

Named after Bachchan, this actor hopes to make a mark



Amit Singh • SPECIAL ARRANGEMENT

Amit of *Arjun Reddy* reprises his role in *Kabir Singh*. He talks about his rough childhood, and his dream to be an actor

By Y SUNITA CHOWDHARY

Hyderabadi actor Amit Sharma is a familiar face. We saw him as Amit in *Arjun Reddy*. He has used the same name for the Hindi remake, *Kabir Singh*, because he felt people will identify him easily. Post *Arjun Reddy*, one thought he would be flooded by offers but he's still struggling to get films.

"I don't differentiate between small and big films. In fact, I auditioned for *Saaho* and bagged the role much before I worked in *Ar-*

jun Reddy," he says.

Amit always wanted to be an actor. When he was in VII or VIII std, he ran away to Mumbai with just ₹1000 in hand, in search of acting opportunities. Very young and naïve, he returned after he ran out of money; his father assured him that the family would encourage his dream. His father named him after his favourite actor Amitabh Bachchan but little did he realise that Amit would choose films as a career.

It wasn't an easy childhood.

While his father ran a pani puri stall in the Old City for a living, in his free time Amit would sell flowers, saris in a textile shop and ran errands for a local bigwig. There was a time he would cut pieces of paper for a snack cart on the roadside for pocket money. He recollects, "I was poor but mentally strong. I would wrap dhoklas in a newspaper and the seller didn't understand why I would go to him every day and cut pieces of paper for parcelling. Dhoklas have to be consumed the same

way. So by the end of the day he would give me the leftovers and I would happily take it home and my brother and I would have it for dinner. As I did all this, I had only one thought on my mind – to be an actor. While I was in IX std, I got into modelling and in XI std, I began acting in Telugu serials. I learnt dance from YouTube videos and became a choreographer, but still I was looking to get into films."

Amit got to be a part of three films but all of them tanked. He

got noticed in *Red Alert*. Meanwhile he approached the Samahaara theatre group in Hyderabad to learn acting. Since he couldn't afford the fee, he requested if he could just observe them. He got acquainted with the theatre students and would go to their homes and learnt acting. Such was his enthusiasm to learn the craft.

A costume designer of *Arjun Reddy* introduced him to director Sandeep Reddy Vanga and he went for an audition. Amit recalls

not giving an audition at all, "Sandeep spoke to me for three hours and by the end of the conversation, I was on board. I requested him to retain my name for the character. I am earning better now and I want to save money and learn acting either in London or USA."

He worked in big films like *Rangasthalam* and *Srimannarayana* but Amit has a long way to go. He hopes that *Saaho* and *Kabir Singh* being pan Indian movies, will get him the attention.

HealthCare

- A Space Marketing Feature

Esophageal Cancer - An enigma

Esophagus is the first part of digestive system. It is a hollow, muscular tube that propels food and liquids from throat to stomach. Esophageal cancer begins on the inner lining of the esophagus and spreads outwards as it grows. Esophageal cancer is the fourth most common cancer in India with an annual incidence of 52,000 new cases (in 2018). It is also the fourth common cause of cancer-related deaths in India (with 46,504 cancer related deaths in 2018. It is fatal in a significant number of patients who in advanced stages.

CAUSES, RISK FACTORS AND PREVENTION

The major risk factors for Esophageal Cancer include poor nutritional status, low intake of fresh fruits and vegetables, consumption of hot beverages, excess tobacco and alcohol consumption, and possibly human papillomavirus infection.

Smoking, alcohol, obesity, chronic gastroesophageal reflux disease and Barrett's esophagus are the risk factors for adenocarcinoma.

Barrett's esophagus develops when the normal squamous cells lining of the lower esophagus are replaced by a different cell type (known as intestinal cells).

This process is usually a consequence of repetitive damage to the esophageal lining by long standing gastroesophageal reflux disease (GERD). In people with GERD, the esophagus is exposed to repeated and excessive quantity of stomach acid and bile juices.

Signs and symptoms of esophageal cancer are weight loss and painful or difficulty swallowing, loss of desire to eat food. Symptoms suggest advanced disease.

Screening- Patients with Barrett's esophagus should get screened for esophageal cancer. Because patients might not feel any difference until esophageal cancer is advanced, screening may help the doctor find the disease earlier, when treatment may work better.

