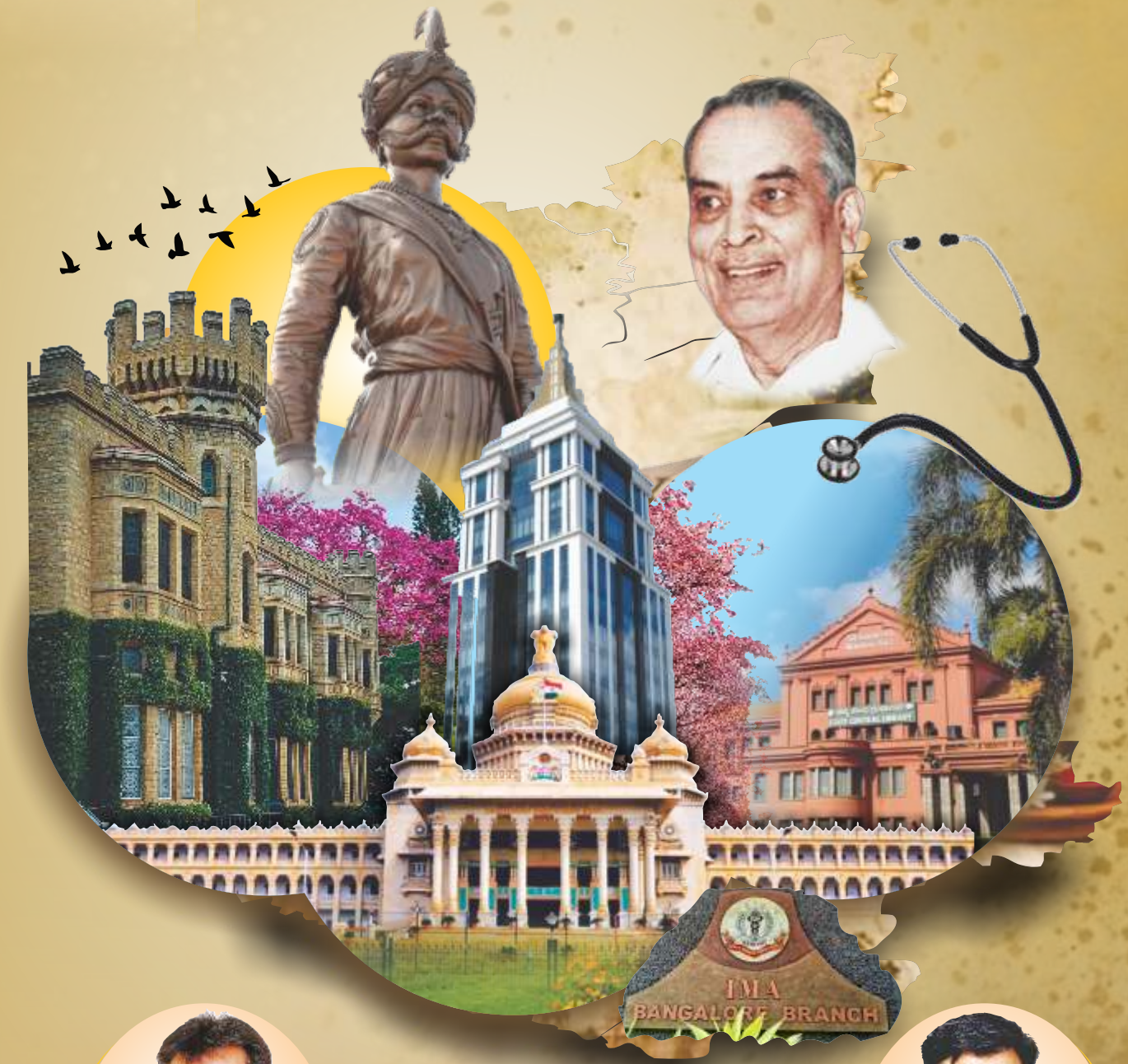
IMA BANGALORE BRANCH

BENGALURU DOSSIER

ಬೆಂಗಳೂರು ಡೋಸಿಯರ್

An Exclusive Doctor's Day Souvenir -2026





Dr. Bharath Raju G
President, IMA Bangalore Branch

National Doctors Day
1st July 2026

https://imabangalore.com/



Dr. Pradeep Kumar K N
Hon. Secretary, IMA Bangalore Branch

Janatha Education Society®

Vivekananda Educational Institutions

GOLDEN JUBILEE CELEBRATIONS

50

1972 2022

Janatha Education Society

ADVAITH 2026

Courses Offered :

VIVEKANANDA EDUCATIONAL INSTITUTIONS

- **Engineering**
  CSE | IS | EC | AI & ML | Civil | Mechanical
- **Pharmacy**
  D.Pharm | B.Pharm | M.Pharm
- **Degree** B.Sc | B.Com | BA | BCA
- **College of Education** B.Ed
- **Management**
  BCA | BBA | MBA
- **Law** - 5 Yr BA & B.Com LL.B | 3 Yr LL.B
- **Pre - University**
  Science | Commerce | Arts
- **School** - Pre-School to 10th Grade

VIVEKANANDA

- Institute of Technology
- College of Pharmacy
- College of Law
- Institute of Management
- Degree College Main Campus | Women's Campus
- College of Education
- Pre-University College Main Campus | Women's Campus | VKIT Campus
- Public School Main Campus | VKIT Campus

NAAC ACCREDITED COLLEGES

DEGREE | LAW | ENGINEERING

VIVEKANANDA EDUCATIONAL INSTITUTIONS

Dr Rajkumar Road, Next to Orion Mall, Rajajinagar II Stage, Bengaluru - 560 055

Ph : 9513953482 | 7625013637 | admission@vivekanandacolleges.in | vivekanandacolleges.in

BENGALURU DOSSIER

ಬೆಂಗಳೂರು ಡೋಸಿಯರ್

An Exclusive Doctor's Day Souvenir -2026



INDIAN MEDICAL ASSOCIATION (R)

BANGALORE BRANCH

REG No.: DRB2/SOR/15/2021-2022

IMA House, Near IMA Circle, Alur VenkataRao Road, Chamarajpet, Bangalore -560018
Phone: 080-26702927 / 82962 22549 | E-mail : cpetimabangalore@gmail.com
Web : https://imabangalore.com/

ಭಾರತೀಯ ವೈದ್ಯಕೀಯ ಸಂಘದ ಪ್ರಾರ್ಥನೆ

ಎಲ್ಲರೂ ಸಂತೋಷವಾಗಿರಲಿ,
ಎಲ್ಲರೂ ಆರೋಗ್ಯವಾಗಿರಲಿ,
ಎಲ್ಲರೂ ನೋವಿನಿಂದ ಮುಕ್ತವಾಗಿರಲಿ,
ಎಲ್ಲರೂ ದುಃಖದಿಂದ ಮುಕ್ತವಾಗಿರಲಿ,
ಎಲ್ಲಾ ಆಸೆ ಆಮಿಷಗಳನ್ನು ಮೀರಿ
ಗುಣಪಡಿಸುವವರು ನಾವಾಗಿರಲಿ.

IMA PRAYER

May everybody be happy
May everybody be healthy
May everybody be free from pain
May everybody be free from sorrow
May we be the healing cure
Beyond every greed & lure

ಧ್ವಜ ವಂದನೆ



ಭಾರತೀಯ ವೈದ್ಯಕೀಯ ಸಂಘದ ಸದಸ್ಯರಾದ ನಾವು ನಮ್ಮ ರಾಷ್ಟ್ರಧ್ವಜಕ್ಕೆ ವಂದನೆ ಸಲ್ಲಿಸಲು ಇಲ್ಲಿ ನಿಂತಿದ್ದೇವೆ.
ಅದರ ಗೌರವ ಮತ್ತು ವೈಭವವೇ ನಮ್ಮ ಬೆಳಕು ಮತ್ತು ಶಕ್ತಿ ಮತ್ತು ಅದರ ಪಥವೇ ನಮ್ಮ ಪಥವು.
ಈ ರಾಷ್ಟ್ರೀಯ ಸಂಸ್ಥೆಯ ಮಾನ್ಯತೆ ಪಡೆದ ಸದಸ್ಯರಾದ ನಾವು ನಮ್ಮ ಜವಾಬ್ದಾರಿಗಳನ್ನು
ಅರಿಯುವ ಮೂಲಕ ಅದಕ್ಕೆ ನಮ್ಮ ನಿಷ್ಠೆಯನ್ನು ತೋರಿಸುವ ಪ್ರತಿಜ್ಞೆ ಮಾಡುತ್ತಿದ್ದೇವೆ.
ದೇಶಸಮೂಹಗಳ ನಡುವೆ ನಮ್ಮ ರಾಷ್ಟ್ರಧ್ವಜವು ಉನ್ನತ ಮಟ್ಟದಲ್ಲಿ ಹಾರಾಡುವ
ಸಲುವಾಗಿ ನಮ್ಮ ಅಧಿಕಾರದಲ್ಲಿರುವ ಎಲ್ಲವನ್ನೂ ಅದಕ್ಕೆ ಸಮರ್ಪಿಸುವ ಪ್ರಮಾಣ ಮಾಡುತ್ತಿದ್ದೇವೆ.

ಜೈಹಿಂದ್ ಐ.ಎಂ.ಎ. ಚಿರಾಯುವಾಗಿರಲಿ

Flag Salutation

We, the members of Indian Medical Association, stand here to salute our national flag.
Its honor and glory shall be our light and strength, and its course shall be our course.
We pledge our allegiance to it and realizing our responsibilities,
as the accredited members of this national organization,
we swear We will dedicate everything in our power to see it fly high in the comity of nations.

OFFICE BEARERS



Dr. Bharath Raju G
President



Dr. Anantharamaiah T
Vice President



Dr. Mahesh K.M.
Vice President



Dr. Pradeep Kumar K N
Hon. Secretary



Dr. Rakshith S.C.
Joint Secretary



Dr. Narasimha Murthy N.
Hon. Treasurer



Dr. Vijayanand S.
Imm. Past President



Dr. Srinivasan Velu
Public Relation Officer



Dr. Madhushankar L
Internal Auditor

Executive Committee Members



Dr. Geraldine Sanjay



Dr. Govindaiah Yatheesh



Dr. Manasa S



Dr. Meghanath N



Dr. Mohankumar M



Dr. Preetham N



Dr. Punyavathi C



Dr. Ramya H.S.



Dr. Santhosh H.R.



Prof. Dr. Srinivasa S.



Dr. Venugopal K.



Dr. Viswanatha B.C.

IMA BB Trust



Dr. Mamatha M.



Dr. Srikanth K.N.

Women Doctor's Wing



Dr. Sathyavathi K.
Chair person



Dr. Rajashree M.B.
Secretary

Public Health Guest Lecture (PHGL)



Dr. Hemalatha B.C.
Chair person



Dr. Chethana R.
Secretary

CME



Dr. Sunil Kumar
Chair person



Dr. Ramya B.S.
Secretary

Academic & Medical Education



Dr. Raju P.K.
Chair person



Dr. Venkatesh K.L.
Secretary

Camps Committee



Dr. Anusuya S.
Chair person

Cultural Committee



Dr. Chandrakala
Chair person

Sports Committee



Dr. Santhosh Kumar K
Chair person



Dr. Shashank G.
Secretary

Legal and Grievance



Dr Vikram S
Chair person

IT & Media



Dr. Avinash Parthasarathy
Chair person

Membership Drive



Dr. Sandhya R
Chair person



Dr. Ashwini A
Secretary

Anti Quackery & Emergency Response



Dr. Bhagath Ram
Chair person



Dr. Sai Ashlesh
Secretary

Mental Health



Dr. Guruprasad C

IMA Bangalore Branch Doctors' Day Celebration Committee-2026



Dr. Bharathraj G.
President



Dr. Pradeep Kumar K.N.
Organizing Secretary



Dr. Anantharamaiah T.
Vice President



Dr. Mahesh K.M.
Vice President



Dr. Rakshitha
Jt. Secretary



Dr. Narasimhamurthy N.
Hon. Treasure



Dr. Avinash Parthasarathy
Chairman



Dr. S.M. Prasad
Editor, Souvenir



Dr. Suresh T. Yavagal
Advisor, Souvenir



Dr. Anuradha P.
Advisor, Souvenir

Teacher's Day Committee



Dr. Venugopal K.

Public Health Guest Lecture



Dr. Hemalatha B.C.
Chairman



Dr. Chethana R.
Secretary

INDIAN MEDICAL ASSOCIATION (R)

ACADEMY OF MEDICAL SPECIALITIES BANGALORE SUB CHAPTER

IMA House, Near IMA Circle, Alur VenkataRao Road, Chamarajpet, Bangalore -560018
Phone: 080-26702927

Dr. S.T. Yavagal
Founder Chairman



Dr. Uma Sheshagiri
Chairman



Dr. K.H. Jnanedrappa
Vice Chairman



Dr. Anil Kumar
Secretary



Dr. H.V. Nataraj
Treasurer

Dr. Anil Kumar
Hon. Secretary

Dr. Vimochana K.
Joint Secretary

Committee Members

Dr. Ramesh Puranik
Dr. Govindarajulu P.N
Dr. C.B. Patil
Dr. Sureswaraiah S.M.
Dr. Shanmuganandan V.C.
Dr. Anjanappa T.H.
Dr. H.S. Appaji
Dr. C. Sheshgiri
Dr. Rajendra P. Joshi
Dr. Vijaya Lakshmi Mohan
Dr. M. Ramesh
Dr. Saraswathy Ramesh

IMA BANGALORE
BRANCH

Messages



BENGALURU DOSSIER



MESSAGE

Sri. Sharan Prakash Patil

Minister for Medical Education
Govt. of Karnataka

I am delighted to learn that IMA Bangalore Branch is publishing the IMA Bangalore Dossier on occasion of the Doctor's Day Celebration on 4th of July 2026.

The National Doctor's Day is celebrated in memory of Dr. B.C. Roy who was a great Doctor and Administrator.

I am sure the souvenir will be a great tribute to the visionary leader.

Let this be a platform to encourage young minds, kindle innovations, and strengthen the commitment to medical ethics and service.

As the Government of Karnataka continues to prioritize health and medical education, we remain committed to enhancing infrastructure, expanding training capacity, promoting research grants, and enabling faculty development so that our medical institutions become beacons of excellence at national and global levels.

With warm regards and best wishes,



MESSAGE

Sri U.T. Khader

Minister for Health and Family Welfare
Govt. of Karnataka

I am delighted to learn that IMA Bangalore Branch is publishing the IMA Bangalore Dossier on the occasion of the Doctors' Day Celebration on 4th July 2026.

The National Doctor's Day is celebrated in memory of Dr. B.C. Roy who was a great Doctor and Administrator.

I am sure this souvenir will be a fitting tribute to the medical fraternity and to the selfless service rendered by doctors in promoting the health and well-being of our society.

Let this publication serve as a platform to recognize excellence, encourage innovation, strengthen medical ethics, and inspire young healthcare professionals to pursue the highest standards of patient care.

As the Department of Health and Family Welfare continues its efforts to provide accessible, affordable, and quality healthcare to all, we remain committed to strengthening healthcare infrastructure, enhancing medical services, promoting public health initiatives, and supporting healthcare professionals across the State. These priorities have been emphasized by the department under my tenure.

With warm regards and best wishes,

U.T. Khader



MESSAGE

Dr. Yathindra Siddaramaiah

Minister for Urban Development
Government of Karnataka

Healthy communities are the foundation of a progressive and vibrant society. The dedication of our doctors in safeguarding public health, advancing medical science, and serving humanity with compassion plays a vital role in the overall development of our State.

On the occasion of National Doctors' Day, I commend the Indian Medical Association, Bangalore Branch, for publishing the IMA Bangalore Dossier, a fitting tribute to the outstanding contributions of the medical fraternity. Such initiatives not only recognize the tireless efforts of healthcare professionals but also inspire young doctors to pursue excellence with integrity and commitment.

As Karnataka continues to strengthen its healthcare infrastructure alongside sustainable urban development, the partnership between policymakers and the medical fraternity remains essential in building healthier, safer, and more resilient communities.

I extend my sincere appreciation to all doctors for their selfless service and wish the IMA Bangalore Branch every success in its Doctors' Day celebrations.

With warm regards and best wishes,

MESSAGE



Sri H.C. Balakrishna

MLA, Magadi

ಹೆಚ್.ಸಿ. ಬಾಲಕೃಷ್ಣ
ಅಧ್ಯಕ್ಷರು
ಕರ್ನಾಟಕ ರಸ್ತೆ ಅಭಿವೃದ್ಧಿ ನಿಗಮ ನಿಯಮಿತ
ಶಾಸಕರು, ಮಾಗಡಿ ವಿಧಾನಸಭಾ ಕ್ಷೇತ್ರ

CIN U45209KA 1999SGC025497
ISO 1400:2004 Certified Company

ಸಂಖ್ಯೆ : M.L.A/Ma/3533/2026 ದಿನಾಂಕ : 15-06-2026

MESSAGE

I am happy to know that IMA Bangalore Branch is publishing the IMA Bangalore Dossier on occasion of the Doctor's Day Celebration on 4th of July 2026. The National Doctor's Day is celebrated to commemorate the visionary Dr. B.C. Roy. I am sure the souvenir will comprise of articles which will strengthen the commitment to medical ethics and service. I wish the IMA Bangalore Branch under the President Dr. Bharath Raju G. success in their endeavour to further the cause of medical community.

With warm Wishes,

[H.C. Balakrishna]

ಕಛೇರಿ ವಿಳಾಸ : # 08, 'ಸಂಪಿಗೆ ಸೌಧ', 4ನೇ ಮಹಡಿ, ಡಾ. ರಾಜ್‌ಕುಮಾರ್ ರಸ್ತೆ, ಓಂಕಾರ್ ಮಾಲ್ ಎದುರು, ರಾಜಾಜಿನಗರ, ಬೆಂಗಳೂರು - 560 010.
ದೂರವಾಣಿ : 080-22024000/ 01 | ಮೊಬೈಲ್ : 96631 46939 | ಇಮೇಲ್: krdclchairman@gmail.com | ವೆಬ್‌ಸೈಟ್ : www.krdcl.in
ಮನೆ ವಿಳಾಸ : # # 21 (22), ಎಂ.ಐ.ಜಿ. 1ನೇ ಅಡ್ಡರಸ್ತೆ, 1ನೇ ಹಂತ, ಕೆ.ಹೆಚ್.ಬಿ. ಕಾಲೋನಿ, ಬಸವೇಶ್ವರನಗರ, ಬೆಂಗಳೂರು - 560079.



MESSAGE

Dr. H.D. Ranganath

Honourable MLA,
Kunigal Assembly Constituency

I gives me immense pleasure to know that IMA Bangalore Branch is publishing the IMA Bangalore Dossier on occasion of the Doctor's Day Celebration on 4th of July 2026.

Dr. Bidhan Chandra Roy was a Doctor of International repute and an able administrator. The National Doctor's Day is tribute the visionary leader.

I am glad that Dr. Bharath Raju G. and team of IMA Bangalore are bringing out a souvenir to commemorate this day of great importance.

I am sure that this will have insightful articles to celebrate the cause initiated by Dr. B.C. Roy.

With best wishes,



MESSAGE

Dr. Yogananda Reddy Y.C.

President
Karnataka Medical Council

Dear Colleagues,

On the auspicious occasion of National Doctors' Day, celebrated on the 1st of July in honor of the legendary physician and statesman Bharat Ratna Dr. B.C. Roy, it gives me immense pride and pleasure to extend my warmest greetings to all the members of IMA Bengaluru Branch This day serves as a profound reminder of the noble calling we have embraced and the profound impact we make on human lives every single day.

From the bustling tertiary care hospitals in the cities to the remote primary health centers and clinics in our villages, the dedication of Karnataka's doctors remains the cornerstone of our healthcare ecosystem.

As the President of Karnataka Medical Council, entrusted with the responsibility of guiding the medical profession in our state I believe that our ultimate strength lies in maintaining the delicate balance between clinical excellence and uncompromising medical ethics. With humane care, lifelong Learning, trust and integrity let us ensure that the sanctity of the doctor-patient relationship remains unshakeable.

Wishing you happy Doctor's day

MESSAGE



Dr. Ravi Krishnappa

Vice President
Karnataka Medical Council

Dear Esteemed Colleagues,

As we commemorate National Doctors' Day on 1st July, observed in memory of the eminent physician, educator, and Bharat Ratna awardee Dr. Bidhan Chandra Roy, I extend my heartfelt greetings and best wishes to all members of the IMA Bengaluru Branch.

This special occasion provides us an opportunity to reflect upon the invaluable service rendered by the medical fraternity to society. Every day, doctors work tirelessly to alleviate suffering, restore health, and provide hope to patients and their families. Whether serving in advanced medical institutions or in underserved rural communities, the commitment and compassion of our doctors continue to strengthen the healthcare system of our nation.

As custodians of a noble profession, we must continuously strive to uphold the highest standards of professional competence, ethical conduct, and patient-centered care. The trust reposed in us by society is our greatest asset, and preserving that trust requires unwavering dedication, integrity, and accountability.

Let us reaffirm our commitment to excellence in medical practice, continuous learning, and compassionate service. Together, we can ensure that the dignity of our profession and the sanctity of the doctor–patient relationship remain strong for generations to come.

On behalf of the Karnataka Medical Council, I convey my sincere appreciation to all medical professionals for their selfless contribution to humanity.

!! Wishing you a very Happy National Doctors' Day !!



MESSAGE

Dr. Veerabhadraiah T.A.

President
IMA Karnataka State Branch

It gives me immense pleasure and pride to convey my heartfelt greetings to all members of the Indian Medical Association, particularly the vibrant and dynamic members of the Bengaluru Branch, on the occasion of National Doctors' Day and the release of this commemorative souvenir.

Doctors' Day in India is celebrated in honour of the legendary physician, statesman, teacher, and visionary, Dr. Bidhan Chandra Roy, whose life remains a shining example of professional excellence, selfless service, and nation-building. His vision extended far beyond the walls of hospitals and clinics. He believed that the medical profession must serve as a pillar of social transformation, ethical leadership, and public welfare. It was this very spirit that inspired the growth of organized medical associations in India and ultimately strengthened the foundations upon which the Indian Medical Association stands today.

As we move towards a historic milestone—the completion of nearly 100 years of the Indian Medical Association—we have an opportunity to reflect upon the extraordinary journey of our profession and our association. Over the decades, IMA has evolved from a professional body representing doctors into a powerful movement dedicated to safeguarding professional autonomy, promoting ethical medical practice, advancing scientific knowledge, protecting the dignity of the profession, and serving society at large.

The medical profession today stands at a defining crossroads. Advances in technology, artificial intelligence, digital healthcare, and evolving patient expectations have transformed the practice of medicine. At the same time, doctors face unprecedented challenges—rising medico-legal concerns, increasing administrative burdens, workplace violence, commercialization of healthcare, and growing mental and emotional stress among healthcare professionals.

In such times, the relevance of the Indian Medical Association becomes even greater. Our association serves not merely as an organization but as a family—a collective platform where doctors can find professional guidance, mutual support, legal assistance, continuing medical education, leadership opportunities, and fraternity. The strength of IMA lies not in its offices or infrastructure but in the commitment and participation of its members.

As custodians of one of the most noble professions known to humanity, we must reaffirm our commitment to the timeless principles of medical ethics. The trust that society places in doctors is invaluable and must be preserved through integrity, compassion, competence, transparency, and accountability. While medical science continues to advance, the fundamental values of empathy and ethical conduct must remain the cornerstone of our practice.

Ethical practice is not merely a regulatory requirement; it is a moral obligation. Every consultation, every procedure, every decision we make influences not only the life of a patient but also the reputation of the profession as a whole. As we honour the legacy of Dr. B. C. Roy, let us pledge to uphold the highest standards of professional conduct and continue to place patient welfare at the centre of our work.

At the same time, our responsibilities extend beyond patient care. The strength of any professional association depends upon the willingness of its members to contribute their time, knowledge, leadership, and resources for the collective good. Every member has a role to play in shaping the future of IMA. Whether through participation in academic programs, public health initiatives, policy advocacy, community outreach, mentoring young doctors, or supporting colleagues in times of need, each contribution strengthens the organization and enhances its impact.

I firmly believe that the future of IMA will be determined by the extent to which we foster a culture of unity and mutual support. The challenges faced by doctors today cannot be addressed individually. They require collective action, shared wisdom, and institutional strength. We must continue to build an association that protects its members, empowers young professionals, encourages leadership, and promotes professional excellence across all specialties and practice settings.

In this regard, the role of the Bengaluru Branch of IMA deserves special recognition. As the largest and one of the most influential branches in Karnataka, Bengaluru occupies a unique position in shaping the direction of our association. The city represents the convergence of healthcare excellence, medical education, innovation, research, and technological advancement. The strength and vibrancy of the Bengaluru Branch serve as an inspiration to branches across the state.

With its vast membership base and immense intellectual capital, Bengaluru has the potential to lead transformative initiatives that can benefit not only doctors but society as a whole. I urge every member of the Bengaluru Branch to actively participate in the activities of the association and contribute towards strengthening our collective mission. The future of IMA depends upon engaged members who are willing to go beyond individual practice and work towards the advancement of the profession and public health.

As we approach the centenary era of the Indian Medical Association, let us envision an organization that is stronger, more united, more ethical, and more responsive to the needs of both doctors and society. Let us inspire the next generation of medical professionals to embrace leadership, professionalism, scientific excellence, and social responsibility. Let us continue to advocate for policies that strengthen healthcare systems, improve patient care, and protect the dignity and welfare of healthcare workers.

Most importantly, let us never forget that medicine is ultimately a profession of service. Every day, thousands of doctors across Karnataka dedicate themselves to alleviating suffering, restoring health, and bringing hope to families. Their commitment, often under challenging circumstances, represents the finest traditions of our profession. On this Doctors' Day, I salute every doctor who continues to serve with dedication, compassion, and integrity.

I congratulate the Bengaluru Branch for bringing out this souvenir and for its continued contributions towards academic excellence, professional development, and community service. May this publication serve as a reflection of our shared achievements and a source of inspiration for future generations.

Let us move forward together with renewed purpose, united in our commitment to ethical practice, professional excellence, mutual support, and service to humanity.

Long Live IMA. Jai Hind.



MESSAGE

Dr. Suriraju

Secretary

IMA Karnataka State Branch

Dear Colleagues,

Warm greetings to all on the occasion of Doctors' Day.

Doctors' Day is a time to celebrate the noble profession of medicine and recognize the dedication, compassion, and tireless efforts of doctors who serve humanity every day. It is also an opportunity to reflect on our responsibilities and renew our commitment to ethical practice, professional excellence, and patient-centered care.

The medical profession is much more than a career—it is a lifelong commitment to healing and service. Doctors work relentlessly, often under challenging circumstances, to provide quality healthcare and bring hope to patients and their families. Their contributions to society are invaluable and deserve our deepest respect and appreciation.

Healthcare today is witnessing remarkable advancements in technology, artificial intelligence, and digital medicine. While embracing these innovations, we must continue to uphold the core values of compassion, integrity, empathy, and professionalism that define our profession. The trust reposed in us by our patients remains the foundation of medical practice.

IMA Bangalore, one of the largest and most active branches of IMA Karnataka State Branch, has always been at the forefront of professional development, academic activities, public health initiatives, and advocacy for the welfare of doctors. The strength of our association lies in the unity, commitment, and active participation of our members. Together, we can effectively address the challenges facing the medical profession and contribute meaningfully to the healthcare needs of society.

On this Doctors' Day, let us pay tribute to Bharat Ratna Dr. Bidhan Chandra Roy, the legendary physician, statesman, and visionary whose birth and death anniversary are commemorated on July 1st. His life and work continue to inspire generations of doctors to pursue excellence in service and uphold the highest ideals of medicine.

I take this opportunity to express my heartfelt gratitude to all doctors for their unwavering dedication, resilience, and commitment to patient care. Your service strengthens communities, saves lives, and inspires confidence in the healthcare system.

Let us continue to work together with unity and purpose to strengthen our profession, safeguard the interests of doctors, and build a healthier future for our society.

Wishing all doctors and their families a Happy Doctors' Day.



MESSAGE

Dr. Bharath Raju G.

President
IMA Bangalore Branch

Dear Esteemed Seniors and Friends,

It gives me immense pride and joy to present this souvenir on the occasion of **National Doctors' Day** celebrated on July 1st every year. This day marks the birth and death anniversary of the eminent physician and former West Bengal Chief Minister, **Dr. Bidhan Chandra Roy** who is the Founder President of our esteemed Indian Medical Association. The day pays tribute to the medical fraternity and honours the selfless contributions of healthcare professionals in preserving and saving lives.

The Doctor's Day Theme for 2026 is ***"Behind the Mask: Who Heals the Healers?".*** It emphasizes the importance of supporting the mental, physical, and emotional well-being of doctors themselves. As the medical hub of India, Bangalore's healthcare fraternity continues to set exceptional benchmarks in clinical excellence, medical research, and compassionate patient care.

The IMA Bangalore Branch remains at the forefront of medical advancement. Our true strength lies in our unity - standing together to protect the noble doctor-patient relationship, advocating for better professional infrastructure, and continuing our unwavering dedication to public health.

The IMA Bangalore Branch Office has been renovated after almost two decades giving it a look apt for the city of Bengaluru. The IMA Bangalore Branch website has been updated and made interactive. It is the first branch to have completely Online Membership Portal.

This souvenir ***"IMA Bangalore Dossier"*** captures our journey, our shared struggles, and our triumphant moments. I extend my heartfelt gratitude to the organizing committee, our dedicated editorial team, and every member who contributed to making this publication a reality.

