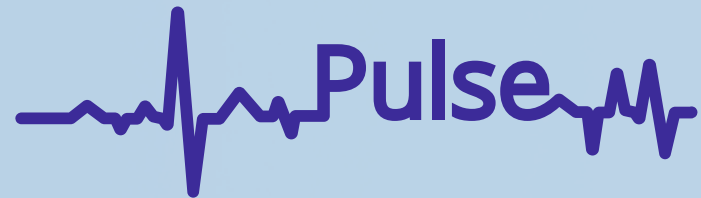


# Charnock



**IT MAY NOT BE OVER YET**

**2022**

A blue surgical mask is positioned between the two '0's of the year '2022', which are rendered in a large, bold, blue font.

**Wear Mask • Stay Safe**

**Case:** An Interesting Case Of Bronchopneumonia

**Achievement:** What we have achieved in 2021

**Outdoor Activities:** Charnock Health Camps & Awareness Programmes

**Lifestyle:** Winter food & Drinks

**Recipe:** Cream of Cauliflower Soup



# From MD's Desk

Namaskar,

As we bid goodbye to 2021 and enter 2022; We do not just enter a new year but we also bid farewell to the Covid era and enter into an era that hopefully, shall be free from this deadly virus. We carry along with us the learnings, the experiences and innovations which we have discovered, whilst managing this deadly crisis that humanity could not have fathomed.

It is said that every calamity teaches us something new. It forces us to do the impossible, to imagine and implement some things which never could have been done earlier, to innovate, to push the boundaries and to go beyond our natural calling. This has been the bane of human development. This has been repeated historically, multiple times, over and over. Every crisis pushes humanity further into the future.

Today, also we stand at one such juncture where we have crossed a milestone and are looking towards a future that holds within itself an exponential growth possibility. What we make of the coming decade shall pay only be made possible by our capabilities, our imagination, our innovation and our implementation.

I strongly feel, there will be a major upheaval of things as they stand now. We are changing dynamically and dramatically. I am very optimistic and hopeful for a beautiful and brilliant future.

All the Best.

Regards

**Prashant Sharma**

MBA (ISB), MHCD (Harvard)

**Managing Director**

Charnock Hospital

SKM Group

Kolkata.

# AN INTERESTING CASE OF BRONCHOPNEUMONIA

**Dr. Soumya Sengupta**

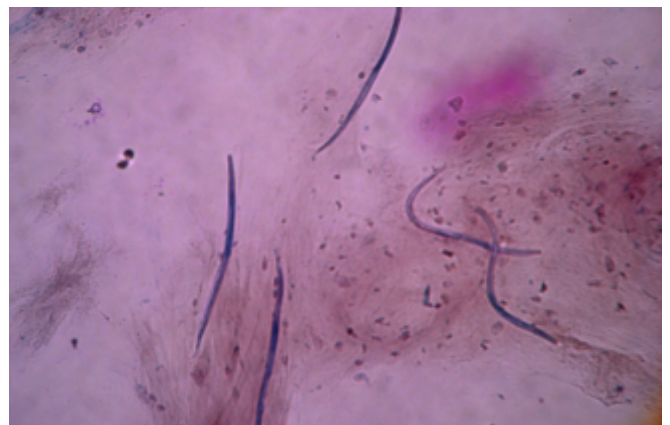
MD (Chest) DNB (Chest), Pulmonology, Charnock Hospital

## **Introduction:**

Infection with *Strongyloides stercoralis*, a soil-transmitted intestinal nematode has been found to be quite common in South East Asian countries including India. Chronic infection is very common with symptoms of diarrhoea, abdominal pain, nausea, vomiting, anaemia, and cough. Hyper infection and dissemination usually occur in individuals with deficient cell mediated immunity particularly with steroids, malnutrition, malignancy and chemotherapeutic agents mimicking acute exacerbation of asthma, COPD, or aseptic meningitis. Very few cases of hyper infection and dissemination have been available in literature in immunocompetent patients.

