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It's nothing serious... It'll sort itself out. - How many lives has this single sentence put at risk? More than most of us realise.

A nagging feeling of food getting stuck in the throat while eating, we brush it off as a sign of ageing. But, it could be an early warning of oesophageal cancer. A burning sensation in the stomach - we blame the extra chilli. But, it could be a peptic ulcer caused by the *Helicobacter pylori* (*H. pylori*) bacterium. Frequent bloating and loose stools - "something didn't agree with me," we tell ourselves. But, it could be irritable bowel syndrome (IBS), or worse, the beginning of inflammatory bowel disease (IBD). Blood in the stool - "probably just piles," we self diagnose. But, it could be the warning bell of Crohn's disease, ulcerative colitis, or even the first sign of colorectal cancer.

Cancer arrives quietly - But, it always sends signals.

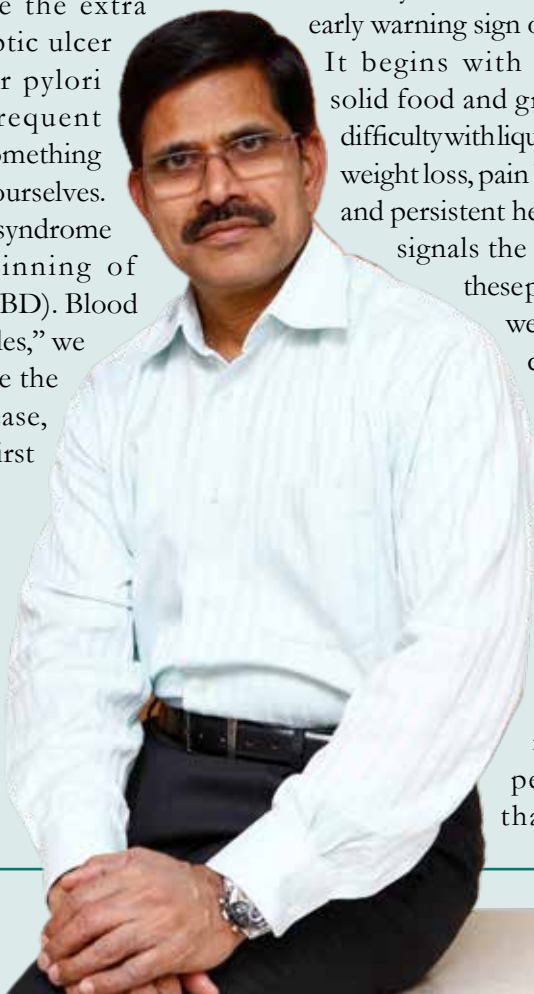
The very word "cancer" breeds fear. Ironically, that fear pushes us toward denial rather than action. "It won't happen to me," we prefer to believe. The reality, however,

is sobering. Gastrointestinal cancers are among the fastest rising cancers in India, and they collectively account for the largest share of newly diagnosed cancer cases in the country each year. The stomach, colon, oesophagus, pancreas, liver - every organ in the digestive tract is at risk.

April is Oesophageal Cancer Awareness Month. Many people do not know that oesophageal cancer is the fourth leading cause of cancer related deaths in India. In 2022, more than 5,11,000 new cases were recorded worldwide, with India ranking second only to China. The five year survival rate is a stark 20 per cent. Why so low? Because the vast majority of patients seek medical attention only when the disease has already advanced. The root cause is neglect of early symptoms.

Difficulty swallowing is the most critical early warning sign of oesophageal cancer. It begins with trouble swallowing solid food and gradually progresses to difficulty with liquids as well. Unexplained weight loss, pain behind the breastbone, and persistent heartburn are all distress signals the body sends. If any of these persist for more than two weeks, a simple endoscopy could be the first step to saving a life.

Cancer is not the only condition we discuss in this edition. Every ailment covered here shares one common thread - it becomes serious because of neglect. We dismiss peptic ulcers thinking that cutting down on



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Please Scan

spice is enough, when what's actually needed is antibiotic therapy against H. pylori. We shrug off IBS as "everyone gets an upset stomach," when the right dietary adjustments - like a low FODMAP diet - can dramatically improve quality of life. We wave away IBD as ordinary diarrhoea, when untreated, it can cause permanent intestinal damage.

Each article in this edition shines a light on a specific signal. Every one of them has been written for you and your family.

The most important lesson I have learned in GEM Hospital's journey over the years is this: whether it is cancer, a peptic ulcer, or intestinal inflammation, **early detection is the best treatment**. Laparoscopic and robotic surgical technologies have advanced to the point where even the most complex cancers can be removed through tiny incisions. But, for that technology to make a difference, the patient must arrive at the right time. And the "right time" is the moment you take your symptoms seriously.

I often say, "We can cure the patient - But, they need to come to us." What stands in the way is fear and neglect. This edition is a small effort to break down that barrier.

If your body is trying to tell you something, please listen. Do not dismiss it. Talk to a doctor. An endoscopy or colonoscopy could save your life. Even cancer, when caught early, can be cured. Share this confidence with your family.

Respect the signs. Protect the body. Save lives.

With warm regards,

Dr. C. Palanivelu

Chairman, GEM Hospital

www.gembospitals.com



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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.



Are We Ignoring Colorectal Cancer Screening in South India ?

Colorectal cancer has quietly become one of the fastest rising cancers in South India. Over the past decade, the numbers have been climbing at a pace that demands serious attention. We know that early detection makes all the difference - and yet, many of us continue to avoid getting screened. The question is: why?

The Numbers That Should Worry Us

In India, the age standardised rate for colorectal cancer stands at 7.2 per one lakh males and 5.1 per one lakh females. While these figures may seem modest compared to Western nations, the five year survival rate remains below

40 per cent - a deeply concerning statistic. What makes the situation even more alarming is who it is affecting. In South India, the average age of colorectal cancer patients is just 47.2 years, according to data from a major tertiary centre. Among younger adults aged 20 to 39, as many as 31.6 per cent of cases are now being recorded - a trend that shatters the assumption that this is purely a disease of the elderly. The majority of patients continue to present at an advanced stage, and shifting dietary patterns are considered a key driver behind the rising numbers.

Don't Dismiss the Warning Signs

Understanding the key symptoms of colorectal cancer is essential. Blood in the stool

Dr. Pinak Das Gupta

MS
GEM Hospital, Chennai



Who Should Be Screened for Colorectal Cancer?

Everyone over 50 should have routine screening. If there is a family history of colorectal cancer, start at 40. If you experience blood in the stool, abdominal pain, or changes in bowel habits lasting more than four weeks, see a doctor immediately.

is the most common presenting sign, reported by 57 per cent of patients. Abdominal pain follows closely, seen in 44 per cent of cases. Changes in bowel habits - constipation, diarrhoea, or an alternation between the two - affect 26 per cent of patients. If any of these symptoms persist for more than four weeks, an immediate medical evaluation is strongly recommended.

How Is It Detected?

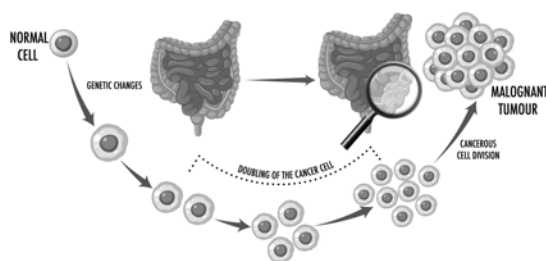
Several screening and diagnostic methods are available for colorectal cancer. The Faecal Occult Blood Test (FOBT) is the simplest and most affordable option - it can even be done at home. Colonoscopy remains the gold standard for detection. It offers the highest accuracy and is recommended when symptoms are present, as it allows direct visualisation of the entire colon and rectum. CT Colonography provides three dimensional imaging of the colon using a minimally invasive approach. The CEA Blood Test is primarily used for monitoring recurrence and tracking treatment response rather than initial diagnosis.

Detected Early, 90% Can Be Cured

This is perhaps the most powerful message in this entire discussion. When colorectal cancer is caught at an early stage, the survival rate is as high as 90 per cent. Early detection also means simpler treatment, fewer side effects, and a significantly better long term quality of life.

When colorectal cancer is detected at an early stage, the chance of a complete cure is as high as 90 percent.

