



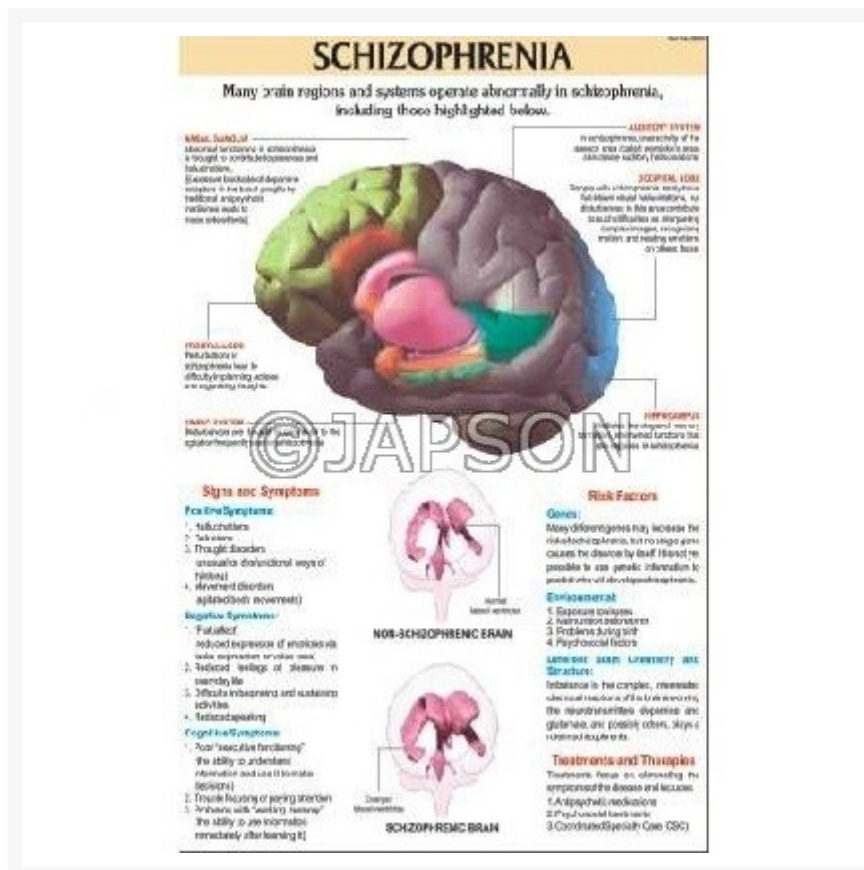
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Medical (Nursing) Charts-III, School Education

Product Image



Description

Standard Size: 51x66cms

Language: English

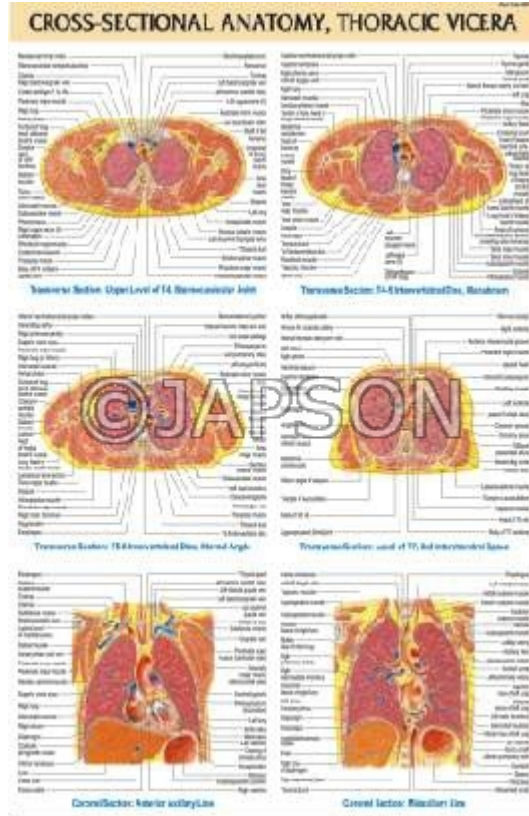
Laminated, Rigid and Flexible Charts with Plastic Rollers. These Charts have technically accurate and detailed description in vivid colours.

Note: Based on minimum order quantity conditions, Charts can be customized to your requirements in terms of CONTENT, LANGUAGE, SIZE, etc. Please write back to us for discussion.

A. Charts, CPR Adult



B. Charts, Cross-Sectional Anatomy, Thoracic Viscera



C. Charts, IUGR Baby

D. Charts, Stages of Human Development

IUGR BABY

CLASSIFICATION

Symptomatic

- Thrombolytic head and back abnormalities
- May occur when the fetus experiences a problem during early development

Asymptomatic

- Baby's DNA is abnormal only when compared to the live baby
- May occur when the fetus experiences a problem during late development

Note: Small fetus, maldevelopment of structures before measurement, or small size at birth due to other causes.