Staging -- After esophageal cancer is diagnosed, tests are done to find out if cancer has spread within the esophagus or to other parts of the body.

The process used to find out if cancer cells have spread within the esophagus or to other parts of the body is called staging. The information gathered from the staging process

determines the stage of the disease. It is important to know the stage in order to plan treatment. The following tests and procedures may be used in the staging process:

- An upper gastrointestinal endoscopy by a flexible endoscopy with biopsy is the main method for the detection of esophageal cancer.

- Computed tomography (CT) of the chest and abdomen is a recommended test for staging of local and regional confined esophageal cancer. A CT scan is a more complete type of x-ray which takes a lot of pictures, from different angles. A computer then combines the images to regenerate 3-D (three-dimensional) images.

- Positron emission tomography (PET) is an optional test for staging of early-stage esophageal cancer, and a recommended test for staging of local and regional confined esophageal cancer. Sometimes CT is combined with another imaging. When used together, it is called a PET/CT scan.

- In patients without disseminated disease, endoscopic ultrasonography is used to improve the staging. EUS (endoscopic ultrasound) uses both imaging and an endoscope to know how deep the tumor has invaded the esophageal wall. Presence of tumor within lymph nodes and other adjacent organs can also be studied. The EUS endoscope is passed down the esophagus. If any signs of cancer spread are seen in the node, the endoscope can help in performing a FNA (fine-needle aspiration) a type of biopsy. A needle is passed from EUS endoscope through the wall of esophagus into nearby tissue to get samples from suspected nodes or organs.

- Laparoscopy: In patients with locally advanced (T3/T4) adenocarcinoma of the esophagogastric junction or involving stomach, laparoscopy is recommended to improve the accuracy of staging.

- Thoracoscopy: A surgical procedure to look at the organs inside the chest to check for abnormal areas. An incision (cut) is made between two ribs and a thoracoscope is inserted into the chest.

MULTIMODALITY MANAGEMENT

Many patients come in advanced stages for whom we offer multimodality treatment (combination of radiation, chemotherapy and surgical therapies). Chemotherapy and radiation therapy are used to-

gether to treat esophageal cancer. The combination of both is known as chemoradiation. When it is delivered before the surgery (usually 4-6 weeks before surgery) it is called preoperative chemoradiation.

The aims of preoperative chemotherapy and radiotherapy are to reduce the bulk of the cancer before surgery to facilitate complete removal and to prevent or delay the appearance of cancer spreading to distant organs.

Good response to preoperative chemoradiotherapy also correlates strongly with better cancer related outcomes (overall survival and disease-free survival) in patients with esophageal cancer

SURGERY

Surgery remains the cornerstone of treatment for localized esophageal cancer. An esophagectomy can be performed by using an abdominal and a neck cut (incision) with blunt dissection of central chest compartment between the lungs (mediasti-

num) through the esophageal opening.

This offers the advantage of avoiding a chest incision, which can cause prolonged discomfort and can further aggravate the condition of patients with compromised respiratory function.

After removal of the esophagus, continuity of the gastrointestinal tract is generally established using the stomach. Complications from esophagectomy occur in approximately 40% of patients.

MINIMALLY INVASIVE SURGERY

Conventional open surgery involves removal through large cuts, while minimal invasive (thoracoscopic, laparoscopic and robotic) use tiny incisions and a small scope with attached video camera.

Miniature surgical instruments are passed through these tiny cuts, and the camera sends a magnified image from inside the body to a monitor, giving the surgeon a close-up and magnified view of the anatomy. Minimally

invasive approaches may be applied to either or both components of esophagectomy.

PALLIATIVE CARE

In patients who are not suitable for surgery, because of their poor general condition or advanced disease, management focuses on control of difficulty in swallowing.

The goal of palliative care is to comfort patient by relieving suffering and improve quality of life regardless of the disease stage. In patients with unresectable or locally advanced cancer, it provides symptomatic relief, improves nutritional status, sense of well-being, and a better quality of life.

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Gold Medal for Excellency in Medicine

Psoriasis it won't reoccur...

