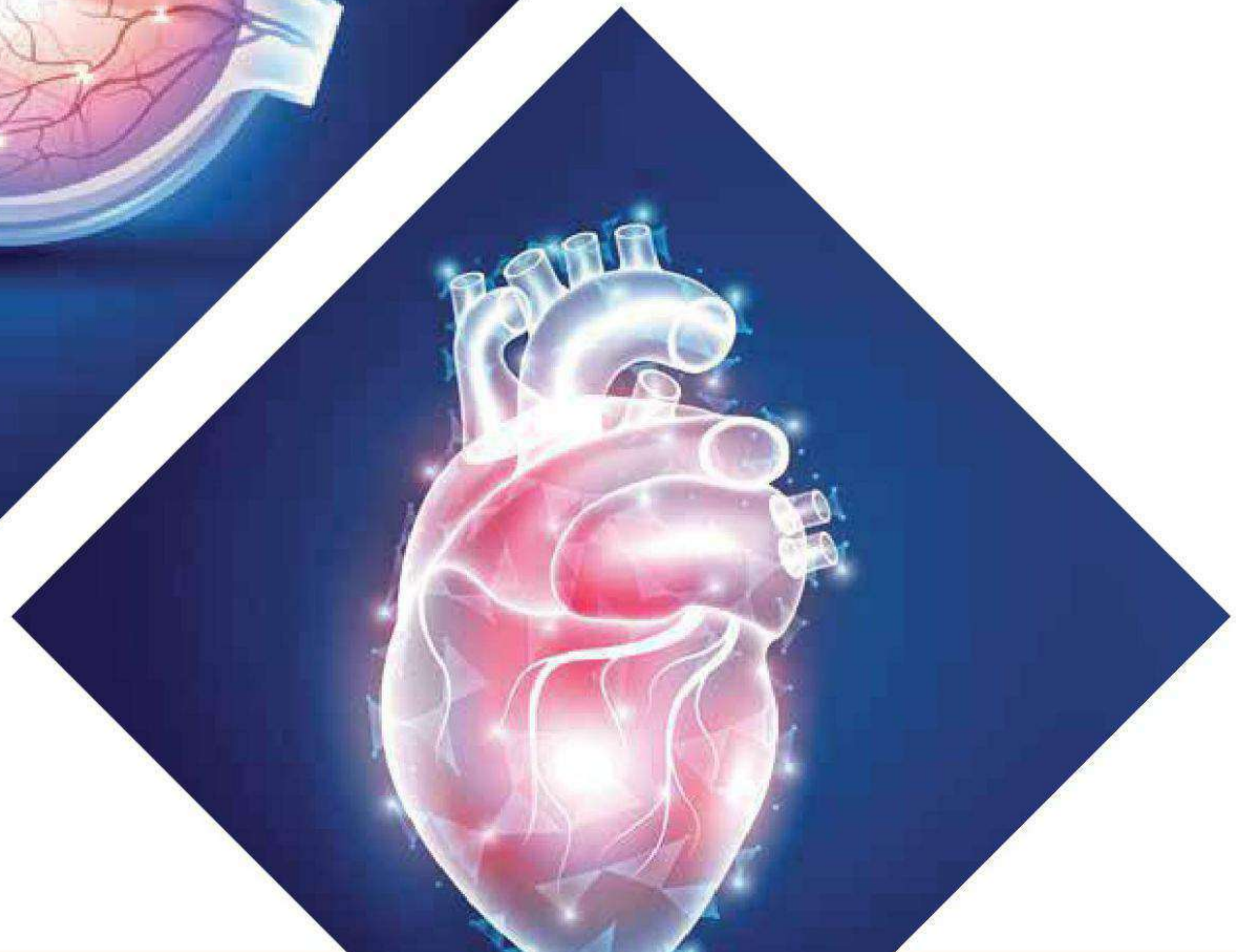
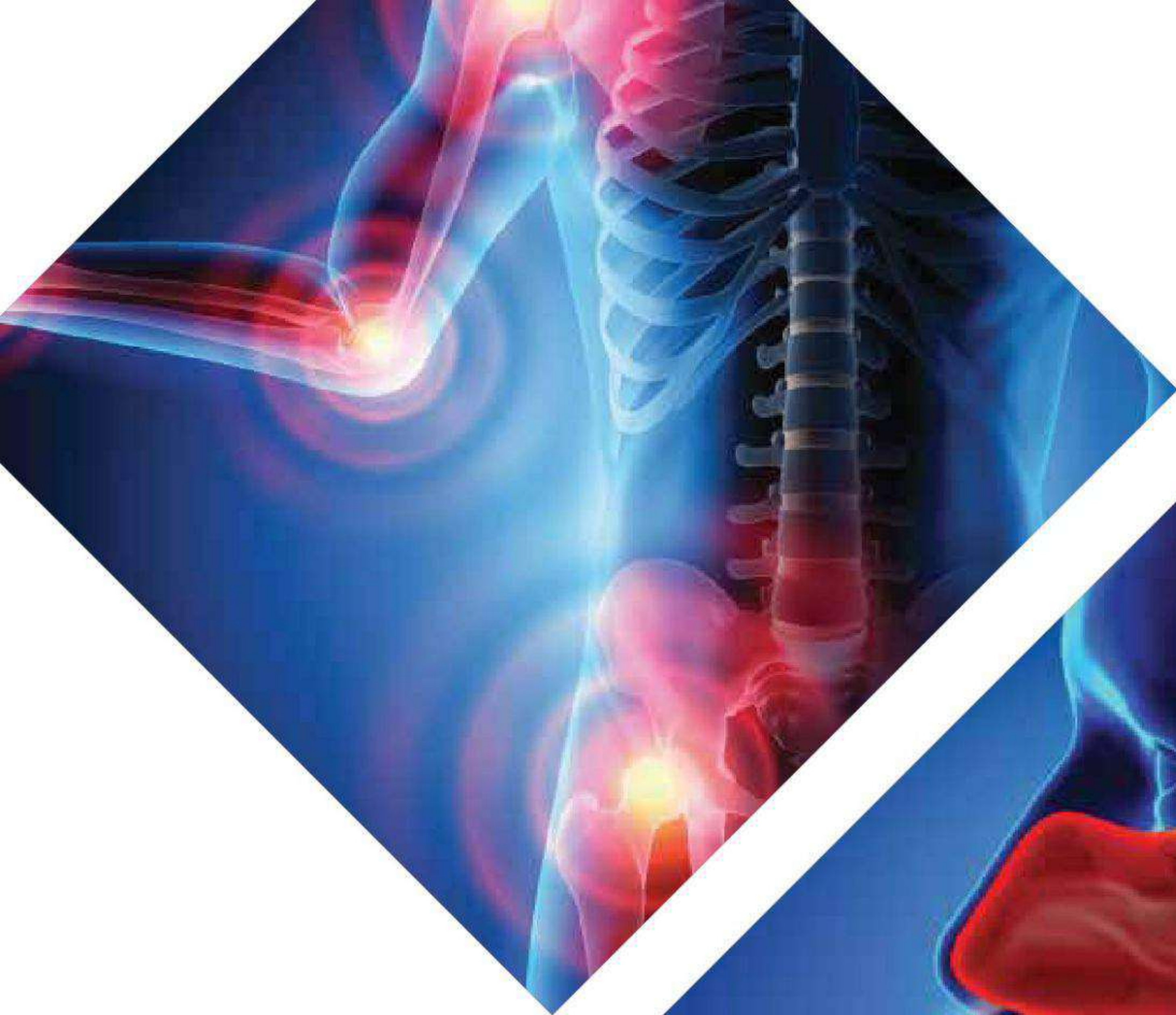


A division of **BigImpex**

**ZEXCEL**

**MEDICAL COMMUNICATIONS**

*Your extended brand team!*











## **The Pharma Landscape**

The Indian Pharmaceutical Market is witnessing robust growth driven by increasing healthcare awareness & penetration. Doctors strive to remain fully updated on diagnosis & disease management, this creates an opportunity for Pharma Marketers to engage with healthcare practitioners through curated Medico-Marketing strategies encompassing digital & physical tools like CMEs, Global Conference updates, Digital Learning Platforms, Case Studies, Podcasts & Scientific literature.

## **Why ZEXCEL?**

Over the last 20 Years BIGIMPEX has been serving pharma marketers offering best-in-class gifting solutions to facilitate brand building. Recognizing the emerging need for doctor & patient engagement with high quality scientific resources, BIGIMPEX has expanded the portfolio to cater to the specialized Medico-Marketing needs through a dedicated team viz: ZEXCEL MEDICAL COMMUNICATIONS, differentiated by international tie up.

## **Mission**

The Mission of ZEXCEL MEDICAL COMMUNICATIONS is to offer solutions which complement the brands strategy & be valued as an extension of the brand team.

## **Strategic Solutions**

The leadership team at ZEXCEL has an accumulated Pharma Marketing experience of over 45+years managing iconic brands - AUGMENTIN, BETNOVATES, ZIMIG, CEFTUM, SERETIDE, STORVAS, CERVARIX which enables a better understanding of brand / molecule opportunities & offer targeted solutions.

## **Doctor Engagement**

ZEXCEL helps design and execute digital and physical Continuous Medical Education programs through an array of global KOLs and medical associations. ZEXCELs international tie ups with global scientific solutions provider ANEJO HEALTH COMMUNICATIONS enables provide accurately designed medical solutions that aid doctor patient engagement.

## **Patient Engagement**

A common goal for Doctors and Pharmaceutical Companies is to help achieve better patient treatment outcomes. Doctors are increasingly engaging patients on disease prevention, early diagnosis and the need for compliance to treatment and life-style changes. Scientifically accurate and easy to understand patient engagement solutions ease the task and help build brand equity.





Anejo Health  
Communications

Anejo Health Communications specializes in the design and supply of highly accurate, outstandingly beautiful, and precisely illustrated promotional material for the Pharmaceutical Industry Worldwide for over 30 years.

In a crowded market attracting a doctor's interest is crucial and that is why Anejo Material is created by devoting attention to it. The comprehensive Anejo portfolio consists of digital and printed scientific content which is presented in innovative & durable format.

ZEXCEL MEDICAL COMMUNICATIONS Your Extended Brand Team

The ensuing catalogue highlights number of ways ZEXCEL MEDICAL COMMUNICATIONS can partner with you to offer strategic solutions and enhance doctor & patient engagement.

**ZEXCEL MEDICAL COMMUNICATIONS** eagerly looks forward to collaborating with you.





# LEADERSHIP TEAM



**MR. RISHI KHATRI** FOUNDER

Rishi Khatri, a leader with a strong belief that businesses must evolve with changing times. BIGIMPEX has been a valued partner of the pharmaceutical industry which is witnessing change. Doctors are increasingly engaging patients in discussions on disease management, creating the need for high quality scientific resources.

BIGIMPEX is privileged to have a loyal customer base & Rishi feels it was only logical to expand the portfolio to science-based offerings through ZEXCEL MEDICAL COMMUNICATIONS.

Being a national level pickleball champion, Rishi demonstrates endurance, speed, and adaptability whilst driving the business. He is always geared up for challenges and is the "go-to person" for solutions. Like a true champion Rishi demonstrates mental toughness & ability to respond swiftly to any situation.

Rishi's vision is to scale the business to 200 Crores, which he feels is very much in reach given the loyal customer base, competent teams, and an ever-evolving portfolio.

**MR. GAURAV KHATRI** FOUNDER

Mr. Gaurav Khatri is the spine of Bigimpex who strongly believes in teamwork & empowerment, he believes a team should be taught "how to think" and not "what to think". He treasures relationships. Being a fitness enthusiast, he believes a team can create customer value only if they are enthusiastic and fit in competence. Having attained a leadership position in providing innovative corporate gifting solutions for building brands in India, Gaurav aspires to put BIGIMPEX on the global map.

Given the growing need for scientific engagement with doctors and patients, Gaurav has established ZEXCEL MEDICAL COMMUNICATIONS which is led by distinguished pharma professionals & brings best-in-class medico-marketing content through global tie-ups.

Gaurav's vision for ZEXCEL & BIGIMPEX is to be seen as an extended brand team working hand-in-hand with brand managers to facilitate brand building.



**MR. NARESH KATARA** CHIEF EXECUTIVE OFFICER

Naresh comes with over 3 decades of experience with MNCs GlaxoSmithKline & erstwhile Ranbaxy managing progressive leadership roles across Sales, Marketing as Business Unit Director, Commercial Director & Acting Managing Director GlaxoSmithKline Bangladesh.

Naresh has been part of the growth story of iconic brands Augmentin, Seretide, T-bact, Cervarix, Zimig, and Cepodem. During his tenure as Director, Commercial Excellence he championed marketing & sales capability building programs.

He is a visiting faculty at the SVPKM's Narsee Monjee Institute of Management Studies.

With the rise in prevalence of chronic diseases, the need for science-led engagement with patients is increasing & Naresh's vision is to build ZEXCEL as valued & credible scientific solutions partner of the pharmaceutical industry,



# INDIAN PHARMA MARKET



## Comprehensive Strategy Design and Alignment of Priorities

Data Analytics

Insights

Strategy Design

Effort Priorities



**Opportunity Sizing**  
Rx Trends  
Market Share



**Patients**  
Doctors  
Therapy Area



**Growth Lever**  
Brand Direction  
Rx Trends

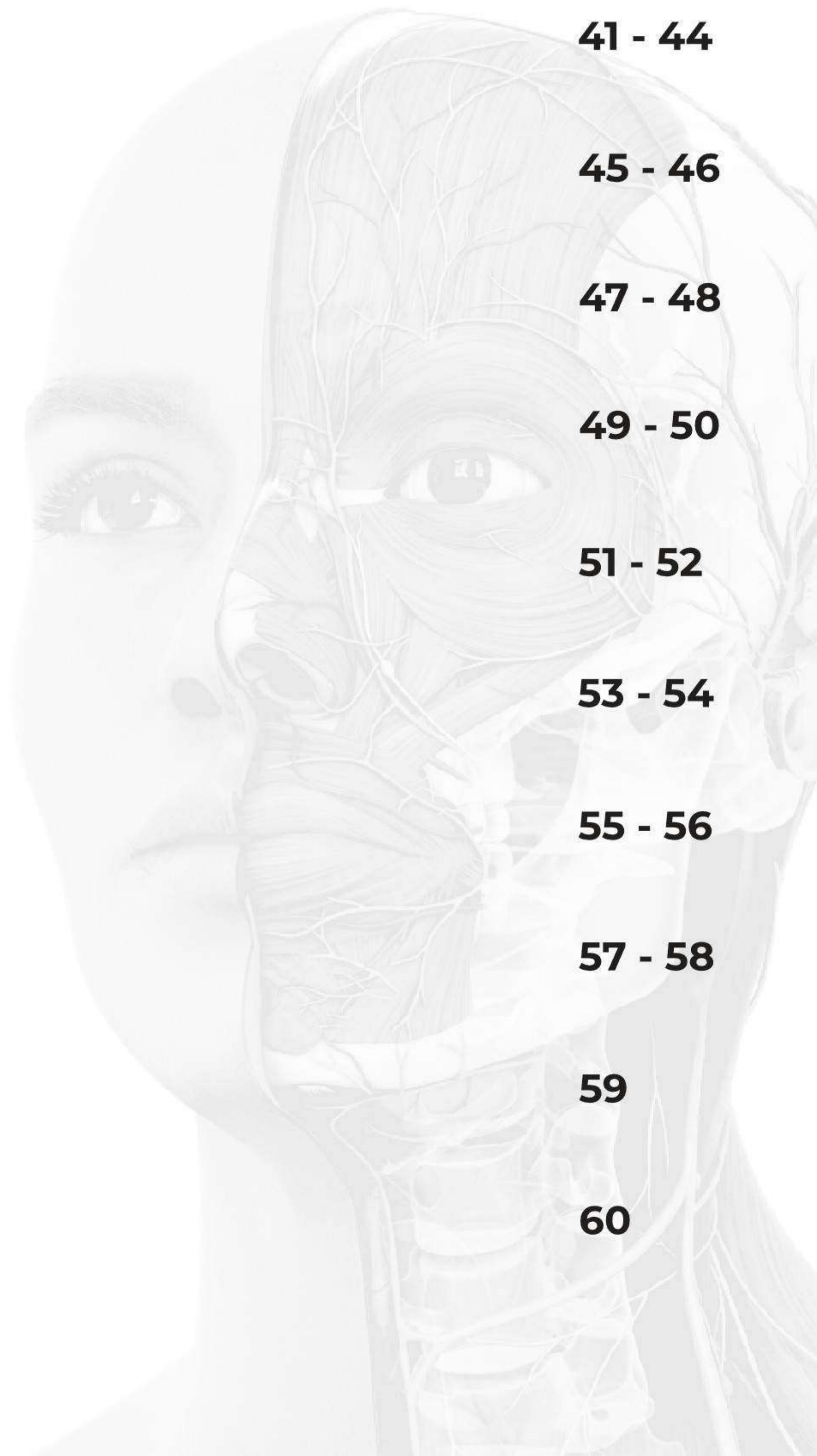


**Align Resources**  
Align Communication  
Align Execution

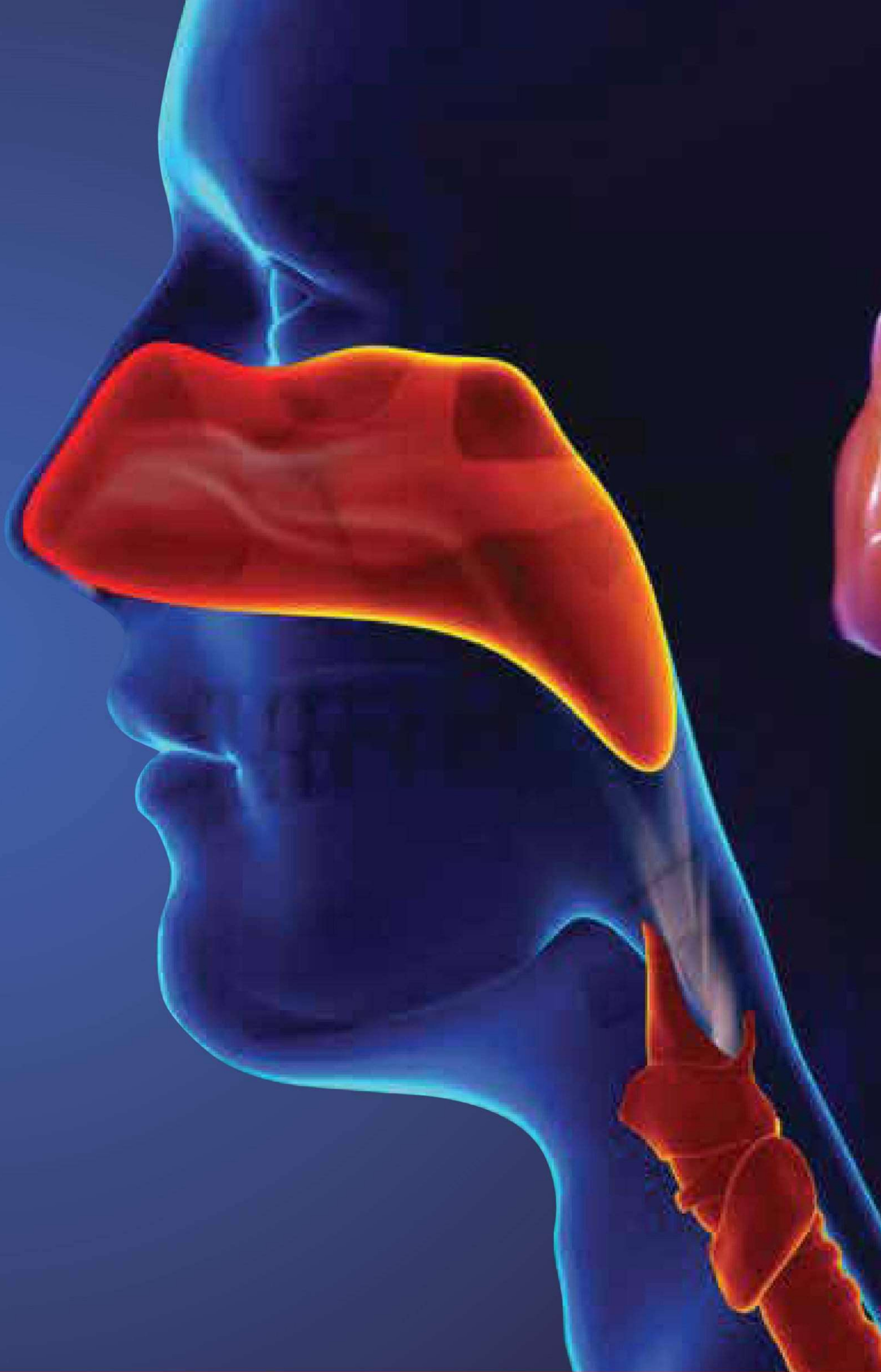


# INDEX

■ ENT AND RESPIRATORY	1 - 8
■ CARDIO-DIABETES	9 - 16
■ ORTHOPEDICS/RHEUMATOLOGY/TRAUMATOLOGY	17 - 24
■ GYNAECOLOGY AND OBSTETRICS	25 - 32
■ GASTROENTEROLOGY	34 - 40
■ OPHTHALMOLOGY	41 - 44
■ DENTISTRY	45 - 46
■ DERMATOLOGY	47 - 48
■ NEUROLOGY/PSYCHIATRY	49 - 50
■ PEDIATRICS	51 - 52
■ UROLOGY/NEPHROLOGY	53 - 54
■ MISCELLANEOUS	55 - 56
■ DIGITAL PRODUCTS	57 - 58
■ CME'S	59
■ SCIENTIFIC LITERATURE	60







# ENT AND RESPIRATORY

Leveraging science to build brand equity & facilitate patient engagement



# ENT AND RESPIRATORY

## Sr.no Therapeutic Conditions

## Sr.no Quick Reference Guide

- 1 - Bronchitis
- 2 - Pulmonary pathology
- 3 - Asthma in adults
- 4 - Bronchial asthma
- 5 - Obstructive pathology
- 6 - Respiratory infections
- 7 - Allergy
- 8 - Asthma and COPD
- 9 - Cigarette smoking
- 10 - Ear, nose and throat anatomy
- 11 - Pharyngitis
- 12 - Chronic and acute bronchitis
- 13 - Sinusitis
- 14 - Tonsillitis
- 15 - Rhinitis and nasal congestion
- 16 - Pneumonia
- 17 - Rhinitis and sinusitis
- 18 - Bronchiolitis
- 19 - Respiratory disorders
- 20 - Catarrh in children
- 21 - Asthma in children
- 22 - Asthma and COPD: differences
- 23 - Asthma and COPD
- 24 - Asthma in Adults
- 25 - Asthma
- 26 - COPD
- 27 - Cystic fibrosis
- 28 - Hyaline membrane disease
- 29 - Pathophysiology of pneumonia
- 30 - Bronchial asthma in infants
- 31 - Pulmonary hypertension
- 32 - Croup
- 33 - Allergic Rhinitis
- 34 - Bronchoscopy atlas
- 35 - Upper airways allergy
- 36 - Pulmonary emphysema
- 37 - Nasal congestion / pharyngitis
- 38 - Advice for patients with COPD
- 39 - Upper Respiratory Tract Infections
- 40 - Polyps and Nasal Congestion
- 41 - Respiratory Syncytial Virus Rhinitis
- 42 - Ear, Nose and throat pain
- 43 - Otitis externa & media
- 44 - Influenza
- 45 - Influenza A H1N1
- 46 - Pharyngotonsillitis
- 47 - Respiratory infections

- 48 - Vertigo
- 49 - Otitis Media

### Drug Drug Interaction chart

- 50 - Commonly used drugs in ENT & Respiratory

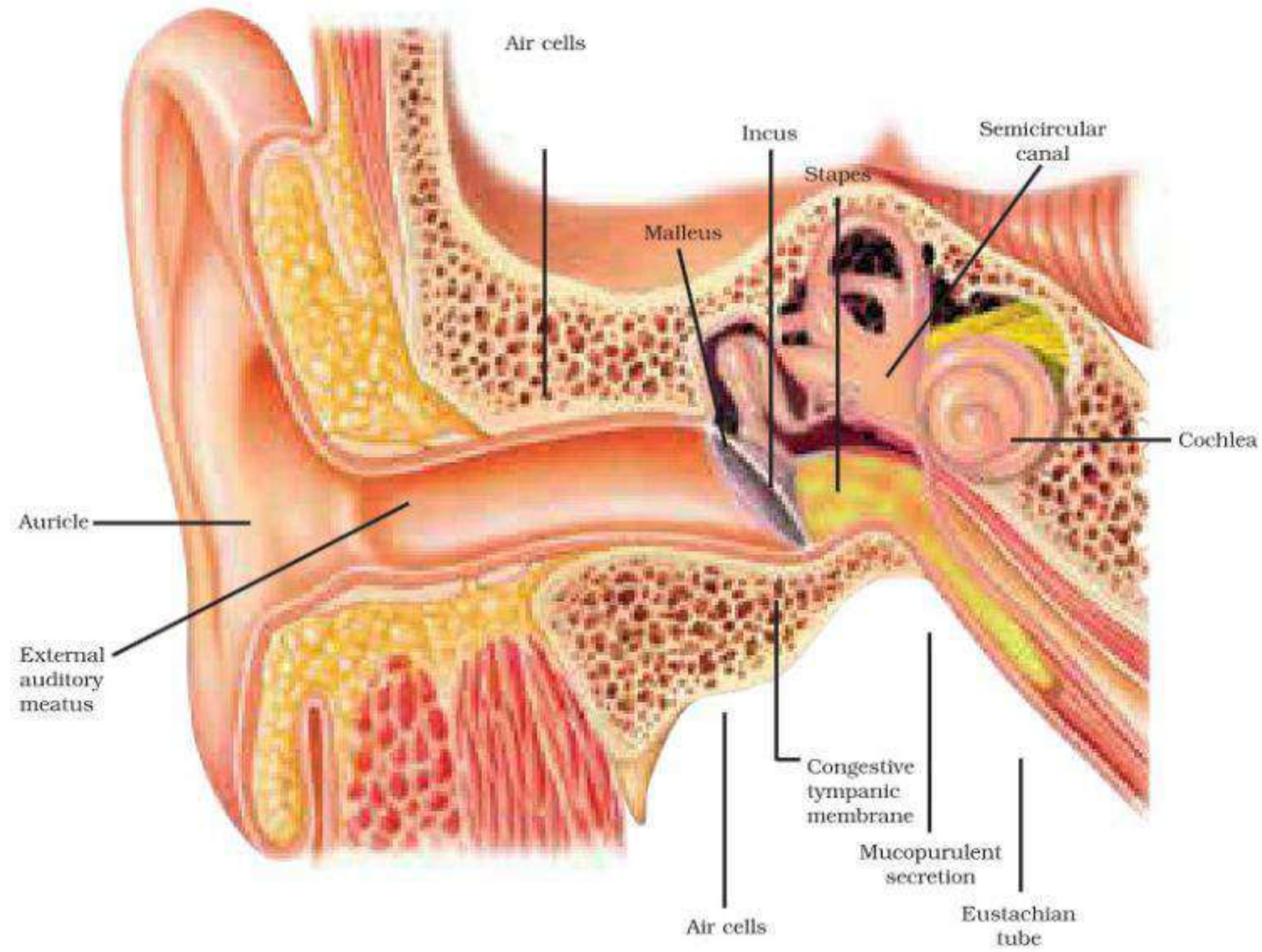
### Medical Slide Ruler

- 51 - Allergic Rhinitis
- 52 - Otitis Media
- 53 - Pharyngitis in Adults
- 54 - Pharyngitis in Children
- 55 - Vertigo
- 56 - Assessment of Asthma in Children
- 57 - COPD
- 58 - Lung Function Calculator
- 59 - URTI and LRT

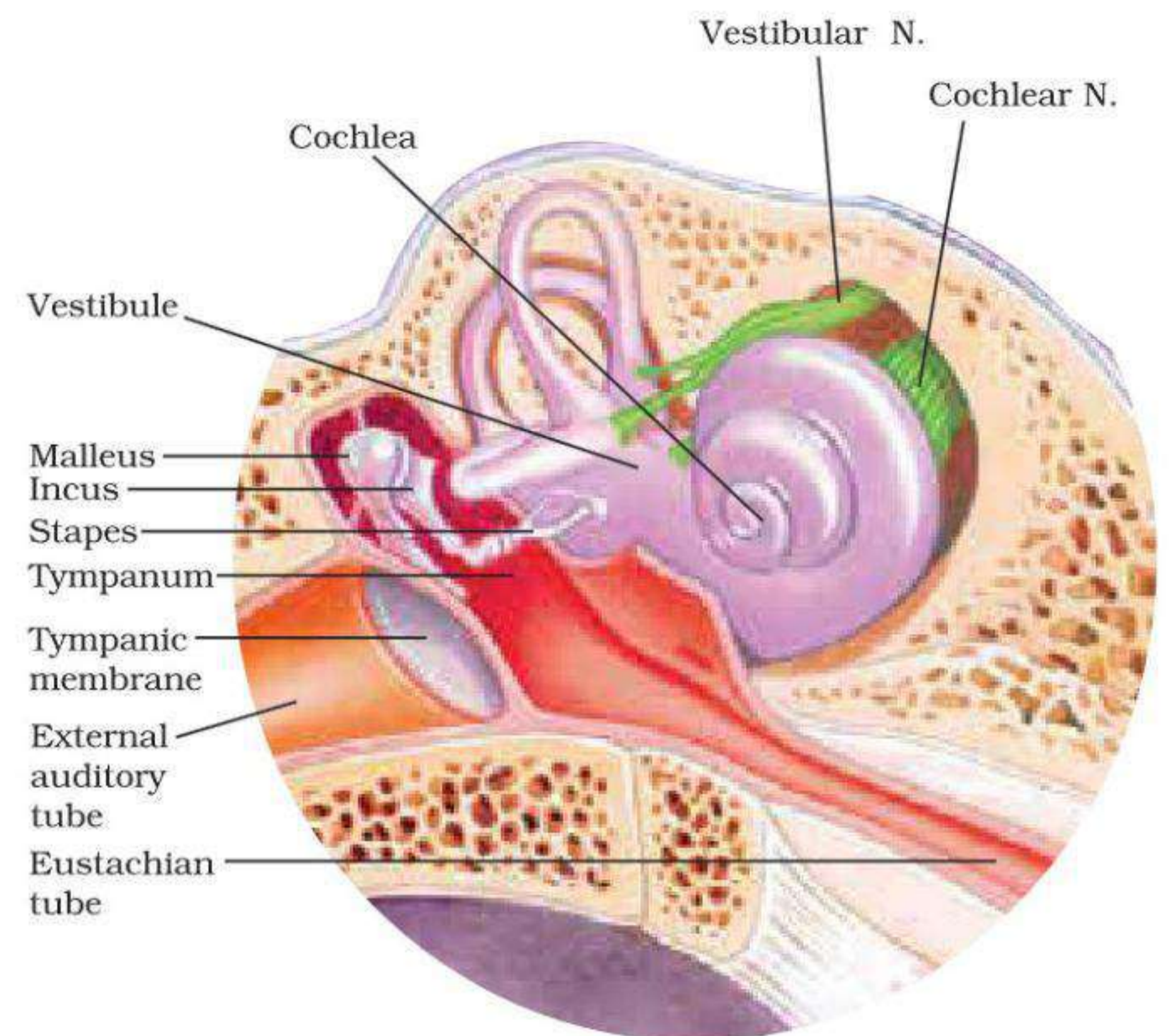
Copy righted medical resources available for above listed therapeutic conditions.  
Medical content for wide range of therapeutic conditions can be customised and designed.



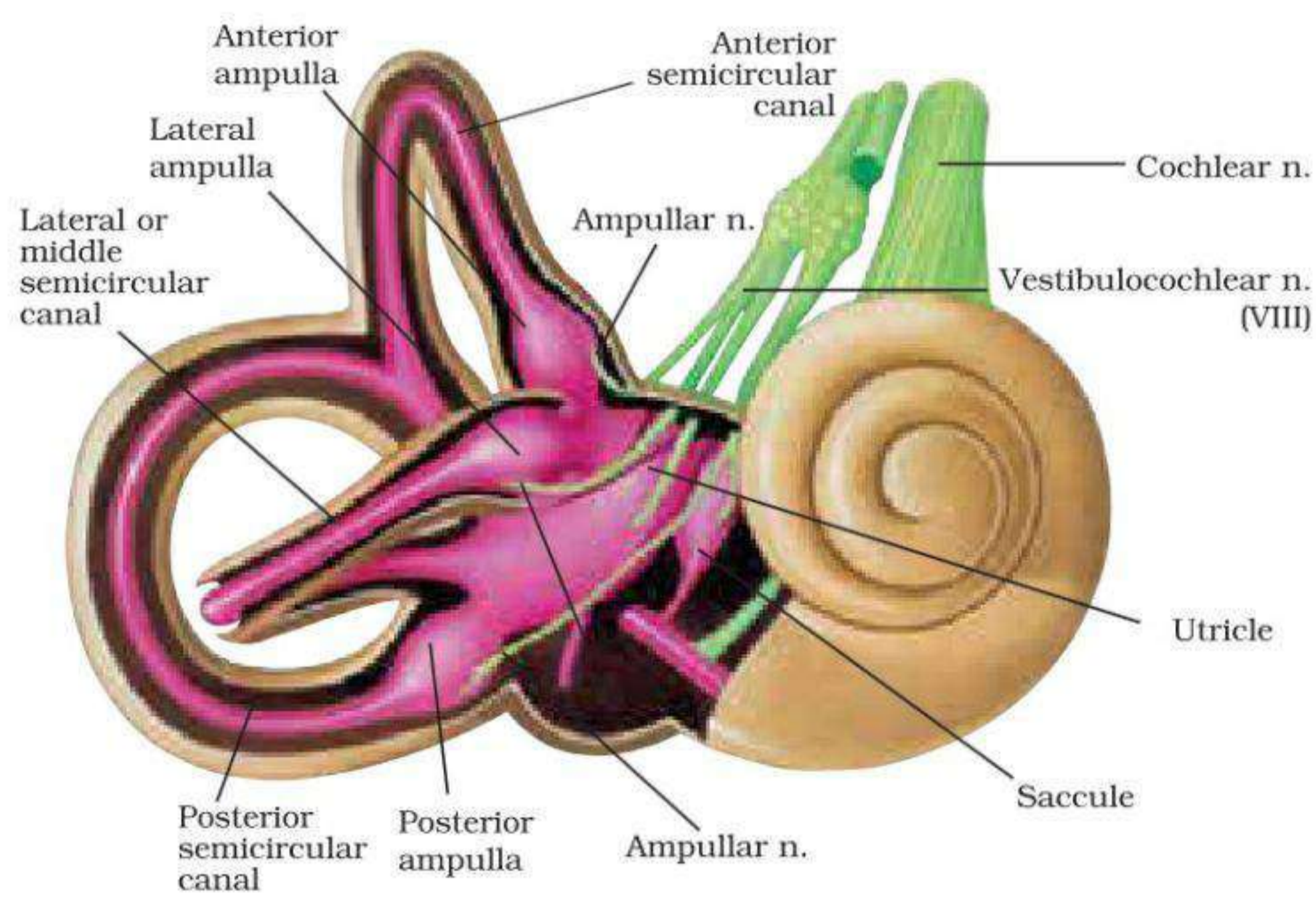
## THE EAR



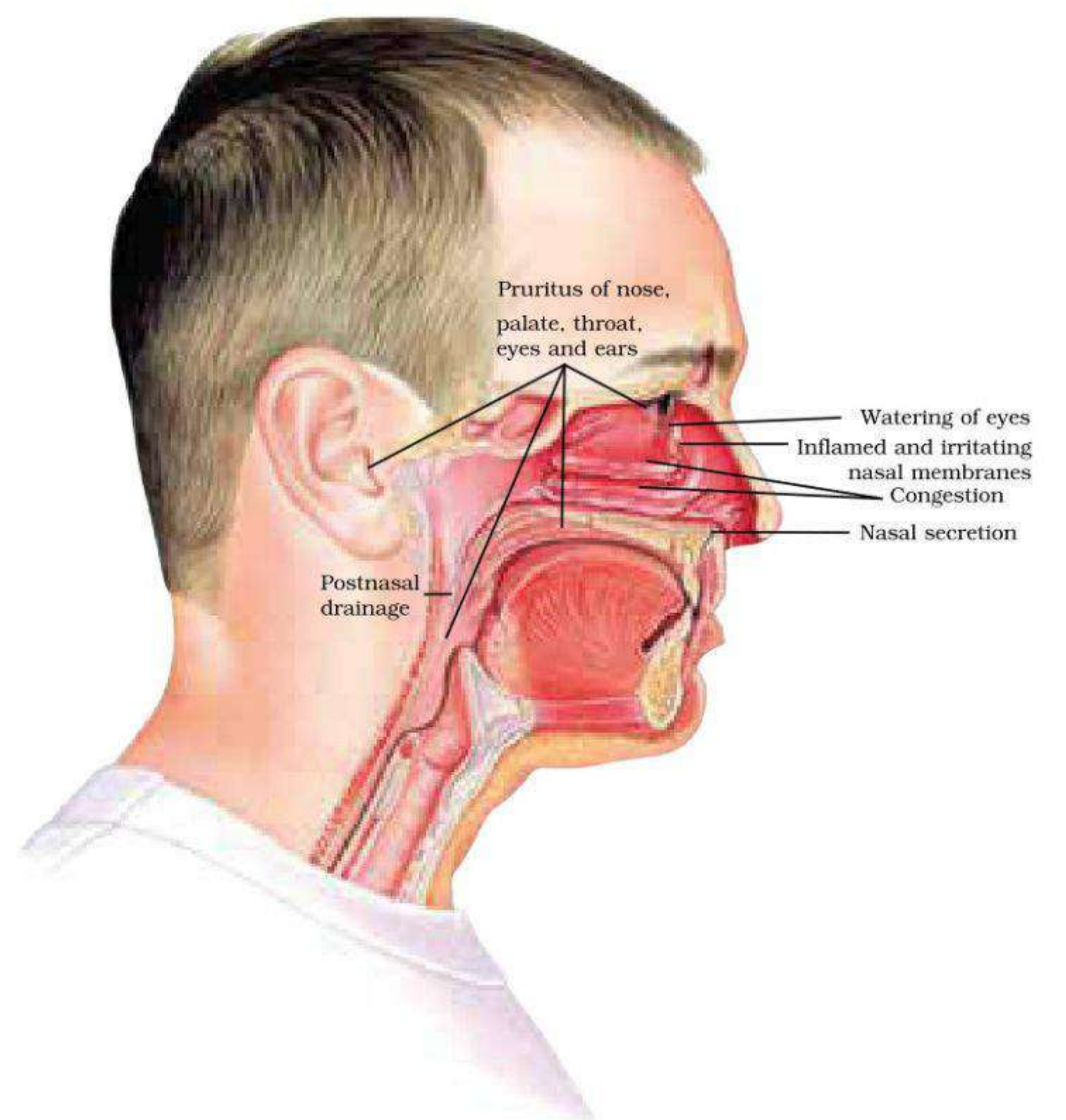
## MIDDLE EAR



## INTERNAL EAR

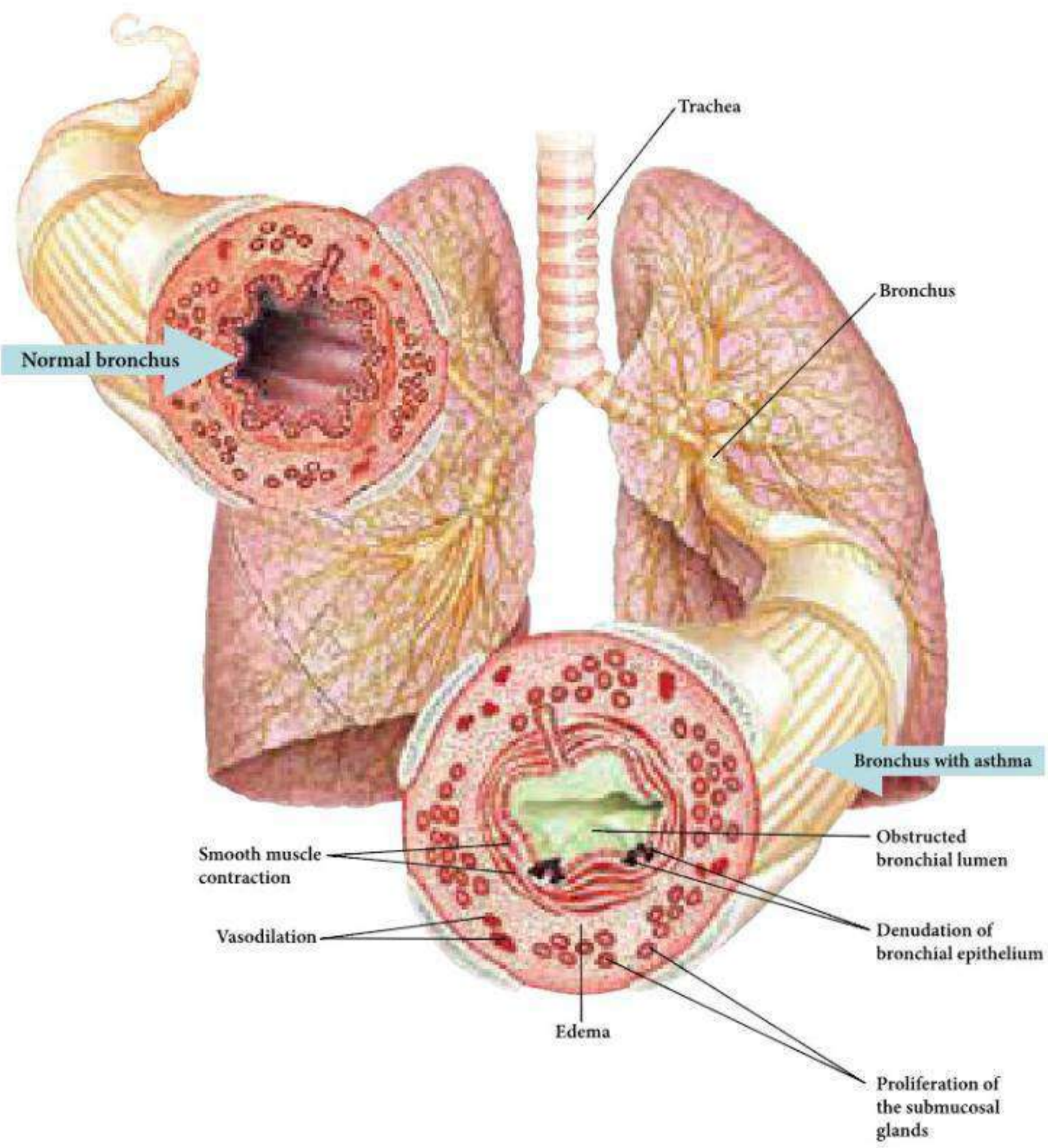


## ALLERGIC RHINITIS



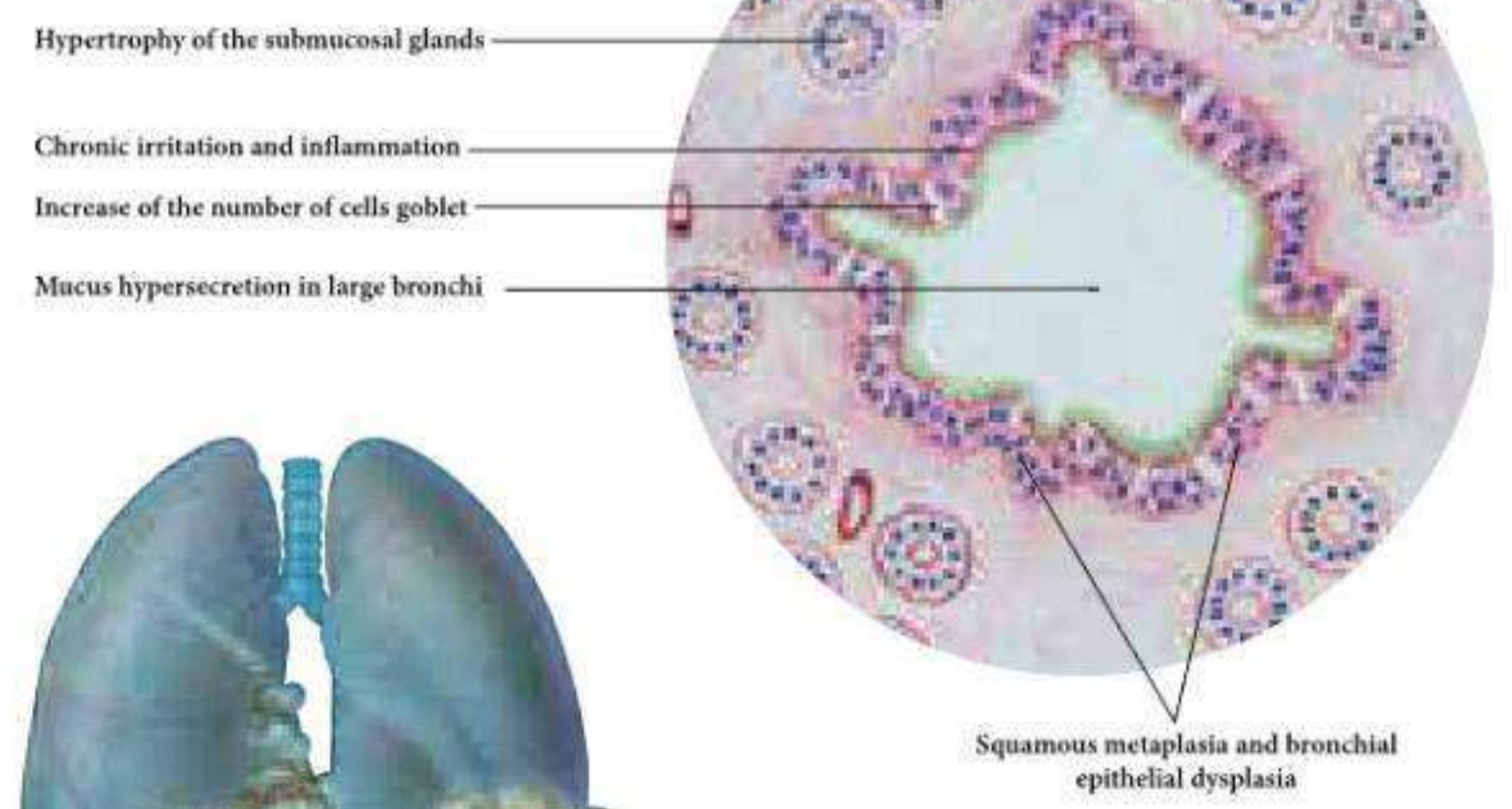


# ASTHMA

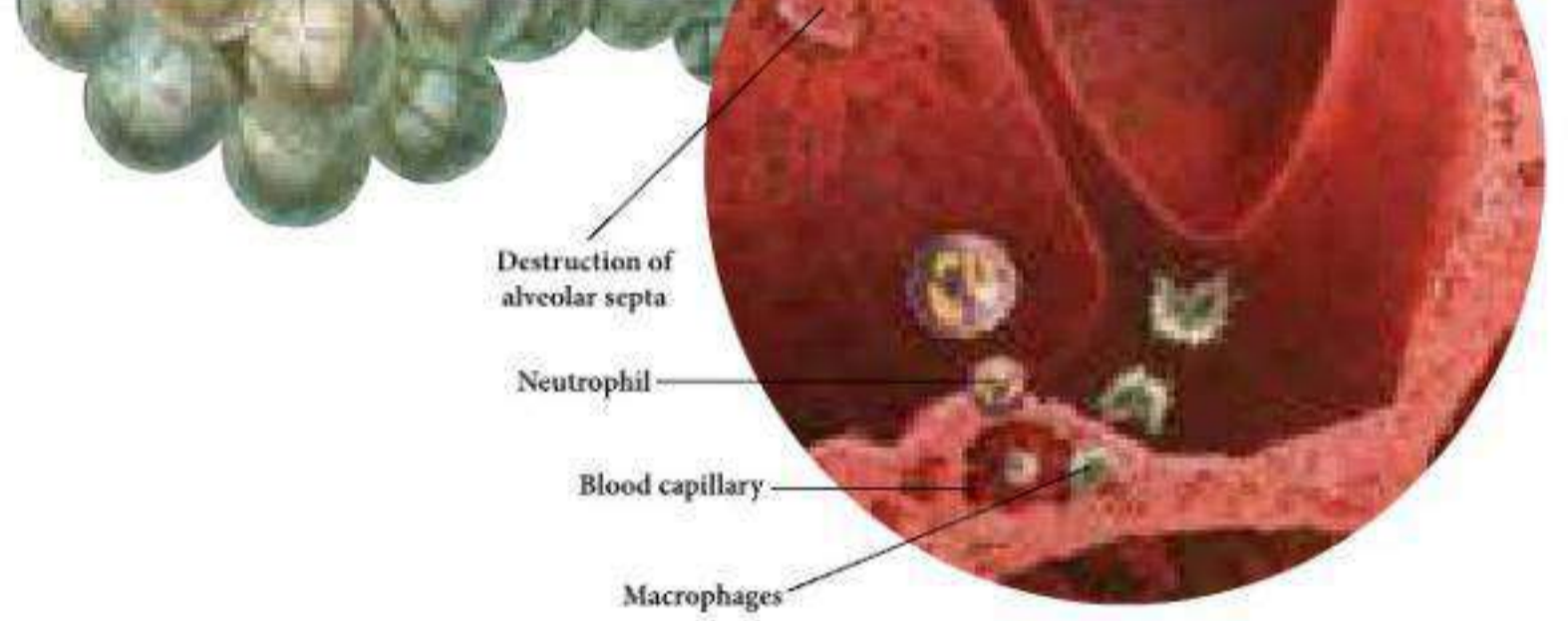


# COPD

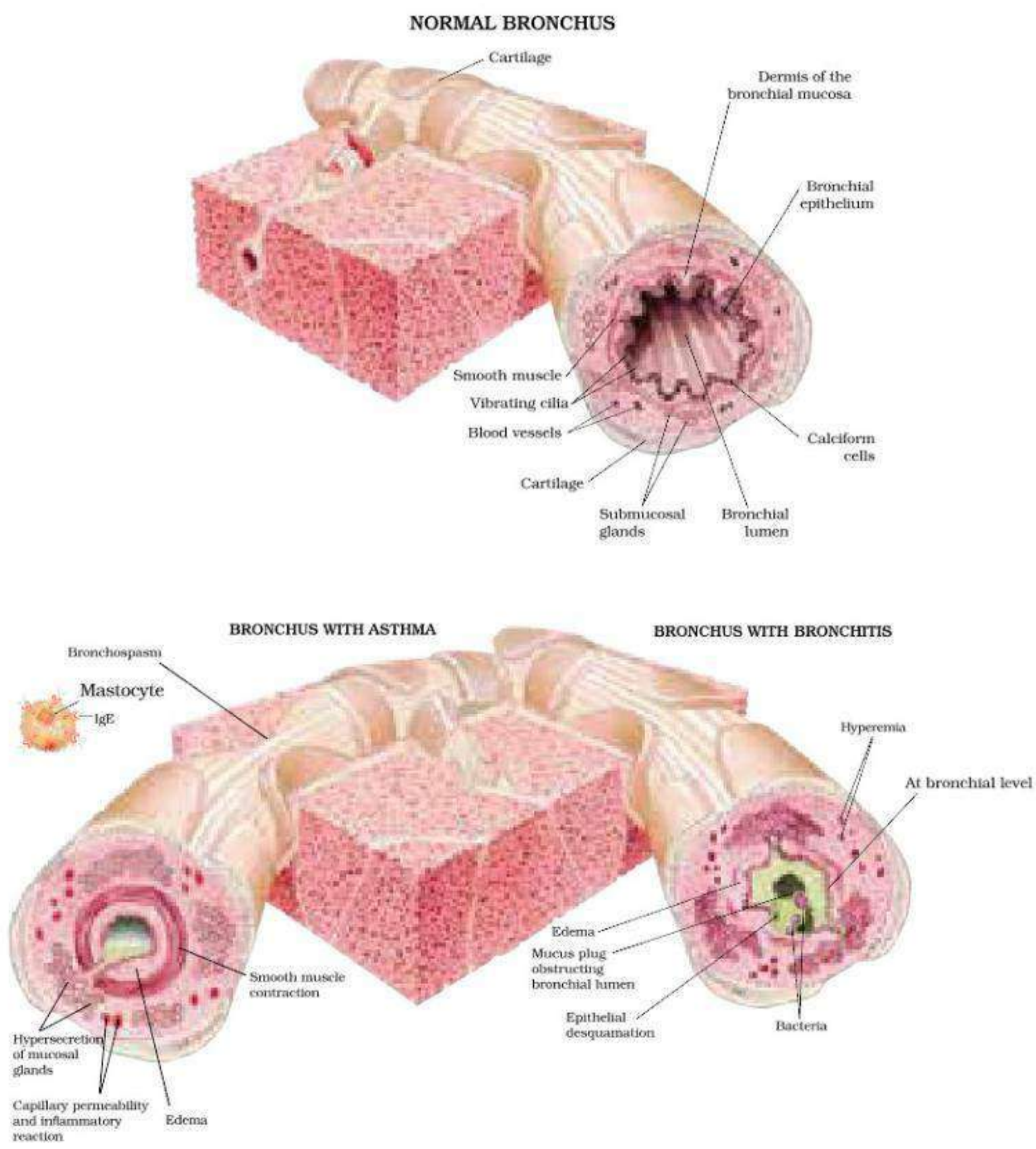
## CHRONIC BRONCHITIS



## PULMONARY EMPHYSEMA

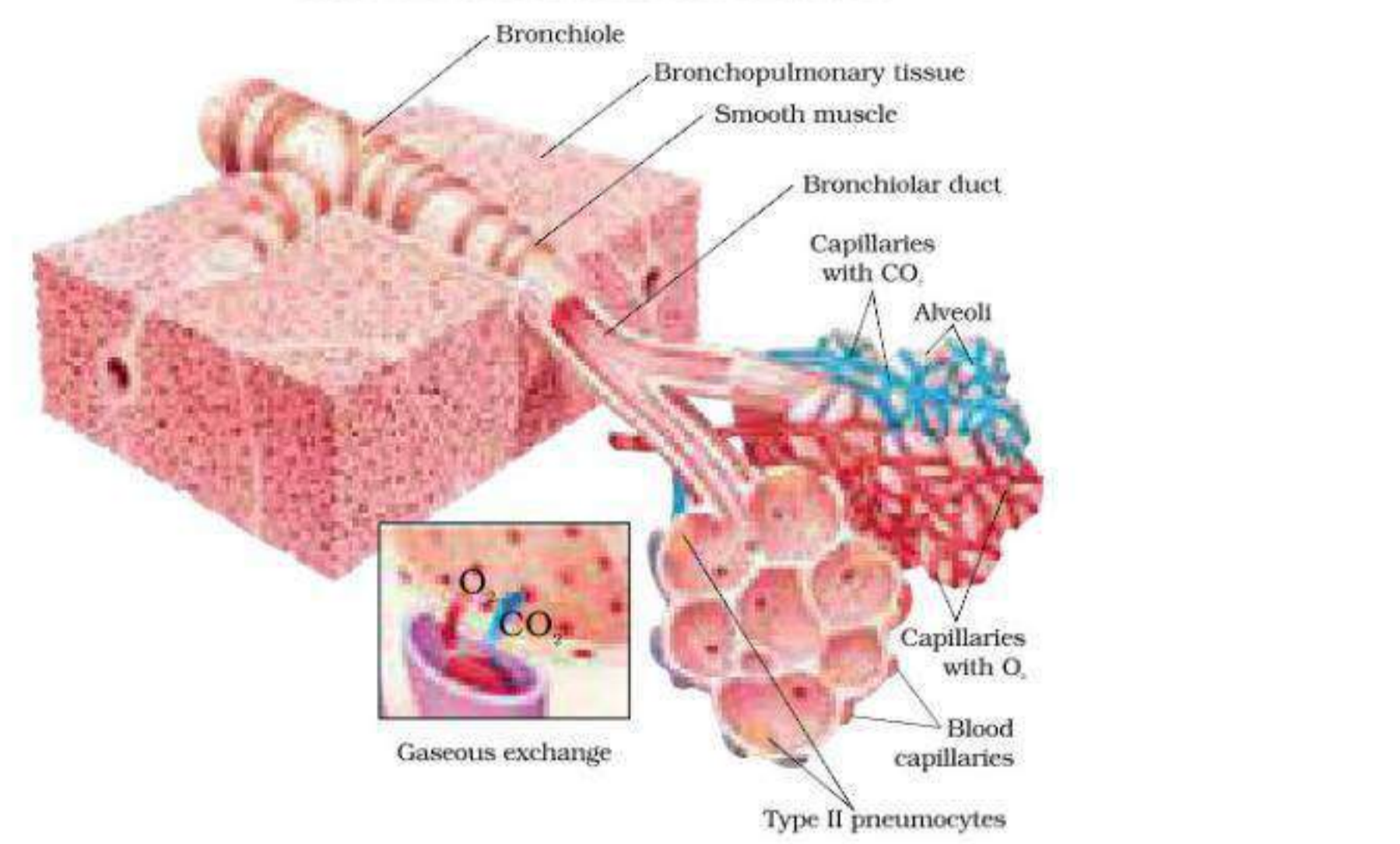


# ASTHMA

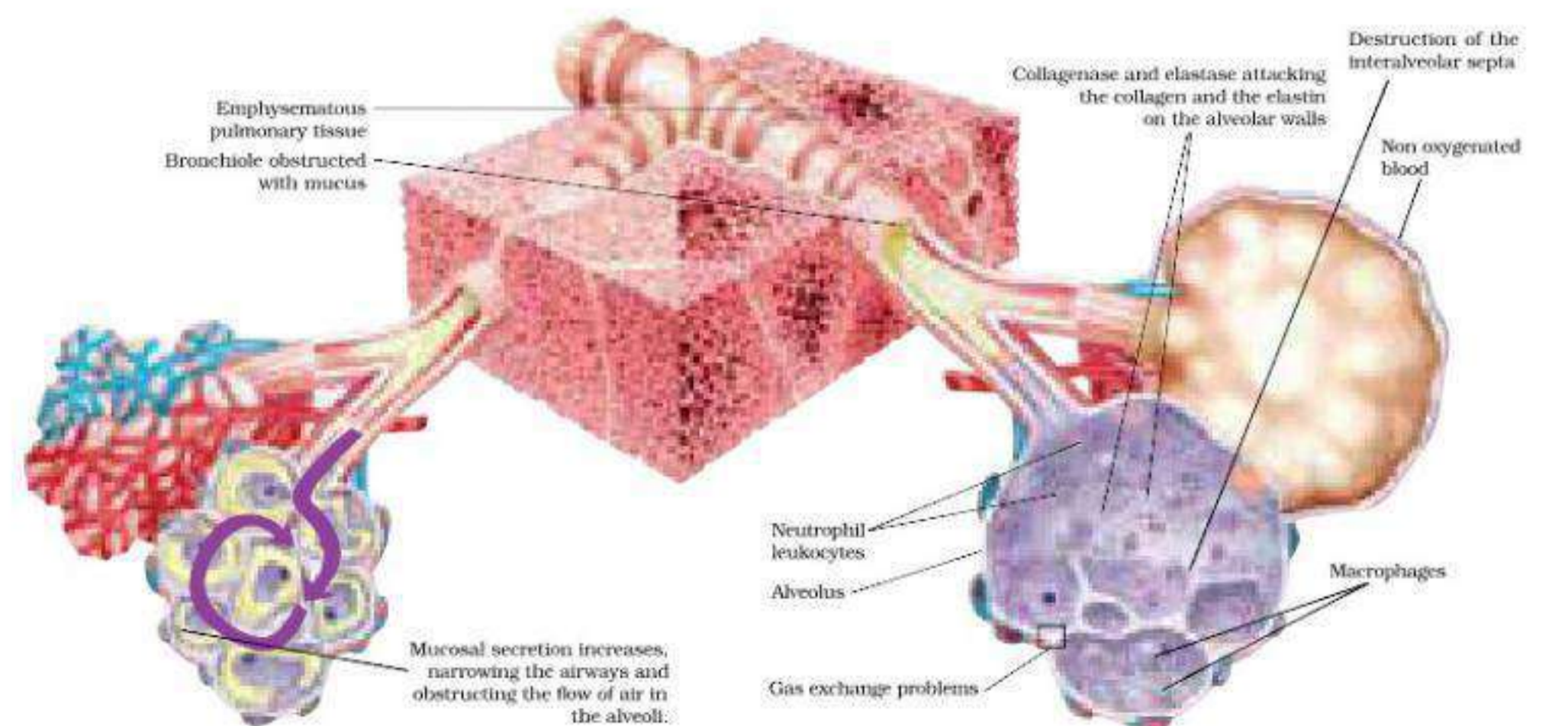


# COPD

## NORMAL BRONCHIOLES AND ALVEOLI

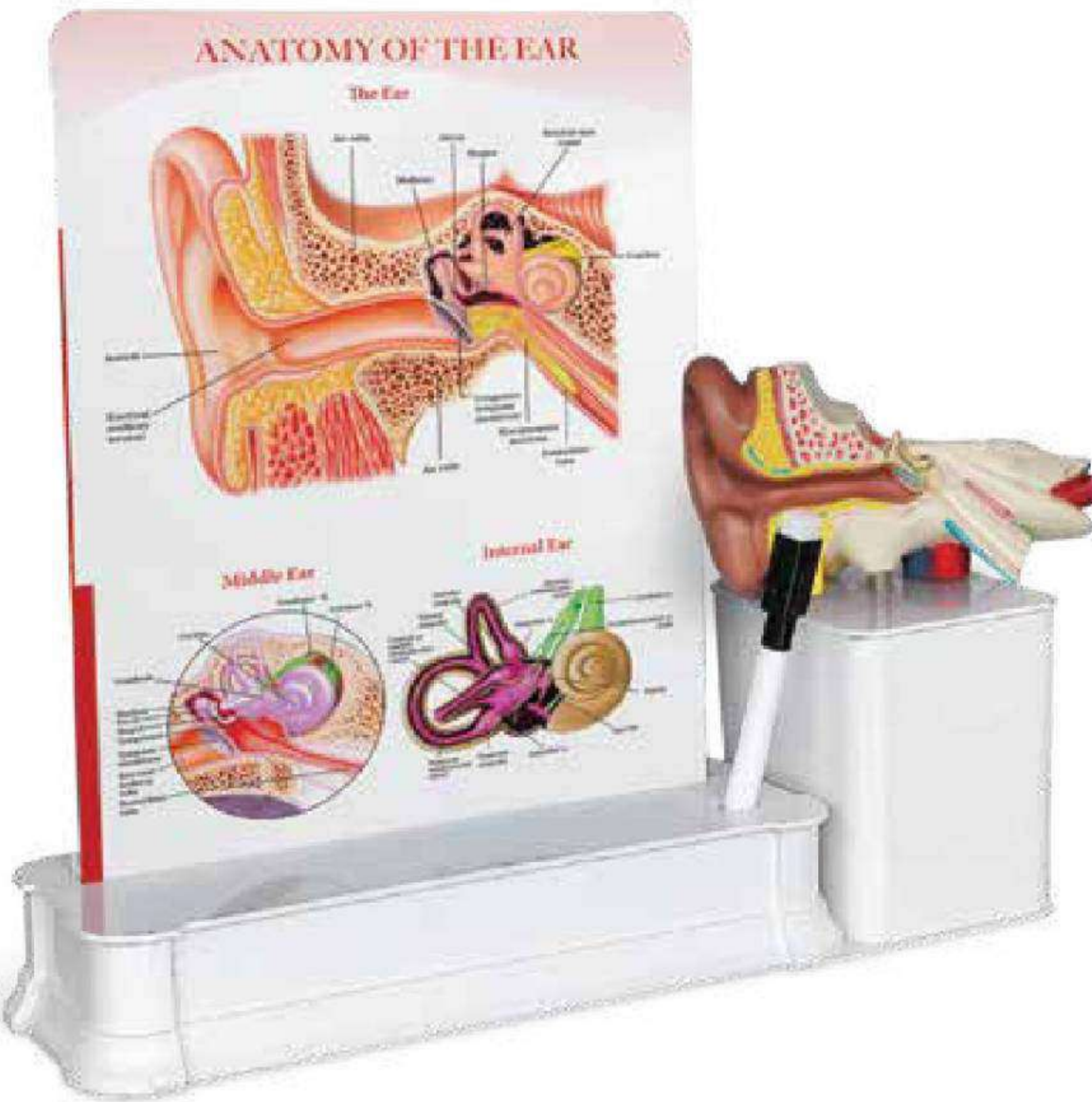


## ALVEOLUS WITH ASTHMA





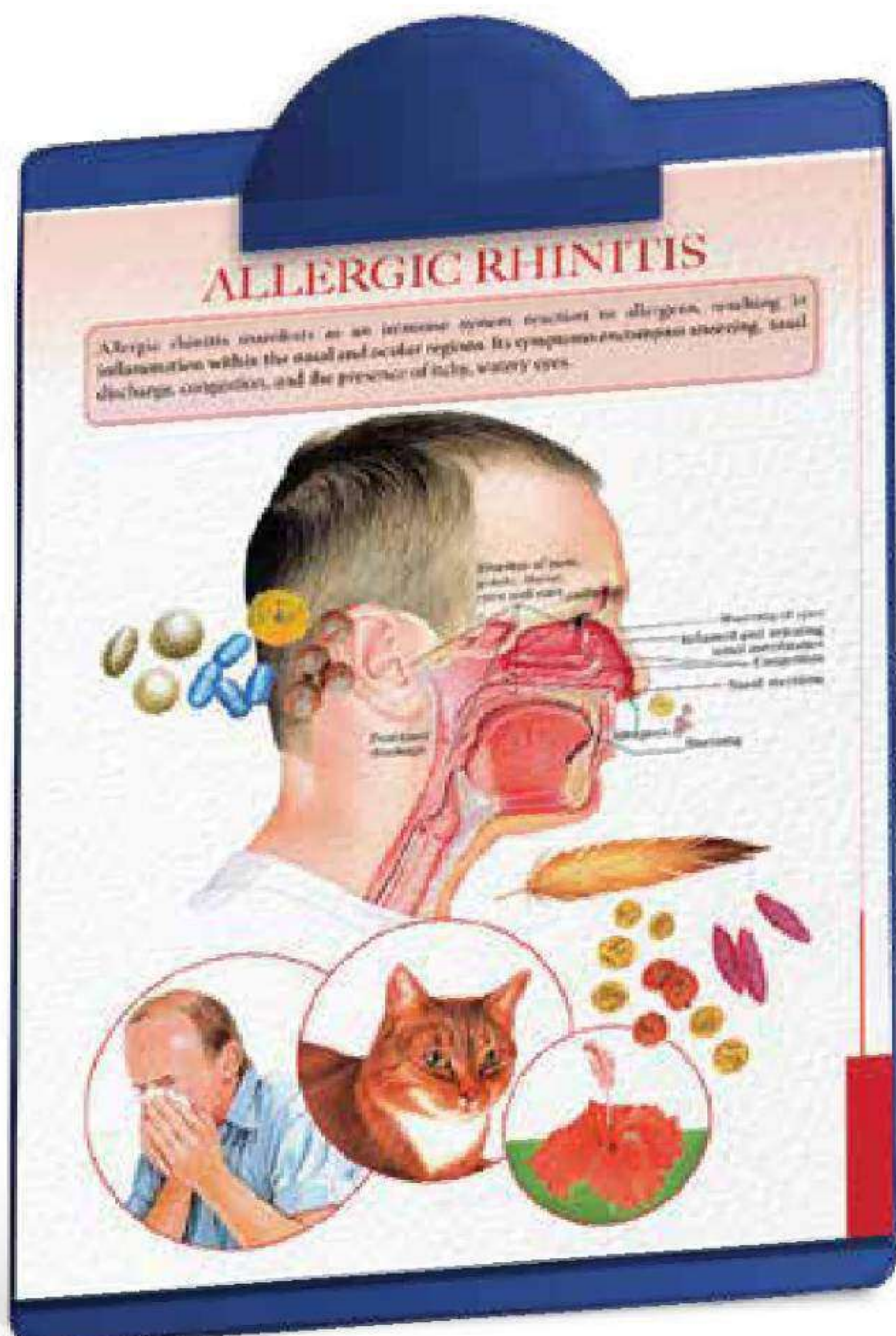
**WRITE & WIPE SLIDES WITH ANATOMICAL MODEL**



