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**The Silent Disease
Hiding in
One in Three Indians**

**How Tobacco
Fuels
Pancreatic Cancer**



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Kovai

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Contact: 0422 232 5100,
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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: tirupur@geminstitute.in

As we move through May, an important time for both the global medical community and the field of cancer research, I'd like to reflect on the incredible progress we're making in the world of gastrointestinal care.

This May, the global medical community gathered in Chicago for Digestive Disease Week (DDW) 2026, the world's premier event for gastroenterologists, hepatologists, and gastrointestinal surgeons. Thousands of clinicians and researchers presented groundbreaking findings on digestive oncology, inflammatory bowel disease (IBD), and oesophageal disorders. The message was clear: the way we diagnose, treat, and manage gastrointestinal diseases is undergoing a profound transformation.

May also marks Cancer Research Month, reminding us to reflect on how far we've come and how much further we still need to go. These observances highlight the innovative strides we are making in gastroenterology and surgical oncology - advances that are not distant promises but real, tangible changes happening right now, from our operating theatres to our multidisciplinary tumour board meetings.

The Robotic Revolution in GI Surgery

When we look at how far we've come in surgery, the robotic-assisted revolution stands out. What once meant long incisions, extended hospital stays, and an arduous recovery time for complex GI cancer surgeries has now been redefined.

Robotic systems have brought three-dimensional, high-definition visualization, precision tools that mimic the human hand with greater accuracy, and the ability to filter tremors beyond what any human wrist could achieve. These capabilities have transformed how we approach the most challenging anatomical areas, from rectal cancer surgeries in narrow male pelvises to oesophageal surgeries with reduced risks of complications like pneumonia.



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Please Scan

The results of these innovations are striking: less pain, fewer complications, shorter hospital stays, and quicker recovery for patients.

Why This Matters Beyond the Operating Theatre

However, as much as technology plays a pivotal role, the true transformation comes when we integrate robotic innovations with team-based care. Every successful robotic procedure relies on surgical assistants, anaesthesiologists, nursing staff, and postoperative care teams working in seamless harmony. It is the strength of this multidisciplinary team work that translates technological advancement into real-world improvements for patients.

As we continue to embrace robotic surgery and other minimally invasive techniques, it is critical that we focus not only on cutting-edge machines, but also on training the next generation of surgeons and ensuring that these advancements reach all patients - not just those in major metropolitan centres.

Looking Ahead

The convergence of robotics, artificial intelligence, and minimally invasive techniques is rapidly expanding the possibilities for patient care. Just a decade ago, these advancements seemed out of reach. Today, they are a reality, and we remain steadfast in our commitment to bring the best of global innovation to every patient who walks through our doors, with compassion, precision, and accountability.

The future of gastrointestinal care is not just about better machines - it's about better medicine.

With warm regards,

Dr. C. Palanivelu

Chairman, GEM Hospital

www.gemhospitals.com



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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

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WEIGHT LOSS INJECTIONS OR SURGERY?

A clearer picture is emerging on how two leading obesity treatments compare for long term health.

Two names dominate today's weight loss conversation: Ozempic and Mounjaro. These GLP-1 (glucagon-like peptide 1) injections, originally developed to treat diabetes, are now transforming obesity care. From Hollywood stars to neighbours next door, millions are turning to them for the substantial weight loss they produce.

But a pressing question remains. Are these injections truly better than time tested bariatric (weight loss) surgery? Recent research offers some surprising answers.

The Mayo Clinic findings

In April 2026, the Mayo Clinic published a landmark comparison in the journal *Annals of Surgery*. Reviewing outcomes for 812 adults with obesity, researchers found that both bariatric surgery and GLP-1 medications significantly improve cardiovascular health. However, surgery delivered a far greater long term benefit: lifetime cardiovascular risk dropped 8.6% with surgery versus just 1.7% with medication. Weight loss averaged nearly 28% of total body weight with surgery, compared with about 11% on the injections.

Dr. P. Praveen Raj

MBBS, MS, DNB
CEO, GEM Hospital, Coimbatore



For people with type 2 diabetes, follow up studies suggest surgery may also better support diabetes control and survival, though longer term data continues to emerge.

The hidden side of weight loss

A January 2026 Vanderbilt Health study in JAMA Network Open looked beyond the scale. Following more than 3,000 patients, researchers measured both fat loss and changes in fat free mass (lean tissue, including muscle). Both treatments led to substantial fat loss and modest muscle loss, but surgery produced a more favourable overall body composition because of its greater fat reduction. Since muscle is vital for long term health, immunity and recovery from illness, doctors increasingly recommend protein rich diets and strength training for anyone losing weight.

What happens when you stop the injections?

This is perhaps the most important point for patients. The well known STEP 1 trial extension found that one year after stopping semaglutide, participants regained two thirds of their prior weight loss. In practical terms, GLP-1 medicines are typically a lifelong commitment. In India, a month's supply currently costs Rs.15,000 to Rs.25,000, with prices varying by brand and region. Side effects can include nausea, diarrhoea, reduced appetite and, rarely, pancreatitis.

Who should consider surgery?

Bariatric surgery is a medical procedure, not a cosmetic one. It is usually recommended for adults with a BMI (Body Mass Index) above 35,



GLP-1 injections are valuable, especially for people with a BMI of 27 to 32 or those not ready for surgery. But for severe obesity, current evidence still positions bariatric surgery as the gold standard. Speak to a qualified bariatric surgeon to find the right path for your medical history.

or above 30 when combined with diabetes, high blood pressure or sleep apnoea. Many specialists now call it metabolic surgery because patients often see their diabetes medicines reduced or stopped within months of the operation.

The two most common procedures are sleeve gastrectomy, which removes about 80% of the stomach and lowers hunger hormones, and gastric bypass, which creates a smaller stomach pouch and reroutes part of the small intestine. Both are done laparoscopically, with most patients home within two to four days.

What to expect

Within two years, patients typically lose 60 to 80% of their excess weight. Diabetes improves or resolves in a similar proportion, and conditions like high blood pressure, fatty liver and sleep apnoea often disappear entirely. Surgery does require lifelong habits: smaller meals, protein focused eating, daily vitamins (B12, calcium, iron) and yearly check ups. ●



How Tobacco Fuels Pancreatic Cancer

This World No Tobacco Day, understand the deadly link between every cigarette, beedi or paan and one of medicine's most challenging cancers.

Tucked quietly behind the stomach lies an organ most of us rarely think about: the pancreas. Just six inches long and weighing only 80 grams, it plays a crucial role in digestion and in regulating blood sugar through insulin. When cancer strikes this small gland, doctors call it one of the toughest cancers to treat. Why? Because pancreatic cancer is usually caught too late, when treatment options are limited and its five year survival rate hovers around just 12%.

And the single most preventable risk factor? Tobacco.

A factory of carcinogens

Cigarettes, beedis and cigars are not the only culprits. Chewed forms of tobacco such as paan, gutka, zarda, khaini and snuff are equally dangerous. Many people who chew tobacco assume they are safer than smokers. Decades of research firmly disagree.

Tobacco contains over 7,000 chemicals, of which at least 70 are known carcinogens, including nicotine, tar, cadmium, benzene, ammonia and formaldehyde. The very names should give us pause.

Dr. K. Shivakumar

MBBS, MS
GEM Cancer Centre, Kovai



How tobacco reaches the pancreas

When you inhale smoke, these chemicals travel from the lungs into the bloodstream and reach every organ, including the pancreas. With chewed tobacco, the toxins enter through saliva and the digestive tract. Add heavy alcohol use, and the damage multiplies.

According to multiple large studies, smokers are two to three times more likely to develop pancreatic cancer than non-smokers, and about 25% of all cases are linked directly to tobacco use.

Why it is called the 'silent killer'

The pancreas sits deep inside the abdomen, surrounded by other organs, which makes early tumours difficult to detect. Symptoms are usually subtle in the beginning: mild stomach discomfort, indigestion or slight fatigue, easily brushed off as gas or stress. By the time clearer signs such as jaundice (yellowing of the eyes and skin), dark urine, pale stools or itching appear, the disease is often advanced.

Symptoms to watch for

Be alert to persistent upper abdominal pain that radiates to the back, unexplained weight loss, jaundice, ongoing indigestion or appetite loss, sudden onset diabetes (especially after 50 in someone not overweight), persistent tiredness and skin itching. If any symptom lasts more than two weeks, see a specialist without delay.

Who is at higher risk?