I suffered with Psoriasis for around 10 years. I am 45 years old right now. I was under the impression that was a normal skin disease but it didn't take much time for me to identify that problem as psoriasis. And from that day I have been using all the ointments and medicines referred by many dermatologists for around 1 year. The problem of Psoriasis would subside as soon as I apply the ointment, but later on it used to spread all over and become worst than before.

The burning sensation and itching would increase even more as a change the medicine the itching and the burning sensation WhatsApp side but the scars would remain as many people said I supposed that it was a permanent problem. I came to know about Dr Ravi Kiran at that moment

There was a small Ray of hope. I immediately consulted doctor ravikiran.

Dr Ravi Kiran enquired about the origin of the problem, the medicines I have used, the symptoms and my sleeping habits. After the diagnosis was done I was given medicines for 3 months and I was supposed to consult him after 3 months. With lot of faith I started using the medicines and observe drastic change in my skin. The discharge of skin started reducing. I was confident that Psoriasis would completely subside and I consulted the doctor once again. He has changed the medicines and in around 6 months 90% of the problems subsided and I had got a chance to lead a normal happy life. I am grateful to the doctor throughout my life. And before I close I am Ramesh and I hail from Guntur.

Homeo treatment for Hepatitis and herpes

A 40 year old person walked into my clinic one day and as I enquired about the problem he shared his issue as follows. "I was suffering from stomach ache around 6 months ago, when I consulted the doctor it was diagnosed as jaundice. I have used medicines but it wasn't of any use. There was a severe loss of appetite and vomiting sensation. I have fatigue and yellow colour deposits in my urine. My stomach started bloating and there is swelling in my feet" The patient has given his version of the problem. I enquired about alcohol consumption and his answer was yes to it do the previous reports suggested it as jaundice I was suspecting hepatitis so so I have asked him to get it

confirmed in most of the people hepatitis will be identified with herpes. Many people hesitate to share the symptoms of herpes and that's the reason I asked him to undergo many tests and consult me along with the reports. On that evening he has arrived along with the reports. As I suspected hepatitis was diagnosed and herpes was confirmed. I shared the same with him. On enquiring about observing any small water bubbles short of infection on his private parts he has accepted. I have counselled him to be strong enough use the medicines regularly.

Post treatment hepatitis virus can be treated successfully using homeopathy. By reducing the viral load completely the patient can get back to a healthy normal life. Homeopathy treats liver problems successfully. Good result was observed in one month of starting the homeopathy treatment. He started feeling hungry after three months. Homeopathy treatment works excellently for sexual diseases like herpes simplex. Homeopathy believes in treating the root cause of the disease. By increasing the immunity of the patient the diseases will be treated. Within three months all the symptoms of Hepatitis and herpes have subsided and the person is leading a healthy life right now.

Life after HIV attack

HIV can be treated successfully. Life doesn't stop with HIV attack.

I couldn't believe it when the doctor said the above words. But he has proved it and made me lead a normal life within 6 months. I will be thankful to him throughout my life. I am Subhash. I am married and have two children. Mine is a very happy family. But all of a sudden my family was shattered and I am the reason for that. By profession I am a van driver. One day I participated in sex with another lady. That mistake punished me in the form of HIV. Before I could diagnose, my wife also got effected. As we consulted a doctor the answer we got is nothing could be done as HIV cannot be cured. Due to loss of appetite and severe weight loss and fatigue I had to restrict myself to house. Days started becoming worst. It was very difficult for me to earn my livelihood and the major worry for both of us was the future of our children. I came to know about Dr Ravi Kiran at that moment and I consulted the doctor immediately. The doctor filled confidence in us. We had positive hope about life. The doctor made us strong by saying HIV affected people can lead a normal life. I couldn't believe this and on asking the same the doctor has suggested excellent medicines. By using those for six months regularly we could have wonderful result.

With that confidence we both have started using the medicines regularly. The Cdc count was 310 when we consulted the doctor. Both of us were very weak and couldn't walk even for small distances. After using the medicines for one month there was a drastic change in the condition. The appetite regained and we started feeling strong. Exactly after 6 months when it was tested the Cdc count has crossed 1,300. We owe this happy life to doctor Ravi Kiran.