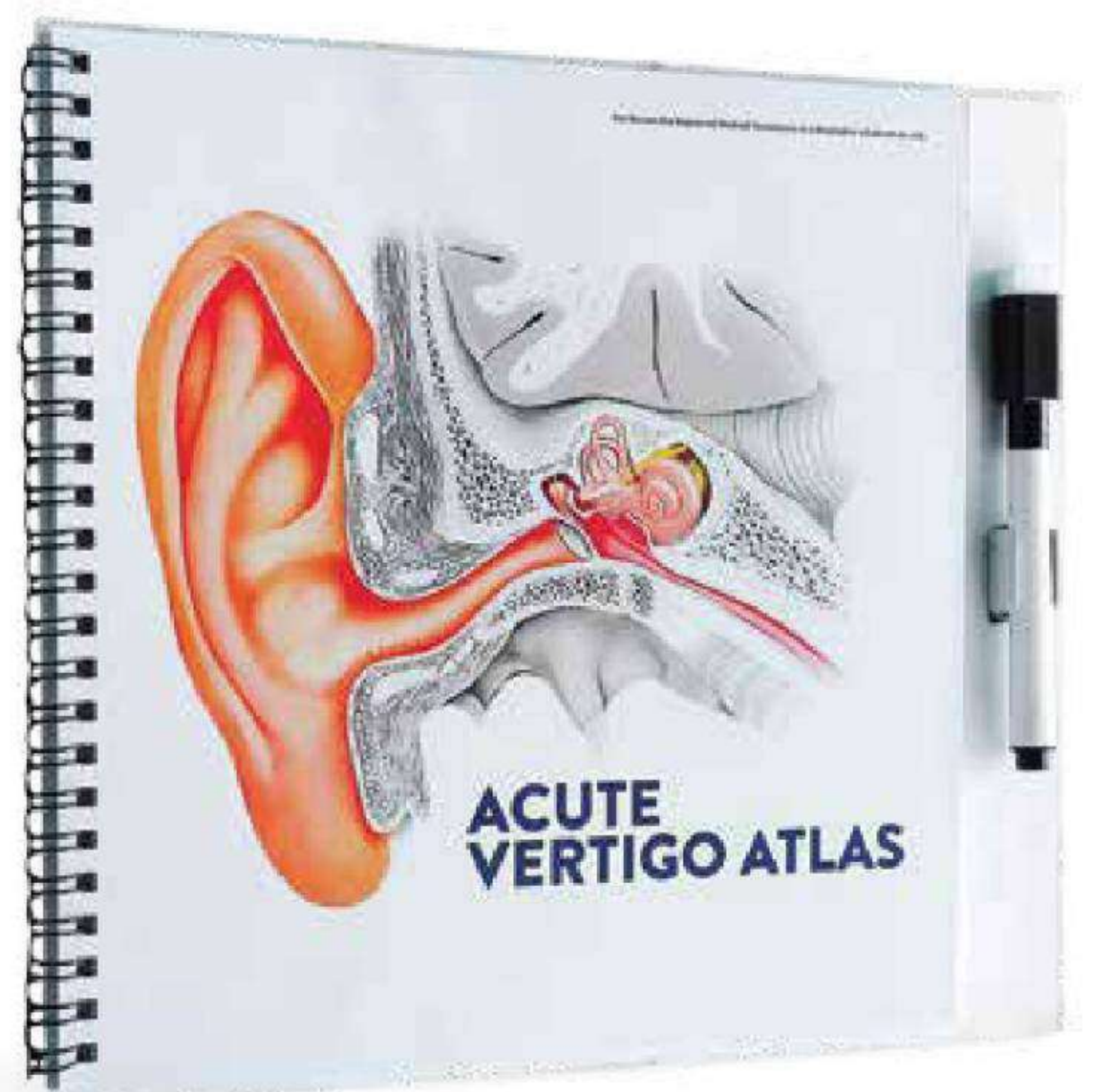
**PATIENT EDUCATION PULL-OUTS WITH ANATOMICAL MODEL**



**WRITE & WIPE CLIPBOARD**

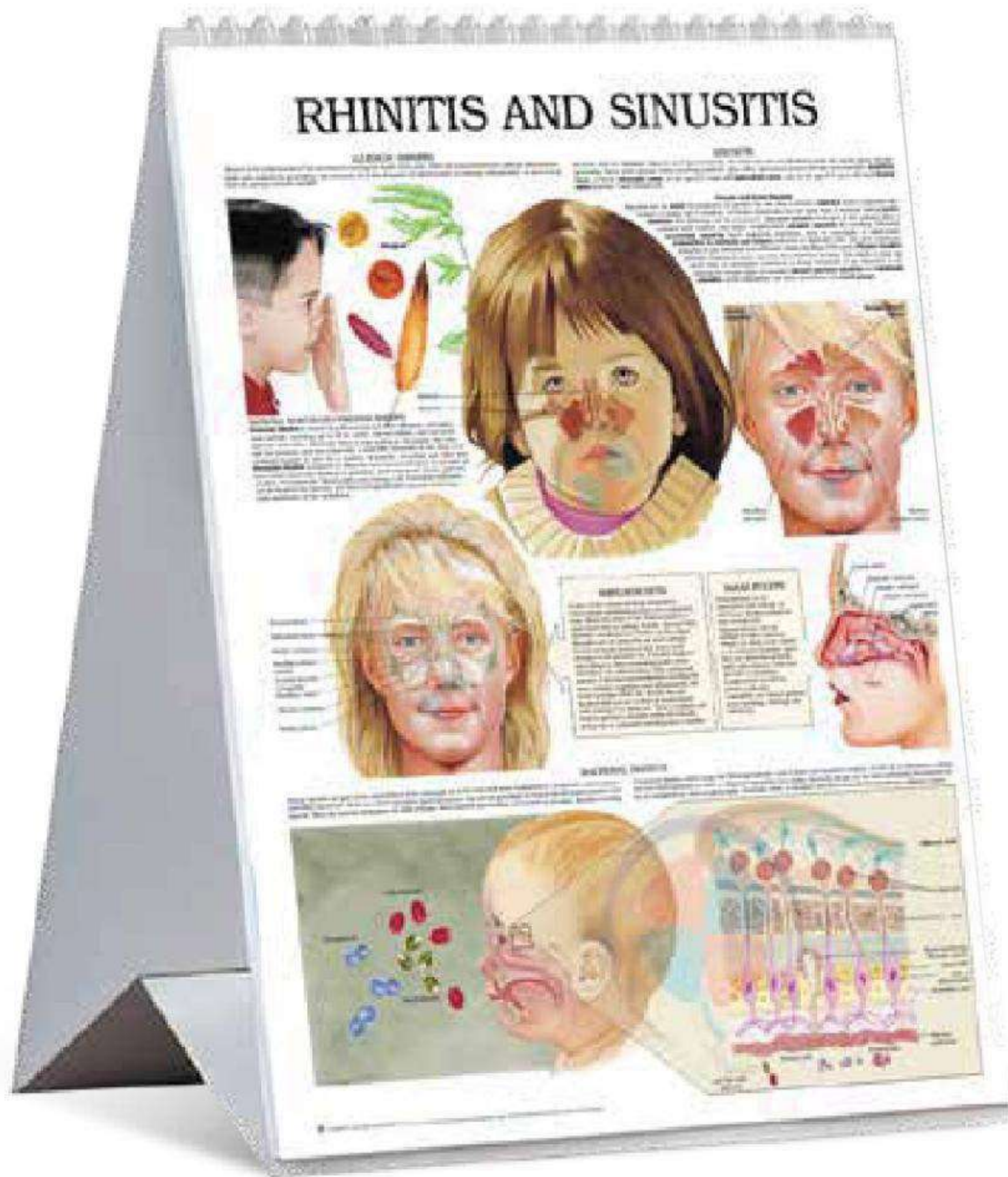


**WRITE & WIPE FLIPBOOK**





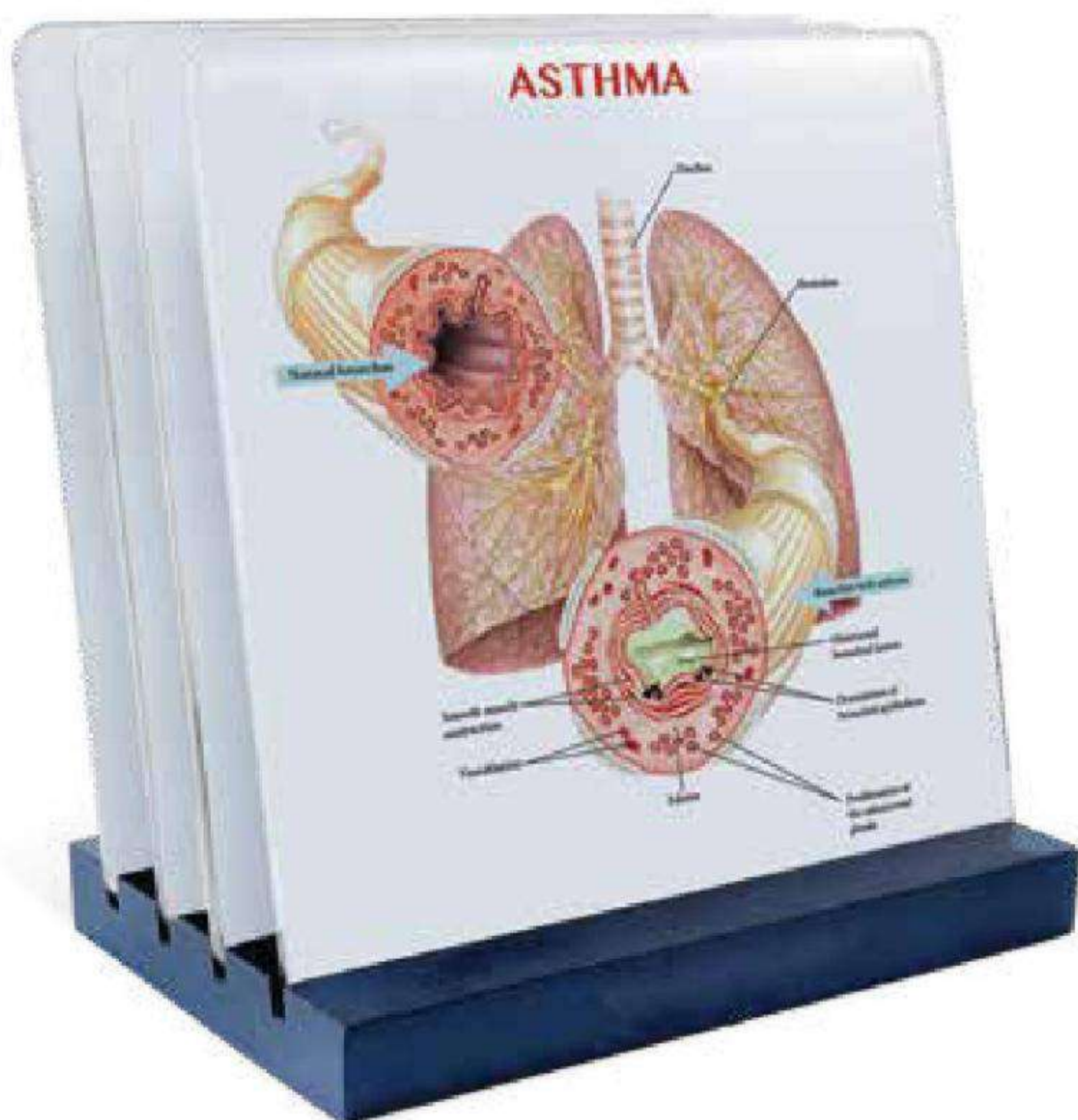
## FLIPCHART



## LENTICULAR POSTER



## PATIENT EDUCATION ACRYLIC SLIDES

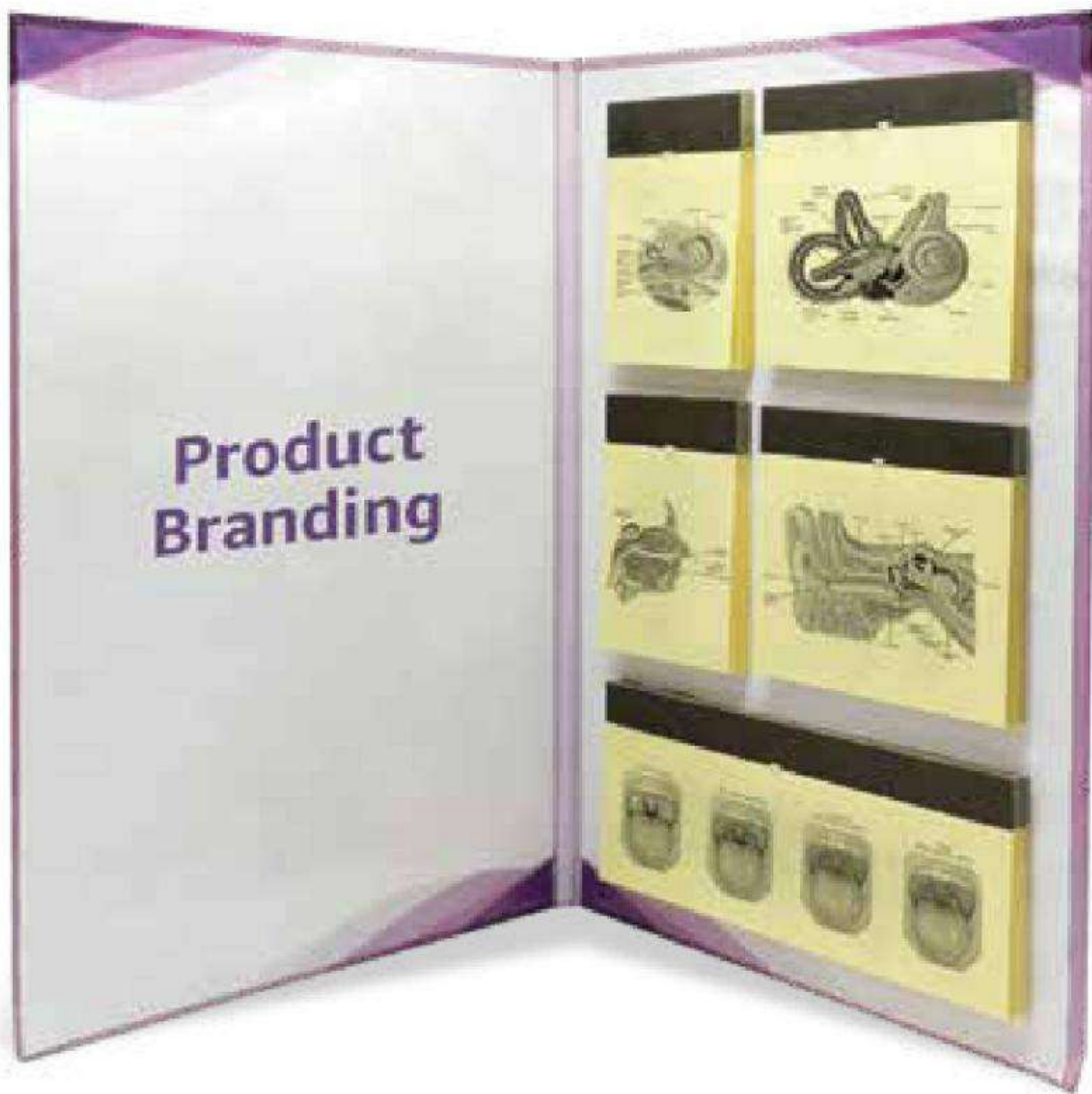


## ANATOMICAL MODEL

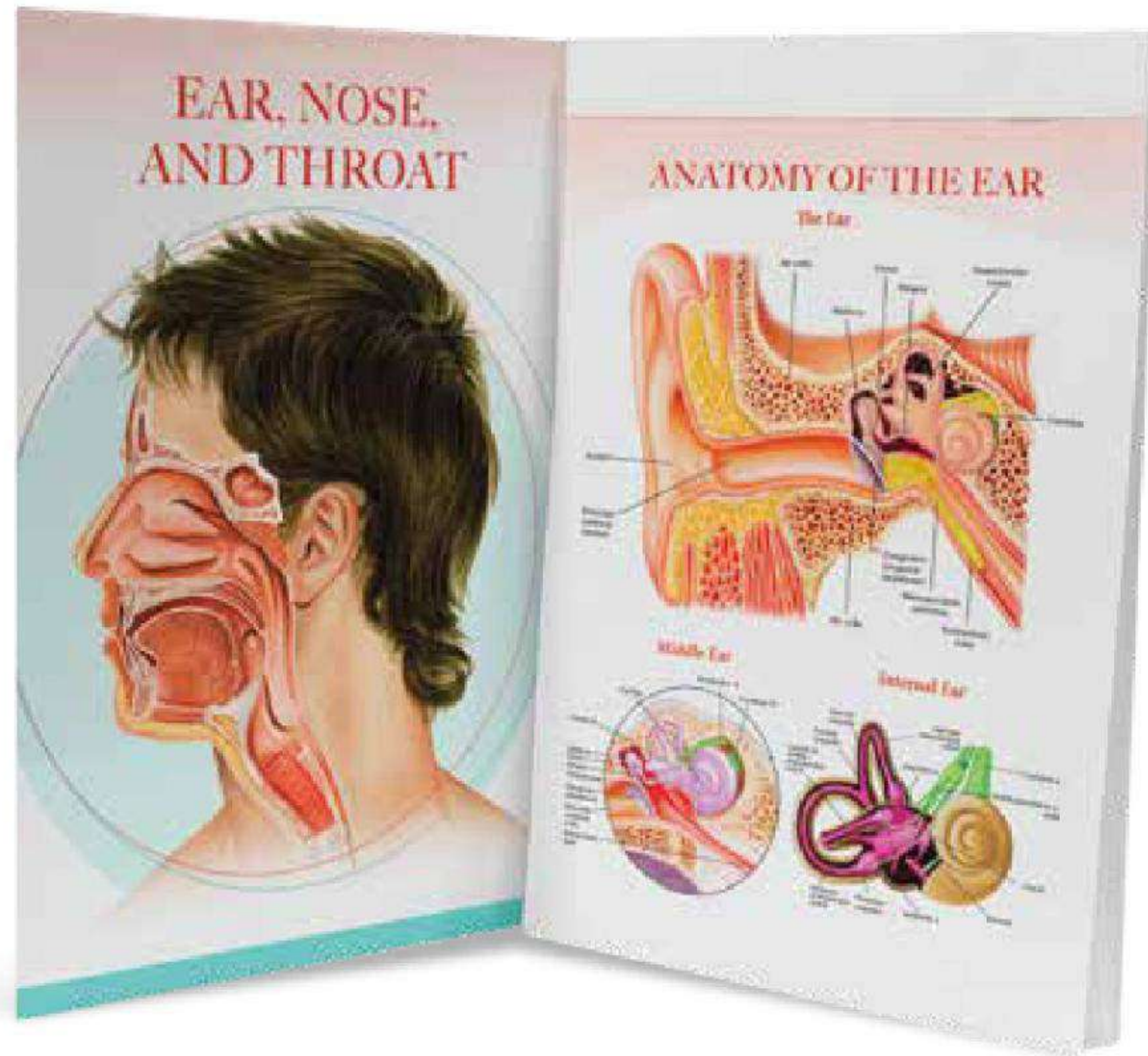




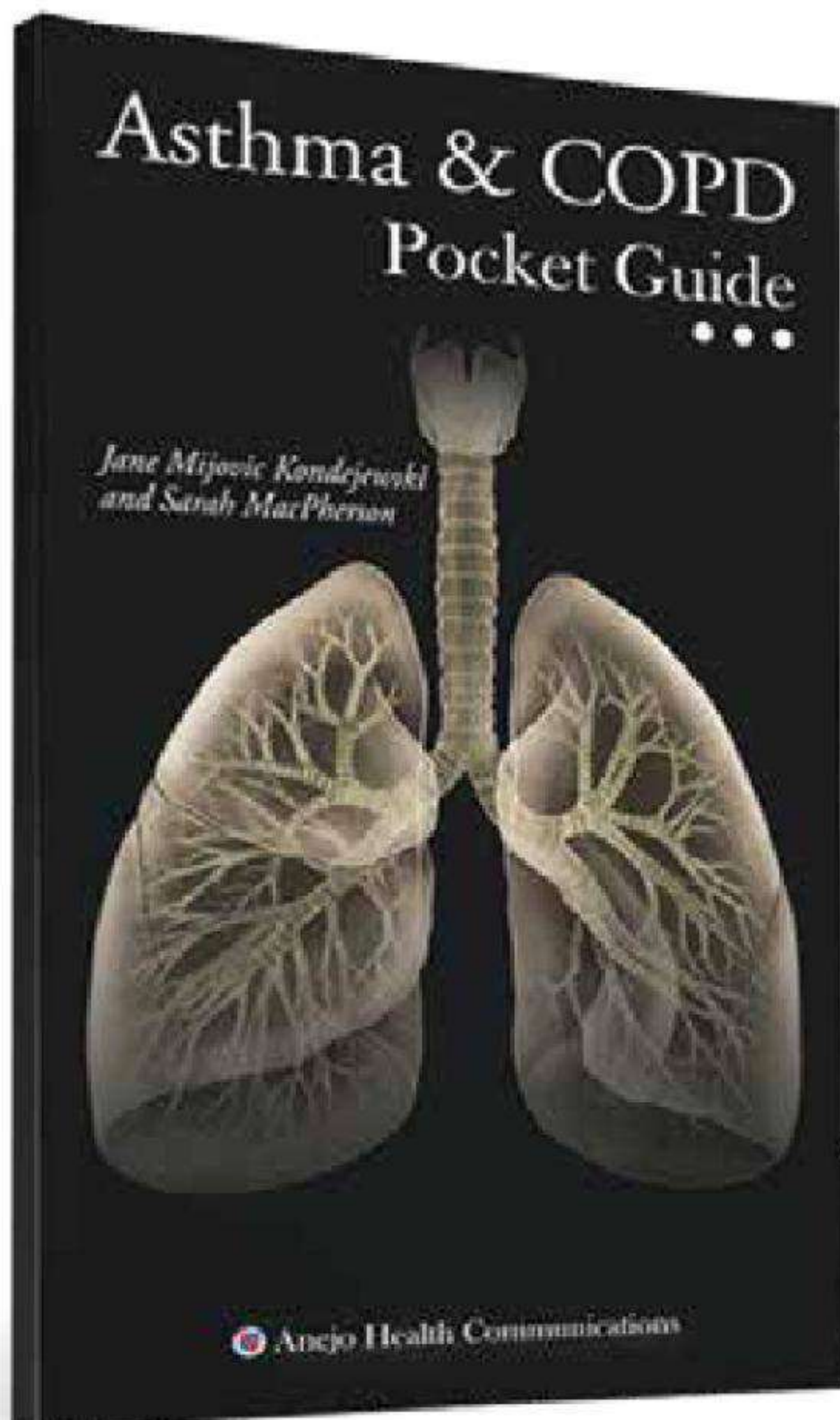
**PATIENT EDUCATION  
STICKY NOTES**



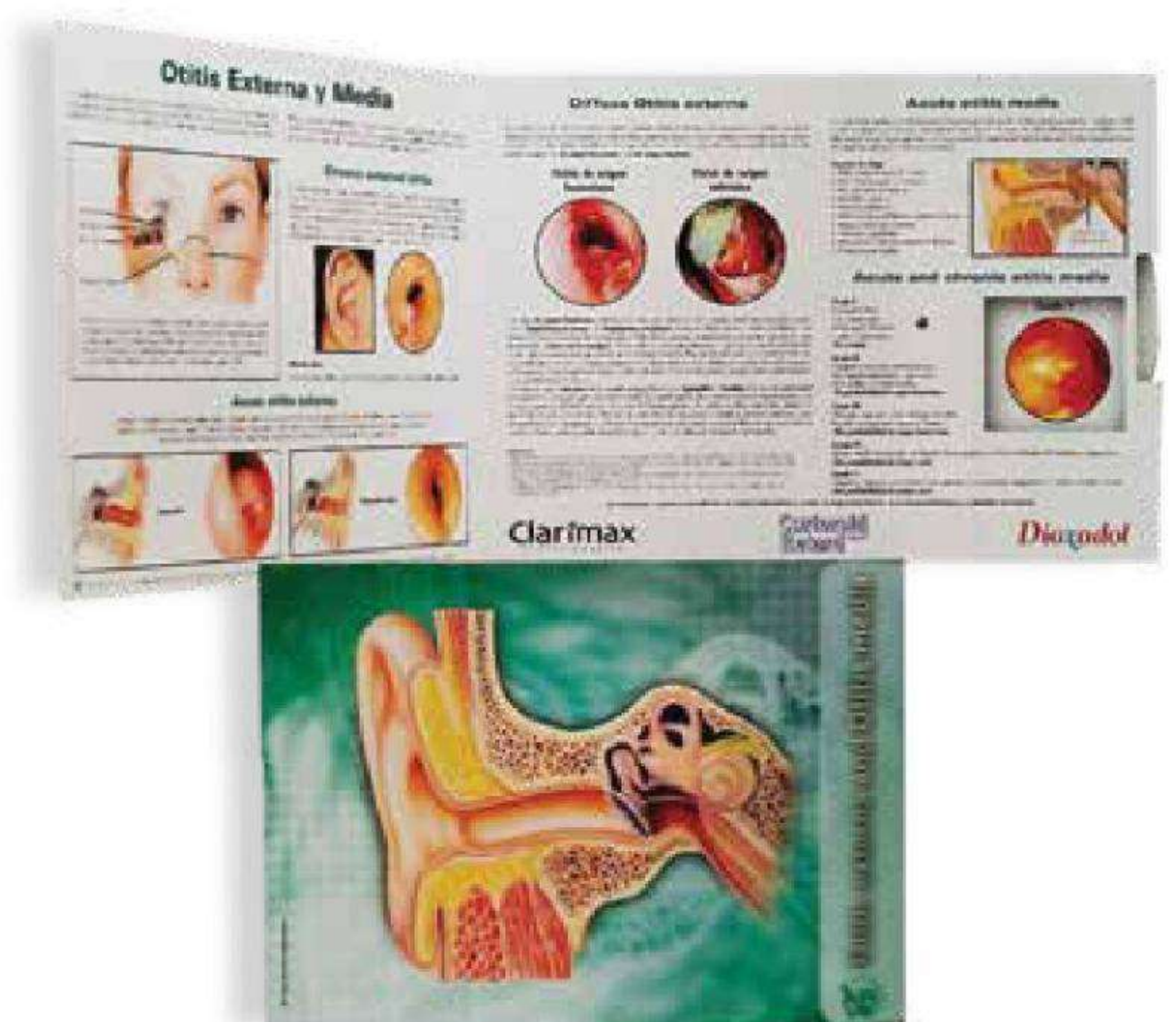
**TEAR OFF PAD**



**POCKET GUIDE**

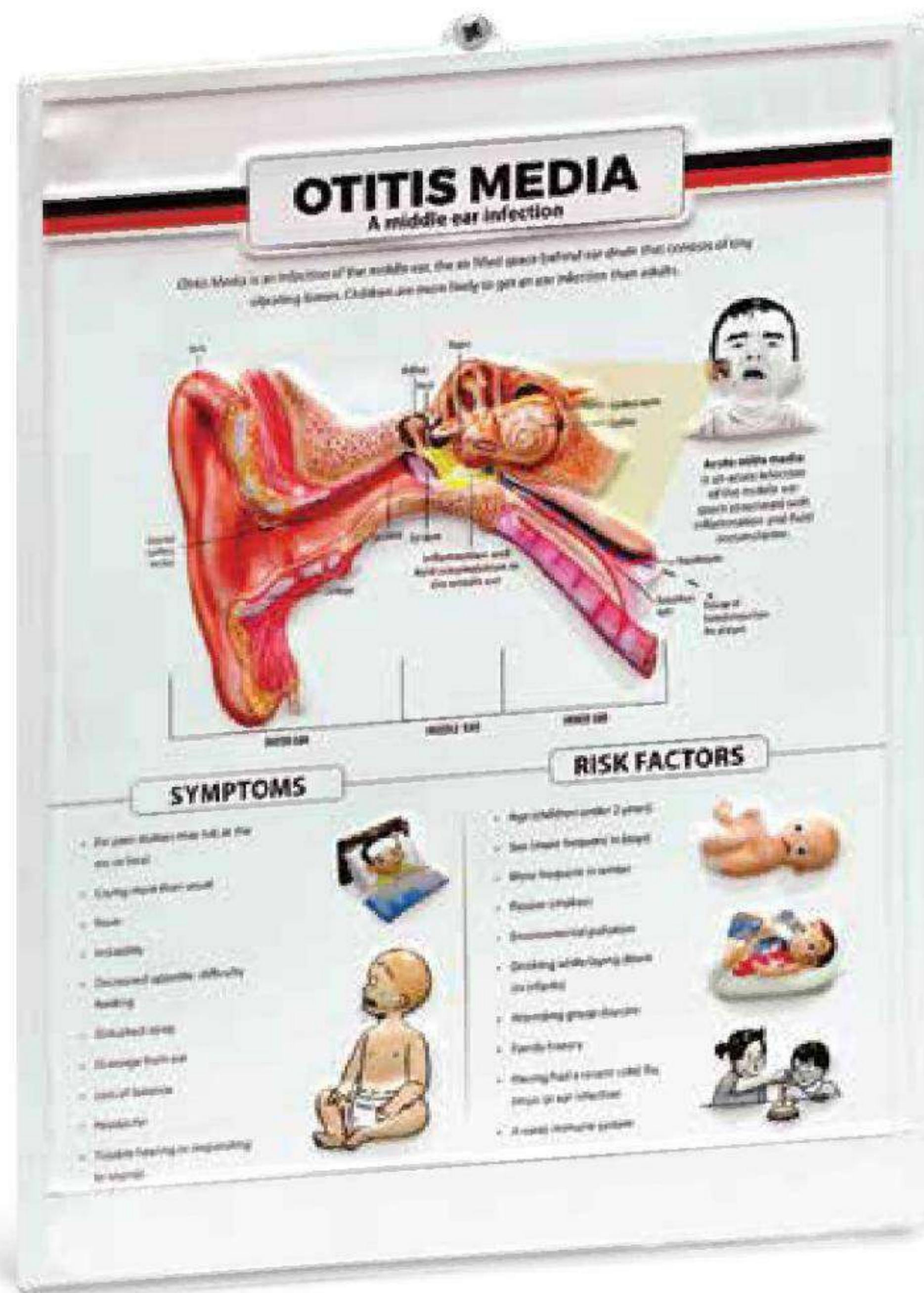


**INFORMATION WHEEL**





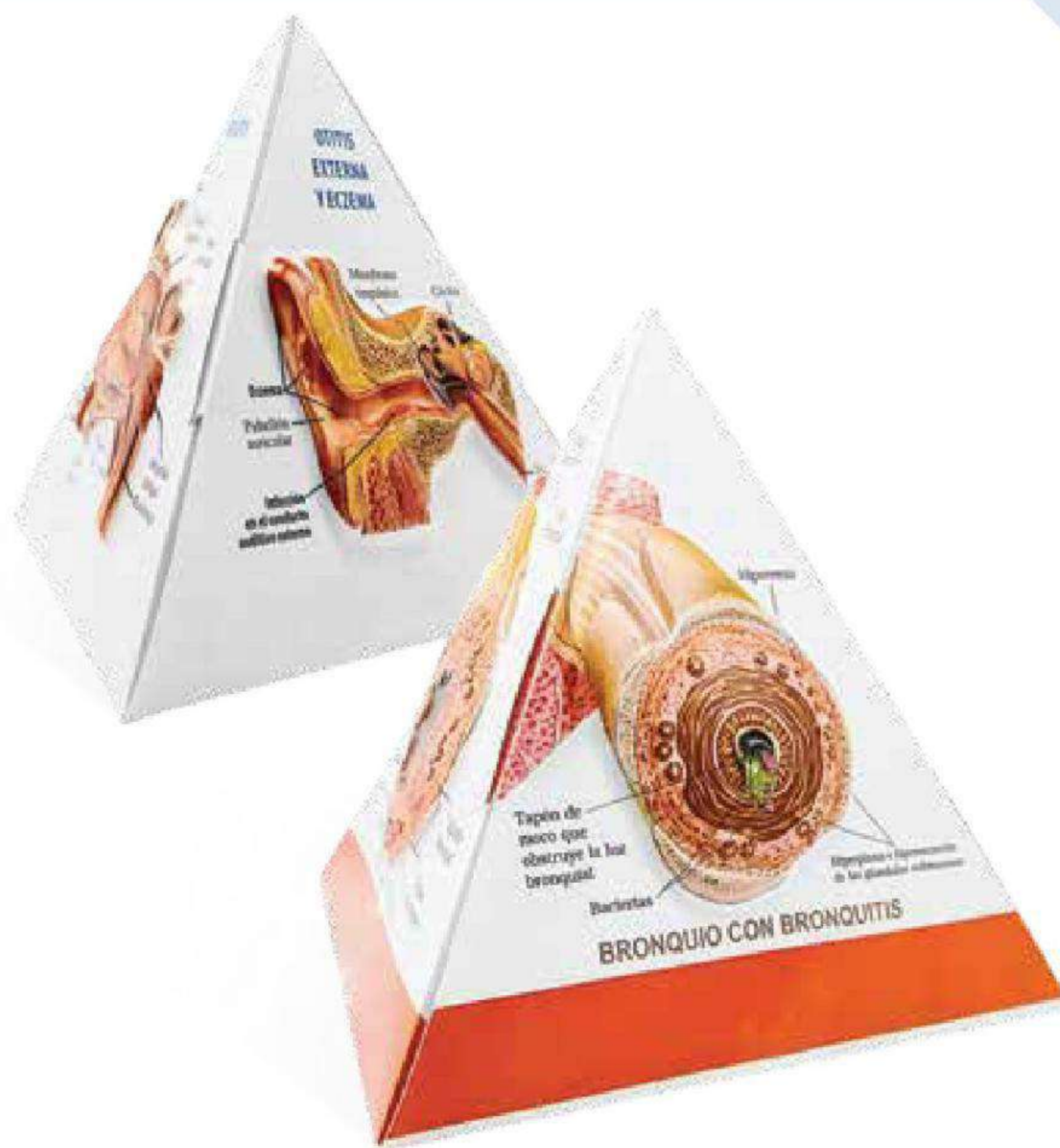
## POP-UP POSTER



## POP-UP PEN STAND



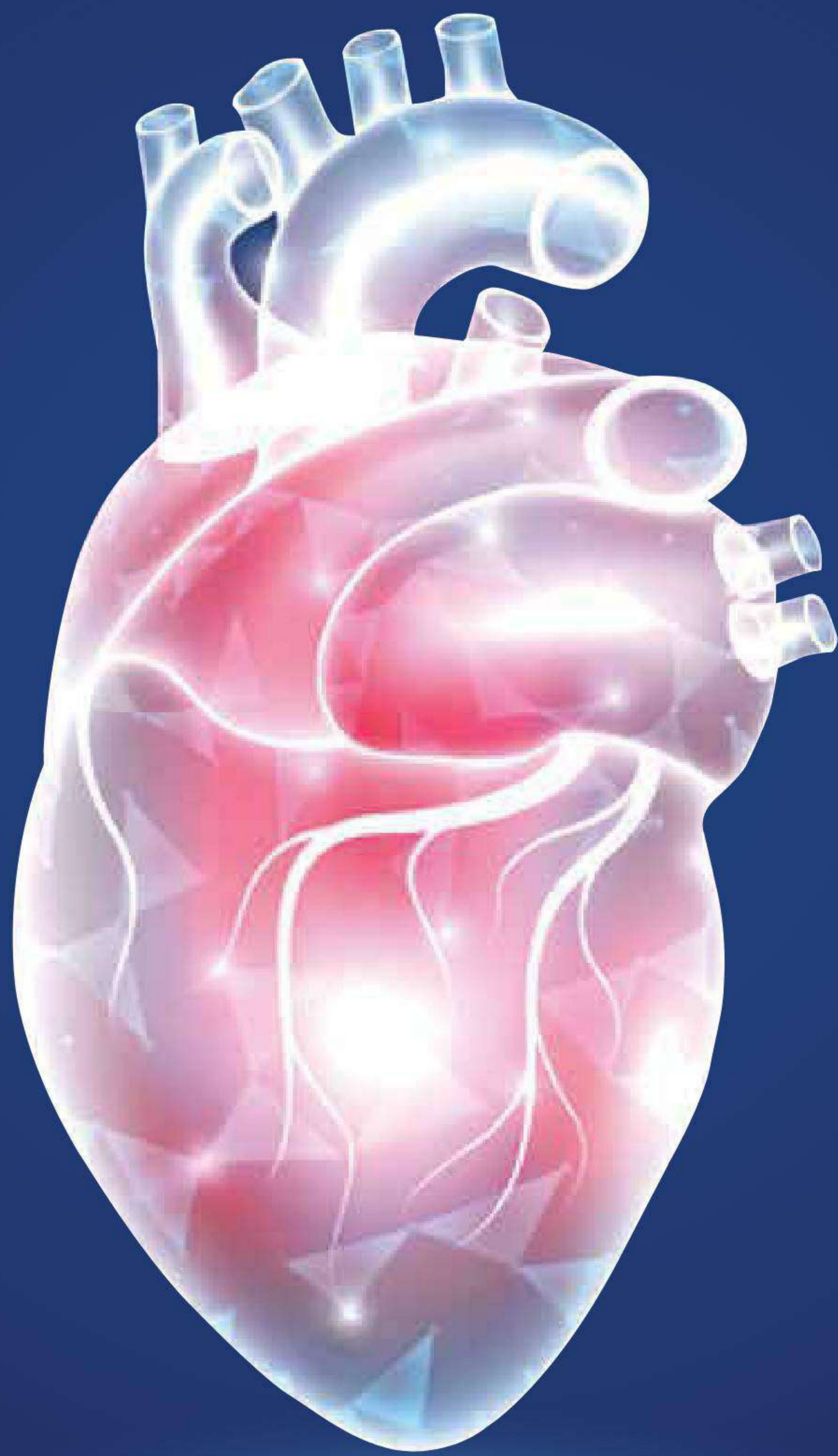
## POP-UP 3D PRISM



## POP-UP TENT CARD







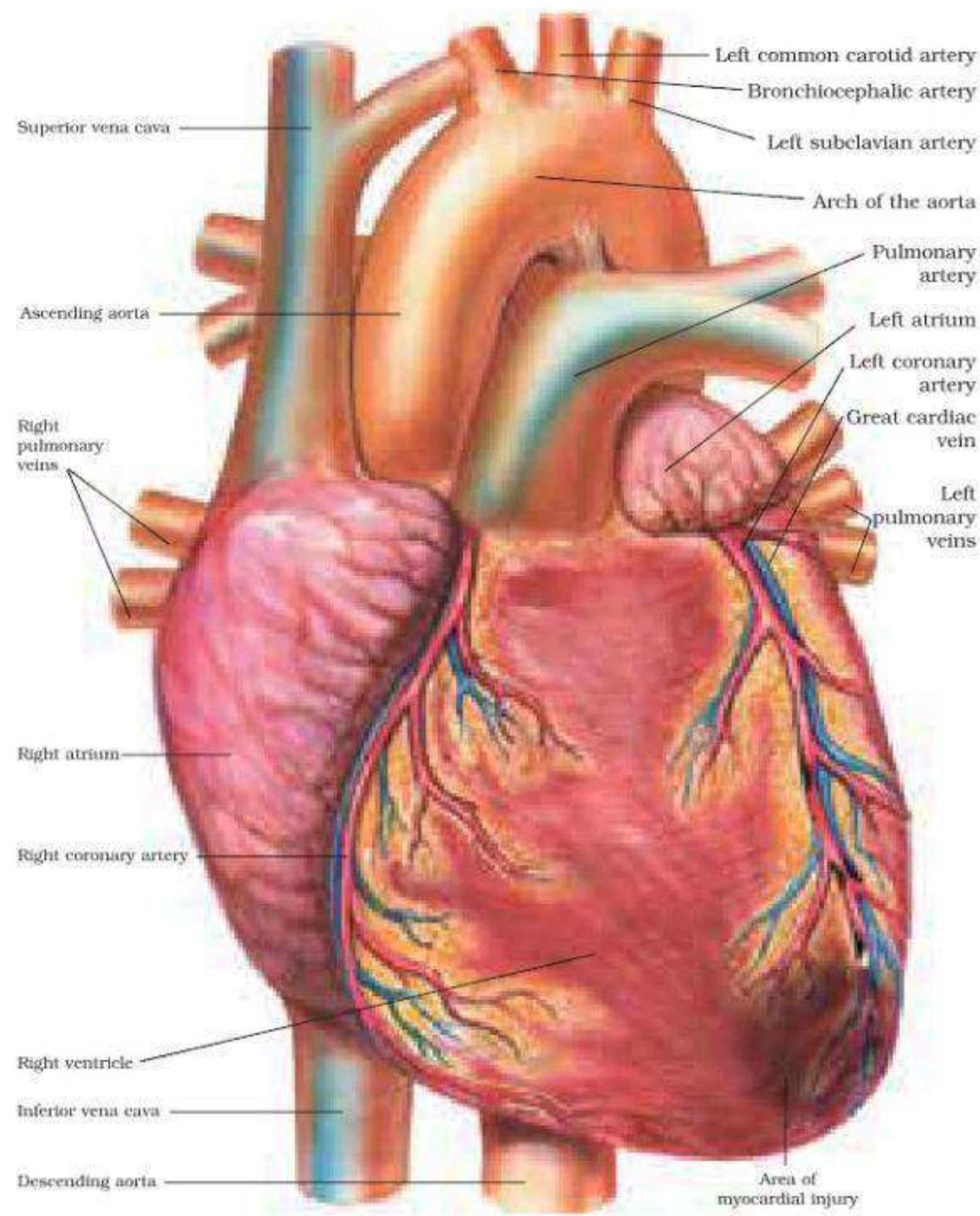
# CARDIO-DIABETES





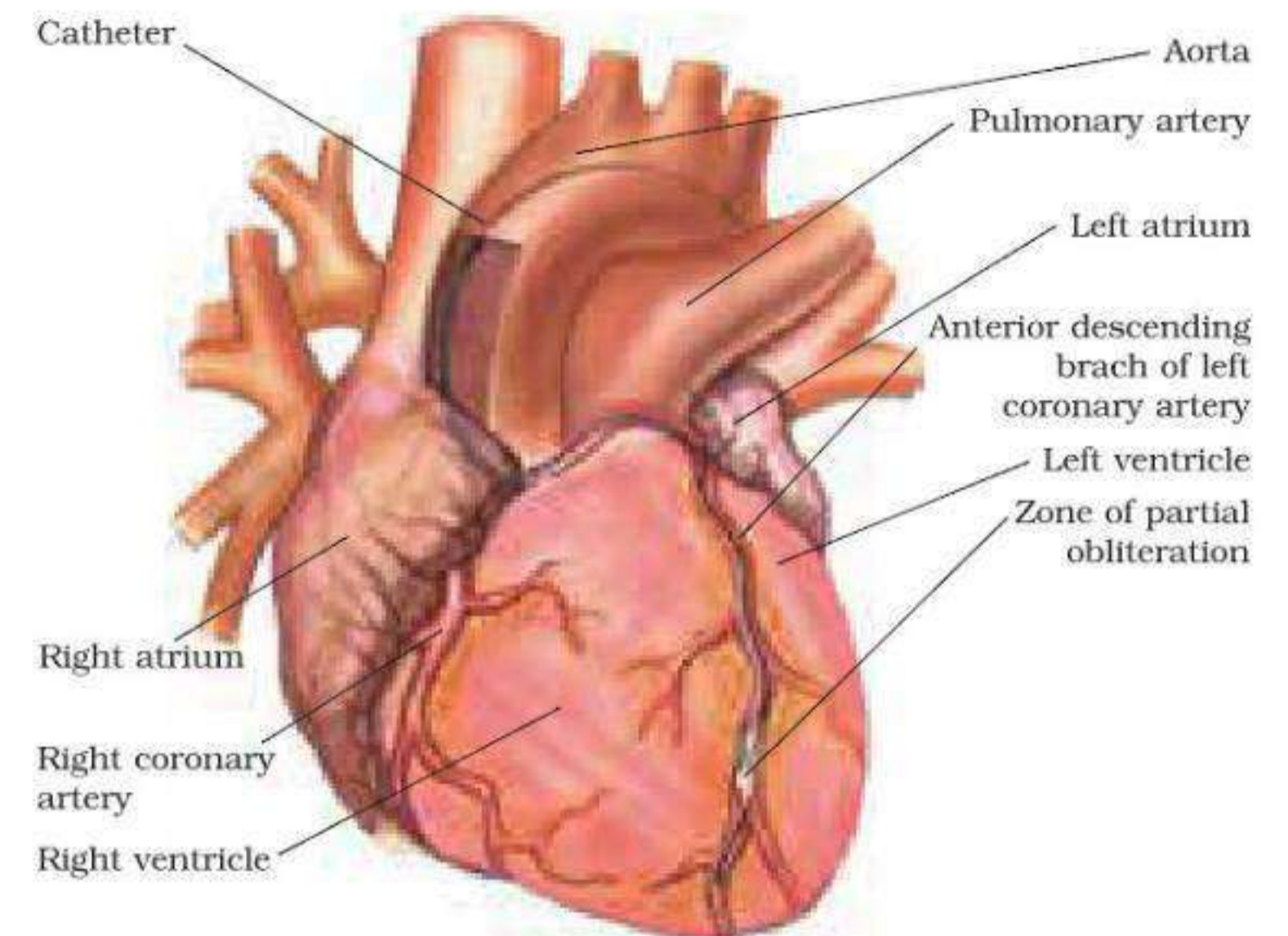


## THE HEART



This image of the heart demonstrate the vessels that enter and exit the heart along with the principal coronary vessels. Notice the area of coronary vessels. Notice the area of coronary thrombosis after a heart attack.

## ANGIOPLASTY



Coronary angioplasty is an invasive method of arterial recanalization with which you can see some improvement in patients with angina or with objective evidence of myocardial ischemia, and which presents a non-calcified lesion of a principle coronary vessel.



Introduction of balloon catheter through the remaining vascular lumen.



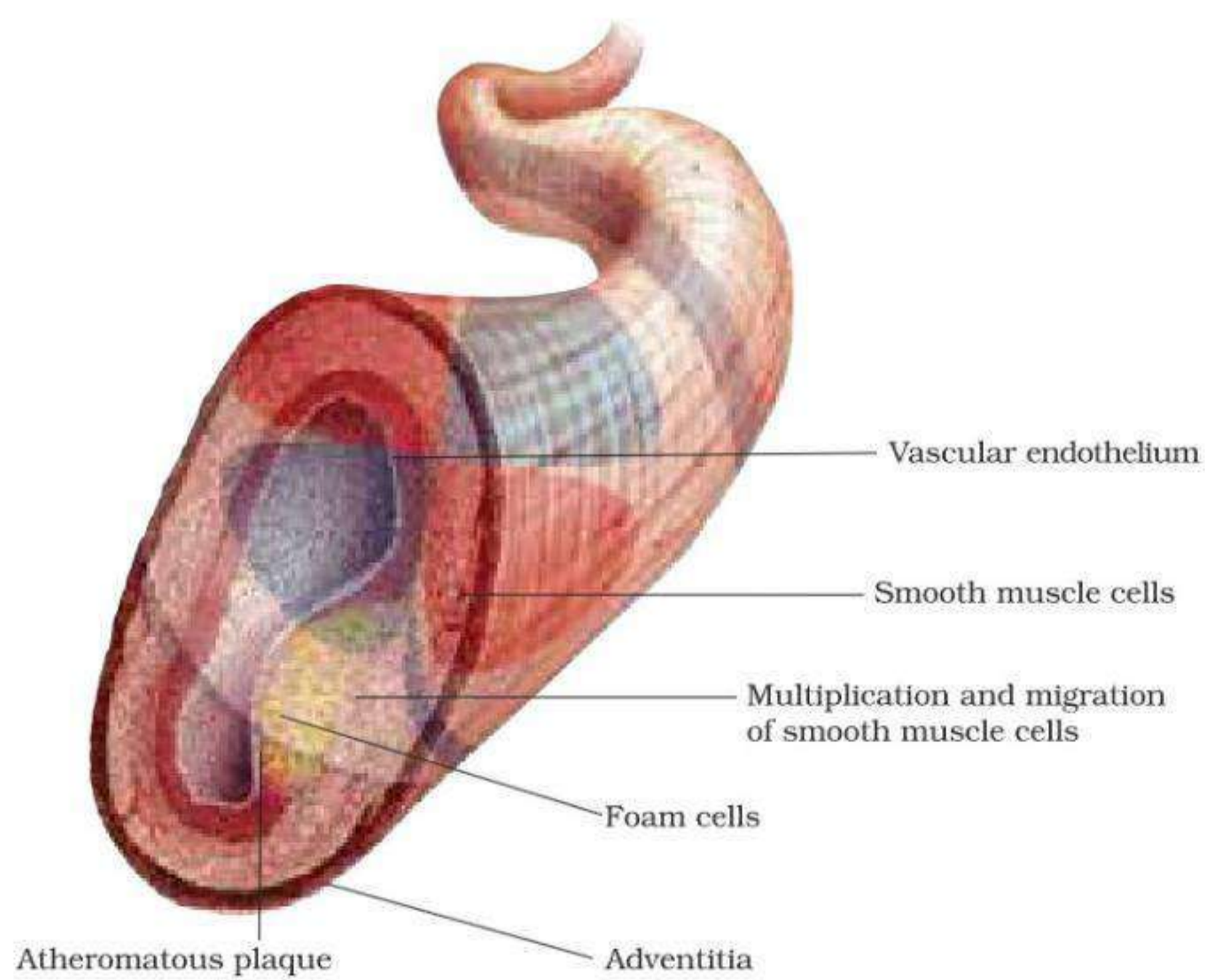
Ballon catheter inflated against the wall of the vessel.



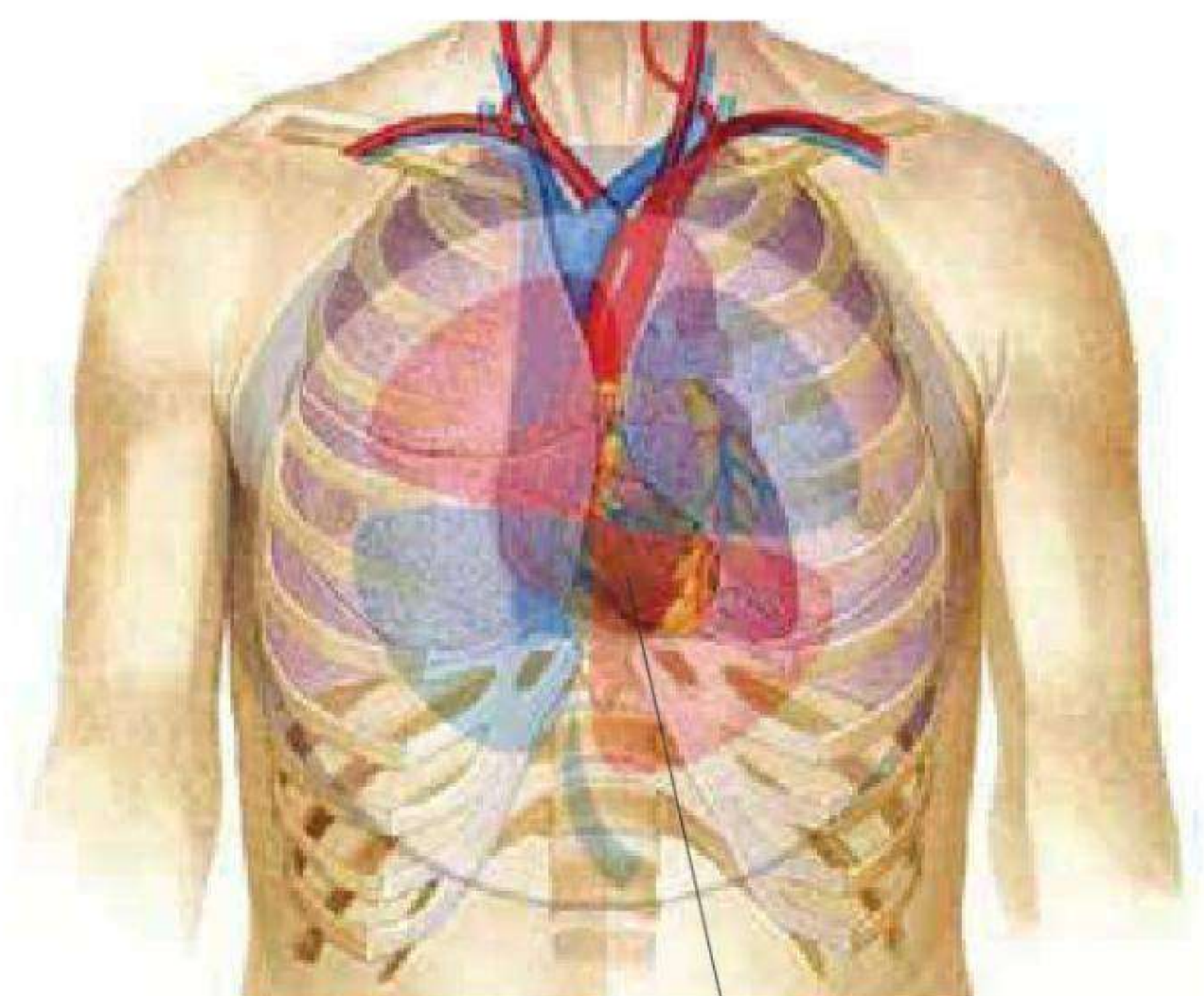
Schematic view of a vessel with its atheromatous process

## ATHEROMATOUS PLAQUE FORMATION

This process starts with the accumulation of excessive LDL cholesterol in circulation which, together with blood plaques, go through the damaged vascular arterial endothelium.



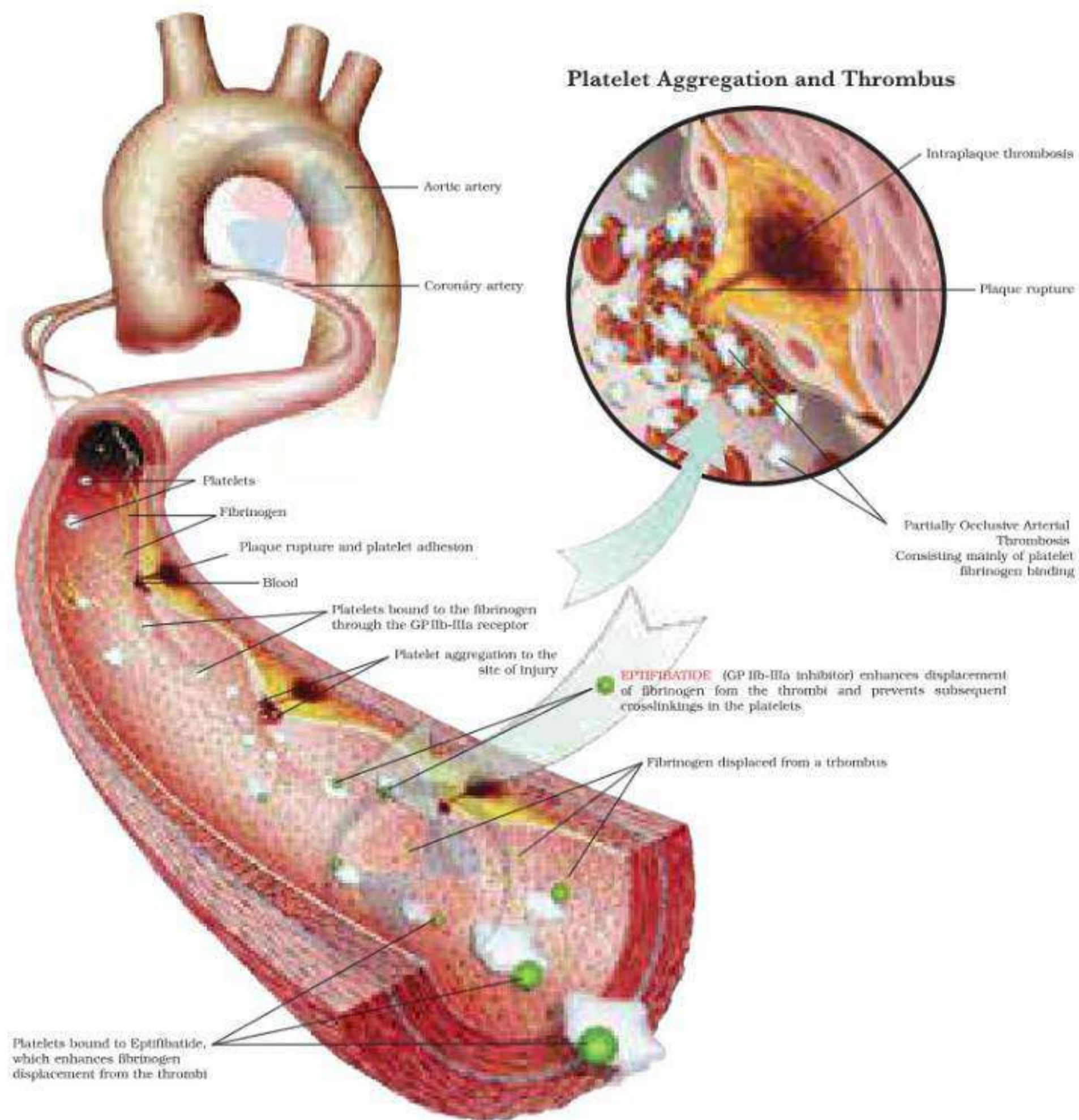
## ACUTE MYOCARDIAL INFARCT



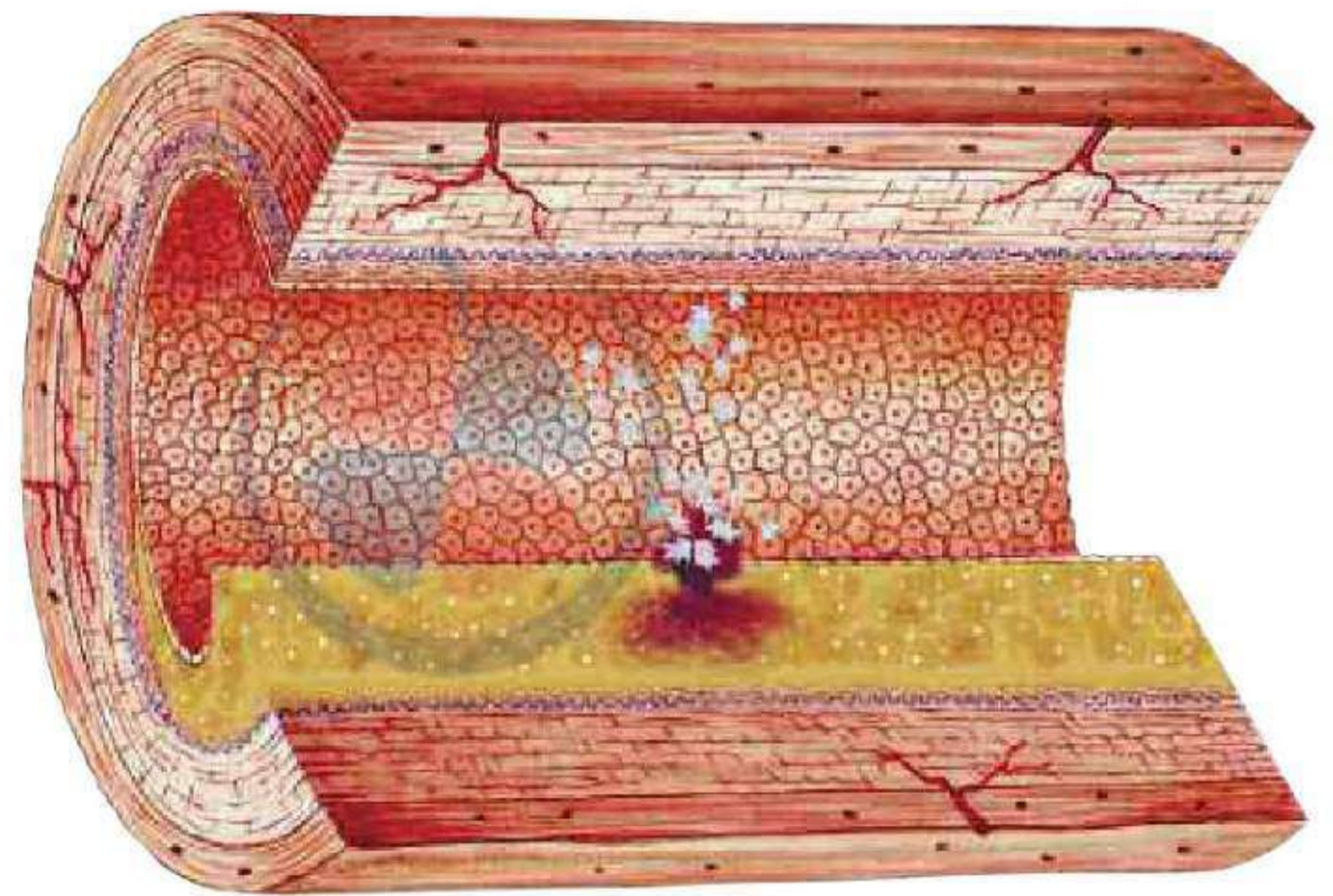
Area of infarction



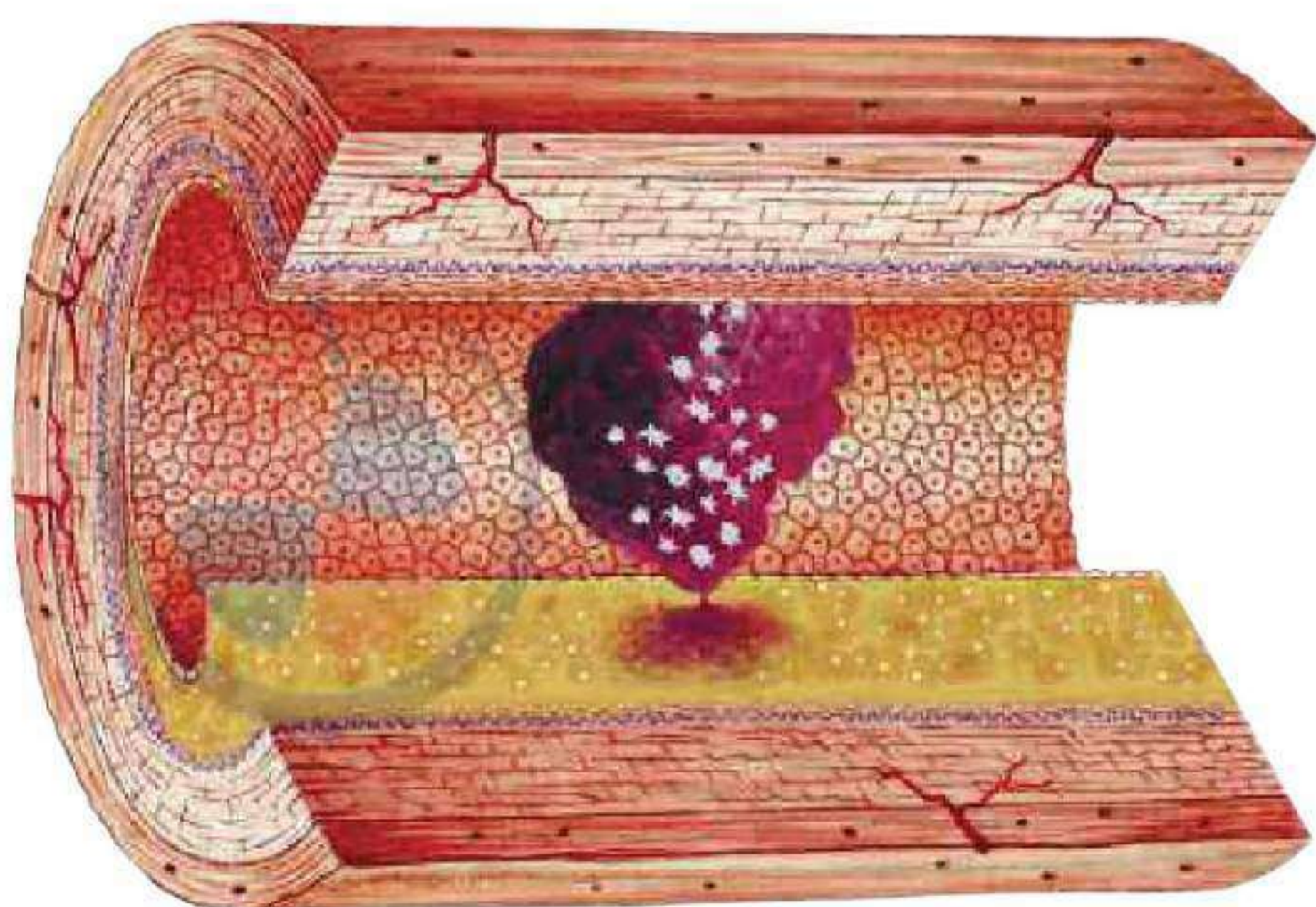
## PLAQUE RUPTURE



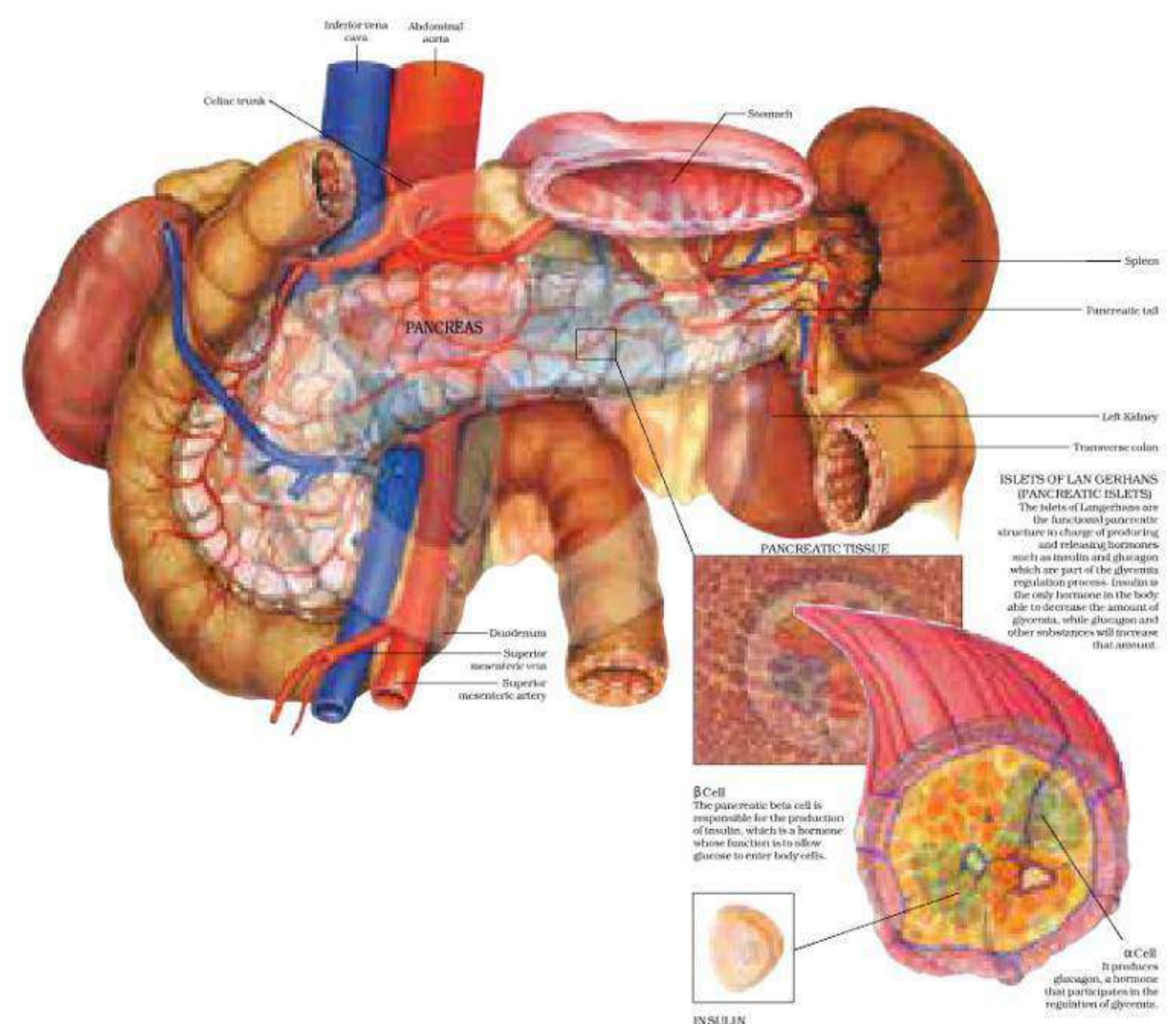
## PLATELET ADHESION TO THE SITE OF INJURY