ETIOLOGIC FACTORS

- Genetic factors
- Placental factors
- Maternal factors
- Metabolic factors

CLINICAL FACTORS

- Low birth weight
- Small head circumference
- Abnormal body proportions
- Delayed growth
- Developmental delay

TREATMENT

- Close IUGR is associated, therapy may need to reduce chronic IUGR is present and if so, treatment options.
- Not all are considered and not all may follow up.
- Early diagnosis and treatment of the underlying cause can reduce the chance of serious illness.
- Transcranial Doppler (TCD):

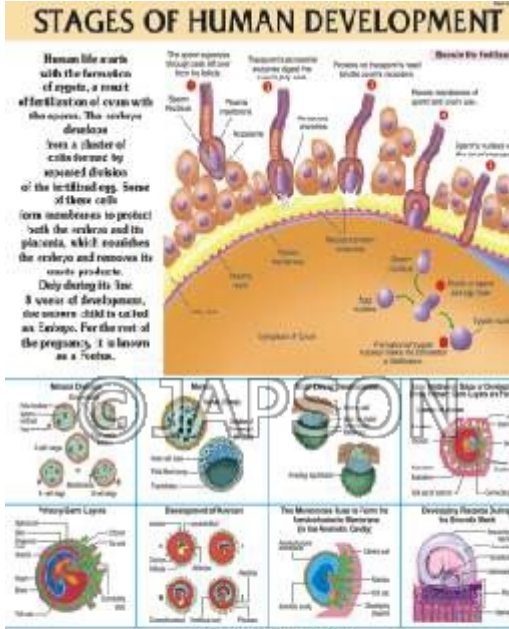
 - Detects or
 - Monitoring for increased intracranial pressure
 - Malnutrition
 - Fetal distress

- Other forms of treatment that have been studied are nutritional supplementation, and oxygenation therapy for at least one week after birth.




STAGES OF HUMAN DEVELOPMENT

Human life starts with the formation of a zygote, a result of fertilization of an egg with the sperm. The zygote develops from a cluster of cells formed by repeated division of the fertilized egg. Some of these cells are used to form membranes to protect both the embryo and its placenta, which nourishes its growth and development. Only during this time, the embryo is called an embryo. For the rest of the pregnancy, it is known as a fetus.




DEVELOPMENT OF EMBRYO



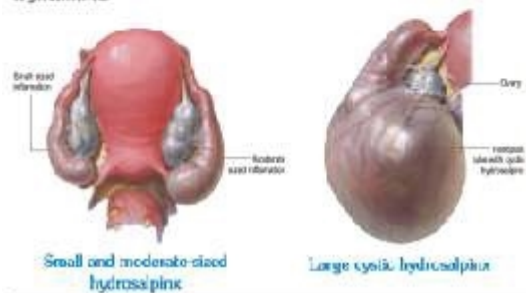
E. Charts, Hydrosalpinx

HYDROSALPINX

Hydrosalpinx is a condition where the fallopian tube gets filled with fluids because of chronic inflammation by bacteria like Chlamydia or Neisseria and others or due to tuberculosis. It may damage the tubal lining and may be associated with tubal block. In acute infection tubes may be filled with pus and is called pyosalpinx.



The presence of hydrosalpinx is known to reduce the pregnancy rate by half even in IVF pregnancies and disconnecting the tube with hydrosalpinx from uterus is found to double the pregnancy rate. The presence of bilaterally damaged or blocked tubes may require IVF to get conceived.



F. Charts, Fibroadenoma Breast

FIBROADENOMA BREAST

What is a Fibroadenoma?
A fibroadenoma is the most common benign solid form of breast tumor. It is a lump of fibrous and glandular tissue which is found in cells. It is usually in the structure of a small nodule. It moves around easily when the breast tissue and may occur anywhere in the breast. They can vary in size, appearance from pea-size to larger than tennis ball. Fibroadenomas do not increase a woman's chance of getting breast cancer.

Who is Prone to Fibroadenoma?
Fibroadenomas usually occur during the teen and young adult years, and are most common in teenagers who have not started menstruation. However, they can occur at any age, including menopause. They are not common after menopause if they are not being treated.

How are Fibroadenomas Diagnosed?
Fibroadenomas are usually diagnosed by physical examination in young women. Investigations such as mammography and ultrasound may be done in older females and cancer. Mammography is useful in diagnosing fibroadenomas in older women. Observation usually after the size of a lump usually the possibility of removal based on certain information are given of fibroadenomas.