Let us continue to uphold the highest ethical standards of our profession and work collaboratively to build a healthier, more resilient society.

Wishing you all a memorable Doctor's Day and continued success in your noble endeavors.



MESSAGE

Dr. Ananth Ramaiah T

Sr. Vice President
IMA Bangalore Branch

Dear Esteemed IMA members & Colleagues,

"Doctors' Day is a solemn reminder of the noble responsibility entrusted to the medical profession. Every doctor serves not only with knowledge and skill, but also with compassion, sacrifice, and dedication to humanity.

On this special occasion, I salute the unwavering commitment of our medical fraternity in safeguarding the health and well-being of society. The medical profession continues to evolve with new challenges and opportunities, demanding continuous learning, ethical practice, and humane care.

Let us remain united in our mission to uphold the dignity of the profession and strengthen the trust between doctors and the community. I extend my heartfelt wishes to all doctors on Doctors' Day and pray for their health, happiness, and continued success in service to mankind.



MESSAGE

Dr. Mahesh K. M.

Vice President
IMA Bangalore Branch

On the occasion of Doctors' Day, I extend my warm greetings and heartfelt appreciation to all members of the medical fraternity.

Doctors play a unique and invaluable role in society, dedicating their knowledge, skills, and compassion to alleviate suffering, restore health, and save lives. Beyond treating illnesses, we serve as educators, advocates, researchers, and pillars of support for our patients and communities.

This day is an opportunity to honor the legacy of great physicians and to reaffirm our commitment to ethical practice, professional excellence, and patient-centered care. As healthcare continues to evolve with advancements in technology and medicine, the human touch, empathy, and integrity of a doctor remain irreplaceable.

I salute the dedication, resilience, and selfless service of every doctor who continues to make a positive difference in countless lives. Let us work together to build a healthier, stronger, and more compassionate society.

Wishing all my colleagues a Happy Doctors' Day.

"Wherever the art of medicine is loved, there is also a love of humanity."



MESSAGE

Dr. Pradeep Kumar K N

Hon. Secretary

IMA Bangalore Branch

Dear Colleagues,

It gives me immense pleasure to extend my warm greetings to all members of the medical fraternity on the occasion of Doctor's Day 2026. Doctor's Day is celebrated every year on 1st July to commemorate the birth anniversary of Dr. Bidhan Chandra Roy, an eminent physician, visionary leader, and Bharat Ratna awardee whose life continues to inspire generations of doctors. This day reminds us of our noble responsibility towards our patients and society. I am proud and honored to serve as the Honorary Secretary of IMA Bangalore Branch. Having had the privilege of serving as Secretary for a fifth term, I consider it a testament to the trust and confidence reposed in me by our members. This journey has been both challenging and rewarding, and I remain deeply grateful for the opportunity to serve this prestigious organization.

During my tenure, several significant milestones were achieved. We successfully completed the registration of IMA Bangalore Branch under the Cooperative Society framework, undertook the renovation and modernization of the IMA building, and launched the IMA Bangalore Branch website. For the first time in our branch's history, we introduced an online membership system, making the membership process more accessible and efficient. We also organized numerous Continuing Medical Education (CME) programs, health camps, public awareness initiatives, and professional development activities aimed at strengthening both the medical fraternity and community healthcare services.

These achievements would not have been possible without the unwavering support, guidance, and active participation of our members, office bearers, executive committee members, and volunteers. I extend my heartfelt gratitude to each one of you for giving me the opportunity to serve and contribute to the growth of our branch. IMA Bangalore Branch, established in 1928, has a proud legacy of serving the medical profession and society. With over 8,000 life members, our branch continues to uphold the values of professionalism, ethics, service, and excellence in healthcare.

On this special occasion, I express my sincere appreciation to all doctors for their dedication, compassion, and tireless efforts in improving the health and well-being of our communities. Your service remains the cornerstone of a healthier society. I also congratulate the editorial team for bringing out the Doctor's Day Souvenir 2026 and wish the publication great success. Let us continue to work together in strengthening our profession, serving humanity, and upholding the highest standards of medical practice.

!! Happy Doctor's Day 2026!!



MESSAGE

Dr. Narasimha Murthy

Treasurer

IMA Bangalore Branch

Dear Respected Seniors, Colleagues, and Friends,

It is a privilege and pleasure to be part of the celebrations of National Doctors' Day 2026 and to present this special edition of the IMA Bangalore Dossier. Observed annually on July 1st, this significant day commemorates the birth and death anniversary of Dr. Bidhan Chandra Roy, an illustrious physician, visionary leader, and the Founder President of the Indian Medical Association. National Doctors' Day serves as a reminder of the invaluable role played by doctors and healthcare professionals in safeguarding the health and well-being of society. It is also an opportunity to acknowledge their dedication, sacrifice, and commitment to patient care.

The Doctors' Day theme for 2026, "Behind the Mask: Who Heals the Healers?", highlights the importance of caring for the caregivers. It draws attention to the physical, mental, and emotional challenges faced by medical professionals and the need to create a supportive environment that enables them to continue serving society with excellence and compassion. Bengaluru has earned its reputation as a leading healthcare destination through its outstanding medical institutions, skilled professionals, and spirit of innovation.

The IMA Bangalore Branch continues to contribute actively to this legacy by fostering professional growth, promoting ethical medical practice, and supporting initiatives that benefit both doctors and the community. Over the past year, our branch has witnessed several notable developments, including the modernization of the branch office, enhancement of digital services, and strengthening of member engagement through technology-driven initiatives. These efforts reflect our commitment to creating a progressive and efficient association that serves the needs of its members.

As Treasurer, I am proud of the collective efforts that have strengthened the branch and enabled us to undertake meaningful activities for our members and society. Prudent financial management, transparency, and responsible stewardship remain central to our mission, ensuring that the association continues to grow and serve effectively.

This souvenir stands as a testament to our achievements, aspirations, and shared commitment to the medical profession. I extend my sincere appreciation to the editorial committee, contributors, sponsors, and all members whose support and dedication have made this publication possible. May we continue to work together in the spirit of unity, uphold the highest standards of medical ethics, and contribute towards building a healthier and stronger nation?.

Wishing all my colleagues a Happy National Doctors' Day and continued success in their professional and personal journeys.



MESSAGE

Dr. Y. L. Rajashekar

Chairman and Medical Director,
Shekar Eye Hospital, Bengaluru

I am pleased to know that IMA Bangalore Branch is bringing out the IMA Bangalore Dossier in conjunction with the Doctors' Day Celebration on 4th July 2026.

The medical profession today stands at the intersection of rapid scientific advancement and increasing societal expectations. While technology continues to transform healthcare delivery, the enduring values of empathy, ethical practice, and patient-centered care remain the true foundation of our profession.

This publication will undoubtedly serve as a valuable platform to recognize outstanding contributions, share achievements, and inspire the next generation of healthcare professionals to pursue excellence in clinical practice, research, and service.

I congratulate IMA Bangalore Branch for its continued efforts in strengthening professional camaraderie and promoting the highest standards of medical care. I extend my best wishes for a successful Doctors' Day Celebration and for the continued progress of the medical fraternity.



MESSAGE

Dr. Alexander Thomas

Founder and Past President,
IMA NE Bengaluru Branch

It is a pleasure to extend my greetings to the Indian Medical Association, Bangalore Branch, on the occasion of National Doctor's Day 2026 and the publication of the IMA Bangalore Dossier.

My association with the IMA, both at the branch and national levels, has spanned several decades. During this journey, I have had the privilege of working alongside dedicated colleagues committed not only to advancing the medical profession but also to improving the health of our communities.

My own professional journey has taken me through healthcare delivery, medical education, quality and accreditation, patient safety, ethics, communication, public health, and elder care. In many of these areas, the IMA has played an important role as a partner, advocate, and catalyst for change.

As healthcare evolves, doctors are called upon to do much more than provide treatment. We must uphold the highest standards of professionalism, strengthen trust with our patients, embrace lifelong learning, and contribute to building a healthier and more equitable society.

On this National Doctor's Day, I salute the countless physicians who serve with competence, compassion, and integrity, often under challenging circumstances. Their dedication remains the foundation of our healthcare system.

I congratulate the IMA Bangalore Branch for its continued leadership and for bringing out this publication. May it inspire all of us to continue serving with excellence and purpose.

With warm regards and best wishes to all members of the medical fraternity.



Editorial Note

- Dr. S M Prasad

Guardians of Health, Pioneers of Progress

As we flip through the pages of IMA Bangalore 2026 Annual Souvenir DOSSIER, we are reminded that medicine is a profession that never stands still. In Karnataka, our medical fraternity has consistently mirrored the ethos of our great state—fusing deep-rooted human compassion with a fierce drive for innovation. This year, we celebrate not just our clinical victories, but our resilience, our adaptability, and our shared commitment to a healthier tomorrow.

Navigating the 2026 Landscape: Tech and Touch

We find ourselves practicing in a fascinating era. On one hand, Karnataka—spearheaded by Bengaluru's booming tech and biotech hubs—leads the nation in digital health integration. From AI-assisted diagnostics to advanced telemedicine networks reaching the farthest corners of the Western Ghats and the northern plains, technology has become an undeniable ally.

Yet, as allopathy doctors, we know that an algorithm cannot hold a panicked patient's hand. The core of our practice remains deeply human. This year's souvenir highlights that very delicate balance: leveraging cutting-edge tools while strictly preserving the therapeutic touch that heals families, not just bodies.

Facing Our Shared Challenges

Being a doctor in 2026 comes with unique, heavy responsibilities. We continue to advocate fiercely for safer working environments, standing united against violence targeting medical establishments. True healing can only happen when the healer feels secure. Furthermore, navigating administrative complexities —like local regulatory renewals and fire safety compliances —requires immense patience and collective effort from our professional bodies.

We also acknowledge the changing socio-economic realities of healthcare delivery. Striking a balance between sustainable, affordable public-private healthcares while maintaining high-quality outcomes is the challenge of our generation.

"The art of medicine consists of amusing the patient while nature cures the disease." — Voltaire. Today, we add to that: “and ensuring the system supports both patient and physician along the way.”

The Spirit of Giving and Community

What makes Karnataka's medical fraternity truly spectacular is its heart. This year, we have witnessed remarkable stories of doctors giving back—from conducting community-wide CPR training workshops to extraordinary acts of philanthropy, such as our colleagues funding the transformation of rural infrastructure and government schools. We are not just treating diseases; we are actively lifting the communities we serve.

A Look inside This Year's Souvenir

Within these pages, you will find a curated mosaic of our collective experiences over the past twelve months.

Moving Forward Together

To our veteran stalwarts, thank you for anchoring us with your wisdom. To our young residents and newly recruited medical officers charting their paths under evolving state health initiatives—welcome to a profound legacy.

Let this souvenir be a testament to our unity. When we stand together, collaborate open-mindedly, and keep our patients at the absolute center of our universe, there is no public health challenge we cannot overcome.

Jai Hind **Jai Karnataka.** **Long Live IMA**

IMA BANGALORE
BRANCH

Articles



BENGALURU DOSSIER

The Physician Statesman - Dr. Bidhan Chandra Roy (1882–1962)



Dr. Bharath Raju
President IMA Bangalore



Childhood and Family Foundations: (1882–1897)

Bidhan Chandra Roy was born on July 1, 1882, in Bankipore, Patna (then part of the Bengal Presidency). His father, Prakash Chandra Roy, was serving as an excise inspector. His mother, Aghorkamini Devi, was religious and a devoted social worker. He was the youngest of five siblings in the Bengali family.

Values of Service: His father, had a modest income. Despite limited financial means, his parents were devout Brahmo Samajists who regularly took in and financed the education of poor local orphans. This environment deeply ingrained a sense of social responsibility in young Bidhan. The spirit of **'give and take'** was inculcated in him and his siblings at a young age. They were taught and encouraged to give away what was precious to them, freely and willingly.

Overcoming Early Grief: When Bidhan was just 14 years old, his mother passed away. His father took over the dual responsibility of raising the children, enforcing a strict regimen of self-reliance where all siblings completed household chores independently, a trait that built Bidhan's immense physical stamina.

General Education & a Fateful Choice: (1897–1901)

Bidhan completed his matriculation from the Patna Collegiate School in 1897. He moved to Kolkata to complete his Intermediate in Arts at Presidency College, before returning to complete his Bachelor of Arts (B.A.) with Honors in Mathematics from Patna College. Upon graduating in 1901, his academic records were so outstanding that he was simultaneously accepted into two prestigious paths: the Bengal Engineering College and the Calcutta Medical College. He ultimately chose medicine, setting off for Kolkata in June 1901 to begin his true calling.



Medical School and Financial Struggle: (1901–1908)

His time at Calcutta Medical College was marked by intense financial hardship, as his father had retired and could no longer send him funds.

The Life Mantra: Early in his medical school days, Bidhan chanced upon a stone inscription that read: "Whatever thy hands findeth to do, do it with thy might." This line became his lifelong motto.

Earning His Way: To pay his tuition and living expenses, he secured scholarships and worked meticulously as a student assistant. He completed his Licentiate in Medicine and Surgery (L.M.S.) and his formal medicine degree, eventually achieving his Doctor of Medicine (M.D.) from the University of Calcutta.

Post-Graduation in London: Defeating the Odds: (1909–1911)

In February 1909, determined to secure the highest global specializations, Dr. Roy sailed for England with only ₹1,200 in his pocket. He intended to enroll at the prestigious **St. Bartholomew's Hospital** in London.

- The 30 Rejections: Upon arrival, the Dean of the institution Dr. Thomas William Shore flatly rejected his application, reluctant to admit an Asian student. Demonstrating the relentless persistence that would define his life, Dr. Roy refused to take no for an answer. He scheduled meeting after meeting, submitting his application 30 consecutive times until the Dean finally relented and granted him admission.
- A Record-Breaking Double Feat: Once admitted, Dr. Roy achieved the near-impossible. In a brief window of just two years and three months, he cleared both the M.R.C.P. (Membership of the Royal College of Physicians) and the F.R.C.S. (Fellowship of the Royal College of Surgeons) examinations simultaneously, a rare accomplishment.
- Dean Dr. Shore personally congratulated Roy and said "I am really ashamed of my conduct in not admitting you into this institution when you came to me first. I would in future admit any student who obtains a letter of introduction from you without any question".

He returned to India in 1911 as one of the most highly qualified medical minds of his era, ready to transition from a brilliant student into a master healer. Upon returning to India, he became a distinguished professor and one of the country's most prominent physicians. Believing that "Swaraj would remain a dream unless the people were healthy and strong," Dr. Roy was instrumental in shaping modern Indian public health.

The Legendary Clinician:

Dr. B.C. Roy regarded medicine as a sacred mission to uplift the nation, viewing physical health as the foundation for true independence. Even at the peak of his political career as Chief Minister, he remained first and foremost a healer, embodying the perfect blend of clinical brilliance, philanthropic devotion, and institutional vision.

Dr. B.C. Roy's medical practice transcended routine clinical care, effectively establishing the foundational pillars of India's modern public healthcare infrastructure, medical ethics, and institutional framework.

Clinical Genius and Academic Leadership:

Dr. Roy was a legendary clinician with a reputation for uncanny diagnostic accuracy. After completing his historic double degrees (M.R.C.P. and F.R.C.S.) in London, he returned to India to elevate local medical standards:

- **The "Magic" Pulse:** He possessed an extraordinary ability to diagnose complex ailments simply by checking a patient's pulse or observing them from a distance.
- **Teaching Legacy:** He shaped generations of Indian doctors as a professor of medicine at the Calcutta Medical College, Campbell Medical School, and the Carmichael Medical College.
- **Institutional Creation:** He was instrumental in

establishing pioneering institutions like the Jadavpur Tuberculosis Hospital, Chittaranjan Seva Sadan, and the Kamala Nehru Memorial Hospital, ensuring top-tier medical infrastructure was built on Indian soil.

Service to the Masses:

Dr. Roy believed that poverty should never stand between a patient and high quality medical treatment:

The Daily Morning Free Clinic: Throughout his life, including his tenure as Chief Minister, he dedicated the first hour of his morning to diagnosing and treating poor patients free of charge at his residence.

The Routine: Every single morning, from 6:30 AM to 7:30 AM, his official residence turned into a public dispensary.

The Patients: He treated the poor and marginalized completely free of charge, writing prescriptions, providing diagnoses, and even offering nominal private consultations to those who could pay later in the day.

Unbroken Commitment: This routine was non-negotiable. He conducted this clinic every day of his 14-year tenure, including the very morning he passed away on July 1, 1962.

Donation of Property: Before his passing, he signed away his house to be turned into a public health clinic in his mother's name, which is now run by the Dr. B.C. Roy Memorial Committee.

Physician to India's Leaders

His clinical expertise made him the most trusted physician for the top leadership of the Indian freedom movement:

Mahatma Gandhi: He was Gandhiji's personal physician and close friend. During Gandhi's historic fasts, Dr. Roy was the only doctor who could persuade him to take medicines or liquids.

The Nationalist Circle: He regularly treated towering figures like Jawaharlal Nehru, Subhas Chandra Bose, and Rabindranath Tagore, ensuring the leaders of the movement remained physically fit to guide the country.

The Statesman and Nation Builder:

Dr. B.C. Roy managed his dual identity as a physician and Chief Minister by treating the two roles not as separate careers, but as a single, unified mission to heal a broken state.

Driven by his lifelong personal mantra *"Whatever thy hands findeth to do, do it with thy might"* he ran a notoriously disciplined schedule that allowed him to practice medicine daily while running the government of West Bengal.

While delivering the Convocation Address at the University of Lucknow on 15 December 1956, Dr. Roy



said: "My young friends, you are soldiers in the battle of freedom-freedom from want, fear, ignorance, frustration and helplessness. By a dint of hard work for the country, rendered in a spirit of selfless service, may you march ahead with hope and courage..."

Political Entry and Early Leadership:

The Swarajya Breakthrough (1923): Dr. Roy entered active politics as an independent candidate backed by the Swarajya Party, pulling off a massive political upset by defeating the veteran nationalist leader Sir. Surendranath Banerjee for a seat in the Bengal Legislative Council.

Calcutta Corporation (1931–1933): Serving closely with Netaji Subhas Chandra Bose, he was elected Mayor of Calcutta twice. He expanded public utility services, implemented free primary education, and established decentralized, subsidized medical dispensaries across the city.

The Chief Minister:

Post-independence the Congress Party proposed Roy's name for Chief Minister of Bengal. Roy wanted to devote himself to his profession.

Mahatma Gandhi's Mandate (1948): Following



India's independence, West Bengal's internal politics were heavily factionalized. At the direct personal request of Mahatma Gandhi, Dr. Roy agreed to take the reins of the state, officially becoming Chief Minister on January 23, 1948.

Post-Partition Crisis Management:

Bengal at the time had been torn by communal violence, shortage of food, unemployment and a large flow of refugees in the wake of the creation of East Pakistan. He brought unity and discipline among the party ranks. Within three years law and order was returned to Bengal without compromising the dignity and status of his administration.



The Refugee Influx: The Partition of Bengal left the state economically severed from its agricultural half (East Pakistan) and flooded with millions of displaced, traumatized refugees.

The "Habra Urban" Experiment: Rejecting long-term doles or temporary camps, Dr. Roy pioneered the concept of self-reliant townships. He turned a former military airstrip into Ashoknagar, Kalyangarh, giving refugees homestead land, spinning mills, and tools to build their own local economy.

Decongesting Kolkata: Recognizing that Kolkata was buckling under extreme demographic pressure, he engineered and funded the creation of Salt Lake City

(Bidhannagar) by reclaiming vast salt marshes.



Industrial and Macroeconomic Vision:

Dr. Roy believed that political independence without financial independence was meaningless. He bypassed rigid bureaucratic channels to lay a heavy industrial framework:

The Ruhr of India: He handpicked Durgapur as an industrial nucleus, directly securing national and international investments to build the Durgapur Steel Plant, coal washeries, and heavy chemicals factories.



Energy Security: He established the Durgapur Coke Oven Project and the West Bengal State Electricity Board (WBSEB) to guarantee uninterrupted power grids for industrial growth.

Agro-Industrial Balance: He developed Kalyani as an engineering and dairy hub, bridging the gap between rural agricultural output and urban industrial processing.

Building National Health Infrastructure:

Dr. Roy viewed public health as the primary pillar of nation-building. He utilized his dual leverage as a premier physician and a top politician to draft India's institutional healthcare architecture:

Regulatory Frameworks: He was the founding force behind the creation of both the Indian Medical Association (IMA) and the Medical Council of India (MCI), serving as the MCI's first president to standardize medical ethics and education across India.

Specialized Healthcare Centers: He personally spearheaded the funding and construction of premier medical facilities, including the Chittaranjan Cancer Hospital, the Chittaranjan Seva Sadan for women and children, and the K.S. Roy TB Hospital.

Educational Landmarks: He was a core strategist in setting up India's first elite technical institution, the Indian Institute of Technology (IIT), Kharagpur, and later served as the first Chairman of the Board of Governors at the Indian Institute of Management (IIM) Calcutta in 1961.

Administrative Style: The "Physician Statesman":

Dr. Roy's governance was uniquely defined by his refusal to abandon his medical roots:

Daily Free Practice: Throughout his 14-year tenure as Chief Minister, Dr. Roy set aside his early morning hours (from 6:30 AM to 8:30 AM) to provide free medical consultations to the public at his residence, treating

penniless citizens alongside top-tier political figures like Jawaharlal Nehru and Mahatma Gandhi.

Bypassing Partisanship: He maintained deep personal relationships across the political spectrum. He frequently consulted opposition leaders on complex administrative bills, prioritizing long-term regional development over short-term party dynamics.

Merging Medicine into State Policy:

Dr. Roy managed the dual pressure by using his medical background as an asset for governance. He approached complex socioeconomic crises with the analytical, evidence-based mindset of a scientist:



Data-Driven Administration: Just as he would diagnose a patient, he ordered systematic scientific studies to address systemic problems, like researching the pollution levels of the Hooghly River to improve city water supplies.

Healthcare Expansion: Instead of treating state medical needs as a separate budget item, he placed public health at the absolute core of his economic plans. Under his leadership, West Bengal's rural health centers.

The Power of "Physician's Detachment":

A major factor in his ability to withstand immense political strain, such as managing the massive refugee crisis following India's Partition was his emotional regulation. Biographers note that he brought a sense of "clinical detachment" into the state assembly. He did not allow political mudslinging or bureaucratic gridlock to provoke personal frustration, viewing administrative problems simply as systemic pathologies that required logical, structured remedies.

Relying on an Ironclad Constitution:

Dr. Roy possessed extraordinary physical stamina and mental focus. He famously required very few hours of sleep and was deeply structured. By compartmentalizing his day dedicating the early morning to healing individual patients, the afternoon to legislative assemblies and industrial planning, and the evening to party leadership he successfully kept his two worlds from collapsing into each other.

Ultimately, his medical practice served as his anchor. While politics can isolate a leader, treating the public every morning kept Dr. Roy deeply connected to the ground realities of the people he was chosen to govern.



International Connections:

Dr. B.C. Roy's international connections were uniquely defined by his dual status as a global medical authority and a key architect of India's post-independence foreign collaborations. Because he commanded immense respect as an elite intellectual and clinician, foreign heads of state interacted with him not just as a regional politician, but as a scientific peer and a close confidant of Prime Minister Jawaharlal Nehru.

Diplomatic Consultations with John F. Kennedy

In August 1961, an extraordinary encounter took place in Washington, D.C., where a 79-year-old Dr. B.C. Roy met with U.S. President John F. Kennedy at the White House.

The Medical Twist: While the official hour-long meeting was meant to cover international relations and economic assistance for West Bengal, Dr. Roy famously pivoted the conversation to address President Kennedy's notoriously severe, ailing chronic back pain.

The Mutual Impression: Kennedy was highly impressed by the aging statesman's physical stamina and sharp mind. He jokingly expressed hope that he would be as "spry" as Dr. Roy when he reached that age.

Hosting Soviet Premier Nikita Khrushchev

During the height of the Cold War, India maintained a policy of Non-Alignment, allowing Dr. Roy to build bridges with the Eastern Bloc to accelerate West Bengal's industrialization.

The 1955 & 1960 State Visits: Dr. Roy hosted Soviet Premier Nikita Khrushchev and Nikolai Bulganin during their historic visits to Kolkata.

Industrial Support: It was through these direct engagements and his close coordination with Prime Minister Nehru that Dr. Roy secured massive Soviet technical and financial cooperation, leading directly to the establishment of the heavy industrial complexes in Durgapur and the development of public sector manufacturing.

British Elite and the Royal Colleges:

Dr. Roy's deep ties with the United Kingdom stemmed from his academic years in London, where he broke racial barriers to secure both his M.R.C.P. and F.R.C.S. designations simultaneously.

Global Medical Network: Throughout his life, he maintained active lines of communication with the top leadership of the British medical establishment.

Leveraging the Commonwealth: He utilized his relationships within the Commonwealth to secure training slots for young Indian medical graduates abroad and to ensure that the newly formed Medical Council of India was recognized on the international stage.

Global Industrialists and Urban Planners

To execute his vision of building planned industrial cities, Dr. Roy looked far beyond India's borders, bypasses traditional bureaucracy to deal directly with international experts:



The Ford Foundation: He collaborated heavily with global philanthropic bodies like the Ford Foundation to bring international urban planners to India, establishing the Calcutta Metropolitan Planning Organization (CMPO) to resolve the city's infrastructure crisis.

Western Machinery: He engaged extensively with American, West Germany, and British industrial consortiums to bring advanced engineering machinery and foreign investment into West Bengal's mining, steel, and port sectors.

Global Architecture of Indian Healthcare:

Dr. Roy did not just treat individuals; he structured the very frameworks that govern modern Indian medicine today.





Indian Medical Association (IMA): He played a foundational role in forming the Indian Medical Association in 1928, serving as its national president for multiple terms to give Indian doctors a unified voice.

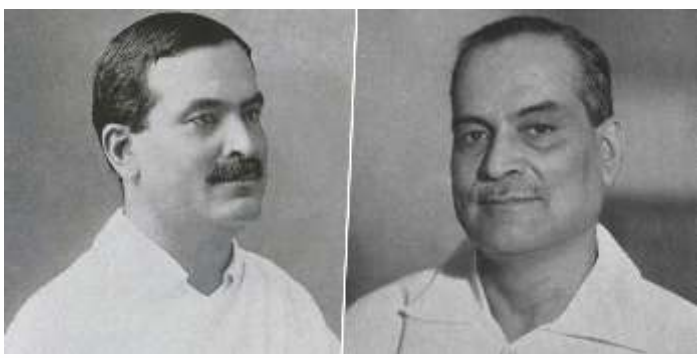
Medical Council of India (MCI): He was a key architect behind the creation of the Medical Council of India and became its first Indian president in 1939, establishing standard medical curricula and ethical guidelines across the subcontinent.

A Lasting Legacy:

Dr. Roy was a paragon of dedication. Even while serving as Chief Minister, he consistently made time to treat underprivileged patients at his residence for an hour every morning. For his monumental contributions to medicine and nation building, the Government of India awarded him the country's highest civilian honor, the Bharat Ratna, in 1961.

In a poetic culmination of an extraordinary life, Dr. B.C. Roy passed away on his birthday July 1, 1962 at the age of 80. Today, his life and enduring spirit are celebrated every July 1st as National Doctors' Day across India, commemorating a man who truly healed and built a nation. The occasion commemorates the spirit of doctors across the globe who work day and night consistently to ensure the well-being of patients.

The theme for National Doctors' Day 2026 in India is "Behind the Mask: Who Heals the Healers?" This theme emphasizes the importance of recognizing and addressing the mental and emotional well-being of doctors, who often prioritize patient care over their own. It acknowledges the challenges and pressures faced by healthcare professionals and highlights the need to support their mental health.





History of IMA Bangalore Branch

Dr. S Srinivasa
Past President,
IMA KSB & IMA Bangalore Branch

Indian Medical Association (IMA) was established in 1928 with the aim of bringing together qualified medical practitioners across India and promoting medical science, ethics, and public health.

How it Started

- Before IMA, doctors in India were represented by organizations such as the All India Medical Conference.
- During the 1920s, there was a need for a permanent national body to represent doctors' interests and improve healthcare standards.
- As a result, the Indian Medical Association was founded in 1928 and held its early meetings alongside the All India Medical Conference.
- Over time, IMA became the principal professional organization for doctors in India.

Main Objectives

- Promote medical education and scientific advancement.
- Uphold ethical standards in medical practice.
- Protect the interests of medical professionals.
- Contribute to public health programs and disease prevention.
- Advise governments on healthcare policies.

Growth

Today, IMA has:

- Hundreds of state and local branches across India.
- More than 4,00,000 member doctors.
- Active involvement in Continuing Medical Education (CME), public health campaigns, and policy discussions.

Interesting Fact

IMA has played an important role during major public health challenges, including polio eradication efforts, vaccination campaigns, and the response to the COVID-19 pandemic.

IMA Bangalore Branch

IMA Bangalore is one of the largest IMA branches in our country, with more than 7,000 members. Next only to Ahmedabad, it is expected to grow to more than 10,000 members in the near future.

The Bangalore Branch works in close association with the Karnataka State Branch and actively participates in:

1. Celebration of all National Days.
2. Raising its voice against atrocities on doctors.
3. Conducting public guest lectures.
4. JDN and MSN activities.
5. Pulse Polio programmes.
6. HPV awareness programmes.
7. Cultural programmes for members and singing competitions for members' children.
8. During the COVID-19 pandemic, IMA Bangalore played a major role in all aspects of management, including patient admissions and facilitating insurance support.

