

COMPASSION

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APRIL 2024 | 3RD ISSUE

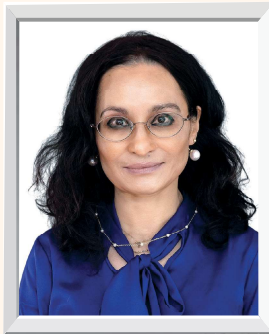


WORKING TOGETHER FOR HEALTHY COMMUNITY

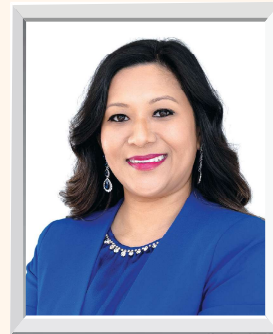
**Texas Nepalese Medical Association
FOUNDING MEMBERS**



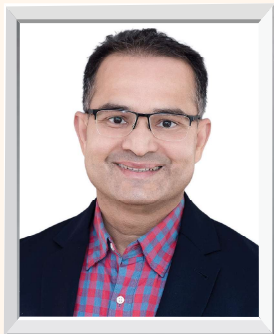
Dr. Sanjeeb Shrestha



Dr. Jharana Shrestha



Dr. Rosy Rajbhandary



Dr. Anuj Kandel



Dr. Neeti Pokharel



Dr. Sarmila Shrestha



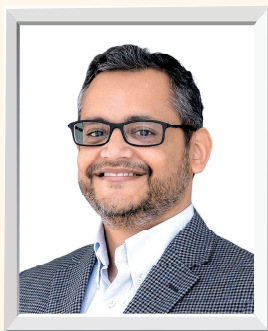
Dr. Bishnu Sapkota



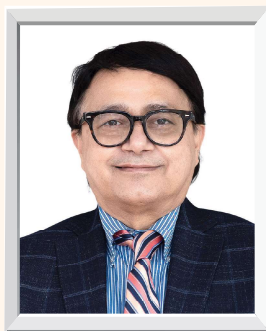
Dr. Shailesh Thapa



Dr. Sumit Bhattarai



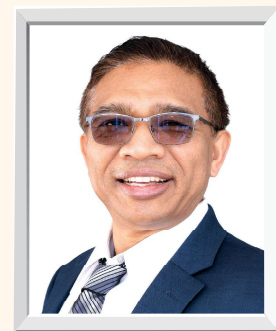
Dr. Dipesh Bista



Dr. Yubaraja Bhattarai



Dr. Puja Sainju



*Mr. Lila Shrestha
(Honorary)*

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PRESIDENT'S MESSAGE



Sanjeeb Shrestha, MD, FACC
President

It is with a heart full of hope and gratitude that I write this message as the President of the Texas Nepalese Medical Association (TNMA).

The Himalaya Health Clinic (HHC) was established in May 2020 and opened its doors in May 2023 to service patients. Since its inception, we have seen over 700 patients in the clinic. The HHC has three medical exam rooms, a large dental suite, a registration office, a nurse's intake room, and space for a phlebotomy lab. These clinic rooms and dental suites have been made possible by our various room sponsors who have generously donated \$5000 each.

During the pandemic, due to many COVID restrictions, our clinic planning was delayed however, TNMA was busy doing Facebook live programs to educate the public on Coronavirus and other important medical topics. The second edition of Compassion magazine was published in December 2020. This magazine has useful medical articles with the purpose of educating the community on various medical topics.

Our journey, as members and supporters of the Texas Nepalese Medical Association, is one paved with dedication, resilience, and unwavering belief in the power of working together for a healthy community. The road to achieving our goals was long and full of challenges. However, collectively, as we face these challenges our resolve has strengthened.

Today we gather in support of a noble cause and we are not just raising funds; we are investing in the future for the good health of our community

members. Every contribution made by our sponsors fuels our ability to keep the clinic running robust, supports much-needed medical and dental equipment purchases, and enhances patient care initiatives.

As we look to the future, let us reaffirm our commitment to fostering growth, and sustainability and increasing various medical services at Himalaya Health Clinic. The path ahead is one of immense potential and promise, guided by our collective efforts and shared vision.

In closing, I would like to express my deepest gratitude to the Texas Nepalese Medical Association's Executive Board Members, TNMA Directors, Nurses, Nurse Practitioners, Pharmacists, IT Personnel, Non-Medical Volunteers, and many distinguished community members who have been actively helping at the Himalaya Health Clinic. And to our younger volunteers who have been demonstrating the importance of volunteering and giving back to the community, thank you all for your dedication. Our team always welcomes and supports the next generation of leaders and your commitment does not go unrecognized.

Together, we are charting a course toward a healthier community, and it is my honor and privilege to embark on this journey with all of you.

With warm regards and deepest appreciation,

Sanjeeb Shrestha, MD, FACC

President

Texas Nepalese Medical Association

FIRST WORDS

A New Normal

What a surreal Journey we've just crossed! Hope the Chaos and Existential Threat are over, the COVID pandemic will soon be a history. Mother nature once again helped the human race to survive in such a situation.

We've entered 'A New World', this is what we think today. Our recent past taught us the importance of balance in our lives, in society, in the whole country, and throughout the Globe. Hope our forefathers' teaching of 'Harmony in Life' helps us to pave the path.

Embrace the Compassion

Compassion is such a meaningful word that has a special dimension in everyone's life. It is such a powerful state of mind that can liberate one from agony, ego, and hatred.

I have been fortunate to witness the Compassion that has been radiated in society by our Doctors, Nurses, Medical Personnel, and tons of Volunteers. I welcome each of you to join hands and to Embrace the Compassion.

I salute with BIG thanks to my great Team for making it possible to publish this issue. Personally, I am humbled to have each of you on the team that makes me feel proud to call My Team. Thank you all.

Sincerely,

Pramesh Shrestha

Editor, COMPASSION



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Texas Nepalese Medical Association
Himalaya Health Clinic
EXECUTIVE COMMITTEE



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President



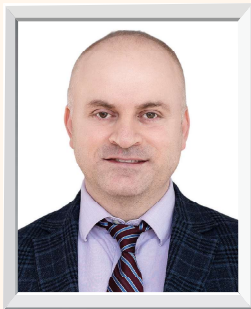
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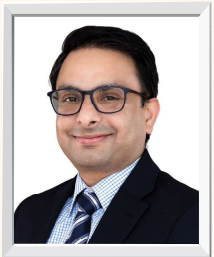
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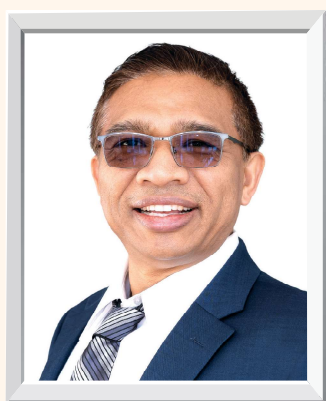


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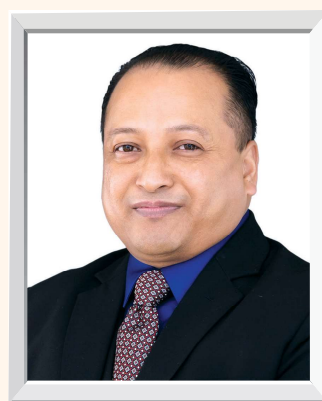


Madhu Shrestha, PhD, MDS
Executive Director

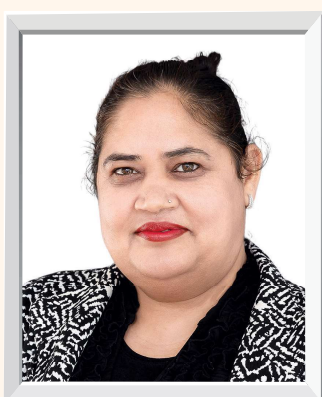
**Texas Nepalese Medical Association
Himalaya Health Clinic**



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Director, Executive Office



Raj Kumar Shrestha
Director, Himalaya Health Clinic



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Dibash Udash
Director, Volunteer



Harish Neupane
Director, Pharmacy

TREASURER'S REPORT

Overview

The **Himalaya Health Clinic**, a registered 501©(3) charity clinic, is committed to providing services to our community who are uninsured and underserved and have difficulty getting access to basic essential healthcare needs. As we continue our mission, it's crucial to keep our stakeholders informed about our financial health. This treasurer report summarizes our financial data for the period ending **March 14, 2024**.

Financial Highlights

1. **Total Capital Investment:** Our clinic has already made a total capital investment of **over \$70,000** to establish the clinic.
2. **Operating Costs:** Our operating costs average around **\$4,000 per clinic day**. These costs cover medical supplies, rent, utilities, insurance, and facility maintenance.
3. **Future growth:** To provide better service to our community, there are other capital items we intend to purchase for the clinic like upgrading the dental chairs, Cavitron machine for dental clinic, EKG machine, AED machine, computers to support EMR integration, etc. We also need to create an emergency fund to cover any unexpected expenses that might arise from a failure of existing medical equipment. This will require over \$100,000 in capital that we will need to raise.

Sponsorship Levels

We've established **eight sponsorship levels**, each symbolizing a majestic mountain. Community members are encouraged to climb these metaphorical peaks by making donations. Here's a brief overview of the sponsorship levels:

1. **Mount Everest Sponsor:** The pinnacle of support!- \$29032 denoting the height of Mt Everest. Donations at this level significantly impact our clinic's operations and sustainability. Dr Rosy Rajbhandary was the first donor to reach this level.



Dipesh Bista, MD
Treasurer

2. **Kangchenjunga Sponsor:** A challenging climb!-\$20,000. Contributions at this level help us maintain high-quality healthcare services.
3. **Lhotse Sponsor:** A formidable ascent!-\$15,000. Donors at this level play a vital role in our outreach programs.
4. **Makalu Sponsor:** A steep climb!- \$10,000 These contributions support our medical equipment and technology upgrades.
5. **Cho Oyu Sponsor:** A rewarding journey!-\$5000. Donations at this level enhance patient care and comfort.
6. **Dhaulagiri Sponsor:** A rugged path!-\$3000. These funds contribute to our community health education initiatives.
7. **Manaslu Sponsor:** A scenic route!\$1000. Donors at this level help us expand our services to underserved populations.
8. **Annapurna Sponsor:** A beautiful peak!-\$500. Contributions here sustain our administrative and operational functions.

Call to Action

We invite our community to join us on this symbolic mountain expedition. By donating, you become part of our mission to provide accessible healthcare to those in need. Together, we can reach new heights and make a lasting impact.

Thank you for your continued support!

HIMALAYA HEALTH CLINIC FACTS; UNDERSTANDING FROM CLINICAL, VOLUNTEER, AND DIRECTOR'S PERSPECTIVE

Himalaya Health Clinic (HHC), a non-profit organization, was established in 2020 and is powered by the Texas Nepalese Medical Association (TNMA), a non-profit organization. Our main goal is to run a free medical and dental clinic regularly for the uninsured and underprivileged patients in the community with the help of a team of TNMA doctors, dentists, nurses, pharmacists, and non-medical volunteers.

A. Understanding HHC from a Clinical Perspective

Our Values:

- We believe that every person deserves access to health care.
- We provide person-centered, high-quality health care in a volunteer-driven and collaborative environment.
- We treat patients with compassion, dignity, and respect.
- We operate with integrity, transparency, and efficiency to ensure the responsible management of all resources.

Clinic Days and Hours of Operation:

Normally, two times a month on Sundays (January to December)

Time: 10:00 AM to 1:00 PM

(Note: Please check our registration page or TNMA's Facebook for up-to-date information)

FAQs:

How to book your appointment?

Patients will have to pre-register online at <https://tnmaonline.org/health-clinic-registration/> (Note: This information is correct as of the date of this article).

What are the requirements for Patient Eligibility?

To receive services at Himalaya Health Clinic, patients should have no form of health insurance or healthcare coverage (Medicaid, Medicare, Chip, Private Insurance, etc.)



Raj Kumar Shrestha
Executive Director

“Thanks to the generosity of our volunteers, who contribute their skills, expertise, and precious weekends without any expectation or reward, we can provide quality health care to our community.”

Do you need to submit any documents?

Present any valid Photo ID (original) which includes the date of birth (Passport or US Green Card or Driving License or Student ID or Travel Document / Nepali Passport, etc.)

What medical service do we provide at HHC?

HHC currently provides basic health check-ups. In addition to Family Medicine and Internal Medicine physicians, we also have specialists in Gastroenterology, Neurology, Rheumatology, Colorectal Surgery, etc. The specific service may be available on a volunteer doctor's availability basis. Please contact HHC to find out when these services are available.

Do you provide dental Services?

Yes, dental consultations and basic treatments are available at HHC.

Is consultation service provided by HHC free?

Yes, the physician and dental consultation services are free of charge.

Is there a fee for getting labs?

If HHC doctors recommend labs, there may be a lab charge by the lab company. As of the date of this article, Quest Diagnostics has been providing a service with subsidized charges for HHC patients, and the patients will have to visit one of their locations for clinical testing.

What are the qualifications needed for the Provider?

Doctors, Dentists, or any healthcare provider should have a valid License from the Texas Medical Board to practice at HHC.

Can Nepali Doctors and Nepali Nurses Volunteer at HHC?

Nepali Doctors and Nepali Nurses can volunteer as general volunteers only.

Do you want to get involved as a volunteer?

HHC volunteers are the heart of our organization. There are many volunteering opportunities available for medical and non-medical individuals. HHC always welcomes new volunteers to our organization.

B. Understanding HHC from the Volunteer's Perspective

Health Camps, and Planning from 2020 to Clinic Opening:

Since HHC was established in 2020, the HHC volunteers strategically planned and made long preparations before we started the clinic. The list includes planning, recruitment of additional volunteers, development of policies and procedures, installation of EMR system and software, purchase or collection of necessary equipment and supplies, furniture, insurance, etc., to start the clinic. While planning, TNMA and the Nepali Society of Texas (NST) jointly organized a Covid-19 testing and several Health Camps on the Nepali Cultural and Spiritual Center (NCSC) premises.

There were many interesting stories from volunteers to share but three of them are as follows:

Scenario number 1: COVID testing:

The COVID-19 pandemic was such a big deal before the vaccine came out, and only limited testing was available. TNMA in collaboration with NST, NCSC, Society of American Nepalese Nurses, and Heal 360 clinic conducted a drive-thru testing in January 2021. To great surprise of the volunteers, 32 percent of the patients' results were positive.

Scenario number 2: The evening of Thanksgiving 2022:

America was celebrating Thanksgiving. Our HHC volunteers were having turkey on their plates, and they were participating in a Zoom meeting at the same time to shop for black Friday deals. Most of the electronic equipment, e.g. Computers, printers, TV, etc. were purchased on that day. There were several inquiries about the clinic's starting day. We felt that the expectations of the community were very high.

Scenario number 3: Scene of the week before the first day of the Clinic in May 2023:

As soon as the facility received a certificate of Occupancy, HHC announced the first clinic day. But several things still had to be done. There were unopened piled-up boxes everywhere in all the rooms. HHC volunteers made a long schedule and worked hard that week. After taking everything under

control, the historic first Clinic Day, Sunday, May 7, 2023, was highly successful. The total number of patients treated on the first day was ninety-five.

The HHC clinic ran once a month in the beginning and started twice a month in December.

Dates and number of patients

S/N	Clinic Days 2023 at HHC	Number of patients treated
1	Sunday, May 7, 2023	95
2	Sunday, June 4, 2023	62
3	Sunday, July 9, 2023	84
4	Sunday, August 6, 2023	82
5	Sunday, September 10, 2023	79
6	Sunday, October 1, 2023	62
7	Sunday, November 5, 2023	45
8	Sunday, December 3, 2023	53
9	Sunday, December 17, 2023	42
	Total	604

(Note: Visit our photo page for more information)

The good news was that HHC was able to treat every patient that came to get service, until the date of this article.

HIPAA

The privacy and security of a patient's health information is a top priority.

Patient's experience:

Patients have expressed several positive experiences during their time at the clinic. Most of our patients are Nepali-speaking patients. As per our data, high numbers of patients are elderly parents who visit the US for short periods. As per Nepali patients,

it is very easy for them to express their problems and explain Nepali medicines to Nepali-speaking doctors.

C. Understanding HHC from the Director's Perspective

Huge saving to the Community:

According to Google, the cost of primary care visits ranges from \$75 to \$300 in Texas for basic examinations without insurance. The specialty care may be even higher. In addition, the lab charges in Texas range from \$200 to \$300. So, when we do simple math, any day the clinic is open it has about \$10,000 to \$25,000 benefit to the community. If you multiply by two times a month, then the savings may range from \$20,000 to \$50,000 per month.

How to sustain HHC is a big question:

This is your clinic for our community that is 100% run by donations. The operating cost is high. Any help you can provide to run and sustain this clinic is highly appreciated.

Kudos to our Volunteers:

Our heartfelt thanks to all our medical, dental, nurse, pharmacy, and non-medical volunteers for their hard work in making all clinic days very successful.

Encourage our volunteers, especially Doctors and Nurses:

The clinic is entirely run by volunteers. Thanks to the generosity of our volunteers, who contribute their skills, expertise, and precious weekends without any expectation or reward, we can provide quality health care to our community. We expect your respect and courtesy to all HHC volunteers. Your smile and your kind words, "Thank you for your service to the community" may encourage our healthcare professionals to volunteer again and again to bring lots of smiles to our patients.

ABOUT THE WRITER

Raj Kumar Shrestha has been volunteering in the role of Executive Office Director at Himalaya Health Clinic (HHC), a non-profit organization since

2020. Raj has an extensive experience in planning, organizing, and managing to run regular operations and programs of the clinic impeccably.



