options, including minimally invasive surgeries and the latest non-surgical therapies, ensuring that each patient receives the most effective care.

The launch event featured Bhagyashree Sawant, Guinness World Record holder, and Sanjay Dhabolkar, Powerlifting Champion, who shared their personal journeys and valuable tips on managing sports injuries. Event was graced by Mr. Jitendra Haryan- CEO, Dr. Milind Khadke, Director Medical Services, Dr. Ameet Pispati-Director Orthopaedics, Dr. Prasad Bhagunde-Consultant Orthopaedics, Dr. Shreyas Katharani- HOD Physiotherapy Department and Mr. Bhavesh Phopharia, HOD Marketing & Sales.

Dr. Ameet Pispati, Director Orthopaedics stated, "At Jaslok Sports Orthopod, we believe in addressing sports injuries holistically - from accurate diagnosis and advanced treatment to educating individuals on injury prevention. Our mission is to not only restore functionality but also to equip athletes with the tools and knowledge they need to minimize risks and excel in their chosen sports."

Dr. Prasad Bhagunde, Consultant Orthopaedics, added, "Rehabilitation is not just about physical recovery; it's about rebuilding confidence and enabling individuals to regain their peak performance. At Jaslok Sports Orthopod, we create personalized rehabilitation plans that cater to the unique needs of each patient, ensuring they feel supported every step of the way."

Dr. Milind Khadke, medical director emphasized, "This clinic stands as a testament to Jaslok Hospital's unwavering commitment to delivering excellence in healthcare. By integrating cutting-edge technology with the expertise of our multidisciplinary team, we aim to set new benchmarks in sports injury management and provide athletes with the care they deserve to safely return to their passions."

Sports injuries often respond well to proper treatment and rehabilitation. However, persistent pain requires professional care. Jaslok Sports Orthopod offers comprehensive solutions with access to skilled orthopaedic surgeons, sports medicine specialists, and pain management experts. The clinic also educates patients on prevention, early detection, and recovery strategies.

### Clinic Details:

- **Location:** Jaslok Hospital & Research Centre, 15, Dr. G. Deshmukh Marg, Mumbai - 400026
- **Contact: Tel:** 022 66573333 | Mobile: 9594992354 (9:30 am - 5:00 pm)
- **Timings:** Monday, Thursday, Saturday | 11:00 am - 1:00 pm
- **Website:** [www.jaslokhospital.net](http://www.jaslokhospital.net)



# INTRODUCING THE JASLOK SPORTS ORTHOPOD

Jaslok Hospital remains steadfast in its mission to provide cutting-edge medical care and raise the bar in healthcare excellence. The Jaslok Sports Orthopod marks another milestone in empowering athletes to lead healthier, injury-free lives.





## JASLOK SPORTS ORTHOPOD LAUNCH



**FOR THE PEOPLE,  
BY THE EXPERTS**  
BY **JASLOK HOSPITAL**



Jas-health - For The People, By The Experts, an engaging and interactive podcast by Jaslok Hospital, hosted by Mr. Jitendra Haryan, CEO Jaslok Hospital. Here, India's top doctors break down complex health topics in simple terms without heavy medical jargon so you get clear, reliable answers to your most pressing health questions

**EPISODES FEATURED IN MARCH 2025**




JASLOK HOSPITAL  
A lifetime of care


**IS FATTY LIVER  
AN EPIDEMIC**



JITENDRA HARYAN

DR. AABHA NAGRAL





JASLOK HOSPITAL  
A lifetime of care


**CAN DIABETES  
BE PREVENTED?**



JITENDRA HARYAN  
CEO, JASLOK HOSPITALS


DR. VYANKETSH SHIVANE  
SR. DIABETOLOGIST & ENDOCRINOLOGIST  
JASLOK HOSPITAL





JASLOK HOSPITAL  
A lifetime of care

**CAN DIALYSIS  
BE PREVENTED?**



JITENDRA HARYAN  
CEO, JASLOK HOSPITAL

DR. M. M. BAHADUR  
DIRECTOR NEPHROLOGY-ADMINISTRATION  
JASLOK HOSPITAL





JASLOK HOSPITAL  
A lifetime of care

**IS MINIMALLY INVASIVE  
CARDIAC SURGERY  
THE BEST CHOICE?**



JITENDRA HARYAN  
CEO, JASLOK HOSPITAL

DR. SURESH JOSHI  
DIRECTOR CARDIOVASCULAR THORACIC SURGERY  
JASLOK HOSPITAL







Health Awareness Programs - Community Activities



Health Check-up at Lodha World Tower, Worli



Health Check-up at Meghwadi, Lalbaug



Health Check-up at Navmitra Mandal, Dadar





Health Check-up at Navneet Jain Center



Health Check-up at RTO Office



Health Check-up at Rustomjee Crown

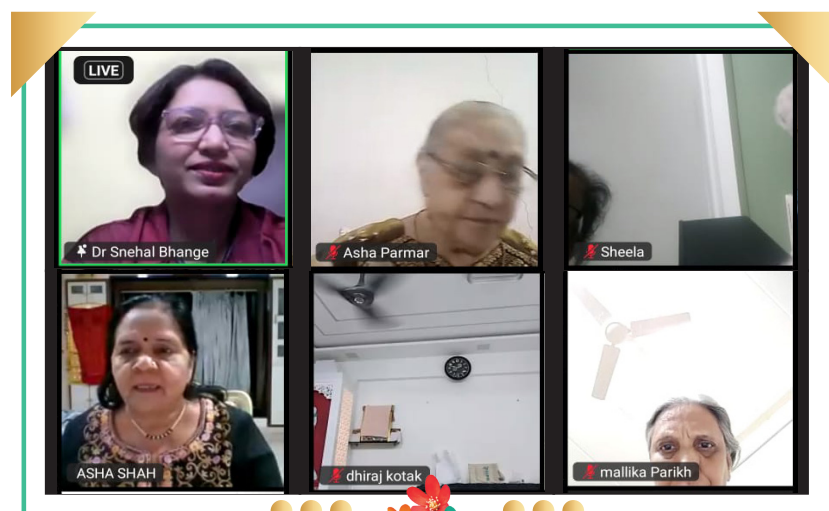
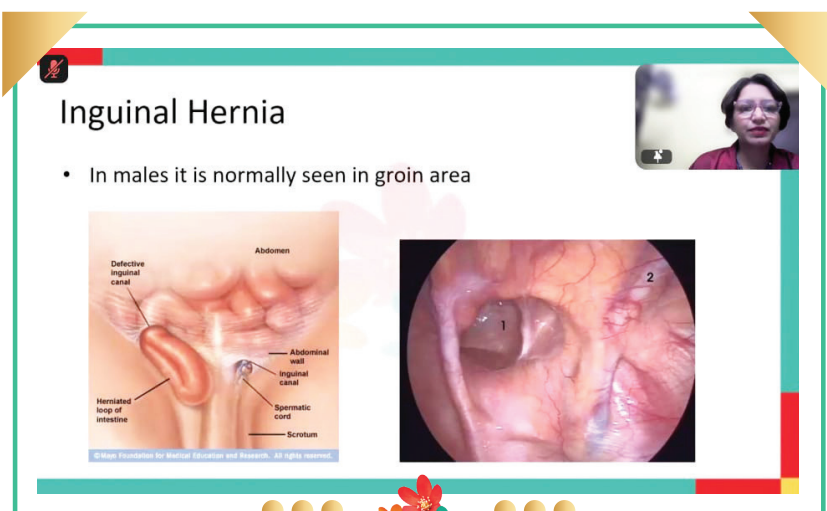