9. Being located in the capital city and at the heart of the state, its role in professional and public health activities is remarkable.

Welfare Activities of IMA

The Indian Medical Association is the only professional organization that effectively protects the interests of doctors, medical students, and patients. In particular, the following welfare schemes have been of immense benefit:

* KSSS * KPPS * KSHS

All three schemes are excellent and provide valuable support to members and their families.

In addition, IMA has several active sub-committees and wings:

1. Scientific Committee
2. AMS
3. CGP
4. MSN
5. JDN
6. Ladies Wing
7. HBI
8. Kannada Wing
9. Anti-Quackery Wing
10. Committee to Prevent Atrocities on Doctors

All these committees and wings are functioning very well and are dedicated to the welfare of doctors and the medical profession.

IMA and COVID-19

IMA worked tirelessly during the COVID-19 pandemic. Across India, nearly 2,000 doctors sacrificed their lives while serving the people. In Karnataka alone, 92 doctors laid down their lives in the line of duty.

Their dedication, courage, and sacrifice will always be remembered and honoured.

Message to Young Doctors

My sincere request to all young doctors is to become members of our association and actively participate in its activities. Together, let us work for the welfare of our profession, uphold the dignity of medical practice, and continue serving our patients and society with dedication.

"Humans possess one biological heart. Doctors should possess an additional heart, a kind heart, because medical service necessitates compassion for patients."

"Total commitment is a crucial quality for those who want to reach the very top of their profession."

- Dr. A.P.J. Abdul Kalam

ಭಾರತೀಯ ವೈದ್ಯಕೀಯ ಸಂಘ (ರಿ) ಬೆಂಗಳೂರು ಶಾಖೆ

Indian Medical Association (R) Bengaluru Branch

Congratulations

to the IMA BB "Vaidya Ratna" Awardees 2026



Dr R Rajkumar Iyengar



Dr J N Sridhara Murthy



Dr Muralidhar Narasimhaiah



Dr H C Ramesh



Dr Vijayanand S



Dr Stephen Antony



Dr N Ramesh Gowda



Dr Madan Ballal



Dr Somashekar



Dr Arathi B H



Dr G Suresh Babu



Dr Suresha G K



Dr Manju Aswath



Dr Shobha J R



Dr Aravinda Jagadeesha



Dr Nandini C Takkalaki

IMA Bangalore Branch Activities 2025-26

World Cancer Day – Free Screening Camp & Felicitation of Cancer Survivors

IMA Bangalore Branch, in association with Srinivasam Cancer Care Multi Speciality Hospital, organized a Free Screening Camp and Felicitation of Cancer Survivors on the occasion of World Cancer Day. The programme included cancer screening, cancer awareness, diabetes screening, and a nutritional test camp, aimed at promoting early detection and preventive healthcare. Doctors who participated in the programme included Dr. Pradeep Kumar K. N., Dr. K. C. Lakshmaiah, Dr. Ashwini L., and Dr. Bharath Raju G. The event carried the message "Early detection saves life."

Date : 04/02/2025

Place : Srinivasam Cancer Care Multi Speciality Hospital, Nagarbhavi, Bengaluru



Installation Program (Term 2025–2026)

The IMA Bangalore Branch successfully conducted its Installation Program for 2025–2026 on 18th October 2025 at Ramanashree Hotel. The event marked the formal induction of the new Office Bearers, Executive Committee Members, and various Committee Members for the upcoming term. The program was graced by Chief Guest Dr. Alexander Thomas and Guests of Honour Dr. Ranganath and Dr. Malavegowda, whose presence added great significance to the ceremony. The event witnessed an excellent turnout, with 290 participants attending and supporting the new leadership team.

Date : 18/10/2025

Place : Ramanashree Hotel.







Free PSA Screening Camp

IMA Bengaluru Branch, in association with Srinivasa Cancer Center, Maruthi Nagar Nagarbhavi organised a Free PSA Screening Camp on 18th October 2025 from 10:00 AM to 4:00 PM. The camp aimed at early detection and awareness of prostate health. Expert guidance was provided by Hon. Secretary Dr. Pradeep Kumar K.N., and WDWv Dr. Sathyvathi, ensuring quality screening and counselling for attendees. A total of 70 participants benefited from the camp.

Date : 18/10/2025

Public Health Awareness Program

IMA Bangalore Branch conducted a Public Health Awareness Program on 19th October 2025 at the IMA House Auditorium. A public health guest lecture was delivered by Dr. D. H. Ashwath Narayana on the topic "Understanding Chest Pain: Is It Always a Heart Attack?"

Another insightful session was conducted by Dr. Ameetkumar M. Oswal on Rabies Disease and the National Rabies Prophylaxis Guidelines. The program saw an active participation of around 75 attendees and successfully enhanced community awareness on critical health topics.

Date : 19/10/2025

Place : IMA House Auditorium.





Medical Camp

The IMA Bangalore Branch, in association with UMEED – The Community Service Club of BMCRI, organised a Diabetic Health Camp on 25th October 2025 at BBMP Park, J.P. Nagar, in collaboration with Women of Wisdom NGO. The camp focused on diabetes screening, awareness, and early detection, offering valuable health guidance to the community. The program was attended by Dr. Mahesh K. M., Vice President, IMA Bangalore Branch, and received participation from 60 attendees who benefited from the initiative.

Date : 25/10/2025

Place : BBMP Park, J.P. Nagar



CPR Training Program



The IMA Bangalore Branch, in association with BBMP Hospital, conducted a CPR training session on 31st October 2025 at KV School near Majestic Railway Station at 10:00 AM. The program focused on raising awareness and empowering school teachers and students with essential life-saving CPR skills through hands-on demonstrations and practical learning. The session was attended by Vice President Dr. Mahesh K. M. (AHA-

certified BLS & ACLS Instructor), Dr. Anuradha Prameshwara, and Dr. Sathyavathi K. (IMA BB WDW), whose presence added great value and reinforced the importance of timely action during medical emergencies. The training effectively spread the vital message:

"Every Life Matters – Learn CPR, Save Lives."

Date : 31/10/2025

Place : KV School near Majestic Railway Station



Kannada Rajyotsava Celebration

The IMA Bangalore Branch celebrated Kannada Rajyotsava on 1st November 2025 at the IMA House, marking the occasion with enthusiasm and cultural pride. The event was graced by the presence of: President Dr. Bharath Raju G, Hon. Secretary Dr. Pradeep Kumar K. N., Joint Secretary Dr. Rakshith S. C., Treasurer Dr. Narasimha Murthy N., Vice President Dr. Ananatha Ramaiah T., Vice President Dr. Mahesh K. M., Dr. Anuradha Parameshwara, Dr. Sathyavathi, Dr. Rajasree M. B., Dr. Vengopala K., Dr. Srinivasa, Dr. Suresh M., Dr. Punyavathi, Dr. Manasa, Dr. Mamatha, along with representatives from KSB – the Hon. Secretary and President. Their participation made the celebration meaningful, reflecting unity and respect for Karnataka's rich culture and heritage.

Date : 01/11/2025 | Place : IMA House



CME Program

The IMA Bangalore Branch, in association with BOS, organised a Continuing Medical Education (CME) program on 2nd November 2025 at Hotel Sanctum, Gandhinagar, starting at 10:00 AM. The session saw active participation from 60 members and was attended by: President Dr. Bharath Raju G, Vice President Dr. Anantha Ramaiah T., and Treasurer Dr. Narasimha Murthy N. The CME provided valuable academic insights and contributed to continuous professional development for all attendees.

Date : 02/11/2025 | Place : Hotel Sanctum, Gandhinagar



IMA & FOGSI: Critical HPV Vaccine Training

IMA Bangalore Branch, in collaboration with The Federation of Obstetric and Gynecological Societies of India (FOGSI), conducted an important training session on HPV vaccination, focused on the latest clinical protocols and effective communication strategies for improving vaccine uptake. The program was designed for Gynaecologists, Paediatricians, and General Practitioners, with the goal of strengthening cervical cancer prevention initiatives. The session was attended by WDW Dr. Rajasree M. B., whose participation added value to the discussion and overall program impact.

Date : 05/11/2025

Kadlekai Parishe Cultural Program (IMA Bangalore Branch Ladies Wing)

The IMA Bangalore Branch Ladies Wing organised a special Cultural Program on 17th November 2025 to celebrate the making of Kadlekai Parishe (Groundnut Festival), a free public event rooted deeply in Bengaluru's cultural heritage. Secretary Dr. Rajasree M. B., Treasurer Dr. Padmavathi, and the Ladies Wing volunteers actively participated by distributing groundnuts to the public, adding warmth and community spirit to the celebration. Kadlekai Parishe, one of Bengaluru's oldest and most cherished festivals, is traditionally observed on the last Monday of the Kartika month. The program showcased the branch's commitment to cultural preservation and community engagement.

Date : 07/11/2025

National Cancer Awareness Day Program

On the occasion of National Cancer Awareness Day (7th November 2025), the IMA Bangalore Branch conducted a Cancer Prevention and Awareness Program at Janata Vidyalaya, Chamarajapet, Bangalore, for secondary and high school students. The session was led by Dr. Rajasree M. B. and OBG Consultant Dr. Roopa, who emphasised the importance of avoiding tobacco in all its forms—direct or indirect—as well as the harmful effects of ethanol. Students were also counselled on timely HPV vaccination, regular self-breast examination, healthy dietary habits, and positive lifestyle modifications. The program saw participation from around 100 attendees, and the interactive session addressed multiple questions from both teachers and students, making the event informative and impactful.

Date : 07/11/2025

Place : Janata Vidyalaya, Chamarajapet, Bangalore





Adolescent Health Awareness Session

IMA Bangalore Branch conducted an Adolescent Health Awareness Session on 7th November 2025 at Kendriya Vidyalaya, engaging high-school students on key topics related to adolescent wellbeing. The session was led by President Dr. Bharath Raju G, Dr. Sathyavathi, and Dr. Uma Rao, who provided valuable insights and interacted with the students. To reinforce learning and gather feedback, questionnaires were distributed to the students after the session. The program was well received and contributed to promoting health awareness among adolescents.

Date : 07/11/2025 | Place : Kendriya Vidyalaya

Amputation-Free India 2025 Walkathon

IMA Bangalore Branch actively participated in the Amputation-Free India 2025 Walkathon held on 9th November 2025. Dr. Venugopal along with several IMA Bangalore Branch members attended the walkathon, lending strong support to the cause and helping raise awareness on limb health, early disease detection, and preventive care. Their participation reflected the branch's continued commitment to community health initiatives. Date : 09/11/2025

Awareness Session at Little Flower School

IMA Bangalore Branch conducted an Awareness Session at Little Flower School on 10th November 2025, focusing on key topics such as adolescent health, screen-time reduction, and healthy eating habits. The session was led by Dr. Kishore Baindur and Dr. Sathyavathi, who engaged with the students and addressed their questions. A total of 50 children participated and actively clarified their doubts, making the program informative and interactive.

Date : 10/11/2025 | Place : Little Flower School

Adolescent Health Awareness Session – Morning Star School

An Adolescent Health Awareness Program was conducted at Morning Star School on 11th November 2025, led by Dr. Vimochana, Dr. Padmavathi, and Dr. Bharath. A total of 40 students from the 10th Standard participated in the session. The program focused on adolescent health, overall well-being, and essential healthy lifestyle practices. The session was informative, interactive, and well-received by the students, helping them gain a clearer understanding of key aspects of their physical and mental health.

Date : 11/11/2025 | Place : Morning Star School



World Pneumonia Day Program

IMA Bangalore Branch, along with the IMA Bangalore Branch Ladies Wing, observed World Pneumonia Day on 11th November 2025 at BBMP School, Chamarajpet. An engaging health talk was delivered to higher primary school students, supported by an audiovisual presentation using educational videos and a detailed PPT. The session helped students understand pneumonia prevention, symptoms, and the importance of early medical attention. The program was led by Dr. Rajasree M. B. and Paediatrician Dr. Padmavathi, and saw active participation from 120 students, making it an informative and interactive awareness initiative.

Date : 11/11/2025 | Place : BBMP School, Chamarajpet.

Diabetes Awareness Program

As part of World Diabetes Day 2025, members of the IMA Bangalore Branch enthusiastically participated in a Walkathon organised by KRSDI. The event highlighted the importance of diabetes awareness and reinforced the branch's commitment to preventive health and community wellbeing. The program was attended by Vice President Dr. Mahesh K. M., Dr. Anusuya, Dr. Jnanendrappa, and Dr. Govind Dayalu (EC Member, BSOG). During the event, the team was felicitated by the RSSDI organisers. IMA representatives also extended felicitations to Dr. Aravinda J (National Vice President, RSSDI), Dr. Karthik Munichoodappa (Honorary Secretary), Dr. Sridhar (Treasurer), and Dr. Kulkarni (Governing Council Member). The active participation of our members made the event meaningful and impactful, further promoting awareness on diabetes prevention and encouraging healthy lifestyle practices.

Date : 14/11/2025



Children's Day Celebration at KIMS Hospital (Paediatric Department)

The Paediatric Department of KIMS Hospital, Bangalore, in association with the IMA Bangalore Branch, organised a vibrant Children's Day Celebration on 14th November 2025. The event was attended by the IMA Bangalore Branch President, Honorary Secretary, Past Presidents, Executive Committee Members, paediatric department staff, nursing staff, students, children, and their parents. The celebration was conducted with great enthusiasm, featuring engaging activities and joyful participation from everyone present. It was a memorable event that brought smiles, learning, and togetherness. Heartfelt



thanks to all attendees for their encouragement and active involvement.

Date : 14/11/2025 | Place : KIMS Hospital

Public Health Guest Lecture

A Public Health Guest Lecture was organised on 15th November 2025 at the IMA House Auditorium, featuring two insightful sessions. Dr. Kiran Kumar (Cardiologist) delivered a lecture on "Recent Advances in Interventional Cardiology."

This was followed by a session by Dr. Mamatha M. on the topic "Red Eye." The program saw an excellent turnout with 90 participants attending the lectures. As part of the initiative, free health checkups were also conducted, including:

Bone Density Analysis | Diabetes Eye Screening Camp

The event was informative, well-received, and contributed significantly to public health awareness.

Date : 15/11/2025 | Place : IMA House Auditorium

IMA Bangalore Branch Renovated Office Inaugurated

The renovated office of the Indian Medical Association (IMA), Bangalore Branch was formally inaugurated at its premises on 24 December 2025. The inauguration was graced by Sri H. C. Balakrishna, MLA, Magadi Taluk and Chairman, Karnataka Road Development Corporation Limited, who attended the event as the Chief Guest. Dr. Veerabhadraiah T. A., President, IMA–KSB, and Dr. Honne Gowda, Past President, IMA–KSB, were present as Guests of Honour. Dr. Suriraju V., Honorary Secretary, IMA–KSB, and Dr. Sarvesha Raje Urs A. S., Chairman, Building Committee, IMA–KSB, attended the programme as Special Invitees. The function was presided over by Dr. Bharath Raju G., President, IMA Bangalore Branch. Several office bearers and members of the IMA Bangalore Branch were present at the event. The renovated office is expected to significantly enhance administrative efficiency and provide improved facilities and services for IMA members.

Date : 24/12/2025 | Place : Bangalore





Women's Wing Activities

- 28 December 2025: Participation in IMA HQ programme – Meeting with Honourable Union Home Minister Sri Amit Shah
- 03 January 2026: Cancer Awareness & Prevention – Talk on HPV Vaccination
- 04 January 2026: Participation in IMAKSB Sub-Committees Meeting
- 09 January 2026: Free Health Camp – NCD Screening Camp at Ramachandrapuram Slum, Bengaluru
- 11 January 2026: Achievements & Recognitions – Office Bearers & EC Members, FPAB
- 12 January 2026: IMA Nadige Shaleya Kadege – National Road Safety Week
- 13 January 2026: Webinar on Road Safety Awareness
- 17 January 2026: Public Awareness Programme on Gender Sensitivity

Women's Wing Programmes conducted by:

Dr. Sathyavathi K. and Dr. Rajasree M. B.

Date : 28/12/2025

Public Health Guest Lecture

A Public Health Guest Lecture was conducted at the IMA House Auditorium. Speakers & Topics:

- Dr. Darshan Krishnappa – Insight into the Heart Rhythm and Electrical System
- Dr. Deepak Kumar R. – COPD – Chronic Obstructive Pulmonary Disease

The session was attended by 80 participants, including: Dr. Anantharamaiah T., Dr. Rakshith S. C., Dr. SathyavathiK., Dr. Rajasree M. B., and Dr. Chethana R.

Date : 18/01/2026 | Place : IMA House Auditorium



5th Anniversary & Brand Launch of Purent India Global Pvt. Ltd.

The 5 Years Anniversary Celebration and Brand Launch of Purent India Global Pvt. Ltd. was held on 23 January 2026.

Speaker: Dr. Ramesh H. C.

Topic: Importance of Water

Time: 4:00 PM onwards

Venue: Manandi Nanjunda Setty Sabhangana, Vasavi Temple Street, Visveshwarapura, Bengaluru – 560004

Date : 23/01/2026

Place : Manandi Nanjunda Setty Sabhangana, Vasavi Temple Street, Visveshwarapura, Bengaluru – 560004

Khushi Fertility & IVF Centre Academic Launch

Khushi Fertility & IVF Centre, under the leadership of Dr. Rashmi Yogish (Clinical Director & Lead Consultant), hosted an academic event in association with IMA Bangalore Branch and the Academy of Medical Specialties (AMS). The programme marked:

Induction of the Fellowship in Reproductive Medicine

Launch of Khushi Research & Academics

Dignitaries Present:

Dr. Pradeep Kumar K. N. (Honorary Secretary, IMA), Dr. Parimala Devi, Dr. Chaya Patil, Dr. Indukala, Dr. Chandrika. The event emphasized ethical, evidence-based, and patient-centred reproductive healthcare, with active participation from IMA members and academicians.

Date : 25/01/2026



PAN India Annual Signature CME 2026

The Physicians Association for Nutrition (PAN) India organized its Annual Signature CME 2026, marking the 50th CME event, at Taj Yeshwantpur, Bengaluru, from 9:00 AM to 6:00 PM.

Theme: Evidence-Based Nutrition in Clinical Practice

Central Focus: Optimizing the Management of Obesity & Pre-Diabetes

The CME featured expert-led lectures, panel discussions, and interactive sessions on obesity, pre-diabetes, longevity, health span, and nutrition-based clinical care. Panellists included: Dr. Suvetha Kannappan (Moderator), Dr. Vithal D. Bagi, Dr. Nithin Kumar, Dr. Nirmala B. M., Dr. K. J. Irfan, Dr. Pradeep Kumar K. N., Dr. H. S. Ramya, Dr. Anita Varma, Dr. Mahesh Mylarappa, Dr. Akshay Kudpaje. Key Speakers included:

Dr. Swaminathan, Dr. Balaji Jaganmohan, Dr. Arundas Haridasan, Dr. Girish Mood, Dr. Divyaprakash M., Dr. Rajneea Shahin, Dr. Anoop Misra, Dr. Mahesh D. M., Dr. Agatha Betsy, Dr. Srinath Aswathiah, Dr. G. Rajendiran, Dr. Prathima Kini, Dr. Sharang Wartikar, Dr. Lokesh, Dr. Priya Chinnappa, Dr. Naveen Kini, Dr. Ananth Ram, Dr. Veena Acharya, Dr. Sandhya Ravi, Dr. Anil Bilimale, Dr. Mahesh K. Mahadevappa, Dr. Palaniyamma Durairaj, Ms. Edwina Raj, Mr. Karthik Pulugurtha.

Date : 25/01/2026 | Place : Taj Yeshwantpur, Bengaluru







Voluntary Blood Donation Camp

A Voluntary Blood Donation Camp was organized from 8:00 AM to 1:00 PM at Punya Hospital, Basaveshwaranagar, Bengaluru, on the occasion of Youth Day and the birth anniversary of Swami Vivekananda. The programme was organized by Naipunya Foundation in association with Basaveshwara Blood Centre and IMA.

IMA Representatives: Dr. Pradeep Kumar K. N. (Secretary) and Dr. Sathyavathi K. (Blood Donor)

The camp witnessed good participation from donors and volunteers, contributing to the noble cause of saving lives.

Date : 25/01/2026

Place : Punya Hospital, Basaveshwaranagar, Bengaluru

76th Republic Day Celebration

IMA Bangalore Branch, in association with IMA–KSB, celebrated the 76th Republic Day of India with great patriotism and enthusiasm. The programme included flag hoisting, National Anthem, and addresses highlighting constitutional values, unity, and the duty of doctors towards society.

Speakers included Dr. Veerabhadraiah (President, IMA–KSB), Dr. Suriraju V., Dr. Sureshwariah, Dr. Bharath Raju G., Dr. Pradeep Kumar K. N., and other senior members.

The celebration concluded with a group photograph and expressions of national pride.

Date : 26/01/2026 | Place : IMA office





World Cancer Day Walkathon

Indian Medical Association Bangalore Branch, in association with Indian Medical Association Karnataka State Branch, organized a Walkathon to mark World Cancer Day, creating awareness about cancer risk factors, prevention, early detection, and timely treatment. The walkathon was conducted from IMA House to Minto Hospital Circle to Makkalakoota Circle via IMA Circle and back to IMA House. More than 150 participants including doctors, medical students, and nursing students actively took part in the awareness event. The programme was attended by Dr. Veerabhadraiah T. A. (President, IMA-KSB), Dr. Suriraju V. (Hon. State Secretary), Dr. Bharath Raju G. (President, IMA Bangalore Branch), Dr. Pradeep Kumar, Dr. Venugopal, Dr. Madhushankar, Dr. Jnanendrappa, Dr. Anuradha Paramesh, and Dr. Rajasree M. B.

Date : 04/02/2026 | Place : IMA House, Bengaluru

Financial Education Programme

IMA Bangalore Branch, in collaboration with Funds India Private Wealth, organized a Financial Education Programme for members, focusing on financial planning and wealth management. The session provided useful insights into financial management and investment awareness for medical professionals.

Date : 05/02/2026 | Place : IMA House, Bengaluru

Public Health Guest Lecture

IMA Bangalore Branch organized a Public Health Guest Lecture at the IMA House Auditorium on 22 February 2026. The lecture was delivered on the topic "Womb to Tomb – Health Awareness", highlighting important aspects of health across different stages of life. The session was attended by Dr. Mahesh K. M., Dr. Sathyavathi K., Dr. Rajasree M. B., Dr. Suresh, and around 80 participants.

Date : 22/02/2026

Place : IMA House Auditorium, Bengaluru





State & Central Council Members Meeting and CME – Clinical Meet on Lung Transplantation

Aster CMI Hospital, in association with Indian Medical Association Bangalore Branch, organized a Clinical Meet (Scientific Session) on Lung Transplantation at JW Marriott Hotel Bengaluru. The scientific session featured expert presentations including:

Medical Aspects of Lung Transplantation – Dr. Sunil Kumar K

ECMO – A Bridge to Lung Transplantation – Dr. Prashanth Ramamurthy

Surgical Aspects of Lung Transplantation – Dr. Sriram Vijayapuri

The programme was attended by Dr. Bharath Raju G., Dr. Anantharamaiah T., Dr. Mahesh K. M., Dr. Narasimha Murthy N., Dr. Rakshith S. C., and several EC members, along with more than 100 participants.

Date : 27/02/2026 | Place : JW Marriott Hotel, Bengaluru

CPR Training Programme

IMA Bangalore Branch organized a CPR Training Programme for security personnel in association with Victoria Hospital (Kayakalpa Team) and the NGO Nirmaan. The programme aimed to create awareness and train participants in essential life-saving skills. The training was conducted by Dr. Mahesh K. M., Vice President, IMA Bangalore Branch and AHA-certified BLS & ACLS Instructor. The initiative emphasized the message "Every Life Matters – Learn CPR, Save Lives."

Date : 03/03/2026 | Place : Bengaluru



Clinical Meet – Lung Transplantation

IMA Bangalore Branch, in association with Aster CMI Hospital, organized a Clinical Meet on Lung Transplantation featuring scientific sessions by leading specialists. The programme included presentations on Medical Aspects of Lung Transplantation, ECMO – A Bridge to Lung Transplantation, and Surgical Aspects of Lung Transplantation. Speakers included Dr. Sunil Kumar K., Dr. Prashanth Ramamurthy, and Dr. Sriram Vijayapuri.

The programme was attended by Dr. Bharath Raju G. and Dr. Pradeep Kumar K. N.

Date : 27/02/2026 | Place : JW Marriott Hotel, Bengaluru



CME Programme:

Date : 07/04/2026

IMA Bengaluru Branch organized a CME Programme featuring expert talks on advancements in cardiology and neurology. The scientific session included presentations by Dr. (Prof.) Ranjan Shetty on Advanced Procedures in Cardiac Interventions and Dr. Anil Ramakrishna on Interesting Cases Encountered in Neurology Practice.

International Women's Day Celebration 2026

Indian Medical Association Bengaluru Branch, along with the IMA Academy of Medical Specialties – Karnataka Chapter, in association with St. Joseph's Church Parishioners & Clergy, organized an International Women's Day Celebration 2026. The programme titled "Dhairya – Courage" featured a Health and Wellness Camp for women, focusing on awareness of women's health, empowerment, and community well-being. The event was inaugurated by Dr. Sujatha Rathod, Director of Medical Education, Government of Karnataka. The Chief Guest was Dr. Shobha Yaduraj, Senior Advocate, High Court of Karnataka and President of KIMA. The keynote address was delivered by Ms. Anita Braganza, Governing Body Member, RFL. As part of the celebrations, distinguished women professionals including Dr. Catherine, Dr. Savitha David, Dr. Sheela Stephen, Dr. Matilda D'Souza, Theresa Chinnappa, Adv. Surya Sanjay, Dr. Ramya H. S., and Dr. Anasuya S. were felicitated. IMA Bengaluru Branch members including Dr. Geraldine Sanjay, Dr. Jnanendrappa, and Dr. Mohan Kumar M. were present. Around 70 participants attended the programme.

Date : 08/03/2026

Place : St. Joseph's Institute of Skills (SJIS), Brigade Square, Bengaluru







Ambedkar Jayanthi Celebration:

Date : 14/04/2026

IMA Bengaluru Branch celebrated Ambedkar Jayanthi under the leadership of President Dr. Bharath Raju G. The programme commemorated the contributions and ideals of Dr. B. R. Ambedkar.



CME on Surgical & Radiation Oncology :

Date : 18/04/2026

Sri Shankara Cancer Hospital & Research Centre, in association with Indian Medical Association Bengaluru Branch, organized a CME programme on recent advancements in oncology. The programme featured scientific talks by:

- Dr. Manjunath Sastry – Role of Robotic Surgery in Surgical Oncology.
- Dr. Karthik S. Rishi – The New Age of Radiation Oncology: Expanding Role, Expanding Reach.
- Dr. Vijaisimha – Recent Advances in Targeted Systemic Therapies in Cancers.

World Kidney Day – Kidney Awareness Jatha

On the occasion of World Kidney Day 2026, Indian Medical Association Karnataka State Branch and Indian Medical Association Bangalore Branch organized a Kidney Awareness Jatha to promote awareness on kidney health and early prevention of kidney diseases. The walkathon commenced at 8:30 AM from IMA Premises, covering Minto Hospital Circle – Kannada Sahitya Parishat – Makkala Kuta – KIMS Hospital Circle – BMC Circle, and returning to IMA Premises. Around 300 participants, including doctors, medical students, and IMA members, actively took part in the rally. The programme was held under the theme "Kidney Health for All: Caring for People, Protecting the Planet." Participants spread awareness on maintaining healthy kidneys through proper lifestyle, regular health check-ups, hydration, and prevention of diabetes and hypertension. The event was attended by Dr. G. K. Venkatesh, Dr. Veerabhadraiah T. A., Dr. Suriraju V., Dr. Naveen H. N., Dr. Deepak Kumar Chinchalli, Dr. Bharath Raju G., Dr. Pradeep Kumar K. N., Dr. Madhushankar L., Dr. Venugopal K., Dr. Venkatachalapathy, Dr. Ramesh H. C., Dr. Anuradha Parameshwar, Dr. Rajasree, Dr. Rakshith, Dr. Hemalatha, Dr. Mahesh K. M., Dr. Santhosh H. R., and Dr. Ramya H. S. The programme concluded successfully with a strong message on adopting healthy lifestyles and seeking timely medical care.

Date : 12/03/2026 | Place : IMA House, Bengaluru





CME Programme on Sleep Disorders:

Date : 25/04/2026

Pulmocare Medical Systems & Excel Care Hospitals Bengaluru, in association with Indian Medical Association Bengaluru Branch, organized a CME programme on sleep disorders and treatment approaches. The session included presentations by:

Dr. Suma P. Kumar – Common Sleep Disorders and Their Evaluations.

Dr. Darsana G – Treatment of OSA, Sleep Hygiene, CPAP Therapy & Other Treatments.





Plantation Programme

Date : 06/05/2026

IMA Bengaluru Branch, along with Victoria Hospital, conducted a plantation programme under the guidance of Hon. Treasurer Dr. Narasimha Murthy N. and Hon. Secretary Dr. Pradeep Kumar K. N. The initiative focused on promoting environmental awareness and community participation.





Mother's Day Celebration 2026

Date : 16/05/2026

Indian Medical Association Bengaluru Branch organized Mother's Day Celebration 2026 with the theme "Science of Motherhood." The programme was graced by Her Highness Rajmata Dr. Pramoda Devi Wadiyar.



