





Volume 02 | Issue 11 | February 2026

Free copy

# HEALTH SHOTS

Unlock Your  
Wellness Potential!

 /Bloomlifehospital  
 /Bloomlifehospital  
 /bloomlife\_hos  
 /@BloomCreativeTeam

# 12

## Arthritis Begins...

...Long Before the Pain.  
And it is not an 'old age'  
issue. We look into causes,  
preventive aspects and  
treatment options.

# 05

## Diabetes

A silent, twin epidemic of diabetes  
and obesity is taking over our lives.



An unique approach  
to all fertility issues



# Fertility Friday

- 360° approach and assessment
- Personalised case review and lifestyle check
- AYUSH & Naturopathic integrated approach to treatment

## Who can attend..?


- Unexplained Infertility
- Previous Failed IVF- IUI
- Sperm/ Egg related issues

Limited slots only...!

Timings: 11.00 a.m. to 1.00 p.m. | Every Friday



32, Taramani Link Road, Velachery, Chennai - 600 042.

Follow us on:    

**Call: +91 72999 11107**



# Editor's Note

## Dear Readers,

Over the years, I have met thousands of couples who have come in for fertility assessments and treatments. Through it all, no matter what the couple's background or health case history, one thing has stood out.

When a couple shares a strong bond of mutual respect and empathy, they tend to navigate the fertility journey with greater ease—and, more often than not, find better outcomes on the other end.

Medicine and science can guide us in addressing physiological challenges and offering evidence-based solutions. But fertility treatment is never just about hormones, scans, or procedures. A person's emotional state has a profound impact on how the body responds to treatment. Stress, fear, frustration, and anxiety can weigh heavily on the process. Conversely, reassurance, patience, and shared understanding can create an environment where this journey becomes easier.

When it comes to a couple, each partner's emotions inevitably influence the other. If one (or both) feels unsupported, overwhelmed or blamed, the strain multiplies. But when both partners approach the journey as a shared challenge, the experience transforms from "your (or my) issue" into "our journey".

When a couple approaches their fertility journey as partners who are journeying together, they are united in empathy and compassion. Appointments are attended together, difficult conversations are



faced together, and setbacks are handled with reassurance rather than criticism. There is space to grieve when needed, and space to hope again. While this does not eliminate medical complexities, it does strengthen the couple's capacity to face them with positivity.

Fertility treatments can test patience and faith. Yet, I have witnessed time and again that couples who prioritise empathy and kindness toward each other often emerge stronger—and this strength becomes an invisible ally in the path toward conception.

Science and medicine are powerful tools, but the foundation of any fertility journey is a partnership rooted in respect and love. Which is why, sometimes, the most important 'prescription' I have given couples is to find each other's hand, and hold it through their fertility journey—until it is time to make space to hold one more. ♦

## Dr. Kavitha Gautham

*Managing Director, BloomLife Hospital Pvt. Ltd.*

---

*We have started a new initiative called the **Department of Lifestyle Management at BloomLife Hospital**—a weight-loss and wellness programme driven by medical knowledge and insights, with a full-fledged team ready to help each individual as per not just requirement but also individual physiological make-up. For more details, reach out to Ms. Kavitha Lakshmi at +91-97866 86889.*

---

# Contents

#### Editorial Team:

Dr. Kavitha Gautham  
Anita Krishnaswamy

#### Marketing and Distribution:

R. Kavitha Lakshmi  
R. Eniya Thendral  
K. Thiyagaraj  
D. Mangaiyarkarasi

#### Contributors:

Anita Krishnaswamy  
Dr. Aiswarya M. Nair | Dr. D. Balakumaran  
Dr. Kavitha Gautham | Dr. K. Chittaranjan |  
Shweta R. | Dr. Vijayalakshmi G.S.

#### Content Support & Design:

SARAS Works, Chennai

#### Published by BloomLife Hospital Pvt. Ltd.

#### Copyright © BloomLife Hospital Pvt. Ltd.

BloomLife Hospital Pvt. Ltd. All rights reserved. This book or parts thereof may not be reproduced in any form, stored in any retrieval system, or transmitted in any form by any means—electronic, mechanical, photocopy, recording, or otherwise—without prior written permission of the publisher. For permission requests, please write to [info@bloomhealthcare.in](mailto:info@bloomhealthcare.in). Disclaimer: The information provided in this health magazine is for educational and informational purposes only. It is not intended as a substitute for professional medical advice, diagnosis, or treatment. As a reader, please do further research or consult with relevant experts before making any decisions based on the information presented herein. Furthermore, please seek the advice of your physician or qualified healthcare provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay seeking it because of something you have read in this magazine. Reliance on any information provided in this magazine is solely at your own risk. The magazine and its contributors do not endorse any specific tests, physicians, products, procedures, opinions, or other information mentioned. Mention of any specific healthcare products or services does not constitute an endorsement. The magazine or publishing organisation is not responsible for any untoward outcomes resulting from the use or misuse of information obtained from this publication.

