The Sunday Statesman
Wellness

Comprehensive Guide to Stroke Management:
From Immediate Response to Recovery



DR. JAYANTA ROY

WHAT A PATIENT'S FAMILY SHOULD DO DURING THE GOLDEN HOUR

When a stroke occurs, the immediate priority is to call an ambulance and transport the patient to a stroke-ready hospital. Any delay in reaching the hospital effectively delays necessary treatment. A stroke-ready hospital is fully equipped to handle stroke emergencies 24/7, providing the critical care needed during the golden hour and beyond, including managing stroke complications. Therefore, minimizing delay is vital.

PRE-HOSPITAL CARE: WHAT TO AVOID AND WHAT CAN BE DONE

Before the ambulance arrives, pre-hospital care focuses on immediate safety measures:

What to Avoid:

- Do not allow the patient to eat or drink anything.
- Do not administer oral medications (such as sorbitrate, a common misconception), as this can inadvertently lower blood pressure and cause harm.
- Avoid keeping the patient flat on their back or seated upright without support. Always make them lie down and turn them to one side (either right or left).

What You Can Do:

- Check blood pressure if a machine is available.
- If the patient is a known diabetic, has low glucose, and is conscious enough to swallow, you may give glucose or sugar water only in a sitting position. Low blood sugar (hypoglycemia) can sometimes mimic a stroke.

CAUSES AND RISK FACTORS

Stroke is a serious vascular event categorized primarily into two types:

Ischemic Stroke: Occurs due to a blockage inside a brain vessel cutting off blood supply, accounting for about 80% of all strokes.

Hemorrhagic Stroke: Occurs due to the rupture of a blood vessel, causing bleeding inside the brain.

COMMON RISK FACTORS:

- High blood pressure (hypertension)
- Diabetes
- High cholesterol
- Smoking
- Lack of physical activity and obesity
- Sleep disorders or obstructive sleep apnea
- Stress
- Strong family history of stroke and heart valve disease

MODERN MEDICAL SYSTEMS FOR STROKE MANAGEMENT

Stroke is an extremely time-sensitive condition, particularly ischemic stroke. Every second counts:

The Brain Clock: Every second a stroke goes untreated, approximately 32,000 brain cells (and 2 million in a minute) are lost.

Acute Treatments:

- **Thrombolysis:** Administration of clot-busting injections through an IV within the early hours to dissolve the clot and restore blood flow.
- **Mechanical Thrombectomy:** For major strokes where medication is insufficient or administered late, a catheter, guide wire, and suction device or stent are used to physically dislodge and extract the clot from the brain vessel. This may be offered up to 24 hours in selected cases.

COMPREHENSIVE STROKE CENTERS: INFRASTRUCTURE AND CAPABILITIES

Comprehensive stroke centers offer both acute and post-acute management. They are equipped with the infrastructure and specialized multidisciplinary teams trained to handle acute interventions, interventional



management, neurosurgical care, and advanced rehabilitation programs from start to finish. Manipal Hospitals cover every phase of the stroke management continuum by bridging pre-hospital readiness with advanced clinical interventions and long-term recovery programs. Their comprehensive framework integrates 24/7 emergency response networks, specialized stroke-ready triage units, cutting-edge neuro-interventional cath labs, and intensive care units capable of handling complex complications. Furthermore, they seamlessly transition patients from acute medical stabilization into dedicated institutional and home-based rehabilitation setups, ensuring a holistic, multidisciplinary approach that supports patients through every step of their healing journey.

REHABILITATION AND THERAPIES IN MODERN TECHNOLOGY

Once a patient is stabilized after acute treatment, rehabilitation begins based on the degree of brain damage and remaining functional deficits.

Multidisciplinary Approach: Rehabilitation addresses speech, swallowing, mobility, sensation, memory, and cognitive functions.

Setting: While comprehensive inpatient rehabilitation centers are ideal in the initial phases due to intensive multi-component needs (occupational, speech, physical, and cognitive therapies), patients can later transition to home-based rehabilitation. Structured, early rehabilitation significantly improves long-term recovery outcomes compared to no rehabilitation.