CME Programme

Date : 26/05/2026

IMA Bengaluru Branch under the leadership of Dr. Bharath Raju G., in association with Radhakrishna Hospital, RR Nagar, organized a CME Programme at Hotel La Marvella, Bengaluru. The session was presided over by Dr. Narasimha Murthy N., Treasurer, IMABB. Dr. Anuradha Paramesh, Past President, IMA Bengaluru Branch, organized the programme and also conducted free Hb and TSH tests for attendees. She addressed the gathering on IMA membership and its schemes. Dr. Vidya



Bhat, Consultant OBG, delivered a talk on Medical Management of Fibroids and Genitourinary Problems after 40 Years. The programme also featured a musical performance by the FPA Karaoke Team led by Dr. Shivanna and Dr. Srihari. The event was attended by Dr. Pradeep Kumar K. N., EC members, subcommittee members, Ladies Wing members, and senior IMABB members. Dr. Rajasree M. B., Secretary, IMABB Ladies Wing, moderated the session. Around 50 participants attended the programme and actively interacted during the session.







World No Tobacco Day Awareness Walkathon

Date : 31/05/2026

IMA Bengaluru Branch, in association with BMCRI, Bengaluru, organized a World No Tobacco Day Awareness Walkathon at the Victoria Hospital campus to create awareness about the harmful effects of tobacco consumption. The walkathon was flagged off by Dr. Madhusudan, Medical Superintendent, Victoria Hospital, in the presence of Dr. Guruprasad, Department of Psychiatry, Dr. Narasimha Murthy N., Treasurer, IMA Bengaluru Branch, and Dr. Pradeep Kumar K. N., Honorary Secretary, IMA Bengaluru Branch. Nearly 250 nursing and medical students participated in the programme and spread awareness on the importance of avoiding tobacco and tobacco-related products to protect health and save lives.







Human Papillomavirus (HPV) and Cervical Cancer Prevention

Dr. Anuradha Paramesh.V
Past President IMA Bengaluru Branch
State coordinator for
HPV Vaccination Training Program.

Human papilloma virus (HPV) is a double-stranded DNA virus responsible for 99.7% of cervical cancers. It is also associated with oral, anal, vaginal, vulval, penile cancers, genital warts, and recurrent respiratory papillomatosis. More than 200 high risk & low risk HPV types have been identified. Type6 and 11 cause

genital warts. Type 16,18 cause 83% of cervical cancers & are covered by Gardasil & Cervavac. Type 6,11 cause genital warts are taken care by these 2 vaccines.Gardasil9 protects against 9 HPV types namely,6,11,16,18,21,33,45,52,58.

Primary Vaccination:

- 9-14 years girls & boys 2doses
- Catch up vaccination:
- 15-26 years boys & men- 3 doses at 0,2,6 month interval.
- 15-45 years Girls & women, 3doses at 0,2,6 month interval.

Vaccine is contraindicated in those with history of allergy, pregnancy, those with moderate or severe illness .Common side effects are usually mild like injection site pain, redness, swelling in the arm, fever, giddiness headache, nausea, body ache.

Data reveals that the vaccine can be administered during menstruation ,doesn't affect fertility ,safe for breastfeeding women, transgender people .It can be co administered with other vaccines like Td, Tdap, MR, JE. There is no requirement for pap smear before vaccination ,however screening of all eligible women as per recommendation needs to be continued in order to pick up HPV infection or cervical precancerous lesions &cancer caused by non vaccine types of viruses.

Role of IMA, FOGSI, CFI:

Significant contribution by FOGSI created momentum which culminated in the roll of 1 crore HPV vaccine doses in India during the launch of HPV vaccination in India on 28th February 2026 in Ajmer, Rajasthan by our Prime Minister. It has been the outcome of sustained scientific advocacy ,political will and collective leadership over many years beginning in 2017.

Slogan of DO TEEKE ZINDAGI KE, by FOGSI President, Dr. Sunita Tandulwadkar took forward training of 10800 FOGSI Doctors during the 1st phase. & 31500 IMA Doctors during 2nd phase.

Myself, Dr. Anuradha Paramesh had the privilege of being Karnataka State coordinator during the 2nd phase .During the same period, IMA BB in association with IMA KSB MSN conducted 3 HPV vaccination camps, with many as 200 beneficiaries took complete course of the vaccine.

Launch of free single dose HPV Vaccine to 14 year girls has been a historic step in the prevention of cervical cancer in India, these 14 year girls need to register in U-win portal and avail the free vaccine in Govt Health Centres with consent of parent as per DPDP(The Digital Personal Data Protection) .This 3 month free vaccination campaign is now extended till August 2026.

Our role as Doctors is to transmit promote ,answer queries, ascertain free vaccination of all 14 year girls in Government Health Centres.

We continue to administer 2&3 dose vaccine as per FOGSI recommendation at all private Clinics ,Nursing Home and Hospitals.

90-70-90 Global strategy targets must be met by 2030 for elimination of cervical cancer .90% of girls need to be fully vaccinated with HPV vaccine by the age of 15 years .70% of women need to be screened with the high performance 5 yearly HPV test by 35 years of age and again by 45 years of age . 90% of women with pre cancer lesions treated and 90% of women with invasive cancer be well managed.

LETS TALK HPV LOUD & CLEAR ACROSS INDIA.

Let's join hand to create public awareness about this deadly carcinoma cervix and promote free HPV vaccine for 14 year girls and move towards cancer free India.

"I remember the feeling of joy, almost to tears, the day I discharged my first patient from the hospital and the tears that I can never hold back during the miracle of birth. That feeling is reward for our hard work here [in medical school] and in years that follow... I can't imagine being a doctor without it... I ask you to recall the vigor and happiness of our youths and then, imagine the beauty of that energy channeled into the care of another human being."

- John-Paul H. Dedam



ರೇಡಿಯಾಲಜಿ

ಆರ್.ಕೆ. ಸರೋಜ
(ನಿ) ರೇಡಿಯಾಲಜಿ ಪ್ರೊಫೆಸರ್
ಹಾಗೂ ನ್ಯೂಕ್ಲಿಯರ್ ಮೆಡಿಸಿನ್ ವಿಭಾಗದ ಮುಖ್ಯಸ್ಥರು
ಬೆಂಗಳೂರು ಮೆಡಿಕಲ್ ಕಾಲೇಜು

ಎಕ್ಸರೇ (ಕ್ಷ ಕಿರಣ) ಆವಿಷ್ಕಾರ ಗೊಂಡ ದಿನ ಶುಕ್ರವಾರ, ನವೆಂಬರ್ 8, 1895ನೇ ಇಸವಿ. ರಾಂಜೆನ್ ತನ್ನ ಪ್ರಯೋಗಾಲಯದಲ್ಲಿ ಸಂಜೆಯಾದರೂ ಕೆಲಸದಲ್ಲಿ ನಿರತನಾಗಿದ್ದ. ವಿಲಿಯಂ ಕ್ರೂಕ್‌ನ ನಿರ್ವಾತ ಕೊಳವೆಯ ಮೂಲಕ ವಿದ್ಯುತ್ ಪ್ರವಾಹವನ್ನು ಹರಿಸುವ ಪ್ರಯೋಗದಲ್ಲಿ ನಿರತನಾಗಿದ್ದ. ಕಿಟಕಿಗೆ ಕಪ್ಪು ಪರದೆ ನೇತು ಹಾಕಿ ಕೋಣೆಯೊಳಗೆ ಕತ್ತಲು ಮಾಡಲಾಗಿತ್ತು.

ವಿದ್ಯುತ್ ಹರಿಯಲಾರಂಭಿಸಿದ ತಕ್ಷಣ ಕಿಟಕಿಗೆ ನೇತು ಹಾಕಿದ್ದ ಪರದೆ ಪ್ರಕಾಶಮಾನವಾಗಿ ಬೆಳಗಲಾರಂಭಿಸಿತು. ವಿದ್ಯುತ್ ಹರಿವನ್ನು ಸ್ಥಗಿತಗೊಳಿಸಿದರೆ ಪರದೆಯ ಹೊಳಪೂ ಮಾಯವಾಗುತ್ತಿತ್ತು.

ಬೇರಾವುದೋ ಪರೀಕ್ಷೆಯ ಪ್ರಯೋಗಾರ್ಥ ಆ ಪರದೆಗೆ ಬೇರಿಯಂ ಸಂಯುಕ್ತ ವನ್ನು ಲೇಪಿಸಲಾಗಿತ್ತು. ಯಾವುದೋ ಅಗೋಚರ ಕಿರಣಗಳು ಪರದೆಗೆ ಲೇಪಿಸಿದ್ದ ಬೇರಿಯಂ ಅನ್ನು ತಾಕಿದಾಗ ಅವು ಪ್ರತಿಫಲಿತವಾಗಿ ಹೊಳಪು ಕಾಣಿಸಿಕೊಳ್ಳುತ್ತದೆ ಎಂದು ಅಂದಾಜಾಯಿತು.

ಕೊಳವೆ ಮತ್ತು ಕಿಟಕಿಯ ನಡುವೆ ದಪ್ಪ ಗಾತ್ರದ ಮರದ ಹಲಗೆ, ಪುಸ್ತಕ ಇತ್ಯಾದಿಗಳನ್ನು ಅಡ್ಡಲಾಗಿ ಇರಿಸಿ ವಿದ್ಯುತ್ ಹಾಯಿಸಿದಾಗಲೂ ಪರದೆಯಲ್ಲಿ ಹೊಳಪು ಪ್ರತಿಫಲಿತವಾಗುವುದನ್ನು ತಡೆಯಲಾಗಲಿಲ್ಲ. ಆಶ್ಚರ್ಯದಿಂದ ಭಾವಾವೇಶಕ್ಕೊಳಗಾದ ರಾಂಜೆನ್ ಪತ್ನಿಯನ್ನು ಕರೆದು ಆ ವಿಸ್ಮಯವನ್ನು ಪ್ರದರ್ಶಿಸಿದನು. ಅಲ್ಲದೆ ಆಕೆಯ ಹಸ್ತವನ್ನು ಅಡ್ಡಲಾಗಿಟ್ಟು ಪ್ರಯೋಗ ನಡೆಸಿದಾಗ, ಹಸ್ತ ಮತ್ತು ಬೆರಳಿನ ಮೂಳೆಗಳು ಸ್ಪಷ್ಟವಾಗಿ ಕಾಣುತ್ತಿದ್ದು, ಮೃದುವಾದ ಮಾಂಸ ಖಂಡಗಳು ಗೋಚರಿಸುತ್ತಿರಲಿಲ್ಲ.

ಆಕಸ್ಮಿಕವಾಗಿ ತನಗೆ ಕಂಡು ಬಂದ ಈ ಅಗೋಚರ ರಶ್ಮಿಗಳ ಸ್ವಭಾವದ ಪರಿಚಯವಾಗದೇ ಇದ್ದುದರಿಂದ ಅವುಗಳಿಗೆ ಎಕ್ಸ್ ಕಿರಣಗಳೆಂದು ನಾಮಕರಣ ಮಾಡಿದ.

ಈ ಸಂಶೋಧನೆಗೆ 1901ರಲ್ಲಿ ನೋಬೆಲ್ ಪ್ರಶಸ್ತಿಯನ್ನು ನೀಡಲಾಯಿತು. ರಾಂಜೆನ್ ಮಹಾಮಾನವತಾವಾದಿ, ತನಗೆ ಬಂದ ಪ್ರಶಸ್ತಿಯ ಮೊತ್ತವನ್ನೆಲ್ಲಾ ಎಕ್ಸ್ ರೇ ಪ್ರಯೋಗಗಳಿಗೆ ನೀಡಿದ. ರಾಜನ್ ತನ್ನ ಸಂಶೋಧನೆಗೆ ಪೇಟೆಂಟ್ ಪಡೆಯಲಿಲ್ಲ. ಆದುದರಿಂದಲೇ ಎಕ್ಸ್ ರೇ ಪ್ರಕಟವಾದ ಒಂದೇ ತಿಂಗಳಲ್ಲಿ ವಿಶ್ವಾದ್ಯಂತ ಬಿರುಸಿನ ಸಂಶೋಧನೆಗಳು ಆರಂಭವಾದವು.

ಒಂದೇ ವರ್ಷದಲ್ಲಿ ಐವತ್ತಕ್ಕೂ ಹೆಚ್ಚಿನ ಗ್ರಂಥಗಳೂ, ಸಾವಿರಾರು ಲೇಖನಗಳೂ ಪ್ರಕಟವಾದವು. ಅಂತಹ ಅದ್ಭುತ ಸಲಕರಣೆಯ ಉಗಮಕ್ಕೆ ವೈದ್ಯಕೀಯ ಕ್ಷೇತ್ರ ಯುಗ ಯುಗಗಳಿಂದ ಕಾದುಕುಳಿತ್ತಿತ್ತು.

ಎಕ್ಸ್ ಕಿರಣಗಳ ಸಂಶೋಧನೆ ರೋಗ ನಿದಾನ (diagnosis) ಕ್ಷೇತ್ರದಲ್ಲಿ ಹೊಸ ಮನ್ವಂತರಕ್ಕೆ ನಾಂದಿಯಾಯಿತು. ಎಕ್ಸ್ ಕಿರಣಗಳು ವಿಕಿರಣಗಳೂ ಆಗಿರುವುದರಿಂದ ಈ ತಂತ್ರಜ್ಞಾನಕ್ಕೆ ರೇಡಿಯಾಲಜಿ ಎಂದು ಹೆಸರಾಯಿತು.

> *"Always remember the privilege it is to be a physician."*
>
> ***- Daniel P. Logan***



Role of Aeroallergens in Allergic Respiratory Diseases

Dr. Revathy. S

Assistant Professor, Department of Paediatrics
Consultant Allergist, Allergy Clinic
Akash Institute of Medical Sciences and Research Centre
Devanahalli, Bengaluru

Allergy is best described as hypersensitivity reaction in which there is objectively reproducible signs and symptoms initiated by exposure to a defined stimulus (allergen), which is otherwise well tolerated by a healthy person. These individuals who manifest allergy are called to be atopic. Atopy is defined as genetic predisposition of any individual to respond to environmental allergens with production of allergen specific IgE antibodies. Atopy presents as allergic rhinitis and bronchial asthma in respiratory tract, allergic conjunctivitis and vernal keratoconjunctivitis in the eyes, abdominal discomfort with vomiting and diarrhoea in GI tract; and eczema and urticaria in the skin.

Allergens triggering the responses can be of following types: 1. Inhalant (pollens, fungal spores etc); 2. Ingest ants (foods and additives); 3. Injectants (insect bites and stings, injectable medications); 4. Contactants (cosmetics etc). The inhalant allergens are also known as aeroallergens, which play a major role in allergic respiratory disease. These comprise of following biological groups: pollens, house dust mite, insect and fungal spores. Aerobiology surveys in India, conducted as part of the All India Coordinated project on aeroallergens, mapped airborne allergens like pollens and fungal spores in different parts of India. Studies of the aforementioned project revealed that 20-30% of the Indian population suffers from allergic rhinitis, which are largely triggered by regional vegetation and environmental changes. In accordance with aerobiological surveys in India 83 pollens, 34 fungi, 6 house dust mites and 19 insect species were reported as allergenic in the last two decades. Region wise profile of aerobiological particles has been studied and pollination calendars have been prepared for different states in India. Increasing urbanisation, air pollution and global warming have led to rise in prevalence of aeroallergens in India. Increase in ground level ozone (O3) affects the respiratory health as well as vegetation as high O3 exposed pollens have enhanced allergenicity. Increasing CO2 due to global warming enhance plant growth, pollen production, allergenicity of pollens and premature onset as well as extended duration of pollen season. The particulate matter <2.5micron, NO2, O3 and SO2 aggravate airway inflammation in atopic individuals, resulting in enhanced permeability of allergens into respiratory mucosa and interact with immune cells. Thus, in allergic diseases there is a complex interplay between genetic and environmental factors.

The tests to identify the role of aeroallergens in allergic respiratory disease are skin prick testing (in vivo) and specific IgE assay (in vitro). Performing these tests need prerequisite knowledge about the allergenic pollens, fungal spores, house dust mites and insects prevalent in the given region. Identifying the causative allergens help in taking avoidance measures and proceeding with disease modifying therapeutic treatment option of allergen immunotherapy. Allergen immunotherapy creates tolerance in patient and sifts the immunological response at cellular level. It involves

sublingual or subcutaneous administration of the therapeutically modified allergen extract in graded concentration over a prolonged period.

The appropriate selection of specific aeroallergens for testing can be beneficial therapeutically (for allergen immunotherapy) as well as cost effective (reduces cost of skin prick testing when less allergens are used). The skin prick testing for foods in allergic respiratory diseases has been traditionally practised by many clinicians, though there is no scientific evidence in support of such practice. Foods play a negligible role in pathophysiology of allergic respiratory diseases (allergic rhinitis and asthma) when compared to their role in atopic eczema.

To conclude, there is a need for awareness about the role of aeroallergens in allergic diseases, the cellular and immunological changes induced by the allergens, inclusion of appropriate aeroallergens in the diagnostic tests and therapeutic extracts preparation.



RICINUS COMMUNIS (ALLERGENIC WEED POLLEN)



PARTHENIUM HYSTEROPHORUS (ALLERGENIC WEED POLLEN)



HOUSE DUST MITE

House dust mites are eight-legged microscopic creatures that are invisible to the naked eye.

They live on skin scales and other debris.

In addition to high humidity, they have strict temperature requirements and can only grow between temperatures of 65°F and 80°F (18°C and 27°C).



Cardiopulmonary Resuscitation (CPR) – What is New in 2026?

Dr. Suresh T. Yavagal
Sr. Interventional Cardiologist
Rtd. Prof & Head, SJICS

Cardiopulmonary resuscitation (CPR) is a emergency procedure to save a life in cardiac arrest. In Out of Hospital Cardiac Arrest (OHCA) survival to Hospital discharge is around 10%. Thus there is tremendous scope for improvement. 74% of Cardiac arrest (CA) occurs at residence. If people at home know CPR, they can help the victims.

Latest guidelines of CPR insist for high quality CPR.CPR should be started as early as possible after cardiac arrest (within two minutes). More the delay the chance of survival will go on reducing.

Today the new approach to primary CA is cardio cerebral resuscitation. Classic CPR should be reserved for secondary cardiac arrest. If you wish to train anybody in CPR, they should also be trained in emergency cardiac care. So that more lives can be saved. Every recommendation of American Heart Association (AHA) has a class of recommendation and level of evidence.760 recommendations of AHA answers all questions related to CPR.

There are two types of cardiac arrest. Primary and Secondary. Primary CA is an unexpected witnessed (seen or heard) collapse of a person who is not responsive. There is gasping for breath or no breathing. Majority of OHCA are primary CA. Here heart suddenly stops pumping blood and the arterial blood is oxygenated at the time of arrest. Hence compression only (CO CPR) is sufficient. Secondary CA is secondary to severe hypoxia, often from drowning, respiratory failure, drug overdose or hypotension due to shock or haemorrhage etc. Here the arterial oxygen saturation is reduced at the time of arrest. Hence classic CPR is needed

Adult Basic Life Support

For OHCA

- Confirm the safety of the place.
- Rapid identification of cardiac arrest.
- Any unconscious person with an abnormal or absent breathing or agonal gasp is a sign of cardiac arrest.
- Request assistance from a by passers.
- Activate Emergency Response System (ERS) of the hospital by their mobile phone without leaving the victim.

Knee should be around the shoulder. Hands should be on the mid portion of the chest, heel of one hand on another. Put hands directly under the shoulder to keep hands straight. Start chest compression with the victim on firm surface.

- Rate 100- 120 per minute, Depth 2 inches.
- Allow complete chest recoil after each compression.
- Minimise interruption during compression.

If defibrillator is available, give DC shock as soon as cardiac arrest is diagnosed. Then start chest compression. Continue chest compressions until the trained people arrive on the on the spot or the victim regain consciousness and starts breathing.

Secondary Cardiac Arrest

Classic CPR should be done (ABC)

Airway – Clear the airway by Head Tilt and Chin Lift manoeuvre. Remove any foreign material or dentures from the mouth.

Breathing – Breathing should be started as quickly as possible. Providers mouth to mouth or mouth to bag valve mask. Two ventilations should be given in sequence after 30 compressions. If there is single healthcare provider. When breaths are completed, compressions are restarted. If there are two healthcare providers, one should do compression and other should do ventilation.8-10 breaths per minute. If Ambu bag is available, it can be used.

Once the emergency response team arrives, they will take over and continue CPR. Endotracheal tube will be placed in position and will continue ventilation. Drugs like adrenaline (Epinephrine) will be given IV every 3 to 5 minutes. Once ROSC (Return of spontaneous circulation) occurs, patient will be transferred to Hospital.

All survivors of Cardiac arrest should undergo Coronary angiogram. If patient is comatose Therapeutic Hypothermia should be given for at least 36 hours to prevent brain damage.

American Heart Association discusses the guidelines in 15 parts-Ethical issues, system care and quality improvement, CPR in adults, Advance life support, CPR in children and neonates, post resuscitation care, Acute Coronary syndrome, and other special circumstances, Education , First aid etc. in detail.

OHCA problems in India

- Low Bystander CPR rate (1.3 - 9.8%).
- Need for public awareness.
- Importance of EMS.
- Community CPR training with feedback devices.
- Telephonic CPR.
- Addressing the barrier.
- Establishing national registry.
- Use of technology like drones, mobile phone etc.

Conclusion

High quality CPR with minimum interruption should be our goal. COCPR is indicated in OHCA. Classic CPR should be reserved for secondary CA. Injection Epinephrine has got some benefit. If AED is available defibrillate the heart as soon as diagnosis of CA is done. Once ROSC occurs consider coronary angiogram. Therapeutic hypothermia should be considered in all comatose patients. High-quality training is needed for everyone.

"...let me congratulate you on the choice of calling which offers a combination of intellectual and moral interests found in no other profession."

- Sir William Olser

ವೈದ್ಯ ವೃತ್ತಿಗೆ ಜಯವೆನ್ನಿ

ವೈದ್ಯನೆಂದರೆ ಸುಲಭದ ತುತ್ತು
ವೈದ್ಯನಿಲ್ಲದಿರೆ ನಿಮಗೇ ಕುತ್ತು
ಒಡ್ಡುವಿರಾದರೆ ಅವನಿಗಾಪತ್ತು
ಸಾಗಬಹುದೆ ಲೋಕವು ಎಂತು

ವೈದ್ಯನಿಗೆನ್ನಲು ಧನ್ವಂತರಿಯು
ಬದಲಾಗುವುದೆ ಮನ್ವಂತರವು
ಚಿವುಟಲು ಬರದೆ ರಕ್ತವು ಅವಗು
ನಿಮ್ಮಗಳಂತೆಯೆ ನಗುವು ಅಳುವು

ವಾಸಿಯಾದರೆ ವೈದ್ಯನೆ ಹರಿಯು
ಆಗದಿದ್ದರೆ ಆಗುವನು ಅರಿಯು
ವಿಚಿತ್ರವಲ್ಲವೆ ನಿಮ್ಮೀ ನಡೆಯು
ಅಮಾನುಷವು ವೈದ್ಯಗೆ ಗುರಿಯು

ಕಾಯುವ ಕಾಯಕ ದೇವರದು
ಉಳಿಸುವ ಯತ್ನವು ವೈದ್ಯನದು
ಹಣೆಯ ಬರಹಕೆ ದೈವ ಹೊಣೆ
ಮನುಷ್ಯ ಪ್ರಯತ್ನಕೆ ಎಲ್ಲಿ ಎಣೆ

ಹಗಲಿರುಳೆನ್ನದೆ ಸೇವೆಯ ಗೈದು
ಜಾತಿ ಧರ್ಮಗಳ ಭೇದವ ಮರೆತು
ಬಡತನ ಸಿರಿತನ ಲೆಕ್ಕವ ತೊರೆದು
ನೋವು ಸಾವನು ಮೀರಲೆಣಿಸುವ
ವೈದ್ಯರ ಕಾಯಕ ಹಿರಿದೆನ್ನಿ
ವೈದ್ಯವೃತ್ತಿಗೆ ಜಯವೆನ್ನಿ

ಜಯ ಜಯ ವೈದ್ಯೋತ್ತಮ

ಜಯ ಜಯ ಜಯ ವೈದ್ಯೋತ್ತಮ
ಮಾನವ ಕುಲದೊಳು ಶ್ರೇಷ್ಠತಮ
ರೋಗಿಯ ಬದುಕಿನ ಅಂಧತಮ
ಕಳೆಯುವ ನೀನೆ ಪುರುಷೋತ್ತಮ

ತನ್ನಯ ಬದುಕಿನ ಯೌವ್ವನವ
ಜ್ಞಾನಾರ್ಜನೆಗೆ ಮುಡುಪಿಡುವ
ರೋಗ ಲಕ್ಷಣಗಳ ಚಿಂತಿಸುವ
ರೋಗಿಯ ಒಳಿತೆ ತನದೆನುವ

ಸ್ವಾರ್ಥ ಲಾಲಸೆಗಳ ಬದಿಗೊತ್ತಿ
ಮಾನವೀಯತೆಯ ಹಿಡಿದೆತ್ತಿ
ತಾಳ್ಮೆ ಸಹನೆ ಮಮತೆ ಪ್ರೀತಿ
ತುಂಬಿ ತುಳುಕುವುದೀ ವೈದ್ಯನ ವೃತ್ತಿ

ಸಾಂಕ್ರಾಮಿಕಗಳು ಏನೇ ಬರಲಿ
ಬಗೆ ಬಗೆ ಬೇನೆಯ ತಲೆನೋವಿರಲಿ
ಮೊದಲಿಗೆ ತಾ ಮುಂದಡಿಯಿಡುತಲಿ
ವೈಯುಕ್ತಿಕ ಬದುಕಿನ ತ್ಯಾಗದಲಿ

ವೈದ್ಯನು ಮನುಜನು ಎಂಬುದನರಿತು
ವೈದ್ಯನ ಬೆವರಿನ ಬೆಲೆಯನ್ನರಿತು
ಮಾನವ ಸೇವೆಯ ಮಹತ್ವವರಿತು
ಕರ ಜೋಡಿಸಿರಿ ಸಂಗಡ ಬೆರೆತು

ಜಯ ಜಯ ಜಯ ವೈದ್ಯೋತ್ತಮ
ಮಾನವ ಕುಲದೊಳು ಶ್ರೇಷ್ಠತಮ
ರೋಗಿಯ ಬದುಕಿನ ಅಂಧತಮ
ಕಳೆಯುವ ನೀನೆ ಪುರುಷೋತ್ತಮ.

ಡಾ. ನಿತ್ಯಾನಂದ ಸುಂಡವಾಳು (ಎಸ್ ಕೆ ನಿತ್ಯಾನಂದ)
ಸಹ ಪ್ರಾಧ್ಯಾಪಕರು, ಮಕ್ಕಳ ವಿಭಾಗ
ಎಸ್.ಎಸ್.ಎಂ.ಐ.ಎಸ್. ಅಂಡ್ ಆರ್.ಸಿ.
ಟಿ ಬೇಗೂರು, ಬೆಂಗಳೂರು.



A Smoke-Free Life: Long-Term Benefits of Saying No to Tobacco

Dr. Pradeep Kumar K N
Consultant - Radiation Oncology, HCG

In a world where lifestyle diseases are rising at an alarming pace, the decision to avoid or quit tobacco stands out as one of the most impactful choices an individual can make. Tobacco use whether through cigarettes, bidis, or smokeless forms remains a leading cause of preventable illness and premature death. Yet, the benefits of a smoke-free life extend far beyond simply avoiding disease. Over time, saying no to tobacco reshapes physical health, mental well-being, financial stability, and even social relationships, creating a foundation for a healthier and more fulfilling life.

How the Body Recovers After Tobacco

The body has a strong ability to repair itself once tobacco use ends. Within weeks to months of quitting, lung function improves, blood circulation becomes more efficient, and oxygen levels return to normal. Over time, this leads to a much lower risk of chronic conditions like heart disease and stroke.

Smoking damages blood vessels and speeds up artery hardening, which raises the chance of cardiovascular problems. Choosing a tobacco-free life gives your heart and vessels a chance to heal and work properly. That lowers the risk of life-threatening events and also boosts stamina, so daily tasks like climbing stairs or exercising feel easier.

Stronger Protection against Cancer

Tobacco exposes you to thousands of harmful chemicals, many of which cause cancer. Long-term use is tied to cancers of the lungs, mouth, throat, pancreas, bladder, and more. The good news is that risk starts dropping as soon as you stop. Year by year, the body repairs cell damage and the odds of tobacco-related cancers keep falling.

It also protects the people around you. Secondhand smoke is a real health hazard, especially for kids and non-smoking family members. Living tobacco-free creates a safer home and cuts their risk of respiratory issues and long-term health problems.

More Energy, Stronger Immunity, Better Daily Life

Going tobacco-free lifts your overall energy. Smokers often feel tired because of poor oxygen supply and reduced lung capacity. People who quit or never start usually have higher energy, better endurance, and stronger physical performance.

Your immune system gets stronger too. Tobacco weakens natural defenses, making infections like colds, flu, and respiratory illnesses more likely. Over time, a tobacco-free body fights off disease better, recovers faster, and stays more resilient.

Mental Clarity and Emotional Stability

Contrary to popular belief, tobacco does not reduce stress—it temporarily masks it while reinforcing nicotine dependence. This cycle often leads to increased anxiety, irritability, and mood fluctuations. Breaking free from tobacco allows the brain to regain its natural balance.