- 5 Lifestyle Medicine  
**'Diabetes'**
- 6 Paediatrics & Neonatology  
**Early Arrival, Extended Care**
- 8 Better Living  
**Love on the Menu**
- 9 General Medicine  
**The Disease You Can't Ignore**
- 10 Reproductive Medicine & Fertility  
**From Diagnosis to Decision**
- 12 Orthopaedics & Traumatology  
**Arthritis Begins Long Before the Pain**
- 14 Your Voice  
**Who Bears the Loss?**

# 'Diabesity'

## A Silent Twin Epidemic We Choose to Ignore

*Heart attacks in the thirties. Diabetes in the twenties. This is not an anomaly—it is a pattern, and it is being driven by a silently growing twin epidemic that we are not paying enough attention to.*



**Dr. Vijayalakshmi G.S.**  
Consultant – Diabetology  
BloomLife Hospital Pvt. Ltd.

In 2020, the world came to a standstill in an effort to save lives. We altered how we worked, how we ate, how we slept, and how we lived, because the threat felt immediate and visible. Death was close, and impossible to ignore. Today, people continue to die every day—quietly, gradually, often at far younger ages than expected. Another epidemic is unfolding in plain sight: *Diabesity*, the intertwined rise of obesity and diabetes, conditions that fuel one another and slowly but relentlessly damage the body.

### The Illness We Are Watching but Not Acknowledging

Across clinics and communities, the signs are everywhere. Heart attacks are occurring in people in their thirties. Women in their early twenties are being diagnosed with polycystic ovarian syndrome and are struggling with infertility. Young people are developing metabolic disease once seen decades later in life. Older adults are living with chronic pain, exhaustion, and dependence that strips away quality of life. These outcomes are often explained away as bad luck or unfortunate genetics. Yet the reality is far more unsettling: *Many of these conditions could have been prevented.*

### When Obesity Is Treated as a Flaw Instead of a Diagnosis

Obesity remains one of the few medical conditions that is still openly moralised. It is framed as a failure of discipline rather than recognised as a complex, chronic disease. Patients are routinely told to “just lose weight,” without being offered structured, evidence-

based medical support. As a result, care is delayed—sometimes for years—until diabetes develops, menstrual cycles become irregular or stop, joints deteriorate, or cardiovascular disease announces itself, often abruptly. By the time obesity is taken seriously in a clinical setting, irreversible damage may already be underway.

### What the Science Has Been Telling Us All Along

For years, research has been pointing in a clear direction. The Diabetes Prevention Program, one of the most influential long-term studies in this field, followed individuals at high risk for developing diabetes, including women with a history of gestational diabetes. Its findings were unambiguous. Structured lifestyle intervention reduced the progression to diabetes more effectively than medication, and far more effectively than waiting for disease to declare itself. The conclusion: Diabetes is not inevitable. It is not solely determined by genetics. It is profoundly influenced by epigenetic factors—nutrition, physical activity, sleep, stress, and the environments in which people live. And because these factors are modifiable, outcomes can change. ♦

**In the next issue, we will look into why diabesity has been taking over silently and swiftly—and how we can tackle it well in time.**