Health Talk at Saboo Siddiqui College



Varicose Veins Camp at Ulhasnagar



Webinar Gujarati Samaj



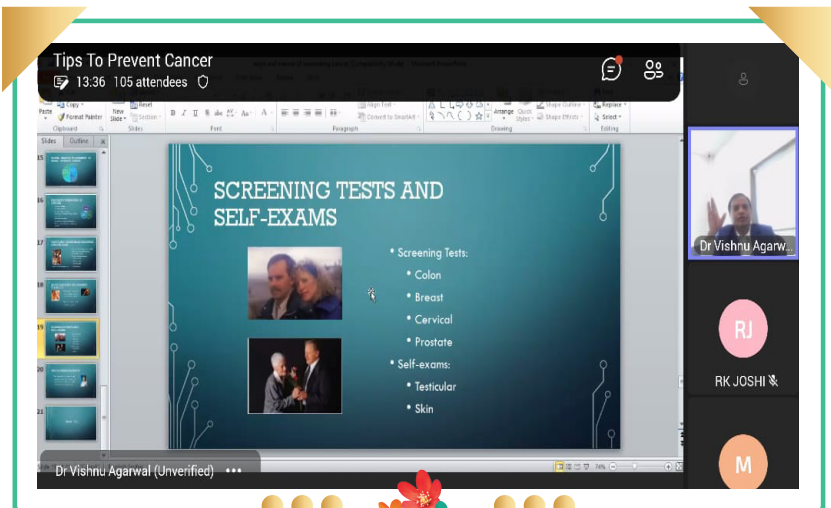
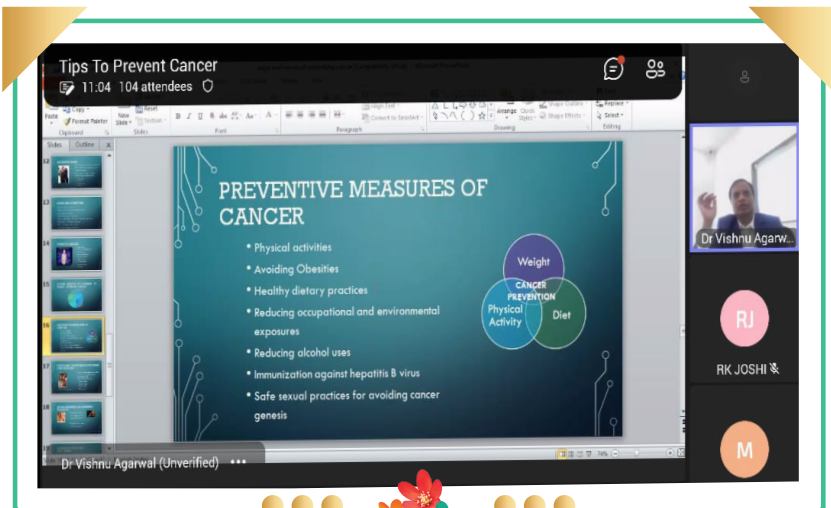
# Health Awareness Programs - Corporate Activities