## THROMBUS WITH PARTIAL OCCLUSION

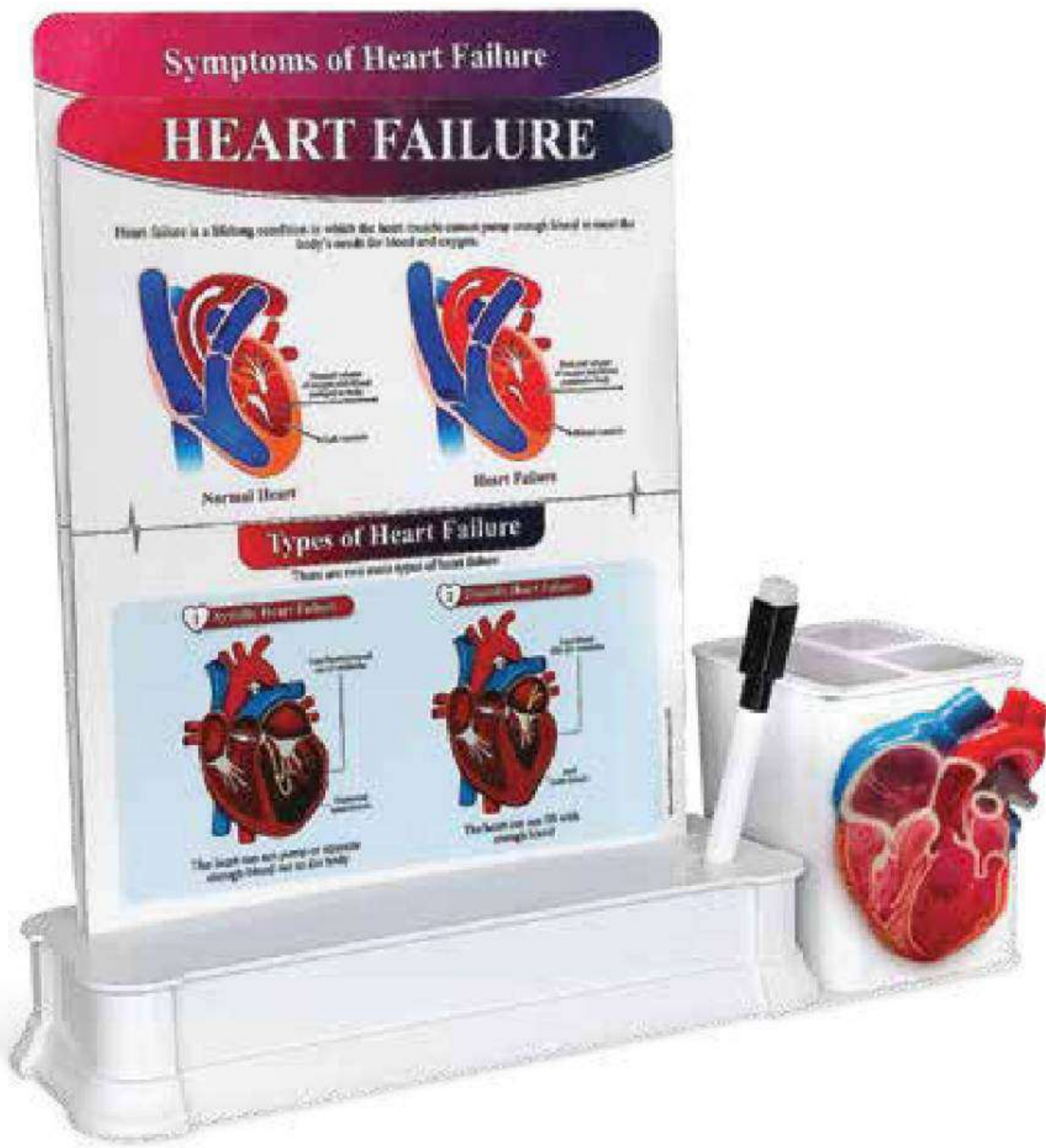


## DIABETES





**WRITE & WIPE SLIDES WITH  
PEN STAND & ANATOMICAL MODEL**



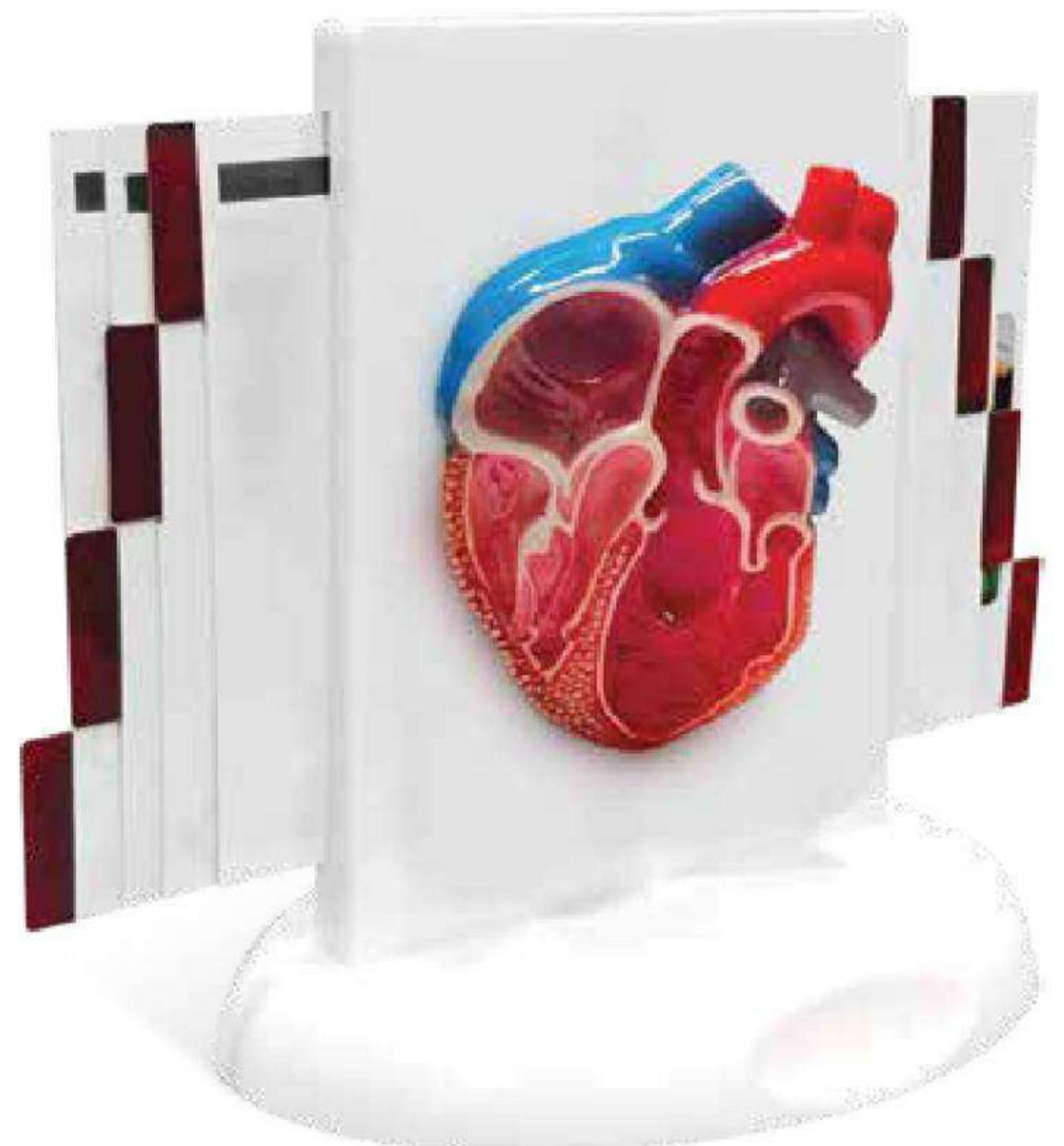
**WRITE & WIPE SLIDES WITH  
PATIENT EDUCATION LEAFLETS**



**WRITE & WIPE FLIPCHART  
WITH PEN STAND**

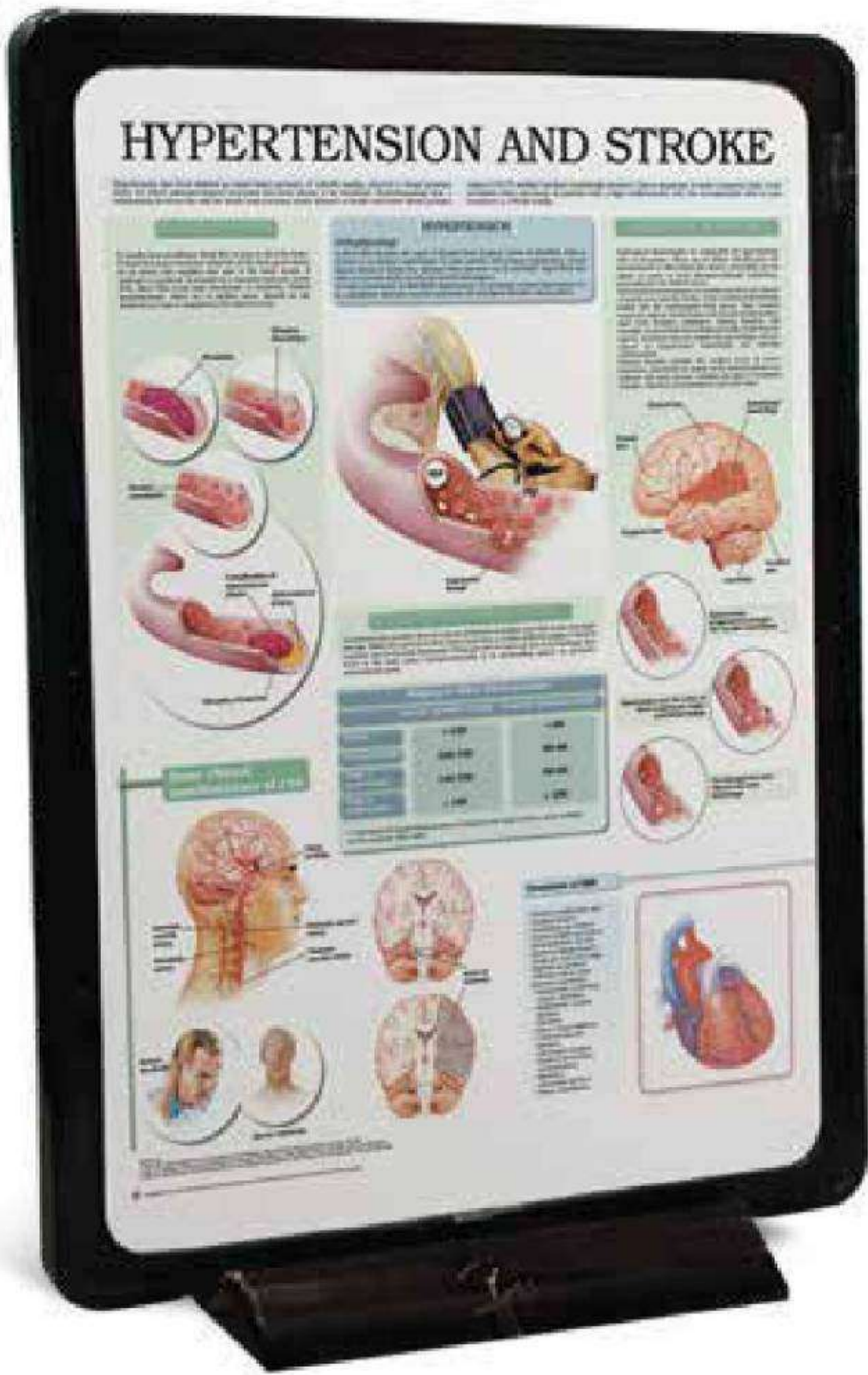


**PATIENT EDUCATION PULL-OUTS  
WITH ANATOMICAL MODEL**

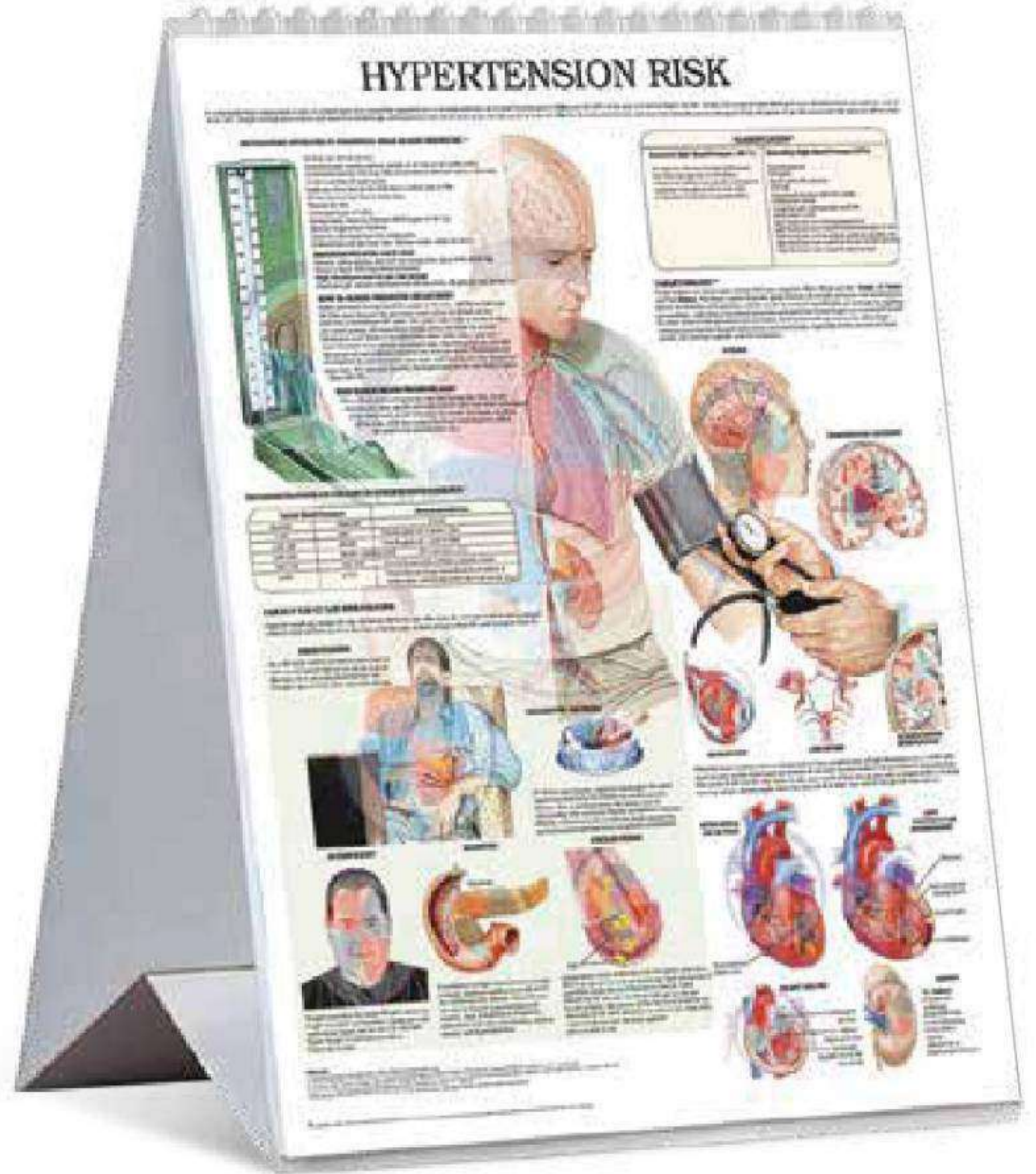




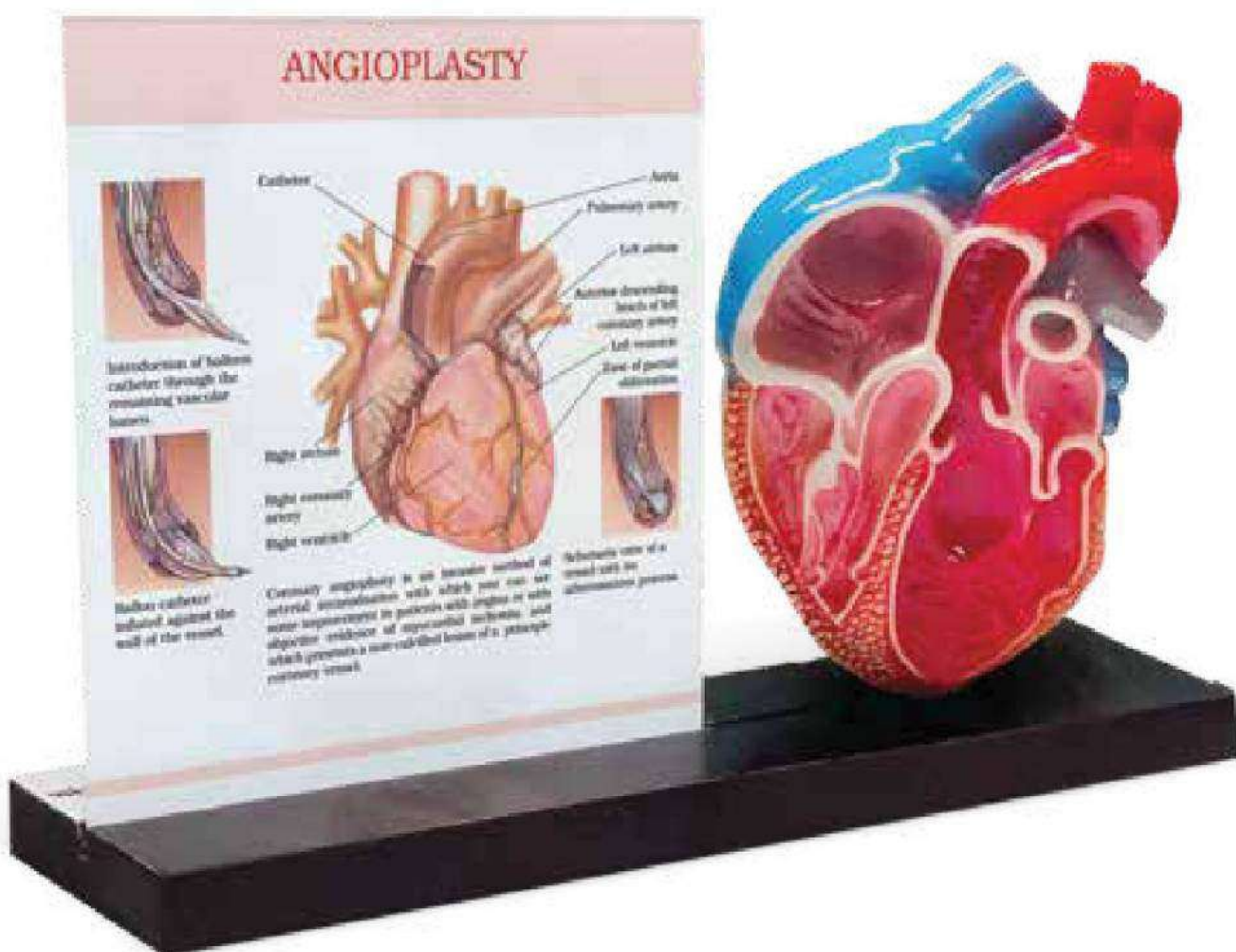
**WRITE & WIPE  
SLIDE FRAME**



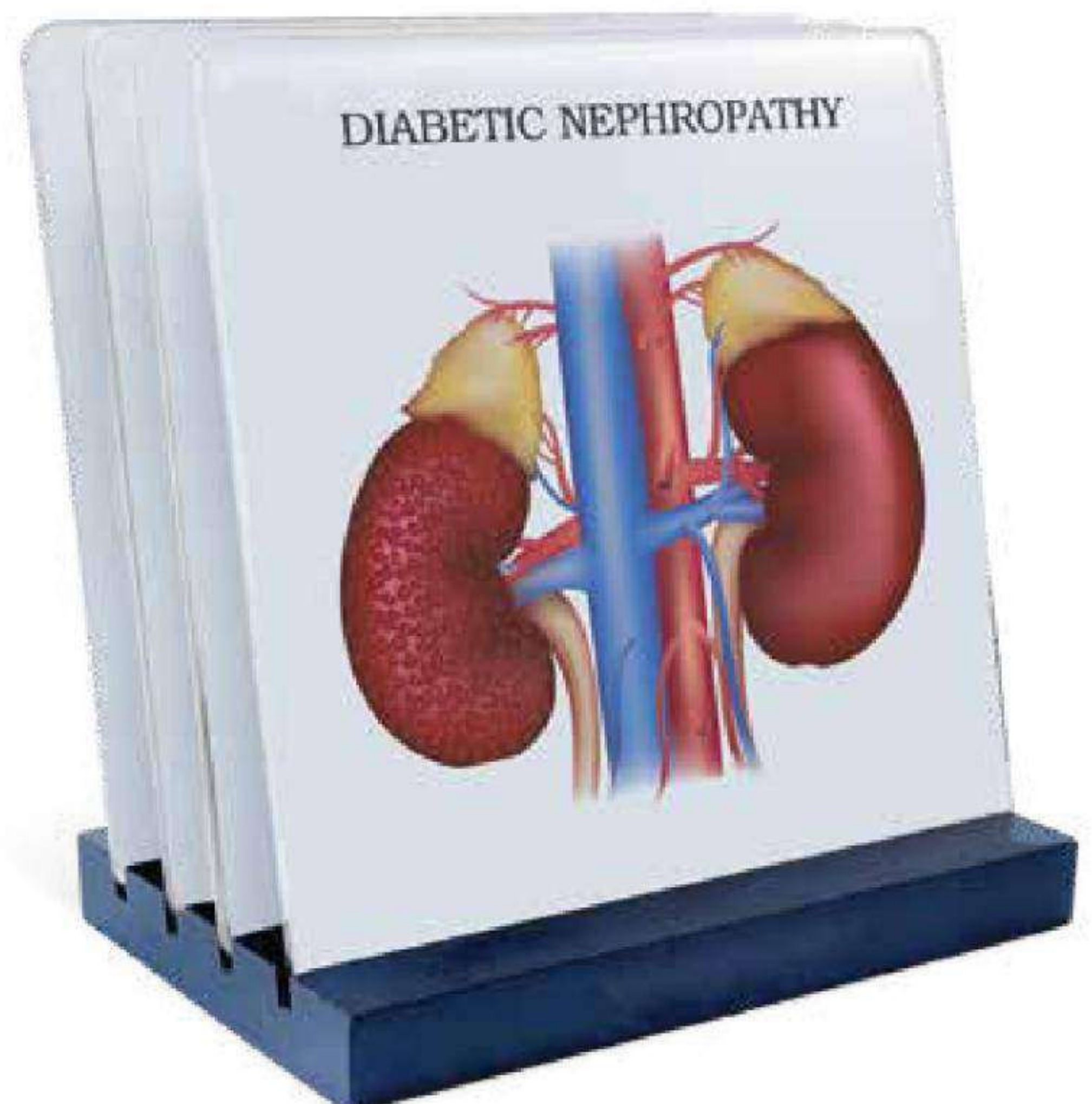
**FLIPCHART**



**PATIENT EDUCATION ACRYLIC  
SLIDE WITH ANATOMICAL MODEL**

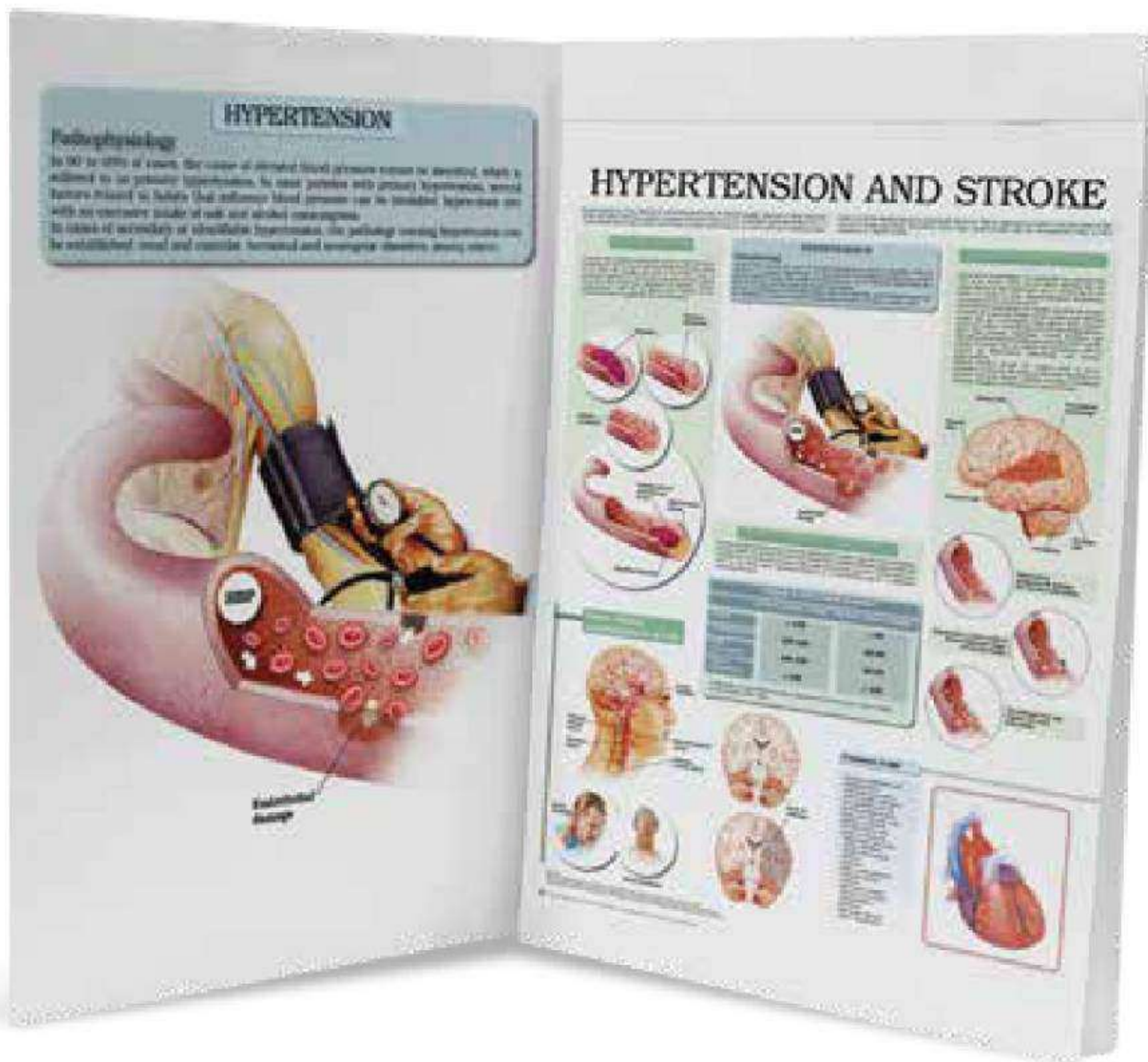


**PATIENT EDUCATION  
ACRYLIC SLIDES**

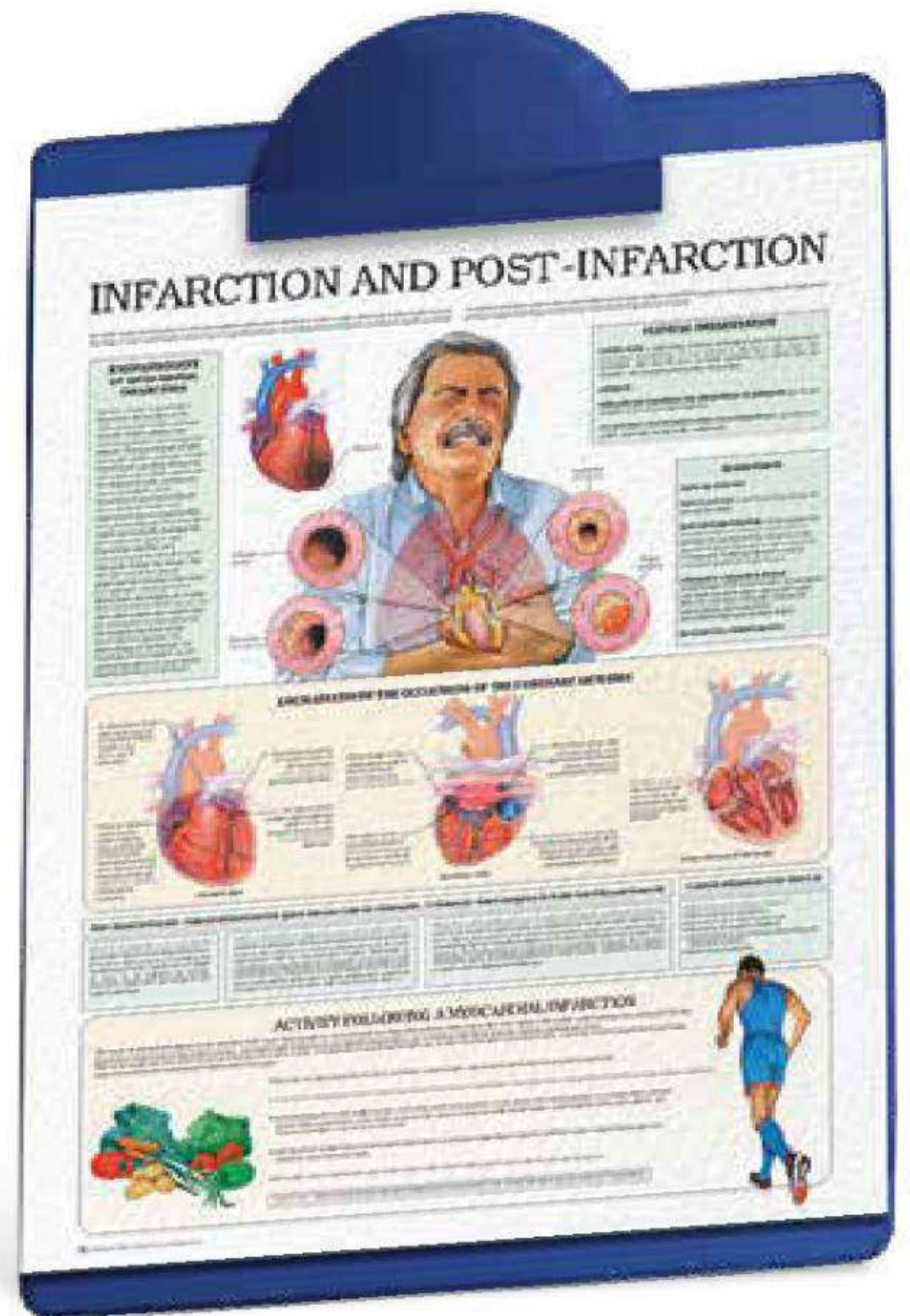




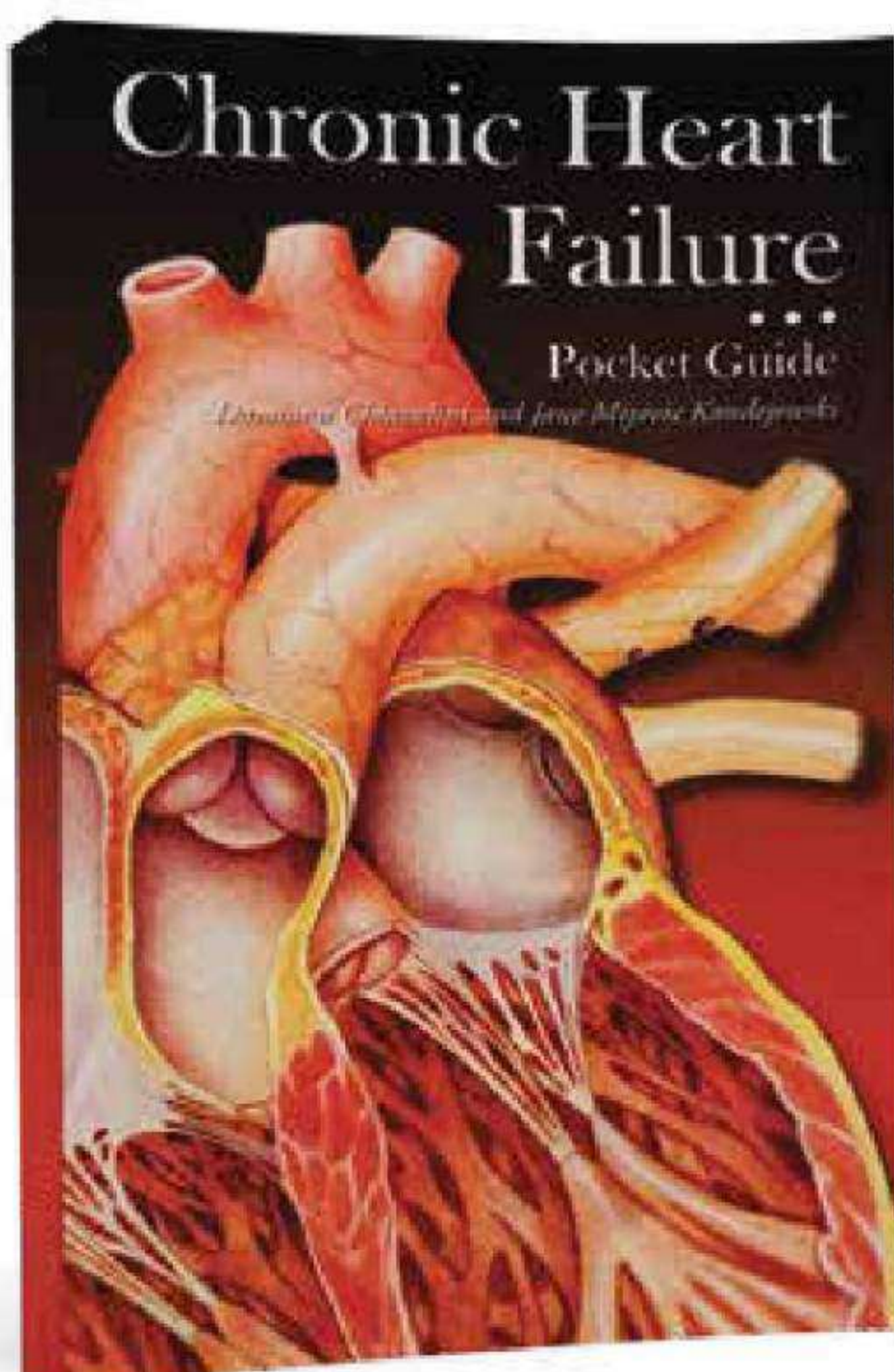
## TEAR-OFF PAD



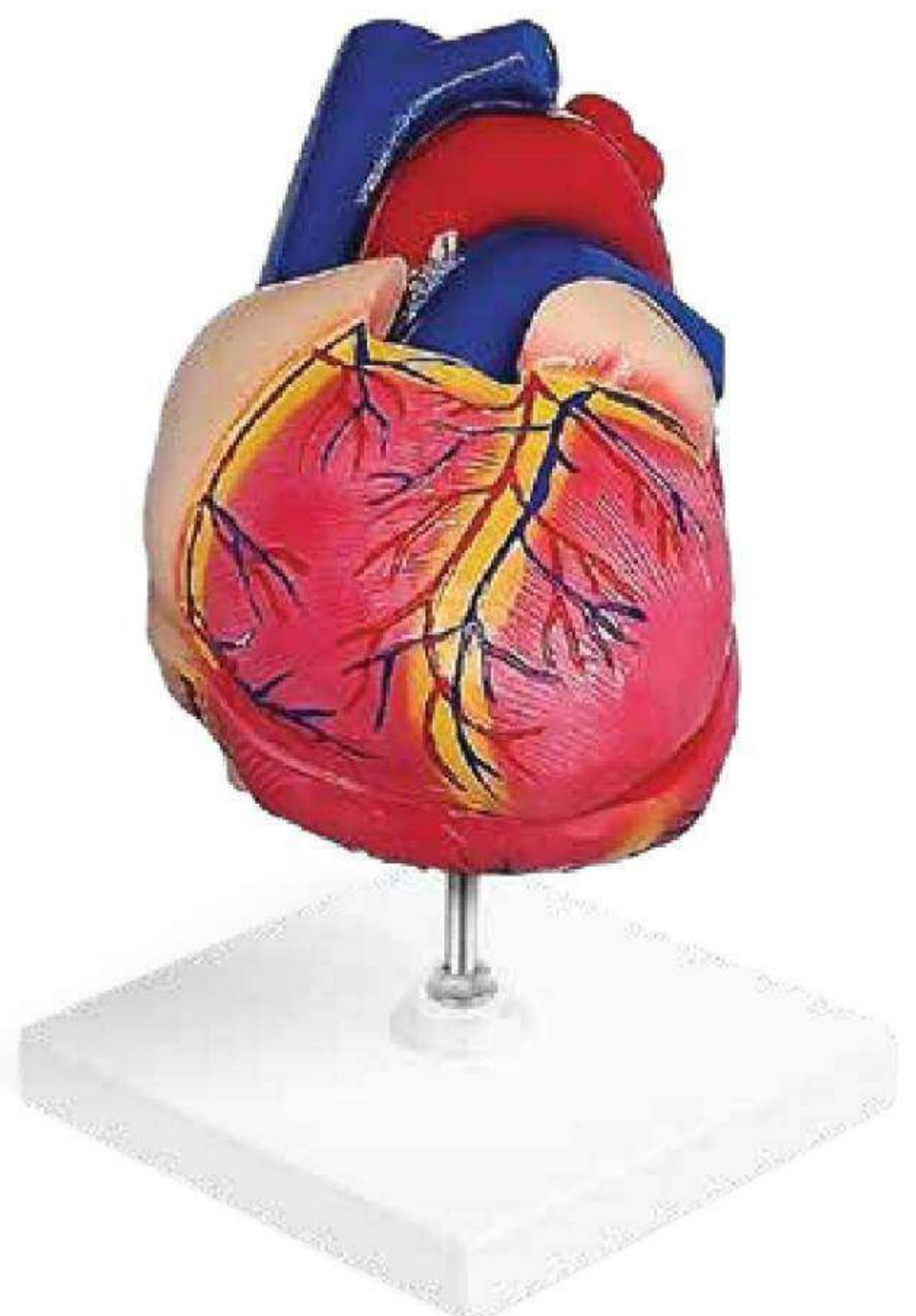
## WRITE & WIPE CLIPBOARD



## POCKET GUIDE

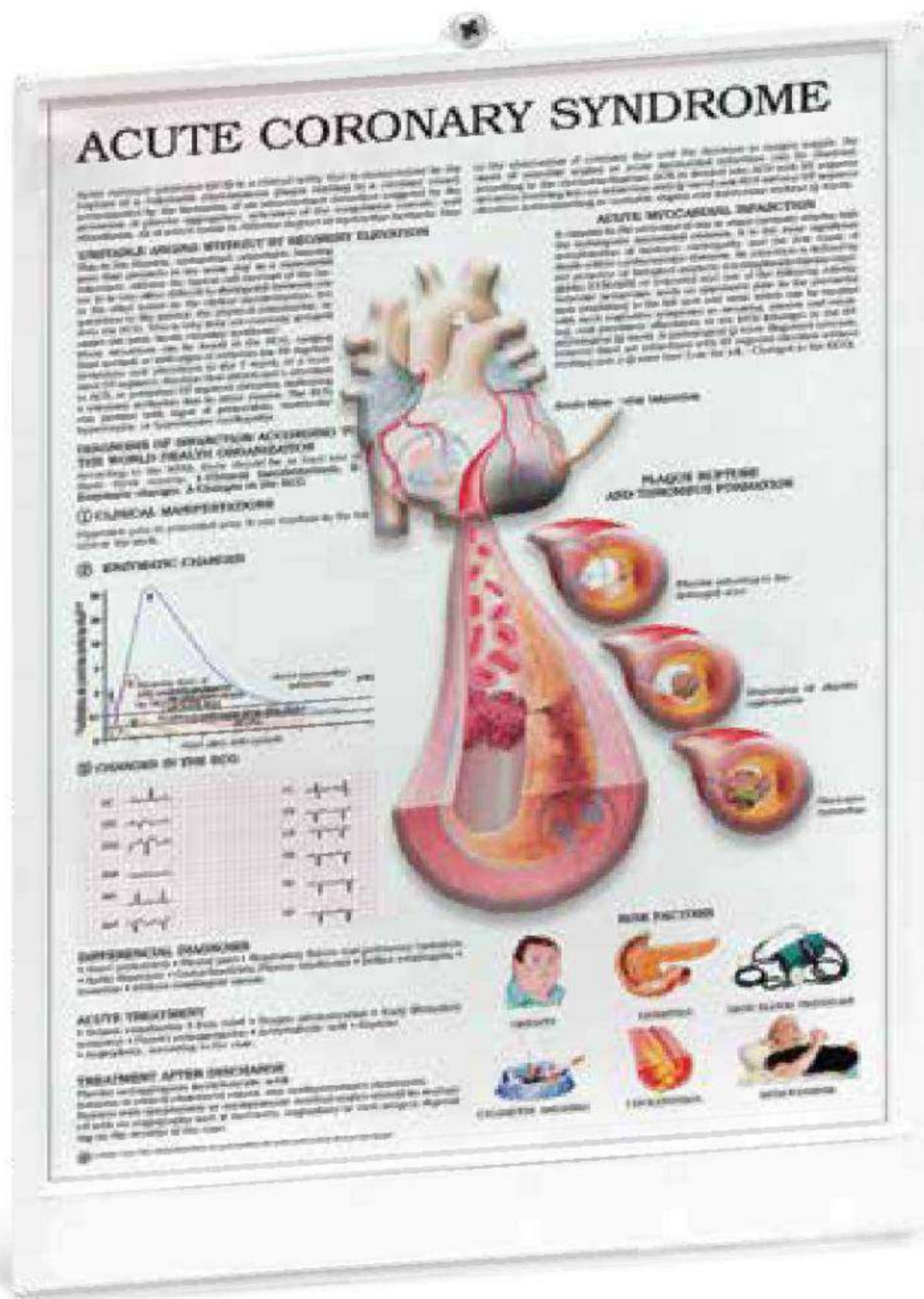


## ANATOMICAL MODEL





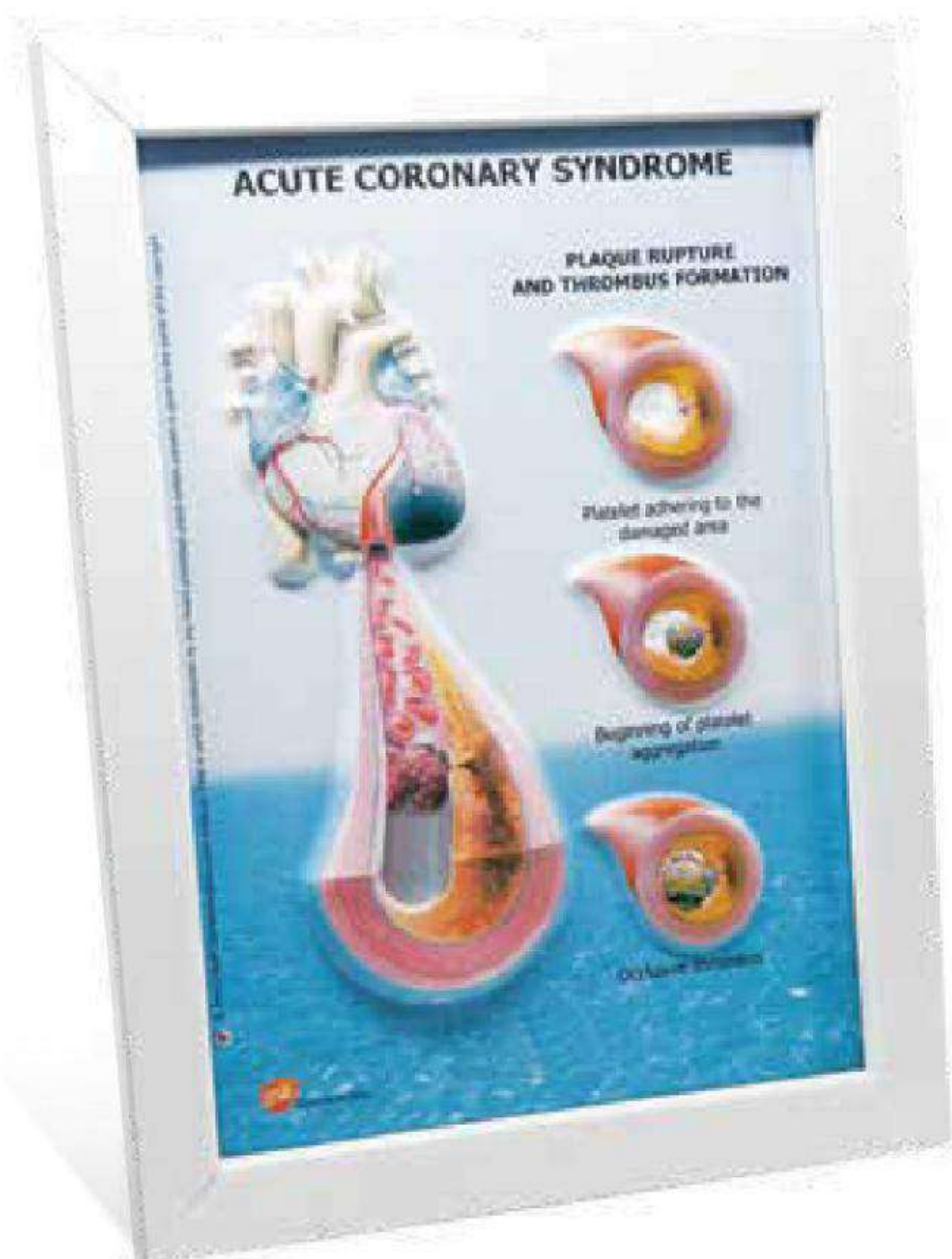
## POP-UP POSTER



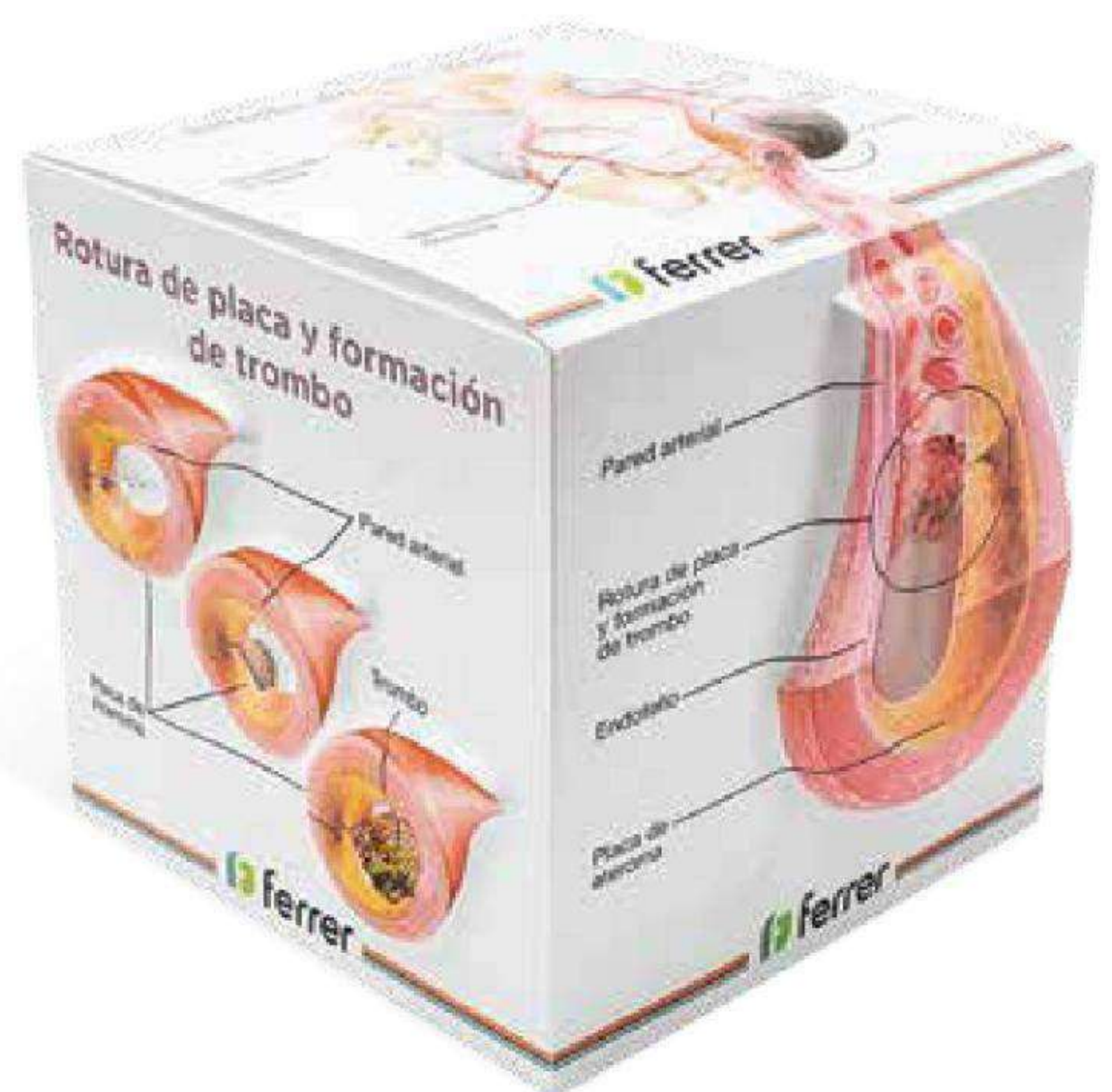
## POP-UP TENT CARD



## POP-UP POSTER WITH FRAME



## POP-UP 3D CUBE







# ORTHOPEDICS



# ORTHOPEDICS/RHEUMATOLOGY/TRAUMATOLOGY

## Sr.no Therapeutic Conditions Sr.no Drug Drug Interaction chart

- 1 - Ankle sprain
- 2 - Thoracic and abdominal injuries
- 3 - Knee fractures
- 4 - Foot fractures
- 5 - Sports injuries
- 6 - Shoulder injuries
- 7 - Elbow injuries
- 8 - Thigh and leg injuries
- 9 - Ankle injuries
- 10 - Osteoarthritis
- 11 - Rheumatoid arthritis
- 12 - Pain in traumatology
- 13 - Back injuries
- 14 - Spinal pathology
- 15 - Neck injuries
- 16 - Herniated lumbar disk
- 17 - Pain conduction
- 18 - Pain and osteoarthritis
- 19 - Pain in traumatology
- 20 - Inflammation and pain
- 21 - Painful spasm
- 22 - Lumbar disk disease and sciatica
- 23 - Shoulder pain
- 24 - Cephalea
- 25 - Neuropathic pain
- 26 - Lumbar pain
- 27 - Spinal pain
- 28 - Cervical pain
- 29 - Tumor pain
- 30 - Peritumoral pain
- 31 - Pain and sprains
- 32 - Muscle and joint pain

### Quick Reference Guide

- 33 - Gout
- 34 - Hip
- 35 - Knee
- 36 - Low Back Pain
- 37 - Osteoarthritis
- 38 - Osteoporosis
- 39 - Shoulder
- 40 - Spine

- 41 - Commonly used drug in Orthopedics/Rheumatology/Traumatology

### Medical Slide Ruler

- 42 - Management of Bone Density
- 43 - Management of LBP
- 44 - RA Activity Calculator (CRP)
- 45 - Risk of Fracture
- 46 - Chronic Pain Assessment
- 47 - Opioids
- 48 - Pain Scales

Copy righted medical resources available for above listed therapeutic conditions.  
Medical content for wide range of therapeutic conditions can be customised and designed.



## NORMAL CERVICAL SPINE

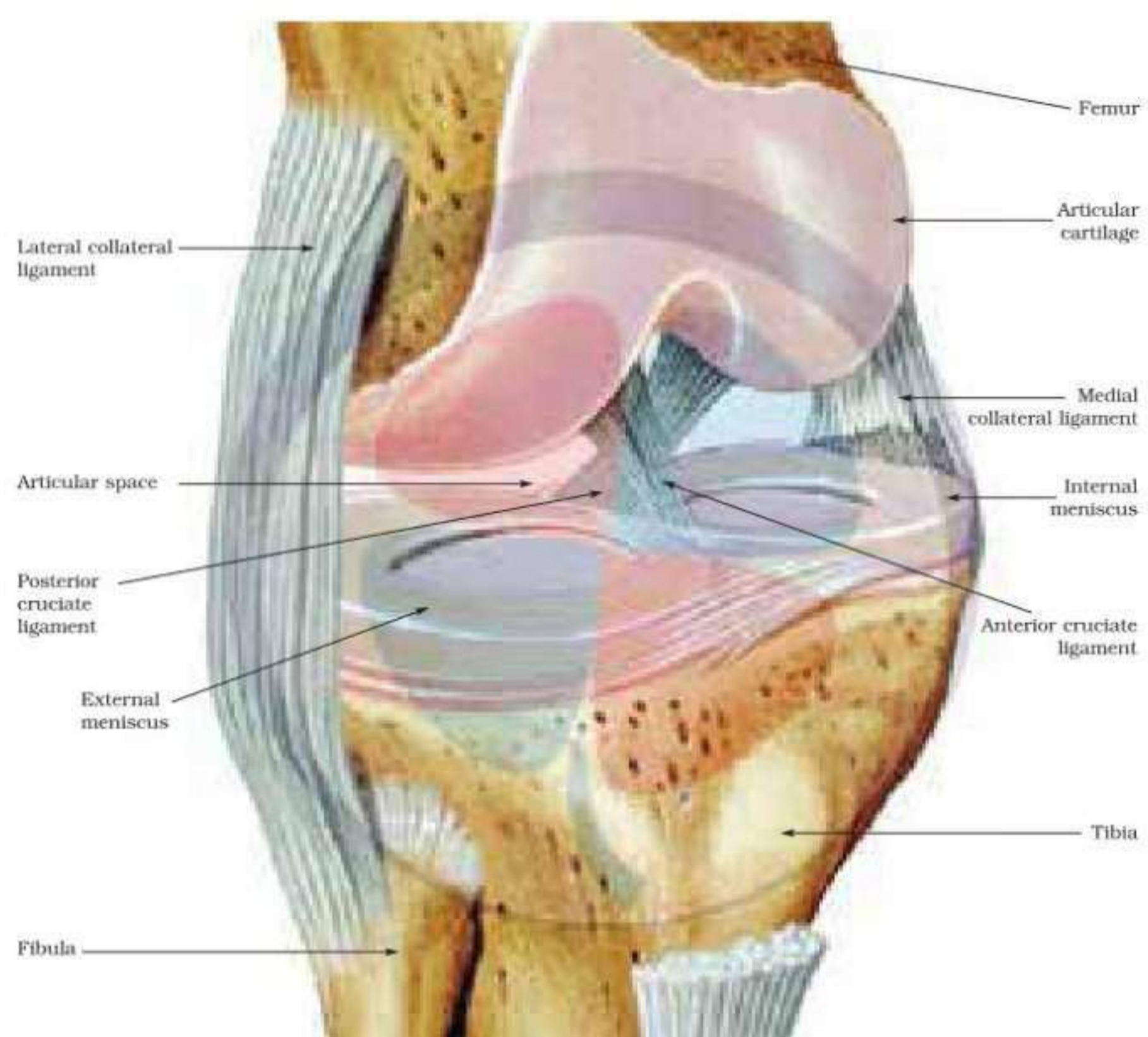


## SPONDYLITIS

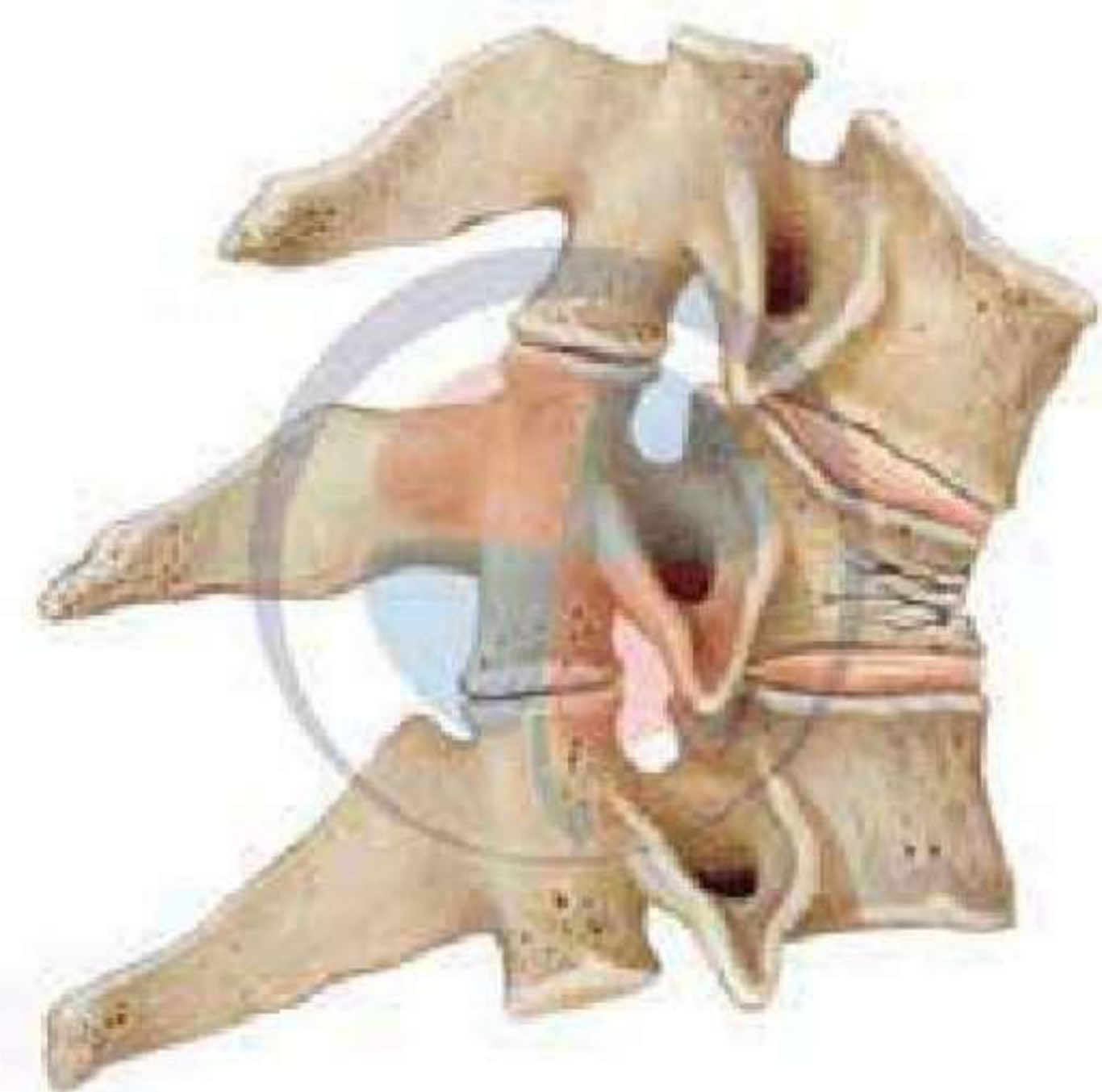


Spondylitis can present with radicular changes resulting from a middle disk hernia or compression caused by the crests of osteophytes.

## NORMAL KNEE



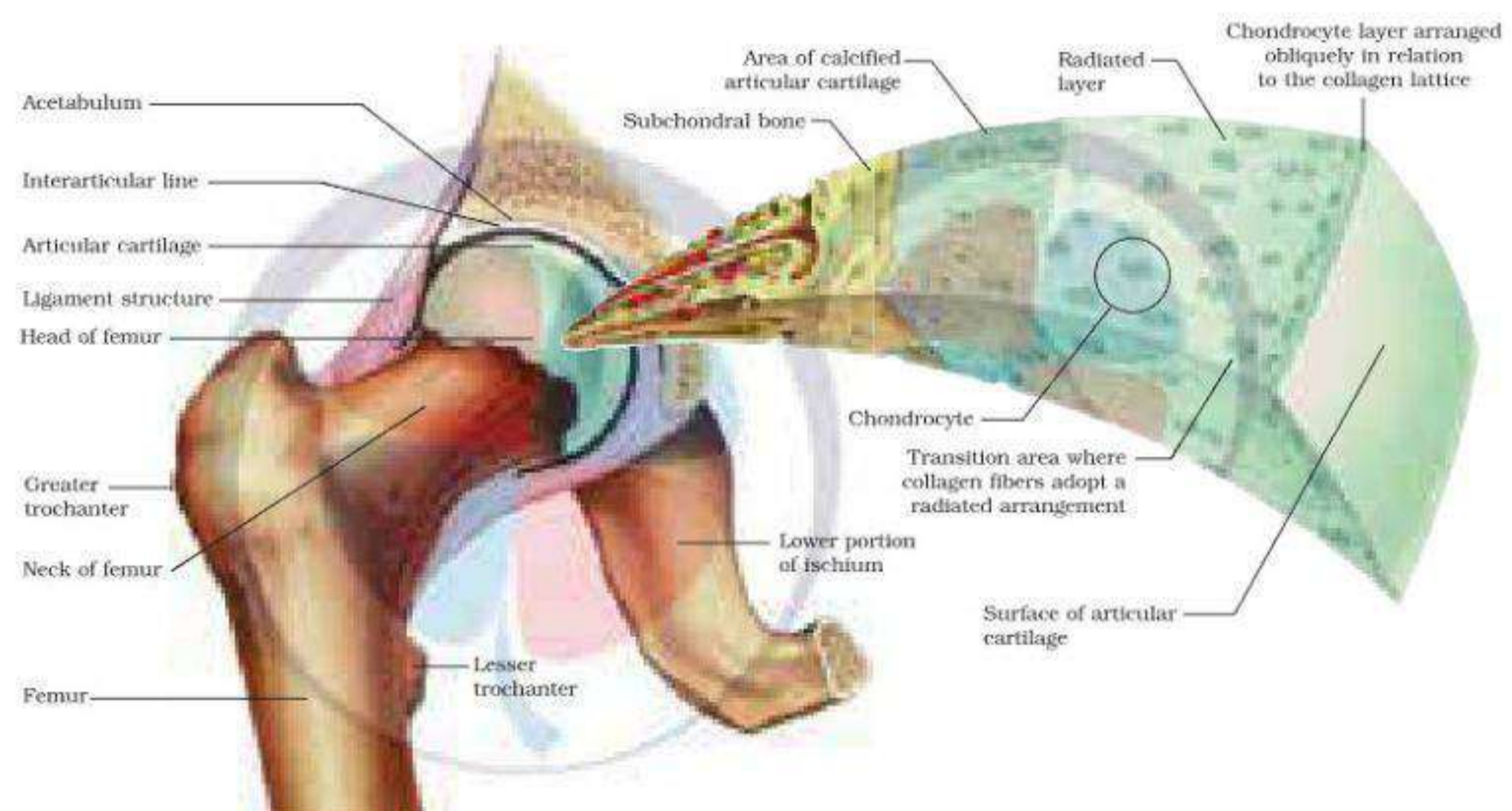
## OSTEOPOROSIS



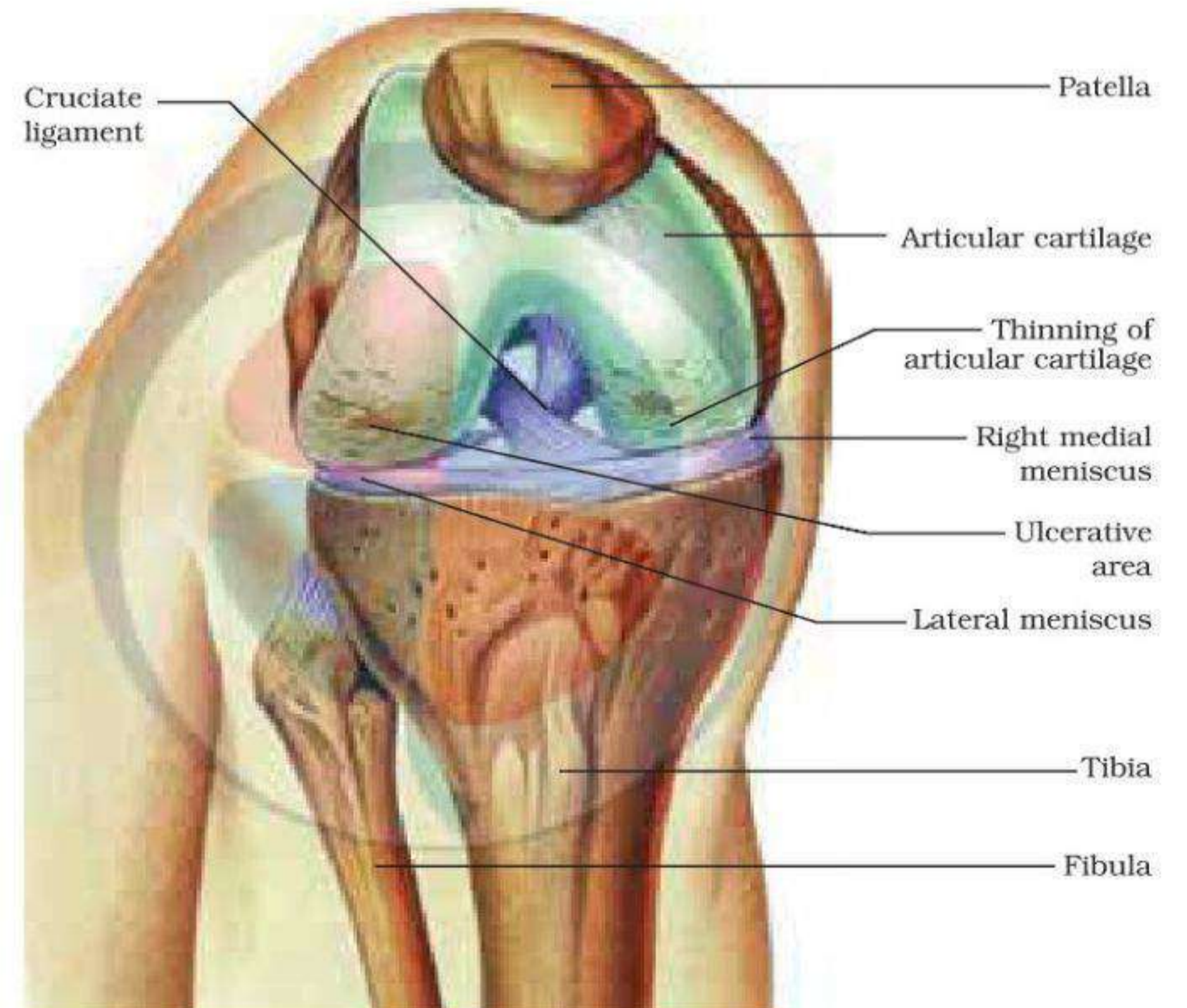
Fractures caused by osteoporosis are often caused by sudden and intense contractions of the muscles in the back. Vertebrae take a wedge-like aspect because of the infraction of the upper and lower angles of the vertebral bodies.



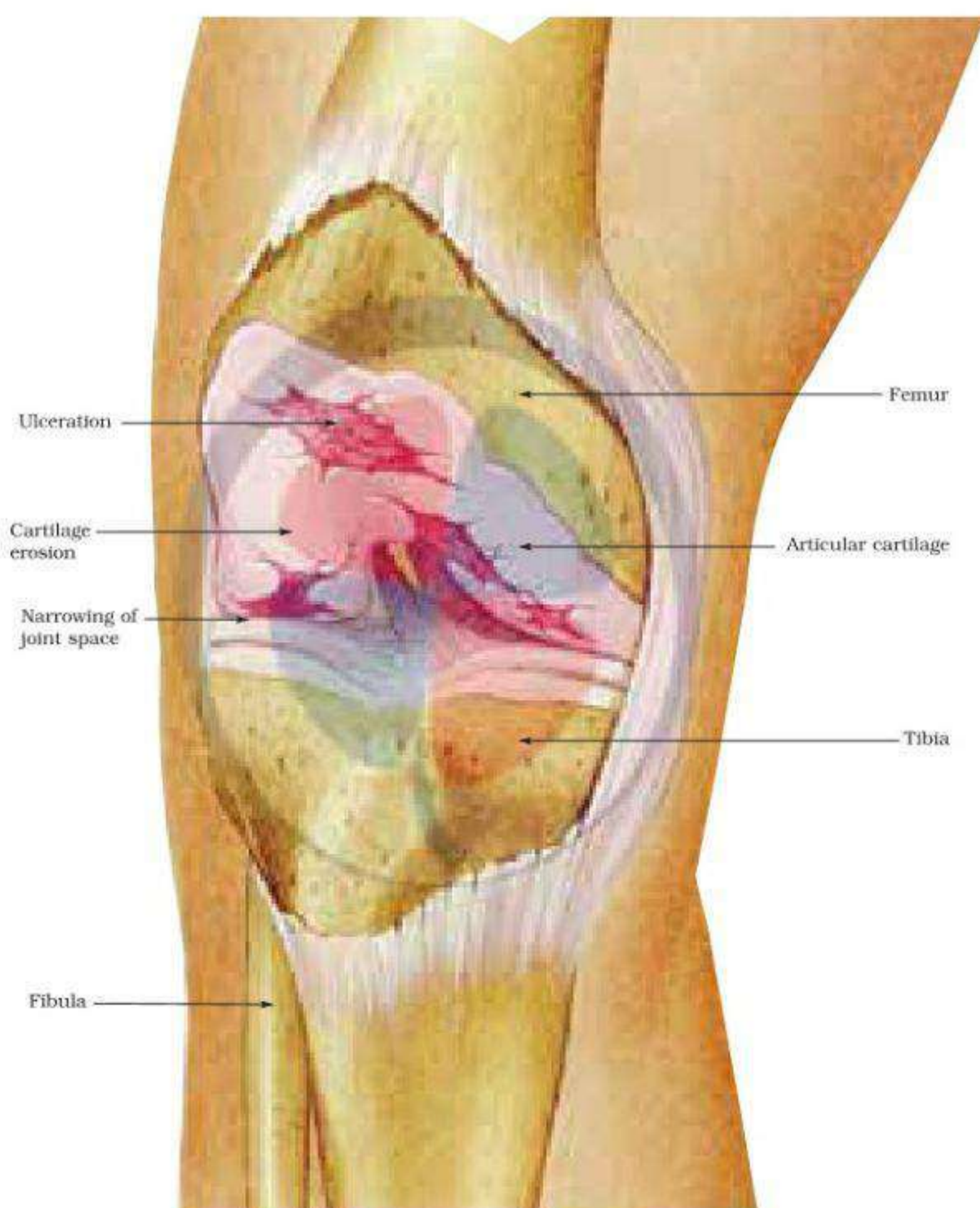
## OSTEOARTHRITIS OF THE HIP



## OSTEOARTHRITIS OF THE KNEE



## KNEE WITH OSTEOARTHRITIS



## OSTEOARTHRITIS



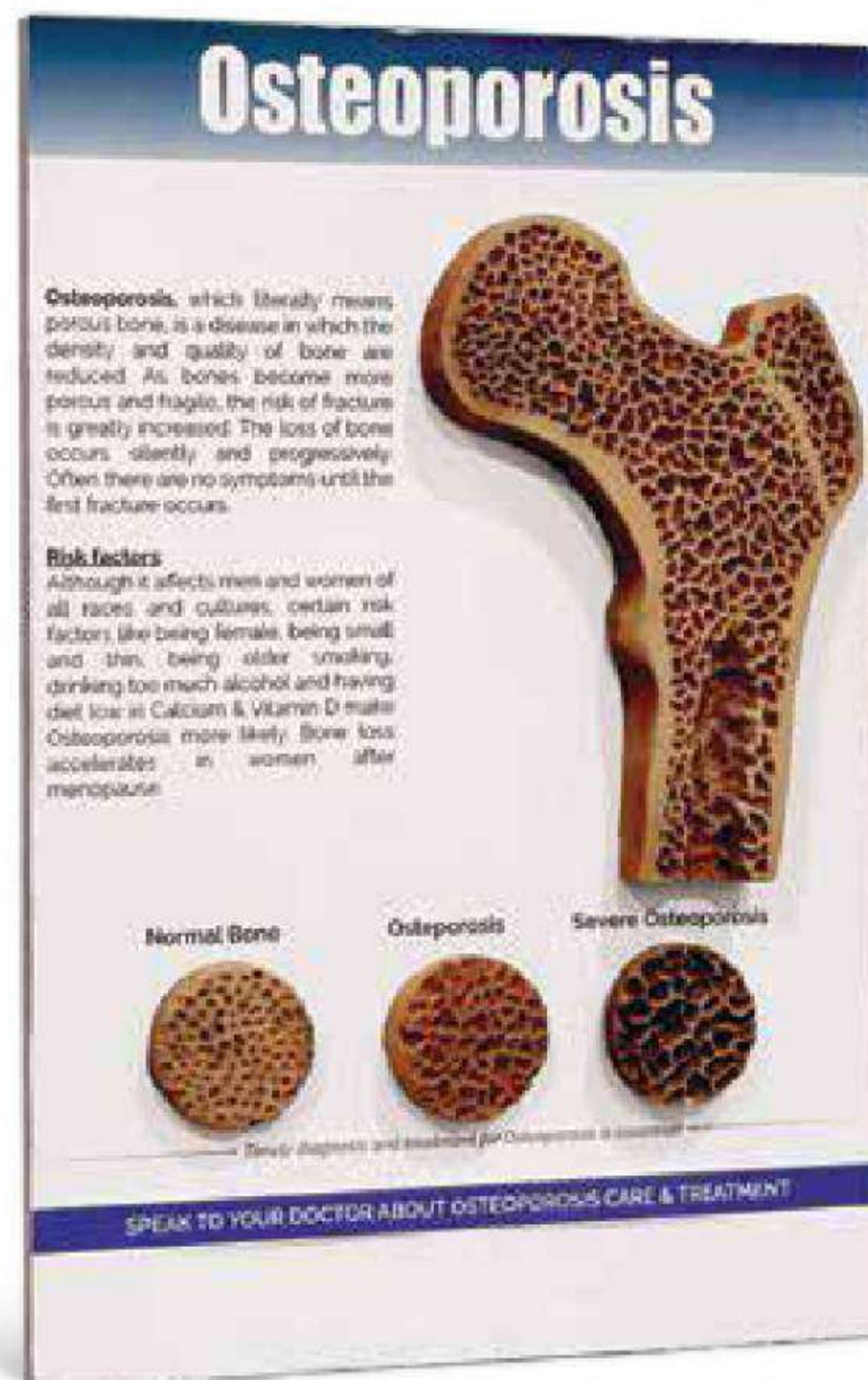
Osteoarthritis of the cervical spine is characterized by the formation of osteophytes that become prominent in the intervertebral foramen, causing vascular congestion or compression of the nerve roots. Osteophytes are more common (postero) laterally to the body of C7, or on its upper surface.