CANCER DEVELOPMENT PROCESS



Breaking Down the Barriers to Screening

Despite the proven benefits of screening, several obstacles prevent people from getting tested. Awareness about screening methods and their importance remains low across the general population. In rural areas, access to modern diagnostic facilities is often limited. Cost is another barrier - many people simply cannot afford the tests. Cultural factors also play a role: embarrassment about undergoing physical examinations, fear of the results, and deeply held misconceptions about cancer all contribute to delayed action.

Everyone aged 50 and above should undergo routine screening. Those with a family history of colorectal cancer should begin screening as early as 40. Raising awareness among the general public is absolutely essential. A healthy lifestyle - balanced nutrition, regular physical activity, and avoiding tobacco - can also play a meaningful role in reducing the risk of colorectal cancer. ●



A feeling of food getting stuck in the throat while eating. Struggling to swallow solid food. A sensation of something lodged in the chest after a meal. Many people dismiss these as minor, everyday annoyances. But, difficulty swallowing - medically known as dysphagia - can sometimes be the earliest sign of a serious underlying condition.

Among the general population, an estimated 17 to 20 per cent of people experience this problem. In those over the age of 60, the prevalence rises to as high as 40 per cent. An Indian study on elderly individuals recorded a 20 per cent prevalence of dysphagia.

Two Types of Dysphagia

Dysphagia is broadly classified into two types. Oropharyngeal dysphagia refers to difficulty in pushing food from the mouth through the throat - in other words, the trouble begins right at the start of swallowing. Neurological conditions like stroke, Parkinson's disease, and Alzheimer's disease are among the leading causes.

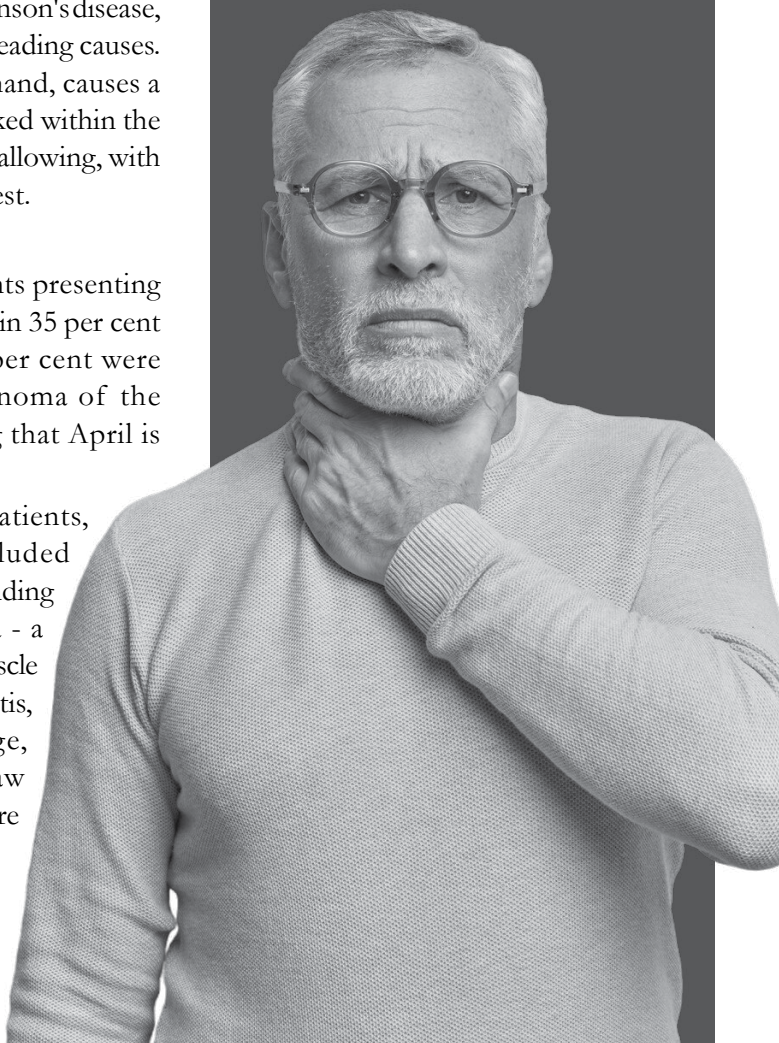
Oesophageal dysphagia, on the other hand, causes a sensation of food getting stuck or blocked within the food pipe - the difficulty occurs after swallowing, with the food seeming to lodge behind the chest.

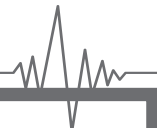
What Causes It?

In an Indian clinical study of patients presenting with dysphagia, cancer was responsible in 35 per cent of cases. Among those patients, 72 per cent were diagnosed with squamous cell carcinoma of the oesophagus. It is worth remembering that April is Oesophageal Cancer Awareness Month.

In the remaining 65 per cent of patients, the causes were benign. These included oesophageal stricture caused by long standing acid reflux (GERD), achalasia cardia - a condition where the lower oesophageal muscle fails to open properly, erosive oesophagitis, and oesophageal webs. As people age, reduced saliva production, loss of jaw strength, and changes in tongue musculature also affect the swallowing process.

Difficulty Swallowing? It Could Be a Sign of Something Serious





When Should You See a Doctor for Dysphagia?

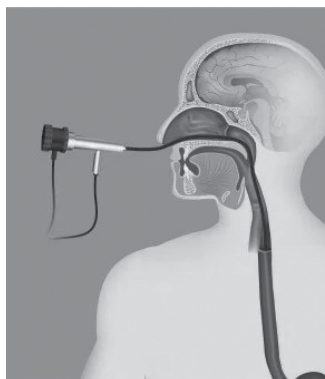
When solid food becomes impossible to swallow. When eating triggers coughing or breathlessness. When there is unexplained weight loss. When food repeatedly comes back up. Get an endoscopy done promptly. Early detection paves the way for the best treatment.

Warning Signs to Watch For

Difficulty swallowing solid food that progresses over time to the point where even liquids become hard to get down is a serious red flag. Pain during swallowing (odynophagia), food coming back up towards the mouth (regurgitation), coughing or choking during meals, unexplained weight loss, and voice changes are all symptoms that warrant an immediate visit to the doctor.

How Is It Diagnosed?

Endoscopy is the primary diagnostic tool. It allows direct visualisation of the food pipe, with the option of taking a tissue sample (biopsy) if needed. If a stricture is found, it can even be dilated during the same procedure. A barium swallow study involves drinking a barium solution and using X ray imaging to evaluate the structure and movement of the oesophagus. A CT scan helps assess whether cancer has spread. Manometry measures muscle pressure and



movement within the oesophagus and is particularly useful in diagnosing conditions like achalasia.

Difficulty swallowing is not a trivial matter. If it lasts more than two weeks, consult a doctor without delay.

Treatment Depends on the Cause

For strictures caused by GERD, endoscopic dilation combined with acid suppressing medication is the standard approach. For achalasia, a modern treatment called POEM (Per Oral Endoscopic Myotomy) has proven highly effective. If cancer is detected, treatment is tailored to the stage of the disease and may include surgery, chemotherapy, or radiation therapy. For dysphagia caused by neurological conditions, swallowing therapy and dietary modifications - such as adjusting food textures - can provide meaningful relief.

Difficulty swallowing is not something to take lightly - especially if it persists for more than two weeks. Do not delay seeing a doctor. ●

Dr. Sridhar C.G

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IBS: Beyond Stomach Pain A Quality of Life Challenge

Abdominal pain, bloating, constipation, diarrhoea - when these symptoms keep coming and going in turns, it could be irritable bowel syndrome, commonly known as IBS. Globally, an estimated 5 to 10 per cent of the population is affected by this condition. In India, the prevalence is around 4 to 7.5 per cent. Yet only about 20 per cent of those affected actually seek medical help. The rest dismiss it as an ordinary stomach upset and carry on.

April is observed as IBS Awareness Month. The goal is to build a better understanding of this widely misunderstood condition.

What Exactly Is IBS?

IBS is a functional gastrointestinal disorder. Unlike conditions such as ulcers, cancer, or inflammation, there is no visible structural damage to the intestine. What goes wrong is the way the gut functions.

The communication channel between the brain and the gut - known as the gut brain axis - becomes disrupted, leading to changes in how the intestine moves, how sensitive it becomes, and how it secretes fluids. This disruption is the fundamental basis of IBS.

Getting the Diagnosis Right!

IBS is a functional disorder of the gut - there is no structural damage visible on endoscopy.

