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GEMify Health

Built on Evidence. Driven by Innovation. Powered by GEM Hospital

**Diabetes
Affects Your
Stomach Too!**

**Introducing
'Dr. GEM'**

GEM Cancer Institute's
AI-Powered Knowledge Platform

**A Warning
Especially for
South Indian Men**



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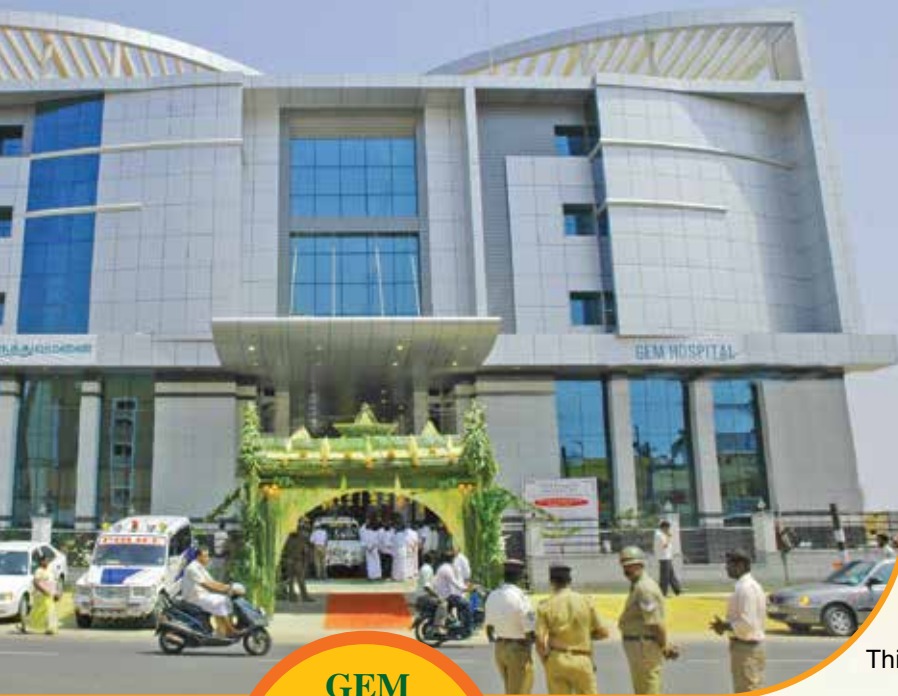
For Appointments
☎ +91 422-4035200-209

For More Details
☎ +91 89259 60060

GEM CANCER CENTRE

A UNIT OF GEM HOSPITAL GROUP, COIMBATORE

GEM Hospital Junction, Ramanathapuram, Coimbatore-641 045 | onco@geminstitute.in | www.gemcancercentre.com



Kovai

45, Pankaja Mill Road,
Ramanathapuram,
Coimbatore - 641045.
Contact: 0422 232 5100,
90039 32323

Email: info@geminstitute.in

Chennai Perungudi

MDR452, Gandhi Nagar,
Thiruvengadam Nagar, Perungudi,
Chennai - 600096.

Contact: 044 6166 6666 / 9500200600

Email: frontoffice@gemistitute.in

Chennai Aminjikarai

Poonamallee High Road Ayyavoo
Colony, Aminjikarai, Chennai - 600029

Contact: 72006 05493

gemannanagar@geminstitute.in

Puducherry

1, Lawspet Main Road, Pakkamudayapet,
Saram, Puducherry - 605008
Contact: 081225 10173

Erode

5, Muthukkaruppanan Street, Gandhi Nagar,
Erode - 638009. Contact: 0424 4031355,
96007 22555, Email: gemerode@geminstitute.in

Thrissur

Gem Hospital,
Ollukkara Village, Paravattani,
Thrissur - 680001, Kerala.
Contact: 0487 2972474, 96332 22500,
Email: gemthrissur@geminstitute.in

Tiruppur

T.K.T. Mills Bus Stop,
Palladam Main Road, Veerappandi Division,
Tiruppur - 641604.
Contact: 90038 44222
Email: tiruppur@geminstitute.in

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providing world - class
treatment for gastric and
digestive disorders



Hospital performing organ
transplant surgeries with
modern facilities



Hospital featuring a
specialized oncology
surgical department



Every March, the global medical community unites with a single, urgent message: Get screened. Save your life. From the United States to Canada, from Japan to across Europe, doctors speak in one voice - and this year, we join that conversation with renewed conviction.

This is Colorectal Cancer Awareness Month. And the message has never been more important for India.

The Cancer We Can Actually Prevent

Colorectal cancer - cancer of the large intestine and rectum - is the third most common cancer worldwide, with nearly 1.9 million new cases each year. In India, various regions are seeing a steady increasing trend, with urban areas showing markedly higher incidence than rural, and an annual rise of 2% to 3% over the past two decades.

Yet, after decades in oncology, what strikes me most is not how common this disease is, but how preventable it is.

When colorectal cancer is detected early - at the localised stage, meaning the cancer is still confined to its original site - the five-year survival rate is 91.5%. Nine out of ten patients. That is not a slim margin of hope. It is a powerful, achievable outcome.

The reason early detection works so well is this: colorectal cancer starts as small, benign polyps on the inner lining of the colon and typically develops slowly over 10 to 15 years before becoming

cancerous. A colonoscopy during that window can find and remove these polyps before they ever become cancerous. This is one of the very few diseases where we can intervene before it begins. That window belongs to you - but only if you use it.

The Silent Enemy: Delay

In my practice, the biggest obstacle to successful treatment is not cancer itself - it is the delay in seeking care.

A patient notices blood in their stool. They feel persistent abdominal discomfort, unexplained fatigue, or unintended weight loss. And yet - they wait. They tell themselves it is probably nothing. They feel embarrassed to describe digestive symptoms. Weeks turn into months. Months into years.

That waiting - that silence - often turns what could have been a curable diagnosis into a complex one.

Talking openly about your health with your doctor and your family is not weakness. It is the most rational and courageous thing you can do.



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Please Scan

Why the Young Are at Risk

Colorectal cancer was once considered a disease of older adults. That assumption is now medically outdated.

A landmark 2024 study in The Lancet Oncology confirmed that early-onset colorectal cancer rates are rising in 27 of 50 countries worldwide. In India, unlike Western countries where incidence is declining overall, rates are rising across all age groups - including young adults. The causes are well-known: sedentary jobs, ultra-processed food, lack of physical activity, poor sleep, and chronic stress.

Young patients with colorectal cancer in India are often diagnosed at later stages, partly due to delays in seeking care and the assumption that the disease only affects older individuals. That assumption can cost a life. If you are under 45 with a family history of colorectal cancer, or experiencing persistent rectal bleeding, unexplained weight loss, or chronic abdominal discomfort - speak with a doctor today.

One Question. One Action.

When did you last have a digestive health check?

Up to 60% of colorectal cancer deaths could be prevented if everyone followed appropriate screening recommendations. Screening is not the expression of fear. It is the expression of wisdom.

At GEM Hospital, our message has always been: Detect early, heal fast. If this article has resonated with you, take the first step - schedule a screening. Share this issue with someone who needs to hear this. That single act could make all the difference.

Your health is our mission.

Dr. C. Palanivelu

Chairman - GEM Hospital

www.gembhospitals.com



GEMify Health

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Honorary Editor

Dr. C. Palanivelu

Publisher

Dr. S. Asokan

Editor

T. J. Gnanavel

Magazine Editor

Vallidasan JM

Designer

K. Udaya

Production & Design

Tharu Media Pvt Ltd

No.188, Ground Floor,

14th Cross Street Junction,

Defence Colony, Ekkatuthangal,

Chennai - 600 032 | Ph - 99529 20801

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Published by **Dr. S. ASOKAN**

Gem Hospital Institute of

Gastroenterology & Laparoscopy,

45, Pankaja Mill Road, Ramanathapuram,

Coimbatore - 641045.