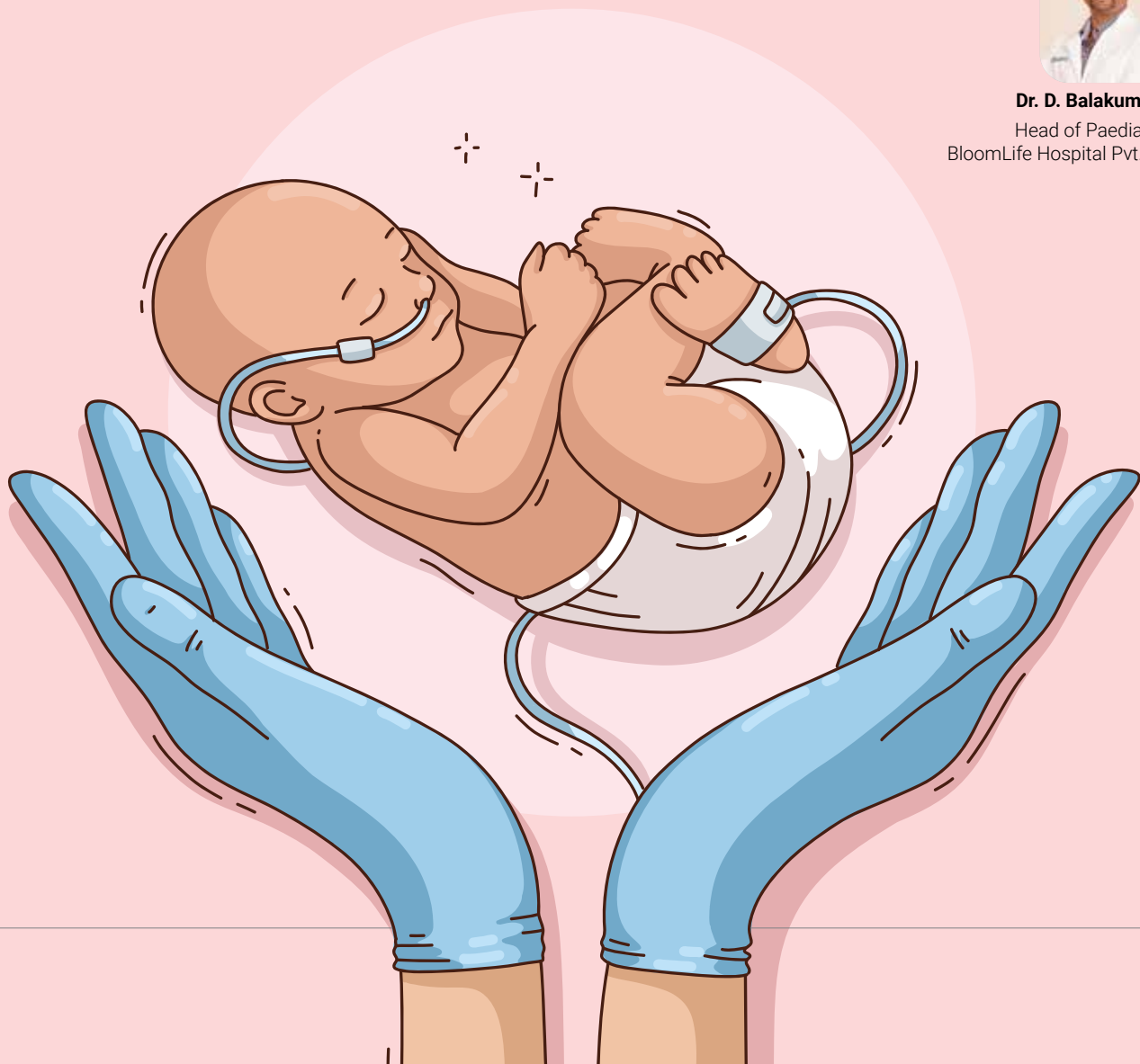
# Early Arrival, Extended Care

## Caring for Prematurely Born Babies

*When babies are born early, they often require specialised medical support to stabilise breathing, feeding, and overall development. While advances in neonatal care have improved survival and early outcomes, ongoing monitoring, structured follow-up, and informed care can help provide the baby with a strong foundation for long-term health and development.*



**Dr. D. Balakumaran**  
Head of Paediatrics  
BloomLife Hospital Pvt. Ltd.



Often, families and expecting parents place most of their prenatal focus on reaching an expected date of delivery, doing everything possible to avoid deviations from that timeline. However, despite a physician's best efforts to prolong pregnancy, preterm births remain a possibility. This reality makes it important for parents to be prepared—not only for unexpected outcomes, but also for what lies beyond the moment of delivery.

Once a premature baby completes its NICU stay (which is decided based on needs and gestational age), many families understandably feel a sense of relief and reassurance about their infant's health. However, it is important for parents to recognise that even when a preterm baby is cleared for discharge, true stability can only be assessed over time.

### **The Range of Prematurity and Why It Matters**

Premature births demand significant mental, physical, and financial preparation. Babies can be born as early as 25 weeks and as late as 35 weeks of gestation. While infants born closer to term generally raise fewer concerns, those born earlier often require much closer monitoring.

One of the most immediate health risks is respiratory difficulty, as preterm babies frequently have immature lungs. As a result, they may struggle to breathe adequately at birth and may require ventilatory support or medications such as surfactant to assist lung function. The lungs and heart work in close coordination, making cardiac compromise another significant and often concurrent risk. These complications are more commonly seen in babies born in the extreme premature group (around the 28th week of gestation). Although some infants born as late pre-terms (after 32 weeks) may also develop respiratory issues, these are more likely to occur alongside other complications such as birth asphyxia.

### **The Critical First Days Post Birth**

In the first few days of a premature baby's life, neonatologists focus primarily on stabilisation. As the days progress, attention gradually shifts toward establishing careful and controlled feeding. Preterm infants are unable to tolerate large volumes initially and may begin with as little as one millilitre of breast milk per day. Feeding advancement is often slow and may fluctuate due to gastrointestinal immaturity.