IBD (Inflammatory Bowel Disease), on the other hand, includes conditions like Crohn's disease and ulcerative colitis, where real inflammation and ulcers are present in the intestine (see pages 14–15). Although the symptoms of both conditions can look similar, the treatment is entirely different. Accurate diagnosis is essential.

Three Main Types

IBS is classified based on the dominant symptom pattern. In constipation predominant IBS (IBS C), patients experience hard stools, infrequent bowel movements, and a constant sense of pressure in the abdomen. In diarrhoea predominant IBS (IBS D), there are frequent watery stools and sudden, urgent bowel movements. This type is the most commonly reported in India. In mixed IBS (IBS M), constipation and diarrhoea alternate unpredictably.

What Causes IBS?

There is no single cause - multiple factors work together. Stress and anxiety play a major role in triggering and worsening symptoms. Post infectious IBS, which develops after a bout of gastroenteritis, is notably common in India. Imbalances in the gut microbiome, sensitivity to certain foods, and hormonal fluctuations also contribute.

How Do You Manage It?

While IBS cannot be completely cured, proper management can significantly reduce symptoms and restore

quality of life. Dietary changes are the most important first step. The low FODMAP diet, developed by Monash University in Australia, has been shown to reduce symptoms significantly in around 75 per cent of IBS patients. This structured eating plan limits certain short chain carbohydrates - fermentable sugars that are poorly absorbed in the small intestine. When these reach the large intestine, gut bacteria ferment them, producing gases like hydrogen and methane, which cause bloating, pain, and gas. FODMAP foods also draw water into the gut, potentially triggering diarrhoea.

Reducing deep fried foods, dairy products, spicy foods, coffee, and alcohol can also help. Meditation, yoga, deep breathing exercises, and regular physical activity have all been shown to make a meaningful difference in managing IBS symptoms. For patients who need additional support, medications to regulate bowel movement, probiotics, and anti anxiety medications may be prescribed under medical guidance.

IBS is not a life threatening disease. But, it can profoundly affect quality of life. Speaking openly with a doctor - without embarrassment - is the very first step toward relief. ●

IBS is not a life threatening disease... But, it can seriously affect quality of life. Talking to your doctor without hesitation is the first step toward recovery.

Dr. Vinoth Kumar
MD, DM
GEM Hospital, Chennai





The Low FODMAP Diet: Simple Swaps for Your Indian Kitchen

Bloating, gas, abdominal pain, constipation, or diarrhoea - for people living with irritable bowel syndrome (IBS), food itself becomes one of the most important forms of treatment. The low FODMAP diet, developed by Monash University in Australia, has been shown in multiple studies to reduce symptoms significantly in around 75 per cent of IBS patients.

What Exactly Is FODMAP?

FODMAP stands for Fermentable Oligosaccharides, Disaccharides, Monosaccharides and Polyols. In simple terms, these are short chain carbohydrates that are poorly absorbed in the small intestine. When they reach the large intestine, the bacteria there ferment them, producing gases like hydrogen and methane. This is what causes the bloating, pain, and excessive gas. FODMAP foods also draw water into the gut, which can lead to diarrhoea.

The Indian Food Challenge

Indian cooking is built on onions, garlic, wheat, lentils, and dairy - all staples of our everyday meals. But, here lies the challenge. According to a 2022 study that analysed 269 commonly consumed traditional Indian recipes using the Monash FODMAP Calculator, more than 73



Simple Swaps for the Indian Kitchen

Instead of...	Try!
Wheat chapati	Rice, ragi, or kambu roti
Onion and garlic	Asafoetida (hing), ginger, green part of spring onions only
Milk	Coconut milk or lactose free milk
Rajma or chickpeas	Moong dal or toor dal (in small quantities)
Follow with your doctor's guidance	

per cent were found to be high in FODMAP content. This presents a unique difficulty for Indian IBS patients. The good news, however, is that by choosing the right alternatives, you can continue to enjoy flavourful Indian food while keeping IBS symptoms under control.

A Three Phase Eating Plan

The low FODMAP diet is not a permanent food restriction. It is a three phase diagnostic tool designed to help you identify your personal triggers.

The first phase is Elimination. For two to six weeks, all high FODMAP foods are completely avoided. If symptoms improve during this time, it confirms that FODMAP foods are indeed the source of the problem. The second phase is Reintroduction. Each FODMAP group is tested individually, one at a time, to identify which specific groups cause trouble. The third phase is Personalisation. Based on your findings, you avoid only the specific foods that trigger your symptoms and return to eating everything else freely.

Dr. Santhosh

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The low FODMAP diet is not a permanent food restriction. It is a three phase diagnostic tool.



High FODMAP Foods to Avoid

Onions and garlic (even in powdered form), wheat (chapati, poori, parotta), rajma (kidney beans), chickpeas, urad dal (in large quantities), cow's or buffalo's milk, cauliflower, cabbage, mushrooms, apples, pears, cashews, and pistachios.

Low FODMAP Foods You Can Enjoy

Rice (basmati, sona masuri), millets (ragi, varagu, kambu), moong dal (in small portions), poha (flattened rice), oats, carrots, spinach and other greens, tomatoes, cucumber, pumpkin, oranges, bananas, grapes, paneer (in small quantities), coconut milk, and lactose free milk.

Portion size is critically important. Some foods may be low FODMAP in small servings But, can cause problems in larger amounts. For this reason, following this eating plan under the guidance of a doctor or a qualified dietitian will yield the best results.



IBD

The Chronic Gut Disease Rising Rapidly in India

Abdominal pain, prolonged diarrhoea, blood in the stool, weight loss - do not dismiss these as a simple stomach upset. These could be signs of inflammatory bowel disease, commonly known as IBD. Once considered a disease of Western nations, IBD is now rising rapidly in India. Among all Southeast Asian countries, India has recorded the highest burden of IBD. Among patients undergoing colonoscopy, the rate of IBD detection has climbed from 0.1 per cent to over 5 per cent, according to recent studies.

Two Key Types of IBD

Ulcerative colitis (UC) causes inflammation and ulcers in the inner lining of the large intestine (colon). It begins in the rectum and

spreads continuously upward. UC is the more commonly reported form of IBD in India. Population based studies estimate that around 44 people per one lakh are affected.

Crohn's disease (CD) can occur anywhere in the digestive tract, from the mouth to the anus. But, most commonly affects the last portion of the small intestine (ileum) and the large intestine. Unlike UC, Crohn's disease penetrates deep into all layers of the intestinal wall. According to India's national IBD registry, the ratio of UC to CD is approximately 5:1.

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IBS vs IBD - They Are Not the Same!

IBS (irritable bowel syndrome) is a functional gut disorder - an endoscopy will show no ulcers or inflammation. IBD (inflammatory bowel disease) is an autoimmune condition where real inflammation, ulcers, and tissue damage occur in the intestine. Blood in the stool, fever, and weight loss are key markers of IBD. If you suspect either condition, a colonoscopy is essential for accurate diagnosis.

What Causes IBD?

There is no single cause. A faulty immune system response, genetic factors, and environmental changes all work together. Urbanisation, Western dietary patterns (high in fat, sugar, and processed foods), low fibre intake, and mental stress are all believed to contribute to the rising numbers. A notable finding is that children of Indian immigrants living in Western countries develop IBD at rates comparable to the local population, reinforcing the importance of environmental factors.

Symptoms

Chronic diarrhoea lasting more than four weeks, blood or mucus in the stool, abdominal pain and cramping, weight loss, fatigue, and fever are the common symptoms. In Crohn's disease, symptoms outside the gut - such as mouth ulcers, anal complications (fistula, abscess), joint pain, and skin problems - may also be present. These are known as extraintestinal manifestations.

**Urbanisation,
Western
dietary
patterns, low
fibre intake,
and mental
stress are all
contributing to
the rise of IBD
in India**



Diagnosis - A Unique Challenge in India

The biggest diagnostic challenge in India is that the symptoms of Crohn's disease closely resemble those of intestinal tuberculosis. Studies suggest that roughly one in three Crohn's disease patients are initially given anti tuberculosis treatment. Accurate differentiation requires a combination of colonoscopy with biopsy, CT enterography, MR enterography, faecal calprotectin testing, and TB specific tests.