Risk rises sharply for smokers and tobacco chewers, heavy drinkers, people with a family history of pancreatic cancer, those with

chronic pancreatitis or long standing diabetes, anyone significantly overweight, and adults over 60. The more factors stack up, the greater the danger.

Diagnosis and treatment

Doctors typically use blood tests (including CA 19-9, a tumour marker), abdominal ultrasound, CT,

MRI and endoscopic ultrasound (EUS), often confirmed by a biopsy. Treatment depends on the stage. Early tumours can sometimes be removed through the Whipple procedure, a complex but potentially life saving operation. Advanced cases are managed with chemotherapy, radiation, targeted therapy and immunotherapy. Modern laparoscopic and robotic techniques now allow less pain and faster recovery.

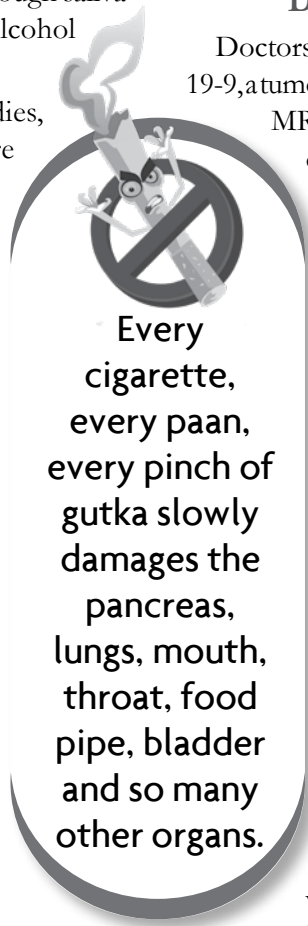
Prevention is the strongest medicine

There is no routine screening test for pancreatic cancer, so prevention truly matters. Quitting tobacco alone may reduce risk by 25 to 30%. Drink alcohol moderately, if at all. Maintain a healthy weight, eat plenty of vegetables, fruits and fibre, cut down on red and processed meat, exercise regularly, and keep diabetes and cholesterol well controlled.

A decision worth making today

World No Tobacco Day offers a moment of opportunity. If you smoke or chew tobacco, today can be day one of a healthier future. Share this article with someone who needs it. Life happens only once. Don't lose it to smoke.

This article is for awareness only. Always consult a qualified doctor for diagnosis or treatment. ●



Every cigarette, every paan, every pinch of gutka slowly damages the pancreas, lungs, mouth, throat, food pipe, bladder and so many other organs.



Don't Just Brush It Off

Everyday digestive complaints are usually harmless, but sometimes they're your body's way of asking for attention.

'My stomach feels bloated.', 'I keep burping.', 'Too much gas.' These are some of the most common complaints we hear, and most of us brush them off as part of daily life. Often they are harmless. But occasionally, these everyday signals point to something deeper in the digestive system that deserves a closer look.

Where does gas come from?

Gas in the stomach forms in two main ways. First, we swallow air while eating, drinking or talking. Second, the friendly bacteria in our intestines release gas as they break down undigested food. This gas leaves the body either as a burp or through the lower digestive tract, both completely natural processes.

A few burps after a meal are normal. Persistent, excessive burping, however, is worth paying attention to.

Habits that quietly make it worse

Many of us unknowingly fuel the problem.

Eating quickly, talking through meals, not chewing properly, gulping water, sipping fizzy drinks, drinking too much coffee, and constantly chewing gum all push extra air into the stomach. Late dinners and lying down immediately after eating slow digestion and trap more gas.

Why does gas sometimes smell?

The air we swallow is almost odourless. The smell comes from the gut, where bacteria break down undigested proteins and certain fibres, releasing sulphur compounds such as hydrogen sulphide. Strong smelling gas often suggests that some foods aren't being digested efficiently.

The hidden role of mouth breathing

Here's a surprising culprit: breathing through the mouth instead of the nose. Mouth breathing, especially during sleep, sends extra air into the stomach, leading to morning bloating and burping.

The simple fix is diaphragmatic breathing, a deep belly breathing technique. Practising it for 5 to 10 minutes in the morning and before bed

Simple Habits to Ease Gas and Bloating

- At the table - Eat slowly, chew well. Cut down on fizzy drinks. Finish dinner 2 to 3 hours before bedtime.
- Daily habits - Breathe through your nose. Spend 10 minutes a day on deep, diaphragmatic breathing.
- Movement - A 10 to 15 minute walk after meals helps digestion settle.
- Warning signs - Persistent abdominal pain, unexplained weight loss, blood in stool, or difficulty swallowing. See a specialist immediately.

calms the digestive system and lowers stress at the same time.

Why diabetes makes it worse

People with diabetes often complain of more gas, and there's a clear reason. Long term diabetes can damage the nerves that control digestion, slowing how quickly the stomach empties. This condition, called gastroparesis, allows food to ferment longer and produce more gas. Keeping blood sugar well controlled is the first step in easing the problem.

A note on Low FODMAP eating

Some foods contain a group of carbohydrates called FODMAPs that don't digest well in everyone's gut. Onion, garlic, wheat, certain lentils, apples, pears and dairy are common high FODMAP examples. A short Low FODMAP plan temporarily reduces these foods and



If abdominal pain lingers, weight drops without reason, blood appears in the stool, swallowing feels difficult, or gas troubles last for weeks, see a gastroenterologist without delay.



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

reintroduces them one by one to identify personal triggers. Because it is restrictive, it should only be tried under a doctor or dietitian's guidance.

Treatment options

For stubborn cases, doctors may suggest digestive enzymes to ease the breakdown of food, probiotics to support healthy gut bacteria, or targeted medication. Avoid self-medicating; persistent symptoms deserve a proper evaluation.

When to see a doctor

Most gas and bloating settles with simple lifestyle adjustments. But certain symptoms call for a visit to a gastroenterologist: ongoing abdominal pain, unexplained weight loss, blood in the stool, difficulty swallowing, or gas troubles that last for weeks. These can point to issues that benefit from earlier diagnosis.

Gas isn't just an embarrassment. It's a message from your digestive system. Listen, observe, and adjust. ●



Heartburn and Acidity

That burning chest, the sour taste, the midnight reflux - when 'ordinary acidity' stops being ordinary.

A burning sensation in the chest after meals. A sour taste creeping up the throat. That uncomfortable feeling of something rising when you lie down at night. Many of us have felt all three and shrugged them off with 'I must have eaten too much.' But this 'everyday' complaint, when ignored over the years, can quietly cause serious damage.

What's really happening inside?

Our stomach naturally produces hydrochloric acid to digest food. The stomach lining is built to handle this acid; the food pipe

Dr. Anagha Unnikrishnan

Medical gastroenterologist
GEM Hospital, Coimbatore



(oesophagus) is not. When acid escapes upward into the oesophagus, it irritates the delicate lining, producing that familiar burn. Despite the name 'heartburn,' the heart has nothing to do with it.

Occasional reflux is normal. But when it happens more than twice a week, doctors call it GERD (gastro-oesophageal reflux disease), a medical condition that needs proper attention.

The Hidden Story Behind a Daily Discomfort



Why does acid travel upward?

A muscular ring between the stomach and oesophagus, called the lower oesophageal sphincter (LES), opens to let food down and shuts to keep acid in. When this valve weakens or stomach pressure rises, acid pushes through. Excess weight (especially around the abdomen), pregnancy, smoking, spicy and fatty foods, excessive coffee, chocolate, fizzy drinks, alcohol, large meals, lying down after eating, tight clothing and stress all contribute.

Hiatus hernia: a hidden culprit

Many people with persistent acidity have a hiatus hernia, where part of the stomach slips up through the diaphragm into the chest. This weakens the LES and makes reflux easier. It's usually picked up on endoscopy or imaging.

More than just a burning chest

Acidity wears many disguises. The classic signs are heartburn, sour burps and an acidic taste in the throat. But it can also show up as a chronic cough, hoarseness, a lump-in-the-throat feeling, frequent throat clearing, pain or difficulty swallowing, broken sleep, and even chest pain that mimics a heart attack. Many patients first consult an ENT specialist before GERD is finally identified.

What happens if it's ignored?

Years of self-medicating with over-the-counter syrups can be risky. Long term acid exposure damages the oesophageal lining (oesophagitis). If irritation continues, it can lead to Barrett's oesophagus, a cellular change in the food pipe that is a recognised precursor to oesophageal

cancer - a malignancy that has been rising steadily in India over the past two decades.