HIMALAYA HEALTH CLINIC SPONSORS

Everest (Grand Sponsor: \$29032 and Up)		
S/N:	Donor's Name (First and Last):	Sponsor Level:
1	Rosy Rajbhandary, MD	
Cho Oyu (Silver Sponsor:\$5000 to \$9999)		
S/N:	Donor's Name (First and Last):	Sponsor Level:
1	Sanjeeb Shrestha, MD, FACG & Jharana Shrestha, MD, FACR	Cho Oyu
2	Kanchan Basnet and Ajaya Bhaskar	Silver
3	Avant Tax and Finance INC	Cho Oyu
4	Nepalese American Chamber of Commerce Dallas	Silver
5	Veritis	Cho Oyu
Dhaulagiri I (Bronze Sponsor:\$3000 to \$4999)		
S/N:	Donor's Name (First and Last):	Sponsor Level:
1	Namaste Furniture	Daulagiri
Manaslu (Brass sponsor: \$1000 to \$\$2999)		
S/N:	Donor's Name (First and Last):	Sponsor Level:
1	Krishna Lohani	Brass
2	Dibash Udas	Brass
3	Ganga Bahadur Thapa	To Brass
4	Lila Shrestha	To Brass
5	Amal Shrestha	To Brass
6	Dazzle Shrestha, Doctor of Chiropractic	To Brass
7	Ranger Wholesale	Manaslu
8	Prem Adhikari	To Brass
9	Deepika Shrestha	To Brass
Room Sponsors (\$5000 plus)		
S/N:	Donor's Name (First and Last):	Sponsor Level:
1	In loving memory of her late mother RN Sharada Joshi (sponsored by Dr. Rosy Rajbhandary, MD)	Room Sponsor
2	Yeti Foundation (sponsored by Suraj Poudyal)	Room Sponsor
3	Kamala Shakya Foundation (sponsored by Swoyambhu Shakya)	Room Sponsor
4	In honor of parents Dr. Ananta Bahadur and Mrs. Sita Shrestha (sponsored by Dr. Sanjeeb and Dr. Jharana Shrestha)	Room Sponsor
5	Sponsored by Mrs. Bimala Bista	Room Sponsor
6	In honor of Mrs. Pushpa K. Shrestha and Mrs. Bijaya Shrestha (sponsored by Dr. Sarmila and Suraj Shrestha)	Room Sponsor
7	In honor of Mrs. Madhuri Sainju and Mrs. Kamala Pradhan (sponsored by Dr. Puja and Manish Sainju)	Room Sponsor
8	In honor of Mr. Man Bahadur and Mrs. Siri Maya Shrestha (sponsored by Raj, Sunil, RN Samana and Dr. Rajani Shrestha)	Room Sponsor

LIST OF LIFE TIME SUPPORTERS (LTS)

1.	Lila Shrestha	40.	Mahendra Kunwar
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3.	Dinesh Sharma	42.	Manoj Katuwal
4.	Manita Manandhar	43.	Manoj Shah
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7.	Anju Banjade, NP	46.	Murali Adhikari
8.	Manju Sigdel, NP	47.	Naresh Pandey
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13.	Sarita KC, RN	52.	Rakhi Shakya
14.	Sudarshan Pathak, RN	53.	Rishi Prakash Niraula
15.	Suraksha Thapa, RN	54.	Rohin Shrestha
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18.	Amal Shrestha	57.	Sagar Nepal
19.	Anjan Shrestha	58.	Sagun Shrestha
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21.	Basu Dev Bhandari	60.	Shailendra Manandhar
22.	Bhuwan Acharya	61.	Sita Sapkota
23.	Bikash Kandel	62.	Subarna Pokharel
24.	Bikashjung Thapa	63.	Sudha Shrestha
25.	Binay Aryal	64.	Suman Thapa
26.	Dazzle Shrestha, Doctor of Chiropractic	65.	Suni Shakya
27.	Deepesh Shrestha	66.	Suraj Poudyal
28.	Deepika Shrestha	67.	Suresh Pokhrel
29.	Devesh Regmi	68.	Umesh Pradhan
30.	Dhiren Gurung	69.	Umesh Shrestha
31.	Ganga Thapa	70.	Uttam Lamichhane
32.	Gouri Raj Joshi	71.	Yadav Khanal
33.	Govinda Sapkota	72.	Kamana Shrestha
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93.	Kiran Paudel, RN
94.	Charu Rai Upadhyaya, RN
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98.	Rita Bhetuwal, RN, BSN
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101.	Sharmila Koirala, RN
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104.	Kalpana Kandel, APRN FNP-C
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107.	Sachita Bhattra
108.	Sabina Aryal, RN
109.	Ranjita Khadayat Bist, RN
110.	Sunil Shrestha
111.	Ravi Ale
112.	Nivedita Pekurel
113.	Kripa Shrestha
114.	Basu Shrestha
115.	Rajat Rajbhandari
116.	Romi Shrestha, RN, MSN
117.	Kunti Guragain, RN, BSN
118.	Bina Neupane Dawadi, RN
119.	Bal Ram Paudel
120.	Bhawani Kandel Pandey

121.	Achut Thapa
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135.	Sharada Mainali, RN
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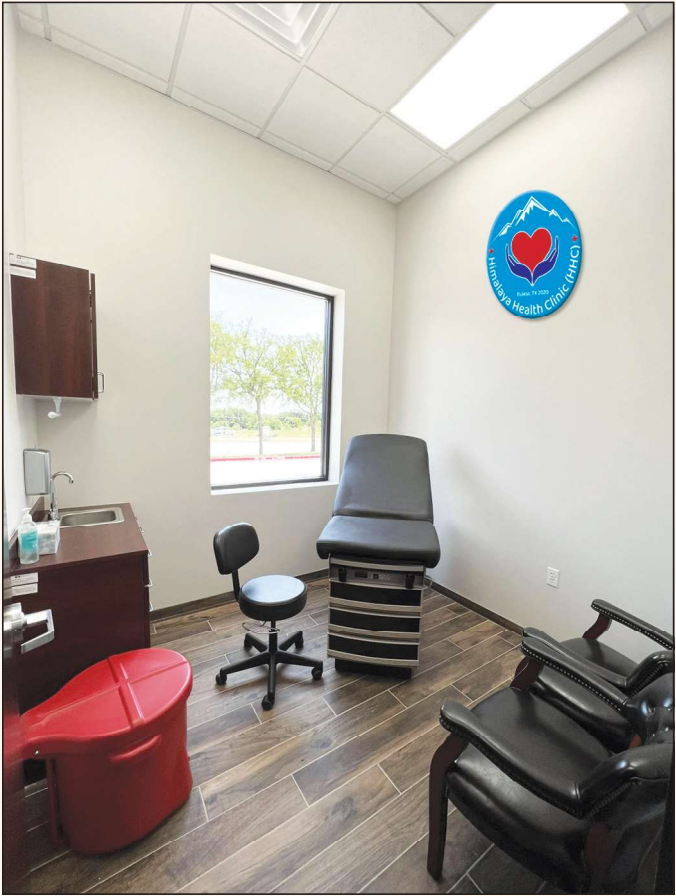
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Sadip Pant
MD, FACC, RPVI

“Nepalese immigrants in the USA face multifaceted health challenges stemming from various socioeconomic, cultural, and systemic factors. Addressing these challenges requires a comprehensive approach that focuses on improving access to healthcare, fostering cultural competency in healthcare settings, and advocating for policies that promote health equity for all, irrespective of their immigration status.”

UNDERSTANDING HEART HEALTH CHALLENGES AMONG NEPALESE IMMIGRANTS: ADDRESSING CARDIOVASCULAR DISEASES

Nepal, nestled in the Himalayas, boasts stunning landscapes and diverse cultures. Yet, amidst its natural beauty, the country faces a growing health challenge—cardiovascular diseases (CVDs). The prevalence of heart problems in the Nepalese population has emerged as a significant concern, necessitating a deeper understanding and targeted interventions to mitigate these issues. The problem is exponentially growing among immigrants to western countries like USA. The economic burden of cardiovascular diseases is substantial. High treatment costs, coupled with the loss of productivity due to premature deaths and disabilities, pose a significant economic challenge for individuals and families who migrated with hopes of achieving American dreams.

Alarming Statistics

Cardiovascular diseases have emerged as the leading cause of mortality among the Nepalese, accounting for a significant percentage of deaths among all age groups, such as:

- Over a quarter of all deaths among the Nepalese are attributed to CVDs annually.
- Heart diseases affect the Nepalese at a younger age compared to Western ones significantly impacting the productive workforce.

Contributing Factors

Several factors contribute to the high prevalence of cardiovascular diseases among Nepalese immigrants to Western countries like USA:

- **Changing Lifestyles:** Urbanization has led to sedentary lifestyles, increased stress, unhealthy dietary habits, and decreased physical activity—all of which significantly contribute to the development of heart diseases. Further, in USA, there is easy access to processed foods.

- **Epidemiological Transition:** A shift from communicable diseases to non-communicable diseases, including CVDs, has occurred due to changes in lifestyle, diet, and healthcare accessibility.
- **Genetic Predisposition:** Genetic susceptibility in certain ethnic groups further exacerbates the risk of heart diseases in Nepalese population. However, most Nepalese families do not keep records of their family history for understanding the genetic predisposition.
- **Rural-Urban Disparities:** While urban areas grapple with lifestyle-related risks, rural regions face challenges of limited healthcare infrastructure and resources. This dichotomy contributes to disparities in access to healthcare services and preventive measures, impacting the overall burden of heart diseases.
- **Lack of preventive care concepts:** In Nepal, preventive medicine is still in its infancy, and the general trend among public is to visit doctors only when sick. Hence, preventive care including screening tests, family history, preventive dental cleaning / exams, etc. is still not in the priority list.
- **Language barrier:** Language barrier, especially among first generation immigrants as well as elderly relatives of younger immigrants, has concerning impact as the system is not so easy to navigate. While more health information is not available in other languages other than English, it is not easy for a non-tech savvy immigrant to update on on their health care needs
- **Socioeconomic Factors:** Socioeconomic disparities play a crucial role in shaping health outcomes. Economic constraints and disparities in education and income levels often restrict access to preventive measures, medications, and quality healthcare services, exacerbating the burden of heart diseases in vulnerable populations.

Addressing the Cardiovascular Disease Crisis- Preventive Strategies

Preventive measures play a pivotal role in mitigating the burden of heart diseases as follows:

Promoting Healthy Diets: Encouraging the consumption of fresh fruits, vegetables, and whole grains while reducing intake of processed foods high in saturated fats and sugars. Replacing simple carbohydrates with complex carbohydrates (substituting white rice for quinoa, buckwheat ,etc.) can help regulate insulin levels in the body and prevent insulin resistance which is the key driver for metabolic syndrome and chronic heart disease.

Encouraging Physical Activity: Advocating for regular exercise and physical activity to combat sedentary lifestyles. American Heart Association recommends walking 30 minutes a day can dramatically reduce the incidence of heart disease.

Health Education and Awareness: Comprehensive public health campaigns emphasizing lifestyle modifications, healthy dietary practices, and the importance of physical activity are essential.

Early Detection and Screening: Encouraging routine health check-ups and screenings for high blood pressure, diabetes, and cholesterol levels can aid in early detection and timely intervention. Screening should start as early as 21 years of age or earlier if there is family history of heart disease. Specific heart tests like EKG or echocardiogram may also be needed if abnormalities detected on physical exam or strong family history of heart disease.

Tobacco Use: Smoking and other forms of tobacco consumption are prevalent in various demographics, significantly elevating the risk of heart diseases.

Weight loss: Obesity is strongly associated with multiple cardiac problems. Impact of weight loss on cardiovascular health far exceeds the impact of any medicine. Hence, every effort should be made to prevent the visceral obesity which is highly prevalent among Nepalese population.

Healthcare Enhancement Opportunities:

Regularly participating in healthcare activities conducted by organizations like TNMA to understand the current trend in health and fitness and share each other’s health care concerns can tremendously help achieve a collective goal.

Vaccination: Influenza is a large driver of heart disease like myocardial infarction, congestive heart failure and atrial fibrillation. Getting vaccinated as per CDC guidelines and hygienic practices to reduce transmission during winter months can help reduce flu related cardiac morbidity and mortality during the endemic months

Conclusion

Nepalese immigrants in the USA face multifaceted health challenges stemming from various socioeconomic, cultural, and systemic factors. Addressing these challenges requires a comprehensive approach that focuses on improving access to healthcare, fostering cultural competency in healthcare settings, and advocating for policies that promote health equity for all, irrespective of their immigration status. By focusing on preventive measures, improving healthcare access, and fostering collaborative efforts, we can pave the way for a healthier future where heart health is prioritized and accessible to all.

ABOUT THE WRITER

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GOUT

What is gout?

Gout is a form of arthritis. It is one of the most common causes of inflammatory arthritis, affecting about 6 -7% of all men and about 2% of all women, with a total of about 9 million cases annually. Like other types of arthritis, it causes pain and swelling in the joints.

How does gout happen?

Gout occurs when uric acid, a byproduct of protein metabolism, builds up in the body. Uric acid is a byproduct of protein breakdown, specifically from an amino acid group called purines. In the right conditions, uric acid builds up inside of joints in the body (classically in the big toes, thumb joints, large and small joints) and crystallizes to form sharp needle-like crystals. These crystals provoke inflammation in the joint which can cause joint pain, redness, swelling, and painful movement. An acute gout flare will typically occur within a single joint within the body.

What are the risk factors in gout?

There are several medical conditions and lifestyle factors that increase a person's risk of developing gout, including: obesity, high blood pressure, chronic kidney disease, overeating or prolonged fasting, consuming excessive amounts of alcohol particularly beer, whiskey, gin, vodka, rum and other spirits on a regular basis. Consuming large amounts of meat or seafood and consuming beverages containing high fructose corn syrup such as sodas are also provoking factors.

How does uric acid build up?

Uric acid builds up in many different ways. Some are from a body's *inability* to get rid of the uric acid, either because of medications, chronic kidney disease, or being postmenopausal. Other ways are from *increased* uric acid production, including medical conditions and treatments that cause high cell turnover (cancer, psoriasis, chemotherapy, and radiation therapy to name a few). However, the most important measures to prevent the gout are: taking no high red meat, seafood, fatty meals, and high fructose corn syrup, including high cholesterol and obesity.

What are the symptoms of gout?

Acute gout flares up suddenly overnight or in the early morning. It can be very painful. The joints are swollen, red, warm and very painful with movement. Fever can occur, and these symptoms can persist for hours or days with slow improvement. If gout is not treated, a condition called chronic gouty arthritis can occur. The repeated gout flares can affect the joints with formation of tophi (uric acid crystal) around the skin, bones, soft tissues, and joints which can lead to arthritis. Additionally, chronically high uric acid levels can lead to uric acid crystals depositing in the kidneys and causing chronic kidney disease. Other diseases can also develop, including uric acid kidney stones and an elevated risk of heart disease and hypertension.



Jharana Shrestha
MD



Minh-Triet (Michael) Nguyen
DO, MS

“If gout is not treated, a condition called chronic gouty arthritis can occur. The repeated gout flares can affect the joints with formation of tophi (uric acid crystal) around the skin, bones, soft tissues, and joints which can lead to arthritis.”

How is gout diagnosed?

Acute gout *cannot* be diagnosed with just an analysis of how much uric acid level is in the blood serum. The standard of diagnosis is analyzing a sample of joint fluid, which is obtained with a procedure called an arthrocentesis. The fluid is then put under a microscope with special lighting and then analyzed for the presence of uric acid crystals. Many medical conditions can have symptoms similar to the gout. Therefore, speaking to a physician about these symptoms can assist the diagnostic process. Blood tests and laboratory studies may also reveal nonspecific markers of inflammation as well. Chronic gouty arthritis is diagnosed with a combination of clinical findings (described above), imaging findings of arthritis and tophi deposition, and evidence of uric acid crystals on samples of joint fluid or tophi.

How is gout treated?

The first and most important method of treating gout is to eliminate reversible causes, such as limiting alcohol, red meat, sugary food, and high fructose consumption. Additionally, management of any preexisting medical conditions along with sustainable weight loss has been shown to reduce gout flares. Acute gout flares are treated with rest and ice, along with anti-inflammatory medications like nonsteroidal anti-inflammatory drugs (NSAIDs), steroids, or a special drug called colchicine. These drugs help reduce the pain, swelling and

symptoms, but unfortunately do not treat the root cause. To treat the root cause, uric acid lowering drugs are used, especially when the patient shows signs of advanced gout. All of these drugs, in combination with eliminating reversible causes of gout, help to keep gout under control and prevent acute flares.

There are also several dietary modifications that have shown the evidence in treating gout. Surprisingly, eating cherries (10 -12 daily) lowers the risk of gout flares by as much as 35 % in preexisting gout, and may also be helpful in preventing gout as well. Additionally, 500mg of daily vitamin C has also lowers uric acid levels and protects against the development of gout. There also may be some potential benefit to omega-3 polyunsaturated fatty acids, which may have anti-inflammation properties to reduce the risk of gout flares. There is limited evidence to suggest that the Dietary Approaches to Stop Hypertension (DASH) diet may also help lower uric acid levels and prevent the development of gout. This diet is rich in fruits, vegetables, low fat dairy, wholegrains, poultry, and nuts, including limited red meats and sweets.

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ABOUT THE WRITER

Dr. Jharana Shrestha, MD, FACR, is a board-certified Rheumatologist . She has been in private-practice as a Rheumatologist since 2000. She attended Lady Hardinge Medical College, New Delhi, India: residency at Metro Health-Case Western Reserve University and fellowship at the University of Texas Medical Branch.

She currently works at The Center for Cancer and Blood Disorder. She is an adjunct clinical assistant professor for Medical City Healthcare in Weatherford, an affiliate of the University of North Texas Health Science Center.

In her spare time, she is an avid marathoner, participating in the 125th Boston Marathon and most recently, the 2024 Houston Marathon. Alongside her passions for medicine and running, Dr. Shrestha enjoys spending quality time with her family. She resides in Fort Worth with her husband, Dr. Sanjeeb Shrestha, their two children, and their Goldendoodle, Captain.

Dr. Minh-Triet (Michael) Nguyen, DO, MS is an internal medicine resident physician currently practicing at Medical City Weatherford. Hailing originally from Houston Texas, he graduated from Hendrix College in Arkansas with a degree in biology. He then continued his studies at Case Western Reserve University in Ohio, where he eventually earned a master's degree in medical physiology. From there Dr. Nguyen returned to Texas, where he attended medical school at the Texas College of Osteopathic Medicine in Fort Worth.

Dr. Nguyen is passionate in his service to patients, and considers his career in medicine his life's mission. He has publications in medical oncology and hematology, serves as a peer reviewer for several academic medical journals, and is an Eagle Scout. When he is not in the clinic, he spends his time reading science fiction novels, playing board games, and modifying his car.

PSORIATIC ARTHRITIS

INTRODUCTION

Psoriatic arthritis (PsA) is a form of arthritis that affects some people who have psoriasis - a disease that causes red patches of skin topped with silvery scales. Most people develop psoriasis years before being diagnosed with psoriatic arthritis. But for some, the joint problems begin before skin patches appear or at the same time.

This article aims to provide a comprehensive overview of Psoriatic Arthritis, including its symptoms, diagnostic approaches, and available treatment options.

SYMPTOMS OF PSORIATIC ARTHRITIS

Psoriatic arthritis commonly presents as joint pain, stiffness, and swelling. They can affect any part of the body from relatively mild to severe, including your fingertips and spine. It can affect joints on one or both sides of your body. Both psoriatic arthritis and psoriasis are chronic diseases that worsen over time. However, you might have periods when your symptoms improve or go away temporarily. Other manifestations of PsA include the following:

Swollen fingers and toes. Psoriatic arthritis can cause painful, sausage-like swelling of your fingers and toes.

Foot pain. Psoriatic arthritis can also cause pain at the points where tendons and ligaments attach to your bones — especially at the back of your heel (Achilles tendinitis) or in the sole of your foot (plantar fasciitis).

Lower back pain. Some people develop inflammation of the joints between the vertebrae of your spine (spondylitis) and in the joints between your spine and pelvis (sacroiliitis).

Nail changes. Nails can form tiny dents (pits), crumble or separate from the nail beds.

Eye inflammation. Uveitis can cause eye pain, redness and blurry vision. If untreated, uveitis can lead to vision loss.

Deformities: A rare but severe form called “Arthritis Mutilans” can cause destructive changes in the joints, leading to permanent deformities.



Rosy Rajbhandary
MD

“Many people with psoriatic arthritis have a family history of either psoriasis or psoriatic arthritis. Researchers have found certain genetic markers that appear to be associated with psoriatic arthritis.”

1. Picture of Plaque Psoriasis: *Source Mayo Clinic*



2. Picture of Psoriatic Arthritis in both hands: *Source ACR*



CAUSES AND RISK FACTORS OF PSORIATIC ARTHRITIS

Psoriatic arthritis occurs when your body's immune system attacks healthy cells and tissue. The immune response causes inflammation in your joints as well as overproduction of skin cells. Both genetic and environmental factors seem to play a role in this immune system response. Many people with psoriatic arthritis have a family history of either psoriasis or psoriatic arthritis. Researchers have found certain genetic markers that appear to be associated with psoriatic arthritis.

Physical trauma or something in the environment — such as a viral or bacterial infection — might trigger psoriatic arthritis in people with an inherited tendency.

DIAGNOSIS OF PSORIATIC ARTHRITIS

Diagnosing Psoriatic Arthritis can be challenging due to its resemblance to other forms of arthritis.

Psoriatic arthritis occurs when your body's immune system attacks healthy cells and tissue. The immune response causes inflammation in your joints as well as overproduction of skin cells. Both genetic and environmental factors seem to play a role in this immune system response. Many people with psoriatic arthritis have a family history of either psoriasis or psoriatic arthritis.

Your Rheumatologist (specialist in arthritis) will take a detailed history, examine you and order some imaging studies (such as X-rays and MRI), and laboratory tests for establishing a diagnosis. Dermatologists and rheumatologists often collaborate to ensure accurate diagnosis and effective disease management.

TREATMENT OPTIONS

There is no cure for psoriatic arthritis. The treatment goal is to reduce joint pain, swelling, control the skin rash, prevent permanent joint damage, and improve overall quality of life. The management of PsA often involves a multidisciplinary approach and may include the following:

A) Medications such as Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) can help reduce pain and inflammation

“Psoriatic arthritis is a chronic and potentially disabling condition that affects individuals living with psoriasis. Early diagnosis and proper management are important to minimizing permanent joint damage and improving quality of life. With a combination of pharmacological interventions and lifestyle modifications, individuals with psoriatic arthritis can lead fulfilling lives.”

B) Disease-Modifying Anti-Rheumatic Drugs (DMARDs) such as methotrexate, leflunomide or sulfasalazine may be prescribed to slow disease progression and save joints and other tissues from permanent damage

C) Biologic Therapies target different pathways of the immune system. They have shown remarkable efficacy in controlling the symptoms and preventing joint damage.