Over the long term, individuals often report improved concentration, clearer thinking, and a greater

sense of emotional stability. The absence of dependency fosters a feeling of control and self-confidence, which positively impacts both personal and professional life.

Saving Money and Gaining Financial Freedom

The cost of tobacco is bigger than most people realize. What you spend daily on cigarettes or other products adds up to a large amount over months and years. Dropping the habit frees up money for things that matter more, like health insurance, education, travel, or investments.

There's also a long-term payoff. Avoiding tobacco-related illnesses cuts medical bills, hospital visits, and ongoing treatment costs. A tobacco-free life brings financial relief that starts right away and lasts.

Better Looks and Slower Aging

Tobacco speeds up visible aging. It contributes to early wrinkles, dull skin, stained teeth, and hair damage. After quitting, many people notice clearer skin tone, better texture, and an overall fresher appearance as the body repairs itself.

This isn't just cosmetic. The outward changes reflect deeper healing and improved internal health.

Stronger Relationships and Social Life

Living tobacco-free helps your relationships. It removes secondhand smoke from your home, making it safer for kids and older family members. Socially, you avoid the limits that come with smoking restrictions, so it's easier to take part in workplaces, public spaces, and gatherings.

Quitting can also motivate others around you. That influence spreads through families and communities and encourages healthier choices.

More Years, With Better Quality

The biggest gain from rejecting tobacco is not only living longer, but living better. Studies consistently show that people who avoid or quit tobacco have a higher life expectancy and a better quality of life. Those extra years tend to come with more independence, fewer medical issues, and the ability to stay active and involved.

Impact That Reaches the Next Generation

Choosing a tobacco-free life goes beyond personal health. It shapes future generations too. Kids who grow up in smoke-free homes are less likely to pick up tobacco themselves. Over time, that shifts culture toward healthier living and lowers the overall burden of tobacco-related disease.

A smoke-free life is not defined by what is given up, but by what is gained. It is a commitment to health, resilience, and a better future. The long-term benefits ranging from reduced disease risk and improved mental well-being to financial savings and stronger relationships far outweigh the temporary challenges of quitting.

Ultimately, saying no to tobacco is one of the most empowering choices an individual can make. It is an investment in longevity, vitality, and a life lived to its fullest potential.

"People pay the doctor for his trouble;
for his kindness they still remain in his debt."

- Seneca



ಹಾನಿಗೊಂಡ ಕೀಲನ್ನು ಸರಿಯಾಗಿ ನಿರ್ವಹಿಸಿದರೆ ಕೀಲು ಬದಲಾವಣೆಗೆ ಮುನ್ನ ಅದರ ಜೀವಿತಾವಧಿ ಹೆಚ್ಚಿಸಬಹುದು

ಡಾ. ಪ್ರದೀಪ್ ಕೊಚೀಷ್ಟನ್
ಆರ್ಥೊಪಿಡಿಷಿಯನ್,
ಅಪೋಲೋ ಆಸ್ಪತ್ರೆ, ಬೆಂಗಳೂರು

ನಾವೆಲ್ಲರೂ ಸಾಮಾನ್ಯವಾಗಿ ದೈಹಿಕ ಚಲನೆಯನ್ನು ಒಂದು ಮೂಲಭೂತ ಕಾರ್ಯ ಎಂದು ಭಾವಿಸುತ್ತೇವೆ. ಆದರೆ ವಾಸ್ತವದಲ್ಲಿ, ಆರೋಗ್ಯಕರ ವಯಸ್ಸಾಗುವಿಕೆ ಮತ್ತು ಒಟ್ಟಾರೆ ಜೀವನದ ಗುಣಮಟ್ಟವನ್ನು ಅಳೆಯುವ ಅತ್ಯಂತ ಪ್ರಮುಖ ಮಾನದಂಡವೆಂದರೆ ಅದು ನಮ್ಮ ಚಲನಶೀಲತೆ. ನಿಮ್ಮ ಸರಾಗವಾಗಿ ಚಲಿಸುವ ಸಾಮರ್ಥ್ಯ ಕುಂಠಿತಗೊಂಡಾಗ, ಅದು ಹೃದಯ ರಕ್ತನಾಳದ ದೌರ್ಬಲ್ಯದಿಂದ ಹಿಡಿದು ಮಾನಸಿಕ ಒಂಟಿತನದವರೆಗೆ ಹಲವಾರು ಆರೋಗ್ಯ ಸಮಸ್ಯೆಗಳ ಸರಮಾಲೆಯನ್ನೇ ಸೃಷ್ಟಿಸುತ್ತದೆ. ಕೀಲುಗಳ ಆರೋಗ್ಯವನ್ನು ಕಾಪಾಡಿಕೊಳ್ಳುವುದು ಎಂದರೆ ಕೇವಲ ನೋವಿನಿಂದ ಮುಕ್ತಿ ಪಡೆಯುವುದಷ್ಟೇ ಅಲ್ಲ; ಅದು ವಯಸ್ಸಾಗುತ್ತಿದ್ದಂತೆ ನಿಮ್ಮ ಸ್ವಾತಂತ್ರ್ಯ ಮತ್ತು ಘನತೆಯನ್ನು ಉಳಿಸಿಕೊಳ್ಳುವ ಮಾರ್ಗವಾಗಿದೆ.

ಕೀಲುಗಳ ಸವಕಳಿಯು ಅನಿವಾರ್ಯವಾಗಿ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಯ ಮೇಜಿನವರೆಗೆ ಕರೆದೊಯ್ಯುತ್ತದೆ ಎಂದು ಹಲವರು ನಂಬುತ್ತಾರೆ. ಆದರೆ ಇದು ತೀರಾ ತಪ್ಪು ಕಲ್ಪನೆ. ಕೀಲುಗಳಲ್ಲಿ ತೀವ್ರವಾದ ಹಾನಿ ಉಂಟಾಗುವುದಕ್ಕಿಂತ ದೀರ್ಘಕಾಲದ ಮುಂಚೆಯೇ ಅವು ಮುನ್ನೆಚ್ಚರಿಕೆಯ ಸೂಚನೆಗಳನ್ನು ನೀಡಲಾರಂಭಿಸುತ್ತವೆ. ಬೆಳಗ್ಗೆ ಎದ್ದಾಗ ಕೀಲುಗಳು ಬಿಗಿದುಕೊಂಡು, ಅದು ಸಡಿಲಗೊಳ್ಳಲು ಹದಿನೈದು ನಿಮಿಷಗಳಷ್ಟು ಸಮಯ ತೆಗೆದುಕೊಳ್ಳುವುದು; ಹವಾಮಾನ ಬದಲಾದಾಗ ಕೀಲುಗಳಲ್ಲಿ ಮಂದವಾದ ನೋವು ಕಾಣಿಸಿಕೊಳ್ಳುವುದು; ಚಲಿಸುವಾಗ ಕೀಲುಗಳಿಂದ ಶಬ್ದ ಬರುವುದು; ಅಥವಾ ಮೆಟ್ಟಿಲು ಹತ್ತುವಾಗ–ಇಳಿಯುವಾಗ ಇದ್ದಕ್ಕಿದ್ದಂತೆ ಗೋಡೆ ಅಥವಾ ರೇಲಿಂಗ್‌ಗಳ ಆಸರೆ ಪಡೆಯುವ ಮನಸ್ಸಾಗುವುದು––ಇಂತಹ ಸೂಕ್ಷ್ಮವಾದ ಅಪಾಯದ ಮುನ್ಸೂಚನೆಗಳನ್ನು ನಾವು ಸಾಮಾನ್ಯವಾಗಿ ವಯಸ್ಸಾಗುತ್ತಿದೆ ಅಂದುಕೊಂಡು ನಿರ್ಲಕ್ಷಿಸಿಬಿಡುತ್ತೇವೆ.

ಇಂತಹ ಆರಂಭಿಕ ಮುನ್ಸೂಚನೆಗಳ ಬಗ್ಗೆ ಗಮನ ಹರಿಸಿ ಸಕಾಲದಲ್ಲಿ ಚಿಕಿತ್ಸೆ ಅಥವಾ ಮುನ್ನೆಚ್ಚರಿಕೆಗಳನ್ನು ತೆಗೆದುಕೊಳ್ಳುವುದು ಅತ್ಯಂತ ಪರಿಣಾಮಕಾರಿಯಾದ ಮಾರ್ಗವಾಗಿದೆ; ಏಕೆಂದರೆ ಕಾರ್ಟಿಲೆಜ್ ನೇರವಾದ ರಕ್ತಪೂರೈಕೆಯನ್ನು ಹೊಂದಿರುವುದಿಲ್ಲ. ಹಾಗಾಗಿ, ಅದು ಒಮ್ಮೆ ಸಂಪೂರ್ಣವಾಗಿ ಸವೆದು ಹೋದರೆ ಅದನ್ನು ಸುಲಭವಾಗಿ ಮರು ಪಡೆಯಲು ಸಾಧ್ಯವಿಲ್ಲ. ಕೀಲುಗಳ ಸವಕಳಿಯನ್ನು ಆರಂಭದಲ್ಲೇ ಗುರುತಿಸುವುದರಿಂದ, ಉಳಿದ ಮೃದ್ವಸ್ಥಿ ಅಂಗಾಂಶಗಳನ್ನು ರಕ್ಷಿಸಿಕೊಳ್ಳಬಹುದು ಮತ್ತು ತೀವ್ರ ಹಾನಿ ಉಂಟಾಗುವ ಮುನ್ನವೇ ಕಾಯಿಲೆಯ ತೀವ್ರತೆಯನ್ನು ತಡೆದು ಅದರ ದಿಕ್ಕನ್ನು ಬದಲಾಯಿಸಬಹುದು.

ಮೊಳೆಗೆ ಸಮಸ್ಯೆಗಳಿಗೆ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಯೇ ಮೊದಲ ಅಥವಾ ಏಕೈಕ ಆಯ್ಕೆಯಾಗಿರುವುದಿಲ್ಲ. ಕೀಲು ಬದಲಿ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಯನ್ನು ಮುಂದೂಡಲು ಅಥವಾ ಅದನ್ನು ಸಂಪೂರ್ಣವಾಗಿ ತಡೆಯುವಲ್ಲಿ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಯಲ್ಲದ ಇತರ ವೈದ್ಯಕೀಯ ವಿಧಾನಗಳು ಅತ್ಯಂತ ಪರಿಣಾಮಕಾರಿಯಾಗಿವೆ. ನಿರ್ದಿಷ್ಟ ಫಿಸಿಯೋಥೆರಪಿಯ ಮೂಲಕ, ಸಮಸ್ಯೆಯಿರುವ ಕೀಲಿನ ಸುತ್ತಲಿನ ಸ್ನಾಯುಗಳನ್ನು ಬಲಪಡಿಸಬಹುದು; ಈ ಸ್ನಾಯುಗಳು ಕೀಲುಗಳಿಗೆ ಕುಶನ್ ರೀತಿ ಕೆಲಸ ಮಾಡುತ್ತವೆ. ಇದರ ಜೊತೆಗೆ, ತೂಕದ ನಿರ್ವಹಣೆ, ಉರಿಯೂತ ನಿವಾರಕ ಕ್ರಮಗಳು, ನಿಮ್ಮ ನಡಿಗೆಯನ್ನು ಸರಿಪಡಿಸುವ ಕಸ್ಟಮ್ ಆರ್ಥೋಟಿಕ್ಸ್ ಮತ್ತು ಕೀಲುಗಳ ಸರಾಗ ಚಲನೆಗೆ ನೀಡುವ ಲ್ಯೂಬ್ರಿಕೇಟಿಂಗ್ ಇಂಜೆಕ್ಷನ್‌ಗಳ ಮೂಲಕ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಇಲ್ಲದೆಯೇ ನೋವನ್ನು ನಿರ್ವಹಿಸಬಹುದು ಮತ್ತು ಕೀಲುಗಳ ಸುಲಭ ಚಲನೆಯನ್ನು ಮರುಪಡೆಯಬಹುದು.

ಆಯ್ದ ರೋಗಿಗಳಲ್ಲಿ, ಮೊಣಕಾಲಿನ ಜೋಡಣೆಯನ್ನು ಸರಿಪಡಿಸುವ ಪ್ರಕ್ರಿಯೆಗಳು ಕೀಲುಗಳಾದ್ಯಂತ ದೇಹದ ತೂಕವು ಸಮನಾಗಿ ಹಂಚಿಕೆಯಾಗುವಂತೆ ಮಾಡಲು ಸಹಾಯ ಮಾಡುತ್ತವೆ. ಇದು ಕೀಲಿನ ಹಾನಿಗೊಳಗಾದ ಭಾಗಗಳ ಮೇಲಿನ ಒತ್ತಡವನ್ನು ಕಡಿಮೆ ಮಾಡುತ್ತದೆ ಮತ್ತು ಮುಂದಿನ ಸವಕಳಿಯ ವೇಗವನ್ನು ಕುಂಠಿತಗೊಳಿಸುತ್ತದೆ. ಇತ್ತೀಚಿನ ಅತ್ಯಾಧುನಿಕ ಮೃದ್ವಸ್ಥಿ ದುರಸ್ತಿ ತಂತ್ರಜ್ಞಾನಗಳು ಕೀಲಿನ ನಿರ್ದಿಷ್ಟ ಭಾಗದಲ್ಲಿ ಮಾತ್ರ ಮೃದ್ವಸ್ಥಿ ಹಾನಿಯಾಗಿರುವ ವ್ಯಕ್ತಿಗಳಿಗೆ ಆಶಾದಾಯಕ ಆಯ್ಕೆಗಳನ್ನು ಒದಗಿಸುತ್ತವೆ ಹಾಗೂ ನೈಸರ್ಗಿಕ ಕೀಲನ್ನು ದೀರ್ಘಕಾಲದವರೆಗೆ ರಕ್ಷಿಸಿಕೊಳ್ಳಲು ಸಹಾಯ ಮಾಡುತ್ತವೆ.

ನೋವನ್ನು ಕಡಿಮೆ ಮಾಡಲು, ಕೀಲಿನ ಕಾರ್ಯಕ್ಷಮತೆಯನ್ನು ಉತ್ತಮಗೊಳಿಸಲು ಮತ್ತು ದೇಹದ ನೈಸರ್ಗಿಕ ಗುಣಪಡಿಸುವ ಪ್ರಕ್ರಿಯೆಗೆ ಬೆಂಬಲ ನೀಡಲು ಇಂಜೆಕ್ಷನ್ ಮೂಲಕ ನೀಡಲಾಗುವ ಜೈವಿಕ ಚಿಕಿತ್ಸೆಗಳಾದ ಪ್ಲೇಟ್‌ಲೆಟ್–ರಿಚ್ ಪ್ಲಾಸ್ಮಾ (ಪಿ.ಆರ್.ಪಿ.), ಸ್ಟೆಮ್ ಸೆಲ್ ಆಧಾರಿತ ಚಿಕಿತ್ಸೆಗಳು ಮತ್ತು ವಿಸ್ಕೋಸಪ್ಲಿಮೆಂಟೇಶನ್ (ಹೈಲುರಾನಿಕ್ ಆಸಿಡ್ ಇಂಜೆಕ್ಷನ್‌ಗಳು) ವಿಧಾನಗಳನ್ನು ಇಂದು ಹೆಚ್ಚಾಗಿ ಬಳಸಲಾಗುತ್ತಿದೆ. ಈ ಚಿಕಿತ್ಸೆಗಳು ಪ್ರತಿಯೊಬ್ಬ ರೋಗಿಗೂ ಸೂಕ್ತವಾಗದೇ ಇದ್ದರೂ, ಅರಂಭಿಕ ಹಂತದಿಂದ ಮಧ್ಯಮ ಹಂತದವರೆಗಿನ ಕೀಲು ಸವಕಳಿಯನ್ನು ನಿರ್ವಹಿಸಲು ಮತ್ತು ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಯ ಅಗತ್ಯವನ್ನು ಮುಂದೂಡಲು ಅತ್ಯಂತ ಉಪಯುಕ್ತ ಸಾಧನಗಳಾಗಿವೆ.

ನಮ್ಮ ಮೂಳೆ ಹಾಗೂ ಸ್ನಾಯುಗಳ ವ್ಯವಸ್ಥೆಯು ಒಂದು ಚಲನ ಸರಪಳಿಯಂತೆ ಕೆಲಸ ಮಾಡುತ್ತದೆ ಎಂಬುದನ್ನು ತಿಳಿದುಕೊಳ್ಳುವುದು ಬಹಳ ಮುಖ್ಯ. ಕೀಲಿನಲ್ಲಿ ಉಂಟಾಗುವ ಯಾವುದೇ ಸಮಸ್ಯೆಯು ಇಡೀ ದೇಹದ ಮೇಲೆ ಪರಿಣಾಮ ಬೀರುತ್ತದೆ. ಉದಾಹರಣೆಗೆ, ಬಲ ಮೊಣಕಾಲು ಕೀಲಿನ ನೋವಿನಿಂದಾಗಿ ನೀವು ಕುಂಟುತ್ತಾ ನಡೆದಾಗ, ನಿಮ್ಮ ದೇಹದ

ತೂಕದ ಕೇಂದ್ರಬಿಂದು ಬದಲಾಗಿ ಸಮತೋಲನ ತಪ್ಪುತ್ತದೆ. ಇದರ ಪರಿಣಾಮವಾಗಿ ನಿಮ್ಮ ಸೊಂಟದ ಕೀಲುಗಳು ಮತ್ತು ಕೆಳಬೆನ್ನಿನ ಮೇಲೆ ಅತಿಯಾದ ಒತ್ತಡ ಬೀಳುತ್ತದೆ. ಹಾಗಾಗಿ, ನಿಮ್ಮ ಕೀಲುಗಳನ್ನು, ವಿಶೇಷವಾಗಿ ಮೊಣಕಾಲು ಮತ್ತು ಸೊಂಟದ ಕೀಲುಗಳನ್ನು ಚೆನ್ನಾಗಿ ನೋಡಿಕೊಳ್ಳುವುದು ಎಂದರೆ ನಿಮ್ಮ ಬೆನ್ನು ಮತ್ತು ಇತರ ಸ್ನಾಯುಗಳನ್ನು ಸಹ ಉತ್ತಮ ಸಮತೋಲನದಲ್ಲಿ ಇಟ್ಟುಕೊಳ್ಳುವುದು ಎಂದರ್ಥ.

ಚಲನಶೀಲತೆಯನ್ನು ಕಾಯ್ದುಕೊಳ್ಳಲು ಮತ್ತು ಯಾರ ಮೇಲೂ ಅವಲಂಬಿತರಾಗದೆ ಸ್ವತಂತ್ರವಾಗಿರಲು ನೀವು ಪ್ರತಿದಿನ ಮಾಡಬಹುದಾದ ಕೆಲವು ಪ್ರಮುಖ ಕಾರ್ಯಗಳು ಇಲ್ಲಿವೆ:

1. ನಿಮ್ಮ ತೂಕವನ್ನು ನಿಯಂತ್ರಣದಲ್ಲಿಡಿ: ನೀವು ಹೆಚ್ಚಿಸಿಕೊಳ್ಳುವ ಪ್ರತಿ ಒಂದು ಹೆಚ್ಚುವರಿ ಕಿಲೋಗ್ರಾಂ ತೂಕವೂ ಸಹ, ನೀವು ನಡೆಯುವಾಗ ನಿಮ್ಮ ಮೊಣಕಾಲು ಕೀಲುಗಳ ಮೇಲೆ ನಾಲ್ಕು ಪಟ್ಟು ಹೆಚ್ಚಿನ ಒತ್ತಡವನ್ನು ಹಾಕುತ್ತದೆ.
2. ದೇಹಕ್ಕೆ ಅತಿಯಾದ ಶ್ರಮ ನೀಡದೆ ವ್ಯಾಯಾಮ ಮಾಡಿ: ಈಜುವುದು, ಸೈಕಲ್ ಚಾಲನೆ ಮತ್ತು ನಡಿಗೆಯಂತಹ ಕಡಿಮೆ ಪರಿಣಾಮ ಬೀರುವ ಚಟುವಟಿಕೆಗಳು ಕೀಲುಗಳಿಗೆ ಹಾನಿ ಮಾಡದೆಯೇ, ಅವುಗಳಲ್ಲಿ ಕೀಲು ದ್ರವದ ಉತ್ಪತ್ತಿಯನ್ನು ಉತ್ತೇಜಿಸುತ್ತವೆ.
3. ನಿಮ್ಮ ಸ್ನಾಯುಗಳನ್ನು ಬಲಪಡಿಸಿ: ನಿಮ್ಮ ಕಾಲಿನ ಸ್ನಾಯುಗಳು ಮತ್ತು ದೇಹದ ಮಧ್ಯಭಾಗದ ಬಲವನ್ನು ಹೆಚ್ಚಿಸುವ ಕಡೆಗೆ ಗಮನ ಹರಿಸುವುದು ಅತ್ಯಗತ್ಯ.
4. ಸಾಕಷ್ಟು ನೀರು ಕುಡಿಯುವುದು ಮುಖ್ಯ: ಮೃದ್ವಸ್ಥಿಯು ಹೆಚ್ಚಿನ ಪ್ರಮಾಣದ ನೀರನ್ನು ಹೊಂದಿರುತ್ತದೆ; ಆದ್ದರಿಂದ, ನೀವು ಎಷ್ಟು ಹೆಚ್ಚು ನೀರು ಕುಡಿಯುತ್ತೀರೋ, ಅಷ್ಟು ಚೆನ್ನಾಗಿ ಅದು ನಿಮ್ಮ ಕೀಲುಗಳಿಗೆ ಲ್ಯೂಬ್ರಿಕೇಷನ್ ಒದಗಿಸುತ್ತದೆ.

ವಯಸ್ಸಾಗುತ್ತಿದ್ದಂತೆ ಕೀಲುಗಳ ಸವಕಳಿ ಉಂಟಾಗುವುದು ತೀರಾ ಸಹಜ, ಅದರೆ ನೋವಿನೊಂದಿಗೇ ಜೀವನ ನಡೆಸಬೇಕಿರುವುದು ಅದರ ಅನಿವಾರ್ಯ ಪರಿಣಾಮವೇನಲ್ಲ.

> *"Wherever the art of Medicine is loved,*
> *there is also a love of Humanity"*
>
> ***- Hippocrates***



Obesity:
Time to Change the Conversation

Dr. Manohar N
Lead Physician and Diabetologist;
Sparsh Hospital, Hennur

Obesity can no longer be viewed merely as a consequence of poor choices or lack of willpower. It is now recognized as a chronic, heterogeneous, relapsing disease with profound metabolic, biomechanical, and psychosocial consequences. The focus of obesity care must shift from blame and stigma to compassionate, evidence-based management. Sensitive, person-centered discussions that seek permission before addressing weight and emphasize health and wellbeing rather than body size are increasingly recommended by professional societies and guidelines.

Assessment of obesity should also move beyond the scale. While BMI remains a practical screening tool, it often underestimates risk, particularly in certain ethnic populations, including South Asians. Measures of central adiposity, such as waist circumference and waist-to-height ratio, together with evaluation of comorbidities, weight trajectory, medications, psychosocial factors, readiness to change, and lived experiences of stigma, provide a more meaningful understanding of obesity-related health risk.

Treatment goals should be individualized and clinically meaningful. Success should not be defined solely by achieving an "ideal weight," but rather by improvements in glycemia, blood pressure, sleep quality, metabolic dysfunction-associated steatotic liver disease, mobility, pain, fertility, and overall quality of life. Importantly, even modest weight loss can confer substantial cardiometabolic benefits.

Lifestyle intervention remains the cornerstone of obesity management, but simplistic advice such as "eat less and move more" trivializes a complex disease. Effective programs are structured, multicomponent, behaviorally informed, and sustained over time, incorporating nutritional guidance, physical activity, psychological support, and long-term follow-up.

Pharmacotherapy has transformed the therapeutic landscape. Contemporary agents, including GLP-1 receptor agonists and dual GIP/GLP-1 agonists, have demonstrated unprecedented efficacy in achieving clinically significant and potentially disease-modifying weight loss, with additional cardiovascular benefits in selected populations. Their use should be guided by shared decision-making, taking into account efficacy, safety, affordability, access, and patient preferences.

Similarly, metabolic and bariatric surgery should no longer be portrayed as a last resort or a reflection of personal failure. It remains the most effective and durable intervention for many individuals with severe obesity, offering substantial improvements in metabolic health, cardiovascular outcomes, and survival when coupled with multidisciplinary long-term care.

If we truly wish to change the obesity narrative, policy must evolve alongside clinical practice. Obesity services should be equitable, accessible, stigma-free, and integrated into chronic disease management frameworks. Public awareness, insurance coverage, workforce development, and sustained investment in obesity care are essential.

It is time to move beyond the rhetoric of blame. Obesity deserves the same scientific rigor, empathy, and long-term commitment that we afford to other chronic diseases. The conversation must change—from weight to health, from judgment to support, and from episodic advice to lifelong care.

Reference

1. Bannuru RR. Introduction and methodology: Standards of Care in Overweight and Obesity—2025. BMJ Open Diabetes Res Care. 2025;13(Suppl 1):e004928.
2. Bannuru RR. Weight stigma and bias: Standards of Care in Overweight and Obesity—2025. BMJ Open Diabetes Res Care. 2025;13(Suppl 1):e004962.
3. American Diabetes Association Professional Practice Committee for Obesity. Screening, diagnosis, evaluation, and staging of obesity in adults: Standards of Care in Overweight and Obesity—2026. BMJ Open Diabetes Res Care. 2026;13(Suppl 1):e006247.
4. American Diabetes Association Professional Practice Committee for Obesity. Pharmacologic treatment of obesity in adults: Standards of Care in Overweight and Obesity. BMJ Open Diabetes Res Care. 2026;13(Suppl 1):e005729.
5. American Diabetes Association Professional Practice Committee for Diabetes. Obesity and weight management for the prevention and treatment of diabetes: Standards of Care in Diabetes—2026. Diabetes Care. 2026;49(Suppl 1):S166-S182.
6. National Institute for Health and Care Excellence. Overweight and Obesity Management. NICE guideline NG246. Published 14 January 2025; updated 8 January 2026.
7. National Institute for Health and Care Excellence. Tirzepatide for Managing Overweight and Obesity. NICE technology appraisal guidance TA1026. Published 23 December 2024; updated 1 September 2025.
8. National Institute for Health and Care Excellence. Semaglutide for Managing Overweight and Obesity. NICE technology appraisal guidance TA875. Published 8 March 2023.
9. Wilding JPH, Batterham RL, Calanna S, et al. Once-weekly semaglutide in adults with overweight or obesity. N Engl J Med. 2021;384:989-1002.
10. Jastreboff AM, Aronne LJ, Ahmad NN, et al. Tirzepatide once weekly for the treatment of obesity. N Engl J Med. 2022;387:205-216.
11. Lincoff AM, Brown-Frandsen K, Colhoun HM, et al. Semaglutide and cardiovascular outcomes in obesity without diabetes. N Engl J Med. 2023;389:2221-2232.
12. Lingvay I, Cohen RV, le Roux CW, Sumithran P. Obesity in adults. Lancet. 2024;404:972-987.

"I remind my fellows, residents and medical students that what we do is a privilege. People let us into the most intimate aspects of their lives, and they look to us to help guide them through very complex and delicate situations."

- Shikha Jain



New Molecules in the Pipeline in the Management of Diabetes Mellitus

Dr. Aravinda. J

MBBS, MD, MRCP (London),
Triple FRCP (Edinburgh, London, Glasgow)
Vice President National RSSDI
Chairman & Chief Diabetologist
Dr. Aravind's Diabetes Centre, Bengaluru, Karnataka, India

Abstract

The global burden of diabetes mellitus, particularly type 2 diabetes mellitus (T2DM), continues to escalate, underscoring the need for more effective and targeted therapies. Despite the availability of lifestyle interventions and traditional pharmacological options, significant challenges remain in glycemic control, patient adherence, and prevention of complications. This review highlights recent advancements in diabetes therapeutics, focusing on emerging molecules targeting both type 1 diabetes (T1D) and T2DM. Novel Immunotherapeutics, such as Treg-based interventions, cytokine modulators, and antigen-specific agents, show promise in preserving β-cell function and modulating disease progression in T1D. For T2DM, several new drug classes are in development, including oral GLP-1 receptor agonists, long-acting DPP-4 inhibitors, dual and triple incretin receptor agonists, glucokinase activators, and GPR40 agonists. Additionally, personalized medicine approaches integrating genetic, epigenetic, and metabolomic data are paving the way for precision-based diabetes care. Together, these developments represent a paradigm shift toward safer, more durable, and patient-centric treatment strategies for diabetes management.