CME of Dr. Prasad Baghunde at NPCIL

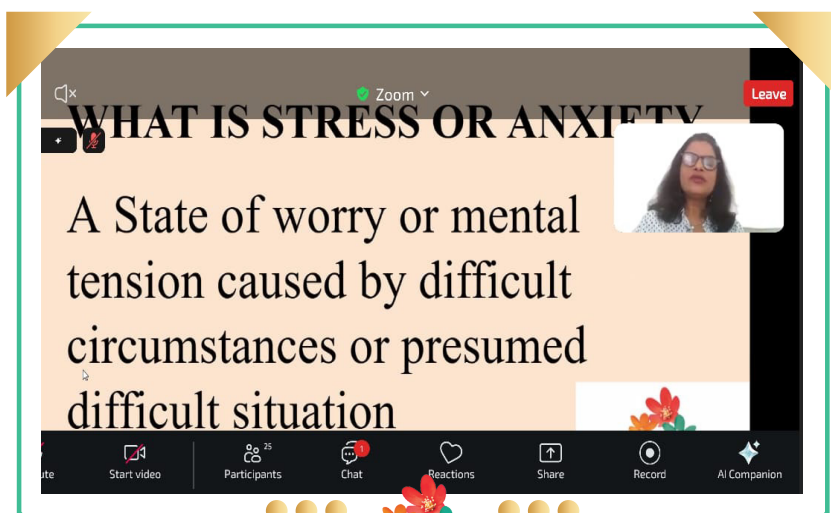


Health Talk by Dr. Vishnu Agarwal at Voltas



Health Talk on Cancer awareness by Dr. Vishnu Agarwal at NTPC

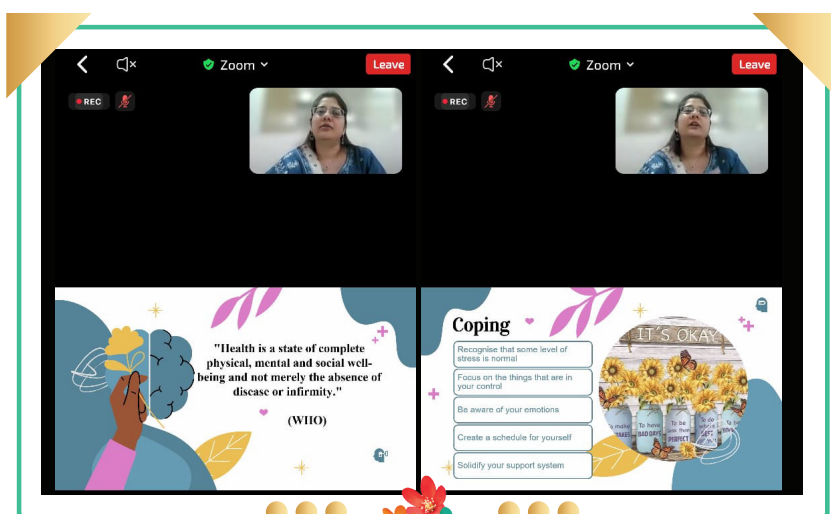




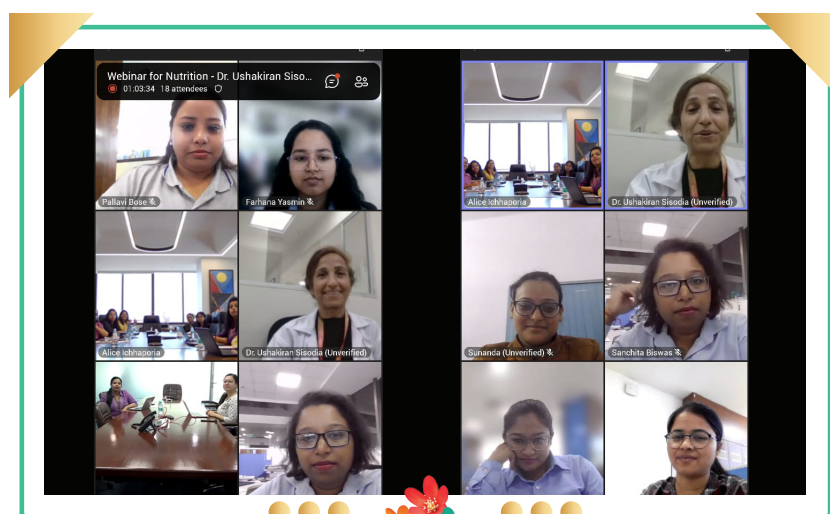
Health Talk on Lifestyle Motivation & Stress Management by Dr. Ruchi Jain at Venture Catalyst



Health Talk on Women Wellbeing by Dr. Shilpa Agrawal at NTPC



Health Talk on Women Wellbeing by Dr. Sritika Agarwal at Xanadu



Health Talk By Dr. Ushakiran Sisodia at Matix Fertilizers



OPD of Dr. Abhijeet Savadekar at NTPC



Reliance Infrastructure Ltd by Dr. Rahul Chhabria



PROUD MOMENT FOR JASLOK HOSPITAL!

We're honored to have been the trusted Venue Medical Partner for the TATA WPL 2025!

The ultimate testament to our clinical excellence: ZERO CASUALTIES from March 8<sup>th</sup> to 15<sup>th</sup>, 2025!

Our team of medical experts provided top-notch care to spectators, players, and attendees, ensuring a safe and healthy experience for all.



TATA WPL 2025 at CCI (Women’s Premier League 2025)

Jaslok Hospital was honored to be the Official Medical Partner for the WTA 125K L&T Mumbai Open, providing comprehensive medical services and expert care to top athletes and participants throughout the 10-day tournament.



WTA 125K L&T at CCI (International Women’s Lawn Tennis)





# BOMBAY GYMKHANA 10K RUN: 150<sup>TH</sup> YEAR CELEBRATION

Jaslok Hospital was thrilled to have been the Medical Partner for the Bombay Gymkhana 10K Run, celebrating their 150<sup>th</sup> year anniversary! Our team provided top-notch medical care to over 2000 participants, with ZERO casualties! We're proud to have played a role in making this event a success.



# WESNESS MARATHON

On the eve of World Cancer Day/month; we partnered with WESNESS - A 5 km run.

Our Breast Cancer Consultant - Dr. Karishma Kirti was interviewed by Celebrity Ahsaas Channa on Breast Cancer. Participants: 3500 +. We did offer discounted cancer screening packages.

As a preferred medical partner, we managed the event with a great success & zero casualties.





# Celebrating World Health Days With Patients

Jaslok Hospital hosted a special Myeloma Awareness event at Jaslok Hospital, where we honored our survivors, brought joy through a cultural program, and launched our dedicated Myeloma Clinic.

## Event Highlights

- Honoring multiple myeloma survivors and their caregivers
- Cultural event to spread happiness and positivity
- Launch of Jaslok Hospital's dedicated Myeloma Clinic



## Myeloma Awareness Month

Jaslok Hospital marked World Kidney Day with a cultural event, bringing together patients and their families to promote kidney health awareness. The engaging event featured educational sessions on preventing kidney diseases, emphasizing the hospital's commitment to care, compassion, and excellence.

## Key Highlights:

- Interactive cultural event with patients and families
- Educational sessions on kidney disease prevention
- Promoting kidney health and well-being
- Showcasing Jaslok Hospital's dedication to care and compassion



## World Kidney Day Event



# Teen girl with 'snake-spine' operated on after 3 years of alternative treatment

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For five years, Aditi (name changed), a 15-year-old from Ichalkaranji, lived with a spine so severely curved that doctors compared it to a "snake-spine." Considered too risky for surgery, her family turned to homeopathy, only to realise after three years that it was ineffective.

Desperate for a solution, they scoured the internet and found promising treatment options at Mumbai's Jaslok Hospital but discovered that the cost was beyond their reach. "Our local MLA helped us through govt schemes," said Renuka, Aditi's mother.

At Jaslok, doctors diagnosed Aditi with kyphoscoliosis, a severe spinal deformity causing both bending and twisting, linked to Neurofibromatosis 1 (NF1), a genetic disorder that leads to skin spots and small tumours along the spine. Her spinal curve measured a staggering 120 degrees. But there was another factor uncommon in such patients: she had a fused lamina, where two vertebrae were stuck together since birth.

Dr Manish Kothari, a spine surgeon at Jaslok, spent two weeks searching medical literature for a similar case with a birth defect but found none. He consulted experts at AIIMS Delhi, who also had never seen NF1 combined with a congenital spinal defect. "This is the first documented instance of NF1 with an additional birth defect," he said. NF1-related spinal defects typically develop over time, worsening during puberty. Aditi's condition was detected just before the Covid-19 pandemic, but lockdowns delayed treatment, allowing the curve to worsen significantly. By the time she returned to doctors, local specialists warned of a more than 50% risk of permanent paralysis if surgery was attempted. However, Dr Kothari argued that without intervention, the increasing spinal curvature would inevitably lead to paraplegia.

The spine was carefully broken into two pieces, and an entire vertebra was removed. It was then reassembled using titanium screws and rods. Aditi's curve was reduced to 60 degrees, though she may require another operation depending on how her spine heals.

She was discharged on Thursday. Renuka reflected on the years lost to alternative practices. "We saw our daughter in pain for years, which could have been avoided if we sought medical treatment sooner. People need to remember that things like homeopathy are not for serious illnesses."



## Modi, Indonesia prez pledge to ramp up ties

Focus on Def, Trade, Security, Counterterrorism

NEW DELHI: Prime Minister Narendra Modi and Indonesian President Joko Widodo have pledged to ramp up bilateral ties between the two nations, with a focus on defence, trade, security and counterterrorism.

## In fresh shakeup, Trump fires 12 internal govt watchdogs

Had Oversight Role to Detect, Deter Fraud

WASHINGTON: President Donald Trump has fired 12 members of the Government Accountability Office (GAO), a watchdog agency that monitors federal spending and operations.