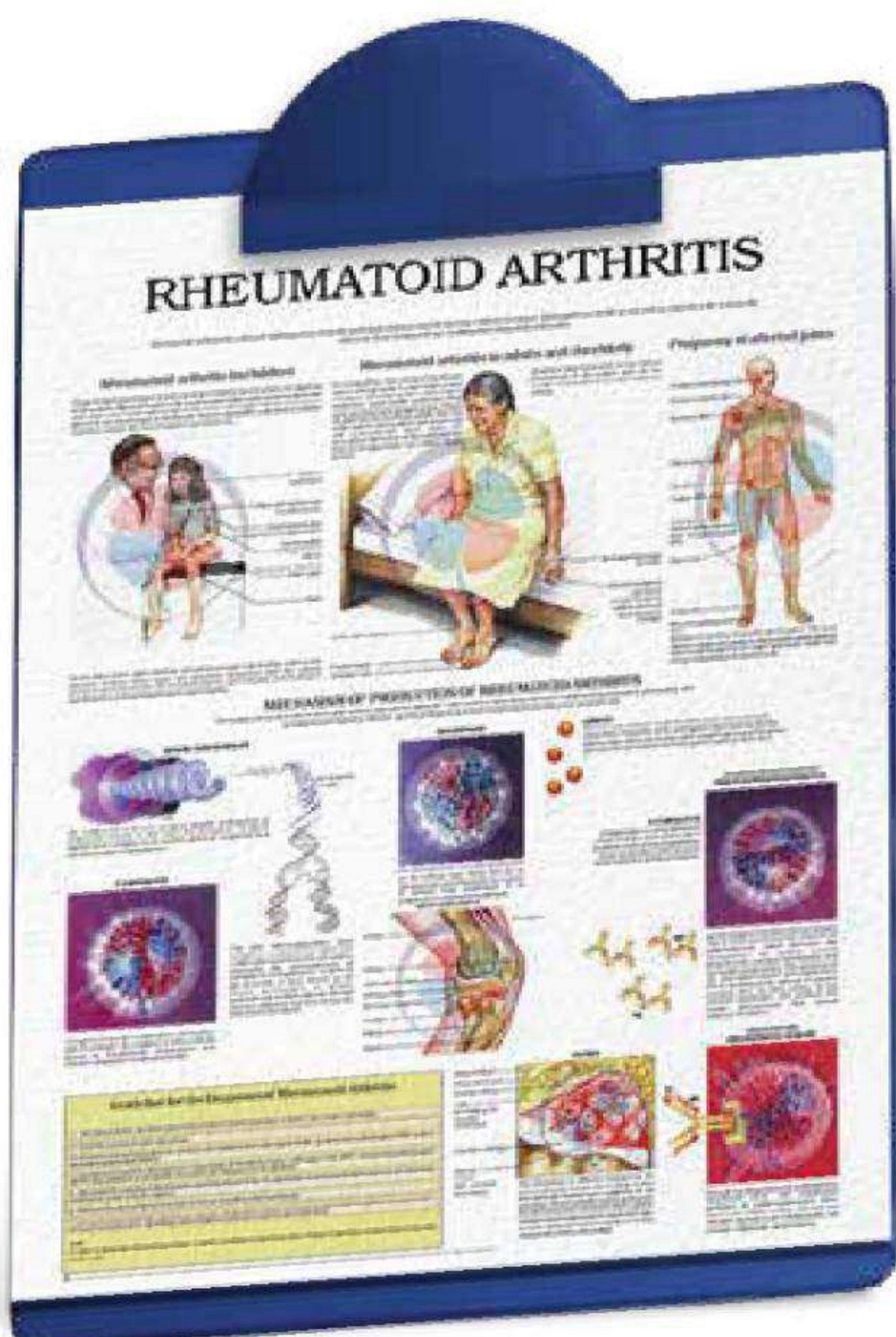
## WRITE & WIPE SLIDES WITH ANATOMICAL MODEL



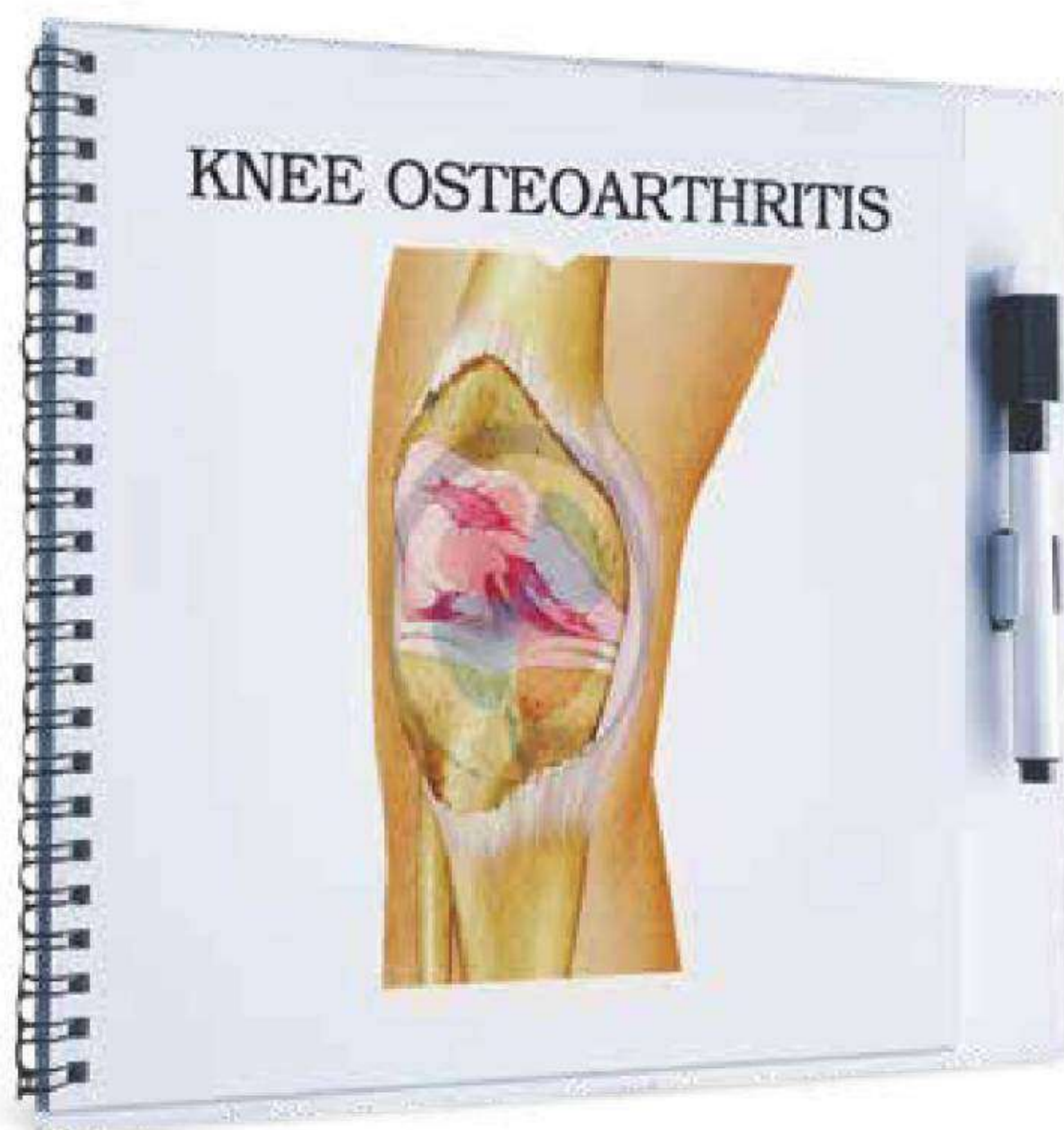
## 3D DISEASE NARRATOR



## WRITE & WIPE CLIPBOARD



## WRITE & WIPE FLIPBOOK





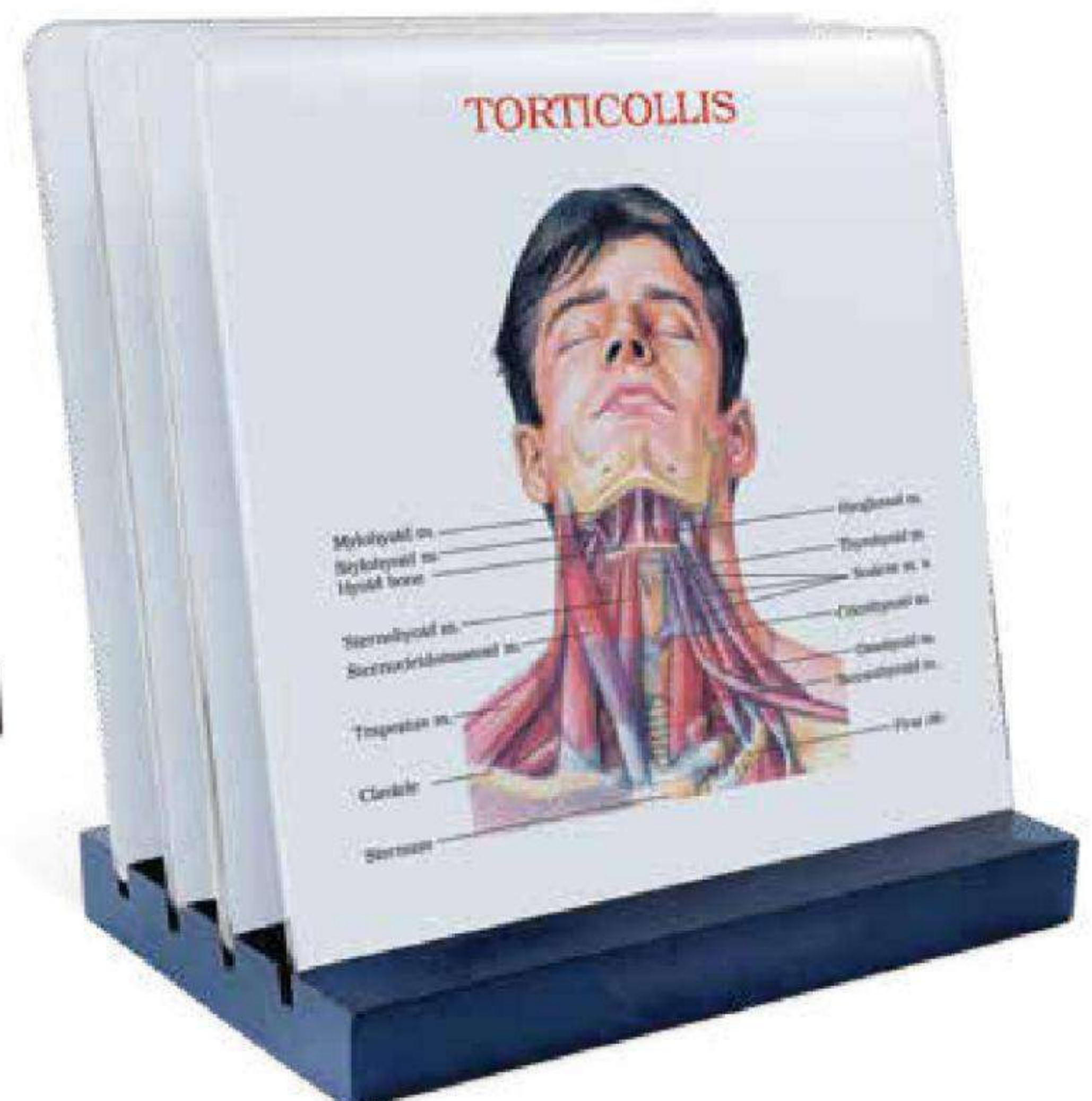
## FOLDABLE POSTER

## ANATOMICAL MODEL



## PATIENT EDUCATION ACRYLIC SLIDE WITH ANATOMICAL MODEL

## PATIENT EDUCATION ACRYLIC SLIDES

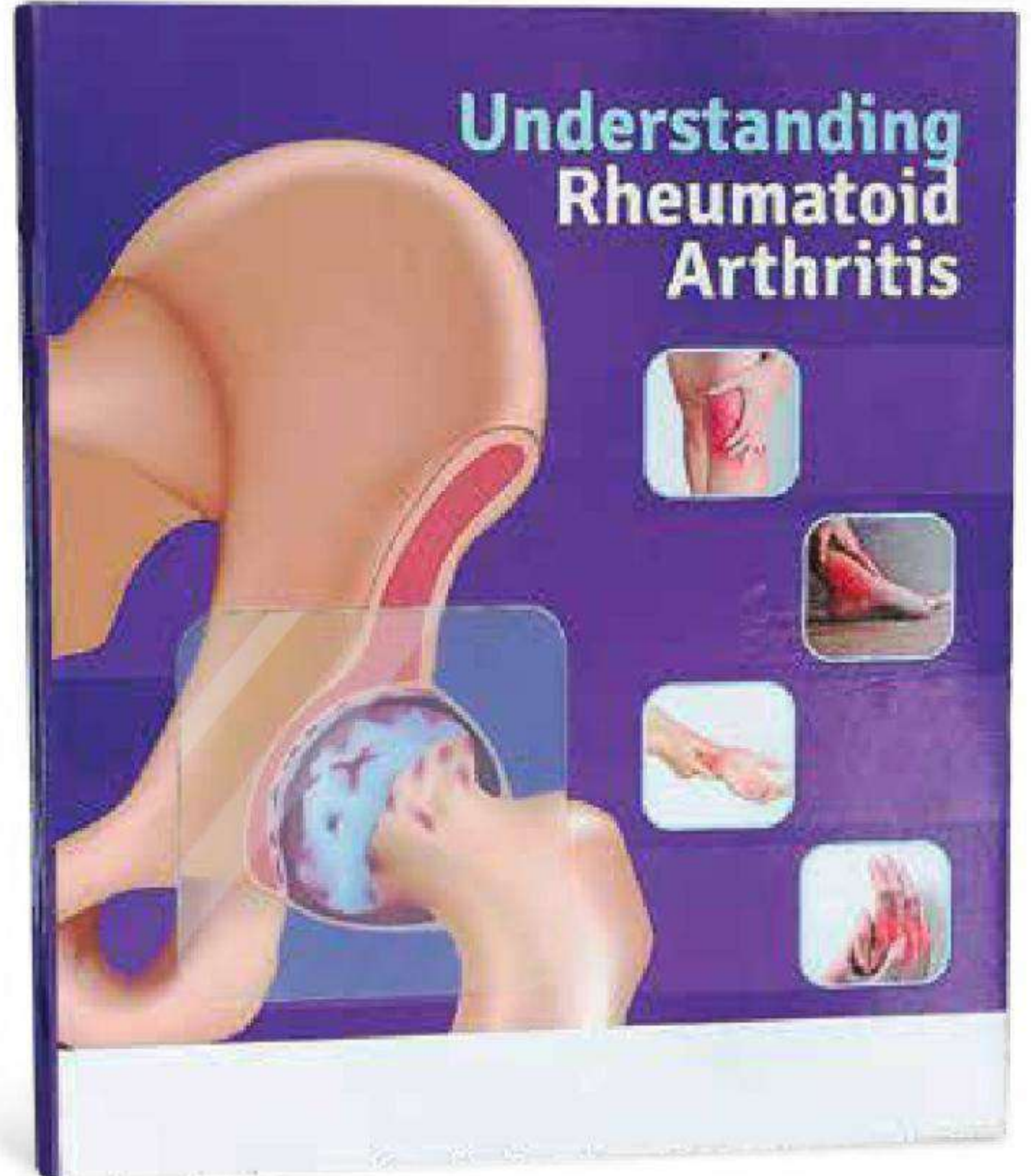




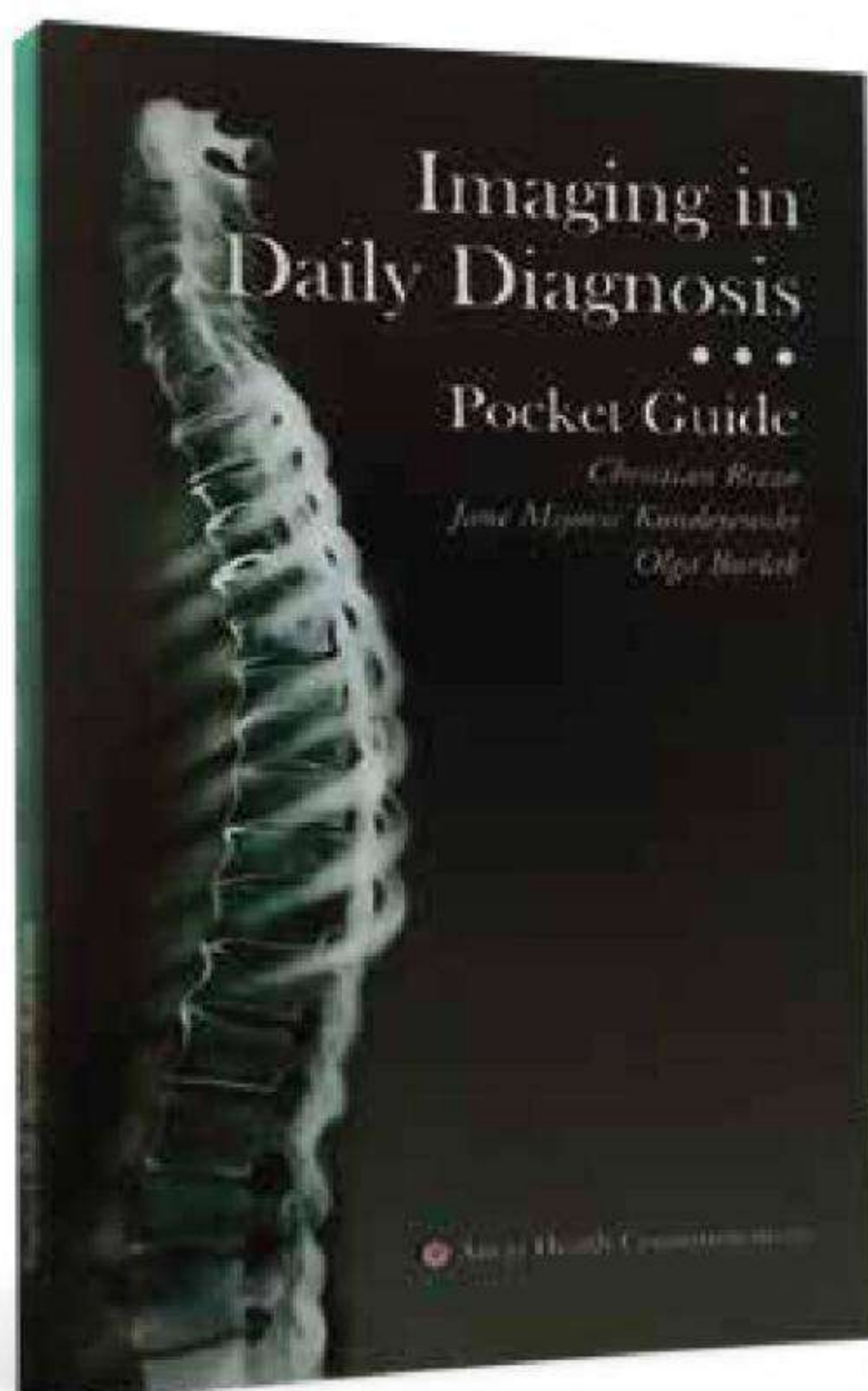
**WRITE & WIPE  
SLIDE FRAME**



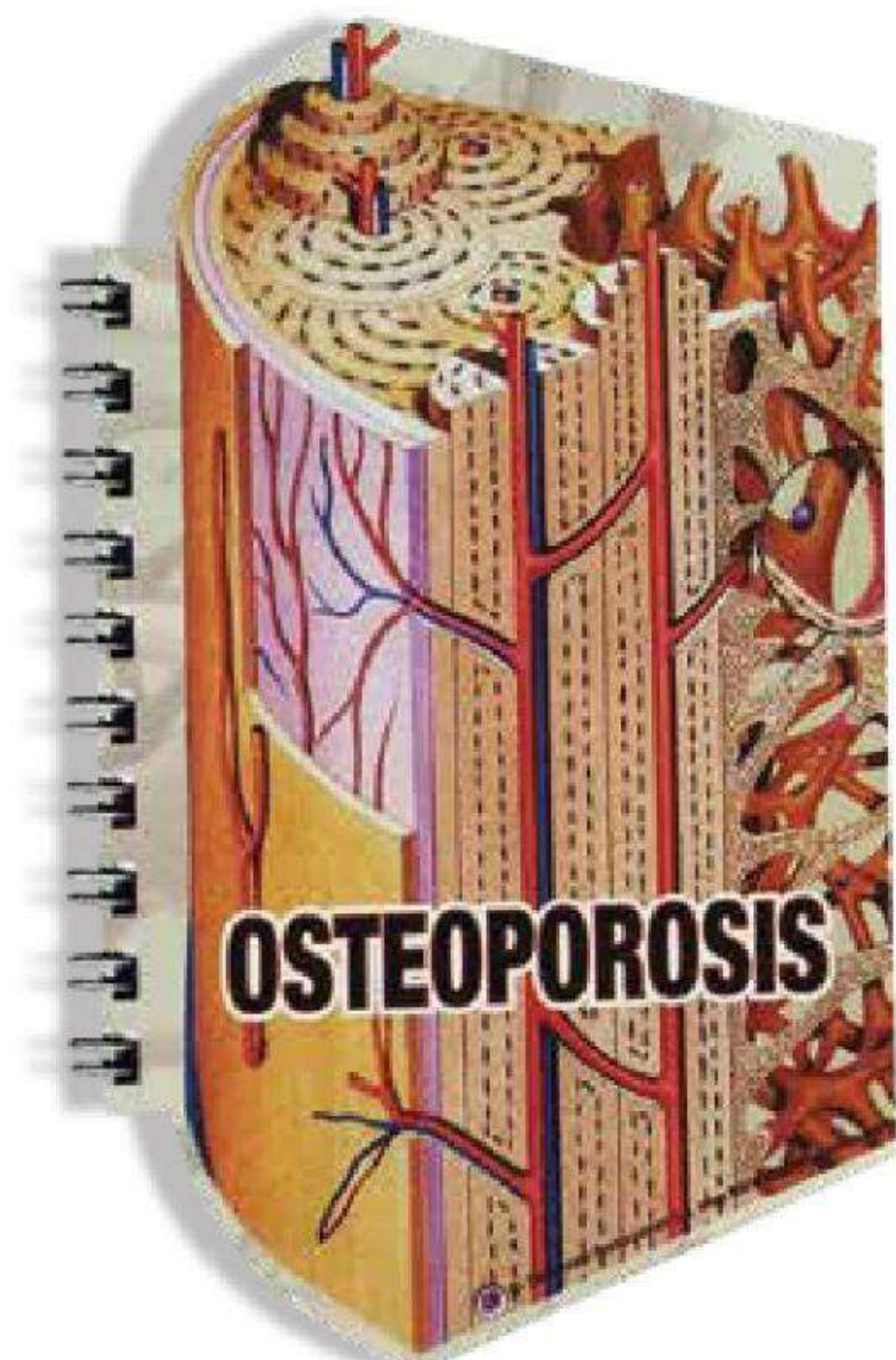
**LENTICULAR BOOK**



**POCKET GUIDE**

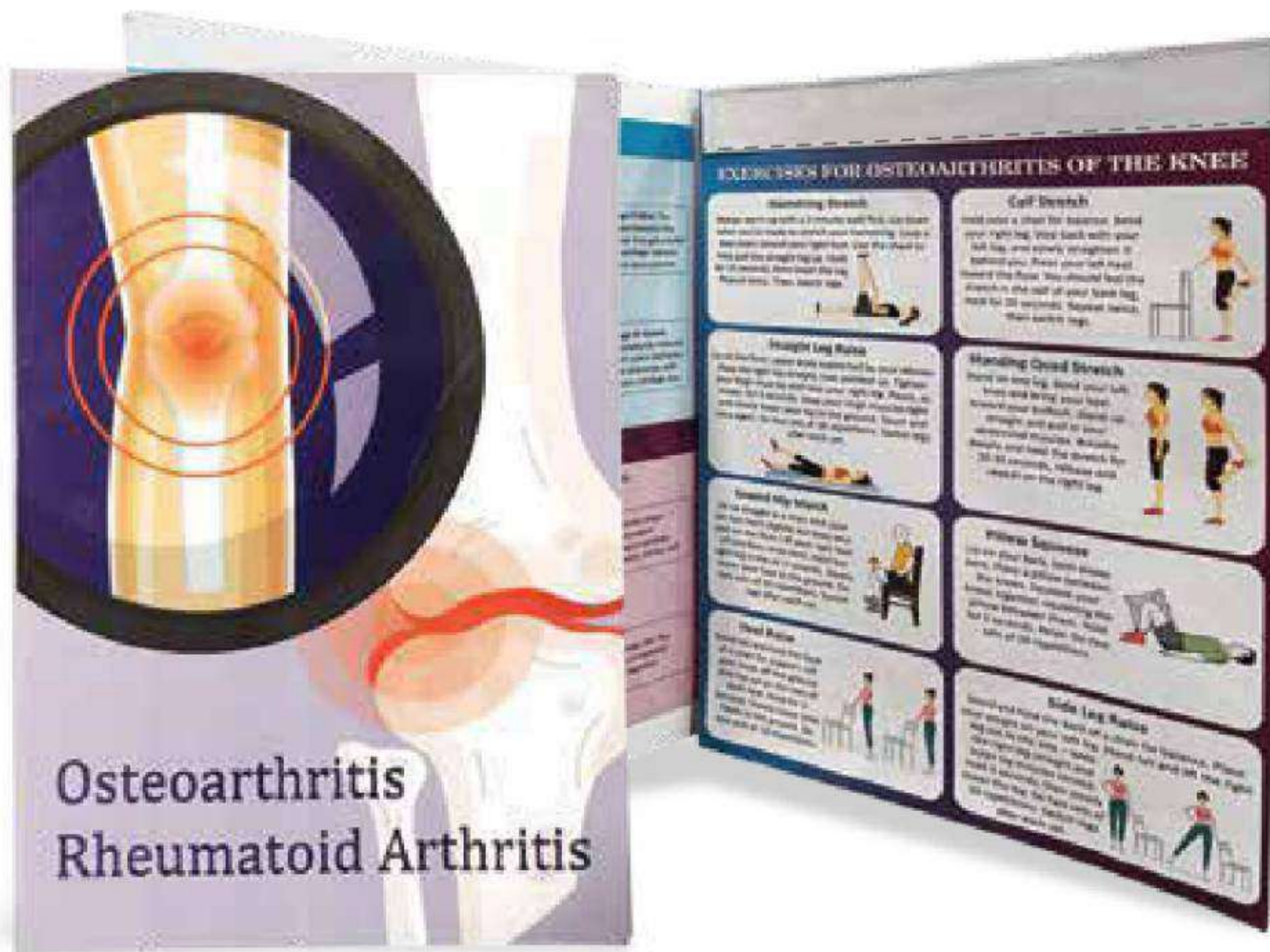


**SHAPED BOOK**

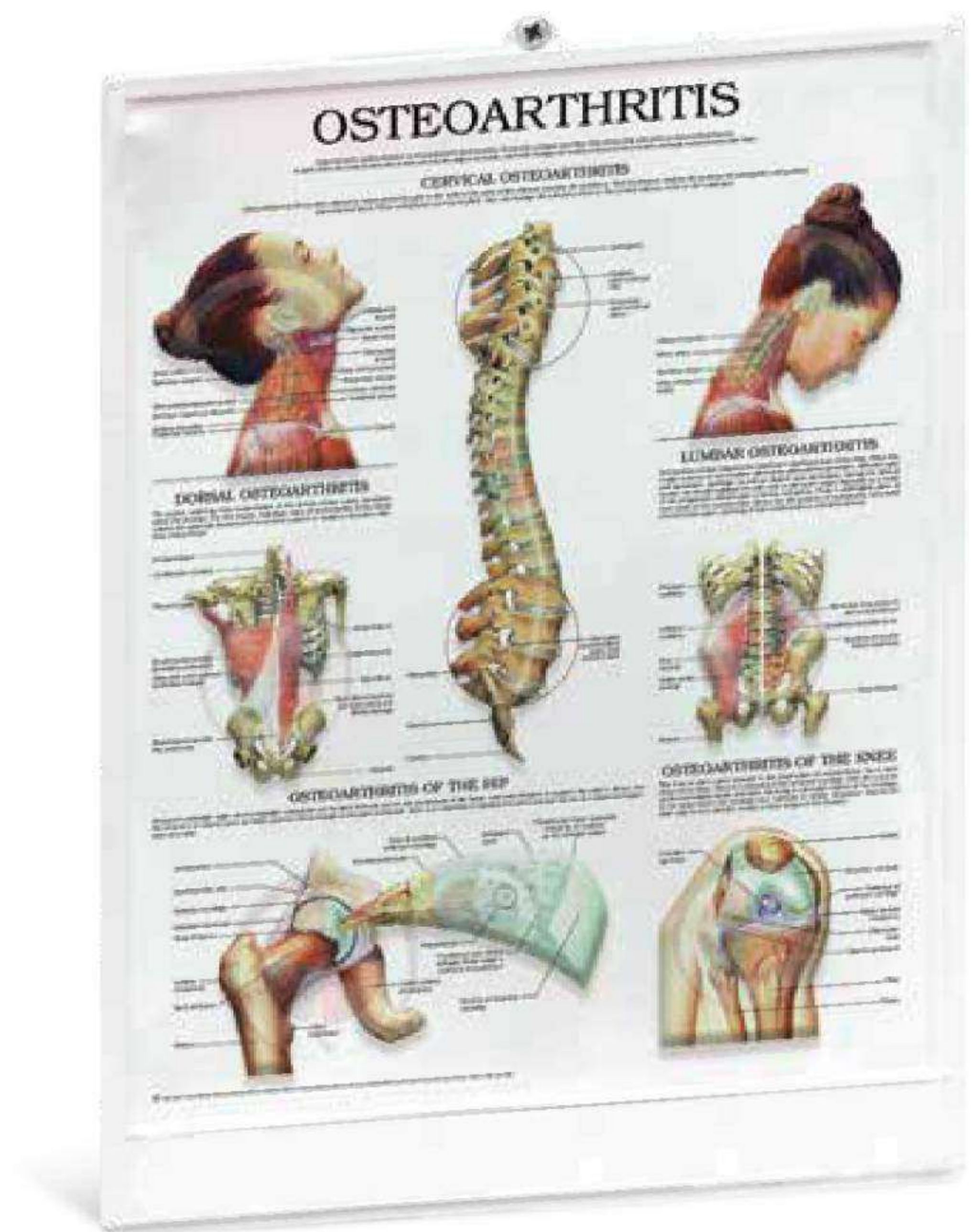




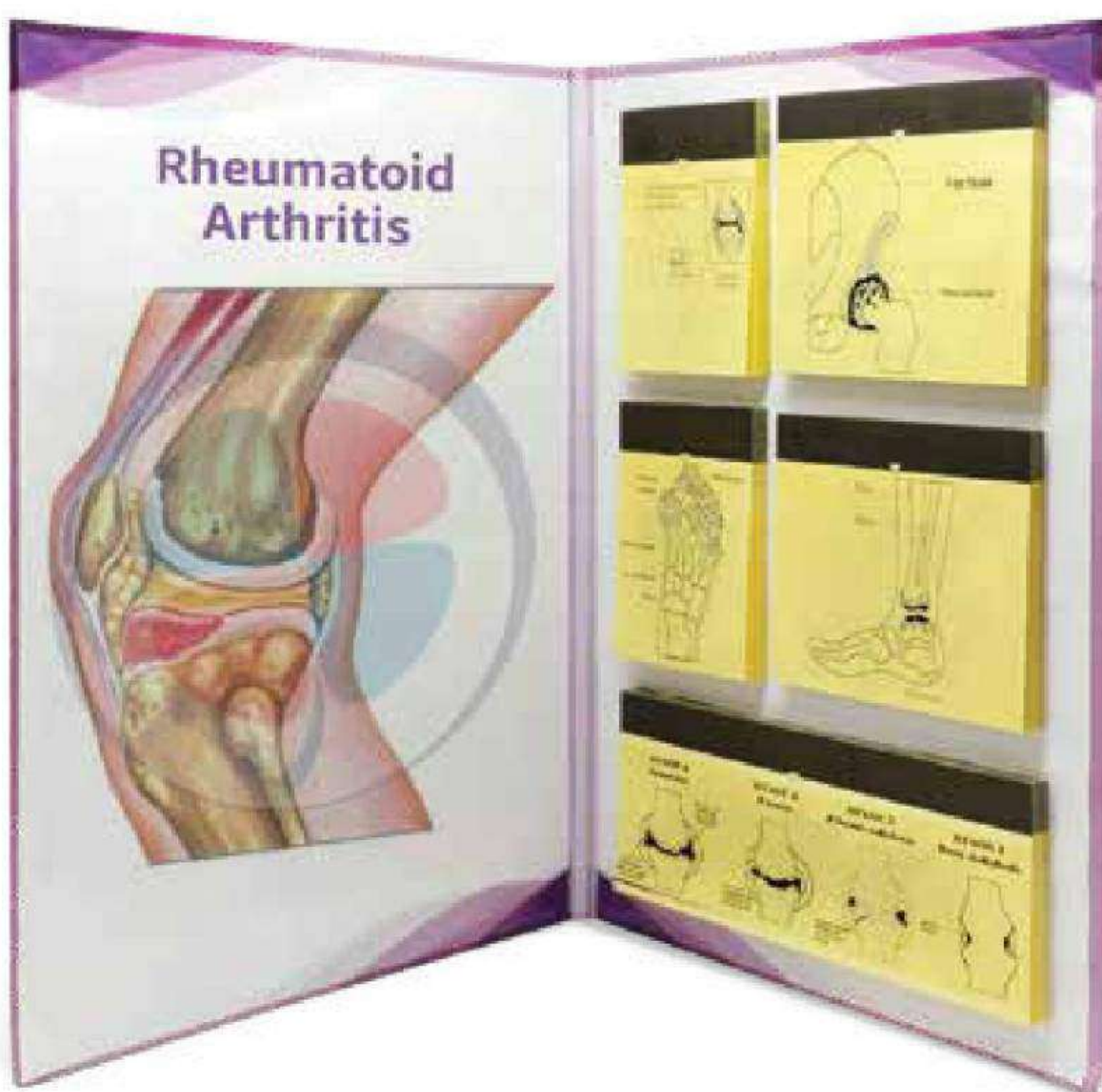
**TEAR OFF PAD**



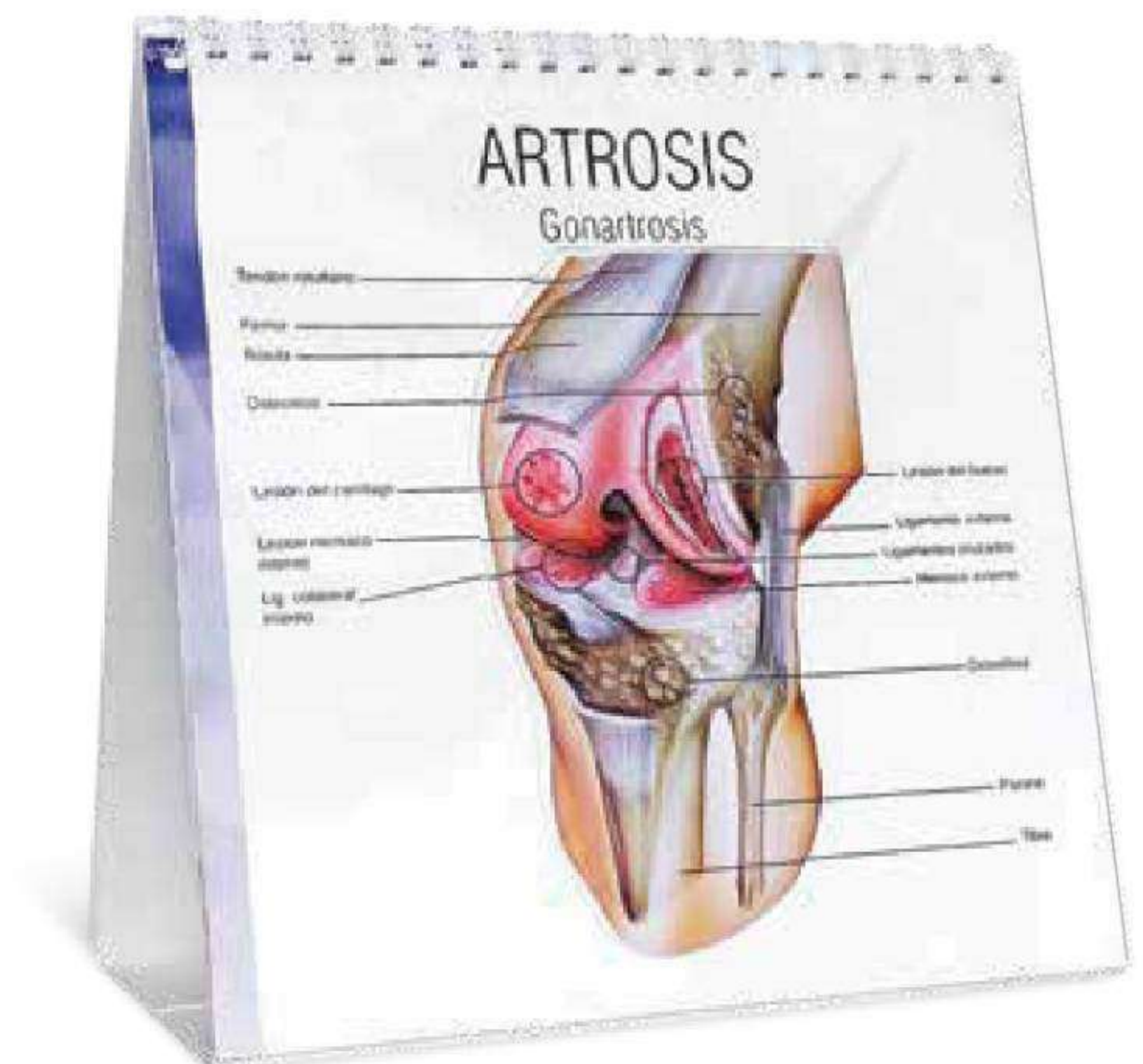
**POP-UP POSTER**



**PATIENT EDUCATION STICKY NOTES**



**POP-UP FLIPCHART**







# GYNAECOLOGY AND OBSTETRICS



## Sr.no Therapeutic Conditions

- 1 - Osteoporosis / Vitamine D
- 2 - Breast cancer
- 3 - Menopause
- 4 - Pain in gynecology
- 5 - Pregnancy
- 6 - Breastfeeding
- 7 - Climacterium
- 8 - Pregnancy and nutrition
- 9 - Hysterectomy
- 10 - Candidiasis
- 11 - Menopause and quality of life
- 12 - Female reproductive system
- 13 - Bacterial vaginosis
- 14 - HPV and cervical cancer
- 15 - Infectious vaginitis
- 16 - Endometriosis
- 17 - Inflammatory pelvic disease
- 18 - Uterine myomatosis
- 19 - Uterine polyps
- 20 - Probiotics, Prebiotics and Synbiotics in Gynecology
- 21 - Vulvovaginal Candidiasis
- 22 - Bacterial Vaginosis
- 23 - Trichomoniasis
- 24 - Child birth
- 25 - Genital herpes
- 26 - Toxoplasma gondii
- 27 - Infertility
- 28 - Dysmenorrhea

## Quick Reference Guide

- 29 - Contraception
- 30 - Pelvic Pain
- 31 - Pregnancy
- 32 - Breast Cancer in Young Women

## Medical Slide Ruler

- 33 - Fertility Assessment
- 34 - Uterine Fibroids

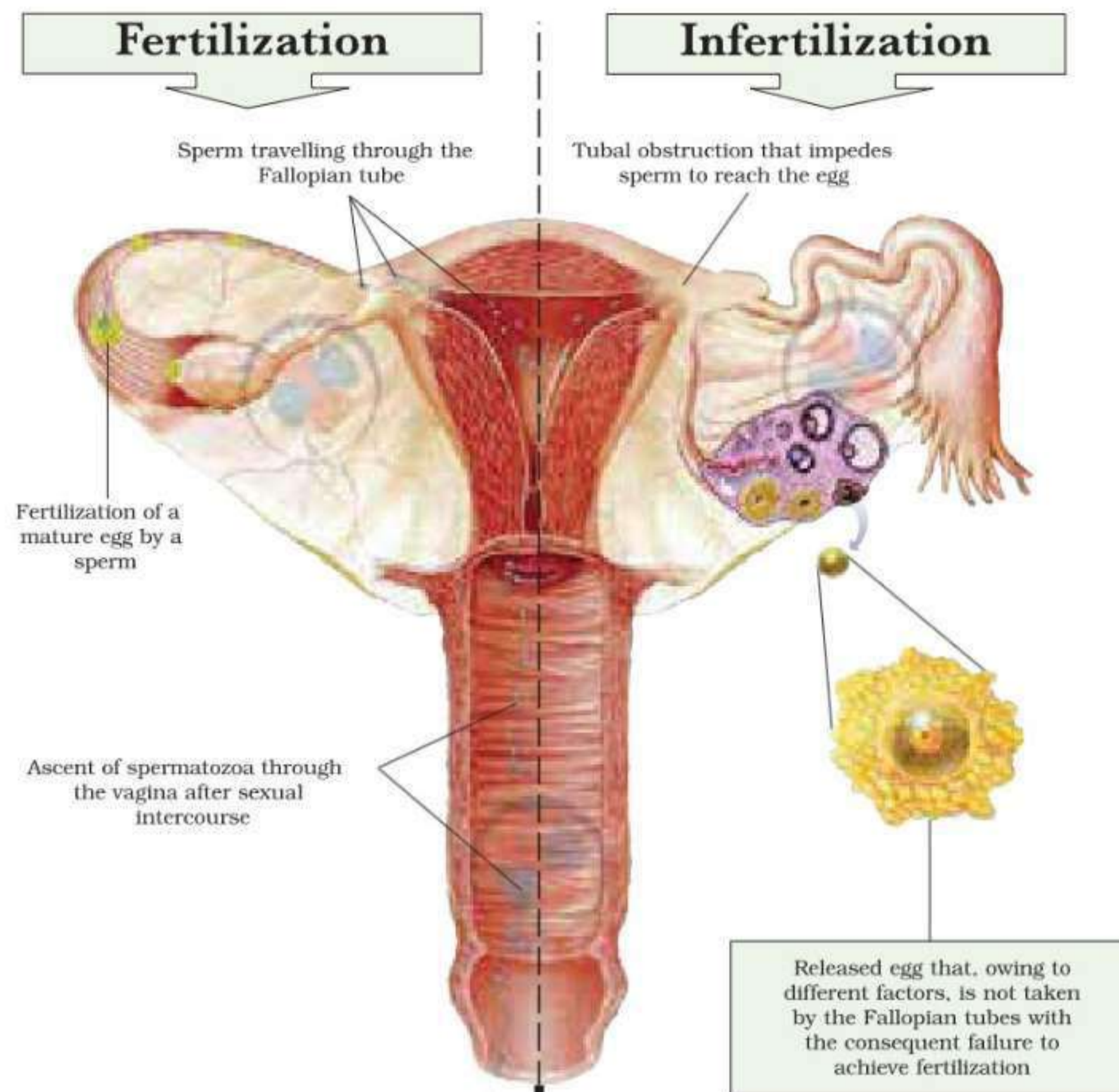
Copy righted medical resources available for above listed therapeutic conditions.  
Medical content for wide range of therapeutic conditions can be customised and designed.



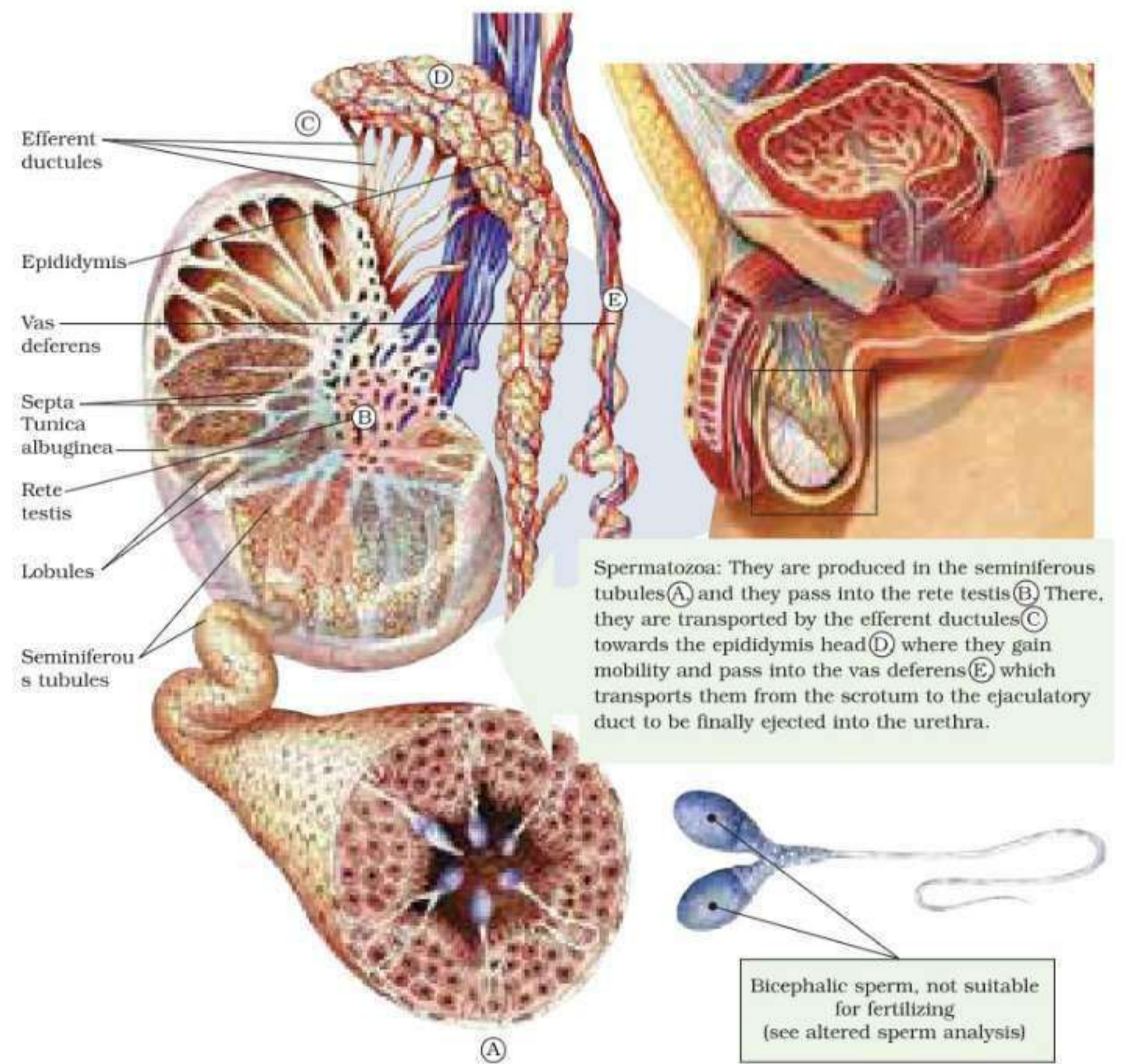




# FEMALE REPRODUCTIVE SYSTEM



# MALE REPRODUCTIVE SYSTEM



# CAUSES OF FEMALE INFERTILITY

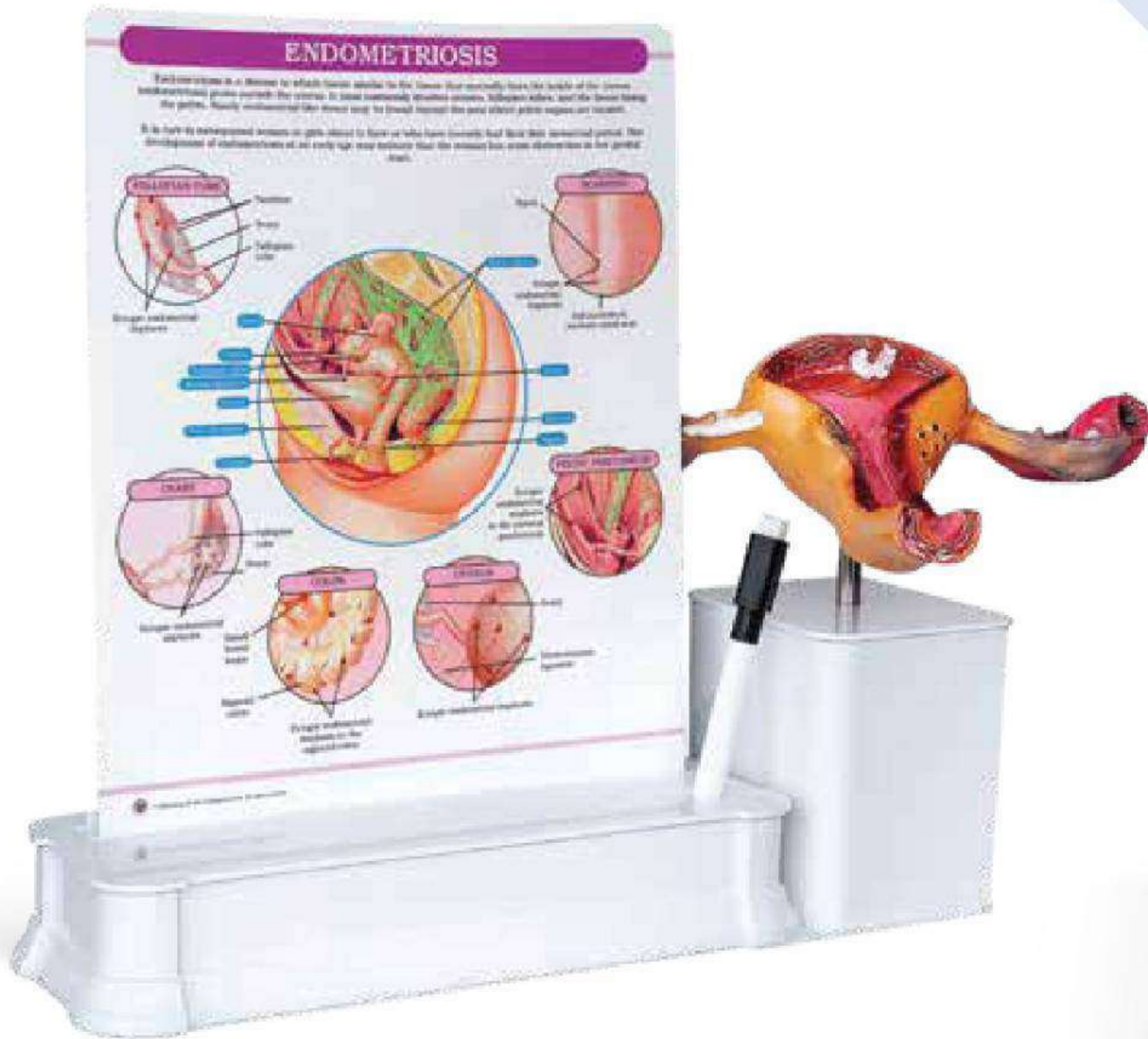
<p><b>POLYCYSTIC OVARY SYNDROME</b></p> <p>Several cysts in the ovary</p> <p>It constitutes one of the most common endocrine disorders causing infertility.</p>	<p><b>ENDOCRINE DISORDERS</b></p> <p>Thyroid disease, hypothyroidism, hyperprolactinemia, etc.</p>
<p><b>TUBAL FACTOR</b></p> <p>Adhesions</p> <p>Fallopian tubes may be obstructed owing to different factors.</p>	<p><b>ENDOMETRIOSIS</b></p> <p>Endometrial cysts of the ovary</p> <p>It is defined as endometrial tissue found in locations other than the uterus.</p>
<p><b>FACTORES UTERINOS</b></p> <p>Fibroids</p> <p>They may result from congenital anomalies, polyps, fibroids, pelvic infections, surgical removals, etc.</p>	<p><b>FACTOR CERVICAL</b></p> <p>Altered cervical mucus due to Trichomonas infection</p> <p>Poor cervical mucus quality or quantity that makes it difficult for the sperm to penetrate the egg.</p>

# CAUSES OF MALE INFERTILITY

<p><b>CRYPTORCHIDISM</b></p> <p>Testis</p> <p>Absence of one or both testes in the scrotum</p>	<p><b>ALTERED SPERM TRANSPORT</b></p> <p>Epididymal obstruction</p> <p>Vas deference obstruction</p> <p>It may be due to vas deferens or epididymal absence or obstruction, which impedes passage of sperm.</p>
<p><b>ALTERED SPERM ANALYSIS</b></p> <p>Microcytic Microcytic Bicephalic Tapering Double-tailed</p> <p>It refers to disorders in sperm morphology, mobility and/or concentration.</p>	<p><b>VARICOCELE</b></p> <p>Abnormal dilation and twisting of veins</p> <p>It refers to the varicose dilation of the venous plexus that surrounds the vas deference.</p>
<p><b>HYDROCELE</b></p> <p>Fluid surrounding the testes</p> <p>It refers to the abnormal accumulation of fluid inside the scrotum, surrounding the testes.</p>	<p><b>HYPOPITUITARISM</b></p> <p>Pituitary gland</p> <p>A poor production of FSH and LH hormones can cause sperm disorders.</p>



**WRITE & WIPE SLIDES WITH ANATOMICAL MODEL**



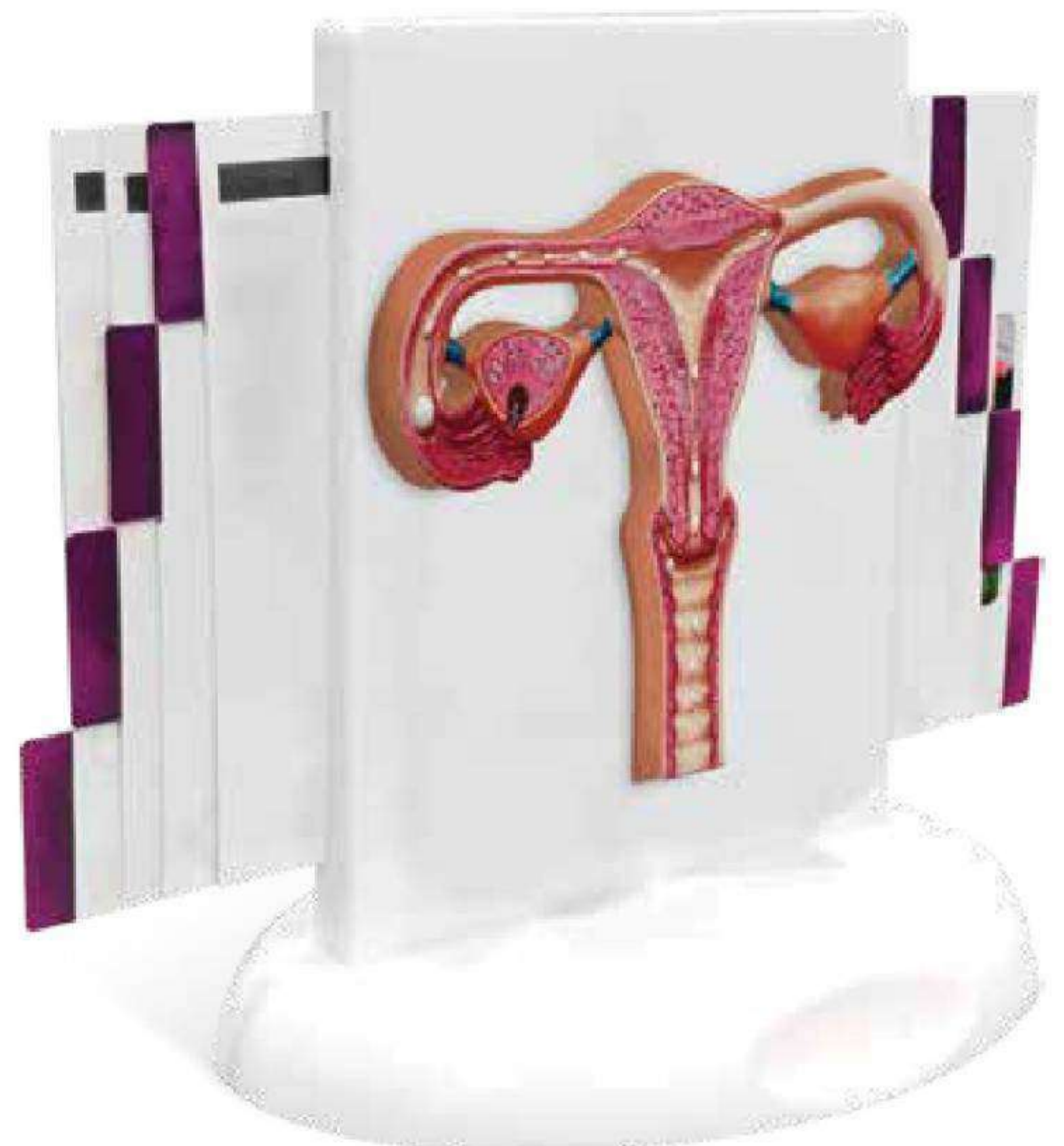
**WRITE & WIPE SLIDES WITH PATIENT EDUCATION LEAFLETS**



**WRITE & WIPE FLIPCHART WITH PEN STAND**



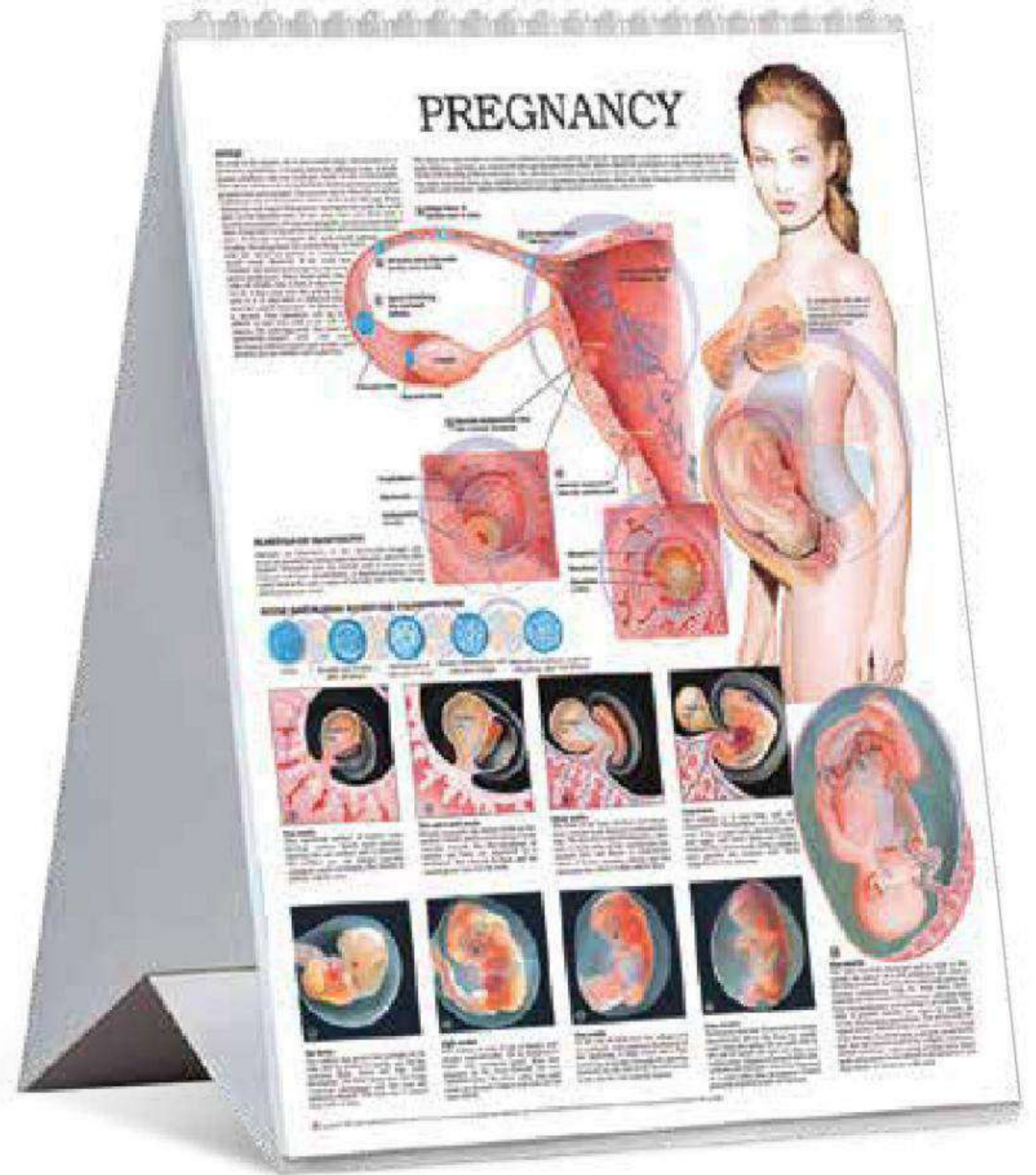
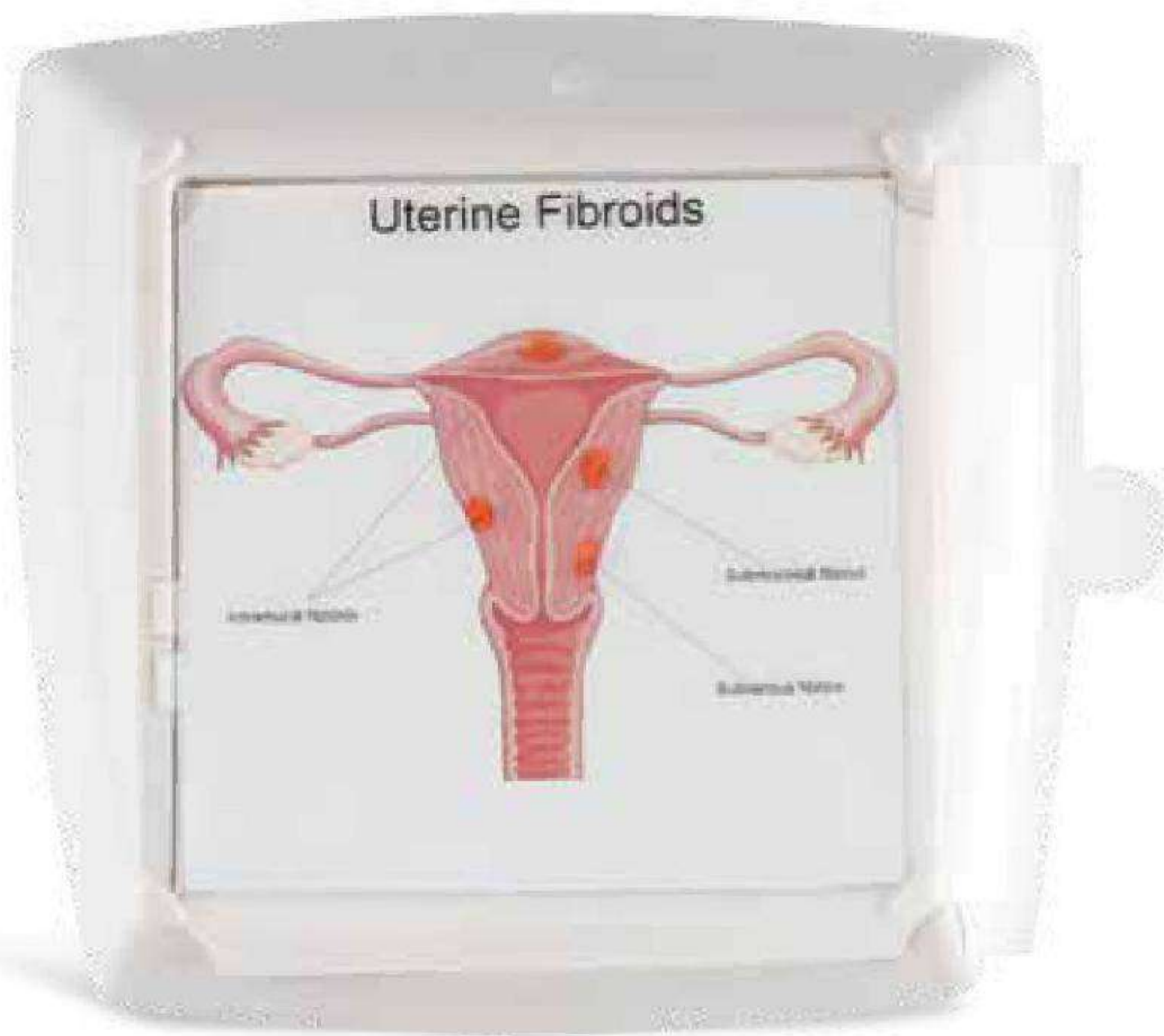
**PATIENT EDUCATION PULL-OUTS WITH ANATOMICAL MODEL**