When to see a doctor

Don't delay if you notice difficulty or pain while swallowing, unexplained weight loss, blood in vomit, black stools, new onset acidity after age 50, or symptoms that don't respond to medication. A simple endoscopy lets a gastroenterologist directly examine the oesophagus, stomach and upper intestine to check for damage.

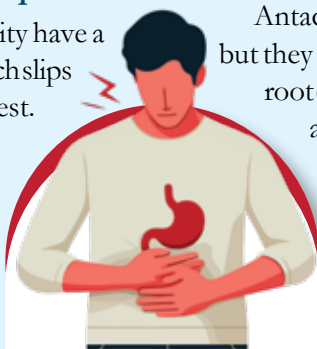
Lifestyle is the real treatment

Antacids and acid suppressants give relief, but they mask the problem rather than fix the root cause. Small, consistent changes make a big difference.

Eat smaller meals more often, chew slowly, and finish dinner at least three hours before bedtime. Cut back on spicy, oily, citrus and high-fat foods, coffee, tea, chocolate, fizzy drinks, mint, tomato, onion, garlic and alcohol. Keep a food diary to identify your personal triggers. Maintain a healthy weight, especially around the waist. Quit smoking. At night, raise the head of your bed by about six inches (extra pillows alone don't help). Avoid tight clothing. Manage stress through yoga, meditation or deep breathing.

Heartburn may feel ordinary, but it's worth listening to. For occasional episodes, lifestyle changes are usually enough. For persistent trouble, see a specialist before reaching for the next strip of tablets. Your oesophagus, your stomach and your future self will thank you.

This article is for awareness only. Always consult a qualified doctor for diagnosis or treatment.



Antacid medications exist, but they're not a permanent solution. They mask the symptoms without addressing the underlying cause.



Black Coffee

**A Small Cup
with Surprising
Health Benefits**

*THAT MORNING
BREW, TAKEN
WITHOUT MILK OR
SUGAR, MAY BE
DOING MORE FOR
YOUR BODY THAN
YOU REALISE.*



For many of us, the day doesn't truly begin until that first cup of coffee. It's almost a ritual. But if you take it without milk, cream or sugar, science is uncovering some genuinely impressive benefits, especially for the liver, gut and brain.

What exactly is black coffee?

Black coffee is simply brewed coffee, nothing added: no milk, no sugar, no cream. Some call it the decoction. Because it has almost no calories, it's a popular choice for anyone watching their weight, while still giving the full antioxidant punch that coffee is famous for.

DR. SUDARSAN

MBBS, MS
GEM HOSPITAL, ERODE



The everyday benefits

Black coffee is rich in antioxidants and natural compounds like chlorogenic acid that support metabolism, mental alertness and overall well being. Regular, moderate consumption has been linked to better weight management, improved heart health and a lift in mood and concentration. Some research also suggests a lower risk of certain cancers among regular coffee drinkers, though it's never a substitute for a healthy lifestyle.

A friend to the liver

This is where black coffee really shines. A growing body of research, including meta-analyses of large population studies, shows that regular coffee drinkers have a significantly lower risk of developing non-alcoholic fatty liver disease (NAFLD), which is now extremely common in India. Coffee also appears to slow the progression of fibrosis (scarring) and cirrhosis in people who already have liver problems.

In simple terms, it helps the liver stay calmer, less inflamed and better at doing its job.

For best results, the liver prefers it black. Sugar, cream and flavoured syrups undo most of the benefit, especially for those with weight or metabolic concerns.

Helping the gut and blood sugar

Black coffee supports gut motility, which is why some people feel it eases mild, ongoing constipation. It also helps regulate insulin response. Large meta-analyses involving over a million people suggest that each additional cup of coffee a day is linked to roughly a 6 to 9% lower risk of type 2 diabetes. Of course, this works only when coffee replaces, not supplements, sugary drinks.



**A good habit,
taken in the
right amount,
slowly becomes a
pathway to better
health.**

A boost for the brain

As we age, brain cells naturally slow down. Compounds in coffee, including caffeine and antioxidants, may help delay this decline, with studies linking moderate coffee drinking to a lower risk of Parkinson's disease and possibly Alzheimer's. The more familiar effect is what we already know: improved focus, alertness and a clearer head through the day.

Too much of a good thing

Even healthy habits have a ceiling. Drink too much coffee and the benefits start tipping the other way: poor sleep, jittery nerves, a racing heart, indigestion and acid reflux are common signs. Some people also find themselves unable to function without it, which is its own kind of warning.

The right amount

For most healthy adults, two to three cups of black coffee a day, ideally after breakfast or in the early afternoon, is considered a sensible range. Late evening coffee can disrupt sleep, so try to stop by mid-afternoon.

Who should be cautious?

Black coffee isn't for everyone. People with stomach ulcers, acid reflux, chronic insomnia, palpitations, anxiety disorders, uncontrolled high blood pressure, or those who are pregnant should drink it sparingly or only with their doctor's advice.

A good habit, taken in the right amount, slowly becomes a pathway to better health. Enjoy your morning cup wisely - taken black, it may be doing more good than you ever imagined.

This article is for awareness only. Always consult a qualified doctor before making changes to your diet or lifestyle.

The silent suffering that millions endure, and the simple steps that can end it.

Some illnesses bring not just pain but also embarrassment, and few do this as effectively as piles (haemorrhoids) and anal fissures. Studies estimate that more than half of us will deal with one or the other at some point in life. Yet for fear of the question, 'Who do I tell?', most people spend years on home remedies, over-the-counter creams, and folk treatments. That hesitation is exactly what allows a small, manageable problem to become a serious one.

What are piles?

We all naturally have small cushions of blood vessels around the anus. They help the area seal properly when we pass stool. Chronic constipation, hard stools, sitting too long on the toilet, lifting heavy weights, and pregnancy can cause these vessels to swell and protrude, which we call piles.

There are two types. Internal piles, inside the anal canal, are usually painless but can bleed bright red during a bowel movement. External piles sit outside the canal and may cause pain, itching, moisture, and sometimes a sudden painful clot.

Anal fissures: the other common culprit

Less talked about but equally common are anal fissures, tiny tears in the delicate lining of the anus, usually caused by a hard, large stool. Unlike piles, fissures cause sharp, knife-like pain during bowel movements that can linger for hours afterward, often with a streak of bright red blood.

Many people then start dreading the bathroom and delay passing stool, which makes the stool harder, deepens the tear, and traps them in a painful cycle.

How to tell them apart

A common myth: 'If there's blood, it must be piles.' While piles tend to bleed with little or no pain and sometimes create a sensation of something protruding, fissures cause sharp pain during and after bowel movements, with a tight, gripping feeling around the anus. However, any blood in the stool could signal more serious issues, including colon cancer, so it's important to avoid self-diagnosing and seek professional advice to ensure it's not something more serious.

DON'T LET EMBARRASSMENT BE THE REAL PROBLEM



Piles and Fissures at a Glance

- Piles - Swollen blood vessels in or around the anus. Often painless bleeding (internal), or pain and itching (external).
- Fissure - A small tear in the anal lining. Sharp, cutting pain during and after bowel movements, with light bleeding.
- Daily habits that help - High-fiber diet (vegetables, fruit, whole grains); 8 to 10 glasses of water; regular exercise; never delay the urge; under 5 minutes on the toilet.
- See a doctor immediately if bleeding persists, weight drops, bowel habits change, there's a lump near the anus, or any bleeding after age 40.

Why do these problems happen?

These problems are mostly caused by lifestyle factors such as a low-fiber diet, inadequate water intake, long hours of sitting, lack of exercise, delaying the urge to go, and prolonged toilet time (often due to distractions like phones). Pregnancy also increases the risk of piles due to pressure from the growing uterus.

When to see a doctor

Don't ignore persistent bleeding, a change in stool shape, unexplained weight loss, severe pain, a lump or swelling near the anus, or new bleeding after age 40. If you have a family history of colon cancer, or if any of these symptoms persist, see a doctor right away for proper evaluation. A simple proctoscopy can give clarity within minutes.

Treatment: well beyond ointments

For early-stage piles or fissures, lifestyle changes alone

Dr. S. Rajapandiyar

Ms, DNB
GEM Hospital, Coimbatore



The longer you delay, the bigger the problem grows. What lifestyle changes could have solved early on often end up needing surgery later.

work for around 80% of patients: a fiber-rich diet, 8 to 10 glasses of water daily, regular exercise, not delaying the urge, and limiting toilet time to under 5 minutes.