## Almer Dargah petitioner claims two men fired at his vehicle

Almer Dargah petitioner claims two men fired at his vehicle

NEW DELHI: A petitioner at the Supreme Court has claimed that two men fired at his vehicle while he was travelling in the area of the Almer Dargah in New Delhi.

## 7-yr-old likely youngest to undergo angioplasty

7-yr-old likely youngest to undergo angioplasty

MUMBAI: A 7-year-old boy has become the youngest patient to undergo angioplasty at a hospital in Mumbai.

## ONOE can redefine terms of good governance: Prez

ONOE can redefine terms of good governance: Prez

NEW DELHI: President Droupadi Murmu has said that the National Openness and Neutrality of Election (ONOE) can redefine the terms of good governance.

## Pune dist logs 9 more suspected GBS cases

Pune dist logs 9 more suspected GBS cases

PUNE: The district health authorities in Pune have reported 9 more suspected cases of Guillain-Barre Syndrome (GBS).

## A dead woman's legacy: A baby, three gifts of life

A dead woman's legacy: A baby, three gifts of life

MUMBAI: A woman who died in a tragic accident has left behind a legacy of love and life through a baby and three gifts of life.

## Western India's 1st Bombay B Group kidney

Somita Pal  
MUMBAI

A 30-year-old woman from Shirdi recently underwent a life-saving kidney transplant at Jaslok Hospital & Research Centre despite having the rare 'Bombay O' blood group. This marks Western India's first Bombay B group kidney transplant.

Pooja Khandagale, a type 1 diabetes patient, had been suffering from renal failure and on dialysis since January 2023. Initially, she believed her blood group was O positive, but during pre-transplant blood work in December, doctors discovered that both she and her sister had the rare 'Bombay' blood group. This revelation made finding a compatible donor exceptionally challenging, as persons with this group can only receive blood and organs from those with the same blood type. Despite the odds, Khandagale's mother, who has a B-positive blood type, stepped forward as a donor. The hospital sourced the rare blood group from across the state to ensure Khandagale's safety during surgery. The transplant was successfully carried out on January 1.

## ‘बॉम्बे’ रक्तगट असलेल्या रुग्णावर मूत्रपिंड प्रत्यारोपण देशातील पहिलीच यशस्वी शस्त्रक्रिया

मुंबई, ता. ५ : अत्यंत दुर्मिळ बॉम्बे रक्तगट असलेल्या रुग्णावर जसलोक रुग्णालयात यशस्वी मूत्रपिंड प्रत्यारोपण शस्त्रक्रिया करण्यात आली आहे. देशातील ही यशस्वी झालेली पहिलीच शस्त्रक्रिया असल्याचा दावा या रुग्णालयाचे केला आहे. नेफ्रोलॉजिस्ट डॉ. ऋषी देशपांडे यांच्यासह इतर टीमने ही कामगिरी बजावली आहे. प्रत्यारोपणापूर्वी रक्तगटाचे निदान आवश्यक असते. जगात कुठेही अशा प्रकारचा रुग्ण आढळल्याचे माझ्या ऐकिताना नाही. त्यामुळे हे मोठे आव्हान होते, असे देशपांडे म्हणाले.

### गुंतागुंतीची शस्त्रक्रिया!

‘बॉम्बे’ रक्तगटाच्या रुग्णासोबत परस्परविरोधी (इनकॅम्पेटिबल) मूत्रपिंड प्रत्यारोपण करण्याची प्रक्रिया ही अत्यंत दुर्मिळ आणि गुंतागुंतीची आहे. यासाठी काळजीपूर्वक नियोजन करणे आणि अचूक डिसेन्सिटाइझेशन प्रोटोकॉलचे पालन करणे आवश्यक असते, असे जसलोक रुग्णालयाचे वैद्यकीय संचालक डॉ. मिलिंद खडके यांनी सांगितले.

त्यामुळे योग्य दाता शोधण्यात मोठा अडथळा होता. रक्तगट वेगळा आणि विसंगत (बी पॉझिटिव्ह) असूनही रुग्णाच्या आईने दाता होण्याची तयारी दाखवली. नेफ्रोलॉजिस्ट आणि युरोलॉजिस्ट यांच्या नेतृत्वाखालील प्रत्यारोपण पथकाने तयारी केली. यात अटीबांडी पातळीचे बारकाई निरीक्षण आणि व्यवस्थापन करण्यात आले.

## बॉम्बे रक्तगटाच्या रुग्णावर प्रत्यारोपण

### मूत्रपिंड प्रत्यारोपणाची पहिली घटना

म. टा. विशेष प्रतिनिधी, मुंबई

‘बॉम्बे’ हा दुर्मिळ रक्तगट असलेल्या ३० वर्षीय महिला रुग्णावर मूत्रपिंड प्रत्यारोपण करण्याची आधुनात्मक प्रक्रिया जसलोक रुग्णालयामध्ये यशस्वी यशस्वीरीत्या पार पाडण्यात आली.

शिर्डी येथील रहिवासी असलेल्या तीस वर्षीय महिला २०२२ पासून मधुमेह आहे. मधुमेहामुळे तिची मूत्रपिंडे निकामी झाल्याने तिला मूत्रपिंड प्रत्यारोपणाची गरज होती. ही महिला ‘बॉम्बे’ या दुर्मिळ रक्तगटाची आसल्याने, प्रत्यारोपण कताना विशेष काळजी घ्यावी लागणार होती. असा रुग्णाप्रमाणे शरीरातील प्लाझमा काढून त्यामधील ‘एच’ या प्रतिजनांची पातळी कमी करावी लागते. त्यामुळे शरीरामध्ये प्रत्यारोपित केलेला अवयव नाकारला जात नाही व प्रत्यारोपण यशस्वी होण्याची शक्यता अधिक वाढते. मूत्रपिंड प्रत्यारोपणाची गरज असलेल्या या महिलेचा रक्तगट हा ‘ओ’ असल्याचे काही दिवसांनी तपासणीमध्ये सांगितले गेले. जसलोक रुग्णालयात त्यांच्या



### वैद्यकीय कौशल्य, नियोजन महत्वाचे

जसलोक रुग्णालयाचे वैद्यकीय संचालक डॉ. मिलिंद खडके यांनी सांगितले, ‘बॉम्बे’ रक्तगटाच्या रुग्णांमध्ये मूत्रपिंड प्रत्यारोपण प्रक्रिया ही दुर्मिळ आणि गुंतागुंतीची असते. त्यासाठी काळजीपूर्वक नियोजन करावे लागते. वैद्यकीय कौशल्य आणि योग्य नियोजनामुळे हे प्रत्यारोपण यशस्वी झाले. नेफ्रोलॉजिस्ट डॉ. ऋषी देशपांडे आणि डॉ. अश्विन पाटील, युरोलॉजिस्ट डॉ. ए. ए. रावल आणि डॉ. जे. जी. लालमलानी, भूलतज्ञ डॉ. दीपांकर दासगुप्ता, डॉ. सावि शहा तसेच रक्तपेढी अधिकारी डॉ. आशा, डॉ. तेजस्विनी यांच्या सहभागाने ही अवघड शस्त्रक्रिया पार पडली.