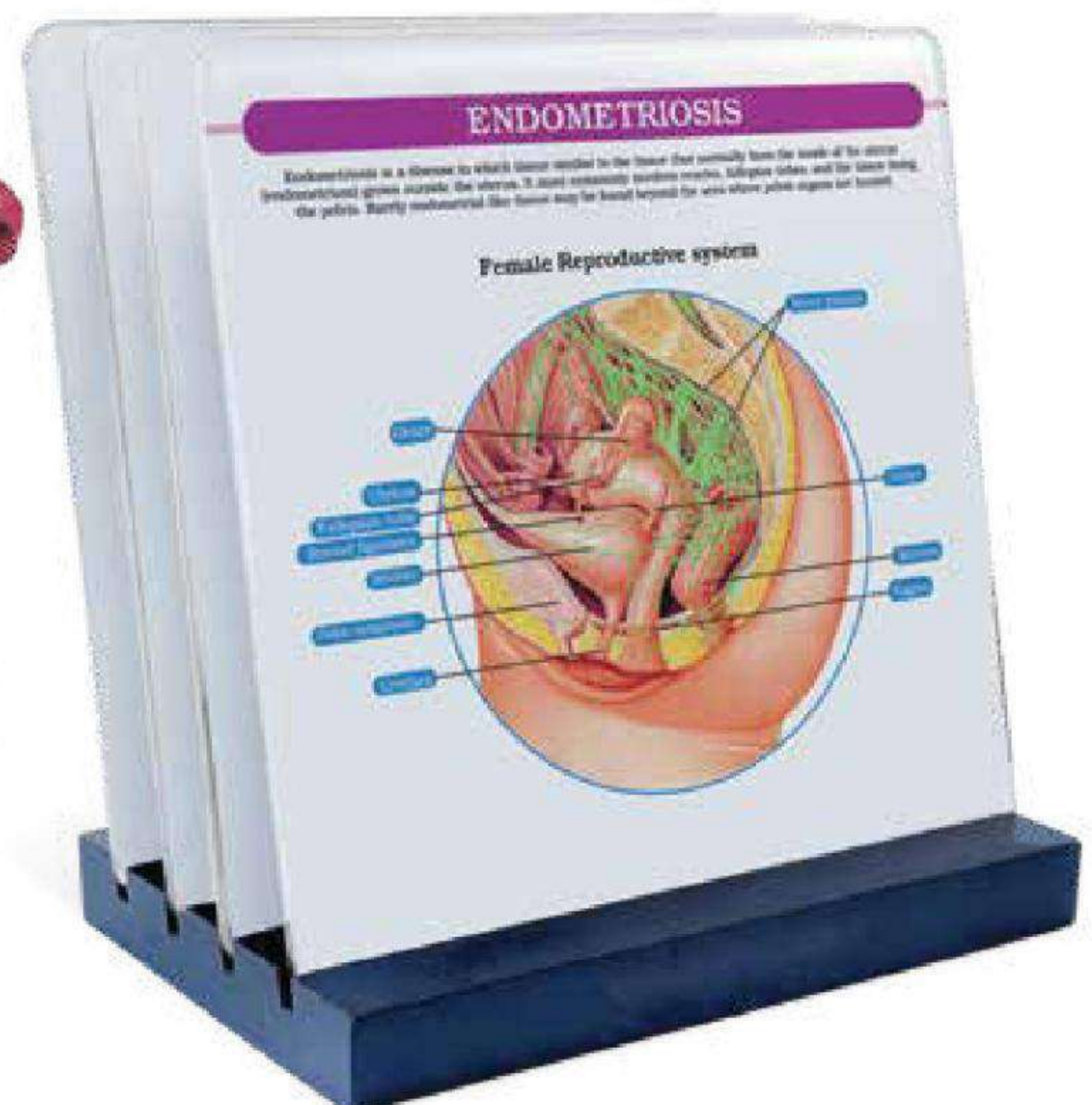
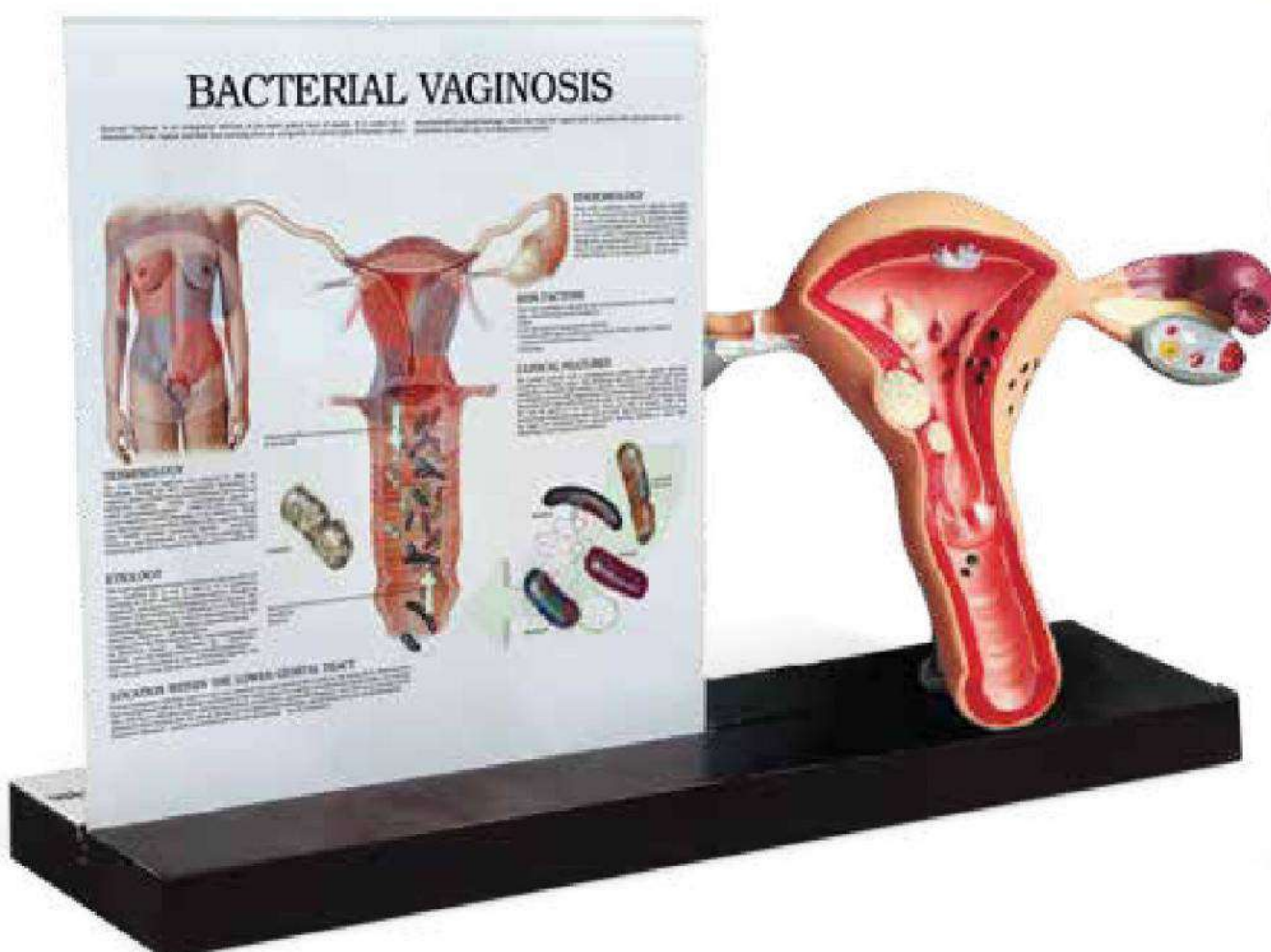
## SLIDE VIEWER

## FLIPCHART



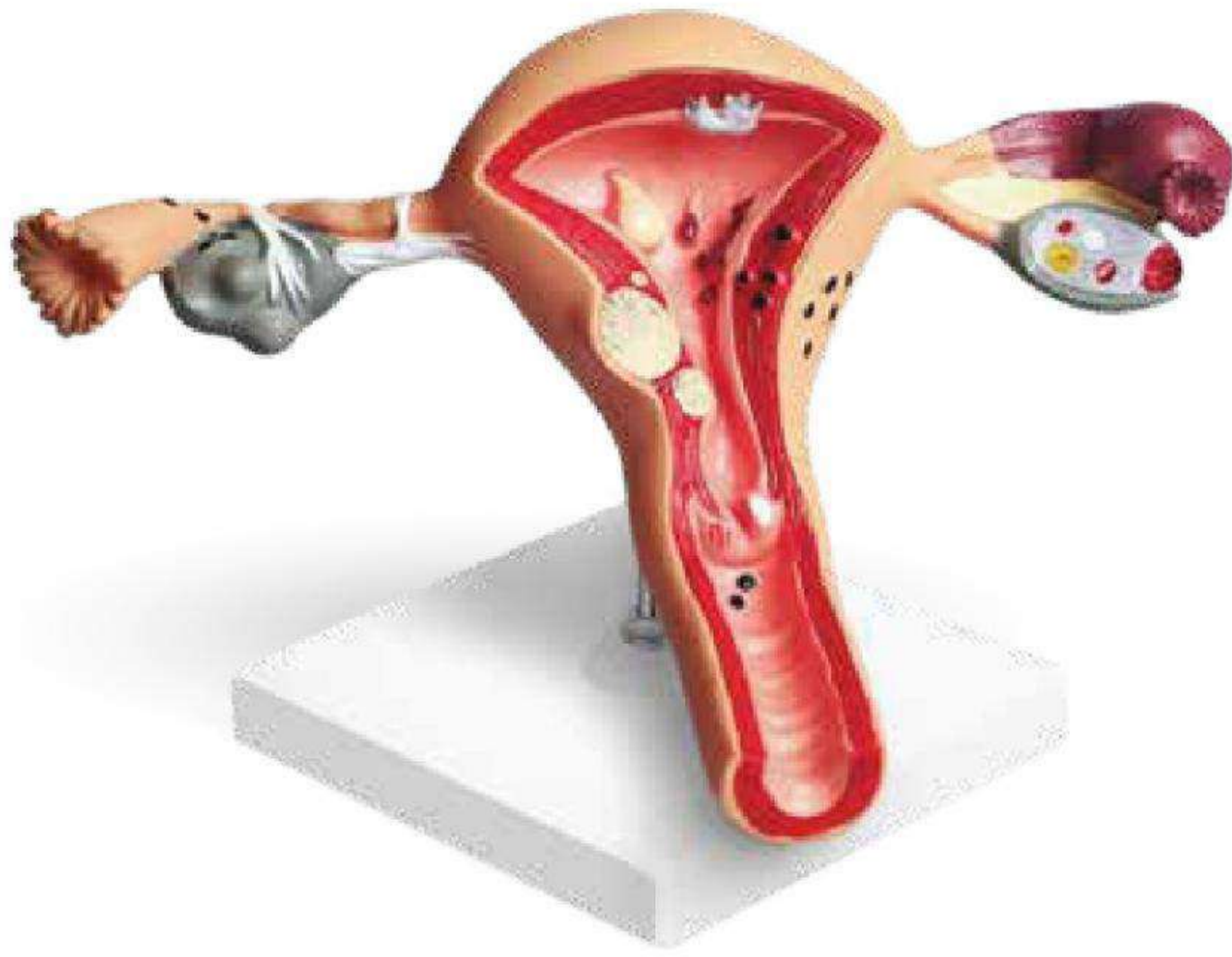
## PATIENT EDUCATION ACRYLIC SLIDE WITH ANATOMICAL MODEL

## PATIENT EDUCATION ACRYLIC SLIDES

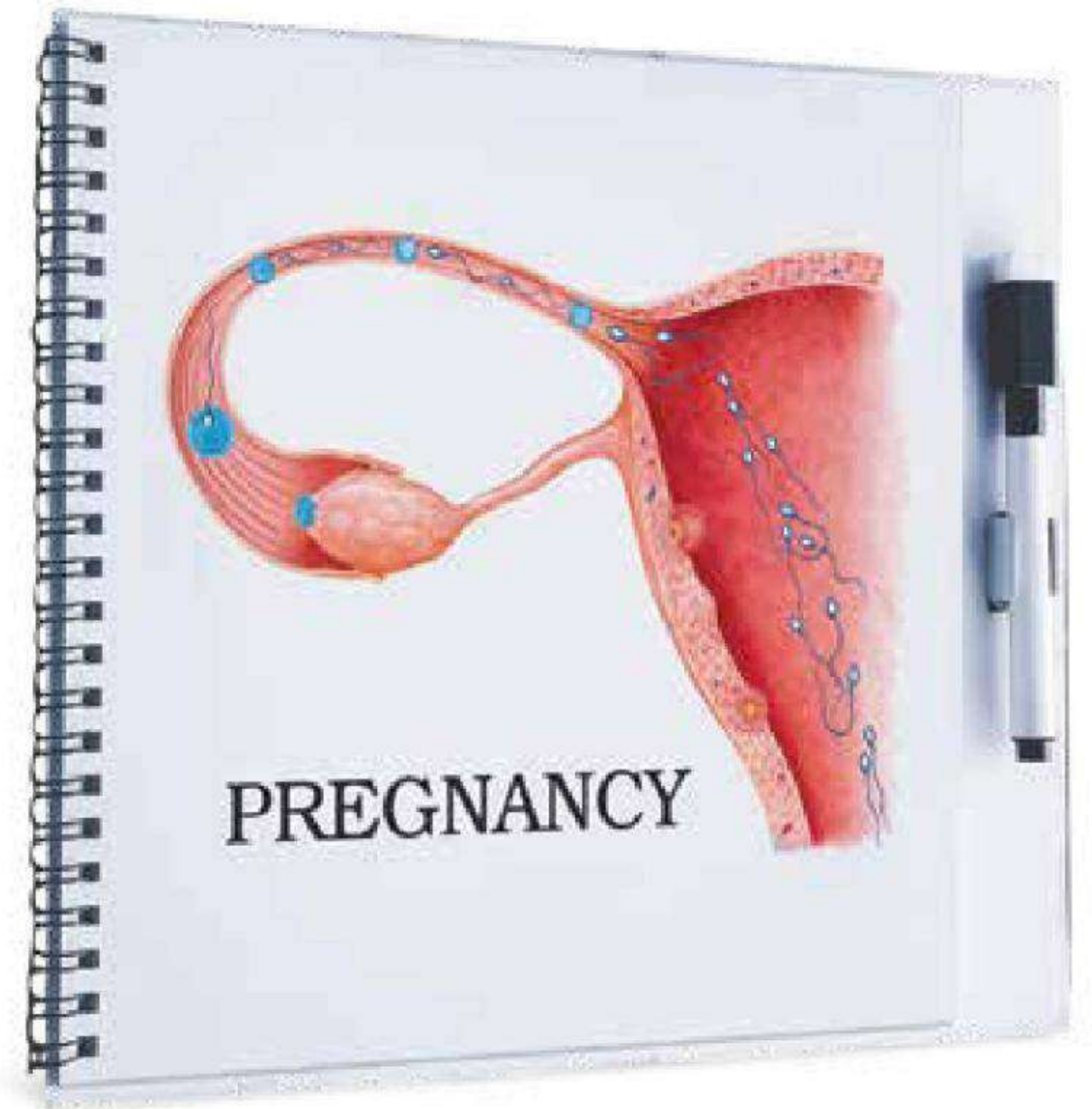




## ANATOMICAL MODEL



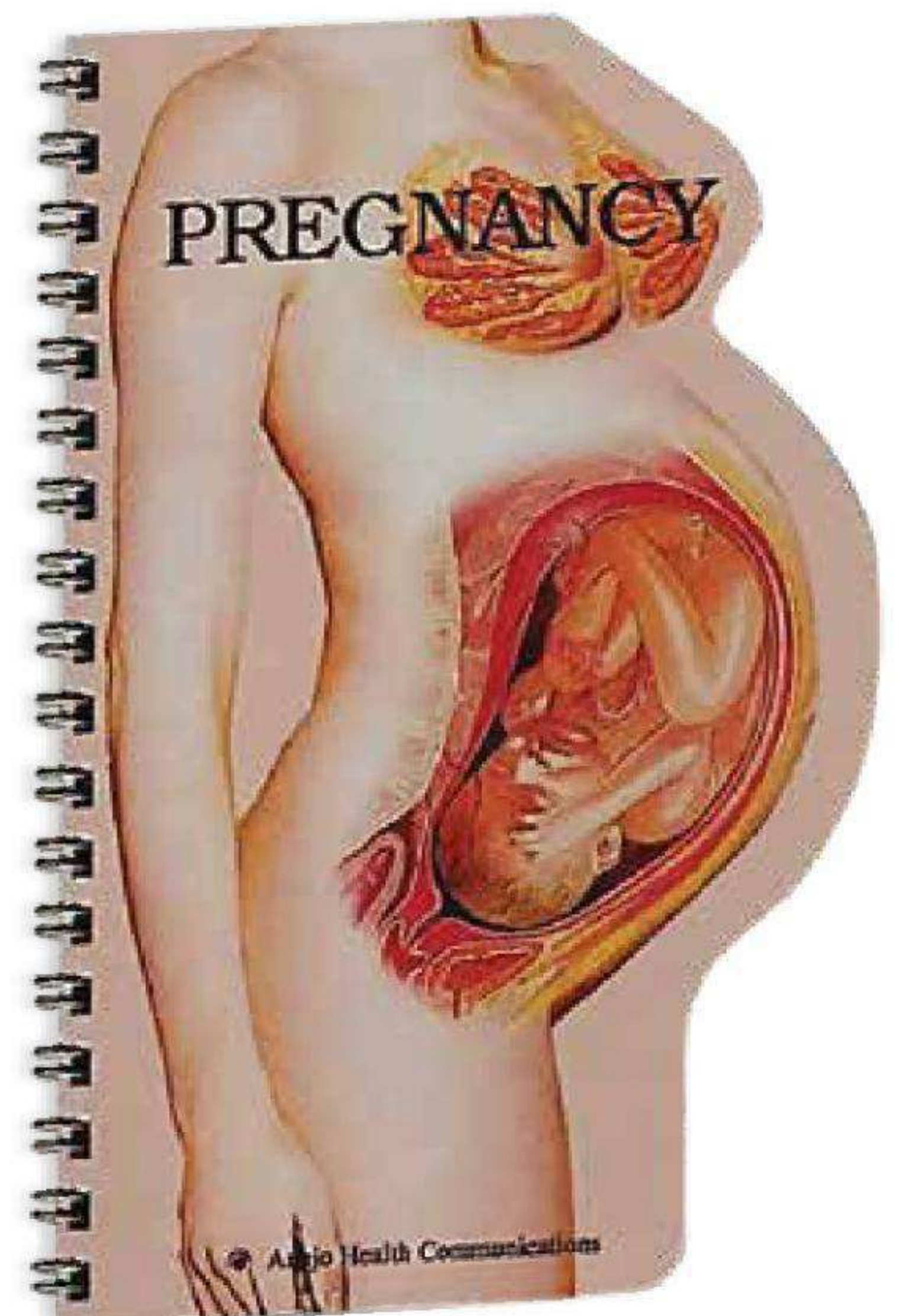
## WRITE & WIPE FLIPBOOK



## INFORMATION WHEEL



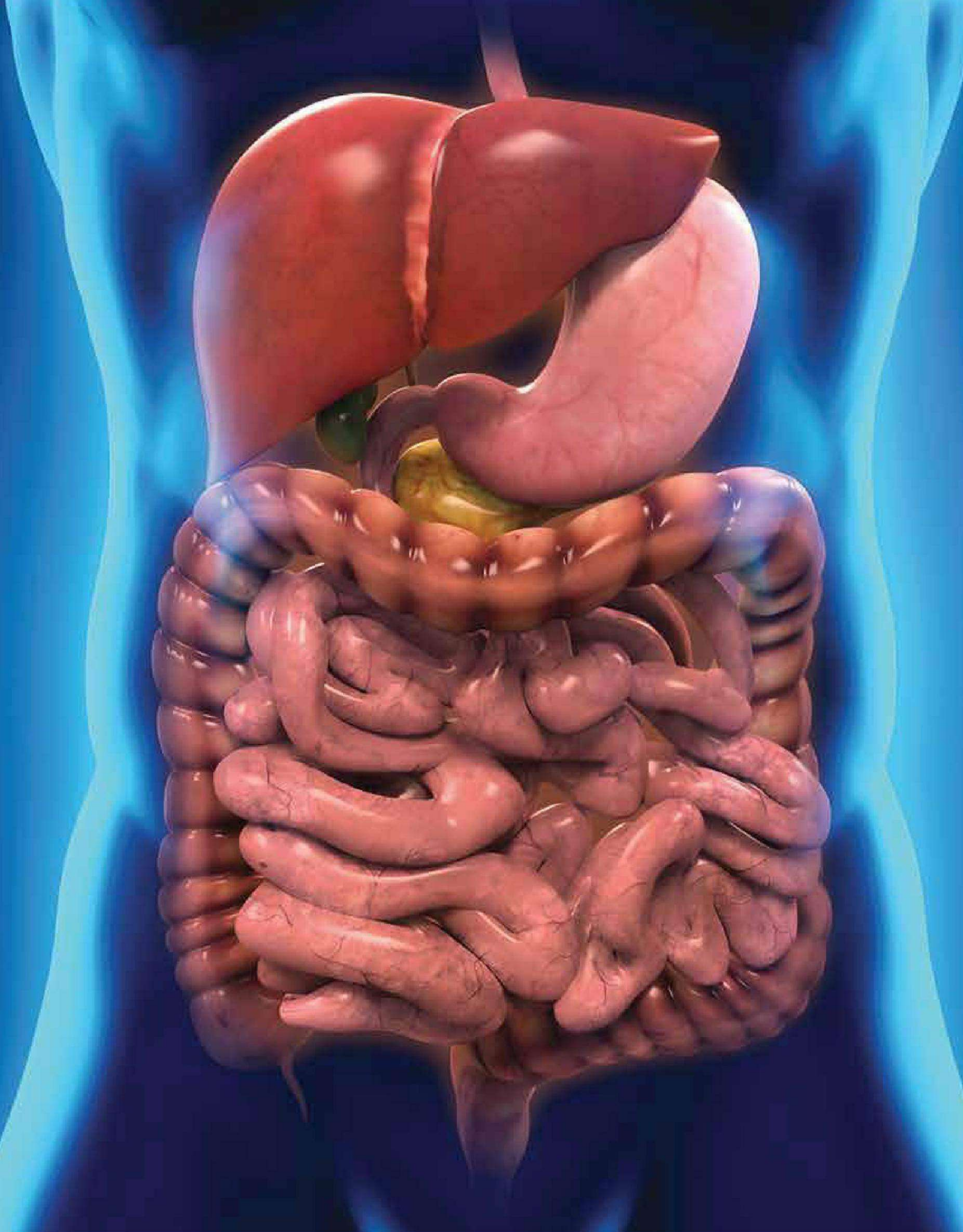
## SHAPED BOOK











# GASTROENTEROLOGY



## Sr.no Therapeutic Conditions

- 1 - Helicobacter pylori
- 2 - Esophagitis
- 3 - Gastritis and peptic ulcer
- 4 - Gastroesophageal reflux
- 5 - Gastroenterology
- 6 - Irritable bowel syndrome (IBS)
- 7 - NSAIDs induced gastropathies
- 8 - Gastroesophageal reflux disease
- 9 - Gastroesophageal reflux in children
- 10 - Acid-peptic disease
- 11 - Barret's esophagus
- 12 - Gastroesophageal acidity
- 13 - Digestive disorders
- 14 - Dyspepsia
- 15 - Ulcerative colitis
- 16 - Bacterial diarrhoea
- 17 - Gastroprotection
- 18 - Entamoeba histolytica Infections
- 19 - Giardia lamblia Infections
- 20 - Peptic Ulcer
- 21 - Non-alcoholic Fatty Liver Disease
- 22 - Cirrhosis of the Liver
- 23 - Hepatitis B Virus
- 24 - Gastrointestinal stromal tumor (GIST)

## Quick Reference Guide

- 25 - Crohn's Disease
- 26 - GERD
- 27 - Helicobacter pylori
- 28 - IBS
- 29 - Diarrhoea
- 30 - Gastrointestinal-microflora

## Drug Drug Interaction chart

- 31 - Commonly used drugs in gastroenterology

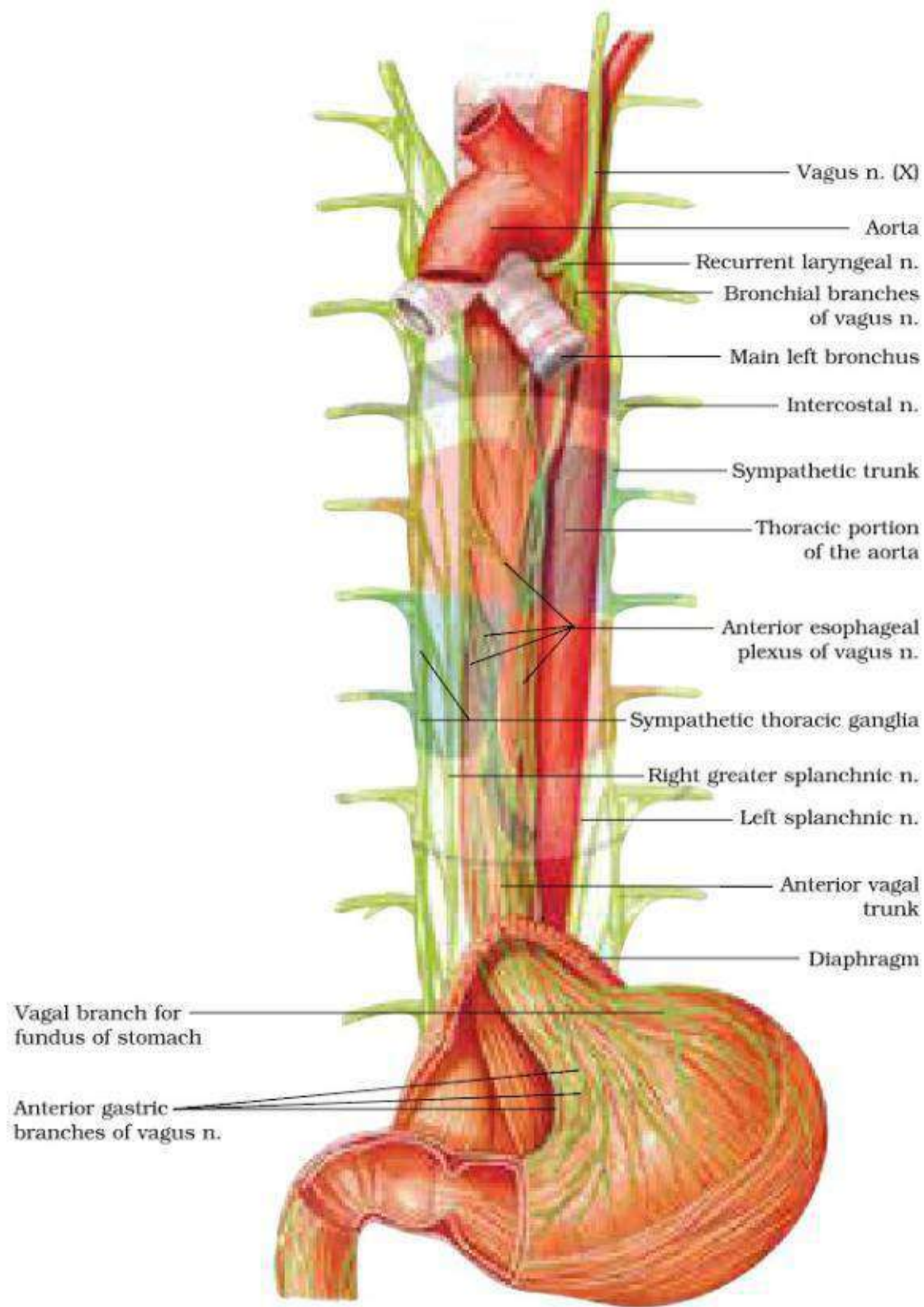
## Medical Slide Ruler

- 32 - Acute Pancreatitis
- 33 - Chronic Gastritis
- 34 - MSR CTP Cirrhosis Severity
- 35 - MSR Dehydration and Gastroenteritis
- 36 - GERD
- 37 - IBS Assessment

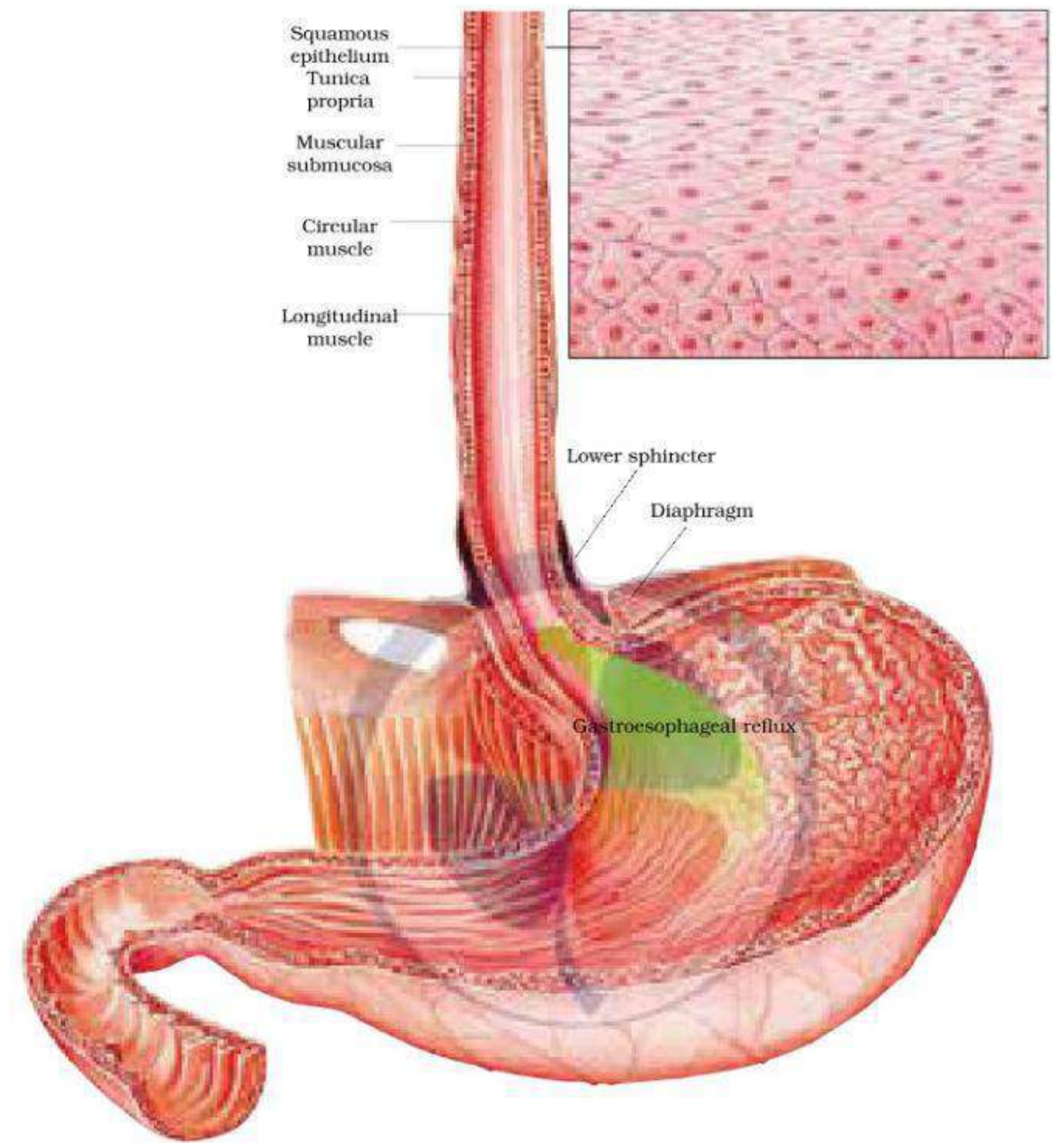
Copy righted medical resources available for above listed therapeutic conditions.  
Medical content for wide range of therapeutic conditions can be customised and designed.



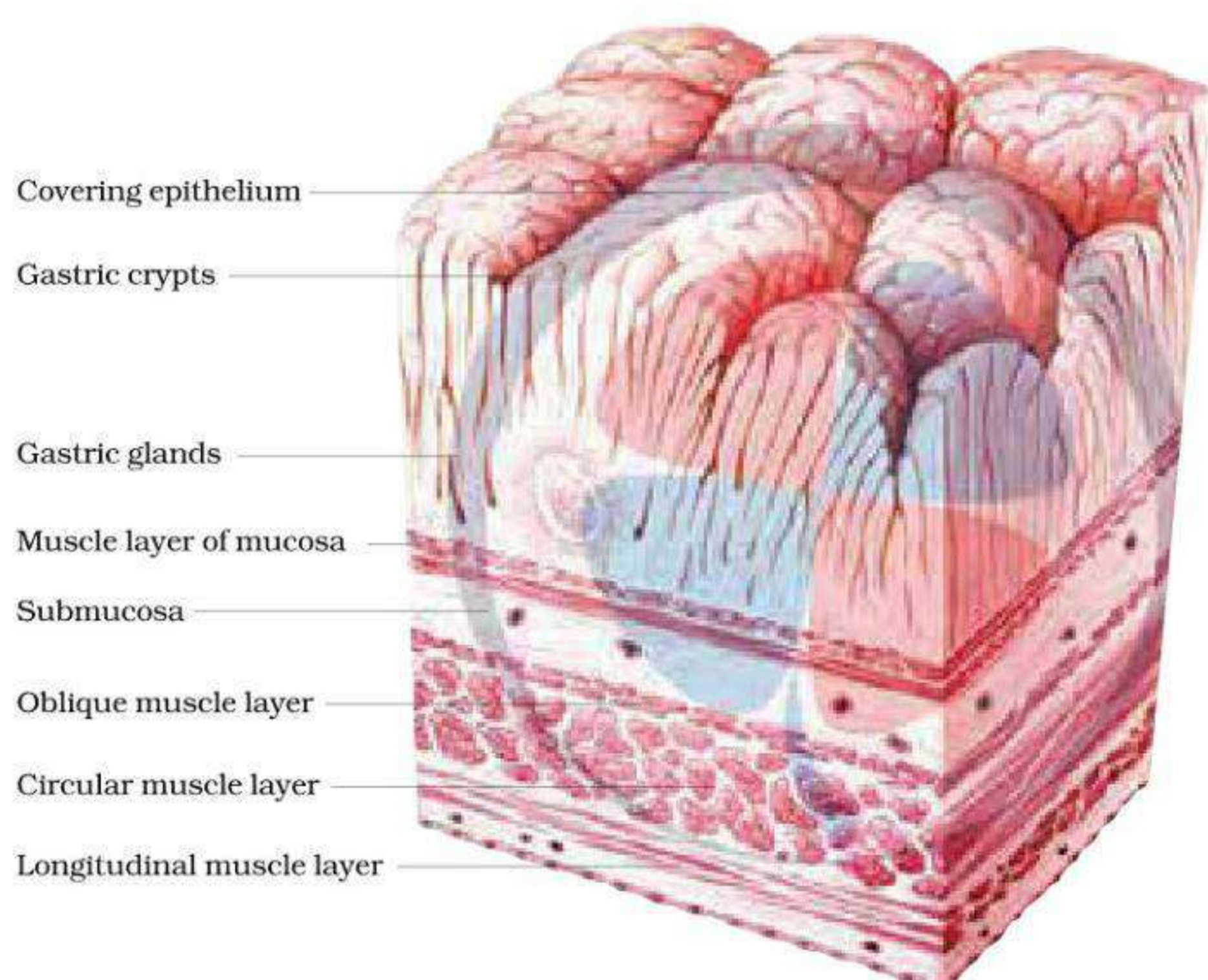
## DIGESTIVE SYSTEM INNERVATION



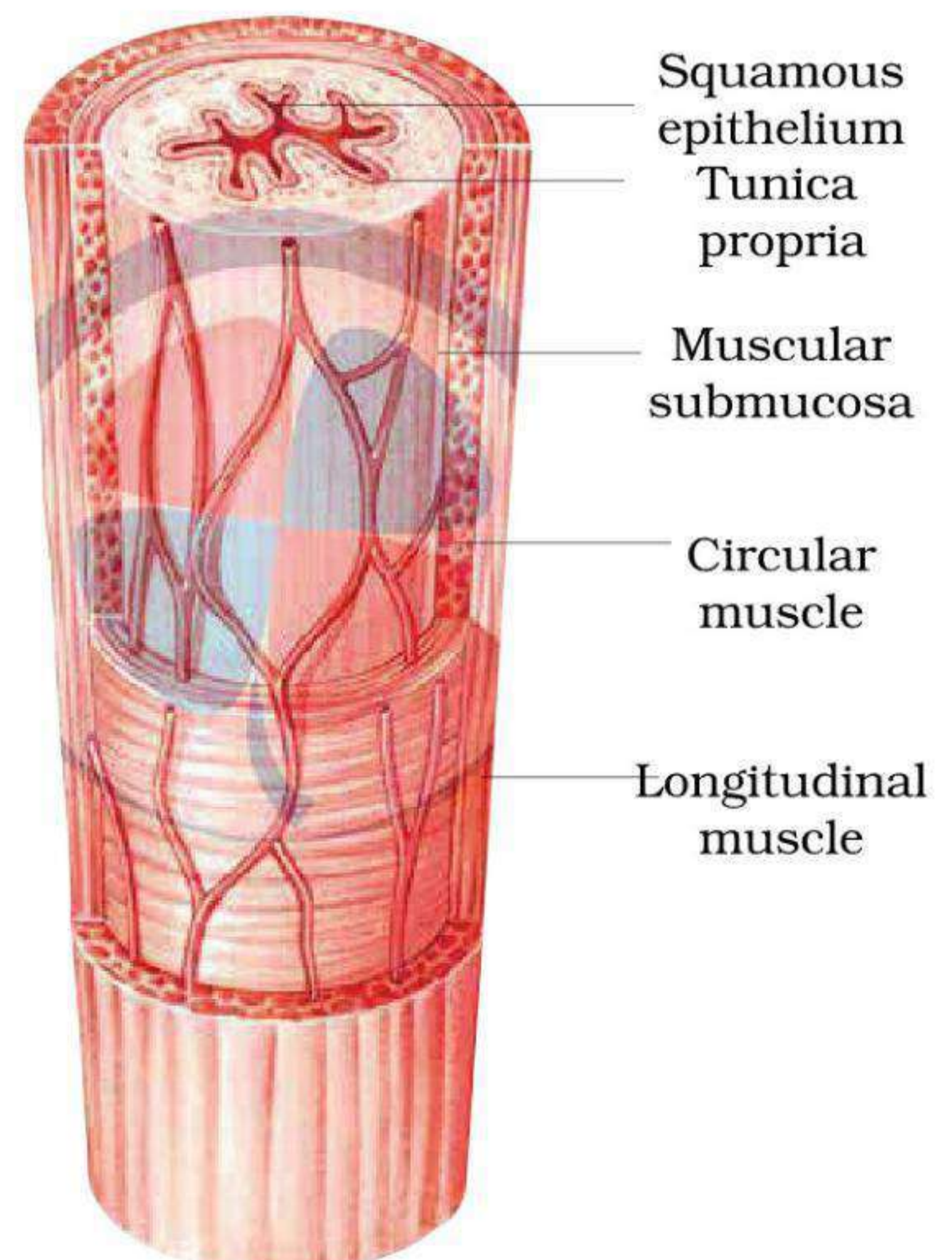
## SQUAMOUS EPITHELIUM OF ESOPHAGUS



## THE LAYERS OF THE STOMACH

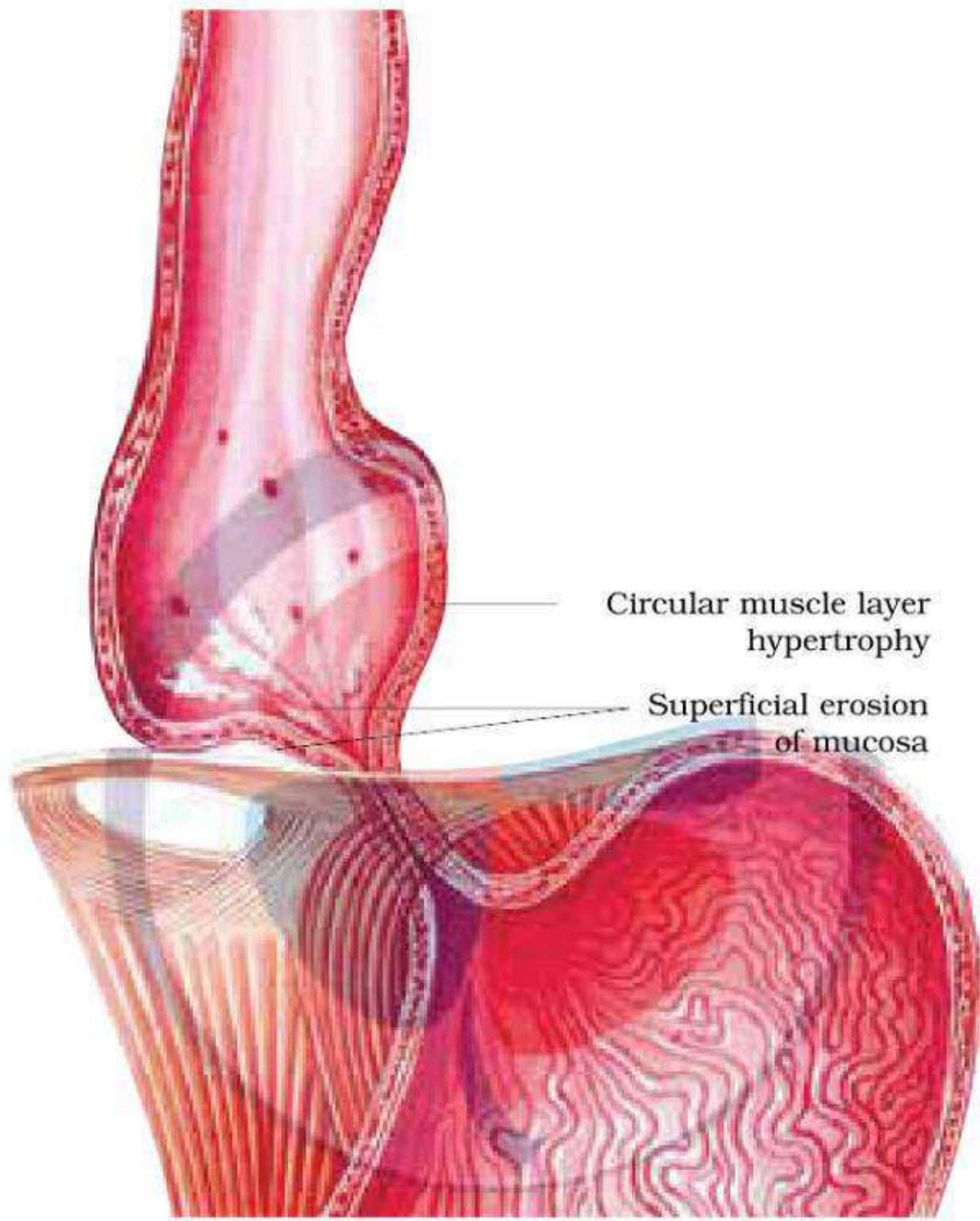


## LAYERS OF ESOPHAGUS

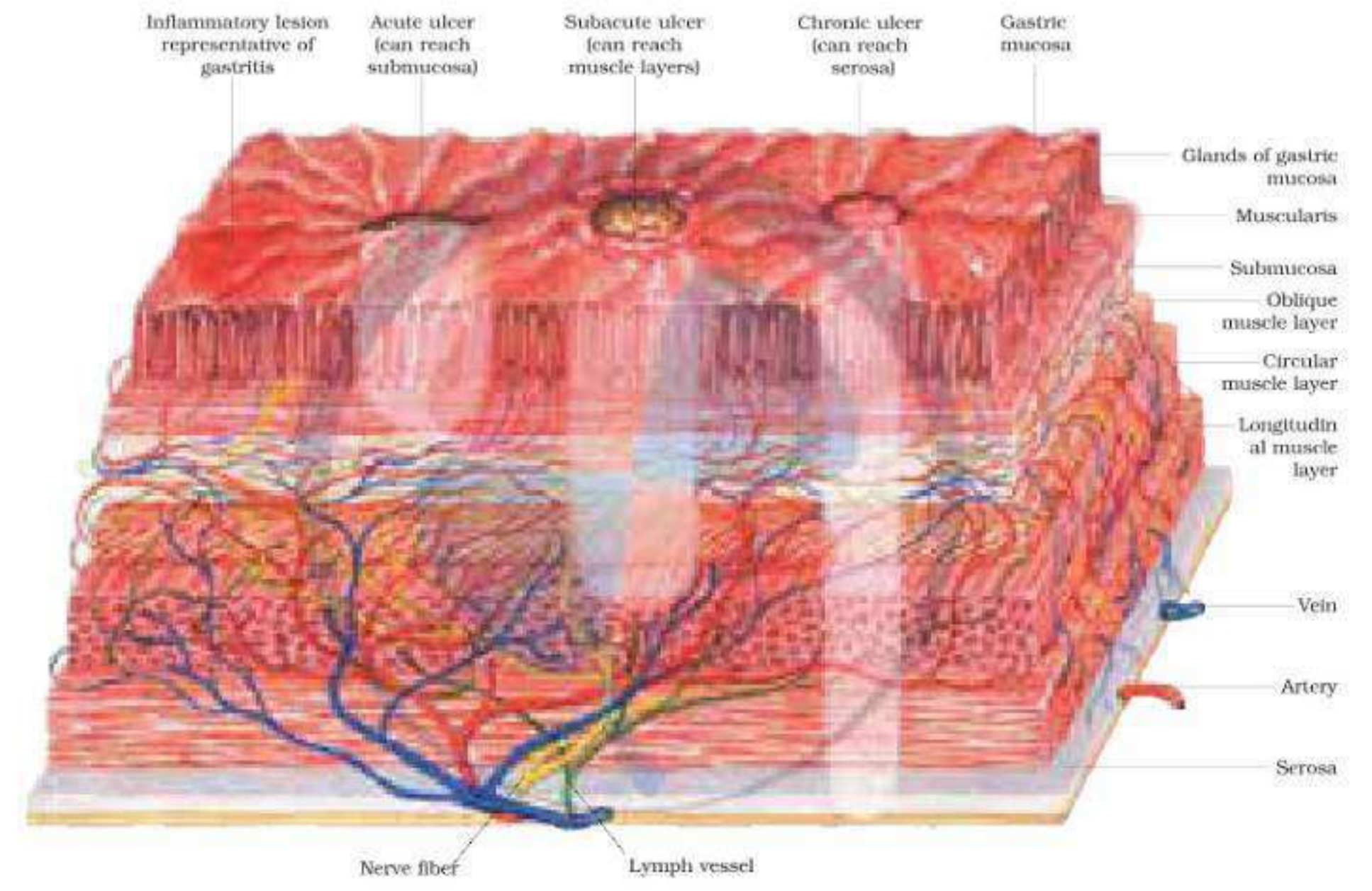




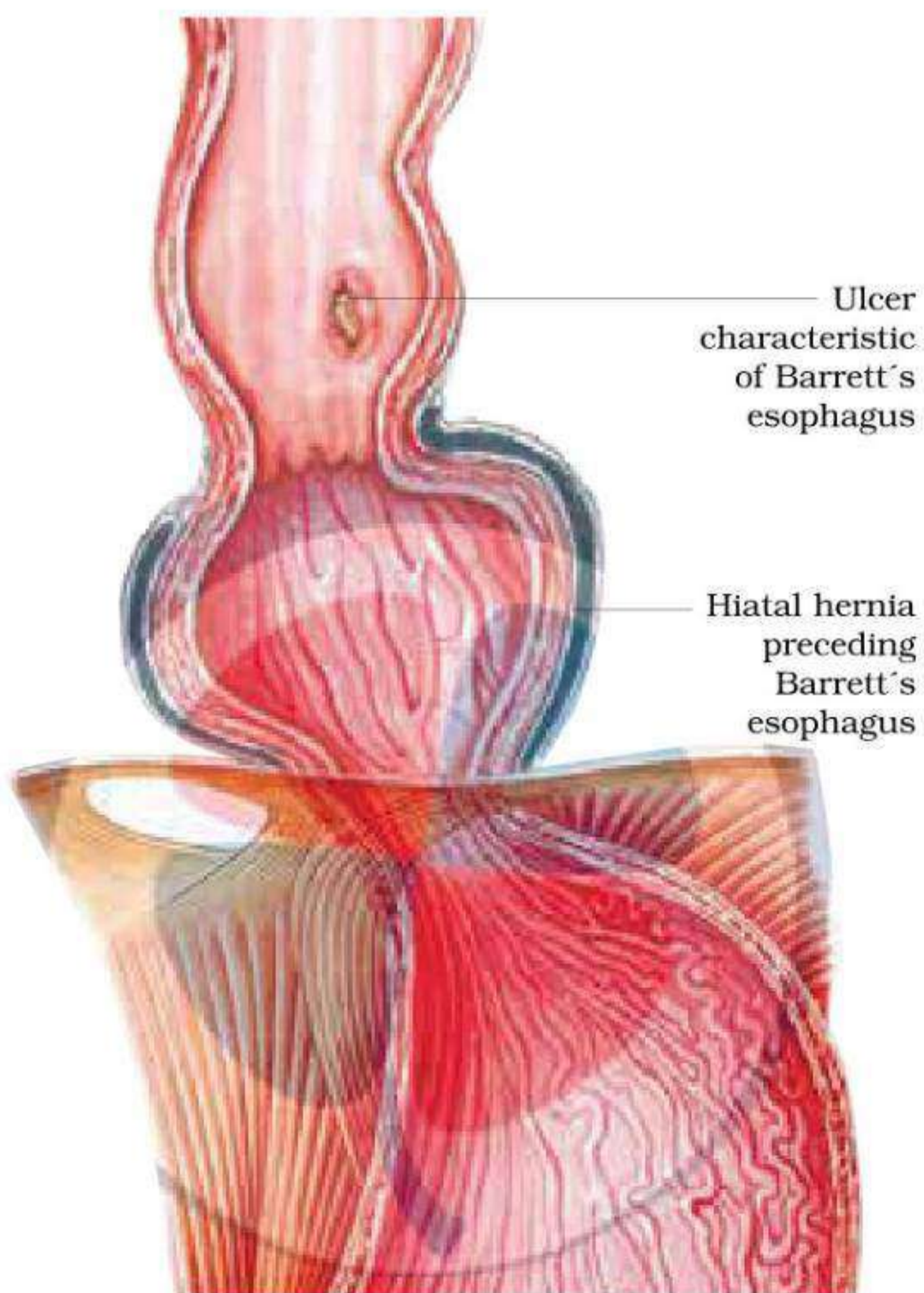
## ACHALASIA OF CARDIA



## ACID SECRETION MECHANISM OF PARIETAL CELLS

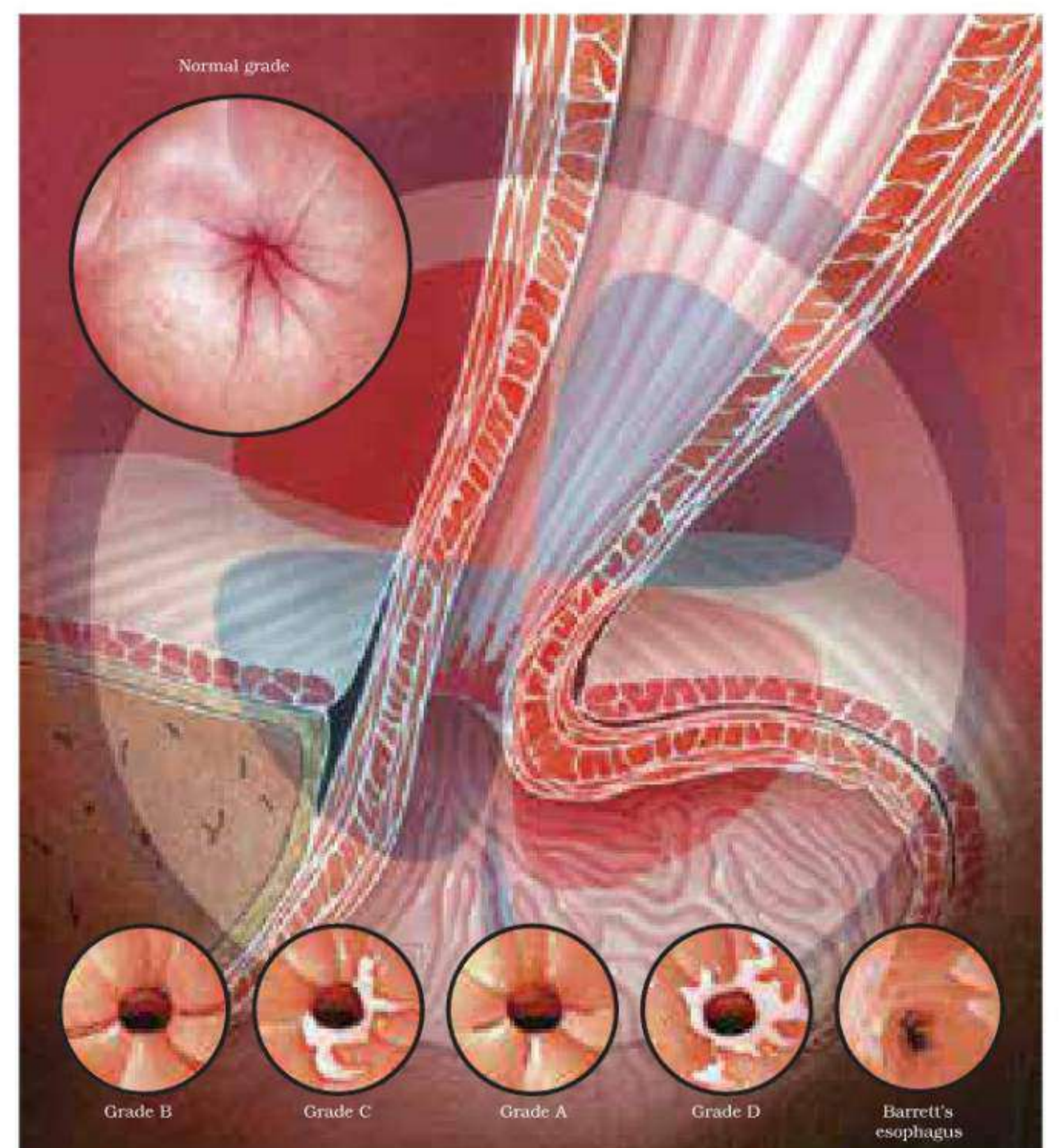


## BARRETT'S ESOPHAGUS



## LOS ANGELES CLASSIFICATION OF ESOPHAGITIS

- Grade A: One or more mucosal breaks <5 mm that are not contiguous with adjacent mucosal fold tops.
- Grade B: One or more mucosal breaks >5 mm none of which is contiguous with adjacent mucosal fold tops.
- Grade C: mucosal breaks contiguous between tops of one or more mucosal folds affecting <75% of esophageal circumference.
- Grade D: mucosal breaks that affect >75% of esophageal circumference.
- Barrett's esophagus: In spite of the fact that it is not included in this classification, it is mentioned as the final stage in patients with chronic GERD.





**WRITE AND WIPE SLIDES  
STAND & MARKER**



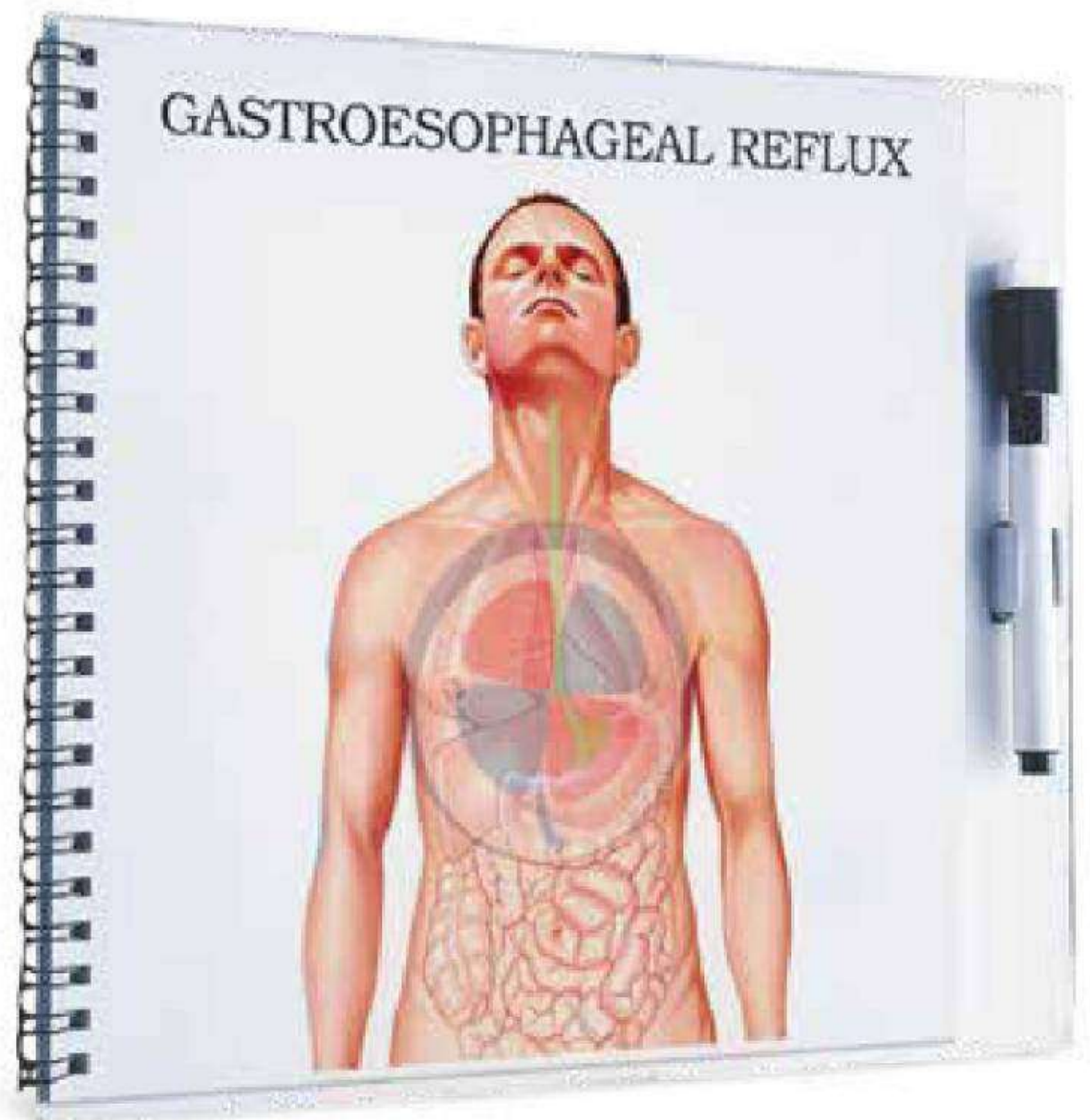
**WRITE & WIPE SLIDES WITH  
PATIENT EDUCATION LEAFLETS**