Treatment

- Long Term Management

IBD cannot be fully cured, But, with proper treatment, the disease can be controlled and patients can lead a normal life. Amino salicylates (5 ASA) are the first line treatment for UC. Immunomodulators (such as azathioprine), steroids, and biologics are used based on disease severity. In complicated cases involving strictures, perforation, or fistula, surgery may be required. Ongoing medical follow up, consistent adherence to treatment, and nutritional management are all essential. ●



An Amazing Tunnel Inside Your Body!

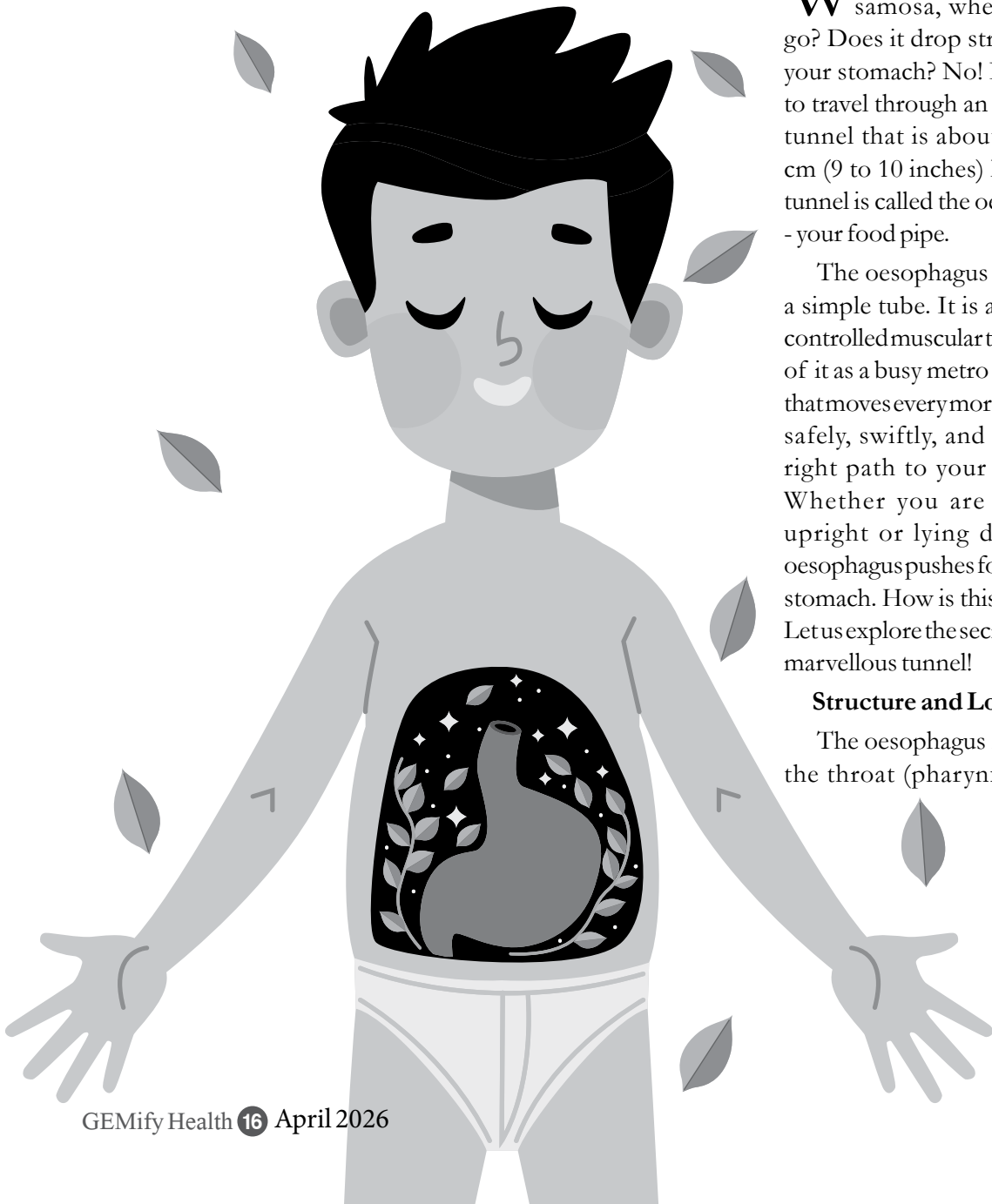
The Oesophagus

When you swallow a samosa, where does it go? Does it drop straight into your stomach? No! It first has to travel through an incredible tunnel that is about 23 to 25 cm (9 to 10 inches) long. This tunnel is called the oesophagus - your food pipe.

The oesophagus is not just a simple tube. It is an actively controlled muscular tube - think of it as a busy metro rail tunnel that moves every morsel of food safely, swiftly, and along the right path to your stomach. Whether you are standing upright or lying down, the oesophagus pushes food to your stomach. How is this possible? Let us explore the secrets of this marvellous tunnel!

Structure and Location

The oesophagus runs from the throat (pharynx), passes



Try It Out!

Experiment 1: Feel peristalsis Drink a small sip of water. Pay close attention. After you swallow, can you feel something "moving" behind your chest? That is peristalsis!

Experiment 2: Swallowing while lying down Safely (with a parent's help), lie flat and try drinking some water. It is a bit harder, But, it works! This demonstrates the power of peristalsis.

Caution: Do not hang upside down - you could choke!

through the chest, goes through the diaphragm, and connects to the stomach.

Length: About 23 to 26 cm (9 to 10 inches) in adults, varying with height. In children, it is 10 to 15 cm.

Width: About 2 cm at rest; it expands to 3 to 4 cm when food passes through.

Position: In front of the spine, behind the windpipe (trachea).

Three Main Sections

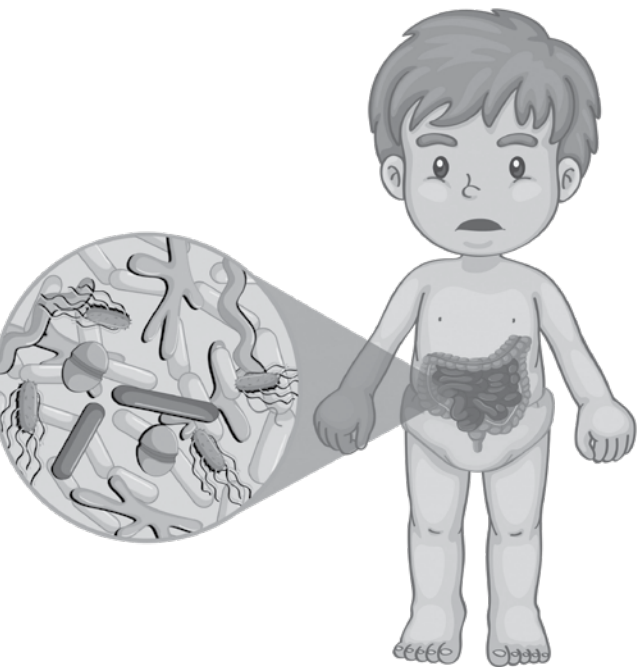
1. **Upper section (Cervical):** In the neck region - about 5 cm
2. **Middle section (Thoracic):** Inside the chest cavity - about 16 to 18 cm
3. **Lower section (Abdominal):** Below the diaphragm - about 1 to 3 cm (the smallest part)

The Wall - Four Layers

Imagine the oesophageal wall as a reinforced tunnel!

1. Inner lining (Mucosa): The smooth, moist floor that helps food glide easily. The entire oesophagus is lined with stratified squamous epithelium. Only at the junction where it meets the stomach (gastro oesophageal junction) does the lining suddenly change to columnar epithelium.

2. Supporting layer (Submucosa): Like concrete and iron rods - this layer contains blood vessels (the plumbing) and nerves (the electrical wiring).



3. Muscle layer (Muscularis): The powerful machinery on the sides of the tunnel that pushes the cargo (food) forward.

- Inner circular muscles tighten the tube
 - Outer longitudinal muscles shorten it
- The muscle type changes along the length:
- Upper one third: Under voluntary control (skeletal muscle)
 - Middle portion: Mixed
 - Lower two thirds: Automatic (smooth muscle)
- This is why the beginning of swallowing is

Fun Facts

1. **Burping in space:** In zero gravity, gas does not rise on its own. If astronauts burp, liquid may come up too - a "wet burp"!
2. **How many times do we swallow each day?** Several hundred times (roughly 500 to 700) - including food, water, and saliva.
3. **Birds are different:** Some birds (like chickens and pigeons) have a special storage pouch called a crop in their oesophagus.
4. **The giraffe:** Its oesophagus is about 2 to 3 metres long - perfectly suited for its long neck!

under your control, But, once started, the rest happens automatically!