Doctor-prescribed creams, stool softeners, and sitz baths (sitting in warm water for 10 to 15 minutes) offer good relief. For more advanced cases, modern medicine offers nearly painless options such as banding, sclerotherapy, laser surgery, and stapler surgery (MIPH), all with quicker recovery than traditional surgery. For chronic fissures, a small procedure called lateral sphincterotomy provides lasting relief.

Move past the embarrassment

Piles and fissures are as common as a cold, yet many suffer in silence. Don't let embarrassment stop you from getting the help you need. Early treatment can turn a manageable problem into a thing of the past - you don't have to live with pain or dread going to the bathroom. One honest visit to a specialist can put an end to years of quiet suffering and bring you lasting relief.

This article is for awareness only. Always consult a qualified doctor for diagnosis or treatment.



The Esophagus

How Swallowing Really Works

In the last chapter, we explored the structure of the esophagus and the wave-like movement known as peristalsis. Now let's focus on the intricate process of swallowing, what can go wrong, and how to keep this remarkable tube healthy.

Swallowing: A Three-Stage Marvel

Swallowing looks simple, but it's one of the most coordinated acts your body performs. Your brain choreographs more than 50 muscles every time you take a sip of water. The whole process unfolds in three stages.

Try This!

- Gently watch (don't touch) the side of your neck near the Adam's apple while sipping water. You'll see things move with each swallow - that's the protective team in action.
- Quick puzzle: Your friend eats pizza and lies down to watch TV. He keeps getting heartburn. Using what you've learned, what two pieces of advice would you give?

Answers:

(1) Wait 2 to 3 hours after eating before lying down. (2) Cut down on oily and spicy foods.

Stage 1: The Oral Phase (You're in Charge)

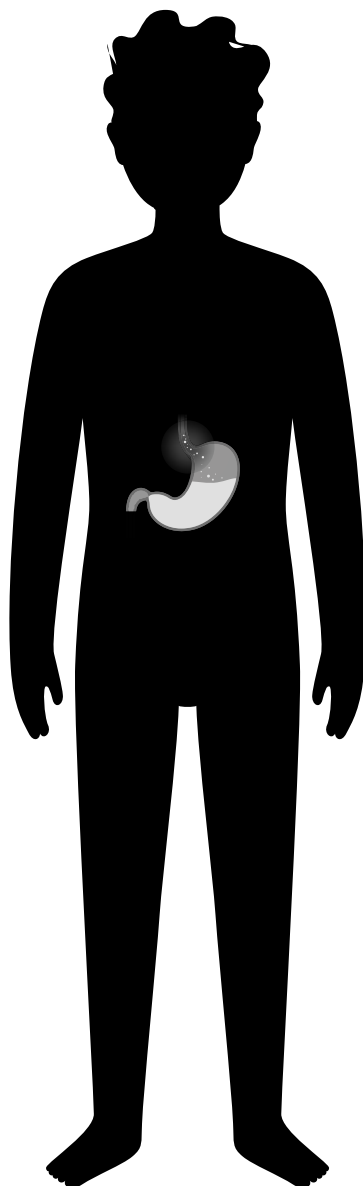
This is the voluntary part. You decide, 'Now I'll swallow.' Your tongue pushes the soft food ball, called a bolus, towards the back of your mouth. You can pause or stop at this stage if you want to.

Stage 2: The Pharyngeal Phase (Automatic, About 1 Second)

The moment the bolus reaches your throat (pharynx), your body takes over. In a fraction of a second:

- The soft palate lifts to seal off the nose.
- The epiglottis folds down to cover the windpipe.
- The vocal cords tighten as extra protection.
- The upper esophageal sphincter (UES) opens to let food pass.
- Breathing pauses briefly.
- The bolus slips into the esophagus, and the UES closes again.

All of this happens in roughly a single second. Incredible, isn't it?



Stage 3: The Esophageal Phase (5 to 10 Seconds)

The main peristaltic wave begins, pushing the bolus down. As it nears the stomach, the lower esophageal sphincter (LES) opens, lets the food in, and shuts behind it like a one-way door. If any food lags, a secondary wave clears it.

The Epiglottis: A Lifesaving Team Captain

The epiglottis is a small, leaf-shaped flap of cartilage sitting at the top of the voice box (larynx). When you swallow, it folds down like a traffic controller, diverting food away from the airway and into the esophagus.

But here's the key: it doesn't work alone. The vocal cords and surrounding muscles form a team that protects the windpipe.

Why this matters so much: the windpipe leads to your lungs. If food goes the wrong way, it can cause violent coughing, choking, or even pneumonia.

This is exactly why elders say, 'Don't talk while eating.' When you talk or laugh, the airway stays open and the guard team may not seal it in

Key Takeaways

- Swallowing has three stages: oral (voluntary), pharyngeal (automatic, 1 second) and esophageal (5 to 10 seconds).
- The epiglottis and vocal cords work as a team to protect the airway.
- Don't talk or laugh while eating; choking is a real risk.
- GERD happens when the LES weakens; trigger foods vary from person to person.
- Prevention: wait before lying down, manage weight, control stress.
- The esophagus only transports food; it doesn't digest it.
- Stomach acid (pH 1 to 3) is too strong for the esophagus to handle.

time. That's not just etiquette, it's a piece of biology designed to keep you safe.

Common Problems with the Esophagus

1. Heartburn and GERD (Gastroesophageal Reflux Disease)

When the LES weakens or relaxes too often, stomach acid splashes back up. The esophagus, unlike the stomach, has no protection against this acid, so it gets irritated. Over time, untreated

GERD can cause real damage, including ulcers and a precancerous condition called Barrett's esophagus.

Symptoms include a burning feeling in the middle of the chest, a sour or bitter taste, difficulty swallowing, cough, and a hoarse voice.

Myth buster: 'Heartburn means a heart problem.' Not true. The pain just happens to be close to the heart. The real issue is in the esophagus.

Certain habits can make it worse for some people: spicy or oily food, chocolate, mint, coffee, fizzy drinks, citrus juices, smoking (which weakens the LES), lying down right after eating, excess weight, and stress.

The cola bottle trick: Picture a half-full cola bottle. Standing up, the liquid stays at the bottom. Lay it down, and the liquid rushes to the cap. Your stomach is the bottle, your LES is the cap. Lying down soon after a meal pushes acid against the LES, making leaks much more likely.

Simple prevention: wait two to three hours after meals before lying down, eat smaller portions, raise the head of your bed by 15 to 20 cm, maintain a healthy weight, avoid smoking, and manage stress through yoga or exercise.

Pro tip: chewing sugar-free gum after meals boosts saliva, which is a natural antacid that helps wash any acid back down.



What We Learned

1. The esophagus is a brilliant, intelligent tunnel. 2. Peristalsis moves food without needing gravity, two sphincters guard the route, and the epiglottis and vocal cords protect your life every time you swallow. 3. Good habits: chewing well, sitting upright, waiting before lying down - keep this system in great shape.

2. Difficulty Swallowing (Dysphagia)

A sensation that food is stuck in the throat or chest. Causes range from narrowing of the esophagus (often from long-term GERD), to weak muscles, to simply trying to swallow oversized bites.

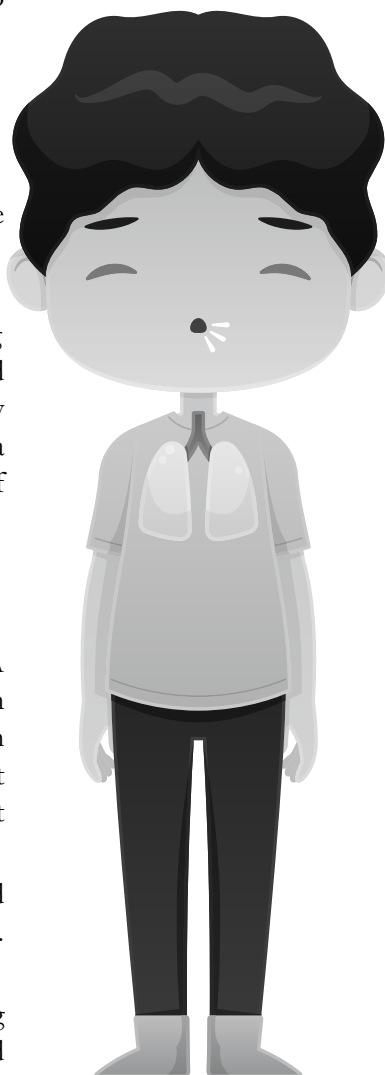
3. Achalasia

A rarer problem where the LES refuses to open properly, like a guard who won't unlock the door. Food struggles to enter the stomach.