Keywords

Diabetes Drug Pipeline, Type 1 Diabetes, Type 2 Diabetes, GLP-1 Receptor Agonist, DPP-4 Inhibitor, Immunotherapy, Personalized Medicine, Glucokinase Activator

1. Introduction:

Diabetes mellitus is a common chronic metabolic disorder characterized by hyperglycaemia resulting from insulin resistance, impaired insulin secretion, or a combination of both.(1) In 2024, about 589 million adults aged 20–79 years, nearly one in nine worldwide, had diabetes. This number is projected to rise to 853 million by 2050, reflecting a growing global health challenge. In 2024, diabetes caused around 3.4 million deaths, with one death every nine seconds. Healthcare costs exceeded USD 1 trillion, a 338% increase over 17 years.(2) Type 2 diabetes mellitus (T2DM), accounting for about 90% of all diabetes cases, is characterized by insulin resistance rather than insulin dependence. (1)

Pharmacological treatment becomes necessary when lifestyle interventions such as diet and exercise fail to maintain adequate glycaemic control. However, current oral antidiabetic drugs face several limitations, including low bioavailability, immediate-release formulations, and frequent dosing, which can reduce adherence, especially due to adverse effects. Traditional therapies, including oral agents and insulin, face challenges such as suboptimal dosing, first-pass metabolism, short half-lives, P-glycoprotein efflux, poor target specificity, and systemic adverse effects. These issues reduce adherence and efficacy. Furthermore, while conventional treatments help control blood glucose, they do not address the complex pathophysiology or complications of diabetes, underscoring the need for improved therapeutic approaches.(1)

2. Emerging Therapeutic Targets and Mechanisms

2.1. Drugs for Type 1 Diabetes

Type 1 diabetes (T1D) is a chronic autoimmune condition that marks the end stage of a multifactorial process involving genetic and environmental factors, leading to immune-mediated destruction of pancreatic β-cells and resulting in insulin dependence. A range of clinical trials is currently underway to evaluate novel immunotherapeutic approaches aimed at preventing or modifying the progression of T1D. These include therapies targeting regulatory T cells (e.g., autologous Tregs, Cryo Tregs), cytokine modulation (e.g., low-dose IL-2, Baricitinib), antigen-specific immunotherapies (e.g., Diamyd, Tolvoglobulin peptide vaccine), and immunomodulatory agents (e.g., Siplizumab, Frexalimab, BCG vaccine). Additional investigational therapies such as UPR21, VX264, and VCTX-211 are also being studied for their safety and efficacy in T1D. Details of these ongoing trials, including study design, population, and timelines, are summarized in Table 1 below. (3).

Table 1: Ongoing Clinical Trials in Immunotherapy for Type 1 Diabetes

Therapy	Clinical Trials. gov ID	Official Study Name	Study Type	Esti mated Enroll ment	Eligible Age Range (yrs)	Start Date	Estimated Completion
Autologous Regulatory T Cells	NCT 03839462	Clinical Safety and Therapeutic Effects of Autologous Tregs in T1D	Phase II, Open label, Single-center	30	8–65	April 2023	December 2027
Bacillus Calmette–Guérin (BCG) vaccinations	NCT020813 26	Repeat BCG Vaccinations for the Treatment of New Onset T1D in Children Age 8–18 Years	Phase II, Randomized, Single-center	100	8–18	May 2023	May 2028
BCG vaccinations	NCT020813 26	Repeat BCG Vaccinations for the Treatment of Established T1D	Phase II, Randomized, Single-center	150	18–65	June 2015	July 2031
CryoTregs in Transplantation	NCT054459 91	Cryopreserved PolyClonal Regulatory T Cell (CryoTreg) Immunotherapy in Islet Transplantation	Phase I, Randomized, Single-center	11	18–48	August 2022	May 2025
Gskopen	NCT051051 70	Clinical and Biological Responses to Repeated Administration of Low-dose Interleukin-2 in Patients with T1D and a Residual C-peptide	Phase I, Single-center	24	16–45	Septe mber 2022	August 2028
Diamyd	NCT051979 15	A Phase III, Randomized, Double-blind, Placebo-controlled, Multicenter Trial to Evaluate the Efficacy and Safety of Diamyd® in Genetically Defined Subgroup of Patients Recently Diagnosed With T1D	Phase III, Randomized, Multicenter	330	12–28	May 2022	December 2027

Therapy	Clinical Trials. gov ID	Official Study Name	Study Type	Esti mated Enroll ment	Eligible Age Range (yrs)	Start Date	Estimated Completion
Frexalimab	NCT06111956	2-Part Randomized, Double-blind, Placebo-Controlled, Multicenter Phase 2a Study With a 52-Week and Blinded Extension Assessment	Phase II, Randomized, Multicenter	192	12–35	December 2023	October 2028
JAK Inhibitors (Baricitinib)	NCT05248324	Multi-Center, Randomized, Double-blind, Placebo-controlled Study to Evaluate Efficacy and Safety of Baricitinib in β-Cell Function in Newly Diagnosed T1D	Phase II, Randomized, Multicenter	78	12–35	October 2023	June 2027
Siplizumab A	NCT05763453	T Cell Pathway: Siplizumab Dosing in Recent Onset T1D	Phase I, Open label, Single-center	10	8–45	April 2023	March 2025
Siplizumab B	NCT05951100	A Study of Siplizumab in Children and Adolescents With New Onset T1D	Phase I, Randomized, Multicenter	96	8–14	July 2023	December 2026
Tolvoglobulin Dendritic Cell Vaccine	NCT05489271	Pilot Study to Evaluate the Safety and Efficacy of Tolvoglobulin Dendritic Cell Peptide (C19-A3) in Patients With T1D	Phase I, Open label, Single-center	12	18–65	June 2022	June 2025
UPR21	NCT05782218	A Study Evaluating Safety of UPR21 in Participants With Autoimmune Disease	Phase I, Open label, Multicenter	60	18–65	March 2023	June 2026
VCTX-211	NCT05654862	A Phase 1/2 Study to Evaluate the Safety, Tolerability, and Efficacy of VCTX211 in Subjects With T1DM	Phase I/II, Open label, Single-center	18	18–65	August 2023	August 2026
VX264	NCT05210530	A Phase 1/2 Study to Evaluate the Safety, Tolerability, and Efficacy of VX-264 in Adults With T1DM	Phase I/II, Open label, Single-center	17	18–65	March 2021	June 2030

2.1.1. TTP399 (Cadisegliatin)

TTP399 is a novel, oral, liver-selective glucokinase activator under development as an adjunct to insulin therapy in T1D. It functions by restoring hepatic glucose sensing, promoting glucose uptake and storage, and maintaining a fed-state metabolic profile, thereby reducing ketone production. In the SimpliciT1 Phase 2 trial, TTP399 demonstrated a statistically significant improvement in HbA1c and a 40% reduction in hypoglycemic episodes compared to placebo, without increasing the risk of diabetic ketoacidosis. A subsequent mechanistic study confirmed no elevation in ketone levels during acute insulin withdrawal and showed improved fasting plasma glucose and reduced hypoglycemia. To date, nearly 600 subjects have been treated with TTP399, which has shown a favorable safety and tolerability profile. Additionally, in a prior Phase 2 trial involving T2D patients, TTP399 significantly reduced HbA1c with minimal incidences of hypoglycemia or hyperlipidemia. (4)

2.1.2. Zimislecel (formerly VX-880)

Zimislecel is Vertex's investigational, fully differentiated islet cell therapy being evaluated for T1D patients with severe hypoglycemic events and impaired hypoglycemia awareness. Administered with standard immunosuppression, it is currently in the Phase 3 portion of a global Phase 1/2/3 trial, expected to complete enrollment and dosing by mid-2025. Zimislecel has received multiple expedited designations, including regenerative medicine advanced therapy (RMAT) and Fast Track from the U.S. FDA, PRIME from the EMA, and an Innovation Passport under the UK's ILAP. Upon anticipated regulatory approvals in 2026, the therapy could initially benefit approximately 60,000 patients with severe T1D in the U.S. and Europe. (5)

2.1.3. Monoclonal antibody:

A. Teplizumab

Teplizumab, an anti-CD3 monoclonal antibody that does not bind to the Fc receptor, can postpone the onset of clinical (stage 3) type 1 diabetes. Teplizumab treatment may yield varying results depending on the stage of type 1 diabetes and the β-cell reserve at the time of treatment. In the phase III PROTECT trial in patients of 8 years of age or older with preclinical (stage 2) disease. Teplizumab retain the β cell function, as measured by stimulated C-peptide levels at week 78. At week 78, patients treated with teplizumab had significantly higher stimulated C-peptide levels than those receiving the placebo (least-squares mean difference, 0.13 pmol/mL; 95% confidence interval [CI], 0.09 to 0.17; P < 0.001). Additionally, 94.9% (95% CI, 89.5 to 97.6) of patients treated with teplizumab maintained a clinically meaningful peak C-peptide level of 0.2 pmol per millilitre or higher, compared to 79.2% (95% CI, 67.7 to 87.4) of those receiving placebo. Adverse effects include headache, gastrointestinal problems, rash, lymphopenia, and moderate cytokine release syndrome. Teplizumab shows benefits in preservation of β-cell function. (6)

2.2. Drugs for Type 2 Diabetes

2.2.1. Oral Glucagon-Like Peptide-1 Receptor Agonists (GLP-1RA):

A) Orforglipron (LY3502970):

Orforglipron is an oral GLP-1 receptor agonist that activates pancreatic β-cell receptors, mimicking endogenous GLP-1. In the Phase III ACHIEVE-1 trial in adults with T2D uncontrolled by diet and exercise, it reduced HbA1c by 1.3%–1.6% across doses. At the highest dose, mean weight loss reached 7.9% (16 lbs), and over 65% of population achieved HbA1c ≤6.5%, aligning with ADA targets. The safety profile resembled injectable GLP-1 agonists, mainly with gastrointestinal events. No hepatotoxicity was observed. Orforglipron presents a promising oral option for T2D treatment. (7)

B) ECC5004 / AZD5004:

ECC5004 is a once-daily oral small-molecule GLP-1 receptor agonist for diabetes and obesity. Preclinical studies showed high receptor affinity (IC_{50} = 2.4 nM) with cAMP activation but no β-arrestin-2 recruitment or receptor internalization. In a Phase I placebo-controlled trial, healthy volunteers received single doses (1–300 mg) and T2DM patients received multiple doses (5–50 mg) over 28 days. Doses ≥25 mg reduced blood glucose and body weight. The compound exhibited favorable safety and pharmacokinetics, supporting its potential as an oral therapy. (8)

C) Ecnoglutide Injection:

Ecnoglutide (XW003), a GLP-1 analogue with cAMP bias, is under development for T2D and obesity. In a Phase III trial in China, patients receiving weekly doses of 0.6 mg and 1.2 mg had HbA1c reductions of 1.96% and 2.43%, respectively, compared to 0.87% with placebo (P < 0.0001). In the 1.2 mg group, 76.1% reached HbA1c ≤6.5%, and 35.2% reached <5.7%. It was well tolerated, with appetite loss, diarrhoea, and nausea as the main mild-to-moderate side effects. Ecnoglutide showed strong efficacy and a safety profile consistent with GLP-1 agonists. (9)

D) Danuglipron (PF-06882961)

Danuglipron (PF-06882961) is an oral small-molecule GLP-1 receptor agonist under development for T2D and obesity. In preclinical models, it demonstrated efficacy comparable to injectable GLP-1R agonists. A Phase 1, placebo-controlled, randomized, double-blind, multiple ascending-dose study (NCT03538743) in 98 T2D patients on metformin showed that danuglipron was generally well tolerated, with mild adverse events such as nausea, dyspepsia, and vomiting. No clinically significant laboratory or ECG abnormalities were observed. Danuglipron led to a modest increase in heart rate and slight reduction in systolic blood pressure, with safety findings consistent with the known GLP-1R agonist class. (10)

E) XW014

XW014 is an investigational oral small-molecule GLP-1 receptor agonist in a Phase 1 randomized, double-blind, placebo-controlled trial for T2D and obesity. The study, conducted at three U.S. sites, includes single and multiple ascending dose cohorts with up to 152 healthy volunteers with elevated BMI and patients with T2DM receiving treatment for up to six weeks. It aims to evaluate safety, tolerability, pharmacokinetics, pharmacodynamics, and food effect, with primary endpoints including adverse events, lab parameters, ECG findings, and glycemic control. XW014's oral formulation may offer a convenient alternative to injectable GLP-1 therapies. (11)

F) IcoSema (Icodec + Semaglutide)

IcoSema is a combination of basal insulin icodec and semaglutide (a GLP-1 analog) designed once weekly for the treatment of type 2 diabetes. In phase III, 52 week, randomised, multicentre, open-label, parallel group trial conducted in patients with type 2 diabetes (HbA1c 53.0–85.8 mmol/mol [7.0–10.0%]) receiving GLP-1 RA

Participants were randomly assigned 1:1 to receive once-weekly IcoSema or once-weekly semaglutide 1.0 mg, with or without additional oral glucose-lowering medications. In week 52, the IcoSema group had a mean HbA1c change of -14.7 mmol/mol (-1.35%-points), while the semaglutide group had a mean change of -9.88 mmol/mol (-0.90%-points). The estimated treatment difference (ETD) was -4.85 (95% CI -6.13, -3.57) mmol/mol (-0.44 [95% CI -0.56, -0.33]%-points), confirming IcoSema's superiority over semaglutide. Compared to semaglutide, IcoSema significantly lowered fasting plasma glucose from baseline to week 52 (−2.48 mmol/l vs −1.41 mmol/l; ETD −1.07 [95% CI −1.37, −0.76] mmol; p<0.0001). IcoSema demonstrates superiority in HbA1c reduction.(12)

2.2.2. Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

A) Fotagliptin (SAL067)

Fotagliptin is a novel, selective, once-daily DPP-4 inhibitor developed for the treatment of T2DM. In a 24-week Phase 3 randomized, double-blind, placebo-controlled trial, fotagliptin 12 mg once daily added to metformin significantly reduced HbA1c by −0.81% vs. −0.28% with placebo (treatment difference: −0.53%; p < 0.001). HbA1c <7.0% was achieved in 38.7% of fotagliptin-treated patients vs. 16.9% with placebo (p < 0.001). No severe hypoglycemia was reported with the combination therapy. (13)

B) Cofrogliptin

Cofrogliptin is a long-acting DPP-4 inhibitor administered once every two weeks for T2D. In a Phase III trial in China, 10 mg and 25 mg doses reduced HbA1c by −0.63% and −0.59% vs. placebo (p < 0.0001). HbA1c <7.0% was achieved by 44.2% (10 mg) and 44.4% (25 mg) vs. 20.6% with placebo. Improvements were sustained over 28 weeks. Fasting and postprandial glucose also improved. Common adverse events included hyperuricemia, hyperlipidemia, and URTI; no serious drug-related events or hypoglycemia were reported. Cofrogliptin is a promising biweekly therapy for T2DM.(14)

C) DBPR108 (Prusogliptin)

DBPR108 is a oral dipeptidyl-peptidase-4 (DPP-4)

inhibitor evaluated as monotherapy in a 12-week, randomized, double-blind, placebo-controlled Phase II trial (NCT04124484) involving 276 patients with newly diagnosed or untreated T2DM. Patients received 50, 100, or 200 mg of DBPR108 or placebo once daily. At week 12, the mean HbA1c reduction was -0.51%, -0.75%, and -0.57% in the 50, 100, and 200 mg groups, respectively, versus -0.04% with placebo ($P < 0.001$). Significant improvements in secondary efficacy parameters were observed from week 4. HbA1c ≤7% was achieved in 58.82% of patients on 100 mg DBPR108 compared to 29.85% on placebo. The treatment was generally well tolerated, with mild hypoglycemia observed only in the 200 mg group. Based on efficacy and safety, DBPR108 100 mg once daily is recommended for further Phase III evaluation in T2DM management. (15)

2.2.3. Dual GLP-1 and GIP Receptor Agonists

A) Mazdutide

Mazdutide (IBI362), a once-weekly GLP-1 receptor agonist, demonstrated significant efficacy and safety in Chinese patients with T2D in a randomized, double-blind, placebo-controlled Phase 2 trial. Over 20 weeks, doses of 3 mg, 4.5 mg, and 6 mg reduced mean HbA_1c by −1.41% to −1.67%, compared to −1.35% with dulaglutide and 0.03% with placebo (all $p < 0.0001$ vs. placebo). Weight loss reached up to 7.1%, with 57.1% of patients on 6 mg losing ≥5%. Mazdutide also improved fasting and postprandial glucose, blood pressure, and lipid profiles. Common adverse events included diarrhea (36%), decreased appetite (29%), nausea (23%), vomiting (14%), and hypoglycemia (10% vs. 8% placebo), with overall good tolerability.(16)

B) Tirzepatide (Mounjaro)

Tirzepatide is a dual agonist of glucose-dependent insulinotropic polypeptide (GIP) and glucagon-like peptide-1 (GLP-1) receptors, approved in the U.S. for improving glycaemic control in adults with T2D and currently under investigation for chronic weight management, cardiovascular outcomes, heart failure with preserved ejection fraction, and non-cirrhotic non-alcoholic steatohepatitis (NASH). The Phase 3 SURPASS-1 to SURPASS-5 trials demonstrated that once-weekly subcutaneous tirzepatide (5, 10, or 15 mg) significantly reduced HbA1c (by 1.87% to 2.59%) and body weight (by 6.2 to 12.9 kg), along with improvements in cardiometabolic parameters such as blood pressure, visceral fat, and triglyceride levels. In SURPASS-2, tirzepatide showed greater efficacy than semaglutide 1 mg in both glycaemic and weight outcomes. It was well tolerated, with a low risk of hypoglycaemia when not used with insulin or insulin secretagogues, and its safety profile was consistent with that of the GLP-1 receptor agonist class. These results support tirzepatide as a promising pipeline agent for comprehensive management of T2D. (17)

C) Retatrutide (LY3437943)

Retatrutide (LY3437943) is a novel triple agonist targeting GLP-1, GIP, and glucagon receptors (GCGRs), currently under investigation for its potential in managing obesity, T2DM, and non-alcoholic fatty liver disease. Preclinical and clinical studies have demonstrated its capacity to induce significant weight loss, improve glycemic control, and offer cardiovascular benefits, thereby expanding the therapeutic landscape for metabolic disorders. In Phase II clinical trials, retatrutide achieved substantial weight reductions of 17.5% and 24.4% at 24 and 48 weeks, respectively, supporting its progression to Phase III trials. Despite these encouraging outcomes, further large-scale studies are warranted to establish its long-term safety, efficacy, and optimal dosing. (18)

2.2.4. Novel G-protein-coupled receptor 40 (GPR40) agonist and free fatty acid receptor-1 agonist

A) CPL207280

CPL207280 is a novel, potent GPR40 agonist developed as a metformin salt to maintain bioavailability and potency relative to fasiglifam. Its lower molecular weight and lipophilicity reduce the risk of drug-induced liver injury. In a Phase 1 first-in-human study, 71 healthy

volunteers received single ascending doses (5–480 mg) and multiple ascending doses (60–480 mg) over 14 days. CPL207280 was generally safe and well tolerated, with headache as the most common adverse event (15%). Pharmacokinetic analysis showed dose-proportional increases in Cmax and AUC up to 24 hours, supporting once-daily dosing. These results demonstrate a favorable safety and pharmacokinetic profile, endorsing further development for T2D treatment. (19)

2.2.5. Long-acting basal insulin analogue

A) Insulin efsitora alfa

Insulin efsitora alfa, a once-weekly basal insulin, has shown promising results in the Once Weekly Insulin Trial (QWINT) phase 3 trials for T2D. In QWINT-1 (52 weeks, insulin-naïve adults), efsitora demonstrated non-inferior A1C reduction compared to daily insulin glargine, with final A1C levels of 6.92% vs. 6.96% (efficacy estimand) and 7.05% vs. 7.08% (treatment-regimen estimand). In QWINT-3 (78 weeks, patients previously on basal insulin), efsitora was non-inferior to insulin degludec, achieving A1C levels of 6.93% vs. 7.03% and 6.99% vs. 7.08%, respectively. Efsitora also provided slightly greater time-in-range (70–180 mg/dL) and time-in-tight-range (70–140 mg/dL). Notably, QWINT-1 reported ~40% fewer hypoglycemic events with efsitora than glargine, while QWINT-3 showed comparable safety to degludec. These results highlight efsitora's potential as a convenient and effective once-weekly insulin option in the treatment pipeline. (20)

B) Insulin Icodec

Insulin icodec is once-weekly long-acting basal insulin analogue for the treatment of type 2 diabetes. It is also used for type 1 diabetes, In phase 3, a 78-week randomised, open-label trial was conducted in patients with type 2 diabetes. Participants randomized to two groups, Group 1 – Once-weekly insulin icodec and Group 2- Once daily insulin glargine U100. The mean reduction in glycated hemoglobin levels over 52 weeks was more significant with icodec compared to glargine U100 (decreasing from 8.50% to 6.93% for icodec [mean change, −1.55 percentage points], and from 8.44% to 7.12% for glargine U100 [mean change, −1.35 percentage points]); the estimated difference between the groups (−0.19 percentage points; 95% confidence interval [CI], −0.36 to −0.03) established both noninferiority (P<0.001) and superiority (P = 0.02) of icodec. Glycemic management showed considerable improvement with once-weekly insulin icodec compared to once-daily insulin glargine U100. (21)

2.2.6. Inhalational Insulin

Insulin human inhalational powder (Technosphere Afrezza)

Inhaled technosphere insulin have a more rapid onset of action, which can reduce the postmeal glucose rise as well as rapidly reduce glucose levels when used for corrections. It is used in both type 1 and type 2 diabetes. In a 30-week study of persons with type 1 diabetes utilizing Technosphere Insulin (TI) + insulin degludec, the mean HbA1c stayed stable at 7.6% through 17 weeks, then improved slightly to 7.4% at 30 weeks, with a significant drop of 0.21% between weeks 17 and 30 (P < 0.001). The percentage of participants with HbA1c <7.0% increased from 21% at baseline to 42% after 30 weeks. Time spent in range (70-180 mg/dL) increased slightly from 52% to 54%, but time spent in hypoglycemia (<54 mg/dL) remained modest (≤0.6%). In week 30, the average daily TI dose was 53 ± 31 units, nearly double the baseline rapid-acting insulin dose of 24 ± 12 units. Overall, the TI-degludec regimen maintained stable glucose control with modest improvements and minimal hypoglycemia. HbA1c levels were sustained over 30 weeks using a TI-degludec regimen after switching from automated insulin delivery (AID) or multiple daily insulin injections (MDI). (22)

2.2.7. Ameylin (Peptide hormone)

Amylin, a peptide hormone co-secreted with insulin, plays a critical role in postprandial satiety, energy homeostasis, and may act as an adiposity signal by modulating the reward value of food. In individuals with T1DM, the absence of endogenous amylin contributes to

impaired appetite regulation and glycemic variability. While GLP-1RAs have demonstrated robust weight loss efficacy in obese and T2DM populations, emerging evidence also supports their utility in T1DM. Amylin analogues, such as pramlintide and cagrilintide, have shown clinical benefits in reducing insulin requirements, improving glycemic control, and promoting weight loss in T1DM. Preclinical studies suggest that combining GLP-1RAs with amylin analogues exerts a synergistic effect on weight reduction, although clinical data remain limited. Early case reports in T1DM patients with obesity treated with pramlintide and GLP-1RA co-therapy have demonstrated encouraging outcomes, including significant weight loss and reduced insulin demand. (23)

2.2.8. GLP-1 receptor agonists and amylin analogs

A) Cagrisema (Cagrilintide–Semaglutide)

Cagrilintide is an amylin analogue, and Semaglutide is a GLP-1 receptor agonist. In a phase 3a (REDEFINE 2) double-blind, randomized, placebo-controlled trial. A total of 1206 patients were randomly assigned to one of two groups: cagrilintide-semaglutide (904 patients) or placebo (302 patients). The mean change in body weight from baseline to week 68 was -13.7% in the cagrilintide-semaglutide group and -3.4% in the placebo group (estimated difference, -10.4 percentage points; 95% confidence interval, -11.2 to -9.5; P < 0.001).More patients in the cagrilintide-semaglutide group than in the placebo group experienced a weight decrease of 5% or more (P<0.001), as well as reductions of at least 10%, 15%, and 20% (P<0.001).

The cagrilintide-semaglutide group had 73.5% of patients with a glycated hemoglobin level of 6.5% or below, compared to 15.9% in the placebo group. Gastrointestinal side effects were recorded by 72.5% of patients in the cagrilintide-semaglutide group and 34.4% in the placebo group, most of which were temporary and mild to severe in severity. Once-weekly cagrilintide-semaglutide gives significant results in patients with obesity and type 2 diabetes. (24)

B) Amycretin

Amycretin is a novel, single-molecule agonist of the GLP-1 receptor and amylin receptor, exhibiting weight loss and glucose-lowering properties. In phase 1, a first-in-human, randomised, double-blind, placebo-controlled, multi-part study. In this study, 144 patients having age between 18-55 yr was enrolled in the study. Participants were randomly assigned to a single (Part A), multiple ascending dose groups (Parts B-D), or placebo. The primary endpoint was treatment-emergent adverse events; secondary endpoints included pharmacokinetics, and exploratory outcomes in Part C/D assessed bodyweight and fasting glucose. Fasting blood glucose level measured on 85th day. Change in HbA1c % from baseline to 85th day in Amycretin 50mg group is -0.2%, Amycretin 100mg group is -0.3%, Amycretin 50mg group is -0.3%. Phase 2 study of amycretin is ongoing. (25)

According to the ADA standard of care in diabetes 2025, for the obesity and weight management for the prevention and treatment of T2D, liraglutide, semaglutide, tirzepatide are used. Setmelanotide, a melanocortin-4 receptor agonist, is approved for severe hyperphagia and extreme obesity, such as leptin receptor deficiency and proopiomelanocortin deficiency and SGLT2 inhibitor sotagliflozin in the treatment of T1D. (26)

3. Personalized Medicine Approaches

Personalised medicine integrates biological, clinical, and genetic variability to tailor disease management, recognising that individual differences influence disease risk, progression, and treatment response. In T2D, genetic factors significantly contribute to disease development and therapeutic outcomes. Genome-wide association studies (GWAS) have identified over 700 T2D-associated variants, with key genes such as SLC30A8, KCNJ11, TCF7L2, ABCC8, SLC2A2, and KCNQ1 implicated in insulin secretion and β-cell function. MicroRNAs (miRNAs), including miR-375, miR-7a, miR-26a-5p, and miR-204, further regulate β-cell activity and

insulin secretion, influencing disease course and treatment efficacy.

Epigenetic mechanisms, such as histone modifications and DNA methylation, also modulate gene expression without altering DNA sequences. Differential methylation in genes like TXNIP, ABCG1, and SOCS3 has been associated with T2D and may serve as biomarkers. Metabolomic profiling using techniques like LC-MS has revealed altered levels of amino acids, fatty acids, and glycolytic intermediates in T2D, correlating with complications such as cardiovascular disease and diabetic nephropathy. Furthermore, predictive algorithms are being developed to personalise therapy, stratify risk, and anticipate complications. While not yet widely implemented in clinical practice, the integration of multi-omics data and computational models holds significant promise for advancing precision medicine in T2D. (27).

4. Conclusion

The evolving landscape of diabetes management reflects significant strides in the development of novel therapeutic agents that target diverse mechanisms underlying both T1DM and T2DM. In T1D, immunotherapies such as regulatory T cells, cytokine inhibitors, and antigen-specific vaccines are showing promise in altering disease progression and preserving β-cell function. Adjunctive metabolic agents like TTP399 and islet cell replacement therapies such as Zimislecel offer additional avenues for improving glycemic control and reducing hypoglycemia risk.

For T2D, emerging treatments including oral GLP-1 receptor agonists, dual/triple incretin agonists, liver-selective glucokinase activators, and long-acting DPP-4 inhibitors address limitations of traditional therapies by enhancing efficacy, tolerability, and patient adherence. The integration of personalized medicine through genetic, epigenetic, and metabolomic insights further supports individualized care strategies. Continued clinical validation and long-term outcome studies will be essential to fully realize the impact of these innovations on global diabetes management.

5. Future Direction

Future research in diabetes management should prioritize large-scale, long-term clinical trials to validate the efficacy, safety, and durability of novel therapeutic agents, including dual and triple incretin receptor agonists, immunotherapies, glucokinase activators, and islet cell-based interventions. Emphasis should also be placed on integrating personalized medicine approaches using genomic, epigenetic, and metabolomic data to enable individualized treatment strategies. The development of predictive algorithms and multi-omics platforms may further refine patient stratification and therapeutic decision-making. Additionally, optimizing combination regimens, enhancing global access to advanced therapies, and leveraging digital health tools for real-time monitoring and adherence support will be critical for translating these innovations into improved clinical outcomes and broader population-level impact.

"Service to humanity is the best work of life."

******

"A doctor's mind must never be satisfied with current knowledge."

- Dr. Bidhan Chandra Roy



ಮಕ್ಕಳ ತಜ್ಞನ ಮುಕ್ತಕಗಳು

ಡಾ. ಎಸ್.ಕೆ. ನಿತ್ಯಾನಂದ

ಎಂಬಿಬಿಎಸ್, ಇಸಿಎಚ್., ಎಂಡಿ., (ಪೀಡಿಯಾಟ್ರಿಕ್ಸ್)
ಸಹ ಪ್ರಾಧ್ಯಾಪಕರು, ಶ್ರೀ ಸಿದ್ಧಾರ್ಥ ಇನ್‌ಸ್ಟಿಟ್ಯೂಟ್ ಆಫ್
ಮೆಡಿಕಲ್ ಸೈನ್ಸಸ್ ಮತ್ತು ರಿಸರ್ಚ್ ಸೆಂಟರ್, ಟಿ ಬೇಗೂರು.