4. Outer covering (Adventitia): The protective outer coat that anchors the tunnel to surrounding structures.

Two Important Guards - The Sphincters

1. Upper Guard (UES - Upper Oesophageal Sphincter)

Located at the base of the throat. Normally stays tightly closed. Opens for just 0.5 to 1 second when you swallow. Prevents air from entering the food pipe when you breathe. Without it, every breath you take would send air into the oesophagus and bloat your stomach!

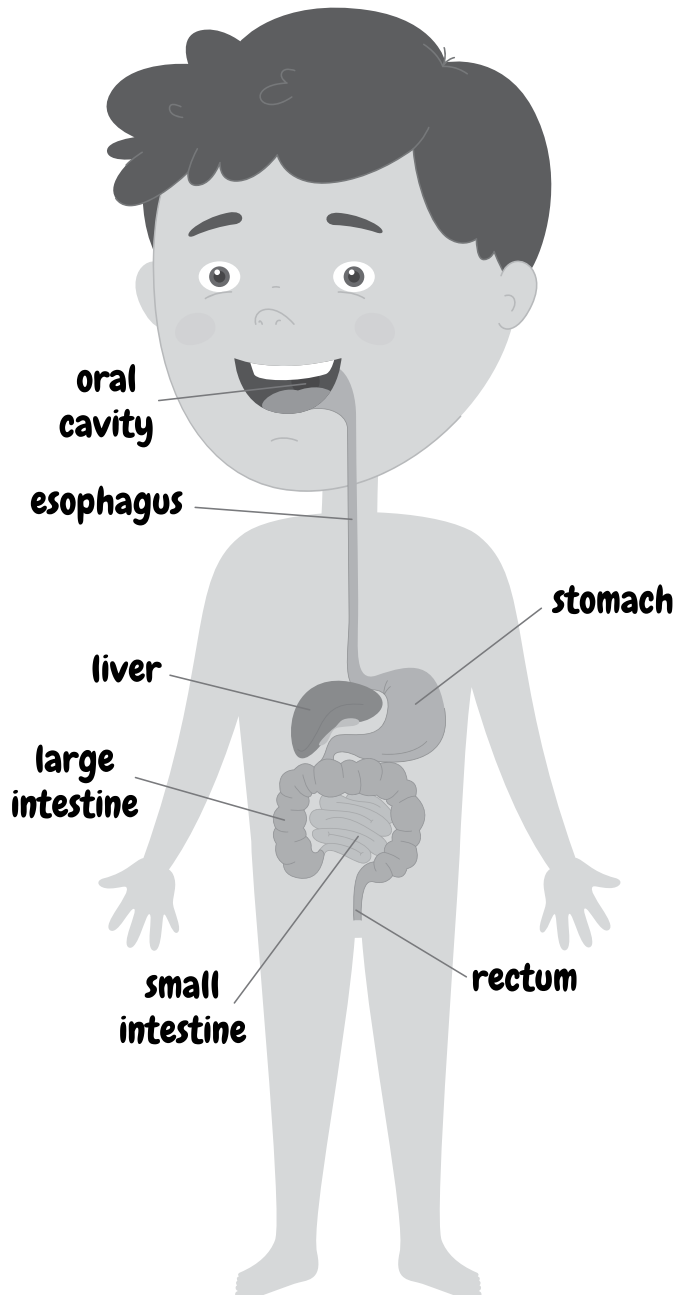
2. Lower Guard (LES-Lower Oesophageal Sphincter)

Located where the oesophagus meets the stomach, just below the diaphragm. Normally stays tightly shut. Opens only when food arrives. Prevents stomach acid (pH 1 to 3) from rising upward. The LES is not a visible "door" - it is a high pressure muscular zone.

Peristalsis

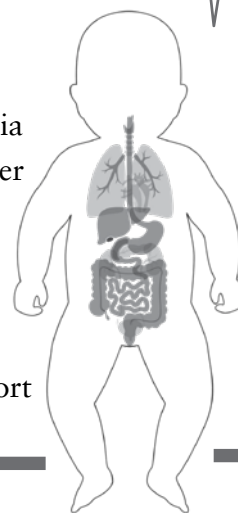
- The Wave Like Movement

Peristalsis is the oesophagus's most



Key Points to Remember

- The oesophagus is 23 to 26 cm long (varies with height)
- Four wall layers: mucosa, submucosa, muscularis, adventitia
- Muscle type changes: upper 1/3 skeletal, middle mixed, lower 2/3 smooth
- Peristalsis: wave movement at 3 to 4 cm per second
- Two guards: UES (upper) and LES (lower)
- Gravity is not essential - muscle action alone is enough
- No digestion happens in the oesophagus - it is purely a transport route



remarkable ability. It is an automatic, wave like muscular movement - like squeezing a toothpaste tube from the bottom to push paste upward. Except here, it happens on its own!

Step by step

Step 1: You swallow the bolus (a ball of chewed food mixed with saliva)

Step 2: The bolus enters the oesophagus

Step 3: Circular muscles above the bolus contract, pushing the food downward

Step 4: Circular muscles below the bolus relax, making room for the food

Step 5: Longitudinal muscles shorten the tube, bringing the food closer

Step 6: This wave continues all the way to the stomach

Two types of peristalsis

Primary peristalsis begins the moment you swallow, travels the entire length of the oesophagus, and moves at a speed of 3 to 4 cm per second.

Secondary peristalsis kicks in if any food gets stuck - it acts like a cleanup wave to push remaining food along.

How long does the journey take?

- **Liquids:** 1 to 2 seconds (gravity helps too)
- **Soft food:** 4 to 8 seconds
- **Solid food:** 5 to 10 seconds

Amazing fact: Astronauts can eat in zero gravity! Peristalsis does not depend on gravity - muscle action alone is enough. However, gravity does make liquid transit easier.

Nerve Control

You cannot consciously control peristalsis. It is driven by the autonomic nervous system.

Two key nerve systems:

1. **Vagus nerve:** The “manager” of the oesophagus - it coordinates peristalsis
2. **Enteric nervous system:** A nerve network embedded right within the wall of the oesophagus - it provides local control

Did you know? Swallowing does not stop completely even while you sleep. But, it slows down dramatically - from about once per minute to just a few times per hour.

Coming up next: Problems of the oesophagus, the complete process of swallowing, and how to keep it healthy! ●



Oesophageal Cancer

Don't Ignore the Warning Signs



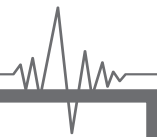
The food we eat travels from the mouth to the stomach through a long muscular tube called the oesophagus (food pipe). When the cells lining this tube begin to grow uncontrollably, oesophageal cancer develops. It is considered the eighth most common cancer globally. In 2022 alone, approximately 5,11,000 new cases were recorded worldwide. Oesophageal cancer is among the leading causes of cancer-related deaths in India - A fact that deserves far more public attention than it currently receives.

Two Main Types

There are two principal types of oesophageal cancer. Squamous cell carcinoma (SCC) arises from the flat cells lining the inner surface of the oesophagus. Adenocarcinoma develops in the glandular cells at the lower end of the food pipe, often as a result of long standing acid reflux



Dr. C. Palanivelu



Oesophageal Cancer - Warning Signs

Difficulty swallowing, sudden weight loss, pain behind the breastbone, hoarseness of voice, persistent heartburn - if any of these last more than two weeks, get an endoscopy done immediately. Early detection is the path to saving lives.

(GERD) leading to a condition called Barrett's oesophagus. In India, approximately 80 percent of oesophageal cancer cases are of the squamous cell type.

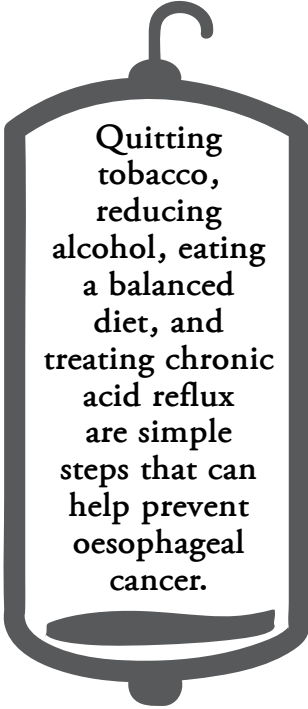
Risk Factors

Tobacco in any form - smoking, bidi, chewing tobacco, or paan masala - is the single most important risk factor for oesophageal cancer. Alcohol consumption further increases the risk. When tobacco and alcohol are used together, the danger multiplies several fold. Drinking very hot beverages, nutritional deficiencies, inadequate intake of fruits and vegetables, obesity, and chronic GERD are additional risk factors.