Doctors diagnose it using endoscopy (a thin camera passed gently into the esophagus to view it from inside) and manometry (a test that measures the pressure of the esophageal muscles).

How to Keep Your Esophagus Happy

1. Chew slowly and thoroughly. A well-chewed bolus slips down easily. The esophagus is just 2 cm wide; large hurried bites force it to stretch and can cause chest pain.
2. Mind the heat. Very hot food and drinks can burn the lining. Let them cool a little.
3. Sit upright while eating. Lying down removes gravity's help and makes GERD more likely.



4. Drink plenty of water. It helps food slide down and washes away irritants.
5. Manage stress. Yoga, exercise and good sleep support your whole digestive system, including the esophagus.

Fun Facts

- No digestion here! The esophagus is purely a transport tube; no chemical digestion happens in it. That heavy lifting starts in the stomach.
- Stomach acid is fierce. With a pH of 1 to 3, it's strong enough to slowly damage metal. The esophagus has no defence against it, which is why GERD hurts.
- Why fizzy drinks worsen GERD. Carbonation relaxes the LES, and the bubbles raise pressure inside the stomach, pushing acid upward.

Coming next: What happens when food finally meets the stomach, that powerful churning machine full of acid? See you in the next chapter! ●



DETECTING 50+ CANCERS FROM A SINGLE BLOOD TEST

The dream of catching cancer years before symptoms appear is moving from science fiction to clinical reality.

A single small blood test. The ability to detect more than 50 types of cancer. A pointer to which organ may be affected. Sometimes years before any symptom appears. This isn't science fiction. It's the new wave of multi-cancer early detection (MCED) technology, and 2026 is the year it begins entering everyday medicine.

How does it work?

Every cell in our body, including cancer cells, sheds tiny fragments of DNA into the bloodstream when it dies. These fragments are called cell-free DNA. Cancer DNA carries a unique chemical fingerprint, a pattern of methylation that healthy cells don't share. Using artificial intelligence, scientists can read this fingerprint to determine whether cancer is present and even predict the organ it likely came from.

The leading product is Galleri, developed by the US-based company GRAIL. From one small blood sample, it screens for more than 50 cancer types in a single run.

What the latest research shows

In February 2026, GRAIL announced topline results from the landmark NHS-Galleri trial in England. The randomised study followed 142,000 demographically representative participants aged 50 to 77 over three years.

The trial showed a four-fold higher cancer detection rate compared to standard screening alone, with a substantial reduction in stage IV diagnoses and increased detection of stage I and II cancers. In practical terms, more cancers were caught early, when treatment can be transformative. The trial did not formally meet its statistical primary endpoint as defined, and longer follow-up is needed to confirm survival benefits - but the direction of evidence is clearly encouraging.

The complementary US and Canada study, PATHFINDER 2 (35,878 participants), found that Galleri detected 73.7% of the 12 cancers responsible for two-thirds of cancer deaths in the US, with specificity of 99.6%. That means a false

Multi-Cancer Early Detection (MCED)

- What it does – A single blood test that screens for over 50 cancer types and indicates the likely organ of origin.
- How it works – AI analyses methylation patterns in cell-free DNA shed by dying cells, including cancer cells.
- Who benefits most – Adults over 50, those with a family history of cancer, and people with higher risk factors such as smoking or heavy alcohol use.
- Important – It is an addition to standard screening, not a replacement. If symptoms are present, conventional investigations are essential.

Sources: NHS-Galleri Trial (Feb 2026); PATHFINDER2 Study (ESMO 2025); GRAIL communications.

positive rate of only 0.4%, so just 4 in every 1,000 healthy people would get a misleading result.

Why this matters

Current screening tests like mammograms, colonoscopies and Pap smears each look for one or two cancers. Many of the deadliest cancers, those affecting the pancreas, liver, bile duct, kidneys, uterus and ovaries, have no routine screening test at all and are usually caught too late. As earlier GEM Hospital articles have emphasised, pancreatic and biliary cancers are textbook examples.

MCED technology fills this gap. It looks for the chemical scent of cancer in the blood while the disease is still small.

When will it reach India?

Galleri is currently available in the United States as a 'lab-developed test' costing around \$949 (roughly Rs.78,000). GRAIL has submitted a premarket approval application to the USFDA, with a decision anticipated later in 2026. In India, leading institutions including Tata Memorial Centre and AIIMS are exploring similar liquid-

biopsy research, while a handful of private laboratories already offer comparable tests such as OncoTrace and Truecheck Global.

Important caveats

This is an additional tool, not a replacement. It does not replace established screening such as mammograms or colonoscopies. Some cancers can still be missed (false negatives), so anyone with symptoms must continue with standard investigations. The test is most useful for people aged 50 and above, or those with higher cancer risk: a family history, smoking, or heavy alcohol use.

The start of a new era

For most of history, cancer was diagnosed only after symptoms drove patients into clinics. MCED technology turns that equation around. Soon, a routine blood draw at a regular check-up may quietly flag a cancer years before it would otherwise be found. Over the next five years, this is likely to become a familiar part of preventive care.

This article is for awareness only. Always consult a qualified doctor before opting for any cancer screening test.

Dr. Bharath Rangarajan

MD, DM
GEM Hospital, Coimbatore





A Disease You Can Outsmart

Caught early, this cancer is one of the most treatable. The key lies in awareness and timely action.

Colorectal cancer is rising worldwide and is now one of the most common cancers globally. The good news? It's also one of the most treatable when caught early. Awareness and timely screening are not just medical advice. They can quite literally save a life.

Who is at higher risk?

Several factors raise the odds of developing colorectal cancer. Age is the strongest: the risk climbs significantly after 50. A family history, especially a close relative diagnosed with colon or rectal cancer, pushes the risk further. Diet plays a major role

too. Low fibre, high fat eating patterns, regular consumption of red and processed meats, smoking, heavy alcohol use, obesity and a sedentary lifestyle all add up. Conditions like inflammatory bowel disease (Crohn's or ulcerative colitis) and certain inherited syndromes also increase vulnerability.

Symptoms to watch for

The trickiest part of colorectal cancer is that it can stay silent for years. But certain signals deserve attention. Persistent constipation or diarrhoea, recurring

Dr. Pinak Das Gupta

MS
GEM Hospital, Chennai



abdominal pain, unexplained weight loss, unusual tiredness and weakness are all worth investigating. So is blood in the stool, a sudden change in bowel habits, or ongoing discomfort in the abdomen. These don't always mean cancer, but they always deserve a doctor's evaluation rather than self-treatment.

Why early detection matters

When colorectal cancer is caught early, treatment can begin promptly, the chances of complete recovery are excellent, and treatment costs tend to be much lower. As the disease progresses, it can spread to nearby lymph nodes, the liver, the lungs and other organs, making management significantly more complex. The mindset of 'I'm probably fine' is exactly what delays diagnosis. Thinking preventively is the smarter path.

Tests that detect it

Modern medicine offers several reliable ways to detect colorectal cancer. A simple stool test, such as a faecal immunochemical test (FIT), can be done easily and detects hidden blood in the stool. The gold standard remains colonoscopy, in which a thin flexible camera examines the entire large intestine; the doctor can also remove pre-cancerous polyps during the same procedure. Newer DNA-based stool tests are also gaining ground and may become widely available in the coming years.



Who should get screened?

For most healthy adults, screening should begin at age 45 to 50 and continue at regular intervals, even when there are no symptoms. Those with a family history of colorectal cancer or polyps may need to start screening much earlier, often a decade before the age at which their relative was diagnosed. Even if your risk is low, periodic check-ups under your doctor's guidance are a sensible habit.