D) Newer oral medication. Apremilast (Otezla) decreases the activity of an enzyme in the body

that controls the activity of inflammation within cells

E) Physical Therapy and exercises can help improve joint mobility, reduce pain, and strengthen muscles.

F) Surgical and other procedures: Steroid injections into an affected joint such as the knee joint, shoulder joint or fingers can reduce inflammation. Some joints that have been severely

damaged by psoriatic arthritis can be replaced with artificial ones made of metal and plastic.

G) Lifestyle Modifications. In addition to medical interventions, individuals with this kind of arthritis can adopt certain lifestyle modifications to manage their condition effectively. Regular exercise, stress management techniques, maintaining a healthy weight, and adequate rest, quitting smoking, are essential aspects of self-care for Psoriatic Arthritis patients.

CONCLUSION

Psoriatic arthritis is a chronic and potentially disabling condition that affects individuals living with psoriasis. Early diagnosis and proper management are important to minimizing permanent joint damage and improving quality of life. With a combination of pharmacological interventions and lifestyle modifications, individuals with psoriatic arthritis can lead fulfilling lives. Please see your rheumatologist if you have any concerns related to your joints.

ABOUT THE WRITER

Dr Rosy Rajbhandary is a rheumatologist at Texas Health Huguley Hospital Fort Worth South and sees patients at The Rheumatology Clinic of DFW, PLLC in Burleson, Texas. She is Board Certified in both Rheumatology and Internal Medicine.

Dr Rajbhandary is very actively involved in her community. She is a founding and Executive Board member of Texas Nepalese Medical Association

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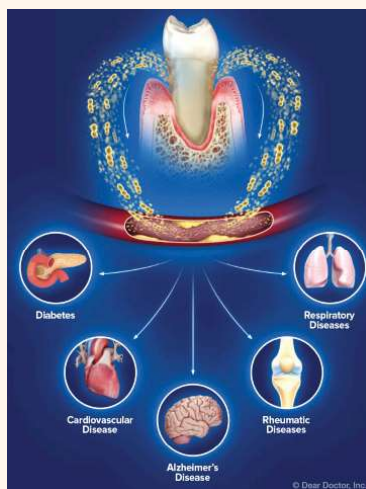


Sarmila Shrestha
DDS

“educate yourself with common signs of gum disease and dental caries, eat healthy diet and limit food with added sugars, schedule regular dental checkup and cleaning every 6 months, avoid tobacco.”

ORAL HEALTH AND SYSTEMIC DISEASES

According to World Health Organization, oral health is the state of the mouth, teeth and orofacial structures that enables individuals to perform essential functions such as eating, breathing, and speaking. It encompasses psychosocial dimensions such as self-confidence, well-being and the ability to socialize and work without pain, discomfort



and embarrassment. Systemic disease is the health condition that affects the entire body rather than a single organ or a body part. It includes the respiratory, immunological, neurological, circulatory, digestive systems, etc. Mouth is the gateway to your body. There is an important connection between the health of your mouth and the overall wellness of your body. Good oral health can lengthen life expectancy, enhance physical and mental function, and prevent chronic diseases.

Main Contributing Factors

Inflammation: Inflammation is a major factor that links poor oral health to various systemic diseases. Conditions like gum disease, characterized by chronic gum inflammation, release inflammatory substances into the bloodstream. These substances can trigger or exacerbate inflammation in other parts of the body, contributing to a range of health issues, including heart disease, diabetes, cancers, etc.

Bacteria and infection: The mouth is the home for countless beneficial and harmful bacteria. When oral hygiene is neglected, harmful bacteria can multiply, leading to infections and inflammation in the oral cavity. These bacteria can also enter the bloodstream, potentially spreading to other organs and systems. For example, oral bacteria have been found in the plaque deposits that clog arteries in patients with atherosclerosis.

Immune system response: The body's immune system is crucial in maintaining overall health. When the mouth becomes a source of chronic infection and inflammation, the immune system can become overactive, increasing the risk of autoimmune disorders and other health problems. Additionally, conditions like HIV/AIDS or cancer treatments can weaken the immune system, making oral health even more critical.

Most Common Systemic Diseases Linked to Poor Oral Health

Cardiovascular disease: People with periodontal disease are twice as likely to have cardiovascular disease, which is the number one cause of death in the U.S. The link between oral health and heart disease is one of the most well-established connections within the oral-systemic link. Chronic gum inflammation can contribute to the development of atherosclerosis (hardening of the arteries) and increase the risk of heart attacks and strokes. Researchers believe that the inflammation caused by oral bacteria may trigger a cascade of events that lead to arterial damage and blood clot formation.

Diabetes: Individuals with poorly controlled diabetes are at a higher risk of developing gum disease, which can hinder their ability to regulate blood sugar levels. There is a two-way relationship between diabetes and gum disease. High blood sugar levels can promote bacterial growth in the mouth by feeding the oral bacteria, while gum disease can increase insulin resistance, making diabetes management more challenging.

Pregnancy: Expectant mothers should be especially vigilant about their oral health. Gum disease has been linked to preterm birth, low birth weight, and other complications during pregnancy. Hormonal changes during pregnancy can also make the gums more prone to inflammation and infection, highlighting the need for regular dental checkup during this period.

Respiratory diseases: Harmful bacteria from periodontal disease can be aspirated into the lungs, causing bronchitis, emphysema and pneumonia particularly in individuals with compromised immune systems. Chronic inflammation from periodontal disease may worsen these conditions. Chronic obstructive pulmonary disease (COPD) is the third leading cause of death in the United States.

Alzheimer's disease: Studies suggest that the bacteria associated with gum disease called *Porphyromonas gingivalis* can travel from the mouth to the brain. Once in the brain, the bacteria release enzymes called gingipains that can destroy nerve cells, which in turn can lead to memory loss and eventually Alzheimer's.

Rheumatic diseases: Moderate to advanced gum disease is common in people with rheumatoid arthritis. A higher incidence of gum disease is found among people with other immune-related chronic inflammatory diseases including lupus, Sjögren's syndrome and inflammatory bowel disease. Again, the connection is bidirectional, just as people with chronic inflammatory diseases may be at risk of periodontal disease, persistent inflammation in periodontitis seems to contribute to the progression of these conditions.

How to Improve your Oral Health

To protect your oral health, practice good oral hygiene by brushing your teeth at least twice a day with a soft bristled toothbrush and fluoride toothpaste, educate yourself with common signs of gum disease and dental caries, eat healthy diet and limit food with added sugars, schedule regular dental checkup and cleaning every 6 months, avoid tobacco.

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Dr. Sarmila Shrestha is a dentist and co-owner of Care 'N' Cure Dental (Garland) and Round Grove Family Dentistry (Lewisville). She is a founding member of Texas Nepalese Medical Association.

She has been actively working to bring oral health awareness to the Nepalese community since 2009 through NST and TNMA.



Puja Sainju
DDS

“If bruxism is related to major sleep issues your dentist may recommend a sleep medicine specialist. Sleep medicine specialists can conduct sleep studies to determine if you have sleep apnea or other sleep disorders.”

BRUXISM

Bruxism means teeth grinding and clenching. There are 2 types of bruxism: one is sleep bruxism and another is awake bruxism. Awake bruxism is clenching teeth subconsciously while awake. Sleep bruxism is a sleep related movement disorder likely to be associated with snoring and pause in breathing (sleep apnea).

Signs, symptoms and complications of bruxism

- Flattening and shortening of teeth, enamel wear leading to painful and sensitive teeth.
- Chipping, fracture and loose teeth.
- Jaw, neck and face pain, tension type headache, ear ache, tired and tight jaw muscles, locked jaw (difficulty in opening and closing), clicking of temporomandibular joint (TMJ).
- Sleep disruptions and loud enough to wake up your partner.
- Damage to cheek due to biting inside of cheek.

Risk factors

- Age related bruxism which is common in children but usually it goes away as they grow up.
- Stress, anxiety, anger and frustration can lead to grinding and clenching.
- Aggressive, hyperactive and competitive personality type.
- Medications and other substances: Psychiatric medicine like antianxiety, antidepressants, smoking, alcohol, caffeinated beverages and recreational drugs.
- Family history of bruxism.
- Other health disorders like Parkinson's disease, epilepsy, sleep apnea, gastroesophageal reflux (GERD), night terror, attention deficit hyperactivity disorder (ADHD), dementia.

Evaluation of bruxism

Routine dental check-up can determine if you have bruxism. Mild bruxism without symptoms may not require any treatment.

Referrals

If bruxism is related to major sleep issues your dentist may recommend a sleep medicine specialist. Sleep medicine specialists can conduct sleep studies to determine if you have sleep apnea or other sleep disorders. If anxieties or other psychological issues are related to teeth grinding

a dentist will refer you to the licensed therapist or counselor for related treatment.

Helpful tips

- Try relaxing activities like yoga and meditation.
- Psychological counseling and therapy.
- Avoid, caffeine, alcohol and smoking.
- Set reminder, timers and notes to keep your teeth apart to avoid or reduce grinding and clenching.
- Dental examination will reveal bruxism so check with your dentist.

Treatment

- Behavior change: Increase awareness to reduce clenching and grinding.
- Dietary counseling and habit modification.
- Stress management: Reduce stress related responses which will reduce bruxism.

- Oral appliances: Night guard, splints to separate teeth to avoid damages to teeth and jaw muscle activity
- Reshaping may be needed on chewing surfaces of your teeth to alleviate tooth sensitivity and restore the teeth.
- Treating signs and symptoms of teeth due to bruxism
- Muscle relaxant for pain in the jaw muscles
- Botox injections for neurogenic abnormality, for eg. dystonia, Huntington disease and Parkinson's disease

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ABOUT THE WRITER

Dr. Puja Sainju graduated from New York University in 2005 and completed a General Practice Residency at Flushing Hospital Medical Center, New York in 2006. Dr. Sainju practiced dentistry in Pennsylvania from 2006 to 2012 and moved to Texas in 2013, since then she has been practicing in the DFW area.

Dr. Sainju participated in Earthquake Relief Health Camps in Nepal organized by the Nepalese Society of Texas in June 2015. Dr. Sainju was one of the main organizers of the fundraising "Walkathon for Nepal Rise and Shine" in May 2015 to help Earthquake Victims in Nepal.

Dr. Sainju has participated in numerous Health Camps with NST since 2015, TNMA health camps since 2018, and Himalaya Health Clinics since May 2023

Affiliations:

Founding member of Texas Nepalese Medical Center
 General Secretary, Texas Nepalese Medical Association
 General Secretary, Himalaya Health Clinic
 Founding Member of Shree Pashupatinath and Buddha Temple NCSC
 Charter Member of Collin Athena Alliance Lions Club
 Member of American Dental Association
 Member of Texas Dental Association

Hobbies: Volunteering, spending quality time with family and friends, yoga, biking, skating, traveling.

Motto: "Work-Life Harmony"



Sanjeeb Shrestha
MD, FACP

“If we consume 30 to 50 g of alcohol daily for over 10 years, there is an increased risk of developing alcoholic liver disease. Men who drink more than two drinks per day and women who drink more than one alcoholic drink per day are at risk for ALD.”

ALCOHOLIC LIVER DISEASE: DIAGNOSIS TREATMENT AND MANAGEMENT

Alcoholic liver disease (ALD) is characterized by a spectrum of liver abnormalities ranging from steatosis, and alcoholic hepatitis to fibrosis cirrhosis and hepatocellular carcinoma. Alcoholic liver disease is a major cause of morbidity and mortality worldwide.

Alcohol consumption throughout the world is widespread and, in many countries, it is related to cultural and social aspects of the area. Alcohol is the most misused drug throughout the world. Alcohol consumption in the United States is widespread and approximately 7% of adult Americans meet the criteria for alcohol abuse or alcohol dependence. In 2007, approximately 56,000 patients were hospitalized with alcoholic liver disease in the United States.

Excessive alcohol consumption can lead to a spectrum of diseases including alcoholic liver disease i.e. simple steatosis and inflammation, progression would lead to alcoholic hepatitis, and there may be progression to fibrosis and eventually cirrhosis and even liver failure.

The stages of liver disease with chronic alcohol use can be as follows.

1. Alcoholic fatty liver disease. This causes fat accumulation in the liver cells.
2. Acute alcoholic hepatitis. This causes acute inflammation and necrosis of the liver cells.
3. Fibrosis. Scarring in the liver or alcoholic steatohepatitis.
4. Cirrhosis where there is a rare irreversible liver damage with advanced scarring and impaired liver function.
5. Hepatocellular carcinoma

Epidemiology:

The liver can tolerate mild alcohol consumption defined as 1-2 drinks per day.

The definition of one alcoholic drink per CDC is 13.7 g of alcohol which is the amount of alcohol present in 12 ounces of beer (5% alcohol); 8 ounces of malt liquor (7% alcohol), 5 ounces of wine (12% alcohol) or 1.5 ounces of 80 proof hard liquor (40 % alcohol).

If we consume 30 to 50 g of alcohol daily for over 10 years, there is an increased risk of developing alcoholic liver disease. Men who drink more than two drinks per day and women who drink more than one alcoholic drink per day are at risk for ALD. However, about 35% of heavy drinkers and only about 10 to 15% of people who consume alcohol regularly go on to develop cirrhosis. So, there are other factors that predispose the patient to develop cirrhosis. These factors are genetics, age, sex, race, obesity, and presence of other chronic liver disease.

This gender variation is related to Alcohol Dehydrogenase enzyme (ADH) activity, body fat distribution, and influence of sex hormones.

Clinical features:

Patients with alcoholic-associated liver disease are often asymptomatic. Symptoms of advanced chronic alcohol use and cirrhosis can lead to malnutrition, jaundice, ascites loss of appetite nausea vomiting, yellow discoloration of the eyes, increased thirst, and confusion. There can be a fever in acute alcoholic hepatitis, mood swings, and alteration of the sleep-wake cycle (encephalopathy) and decreased libido is commonly seen.

Physical exams in patients with ALD may be normal but in people with cirrhosis, there can be jaundice, ascites (fluid in the abdomen) enlarged liver, enlarged spleen, spider angiomas, and testicular atrophy.

Lab values for evaluation include CBC electrolytes. The characteristic lab finding is elevated aminotransferases (AST) compared to alanine aminotransferase (ALT) ratio is often more than two.

The gamma-glutamyl transpeptidase (GGT) is often elevated in patients with ALD. GGT elevation can be as high as 8-10 times and can persist up to 8 weeks after abstinence. GGT elevation can be seen with

biliary, and pancreatic disease or in patients on certain medications including barbiturates and phenytoin.

Prothrombin time is elevated and decreased Platelet count is an early marker of ALD.

Abdominal imaging includes ultrasound and CT abdomen.

Ascite fluid analysis helps confirm alcoholic liver disease and rule out infection and malignant cells. Endoscopy to evaluate for esophageal varices is recommended on an annual basis.

A liver biopsy is often helpful to confirm diagnosis when diagnosis is uncertain. A liver biopsy can help determine the severity and prognosis and guide the treatment of the disease.

Treatment and management

Management of alcoholic liver disease depends on the extent of the disease. Alcohol abstinence is the cornerstone of treatment for chronic alcohol liver disease. Clinicians should counsel all patients on alcohol cessation, and consider early consultation with a substance abuse counselor and or psychiatrist. Ideally, the patient should be enrolled in a detoxification program for successful management of chronic liver disease.

Most people with ALD will have chronic malnutrition so nutritional support would be important. Poor nutrition status is a predictor of poor outcome so early dietician consultation should be obtained.

People who consume alcohol regularly are more prone to develop hepatotoxicity from acetaminophen or Tylenol toxicity so these people should not exceed more than 2 g/day while an average person can tolerate up to 4 g/day.

Patients should be evaluated for co-existing chronic liver disease from infectious hepatitis B and C, autoimmune hepatitis, hemochromatosis, Wilson's disease, and primary biliary cholangitis (PBC)

Screening for hepatocellular carcinoma with ultrasound every 6 months and screening for esophageal varices with upper endoscopy (EGD) is recommended on an annual basis

In the setting of acute alcoholic liver disease and jaundice, there may be a role for Prednisolone. This is determined by the Maddrey Discriminant function (DF) (<https://www.mdcalc.com/maddreys-discriminant-function-alcoholic-hepatitis>) and Model for End-stage Liver Disease (MELD) score. (<https://www.mdcalc.com/meld-score-model-end-stage-liver-disease>) Severe alcoholic hepatitis is defined as a DF of at least 32. If DF is more than 32 patients have a high short-term mortality and may benefit from Prednisone, after determining that there is no infection. The 28-day mortality rate for patients with alcoholic hepatitis can be as high as 15-24% and a 5-year mortality rate of 56%.

The MELD score is a model developed to predict survival in patients with cirrhosis but has also been used to predict mortality in hospitalized patients with alcoholic liver disease. The MELD score ranges from 6 to 40 and is calculated based on serum bilirubin, creatinine, and the international normalized ratio (INR) for prothrombin. In one report MELD score >11 correlated to a poor prognosis in patients with ALD.

Surgical management: if a patient has advanced cirrhosis definitive treatment would be a liver transplant and all patients with advanced liver disease or cirrhosis should be seeing a hepatologist for transplant evaluation.

The prognosis in early liver disease is good and steatosis and steatohepatitis can be reversible with complete alcohol cessation. Up to 20% of people with heavy alcohol consumption will progress to cirrhosis.

Conclusion:

Alcoholic liver disease is a significant healthcare challenge worldwide. While abstinence seems to be the mainstay of treatment there is a need for more therapeutic options. There is more need for public health initiatives to reduce alcohol consumption and education for early intervention strategies. The burden of chronic alcoholic liver disease is significant as ALD can lead to cirrhosis and hepatocellular carcinoma.

Once ALD disease and cirrhosis are established surveillance to prevent variceal bleeding, treatment of ascites, and preventing hepatic encephalopathy is paramount.

ABOUT THE WRITER

Dr. Sanjeeb Shrestha is a board certified gastroenterologist who has been in practice for past twenty years (He did his Internal Medicine training at Metro Health at Case Western Reserve University in Cleveland. He then completed his Gastroenterology fellowship at University of Texas Medical Branch (UTMB) at Galveston.)

Dr. Shrestha served in Medical City Weatherford Hospital in various capacities:

Chief of Staff: 01/2015 – 2016

Vice Chief of Staff: 01/2013 – 12/2014

Chief of Medicine: 01/2011 – 12/2012

He was the President of Parker County Medical Society in 2011 and started the Annual Parker County Medical Society Health Fair.

He was Medical Director in East End Health Center, Cincinnati, Ohio 1995-1998.

He is the Chairperson of NST Free Health Camp since 2009. He led the NST Medical Camps to Nepal in 6/2015 during the devastating earthquake.

He is a partner at Texas Digestive Disease Consultants the largest Gastroenterology group in the country.

In his spare time he likes to bicycle, swim, run and play the guitar.

He is married to Dr. Jharana Shrestha, Rheumatologist and has two children Maya and Neal.

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ABC OF GOOD HEALTH: A PRACTICAL GUIDE TO HELP YOU ACHIEVE GOOD HEALTH AND HOLISTIC LIVING

The purpose of this article is to inform and educate. It is not intended for medical advice. Hence, we should consult our own doctor or qualified healthcare professional for specific health concerns and questions.

Having a healthy life does not have to be complicated: know your ABC of health. Below are some quick tips that anyone can incorporate in their daily life. This is our series called “ABC of Good Health”. The full series will be available in late 2024.

A - Airway and Antibiotics

Maintaining a clean and healthy respiratory system is crucial for overall health with the respiratory and circulatory systems playing immediate and vital roles. The respiratory system brings fresh oxygen into the body through ventilation, allowing oxygen exchange in the lungs and blood, supporting external and internal respiration. For optimal health, the entire respiratory tract, from nose to alveoli, and the circulatory system must be intact and healthy.

Protective mechanisms, such as effects of air conditioning on the nasal cavities, moisturization and heating of the air, prevent lung freezing. The nose filters dirt, and sneezing serves as a defense mechanism against allergens. Smoking damages cilia, tiny hairs in the respiratory tract, leading to various respiratory issues.

Sinusitis, nasal blockages, and upper respiratory difficulties can be addressed by healthcare professionals.

Smoking – both active and passive – is a primary cause of lung problems, contributing to conditions like COPD, emphysema, heart diseases, and lung cancer. Regular exercise, healthy eating, weight management, and practicing deep breathing support respiratory health. Maintaining a clean indoor environment, avoiding smoking, and using air purifiers are crucial. Annual health checkups, vaccinations,



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“Regular checkups and well-care examinations are essential for maintaining good health, serving as the backbone of preventative medicine.”

good hygiene practices, and awareness of upper and lower respiratory symptoms are essential preventive measures.

