

Rotary
Club of Sonepat
(100% PHF Club)



RI District 3012

2024-25

SWARN PATH
Club # 15396
Chartered : 22/03/1957

Rtn. Stephanie A Urchick
RI President

Rtn. Prashant Raj Sharma
District Governor

Rtn. Dr. Gaurav Dembla
Club President

Rtn. Dr. Sachin Gupta
Club Secretary

PP Rtn. Vijay Mehta
Bulletin Editor

Bulletin No. 21 | Dated 5th March, 2025

next meeting

Celebration Of International Women's Day

SATURDAY
08 MAR
2025

8:30 pm onwards followed by Dinner

MOC

Rty'ne Charu Suri

Program:

*Celebrating Strength,
Grace & Womanhood*

“UNSTOPPABLE HER”

Venue :

REGENCY BANQUETS

1st floor, City Mall, Sonipat

As is evident from the title, it is a celebration of
**WOMEN'S STRENGTH, GRACE, RIGHTS,
LIBERTY AND WOMANHOOD.**

All Rty'nes of Club (in particular) are requested
to attend in large numbers and celebrate the day
in a befitting manner.

MEETING DETAILS | SIPS & SNUGGLES

VALENTINE DAY CELEBRATIONS

(Held on Sunday 16th February, 2025

at Shaheed Madan Lal Dhingra Punjabi Samudaye Kendra, Sonipat)

'SIPS & SNUGGLES' was the title given to our last Club Meeting, which was held on Sunday, the 16th February, 2025 at Shaheed Madan Lal Dhingra Samudaye Kendra, Sonipat. As the title suggests, it was a meeting to **enjoy fellowship while celebrating Valentine Day** (Celebrated two days after the Valentine Day).

It was a bright sunny morning and the lush green lawns of the venue presented a **perfect ambience to celebrate the Day of Love to its highest peak. Arrangements for the occasion were excellent, which was appreciated by all present.**

It was a **Valentine Day-cum-Picnic** as far as the atmosphere at the meeting suggested. The **food zone** was over crowded not only with the members but by the items available. You ask it and the Caterers had it. The meeting started by a **brief welcome address preceded by National Anthem.** After the initial formalities, the meeting was handed over to **MOCs Rty'ne Sanya and PE Rtn. Rajat Doda** to take the proceedings further.

The MOCs had planned the activities befitting to the occasion and kept each and every one present occupied with their **lively couple games. The members too responded very well and wholeheartedly participated in the games** which entertained not only the participants but audience as well. The **games were quite thrilling and absorbing.** The MOCs ensured that **every member participates in one or another game** and they compelled everyone to dance (to their tuneHa.. Ha....!!)

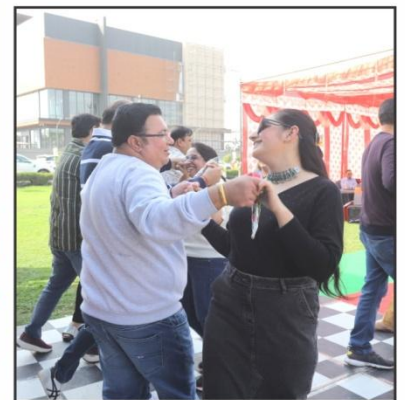
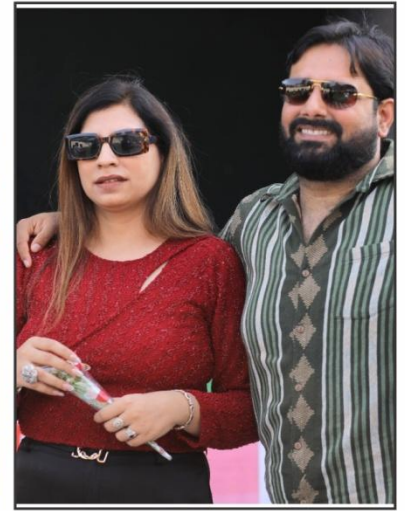
After enjoying the games and the SIPs, a **delicious, multi-variety lunch** was enjoyed by all present.

We appreciate and place on record the untiring efforts of **MOCs Rty'ne Sanya & PE Rtn. Rajat Doda**, who really worked very hard to make this meeting a memorable one.