Ph 0422 2325100

email info@geminstitute.in

Medical Disclaimer: The information in this publication has been carefully prepared in consultation with medical experts. However, individual medical needs vary based on health status, environment, age, and lifestyle factors. Readers are advised to consult qualified healthcare professionals before implementing any treatment or health practices mentioned herein.



Diabetes Affects Your Stomach Too!

Most people living with diabetes understand the importance of monitoring blood sugar, protecting the kidneys, and caring for heart health. But one crucial aspect is almost never discussed: how diabetes affects your entire digestive system - from your stomach to your liver. Understanding this connection could change how well you manage your condition.

When Diabetes Damages Your Nerves

Poorly controlled diabetes gradually damages nerves throughout the body - a condition called diabetic neuropathy. When this nerve damage reaches the digestive tract, the normal movement of the stomach and intestines begins to break down in ways that are easy to miss, but significant in impact.

The most common consequence is gastroparesis, a condition in which the stomach empties food too slowly due to nerve damage,

rather than moving it efficiently into the small intestine. The result: early satiety, nausea, bloating, abdominal pain, and vomiting after meals. What makes this especially troubling for people with diabetes is the effect on blood sugar control: when food absorption slows unpredictably, patients may experience severe hypoglycaemia soon after meals, making blood sugar levels nearly impossible to manage.

The Gut and Liver: Beyond the Stomach

All the digestive complications of diabetes - whether constipation, diarrhoea, or liver problems - are ultimately tied together by the same cause: nerve damage from poorly controlled blood sugar.

Dr. Vinoth Kumar

MD, DM
GEM Hospital, Chennai



Digestive Warning Signs for People with Diabetes

- Feeling full shortly after eating - could indicate gastroparesis
- Persistent nausea or vomiting - consult your doctor promptly
- Chronic constipation or nocturnal diarrhoea
- Abdominal bloating and ongoing discomfort
- Sudden difficulty controlling blood sugar - a digestive complication may be the cause

Constipation is one of the most common, and most underreported, complaints among people with diabetes, as slowed nerve signals reduce intestinal movement. For others, the opposite occurs - nocturnal diarrhoea, appearing at night without warning. Some experience both, alternating unpredictably. These are not coincidental complaints. They are all expressions of the same underlying nerve damage.

The liver is vulnerable too. When diabetes and excess weight occur together, the risk of non-alcoholic fatty liver disease increases significantly. Insulin resistance - a key factor in Type 2 diabetes - directly promotes fat accumulation in liver cells, setting the stage for silent, progressive liver damage.

And at the very root of the problem sits the pancreas. In Type 1 diabetes, the immune system destroys the insulin-producing beta cells. In Type 2, insulin resistance and reduced insulin production together drive the disease. There is also a lesser-known form - Type 3c diabetes - that develops when chronic pancreatitis damages the pancreas, leaving it unable to produce adequate insulin.



Managing Digestive Complications

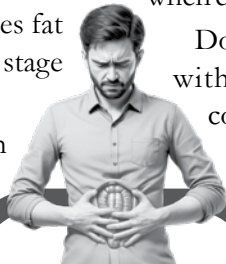
The most powerful tool is also the most fundamental: keeping blood sugar well controlled. Maintaining your HbA1c within the target range slows - and in some cases prevents - the nerve damage behind these complications.

For those experiencing gastroparesis, dietary changes are often the first step: eating smaller, more frequent meals and avoiding foods that are high in fat, spicy, or acidic, which can worsen delayed gastric emptying. Staying well hydrated supports bowel regularity, and all medications should be taken at the times your doctor recommends - timing matters more when digestion is unpredictable.

Do not ignore digestive symptoms. In a person with diabetes, persistent nausea, bloating, constipation, or erratic blood sugar may be a sign that your diabetes management needs attention - not just your diet. Talk to your doctor early. Intervention at the right time can prevent complications from going further.

Managing diabetes well means managing the whole body - and your digestive system is very much part of that story.

Digestive symptoms in a person with diabetes may signal that blood sugar control needs review. Always consult your doctor. ●



Managing diabetes well means managing the whole body and your digestive system is very much part of that story.

Inside your body is a world of microorganisms. Deep within your gut live approximately 100 trillion bacteria, viruses, and fungi - collectively known as the gut microbiome. Far from being unwanted guests, these microscopic communities are among your most important allies, impacting your digestion, immunity, brain function, and even your mood.

What Your Gut Microbes Actually Do

Think of your gut microbiome as a bustling internal city, working tirelessly on your behalf. These microorganisms break down food and help your body absorb nutrients efficiently. They produce essential vitamins -

including Vitamin K and several B vitamins - that your body cannot make on its own. They crowd out harmful bacteria before they can take hold, and they continuously strengthen your immune system.

Most remarkably, your gut and brain communicate through a complex network called the gut-brain axis - a pathway that explains why what happens in your intestines can influence your thoughts, mood, and anxiety levels. Gut health and mental health are far more connected than most people realise.

When the Balance Breaks Down

When the gut microbiome falls out of balance - a state called dysbiosis, meaning an imbalance in the types of bacteria living in your gut - the effects ripple outward. Bloating, gas, constipation, diarrhoea, persistent fatigue, and weakened immunity are among the early warning signs.

The relationship between gut health and conditions like IBS, Type 2 diabetes, obesity, and depression is becoming increasingly clear, demonstrating just how interconnected the

Your Tiny Friends Living Inside You!



Daily Habits That Protect Your Gut

- Eat at least 5 varieties of vegetables and fruits every day
- Include fermented foods - yoghurt, buttermilk, idli, dosa - regularly
- Reduce ultra-processed foods and excess sugar
- Never take antibiotics without a doctor's advice
- Drink at least 8 glasses of water daily
- Walk 30 minutes every day - it keeps your gut moving

Dr. Santhosh

MD, DNB
GEM Hospital, Coimbatore



digestive system is. This is not coincidence - it reflects how deeply gut health is woven into every aspect of wellbeing.

Food Is Your Most Powerful Tool

What you eat directly shapes the health of your gut microbiome, making food the most powerful tool you have. Fibre-rich foods - vegetables, fruits, lentils, and whole grains - act as fuel for beneficial bacteria, helping them thrive. Traditional Tamil dishes like idli and dosa are naturally rich in probiotics thanks to fermentation, directly adding beneficial bacteria to your gut. Yoghurt and buttermilk offer the same benefit. This dietary wisdom, practised for generations, is now fully validated by modern science.

On the other side, ultra-processed foods, excess sugar, and artificial preservatives feed harmful bacteria and disrupt microbial balance. Equally damaging is the excessive or inappropriate use of antibiotics

- they do not distinguish between harmful and beneficial bacteria, eliminating both. Never take antibiotics without a doctor's prescription. The consequences for your gut can last months.

Lifestyle Matters as Much as Diet

Gut health cannot be improved by a single supplement or a quick fix. It is the result of consistent, daily habits across food, exercise, sleep, and stress management.

Regular physical activity supports healthy intestinal movement - a 30-minute walk each day makes a measurable difference. Poor sleep reduces the diversity of your gut microbiome, which is a key indicator of gut health. Chronic stress hormones directly disrupt the gut environment too. Address all three, and you give your microbiome the conditions it needs to flourish.

A healthy gut is the cornerstone of overall wellbeing. By nurturing it through smart, consistent choices, you set yourself on the path to a healthier, happier life.

Abdominal pain, changes in bowel habits, or blood in the stool are red flags that require prompt medical attention. Do not ignore them... your gut's health is your body's health.

A healthy gut is the cornerstone of overall wellbeing. By nurturing it through smart, consistent choices, you set yourself on the path to a healthier, happier life.