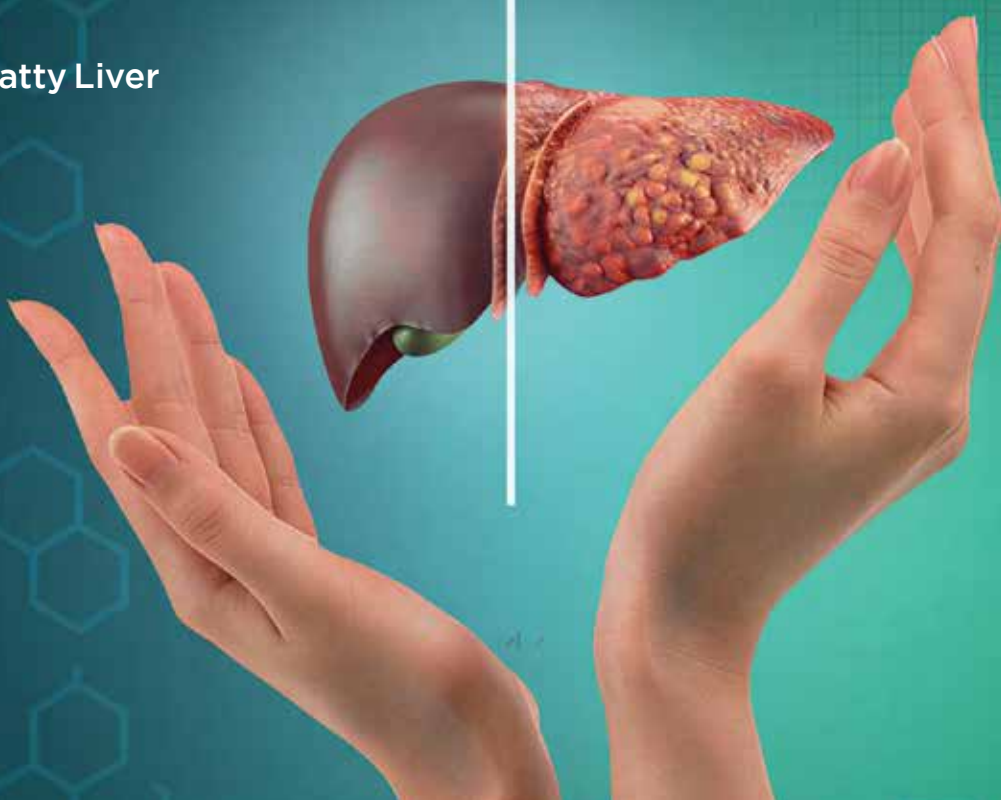
Treatment options

Today's treatments are personalised to the type, stage and location of the cancer, as well as the patient's overall health. Surgery to remove the tumour remains the main approach for early-staged disease and can often be done laparoscopically or robotically, allowing faster recovery. Chemotherapy, radiation therapy, targeted therapy and immunotherapy are powerful additional tools, used alone or in combination. Your specialist will design a plan suited specifically to you.

Prevention: what you can do today

Prevention is always better than cure. Add plenty of fibre to your daily plate through vegetables, fruits and whole grains. Cut back on processed meats and very fatty foods. Move your body every day; even brisk walking helps. Quit smoking and keep alcohol within moderate limits. Maintain a healthy weight and manage conditions such as diabetes well. These ordinary habits, practised consistently, significantly reduce colorectal cancer risk.

Colorectal cancer is preventable, detectable and treatable. What it asks of us is awareness, and the willingness to act on time. ●



The Silent Disease Hiding in One in Three Indians

No pain, no warning, no obvious symptoms. Yet it's slowly becoming one of India's most common chronic liver conditions.

Recent studies estimate that nearly one in three adults in India has fatty liver disease. What's striking is that most of them don't know it. There's no pain, no fever, no obvious sign. That's precisely why doctors call it a 'silent disease.'

What is fatty liver?

A small amount of fat in the liver is perfectly normal. But when fat accounts for more than 5% of the liver's weight, the condition is called fatty liver, or hepatic steatosis. There are two main types: alcohol-related fatty liver, caused by excessive drinking, and non-alcoholic fatty liver disease (NAFLD), now often renamed MASLD (metabolic dysfunction-associated steatotic

liver disease), which is linked to obesity, diabetes and other metabolic issues. The second type is spreading rapidly across India.

Why 'silent'?

In its early stages, fatty liver rarely produces visible symptoms. Some people may feel mild fatigue or a vague heaviness in the upper right side of the abdomen, but most chalk these up to a busy lifestyle. The liver is one of the most patient organs in the body; it only protests after significant damage. As a result, fatty liver is most often picked up by chance during an ultrasound or blood test.

Dr. Vinoth Kumar
MD, DM
GEM Hospital, Chennai



Who is at higher risk?

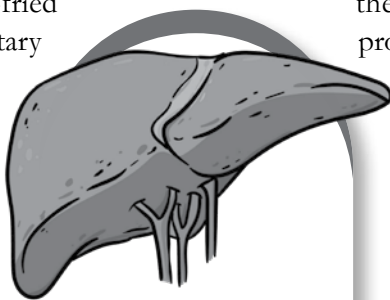
This used to be considered a disease of older adults. Today it's increasingly common in people aged 25 to 40. Higher risk applies to anyone with excess belly fat, obesity, type 2 diabetes, high blood pressure or cholesterol problems, or hypothyroidism. Diet matters too: heavy intake of sweets, processed foods, white rice, refined flour (maida), deep-fried items, sugary drinks, and a sedentary lifestyle are the major culprits.

The stages: from simple fat to liver damage

Fatty liver doesn't turn dangerous overnight. It progresses in stages. First comes simple steatosis, where fat collects but causes little harm. If unchecked, this can progress to NASH (non-alcoholic steatohepatitis), where the liver becomes inflamed. The next stage is fibrosis, where scar tissue forms. The final stage, cirrhosis, brings irreversible damage and a real risk of liver failure or liver cancer. Catching the disease early is what stops this journey.

How is it diagnosed?

The tests are simple. An abdominal ultrasound is usually the first step and clearly shows fat deposits in the liver. A liver function test measures key liver enzymes. For more precision, a FibroScan, a painless five-minute test, accurately measures both fat content and the degree of scarring.



If you are over 30 with diabetes, high blood pressure or belly fat, an annual liver check-up is one of the wisest health habits you can build.

Lifestyle is the medicine

There is no magic pill for fatty liver yet, but here's the good news: in the early stages, lifestyle changes alone can fully reverse the condition. Losing just 5 to 10% of body weight significantly reduces liver fat, often within months. Sticking with these changes long term keeps the disease from progressing and protects the liver for life.

What works: 30 to 45 minutes of brisk walking or moderate exercise daily; avoiding sweetened drinks and processed foods; cutting back on white rice and refined flour while increasing whole grains, vegetables, fruits, fibre and protein; avoiding alcohol; and tightly controlling diabetes, blood pressure and cholesterol.

One interesting bonus: moderate black coffee, two to three cups a day without sugar or milk, has been shown in multiple studies to reduce liver fat and slow fibrosis. It's a useful ally, not a substitute for the basics.

A hidden problem with an open solution

Fatty liver may be silent, but the solutions are not hidden. If you're over 30 and have diabetes, high blood pressure or significant belly fat, an annual ultrasound and liver function test is a smart precaution. Acting before symptoms appear is the best way to quietly beat this quietly dangerous condition. ●



A Hidden Powerhouse That Does Two Jobs at Once

Tucked behind the stomach, this small organ keeps both your digestion and your blood sugar running. Few of us notice it until something goes wrong.

Sitting quietly behind the stomach and in front of the spine lies one of the body's most underrated organs: the pancreas. About 15 cm long and roughly the size of your palm, this slender gland performs two enormous jobs at the same time, digesting your food and regulating your blood sugar. Surrounded by the liver, gallbladder and spleen, the pancreas tends to escape our attention until it's already in trouble.

Two jobs, one organ

The pancreas is what doctors call a mixed gland: it has both exocrine (digestive) and endocrine (hormonal) functions. About 99% of the gland is devoted to digestion, while just 1% handles hormones. Yet that tiny 1% is absolutely essential to life.

Digestive function (exocrine)

Every day, the pancreas produces roughly over a litre of pancreatic juice packed with powerful enzymes:

- Lipase breaks down fats
- Amylase breaks down starches and carbohydrates
- Trypsin breaks down proteins

Dr. Nalankilli. V. P

MS

GEM Hospital, Coimbatore



Without these, even the healthiest meal could not be properly absorbed.