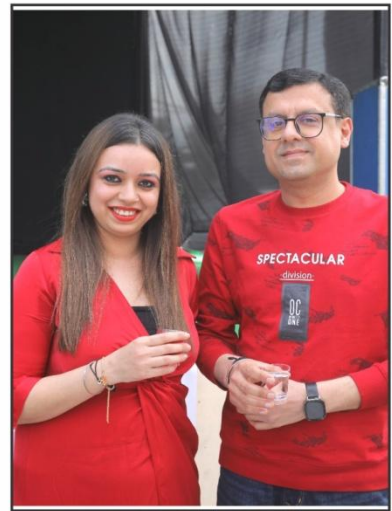
The following were the winners of different games:

Best Couple Of The Meeting	PP Rtn. Rishi Chopra and Rty'ne Kanika Chopra
Best Poem And Best Dance	Rtn. Deepak Garg and Rty'ne Bhawana Garg
Best Answer	Rtn. Deepak Tuteja and Rty'ne Yashika Tuteja
Couple Sitting Together:	PP Rtn. Rajeev and Rty'ne Sakshi Garg
14 Number Lucky Prize	PP Rtn. Gautam Sachdeva and Rty'ne Meghna Sachdeva
Lucky Draw Prizes	Rty'ne Anshu Luthra, Rty'ne Mahima Chugh, Rty'ne Suman Chaudhary
Early Bird	PP Rtn. Vikram Chaudhary, Rtn. Ajay Chaudhary, PP Rtn. Vijay Mehta and Rtn. Deepak Garg
Musical Chair	Rtn. Anmol Chaudhary and Rty'ne Anshu Chaudhary Rtn. Rajan Wadhwa and Rty'ne Charu Wadhwa

Glimpses | Valentine Day Celebrations



Glimpses | Valentine Day Celebrations



Glimpses | Valentine Day Celebrations



MEETING DETAILS | Free Lipid Profile Camp

(Held on Saturday 22nd February, 2025 at Darya Ram Hospital, Sonipat)

Rotary Club of Sonapat organised its Monthly Free Lipid Profile Camp on 22/02/25. A total of **10 participants got their lipid profile tests** done, those who had elevated cholesterol and were advised on follow-up actions or lifestyle modifications.

For some people, lifestyle changes, such as a healthier diet and more physical activity, may prevent or treat unhealthy cholesterol levels. For others with high cholesterol, medication may also be needed.

Types of cholesterol-lowering drugs :

Various medications can lower blood cholesterol levels. Statins are recommended for most patients and have been directly associated with a reduction in the risk of heart attack or stroke. Statins continue to provide the most effective lipid-lowering treatment in most cases.

Statins

This class of drugs, also known as HMG CoA reductase inhibitors, works in the liver to prevent cholesterol from forming. This reduces the amount of cholesterol circulating in the blood. Statins are most effective at lowering LDL (bad) cholesterol. They also help lower triglycerides (blood fats) and raise HDL (good) cholesterol.

Statins available are :

- ❖ Atorvastatin
- ❖ Rosuvastatin
- ❖ Pitavastatin
- ❖ Simvastatin

Fibrates

Fibrates are especially good for lowering triglyceride (blood fat) levels and have a mild LDL-lowering action.

Fibrates available : * Gemfibrozil and * Fenofibrate

Niacin (nicotinic acid)

Niacin is a B vitamin that limits the production of blood fats in the liver.. It lowers triglycerides and has mild LDL-lowering action.

Niacin side effects may include flushing, itching and upset stomach.

Ezetimibe (cholesterol absorption inhibitors)

Prevents cholesterol from being absorbed in the intestine. It's the most commonly used non-statin agent.

Bile acid sequestrates

Also called bile acid-binding agents, cause the intestine to get rid of more cholesterol.

Those available : * Cholestyramine

PCSK9 inhibitors

PCSK9 inhibitors are powerful LDL-lowering drugs. They bind to and inactivate a protein on cells found in the liver to lower LDL (bad) cholesterol. Some examples are alirocumab and evolocumab.

Glimpses | Free Lipid Profile Camp



MEETING DETAILS | Free Diabetes Check Up Camp

(Held on Monday 24th February, 2025 at Darya Ram Hospital, Sonipat)

BEAT DIABETES

DIABETES CAMP (No. 28)

DIABETES SPREADING AWARENESS, SPARKING ACTION.

Our **Weekly Diabetes Screening Camp** was successfully conducted at Darya Ram Hospital. We screened **52 individuals**. In total we have screened **1583 people** in our twenty eight camps conducted till date.