AT-HOME THERAPY AND POST-DISCHARGE CARE

Post-discharge care depends on the patient's stability and support requirements. Home environments offer strong psychological benefits when family support is present, boosting recovery. However, home therapy is limited initially because comprehensive therapies (physiotherapy, speech therapy, occupational therapy) require institutional support during early stages. For severe stroke cases with significant disability, institutional rehabilitation remains critical before transitioning to long-term home management.

THE DOCTOR'S MESSAGE

Treating strokes as life-threatening emergencies requires immediate action and a direct route to a stroke-ready destination because every minute lost destroys brain tissue. Alongside acute response, prevention is critical through proactive risk management of underlying vascular conditions. Educating your community on rapid stroke recognition, prevention, and proper immediate reactions ensures a healthier society and vastly improves patient survival and recovery outcomes.

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The *Healing* Spectrum



The Saroj Gupta Cancer Centre & Research Institute and IDA Bengal chapter hosted the third "National Onconutricon Conference 2026" on October 31 and November 1, 2026. Centered around the theme “Personalized nutrition in Oncology—a new era,” India's premier national conference on cancer nutrition addressed how tailored dietary interventions impact treatment toxicities, clinical outcomes, and ERAS pathways.

Spanning pre-conference workshops at SGCC&RI and main scientific sessions at HHI Kolkata, the event drew 150 delegates. It featured expert keynotes, panel discussions, and poster presentations by eminent oncology and nutrition specialists nationwide, highlighting nutrition's vital role in cancer therapy.



Ruby Cancer Centre, a unit of Ruby General Hospital, organized a breast cancer awareness walk in Kolkata. The event drew over 350 participants, including cancer survivors, medical professionals, and cultural personalities.

The rally highlighted the urgent need for early detection, noting that breast cancer is among the most prevalent cancers in Indian women, with many cases diagnosed at advanced stages. Experts emphasized regular screenings and monitoring for warning signs like lumps or skin changes. Since 2014, the Centre has continuously driven public education campaigns to build an empowered, cancer-aware society.

Cancer Care Is a Team Sport



DR. PALLABIKA MANDAL

Imagine a cricket team taking the field with only a star batsman—no bowler, no wicketkeeper, no fielding strategy, and no captain. However talented that batsman may be, winning the match would be nearly impossible.

Yet, when it comes to cancer, we sometimes expect one doctor, one operation, or one wonder drug to do everything. Cancer care, much like cricket, is a team sport. The goal is not simply to get the tumour out of the ground; it is to give the patient the best possible chance of recovery, a meaningful life, and a lasting cure. Every specialist has a role, every decision matters, and teamwork makes all the difference.

THE TEAM HUDDLE BEFORE THE MATCH

Every successful cricket team needs a strategy before stepping onto the field. In cancer care, this strategic huddle is the Multidisciplinary Team (MDT) meeting.

The MDT brings together specialists from different disciplines to discuss a patient's diagnosis and agree on an appropriate treatment strategy. The core team generally includes the surgical oncologist, medical oncologist, radiation oncologist, radiologist, and pathologist. Depending on the patient's needs, anaesthesiologists, rehabilitation specialists, dietitians, palliative care specialists, and nurses also contribute.

Each specialist brings a different perspective. The radiologist presents scans, the pathologist explains tumour characteristics, and the treating oncologists discuss available options. Together, they consider the cancer's stage and biology, the patient's general health, potential risks and benefits, and patient preferences. The MDT ensures that treatment is coordinated rather than fragmented, but the patient's voice remains central.

READING THE PITCH AND IDENTIFYING THE OPPOSITION

Before a captain decides how to play, the team needs to understand the pitch and the opposition. In cancer care, radiologists and pathologists provide this essential intelligence.

The radiologist uses ultrasound, CT, MRI, and PET-CT to locate the tumour, assess its extent, and look for spread. Meanwhile, the pathologist examines tissue under the microscope—using immunohistochemistry and molecular tests when necessary—to establish the diagnosis and characterise the cancer. Without accurate imaging and pathology, even the most skilled surgeon or oncologist would be playing with an incomplete picture.



THE SPECIALIST PLAYERS

A cricket team needs different players for different situations, and cancer treatment works in much the same way. Surgery, systemic treatment, and radiotherapy are complementary tools rather than competing approaches.

Surgical Oncologist: Often takes the decisive shot, aiming to remove the tumour effectively while preserving normal function and quality of life.