One should also understand the importance of proper antibiotic use. Antibiotics are ineffective against viral infections and unnecessary use can lead to complications. Timely care is needed for severe symptoms, especially when accompanied by fever. Responsible antibiotic use can come down to proper use at home, as prescribed by your physician or health provider. This will help us prevent issues like chronic diarrhea and antibiotic-resistant superbugs. Additionally, precautions are advised for infectious conditions like Group A beta-hemolytic infection to prevent complications such as rheumatic fever and subsequent heart disease.

B - Blood, Brain, Bone, BMI

Blood

Maintaining normal blood pressure is crucial for overall health, as it ensures proper circulation of oxygenated blood to every cell in the body. Elevated blood pressure can lead to arterial wall damage, inflammation, and the formation of plaque, initiating the process of atherosclerosis. This plaque buildup narrows arteries, compromising organ function and increasing the risk of conditions like angina, ischemic heart disease, and strokes.

The relationship between high blood pressure and kidney health is bidirectional. Chronic high blood pressure can damage the kidneys over time, leading to renal failure. Conversely, kidney failure can exacerbate or cause hypertension, creating a vicious cycle. Blood pressure control is vital to prevent silent damage to the heart, kidneys, eyes, and brain, reducing the risk of strokes, aneurysms, and even dementia.

To maintain a healthy circulatory system and blood pressure, lifestyle choices play a significant role.

Limiting salt intake, avoiding processed and packaged foods with high sodium content, and adopting a diet rich in fruits and vegetables contribute to blood pressure management. Quitting smoking, moderating alcohol consumption, and managing weight through a balanced diet and regular exercise are essential steps toward heart health.

Brain

Brain and nerve health are closely linked to a healthy circulatory system. A nutritious diet, regular physical and mental exercises, stress management, and good sleep contribute to brain health. Activities like meditation and prayer provide calmness and peacefulness to the mind. Foods rich in antioxidants, vitamin B complex, omega-3 fats, and healthy fats support memory and overall brain function.

Bone Health

Bone health is foundational for overall well-being, with osteoporosis posing a risk due to decreased bone mass and fragility. Preventive measures include a balanced diet with essential nutrients like protein, calcium, phosphorus, vitamin D, zinc, and vitamin C. Lifestyle changes such as avoiding sedentary habits, reducing alcohol and tobacco consumption, and maintaining estrogen levels in women contribute to bone health. Regular physical exercise helps reduce the risk of osteoporosis, and treatment options are available under medical guidance.

BMI

Body Mass Index (BMI) is an important factor in overall health, and maintaining a healthy weight is crucial to prevent various health issues, including diabetes mellitus type 2, sleep apnea, and joint pain. Weight management involves lifestyle changes, dietary improvements, and, in severe cases, medical interventions or surgery.

In essence, a holistic approach to health, encompassing lifestyle choices, dietary habits, and regular medical checkups, is the key to preventing and managing various health conditions associated with the circulatory system, brain, bone, and overall well-being.

C - Cholesterol, Cancer Prevention, Checkup

Cholesterol

Cholesterol is a key factor in atherosclerosis and plaque formation, contributing to high blood pressure and various cardiovascular issues. While lifestyle changes and diet can help, medication may be necessary for high cholesterol levels, particularly when there are additional risk factors like heart

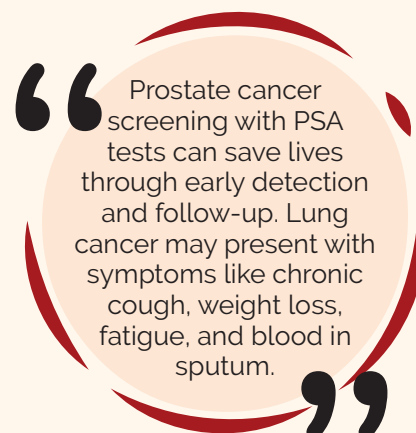
disease or diabetes. Medications have proven effective in reducing cardiovascular mortality and morbidity.

Cancer Prevention

Cancer prevention involves screening, early detection, and treatment. Recognizing symptoms such as extreme fatigue, changes in bowel or bladder habits, bloating, breast changes, chronic cough, difficulty swallowing, bruising, frequent fevers or infections, oral changes, and skin changes is crucial for early diagnosis. These warning signs warrant prompt medical attention and screenings for specific cancers, allowing for early intervention and improved outcomes.

Stomach cancer may manifest with fatigue, loss of appetite, and unintentional weight loss. *H. pylori* infection is linked to stomach cancer, emphasizing the importance of detection and treatment. Liver cancer is associated with hepatitis B and C, requiring surveillance and treatment. Colon cancer screening, including colonoscopy and noninvasive tests like Cologuard, is effective in preventing and detecting polyps. Prostate cancer screening with PSA tests can save lives through early detection and follow-up. Lung cancer may present with symptoms like chronic cough, weight loss, fatigue, and blood in sputum.

Low-dose CT scanning is recommended for smokers and individuals over 55 to facilitate early detection and treatment. For women, health screenings, including PAP smears with or without HPV screening



and mammography, are vital for preventing cervical and breast cancer. Sexual health education in schools, Gardasil injections starting from age 9, and regular checkups contribute to overall preventive care.

Checkups

Regular checkups and well-care examinations are essential for maintaining good health, serving as the backbone of preventative medicine. The concept of everyone needing a teacher or coach applies to healthcare, emphasizing the importance of annual checkups for early detection and management of potential health issues. In your regular checkups, know your numbers such as glucose levels, hemoglobin A1C, cholesterol, triglycerides, creatinine, etc. Understanding baseline values can help proactively monitor any health issues.

ABOUT THE WRITER

Dr. Yubaraja Bhattarai MD, FRCS, has 30+ years of experience in medicine. He practices patient-oriented evidence-based medicine and treats patients in a way that he expects to be treated by a doctor. He is passionate about preventative medicine and works with patients to promote a healthy lifestyle and care. Dr. Bhattarai received his medical degree in Bangladesh and pursued his family medicine residency from LSU-Shreveport. He is Board Certified in Family Medicine and is currently practicing in Texas with regular volunteering engagements at the Himalaya Health Clinic powered by the TNMA. Dr. Bhattarai has authored numerous articles and two books.

Sopnil (Neil) Bhattarai, MS, MBA, is the Director of Population Health and Value-Based Initiatives at a Federally Qualified Health Center in New York. He is passionate about quality, patient safety, data-driven improvement, and health equity, and has co-authored ten articles and a book chapter on healthcare measures.



Anuj Raj Kandel
MD, CPE, FACS, FASCRS

“Approximately 9 of 10 patients with colorectal cancer are diagnosed at 50 years of age or older. While the incidence and mortality rate of colorectal cancer are declining for individuals older than 50 years of age, both are on the rise for those younger than 50.”

DIVERTICULAR DISEASE AND COLON CANCER

Diverticulosis is the outpouching of the colonic wall. The prevalence of diverticular disease has risen steadily in industrialized nations over the past few decades. The progression of normal colonic architecture to diverticulosis and subsequent diverticulitis is not well understood but is multifactorial and involves diet, genetics, lifestyle, and, possibly, the microbiome. Tobacco cessation, reduced meat intake, physical activity, and weight loss are recommended interventions to potentially reduce the risk of diverticulitis.

The terms uncomplicated and complicated diverticulitis, symptomatic uncomplicated diverticular disease (SUDD), and recurrent diverticulitis are a variety of clinical presentations. Symptomatic uncomplicated diverticular disease is defined as diverticulosis with associated chronic abdominal pain in the absence of clinically overt colitis. Complicated diverticulitis is defined as diverticulitis associated with uncontained, free perforation with a systemic inflammatory response, fistula, abscess, stricture, or obstruction. Micro-perforation with small amounts of contained, extraluminal gas, in the absence of a systemic inflammatory response, is not considered complicated diverticulitis. Uncomplicated diverticulitis is defined as diverticulitis that is not associated with any of the aforementioned features.

As our understanding of diverticulitis has evolved, so have recommendations for the clinical management of these patients. Patients with diverticular disease are increasingly being treated as outpatients.

The initial evaluation of a patient with suspected acute diverticulitis should include a problem-specific history physical examination and appropriate laboratory evaluation.

Classic findings related to sigmoid diverticulitis include left lower quadrant pain, fever, and leukocytosis. fecaluria, pneumaturia, or pyuria are concerning for possible colovesical fistula, and stool per vagina is concerning for possible colovaginal fistula. Physical examination, complete blood count, urinalysis, and abdominal radiographs can help refine the differential diagnosis. Other diagnoses to consider when patients present with suspected diverticulitis may include constipation, irritable bowel syndrome, appendicitis, IBD, neoplasia, kidney stones, urinary tract infection, bowel obstruction, and gynecologic disorders. C-reactive protein (CRP), procalcitonin, and fecal calprotectin have been explored as potential predictors of diverticulitis severity.

CT scan of the abdomen and pelvis is the most appropriate initial imaging modality in the assessment of suspected diverticulitis. Computed tomography findings associated with diverticulitis may include colonic wall thickening, fat stranding, abscess, fistula, and extraluminal gas and fluid and can stratify patients according to the Hinchey classification. The utility of CT imaging goes beyond the accurate diagnosis of diverticulitis; the grade of severity on CT correlates with the risk of failure of nonoperative management in the short term and with long-term complications such as recurrence, the persistence of symptoms, and the development of colonic stricture and fistula.

Ultrasound and MRI may be useful in patients with a contrast allergy where CT can be challenging or in pregnant patients. Ultrasound can be particularly useful to rule out other causes of pelvic pain that can mimic diverticulitis when the diagnosis is unclear, especially in women.

Selected patients with uncomplicated diverticulitis can be treated without antibiotics. Treatment without antibiotics is more likely to fail in patients with associated comorbidities.

Nonoperative treatment of diverticulitis may include antibiotics.

Image-guided percutaneous drainage is usually recommended for stable patients with abscesses >3 cm in size. Antibiotic treatment alone for abscesses smaller than 3 cm is typically successful and, in stable patients, treatment can usually be administered in the outpatient setting. When this approach fails, percutaneous drainage should be considered, particularly in patients with larger abscesses (>3 cm) where antibiotics alone have a much higher failure rate.

After the resolution of an episode of acute complicated diverticulitis, the colon should typically be endoscopically evaluated to confirm the diagnosis if a colonoscopy has not been performed recently.

After successful nonoperative treatment of a diverticular abscess, elective resection should typically be considered. Elective colectomy should typically be recommended for patients with diverticulitis complicated by fistula, obstruction, or stricture.

The decision to recommend elective sigmoid colectomy after recovery from uncomplicated acute diverticulitis should be individualized.

Urgent sigmoid colectomy is typically advised for patients with diffuse peritonitis or for those in whom nonoperative management of acute diverticulitis fails.

Colon Cancer

In the United States, colorectal cancer remains the third most common cancer and the third most common cause of cancer-related death. Approximately 9 of 10 patients with colorectal cancer are diagnosed at 50 years of age or older. While the incidence and mortality rate of colorectal cancer are declining for individuals older than 50 years of age, both are on the rise for those younger than 50.

Colon cancer may be asymptomatic or heralded by symptoms of fatigue, blood in the stool, abdominal pain, changes in bowel habits, or obstructive symptoms. Recent retrospective, single-institution, American studies have reported that more than 75% of colon cancer diagnoses occurred after the development of symptoms, and symptomatic cancers were associated with more advanced disease compared with cancers that were identified during screening colonoscopy. Patients' medical fitness and nutritional status should be assessed to guide perioperative management and identify opportunities for optimization before surgery. Inquiry about alcohol consumption and smoking is also advised, as these habits have been shown to both increase the risk of developing colorectal cancer and the risk of postoperative complications.

A cancer-specific history should be obtained including disease-specific symptoms, past medical and family history, physical examination, and perioperative medical risk. Routine laboratory values, including carcinoembryonic antigen (CEA) level, should be obtained. Sporadic, familial (i.e., no identifiable germ-line mutation), and hereditary (i.e., Lynch syndrome, familial adenomatous polyposis, and MYH-associated polyposis) types of colorectal cancer account for approximately 65%, 30%, and not have a clinical history that is typically associated with an identified hereditary cancer syndrome, supporting the recommendation that germline testing should be

strongly considered for all young-onset colon cancer patients.

Physical examination should include assessment for an abdominal mass or surgical scars, which may influence diagnostic and treatment-related decisions. Routine serum laboratory evaluation should include a complete blood count, liver function tests, and a chemistry panel. A carcinoembryonic antigen (CEA) level should be obtained before elective surgery for colon cancer to establish a baseline value that is prognostic for recurrence and survival, and to provide a reference value for use during surveillance.

The treatment of patients with colon cancer is largely guided by the stage at presentation, emphasizing the importance of a comprehensive strategy for diagnosis, evaluation, and treatment. Surgery is the primary treatment for most patients with colon cancer, while chemotherapy is used most commonly in the adjuvant setting.

When possible, the histologic diagnosis of colon cancer should be confirmed before elective surgical resection because benign processes such as diverticulitis or inflammatory bowel disease may appear grossly similar to the endoscopic or radiographic appearance of colon cancer. Colonoscopy is the preferred evaluation method under these circumstances because it offers a therapeutic opportunity to treat synchronous polyps.

CT scan of the chest, abdomen, and pelvis with intravenous iodinated and oral contrast is recommended before the elective surgical resection of colon cancer. Preoperative CT imaging permits the detection of synchronous metastases, which often requires a change in the treatment strategy and may also alter the operative plan. In patients with an allergy or other contraindication to the use

of iodine contrast dye, a PET/CT or non-contrast chest CT with an MRI of the abdomen and pelvis are recommended alternatives.

The tumor depth, nodal metastasis, and distant metastasis have been shown to be predictors of prognosis in colon cancer. These characteristics are described by the American Joint Committee on Cancer TNM staging system.

Neoadjuvant chemotherapy and/or radiotherapy may be considered to facilitate the complete excision of locally advanced colon cancers.

Local tumor control is achieved by complete resection of the tumor en-bloc with contiguously involved structures. Adhesions between colon cancer and surrounding organs should not be divided as they have been shown to harbor malignant cells.

The term synchronous colon cancer is used to describe situations in which a second primary colon cancer is diagnosed at the same time, or up to 12 months after, as detection of the index colon cancer. Synchronous cancers have been reported to occur in 4% to 5% of patients and have been associated with decreased overall survival. Synchronous cancers in the same segment of the colon are removed with a segmental colectomy, whereas synchronous cancers in separate segments of the colon may be treated with an extended resection or two segmental resections.

For patients with a “malignant polyp,” either endoscopic excision or oncological resection may be appropriate depending largely on polyp histopathological features and completeness of excision.

Treatment options for patients with local or locoregional recurrence of colon cancer should be considered in a multidisciplinary setting.

ABOUT THE WRITER

Dr. Kandel is double board certified in General Surgery and Colon and Rectal Surgery, practicing in DFW metroplex since 2016. He sees patients for benign and malignant colorectal diseases. He performs advanced laparoscopic and robotic surgical procedures for

benign and malignant colorectal problems.

He lives in Dallas with his family. He enjoys time with family by traveling and trying new foods. He loves running during weekends.

DIABETES MELLITUS: AN OVERVIEW

Diabetes mellitus is more commonly known simply as diabetes. It is a disease where our body's ability to regulate blood glucose is impaired.

Glucose is an important source of energy for our body. Every cell in our body needs glucose to function. Therefore, our body has an extensive mechanism where glucose in our blood is maintained, and both low or high blood sugar can cause harm.

Insulin is the primary hormone produced in our pancreas, which regulates blood glucose by facilitating transfer of glucose into our body cells. Without insulin, our cells would just starve even if glucose level in our blood is very high. Insulin also helps store glucose in various forms in our tissue which can be called upon when a person is not eating or fasting. This helps maintain a steady blood glucose level at all times.

Diabetes mellitus is basically a disease where the body is not able to maintain the blood sugar level at normal level. This happens when there is not enough insulin produced (that is Type 1 Diabetes mellitus) or our body becomes resistant to the insulin (that is Type 2 Diabetes mellitus).

Symptoms

Most patients remain asymptomatic for years before developing any symptoms. Therefore, a routine checkup with primary care physician is important.

Common symptoms are:

- Increased urination
- Feeling thirsty all the time
- May have increased hunger
- Frequent infections



Dipesh R Bista
MD

“Adequate physical activity and good nutrition is very important. Eating right food is the most important part for both prevention and treatment of diabetes mellitus.”

Complications of Diabetes Mellitus

High blood sugar for a prolonged time has deleterious effects on our health. They can cause damage to our blood vessels causing increased risk of heart disease, stroke, decreased blood circulation to limbs. It can also cause damage to kidneys, eyes and nerves.

These effects are slow. They take years to develop, and most people are asymptomatic till the damage has already done when it is not reversible. Therefore, it is important to treat diabetes effectively even if a patient does not experience any symptoms. All complications discussed above are mostly irreversible, and therefore prevention is the key and the only way to treat diabetes well.

Treatments

Treatments should include lifestyle modification as well as medication. Adequate physical activity and good nutrition is very important. Eating right food is the most important part for both prevention and treatment of diabetes mellitus.

Most people avoid sweet and sugary food if they have diabetes. But there are some foods that may not be sweet to eat at the beginning but they convert to sugar soon after they are eaten and broken down into sugar in the bloodstream. These foods are said to have high Glycemic Index, which means that it spikes the blood sugar level after we eat them.

The Glycemic Index includes white flour, white bread, biscuits, pancakes, white potatoes, and white rice. Wholegrains like wholewheat flour, wholewheat bread, oatmeal, quinoa, and brown rice convert to sugar but not to the same extent as they have more fiber that prevents blood glucose sugar.

Most processed food and snacks have high Glycemic Index and should be avoided. Sugary drinks are no good either. There is also common misconception that fruit juice is good but most of them have added sugar and lacks all the nutrition and fibers that real fruit has. In a nutshell, if you want to reap the benefit of a fruit, eat the whole fruit and not just the juice. Key is not to stay hungry but to eat healthy. Fill your pantry and refrigerator with fruits, vegetables, lean protein and high fiber grain. Healthy fatty food like nuts, seeds, avocado, olive oil, and fish oil

Lifestyle Modification

Exercise and physical activity. About 150 minutes of moderate intensity exercise a week is recommended.

Quit smoking. Having diabetes mellitus already increases the risk of heart or blood vessel disease. Smoking compounds the risk.

Monitor blood pressure and consult a physician. It is recommended to keep blood pressure below 130/80 in most patients with diabetes mellitus to decrease the risk of complications, especially kidney complications.

Given higher risk of heart disease, most patients with diabetes mellitus benefit from cholesterol lowering medications. Consult your physician to see if you qualify to be on these medications.

Take good care of your feet. Patients with long standing diabetes mellitus can have impaired blood circulation in feet and can increase the risk of developing wound that can be difficult to heal. Patients with diabetes may also have damaged the nerves impairing pain sensation. Suppose, if there is a wound that hurts. We treat it and it heals. Patients with long standing diabetes do not feel pain in the wound that does not heal either. Therefore, tight fitting shoes should be avoided. Toenails should be cut regularly.

Medication

Treatment options are a bit different for Type I vs Type II. Patients with Type I Diabetes mellitus lack insulin, so the only treatment option is insulin injections. Patients should take their insulin regularly as the lack of insulin can cause cells to starve even if blood sugar is high and can lead to a condition called diabetic ketoacidosis which can be life threatening. Patients with Type II Diabetes mellitus typically start with oral medications. Some patients need multiple medications to control blood sugar and even may need insulin. Some of the newer medications have better effect on heart disease and even weight management but can be expensive and should be consulted their physicians.

Low blood sugar

Not all medications for diabetes cause low blood sugar. But some medication like insulin or oral medications like Glipizide/Glimepiride that can

cause low blood sugar if medication dose is higher than needed or patient is fasting for a long period of time. It is, therefore, important to have a fixed meal regimen if a patient is on these medications. If a person is having repeated episodes of low blood sugar, physician should be consulted for adjustment of medication dosage. Signs of low blood sugar can be shaky, sweaty, anxiety, lightheadedness, confusion, fast pulse. If a patient experiences these symptoms, one should check their blood sugar. It is important to treat as soon as possible by giving glucose. There are glucose tablets available which a patient can carry. Other options include fruit juice, milk, candies. Recheck blood sugar in 15 minutes to make sure blood sugar is going up.