For people with diabetes mellitus, dietary advice typically includes: focusing on whole grains, non-starchy vegetables, lean protein sources like fish and chicken, fruits in moderation, low-fat dairy products, limiting added sugars, and prioritizing fiber intake to manage blood sugar levels effectively.

Key components of a diabetic diet:

- ❖ Carbohydrates: Choose complex carbohydrates like whole grains (brown rice, quinoa, whole wheat bread), legumes (beans, lentils), and non-starchy vegetables over refined grains and sugary foods.
- ❖ Fiber: Prioritize high-fiber foods as they help slow down the absorption of sugar into the bloodstream.
- ❖ Protein: Opt for lean protein sources like fish, chicken, turkey, tofu, eggs, and low-fat dairy products.
- ❖ Healthy Fats: Include moderate amounts of healthy fats from sources like nuts, seeds, and olive oil.

Foods to emphasise:

- ❖ Vegetables: Broccoli, spinach, carrots, peppers, asparagus, Brussels sprouts
- ❖ Fruits: Berries, apples, pears, oranges (in moderation due to sugar content)
- ❖ Whole grains: Brown rice, quinoa, oats, whole wheat bread
- ❖ Legumes: Lentils, chickpeas, kidney beans
- ❖ Lean protein: Salmon, tuna, chicken breast
- ❖ Low-fat dairy: Skim milk, Greek yogurt

Foods to limit or avoid:

- ❖ Sugary drinks: Soda, fruit juice, sweetened coffee drinks
- ❖ Processed foods: White bread, pastries, candy, sugary cereals
- ❖ Red meat: Limit red meat intake due to saturated fat content
- ❖ Fried foods: Limit fried foods due to high fat content

Important considerations:

- ❖ Portion control: Pay attention to serving sizes to manage calorie intake.
- ❖ Blood sugar monitoring: Regularly monitor blood sugar levels to adjust dietary choices accordingly.
- ❖ Consult a healthcare professional.

Glimpses | Free Diabetes Checkup Camp No. 28



MEETING DETAILS | Free Diabetes Check Up Camp

(Held on Friday 28th February, 2025 at Darya Ram Hospital, Sonipat)

BEAT DIABETES

DIABETES CAMP (No. 29)

AWARENESS IS THE PATH TO CURE

Our **Weekly Diabetes Screening Camp** was successfully conducted at Darya Ram Hospital. We screened **46 individuals**. In total we have screened **1629 people** in our twenty nine camps conducted till date.

History of Diabetes

Three millennia ago, the ancient Egyptians documented clinical manifestations similar to diabetes mellitus. The term "diabetes" was initially introduced by *Aretaeus of Cappadocia (81-133 AD). Subsequently, the term mellitus (honey sweet) was introduced by Thomas Willis in 1675 after he discovered the sweetness of urine and blood in patients, a phenomenon formerly observed by ancient Indians. In 1776, Dobson first established the existence of excess sugar in urine and blood as a reason of their sweetness.

In contemporary times, the history of diabetes parallels the advent of experimental medicine. A significant milestone in diabetes history was the identification of the liver's role in glycogenesis and the understanding that diabetes results from excessive glucose synthesis by Claude Bernard (France), 1857. The involvement of the pancreas in the development of diabetes was identified by Mering and Minkowski in Austria in 1889. This discovery later formed the foundation for the isolation and therapeutic application of insulin by Banting and Best of Canada in 1921. The trials for an orally administered hypoglycemia medication concluded satisfactorily with the marketing of tolbutamide and carbutamide in 1955.

Glimpses | Free Diabetes Checkup Camp No. 29



MEETING DETAILS | FREE PFT CAMP

(Held on Saturday, 1st March, 2025 at Darya Ram Hospital, Sonipat)

FREE PFT CAMP

A **Pulmonary Function Test (PFT)** camp was held by Rotary Club of Sonapat at Darya Ram Hospital to provide the community with a **free pulmonary testing opportunity**. The event's primary objectives were to **promote awareness about the significance of lung health** and to aid in the **early detection of pulmonary ailments**. **Spirometry testing was performed at the camp** by trained medical specialists, who then delivered individualised consultations based on each patient's unique test results. **A total of eighteen (18) people** were tested.