रक्तगटाचे अचूक निदान करण्यात आले. हा रक्तगट दुर्मिळ ‘बॉम्बे’ रक्तगट होता. मूत्रपिंड प्रत्यारोपणासारख्या मोठ्या शस्त्रक्रियांमध्ये रक्तगटाचे अचूक निदान होणे आवश्यक असते. या रुग्णाला बी पॉझिटिव्ह रक्तगटाच्या दात्याने मूत्रपिंडदान केले होते. अनेक रुग्णालयांनी या रुग्णाचे प्रत्यारोपण करण्यास नकार दिला होता. नेफ्रोलॉजिस्ट आणि युरोलॉजिस्ट यांच्या नेतृत्वाखालील प्रत्यारोपण पथकाने वैद्यकीय नियोजन केले. प्रत्यारोपित अवयव

नाकारण्याचा धोका कमी करण्यासाठी विशेष उपचारांवाही समावेश करण्यात आला. रुग्णाच्या शरीराने प्रत्यारोपित अवयव नाकारू नये, यासाठी विशेष खबरदारी घेण्यात आली. नेफ्रोलॉजिस्ट डॉ. ऋषी देशपांडे यांनी यासंदर्भात माहिती देताना सांगितले की, ‘अनेकदा बॉम्बे रक्तगट हा ‘ओ’ रक्तगट आहे, असे सांगितले जाते. त्यामुळे संक्रम निर्माण होऊ शकतो. ‘ओ’ रक्तगटाच्या व्यक्तींनी तो ‘बॉम्बे’ रक्तगट नाही ना, याची खात्री करून घ्यायला हवी.’

## एकाच वेळी दोन आधुनात्मक शस्त्रक्रिया

म. टा. विशेष प्रतिनिधी, मुंबई

एकाच रुग्णावर दोन गुंतागुंतीच्या शस्त्रक्रिया करणे हे आधुनात्मक असते. मात्र मुंबईतील खासगी रुग्णालयामध्ये ६३ वर्षीय रुग्णावर एकाचवेळी कोरोनरी आर्टरी बायपास आणि अवयवदानातून झालेली यकृत प्रत्यारोपण अशा दुहेरी शस्त्रक्रिया एकाचवेळी करण्यात आल्या आहेत. सुरेश (नाव बदलले आहे) या रुग्णाला सात वर्षांपूर्वी ‘नॉन अल्कोहोलिक फॅटी लिव्हर’ आजाराशी संबंधित सिरोसिसचे निदान झाले होते. भारतामध्ये एक तृतीयांश लोकसंख्येमध्ये हा त्रास दिसून येतो. २०२१ मध्ये त्यांनी यकृताच्या कॅन्सरसाठी रिव्हिजन थेरपी केली. एप्रिल २०२४ मध्ये त्यांना पुन्हा वैद्यकीय उपचाराची गरज होती. या रुग्णाचा ट्युमर अंशतः नियंत्रित असताना त्याचे यकृताचे कार्य कमी होऊ लागले होते. त्यासाठी यकृत प्रत्यारोपणाची गरज होती. त्याच्या डाव्या मुख्य कोरोनरी धमनीमध्ये मोठे ब्लॉकज असल्याचे दिसून आले.

यकृत प्रत्यारोपणापूर्वी त्यांच्या डाव्या मुख्य कोरोनरी धमनीमध्ये मोठे ब्लॉकज असल्याचे आढळून आले. त्यांच्यावर यकृत प्रत्यारोपण

करण्यापूर्वी उपचार करणे आवश्यक होते. या रुग्णावर ऑनोप्लास्टी करता येणार नव्हती. कारण डाव्या मुख्य वाहिनीची शारीरिक रचना गुंतागुंतीची होती. त्याचे यकृत प्रत्यारोपण पुढे ढकलले गेले असते. हृदयरोगाची समस्या सोडवण्याचा प्रयत्न केला असता प्रत्यारोपणासाठी उशीर झाला असता. सत्तेचाळीस वर्षीय मृतदात्याच्या कुटुंबाने संमती दिल्यामुळे यकृत प्रत्यारोपण शस्त्रक्रिया करण्यात आली.

शल्यविशारद सल्लागार डॉ. उपेंद्र भालेराव यांनी ब्रिटिंग-हार्ट, ऑफ-पम्प बायपास शस्त्रक्रिया प्रक्रियेद्वारे केली. या तंत्रामुळे शस्त्रक्रिया करण्यातील धोका कमी होतो. यकृत प्रत्यारोपणासाठी त्यांची प्रकृती स्थिर करणे असा उद्देश होता. या दोन्ही शस्त्रक्रियांना त्यांनी चांगला प्रतिसाद दिला. दुसऱ्याच दिवशी व्हेंटिलेटर काढण्यात आले. हृदय आणि नवीन प्रत्यारोपित केलेले यकृत सामान्य पद्धतीने काम करायला लागल्यानंतर दोन आठवड्यानंतर त्यांना घरी सोडण्यात आले. यकृत प्रत्यारोपण फिजिशियन डॉ. आभा नागलाल यांनी हृदयविकार हे असलेल्या रुग्णांमध्ये एनएफएलडी असलेल्या रुग्णांमध्ये मृत्यूचे प्रमुख कारण आहे, असे सांगितले.

## ६३ वर्षीय रुग्णावर एकाच वेळी बायपास, यकृत प्रत्यारोपण

### जसलोक रुग्णालयात देशातील पहिली गुंतागुंतीची शस्त्रक्रिया यशस्वी

मुंबई : पुढारी वृत्तसेवा

बाबू मायकल या ६३ वर्षीय रुग्णावर एकाच वेळी कोरोनरी आर्टरी बायपास शस्त्रक्रिया आणि यकृत प्रत्यारोपण शस्त्रक्रिया एकाचवेळी यशस्वीरीत्या करण्यात आल्या. देशात पहिल्यांदाच अशी जटिल दुहेरी शस्त्रक्रिया जसलोक रुग्णालयात पार पडली आहे.

मायकल यांना सात वर्षांपूर्वी नॉन-

अल्कोहोलिक फॅटी लिव्हर हिडिसी संबंधित सिरोसिसचे निदान झाले. एप्रिल २०२४ मध्ये त्यांच्या यकृताचे कार्य कमी होऊ लागले, ज्यासाठी यकृत प्रत्यारोपणाची आवश्यकता होती. त्यांच्या प्रत्यारोपणपूर्व तपासणी दरम्यान, त्यांच्या डाव्या मुख्य कोरोनरी धमनीमध्ये मोठे ब्लॉकज असल्याचे आढळून आले.