CARING FOR THOSE OVER 60

Living well past sixty is not a matter of luck - it is a matter of preparation. The body changes naturally with age, and the digestive system is no exception. But understanding these changes, and responding with the right habits and timely screenings, makes the difference between merely ageing and ageing well.

What Changes in Your Digestive System

As the years pass, stomach muscles lose strength, digestive enzymes slow down, and the intestines become less active. The most common result is constipation - one of the most frequently reported complaints among older adults. Aim for at least 8 glasses of water daily, include fibre-rich foods like whole grains, fruits, and vegetables in every meal, and take a short walk each day. These three habits alone keep the gut moving reliably.

Acid reflux and GERD also grow more common with age, as the muscular valve at the base of the oesophagus weakens. Eating smaller, more frequent meals and avoiding late, heavy dinners provide real relief. If heartburn occurs more than twice a week or disrupts daily life, consult a doctor - persistent symptoms can sometimes indicate an underlying condition beyond simple reflux.



Why Cancer Screening Matters More After 60

Age is the single greatest risk factor for many cancers. The risk of colorectal, stomach, liver, and pancreatic cancers rises significantly after 50 - and rises further after 60. Since early-stage cancers are far more treatable, regular screening at this age is not optional. It is essential.

The challenge is that cancer symptoms in older adults are frequently misread as ordinary ageing. Sudden weight loss is attributed to 'getting older.' Blood in the stool is assumed to be piles. Persistent fatigue is written off as age. Jaundice or blood

**Growing
Older Doesn't
Mean
Growing Ill!**



Essential Annual Screenings for Those Over 60

- Complete blood count + liver and kidney function tests
- Abdominal and pelvic ultrasound scan
- Colonoscopy - once every 10 years (more frequent if family history of colorectal cancer exists)
- Breast and cervical cancer screening - for women
- Prostate (PSA) test - for men from age 50 onwards
- Blood pressure and cholesterol check - for heart health in both men and women

Dr. Sriram

GEM Hospital, Chennai



in the urine may go unreported entirely. These assumptions delay diagnosis precisely when early detection matters most. Any new symptom, or a noticeable change in an existing one, deserves a conversation with your doctor - never dismissal.

Eating and Living Well After 60

Research consistently shows that older adults need more protein than they realise. Lentils, eggs, and fish are excellent, easily digestible sources. Vitamin D and calcium support not just bone strength but gut health too - and both are commonly deficient in older adults who spend limited time outdoors.

It is also worth knowing: even those who have smoked for decades benefit significantly from stopping now. Studies confirm that the body retains a remarkable capacity to repair itself at any age. Similarly, depression and loneliness - both underdiagnosed in older adults - directly contribute to poor appetite

and digestive problems. Chronic stress disrupts gut function through the gut-brain axis, affecting everything from digestion to immunity. Mental health and digestive health are inseparable. Both deserve attention.

The Family's Role Is Irreplaceable

Pay attention to the older adults in your home. Changes in eating patterns, toilet habits, or body weight in anyone over 60 are worth noticing. Approach these observations gently and supportively - not with alarm, but with care. Consider accompanying them to doctor's appointments; a familiar presence helps older adults communicate symptoms more openly and follow through on medical advice.

The immune system may slow with age... but, attentive care and consistent monitoring more than compensate for it.

Annual health checks, including cancer screenings, are non-negotiable for anyone over 60. The immune system may slow with age - but attentive care and consistent monitoring more than compensate for it.

Age is just a number. Health is a choice.

Notice changes in eating habits, toilet routines, or weight in anyone over 60 at home. these quiet shifts are often the body's earliest warning signs.



Don't Ignore the Organ That Works in Silence!

Most organs make their distress known - through pain, discomfort, or visible signs. The pancreas is different. Tucked deep behind the stomach, this small but essential organ works quietly and without complaint. By the time it signals trouble, the situation is often already serious. That is precisely why protecting it proactively matters so much.

What the Pancreas Actually Does

The pancreas performs two vital functions. First, it produces digestive enzymes and releases them into the small intestine to break down food. Second, it manufactures insulin and glucagon - the hormones that regulate blood sugar. Disrupt either function, and the effects ripple through the entire body.

When the Pancreas Is Under Threat

Three main conditions affect the pancreas: pancreatitis, diabetes, and pancreatic cancer.

Pancreatitis, inflammation of the pancreas, can

develop suddenly or gradually. Excessive alcohol consumption, gallstones, and high triglyceride levels are leading causes. Severe upper abdominal pain, nausea, and vomiting are its hallmark symptoms and should never be ignored.

Pancreatic cancer is among the most dangerous cancers precisely because it rarely shows itself early. By the time symptoms appear, the disease is often advanced. Watch for these warning signs - and consult a doctor if any appear:

- Upper abdominal or back pain; yellowing of the skin and eyes (jaundice)
- Unexplained weight loss; loss of appetite; pale or greasy stools
- A sudden new diagnosis of diabetes with no prior history

Many of these symptoms can also be caused by less serious conditions - but that is exactly why a doctor should evaluate them rather than you dismissing them at home.

5 Habits That Protect Your Pancreas

- Avoid alcohol and tobacco - both directly damage pancreatic tissue
- Reduce high-fat and fried foods - they overburden the pancreas with every meal
- Drink at least 8 glasses of water daily - supports digestion and reduces strain
- Maintain a healthy body weight - obesity meaningfully raises pancreatic cancer risk
- Annual abdominal check-up after age 40 - including ultrasound and relevant blood tests

A lesser-known form, Type 3c diabetes, develops when chronic pancreatitis progressively damages the pancreas until it can no longer produce sufficient insulin. Unlike Type 1 or Type 2, this form arises directly from physical pancreatic injury - a reminder that unmanaged pancreatitis carries consequences far beyond pain alone.

How to Protect Your Pancreas

Lifestyle choices have a direct and measurable impact.

Alcohol is one of the pancreas's most significant threats - eliminating or sharply reducing consumption provides direct protection. Smoking is equally serious. The risk of pancreatic cancer is about twice as high among people who smoke compared to those who have never smoked, with roughly 25% of pancreatic cancers thought to be caused by cigarette smoking. Crucially, the risk drops once a person stops smoking - it is never too late to quit.

Diet matters too. High-

Diet matters too. High-fat, fried foods force the pancreas to overwork. A diet rich in leafy greens, berries, lentils, whole grains, and nuts supports pancreatic function and reduces cancer risk.

fat, fried foods force the pancreas to overwork. A diet rich in leafy greens, berries, lentils, whole grains, and nuts supports pancreatic function and reduces cancer risk. People with obesity are about 20% more likely to develop pancreatic cancer - maintaining a healthy body weight is a meaningful, evidence-backed protective measure.

Who Needs Extra Vigilance

Certain individuals carry higher baseline risk and should discuss targeted monitoring with their doctor: those with a family history of pancreatic cancer, those over 50, those living with long-standing diabetes, and those with chronic pancreatitis. Investigations like ultrasound, CT scan, and the CA 19-9 blood test allow doctors to assess the pancreas before symptoms emerge - giving intervention the best possible chance of making a difference.

The pancreas works in silence; the least we can do is protect it through daily habits, informed choices, and timely check-ups.

Persistent upper abdominal pain, unexplained weight loss, jaundice, or a sudden new onset of diabetes warrant prompt medical attention. These may be early signals from your pancreas.

Dr. Nalankilli. V. P
M.S.
GEM Hospital, Coimbatore





Let's begin with an honest question. This week, did a corridor conversation after rounds quietly alter a patient management decision—without that change ever being formally documented? Did critical information shared on a WhatsApp group fail to reach the night shift, delaying a decision that should have been made hours earlier? Did a junior colleague swallow a genuine clinical doubt because an unspoken “you should know this” hung in the air?

If any of this sounds familiar, your hospital has an infection. One that no microbiology lab will ever detect.