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Changes in Moles, May Lead to Skin Cancer

Cancer is one of the leading causes of mortality all over the world and there are many forms of cancers. It is based on the type and the organ which is affected. There has to be proper screening done at the right time, for preventing the condition in the initial stages itself for both men and women. It is important to note that awareness holds the key for Cancer. There are quite a few tests for detecting Skin Cancer, Mouth Cancer, Cancer of Large Intestine and Prostate Cancer.

Skin Cancer

The effective way for detecting the incidence of Skin cancer in Men and Women is observing the skin regularly for any changes, especially Moles that have been formed right from birth. This change in moles can be detected by ABCDE Test.

A: When seen from the center, both parts of the moles should not be identical to reach other.

B: The edges of Moles should not be in blurred color or rough appearance.

C: There should be no change in the color of moles, especially

becoming thick or lighter. The diameter of moles should not be more than one quarter of an inch. Skin around moles should not be swollen.

Cancer of Mouth

In a country where there is widespread occurrence of Mouth cancer, screening is very important. Primary screening is relatively easier, which involves observing regularly for any changes.

Those who consume tobacco regularly should skip this habit and those who have consumed in the past, should be equally alertful for any signs or symptoms of Mouth Cancer.

Cancer of Large Intestine

It starts with small lumps and then turns into major cancer tissue.

The warnings signs of this type of cancer should not be neglected and treatment has to be started immediately.

The main symptoms that have to be observed are bleeding through anus or blood in stool, diarrhea or constipation lasting for weeks, severe stomach

pain, unexplained weight loss, family history, patients with ulcerative colitis and those who have recovered from this form of cancer.

Individual need to undergo FOBT and Flexible Sigmoidoscopy tests once in 3 years.

Prostate Cancer

It is among those few cancers, seen only in Men. In India, it is widespread but still there is no much awareness about it.

Regular prostate screening test is the best way to detect this cancer. Once they cross the age of 50, men need to undergo tests like Prostate Specific Antigen (PSA) blood tests once in every year along with digital rectal examination. If there is family history of this cancer, then men should undergo screening right from the age of 40.

Several leading health organizations also suggest that men should undergo screening to ensure this form of cancer doesn't occur.

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SIDE EFFECTS DURING IVF TREATMENT AND THEIR PREVENTION

-ADVERTORIAL

Side effects and complications in IVF (test dehydration, trouble breathing and tube baby procedure) are usually mild, but severe abdominal pain. Very rarely (<1% of patients) women with severe OHSS can of them. The side effects vary significantly between women and mainly depend on the type of hormones used to stimulate/trigger during stimulation cycle and on the individual patient. In rare situations they may even be life-threatening. Hence, understanding the possible side effects will help the couple cope better and seek medical help as earlier as possible.

POSSIBLE SIDE EFFECTS OF INJECTABLE FERTILITY MEDICINES INCLUDE:

- Mild bruising and soreness at the injection site
- Skin reddening/itching at the injection site
- Nausea and occasionally vomiting
- Breast tenderness and increased vaginal discharge
- Mood swings and fatigue
- Ovarian hyperstimulation syndrome (OHSS)

Most of these side effects except OHSS are usually mild. Within few days after the egg collection they often subside without treatment. Changing the site of injection frequently may help in reducing injection site skin reactions.

OHSS occurs when your ovaries over-respond to fertility injections. When large number of follicles are produced ovaries will enlarge and release chemicals into your bloodstream that make blood vessels leak fluid into the body. OHSS is classified as mild, moderate or severe. Mild cases of OHSS are usually managed on out-patient basis without any life-threatening complications. Severe OHSS present with enlarged ovaries,

Hence, severe OHSS patient's need to be admitted in ICU and managed carefully. Some of the other risks associated with IVF are surgical injuries, higher chances of miscarriage, ectopic pregnancy, multiple pregnancy, pre-term deliveries and increased psychological burden.

With the advent of latest treatment protocols like antagonist protocol, freezing all embryos in stimulated cycle, frozen embryo transfers it is possible to reduce the chances of OHSS to a larger extent. A good clinical expertise, well equipped fertility centre will help reduce complications like surgical injuries, ectopic pregnancy. Use of embryo selection technique like PGS (pre-implantation genetic screening) will reduce the incidence of miscarriage. Good embryo grading & proper planning on the number of embryo's to be transferred will reduce chances of multiple pregnancies and eventually pre-term deliveries.

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