**WRITE & WIPE FLIPCHART WITH  
PEN STAND & ANATOMICAL MODEL**

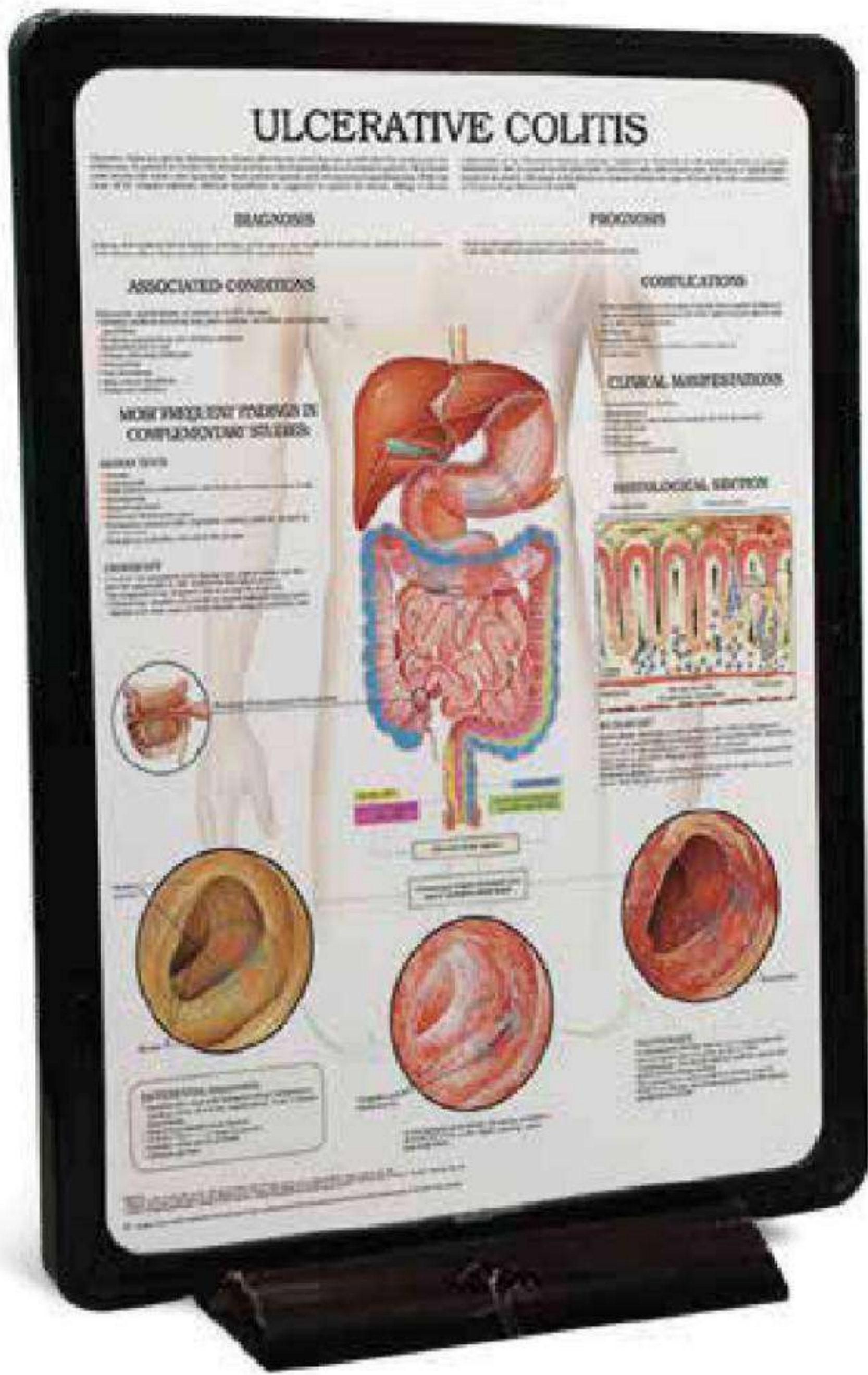


**WRITE & WIPE FLIPBOOK**

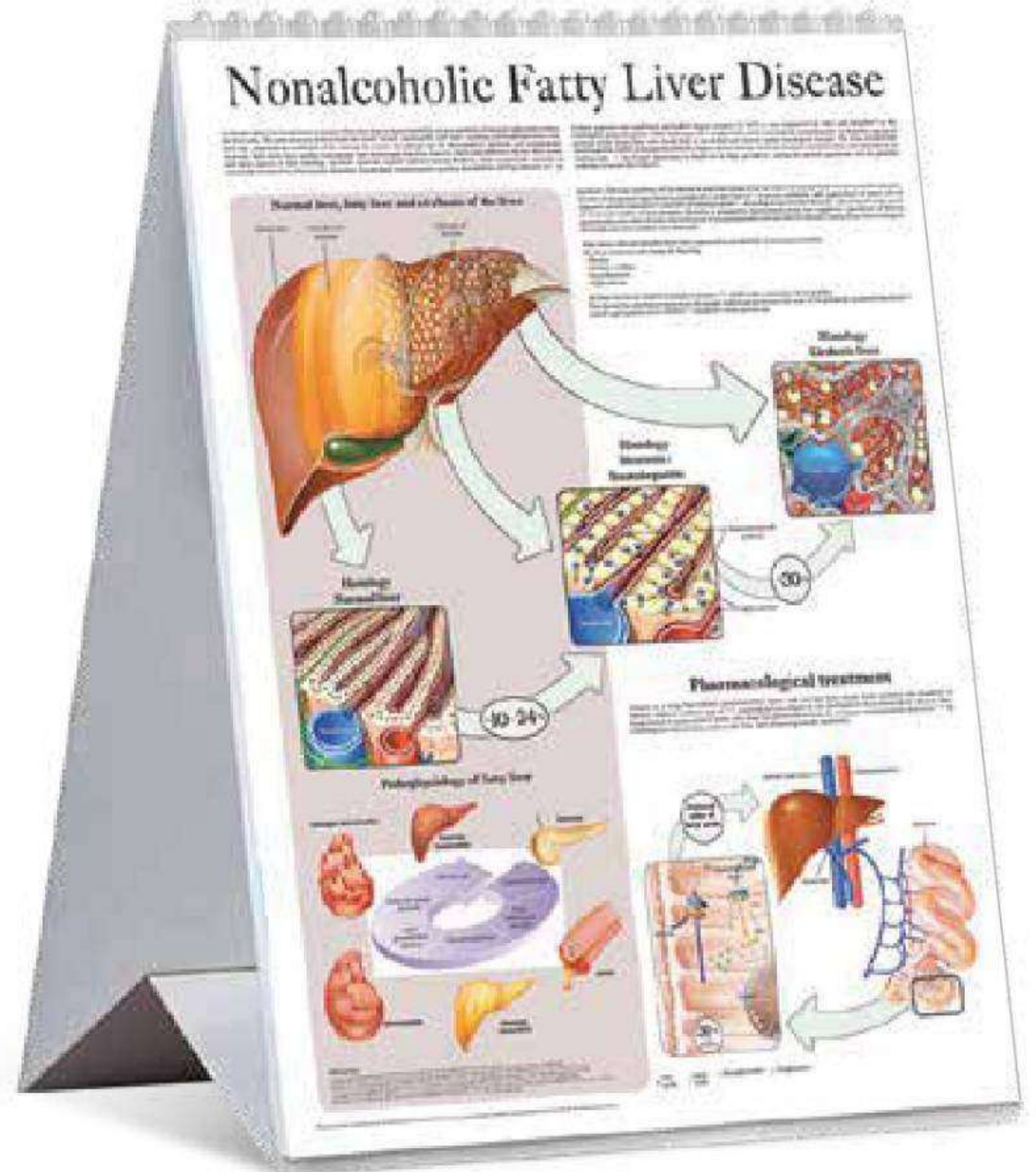




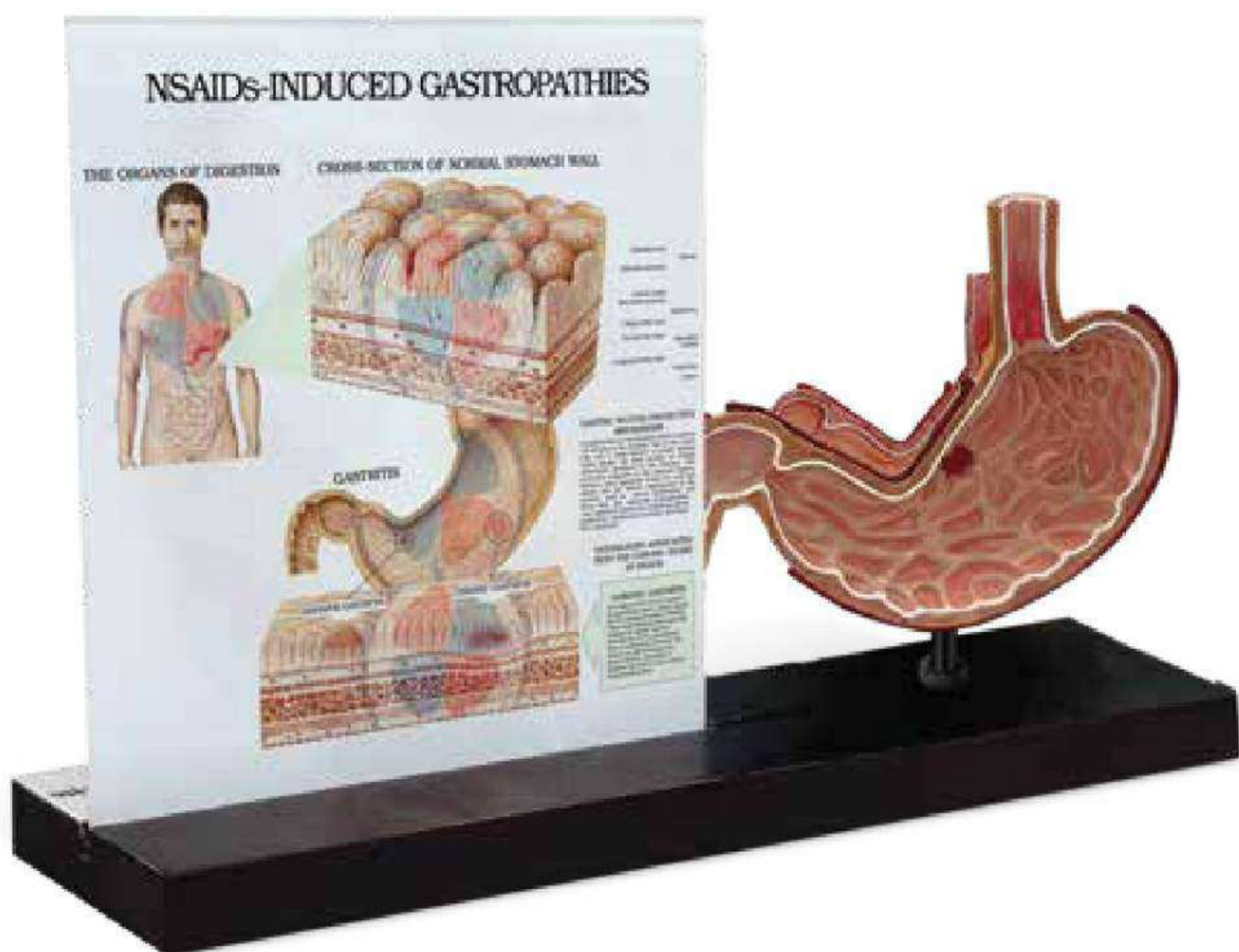
**WRITE & WIPE  
SLIDE FRAME**



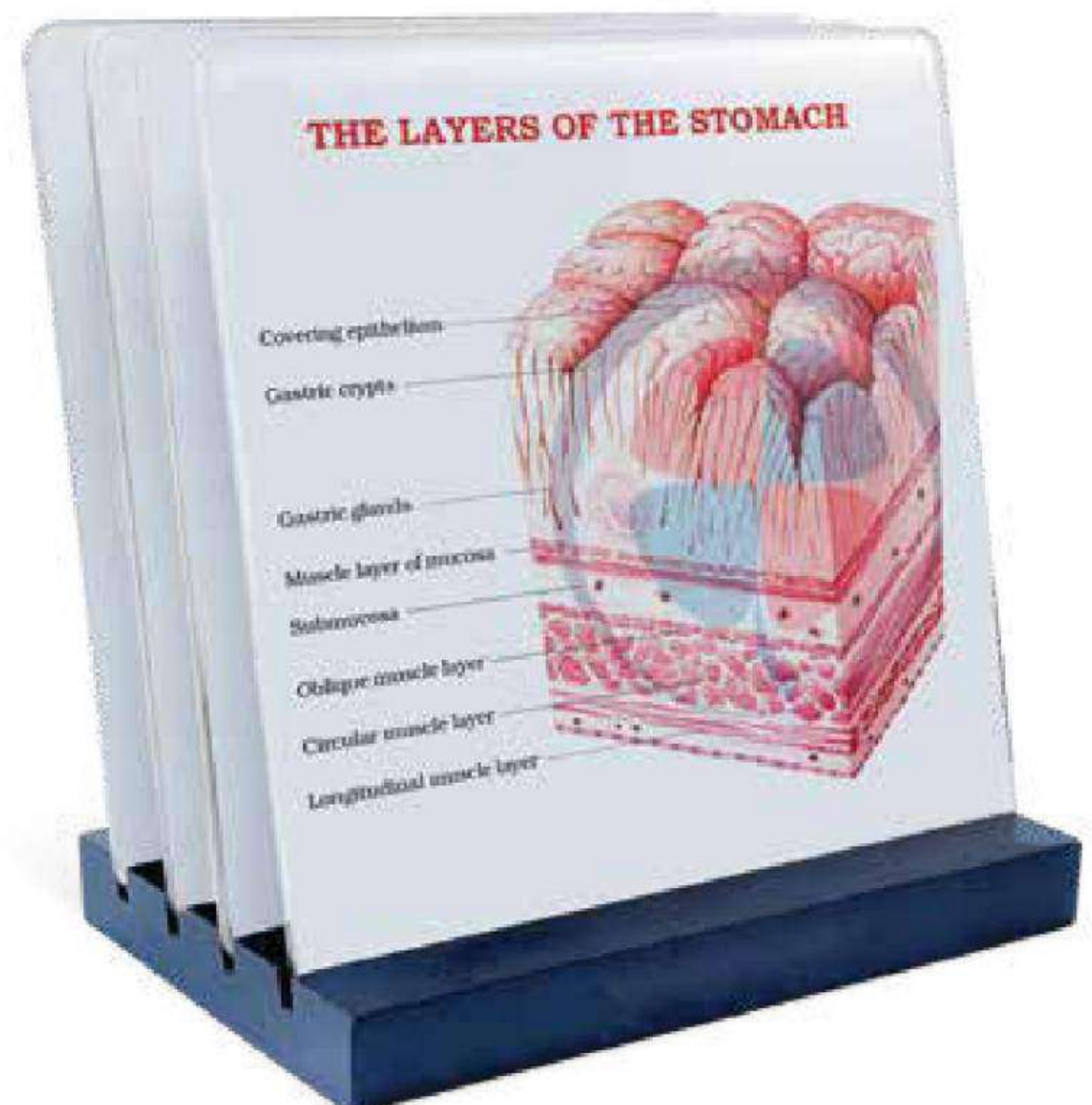
**FLIPCHART**



**PATIENT EDUCATION ACRYLIC  
SLIDE WITH ANATOMICAL MODEL**



**PATIENT EDUCATION  
ACRYLIC SLIDES**

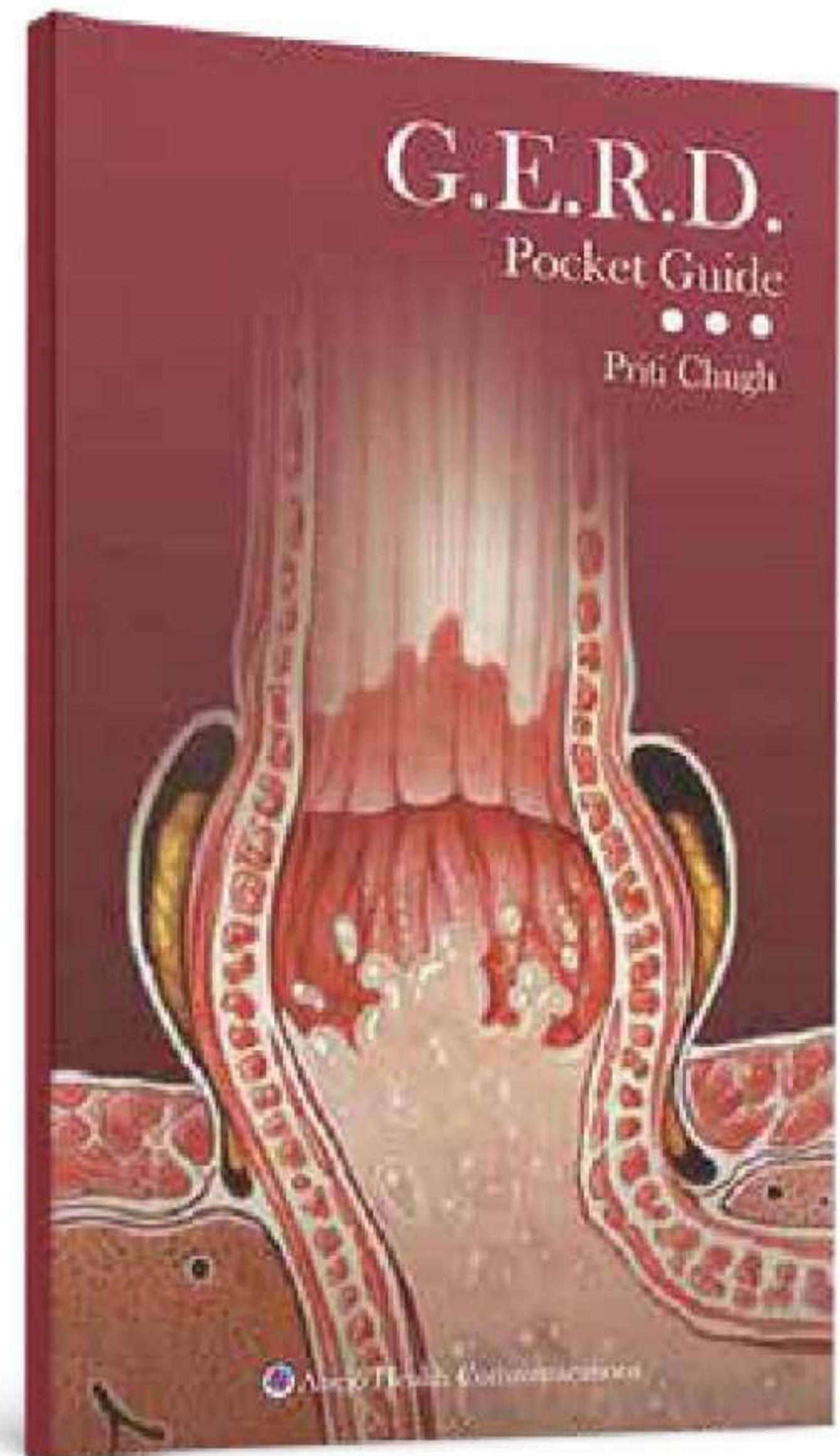




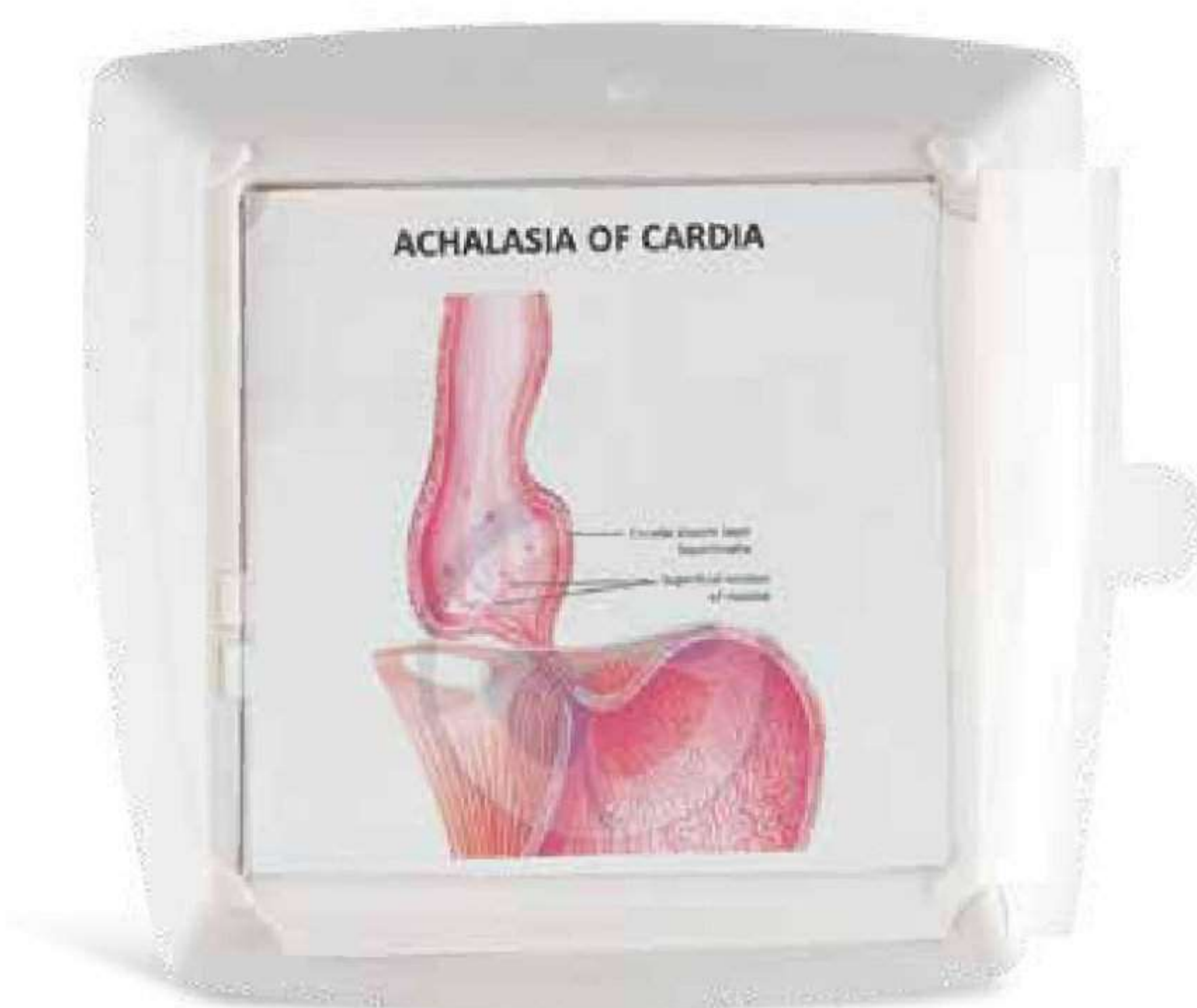
## ANATOMICAL MODEL



## POCKET GUIDE



## SLIDE VIEWER

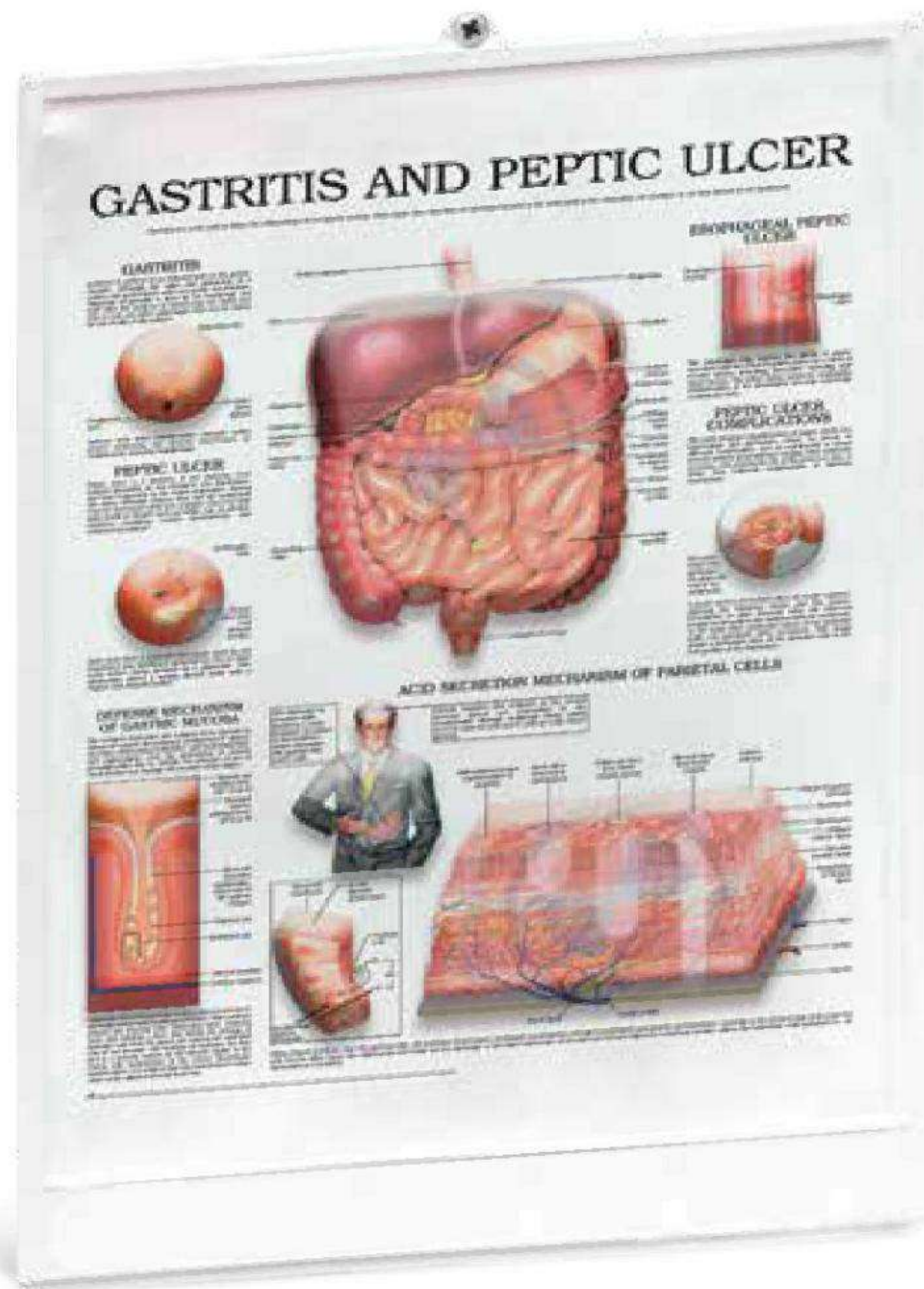


## INFORMATION WHEEL

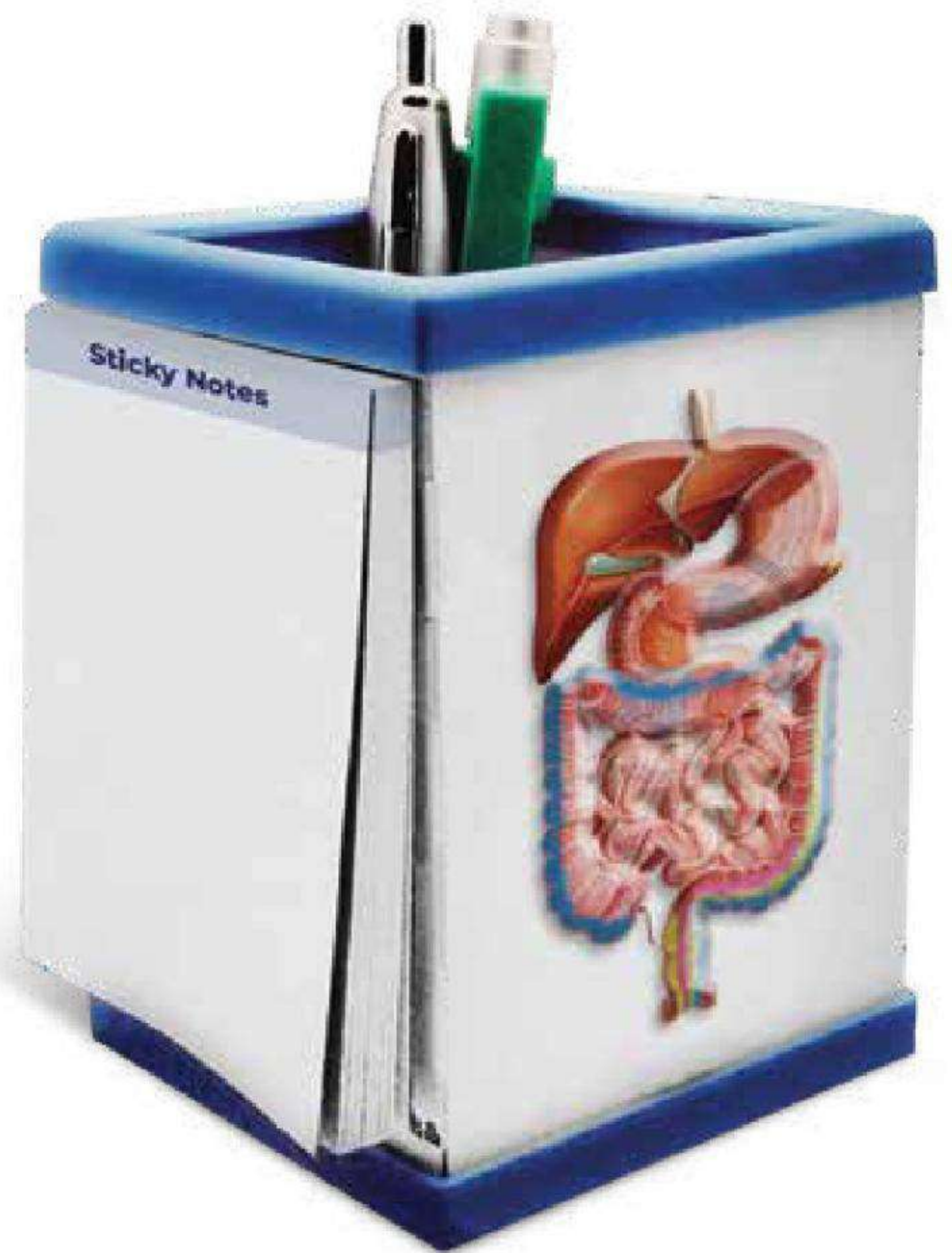




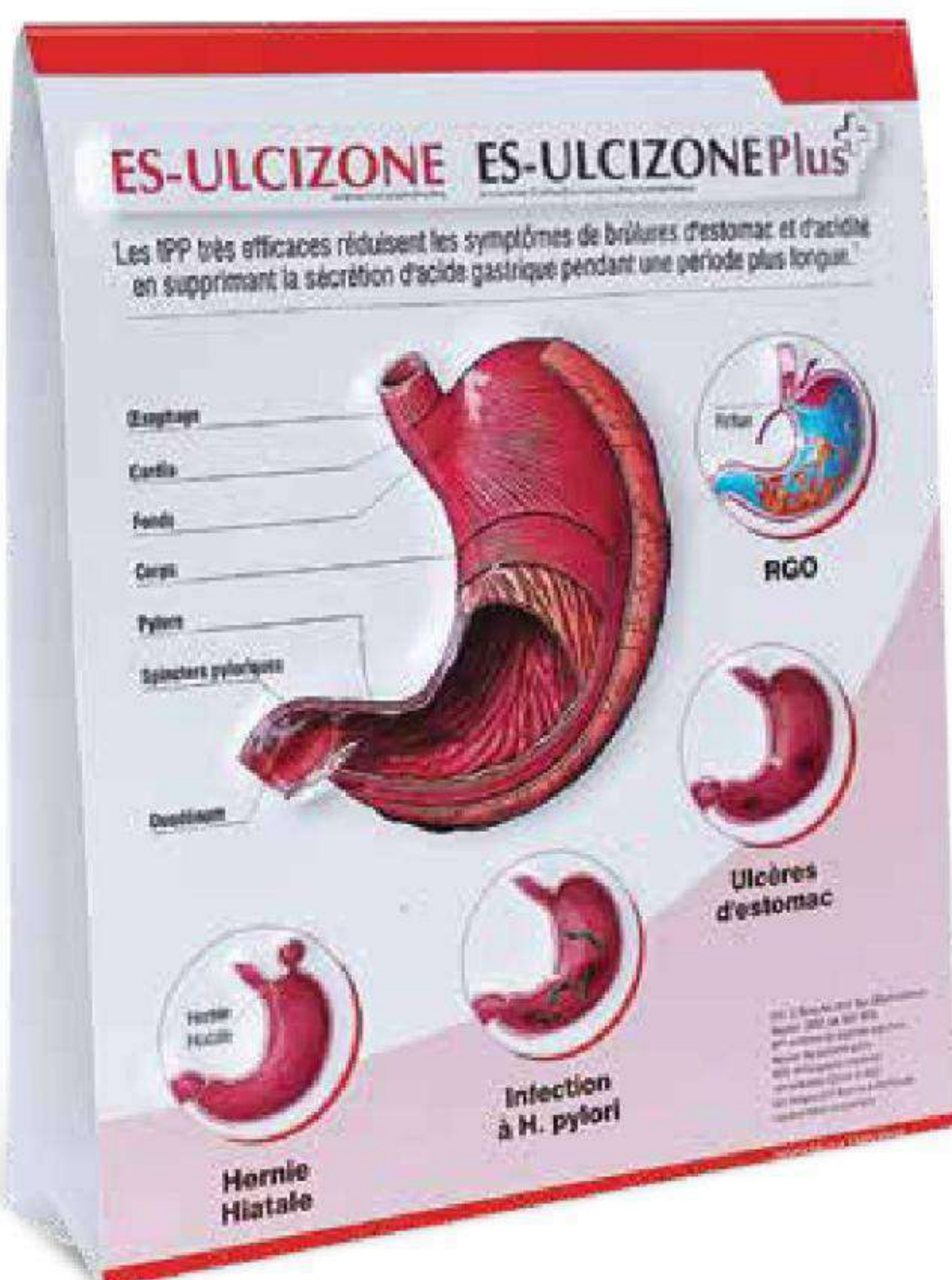
## POP-UP POSTER



## POP-UP PEN STAND WITH STICKY NOTES



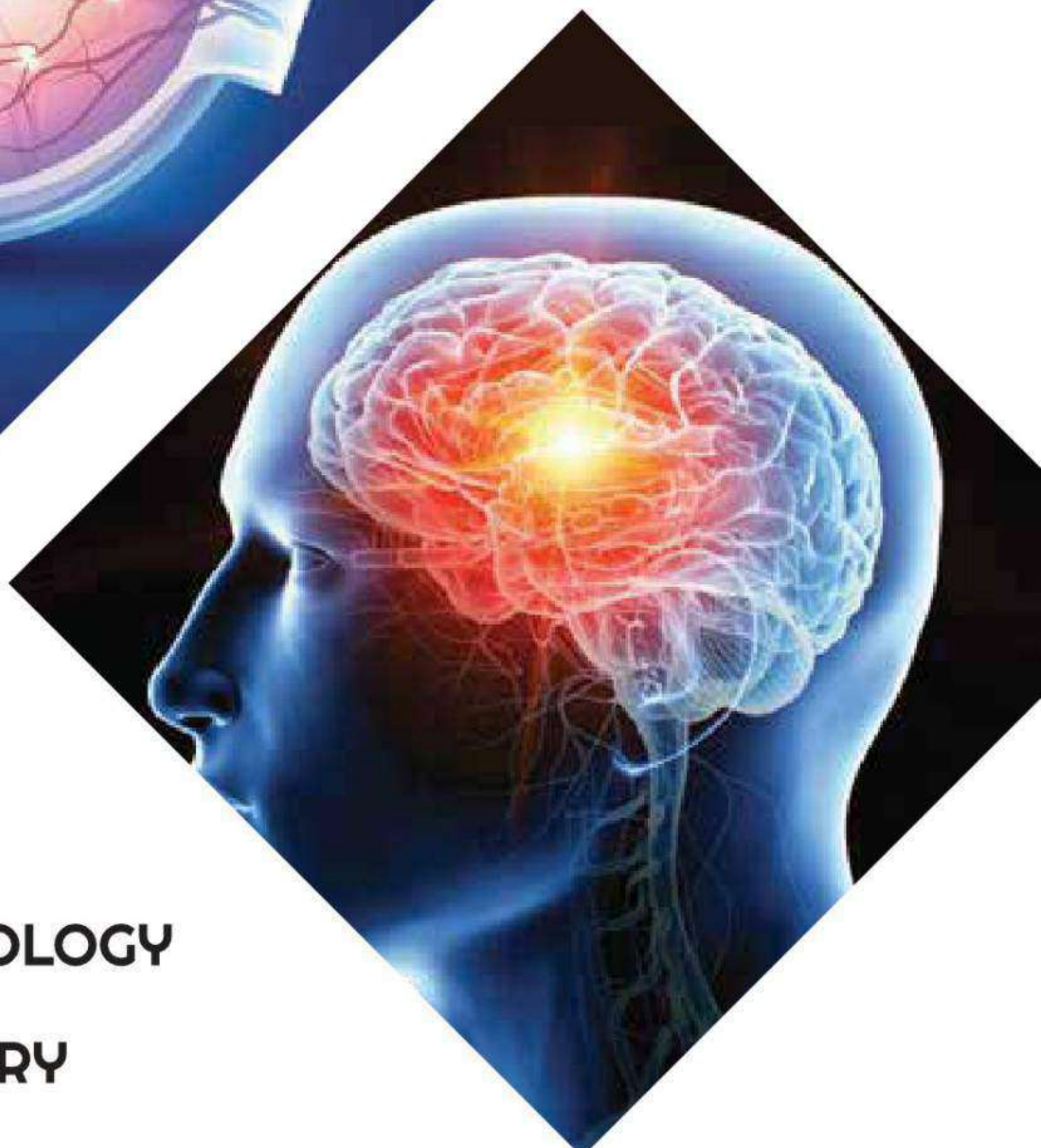
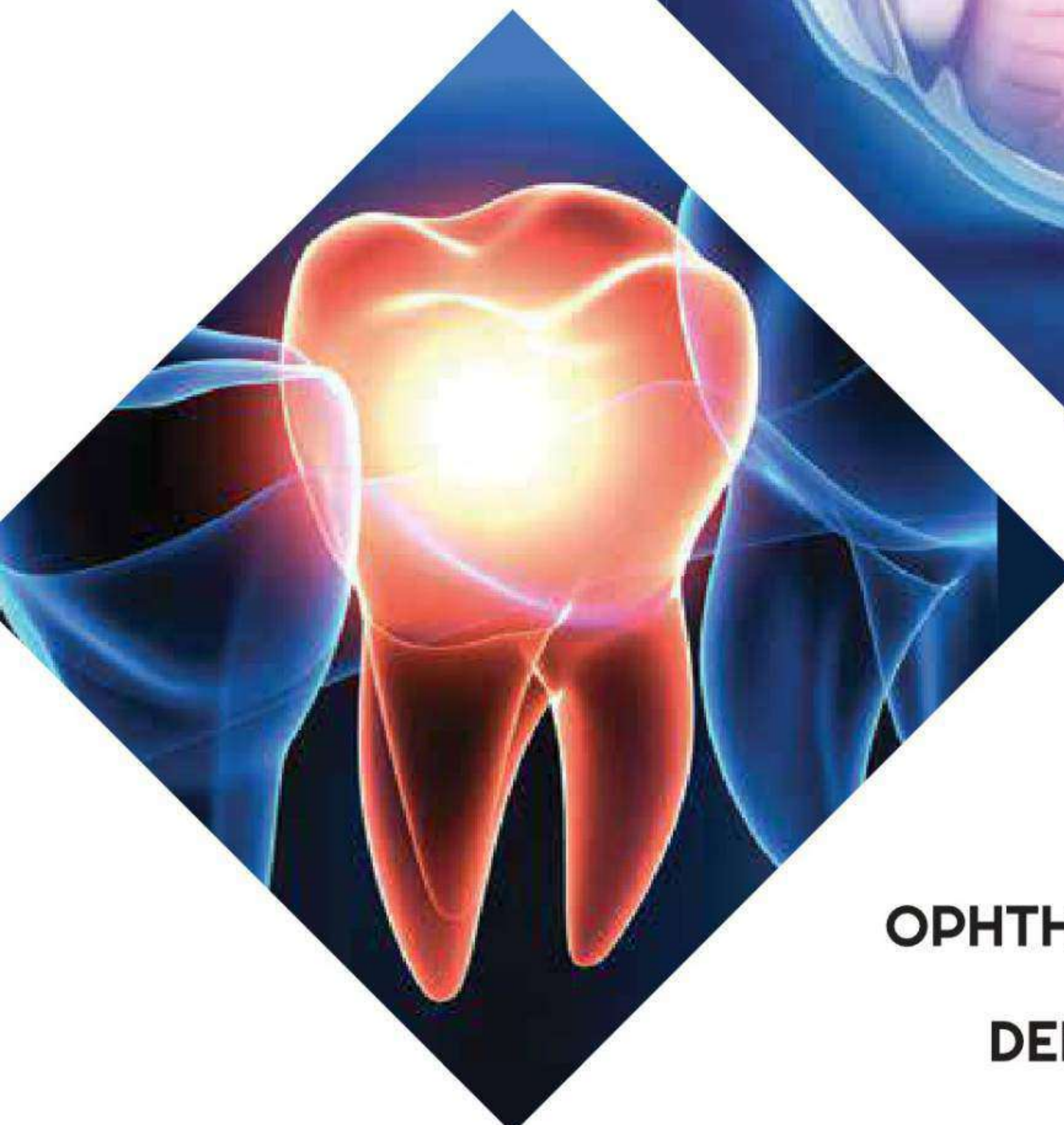
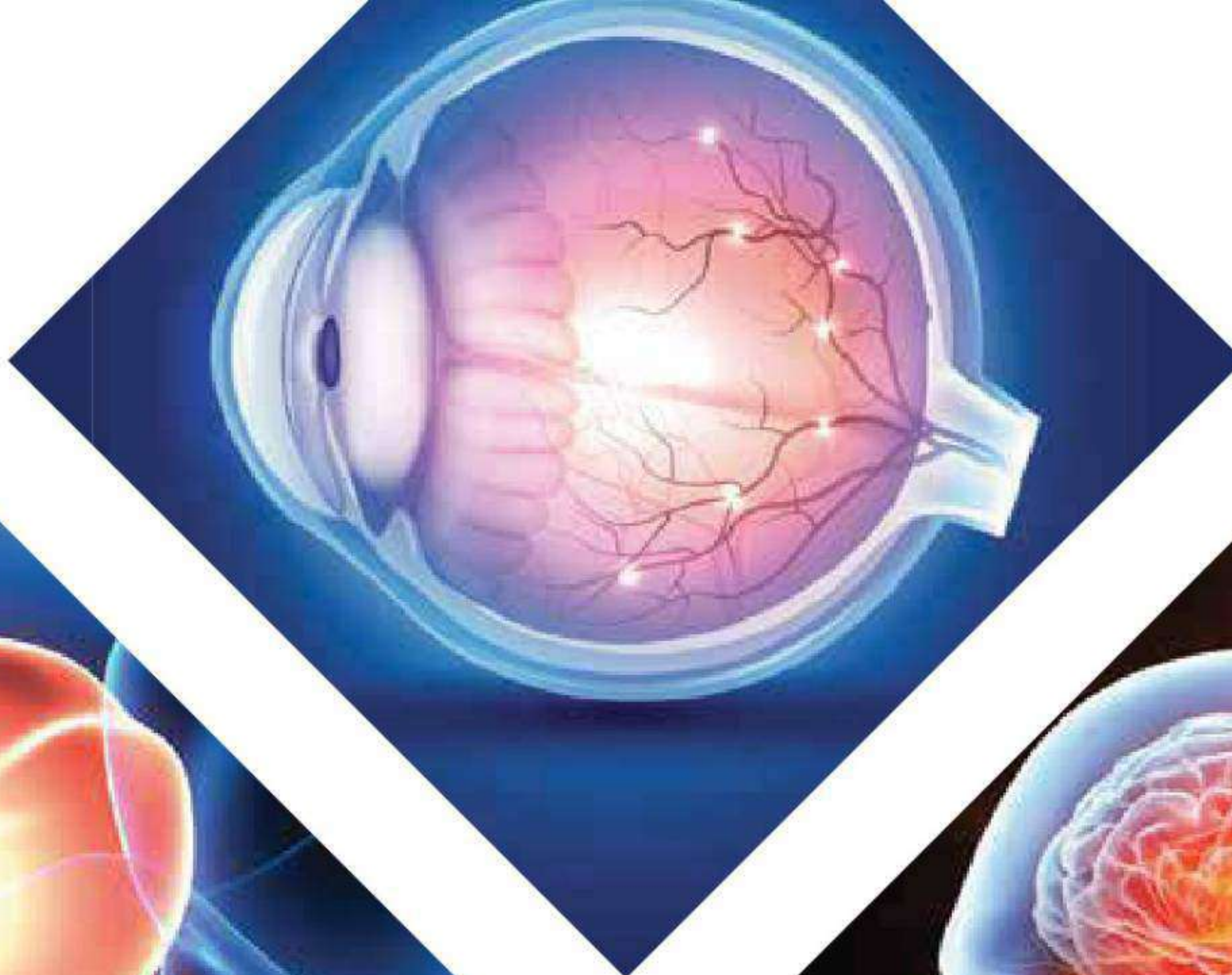
## POP-UP TENT CARD



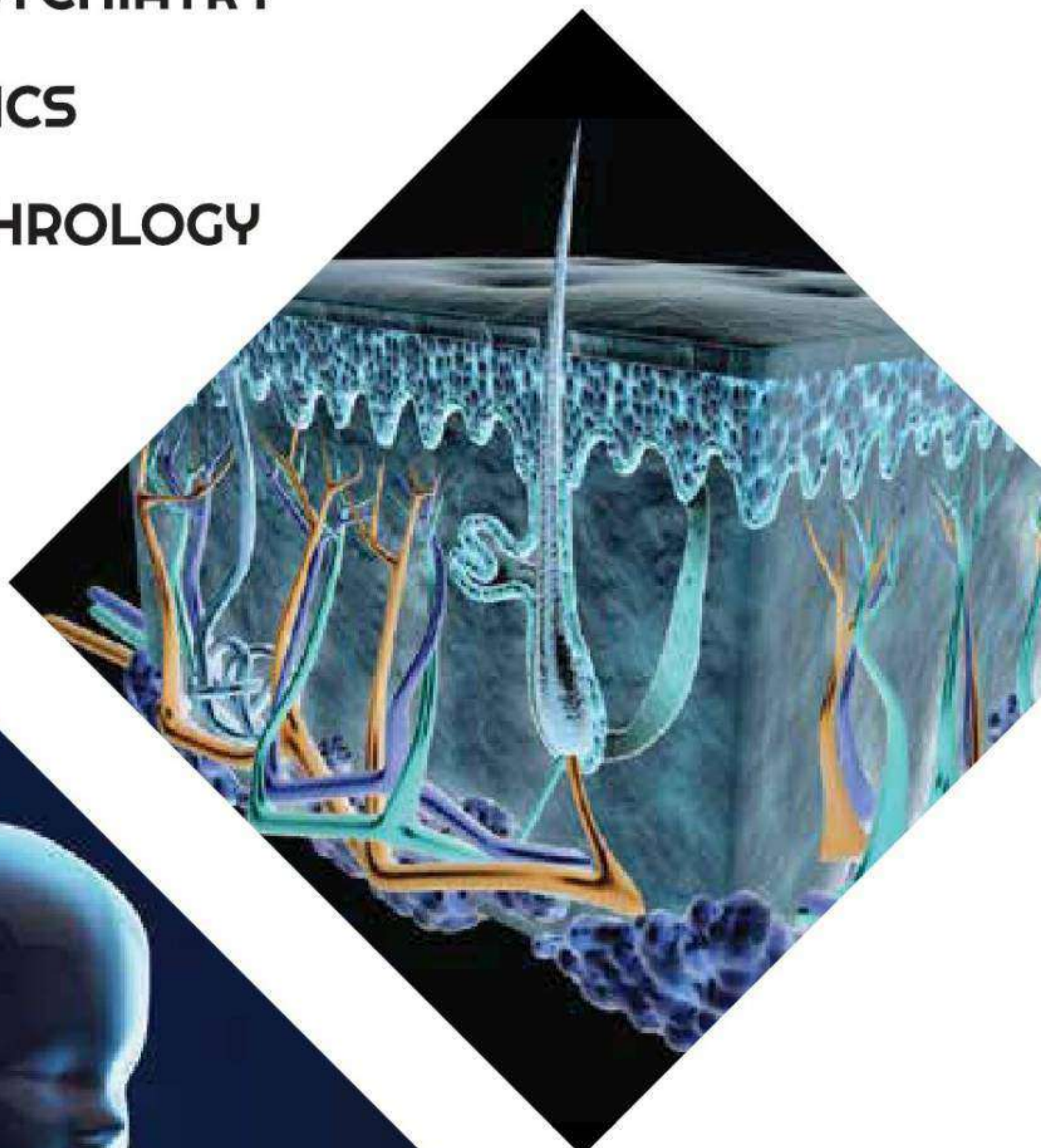
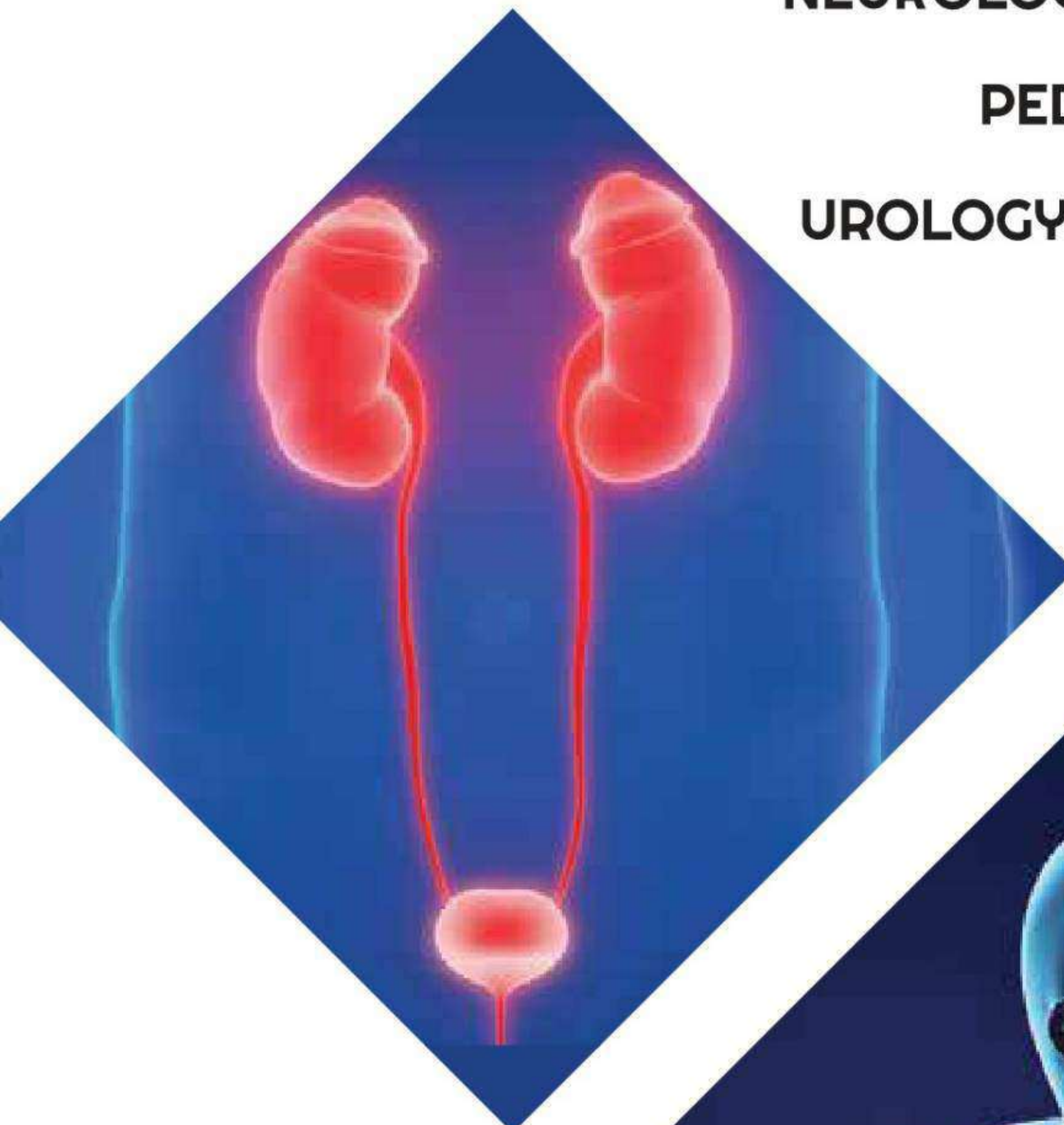
## POP-UP 3D CUBE







**OPHTHALMOLOGY**  
**DENTISTRY**  
**DERMATOLOGY**  
**NEUROLOGY/PSYCHIATRY**  
**PEDIATRICS**  
**UROLOGY/NEPHROLOGY**





## OPHTHALMOLOGY

Sr.no	Therapeutic Conditions
1	- Eyelids, conjunctiva and lacrimal apparatus
2	- Diabetic macular edema
3	- Glaucoma
4	- Open-angle glaucoma
5	- Retinal-vein occlusion
6	- Eye anatomy

## DENTISTRY

Sr.no	Therapeutic Conditions
1	- Tooth decay
2	- Periodontal disease
3	- Dental implants
4	- Dental prostheses
5	- Fixed and removable dentures
6	- Cleansing of removable dental prostheses

## DERMATOLOGY

Sr.no	Therapeutic Conditions
1	- Varicella Zoster
2	- Eczema
3	- Alopecia
4	- Psoriatic arthritis
5	- Atopic dermatitis
6	- Skin Lesions
7	- Stretch Marks
8	- Psoriasis
9	- Anogenital warts
10	- Cutaneous melanoma
11	- Skin cancer
12	- Acne Vulgaris
13	- Dry Skin
14	- Dermatology
15	- Alopecia in women
16	- Insect bites and stings
17	- Aphthous Ulcer
18	- Primary Skin lesions
19	- Urticaria
20	- Actinic Keratosis
21	- Impetigo
22	- Onychomycosis

## NEUROLOGY/PSYCHIATRY

Sr.no	Therapeutic Conditions
1	- Parkinson's disease
2	- Alzheimer's disease
3	- Multiple sclerosis
4	- Dizziness
5	- Epilepsy

Sr.no	Therapeutic Conditions
6	- Cephalgia
7	- Anxiety
8	- Neuropathic pain
9	- Attention Deficit and Hypersensitivity Disorder (ADHD)
10	- Tinnitus
11	- Insomnia
12	- Seizures in children
13	- Nervous system development
14	- Peripheral nervous tissue
15	- Cephalgia, neuralgia and migraine
16	- Myasthenia gravis
17	- Depression
18	- Narcolepsy
19	- Insomnia
20	- Schizophrenia
21	- Peripheral Neuropathy

## PEDIATRICS

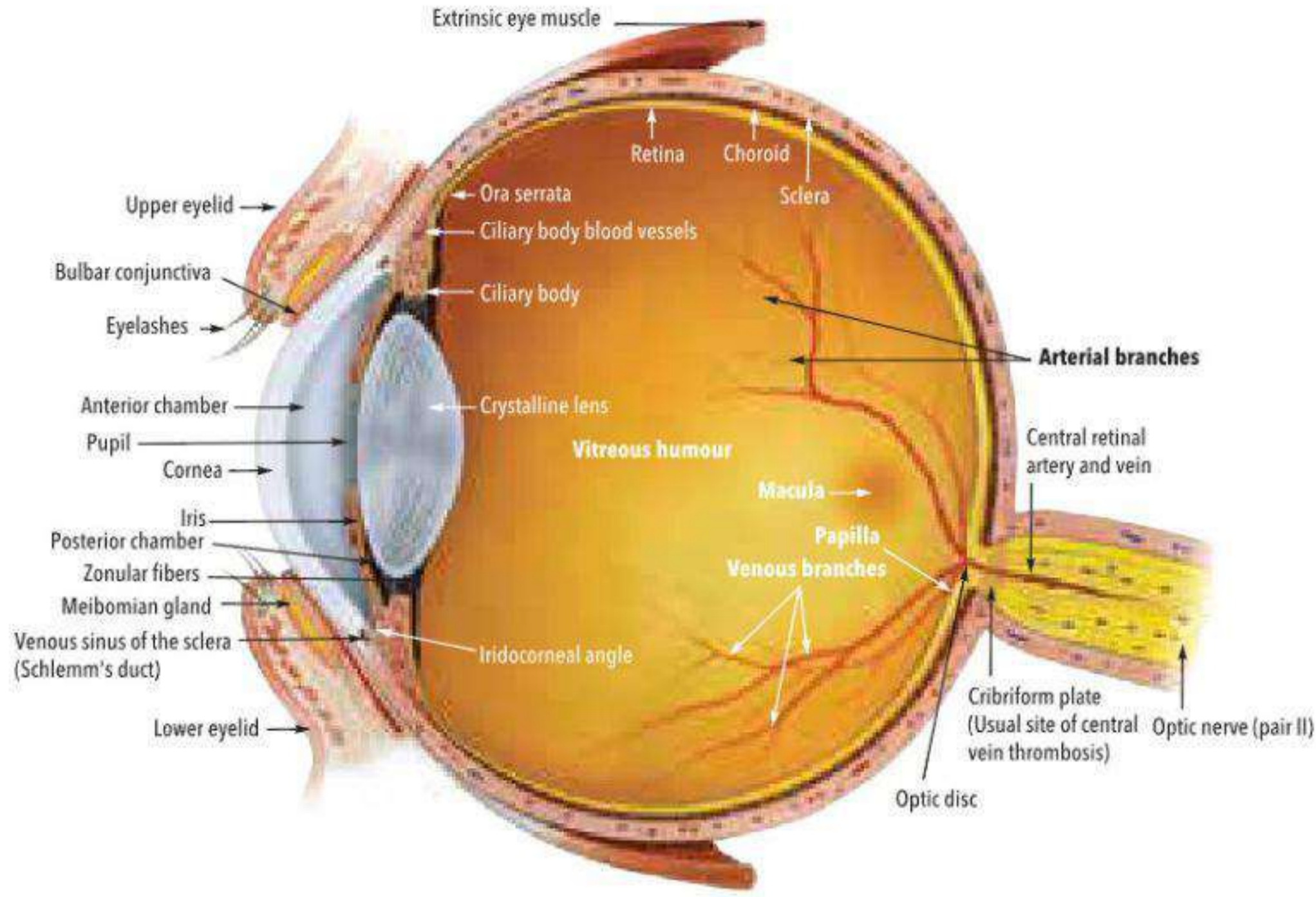
Sr.no	Therapeutic Conditions
1	- Infantile Obesity
2	- Poisoning in Children
3	- Fever in Children
4	- Pneumonia in Children
5	- Head Trauma in Children
6	- Malnutrition
7	- Catarrh in Children
8	- Diaper Dermatitis
9	- Growth and Development
10	- Seizures in Children
11	- Diarrhoea and dehydration in children
12	- Asthma in Children
13	- Nervous system development in children
14	- Jaundice
15	- Fever in Children
16	- Nutrition
17	- Immunity in Children
18	- Pneumococcal infections in children

## UROLOGY/NEPHROLOGY

Sr.no	Therapeutic Conditions
1	- Benign prostatic hyperplasia
2	- Urinary incontinence
3	- Cystitis
4	- Pyelonephritis
5	- Prostate cancer
6	- Prostatic hyperplasia
7	- Renal adenocarcinoma/Lithiasis
8	- Chronic kidney disease
9	- Urogenital system
10	- Urge Incontinence

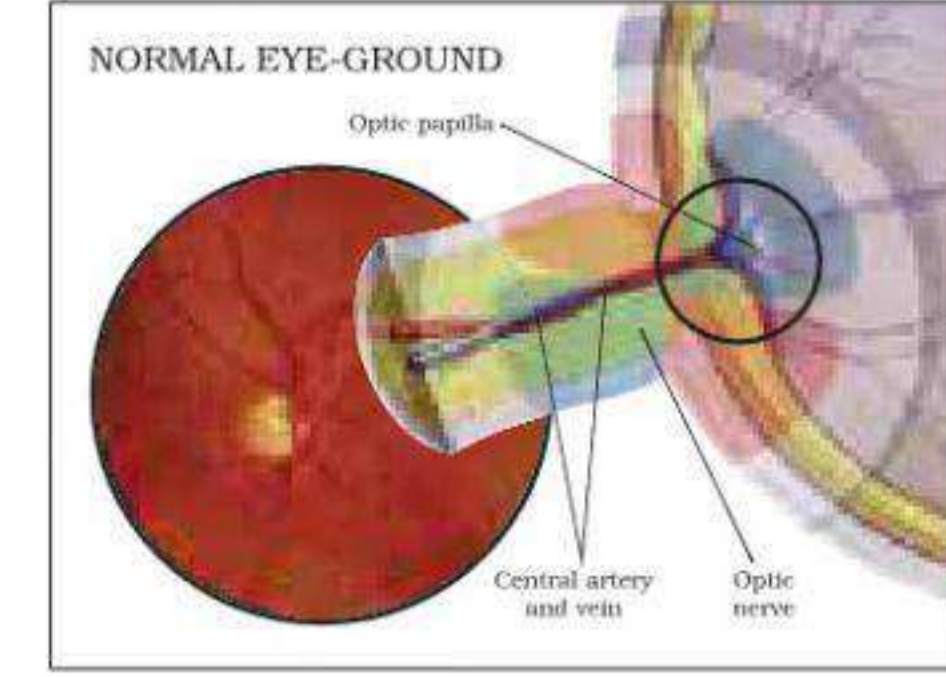


# ANATOMY OF THE EYE

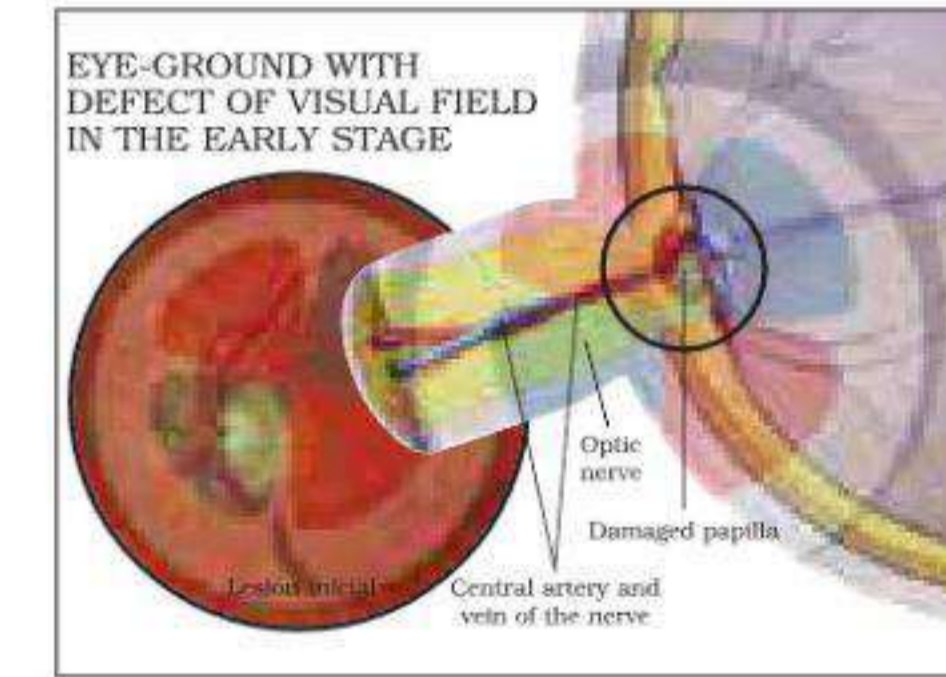


# DAMAGE TO THE OPTIC NERVE NEURONS IN EARLY ADVANCED GLAUCOMA

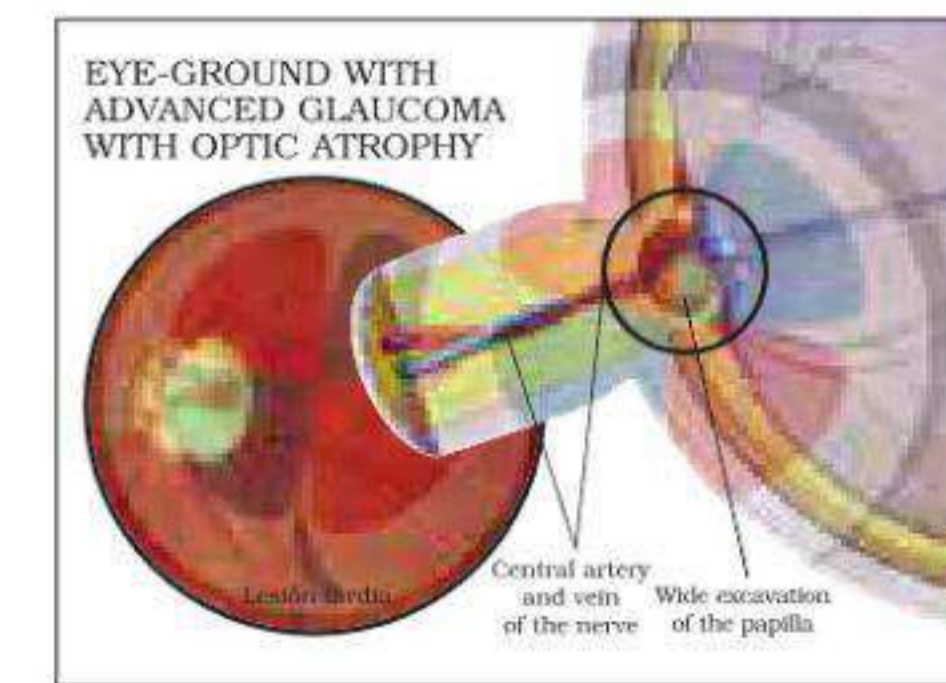
The increased intraocular pressure caused by glaucoma causes irreversible damage to the neurons of the optic nerve. At the beginning, the disease affects the nerve fibers in



the retina and the pressure produces a small excavation in the optic papilla. If glaucoma is not treated, high pressure will start damaging the nerve fibers themselves and the

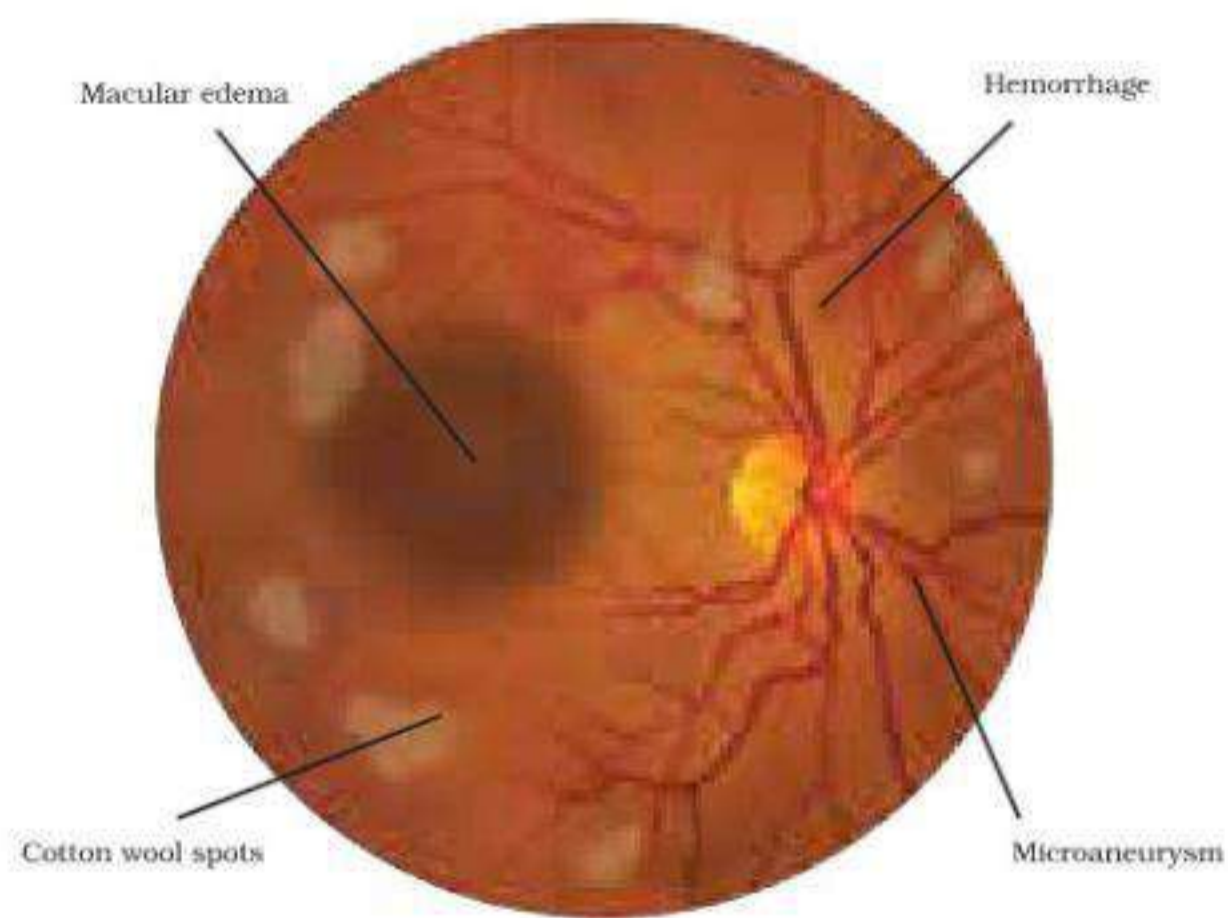


resulting excavation will be wider. If no treatment is searched for, the natural evolution is blindness.