How It Spreads

Picture a routine ward round. A junior presents

Dr. Sridhar C.G
MBBS, MD, DM
GEM Hospital, Coimbatore



a complex case with quiet hesitation. No one objects. The round ends. Later, near the lift, a senior murmurs: “That management felt a bit aggressive, didn't it?”

DOES YOUR HOSPITAL HAVE THIS 'INFECTION'?

Unseen Communication Infection (UCI)

UCI



By the next morning, the plan has shifted, the decision is delayed, the patient is waiting—not because the clinical picture changed, but because a conversation happened in the wrong place, handled the wrong way.

This isn't clinical complexity. It's communication toxicity—and it spreads exactly like a hospital-acquired infection: silently, structurally, and with cumulative damage.

The Patterns You Recognise

An ICU handover. A critical update sat on WhatsApp. The night shift never saw it. By morning: “Why wasn't the protocol followed?” The information existed. It just never reached the bedside.

An operation theatre. The surgery succeeds. The post-op note reads: “Team managed.” At the conference: “I handled a complex case.” When complications arise: “The junior team was overseeing it.”

A duty room. A junior asks about something they're genuinely unsure of. The response: “You don't know something this basic?” Will they ask next time? And if they don't, what clinical insight do we lose along with that unasked question?

Why This Is a Patient Safety Issue

A hospital is not a factory. Here, delay is not inconvenience. Delay is risk. When trust erodes, collaboration deteriorates. When collaboration deteriorates, decisions lose clarity. When decisions lose clarity, patients suffer.

The chain is short. The consequences are real.

What a Single Shift in Language Can Do

Replace “he's difficult to work with” with “this communication gap is delaying treatment.” Watch what happens. The conversation moves from personal to professional. From blame to problem-solving.



Structure your handovers using a consistent format—what was done, what is pending, what to watch for. Clarity increases. Ambiguity, and the friction it creates, decreases.

Does your department have space for open case discussions—a forum where hierarchy steps back and clinical thinking steps forward, where a nurse can raise a concern and a consultant genuinely listens? That forum is not a luxury. It is a firewall. It is where psychological safety is either built or quietly dismantled.

Silent Carriers

Can clinical brilliance permanently mask behavioural toxicity? A highly skilled colleague who consistently undermines team function is not merely “difficult.” They become silent carriers—spreading it shift by shift, without appearing on any performance audit.

Leaders who recognise this pattern have a responsibility to address it—not through blame, but through structured feedback, clear behavioural expectations, and a team culture where patient outcomes, not individual hierarchies, anchor every conversation.

The Audit We Have Not Run Yet

Hospitals have infection control protocols. Hand hygiene audits. Antimicrobial stewardship committees. But what audit exists for communication culture?

A communication hygiene audit—anonymously surveys, observed handovers, structured peer feedback across all levels—is not a soft intervention. Track missed handovers, delayed decisions, and escalation gaps as rigorously as infection rates.

Because sometimes, the most dangerous pathogen in the building is not in a patient. It is in the system itself. ●



A Warning Especially for South Indian Men

There is a cancer that hides in plain sight. Its earliest symptoms feel so ordinary - a little indigestion after meals, some bloating, occasional heartburn - that most people dismiss them entirely. Left unchecked, these seemingly harmless complaints can mask a diagnosis that, if caught late, becomes far harder to treat.

Stomach cancer is one of the leading cancers in the southern region of India, and it is particularly prevalent among men over 50. Globally, it remains the third most deadly cancer, causing over 660,000 deaths each year. In South India, the combination of dietary habits, H. pylori infection rates, and low awareness creates conditions where the disease is frequently detected too late.

What Makes It So Easy to Miss

Stomach cancer develops slowly, over years, as cells in the stomach's inner lining begin to multiply without control. In its early stages, symptoms are almost indistinguishable from ordinary digestive complaints: post-meal discomfort, a quiet loss of appetite, persistent bloating, or mild heartburn. As the disease advances and spreads, these symptoms



intensify and new ones emerge - sudden unexplained weight loss, difficulty swallowing, dark or blood-tinged stools, blood in vomit, and persistent fatigue. By this stage, treatment options are significantly more limited. The window for a simpler, more successful outcome has often already closed.

The Bacterial Connection You Should Know About

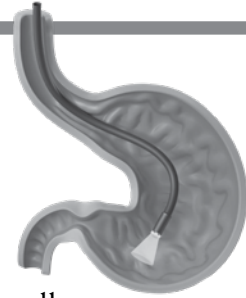
H. pylori infects nearly 50% of the world's population and

Dr. R. Parthasarathi MS, FMAS, PhD
Chief Operating Officer (COO), Head, Department of Esophago
Gastric Surgery, Senior Consultant, Laparoscopic Hernia Surgery &
Robotic Surgery, GI Surgical Oncologist,
GEM Hospital & Research Centre, Coimbatore



Get an Endoscopy If You Have Any of These

- Abdominal pain or discomfort lasting more than 3 weeks
- Difficulty or pain when swallowing
- Unexplained weight loss
- Blood in vomit or stool
- Over 50 with a family history of stomach cancer - screen annually



is strongly linked to gastric cancer, which ranks as the third most common cause of global cancer-related mortality. This bacterium is widespread across India - but here is the encouraging truth: it can be tested for and treated. A breath test, stool test, or blood test can confirm infection. A course of antibiotics then eradicates it. Taking this step, particularly if you are in a high-risk group, meaningfully reduces your likelihood of developing stomach cancer - even if you currently have no symptoms.

Who Should Be Most Vigilant

Certain individuals face a substantially higher risk. These include men over 50; those with confirmed *H. pylori* infection; people with a family history of stomach cancer - which can indicate a genetic predisposition; those with long-standing peptic ulcers; and anyone whose diet is regularly high in salt, pickled foods, and processed meats while being low in fresh produce. Smoking and alcohol use compound the risk further. If you belong to any of these groups, targeted, earlier screening is advisable - do not wait for the general population timeline.

Most importantly: do not dismiss digestive discomfort lasting more than three weeks. Do not assume rectal bleeding is just piles.

Detection and What Early Diagnosis Changes

The most important diagnostic tool is an upper GI endoscopy - a routine, pain-free procedure in which a thin, flexible tube with a camera is gently passed into the stomach, allowing the doctor to examine the lining directly and take a biopsy from any area of concern. CT and PET scans help stage the disease if cancer is confirmed.

When stomach cancer is caught early, surgery alone is often sufficient and highly effective. Chemotherapy may not be needed at all. When caught late, the equation reverses entirely.

What You Can Do Today

Test for *H. pylori* - ask your doctor about a breath or stool test. Cut back on salt and processed foods; eat more leafy vegetables, fruits, and whole grains. Stop smoking. Limit alcohol. These actions directly reduce your risk.

Most importantly: do not dismiss digestive discomfort lasting more than three weeks. Do not assume rectal bleeding is just piles.

Endoscopy is safe, painless, and routinely performed. Persistent symptoms deserve professional evaluation - not patience. ●



Change Your Diet, Reduce Your Risk!

The colon and rectum form the final station of the digestive system - and cancer affecting these two organs is one of the most common, and most preventable, cancers in the world. Colorectal cancer accounts for nearly 1.9 million new cases globally each year, ranking third among all cancers worldwide. In India, various regions are seeing a steady increasing trend over two decades, driven by changing diets and lifestyles, with urban areas showing markedly higher rates. Younger adults are no longer exempt - and those with risk factors should not wait until 50 to act.

The most important fact: when colorectal cancer is found early, before it has spread, about 91 out of 100 people are still doing well five years later. Early detection does not just improve outcomes - it can prevent the disease from developing at all.

How It Begins

Most colorectal cancers start as polyps - small, benign growths on the colon's inner lining. Not all polyps become cancerous, but the precancerous type, known as adenomatous polyps, can progress if left undetected. This process typically takes 10 to 15 years - a long, actionable window during which a colonoscopy can find and remove them, stopping cancer before it starts.