In India, the average age of patients affected by this cancer is around 57 years. Men are roughly 2 to 2.5 times more likely to be affected than women.

Symptoms

The greatest challenge with oesophageal cancer is that early stage symptoms are often unclear. Difficulty swallowing (dysphagia) is the most important early warning sign. It typically begins with trouble swallowing solid food and



Quitting tobacco, reducing alcohol, eating a balanced diet, and treating chronic acid reflux are simple steps that can help prevent oesophageal cancer.

progresses over time to difficulty with liquids as well. Unexplained weight loss, pain behind the breastbone, hoarseness of voice, persistent heartburn, and a lingering cough are other symptoms to watch for. If any of these persist for more than two weeks, seeking medical attention is essential.

Diagnosis and Treatment

Endoscopy with tissue biopsy is the primary diagnostic method. CT scan and PET scan help assess the extent of spread. When caught early, surgery offers the possibility of a cure. Depending on the stage, chemotherapy, radiation therapy, and immunotherapy may be used individually or in combination. However, the five year survival rate stands at only about 20 per cent, making early detection critically important.

Prevention Is in Your Hands

Quitting tobacco entirely, reducing or stopping alcohol consumption, allowing very hot food and drinks to cool before consuming them, eating plenty of fruits and vegetables, and getting proper treatment for chronic GERD are all straightforward steps that can significantly lower the risk of oesophageal cancer. ●



Simple Habits That Can Lower Your Cancer Risk

In today's fast paced world, cancer rates are climbing steadily. India is among the countries with the highest cancer burden globally. While we cannot change our genetic makeup, medical research has clearly shown that modifying our everyday habits can significantly reduce the risk of cancer. Here are five important lifestyle changes that can make a real difference.

1. Quit Tobacco - Completely

It is not just about smoking. Bidi, chewing tobacco, paan masala - tobacco in any form carries the risk of cancer. It dramatically increases the likelihood of cancers affecting the lungs, mouth, throat, pancreas, urinary bladder, and several other organs. Stopping tobacco use entirely is the single most powerful step you can take to prevent cancer. Even if you quit today, the body has a remarkable ability to repair itself over time.



Five Things That Can Help Prevent Cancer

1. Quit tobacco completely
2. Maintain a healthy body weight
3. Eat more vegetables, fruits, and whole grains
4. Avoid alcohol
5. Exercise for at least 30 minutes every day

2. Maintain a Healthy Body Weight

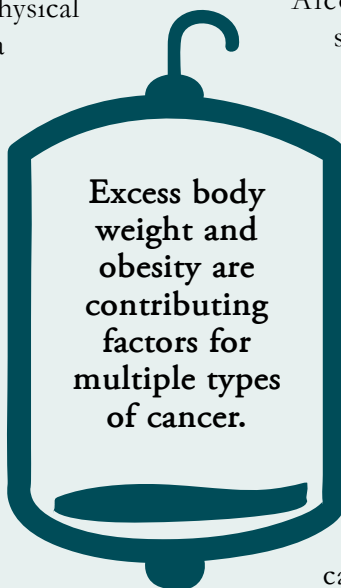
Excess body weight and obesity are now recognised as contributing factors for multiple types of cancer. Breast cancer, colorectal cancer, and uterine cancer are among those with a direct link to being overweight, as confirmed by medical studies. A combination of sensible eating and regular physical activity is the key to maintaining a healthy weight.



processed foods, items loaded with sugar, foods containing artificial colours, and deep fried items. Red meat consumption should also be kept in check. Whenever possible, choosing natural, homecooked meals over packaged or restaurant food is one of the simplest ways to reduce cancer risk.

3. Eat a Balanced, Nutritious Diet

What we eat every day forms the foundation of our health. The focus should be on increasing the intake of vegetables, fruits, whole grains, and lentils. At the same time, it is wise to cut back on



4. Avoid Alcohol

Alcohol consumption is linked to several types of cancer, including liver cancer, breast cancer, and cancers of the mouth and throat. When tobacco and alcohol are used together, the cancer risk multiplies many times over. Complete avoidance of alcohol is the safest choice.

5. Exercise Every Day

At least 30 minutes of physical activity each day - whether it is walking, cycling, swimming, or any other form of exercise - improves overall health while also reducing cancer risk. Regular exercise helps maintain a healthy body weight and strengthens the immune system.

Our body is the greatest gift we have been given. The responsibility to protect it lies entirely in our hands. Through simple lifestyle changes, we can lower the risk of cancer and move toward a healthier, longer life.



Dr. K. Shivakumar

MBBS, MS
GEM Cancer Centre, Kovai





HERNIA

Timely Treatment Is Essential!

When a part of an internal organ - usually the intestine or fatty tissue - pushes through a weak spot in the surrounding muscle or tissue wall, the result is a hernia. It typically appears as a swelling or lump in the abdomen or groin area, or near the site of a previous surgery. The swelling may become more noticeable when standing, coughing, or lifting heavy objects,

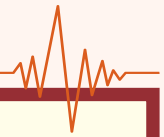
and it may reduce or disappear when lying down. Hernias can affect men, women, and children alike.

Why Do Hernias Occur?

A hernia develops when muscle weakness and increased pressure inside the abdomen come together. Birth defects, ageing, injury, and previous surgeries can all weaken the muscles. Lifting heavy objects without proper support, chronic cough or asthma, constipation, sudden weight gain, pregnancy, straining while urinating due to an enlarged prostate, and fluid accumulation in the abdomen (ascites) are all factors that

Dr. sudarshan kasthuri
GEM Hospital, Coimbatore





Permanent Solution for Hernia!

A hernia does not go away by itself. Surgery - whether laparoscopic or robotic - is the only permanent fix, and both are safe with rapid recovery. If the lump becomes hard and painful, if the skin changes colour, or if you experience vomiting or inability to pass gas, see a doctor immediately.

increase abdominal pressure and can trigger a hernia.

Main Types of Hernia

An inguinal hernia occurs in the groin region and is the most common type in men. An umbilical hernia develops at or near the navel. An incisional hernia forms at the site of a previous surgical wound. A femoral hernia occurs below the groin and is more commonly seen in women. A hiatal hernia involves the upper part of the stomach pushing upward into the chest cavity through the diaphragm.

Symptoms to Watch For

A swelling or lump in the abdomen or groin, pain, a burning sensation, a feeling of heaviness, and a

dragging sensation or pressure in the lower abdomen are the common signs of a hernia.

In the early stages, there may be no pain at all.

However, if the hernia area develops severe, persistent pain, if the lump becomes hard and cannot be pushed back in, if the skin over it turns red or dark, if vomiting occurs, or if gas stops passing altogether, these may indicate an incarcerated or strangulated hernia - a potentially life threatening emergency that requires immediate surgical intervention.

The first thing to understand is that a hernia will not heal on its own.

Treatment Options

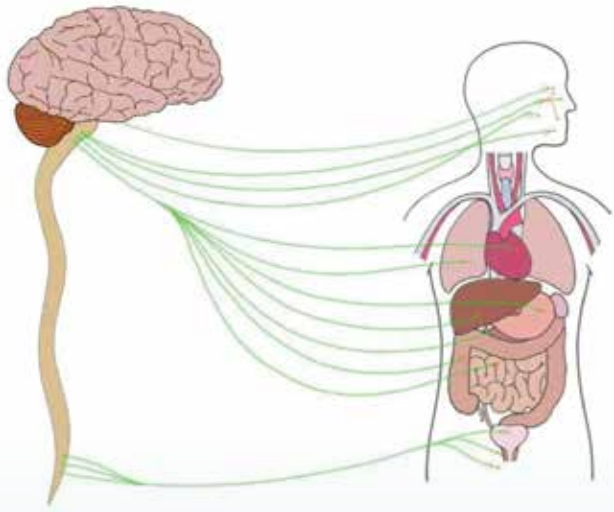
The first thing to understand is that a hernia will not heal on its own. The only permanent solution is surgery. In laparoscopic surgery, small incisions are made and a mesh is placed under camera guidance, allowing for faster recovery. In robotic surgery, the procedure is performed with even greater precision using a surgeon controlled robotic system. Hiatal hernias can sometimes be managed with medications, But, surgery becomes necessary in severe cases.