४० वर्षीय ब्रेन डेड दात्याच्या कुटुंबाने यकृत

दान करण्याचा निर्णय घेतल्यानंतर त्यांच्यावर शस्त्रक्रियेची सुरुवात हृदयरोगाचे शल्यविशारद सल्लागार डॉ. उपेंद्र भालेराव यांनी ब्रिटिंग-हार्ट, ऑफ-पम्प पास शस्त्रक्रिया प्रक्रियेद्वारे केली. त्यानंतर यकृत प्रत्यारोपण करण्यात आले. डॉ. शैलेश सावळे, डॉ. प्रवीण अग्रवाल, डॉ. विभा वर्मा व डॉ. विवेक अडसल्याचे आढळून आले. त्यांच्यावर यकृत प्रत्यारोपण



**Zeena Aman Faces Choking Scare As Pill Gets Stuck in Throat. Dr. Parash Naik Shares Dos, Don'ts And First-Aid Tips**

Zeena Aman faced a frightening moment recently when her blood pressure pill got lodged in her throat, making breathing difficult but not impossible. She was alone at home at the time.

Dr. Parash P. Naik, Skull Base, Head and Neck Surgeon, and ENT Consultant at Jaslok Hospital & Research Centre, Mumbai, spoke to **ABP Live** and shared important inputs on how to help someone who has a pill stuck in their oesophagus (in everyday terms, the throat) and can neither swallow it nor spit it out.

Read full interview : Click Here

**Pettarusp Murzban Wadia, Consultant, Neurology & Movement Disorders Specialist at Jaslok Hospital & Research Centre, Mumbai**

**What is Guillain-Barré Syndrome? Expert answers**

Dr. Pettarusp Murzban Wadia, Consultant, Neurology & Movement Disorders Specialist at Jaslok Hospital & Research Centre, Mumbai, answered FAQs and shared the symptoms of this disease.

**Intermittent Fasting मुळे weight Loss नक्की होतं का ? डॉक्टरांनी सांगितलं सत्य | Dr. Vyankatesh Shivane**

Dr. Vyankatesh Shivane, Consultant, Diabetology & Metabolic Physician, Jaslok Hospital & Research Centre, Mumbai.

Intermittent Fasting मुळे weight Loss नक्की होतं का ? डॉक्टरांनी सांगितलं सत्य | Dr. Vyankatesh Shivane

**Pap Smear: What it is and why every woman should get one by Dr. Shilpa Agarwal**

Pap Smear: What it is and why every woman should get one

Dr. Shilpa Agarwal, Consultant, Obstetrics and Gynaecology, Specialist High risk pregnancy and fetal medicine, Jaslok Hospital and Research Centre Mumbai.

**What health issues are women most prone to due to their lifestyle?**

Driven by sedentary lifestyles, poor diet, and stress, women's health issues like PCOS, obesity, mental health conditions, early menopause, endometriosis, infertility, and metabolic disorders are rising. Effective management requires collective efforts involving families, institutions, workplaces, and pol...

**Weight Gain । मुलांची ताकद वाढण्यासाठी केळी गुणकारी आहे का ? Doctor काय म्हणतात ? Dr. Vyankatesh Shivane**

Dr. Vyankatesh Shivane, Consultant, Diabetology & Metabolic Physician, Jaslok Hospital & Research Centre, Mumbai.

Weight Gain । मुलांची ताकद वाढण्यासाठी केळी गुणकारी आहे का ? Doctor काय म्हणतात ? Dr. Vyankatesh Shivane

**‘बॉम्बे’ रक्तगटाच्या रुग्णाचे मूत्रपिंड प्रत्यारोपण**

**भारतातील दुर्मीळ रक्तगटाचे पहिले प्रत्यारोपण**

जगात कुठेही अशा प्रकारचे रुग्ण आढळले नव्हते, म्हणून हे प्रत्यारोपण करणे हे आमच्यासमोरचे एक मोठे आव्हान होते. विशेष म्हणजे जसलोक हॉस्पिटलमध्येच त्यांच्या रक्तगटाचे योग्य निदान झाले होते आणि प्रत्यारोपणापूर्वी रक्तगटाचे निदान होणे अत्यंत महत्वाचे असते; चुकीचे निदान झाले असते तर मोठा अनर्थ घडला असता. योग्य नियोजनामुळे ही शस्त्रक्रिया योग्य रीतीने पार पडली.

— डॉ. नवीन देशपांडे, संचालक, नेफ्रोलॉजी विभाग, जसलोक हॉस्पिटल

२०२२ पासून मूत्रपिंड निकामी झाल्याचा त्रास होता. म्हणून या महिलेने रुग्णालय गाठले असता दुसऱ्या रुग्णालयातील त्यांच्या रिपोर्ट्सवरून सुरुवातीला त्यांचा रक्तगट ‘ड’ असल्याचे दिसून आले. मात्र जेव्हा त्या जसलोक रुग्णालयात आल्या तेव्हा त्यांच्या रक्तगटाचे अचूक निदान झाले. हा रक्तगट दुर्मीळ ‘बॉम्बे’ रक्तगट असल्याचे समोर आले. कोणत्याही वैद्यकीय प्रक्रियेसाठी विशेषतः मूत्रपिंड प्रत्यारोपणासारख्या मोठ्या शस्त्रक्रियांमध्ये रक्तगटाचे अचूक निदान होणे आवश्यक असते. त्यांचा रक्तगट दुर्मीळ ‘बॉम्बे’ असा होता, ज्यास ‘एचएच’ असेही म्हणतात. हा दुर्मीळ रक्तगटच योग्य दाता शोधण्यात अडथळा उरत होता. या रक्तगटाच्या व्यक्तींच्या लाल रक्तपेशींमध्ये ए, बी आणि एच प्रतिजन नसतात. रुग्णाच्या आईचा रक्तगट वेगळा आणि विसंगत (बी पॉझिटिव्ह) होता. तरी त्यांनी धाडसीपणाने दाता होण्याची तयारी दाखवली. नेफ्रोलॉजिस्ट आणि यूरोलॉजिस्ट यांच्या नेतृत्वाखालील प्रत्यारोपण पथकाने काळजीपूर्वक योजना आखली, ज्यामध्ये अवयव नाकारण्याचा धोका कमी करण्यासाठी विशेष उपचारांचा देखील समावेश करण्यात आला. यामध्ये अँटीबॉडी पातळीचे बारकाईने निरीक्षण आणि व्यवस्थापन करून या महिलेवर विसंगत प्रत्यारोपण पार पडले.

**Mumbai doctors save life of Mulund resident after complex heart and liver surgery**

Mumbai resident Babu Michael received a new lease of life after a complex surgery by Mumbai doctors.