Dr. K. Shivakumar

MBBS, MS
GEM Cancer Centre, Kovai



Who Needs a Colonoscopy?

- Over 50 - once every 10 years
- Family history or Lynch syndrome - begin from age 40 or earlier
- Blood in stool - consult a doctor at any age, immediately
- Ulcerative colitis - annual screening is essential
- Eat more fibre - beans, oats, fruits, greens: your colon's best daily protection

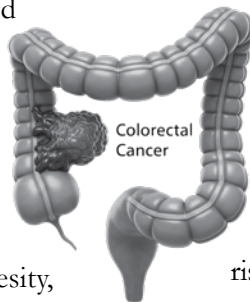
Who Faces Higher Risk

Key risk factors include being over 50, having a family history of colorectal cancer or polyps, and living with inflammatory bowel conditions like ulcerative colitis or Crohn's disease. Individuals with inherited genetic syndromes such as Lynch syndrome face significantly elevated risk and should begin screening earlier than the general population - ideally from their late 30s or 40s, as advised by their doctor.

Lifestyle factors matter too: obesity, physical inactivity, smoking, alcohol use, and a diet high in processed meats - bacon, sausages, deli meats - alongside chronically low fibre intake all increase risk meaningfully.

Symptoms That Should Never Be Ignored

Early-stage colorectal cancer is often completely silent - which is why regular screening is more reliable than waiting for symptoms. If any of the following persist for more than two weeks, consult a doctor without delay: blood in the stool (bright red or dark), alternating constipation and diarrhoea, a persistent feeling of incomplete evacuation, abdominal pain or bloating, unexplained weight loss, or chronic fatigue.



**If you see
blood in your
stool, tell your
doctor without
hesitation.
That one
conversation
could save your
life.**

Diet as Prevention

The link between diet and colorectal cancer risk is among the most well-established in oncology. A fibre-rich diet - leafy greens, beans, oats, lentils, whole grains, and fruits - feeds a healthy gut microbiome and keeps the colon's environment less hospitable to cancer. Limiting red and processed meat to fewer than two servings per week is a meaningful protective step. Adequate calcium and Vitamin D also reduce risk. A daily 30-minute walk supports healthy bowel movement and directly lowers risk. These are specific, evidence-based actions - not general wellness advice.

Screening and Treatment

Colonoscopy remains the gold standard - viewing the entire colon, identifying polyps, and removing them in a single procedure. For those not yet ready for colonoscopy, the FOBT (Fecal Occult Blood Test) offers a simpler starting point. People over 50 at average risk should have a colonoscopy every 10 years. Those with family history or other risk factors should begin earlier.

When cancer is caught early, surgery alone is usually sufficient. When caught late, chemotherapy, radiation, and targeted therapy may all be required.

Blood in the stool should never be assumed to be piles without medical evaluation. Tell your doctor... that single step could make all the difference.

IS YOUR ACID RISING?

Hearthburn after a meal. A sour taste rising in the throat. Restless nights spent shifting positions to find comfort. For millions of people, these have become so routine that they barely register as symptoms. 'It's just acidity' - and the moment passes, until the next meal, when it returns.

But when acid keeps coming back, your stomach is trying to tell you something important. Left unmanaged, what begins as occasional discomfort can progress into a chronic condition - and over time, into complications that are far harder to reverse.

What Is Actually Happening

Your stomach produces hydrochloric acid every day to digest food - and that acid is meant to stay exactly where it is. When the muscular valve between the stomach and oesophagus fails to close properly, acid travels upward where it does

Dr. R. Arul murugan

MBBS, MS, MCh,
GEM Hospital, Coimbatore



not belong. This is acid reflux.

When it happens more than twice a week, it becomes GERD (Gastroesophageal Reflux Disease) - a recognised medical condition that deserves proper attention, not just another antacid.

What Triggers It

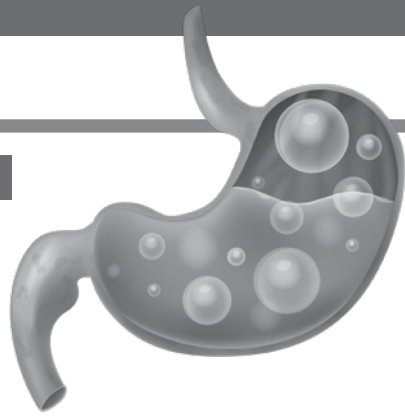
Spicy and oily foods, coffee, chocolate, carbonated drinks, alcohol, and smoking all contribute. Eating large meals, dining late at night, and lying down immediately after eating create conditions for reflux. Excess body weight puts

Your Stomach's Warning... Don't Ignore the Burn!



See a Doctor If You Have Any of These

- Heartburn more than twice a week
- Difficulty eating or pain when swallowing
- Blood in vomit or black-coloured stools
- Unexplained weight loss



pressure on the stomach. During pregnancy, reflux is common and expected.

Chronic stress is also a well-established trigger—it increases stomach acid production and can relax the oesophageal valve, worsening symptoms. Individual sensitivity varies: what triggers severe reflux in one person may cause no symptoms in another, which is why identifying your personal triggers matters.

How It Presents

Beyond the familiar burning sensation in the chest, GERD can present in less obvious ways: a sour taste in the mouth, persistent throat irritation, hoarseness, a chronic cough, or disturbed sleep. Some experience it as chest pain - which can be mistaken for a cardiac event. Some people have silent reflux (laryngopharyngeal reflux), experiencing throat and voice symptoms with little or no heartburn at all. Any persistent chest pain warrants medical evaluation to rule out a heart-related cause.

Why Leaving It Untreated Is a Risk

Repeated acid exposure gradually damages the oesophageal lining, potentially causing strictures, bleeding ulcers, or difficulty swallowing. In some cases, it leads to Barrett's

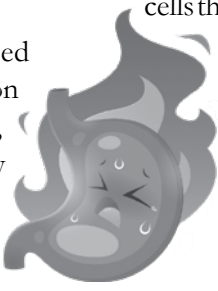
oesophagus—an abnormal change in oesophageal cells that carries a small but real association with oesophageal cancer. Early detection through endoscopy can identify this change before it progresses, which is why chronic, unmanaged GERD deserves investigation, not just suppression.

What You Can Do

Allow at least two hours between your last meal and bedtime. Eat smaller, more frequent meals. Reduce spicy, oily, and fried foods. Finish dinner before 8pm. Elevating the head of your bed by 15–20 cm reduces nocturnal reflux measurably. Regular physical activity supports weight management and improves digestion - both directly beneficial for GERD.

Medications are available - antacids for occasional relief, H2 blockers for moderate symptoms, and proton pump inhibitors (PPIs) for more persistent cases. However, long-term PPI use without supervision can affect nutrient absorption and raise infection risk. A doctor's guidance ensures you receive the right treatment, at the right dose, for the right duration. An endoscopy provides a clear picture of what is happening inside.

Listen to what your stomach is telling you... it has your best interests at heart.



**Your
stomach
speaks. It
is worth
listening!**



Your Hands Are Your First Doctor!

Breast cancer is the most common cancer among women in India. Statistics reveal that 1 in 28 Indian women may encounter breast cancer during their lifetime, with urban areas bearing a higher burden - driven by sedentary lifestyles, delayed childbirth, and reduced breastfeeding. Notably, a significant number of women first notice changes themselves, before any clinical diagnosis - which makes self-awareness one of the most powerful tools available. A higher proportion of the disease is also occurring at younger ages in Indian women compared to the West, making vigilance relevant from your thirties onward.

The most important fact: in India, patients diagnosed at a localised stage have a 4.4 times greater five-year survival rate than those diagnosed at a distant stage. Early detection is not just helpful - it is transformative.