Hormonal function (endocrine)

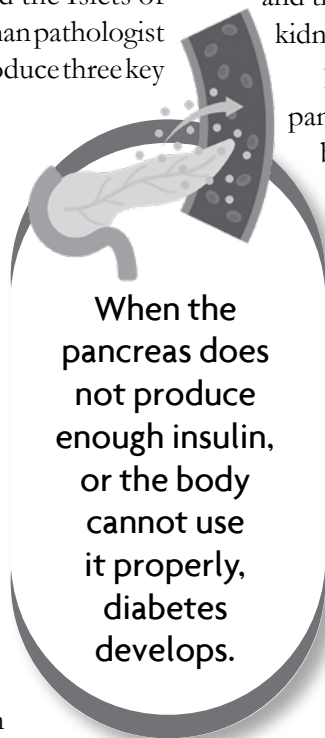
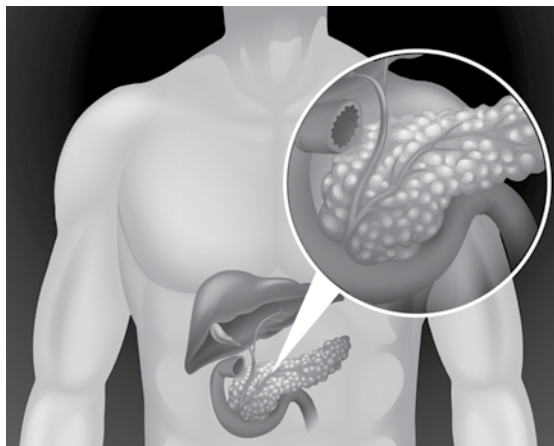
Scattered through the pancreas are tiny clusters of specialised cells called the Islets of Langerhans, named after the German pathologist who first described them. They produce three key hormones:

- Insulin lowers blood sugar
- Glucagon raises blood sugar
- Somatostatin balances both

How blood sugar stays in balance

The pancreas's beta cells release insulin, which helps glucose enter the body's cells to be used as energy. When blood sugar drops too low, the alpha cells release glucagon, signalling the liver to release stored sugar back into the bloodstream. Working together, these two hormones keep blood sugar within a narrow, healthy range of about 70 to 110 mg/dL.

When this delicate balance breaks down, diabetes develops.



When the pancreas does not produce enough insulin, or the body cannot use it properly, diabetes develops.

Common pancreatic disorders

Diabetes occurs when the pancreas either doesn't produce enough insulin or the body doesn't respond to it properly. The result is persistently high blood sugar, with effects ranging from fatigue and thirst to long-term damage of the eyes, kidneys, nerves and heart.

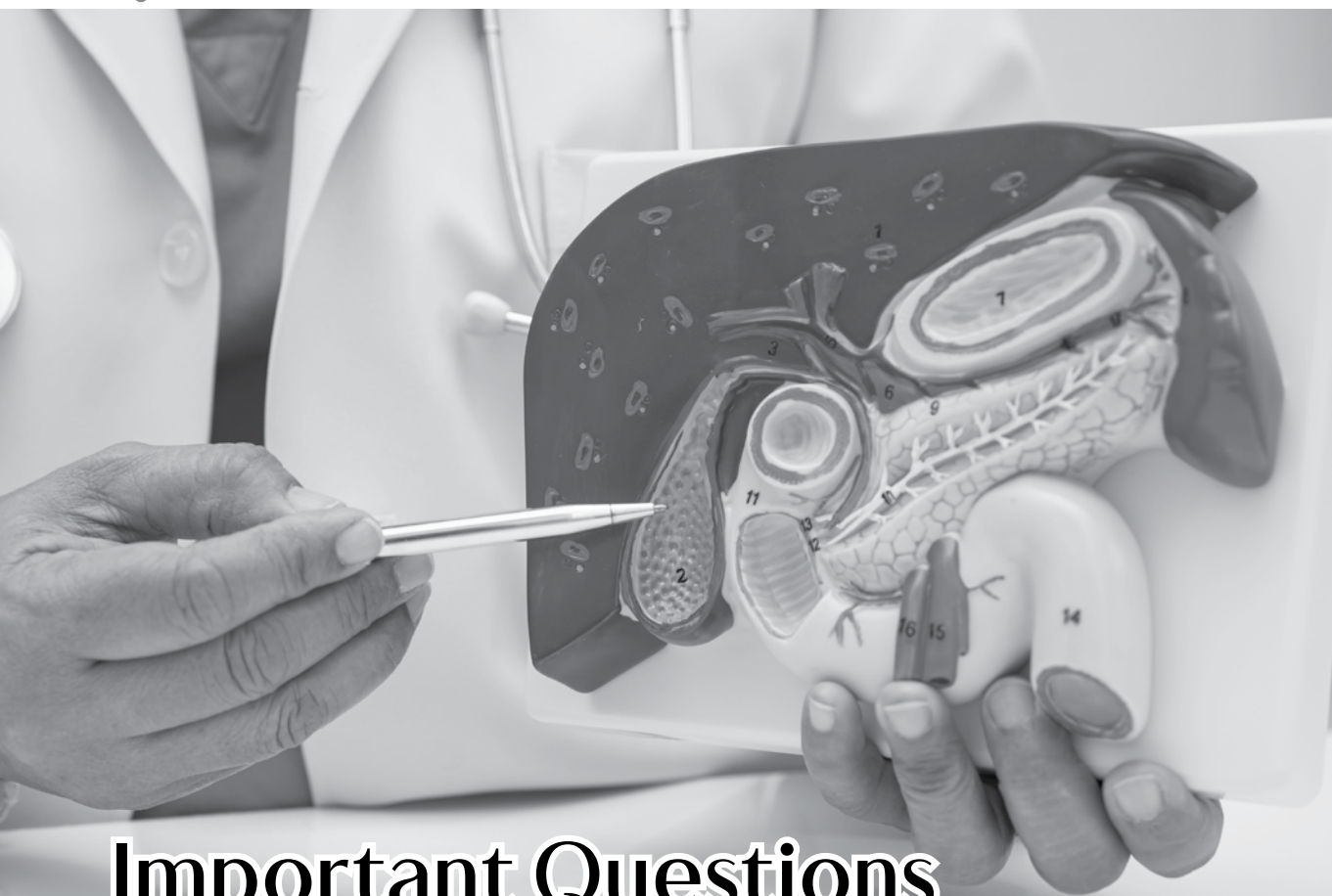
Pancreatitis is severe inflammation of the pancreas, where its own digestive enzymes begin to attack the gland itself. South India sees an unusually high rate of this condition, around 114 to 200 cases per 100,000 people, well above the global average. The main triggers are heavy alcohol use, gallstones and very high blood fat (triglycerides) levels. Drinking moderately, eating a balanced diet and treating gallstones promptly can significantly reduce the risk.

Pancreatic cancer is one of the most dangerous cancers in the world. Because it produces almost no early symptoms, it is usually detected late, when treatment becomes difficult. Smoking, chronic pancreatitis, diabetes and a family history are key risk factors.

A small organ, a big responsibility

The pancreas works silently, day and night, balancing two of the body's most vital processes. Whether you realise it or not, it has helped you with every meal you've eaten and every drop of blood sugar you've ever had. Keeping it healthy is largely in your hands. Sensible lifestyle choices, the kind that protect almost every organ in the body, also protect this hidden hero. Take care of your pancreas, and it will quietly take care of you for life.

This article is for awareness only. Always consult a qualified doctor for diagnosis or treatment.

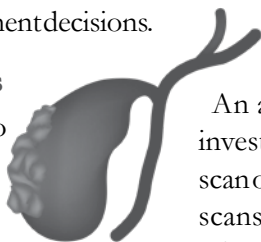


Important Questions About Gallbladder Cancer

A diagnosis of gallbladder cancer can come as a profound shock to anyone. At such moments, open and honest conversation with your medical team matters more than almost anything else. No matter how small your doubt may feel, never hesitate to ask your doctor. Clear answers are the foundation of both peace of mind and sound treatment decisions.

Tests used in diagnosis

Doctors typically rely on two kinds of tests to diagnose gallbladder cancer: laboratory tests and imaging tests.



Laboratory tests measure substances in the blood that may indicate cancer. The most common include a liver function test and tumour marker tests such as CEA and CA 19-9. A raised CA 19-9 level can suggest cancer of the gallbladder or pancreas, though it isn't conclusive on its own.

Imaging tests give doctors a clear view of the organs inside the abdomen. An abdominal ultrasound is usually the first investigation. If anything suspicious is seen, a CT scan or MRI is often ordered next. These advanced scans provide detailed pictures that help determine how far the cancer may have spread.

Questions to ask about the diagnosis

Once your diagnosis is confirmed, take the time to fully understand your condition.

Ask your doctor: What type of gallbladder cancer do I have? Has it spread beyond the gallbladder? What stage is it, and what does that mean for me? Are more tests needed before treatment can start? Will I be referred to other specialists, such as a surgical oncologist or medical oncologist?

It is also perfectly reasonable, and often wise, to seek a second opinion. Far from being a sign of distrust, it can strengthen your confidence in the path you choose.