A serious concern during this period is necrotising enterocolitis, a potentially life-threatening intestinal infection linked to underdeveloped gut function.

Another major and feared condition is sepsis. Preterm babies often have immature immune systems, weak natural barriers, and limited ability to consume adequate breast milk in the early days—all of which increase their vulnerability to infections and organ



dysfunction. These complications can occur even in well-equipped and well-managed neonatal intensive care units, underscoring the importance of constant vigilance and attentive care.

### **The NICU Journey and Post-Discharge Care**

Hospitalisation for babies born between 25 and 28 weeks can extend up to two months or longer in the NICU. These hospital stays are often prolonged and unpredictable, with periods of progress and setbacks. However, there is reason for optimism. Advances in medical science and improvements in NICU protocols have significantly enhanced outcomes, and babies born at or before 28 weeks are now considered far more stable than they were a decade ago.

At the time of discharge, it is essential for parents to carefully follow every piece of guidance, checklist, and follow-up plan provided by the consulting doctor. Long-term follow-up is not optional—it is crucial.

After enduring the emotional strain of hospitalisation, many parents may feel overwhelmed once they return home, sometimes losing track of follow-up schedules and seeking medical attention only when developmental concerns become more apparent. Beyond routine vaccinations, parents should remain attentive to scheduled follow-ups with their paediatricians. These include regular eye examinations that may continue up to five years of age, repeated hearing and speech assessments, monitoring of motor development and muscle tone, and evaluation of limb alignment.

Ultimately, a parent's journey with a preterm baby does not end at NICU discharge. It often continues until at least two years of age—and sometimes longer—until the child achieves a good quality of life. Parents are encouraged to remain resilient and committed, understanding that long-term endurance plays a vital role in safeguarding their child's well-being. ♦

# Love on the Menu

## How Diet Affects Your 'Happily Ever After'

*Emotions, attraction, and connection are not just matters of the heart—they are deeply rooted in brain chemistry, as hormones like oxytocin and dopamine govern how we bond. Yet, what many overlook is that daily nutrition directly influences these “love hormones” and has a big say in your romance story!*

**Shweta R.**

Clinical Dietitian – BloomLife Hospital Pvt. Ltd.

The idea that the way to a person’s heart starts from the stomach is not just a romantic saying—it is rooted in biology. Human emotions, attraction, motivation, and bonding are regulated by neurochemicals in the brain, particularly oxytocin and dopamine. These hormones quietly influence how connected, energetic, and emotionally available we feel, and their balance is deeply affected by everyday nutrition.

### Oxytocin: The Bonding Hormone on Your Plate

Oxytocin, often called the bonding hormone, fosters trust, emotional security, and closeness. Its release is triggered not only by physical affection and emotional comfort, but also during shared experiences such as eating together. Foods that support gut health and reduce inflammation indirectly encourage oxytocin release. Traditional staples like curd and buttermilk nourish the gut-brain axis, while millets such as ragi, jowar, and oats provide steady energy. Sesame seeds, groundnuts, green leafy vegetables, and warm home-cooked meals create a calming internal environment. Mindful, shared meals often stimulate oxytocin more effectively than eating elaborate food alone.

### Dopamine: Energy, Pleasure, and Emotional Spark

Dopamine governs pleasure, motivation, and the emotional excitement that sustains relationships. Low levels can manifest as fatigue, irritability, emotional withdrawal, sugar cravings, and reduced interest in bonding. Adequate protein is essential for

dopamine production, as amino acids form its building blocks. Foods such as eggs, milk, paneer, legumes like channa, rajma, and soya beans, along with nuts, seeds, bananas, and small amounts of dark chocolate, support healthy dopamine activity. Combining protein with complex carbohydrates further improves dopamine synthesis and stability.