How It Develops

Breast cancer begins when cells in the breast tissue - most commonly in the milk ducts or lobules - grow uncontrollably. In its early stages, it is typically painless and produces no visible changes. Importantly, most breast lumps are benign. But any new lump still deserves professional evaluation. An

early, non-invasive form called ductal carcinoma in situ (DCIS) can also be detected through screening and managed very effectively - another reason not to skip your mammogram.

Who Faces Higher Risk

Key risk factors include being over 40, having a family history of breast cancer, and carrying BRCA1 or BRCA2 gene mutations - inherited changes in tumour-suppressing genes that significantly raise lifetime risk and warrant earlier screening discussions with your doctor. Other contributing factors include obesity, physical inactivity, alcohol use, a high-fat diet, having a first pregnancy after 30, and not breastfeeding. However, breast cancer can occur in women with none of these factors. Every woman deserves awareness.

Breast Self-Examination... Monthly, at Home

Perform this simple check once a month, ideally 7 to 10 days after your period, when breast tissue is softest. Self-examination is a valuable habit - but it complements, rather than replaces, professional screening.

Monthly Self-Examination - 3 Simple Steps

1. Mirror check - shape changes, skin dimpling, nipple changes
2. Lie down - press gently to feel for lumps or thickening
3. Underarm check - feel for swelling or lumps
 - Over age 40 - mammogram every two years
 - Family history or BRCA mutation - consult your doctor from age 35

Dr Shankar

Gem Hospital, Coimbatore



Step 1 - Standing before a mirror: Look for shape or size changes, skin dimpling or puckering, and any nipple changes including inversion or discharge.

Step 2 - Lying down: Using the flat of your fingers, press gently across the entire breast in small circles. Feel for any lump, thickening, or unusual texture - including in dense areas.

Step 3 - Check the underarm: Feel for swelling or lumps where lymph nodes sit.

If you notice anything unusual, see a doctor. Most findings are benign - but a professional assessment is always the right response.

Mammogram: The Essential Screening Tool

A mammogram remains the gold standard for detecting breast cancer before symptoms appear. Women over 40 should have one every two years. Those with a family history or BRCA mutations should begin annual screening

from age 35 - or earlier as advised. Women with dense breast tissue may additionally benefit from an ultrasound or MRI. If a lump is found, a biopsy confirms whether it is cancerous.

If you feel anxious about getting a mammogram, that is entirely normal - and worth raising with your doctor. The procedure is brief, and the peace of mind it offers is lasting.

Talk about breast cancer openly - at home, with friends, in your community. That one conversation, that one self-examination, that one appointment could save a life.

Treatment Has Advanced

Surgery, chemotherapy, radiation, hormone therapy, targeted therapy, and increasingly, immunotherapy - today's treatment options are more personalised and effective than ever. Survival rates in India have improved steadily over recent decades. When caught early, breast-conserving surgery is often possible. The earlier the detection, the more options remain open.

Talk about breast cancer openly - at home, with friends, in your community. That one conversation, that one self-examination, that one appointment could save a life.

A mammogram is quick, safe, and the most powerful tool you have. If you are over 40... book yours today.



The Life-Saving Precaution You Cannot Afford to Skip

The word 'cancer' alone is enough to stop most people in their tracks. But here is what modern medicine wants you to know: cancer detected early has a significantly higher chance of being treated successfully. When colorectal cancer is caught at a localised stage, over 90% of patients survive. When breast cancer is found early, outcomes improve dramatically. The tool that makes this possible is cancer screening - and it may be the single most important health decision you make this year.

What Cancer Screening Actually Is

Cancer screening is not the same as a routine health check-up. A standard check-up is designed primarily to detect conditions like diabetes or heart disease. Cancer screening is specifically designed to look for cancers - using mammograms for breast cancer, colonoscopy for colorectal cancer, Pap smears for cervical cancer, PSA tests for prostate

cancer, and other targeted investigations - before any symptoms appear.

This distinction matters enormously. Cancer does not announce itself early. By the time symptoms become impossible to ignore, the disease has often already spread. Screening catches it while it is still confined, still manageable, and still highly curable.

Can Cancer Actually Be Prevented?

Yes - to a significant degree. Between 30 and 50% of all cancers are preventable through lifestyle changes. Smoking causes lung cancer. Poor diet and physical inactivity raise colorectal cancer risk. Excess alcohol is

Dr Rajiv Maharaj

MS, DNB
GEM Hospital, Coimbatore



Who Needs Cancer Screening?

- Everyone over 40 - annually, without exception
- Smokers and regular alcohol users - begin earlier
- Family history of cancer - consult your doctor for a personalised schedule
- Overweight or obese - higher baseline risk
- No symptoms? That is exactly when to screen!

linked to liver and breast cancers. Vaccines are also powerful preventive tools: the HPV vaccine significantly reduces cervical cancer risk, and the Hepatitis B vaccine protects against liver cancer. Screening works alongside these measures - not instead of them.

Who Needs Screening - And When

The straightforward answer is: everyone. Cancer appears in individuals with no family history, no unhealthy habits, and no prior warning signs. Equally, having risk factors does not guarantee that cancer will develop. This unpredictability is precisely why universal screening makes sense.

As a general guide: breast cancer screening with mammograms should begin at 40, every two years. Cervical cancer screening with a Pap smear should begin at 21, every three years. Colorectal screening is recommended from age 45, with colonoscopy every ten years. Prostate screening via PSA test is advised from age 50 for men at average risk.

Those with a family history of cancer, smokers, heavy drinkers, or individuals living with obesity should begin earlier and screen more frequently - guided by their doctor.

Even without any of these factors, an annual cancer screening after 40 is a sound and necessary investment.



The absence of symptoms is not reassurance. It is precisely the right moment to screen.

Why India Must Close the Gap

In countries like Japan, cancer screening is government-mandated and publicly funded - resulting in measurably lower cancer mortality. In India, screening remains significantly under-utilised, largely due to low awareness and the persistent belief that tests are only necessary when something feels wrong. This belief costs lives.

Studies consistently show that countries with organised screening programmes detect cancers earlier, treat them more effectively, and save more lives at lower overall healthcare cost. India has taken steps toward expanding cancer screening access, but widespread adoption requires individual initiative alongside systemic change.

Make It Personal

A dedicated cancer screening package at a specialist facility is tailored to your age, sex, and risk profile - far more targeted than a general check-up. Do not wait for a symptom. The absence of symptoms is not reassurance. It is precisely the right moment to screen.

'Detect early, treat fast' - this is not a slogan. It is the most reliable truth in modern oncology.



The Truth About Cervical Cancer

Cervical cancer is the second most common cancer among Indian women - and one of the most preventable. India accounts for approximately 132,000 new cases and 74,000 deaths annually - nearly one-third of global cervical cancer deaths. One woman dies of it every seven minutes in this country. Each of those numbers represents a preventable loss.

The Cause: A Common Virus

The primary cause is HPV - a common, sexually transmitted virus. In India, HPV types 16 and 18 alone account for nearly 76.7% of cervical cancer cases. HPV can also cause cancers of the throat and anus, making its reach broader than most people realise. Not everyone infected with HPV develops cancer - but the virus is far more widespread than awareness of it, and prevention is now firmly within reach.

Early Stages Are Silent

Cervical cancer produces no symptoms in its early stages - which

Dr. R. Madhu Sairam

MBBS, MD
GEM Hospital, Coimbatore



is precisely what makes regular screening non-negotiable. By the time symptoms appear - abnormal bleeding between periods, bleeding after intercourse, unusual discharge, or pelvic pain - the disease has often already progressed. Do not wait for a symptom. Screen before one arrives.

A **Pap smear** detects abnormal or pre-cancerous cells in the cervix. It is quick, painless, and recommended from age 21 onward, every three years. From age 30, an **HPV test** - which detects the virus itself rather than cellular changes - can be done alongside, offering a more complete picture. A colposcopy provides

a closer examination when either test raises a concern, identifying pre-cancerous changes that, at that stage, are highly treatable and fully reversible.