Acute bronchitis is a prevalent respiratory condition that impacts the bronchial tree. Ninety percent of cases are attributable to viruses, leading to inflammation and increased mucus production. Acute bronchitis is characterized by a sudden start of a persistent cough, which may or may not include sputum production. As a self-limiting condition, it often progresses benignly, resolving spontaneously within 1 to 3 weeks. Secondary pneumonia may occasionally arise, usually marked by exacerbated symptoms, a productive cough, and fever. In these instances, a chest X-ray is recommended, especially for immunocompromised adults, the elderly, infants, newborns, and smokers.

Multiple risk factors accelerate the onset of acute bronchitis, such as a smoking history, living in polluted environments, overcrowded housing, and a previous diagnosis of asthma. Particular allergens, including pollen, fragrance, and fumes, may provoke acute bronchitis in predisposed persons.

Patients suffering with acute bronchitis generally present with several symptoms, such as a productive cough, lethargy, respiratory distress, and wheezing. The primary complaint is frequently a persistent cough, accompanied by the generation of clear or yellowish sputum. Occasionally, the sputum may exhibit a purulent look. Purulent sputum does not inherently indicate a bacterial illness or require antibiotic therapy.

Acute bronchitis is usually diagnosed clinically with a thorough evaluation that includes medical history, lung examination, and relevant physical findings. The examination of oxygen saturation, together with pulse rate, temperature, and respiratory rate, is a crucial sign for determining the severity of the condition. Chest x-ray (CXR) findings in acute bronchitis are typically vague and frequently appear normal.

Acute bronchitis is often a self-limiting illness, with treatment mostly focused on symptomatic and supportive care. Both nonpharmacological and pharmacological methods can be employed to alleviate cough. Nonpharmacological techniques encompass remedies such as hot tea, honey, ginger, and throat lozenges. Analgesic and antipyretic medications may alleviate related symptoms such as malaise, myalgia, and fever. Furthermore, prednisone or other corticosteroids may be prescribed to mitigate inflammation. Steroids are generally employed as a short-term burst therapy. Beta-agonists are frequently prescribed to patients with acute bronchitis presenting with wheezing. Patients should avoid using antibiotics until essential and comprehend the hazards linked to needless prescriptions, including antibiotic resistance, financial implications, and possible adverse effects.

Glimpses | Free PFT Camp



Happy Birthday!



Rty'ne Usha Sardana
W/o PP Rtn. R.K. Sardana
01 Mar



Rtn. Narender Batra
01 Mar



Rtn. Deepak Garg
02 Mar



Rty'ne Sangeeta Bali
W/o Rtn. Sanjeev Bali
02 Mar



Rtn. Gaurav Gambhir
05 Mar



Annet Aadya Bhagat
D/o Rtn. Shagun Bhagat
06 Mar



Annet Shivam Kathpalia
S/o Rtn. Rajiv Kathpalia
08 Mar



PP Rtn. Dr. Rakesh Rai
09 Mar



Rty'ne Manju Bhagat
W/o Rtn. Rajneesh Bhagat
10 Mar



Annet Seep Gambhir
D/o Rtn. Gaurav Gambhir
10 Mar



Annet Divisha Batra
D/o Rtn. Ashish Batra
10 Mar



Rtn. Sanjeev Bali
11 Mar



Rtn. Namit Mehra
15 March

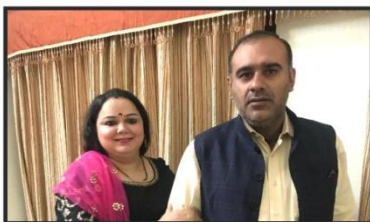
Happy Anniversary



**Rtn. Ajay Relan &
Rty'ne Neeru Relan**
01 Mar



**Rtn. Rajiv Kathpalia &
Rty'ne Manju Kathpalia**
05 Mar



**Rtn. Gaurav Charaya &
Rty'ne Radhika Charaya**
07 Mar



**Rtn. Sachin Wadhwa &
Rty'ne Sunita Wadhwa**
19 Mar

Rotary
Club of Sonapat
2024-25



Give The Gift of Sight **SUPPORT** CATARACT SURGERIES **PROJECT DRISHTI 2.0**

Contact us:

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PP Rtn. Gaurav Luthra
☎ 9896335928

Rtn. Gaurav Gambhir
☎ 7988341789



**KINDLY
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GENEROUSLY**



THANK YOU VERY MUCH

We whole-heartedly Thank
RTN. SACHIN KUKREJA
for his contribution towards Club's ongoing
Project DRISHTI 2.0