### Foods That Disrupt Love Hormones

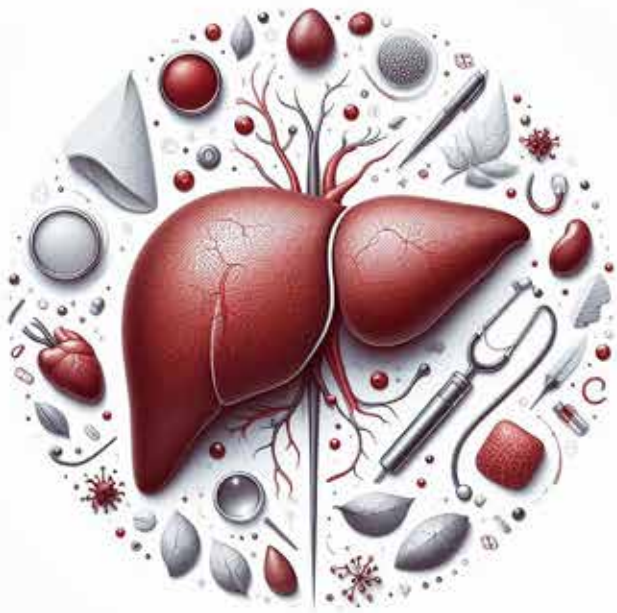
When someone feels persistently tired, irritable, or emotionally distant, it is easy to attribute it to stress, personality, or relationship issues. Yet, in many cases, the underlying problem may be neurochemical. Low dopamine can blunt motivation and emotional spark, while inadequate oxytocin activity can weaken feelings of safety and connection. Food plays a central role in supporting both.

Highly processed foods, excess sugar, missed meals, and alcohol can suppress these love hormones by disrupting gut-brain signaling and worsening mood swings. Recognising which foods help and which hinder, and adhering to guidelines, can help support emotional well-being.



### Real-Life Story: When Diet Reignites Connection

A 34-year-old working couple sought counselling when the wife felt her husband had become emotionally distant and was constantly exhausted. There was no underlying medical condition, but his diet was irregular, low in protein, high in sugar, and meals were often skipped. With simple changes—regular meal timing, increased protein intake, reduced junk food, and shared dinners—noticeable improvements emerged within a few weeks. His energy returned, irritability decreased, and emotional connection improved! What appeared to be emotional distance was, in fact, nutritional imbalance.



## Fatty Liver Explained (PART 1)

# The Disease You Can't Ignore



**Dr. Aiswarya M. Nair**

Consultant – General Medicine  
BloomLife Hospital Pvt. Ltd.

*Fatty liver disease affects nearly one in three Indians, often without any symptoms. Driven by sedentary lifestyles, processed foods and*

*rising metabolic disorders, it has become a slow growing epidemic.*

**T**he liver is one of the hardest-working organs in the body, yet it is often taken for granted. In recent years, doctors have been raising alarms about a rapidly growing condition called fatty liver disease, which can quietly damage the liver.

### First, What Does the Liver Do?

The liver sits in the upper right side of the abdomen and performs several vital functions that keep the body running smoothly. These include converting excess glucose from food into glycogen and storing it for later use; producing proteins that help blood to clot properly after injury; processing alcohol, medications and toxins so they can be safely removed from the body, making sufficient amount

of cholesterol; and producing bile to digest fats and allowing fat-soluble nutrients to be absorbed in the intestine. When fat begins to accumulate in liver cells, these functions can be compromised.

### Fatty Liver Disease: More Common Than You Think

Fatty liver disease occurs when excess fat builds up in liver cells. When this happens without significant alcohol intake, it is known as metabolic dysfunction-associated steatotic liver disease (MASLD)—previously (and still) called non-alcoholic fatty liver disease (NAFLD).

According to a study by AIIMS, which analysed published data on NAFLD in India, nearly 38 per cent of Indians have this disease. Alarming, the condition is not limited to adults—around 35 per cent of children are also affected. Experts believe the prolonged COVID-19 lockdowns worsened the situation due to reduced physical activity, increased consumption of processed foods high in sugar and fat, and disrupted sleep patterns.

NAFLD or MASLD is closely linked to modern lifestyles and metabolic conditions such as:

- Obesity and central (abdominal) fat
- Type 2 diabetes
- High blood pressure
- High cholesterol
- Insulin resistance
- Sedentary habits

For this reason, fatty liver disease is often described as the ‘liver counterpart’ of metabolic diseases like diabetes and heart disease.

### Why Fatty Liver Disease Is Often Missed

Most people with fatty liver disease do not have symptoms, especially in the early stages. When symptoms do occur, they include:

- A dull, persistent pain in the upper right abdomen
- Fatigue or low energy
- An enlarged liver detected during examination or scans

Because symptoms are vague or absent, fatty liver disease is often discovered incidentally during routine blood tests.

For most people, fatty liver disease does not progress beyond simple fat accumulation. However:

- About 2 in 100 people with simple fatty liver develop cirrhosis over 15-20 years
- About 12 in 100 people with MASH (severe form of MASLD) progress to cirrhosis within eight years

Cirrhosis is a serious condition that can lead to liver failure and may require transplantation.

Diagnosis in good time can make way for doctors to provide guidance on lifestyle changes and other practices that can help to reverse the damage and even help the liver to heal. ♦

In the next issue, we will look into the types of fatty liver disease, diagnosis and treatment methodologies.