Prevention of Diabetes Mellitus

Prevention is the best medicine. In this regard there are certain factors that are in our control but some are not.

In Type I, diabetes mellitus damages cells in pancreas that produces insulin and substances that help our body digest food. In Type II diabetes mellitus, which is far more common, there are two factors to consider. First is genetic factor which we inherit from our parents but is not within our control. The other important factor that leads to diabetes that is within

our control is the change of lifestyle. Can we stop diabetes medication? This most common question patients ask whether medication for diabetes is lifelong. The answer is not so simple. For patients with Type 1 Diabetes mellitus, there is no other option than to take insulin for the rest of life. Stopping insulin even for a few days can have devastating consequences.

For Type 2 Diabetes mellitus, most people do need to continued medication for a long period of time. Some people may be able to decrease the amount of medication or even stop completely medication with good lifestyle changes like dietary and weight control. However, this should always be done in consultation and close follow-up with physicians.

Conclusions

Diabetes mellitus is not simply a disorder of blood sugar but a disease that causes damage to different vital organs of our body. Disease progression in our vital organs like heart, kidney, blood vessels, nerves and eyes insidious until it's already too late to reverse the damage. Diabetes is one of the leading causes of blindness. Adherence to medication and lifestyle changes can prevent all the dreaded complications of diabetes mellitus.

ABOUT THE WRITER

Dr. Dipesh R Bista was born in Kathmandu, Nepal, and went to medical school at the Institute of Medical Sciences, Banaras Hindu University in India. He did a residency in Internal Medicine at UPMC Mercy in Pittsburgh, USA. He has worked as a hospitalist for over 10 years. During this time, he had opportunities to serve as Medical Director for a Hospital Medicine group as well as the Chief of Department of Medicine. Currently, he serves as Associate Program Director of the Internal Medicine Residency Program at BSW All Saints Medical Center, Fort Worth, and he holds an appointment as Assistant Professor at Texas Christian University Burnett School of Medicine.

Dr. Dipesh's professional interests lie in Medical Education and community service. He feels fortunate to be a part of the Texas Nepalese Medical Association (TNMA) and the Himalaya Health Clinic (HHC) since its inception. Currently, Dr. Dipesh serves as a Treasurer and member of the Executive committee for both non-profit charity-based organizations.

Outside of medicine, **Dr. Dipesh** loves to travel. Dr. Dipesh and his wife Nivedita are blessed with a 9-year-old daughter and a 6-year-old son. Spending time with his kids is his favorite part of the day.

Middle of Pandemic



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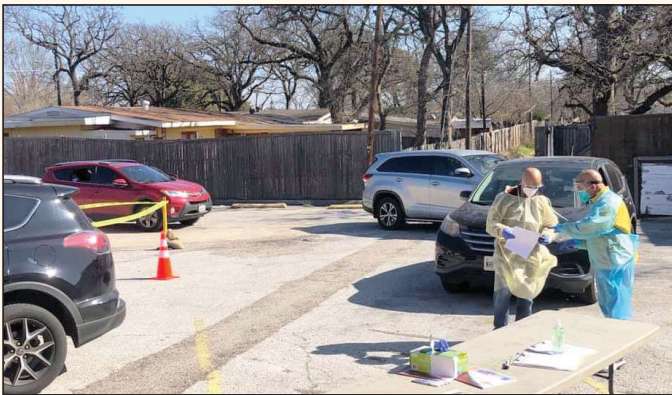
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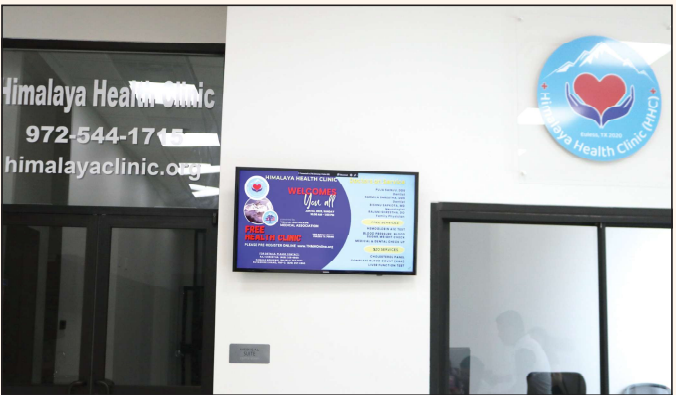
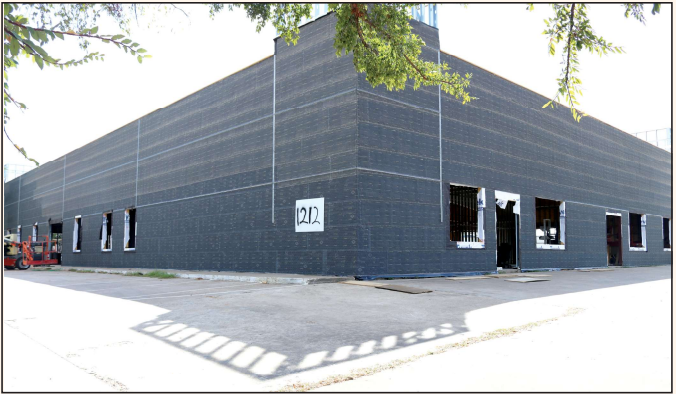
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TNMA Participations



HHC Photo Essay



HHC Photo Essay



HHC Photo Essay



HHC Photo Essay



DIABETES MANAGEMENT | DIABETES HOME GLUCOSE TEST

Blood sugar testing is an imperative part of diabetes care. Self-testing your blood sugar (blood glucose) is an important tool in managing your diabetes and preventing complications.

My inspiration for writing this article is my patient. I received a panicking call from my patient on insulin treatment. “I think something is severely wrong with my blood sugar. I have checked multiple times; it shows 300 in one hand and another hand less than 100. How much insulin do I use today? Do I need to go to emergency? I do not feel any symptoms”. After investigating it appears the patient had just peeled an orange with one hand and did not wash thoroughly nor he did use an alcohol wipe before checking his blood sugar. It was a simple error of skipping the step to clean the finger before checking blood sugar. It could have been lethal if he had taken the wrong insulin dose. A simple error could have caused a life-threatening event.

World Health Organization (WHO) defines diabetes as a chronic, metabolic disease characterized by elevated levels of blood glucose (or blood sugar), which leads over time to serious damage to the heart, blood vessels, eyes, kidneys, and nerves. The most common is type 2 diabetes, usually in adults, which occurs when the body becomes resistant to insulin or doesn't make enough insulin.

There are three types of blood sugar levels:

- a. Normal fasting blood glucose level is 70-100 mg/dl
- b. Hypoglycemia is a condition in which your blood glucose level is lower than the standard range; less than 70 mg/dl. A patient might experience dizziness, sweating, palpitations, blurred vision, and other symptoms that must be monitored. If severely less (<50mg/dl) that can lead to diabetic coma. Low blood sugar is treated by eating a quick source of sugar. In an emergency, if you can't eat or drink, it can also be treated with a dose of a hormone called glucagon.
- c. Hyperglycemia is blood glucose greater than 125 mg/dL while fasting and greater than 180 mg/dL within two hours of eating a meal. A patient might experience increased thirst, dry mouth, need to urinate frequently, tiredness, blurred vision, weight loss, and recurrent infection. High blood sugar is treated with diet, exercise plan, insulin, or other medicines.

Purpose of checking blood sugar:

- To identify blood sugar levels that are high or low
- Help formulate a diabetic care plan: meals, snacks, and exercise



Suvashini Khand

FNP-C

“There are two ways to check your sugar level. One involves using a blood glucose meter to test a drop of your blood. The other involves wearing a continuous glucose monitoring or CGM device that checks the level for you.”

- Track your progress in reaching your overall treatment goals
- Monitor the effect of diabetes medications on blood sugar level
- Determining the right dose of insulin for administration

Ways to check blood sugar:

There are two ways to check your sugar level. One involves using a blood glucose meter to test a drop of your blood. The other involves wearing a continuous glucose monitoring or CGM device that checks the level for you.



Figure 1: Blood glucose meter



Figure 2: CGM device

General steps involved with blood glucose meter (most used):

- Wash your hands with soap and water, then dry them OR use an alcohol prep pad to clean the desired finger.
- Get your meter ready and put a new test strip in.
- Choose the finger you will prick. Try not to use the same finger every time.
- Use a fresh small needle or "lancet" to prick the side of your fingertip. You will feel a sharp stick and a little discomfort.
- Get a drop of blood. You might have to squeeze your finger to get the drop.
- Touch the edge of the test strip to the drop of blood.
- The meter will show your blood sugar level. Write this down so you can share it with your doctor or nurse.
- Throw the needle away in a special container meant for sharps. Do not throw used needles in the regular trash.

Your healthcare provider will let you know how often to check your blood sugar level. The frequency of testing usually depends on the type of diabetes you have and your treatment plan. If you have Type 1 Diabetes, your healthcare provider may recommend blood sugar testing 4 to 10 times a day. Whereas, if you have Type 2 Diabetes and you are managing it with noninsulin medications or with diet and exercise alone, you may not need to test your blood sugar daily.

You will need to track your results over time. This will help keep your diabetes under control. It will also help your doctor figure out if you need to change your treatment plan.

In conclusion, patient education and communication are vital in managing blood sugar effectively. It will save a patient's life, and prevent diabetic complications, and unnecessary trips to an emergency room.

References:

UpToDate, Mayo Clinic, WHO (diabetes) Website

ABOUT THE WRITER

Suvashini Khand, FNP-C is a board-certified family nurse practitioner since 2018. She graduated with honors from Texas Woman's University. She has 10 years of experience in the healthcare industry including critical care nurse, and clinic practice manager. She has been volunteering with TNMA since December 2020.

A SIMPLE GUIDE FOR NEWBORN CARE

Caring for a newborn requires attention to various aspects of their well-being. Here's a more detailed guide on how to care for a newborn:

Breastfeeding

Ensure a proper latch for effective breastfeeding.

Feed on demand, at least 8-12 times a day.

Pay attention to your baby's hunger cues, like rooting or sucking fists.

If breastfeeding is challenging, seek help from a lactation consultant.

Formula Feeding

Prepare formula according to the instructions on the package.

Hold your baby close during feeding for bonding.

Sterilize bottles and nipples before use.

Changing Diapers

Change diapers frequently, and immediately if they are soiled.

Use fragrance-free wipes or a damp cloth for cleaning.

Apply diaper cream to prevent diaper rash.

Umbilical Cord Care

Keep the umbilical cord stump clean and dry.

Fold diapers below the stump to expose it to air.

Avoid submerging your baby in water until the stump falls off.

Bathing

Bathing Frequency:

Bathe your newborn 2-3 times a week initially.

Use mild, fragrance-free baby soap and shampoo.



Amit Bajaj
MD

“Trust your instincts, and don't hesitate to consult healthcare professionals for guidance. Every baby is different, so finding a routine that works for both you and your baby is key.”

Bathing Steps

Fill the tub with a few inches of warm water.
Support your baby's head and neck while bathing.
Gently wash your baby using a soft washcloth, starting from the face.

Sleeping: Safe Sleep Environment

Place your baby on their back to sleep.
Use a firm mattress with a fitted sheet in a safety-approved crib or bassinet.
Avoid soft bedding, toys, and loose blankets.

Sleep Routine

Establish a bedtime routine to signal it's time for sleep.
Keep the room dark and quiet during night sleep.

Clothing: Dressing Your Baby

Dress your baby in layers for easy adjustment to room temperature.
Use soft, breathable fabrics like cotton.
Keep the head covered in cooler weather.

Bonding: Skin-to-kin Contact

Engage in skin-to-skin contact for bonding and comfort.
It helps regulate the baby's temperature and encourage breastfeeding.

Talking and Singing

Talk and sing to your baby to stimulate their developing senses.
Make eye contact and smile during interactions.

Health and Safety: Immunizations

Follow the recommended vaccination schedule.
Discuss any concerns with your pediatrician.

Babyproofing

Babyproof your home by securing furniture and covering electrical outlets.
Use safety gates to block off unsafe areas.

Doctor Visits

Attend regular check-ups with the pediatrician.
Discuss any concerns or questions about your baby's development.

Responding to Cries: Understanding Cries

Differentiate between hunger, discomfort, tiredness, or other needs.
Respond promptly to your baby's cries to build trust.

Taking Care of Yourself: Rest and Nutrition

Rest when your baby sleeps to recover from childbirth.
Eat nutritious meals and stay hydrated.

Seeking Support

Accept help from family and friends.
Join parenting groups for advice and support.

Caring for a newborn can be demanding, and it's essential to adapt these guidelines based on your baby's unique needs. Trust your instincts, and don't hesitate to consult healthcare professionals for guidance. Every baby is different, so finding a routine that works for both you and your baby is key.

ABOUT THE WRITER

Dr. Amit Bajaj is a Board Certified Pediatrician at Texas Primary and Pediatric Care, Irving, TX

CARE OF CHILDREN WITH RSV (RESPIRATORY SYNCYTIAL VIRUS)

Common illness in children during winter are COVID-19, RSV, Flu, common cold, strep throat and stomach flu. Although illness like cold and flu occur more frequently in the winter months, the causes are not straightforward. Only myth is that cold weather can make you sick, but that is not true. Being cold itself does not cause illness. However, when it is colder outside, children tend to spend more time indoors together, easily passing germs and infections.

Some viruses thrive and can even spread better in the cooler, less humid air. Nasal mucosa may be drier and stickier during winter month, which some people believe can affect the spread of viruses. If regular sleep or eating habits are interrupted in the winter months, immune system may become more vulnerable and less effective in fighting infections.

However, RSV infection is one of the common illnesses in children. RSV causes infection of the lung and respiratory tract. It is so common that most children have been infected with RSV by the age of two.

This is because it can cause bronchiolitis, where mucous build up in tinny airways that lead to the lungs and make breathing difficult. Infant's airways are so tinny, and swelling in those airways can be particularly dangerous. When the small airways of infant are inflamed with swelling, they get clogged with mucous. They are in trouble getting air out of their lungs, which can cause problem with oxygenation and significant wheezing.

RSV can cause severe infection in newborn and infants. Especially premature infant, children with heart and lung disease. Those with weak immune system are more vulnerable.

Cause: RSV enters body through eyes, nose or mouth. It spreads easily through the air with infected respiratory droplets. Your child can become infected if someone coughs or sneezes nearby. This virus also passes to others through direct contact such as touching and holding children. The virus can live for hours on hard object such as countertops, crib rails, and toys. Children are most likely to touch their nose, mouth and ears after touching contaminated toys or other objects that likely to pick up the virus.



Kamala Adhikari
RN

“Children may also fight the suction device and start to cry, which can lead to more congestion. If your child is eating, drinking, sleeping and playing normally you might not to do suctioning.”

Symptoms:

RSV is the most common cause of bronchiolitis in younger children than a year of age in the United States. It can be hard to tell difference between common cold and RSV. If your child comes down with symptoms of common cold such as running nose, congestion, cough, sore throat, fever, etc. You can monitor them to detect RSV.

Cough

Wheezing

Rapid breathing

Running nose or congestion

Possible fever

Increased work of breathing - retraction (using neck and rib muscle to breathe)

Apnea (pause in breathing) in infant.

(Consulting with your child's doctor can help determine if it is RSV)

Diagnosis:

RSV usually diagnosed by doctors from symptoms and physical examination.

Swab test can be done to detect RSV.

Depending upon child's symptoms, doctor may recommend imaging of the chest and lungs and need of oxygen.

Management and care:

If your child is diagnosed with RSV, you can expect the symptoms to last about a week. But they may last as long as two to three weeks. Best treatments are supportive care.

Clear congestion: Nasal suction

Focus on hydration: Make sure child is drinking well. When children have difficulty breathing, drinking and having fluid needs, cleaning nose (suction) is very helpful in drinking.

Keep air moist: Try a cool mist humidifier or run steamy shower or bath to moisten air in a room.

Relieve pain if needed: If your child has fever or more irritable, treat with age-appropriate medicine

“

If your child comes down with symptoms of common cold such as running nose, congestion, cough, sore throat, fever, etc. You can monitor them to detect RSV.

”

such as Children's Tylenol (acetaminophen) or children's Motrin (Ibuprofen). Consult with your doctor for correct doses. Ibuprofen is not safe for children under 6 months.

Note: The over-the-counter remedies including cough medicine and decongestant are not recommended for infant due to evidence that they can cause more harm than good.

In some serious cases, children with RSV may need hospitalization and put oxygen. Seek immediate attention if your child has high fever, unable to eat or drink or with signs of dehydration, including

Difficulty in breathing.

Severe or persistent cough.

Pulling at ears.

Thick nasal discharge for several days.

Red eyes, yellow or green discharge from eyes.

Frequent diarrhea/vomiting

RSV vaccine:

New RSV prevention medicine is called Nirsevimb (also called Beyfortus). This shot is recommended for children under 8-month-old. Children with underlying health conditions that put high risk for severe RSV should also receive shot in between 8- and 19-month-old.

Maternal RSV vaccine:

RSV shot called Abrysvo for those who are between 32 and 36 weeks of pregnancy. If the baby is born less than two weeks after their mother gets RSV vaccine, doctor may also recommend Nirsevimav for baby.

Other precautions:

Keeping children away from people who are sick.

Frequent handwashing.

Avoid large public gathering during RSV season with your children.

Keeping your children home if they are sick to avoid spreading RSV and other illness.

Tips for Nasal suctioning babies and toddlers:

It's not always easy to use nasal suctioning device on little ones. Dr. Burton has advice that can help suctioning be more effective. First, put two or three saline drops in their nostrils, let that sit for few minutes, then use bulb suction. There are lots of

suctioning devices including electric booger sucker in market. These devices should be safe. The most important thing to avoid is using the devices too much. Overuse can cause your child's nose to swell and making congestion worse. Children may also fight the suction device and start to cry, which can lead to more congestion. If your child is eating, drinking, sleeping and playing normally you might not to do suctioning.

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American academy of pediatrics website

Texas Pediatric Society website.

ABOUT THE WRITER

Kamala Adhikari is a registered nurse with over 28 years of experience, encompassing roles in both Nepal and the United States. Previously, she served as a nursing professor at Yeti Health Science Academy and several other prestigious nursing institutions in Nepal. With a particular focus on

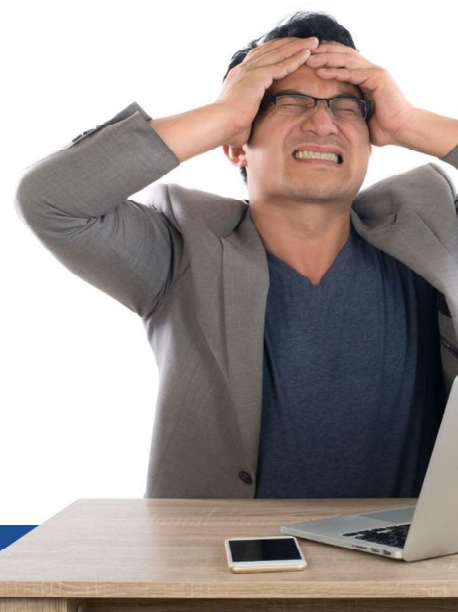
pediatric nursing, Kamala demonstrates a profound passion for working with children. Beyond her professional endeavors, she engages in writing, actively contributes to community service initiatives, and dedicates her efforts to educating the Nepali community on matters of health and safety.



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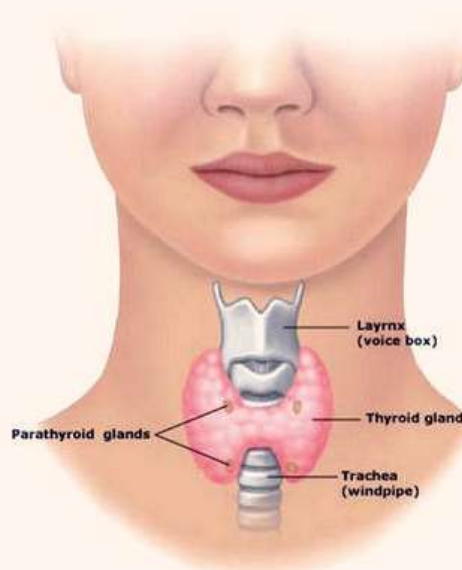
Priyanka Agarwal
MD

“Thyroid conditions are more common in women. However, 2 out of 10 men are affected as well.”