1. "ಈ ಡಾಕ್ರೇ ಬೇಕು" ಒಂದು ದಿನ ಕ್ಲಿನಿಕ್ಗೆ ಕೊಂಚ ತಡವಾಗಿ ಹೋದೆ,ತೆರೆದಿದ್ದ ಬಾಗಿಲ ಮುಂದೆಯೇ ಪುಟ್ಟ ಮಗುವೊಂದು ರಚ್ಚೆ ಮಾಡ್ತಾಇತ್ತು, ಅಳುತಿದ್ದ ಮಗುವನ್ನು, ರಮಿಸುತಿದ್ದ ಮಗುವಿನ ತಾಯಿಯನ್ನು ಕಂಡವನೇ ಅಳುವಿನ ಕಾರಣವೇನೆಂದು ಕೇಳಿದೆ. ಅದಕ್ಕೆ ಆಕೆ 'ನೋಡಿ ಡಾಕ್ಟ್ರೆಇವನಿಗೆ ನಿನ್ನೆಯಿಂದ ತುಂಬಾ ಜ್ವರ ನೀವು ಹೇಳಿದ್ದ ಜ್ವರದ ಔಷಧಿ ಹಾಕಿದ್ರೂ ಬಿಟ್ಟೂ ಬಿಟ್ಟೂ ಬರ್ತಾನೆ ಇದೆ, ಇವತ್ತು ಜ್ವರ ಜಾಸ್ತಿ ಆಗ್ಬಿಟ್ಟು ನಡುಗ್ತಾ ಇದ್ದ,ನೀವು ಬರೋದು ತಡ ಆಯ್ತಲ್ಲ, ಬೇರೆ ಡಾಕ್ಟರ್ ಹತ್ರ ತೋರಿಸಿ ಆಮೇಲೆ ನಿಮ್ಮನ್ನ ಕಂಡ್ರಾಯ್ತು ಅಂತ, ಕಕೊರ್ಂಡು ಹೋಗಕ್ಕೆ ಪ್ರಯತ್ನ ಮಾಡ್ತಾ ಇದೀನಿ, ಈ ಮಗು ಒಪ್ತಾನೆ ಇಲ್ಲ ಬೇರೆ ಕಡೆ ಬರಲ್ಲ ನನಗೆ ಕುಂಟಸೆಟ್ಟಿ ಡಾಕ್ಟೆ ಬೇಕು ಅಂತ ಹಠ ಮಾಡ್ತಾ ಇದೆ ಸದ್ಯ ನೀವು ಬಂದ್ರಲ್ಲಾ' ಅಂದ್ಲು, ಮೂರ್ನಾಲ್ಕು ವರ್ಷದ ಮಗೂಗೆ ಅಷ್ಟೊಂದೆಲ್ಲ ತಿಳಿಯುತ್ತಾ ಅಂತ ಆಶ್ಚರ್ಯ ಆದ್ರೂ ತೋರಗೊಡದೆ ಮಗುವಿನ ನೆತ್ತಿ ನೇವರಿಸುತ್ತಾ ಬನ್ನೀಮ್ಮ ಮೊದ್ಲು ನೋಡೋಣಾ ಏನಾಗಿದೆ ಮಗೂಗೆ ಅಂತ ಒಳಗೆ ಕರೆದೆ.

2) "ಮುಗ್ಧ ನಂಬುಗೆ" ತುಂಬಾ ವರ್ಷಗಳ ಹಿಂದೆ ನನ್ನ ಇ ಎಸ್ ಐ ಸ್ನೇಹಿತ ಜನರಲ್ ಸರ್ಜನ್ರೊಬ್ಬರ ಬಳಿ ಐದಾರು ವರ್ಷದ ಮಗುವೊಂದರ ಬಾಯೊಳಗಿನ ಮ್ಯೂಕಸ್ ಸಿಸ್ಟ್ಬೊಂದಕ್ಕೆ ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆಗೆಂದು ಕಳುಹಿಸಿಕೊಟ್ಟಿದ್ದೆ. ಮಗು ಸಣ್ಣದಿದ್ದರಿಂದ ಮೇಜರ್ ಓ ಟಿ(ಶಸ್ತ್ರ ಚಿಕಿತ್ಸಾ ಕೊಠಡಿ)ಯಲ್ಲಿಯೇ ಮಾಡುತ್ತೇನೆಂದು ಹೇಳಿದ್ದರು. ಹಾಗಾಗಿ ಪೋಷಕರಿಗೆ ತಿಳಿಹೇಳಿ ಒಪ್ಪಿಸಿದ್ದೆನಾದರೂ 'ನೀವಂದ್ರೆ ಮಗುವಿಗೆ ತುಂಬಾ ಇಷ್ಟ, ನೀವು ಹೇಳಿದಂತೆ ಕೇಳುತ್ತೆ,ದಯವಿಟ್ಟು ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ ಸಮಯದಲ್ಲಿ ನೀವು ಇರಲೇಬೇಕು ಇಲ್ಲ ಅಂದ್ರೆ ತುಂಬಾ ಗಾಬರಿ,ಗಲಾಟೆ ಮಾಡುತ್ತೆ ಬನ್ನಿ' ಅಂದಿದ್ದಕ್ಕೆ ಹೋದೆ.ಸರ್ಜನ್ ರು ಗಂಟೇನೊ ಚಿಕ್ಕದೆ,ಅದನ್ನು ತೆಗೆಯಲು ಸಮಯವೇನೂ ಹೆಚ್ಚುವರಿ ಹಿಡಿಯಲ್ಲ ಆದರೆ ಮಗು ಗಾಬರಿಯಾಗಿ ಒದ್ದಾಡಿಬಿಟ್ರೆ ಕಷ್ಟ, ಜನರಲ್ ಅನಾಸ್ತೇಷಿಯಾದಲ್ಲೆ ಮಾಡ್ಬೇಕಾಗಬಹುದು, ಲೋಕಲ್ ನಲ್ಲಿ ಮಾಡಕಾಗಲ್ಲ ಅಂದ್ರು, ಮಗುವಿನ ತಂದೆ ತಾಯಿ 'ನಮ್ಮ ಮಕ್ಕಳ ಡಾಕ್ಟರು ಜೊತೆಗೇ ಇರ್ತಾರೆ, ದಯವಿಟ್ಟು ಲೋಕಲ್ಲಲ್ಲೇ ಮಾಡ್ಕೊಡಿ' ಅಂತ ದುಂಬಾಲು ಬಿದ್ರು ನೋಡೋಣ ಬನ್ನಿ ಅಂತ ಓಟಿಯೊಳಗೆ ಹೋದೆವು, ಆ ಮಗು ನನ್ನ ಕೈ ಹಿಡ್ಕೊಂಡು ಬಿಡದಲೇ ಇತ್ತು, ಪದೇ ಪದೇ ನನ್ನನ್ನು ಏನಾಗಲ್ವ ಡಾಕ್ಟರ್ ಅಂತ ಕೇಳ್ತಾ, ನಾನೂ ಅದಕ್ಕೆ ಧೈರ್ಯ ತುಂಬ್ತಾ ಓಟಿ ಟೇಬಲ್ ಮೇಲೆ ಓಟಿ ಡ್ರೆಸ್ ಲ್ಲಿ ಮಲಗಿಸಿ ನಿದ್ರೆ ಇಂಜೆಕ್ಷನ್ ಕೊಟ್ರೂ ನನ್ನ ಕೈ ಹಿಡ್ಕೊಂಡೆ,ಎಚ್ಚರವಾಗೇ ಇತ್ತು,ಸರಿ ಬಾಯಿ ತಕ್ಕೊಂಡೇ ಇರ್ಬೇಕಪ್ಪ ಅಲಗಾಡಬಾರದು, ಸ್ವಲ್ಪ ಹೊತ್ತು ಮುಚ್ಚಬಾರದು, ಗಂಟು ತಗದುಬಿಡ್ತಾರೆ ಆಮೇಲೆ ಆರಾಮವಾಗಿ ನೀನು ಮನೇಗ್ ಹೋಗಬಹುದು, ನಿನಗೇನು ನೋವಾಗಲ್ಲ, ಗೊತ್ತೂ ಆಗಲ್ಲ ಅಂತ ಸಮಾಧಾನ ಮಾಡಿದೆ, ಏನಾಶ್ಚರ್ಯ ಬಾಯಿ ಬಿಟ್ಕೊಂಡು ಬಾಯೊಳಗೆ ಲೋಕಲ್ ಅನಾಸ್ತೀಷಿಯ ಕೊಟ್ರೂ ಒಂದು ಚೂರೂ ಕಮಕ್ ಕಿಮಕ್ಕೆನ್ನದೆ ಸುಮ್ಮನೆ ಇತ್ತು ಮಗು, ಸರ್ಜನ್ ಸ್ನೇಹಿತರಿಗೂ ಆತ್ಯಾಶ್ಚರ್ಯ, ದೊಡ್ಡವರೆ ಆಪರೇಶನ್ಗೆ ಹೆದರ್ಕೊತಾರೆ, ಅಂತಾದ್ರಲ್ಲಿ ಈ ಪುಟ್ಟ ಮಗು ಇಷ್ಟು ಚೆನ್ನಾಗಿ ಸಹಕರಿಸ್ತಿದೆಯಲ್ಲ ಅಂತ ಮಾತಾಡ್ತಾ, ಆಡ್ತಾ ಆ ಗಂಟನ್ನ ಅತಿ ಶೀಘ್ರದಲ್ಲೆ ಚೀಲ ಸಮೇತ ಇಡಿಯಾಗಿ ತೆಗೆದು, ನನಗೂ, ಮಗುವಿನ ತಂದೆ ತಾಯಿಗಳಿಗೂ ತೋರಿಸಿದ್ರು, ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಯ ಅಷ್ಟೂ ಹೊತ್ತು ಹಿಡಿದಿದ್ದ ನನ್ನ ಕೈಯನ್ನು ಆ ಮಗು ಬಿಟ್ಟಿರಲೇ ಇಲ್ಲ. ಎಲ್ರೂಆ ಮಗುವಿನ ಧೈರ್ಯವನ್ನು ಹೊಗಳಿದ್ದೆ ಹೊಗಳಿದ್ದು, ಮಗುವಿನ ಪೋಷಕರು ಹೆಮ್ಮೆ ಮತ್ತು ಕೃತಜ್ಞತೆಯಿಂದ ನನ್ನೆಡೆ ನೋಡುತಿದ್ದರು.

3) "ಲೇಟ್ ಲತೀಫ್ ಡಾಕ್ರು" ನಾನು ಫೋನ್ ರಿಸೀವ್ ಮಾಡಿದಕೂಡಲೆ ಹೇಳಿದೆ, 'ಸ್ವಲ್ಪ ಲೇಟ್ ಆಗ್ತಾ ಇದೆ ಇನ್ನೊಂದು ಹತ್ ನಿಮಿಷ ಆಗಬಹುದು, ಆದರೆ ಬಂದೇ ಬರ್ತೀನಿ ಕಾಯ್ತಾ ಇರಿ' ಅಂತ, ನನ್ನ ಕ್ಲಿನಿಕ್ ಹತ್ತಿರ ಮಗುವಿನೊಂದಿಗೆ ಕಾಯುತಿದ್ದ ತಾಯಿಗೆ ಹೇಳಿದೆ. ಆದರೆ ಹತ್ತು ನಿಮಿಷದ ಮೇಲಾಗ್ತಾ ಬಂತು, ಟ್ರಾಫಿಕ್ ಜಾಸ್ತಿ ಇದ್ದುದರಿಂದ ನಾನು ಏನೂ ಮಾಡುವ ಹಾಗಿರಲಿಲ್ಲ, ಅಷ್ಟರಲ್ಲಿ ಮತ್ತೊಮ್ಮೆ ಫೋನ್ ಅದೇ ಮಗುವಿನ ತಂದೆಯಿಂದ, ನನ್ನ ಮಾಮೂಲಿ ಉತ್ತರಕ್ಕೆ 'ಆತ ಸ್ವಲ್ಪ ಬೇಗ ಬಂದ್ಬಿಡಿ ಡಾಕ್ಟರ್, ಮಗು ಗಲಾಟೆ ಮಾಡ್ತಿದೆ'. ದುರಾದೃಷ್ಟಕ್ಕೆ ಟ್ರಾಫಿಕ್ ಕಡಿಮೆಯಾಗಲು ಮತ್ತಷ್ಟು ಸಮಯ ಹಿಡಿಯಿತು, ಈ ಸಲ ಮಗುವಿನ ತಾಯಿಂದ ಮತ್ತೆ ಫೋನ್ 'ಡಾಕ್ಟೆ ಮಗು ತಡೀತಾ ಇಲ್ಲ ಬಹಳ ತಲೆ ತಿಂತಾ ಇದಾನೆ, ಖಂಡಿತಾ ಬರ್ತೀರಾ ತಾನೆ ನಾವು

ಕಾಯ್ತಾ ಇದೀವಿ ಜೊತೆಗೆ ಇನ್ನೂ ಮೂರ್ನಾಲ್ಕು ಮಕ್ಕಳಿಟ್ಕೊಂಡು ಪೇರೆಂಟ್ಸ್ ಕಾಯ್ತಿದಾರೆ. 'ನಾನು ಸಾರಿ ಬರ್ತಾ ಇದೀನಿ ಸ್ವಲ್ಪ ಹೊತ್ತು ಇನ್ನೇನ್ ಬಂದ್ಬಿಟ್ಟೆ ಅಂದವನೆ, ನನ್ನ ಕ್ಲಿನಿಕ್ ಹತ್ರ ಗಾಡಿ ನಿಲ್ಸಿ ನೋಡಿದರೆ ಪಾಪ ಮಕ್ಕನ್ನಿಟ್ಟುಕೊಂಡು ತುಂಬಾ ಜನ ಕಾಯ್ತಿದ್ದರು ಸರಿ ಏನ್ಮಾಡಕ್ಕಾಗುತ್ತೆ, ಸಾರಿ, ಸಾರಿ, ಬಹಳಾ ಹೊತ್ತಾಯಿತಲ್ವ ಏನ್ಮಾಡೋದು ಎಂದು ಒಳಹೋಗಲು ಯತ್ನಿಸುತಿದ್ದಂತೆ ಆಗಲೇ ಫೋನ್ ಮಾಡಿದವರ ಮಗು, 'ಓ ಡಾಕ್ರು ಬಂದ್ರು ಡಾಕ್ಟರು ಬಂದ್ರು' ಅಂತಾ ಚಪ್ಪಾಳೆ ತಟ್ಟುತ್ತಾ ಕುಪ್ಪಳಿಸುತ್ತಾ ನನ್ನ ಹತ್ತಿರ ಬಂದು 'ಯಾಕ್ ಡಾಕ್ಟರೆ ಲೇಟು' ಅಂತ ಪ್ರಶ್ನಿಸಿದ್ದೇ, ನಾನು ಉತ್ತರಕೊಡುವಷ್ಟರಲ್ಲೇ ಅದರ ಪೋಷಕರೆಡೆ ತಿರುಗಿ ಡಾಕ್ಟರ್ ಲೇಟು ಡಾಕ್ಟರ್ ಲೇಟು ಎನ್ನುತ್ತ ಚಪ್ಪಾಳೆ ತಟ್ಟತೊಡಗಿತು, ನನಗೆ ಮುಜುಗರವಾದರೂ ತೋರಗೊಡದೆ ನಗುತ್ತಾ ಇಲ್ಲ ಪುಟ್ಟ ತುಂಬಾ ಟ್ರಾಫಿಕ್ ಇತ್ತು ಅದಕ್ಕೇ ಲೇಟಾಯ್ತು ಎಂದು ವಿಷಯಾಂತರ ಮಾಡಲೆತ್ನಿಸಿದೆ.ಆ ತುಂಟ ಮಗು ಅಷ್ಟಕ್ಕೇ ಸುಮ್ಮನಿರದೆ, ತನ್ನನ್ನು ತಡೆಯಲೆತ್ನಿಸುತಿದ್ದ ಅದರ ತಂದೆ ತಾಯಿಯನ್ನೂ ಲೆಕ್ಕಿಸದೆ ಡಾಕ್ಟರು ಯಾವಾಗಲೂ ಲೇಟಾಗಿ ಬರ್ತಾರೆ, ಲೇಟು ಲತೀಫು, ಅವ್ರು ಲೇಟ್ ಲತೀಫು ಎಂದು ಕಿರುಚತೊಡಗಿತು, ಅಲ್ಲಿ ನೆರೆದ ಇತರರು ಸುಮ್ಮನಿದ್ದರಾದರೂ ಒಳಗೊಳಗೇ ನಗುವನ್ನು ತಡೆದುಕೊಂಡಿದ್ದರೆನಿಸುತಿತ್ತು. ನನಗೆ ಮತ್ತಷ್ಟು ಮುಜುಗರವಾದರೂ ಮೆಲ್ಲಗೆ ಮಗುವಿಗೆ ಏನೇನೋ ಸಬೂಬು ನೀಡಲೆತ್ನಿಸಿದರೂ, ಅದು ತನ್ನ ತಾಯಿಯ ಕಡೆ ತಿರುಗಿ, 'ಅಮ್ಮಾಅಪ್ಪನ ತರಾನೇ ಡಾಕ್ಟ್ರೂ ಲೇಟ್ ಲತೀಫ್ ಅಲ್ವಾ, ಅದೇ ತರಾ ಯಾವಾಗ್ಲೂ ಟ್ರಾಫಿಕ್ ಟ್ರಾಫಿಕ್ ಅಂತಾರಲ್ವ ಅಂದಾಗ ಅಲ್ಲಿದ್ದ ನಾವೆಲ್ಲರೂ ಜೋರಾಗಿ ನಗಲು ಶುರು ಮಾಡಿಕೊಂಡೆವು.

4) "ಡಾಕ್ಟರ್ ತಾತ" ನನ್ನ ಬಳಿಗೆ ಹಿರಿಯ ವಯಸ್ಸಿನ ಮಹಿಳೆಯೊಬ್ಬರು ತಮ್ಮ ಮೊಮ್ಮಗುವೊಂದನ್ನು ತೋರಿಸಲು ಕರೆದುಕೊಂಡು ಬಂದಿದ್ದರು, ಅದು ನನ್ನನ್ನು ನೋಡಿ ಕೊಂಚ ಕೊಸರಾಡತೊಡಗಿತು. ನಾನು ಕೊಂಚ ರಮಿಸಲೆತ್ನಿಸಿ ಪರೀಕ್ಷೆಗೆ ಮುಂದಾದ ಕೂಡಲೇ ಆ ಮಗು ತನ್ನ ಕೊಸರಾಟ ಇನ್ನೂ ಜಾಸ್ತಿ ಮಾಡಿತು. ಆ ಮಗುವಿನ ಅಜ್ಜಿ ಸಹಾ ಸಮಾಧಾನ ಮಾಡಲೆತ್ನಿಸಿದರೂ ಅದು ಸುಮ್ಮನಾಗಲಿಲ್ಲ, ಮೆಲ್ಲಗೆ ಅಳತೊಡಗಿತು ಆಗ ಆ ಅಜ್ಜಿ ಮಗುವನ್ನು ಸಂತೈಸುತ್ತ ಅಳಬಾರದಮ್ಮ, ಡಾಕ್ಟರು ಕಣಪ್ಪಾ, ತಾತ ಇದ್ದಂಗೆ, ನಿಮ್ಮ ತಾತ ಇಲ್ವಾ ಹಂಗೆ, ಡಾಕ್ಟರ್ ತಾತ ಕಣಪ್ಪಾ, ಏನೂ ಮಾಡಲ್ಲ, ಒಳ್ಳೇ ತಾತ, ಹೆದರ್ಕೊಬೇಡಾ ಇಂಜಕ್ಷನ್ ಪಂಜಕ್ಷನ್ನು ಏನೂ ಕೊಡಲ್ಲ ತಾತಾ ಡಾಕ್ಟರು 'ನನಗೆ ಏನು ಹೇಳಲು ತೋಚಲಿಲ್ಲ, ಬೇಸರವಾದರೂ ತೋರಗೊಡದೆ' ನಿಮ್ಮಜ್ಜಿ ಹೇಳ್ದಂಗೆ ಕೇಳಪ್ಪಾ ಒಳ್ಳೇ ಅಜ್ಜಿ ಅಲ್ವಾ 'ಅಂತೆಲ್ಲ ಅಂದು ಮುಯ್ಯಿ ತೀರಿಸಿಕೊಂಡೆನಾದರೂ ಆಕೆಗೇನೂ ಅನಿಸಿದಂತೆ ಕಾಣಲಿಲ್ಲ. ಆಕೆಗೇ ನನಗಿಂತ ವಯಸ್ಸಾಗಿದ್ದರೂ ನನ್ನನ್ನು ತಾತ ಅಂದಿದ್ದು ನನಗೆ ಕೋಪವನ್ನು ತರಿಸಿದ್ದು ಸುಳ್ಳಲ್ಲ. ಅಂದಿನಿಂದ ನಾನು ತಪ್ಪದೇ ನನ್ ತಲೆಯಲ್ಲಿನ ಬಿಳಿಯ ಕೂದಲಿಗೆ ಮತ್ತು ಮೀಸೆಗೆ ಕಪ್ಪು ಬಣ್ಣ ಬಳಿಯಲು ಮೊದಲು ಮಾಡಿದೆ.

5) "ದಯಾಮರಣದ ಕೂಸು" ಒಂದು ಮುದ್ದಾದ ಹೆಣ್ಣುಮಗು, ಅದು ಹುಟ್ಟಿದಾಗಿನಿಂದ ನನ್ನ ಬಳಿಯೇ ತೋರಿಸಲ್ಪಡುತಿದ್ದುದು. ಆ ಮಗು ವೇಗವಾಗಿ ಬೆಳೆಯುತಿದ್ದ ಪರಿಗೆ ತಂದೆ, ತಾಯಿ ಮತ್ತವರ ಕುಟುಂಬ ತುಂಬಾ ಖುಷಿಪಡುತಿದ್ದರು. ಅದರ ಆಟಪಾಠ, ಮುದ್ದು ಮಾತು, ನಗು, ಅಳು ಎಲ್ಲವೂ ಚಂದಾತಿ ಚಂದ. ಏಕೋ ಗೊತ್ತಿಲ್ಲ, ಮಗುವಿನ ಸಣ್ಣಪುಟ್ಟ ಸಮಸ್ಯೆಗಳಿಗೂ ನನ್ನ ಬಳಿ ಸಲಹೆಗೆ ಓಡಿಬರುತಿದ್ದ ಪೋಷಕರು ಸುಮಾರು ವಾರಗಳಾದರೂ ಬಂದಿರಲೇ ಇಲ್ಲ. ಹಾಗಂದುಕೊಳ್ಳುತಿದ್ದ ಹಾಗೆಯೇ ಮಗುವಿನ ತಂದೆ ಒಂದು ದಿನ ತುಂಬಾ ವ್ಯಾಕುಲರಾಗಿ, ಮ್ಲಾನವದನದಿಂದ ನನ್ನ ಕ್ಲಿನಿಕ್ಗೆ ಬಂದು ನಿಂತದ್ದು ಕಂಡು ಕೇಳಿದೆ ಏನಾಯ್ತೆಂದು. ಆತ ತುಂಬಾ ದುಃಖದಿಂದ ಮಗುವೀಗ ನಗರದ ಒಂದು ಪ್ರಖ್ಯಾತ ಆಸ್ಪತ್ರೆಯ ಐ ಸಿ ಯು ನಲ್ಲಿ ಅಡ್ಮಿಟ್ ಆಗಿದೆಯೆಂದೂ, ತೀರಾ ಗಂಭೀರ ಸ್ಥಿತಿಯಲ್ಲಿದ್ದು ಸುಮಾರು ದಿನಗಳಿಂದ ಎಲ್ಲ ತೆರನ ಚಿಕಿತ್ಸೆ ನೀಡುತಿದ್ದು ಆರೋಗ್ಯ ಸುಧಾರಿಸುತಿಲ್ಲವೆಂದೂ ಅಲವತ್ತುಕೊಂಡರು, ನೀವೊಮ್ಮೆ ಬಂದು ಸ್ವಲ್ಪ ನೋಡಿಯೆಂದು ಕೋರಿಕೊಂಡರು. ಸರಿಯೆಂದು ಹೋಗಿ ನೋಡಲು ಎರಡು ವರ್ಷದ ಮಗು, ನೋಡಲು ಅಂಥಾ ಸೀರಿಯಸ್ಸಾಗಿ ಕಾಣದಿದ್ದರೂ ತುಂಬಾ ಮಂಕಾಗಿ ಮಲಗಿತ್ತು, ಮಾಮೂಲಿ ಡ್ರಿಪ್ಸ್, ಇಂಜೆಕ್ಷನ್ ಎಲ್ಲ ಕೊಡಲ್ಪಡುತಿದ್ದರೂ ಮಗುವಿನ ಪೃಷ್ಟದ ಹಿಂಭಾಗ ಹಾಗೂ ಮುಂದಿನ ಜನನಾಂಗದ ಸುತ್ತಲೂ ತೆಳುವಾದ ಬ್ಯಾಂಡೇಜ್ ಸುತ್ತಲ್ಪಟ್ಟಿದ್ದು, ತೆಗೆದು ನೋಡಲು ಚರ್ಮ ಪೂರ್ತಿ ಇಲ್ಲವಾಗಿದ್ದು ತುಂಬಾ ಆಳವಾದ ಗಾಯ ಮತ್ತು ಕೀವಿನಿಂದ ಕೂಡಿದ ಹುಣ್ಣು ಕಾಣುತಿದ್ದು ಮೂಳೆಯ ತನಕವೂ ಹರಡಿದ್ದಂತೆನಿಸುತಿತ್ತು. ಕಾರಣ ಕೇಳಿದಾಗ ಅವರು ಹೇಳಿದ್ದಿಷ್ಟು. ಮನೆಯೊಳಗೆ ಆಡಿಕೊಂಡಿದ್ದ ಮಗು ಹರಿದಾಡುತ್ತಾಡುತ್ತ ಅಡುಗೆ ಮನೆಗೂ ಆಕಸ್ಮಿಕವಾಗಿ ಬಂದಿದೆ, ತಾಯಿ ಸ್ನಾನಕ್ಕೆಂದು ತಪ್ಪಲೆಯಲ್ಲಿ ನೀರು ಕಾಯಿಸಿ ಕೆಳಗೆ ನೆಲದ ಮೇಲೆ ಇಟ್ಟಿದ್ದ ಅತಿ ಬಿಸಿಯಾದ ಆ ನೀರಿನ ಪಾತ್ರೆಯನ್ನು ಉರುಳಿಸಿಕೊಂಡು ಆ ಸುಡು ನೀರಿನ ಮೇಲೆಯೇ ಕುಳಿತುಬಿಟ್ಟಿದೆ. ನೀರು ಬಗ್ಗಿಸಿಕೊಳ್ಳಲು ಬಕೆಟ್ ತರಲೆಂದು ತಾಯಿ ಬಚ್ಚಲು ಕೋಣೆಗೆ ಹೋಗಿದ್ದಾಳೆ, ಅಷ್ಟರಲ್ಲಿ ಮಗು ಕಿರುಚಿಕೊಂಡ ಶಬ್ದ ಕೇಳಿ ಬಂದು ನೋಡಿ ಗಾಬರಿಯಿಂದ ಆಕೆ ಮಗುವನ್ನು ಮೇಲೆ ಎತ್ತಿಕೊಳ್ಳುವಷ್ಟರಲ್ಲಿ ಅದರ ಪೂರ್ತಿ ಕುಂಡಿ ಸುಟ್ಟು ಹೋಗಿದೆ ಮತ್ತು ಮಗುವಿಗೆ ತಕ್ಷಣ ಏಳಲಾಗದ್ದರಿಂದ ಸುಟ್ಟಗಾಯದ ತೀವ್ರತೆ ಜಾಸ್ತಿಯಾಗಿ ತುಂಬ ಆಳಕ್ಕೆ ಸುಟ್ಟು ಹೋಗಿದೆ, ಅಲ್ಲದೆ ಆಕೆ ಗಾಬರಿಯಲ್ಲಿ ತಕ್ಷಣವೇ ತಣ್ಣನೆ ಬಕೆಟ್ ನೀರಲ್ಲಿ ಮಗುವಿನ ಕುಂಡಿಯನ್ನು ಅದ್ದಿಬಿಟ್ಟಿದ್ದಾಳೆ. ಇದೆಲ್ಲ ಸೇರಿ ಸುಟ್ಟ ಗಾಯ ಮೂರನೆ ದರ್ಜೆಯ