Who Gets Vaccinated, and When?

- Girls aged 9–14 - 2 doses, 6 months apart
- Ages 15–26 - 3 doses (consult your doctor)
- Boys are also recommended - HPV spreads across all genders
- Vaccinated or not - Pap smear from age 21, every 3 years
- Already HPV-positive? - Vaccine still protects against other strains

The HPV Vaccine: A Cancer Vaccine

To be precise, the HPV vaccine prevents the viral infection that leads to cancer - not cancer directly. This makes timing crucial. The vaccine works best before any possible exposure to HPV, which is why the ideal age is **9 to 14 years**. It remains effective up to age 26. Common side effects - mild soreness or redness at the injection site - are temporary. The vaccine's safety profile is extensively documented across decades of global use.

The vaccine is recommended for **both girls and boys**, since boys carry and transmit HPV, and vaccination of both sexes reduces community-wide transmission. India now has its own domestically developed vaccine: **CERVAVAC**, produced by the Serum Institute of India. Priced between ₹ 200–400 per dose - a fraction of imported alternatives - CERVAVAC has demonstrated efficacy comparable to established vaccines against HPV 16 and 18. India has also launched a nationwide campaign offering the vaccine free to adolescent girls.

One essential reminder: vaccination does not replace screening. The vaccine covers the most dangerous strains - not all of them. Pap smears remain necessary even after vaccination.

Addressing Hesitancy

Concerns about the HPV vaccine are common but based

The tools exist. The vaccine is affordable and available. What remains is the decision to act!



largely on misinformation. This is a cancer-prevention vaccine - no different in purpose from the Hepatitis B vaccine. The science is clear. Countries that invested early in HPV vaccination have seen dramatic results. A 2021 UK study showed that vaccination at age 12 or 13 reduced cervical cancer rates by almost 90%

among women in their 20s. Australia is on track to eliminate cervical cancer as a public health problem entirely - through vaccination and screening combined.

That outcome is possible for India too. The tools exist. The vaccine is affordable and available. What remains is the decision to act.

The power to protect an entire generation from cervical cancer is in our hands... let us use it. ●

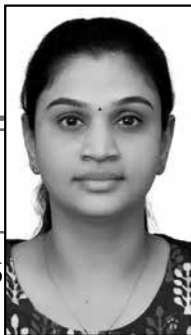


India's Hidden Epidemic And It Is Growing

Your liver performs over 500 functions - converting food into energy, filtering toxins, producing immune proteins, and regulating metabolism. It works without recognition and rarely signals distress. And that silence is exactly what makes liver disease so easy to miss.

One in four Indians has some degree of fatty liver disease - and most have no idea. With urban lifestyles becoming increasingly sedentary and processed food consumption rising sharply, this number is projected to grow. People in their 30s and 40s are now being diagnosed with a condition once associated with older adults.

Dr. Anagha Unnikrishnan
Medical gastroenterologist
GEM Hospital, Coimbatore



What Fatty Liver Actually Means

A small amount of fat in the liver is normal. The problem begins when fat exceeds 5% of the liver's total weight - a condition called NAFLD (Non-Alcoholic Fatty Liver Disease). It affects people who drink little or no alcohol, which is why many are surprised by the diagnosis.

NAFLD has two stages. The milder form - simple fatty liver (steatosis) - involves fat accumulation without significant inflammation. Left unaddressed, it can progress to NASH (Non-Alcoholic Steatohepatitis), which involves active liver inflammation and carries a significantly higher risk of cirrhosis and liver failure. The difference between these two stages matters - and only medical assessment can determine where you stand.

Who Is Most at Risk

Those most vulnerable include people with obesity - particularly abdominal fat - those living with Type 2 diabetes or insulin resistance, individuals with

Warning Signs That Need Medical Attention

- Dull pain or discomfort in the upper right abdomen
- Persistent fatigue and loss of appetite
- Yellowing of skin or eyes (jaundice)
- Abdominal bloating or swollen legs
- Elevated SGOT/SGPT on a blood test - always investigate



high triglyceride levels, and anyone following a sedentary lifestyle. A genetic predisposition to insulin resistance or obesity also raises baseline risk, meaning family history matters here.

The modern urban pattern - long desk hours, sugary beverages, ultra-processed food, minimal movement - is accelerating NAFLD across younger age groups at a pace that warrants serious attention.

No Symptoms - So How Do You Know?

Elevated liver enzymes - SGOT and SGPT - on a routine blood test are often the first signal that the liver is under stress. However, early-stage fatty liver can exist even without elevated enzymes. An ultrasound scan is therefore the more reliable screening tool, particularly for those at risk. Anyone over 40, or living with diabetes or obesity, should include a liver check in their annual screening - not because symptoms are present, but precisely because they are not.

Lifestyle Changes Reverse Early-Stage NAFLD

This is one of the few conditions where lifestyle modification alone can reverse the damage - no

medication required. Research shows that losing just 7 to 10% of body weight leads to a meaningful reduction in liver fat. Even simple dietary swaps - replacing sugary drinks with water, reducing ultra-processed snacks, adding leafy greens, fruits, and omega-3 rich foods like fish - make a measurable difference.

Exercise does not need to be intense to help. Even brisk walking for 30 minutes a day, five days a week, benefits liver health directly. The goal is consistency, not intensity.

For alcohol-related fatty liver, complete abstinence is the only effective treatment - there is no moderation option.

One important caution: many herbal 'liver health' supplements are themselves hepatotoxic when taken without medical guidance, and some interact with medications in harmful ways. Never take liver supplements without consulting a doctor first.

Your liver is your body's largest internal purification system. Protect it with regular screening, better food choices, and daily movement.

A blood test and ultrasound once a year is a small investment for an organ that works every moment of your life. ●



For alcohol-related fatty liver, complete abstinence is the only effective treatment... there is no moderation option.



Be Aware Before the Pain Arrives

Tucked beneath the liver on the right side of your abdomen sits a small, pear-shaped organ called the gallbladder. Its job is to store bile - the digestive fluid produced by the liver - and release it when fat needs to be digested. Simple in function, but significant in the disruption it causes when things go wrong.

Gallstones are among the most common digestive conditions in India. A diet high in fatty and processed foods, sedentary urban lifestyles, and a high prevalence of obesity and diabetes all contribute to India's considerable burden of this condition - particularly among women.

How Gallstones Form

Bile contains cholesterol, bilirubin, and salts in careful balance. When that balance shifts, the substances gradually

solidify. Most gallstones in India are cholesterol stones, though pigment stones - formed from excess bilirubin - also occur. Gallstones range from tiny sand-like particles to objects the size of a golf ball. Rapid weight loss and prolonged fasting are also known triggers, as both cause bile to stagnate and crystallise.

Many gallstones are silent - present but causing no symptoms, discovered incidentally during scans. The trouble begins when a stone moves and blocks the gallbladder's outlet.

When Symptoms Strike

Some people experience recurring, milder episodes of discomfort before a full attack - a warning not to be dismissed. The signature symptom is sudden, intense pain in the upper right abdomen, often radiating to the right shoulder blade or back. This is biliary colic - typically triggered after a fatty meal, when the gallbladder contracts against an obstructing stone. Nausea, vomiting, and bloating accompany it.

Go to Hospital Immediately If You Have:

- Sudden severe upper right abdominal pain lasting over 30 minutes
- Pain spreading to the shoulder or back
- Fever and chills with abdominal pain
- Yellowing of the skin or eyes
- Persistent, uncontrolled nausea and vomiting



Dr. Pradeep Joshua

GEM Hospital, Coimbatore



If fever and chills develop alongside the pain, it signals cholecystitis - infection or inflammation of the gallbladder, usually from a stone blocking the bile duct. This is a medical emergency. Do not wait at home.