HYPOTHYROIDISM

Introduction

Hypothyroid is a common condition that occurs when thyroid gland does not produce enough thyroid hormone. The thyroid gland is situated in front of a neck.



The thyroid hormones (T4 and T3) play a very important role in regulating various bodily functions and hence insufficient levels can cause a variety of symptoms.

Causes

Most common cause of hypothyroidism is Hashimoto disease/ autoimmune thyroiditis when your body's immune system mistakenly attacks a thyroid gland leading to inflammation.

Other causes are deficiency in iodine, thyroid surgery versus radiation treatment to the thyroid for other causes and certain medications.

Symptoms

- Fatigue or lack of energy
- Feeling too cold when others are feeling comfortable.
- Thinning of hair

- Dry skin
- Constipation
- Swelling in the legs and face
- Irregular menstrual cycles

Diagnosis

Consult your healthcare provider if you experience any of these symptoms in isolation or in constellation. Testing is through blood work which includes hormonal panel most commonly check hormones at TSH and free T4 levels.

Treatment

Thyroid hormone replacement is done with synthetic thyroid hormone to restore hormone levels to normal. This requires regular monitoring and hence regular check-ups are essential to insure optimal thyroid function.

Debunking common myths about hypothyroidism

1. People with thyroid condition will be on medication for life.

Truth: It depends on the cause of her condition.

Some women develop thyroid problems during pregnancy which goes away after the birth of baby. Also, many patients start a thyroid medication for subclinical hypothyroidism for which treatment can be slowly tapered off if the treatment does not make any changes to symptoms.

2. Thyroid disorders affect only women.

Truth: Thyroid conditions are more common in women. However, 2 out of 10 men are affected as well.

3. People with thyroid disease should stop eating cauliflower, broccoli, Brussels sprouts and cabbage.

Truth: Veggies should not be completely avoided as they are loaded with antioxidants and are beneficial to health.

4. Is gaining weight is because of thyroid condition

There may be weight gain associated with underactive thyroid. However, it is usually about 5 lb. on average. If gaining weight more than average of 5 lb., consulting with a healthcare worker is recommended.

ABOUT THE WRITER

Priyanka Agarwal MD

Endocrinology, Diabetes and Metabolism





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Binita Kharel
MD

“Hypertension is sneaky – most people don't feel any symptoms and about 1 in 5 adults don't even know they have it. While it often has a silent condition, some may experience symptoms like headache, blurry vision, dizziness, shortness of breath, or nosebleed.”

UNDERSTANDING HYPERTENSION IN OUR COMMUNITY

“I have no symptoms, how is it possible that I have hypertension?” Known commonly as high blood pressure, hypertension is a medical condition affecting many, silently sometimes, without any noticeable symptoms. Surprisingly, about 1 in 3 adults in the United States has high blood pressure – that's a lot of people! It is like an invisible challenge but understanding it can make a huge difference in our lives and the lives of our loved ones. Let's dive into the basics of Hypertension.

Hypertension occurs when the force of blood against the walls of our arteries is consistently too high – think of it like a water hose. If blood pressure is high for too long, it can lead to serious issues down the line by damaging blood vessels and organs. But the good news? It is totally manageable. Better news? Lifestyle modifications alone can significantly reduce the risk of hypertension and its complications.

Several risk factors can lead to hypertension – some are modifiable while some are not. Genetic predispositions and age cannot be modified, however, lifestyle choices, such as a diet high in salt, lack of physical activity, stress, smoking, and excessive alcohol consumption can be modified.

Hypertension is sneaky – most people don't feel any symptoms and about 1 in 5 adults don't even know they have it. While it often has a silent condition, some may experience symptoms like headache, blurry vision, dizziness, shortness of breath, or nosebleed. Once you have the symptoms, it has usually reached a stage where it's already affecting your health. It can, however, be diagnosed much earlier if you go for regular health check-ups where high blood pressure can be caught early and managed with lifestyle changes or medications to prevent complications. Some people experience “White Coat Hypertension” where their blood pressure rises due to anxiety at the doctor's office.

“ Ignoring high blood pressure can lead to serious issues like heart problems, strokes, kidney failure, and even blindness. ”

Therefore, it is important to measure blood pressure on different occasions and when you are relaxed to confirm a diagnosis. It is advised to monitor blood pressure at home routinely to check its trend in a relaxed setting.

Diet plays a major role in controlling high blood pressure – staying on a low-salt diet, eating more vegetables and fruits, and avoiding junk foods. Dietary helps lower blood pressure. Regular physical activity, avoiding smoking, and limiting alcohol consumption not only lower blood pressure but also have several health benefits. Limiting stress and finding ways to relax like meditation or exercise help prevent hypertension among many other diseases. When lifestyle changes alone do not help lower blood pressure, it is important to take medications to control blood pressure along with lifestyle changes.

“I don’t want to take the medicine because, if I start, I will have to take it for life” is the concern I hear from lots of patients in our community. The fact is, depending on the individual situation, it may be possible to reduce or stop medication if blood pressure is well controlled through lifestyle changes under medical supervision.

Ignoring high blood pressure can lead to serious issues like heart problems, strokes, kidney failure, and even blindness. It's crucial to control it to prevent serious health complications. There is a wide range of medications available to control high blood pressure. Small changes in our daily lives can keep our blood pressure in a desirable range. Remember! Regular blood pressure monitoring is the key to early detection of hypertension. Together with awareness and action, we can tackle high blood pressure and keep our community healthy.

ABOUT THE WRITER

Dr. Binita Kharel is an Internal Medicine Physician and a Medical Pod leader at HarmonyCares. She has been practicing medicine for over 10 years, with a focus on preventative health and chronic disease management.

She is passionate about improving patient outcomes, streamlining healthcare processes, and advancing healthcare equity. She is committed to learning innovative practices, sharing best practices, and empowering women leaders in the healthcare industry.



Rekha Sharma
MSN, RN

“As a united team, our objective is to raise awareness about DV by organizing events and collaborating with local organizations to revamp existing policies, supporting the Nepalese community.”

UNVEILING THE SHADOWS: DOMESTIC VIOLENCE AND ITS IMPACT ON MENTAL HEALTH IN THE NEPALESE COMMUNITY

Introduction

Domestic Violence (DV) has emerged as a silent menace within the Nepalese population residing in North America. This pervasive issue often hides behind closed doors, impacting countless individuals and families. In the words of Martin Luther King's wisdom, "Our lives begin to end the day we become silent about things that matter." It is imperative that we shed light on this pressing issue and work together to break the silence.

Objectives

Despite the troubling nature of DV, there is a lack of comprehensive data on the reported incidents and cases in the Nepalese community in the US. While some studies on the prevalence of DV in New York and Maryland, the data on the Nepalese community is absent. Social stigma further complicates the issue, making it difficult for victims to share information even with their loved ones. As a united team, our objective is to raise awareness about DV by organizing events and collaborating with local organizations to revamp existing policies, supporting the Nepalese community.

Statistics

Understanding the magnitude of DV is crucial. In the US, more than 10 million adults experience domestic violence annually, with 85% of victims being women. Shockingly, 1 in 4 women and 1 in 10 men experience sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime. The impact includes safety concerns, PTSD symptoms, injuries, or the need for victim services. Additionally, 1 in 5 female victims and 1 in 20 male victims require medical care, with female victims sustaining injuries three times more

“ For those seeking assistance or referrals at little or no cost, several organizations are available to provide support to immigrant victims of domestic violence. ”

often than male victims. Legal services are needed for 1 in 5 female victims and 1 in 9 male victims. Moreover, 23.2% of women and 13.9% of men have experienced severe physical violence by an intimate partner during their lifetime (www.ncadv.org).

Types and Forms of DV

DV manifests in various forms, each inflicting its own insidious effects on victims, such as:

Physical: Involves acts intended to cause harm, such as hitting, punching, slapping, kicking, or restraining the victim.

Emotional: Involves manipulating, demeaning, degrading, or intimidating the victim emotionally, with constant criticism, humiliation, threats, and controlling behavior.

Sexual: Involves unwanted sexual activity, coercion, or sexual acts without consent.

Financial: Involves one partner controlling or exploiting the other partner's financial resources, preventing financial independence.

Digital: Involves using technology, such as smartphones, social media, or surveillance, to monitor, control, harass, cyber stalk, or share explicit pictures without consent.

Causes:

DV is a complex social issue with multiple contributing factors. Power control within

relationships, learned behavior from childhood exposure to DV, coping mechanisms, economic instability, and mental health conditions are some of the key contributors. It is essential to recognize that DV is never justified or acceptable, and support and intervention are crucial to breaking the cycle of violence.

Support Services



- [American Immigration Lawyers Association](#)
- [The National Immigration Project](#)
- [The Tahirih Justice Center](#)
- [WomensLaw.org](#)
- [The Asian Pacific American Legal Resource Center](#)

For those seeking assistance or referrals at little or no cost, several organizations are available to provide support to immigrant victims of domestic violence. Trained advocates can guide individuals through the necessary steps to ensure their safety and that of their children. Additionally, spouses and children of U.S. citizens can self-petition for lawful permanent residency under the Violence Against Women Act (VAWA), offering a pathway to safety and independence.

The Asian Pacific American Legal Resource Center (APALRC) specifically, offers legal assistance to domestic violence survivors in Northern Virginia and Maryland. Their attorneys provide comprehensive

support, including assistance with protective orders, immigration matters (particularly self-petitions under VAWA), and family law issues such as divorce, support, and custody. Collaborating with community-based and social service organizations, APALRC ensures clients receive holistic support. They conduct outreach to educate the community about the rights of mistreated immigrants and available resources. Furthermore, APALRC works to expand the availability of bilingual pro bono attorneys through training sessions, fostering a network of support for those in need.

Hotlines

- [National Domestic Violence Hotline](#)
Text “START” to 88788
800-799-SAFE (7233)
800-787-3224 (TTY)
Advocates are available to chat 24/7.

[National Center for Victims of Crime](#)

855-4-VICTIM (855-484-2846)

[StrongHearts Native Helpline](#)

844-762-8483

Conclusion

As we unveil the shadows surrounding domestic violence in the Nepalese community, our collective voice can bring about change. By confronting this issue head-on, raising awareness, and fostering collaboration, we can create a safer and more supportive environment for those affected by DV. Together, let us be the advocates for change, breaking the silence and ensuring the well-being of our community members.

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ABOUT THE WRITER

Rekha Sharma, MSN, RN with over 23 years of dedicated experience in nursing leadership and management. Throughout her career, she has exemplified a commitment to excellence in patient care, staff development, and organizational success in the USA, Kuwait, and Nepal.

She graduated with honors from Phoenix University, earning her Master of Science in Nursing. She was recognized for her academic achievement by the Honor Roll Society. In addition to her academic achievements, **Ms. Sharma** has actively contributed to the advancement of nursing practice through her involvement in professional presentations. She has presented at esteemed events such as the Symposium Presentation in Military Medical Facilities,

where she shared Nursing Roles in Performance Improvement in Military Healthcare Settings. She showcased her expertise at the American Academy of Ambulatory Care Nursing 48th Annual Conference through a poster presentation on “HEDIS –Standardized Outpatient Performance Measures” and it was selected as a Spotlight Poster among 641 posters. She was also invited to speak at The Americas Regional Health Conference, where she addressed “Domestic Violence and Its Impact in Nepali Community”.

Ms. Sharma has been dedicated to volunteering in the Nepali community, striving to uplift and promote health. Her tireless efforts encompass health education, preventive care, and community empowerment.

HOSPICE CARE AND IMMIGRANT COMMUNITIES: BRIDGING CULTURAL PERSPECTIVES



Prajeena Mainali
DO

Hospice care – a compassionate approach that emphasizes comfort and quality of life for individuals with terminal illnesses – presents unique challenges and opportunities within immigrant communities. While this end-of-life care model offers comprehensive support, cultural beliefs, language barriers, and varying perceptions of death and dying often influence the utilization and experience of hospice care among immigrants.

Understanding Cultural Perspectives on End-of-Life Care: Cultural Beliefs and Attitudes

Immigrant communities often carry diverse beliefs and attitudes regarding death and dying:

Cultural Variations: Different cultures have varying rituals, spiritual beliefs, and traditions surrounding death, influencing their approach to end-of-life care.

Family-Centered Care: Many immigrant families prioritize family involvement and support in caregiving, shaping their preferences for end-of-life care.

Stigma and Misconceptions

Stigma or misconceptions about hospice care might prevail in certain immigrant communities:

Misunderstandings about Hospice: Lack of awareness or misconceptions about hospice care, such as associating it solely with abandoning medical treatment, can deter utilization.

Stigma Around Death Conversations: Cultural taboos or discomfort discussing death openly might hinder conversations about end-of-life preferences and care options.

“When cancer is no longer responding to treatment and symptoms become difficult to manage, hospice care offers support to patients and their families.”

Challenges Faced by Immigrant Communities

Language and Communication Barriers

Language barriers present significant challenges in accessing and understanding hospice care:

Limited Language Proficiency: Inadequate language skills can impede effective communication with hospice care providers, hindering the exchange of crucial information and preferences.

Cultural Sensitivity in Communication: Understanding cultural nuances is crucial in conveying information and providing support in a culturally sensitive manner.

Access to Culturally Competent Care

Availability of culturally competent hospice care that respects and accommodates diverse cultural needs is essential:

Customized Care Approaches: Tailoring care plans to incorporate cultural preferences and rituals can enhance the comfort and dignity of patients and their families.

Community Engagement and Education: Engaging community leaders and providing culturally sensitive education about hospice care can dispel myths and encourage acceptance.

Promoting Culturally Inclusive Hospice Care

Cultural Competency Training

Training hospice care providers in cultural competence and sensitivity is pivotal:

Cultural Awareness Programs: Training programs that focus on diverse cultural beliefs and practices surrounding death and dying can enhance understanding and empathy.

Language Services: Providing language interpreters or bilingual staff can bridge communication gaps, ensuring effective care delivery.

Community Outreach and Collaboration

Engaging immigrant communities through outreach efforts and collaborations:

Community Partnerships: Collaborating with community organizations and religious leaders can



As heart failure progresses and standard treatments become less effective, hospice care focuses on managing symptoms and enhancing quality of life.



facilitate trust-building and increase awareness about hospice care.

Culturally Tailored Resources: Developing culturally sensitive educational materials in multiple languages can disseminate information effectively.

What type of patient benefits from hospice care?

Hospice care primarily focuses on providing comfort, support, and dignity to individuals with terminal illnesses or conditions that have progressed to an advanced stage, often with a prognosis of six months or less if the illness follows its natural course. While hospice care is not restricted to specific diseases, it commonly supports individuals facing the following terminal illnesses:

Cancer

End-Stage Cancer: When cancer is no longer responding to treatment and symptoms become difficult to manage, hospice care offers support to patients and their families.

Heart Disease

Advanced Heart Failure: As heart failure progresses and standard treatments become

Hospice care embodies compassionate support for individuals and their families facing terminal illnesses. It emphasizes comfort, dignity, and quality of life in the final stages of an illness, providing comprehensive support to both the patient and their loved ones.

less effective, hospice care focuses on managing symptoms and enhancing quality of life.

Lung Disease

End-Stage Lung Disease: Conditions like chronic obstructive pulmonary disease (COPD) or pulmonary fibrosis in their advanced stages may warrant hospice care to alleviate distressing symptoms.

Neurological Diseases

Late-Stage Dementia: Hospice care supports individuals with advanced dementia, managing their comfort and providing support for families.

Amyotrophic Lateral Sclerosis (ALS): In advanced stages of ALS, hospice care helps manage symptoms and enhances quality of life.

Other Conditions

End-Stage Kidney Disease: When kidney failure progresses to an advanced stage and treatment options are limited, hospice care focuses on comfort measures.

Liver Disease: Advanced liver disease, such as cirrhosis, may require hospice care for symptom management and supportive care.

General Criteria for Hospice Care Eligibility

While these diseases often align with hospice care, eligibility isn't solely based on a specific diagnosis. Instead, it depends on various factors, including:

Prognosis: Patients typically have a life expectancy of six months or less if the illness follows its natural course.

Symptom Burden: The focus is on managing symptoms such as pain, shortness of breath, fatigue, and others that impact quality of life.

Desire to Focus on Comfort: Patients and their families opt for hospice care with the goal of comfort rather than curative treatment.

Conclusion

Hospice care embodies compassionate support for individuals and their families facing terminal illnesses. It emphasizes comfort, dignity, and quality of life in the final stages of an illness, providing comprehensive support to both the patient and their loved ones. For immigrant communities, navigating end-of-life care involves acknowledging diverse cultural perspectives, addressing language barriers, and fostering culturally sensitive care approaches. By promoting cultural competence, dispelling misconceptions, and engaging immigrant communities in discussions about hospice care, strides can be made toward ensuring dignified and inclusive end-of-life experiences for all.

ABOUT THE WRITER

Dr. Prajeena Mainali, DO is a family physician at Primacare PC in Fall River, MA. She is a member of

American Board of Family Physician and serves as the director of Gentiva Hospice in Fall River, MA



Neeti Pokharel
Internal Medicine, MD

“Depressed patients must be specifically asked about suicidal ideations and behavior. Positive or equivocal answers should be followed by questions related to means and intent, assessment for risk factor for suicide and the development of a plan for evaluation and care, which may include referral to emergency department or a psychiatrist.”

MAJOR DEPRESSION

Depression is the leading cause of disability in United States among individuals aged 15 – 44. It is a major risk of suicide. It affects women almost twice more than men. The lifetime prevalence of depressive disorders in developed countries is approximately 20%.

Depressive disorders often initially present in the primary setting but are underdiagnosed because screening is underperformed. The US preventive service task force (USPSTF) recommends screening all patients for depression. Symptoms are frequently encountered in patients with chronic medical diseases as a result of illness or due to illness related disability. Depression commonly accompanies thyroid disease, cancer, neurologic diseases, heart failure, diabetes, HIV infection and inflammatory bowel disease. Medications like interferon, glucocorticoids may trigger depression. During evaluation, clinicians must have access to these secondary causes.

For general population screening, the two-question PHQ2 is effective and easy to use.

Over the past 2 weeks

Do you feel depressed or hopeless?

Do you have no interest or pleasure in doing things?

If the patient gives a positive response to either of questions, further investigation for depression, including inquiring about suicidal ideation, is necessary.

Diagnosis of major depressive disorder (MDD) requires the presence of at least five symptoms, at least one of which must be depressed mood or anhedonia (not enjoying doing things that they used to enjoy in past), nearly every day or all of the time during the same 2- week period.

Symptom Criteria for Diagnosis of Common Mood Disorders
Major Depressive Disorder
Five or more of the symptoms listed below (at least one of the symptoms must be depressed mood or anhedonia) nearly every day or all of the time during the same 2-wk period:
Depressed mood
Anhedonia

Insomnia/hypersomnia
Weight loss/gain, appetite increase/decrease
Fatigue/decreased energy
Psychomotor agitation/retardation
Decreased concentration
Feelings of worthlessness or excessive/ inappropriate guilt
Recurrent thoughts of death, suicidal ideation, or suicide attempt

For diagnosis of MDD, symptoms cannot be attributable to a medical condition, medication or substance use and must cause significant functional impairment.

Depressed patients must be specifically asked about suicidal ideations and behavior. Positive or equivocal answers should be followed by questions related to means and intent, assessment for risk factor for suicide and the development of a plan for evaluation and care, which may include referral to emergency department or a psychiatrist.

Factors That Increase Risk for Suicide
Chronic suicidal ideation
Major mental illness or personality disorder
History of prior suicide attempts
History of substance use disorder
Chronic pain
Chronic medical condition
Limited coping skills
Unstable or turbulent psychosocial status (e.g., unstable housing, erratic relationships, marginal employment)
Limited ability to identify reasons for living
Information from Sall J, Brenner L, Millikan Bell AM, et al. Assessment and management of patients at risk for suicide: synopsis of the 2019 U.S. Department of Veterans Affairs and U.S. Department of Defense clinical practice guidelines. Ann Intern Med. 2019;171:343-53. PMID: 31450237

Management

Most patients with MDD can be successfully managed in primary care setting.

For initial acute therapy, either Cognitive Behavioral Therapy (CBT) or second generation antidepressants (SGA) are indicated. Combination therapy is a reasonable option, especially in moderate to severe depression.