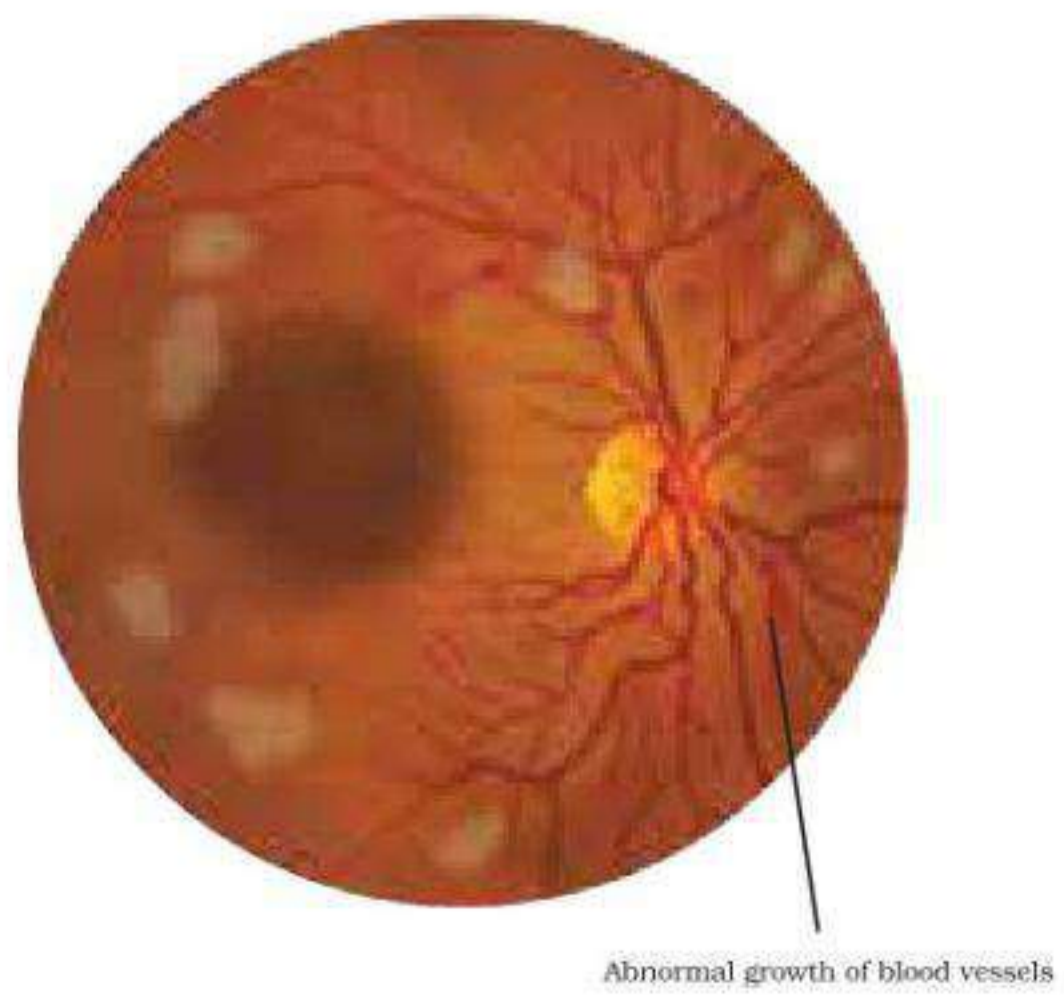


# DIABETIC RETINOPATHY

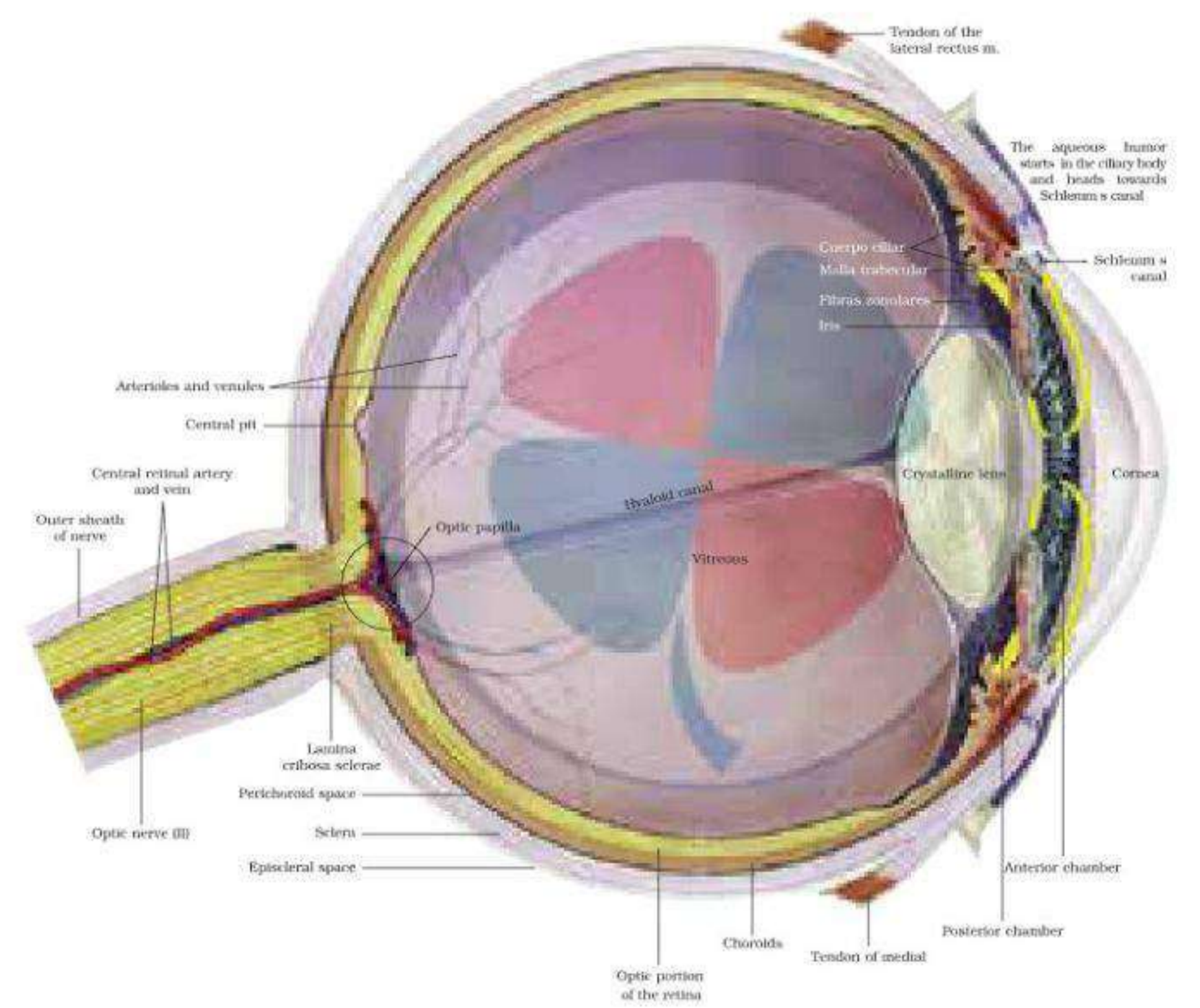
## Non-proliferative Retinopathy



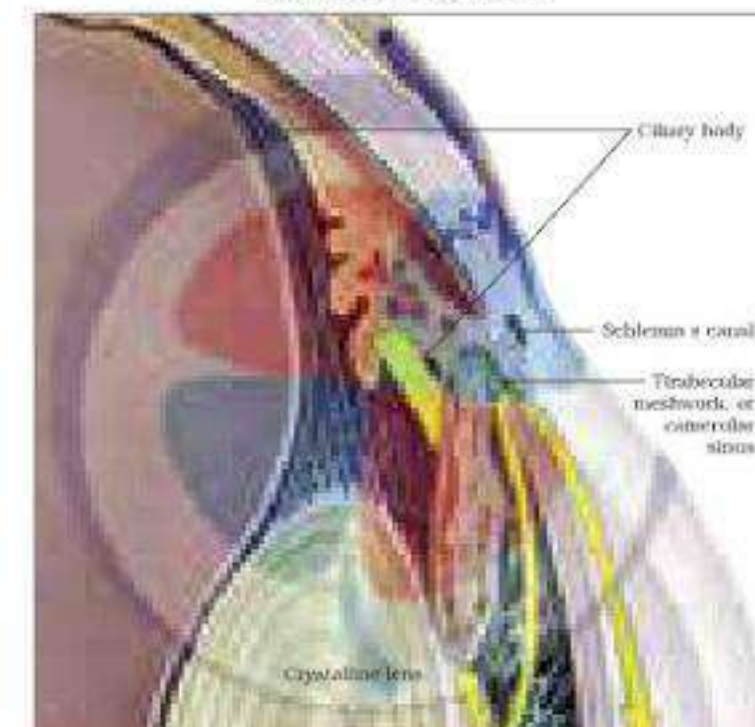
## Proliferative Retinopathy



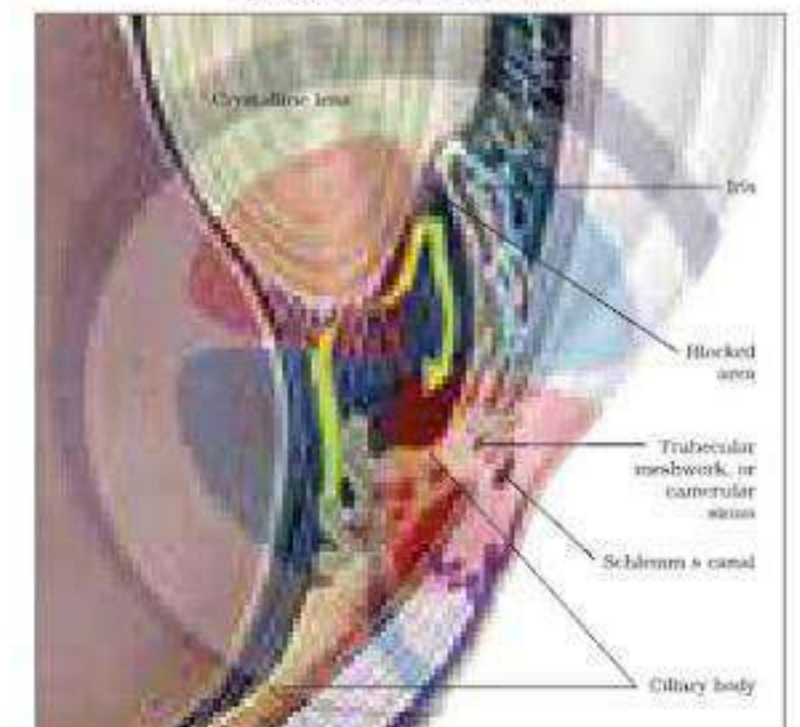
# GLAUCOMA



## OPEN ANGLE



## CLOSED ANGLE

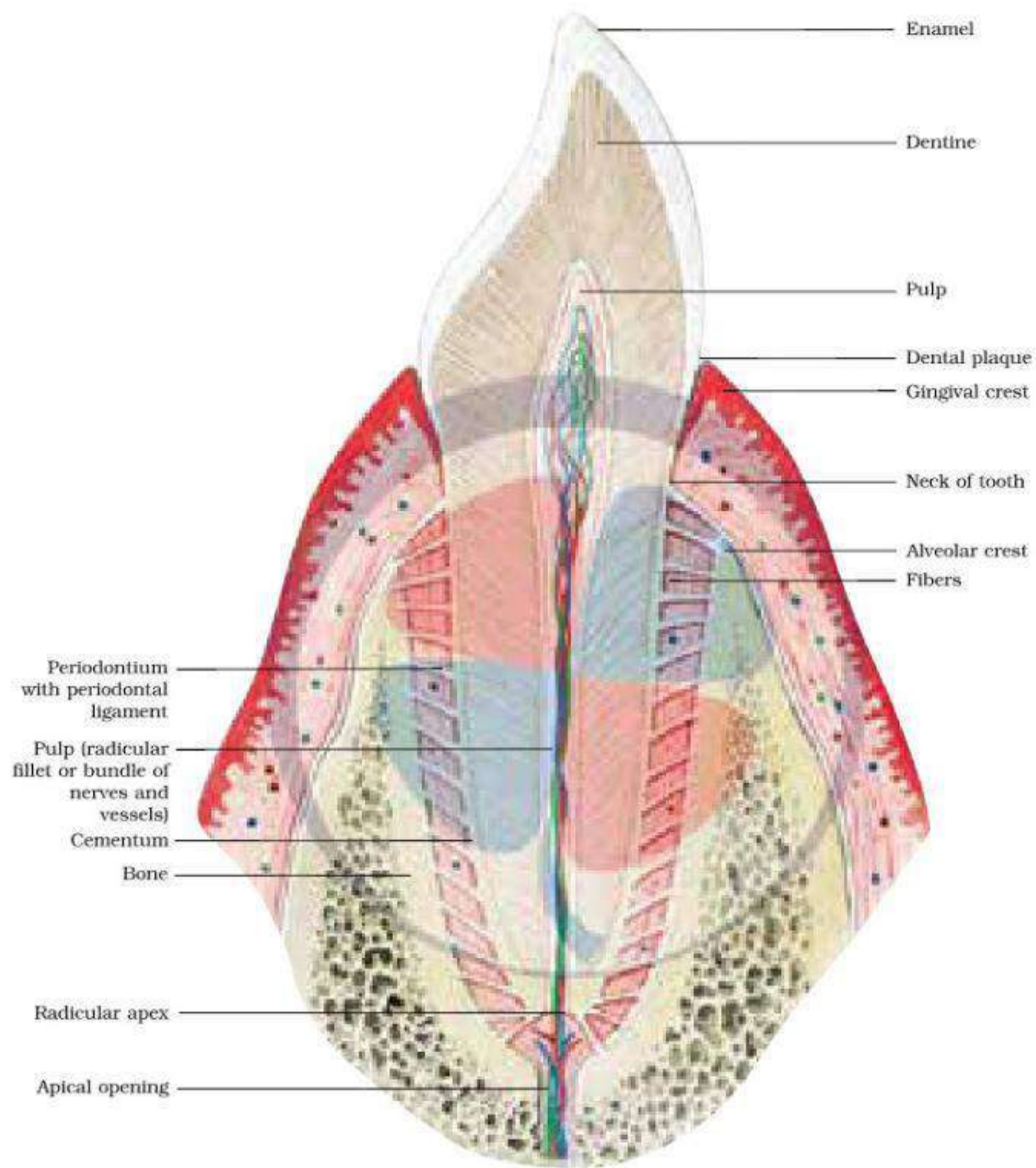




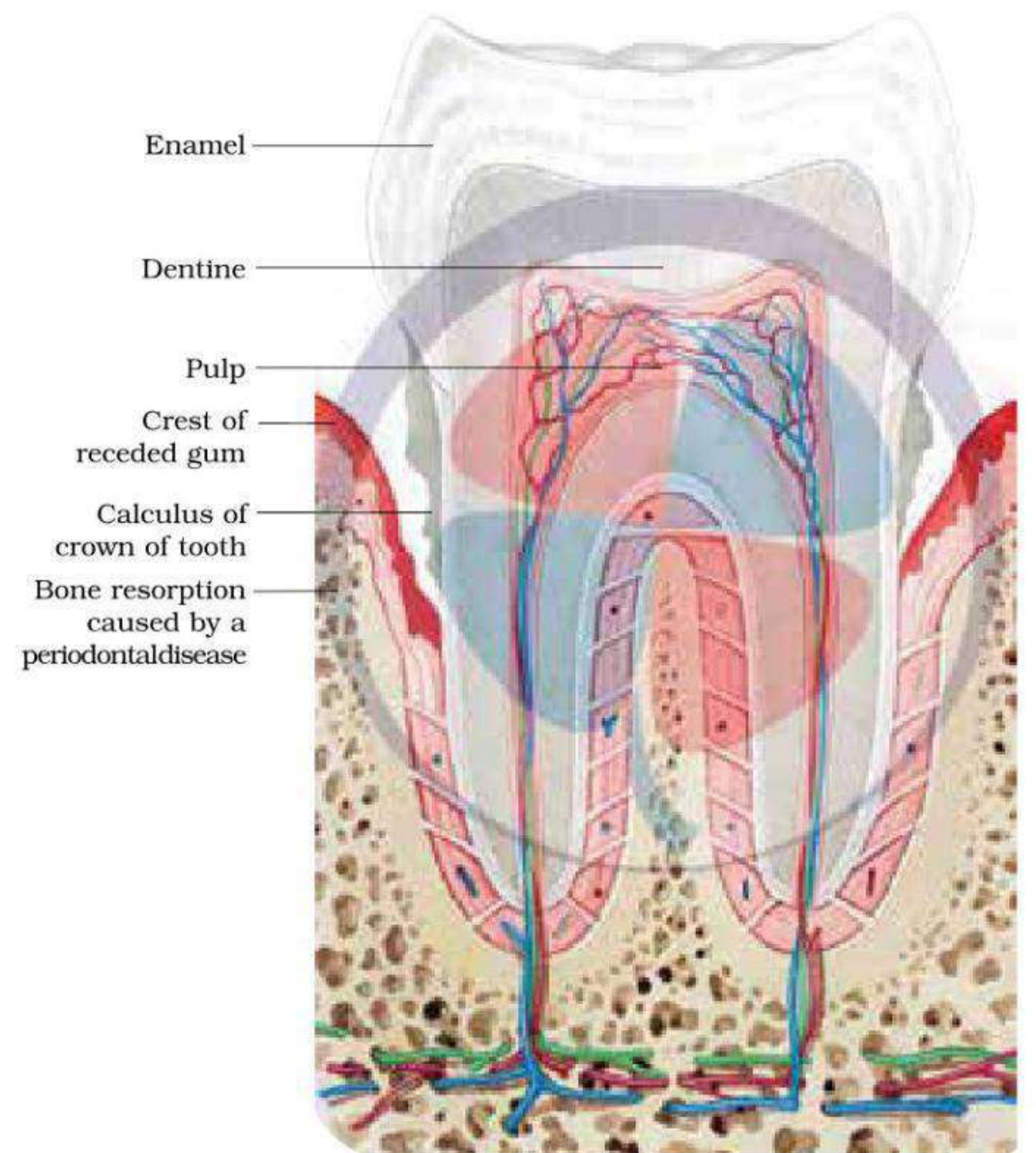




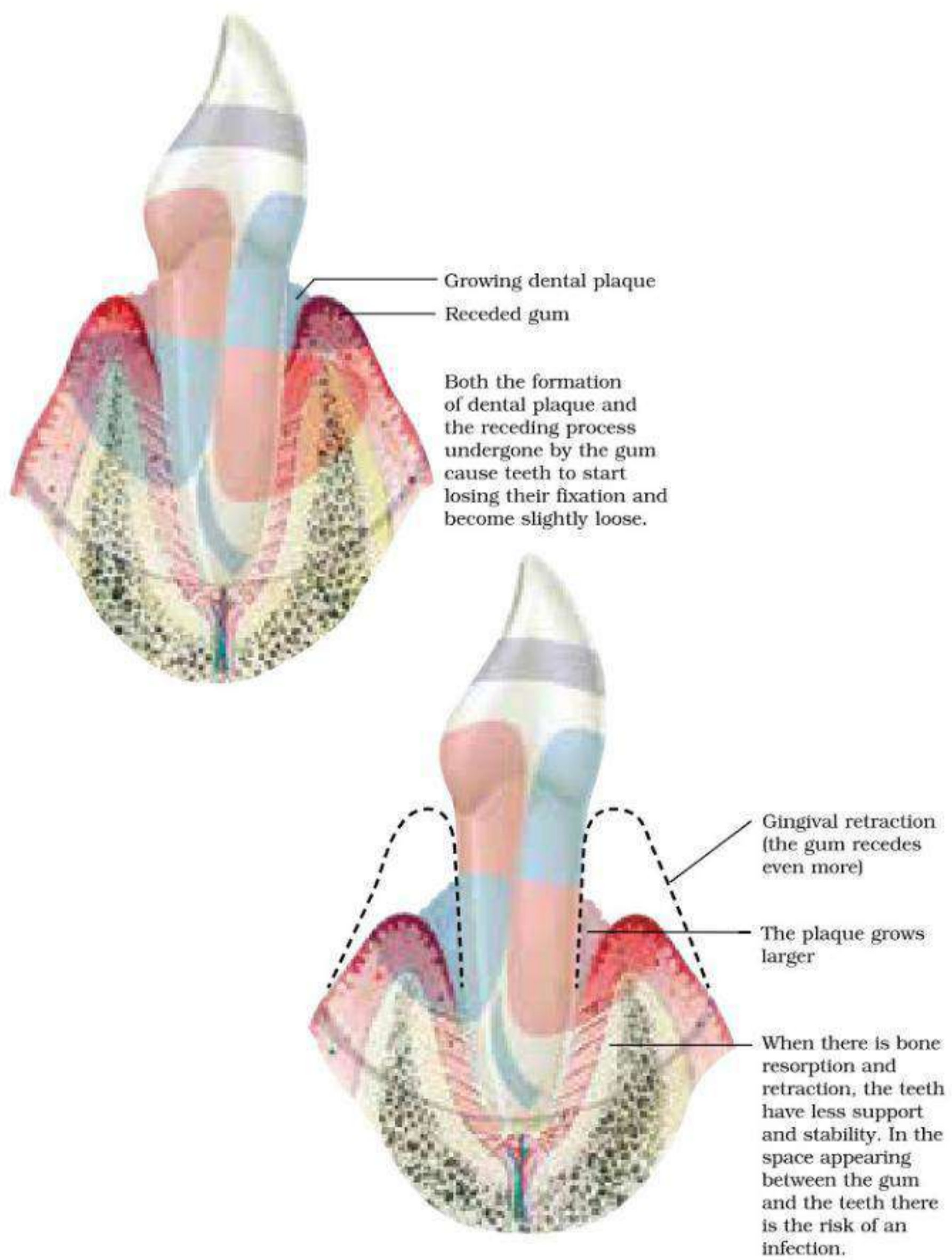
## PERIODONTITIS



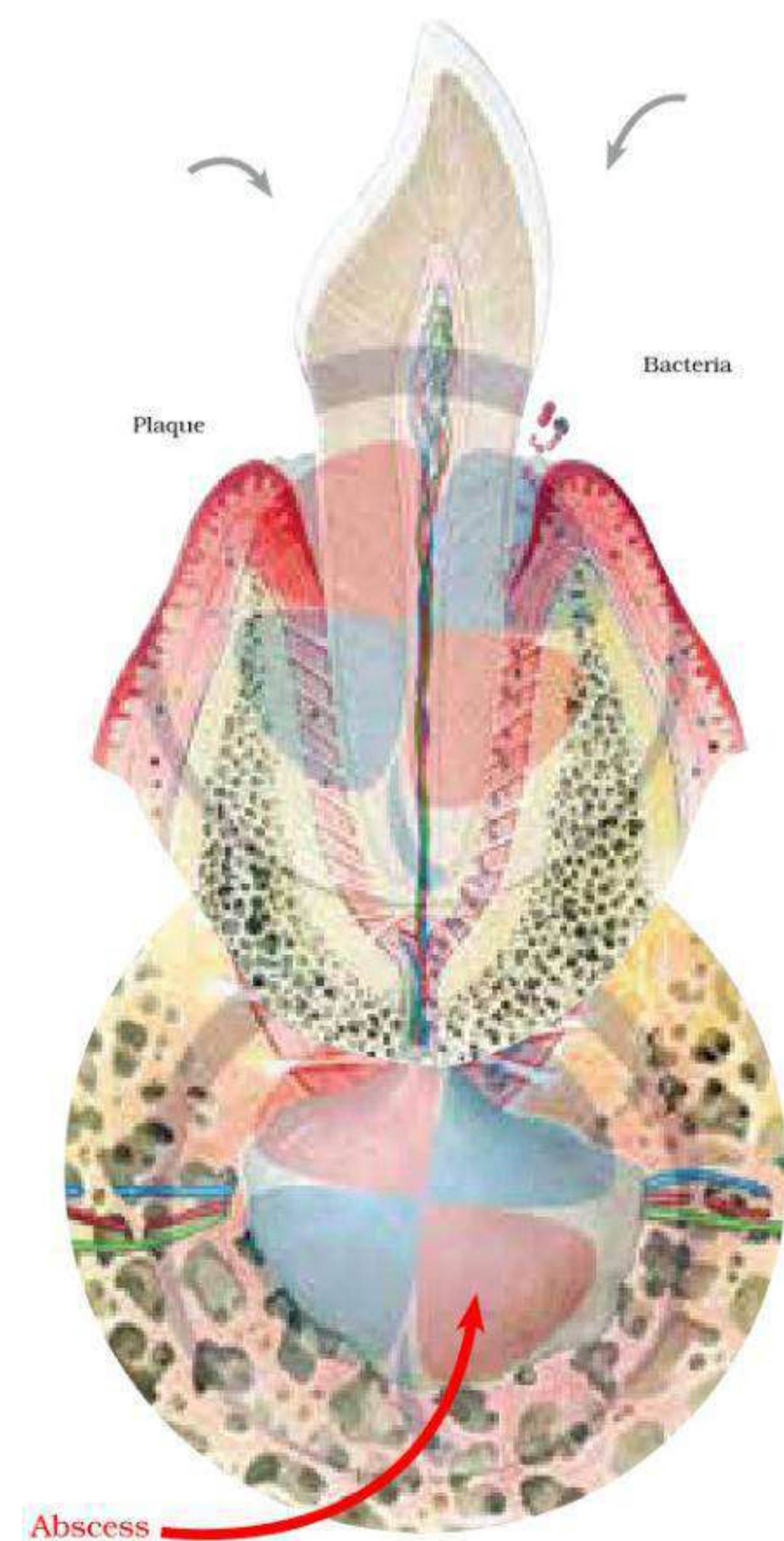
## PERIODONTITIS OF THE MOLAR



## PERIODONTAL DISEASE



## INFECTIOUS PERIODONTITIS

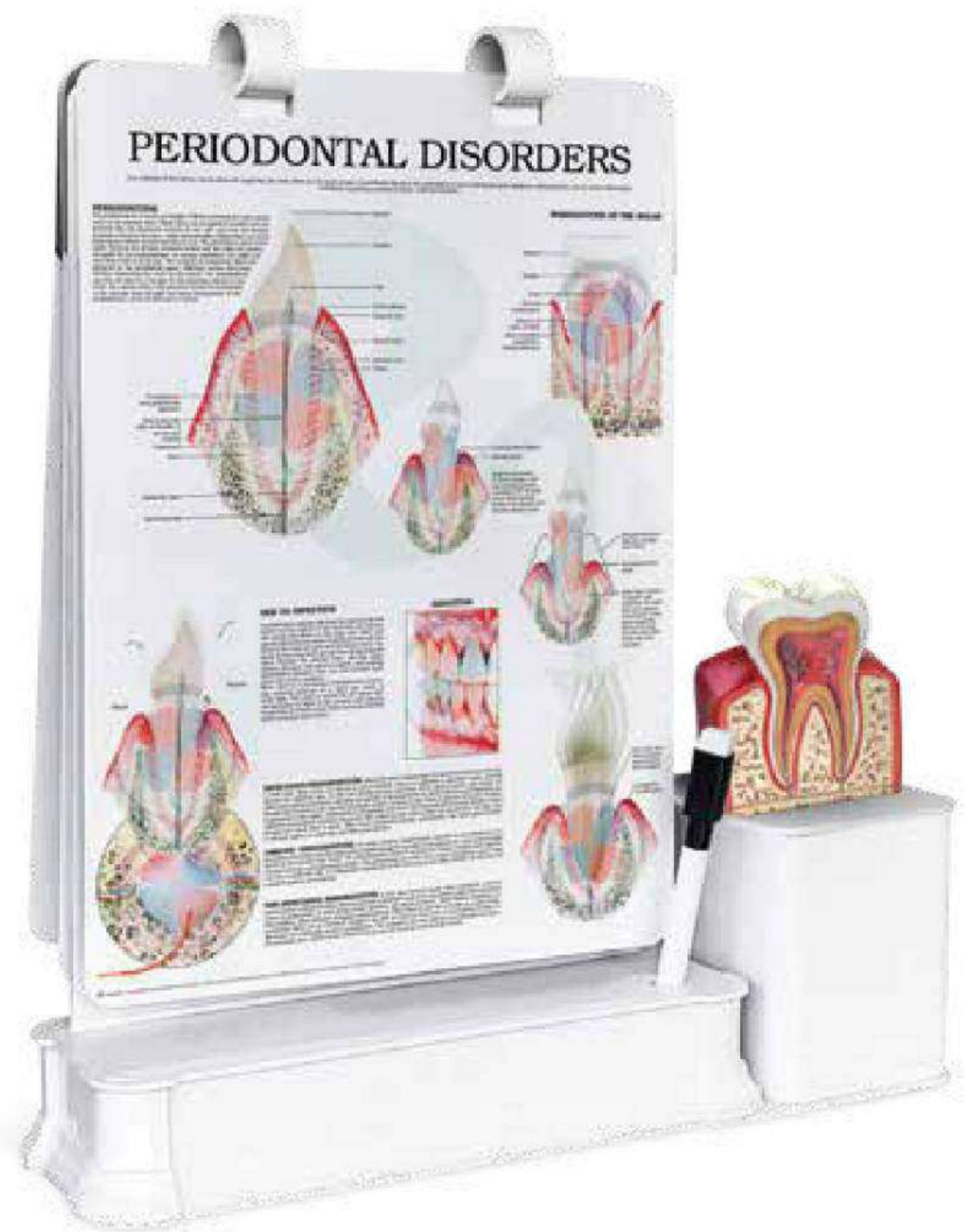




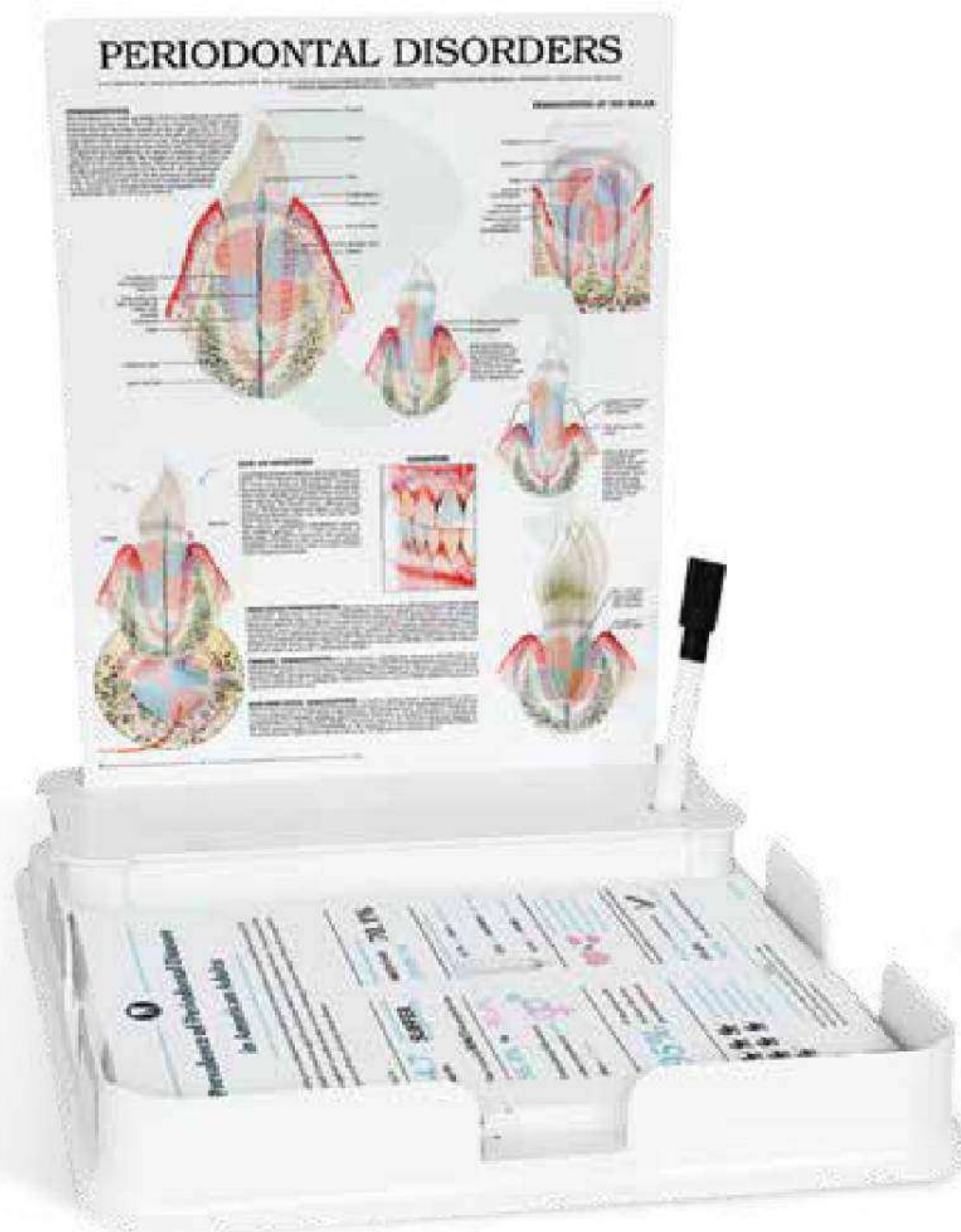
**WRITE & WIPE SLIDES WITH STAND & MARKER**



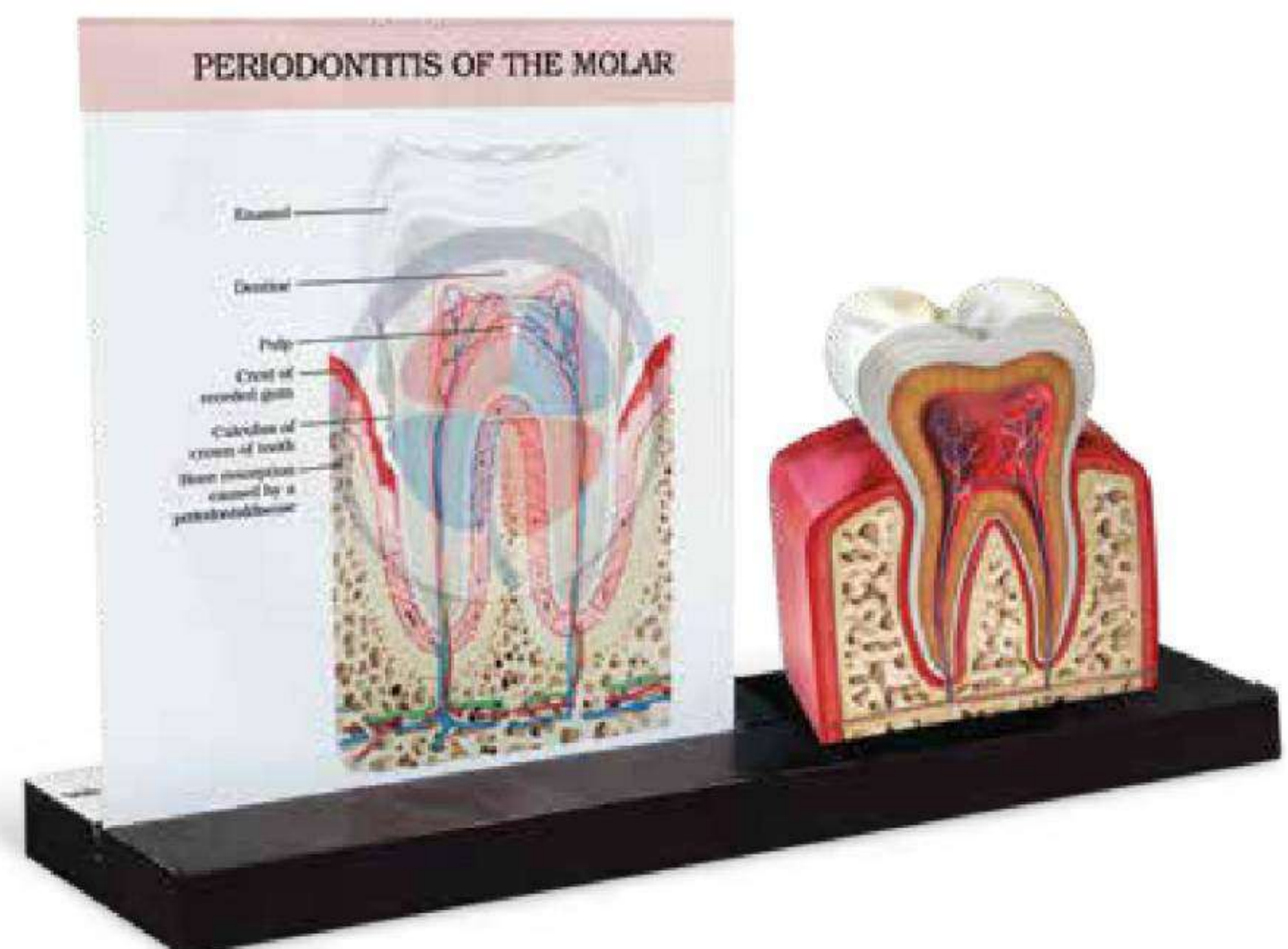
**WRITE & WIPE FLIPCHART WITH ANATOMICAL MODEL**



**WRITE & WIPE SLIDES WITH PATIENT EDUCATION LEAFLETS**

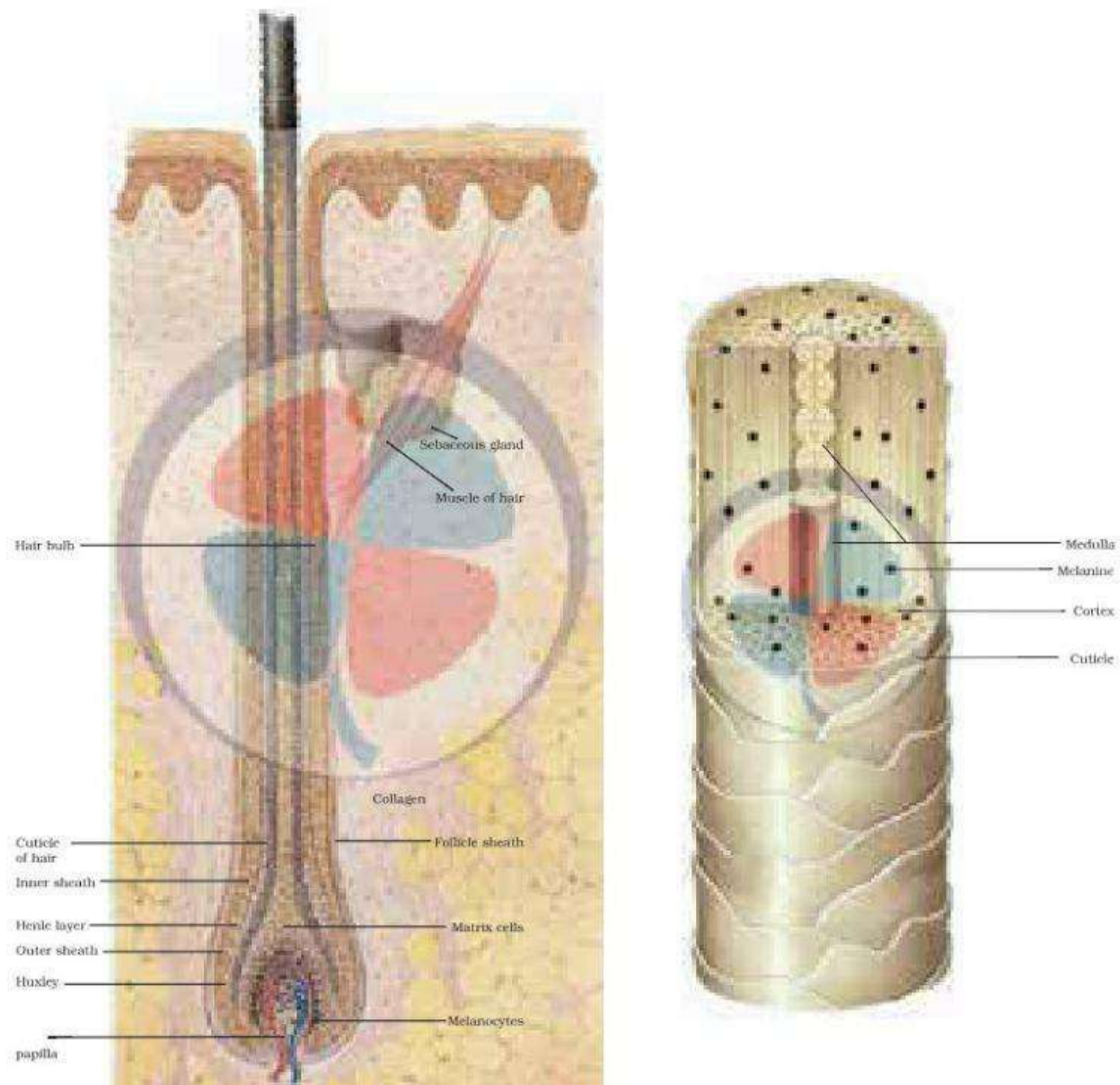


**PATIENT EDUCATION ACRYLIC SLIDE WITH ANATOMICAL MODEL**

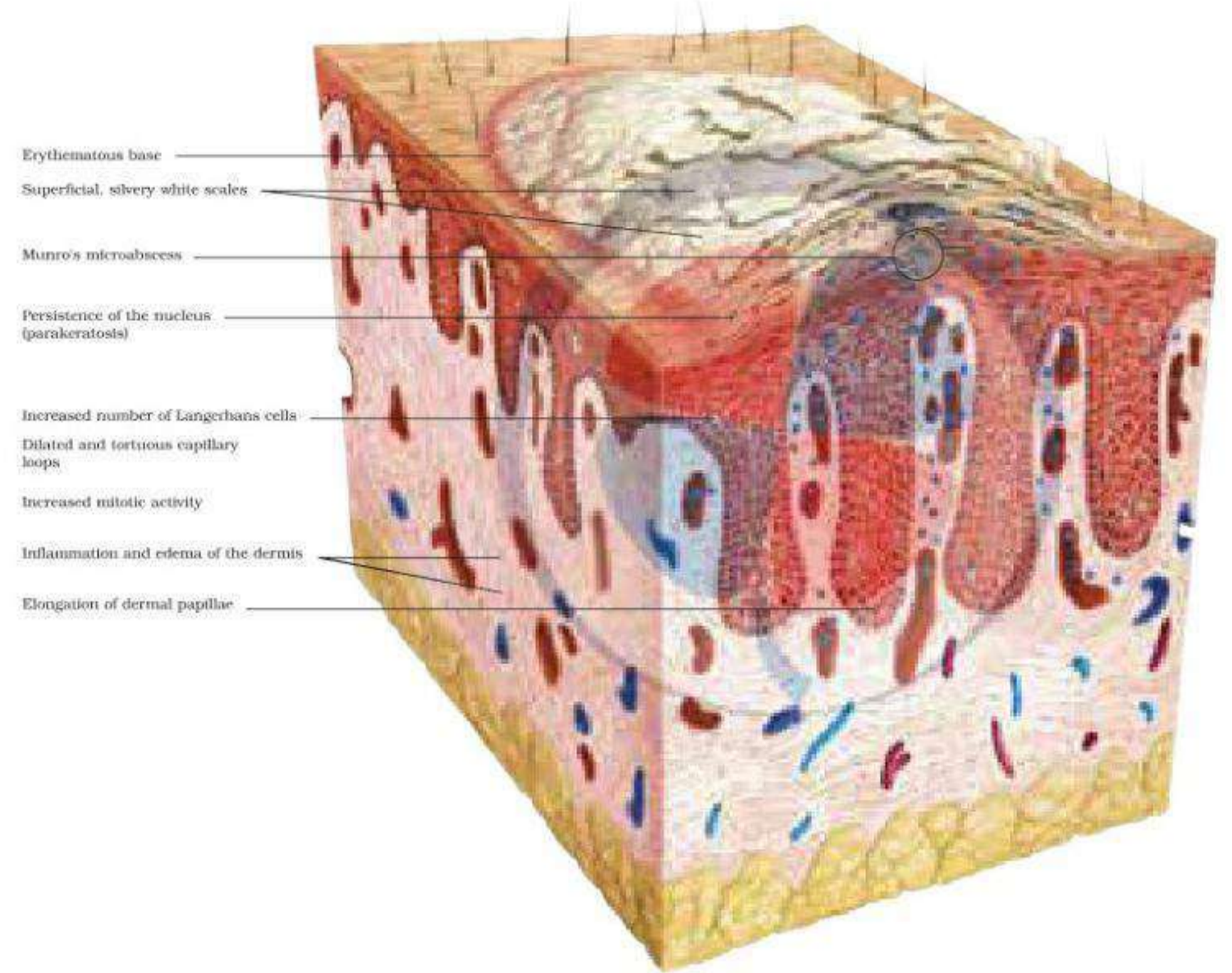




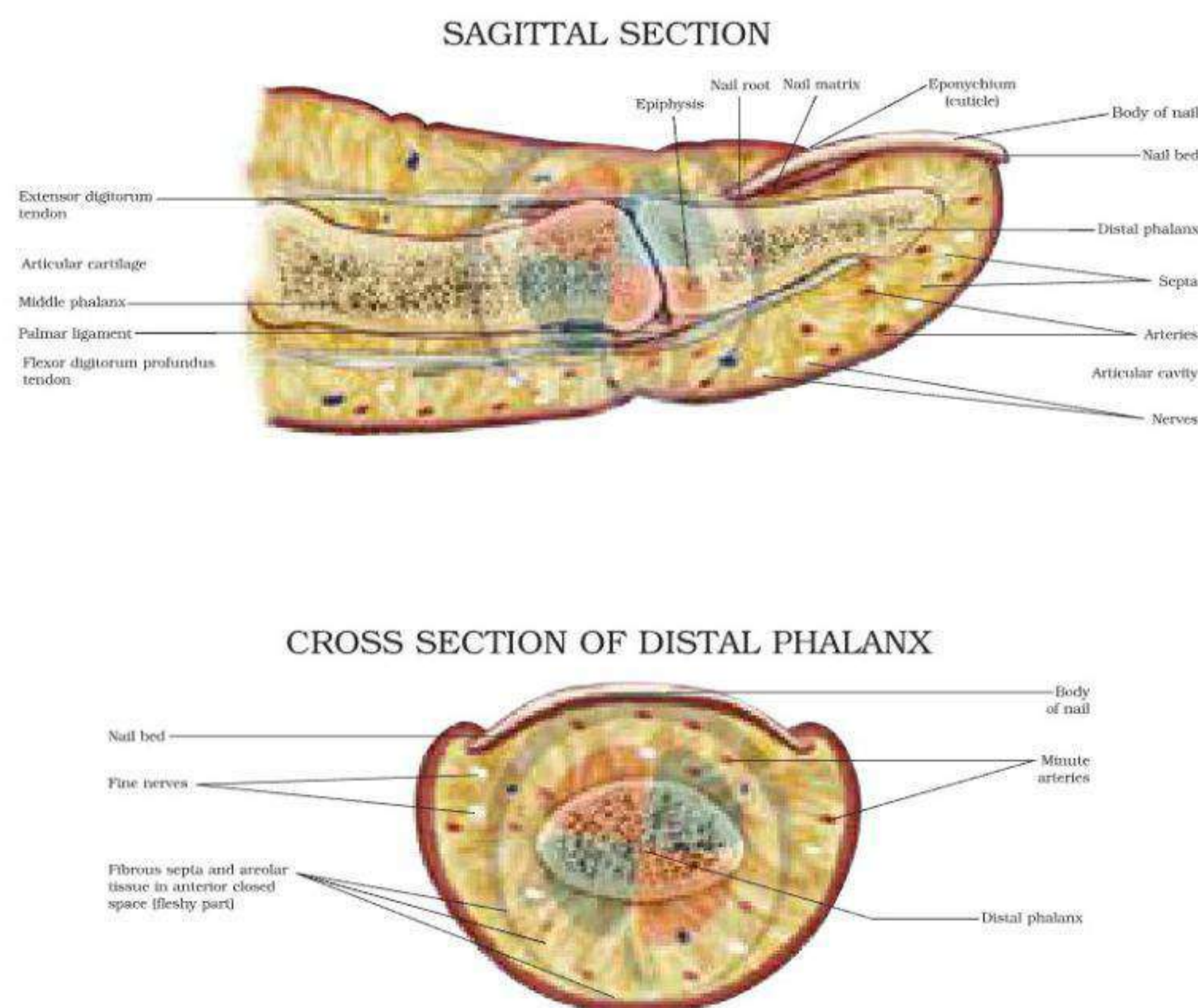
# HAIR STRUCTURE



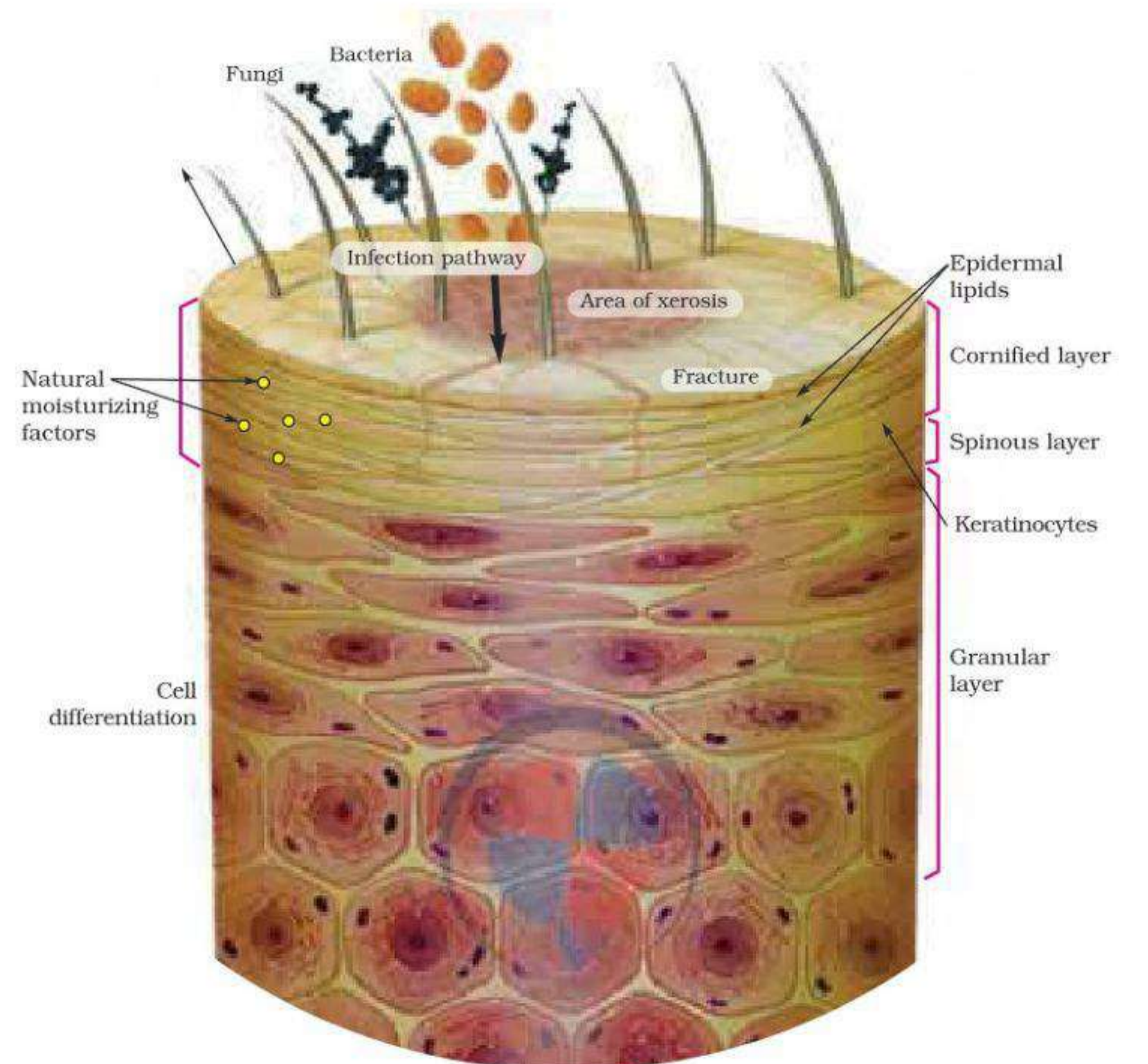
# TYPICAL HISTOLOGICAL FEATURES



# ONYCHOMYCOSIS

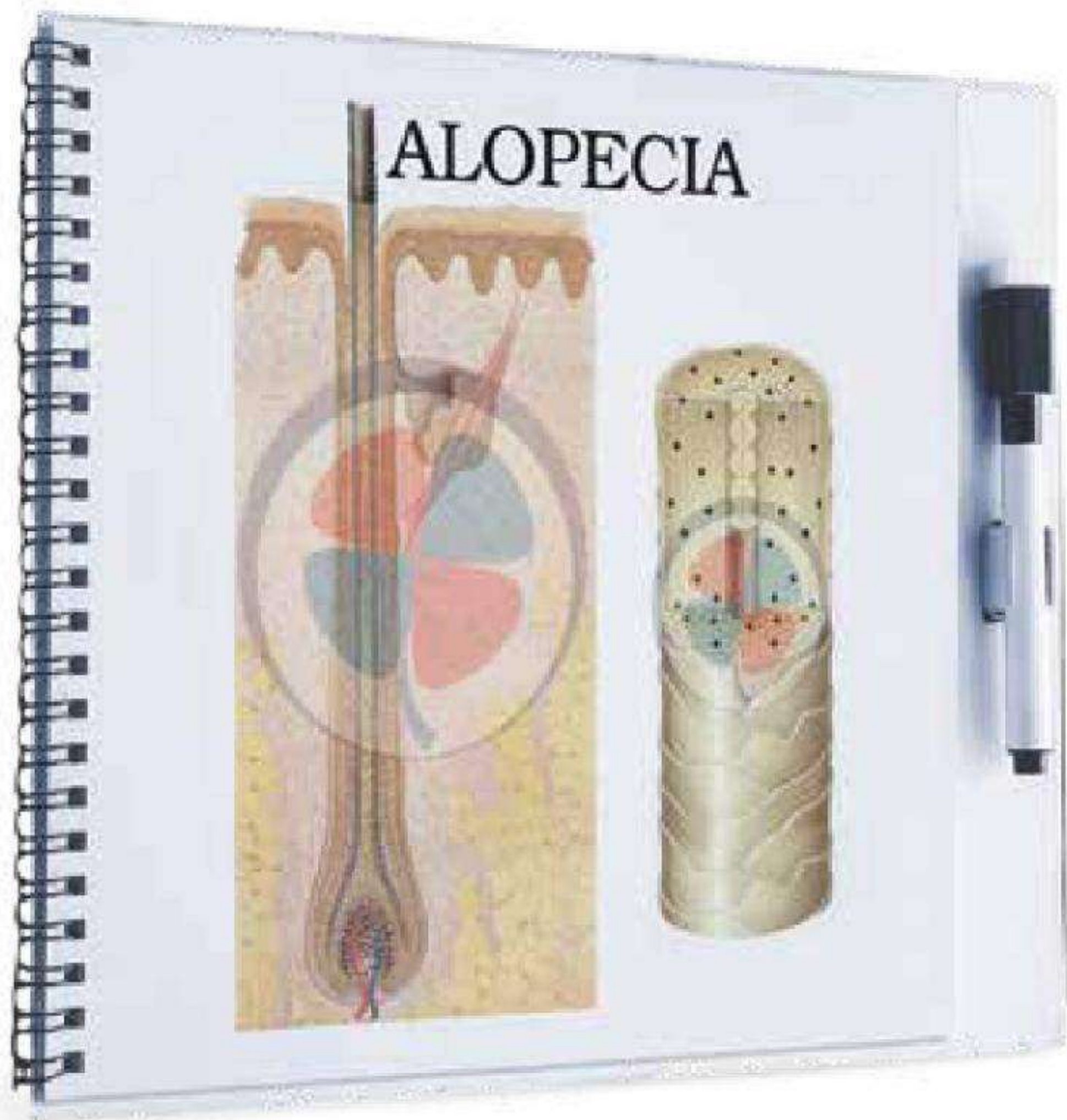


# DRY SKIN IN DIABETES





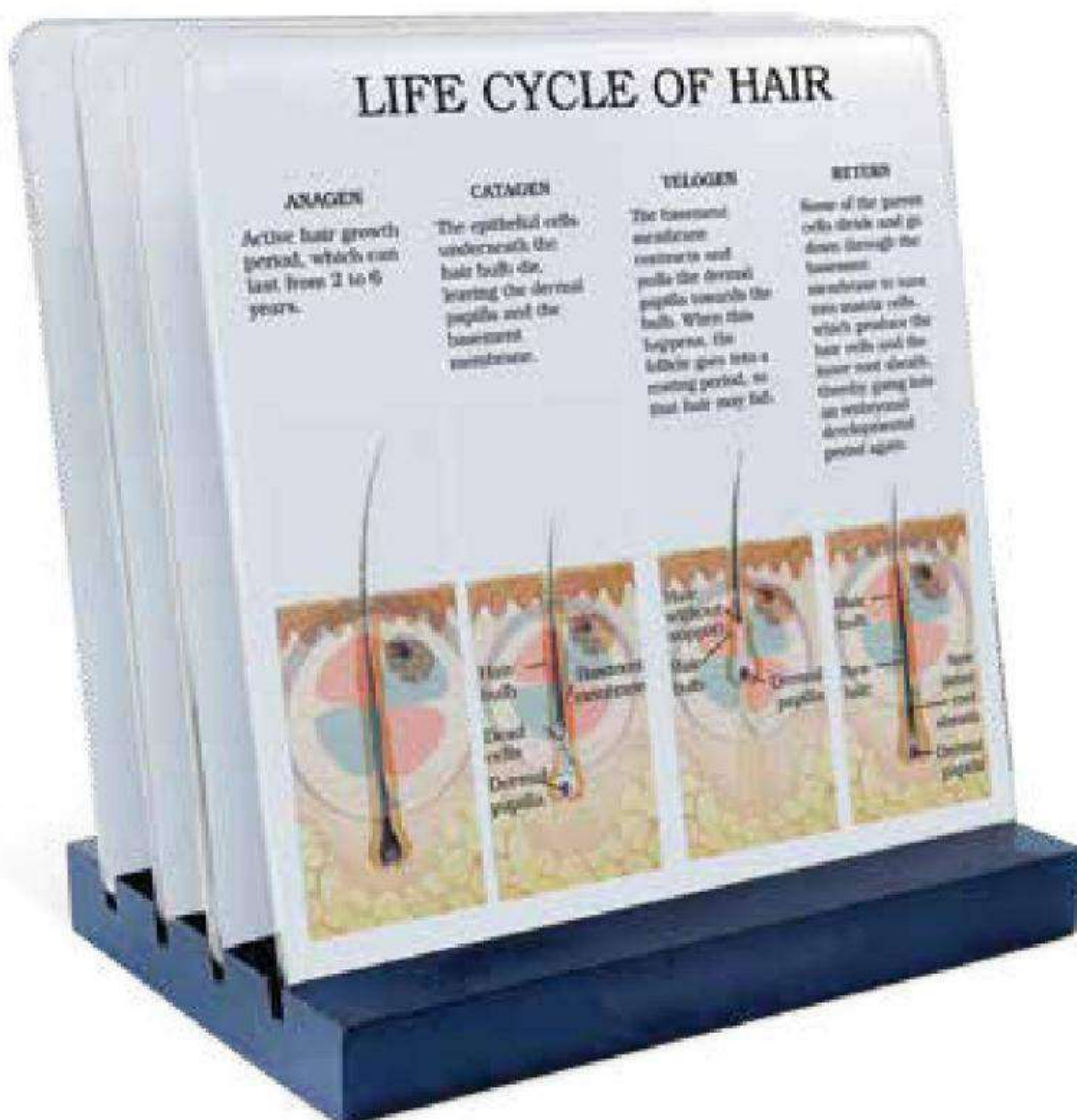
**WRITE & WIPE FLIPBOOK**



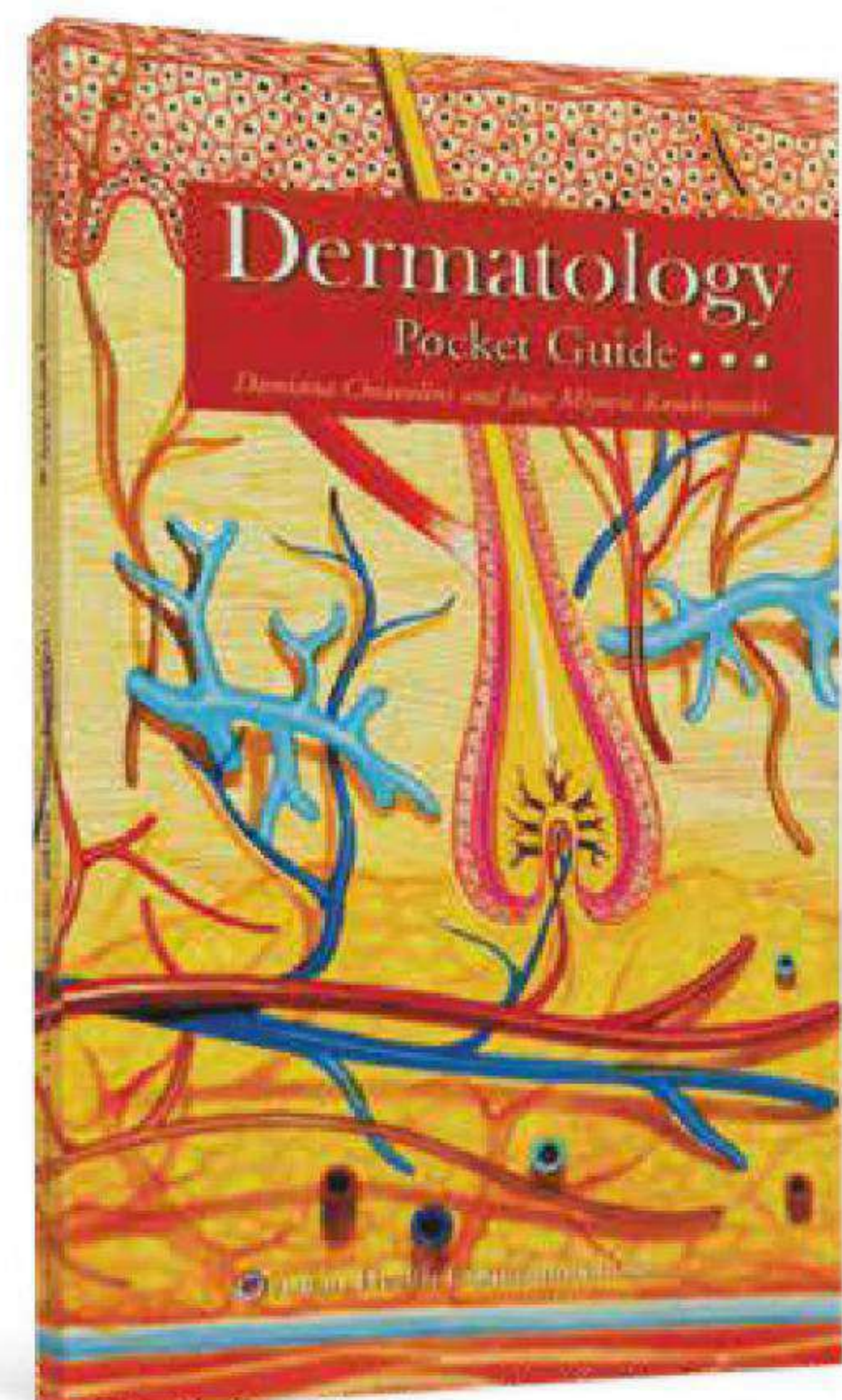
**PATIENT EDUCATION BOOKLET**



**PATIENT EDUCATION ACRYLIC SLIDES**

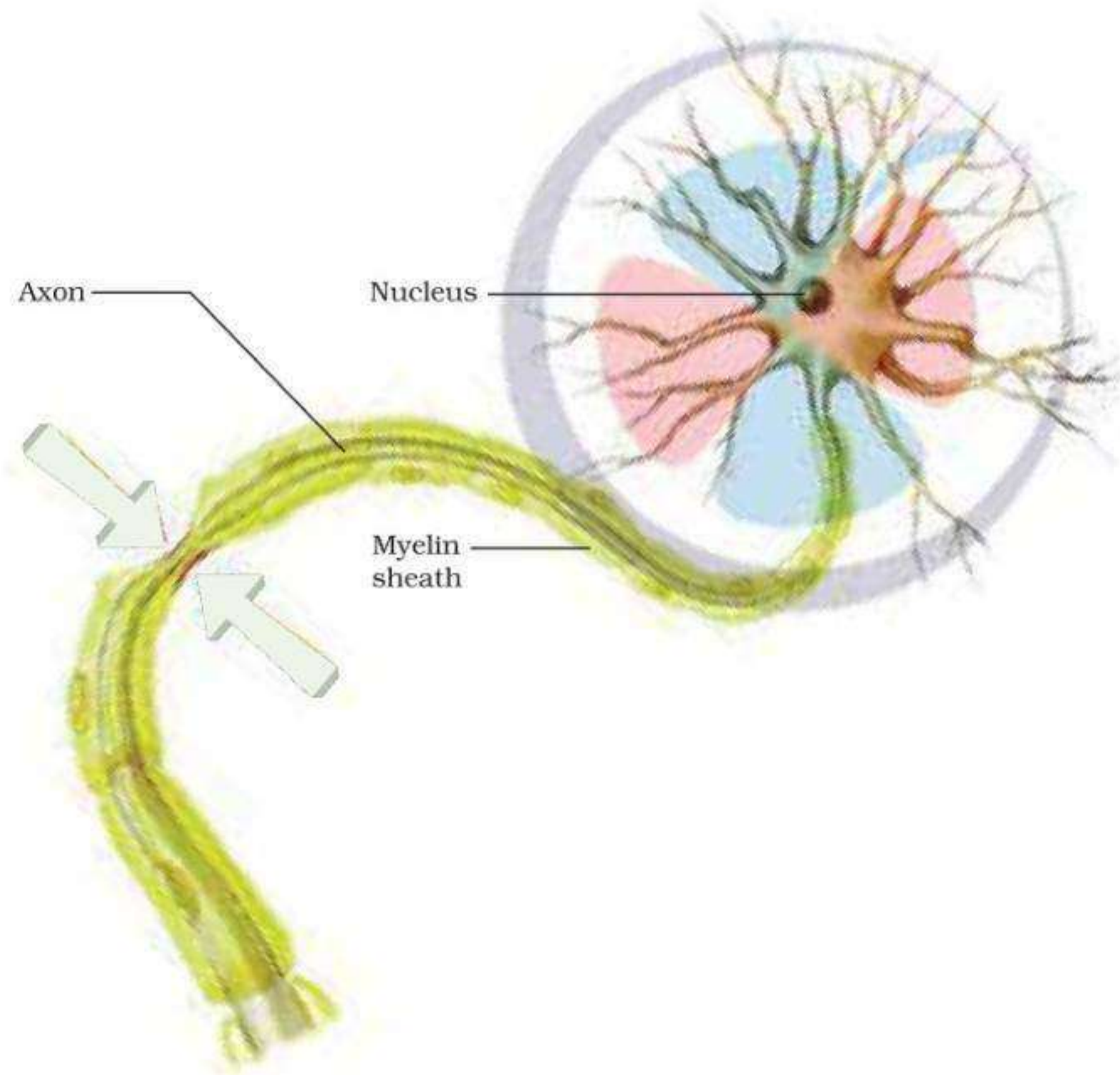


**POCKET GUIDE**





## NERVE INJURY IN COMPRESSION NEUROPATHY



## MIGRAINES

These affect 5% of men and 20% of women. They are thought to be caused by a disorder in the regulation of extracranial arteries tone which, when passing from contraction to dilation state, would trigger pain. Besides, there is a neurotransmitter called serotonin that may be either excitatory or depressant of neurons. When there is an imbalance in its functions, migraine pain occurs.



Unilateral pain that may be confined either to the left or right side of the head

Sudden headache

Head pain with a pulsating quality

Mild to severe intensity

Pain worsens with physical activity

Nausea with or without vomits

Presence of photophobia or phonophobia

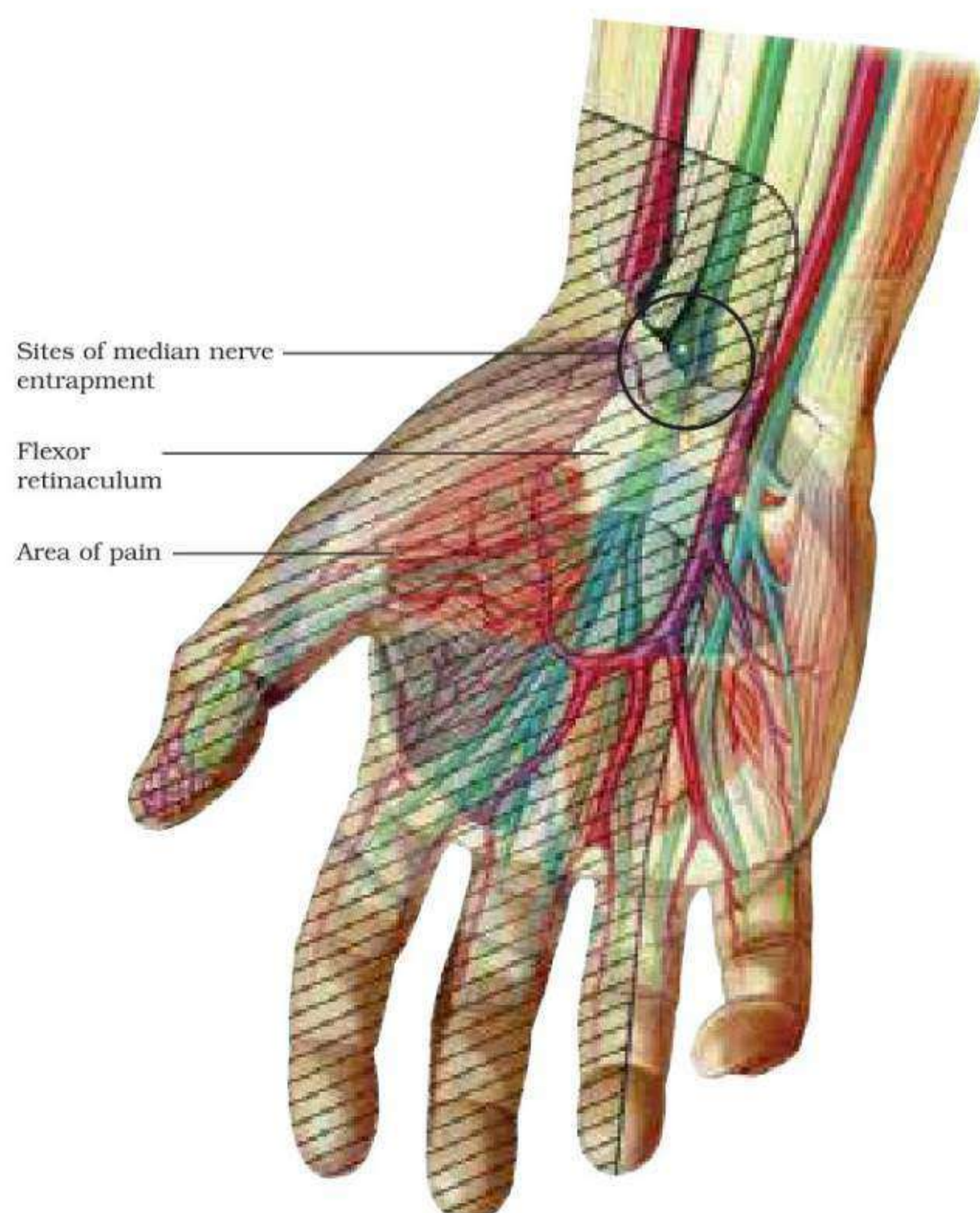
**AURA**

This term encompasses a group of disorders that precede a migraine crisis in minutes and even hours, characterized by speech disorders, visual disturbances, reduced strength or sensitivity of the arms and legs, etc.

If any of these disorders occurred, we would be dealing with a 'migraine with aura'. If no disorder arose, then it would be referred to as 'migraine without aura'.

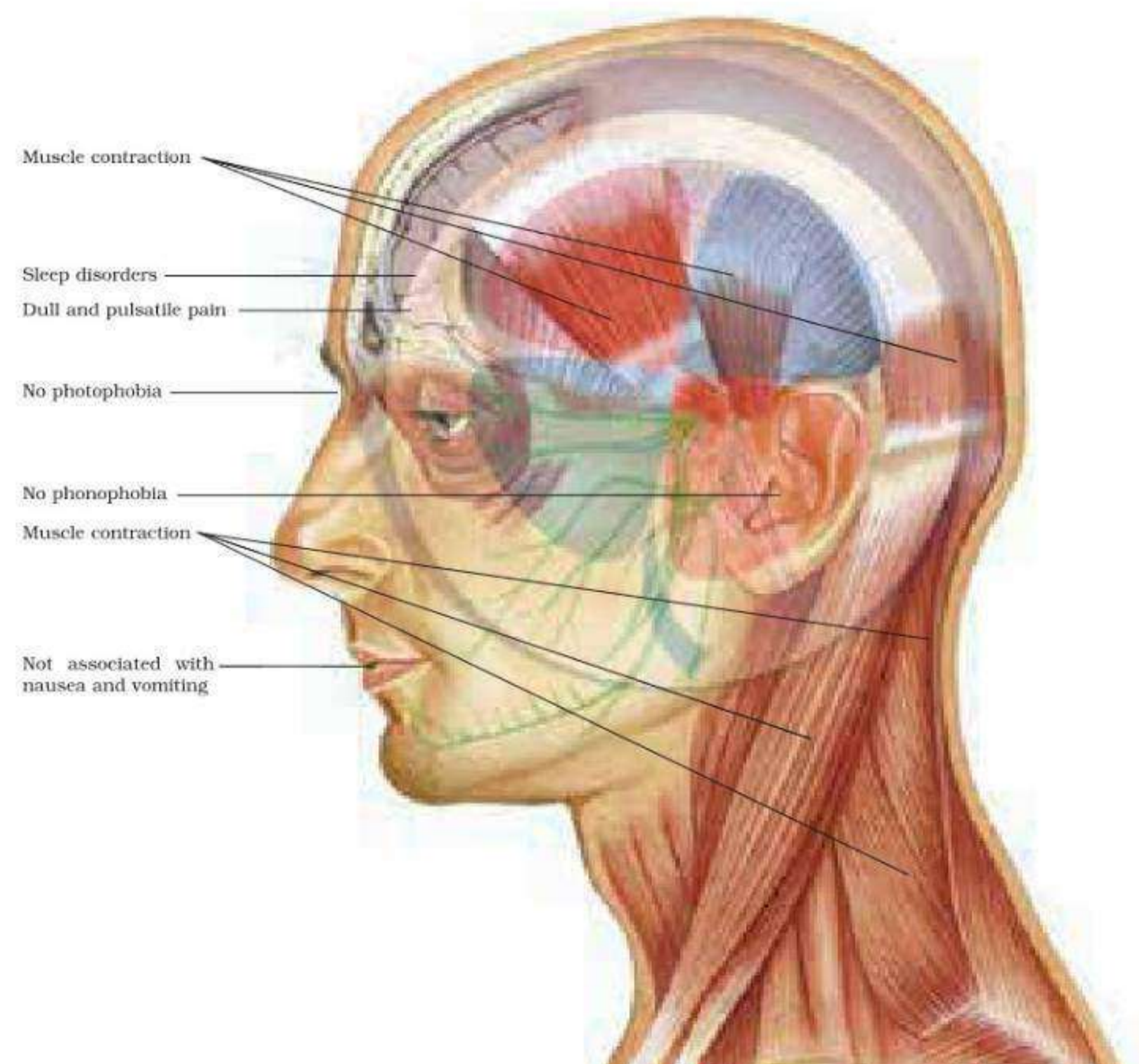
## PERIPHERAL NEUROPATHY

Palmar view



## TENSION HEADACHE

It accounts for 60-70% of consultations owing to headache. It is by far the most common type of headache, and it is chronic and daily (generally suffered for 15 days per month). It is also defined as 'muscle contraction or stress headache'. It results from muscle contraction in the head, neck and scalp. Pain is dull, pulsatile, restrictive and bilateral; it is often present on arising or shortly thereafter, and its intensity varies from mild to moderate. It is not associated with nausea or vomiting. In general, the patient feels tired, anxious or depressed, suffers from sleep disorders and has a poor posture in daily or physical activities. In what regards causes, it is currently believed that an inadequate control of painful stimuli by the central nervous system may be to blame owing to an incompetence of the opioid system, which is in charge of controlling pain.

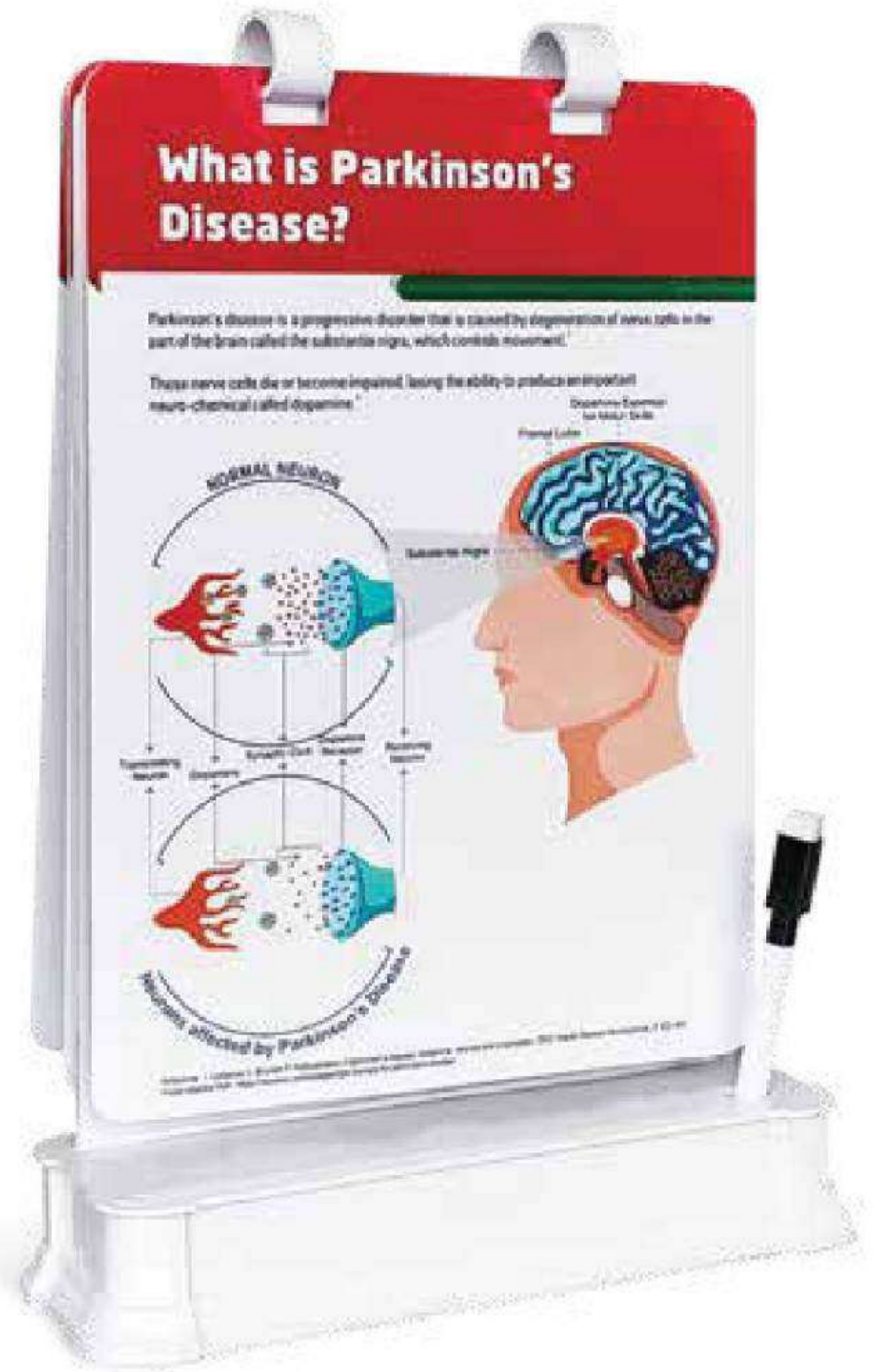




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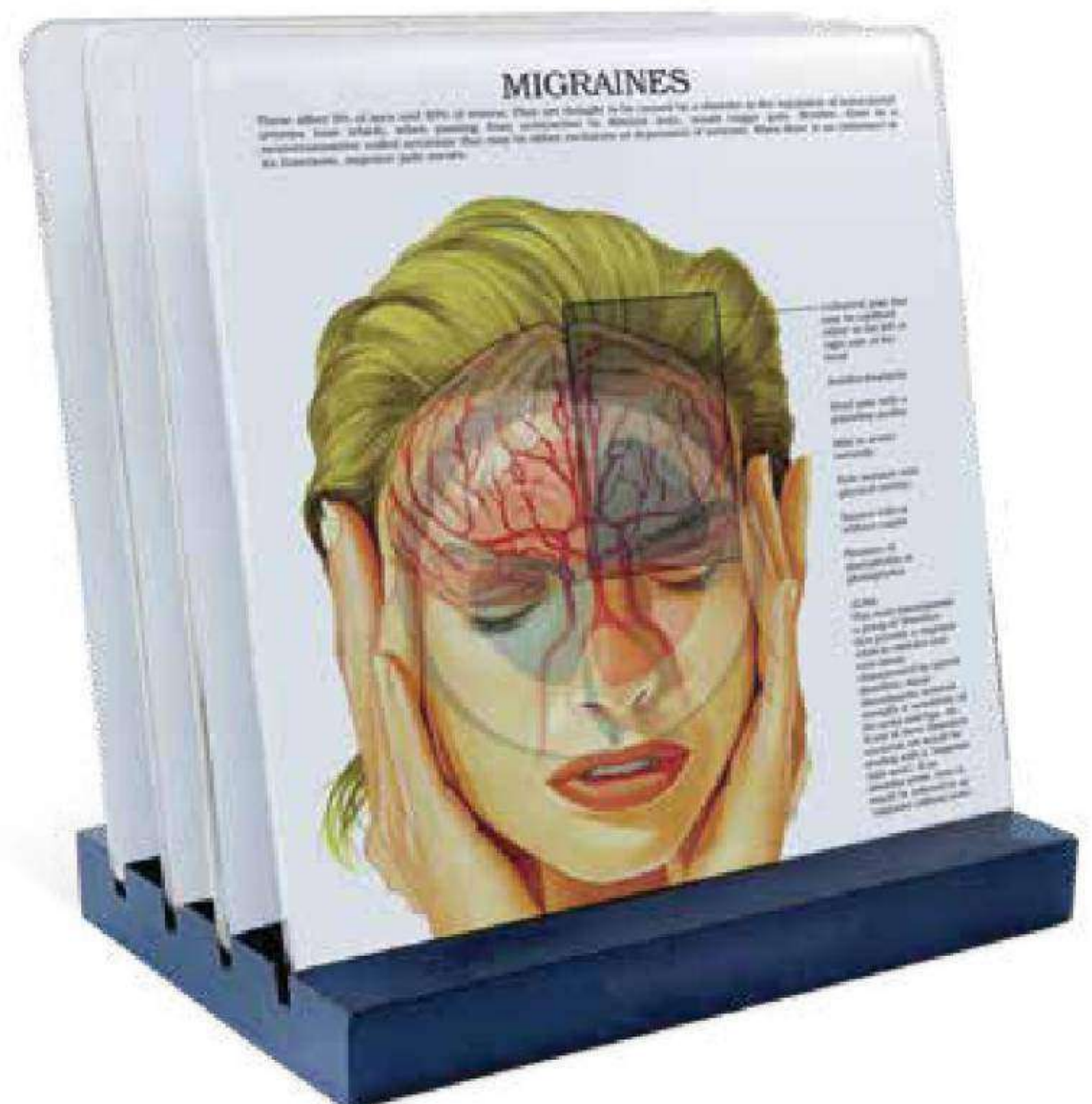
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**WRITE & WIPE SLIDES WITH PATIENT EDUCATION LEAFLETS**



**PATIENT EDUCATION ACRYLIC SLIDES**





# NUTRITION

## (FROM 5 YEARS OLD TO ADOLESCENCE)

**Factors that influence feeding habits**

- Age
- Sex
- Cultural background
- Socioeconomic status
- Availability of food
- Availability of water
- Availability of fuel
- Availability of information
- Availability of role models
- Availability of resources

**Groups of foods**

Food is classified into different groups according to the type of nutrients they contain. Each group contains a different set of nutrients. The body needs all these nutrients to function properly and to stay healthy.