Who Is Most at Risk

Women over 40 face the highest risk - oestrogen roughly doubles gallstone likelihood, and multiple pregnancies increase it further through hormonal changes that affect bile composition. Obesity, Type 2 diabetes, a high-fat low-fibre diet heavy in fried and processed foods, sedentary habits, prolonged fasting, and rapid weight loss are all significant contributors. Family history matters too. Men are not exempt - but the gender disparity is real and well-established.

Diagnosis and Treatment

An ultrasound scan is the standard first investigation - non-invasive, accurate, and widely available. Blood tests reveal whether infection or bile duct obstruction has occurred. When stones are suspected within

the bile duct itself, an MRCP scan provides more detailed imaging.

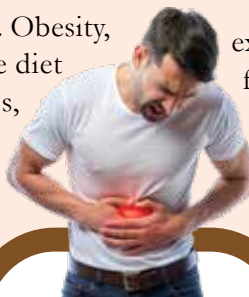
Silent stones without symptoms generally require monitoring and lifestyle adjustments rather than immediate intervention. For recurrent pain, infection, or enlarging stones, laparoscopic cholecystectomy - keyhole removal of the gallbladder - is the definitive treatment. Recovery takes just two to three days. Life without a gallbladder is entirely normal: the liver delivers bile directly to the small intestine, and most people notice no change in digestion.

Prevention Starts Before the Pain

Reduce fried foods, processed meats, and excess sugar. Prioritise high-fibre foods, fruits, vegetables, and healthy fats from nuts and fish. Stay adequately hydrated. Exercise regularly - even daily walking reduces gallstone risk meaningfully. Lose weight gradually rather than rapidly, and avoid prolonged fasting.

If you experience severe or recurring upper abdominal pain, do not endure it hoping it will pass. Timely treatment is always simpler, safer, and more effective than a delayed emergency.

Recurring abdominal pain after meals is your body's signal... act on it, not around it. ●



Reduce fried foods, processed meats, and excess sugar. Prioritise high-fibre foods, fruits, vegetables, and healthy fats from nuts and fish. Stay adequately hydrated.



Introducing 'Dr. GEM' GEM Cancer Institute's AI-Powered Knowledge Platform

GEM Cancer Institute, Coimbatore, marked World Cancer Day with a dual celebration: honouring cancer survivors and launching **Dr. GEM** - an AI-based Cancer Intelligence Platform that gives patients and families instant access to accurate, science-backed answers about their diagnosis, treatment options, and care pathway available via the GEM Hospitals website, accessible from anywhere at any time.

The platform was built around a single, urgent problem: misinformation. When patients search for cancer information independently, they often encounter unreliable sources that increase fear and confusion. Dr. GEM counters this with clinically verified, evidence-based content tailored to real patient questions - helping people understand their treatment and make confident, informed decisions.

Dr. Praveen Raj, CEO of GEM Hospital, explained: 'Dr. GEM was built to deliver the right,

scientifically grounded information at the right time - increasing patient confidence and guiding people toward informed decisions.'

Prof. C. Palanivelu, Chairman of GEM Hospital, added: 'True transformation in cancer care happens when technology, human compassion, and awareness come together. Ensuring patients receive their treatment alongside reliable information is the commitment at the heart of everything we do.'

The platform holds particular promise for patients in smaller towns and rural areas, where access to specialist guidance between appointments is limited. Reliable information, delivered digitally, can meaningfully close that gap.

The launch was graced by **Dr. A. Sivathanu Pillai**, ISRO scientist and father of the BrahMos programme, and **Mr. A. Saravana Sundar**, IPS, Inspector General of Police, Western Zone.

Explore Dr. GEM at www.gembhospitals.com

GEM Cancer Centre Hosts Its Third Women's Marathon



On the morning of 22 February 2026, thousands of women transformed the streets of Coimbatore into a declaration. Professional athletes, school students, women in their sixties, and participants with disabilities ran together - united by a single purpose. This was **Coimbatore Women's Marathon (CWM3.0)**, organised by GEM Cancer Centre and GEM Foundation, and recognised by the Tamil Nadu and Coimbatore Athletics Associations as one of India's largest dedicated women's marathons.

Over 3,000 participants took part across four categories: a 21 km half marathon, 10 km, 5 km, and a 3 km walk-and-run. More than 100 students from Masakalipalaiyam Corporation School participated, reflecting the event's inclusive spirit.

The marathon carried three clear messages. First, **cancer awareness** - the

event featured health education stalls and cancer screening information, reinforcing that daily exercise and early detection are the strongest defences against rising cancer rates in younger people. Second, **women's safety** - that women have the right to move freely through their city at any hour. Police Commissioner Dr. N. Kannan, IPS, confirmed comprehensive safety arrangements across all routes. Third, **social purpose** - funds raised support GEM Foundation's free cancer treatment, educational scholarships, and surgeries for underprivileged patients, continuing 25 years of community service that has benefited thousands of families across the region.

Prof. C. Palanivelu, Chairman of GEM Hospital, captured the spirit simply: 'Building a healthier Coimbatore is our goal... this marathon is part of that dream.'

To support GEM Foundation's mission or register for CWM 4.0, visit

www.gemhospitals.com



Heart or Stomach? How to Tell the Difference

Q: When I get chest pain, how do I know whether it is my heart or just acid reflux?

The confusion is understandable - both can feel like chest pain. Here are the key differences.

Acid reflux pain typically arrives after eating, feels like burning, worsens when lying down, and eases with water or an antacid. Cardiac pain tends to feel like tightening or crushing pressure, may radiate to the left arm, jaw, or back, and is often accompanied by sweating, breathlessness, nausea, or dizziness. Importantly, cardiac pain can occur both during exertion and at rest - so the absence of physical activity does not rule it out.

There is only one rule when in doubt: go to hospital immediately. Delaying care by mistaking a cardiac event for acidity can be life-threatening. If you are over 40, or have diabetes or high blood pressure, treat any chest pain as cardiac first - until proven otherwise. An ECG takes five minutes. Those five minutes could save your life.

Q: I have had heartburn for years. Medication helps, but it always returns when I stop. Is this dangerous?

This pattern needs proper investigation. What you are describing sounds like GERD - chronic acid



reflux. Medication relieves symptoms but does not treat the root cause. Alongside medication, lifestyle changes make a meaningful difference: avoid spicy, fatty foods and caffeine; do not lie down within two hours of eating; and elevate the head of your bed at night.

Over time, unmanaged acid exposure can damage the oesophagus and lead to Barrett's oesophagus - which carries a small but real cancer risk if unmonitored. If your heartburn has persisted for over a year, see a gastroenterologist and ask about an endoscopy. ●

World- class expertise meets world- class technology to fight against cancer



Dr. DIVYA G

Consultant
Pathologist
and HoD

Dr. ASWIN CHANDRAN
VELUTHATTIL

MBBS, MD(RT),
Consultant
Radiation
Oncologist

DR. MUTHU
LINGESH KUMAR

MBBS, MD, DNB,
DrNB
Consultant Medical
Oncologist

Dr. BHARATH
RANGARAJAN

MD, DM., ECMO,
Clinical Director & Senior Consultant
Medical Oncology | Precision Oncology
Immunotherapy
Stem Cell Transplant Physician

Dr. SHIVA KUMAR
KUPPUSWAMY

MBBS, M.S, M.Ch
Head & Senior Consultant
Dept. of Surgical Oncology

Dr. MADHU
SAIRAM R

MD(RT),
Academic Director &
Senior Consultant
High Precision
Radiation Oncology

DR. ARUL
MURUGAN R

MBBS, M.S, M.Ch
Consultant
Surgical Oncologist

Dr. BRITHIKA T Y

MBBS, & MD Pathology
Head & Consultant
Department of
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GEM CANCER CENTRE

A UNIT OF GEM HOSPITAL GROUP, COIMBATORE

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