# From Diagnosis to Decision

## Choosing the Right Fertility Treatment

*Fertility treatment can feel overwhelming, especially when terminology becomes confusing. But here's the important part: Not every couple needs IVF; they may need a different treatment modality. The choice lies in careful evaluation, personalised planning, and a partnership between the couple and their fertility specialist.*



**Dr. Kavitha Gautham**

Senior Consultant – Reproductive Medicine  
& High Risk Obstetrics  
BloomLife Hospital Pvt. Ltd.

**F**or many couples, conception happens naturally—the sperm fertilises the egg inside the woman's body, the fertilised egg implants in the uterus, and pregnancy progresses over nine months. However, for some couples, pregnancy does not occur despite months or years of trying. When natural conception is delayed due to medical, hormonal, anatomical or male-factor reasons, we turn to Assisted Reproductive Technology (ART) to help achieve pregnancy.

When people hear the phrase “fertility treatment,” most of them immediately think of IVF. While IVF is widely known and increasingly accepted, it is important to understand that not every couple requires IVF. Fertility treatment is not one-size-fits-all. The approach depends on a couple's medical history, age, diagnostic findings, and prior treatment attempts. In this regard, the three most commonly discussed treatments are IUI, IVF, and ICSI—more importantly, they are not synonymous or interchangeable.

### **What is IUI?**

Intrauterine Insemination (IUI) is often the first line of fertility treatment because it is less invasive and more cost-effective than IVF.



In this procedure, the woman's ovaries are gently stimulated with medication and her ovulation is carefully timed. A semen sample is processed in the laboratory to separate high-quality, motile sperm from sluggish or immotile ones. The processed sperm is then placed directly inside the uterus using a thin catheter. By positioning the sperm closer to the egg, IUI reduces the distance sperm must travel and increases the chances of fertilisation. Importantly, in IUI, fertilisation still occurs naturally inside the body.

IUI is typically recommended for couples with unexplained infertility, mild male factor infertility, ovulatory dysfunction, minimal endometriosis, or cervical-related infertility. It may also be considered for couples facing difficulty with vaginal intercourse, such as in cases of erectile dysfunction, and for certain sero-discordant couples planning pregnancy in order to reduce the risk of disease transmission. However, IUI requires at least one open fallopian tube and a reasonable number of motile sperm after processing to achieve good success rates. If these conditions are not met, other treatments may be advised.

#### What is IVF?

In-Vitro Fertilisation (IVF) means 'fertilisation outside the body'. It is a more advanced ART technique and involves several carefully coordinated steps. The process begins with ovarian stimulation using hormone injections to encourage the development of multiple eggs. The patient's progress is monitored through ultrasound scans and blood tests. Once the eggs are mature, they are retrieved under guidance. Fertilisation then takes place in the laboratory, after which the resulting embryos are cultured and observed for development. Finally, a selected embryo is transferred into the uterus—either in the same cycle (fresh transfer) or at a later time (frozen transfer).

IVF is typically recommended in cases such as blocked fallopian tubes, severe sperm abnormalities, poor ovarian reserve, advanced maternal age, recurrent pregnancy loss, unexplained infertility not responding to simpler treatments, or failure of IUI and other first-line therapies. IVF allows us greater control over fertilisation and embryo development, which improves success rates in appropriately selected patients.

#### What is ICSI?

Intracytoplasmic Sperm Injection (ICSI) is actually a refinement of IVF. In standard IVF, sperm and egg are placed together in a dish and fertilisation happens naturally in the lab. In ICSI, however, a single carefully selected sperm is directly injected into a mature egg.

ICSI is primarily used in cases of severe male factor infertility, including very low sperm count, poor sperm motility, abnormal sperm morphology, or azoospermia where sperm must be surgically retrieved from the testes. It helps overcome fertilisation barriers when sperm quality or quantity is significantly compromised.



#### What is 'Right' For You?

One of the most important things couples should understand is this: *Fertility treatment is personalised medical treatment protocol.* There is no "best" treatment that might fit everyone or even a majority—only the most suitable one for a specific couple at a specific time.

Many couples wonder why they should try IUI first instead of proceeding directly to IVF. The answer lies in medical consideration. If a couple meets the criteria for IUI—such as having open fallopian tubes, an adequate sperm count, and a favourable age profile—it makes sense to attempt a less invasive and more economical approach before moving to advanced techniques. However, if diagnostic evaluation shows blocked tubes, severe sperm abnormalities, diminished ovarian reserve, or multiple failed IUI attempts, then IVF or IVF with ICSI may be the more appropriate and time-sensitive option.