Doctors: Dr. Abhishek Nagarkar, Dr. Shalish Sabte, Dr. Upendra Bhalekar, Dr. Rahul Chhabria, Dr. Pravin Agarwal, Dr. Shruai Tandan, Dr. Vivek Shetty, Dr. Nikhil Konde, Dr. Savi Kapila & Dr. Mohit Rohra



## ‘बॉम्बे ब्लड ग्रुप’ मरीज का किडनी ट्रांसप्लांट

■ **NBT रिपोर्ट, मुंबई :** दुर्लभ माने जाने वाले बॉम्बे ब्लड ग्रुप के एक मरीज का सफल किडनी ट्रांसप्लांट जसलोक अस्पताल में किया गया। देश में इस ग्रुप का यह पहला ट्रांसप्लांट है। शुगर पेशेंट 30 वर्षीय महिला की किडनी फेल होने पर उन्हें अस्पताल में भर्ती कराया गया। उनका ब्लड ग्रुप खोजना बड़ी चुनौती थी। अस्पताल प्रशासन की कोशिशों से ब्लड ग्रुप मिला, फिर डॉ. ऋषि देशपांडे की टीम ने ट्रांसप्लांट प्रक्रिया पूरी कराई।

## उपलब्धि : मुंबई में हुआ देश का इस तरह का पहला ट्रांसप्लांट, 30 वर्षीय युवती को उसकी मां ने दी किडनी दुर्लभ ब्लड ग्रुप ‘बॉम्बे’ की युवती का सफल किडनी प्रत्यारोपण

विश्व संवाददाता | मुंबई

अत्यंत दुर्लभ ‘बॉम्बे’ ब्लड ग्रुप वाली युवती का सफल किडनी ट्रांसप्लांट मुंबई के एक निजी अस्पताल में हुआ। इस ब्लड ग्रुप वाले मरीज का देश का यह पहला किडनी प्रत्यारोपण था। मधुमेह से पीड़ित 30 वर्षीय युवती को उसकी मां ने अपनी एक किडनी दान कर नई जिंदगी दी है। शिर्डी में रहने वाली 30 वर्षीय युवती बीते तीन साल से मधुमेह के कारण किडनी फेल होने

से पीड़ित थी। इस युवती को जब किडनी ट्रांसप्लांट के लिए मुंबई के जसलोक अस्पताल लाया गया तो दूसरे अस्पताल से मिली रिपोर्ट में उसका ब्लड ग्रुप ‘ओ’ था। लेकिन जब जसलोक अस्पताल में उसके ब्लड ग्रुप की जांच की गई तो वह दुर्लभ ‘बॉम्बे’ ब्लड ग्रुप की पाई गई। युवती का दुर्लभ ब्लड ग्रुप प्रत्यारोपण में एक बड़ी बाधा बन गई थी। इसी की वजह से कई अस्पतालों द्वारा मना किए जाने के बाद उसे जसलोक अस्पताल में लाया गया।



**ऐसे किया ट्रांसप्लांट :** केमकेजीस्ट डॉ. ऋषि देशपांडे ने बताया कि यह प्रत्यारोपण करना एक कठिन चुनौती थी, क्योंकि दुनिया में कहीं भी इस ब्लड ग्रुप वाले व्यक्ति का अंग प्रत्यारोपण नहीं हुआ है। उन्होंने बताया कि अस्मिता डोमर के मामले में प्लाज्मा परीक्षा कर शरीर में कोई नई एंटीबॉडी नहीं बढे जाती है और एंटीबॉडी को सामान्य स्तर पर लाया जाता है। युवती को मां की किडनी लगाई जिसका ब्लड ग्रुप ‘बी’ था।

**यया है बॉम्बे ब्लड ग्रुप :** ‘बॉम्बे’ रक्त समूह असाधारण रूप से दुर्लभ है, जो भारत में लगभग 10 हजार व्यक्तियों में से एक और दुनिया भर में रक्त समूहों में से एक में पाया जाता है। इसमें एच एंटीजन का अभाव होता है, जो अन्य सभी रक्त प्रकारों में मौजूद होता है। यहां तक कि O नेगेटिव रक्त भी ‘बॉम्बे’ रक्त समूह वाले व्यक्तियों में गंभीर रिएक्शन उत्पन्न कर सकता है।

## Adult-sized med equipment adapted for kid's angioplasty

TIMES NEWS NETWORK

**Mumbai:** A seven-year-old girl likely became the youngest in the city to undergo angioplasty. When Shilpa (name changed) was taken by her parents to Wadia Hospital, paediatric cardiologist Dr Shreepal Jain said the girl was also experiencing abdominal pain and vomiting, symptoms initially mistaken for a gastrointestinal issue. “Then we noticed unusual skin lesions on her body—something more common in adults with high cholesterol,” Dr Jain said.

“Her ECG was alarming and pointed to heart trouble. When we conducted an angiography, we were shocked to find her left main coronary artery was 99% blocked.” As a result of her genetic condition,

Shilpa developed coronary artery disease, a condition which is a common cause of death in adults over 45.

She was then referred to Jaslok Hospital, where a team led by Dr A B Mehta performed the angioplasty. For Dr Mehta, who has performed more than 20,000 angioplasties over his career, Shilpa was his youngest patient to date. Before her, it was a 17-year-old.

Both doctors noted Shilpa's condition was life-threatening. “She was sitting on a volcano. The blocked artery was responsible for approximately 70% of her blood flow. If it had completely closed, she could have gone into fatal circulatory failure within days,” Dr Mehta said. A liver transplant is considered the most stable long-term solution for her un-

derlying condition, but her critical state necessitated immediate restoration of blood flow to stabilise her.

Dr Mehta said a bypass surgery could have been an option but was ruled out due to its “long, invasive, and risky” nature in such a fragile patient. Instead, his team opted for angioplasty, adapting adult-sized equipment for Shilpa's smaller anatomy. “We used innovative techniques to modify the equipment. A wire was threaded into an adult catheter, softened using controlled heat from a hair dryer, shaped to match her aorta's dimensions, and then cooled in saline to hold its form. This process was repeated multiple times to ensure absolute precision.”

Once the equipment was customised, the artery was ca-

refully dilated with a balloon. A 2.75mm stent, expandable to 3.5mm—typically sized for adult arteries—was implanted. “By doing this, we've addressed her immediate condition and provided a solution that should last for the next 10 to 15 years,” Dr Mehta said.

This is not the first time angioplasty has been performed on a kid. In 2015, TOI reported a similar case involving a nine-year-old treated by Dr Hasmukh Ravat. According to Dr Ajay Mahajan, head of cardiology at KEM Hospital, such procedures in kids are rare but not unprecedented. “Similar interventions are performed in specialised centres. The real test of success lies in the follow-up, as outcomes need to be monitored over time. She'll be on long-term medication,” he said.

### FIRST SUCH TRANSPLANT IN INDIA, CLAIMS DOCTORS

## Patient with rare ‘Bombay’ blood group undergoes successful kidney transplant

**RUPSA CHAKRABORTY**  
MUMBAI, FEBRUARY 8

IN A rare and complex medical procedure, a 30-year-old woman with the extremely rare ‘Bombay’ (hh) blood group underwent a successful kidney transplant in India. The procedure, conducted at a city hospital, marks the first such recorded transplant in the country, doctors claimed. The procedure, which required overcoming significant immunological and logistical challenges, is among the few reported cases worldwide.