**Food and diet**

Food is anything that provides energy and nutrients to the body. It is essential for the body to function properly. A diet is the food and drink that a person eats and drinks over a period of time.

**Milk and dairy products**

Milk is a good source of protein, calcium, and vitamins. It is also a good source of energy. Dairy products include milk, cheese, and yogurt.

**Vegetables**

Vegetables are a good source of vitamins, minerals, and fiber. They also contain antioxidants that help protect the body from disease.

**Fruits**

Fruits are a good source of vitamins, minerals, and fiber. They also contain antioxidants that help protect the body from disease.

**Grains**

Grains are a good source of energy and fiber. They also contain some vitamins and minerals.

**Protein**

Protein is essential for the body to grow and repair itself. It is also a good source of energy. Protein can be found in meat, fish, and dairy products.

**Feeding recommendations**

The following are some general feeding recommendations for children aged 5 to 18:

- Eat a variety of foods from all food groups.
- Drink plenty of water.
- Limit the amount of sugar and fat in your diet.
- Limit the amount of salt in your diet.
- Eat regular meals and snacks.
- Avoid eating or drinking too quickly.
- Avoid eating or drinking while driving or operating machinery.

# GROWTH AND DEVELOPMENT

**1 TO 3 MONTHS OLD**

The first year of life is a period of rapid growth and development. The baby's body is growing at a rate of about 10% per month. The brain is also growing rapidly, and the baby is learning to crawl and walk.

**4 MONTHS OLD**

By 4 months, the baby is able to hold its head up and to sit up with support. The baby is also beginning to crawl and walk.

**5 TO 7 MONTHS OLD**

Between 5 and 7 months, the baby is able to crawl and walk. The baby is also beginning to talk and to play with toys.

**8 MONTHS OLD**

By 8 months, the baby is able to walk and to play independently. The baby is also beginning to talk and to play with toys.

**9 MONTHS OLD**

By 9 months, the baby is able to walk and to play independently. The baby is also beginning to talk and to play with toys.

**10 MONTHS OLD**

By 10 months, the baby is able to walk and to play independently. The baby is also beginning to talk and to play with toys.

**11 MONTHS OLD**

By 11 months, the baby is able to walk and to play independently. The baby is also beginning to talk and to play with toys.

**12 MONTHS OLD**

By 12 months, the baby is able to walk and to play independently. The baby is also beginning to talk and to play with toys.

**13 MONTHS OLD**

By 13 months, the baby is able to walk and to play independently. The baby is also beginning to talk and to play with toys.

**14 MONTHS OLD**

By 14 months, the baby is able to walk and to play independently. The baby is also beginning to talk and to play with toys.

**15 MONTHS OLD**

By 15 months, the baby is able to walk and to play independently. The baby is also beginning to talk and to play with toys.

**16 MONTHS OLD**

By 16 months, the baby is able to walk and to play independently. The baby is also beginning to talk and to play with toys.

**17 MONTHS OLD**

By 17 months, the baby is able to walk and to play independently. The baby is also beginning to talk and to play with toys.

**18 MONTHS OLD**

By 18 months, the baby is able to walk and to play independently. The baby is also beginning to talk and to play with toys.

# ACUTE OTITIS MEDIA

**RISK FACTORS**

- Age (children younger than 2 years old)
- Sex (males are more likely to be affected)
- Cold weather (more frequent ear infections)
- Family members (if a family member has an ear infection, the child is more likely to get one)
- Environmental pollution
- Feeding with bottles when wrongly positioned
- Lack of breast feeding
- Allergies to dairy products
- Defective mechanical devices
- Familial predisposition

**NORMAL EAR**

The normal ear consists of the following parts:

- Pinna (outer ear)
- External auditory canal
- Tympanic membrane (eardrum)
- Malleus (hammer)
- Incus (anvil)
- Stapes (stirrup)
- Oval window
- Round window
- Cochlea
- Vestibular system
- Auditory nerve

**CLASSIFICATION OF ACUTE OTITIS MEDIA**

Acute otitis media is classified into five types according to the degree of severity:

- Type I:** Mild congestion with preservation of the size of light and mucosal borders. It is not treated.
- Type II:** Strong congestion with preservation of the size of light and mucosal borders. These probably arising from bacteria.
- Type III:** Strong congestion with loss of all mucosal borders. It is treated with antibiotics.
- Type IV:** Some discharge as in type II, with perforation of the tympanic membrane and discharge of purulent material. Most probably arising from viruses.
- Type V:** Complete perforation with discharge of purulent material. It is treated with antibiotics.

# FEVER

**FEVER**

Fever is the body's response to an infection or injury. It is a sign that the body is fighting off a disease. The body's temperature rises above the normal range (37°C or 98.6°F).

**INTERNAL PYROGENS**

Internal pyrogens are substances that cause the body to raise its temperature. They are produced by bacteria, viruses, and other pathogens.

**EXTERNAL PYROGENS**

External pyrogens are substances that enter the body from the outside and cause the body to raise its temperature. They include bacteria, viruses, and other pathogens.

**MEASUREMENT OF TEMPERATURE**

Temperature can be measured in several ways:

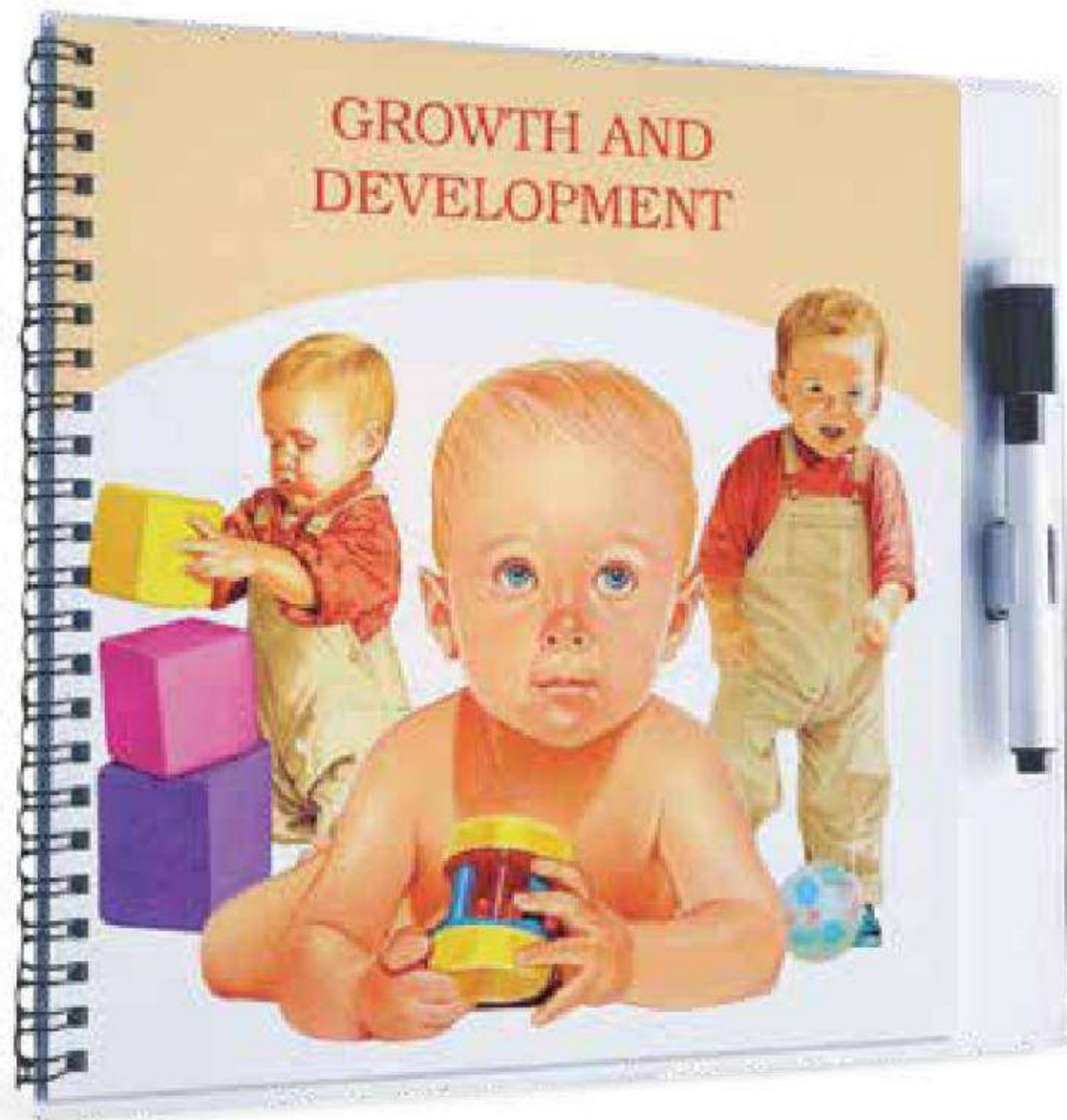
- Rectal (most accurate)
- Oral
- Axillary (armpit)
- Tympanic (ear)
- Skin

**WHAT TO DO TO REDUCE BODY TEMPERATURE**

- Keep the child cool by using a fan or air conditioning.
- Dress the child in light clothing.
- Give the child plenty of fluids to stay hydrated.
- Use acetaminophen or ibuprofen to reduce fever.
- Do not use alcohol rubs.



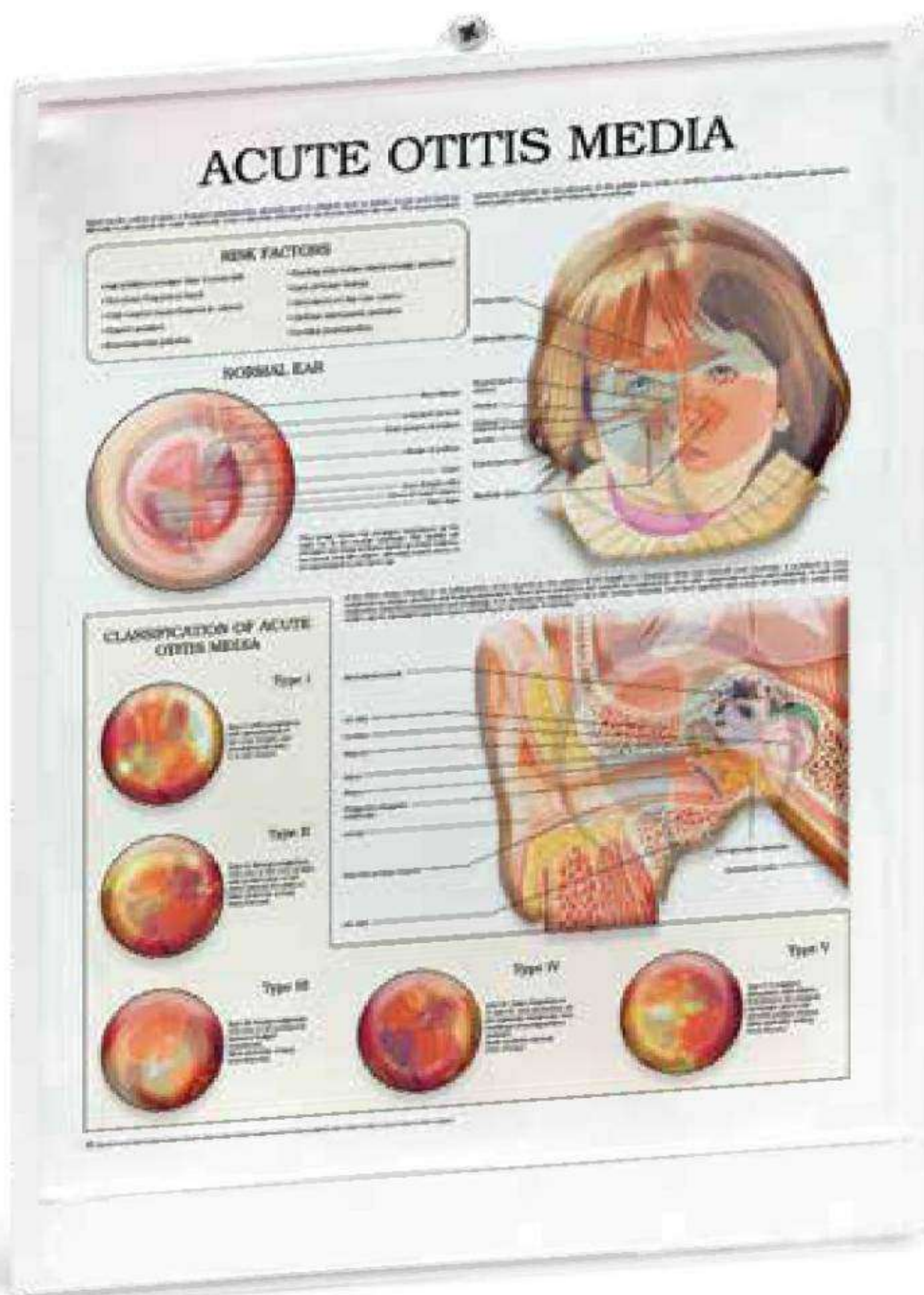
## WRITE & WIPE FLIPBOOK



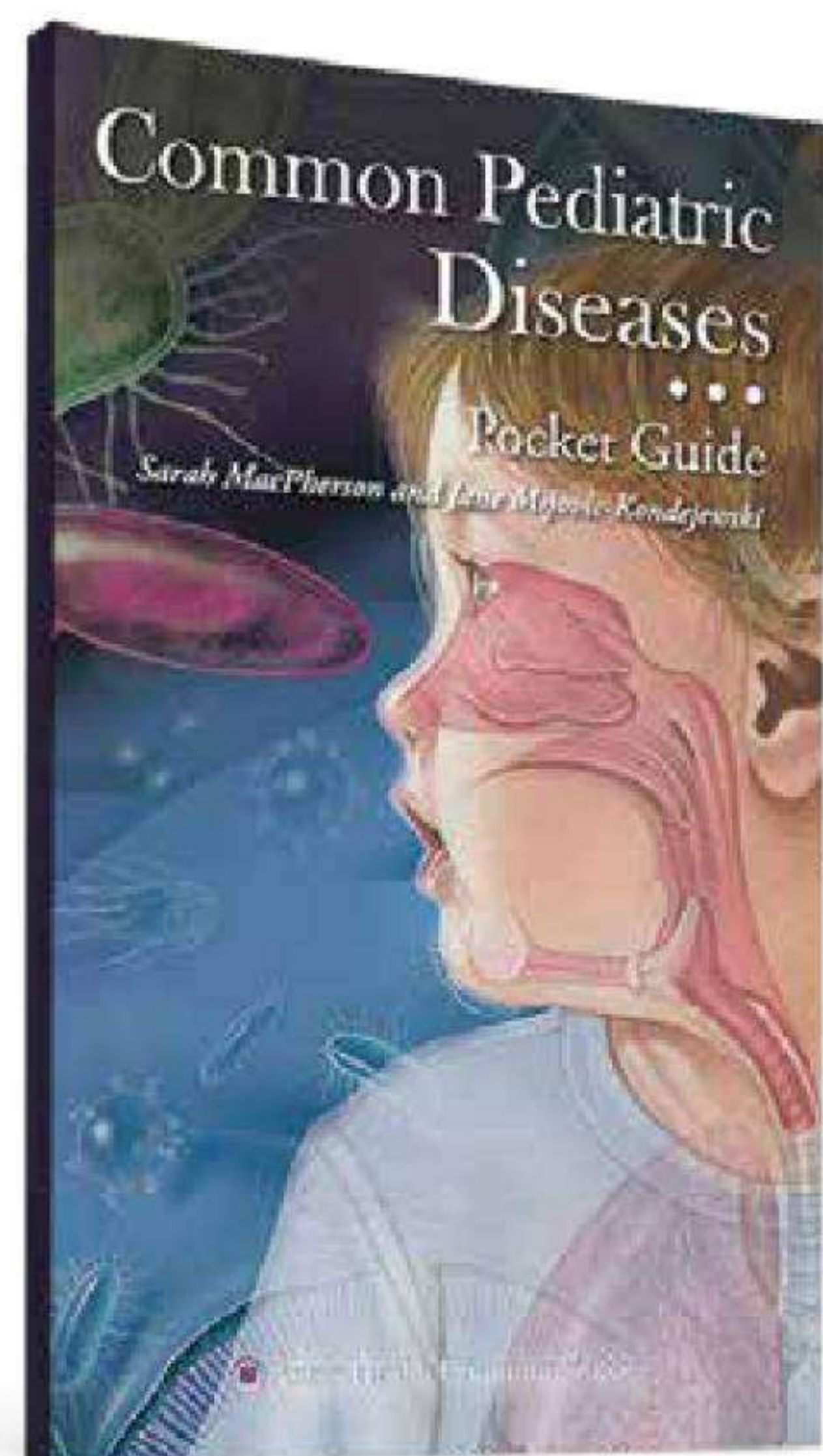
## WRITE & WIPE SLIDES WITH PATIENT EDUCATION LEAFLETS



## POP-UP POSTER

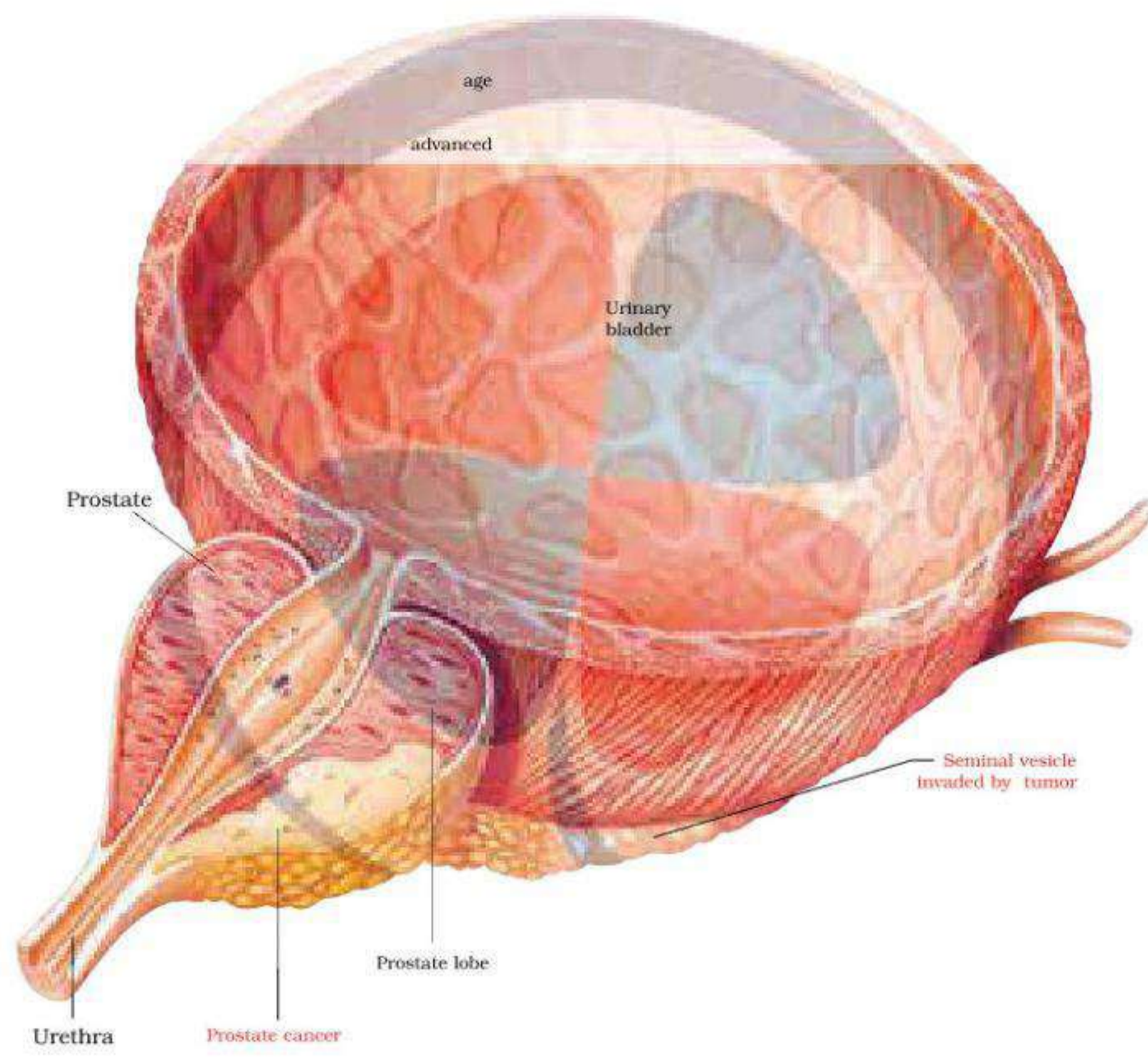


## POCKET GUIDE

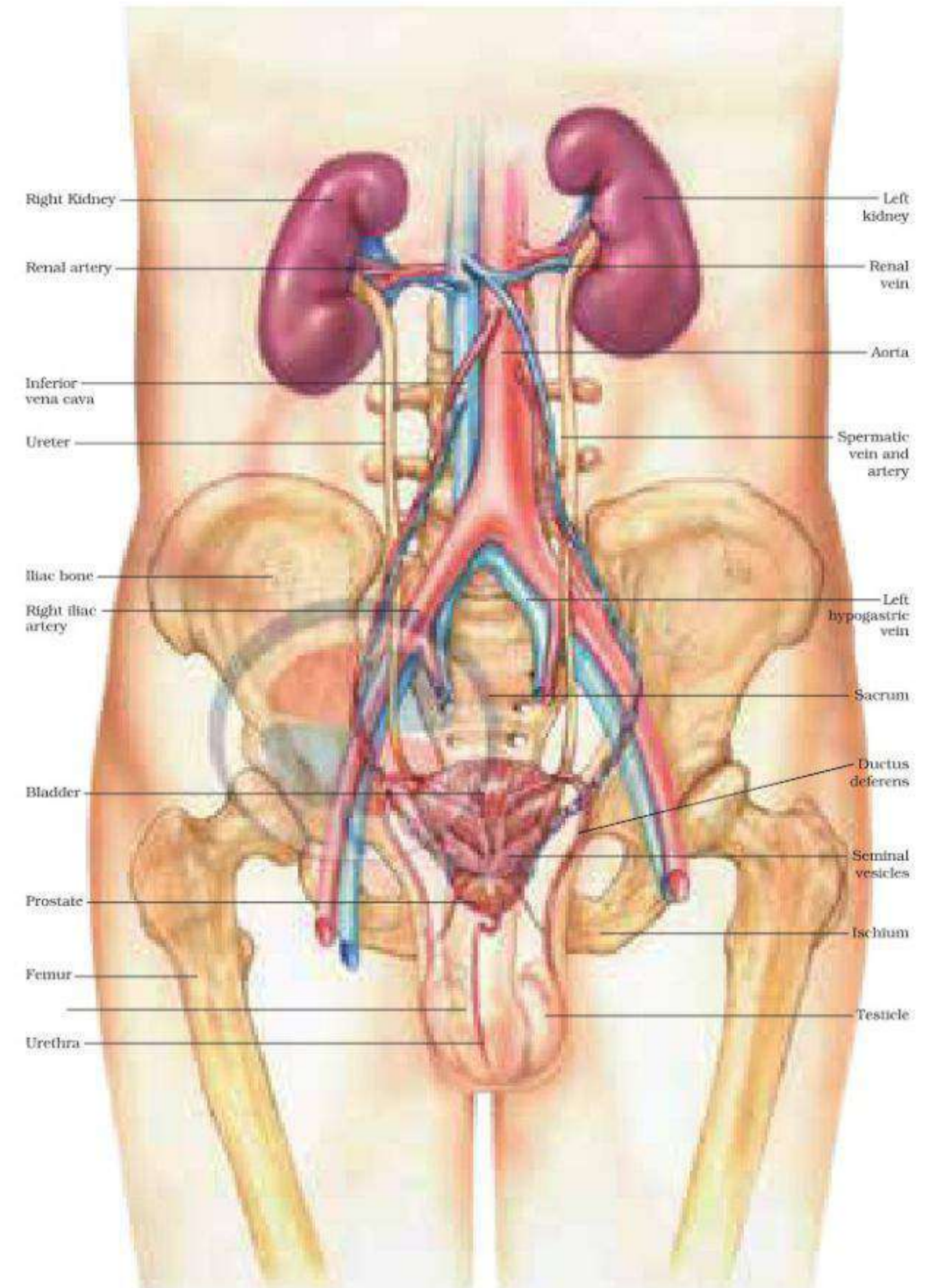




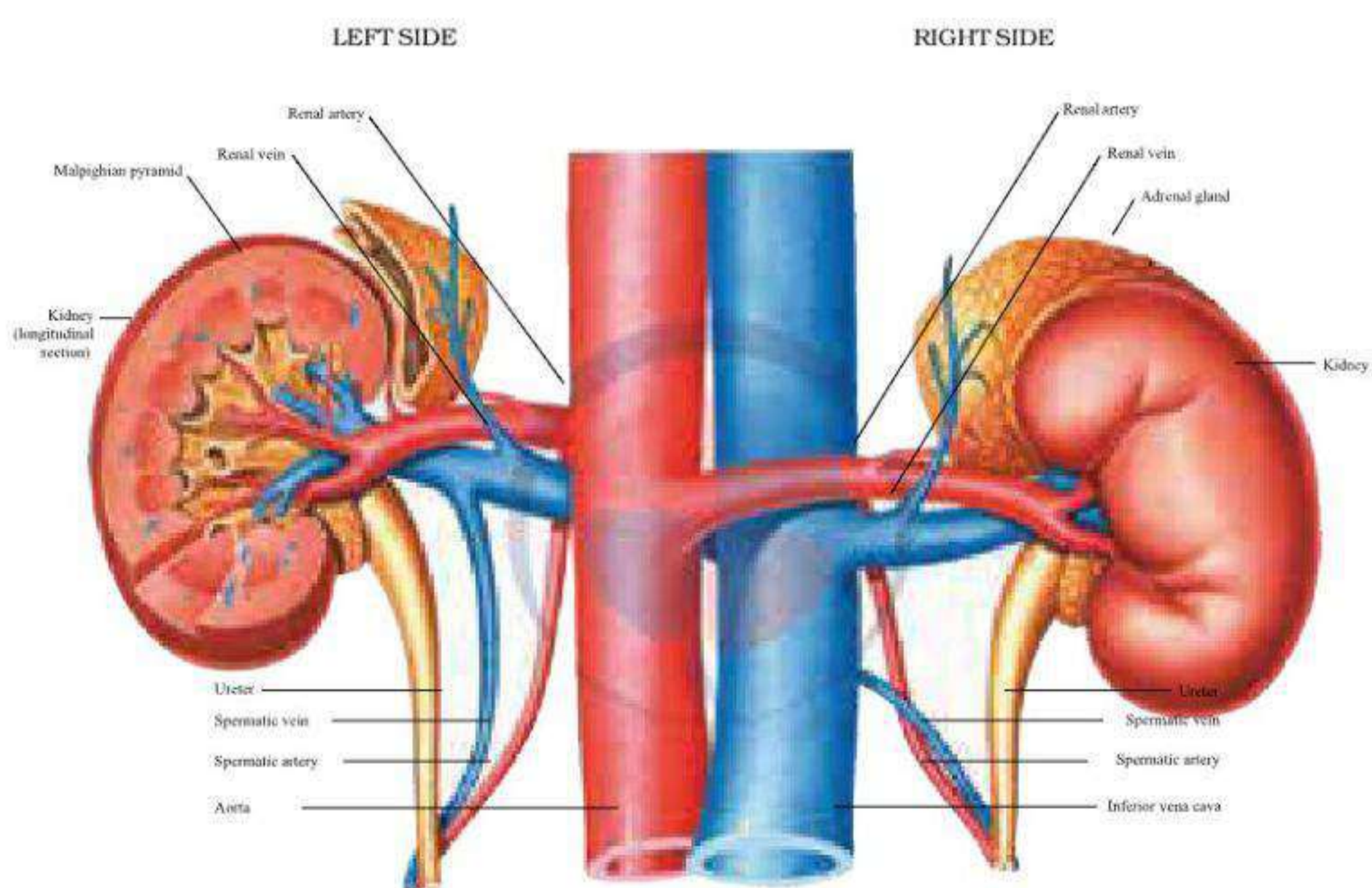
## THE PROSTATE



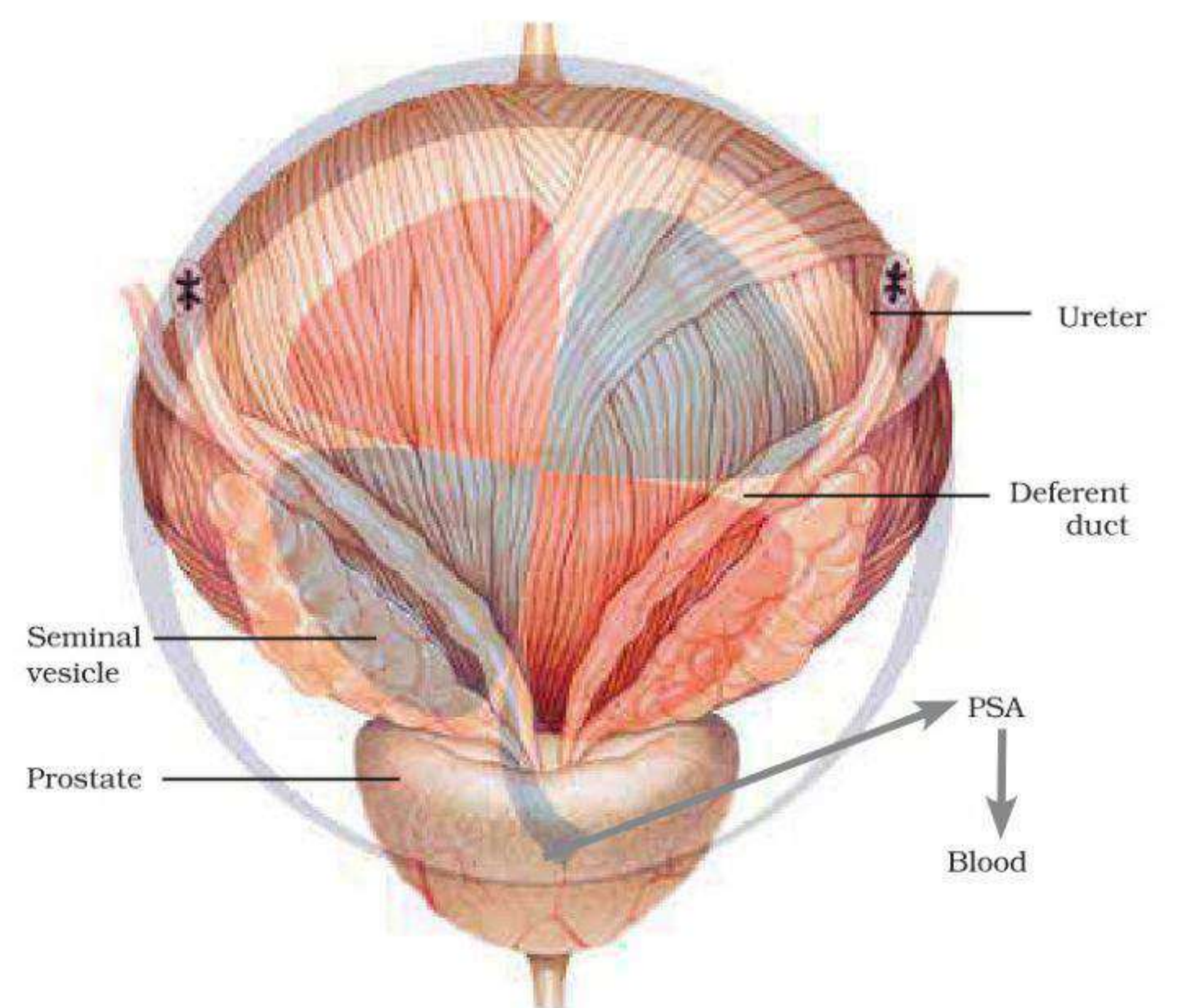
## URINARY SYSTEM



## POSTERIOR VIEW OF URINARY SYSTEM, PROSTATE AND SEMINAL VESICLES.



## PROSTATIC SPECIFIC ANTIGEN (PSA)





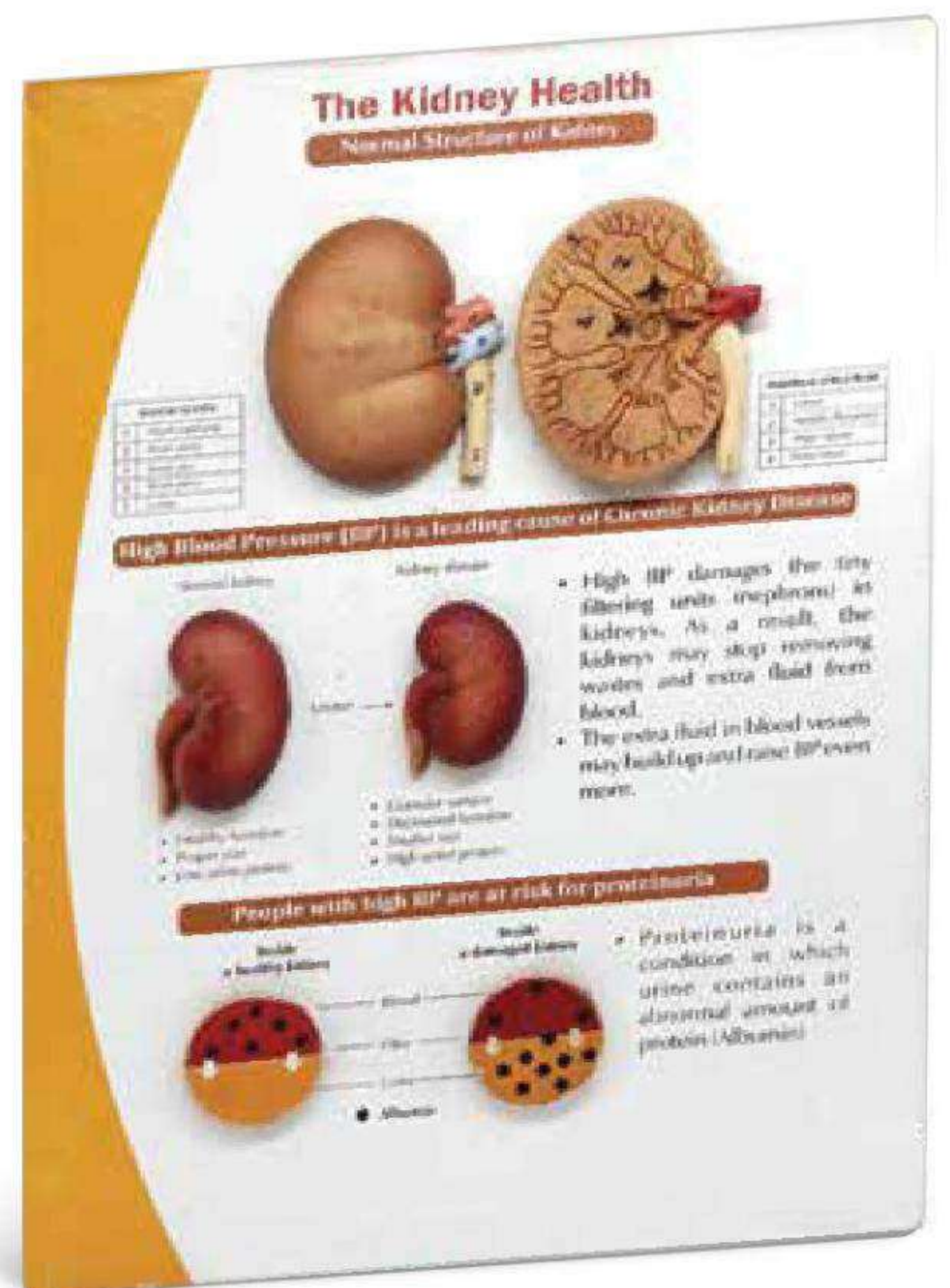
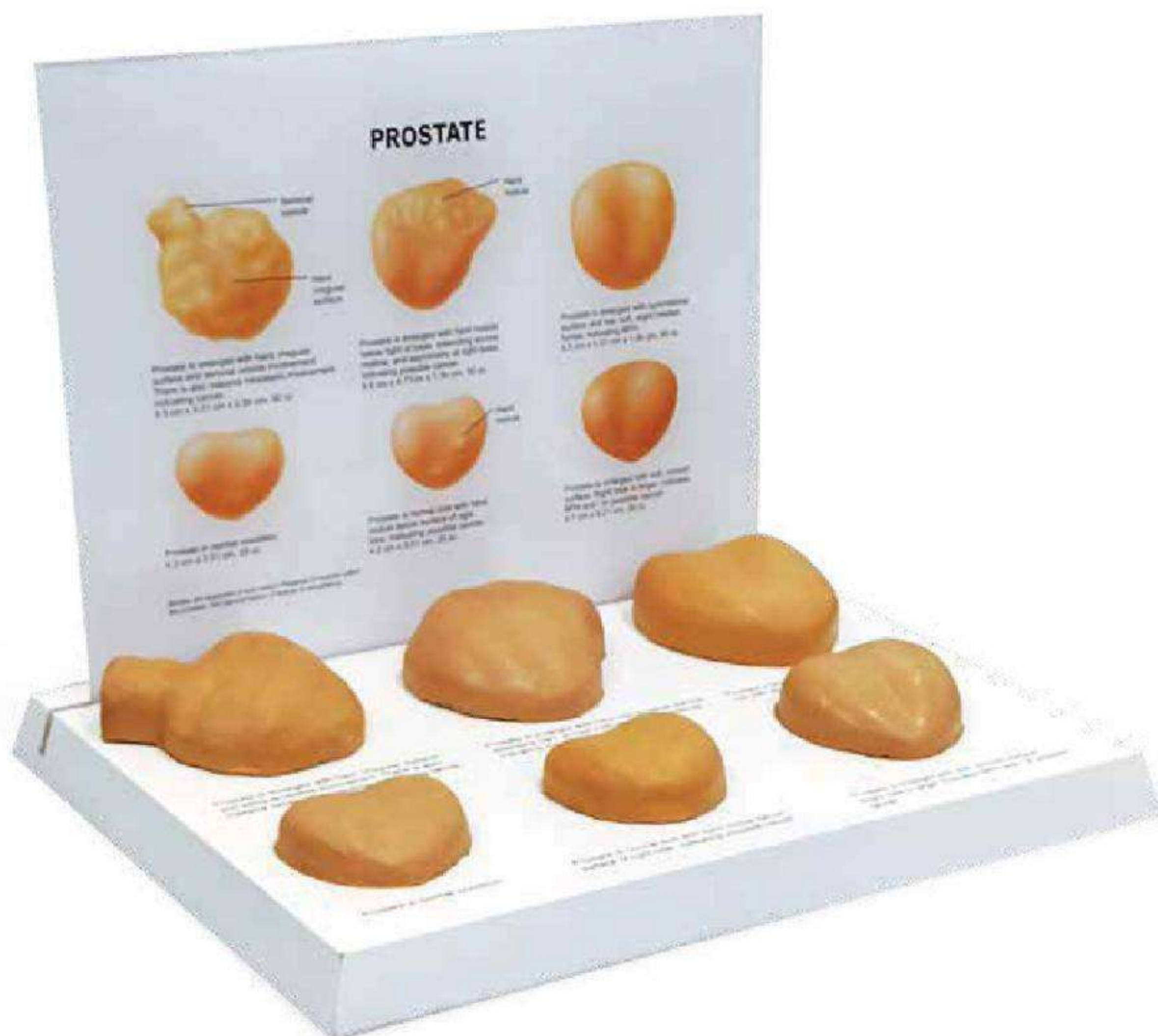
**WRITE & WIPE SLIDES WITH PATIENT EDUCATION LEAFLETS**

**DESK TOP 3D ORGAN**



**DISEASE PROGRESSION MODEL**

**3D ORGAN STRUCTURE POSTER**





# MISCELLANEOUS

Sr.no	Therapeutic Conditions	Sr.no	Medical slide rular
1	- Glargine	45	- BMI and Metabolic Syndrome
2	- Hypothyroidism		
3	- Obesity		
4	- Signs and symptoms of hypothyroidism		
5	- Acromegaly		
6	- Primary hyperparathyroidism		
7	- Metabolic Syndrome I & II		
8	- Iron and anemia		
9	- Complete antioxidant protection		
10	- Moxifloxacin		
11	- Inmunity and vitamin C		
12	- Iron and vitamin C		
13	- Nutrition		
14	- Vitamin D		
15	- Vitamin D3 in children		
16	- Insect bites and stings		
17	- Formula milk		
18	- Thiamine and alcoholism		
19	- Aphtous ulcers		
20	- Wounds		
21	- Lactose intolerance		
22	- Alcoholism		
23	- HIV-AIDS		
24	- Immunity and vaccination		
25	- Bacterial resistance		
26	- Bacterial infection		
27	- Varicella zoster		
28	- Influenza		
29	- Acute otitis media		
30	- Measles		
31	- Fever		
32	- Meningitis		
33	- Influenza A HINI		
34	- Hepatitis A		
35	- Hepatitis C		
36	- Dengue		
37	- Tetanus		

## Quick Reference Guide

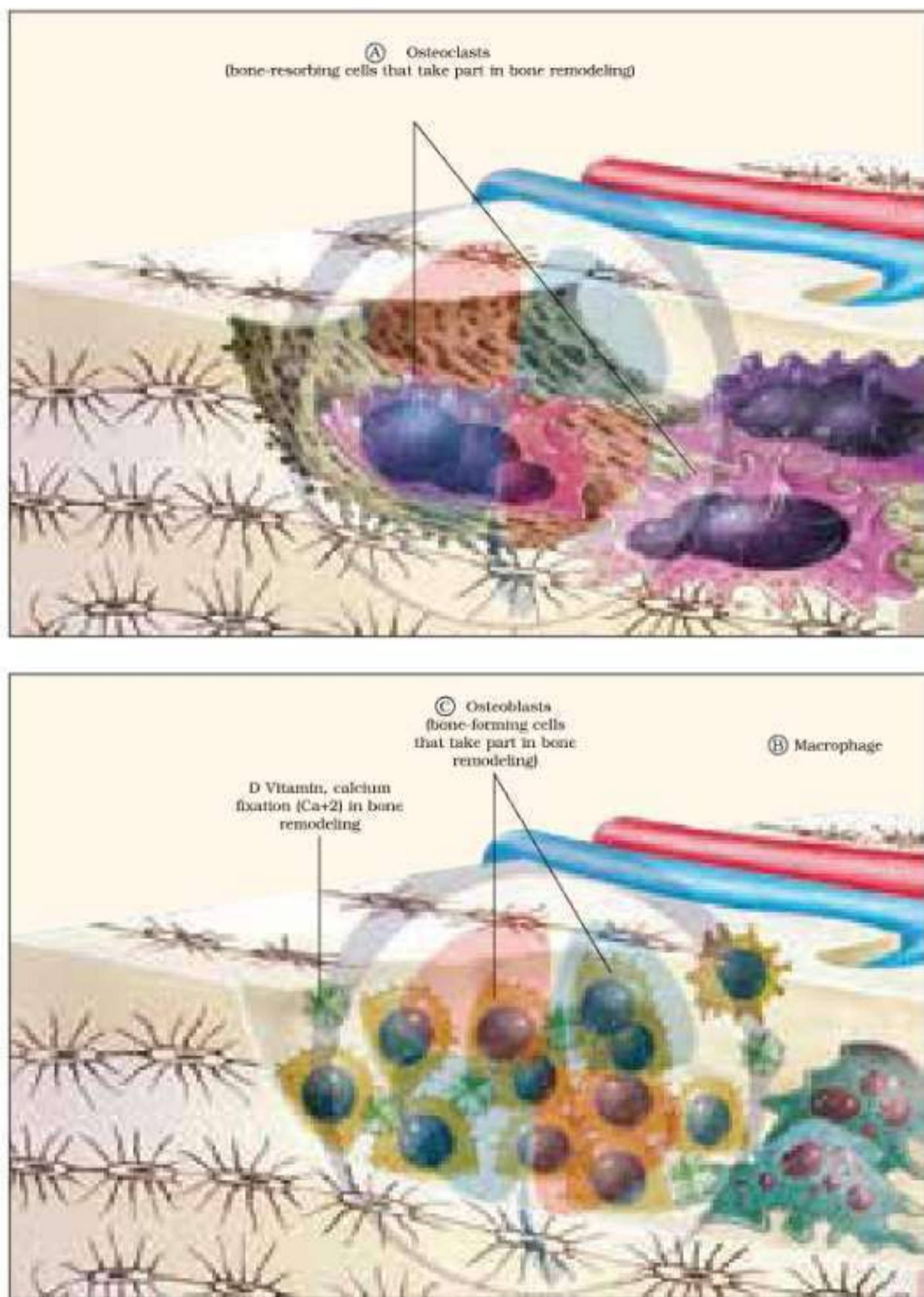
- 38 - Anaemia
- 39 - Antibiotics
- 40 - Allergies
- 41 - Viruses
- 42 - Acute Pain
- 43 - Fever
- 44 - Haemorrhoids

Copy righted medical resources available for above listed therapeutic conditions.  
Medical content for wide range of therapeutic conditions can be customised and designed.



# BONE REMODELING

The illustration below shows the normal balance between the process of bone resorption and bone formation, which does not occur in patients with osteoporosis.



# HYPOTHYROIDISM

Hypothyroidism is a hypofunctional state of the thyroid gland with elevations at different levels of the hypothalamic-hypophyseal-thyroid axis. Primary hypothyroidism is probably an autoimmune disease and results in a swollen gland with little or no function. Hypothyroidism of hypothalamic-pituitary axis results in secondary hypothyroidism, while hypothyroidism of pituitary axis results in tertiary hypothyroidism.

### HYPOTHALAMIC-PITUITARY-THYROID AXIS

#### EUTHYROIDISM

#### PRIMARY HYPOTHYROIDISM

#### SECONDARY HYPOTHYROIDISM

#### TERTIARY HYPOTHYROIDISM

#### THYROID FOLLICLE

1. Iodine is taken up by the follicular cell and oxidized to iodine (I<sub>2</sub>).

2. Iodine is incorporated into thyroglobulin (TG) to form monoiodotyrosine (MIT) and diiodotyrosine (DIT).

3. MIT and DIT are coupled to form triiodo-L-thyronine (T<sub>3</sub>) and tetraiodo-L-thyronine (T<sub>4</sub>).

4. T<sub>3</sub> and T<sub>4</sub> are released into the bloodstream.

#### SIGNS AND SYMPTOMS OF HYPOTHYROIDISM

- Decreased mental and physical alertness
- Decreased heart rate
- Weight gain
- Constipation
- Hoarseness
- Delayed reflexes
- Depression
- Weight increase
- Thin skin
- Weight decrease
- Delayed reflexes
- Depression
- Weight increase

# WOUNDS

A wound consists in the loss of the solid continuity of the skin or the mucosa, which leads to a communication between the external environment and the body, setting in a disturbance of the normal structure or function of the tissues. In these cases, infections may probably develop because germs or sterile microorganisms have been introduced. The use of antibiotics helps both prevent infections and in wound healing.

### WOUND CLASSIFICATION BASED ON HEALING TIME

**Classification of acute wounds**

- Cuts or lacerations:** These types of wounds are caused by sharp-edged instruments or objects. Cuts are usually characterized by being well defined and clear margins, and hemorrhage will depend on the number and caliber of the vessels that have been cut.
- Contusions:** These are caused by a blow to the skin with blunt objects or surfaces. Contusions cause pain and bruising. In these cases, soft tissues are damaged and may lead to the immediate effects of the blow to the skin.
- Punctate wounds:** They are defined as injuries caused by a sharp, pointed object that penetrates the skin. The penetrating object is not visible; punctate wounds usually cause pain and tenderness. They may be open deep and draining internal organs or cause internal bleeding. Punctate wounds have an irregular risk for infection.
- Abrasions, excoriations, and scrapings:** They are caused by friction between the skin and hard surfaces. The superficial layer of the skin, the epidermis, is damaged and pain is characterized by being of short duration and healing. Little bleeding is present, infection is quite common.
- Amputations:** In these cases, a portion of the tissue is torn and detached as a result of cuts or lacerations, bleeding is abundant. One example of this type of wound is the foot.
- Burns:** As these types of wounds, a local source is responsible for damage.

**Classification of burns**

- First-degree:** superficial burns affecting only the epidermis. Characterized by redness, erythema, pain, and swelling.
- Second-degree:** the damage is deeper than that found in first-degree burns. This type of burn involves the epidermis and the basal layer of the dermis. Erythema, swelling, blisters, and pain are observed.
- Third-degree:** complete loss of destruction of the epidermis and dermis occurs. The burn site appears red to black in color, and the surrounding tissue becomes eschar.

**Additional classification of burns**

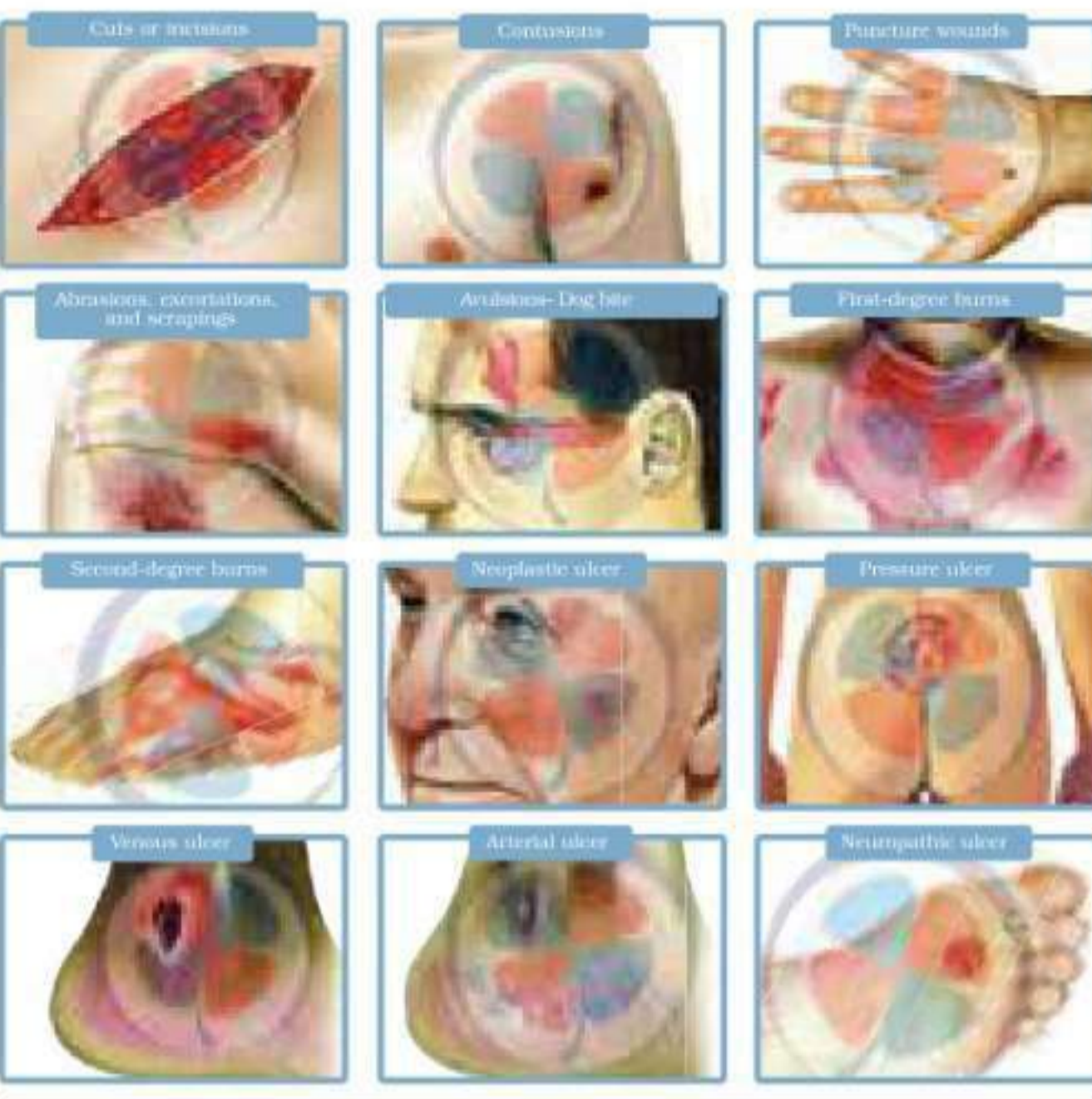
- Epidermal burns (1st degree):**
- Partial-thickness (2nd degree):** They are subdivided into superficial partial-thickness (superficial 2nd degree) and deep partial-thickness (deep 2nd degree) that depend on the depth of the burn.
- Full-thickness (3rd degree):** They are subdivided into superficial full-thickness (superficial 3rd degree) and deep full-thickness (deep 3rd degree).

**Chronic**

The time taken for healing is delayed, and tissues do not grow. Chronic wounds are associated with venous insufficiency, reduced oxygen perfusion, and circulatory diseases.

**Classification of chronic wounds**

- Pressure ulcers:** The first sign of injury is a change in color of the skin (the skin turns erythematous and looks bumpy), which becomes gradually ulcerated as the lesion progresses (all underlying the complete loss of tissue that occurs). Changes are spread to necrosis, fibrinous, and crusty over the base.
- Vascular ulcers:**
- Arterial:** they occur as a result of ischemia, the affected area loses pale and cold, with aching at rest, gangrene.
- Venous:** they are secondary to venous insufficiency. An irregular area is observed with discolored tissue and edema, brown crusts.
- Neuropathic ulcers:** they generally develop in the distal end of the lower limbs and sides of feet. Disorders at the level of the foot, chiefly related to temperature and sensibility, can be observed.
- Diabetic ulcers:** these types of ulcers are associated with the neuropathy that causes them, and they require a specific therapeutic treatment.



TYPES OF WOUND HEALING		WOUND HEALING	
Healing by primary intention	In these cases, the wound is closed by means of sutures, stitches or staples.	Phases of the active process	Inflammatory and proliferative phase: blood clotting
Healing by secondary intention	The wound is left open while the physiological processes of healing take place in chronic.		Contractile phase: cell proliferation permits for new vessel and granulation tissue formation, collagen contraction, maturation, and remodeling phases. The wound becomes a contracted scar in the composition of granulation tissue after scar tissue. Healing process ends with epithelialization.

### TREATMENTS

#### TREATMENT OF CHRONIC WOUNDS

Before starting treatment of a chronic wound, it is essential to identify the underlying cause, assess the patient's general health, and evaluate the medication the patient takes. A multidisciplinary approach is recommended.

**Principles of wound healing**

- Define the etiology.
- Control the factors that impede healing.
- Work on appropriate vascular drainage.
- Monitor the progression of the wound.

**Factors affecting wound healing**

Systemic factors	Local factors
Diabetes	Microclimate
Chronic diseases	Debridement
Immune status	Temperature
Age	Dehydration
Smoking	Infection
Neutrophil status	Chemical stress
	Medications

**Major causes of wounds**

Wound	Cause	Log system
Diabetic	Pressure	Arterial
Chronic ulcers	Thrombotic wounds	Venous
Diabetic ulcers	Vascular wounds	Vascular
Lacerations	Neuropathic	Neuropathic

#### EMERGENCY MANAGEMENT OF SEVERE BURNS

- Isolate to hospital
- Assessment of the extent: measuring depth and extension of the burn. Use the Rule of 9s to assess how much body surface area (BSA) has been burned.
- Primary resuscitation
- Antibiotic prophylaxis
- Control assessment of airway patency (no structural involvement or perforation or emergency tracheotomy if necessary)
- Neurological evaluation
- Administration of analgesics, sedatives and parenteral nutrition
- Transfer to hospital

**Rule of 9**

Area	Adult	Child	Older child
Head	9%	18%	18%
Upper limb	9%	14%	14%
Lower limb	14%	14%	14%
Anterior portion of the trunk	18%	18%	18%
Posterior portion of the trunk	18%	18%	18%
Genitals	1%	1%	1%

**Body surface area (BSA) that has been burned**

BSA	Superficial	Deep	Arterial	Subtotal
Head	10-15%	5-10%	10%	10%
Trunk	15-20%	10-20%	10-20%	10-20%
Upper limb	10-20%	5-10%	10-20%	10-20%
Lower limb	10-20%	5-10%	10-20%	10-20%

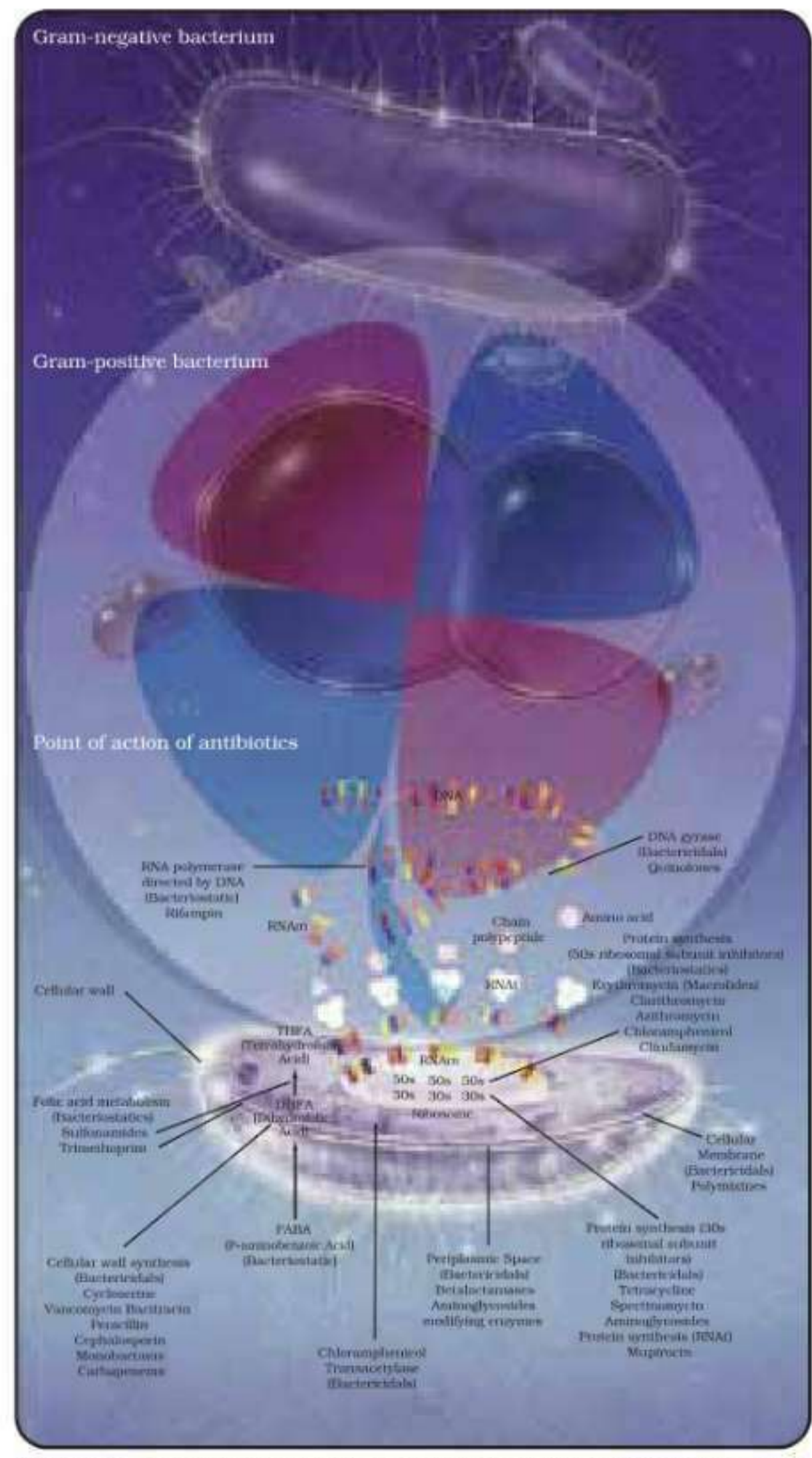
#### AMBULATORY MANAGEMENT OF BURNS

- First-degree burns
- Second-degree burns: only with 10% extension
- Third-degree burns: only with 2% of body surface
- Third-degree burns are considered cells

**LOCAL TREATMENT**

- Wash the skin gently with water and soap
- Clean the wound with saline or chlorhexidine
- Do not touch the damaged area
- Do not use ointments or dressings
- Do not use antibiotics
- Do not use steroids

# PATHOGENIC MICROORGANISMS



Depending on the point of action of every antibiotic, there are two different effects on the bacteria: bacteriostatic and bactericide. A bacteriostatic antibiotic inhibits the development or growth of bacteria. A bactericide antibiotic destroys the bacteria.



# DIGITAL PRODUCTS

## FLIPBOOKS

A format for presenting online content as an interactive HTML5 document.



Scan this QR code for demo

## E-DICTIONARY

Explains all conditions with embedded pictures and videos.



Scan this QR code for demo



## MEDUCARD

Share digital content with doctors and patients with tap of card.

**MEDUCARDS**  
Smart Share  
Share Medical communication in a modern way

**01** **Switch on the NFC in your Android phone**  
If you have a Samsung Android phone, check under settings > connections > tap NFC and contactless payments > tap the switch to turn NFC on

**02** **Tap Meducard on back side of the phone**

**03** **Click on the notification**  
After taping on the phone you will see the notification on the phone. Click on the notification to visit on the interface of meducard.

**04** **Home Page of Meducard**



Scan this QR code for demo

## HEALTH NEWS

Latest updates of disease management in video format.



Scan this QR code for demo



# CONTINUING MEDICAL EDUCATION (CME)

Facilitating and Executing Digital & Physical CMEs by globally acclaimed associations

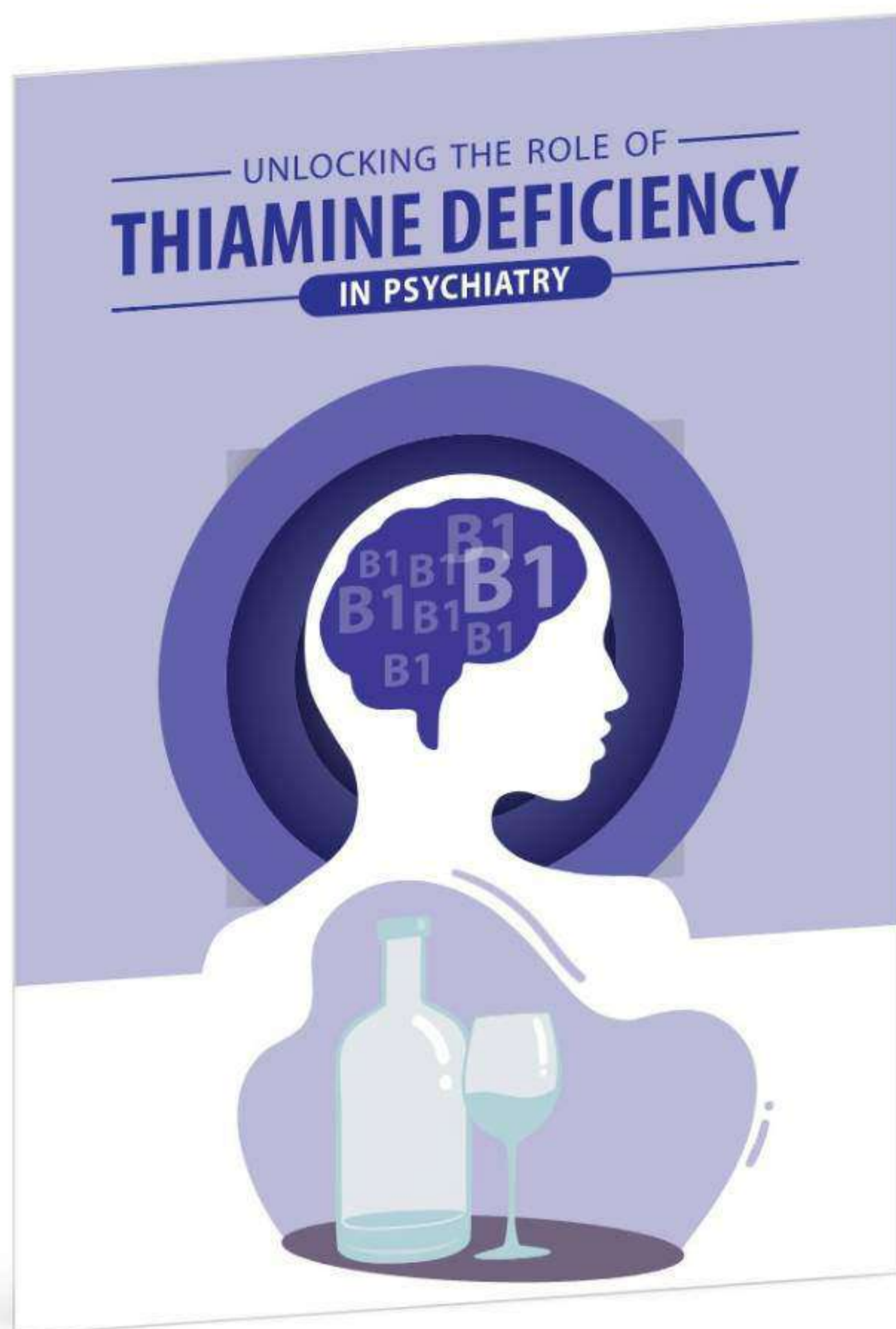


\*We collaborate to facilitate CMEs from the above reputed associations. The above logos are owned by respective associations.



# SCIENTIFIC LITERATURE

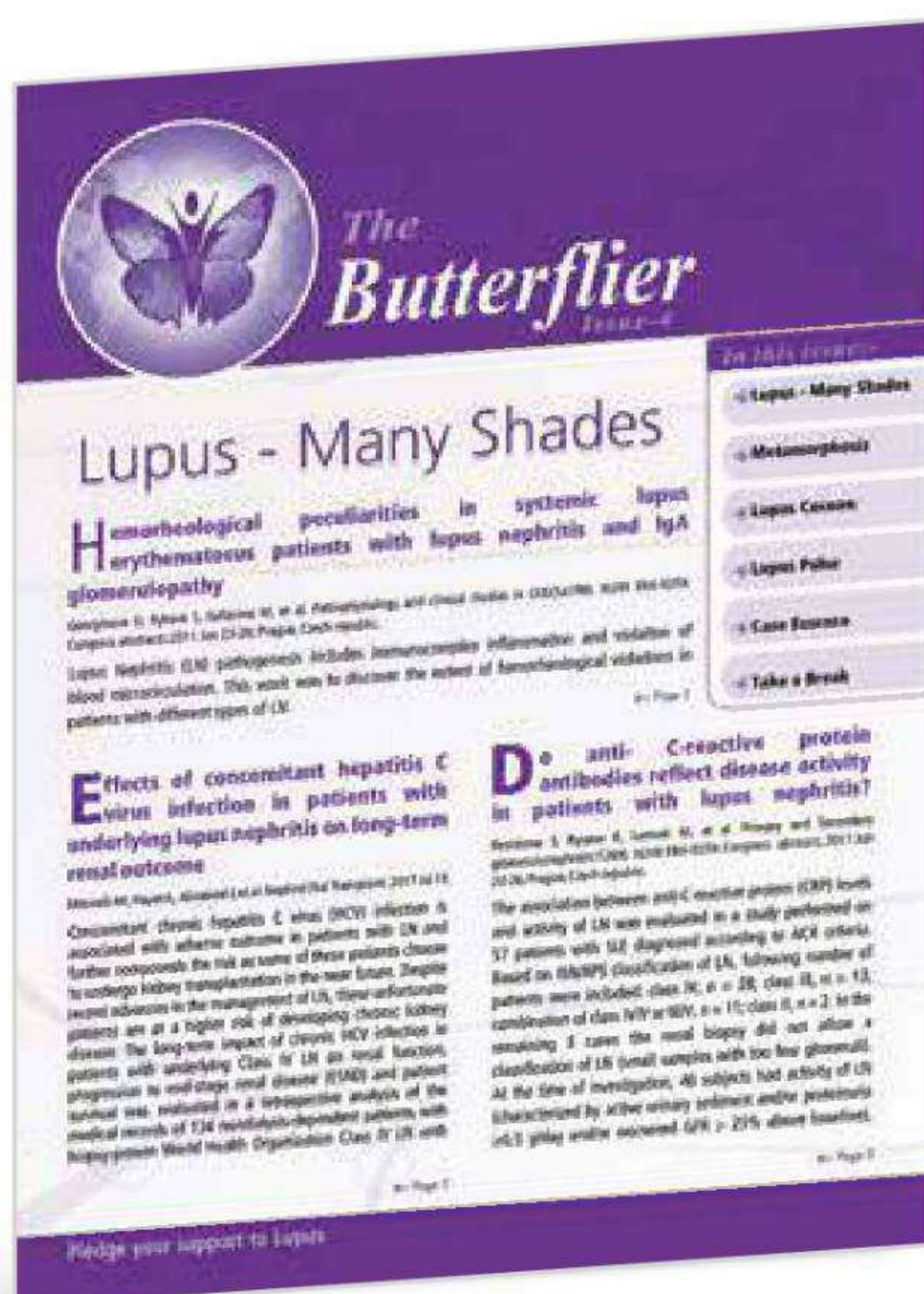
## MONOGRAPH



## QUICK REFERENCE GUIDE



## NEWSLETTER



## LBL





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