After surgery, a gradual return to gentle walking (as advised by the doctor), eating fibre rich foods, keeping the wound area clean, avoiding heavy lifting for at least six weeks, and staying away from smoking are all essential for a smooth and quick recovery.



Have you ever felt butterflies in your stomach before an important interview? Has diarrhoea struck right before an exam? Do gas and heartburn seem to get worse on stressful days? These are not coincidences. They are the visible expressions of a constant conversation happening between your brain and your gut. Medical science calls this two way communication system the gut brain axis.

April is observed as Stress Awareness Month. This makes it an ideal time to understand how stress affects our digestive system.



The Vagus Nerve

- The Highway Between Brain and Gut

The vagus nerve, which runs from the brain all the way down to the abdomen, is the longest cranial nerve in the human body. It is a key component of the parasympathetic nervous system and helps regulate heart rate, breathing, digestion, immunity, and mood. The most fascinating fact about this nerve is that approximately 80 to 90 per cent of its fibres are afferent - meaning they carry information from the gut up to the brain, not the



**Stress and
Stomach
Problems:
The
Connection
You Cannot
Ignore**

5 Simple Ways to Stimulate the Vagus Nerve

1. Slow, deep breathing (inhale for 4 seconds, exhale for 6 seconds)
2. 10 minutes of meditation every day
3. 30 minutes of walking, 5 days a week
4. Include probiotic foods (curd, buttermilk) daily
5. 7 to 8 hours of uninterrupted sleep each night

These can reduce both stress and stomach problems at the same time.

other way around. In other words, the gut talks to the brain far more than the brain talks to the gut.

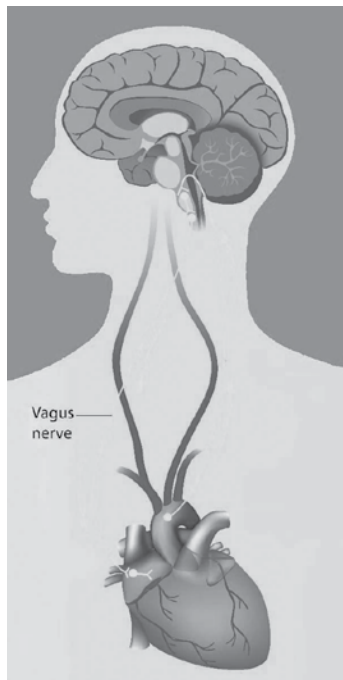
The Gut - Your Second Brain

The human gut contains over 100 million nerve cells (neurons) - more than anywhere else in the body outside the brain itself. This is why the gut's nervous system is often called the second brain. What makes this even more remarkable is that 90 to 95 percent of the body's serotonin - a neurotransmitter that plays a central role in regulating mood - is produced in the gut, not in the brain. The gut microbiome also produces other important neurotransmitters such as GABA and dopamine.

How Does Stress Affect the Gut?

When the brain perceives stress, it activates the fight or flight response. Adrenaline is released, digestive activity slows down, and blood flow to the gut decreases. In the short term, this is a normal survival response. But, when chronic stress persists over time, the effects on the gut become lasting. Acid secretion in the stomach increases, which can lead to acid reflux (GERD) and

Take care
of your
gut... it is
taking care
of your
mind.



peptic ulcers. The gut becomes hypersensitive, intensifying pain and bloating. The balance of gut bacteria is disrupted, leading to problems like irritable bowel syndrome (IBS), diarrhoea, and constipation.

Protecting Your Gut - Brain Health

The key lies in improving vagal tone - the efficiency with which the vagus nerve functions. Deep breathing exercises, meditation, and yoga have all been shown in studies to stimulate the vagus nerve and restore balance to the gut brain connection. Regular physical exercise improves the diversity of gut bacteria and reduces inflammation. Fibre rich foods and probiotic foods like curd and buttermilk nourish the gut microbiome and send positive signals to the brain. Adequate sleep and consistent meal timings are also essential for smooth gut brain communication.

Take care of your gut - it is taking care of your mind. ●

Understanding the Blood Tests That Guard Your Liver

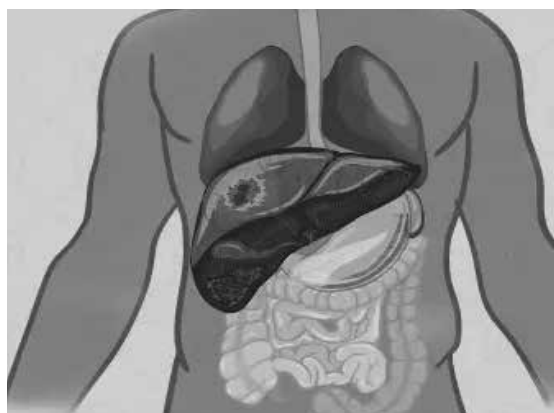
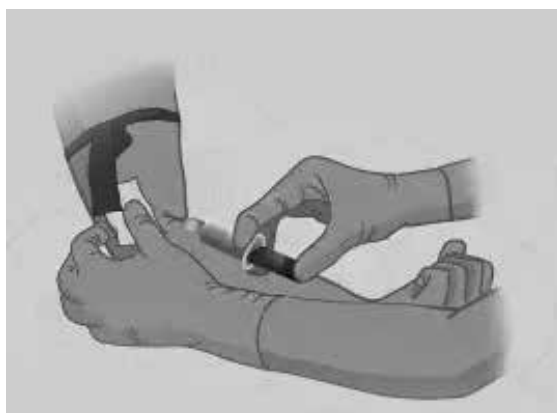


The liver is one of the most vital organs in the human body. It converts nutrients from food into usable forms, filters toxins from the blood, produces essential proteins, and manufactures bile for digestion. A set of blood tests called Liver

Function Tests (LFT) helps assess whether the liver is working as it should. These tests are a frontline tool for detecting liver disease early, monitoring known conditions, and checking whether medications are causing liver damage.

Test	What It Measures	What Abnormal Levels May Indicate
ALT (SGPT)	An enzyme found mainly in the liver. Rises when liver cells are damaged.	Hepatitis, fatty liver disease, drug induced liver injury.
AST (SGOT)	An enzyme present in the liver, heart, and muscles. Interpreted alongside ALT.	Liver damage, muscle injury, or heart conditions. The ALT to AST ratio helps pinpoint the cause.
ALP	An enzyme found in bile ducts and bones.	Bile duct blockage or liver disease. Naturally higher in growing children.
Bilirubin	A yellow substance formed when old red blood cells break down. The liver processes and excretes it.	Jaundice (yellowing of skin and eyes), liver disease, or bile duct problems.

Albumin	A key protein produced by the liver. Maintains fluid balance in the body.	Low levels may indicate reduced liver function or chronic liver disease.
Total Protein	Combined level of albumin and globulin in the blood.	Nutritional deficiencies, liver disease, or immune system disorders.
GGT	An enzyme found in the liver and bile ducts. Sensitive to alcohol use.	Heavy alcohol consumption, bile duct obstruction, or liver inflammation.
PT	Measures how quickly blood clots. Clotting factors are produced by the liver.	Prolonged PT may indicate severe liver damage or clotting factor deficiency.



Why Are Liver Function Tests Important?

LFTs help detect liver diseases at an early stage, often before symptoms appear. They are essential for monitoring conditions like hepatitis, fatty liver, and cirrhosis over time. They also reveal whether medications or supplements are causing unintended liver damage. For anyone with risk factors such as regular alcohol consumption, obesity, diabetes, or long term medication use, periodic LFT screening is a wise investment in health.

Dr Rajiv Maharaj
MS, DNB
GEM Hospital, Coimbatore



Before Your Test

- Follow your doctor's instructions carefully, including any fasting requirements.
- Inform your doctor about all medications, supplements, and herbal remedies you are taking.
- Always interpret results with your doctor's guidance - never self diagnose based on numbers alone.

Liver health is foundational to overall wellbeing. Through simple, routine blood tests, liver problems can be identified early and treated before they progress. If you have any risk factors or symptoms, speak with your doctor about scheduling an LFT. A healthy liver means a healthier you. ●



Peptic Ulcer

The Cause Is Not Spice - It's a Germ!