Medical Oncologist: Uses chemotherapy, immunotherapy, targeted therapy, and hormonal therapy to shrink tumours before surgery, reduce recurrence risks, or control advanced disease.

Radiation Oncologist: Delivers carefully planned radiation to destroy cancer cells in a defined area, whether before or after surgery, alongside systemic treatment, or as a primary intervention.

Behind every major operation, the anaesthesiologist monitors vital functions, manages fluids, and ensures patient safety. Furthermore, specialists in physical medicine and rehabilitation help patients rebuild strength, mobility, and speech, while dietitians provide personalised nutrition plans to support healing. Palliative care specialists can also be introduced at any stage to relieve symptoms, support emotional well-being, and maintain quality of life.

THE MOST IMPORTANT PLAYER: THE PATIENT

No cancer team can make the best decisions without understanding the person it is treating. Some patients prioritise the greatest possible chance of cure, while others focus on preserving an organ, maintaining independence, or minimising disability.

Caregivers, family members, psychologists, and nurses also support the journey. The patient is not merely the pitch on which specialists perform; they are an active member of the team, with a central role in defining a good outcome.

Good cancer care is not about every player trying to score a century. It is about each specialist doing the right job at the right time. The MDT provides the strategy, every specialist is an important player, and the patient’s well-being is the ultimate victory.

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The Heavy Burden:
How "Diabesity" Stigma and Provider Bias Damage Patient Care

The intersection of obesity and type 2 diabetes—frequently lumped together under the clinical portmanteau "diabesity"—carries a heavy physical and emotional burden. While researchers study the metabolic links between these two conditions, patients navigate a parallel crisis: pervasive weight stigma and healthcare provider bias. Far from motivating better health, this prejudice actively harms outcomes, driving patients away from the care they desperately need.



DR. ASIS MITRA

THE ANATOMY OF MEDICAL BIAS

Weight stigma in medicine is deeply rooted in a cultural narrative that frames higher body weight and type 2 diabetes as personal moral failings. Rather than recognizing the complex interplay of genetics, neurobiology, socioeconomic factors, and hormones, society—and frequently the medical community—reduces chronic illness to a lack of willpower.

In clinical settings, this bias manifests in damaging ways. The most common is diagnostic overshadowing, where physicians attribute every symptom a patient reports—from fatigue and joint pain to headaches and shortness of breath—solely to their weight or blood sugar levels. Critical conditions like autoimmune disorders, cardiovascular issues, and even cancers can be dangerously overlooked or



delayed because a provider sees only a number on a scale.

Furthermore, consultations are frequently reduced to dismissive, shorthand advice: "Just lose weight" or "Eat less and move more." This prescriptive despair offers zero actionable support and communicates a profound lack of empathy.

THE TOLL ON HEALTH AND WELL-BEING

Stigma and bias are not merely emotional hurts; they have measurable, detrimental effects on physical health.

When patients experience discrimination or judgmental treatment in a clinic, it triggers chronic physiological stress. Elevated cortisol and inflammation—direct byproducts of minority stress and internalized shame—can actually worsen insulin resistance and destabilize blood glucose control.

Fearing lectures, public weigh-ins without consent, or outright dismissal, many individuals simply stop going to the doctor. Delayed screenings and avoidance of routine check-ups mean that manageable complications of diabetes escalate into severe, life-altering emergencies. Moreover, relentless pressure to slim down can trigger or exacerbate disordered eating patterns, further complicating metabolic health.

SHIFTING TOWARD WEIGHT-INCLUSIVE CARE

Addressing the crisis of diabesity stigma requires a systemic transformation in how healthcare is taught and practiced. The medical community must move away from archaic, blame-heavy paradigms and adopt a weight-inclusive, person-first model.

This means training providers to recognize their implicit biases, utilizing appropriately sized medical equipment, and asking patients for permission before discussing weight. Crucially, care must focus on health-promoting behaviors—such as balanced nutrition, mental health support, and sustainable lifestyle changes—for individuals of all body sizes, rather than treating weight loss as the sole metric of success.

Until healthcare systems view patients as whole people rather than walking statistics, the stigma surrounding metabolic illness will remain a greater barrier to health than the disease itself.

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