Fibroadenoma Types	Rare in History
Paril (1-2 cm)	Usually in early adult life
Multiple (1-2 cm)	80% usually spontaneously regress
Large (1-4 cm)	High chance of pregnancy

What are the treatments for a fibroadenoma?
The treatment of fibroadenoma is usually not surgery. A very large one may be used to confirm a diagnosis of fibroadenoma and reduce the need for surgery. Surgery is indicated when the woman with the presence of a fibroadenoma, the diagnosis is unclear or having any pain.

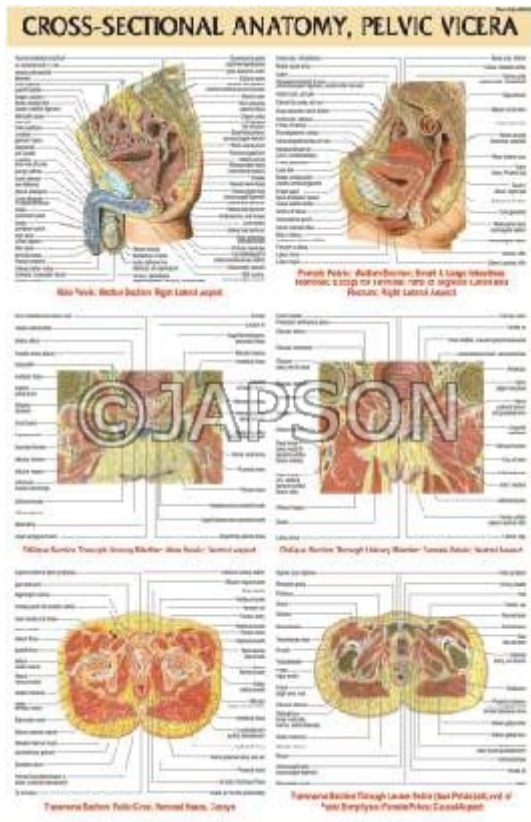
There are two main histologic features of fibroadenoma:



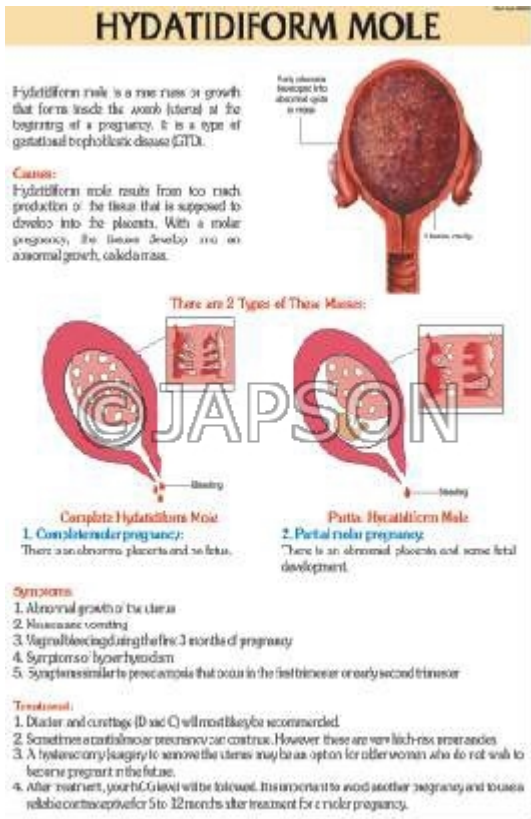
G. Charts, Cross-Sectional Anatomy,

H. Charts, Bicornuate Uterus

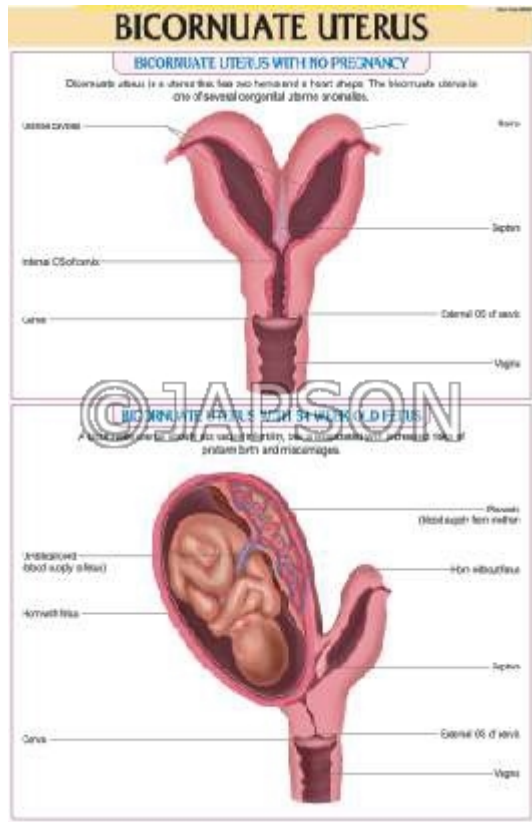
Pelvic Vicera



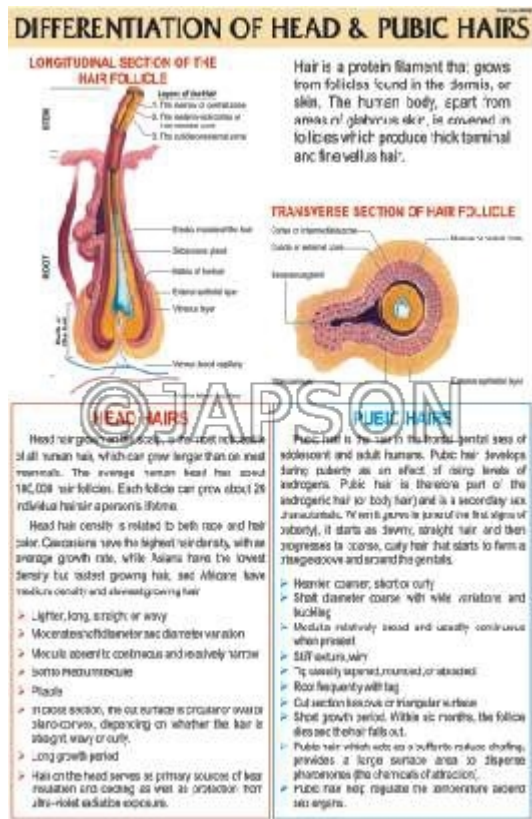
I. Charts, Hydatidiform Mole Hairs



K. Charts, Fibroid Uterus



J. Charts, Differentiation of Head & Pubic Hairs



L. Charts, Ocular Infections

FIBROID UTERUS

Fibroids are very common benign (non-cancerous) tumors of the uterine smooth muscle and is seen in 20-40% of women in reproductive age groups and upto 10-12% of infertile ladies and 60% of ladies in the perimenopausal age group. Fibroids can be the sole cause for infertility in 20% of infertile couples.

There are three types of uterine fibroids:

1. Subserosal - on the outside surface of the uterus
2. Intramural - within the muscular wall of the uterus
3. Submucosal - adjoining to the uterine cavity

Types of Fibroids

Severe Case of Fibroid Uterus

Fibroids may be associated with infertility, heavy menstrual flow, dysmenorrhea, pregnancy complications like recurrent abortions, intrauterine growth retardation, and postpartum hemorrhage.

Management:
The fibroids can be treated by surgically (myomectomy) by laparotomy, laparoscopy or hysteroscopically, minimally invasive surgical techniques like acoustic ablation, MR focused ultrasound ablation, uterine artery embolization or by medical treatment (eg. GnRH analogues, newer treatments like angiogenesis inhibitors, gene therapy, stem cell ablation).

OCULAR INFECTIONS

CONJUNCTIVITIS

BLEPHARITIS AND STY

CHLAMYDIA

Clinical Finding	Chlamydia	Viral	Bacterial
Discharge	Watery	Purulent	Purulent
Trachoma	Yes	No	No
Prokias	Rare	Fairly	Yes

OCULAR HERPES

CORNEAL ULCER

M. Charts, Obsessions And Compulsions

N. Charts, Anxiety Disorders

OBSESSIONS AND COMPULSIONS

People suffering from Obsessive Compulsive Disorder (OCD) find it hard to do things regularly, or have certain thoughts or perform routines and rituals over and over again. OCD sometimes runs in families but we are not sure why some people have it, while others don't.

SIGNS AND SYMPTOMS OF OCD

People with OCD generally:

1. Have recurrent thoughts or images about many different things, such as fear of germs, dirt, intrusions, acts of violence, having loved ones, sexual acts, conflicts with religious beliefs, or being sexually abused.
2. Do the same rituals over and over such as washing hands, checking and unlocking doors, counting, keeping arranged items, or repeating the same words over and over again.
3. Can't control the unwanted thoughts and behaviours.
4. Don't get pleasure when performing the behaviour or rituals, but get brief relief from the anxiety the thoughts cause.
5. Spend at least 1 hour a day on the thoughts and rituals, which cause distress and get in the way of daily life.