## **Case report:**

A 60 year old male smoker presented with severe shortness of breath in the emergency following two months history of low-grade fever, productive cough with mucoid expectoration and episodes of streaky haemoptysis in between. He was a known patient of chronic obstructive pulmonary disease since last 7-8 years and was on irregular treatment. He gave history of frequent exacerbations of his respiratory symptoms at least twice in a month for which he used to take multiple courses of antibiotics and oral steroids. He was treated in a local hospital with parenteral antibiotics, bronchodilators and steroids on the present occasion without any symptomatic relief. On admission he was febrile, tachypneic (respiratory rate 34/min), pulse rate 130/min, blood pressure 154/84 mmHg. On general examination there was no clubbing, no cushingoid features or fungal skin infections. His respiratory system showed bilateral rhonchi and crepitations in the left interscapular region. His haemoglobin was 14.2 gm% with leukocytosis (16,000/cmm) and no eosinophilia, ESR 40 mm/hour. His blood sugar was normal, liver and renal functions were normal. He was HIV negative with normal CD4 counts.



His x-ray chest showed a rounded opacity in the left upper zone. CT scan chest showed a rounded well circumscribed lesion in the left upper lobe without any significant lymph nodes. Sputum Gram staining does not reveal any abnormality. Sputum cytology was done to look specifically for malignant cells in view of the CT shadow. All sputum samples were negative for malignant cells; however large “ghost” larvae of strongyloides were identified in the rhabditiform stage having a worm like configuration with one rounded and thicker end in BAL fluid examination. Stool specimens also contained motile larvae of strongyloides. The patient was treated with Ivermectin 10 mg tablet for seven days and his symptoms subsided. Follow up x-ray after 3 months showed complete clearance.

### **Discussion:**

*Strongyloides stercoralis* has a worldwide distribution, especially prevalent in parts of tropical South America, China and South-east Asia. Estimates of global prevalence are unpredictable due to difficulties in diagnosing infection. It has turned out to be a serious problem in individuals receiving immunosuppressive treatment.

There is presence of humoral antibody-mediated immunity by the secretions of infective larvae with a type I response, an eosinophilic tissue response, and a peripheral eosinophilia – often with urticarial rashes. Antibodies are produced which cross-react with many other helminths, including filariae. Adult and larval worms in the tissues herald cell-mediated immunity and ultimately worms are destroyed by a cell-mediated granulomatous reaction.

In patients with abnormalities of cell-mediated immunity (immunosuppressive states or drugs) strongyloides hyperinfection syndrome may produce pulmonary infection that may manifest as asthma, chronic bronchitis, haemoptysis, eosinophilia and pulmonary infiltrates.

In conclusion, strongyloides hyperinfection may manifest with gastrointestinal symptoms or with pulmonary symptoms. Moderate to severe COPD patients usually receive various forms of steroid for symptomatic relief. If these patients present with an episode of AECOPD which is difficult to control screening for strongyloides hyperinfection should be kept in mind. Sputum cytology stool for OPC and broncho-alveolar lavage for OPC will be helpful in reaching the final diagnosis.

# ACHIEVEMENT

# 2021 Achievements

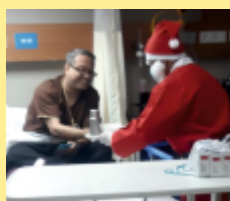
- ★ NABH Certification
- ★ Successful Cadaveric Transplant
- ★ 300 Cath Lab Cases completed
- ★ Blood Centre inaugurated
- ★ Vaccination Drive
- ★ Health workers Felicitated by Bidhaan Nagar Police, CII & Round table
- ★ Outdoor Awareness activities in Schools & Residents
- ★ Collaboration with Schools & Residents