While laboratory techniques are crucial, success in fertility treatment is not purely procedural. Age, hormonal balance, lifestyle factors, and emotional well-being all influence outcomes. As fertility specialists, our role is not merely to perform procedures but to evaluate thoroughly, counsel realistically, individualise treatment, and optimise both physical and emotional health. Remember, the goal is not simply conception—it is a healthy pregnancy and a healthy baby. And when science, timing, and trust come together, the journey toward parenthood is rooted in positive, informed choices. ♦

# Arthritis Begins Long Before the Pain



**Dr. K. Chittaranjan**

Senior Consultant - Orthopaedics  
BloomLife Hospital Pvt. Ltd.

*It often begins quietly—a faint cracking sound in the knee, a fleeting stiffness that disappears once you start moving. Easy to ignore. But these subtle signs from your joints may be the earliest signs of arthritis, a condition that affects millions and is increasingly striking earlier than ever before. Understanding arthritis early can make the difference between slowing its progress and living with long-term joint damage.*

**A**rthritis, at its core, is inflammation of a joint. It isn't a single disease but an umbrella term that covers several joint conditions, each with its own causes, progression, and impact on daily life. Among these, osteoarthritis (OA) stands out as the most common—and the most underestimated. Often dismissed as an inevitable part of ageing, osteoarthritis is far more complex. It reflects not just the passage of time, but the story of how our joints have been used, strained, injured, and genetically programmed.

## Understanding Osteoarthritis

Osteoarthritis occurs when the protective cartilage that cushions the ends of the bones wears down over time. Although osteoarthritis can damage any joint, the condition most commonly affects joints in the hands, knees, hips and spine. This is the most prevalent form of arthritis worldwide and is strongly influenced by genetics. While age-related degeneration is a key component, OA does not follow a fixed timeline. Some people develop symptoms early, while others remain pain-free well into later life.

Why the difference? The answer lies in wear and tear combined with genetic predisposition. Our joints respond differently to stress, load, and injury, making osteoarthritis a highly individual condition.

# Why the Knee Takes the Hardest Hit



In the Indian population, the knee joint is the most commonly affected. This is no coincidence. Knees bear the body's weight, absorb shock, and support repetitive movements like walking, squatting, climbing stairs, and sitting cross-legged—activities deeply woven into daily life. Over time, this constant demand can accelerate joint degeneration, especially when other risk factors are present.

## What Causes Osteoarthritis?

While genetics sets the stage, several factors speed up the process:

- *Obesity*, which increases load and stress on weight-bearing joints
- *Excessive joint strain* from heavy physical work, intense sports, or dance
- *Previous joint injuries*, even those sustained years earlier
- *Overuse* combined with poor muscle support
- *Lack of regular exercise*, which weakens joint stability

Traditionally, osteoarthritis was expected after the age of 40. Today, doctors are seeing a worrying rise in younger patients, driven by sedentary lifestyles, obesity, sports injuries, and unbalanced physical activity.

## Early Signs We Often Ignore

Osteoarthritis rarely announces itself loudly at first. The earliest signs may include:

- Mild discomfort rather than pain
- A feeling of stiffness that improves with movement
- Crackling or clicking sounds from the joint
- Occasional swelling after activity



These symptoms are easy to dismiss—but they matter. Early detection can significantly slow disease progression and preserve joint function.

## Can Osteoarthritis Be Reversed?

Complete reversal of joint damage is not currently possible. Once cartilage is worn away, it cannot be restored to its original, natural state. However, modern medicine is making meaningful progress.

Advanced treatments such as platelet-rich plasma (PRP) therapy, bone marrow concentrate injections, and arthroscopic cartilage procedures have shown promising results in carefully selected patients—especially younger individuals with early arthritis.

These treatments aim to stimulate healing and form cartilage-like tissue. While this new tissue is not identical to original cartilage, it can improve joint function, reduce pain, and delay further degeneration.

## Act Now!

Arthritis is not just a condition of old age, nor is it something to ignore until pain becomes unbearable. It is a gradual process, shaped by how we live, move, and care for our bodies. The sooner we understand its signals, the better chance we have to protect our joints—and our quality of life—for years to come.

More importantly, osteoarthritis does not have to mean inevitable disability. When recognised early and managed with lifestyle changes, weight control, strengthening exercises, and appropriate medical intervention, its progression can often be slowed dramatically.

Listening to your joints—before pain becomes constant—may be the most powerful treatment of all. ♦

# Who Bears the Loss?

*More than numbers, it is our approach to a tragic moment that can help both patients and healthcare institutions handle difficult questions with compassion and empathy.*

## Anita Krishnaswamy

CEO, BloomLife Hospital Pvt. Ltd.