First identified in India, the ‘Bombay’ blood group is exceptionally rare, occurring in approximately one in 10,000 Indians and only one in a million people globally. Unlike common blood groups, people with this type lack the H antigen, making them incompatible with all standard blood types, including O-negative, complicating both transfusions and organ transplants.

The recipient, a 30-year-old woman from Shirdi, had been suffering from end-stage kidney disease due to diabetes and had been on dialysis since 2022. Initially misdiagnosed as having ‘O’ blood group, her actual blood type was only identified when she was being evaluated for a transplant at Jaslok Hospital. A misdiagnosis in such cases can lead to catastrophic outcomes, including graft rejection or fatal transfusion reactions.

Since individuals with this

rare blood type can only receive organs from donors with the same blood group, finding a suitable match was nearly impossible. With no compatible deceased donors available and multiple hospitals declining the case due to its complexity, her mother, a B-positive donor, stepped forward. However, the mismatch introduced significant risks, requiring doctors to modify the recipient's immune response before transplantation.

Dr Rishi Deshpande, director of nephrology (academics) at Jaslok Hospital, highlighted the unprecedented nature of the transplant. “To the best of our knowledge, there are no documented cases of a kidney transplant for a patient with the ‘Bombay’ blood group worldwide. The key to success was the accurate identification of the patient's blood type—had this been overlooked, the consequences could have been catastrophic,” he said. “This case underscores the importance of precise blood typing in transplantation and demonstrates how meticulous planning and advanced immunological protocols can overcome even the most challenging medical barriers.”

To lower the risk of rejection, doctors employed a specialised desensitisation protocol, including plasma exchange therapy and immunosuppressive treatment. These measures helped reduce antibody levels, increasing the chances of a successful graft acceptance.

Another major hurdle was securing compatible blood products. Since ‘Bombay’ blood group patients cannot receive blood from standard donors, Jaslok Hospital had to coordinate with rare blood donor registries across the state to source blood before and after surgery. Unlike other transplants where emergency blood transfusions are readily available, this case required extensive pre-planning explained doctors.

The transplant was carried out by a multidisciplinary team of nephrologists, urologists, anesthesiologists, and transfusion specialists, who worked together to mitigate risks.

Dr Ashwin Patil, a consulting nephrologist, emphasised the importance of accurate blood typing in such cases.

“A misdiagnosis could have led to severe complications or even graft failure. This case highlights the importance of precise immunological assessment before transplantation,” Dr Patil said. Following the procedure, the patient was closely monitored for early signs of rejection.

“We have successfully crossed the critical post-transplant phase, but long-term success depends on continued immunosuppressive therapy and careful monitoring,” said Dr J G Lalimalani, a senior urologist.

Expressing gratitude, the patient said, “When multiple hospitals turned me away, I lost hope. But this transplant has given me a second chance at life.”

## ROBOTIC KNEE REPLACEMENT: TREATING OSTEOARTHRITIS

**T**otal knee replacement surgery is most often performed for Osteoarthritis, the “wear-and-tear” arthritis that occurs with normal aging.

With osteoarthritis, the protective cartilage in the knee breaks down, causing pain as the bones start to rub together.

Other reasons for needing a knee replacement include rheumatoid arthritis and knee injuries with extensive cartilage damage.

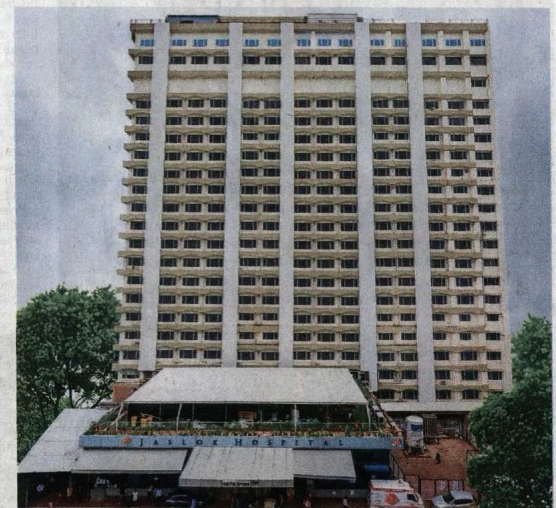
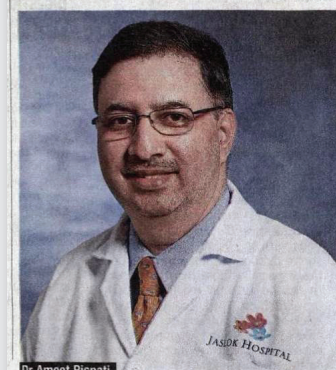
### WHAT ARE THE SYMPTOMS OF KNEE ARTHRITIS?

Knee pain, stiffness, difficult walking, swelling, limping suggests a knee problem. X rays or other investigations such as MRI scan can help diagnose knee arthritis.

### WHEN IS A KNEE REPLACEMENT SURGERY REQUIRED?

In the initial stages of knee damage, medication, lifestyle alteration and weight loss help control the knee pain. When there is advanced cartilage damage, knee replacement surgery becomes necessary to restore back one's quality of life and regain normal pain free function.

Jaslok Hospital, Mumbai, has advanced Robotic system for performing knee replacement. Dr Armeet Pispat is Director of Orthopaedic Surgery and Specialist in Robotic Knee and Hip Replacement at Jaslok Hospital, Mumbai.



### CONVENTIONAL VS ROBOTIC KNEE REPLACEMENT

In traditional/conventional knee replacement, the surgeon uses their experience, performing surgery manually with the aid of routine instruments.

Robotic assisted joint replacements use computer guided information for planning the surgery, taking into account the unique anatomy of that patient.

With the aid of specialised cutting tools (robotic arm), the surgeon can remove damaged bone and cartilage, and implant artificial joints with greater precision, as well as help to preserve healthy tissue. Hence one combines the skills of the surgeon along with the accuracy of the planning, with the help of Robotic technology.

### WHY ROBOTIC KNEE REPLACEMENT?

Robotic surgery has advantages

such as may enhance the accuracy, precision, may lead to less blood loss and faster recovery.

The system works in conjunction with the surgeon's skilled hands to achieve precise positioning of components during surgery which may help improve the function, feel and potential longevity of the knee implant, says Dr Armeet Pispat, Director of Orthopaedic Surgery and Specialist in Robotic Knee Replacements at Jaslok Hospital, Mumbai.

The robotic-assisted solution also may help reduce the risk of error in surgical plan execution to achieve improved patient outcomes. Since robotic-assisted surgery can be personalised to each individual patient, based on their bone anatomy and ligaments, it may lead to a quicker recovery.

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