How is OCD treated?
OCD is generally treated with psychotherapy, medication, or both.

1. Psychotherapy: Cognitive behavioural therapy (CBT) is best to treat OCD.
2. Medication: Doctors prescribe antidepressant medications for OCD.
3. Combination: Combining CBT with medication is the best approach for treating OCD, particularly in children and adolescents.

ANXIETY DISORDERS

BRAIN IN ANXIETY

What triggers anxiety?
When the sensory input on a threat-related route, a sensory input a sensory input information is processed in the brain through the limbic system.

Stimuli in Response:
By pulling the brain under, the amygdala triggers a series of changes in brain chemistry and hormones that affect the body's ability to manage stress.

Brain Chemistry:
The amygdala is the brain's fear center. It is the part of the brain that is responsible for processing information about potential threats. When the amygdala is activated, it triggers a series of changes in brain chemistry and hormones that affect the body's ability to manage stress.

Neurotransmitters:
The amygdala is the brain's fear center. It is the part of the brain that is responsible for processing information about potential threats. When the amygdala is activated, it triggers a series of changes in brain chemistry and hormones that affect the body's ability to manage stress.

GENERALIZED ANXIETY DISORDER (GAD)

1. GAD is a chronic anxiety disorder that involves excessive worrying, nervousness, and stress.
2. Patients exhibit increased metabolic rates in the caudate, temporal and frontal areas, and in the cerebellum. Patients compared with healthy controls.
3. Treatment: metabolic activity in the basal ganglia is also decreased in patients during vigilance tasks.

PANIC ATTACK

1. Difficulty breathing.
2. Trembling, restlessness, palpitations.
3. Irritability or anger.
4. Sensation of choking.
5. Dizziness or lightheadedness.
6. Fainting or shakiness.
7. Sweating.
8. Paresthesia (numbness or tingling) in the fingers and toes.

COGNITIVE MODEL OF SOCIAL ANXIETY

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    graph TD
      A[Prejudice] --> B[Self-fulfilling prophecy]
      B --> C[Anxiety to have that self-fulfilling prophecy]
      C --> D[Performance anxiety or self]
      D --> E[Subconscious waking behavior]
      E --> B
  
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O. Charts, Schizophrenia

P. Charts, Cross-Sectional

SCHIZOPHRENIA

Many brain regions and systems operate abnormally in schizophrenia, including those highlighted below.

ALERTNESS SYSTEM
In schizophrenia, connectivity of the alertness system (including the locus coeruleus and hypothalamus) is disrupted.

SCYPHIC Lobe
Regions with abnormal connectivity include the hippocampus, amygdala, and prefrontal cortex. Disruptions in these areas contribute to schizophrenia symptoms, including memory and reasoning deficits.

REINFORCEMENT SYSTEM
Disruptions in the reinforcement system (including the nucleus accumbens and striatum) are associated with schizophrenia.

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Signs and Symptoms

Positive Symptoms:

1. Hallucinations
2. Delusions
3. Thought disorders (unusually disorganized ways of thinking)
4. Disorganized behavior (inappropriate movements)

Negative Symptoms:

- Flat affect
- Reduced expression of emotions via facial expression, vocal tone, and body language
- Anhedonia (inability to experience pleasure)
- Avolition (inability to initiate and sustain goal-directed activities)
- Alogia (poverty of speech)

Cognitive Symptoms:

1. Poor "executive functioning" (the ability to understand, reason, and solve problems)
2. Trouble focusing or paying attention
3. Trouble with "working memory" (the ability to use information immediately after learning it)

Risk Factors

Genes: Many different genes may increase the risk of schizophrenia, but no single gene causes the disease. It is thought that it is possible to use genetic information to predict who will develop schizophrenia.

Environment:

1. Exposure to viruses
2. Nutritional deficiencies
3. Problems during birth
4. Psychological factors

Abnormal Brain Chemistry and Structure: Imbalance in the complex, chemical messengers (neurotransmitters) in the brain, including dopamine and glutamate, are possible causes, along with abnormal brain structure.

Treatments and Therapies: Treatments focus on alleviating the symptoms of the disease and include:

1. Antipsychotic medications
2. Psychological therapies
3. Coordinated Specialty Care (CSC)

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CROSS-SECTIONAL ANATOMY, ABDOMINAL VISCERA

Transverse Section: Level of T-8, Diaphragmatic Junction

Transverse Section: Level of T-12, Inferior Vena Cava

Transverse Section: Level of T12, Superior Vena Cava

Transverse Section: Level of L1, Inferior Vena Cava

Transverse Section: Level of L2, Superior Vena Cava

Transverse Section: Level of L3, Superior Vena Cava

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