The choice of treatment is based on a discussion of side effects, cost, accessibility and patient preferences.

Common Psychological Interventions to Treat Depression	
Intervention	Description
Acceptance and commitment therapy	Uses mindfulness techniques to overcome negative thoughts and accept difficulties
Cognitive therapy	Helps patients correct false self-beliefs and negative thoughts
Cognitive behavioral therapy	Includes a behavioral component in cognitive therapy, such as activity scheduling and home-work
Interpersonal therapy	Focuses on relationships and how to address issues related to them

Referral to psychiatrist in patients with severe depression, failure of initial therapy, complex psychiatric comorbidities or high suicide risk.

Four classes of SGAs are available. Drug selection should be based on side effects profiles and patient-specific characteristics. Side effects are common, and patient education regarding adverse effects can improve adherence.

Medication should be started at low dosage and gradually titrated to achieve a clinical response while monitoring the adverse effects.

Dosages and Comparative Adverse Effects of Second-Generation Antidepressants		
Drug	Dosage (mg/d)	Comparative or Drug- Specific Adverse Effects ^a
Selective Serotonin Reuptake Inhibitors (SSRIs)		
Citalopram	20-40	Possible increased risk for QT interval prolongation and torsades de pointes (dosages >40 mg/d)
Escitalopram	10-20	QT prolongation (less than with citalopram)
Fluoxetine	10-80	Lowest rates of discontinuation syndrome compared with other SSRIs
Fluvoxamine	40-120	NA
Paroxetine	20-60	Highest rates of sexual dysfunction among SSRIs; higher rates of weight gain; highest rates of discontinuation syndrome
Sertraline	50-200	Higher incidence of diarrhea
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
Venlafaxine	75-375	Higher rates of nausea and vomiting; higher rates of discontinuation due to adverse events than with SSRIs as a class; highest rates of discontinuation syndrome
Venlafaxine XR	75-225	
Desvenlafaxine	50-100	Same as venlafaxine
Duloxetine	60-120	Same as venlafaxine, but lower rates of adverse events and discontinuation syndrome than with other SNRIs
Serotonin Modulators		
Nefazodone	200-600	NA
Atypical Antidepressants		
Bupropion	200-450	Lower rate of sexual adverse events than with escitalopram, fluoxetine, paroxetine, and sertraline
Bupropion SR	150-400	

Response to therapy can be objectively measured by comparing scores of PHQ9 questionnaire before and during the treatment. A decrease in score of at least 50% indicates a response to the treatment.

Approximately half of the patients who respond to appropriate initial therapy (CBT of SGA monotherapy) develop recurrent depression after one year without continued treatment.

The American Psychiatric Association recommends

continuation therapy for 4 to 9 months in patient who responds to acute therapy. When a long-term drug therapy is not indicated or must be stopped for other reasons. Antidepressant medications should be gradually tapered to avoid discontinuation syndrome. The most common symptoms associated with discontinuations syndrome are dizziness, fatigue, headache, and nausea, typically occurring within 1 to 7 days of rapidly discontinuing antidepressants.

ABOUT THE WRITER

Dr. Neeti Pokharel is a board certified physician in Internal Medicine, working at Baylor Scott and White hospital as a Primary Care Physician.

She earned my medical degree in China and completed my Residency in Internal Medicine at

Interfaith Medical Center in Brooklyn, New York.

They moved to Texas to be closer to the family. She enjoy spending time with her husband and two kids, especially while outdoors hiking or biking and traveling.

HEALTH IS THE ESSENCE OF LIFE, AND LIFE THRIVES WITHIN THE COMMUNITY WHERE WE RESIDE AND STAND

A History of Texas Nepalese Medical Association (TNMA)

In the heart of the vibrant Dallas-Fort Worth (DFW) Nepalese community, a chance of meeting with Dr. Sanjeeb Shrestha unveiled a decade-long commitment to community health and humanity—his tireless service in free health camps. Inspired by his dedication, I was entrusted with a mission to unite all Nepalese medical professionals. This endeavor gave birth to the Texas Nepalese Medical Association (TNMA) and paved the way for the transformative Himalaya Health Clinic (HHC), a free clinic for the community. As TNMA seamlessly brought together physicians, dentists, nurses, and allied health professionals under the umbrella, the HHC emerged as a beacon of hope, bringing tangible improvements to the community.

Introduction

The inspiring journey of the Texas Nepalese Medical Association (TNMA) unfolds with Dr. Sanjeeb Shrestha's decade-long dedication to free health camps. His commitment and dedication became the catalyst for TNMA, uniting Nepalese medical professionals under a shared vision.

TNMA was founded on September 30, 2018, with a mission to foster unity within the medical community and contribute to social and charitable initiatives. It has been dedicated to running a sustainable free Health Clinic and HHC, for the underserved and uninsured patients. TNMA strives for community well-being with the motto: "Working together for a healthy community."

Founding Members

TNMA proudly acknowledges its dedicated founding members – medical doctors, dentists, and a non-medical honorary founding member. In total, these thirteen individuals are committed to realizing the organization's vision.

Founding Members: Sanjeeb Shrestha, MD, FACC, Sarmila Shrestha, DDS, Anuj Kandel, MD, FACS, FASCRS, Dipesh Bista, MD, Jharana Shrestha, MD, FACR, Rosy Rajbhandary, MD, Yubaraja Bhattarai, MD, Bishnu Sapkota, MD, Sailesh Thapa, MD, Sumit Bhattarai, MD, Neeti



Lila Shrestha

Director

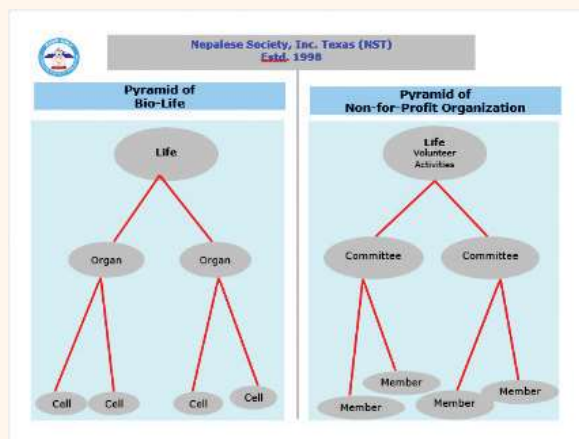
Executive Office, TNMA

Hon. Founding Member

“The transformative power of compassion contributes to the overall happiness in our lives, emphasizing the importance of collaborative efforts between the community and health professionals to positively impact and transform lives.”

Pokharel, MD, Dr. Puja Sainju, DDS, and Lila Shrestha, Masters in Sociology.

Formative Years: Health Camps



I assumed the role of Executive Member of the Nepalese Society of Texas (NST) from 2009 to 2011. Under the leadership of Prof. Prem R. Adhikari, the sixth President of the Executive Committee initiated 24 committees dedicated to serving the community. Among these, the Health Camp Committee stood out as one of the most eagerly anticipated committees, representing a pivotal moment within the DFW Nepalese community.

During the NST Executive Committee's deliberations on the interconnectedness of bio-life and non-profit organizations, a parallel was drawn between the support systems. For bio-life, cells supported organs, and organs supported life. Similarly, for non-profit organizations, community members supported committees, and committees supported life-volunteer activities. The dedicated efforts of NST President and his team established 24 committees aimed at catering to the needs of the Dallas-Fort Worth (DFW) Nepalese community members.

Mr. Makar Bajracharya, Executive Member, proposed Dr. Sanjeeb Shrestha lead the Health Camp Committee, which was unanimously endorsed by the Executive Committee. The unanimous vote included two additional members, the late Krishna Lamichhane and Bhim Upreti, MD. In 2009, under the leadership of Dr. Sanjeeb Shrestha, the free health camps were initiated. Administrative support for these camps was graciously provided by Mr. Dinesh Sharma and Mr. Badal Bhujel. The DFW Nepalese Community praised the health camps, appreciating the dedicated efforts of the doctors, nurses, and NST volunteers involved.

Noteworthy volunteers for NST Health Camps:

1. Dr. Jharana Shrestha, MD FACR
2. Dr. Sharmila Shrestha, DDS
3. Dr. Bishnu Sapkota, MD
4. Dr. Yubaraja Bhattarai, MD
5. Nurses: RN. Kamala Adhikari, NP. Manita Manandhar, NP. Anju Banjade, RN. Minu KC, RN. Menuka Karki, RN. Sunita Basnet, RN. Sabina Rawal, RN. Suraksha Thapa, RN. Indira Khatiwada, and Late RN. Kamala Shakya
6. Non-Medical Volunteers: Mr. Dinesh Sharma, Mr. Badal Bhujel, and Mr. Bikash Jung Thapa

Serving the Community

After the completion of NST's sixth committee tenure, I was engaged in blood drives with Blood Donors of America (BDA). The BDA-Texas committee was established, and I was unanimously elected as the founding General Secretary, with Dr. Sanjeeb Shrestha joining as a founding Executive Member. BDA Texas swiftly gained recognition within the Nepalese Diaspora for its successful blood drives. Dr. Sanjeeb Shrestha and I personally witnessed the profound impact of blood donation and its lasting effects on the community.

The commitment to helping others is truly commendable and serves as an inspiration to those around you. Dr. Sanjeeb Shrestha's aspiration to serve the community through health camps and a free health clinic reflects a deep dedication to the well-being of others.

TNMA

For the past two years, Dr. Sanjeeb Shrestha has consistently urged me to coordinate Nepalese doctors and nurses, encouraging their involvement in health camps and blood drives. On a decisive night, August 30, 2018, at 11:11 PM, he texted me, stating, "I need your help in opening Nepalese Medical Association. You had promised to help me after completion with BDA." This message served as a compelling catalyst, prompting me to initiate coordination efforts with Nepalese doctors and nurses.

Reaching out to Nepalese doctors and nurses posed challenges, given the limited contact information Dr. Sanjeeb had. Nonetheless, within a month, I managed

to connect with 76 doctors, 250 nurses, and 4 allied health professionals. On behalf of Dr. Sanjeeb Shrestha, I sent the first email inviting all health professionals to an organizational meeting and meet-and-greet on September 22, 2018, with the aim of laying the foundation for TNMA.

It was both a pleasure and an opportunity to coordinate Nepalese health professionals, culminating in the organization's first meeting on September 30, 2018. It was not a click away, or a phone call away, or a text message away to reach out all Doctors and nurses. My several follow-up calls, voicemails, emails, and text messages probably irritated them. However, I kept patience in waiting for a response until the first organizational meeting of TNMA. Despite the challenges in reaching out, my perseverance prevailed, and the TNMA journey was set in motion.

Challenges Overcome

The necessity of TNMA faced skepticism and raised questions about its relevance. Despite these uncertainties, doctors within the community recognized the vital role of a medical professional association and its potential to provide crucial assistance to the Nepalese community. Over time, a commendable number of doctors, nurses, and community members actively engaged in this initiative, underscoring their commitment to the welfare of the Nepalese community through TNMA.

The establishment of TNMA posed tough challenges that required unwavering perseverance. My patience and dedication in coordinating Nepalese health professionals played a pivotal role in the organization's success. Despite initial skepticism, TNMA earned recognition for its significant contribution to the well-being of the Nepalese community.

The inception of TNMA marked a crucial milestone, representing the proactive initiative taken by Nepalese health professionals to create and organize a free health clinic catering to the Nepalese community in the DFW Metroplex. This endeavor was far from a simple task to seamlessly gather all the doctors and nurses involved.

Key Milestones and Inaugural Organizational Meeting

TNMA achieved a significant milestone from its inaugural organizational meeting on September 30, 2018, and the first Executive Committee was elected comprising:

President: Dr. Sanjeeb Shrestha, MD, FACG, Vice-President: Dr. Bishnu Sapkota, MD, General Secretary: Dr. Anuj Kandel, MD, FACS, FASCRS, Treasurer: Dr. Rosy Rajbhandary, MD, Executive Members: Dr. Dipesh Bista, MD, Dr. Jaya Bhattarai, MD, Dr. Jharana Shrestha, MD, FACR, Dr. Sharmila Shrestha, DDS, Dr. Shailesh Thapa, MD, Dr. Sumit Bhattarai, MD, Dr. Yubaraja Bhattarai, MD, Non-Medical Joint-Executive Members: Mr. Lila Shrestha, Mr. Dinesh Sharma, Mr. Badal Bhujel, Media Coordinators: Mr. Bikash Raj Neupane, and Mr. Ramchandra Bhatta.

The unwavering efforts of subsequent committees, especially during the challenges posed by COVID-19, led to the establishment of HHC in May 2023.

TNMA's journey brought together Nepalese health professionals – doctors, nurses, allied health, pharmacist, as well as community members. There are around 76 Nepalese medical doctors and dentists, 300 Nepalese nurses, and 50 allied health professionals in the DFW Metroplex, TNMA has emerged as a unifying force for Nepalese health professionals.

President Dr. Sanjeeb Shrestha envisioned fostering comradeship, facilitating health camps, supporting new doctors, and collaborating with healthcare professionals and volunteers to increase health accessibility and awareness.

Fostering Collaborative Healthcare

The primary objective of TNMA was to foster collaboration within the medical community, facilitating the seamless operation of health camps, fundraising for health clinics, and organizing health education activities. Furthermore, the association aimed to support new doctors in gaining residency within Texas, establish an externship program for incoming doctors, and work closely with Nepalese nurses, allied health professionals, and the community to enhance health accessibility and awareness through educational programs.

Himalaya Health Clinic (HHC)

Despite the challenges posed by COVID-19 between 2020 and 2022, the TNMA Executive Committee, and dedicated volunteers worked tirelessly. Their unwavering efforts culminated in the establishment of HHC, which commenced offering free health clinic to the community in May 2023. This achievement marked a significant milestone in TNMA's continued commitment to community welfare and healthcare accessibility.

The founding members of TNMA played a fundamental role in the establishment of both TNMA and HHC. Furthermore, the dedicated efforts of TNMA and HHC volunteers, directors, and community leaders were instrumental in initiating and launching HHC, eagerly anticipated by the community for years.

The instrumental role of HHC Director, Mr. Raj Shrestha, has been paramount in ensuring the seamless operation of HHC from its inception. The clinic is fortunate to have such a committed volunteer, and it is evident that without his dedication, running the clinics would pose significant challenges.

The clinic, with the support of volunteers, serves as a unifying force for Nepalese health professionals in the DFW Metroplex.

Community Engagement

The HHC has been providing clinical services to approximately 100 patients on each clinic day, and the community's support is crucial for its sustainability. Since its inception, HHC has gained tremendous support from the community, and the positive impacts of its services are becoming increasingly evident.

TNMA shows promise as more Nepalese doctors, nurses, and allied health professionals join every day, actively contributing to the operation of HHC. The association is transforming into a dynamic platform for Nepalese medical professionals to exchange ideas and collectively contribute to the community through HHC.

TNMA extends heartfelt gratitude to all contributors—doctors, nurses, volunteers, lifetime supporters, and members—for their invaluable contributions to the community. The association encourages ongoing support for HHC, emphasizing that together, we can strive towards a healthier community. It recognizes that giving is not just a donation but a transformative impact within our own community.

Compassion

Individuals who personify kindness and compassion often find greater happiness in their lives. In the ongoing journey of TNMA, the organization's persistent commitment to community health, compassion, and collaborative efforts illuminates its path. Through HHC and Compassion Magazine,

TNMA serves as a beacon of hope and support for the Nepalese community, symbolizing the collective spirit of working together for a healthy and thriving community. The transformative power of compassion contributes to the overall happiness in our lives, emphasizing the importance of collaborative efforts between the community and health professionals to positively impact and transform lives.

The dedicated efforts of Publication Director Mr. Pramesh Shrestha have been instrumental in tirelessly publishing the magazine *COMPASSION* since 2019. His commitment has made it possible to provide this educational magazine to the community, offering insights into health-related topics and bringing together medical, nursing, and allied health professionals under one common platform. Today, as you hold its 3rd issue of *COMPASSION*, heartfelt thanks go to Mr. Pramesh Shrestha and all writers as well as the entire TNMA/HHC committees for their dedication in making this valuable resource a reality.

GALA Nights

As a non-profit organization, TNMA operates HHC to provide free clinics to community members, relying on funds to sustain these essential services. Our first Gala Night in 2019 was a resounding success, generating crucial funds that kickstarted the HHC. Second Gala Night 2024 became a special occasion to entertain and appreciate HHC supporters, donors, volunteers, and members while raising funds and awareness for this noble cause.

TNMA and HHC extend heartfelt gratitude to HHC supporters, donors, volunteers, Life-Time members, their generosity has significantly impacted a healthier community. Donors, supporters, and volunteers' compassionate hearts for this noble cause have made a meaningful difference in the community.

TNMA/HHC Towards a Healthier Nepalese Community

In initiating the journey of TNMA, we discovered that initiating even a small endeavor with great love provides strength and inspires positive actions.

TNMA took its first step during an organizational meeting of Nepalese health professionals, including doctors, nurses, and social leaders, and marked the initiation of a small but impactful initiative—to organize a free health clinic, HHC for our Nepalese community in the DFW Metroplex.

Coordinating Nepalese health professionals and organizing TNMA's inaugural meeting was a great pleasure and opportunity. Reaching out to doctors and nurses required persistent efforts. I maintained patience, eagerly awaiting responses until TNMA's first organizational meeting in 2018.

As the saying goes, the hardest part is to initiate, and indeed, good things follow ignition. Dr. Sanjeeb Shrestha, a respected medical doctor, social leader, and TNMA's initiator, envisioned fostering comradeship within the Nepalese medical community and families. His dream extended to facilitating smooth health camp operations, supporting new doctors in gaining residency in Texas, and collaborating with Nurse Practitioners and community volunteers to enhance health accessibility and awareness through educational programs.

Dr. Sanjeeb Shrestha, the initiator of TNMA, holds a profound dream and consistently wishes to collaborate with fellow Nepalese doctors, health professionals, and community members.

Since its establishment, TNMA has witnessed the involvement of Nepalese doctors, nurses, health professionals, and community members. Dr. Jharana Shrestha, TNMA's initiator's life partner, has been a constant companion on this journey. Dr. Sharmila Shrestha, Dr. Rosy Rajbhandary, Dr. Puja Sainju, Dr.

Dipesh Bista, and Dr. Anuj Kandel made significant contributions to moving TNMA forward from its inception. Dr. Yubaraja Bhattarai and Dr. Bishnu Sapkota also offered unconditional support to advance TNMA's activities.

Even during the pandemic, TNMA's executive committee members and directors worked tirelessly. Doctors became lifetime members, while nurses, health professionals, community members, and social leaders became lifetime supporters of TNMA, united by the noble cause of making a healthy community.

In the DFW Metroplex, there are approximately 76 Nepalese medical Doctors and Dentists, 300 Nepalese Nurses, and 50 Allied Health professionals. Thanks to TNMA, Nepalese health professionals have found an association, and TNMA has evolved into an organization of Nepalese health professionals.

Our Nepalese doctors and nurses provide health services to their community members through the eagerly anticipated HHC. Community members, lifetime supporters, and social leaders have been keeping up their active engagement to ensure the sustainability of HHC making our own community healthy.

Health is the essence of life, and life thrives within the community where we reside and stand.

ABOUT THE WRITER

Lila Shrestha is a dedicated individual with a profound commitment to leadership and community service, leaving an enduring mark on society. Since Sept. 2018, Mr. Shrestha has been serving as an honorary founding member, and Director of the Executive Office at the Texas Nepalese Medical Association (TNMA). He has been instrumental in playing key roles in shaping the organization. He consistently upholds TNMA's guiding principle: Working Together for a Healthy Community.


Additionally, Mr. Shrestha has been involved in various capacities with the Blood Donors of America (BDA) since December 2013, serving as the Founding General Secretary BDA Texas. He has held roles such as Executive Member, Publication Coordinator, and is currently a Team Member of the Liaison Committee


2023. Mr. Shrestha eagerly believes in 'Donating Blood is an Act of Solidarity.'

Having held pivotal roles as an Executive Member and Office In-Charge with the Nepalese Society of Texas (NST) 2009, Mr. Shrestha's commitment to Dallas-Fort Worth Nepali community engagement extends to his active involvement since 2004. Beyond his contributions to NST, BDA, and TNMA- Mr. Shrestha has consistently devoted his time to various social organizations, leaving an indelible mark on society. Volunteering is his passion, providing an avenue to connect with diverse individuals and extend assistance to those in need.