A burning sensation in the stomach, severe pain on an empty stomach, some relief after eating - these symptoms are all too familiar to millions of people. An estimated 20 million Indians suffer from peptic ulcer disease. Over a lifetime, approximately 9 per cent of the Indian population will face this problem. Yet many of the beliefs we hold about peptic ulcers are simply wrong. It is time to set the record straight and understand the real causes.

What Is a Peptic Ulcer?

A peptic ulcer is an open sore that forms in the inner lining (mucous membrane) of the stomach or the first part of the small intestine, called the duodenum. When the ulcer occurs in the stomach, it is called a gastric ulcer. When it

develops in the duodenum, it is known as a duodenal ulcer. In India, duodenal ulcers are 8 to 12 times more common than gastric ulcers.

The Real Cause:

Not Spice - *Helicobacter pylori*

There is a widespread belief that spicy food, masala, and chillies cause peptic ulcers. This is incorrect. The primary cause of peptic ulcers is a bacterial infection caused by *Helicobacter pylori* (H. pylori). In India, this bacterium has been detected in approximately 85 per cent of peptic ulcer patients. H. pylori damages the stomach's protective mucous lining, allowing stomach acid to directly attack the stomach wall. Poor sanitation and contaminated drinking water are the main reasons why



Peptic Ulcer - Myths and Facts

- Spice causes ulcers: Wrong! H. pylori bacteria and NSAIDs are the real culprits.
- Stress causes ulcers: Not a direct cause, But, it can worsen symptoms.
- Drinking milk cures ulcers: Temporary relief only - not a treatment.
- Peptic ulcers cannot be cured: Wrong! With proper antibiotic therapy, they can be completely cured.

H. pylori infection is extremely common in India - prevalence in rural areas can reach as high as 80 per cent.

The second major cause is the overuse of pain relieving medications known as NSAIDs (non steroidal anti inflammatory drugs). Ibuprofen, diclofenac, and aspirin, when taken continuously without medical guidance, weaken the stomach's protective lining and can cause ulcers. Smoking and alcohol also increase the risk. Spicy food does not cause ulcers - But, if an ulcer already exists, it can worsen the irritation.

Symptoms

A burning or gnawing pain in the upper abdomen is the most common symptom. In duodenal ulcers, pain tends to be worse on an empty stomach and eases after eating. In gastric ulcers, pain may increase after meals. Heartburn, nausea, vomiting, loss of appetite, and weight loss may also occur. Blood in vomit (dark or red), or black, tarry stools (melena) indicate bleeding - these are emergency symptoms that need immediate medical attention.

Dr. Juned Khan
GEM Hospital, Coimbatore



Diagnosis and Treatment

An upper gastrointestinal endoscopy is the primary diagnostic tool. It allows the ulcer to be seen directly, a tissue sample to be taken, and H. pylori infection to be confirmed. The urea breath test and the stool antigen test are simpler, non invasive methods for detecting H. pylori.

If H. pylori is present, treatment involves a combination of antibiotics and proton pump inhibitors (PPIs). This typically lasts 10 to 14 days. If NSAIDs are the cause, the medication is stopped and PPIs are given to allow the stomach lining to heal. For ulcers with active

bleeding, endoscopic treatment can often control the haemorrhage directly.

Peptic ulcer is a fully curable disease. Avoiding the habitual use of pain killers without medical advice and using clean drinking water are simple preventive measures that can make a real difference.

Peptic ulcer is a fully curable disease. Avoiding unsupervised use of pain killers and drinking clean water are simple But, effective preventive steps.



Home Made Protein Rich Foods

Easy Recipes for Better Health

Every cell in our body needs protein to function properly. Building and strengthening muscles, repairing damaged tissues, boosting immunity, and supporting the production of hormones and enzymes - protein plays a role in all of these. It is especially important for people recovering from illness, those recuperating after surgery, and older adults. Ensuring adequate daily protein intake is one of the simplest things we can do for our health.



Dr. Sai Darshini

MS, OG

Gem Hospital, Coimbatore

Paneer - The Protein Champion

For vegetarians, paneer is one of the finest sources of protein. A 100 gram serving of paneer contains approximately 18 to 21 grams of protein. It supplies all the essential amino acids needed for muscle growth and repair. Its high calcium content supports bone strength, while the healthy fats provide sustained energy. Paneer is also gentle on the gut, making it a good choice for the digestive system. For people with diabetes, it is a favourable option because of its low carbohydrate content.



Paneer Vegetable Bhurji

A quick, high protein dish that is easy to prepare at home. Crumble paneer and sauté it with chopped capsicum, carrot, and tomato in a small amount of olive oil. Season with turmeric, black pepper, and cumin. One serving provides approximately 14 grams of protein. Serve with chapati or rice.

Quick Protein Guide	
Food	Protein Content
Paneer (100 g)	18–21 g
Egg (1 whole)	6 g
Moong Dal Khichdi (1 serving)	12 g
Paneer Bhurji (1 serving)	14 g
Protein Pancake (1 serving)	12–18 g
Make sure you get enough protein every day!	

Moong Dal Khichdi - A Protein Rich Comfort Food

Cook yellow moong dal with varagu (kodo millet) rice, adding cumin, ginger, turmeric, and a drizzle of ghee or coconut oil. Pressure cook for three to four whistles. One serving provides approximately 12 grams of protein. Adding soft vegetables like carrot or spinach will boost the vitamin content. This dish is light on the stomach and digests easily - ideal for recovery and everyday nutrition.



Protein Pancakes - Perfect for Breakfast

Soak moong dal for three to four hours. Grind it into a smooth batter with ginger, turmeric, and salt. Pour like a dosa and top with grated paneer or finely chopped greens. Cook on both sides until golden. One serving provides 12 to 18 grams of protein. Serve with onion chutney.

Smoothies and Health Mix

Blend a banana with soaked almonds and milk or soy milk to make a banana almond smoothie - roughly 10 grams of protein per serving. A coconut dates smoothie made with tender coconut water and dates provides natural electrolytes, iron, and magnesium. For a daily protein boost, prepare a homemade health mix powder using ragi, green gram, urad dal, poha, oats, almonds, cashews, flaxseed, and cardamom. Two teaspoons of this powder mixed into a glass of milk makes an excellent protein drink.





Bharathiar University Honours GEM Chairman with Lifetime Achievement Award

Prof. C. Palanivelu, Chairman of GEM Hospital, was conferred the Lifetime Achievement Award at the International Women's Day celebration organised by Bharathiar University. The award was presented by Mr. Durgasankar, Member of the University Syndicate, and Prof. Rajavelu, Registrar of Bharathiar University.

Accepting the honour, Prof. Palanivelu spoke about the respect and dignity accorded to women in Indian culture. He highlighted that India's tradition of honouring women is admired even in countries like South Korea and Japan. Women, he

emphasised, are the foundation of family strength and a driving force behind social progress and national development.

Addressing the young women students present at the event, the GEM Chairman made an impassioned appeal for their active involvement in spreading cancer awareness across communities. He stressed that cancer, when detected at an early stage, can be completely cured and that countless lives can be saved through timely action. The event concluded with a powerful message on women's transformative role in building empowerment, responsibility, and a healthier society.

Free Medical Camp at Aravakurichi

A free medical camp jointly organised by GEM Hospital Coimbatore, Kongu Narpani Mandram, and Arima Sangam was held successfully at Aravakurichi on 1 March 2026. The camp provided free medical consultations and immediate care for a wide range of conditions, including gallstones, hernia, liver and pancreatic disorders, anal conditions, uterine problems, ovarian cysts, jaundice, and all intestinal diseases.

The camp was held under the leadership of Mr. E.R. Eswaran, MLA, Tiruchengode Assembly Constituency, with Dr. P. Senthilnathan, Chief Gastrointestinal and Laparoscopic Surgeon, GEM Hospital Chennai, and Dr. C.G. Sridhar, Chief Gastroenterologist, GEM Hospital Coimbatore, in attendance.

Based on doctors' recommendations, 60 patients received free ultrasound scans or endoscopy procedures. Those requiring surgery were offered a special 50 per cent concession. Over 300 people attended the camp, and 30 were advised surgical intervention. In the gynaecology division, 56 women received treatment, of whom 10 were recommended for surgery.



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and HoD

Dr. ASWIN CHANDRAN
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