November  
2021:300  
cath lab  
cases  
Completed



few  
*Glimpses*  
of our  
**Santa**



# Charnock Health Camps & Awareness Programmes

December 5<sup>th</sup> (2021) – Collaboration with Renaissance Township, Burdwan



December 11<sup>th</sup> (2021) – Basic Health Camp in Rosedale Garden Complex, New Town



DECEMBER 17<sup>TH</sup> (2021) – Awareness Programme with National English School, Rajarhat



December 18<sup>th</sup> (2021) –  
Awareness Programme with  
**National English School  
Baguiati**



December 24<sup>th</sup> (2021) – Charnock participated as Healthcare  
partner at Lion's Club Christmas Carnival



December 25<sup>th</sup> (2021) – Health Camp Was Organised With

**Lion's Club Royal Kolkata In Lauhati**



As you witness changes in your dressing style during winter, the cold weather also affects your body. Your food preference and metabolism changes drastically during winter. The feeling of skipping exercise and eating or drinking hot, freshly cooked food is common.

However, this doesn't mean you should do nothing and wait until summer comes in so that you can take charge of your life. The secret to staying healthy during winter is winterizing your diet. Here are some foods that you should try out this winter.



## Soup

This is one of the best food that will help you live through winter comfortably. However, you should avoid much salt and cream to get the most out of this meal. You should get recipes that include water as the base and a lot of vegetables. A hot bowl of soup with chicken broth and some vegetables will leave you rejuvenated. You can pair your soup with whole-grain crackers.

## DRINK MORE WARM MILK



Milk and other by-products such as yogurt, cheese, etc. are a great meal choice for winter. This is because they pack a lot of vitamins B12 and A, proteins, and calcium, which boost a person's health. Drinking warm milk frequently will help you avoid falling ill and taking low-fat plain yogurts to decrease the number of calorie intake.

## Consume Winter Fruits and Vegetables

Carrots, turnips, peas and cauliflower are easily available. Consuming these vegetables as either boiled, raw, roasted can endow you benefits such as vitamins A and C, and a boost of beta-carotene. Winter seasonal fruits like oranges, custard apples, strawberries supports our digestion, metabolism, and overall wellness. Seasonal fruits are cheaper, affordable, super tasty, and healthy. The seasonal fruits are fully packed with nutritional values, and they have their natural flavours that add to their freshness and quality. You reap the most benefits out of seasonal fruit.



## WINTER FRUITS AND VEGETABLES



## Increase Your Intake of Cheese, Eggs, and Fish

They are pack vitamin B12, which boosts the normal functioning of the immune system. Moreover, these meals reduce fatigue and tiredness. What's even better is that you can consume them at any time of the day.

*In essence, they will boost your immune system and give you the energy to live through the season. Winter doesn't have to look dull anymore.*





# FOOD

## Cream Of Cauliflower Soup

### INGREDIENTS

- 1 tbsp oil/butter
- 2 large onions - peeled and chopped finely
- 3 regular sizes of cauliflower, chopped into small florets
- 5 cups (1200ml) vegetable or chicken stock
- 1 tsp chopped garlic
- 250g cheddar cheese
- Cup cream
- Salt and pepper to taste

### Instructions

- Heat oil/butter in a large pan, saute onion & garlic gently for 4-5 minutes until it starts to go translucent in medium flame. Add in the cauliflower and stock, boil and simmer for 15 minutes.
- After 15 minutes, take off from heat and puree using a hand blender. Put back on the heat, add in the cheese and cream and stir until the cheese melts. Season with salt and pepper.
- Serve with a sprinkling of cheese and black pepper. Garnish with coriander (optional).



# COVID 19 COCKTAIL THERAPY PACKAGE\*

**Charnock**  
HOSPITAL



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- No admission required

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\*\*FOR MILD & ASYMPTOMATIC CASES ONLY



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|  |                          |                          |                          |                            |
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|--|--------------------------|--------------------------|--------------------------|----------------------------|

**Charnock**

Home Care

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