For inquiries or contact, Mr. Shrestha can be reached at 214-226-8634 or via email at Lilashres@gmail.com.

Virtual Events


**LIVE**


**HEALTH UPDATE**

Episode # 15


COVID-19 VACCINE & the new strains of CORONA VIRUS

DATE: JAN 02, 2021 Saturday
TIME: 06:00 PM CST
www.facebook.com/TNMAUSA


**TEXAS NEPALESE MEDICAL ASSOCIATION**
invites you and your family to join our Educational Program



Dr. Sandeep Pandey
MD, FACP



Dr. Prakash Shrestha
MD



Pramesh Shrestha
PROGRAM HOST

**HEALTH UPDATE**
EPISODE #16

**TEXAS NEPALESE MEDICAL ASSOCIATION**



Dr. Shreedhar Paudel
MD - SPEAKER



Dr. Priya Vaidya Shrestha
MD - SPEAKER



Dr. Sandeep Pandey
MD, FACP - CO-HOST



Pramesh Shrestha
PROGRAM HOST

**LIVE**

TOPIC :
"ADULT MENTAL HEALTH & CHILD PSYCHOLOGY"

DATE: FEB 20, 2021 Saturday
TIME: 06:00 PM CST
www.facebook.com/TNMAUSA

**HEALTH UPDATE**
EPISODE #17

**TEXAS NEPALESE MEDICAL ASSOCIATION**



Dr. Nabin Shrestha
Infectious Disease, Cleveland Clinic
MD - SPEAKER



Dr. Sanjeeb Shrestha
MD, FACP - CO-HOST



Pramesh Shrestha
PROGRAM HOST

**LIVE**

TOPIC :
"Covid Vaccine Updates & the Real World Effects of Vaccine"

DATE: MAR 20, 2021 Saturday
TIME: 07:00 PM CT
www.facebook.com/TNMAUSA

**HEALTH UPDATE**
EPISODE #18

**TEXAS NEPALESE MEDICAL ASSOCIATION**



Dr. Sanjeeb Shrestha
MD, FACP



Dr. Anuj Kandel
MD, FACS, FASCRS



Pramesh Shrestha
PROGRAM HOST


**LIVE**

TOPIC :
"Colorectal Issues: Constipation, Hemorrhoids & Colon Cancer"

DATE: APR 24, 2021 Saturday
TIME: 07:00 PM CST
www.facebook.com/TNMAUSA

**HEALTH UPDATE**
EPISODE #19

**TEXAS NEPALESE MEDICAL ASSOCIATION**



Dr. Prakash Shrestha
MD



Dr. Dipesh Bista
MD, CO-HOST



Pramesh Shrestha
PROGRAM HOST

**LIVE**

TOPIC :
" COVID Crisis: An Update "

DATE: MAY 26, 2021, Wednesday
TIME: 09:00 PM CST
www.facebook.com/TNMAUSA

**HEALTH UPDATE**
EPISODE #20

**TEXAS NEPALESE MEDICAL ASSOCIATION**



Dr. Prakash Shrestha
MD, SPEAKER



Dr. Dipesh Bista
MD, SPEAKER



Dr. Sandeep Pandey
MD, FACP, CO-HOST



Pramesh Shrestha
PROGRAM HOST

**LIVE**

TOPIC :
" UPDATES ON NEW COVID VARIANTS "

DATE: AUG 08, 2021 Sunday
TIME: 07:00 PM CST
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**HEALTH UPDATE**
EPISODE #21

**TEXAS NEPALESE MEDICAL ASSOCIATION**



Dr. Sadip Pant
Interventional Cardiologist
SPEAKER



Dr. Roohan Karki
Electrophysiologist Cardiologist
SPEAKER



Pramesh Shrestha
PROGRAM HOST

**LIVE**

TOPIC :
"KNOW YOUR HEART FROM YOUR HEART DOCTORS"

DATE: OCT 23, 2021 Saturday
TIME: 07:00 PM CST
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**HEALTH UPDATE**
EPISODE #22

**TEXAS NEPALESE MEDICAL ASSOCIATION**



Dr. Prakash Shrestha
Infectious Disease Specialist
SPEAKER



Pramesh Shrestha
PROGRAM HOST

**LIVE**

TOPIC :
"BOOSTER SHOTS: OMICRON VARIANTS & WHAT ELSE ?"

DATE: DEC 16, 2021 Thursday
TIME: 08:00 PM CST
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Clinic Day





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Neurologist
RAJANI SHRESTHA, DO
Family Physician
ROSY RAJBHANDARY, MD
Rheumatologist
ANUJ KANDEL, MD
Colorectal Surgeon
BISWAS UPADHYAY, MD
Internal Medicine

\$20 SERVICES

CHOLESTEROL PANEL
COMPLETE BLOOD COUNT (CBC)
LIVER FUNCTION TEST

\$30 SERVICES

HEMOGLOBIN A1C TEST
BLOOD PRESSURE, BLOOD
SUGAR, WEIGHT CHECK
MEDICAL & DENTAL CHECK UP

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LAB WORKS PER DOCTOR'S RECOMMENDATION

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Rheumatologist
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Gastroenterologist

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Neurologist
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BINITA KHAREL NEPAL, MD
Internist


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Clinic Day



HIMALAYA HEALTH CLINIC

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DEC 03, 2023, SUNDAY
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Family Physician
ROSY RAJBHANDARY, MD
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HIMALAYA HEALTH CLINIC

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Rheumatologist



HIMALAYA HEALTH CLINIC

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RAJANI SHRESTHA, DO
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Rheumatologist



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MAR 03, 2024, SUNDAY
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HIMALAYA HEALTH CLINIC

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BLOOD DONATION AND HEALTHY LIFESTYLE: TWO SIDES OF THE SAME COIN

Developing blood donation habits could be important to practice a healthy lifestyle especially for those who do not have active health insurance schemes and for those who have yet to develop habits of regular exercise. Although regular blood donation habits offer some health screening opportunities prior to donation, it cannot completely replace the benefits of health insurance and regular exercise.

Having access to a health insurance plan in low-income households, inclusive of recent immigrants to the USA, is difficult because of its expensive annual premium cost (average \$8,000 to \$23,000). According to Census Bureau of USA (2022 data), about 8% of the US population do not have health insurance. On the other hand, every 33 seconds a person in the USA dies because of cardiovascular diseases. A rising trend of hypertension in the US population (36%) warns everyday with the possibility of life loss among patients. Similarly, a person suffers from a stroke every 35 seconds causing either permanent disability or death. These statistics are alarming for a nation and suggest developing healthy lifestyle habits in young or adult people as soon as possible in the USA.

A donor does not need to be health insured to donate blood but has to go through the health screening procedure. The donor has to pass a mini-medical screening evaluation that includes a state of well-being (is assessed by about 50 questionnaires about their history medical examinations) assessment, examining the vitals (that includes body temperature and heart rate like a physical examination in the medical check-up) and quantification of hemoglobin (a protein that indicates the iron level in the blood as a part of laboratory test in the medical test) and cholesterol, a predominant cause of hypertension. Furthermore, laboratory tests of the sampled blood are carried out to confirm the lack of several contagious diseases such as HIV, hepatitis



Nanda L. Regmi, DVM, PhD

Senior Research Scientist
Department of Pediatric Neurology
UT Southwestern, Dallas, TX

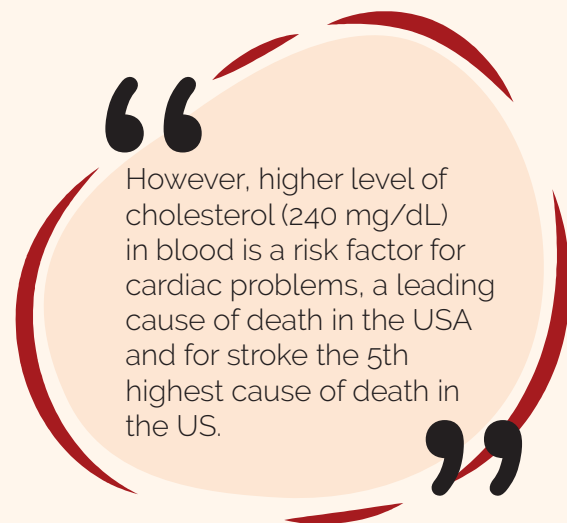
“However, less discussions and educational writings have been made in the part of donor education about how they could be benefited healthwise by donating blood.”

B virus, hepatitis C virus, human T-lymphotropic virus (HTLV), West Nile virus, and syphilis. If all parameters of laboratory tests are under the range of acceptance, the donated blood is transfused. However, the donated blood is not transfused to the recipient until it is confirmed free of disease. Thus, the laboratory tests directly provide an opportunity to donors to be tested for health status at no cost. One can take this benefit in each donation time free of cost at every 56 days interval at the time of whole blood donation (US condition).

If we realize the social responsibility for our community where we live in today, healthy blood is always in demand in hospitals. Someone needs blood transfusion every 2 seconds, and about 12,000 pints of donated blood is needed in each hour to save human life in the USA. The present statistics of donors shows that we have about 776 pints of whole blood donation in each hour. Since blood is not possible to be made in a laboratory, it should be supplied by donation from healthy individuals. This suggests the blood donation is in acute need and someone from the population of 27,500 has to donate a pint of blood in each hour to fulfill the present demand. Further, blood is in great demand for an emergency while the donation requires a plan.

If we assume the population of immigrated Nepalese Americans to be around 0.4 million as of today in the US, about 15 pints of whole blood should be donated in each hour to meet the US national requirements. BDA and several other social volunteer organizations have contributed about 12,000 pints of blood up to now (counted only the recorded data in the blood drive events across the USA, and not including the one donated in the blood banks) in the last 13 years since the BDA establishment from 2009 to 2023. These results suggest our communities have donated about 1 pint of blood every 10 hours or 2.5 pints of blood each day. This means the BDA and other Nepalese American communities have helped only about 0.7% to the national demand as of today. However, BDA and other communities have increased the blood drive events and added more blood pints after 2014 and its donation movement is increasing day by day.

As I discussed above, blood supply is still insufficient to fulfill the national need. Our joint efforts are



necessary to address at the extent of our capacity. We need to educate donors about their individual social obligation and motivate them to donate blood as well as inform them about health benefits from donating blood. One can directly understand the benefit of blood donation to save the life of recipients by blood transfusion. However, less discussions and educational writings have been made in the part of donor education about how they could be benefited healthwise by donating blood.

Recent research finds that excessive amounts of iron in the body is detrimental for health in men. A detailed study conducted in Finnish people suggested that regular blood donors had 88% reduction in myocardial infarction compared to non-blood donors. Similarly, the study indicates that the occurrence of coronary artery associated diseases was lowered in regular blood donors compared to non-donor.

Total cholesterol is quantified in the donated blood, which helps the donors to know a safe range. In general, high levels of cholesterol do not show symptoms and the individual does not know it. However, higher level of cholesterol (240 mg/dL) in blood is a risk factor for cardiac problems, a leading cause of death in the USA and for stroke the 5th highest cause of death in the US. Since cholesterol concentration is quantified in the donated blood samples of a blood donor, the donor knows the status of this killer agent when donating blood.

Many Nepalese American community organizations are starting the blood donation drive events at least once or twice. Awareness of blood donation and its health benefits to the donors is extremely important

in our communities especially among Nepalese Americans. Many of the Nepalese Americans have recently migrated to the USA, and they have many primary challenges to settle their family in the new land. They may not have health insurance and opportunity to see their health providers. In this context, if they go to donate blood they will receive at least mini-health screening benefits to know their basic health condition.

There are extremely few united efforts of health professionals of Nepalese Americans in the USA. Many elderly parents and several other visitors travel to the USA each year from Nepal because their family members are here in the USA. Several of the visitors may not have health insurance due to which they do not receive health help at the time of emergency. Given the existing situation, Texas Nepalese Medical Association (TNMA) has been serving several Nepalese Americans or their visitors in the diverse disciplines of health aspects of needy people for the last several years at and around Dallas, TX. In addition, the association of professionals has organized a blood drive event jointly with BDA-TX to serve the community and create awareness of blood donation in the area. It is immensely important

to the truly dedicated community organizations such as TNMA to stand together with BDA to educate donors and community members so that many community members get the health benefit of blood donation. I would congratulate the TNMA team on working together with BDA in the part of blood donation awareness and community education.

An icon of the lifelong blood donor and the Guinness book record holder for his highest number of whole blood donation, John W. Sheppard said in his book, I can see now clearly, lessons learned from the seasons of life, "We learn that a human with a humane heart and love in terms of saving life through blood donation has a great meaning in life. We know a medical professional requires decades of educational training to learn how to save life but a donor with a kind heart can do the similar thing without having the degrees."

Reference

Jukka T. Salonen, Tomi-Pekka Tuomainen, Riitta Salonen, Timo A. Lakka, Kristiina Nyyssönen, Donation of Blood is Associated with Reduced Risk of Myocardial Infarction: The Kuopio Ischaemic Heart Disease Risk Factor Study, American Journal of Epidemiology, Volume 148,

ABOUT THE WRITER

Dr. Nanda L. Regmi, is a Senior Scientist in the department of Pediatric, Division of Neurology of University of Texas Southwestern Medical Center at Dallas, TX, USA. He is involved in gene therapy translational research to treat monogenic causes of neurological diseases especially in children. **Dr. Regmi** has contributed to the scientific communities through his several peer reviewed scientific articles and has been a member of several scientific professional societies.

Dr. Regmi, also a blood donor volunteer, is the former president of Blood Donors of America (BDA), a non-profit, non-political, and non-religious charity organization established in 2009. In addition, **Dr. Regmi** has served in several community organizations in the capacity of trustee board member (Indreni Cultural Association, USA); founding member (Tribhuvan University Lions Blood Transfusion and Research Center, Kathmandu, Nepal; Nepali Cultural and Spiritual Center, TX, USA), and a member of a advisory

board (Nepalese Society of TX, USA and Pulmonary Hypertension Association Nepal). **Dr. Regmi** is a life time member of BDA, International Nepali Literary Society (INLS); Nepalese Society of Texas (NST), Nepalese Society of SouthEast America (NASEA), and Non Resident Nepali Association (NRNA). **Dr. Regmi** has published dozens of philanthropic articles in several journals published in the USA including in News-Press and Nepal.

Dr. Regmi has been awarded with several prestigious awards including but not limited to LifeTime Achievement Award 2020 from US President Joseph R. Biden Jr, for his extraordinary volunteer services and outstanding contribution. **Dr. Regmi** is respectfully recognized by the Maryland General Assembly for his leadership and profound commitment to community service, including his impactful work in blood donation in 2023. **Dr. Regmi** has been listed as one of the prominent biomedical scientists and philanthropists in the USA by a book, "WHO IS WHO", published from the USA.



Ajaya Satyal

President International
Nepalese Blood Donors
Association

“The studies have shown that the people who donate blood regularly have 88% low risk of the heart attack and also have lower risk of cancer.”

UNLEASH YOUR SUPERPOWER: THE JOY OF BLOOD DONATION AND GOOD HEALTH!

This article hopefully finds you all buzzing with positive and good vibes in the new year – 2024! Today, we're diving into something truly incredible superpower each and every one of us possesses: the ability to save lives through the magic of blood donation.

Why Donate Blood?

Let's start with the basics. Why should you consider donating blood? Well, aside from being an authentic superhero move, it's a fantastic way to make a tangible positive impact on the lives of others. One pint of blood can save up to three lives – that's like scoring a triple-win in the game of generosity, hitting a perfect trifecta! Millions of people need blood transfusion each year. Blood is such a substance which can't be manufactured. It is required to save patients suffering from traumatic injuries, cancer, surgeries, other chronic illnesses and blood loss during the maternity process of child delivery.

Health Perks

Believe it or not, being a blood donor isn't just about giving; it's also about receiving. Donating blood has health perks for you too! It can lower the risk of certain illnesses and keep your heart feeling all warm and fuzzy. During the blood donation process a donor gets a free health assessment which includes blood pressure and temperature reading, and measurement of hemoglobin in the blood and also the cholesterol level readings later after the blood is processed in the lab. In addition, the donors are also screened for Hepatitis and HIV. The donation process basically provides you a health check-up free of charge without visiting a doctor. The studies have shown that the people who donate blood regularly have 88% low risk of the heart attack and also have lower risk of cancer. So, by lending an arm, you're not only just helping others but also giving yourself health boost. Regular blood donation is like making secret trips to Shangri-la for maintaining healthy life and slowing down the aging process.

Mark your calendars, schedule your appointment, and get ready to be part of something bigger than yourself. Together, we can make a difference, one pint at a time, saving up to three lives at a time. Let's spread joy, save lives, and embrace the superhero within us all.

Community Event

Picture this: a room full of people coming together for a common cause, united by the desire to make a difference. That's the beauty of blood donation. It's a community event where strangers become friends, and bonds are forged over a shared commitment to spreading kindness and saving lives.

Joy of Blood Donation

What's better than feeling like a hero? Being treated like one! After your donation, it's snack time. Who doesn't love free snacks? From cookies to juice, the post-donation event is a kind of celebration of your awesomeness. It's like a reward for your good deed, and who can resist the charm of tasty treats? Above all, the best news is when you are notified by the blood collection agency that your blood has matched a needy patient and is being taken to hospital to save life. This is a great moment of satisfaction for you.

And it makes you feel like you have done your good karma again.

Ready to Join the Elite Life Savers Club?

So, are you ready to unleash your inner superhero? Becoming a blood donor is easy, and the joy you'll feel is absolutely priceless. It's not just a pint of blood; it's a pint of hope, courage, and love. We are lucky to have our own Blood Donors of America (BDA), a Nepalese Community agency, which is involved in organizing blood donation activities in many states across the mainland USA. And of course, there are plenty of blood collection agencies in each state of USA where BDA has not reached out there.

Mark your calendars, schedule your appointment, and get ready to be part of something bigger than yourself. Together, we can make a difference, one pint at a time, saving up to three lives at a time. Let's spread joy, save lives, and embrace the superhero within us all.

ABOUT THE WRITER

Mr. Ajaya Satyal is a retired environmental professional in Florida.

Mr. Ajaya Satyal is a prominent member of the Nepalese-American community in Florida, and a believer in the philosophy, "Love all. Serve all." Mr. Ajaya Satyal is an avid blood donor and serves as President of the International Nepalese Blood Donors Association. He started donating blood in 1985 and has been donating regularly. He says

saving lives by blood donation is his passion. He enjoys donating both whole blood and platelets. According to Oneblood, Inc., a non-profit blood collection agency in Florida that keeps the official record, he has donated 26.25 Gallons of blood so far which is equal to 210 times of donation. He has also donated to the American Red Cross, Nepal Red Cross, Sathya Sai Specialty Hospital in Puttaparthi, India, and at Canadian Blood Center in Toronto, Canada.

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Sunil Shrestha & Sangita Bajracharya Shrestha

Honoring the Legacy of Late RN Mrs. Sharada Joshi



This donation has been made as a heartfelt tribute to my late mother, RN Mrs. Sharada Joshi.

Mrs. Sharada Joshi was a loving wife to my father diplomat Mr. Ghanashyam Lal Joshi and travelled around the world with him. She was a dedicated mother to two children, my brother Engineer Mr. Roopesh Joshi and myself Dr. Rosy Rajbhandary. She was a highly skilled nurse who graduated from Shanta Bhawan Hospital, Patan.

Mrs. Sharada Joshi was known for her compassion, empathy, and philanthropic spirit. She devoted countless hours volunteering to help those in need, particularly the sick and suffering. Her caring nature touched the lives of everyone she encountered. Unfortunately, she passed away prematurely on October 17th, 2000 due to a severe asthma attack. Her untimely death meant she never had the opportunity to meet my husband and children, nor my brother's wonderful family.

Through this contribution, I honor her life and legacy by supporting a cause that resonates with her values and beliefs.

The memory of my mother lives on through acts of kindness and philanthropy, inspiring others to emulate her. May this donation serve as a beacon of hope and healing, reaching those who require support and care during challenging times through the Himalaya Health Clinic.

May her legacy continue to live on by inspiring everyone to embody kindness, empathy, and service as we strive to make a positive impact in the lives of others.

"Dear Mom, we will always carry your memory in our hearts"

Dr. Rosy Rajbhandary (Daughter)

Sudhir Rajbhandary (Son-in-law)

Everest, Maiti, and Amaya Rajbhandary (Grandchildren)





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