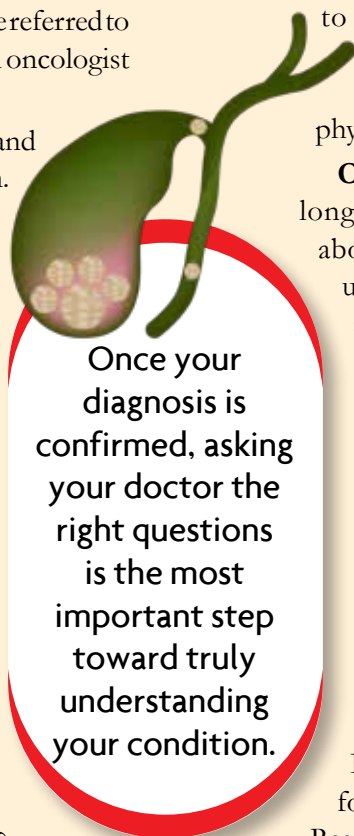
Questions to ask about treatment

When discussing treatment, ask: What are my options for gallbladder cancer, and what is each one aiming to achieve? What side effects should I expect, how long are they likely to last, and what can be done to ease them? How long will the treatment take, where will it happen, and how should I prepare for it? Will I need to take time off work or arrange help at home?

Be sure to find out how to reach your doctor or care team in emergencies, on weekends and during holidays. Knowing whom to call, and when, can take a huge weight off your mind.

Dr Rajiv Maharaj

MS, DNB
GEM Hospital, Coimbatore



Once your diagnosis is confirmed, asking your doctor the right questions is the most important step toward truly understanding your condition.

Questions about life after treatment

Care doesn't end when treatment does. Ask about the chance of the cancer returning, and what warning signs to watch for. What happens if the treatment doesn't work as expected, and what other options might still be available? It is just as important to ask about emotional support or counselling during recovery; mental wellbeing matters as much as physical recovery.

Other useful questions: Are there long-term side effects I should know about? How often will I need follow-up tests? Can I have a written summary of my treatment and a follow-up health plan? When can I return to my regular family doctor for routine care? What support services are available for me and for my family, whether emotional, financial or practical?

A simple but powerful habit

Before every visit, write down your questions in a small notebook. In the consulting room, it's easy to forget half of what you wanted to ask. Reading through your list before you walk in ensures every doubt gets addressed and nothing important slips your mind.

Above all, remember this: your doctor is your partner in this journey. The more clearly you understand your condition and your choices, the more confidently you can face whatever lies ahead. Asking questions isn't a sign of weakness, it's a sign of someone taking charge of their own health. ●



The Warning You Can Still Reverse

Your body sends a quiet signal before diabetes arrives. Catch it, and you can turn it around.

Long before full diabetes sets in, the body sends a subtle warning that doctors call pre-diabetes. Blood sugar levels sit slightly above normal but haven't yet crossed the diabetic threshold. The good news? Pre-diabetes is one of the few conditions you can completely reverse, with the right food and lifestyle choices.

According to the International Diabetes Federation's Diabetes Atlas, 11th edition (2025), 589 million adults aged 20 to 79 were living with diabetes in 2024, roughly one in nine, and that number is projected to reach 853 million by 2050. Behind these figures lie millions more in the pre-diabetes stage - many of them unaware.

What actually happens?

The carbohydrates we eat are broken down into glucose, which enters the bloodstream. Insulin, a hormone produced by the pancreas, moves this glucose into cells where it's used for energy. Over time, especially with poor diet and inactivity, cells become less responsive to insulin, a condition called insulin resistance. The pancreas works harder, but blood sugar still creeps up. Without intervention, this gradual drift becomes full-blown diabetes within a few years.

Dr. Santhosh
MD, DNB
GEM Hospital, Coimbatore



Six foods to cut back on

1. Sugary drinks and sweets: Soft drinks, packaged juices, mithai, biscuits and cakes flood the blood with rapid sugar. The American Heart Association recommends keeping added sugar under 25 g (6 teaspoons) a day for women and 36 g (9 teaspoons) for men.

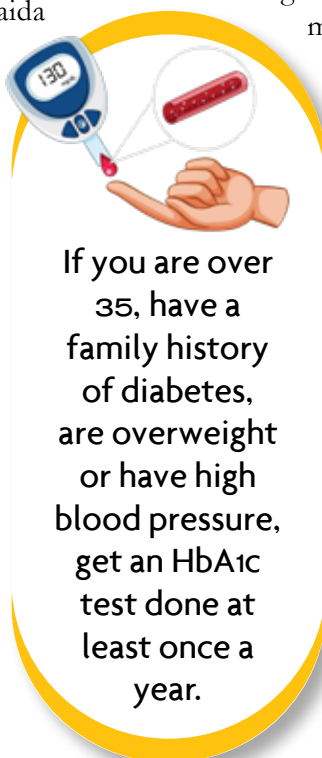
2. Refined carbohydrates: Maida (refined wheat flour), white rice, white bread, naan, pasta and biscuits have very little fibre and spike blood sugar quickly. Replace with whole grains and millets such as hand-pounded rice, oats, ragi, kambu (pearl millet), jowar and varagu (kodo millet).

3. Fried foods and fast food: Chips, samosas, bhajjis and burgers are packed with unhealthy fats that worsen insulin resistance. Reused frying oils, common in street food, add a second layer of harm.

4. Processed and packaged foods: Ready meals, instant noodles, packaged snacks and bottled sauces often contain hidden sugars, excess salt and harmful fats. Make a habit of reading the label. Freshly cooked home food, almost always, is the better choice.

5. High-sugar and dried fruits: Mango, grapes, banana and custard apple are nutritious but high in natural sugar; eat them in moderation. Raisins, dates and other dried fruits concentrate sugar even more. Lean instead toward guava, papaya, apple, pear and cucumber.

6. Alcohol: It disturbs the liver's blood sugar regulation and can interact with diabetes medications, especially metformin.



The real magic

Research is extraordinary on this point. According to the landmark Diabetes Prevention Program, just a 5 to 7% reduction in body weight, combined with about 150 minutes of moderate activity each week, cuts the risk of progressing to type 2 diabetes by 58%, and by 71% in people over 60. That's a stronger effect than most medications can offer.

In simple terms: lose a modest amount of weight, walk 30 minutes most days, and rebuild your plate around vegetables, whole grains, legumes and lean protein. Limit processed food and sugary drinks. These small, steady changes can prevent diabetes for years, sometimes for life.

Who should get checked?

Anyone over 35, especially with a family history of diabetes, excess weight, high blood pressure or sedentary work, should get an HbA1c blood test once a year. It's a simple test that reflects average blood sugar over the past three months and quietly signals if you're entering the pre-diabetes zone.

Pre-diabetes is not a verdict. It's an invitation to act - early, easily and on your own terms. ●





A New Chapter in Advanced Gastro Care Begins

GEM Gastro Clinic proudly opens its doors in Navalur, Chennai bringing world class digestive care closer to you. A unit of GEM Hospital, the clinic offers expertise in laparoscopy, robotic surgery, and endoscopy, delivering precision driven, patient first healthcare. Your health. Our expertise. Trusted care, now closer home!



GEM Hospital Wins Best Technique Award at ISDE India Edition 2026

Dr. N. Ramesh, Oesophagogastric Cancer Surgeon at GEM Hospital, has won the Best Video Award at the inaugural Indian Edition of the International Society for Diseases of the Esophagus (ISDE) conference, held in Hyderabad on April 10–11, 2026. The award winning presentation showcased an advanced minimally invasive thoracoscopic oesophagectomy technique using indocyanine green (ICG) fluorescence for real time visualisation of cancer spread and precise identification of the thoracic duct, helping prevent postoperative complications.

This recognition builds on a legacy of innovation. Twenty five years ago, Prof. C. Palanivelu, Chairman of GEM Hospital, pioneered the prone position laparoscopic minimally invasive oesophagectomy, a technique that transformed global surgical practice. The approach offers significantly less pain, faster recovery, and

fewer complications. Where conventional open surgery carried mortality rates exceeding 10% due to lung infections, laparoscopic and robotic oesophagectomy at experienced centres has brought that figure to near zero. Prof. Palanivelu was also recently honoured with the Eminent International Membership Award by the Japanese Association of Thoracic Surgeons.

Oesophageal cancer ranks among the leading causes of cancer related death worldwide, with incidence rising due to obesity, lifestyle changes, and smoking. GEM Hospital's dedicated institute for oesophageal and stomach cancers has completed over 1,500 treatments using laparoscopic and robotic surgery, earning recognition as a centre of excellence in minimally invasive surgical oncology.



Dr. N. Ramesh

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
Onco Pathology

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