### **In the event that a family member dies during a procedure or surgery, can the hospital still charge the patient's family or caregiver for the medical services?**

This is an understandably sensitive question, given that it sits at the intersection of grief, ethics, and realities—but if we approach it with empathy, from both the hospital and family's standpoint, we see how the answer is rooted in fairness and compassion at the same time.

When a patient is admitted for a procedure or treatment, it is done with trust—that the medical team will apply their best of knowledge, skill, and judgment in the patient's best interest. This trust is expressed formally, so to speak, through informed consent. Sometimes, despite best efforts and adherence to protocol, there are situations where the outcome is not favourable, and the patient may pass away during treatment.

Such moments are devastating. The loss experienced by the family is profound, and it is also deeply felt by the treating doctors, nurses, and hospital staff involved in the patient's care. Hospitals are acutely aware of this grief and, in most cases, approach the situation with sensitivity and compassion.

However, medical care involves real costs that are incurred regardless of the outcome. The hospital bill reflects the resources that were provided as part of the treatment protocol. Ethically and legally, these charges remain payable, even if the outcome is tragic. (It is

important to note here that a hospital cannot withhold a deceased person's body as a means of recovering payment. Doing so is both unethical and illegal. Most hospitals recognise this, and ensure that the body is released promptly, along with all needed documentation such as death certificates and medical records.)

At a time of such immense loss, families may request for time to grieve, complete last rites, and regain emotional stability before settling the outstanding bill. Almost every hospital I have been associated with, has been very understanding of this need and allows for a reasonable stretch of time, trusting that the family will return to complete the formalities.

Unfortunately, the data shows that there are many instances where the pending payments are never made, despite repeated follow-ups. When this happens, hospitals are left with no legal recourse to recover the dues and must absorb the loss—an outcome that becomes a financial strain on the institution.

Simply put, while hospitals do have the right to recover costs for medical services rendered, the moral responsibility and obligation of payment rests with the family members. While we are definitely in agreement that the hospital must act with empathy and respect for a family navigating a loss, it is only a fair expectation that the same be extended for the institution.

And when we are able to maintain trust and humanity in moments of crisis, we will create a society that does not even need ethical guidelines, because we will be naturally living them. ♦

**FREE**

# Arthritis (Joint Pain) Camp

16th Feb – 22nd Feb 2026  
10:00 AM – 4:00 PM



## Arthritis 360°

Are joint pains slowing you down?  
We've got you covered – head to toe!

Hip | Knee | Shoulder | Ankle  
Elbow | Wrist | Hand & Foot



### Conditions addressed

- Osteoarthritis
- Rheumatoid Arthritis
- Gouty Arthritis
- Spondyloarthropathies

**FREE**

- **FREE** Orthopaedic Consultation
- **FREE** Physiotherapy Consultation

**50%** OFF on X-Ray  
OFF on Arthritis profile blood test

**Take the First Step towards  
Pain-Free Movement!**

**Book now at  
+91-94989 94989**

Limited slots available



**BloomLife**  
**HOSPITAL**  
Velachery, Chennai

Your Health. Our Mission.



**Call**

**044-4000 0009**  
**+91-94989 94989**

No 32, Taramani Link Rd, VGP Seetapathi Street,  
Baby Nagar, Velachery, Chennai – 600042, Tamil Nadu  
Email: [info@bloomhealthcare.in](mailto:info@bloomhealthcare.in)

[www.bloomlifehospital.com](http://www.bloomlifehospital.com)

World-class, complete medical care at affordable prices.

NABH (Entry Level) accredited multi-speciality hospital, to give you optimum health and well-being through state-of-the-art treatment and care.

- ◆ **Obstetrics & Gynaecology**
- ◆ **Holistic Birthing**
- ◆ **Reproductive Medicine**
- ◆ **Foetal Medicine**
- ◆ **Paediatrics & Neonatology**
- ◆ **Orthopaedics**
- ◆ **Emergency & Trauma Care**
- ◆ **Cardiology**
- ◆ **Urology**
- ◆ **Nephrology**
- ◆ **General Medicine & Surgery**
- ◆ **Diabetology**
- ◆ **Lifestyle Medicine**
- ◆ **ENT**
- ◆ **Gastroenterology**
- ◆ **Anaesthesiology**
- ◆ **Laparoscopic Surgery**
- ◆ **Neurology & Surgery**
- ◆ **Oncology (Medical & Surgical)**
- ◆ **Pulmonology**
- ◆ **AYUSH Wellness**
- ◆ **Dentistry**
- ◆ **Dermatology**
- ◆ **Endocrinology**
- ◆ **Radiology**
- ◆ **Physiotherapy**



[/Bloomlifehospital](#)



[/Bloomlifehospital](#)



[/bloomlife\\_hos](#)



[/@BloomCreativeTeam](#)