(ತೃತೀಯ ಡಿಗ್ರಿ)ದ್ದಾಗಿ, ಸೋಂಕು ತಗುಲಿ ವಾಸಿಯಾಗದೆ ದೊಡ್ಡ ವ್ರಣವಾಗಿ ಅಗಲವಾದ ಕೀವು ಗಾಯವಾಗಿಬಿಟ್ಟಿದೆ. ಆಸ್ಪತ್ರೆಯ ವೈದ್ಯರ ಪ್ರಕಾರ ಸೋಂಕು ರಕ್ತದಲ್ಲಿ ಹರಡಿ ಮೈಯೆಲ್ಲ ಸೆಪ್ಟಿಕ್ ಆಗಿದೆ, ತುಂಬಾ ತುಟ್ಟಿ,ಉತ್ಕೃಷ್ಟ ಆಂಟಿಬಯೋಟಿಕ್ಸ್ ಹಾಕೊಂಡ್ರೂ ಸೋಂಕು ಹತೋಟಿಗೆ ಬರುತ್ತಿಲ್ಲ, ದೇಹದ ಬೇರೆ ಭಾಗಗಳಲ್ಲೂ ವ್ರಣಗಳು ಎದ್ದು ವಾಸಿಯಾಗುತ್ತಿಲ್ಲ, ಪೋಷಕರಿಗೆ ಮಗುವಿನ ಚಿಂತಾಜನಕ ಸ್ಥಿತಿ ವಿವರಿಸಲಾಗಿದೆ ಎಂಬುದು. ಪೂರ್ಣ ವಿವರ ಕೇಳಿ ನಾನು ತಕ್ಷಣ ಏನೂ ಹೇಳಲಾಗದೆ ಸಾವರಿಸಿಕೊಂಡು ಪೋಷಕರಿಗೆ ಇರುವ ಪರಿಸ್ಥಿತಿ ತಿಳಿಹೇಳಿ, ಇನ್ನೊಂದೆರಡು ದಿನ ತಡೆದು ನೋಡಿ ಆಮೇಲೆ ಚಿಕಿತ್ಸೆ ಮುಂದುವರಿಸುವ ಮತ್ತು ಅದರ ಮೇಲಿನ ಪರಿಣಾಮ ನೋಡಿ, ನೀವೆ ತೀರ್ಮಾನಿಸಿ ಎಂದು ಹೊರಬಿದ್ದೆ. ಕೆಲದಿನಗಳ ನಂತರ ಆ ಮಗುವಿನ ಪೋಷಕರು ನನ್ನ ಕ್ಲಿನಿಕ್ಗೆ ಮತ್ತೆ ಬಂದರು ಏನೆಂದು ಕೇಳಲಾಗಿ' ಡಾಕ್ಟರ್ ನಾವೊಂದು ತೀರ್ಮಾನಕ್ಕೆ ಬಂದಿದೇವೆ, ಮಗು ಸದ್ಯಕ್ಕೆ ಎಚ್ಚರದ ಸ್ಥಿತಿಯಲ್ಲಿದ್ದರೂ ನೊಡಲಿಕ್ಕಾಗದ ವಿಕಾರ ರೂಪದಲ್ಲಿದೆ, ಎರಡೂ ಕಣ್ಣುಗಳ ನಡುವೆ ರಂಧ್ರಗಳಾಗಿ ಅದರ ಮೂಗಿರುವ ಜಾಗದಲ್ಲೂ ದೊಡ್ಡ ರಂಧ್ರವಾಗಿಬಿಟ್ಟಿದೆ, ನಳಿಕೆಯ ಮೂಲಕ ಆಹಾರ ನೀಡುತಿದ್ದೇವೆ,ಮಗು ಬದುಕಿಯೇ ಇರುವುದರಿಂದ ಏನು ಮಾಡುವುದೋ ತೋಚುತ್ತಿಲ್ಲ, ಈ ಸ್ಥಿತಿಯಲ್ಲಿಯೇ ಎಷ್ಟು ದಿನ ಕಾಲ ತಳ್ಳುವುದು, ಹೆಣ್ಣುಮಗು ಬೇರೆ, ಈ ವಿಕಾರ ರೂಪದ ಮಗು ಬದುಕಿದರೆ ಮುಂದೇನು ಗತಿ. ನಾವು ಮಗುವನ್ನು ಆಸ್ಪತ್ರೆಯಿಂದ ಡಿಸ್ಚಾರ್ಜ್ ಮಾಡಿಸಿಕೊಂಡು ಬರುತ್ತೇವೆ, ದಯವಿಟ್ಟು ಅದಕ್ಕೊಂದು ದಯಾಮರಣ ನೀಡಿಬಿಡಿ ಎಂದು ಗದ್ಗದಿತರಾದರು. ನಾನು ಏನು ಹೇಳುವುದೆಂದು ತೋಚದೆ ಕೊಂಚ ಮೌನವಾಗಿದ್ದು ನಂತರ ಯೋಚಿಸಿ ಹೇಳಿದೆ. 'ನೋಡಿ ದಯಾಮರಣ ನೀಡುವುದು ನನ್ನ ಕೈಲಾಗದು. ಅದೂ ಅಲ್ಲದೆ ಅದಕ್ಕಾಗಿ ಕೆಲವು ನಿಯಮಗಳಿವೆ, ನನ್ನ ಪರಿಚಯದ ವೈದ್ಯಮಿತ್ರರೊಬ್ಬರಿದ್ದು ಇಂಥ ವಿಷಯದಲ್ಲಿ ಪರಿಣಿತರಿದ್ದಾರೆ, ಅವರ ಬಳಿ ಕಳಿಸಿಕೊಡುತ್ತೇನೆ ಹೋಗಿ ಎಂದು ಭಾರವಾದ ಮನಸ್ಸಿನಿಂದ ಕಳುಹಿಸಿಕೊಟ್ಟೆ. ಮುಂದೇನಾಯಿತೊ ಗೊತ್ತಿಲ್ಲ ಪೋಷಕರೂ ಬಂದು ಹೇಳಲಿಲ್ಲ.ಆದರೆ ನನ್ನ ವೈದ್ಯಮಿತ್ರರು ಮಾತ್ರ ಬಹಳ ಸಹಜವೆಂಬಂತೆ 'ಎಲ್ಲ ಆಯ್ತಪ್ಪಾ, ಮಗು ಪೀಸ್ ಫುಲ್ಲಾಗಿ ಹೋಯ್ತು' ಎಂದರು. ನಾನಂದುಕೊಂಡೆ ಎಲ್ಲಿಯ ಪೀಸ್ ಫುಲ್ನೆಸ್ ನನ್ನ ಭಾವಕೋಶದಲ್ಲಿ ಇದು ಒಂದು ಕಹಿ ನೆನಪು ಎಂದುಕೊಂಡೆ.



I DID NOT KNOW, MY LITTLE GIRL!

When your tiny feet kicked me in the womb, little did I know
That it is my lovely little girl wanting to stay cosy inside.
While your baby steps grew bigger and bigger, little did I know
That in the dark of my life you are the light by my side.

A prize winning poem by
Dr Rajasree M. B.
Secretary
IMA Bangalore Branch Ladies Wing
on National Girl Child Day 2023.



BREAK THE BIAS

Dr. M.B. Rajasree

Every woman deserves to reach her full potential in life but some unseen rules that dictate her, hinder this reality. Each one of us has experienced these rules in our life, too and become a victim of their negative influence at varying degrees. These have become our norms that tell us what is appropriate for girls and boys in daily life. We tend to follow them blindly without realizing that women suffer directly due to their negative impact. Men also suffer, albeit indirectly.

Gender bias refers to any situation where a person is denied an opportunity or misjudged, solely on the basis of their sex, resulting in an unequal treatment. It is a problem that has plagued the entire humanity with hardly any exception, across the globe. It has become a phenomenon that violates the fundamental rights of humans.

The reasons for gender disparity root from the biological, psychological or cultural norms prevalent in the society. Poverty, illiteracy, lack of employment facility, social customs, beliefs and practices, social attitude, lack of awareness among the women are some of the causes of gender bias in our country.

It is interesting to note that, the Hindu Vedic scriptures glorify the dignity of women by saying, "Yatra Naryastu Pujyantee Ranmante Tatra Devata, Yatraitastu Na Pujyante Sarvastatra Phala Kriyah" (Where women are honored, there the deities are pleased; but where they are not honored, no sacred rite yields rewards). It is also believed that Goddess Lakshmi stays inside the heart of God Vishnu and Goddess Parvathi occupies half the body of God Shiva, "Ardhanareeshwara". The great Indian epics focus on the importance not only of restoring respect towards women but also to destroy those who humiliate them. In our ancient times, women were greatly respected and revered, in a patriarchal society. They had freedom to take decisions in all matters ranging from household to waging wars. Somewhere over the course of many centuries, the value of women has dwindled down so much in our country, that many times, a girl child is considered an unwanted entity by her own parents, who do not mind doing away with her.

Gender inequality starts right from the womb and continues throughout the life span of a person. Prenatal sex selection, female foeticide, female infanticide, differential feeding practices, differences in playtime, playthings, domestic work, utilization of pleasurable amenities, expectations in behavior, education, job opportunities, household responsibilities, differential selection for sports and recreations are a few to be mentioned. These practices invariably favour the male gender at every stage of life. Child marriages, sexual violence, honor killings, dowry harassment, domestic violence are some of the worst consequences of gender bias which destroys the mental and physical well-being of women, indicating the brutality of the discrimination.

It is not surprising to know that gender inequality is rampant among the health care professionals too. Though women make up 70% of the global health care sector, only 25% of them hold the role of leaders in the field. Unless both men and women have equal

opportunities, the society or the nation does not progress. Gender Related Development Index, Gender Empowerment Measure, Gender Equity Index, Global Gender Gap Index are a few indices used to measure the growth of a nation based on gender equality. India has slipped 28 places to rank 140 among 156 countries in the World Economic Forum's Global Gender Gap Report 2021, becoming the third worst performer in South Asia, compared to rank 112 in the year 2020. According to the report, India has closed only 62.5% of its gender gap till date. This stresses the need for more efforts to "BREAK THE BIAS" in economic, social, cultural and political fields in our country.

Though this "break the bias" fight started in 1820s, in India, with the abolition of Sati (the immolation of widows on their husband's funeral pyre), it was not until the late 1970s that women actually started raising their voice against issues of gender violence. Unfortunately, in spite of all the efforts, even after two centuries, we are still searching for ways to abolish gender discrimination! There are some Indian born women who have achieved great heights in their life but they are exceptions as they do not truly reflect the general women population in our country. Anyway, it is critical to enhance the value of girls by empowering them with education, life skills, sports and much more.

The strategies to break the bias may be categorized as International, National, community based and personal levels. The International human rights treaties already exist to prohibit gender discrimination, requiring nations to ensure the protection and realization of women's rights. The Covenant on Elimination of Discrimination against Women (CEDAW) 1979 is a landmark Treaty by the United Nations, aiming towards the establishment of Women's rights. Among the 17 goals of the 2030 Agenda for Sustainable Development by the United Nations, the fifth goal is to attain gender equality globally. It targets to eliminate all forms of discrimination, violence, harmful practices against women and to ensure their effective participation at all levels of decision making in political, economic and public life. It also aims at reforms to give equal rights to women over economic resources, access to ownership, control over land, financial services, inheritance etc. Note-worthy are the aims to recognize and value the unpaid domestic work done by women and also promotion of shared household responsibilities in families. The present Covid-19 pandemic that the world has been going through has made evident the grotesque gender inequality, particularly in the household. The pandemic has transformed homes into offices and classrooms, putting a spotlight on the countless household tasks that women are expected to solely perform. They continue to face harassment, intimidation, bullying and violence by men at home.

At the national level, there are several Articles in the Indian Constitution that are made to protect the rights of women including guaranteeing empowerment of women through laws that define equal pay for equal work. The Government of India has launched campaigns such as, "Beti Bachao, Beti Padhao Yojna" (Plan to save and educate girls) to create nationwide awareness about the importance of girl children.

Despite the International and National laws, women all over the world continue to face the wrath of gender bias at many stages in their life. The phenomenon has become imbibed deep in the mindset of the population at large. This situation validates that the governments should take initiative in proper implementation of the laws and policies concerning the protection of women. It demonstrates the dire need to spread awareness about women's rights among people.

At community level, the local government authorities or nongovernmental organizations need to come forward to raise awareness among the public. Women should be made to understand the need of education. Free education or scholarships help women complete their formal education, thereby eliminating illiteracy. Proper employment and appropriate pay for their work in a safe environment will improve their socio-economic status. Gender discrimination in any form in their workplace needs to be reported to the

Grievance Redressal, for necessary action to be taken. Through public meetings, men and women need be taught the importance of gender equal environment both at home and at work place, in order to progress and have a good quality life. Every person should cultivate the habit of respecting the opposite gender and not harm them. Parents should be made to know that it is their responsibility to teach not only their daughters but also their sons to respect the opposite gender. It does not help much if only women are taught to protect themselves. Men should be educated that it is not right for them to harm woman. Elders in the family should be made to understand that they should strictly discourage boys or men from intimidating girls or women either inside or outside their family. Every family should know the value of equal sharing of household responsibilities.

It is very important to educate people that child marriages, sexual harassments, domestic violence etc., are considered as crimes and are punishable by law and hence should not be encouraged at any cost. Women should be taught means and ways to safe-guard themselves from any kind of attacks on them. Helping women to use basic technology such as phones and computers carry importance in their protection.

At a personal level, all parents should be taught not to feel insecure because they have daughters and to treat sons and daughters equally. Mothers need to be empowered to make choices in their life, which also enables their daughters to have a strong mind set to obtain necessary education. They should be encouraged to express their views, get involved in decision making and develop leadership qualities. Women who have only sons should be taught not to look down upon their fellow women who have only daughters. Unfortunately, this unjustifiable social attitude is seen in some men and women, even in educated and well to do families. Ladies should learn to uplift other women and be supportive to each other.

Good counseling helps people forego blind and meaningless social customs or beliefs that hinder their progress. Women should be trained not to tolerate any kind harassment from anybody at anytime. Assistance need to be provided at all levels to women who have already become victims of cruelty due to gender bias.

Stress on the importance of health in women and girl child goes a long way in attaining gender equality. Medical professionals play a great role in breaking the bias. Right from the eradication of prenatal sex selection to educating women about their health and hygiene, doctors can bring a dramatic change towards the betterment of women. For example, Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT) Act in India prohibits the prenatal sex determination by doctors or sonologists, to prevent female foeticides and to normalize the sex ratio in our country.

Rightly did Swami Vivekananda say, “There is no chance of welfare of the world unless the condition of women improves. It is not possible for a bird to fly with only one wing.” ----- A prize winning article by Dr RajasreeMB Secretary IMA Bangalore Branch Ladies Wing on gender bias. The prize was presented to her by the then Director of NIMHANS Dr Prathima Murthy in IMAKSB WDW Annual Conference Hubli 2022.

> *“As a caregiver, you see selfless acts everyday.”*
>
> ***– Dr. Raj Panjabi***



FRUITFUL AGEING

Dr. Mohan Kumar Mahadevaiah
MBBS, MD, FICP, FIAMS, FIACM, FIMSA, FICA, FACP
Assistant Professor of Geriatric Medicine
Victorial Hospital, BMCRI, Bengaluru

The number of elderly is rising all over the world including India. T he population of elderly persons in our country is increasing exponentially from 77 million at the beginning of this century to around 100 million, forming 9percent of total population of the country. Thus the country has become a 'graying nation'. A United Nations Report has predicted that India will have 198 million elderly people in 2030. Though no skill is needed to grow old, Henri Amiel has considered that, 'to grow old is the master-work of wisdom, and one of the most difficult chapters in the great art of living'. Today more and more people are destined to live into their eighties and it has necessitated them to gain the knowledge of growing old successfully.

Elderly population comprises people who have given their best during their productive years to the Society and to the Nation. These people are still a part of our main stream which is being benefited by their experience. Cicero at the beginning of Christian era had observed, ' it is not by muscle speed or physical dexterity that great things are achieved, but by reflection, force of character, and judgement, in these qualities, old age is usually not only poorer, but is even richer'. But it is pathetic to see many of them are not cared and their misery is interesting to no body. We have associated that aging means decline. The elderly is living in a private Universe of Physical weakness and mental decay.The words of Jonathan Swift remind us that 'everyone desires to live long, but no one would be old'. There is a great need to focus our attention towards their medical and health needs. The great number of geriatric population is increasing day-by-day.

According to the study of Adult Development carried out at Harvard University, people become mellowed with age. The features like forgiveness, gratitude, and compassion will lead to successful aging. The Study has given ingredients essential to successful living. It has said, 'old age can be both miserable and joyous. But the positive aging must reflect vital reactions to change, to disease and to conflict'. The goal is straightforward to achieve successful aging.

The number of elderly persons is overtaking the number of the young resulting in a huge demographic shift threatening to overwhelm Nations with economic and social problems. The report on 'An ageing World 2008' has also highlighted that within 10 years older people will outnumber children, for the first time. It has forecasted that over the next 30 years, the number of over 65 years is expected to almost double from 506 million in 2008 to 1.3 billion, a leap from 7% of the world population to 14%.

Since ageing appears to be the only available way to live a long time, and the number of geriatric population is on increase in the country, there is an urgency to address the health issues of this growing mass of population as a separate segment. In advancing years many age-related disabilities begin to appear. Mobility suffers, hearing gets impaired: there is gradual loss of eye sight and loss of memory. The immunity declines making elderly persons more vulnerable to infections. Diabetes

mellitus, ischaemic heart disease, cancer, enlarged prostate, Parkinson's disease, and Alzheimer's disease make their appearance. Often there are falls with fractures making them disabled and bed-ridden. Hence the aged require special medical attention. At the same time, we must remember that 'there are no diseases of the aged, but simply diseases among the aged'. Most elderly persons without any disorder of brain maintain a sense of modest well being until the final months before their death. It should be remembered that aging is not synonymous with disability.

The rapid strides in the medical science, has enabled a steady increase in human life expectany. The implications are that ageing is becoming a matter of concern because of the rapidly growing number of older persons putting enormous pressure on health care service. Benjamin Disraeli jokingly said, ' youth is a blunder, manhood is a struggle , old age is regret'. But' all would live long, but none would be old', Benjamin Franklin has remarked. Our aim is to take care of them through separate clinics and hospitals catering to their needs. If it is done with all seriousness the old age becomes a happy state in the life of every individual.

American Gerontological Society in its motto has written, 'adding life to years, not just more years to life'. Vaillant has proposed a test of successful aging. It becomes learning to live with neither too much desire and adventure nor too much caution and self care.

Traditionally, the joint families in India used to care of its elderly. But in the recent decades the rapid urbanization, and an exodus of people from rural to urban areas and from urban areas to foreign land. This has resulted in dissolution of joint families and creation of 'empty nest syndrome'. Absence of extended family support and the support from the community, and the difficulty to continue earn their livelihood, the life of elderly has been put into great hardship.

It is worth remembering the words of Tryon Edwards that ' some men are born old, and some never seem so. If we keep well and cheerful we are always young, and at last die in youth, even when years would count us old'.

The words of James Cricton-Browne remind us that 'there is no short-cut to longevity. To win it is the work of a life time, and the promotion of it is a branch of preventive medicine'. The Government of India envisaged the National Policy on Older Person(NPOP) that covers all aspects of the elderly, their health care, housing, financial security and protection against abuse.

In that, elderly have been recognized as national resources, creating opportunities for their development. This policy is yet to be implemented by all states and union Territories of India.

The family plays a pivotal role in the care of its elderly. It should with the support from the Society and Government, shoulder its responsibility and make their life happy. The elderly persons are national asset who have contributed the growth of the Nation and development of the family. In advancing years, these persons find difficulty to generate income, and become increasingly vulnerable to illness and disability, and become dependent on their families. This should not be considered a burden. The Society must take pleasure in supporting them. We have to strive to make them show features of positive aging. Successful aging, then becomes giving to others with joy, and receiving it gratefully during needs.

"In nothing do men more nearly approach the gods than in giving health to men."

- Cicero



The Science behind Yoga and Health

Dr. Anantha Ramaiah T
Consultant Anaesthesia, Pain and Palliative Care.
Governing Council Member,
KIDWAI Memorial Institute of Oncology.
Vice President, IMA Bangalore Branch

Yoga combines physical postures (asanas), breathing techniques (pranayama), and sometimes meditation.

Scientific research suggests several mechanisms by which yoga can affect the body and mind:

1. Effects on the Nervous System

Yoga tends to activate the parasympathetic nervous system, often called the -and- system. This can:

- Lower heart rate
- Reduce blood pressure
- Promote relaxation
- Improve recovery from stress
- Slow, controlled breathing is thought to play a major role in these effects.

2. Stress and Hormones

Studies have found that regular yoga practice may reduce levels of stress-related hormones such as cortisol. Lower chronic stress can contribute to:

- Better sleep
- Improved mood
- Reduced anxiety symptoms
- Enhanced overall well-being

3. Flexibility, Strength, and Balance

The physical postures:

- Stretch muscles and connective tissues, improving flexibility
- Build muscular strength, especially core and stabilizing muscles
- Improve balance and coordination

Research consistently shows improvements in mobility and functional fitness among regular practitioners.

4. Brain and Mental Health

Neuroimaging studies suggest yoga and meditation can influence brain regions involved in:

- Attention
- Emotional regulation
- Self-awareness

Some studies have reported increases in gray matter volume in certain brain areas among long-term practitioners, though more research is needed to fully understand these changes.

5. Pain Management

Yoga has shown benefits for some chronic pain conditions, including:

- Lower back pain
- Neck pain
- Osteoarthritis-related discomfort

Possible mechanisms include improved muscle function, reduced stress, altered pain perception, and increased movement confidence.

6. Breathing and Cardiovascular Function

Breathing exercises may:

- Improve respiratory efficiency
- Increase awareness of breathing patterns
- Enhance heart rate variability (a marker associated with healthy autonomic nervous system function)

What the Evidence Says

The strongest scientific evidence supports yoga for:

- Improving flexibility and balance
- Reducing stress
- Enhancing quality of life
- Helping manage some forms of chronic pain

However, yoga is not a cure-all. Research quality varies, and its effects depend on the type of yoga, frequency of practice, and individual factors.

In scientific terms, yoga appears to work through a combination of physical exercise, controlled breathing, mindfulness, and nervous-system regulation, producing measurable effects on both body and mind.

- Shiva Samhita

3 Decades
50K+ patients
Trusted Worldwide
200+ Surgeons Trained
Complex Case Referral Centre

CHIRAG GLOBAL HOSPITALS

NABH Accredited

WORLD'S LARGEST & BEST-RATED
SUPER-SPECIALTY HOSPITAL & RESEARCH CENTRE FOR
COLO-ANO-RECTAL DISEASES

90199 54658
www.chiragglobalhospitals.com
BTM 2nd Stage, Bengaluru





Female Sexuality

Dr. Padmini Prasad
M.B.B.S., M.D. (OBG), F-C.S.E.P.I., D-A.B.S. (USA)
Consultant Obstetrician & Gynaecologist and
Sexologist & Marriage Counselor



Sexual health and function are important determinants of "Quality of Life".

Sexual problems are very common and can cause significant distress in the individual.

The incidence of female sexual dysfunction varies from 10-40% in different age groups. Higher incidence is seen in midlife (45-65 years).

Many do not discuss sexual problems with the health care workers.

World Health Organization (WHO) defines sexual health as a "state of physical, emotional, mental and social well-being in relationship to sexuality, it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual sexual relationships as well as the possibility of having pleasurable and safe sexual experiences free of coercion, discrimination and violence".

Women's sexuality is reaching its peak in today's world in terms of (1) the ability to freely practice, and (2) to talk about it.



Sexuality has evolved into what it is today through many researches, discoveries, experiments and writings of many activists by changing the view of "What is considered morally right or normal".

Women in Victorian times were not allowed to enjoy sexual satisfaction. If they did, it was thought to be responsible for the moral decline of the society.

Now more emphasis is placed on the sexual act as 'something that is natural and acceptable in women's lives'. Female orgasm and gratification is more encouraged and accepted in today's society.

Art, culture, religions, philosophies and legal systems which shape human behaviour have established sexual values, sexual taboos and sexual concerns.

Long considered a taboo topic, women's sexuality is now openly discussed and portrayed in media, internet magazines and newspapers.

Sexuality for a women encompasses a broad range of physical activities and psychological experiences. They fulfil physical and emotional need for closeness and intimacy. It includes feelings about herself, how she relates to others, previous sexual experiences, feelings about the partner and relationship with the partner.

Sexual response depends on a complex interplay of physical, psychological and emotional factors between the partners. It is coordinated by the neurologic, vascular and endocrine systems and influenced by family, society and religious beliefs.

Female sexual dysfunction is very common but is not frequently encountered by the doctors, the reasons being a taboo subject, uncomfortable feeling, usage of terminology and ways of presentation. Doctors try to avoid handling of such cases. More importantly it is not taught in medical colleges.

There has been sexual emancipation among women. When there are sexual disturbances or dysfunction, the couple can get depressed, worried, anxious, unhappy or frustrated. Many women seek help and information regarding sex during pregnancy, after surgeries,



medication, illness, post menopause etc., it is important to recognise, diagnose and treat sexual dysfunction of either man or woman. Gynaecologists come across issues that relate to sexual concerns. It is very important to include sexual history in their approach towards woman's problems.

Sexual Dysfunction

Female sexual dysfunction implies "Persistent or recurrent problems encountered in one or more of the stages of sexual response cycle".

It is not a dysfunction unless the woman is distressed about it or it negatively affects the relationship.

The Sexual Response Cycle (SRC) is the sequence of events that occur when a person is sexually excited by thought, fantacy masturbation or coital activity.

In past few years scientific study has been done to understand sexual response, sexual dysfunctions and the treatment. The writings of Vatsyayana in Kamasutra in 4th Century have been proved by modern day sexologists through their experiments. After conducting Human experiment on 382 women and 312 men, Masters and Virginia Johnson brought out a book titled "Human Sexual Response" in 1966. With this experimentation it was possible to scientifically study various aspects of human sexual response during intercourse and also the physical and mental changes associated with it. Before this it was presumed that only male responses like "erection" and ejaculation were the main events and female was thought to be a passive partner. Both men and women go through different stages after sexual excitation, but timing is usually different. There can be variation in duration of each phase and type of response from one person to another. When a person male or female is sexually excited, physical and mental changes occur in the body. changes occur in genital and extra genital region i.e. general changes and genital changes. This is described in "sexual response cycle". Sexual function depends on integrity of vascular system, autonomous and sensory nerve supply to genetalia, circulating androgens,

intact erectile tissue and glands, adequate stimulation and absences of inhibition. Sex is not a mechanical process. Human sexual response is multidimensional. Feelings, thoughts, harmony, language cultural and personal values along with biological reflexes create a total experience.

The findings of the study by Masters & Johnson indicated Human Sexual Response could be described as a cycle with four stages; 1. Excitement 2. Plateau 3. Orgasm 4. Resolution

The four phases of Sexual Response cycle includes :

1. Desire

2. Arousal
3. Orgasm, and
4. Resolution

The Female Sexual Dysfunction is correspondingly divided into :

1. Desire phase disorders
2. Arousal disorders
3. Orgasmic disorders, and
4. Sexual pain disorders

Sexual dysfunction/disorders (DSM IV & V Classification)

I. Sexual Desire Disorders - Hypoactive sexual desire disorder: persistent or recurrent deficiency or absence of sexual desire or receptivity to sexual activity that causes marked distress or interpersonal difficulty

II. Sexual Arousal Disorder - Inability to complete sexual activity with adequate genital swelling-lubrication response that causes marked distress or interpersonal difficulty

Subjective sexual arousal disorder
Genital sexual arousal disorder
Combined genital and subjective arousal disorder

III. Orgasmic disorders (Inhibited Female Orgasm) -

IV. Sexual Pain Disorders

1. **Dyspareunia:** Recurrent or persistent genital pain associated with intercourse.
2. **Vaginismus:** Recurrent or persistent involuntary spasm of musculature of the outer third of vagina that interferes with sexual intercourse.

V. Sexual dysfunction due to general medical conditions

VI. Substance induced sexual dysfunctions

VII. Sexual dysfunctions not otherwise specified :

a. Paraphilias
b. Gender identity disorders

Causes of Female Sexual Dysfunction (FSD)

1. **Non-organic :** social, cultural, psychological
2. **Organic :** developmental, medical, surgical, drugs

Ignorance, inadequate knowledge, negative attitude, unrealistic expectations, day-to-day stresses, lack of time, lack of communication, lack of privacy, disturbed interpersonal relationship, myths and misconceptions, sexual abuse are all responsible for FSD.

Male sexual problems, extramarital relationships can also result in Female Sexual Dysfunction.

Effects of Female Sexual Dysfunction

Low self esteem, sense of futility, frustration, psychological problems like anxiety, depression, worry, irritability

Marital disharmony, quarrelling, arguments, disturbed interpersonal relationship, Infertility, divorce, etc.

Effect of male : Male frustration, premature ejaculation, erectile dysfunction, extramarital relationship.

Presentation of Female Sexual Dysfunction

I. Patient may come for consultation without hesitation : With increasing awareness, education and employment women are becoming aware of various sexual dysfunctions. Hence such women may directly express their problems.

II. Patients may present with vague symptoms : Like pain in abdomen, white discharge, back ache, premenstrual tension, etc, or suggest in indirect ways: with complaints like not interested in sex, weakness, husband is weak, back ache, white discharge, etc.

MANAGEMENT OF FEMALE SEXUAL DYSFUNCTION

A comprehensive evaluatory procedure is important for diagnosis.

1. Detailed sexual history of both partners, individually and separately. History of family environment, attitude to sexuality. Childhood upbringing, sexual

abuse, interpersonal relationship with the husband, etc. should be noted. Psychiatric or psychological disturbances should be checked.

2. Detailed coital history including desire, lubrication, pain, irritation and orgasm.
3. Any male sexual dysfunction should be checked for.
4. Though physical examination, genital examination
5. Necessary laboratory investigations
   Routine investigation
   Hormones – TSH, FSH, LH, Prolactin, testosterone
   Abdomen Pelvic Scanning
6. Psychological assessment

Female Sexual Dysfunctions, commonly encountered by the gynaecologist

- Non consummation
- Infertility
- Vaginismus/dyspareunea
- Sex life during pregnancy and childbirth
- Sex life after pelvic surgeries, vaginal surgeries
- Pelvic and genital infections
- Endometriosis

Cancer breast and cancer uterus

Radiotherapy / Chemotherapy

Post Menopausal

Contraception : Pill, Sterilization. CU-T

Gynaec Check-up in sexual dysfunction

The identification and management of sexual problems is one of the most subtle and difficult facets of patient care and the problems are the most sensitive

In sex therapy, examination has the advantage of being diagnostic and can be the basis for behaviour modification therapy.

The examination provides an opportunity to :

1. Discover diseases associated with sexual dysfunction.
2. Expose faulty attitudes and observe emotional reactions.

Ex: resistance to PV examination, failure to undress

Arching of back

Thighs adducted

Pushing the doctors hand, etc.

3. Dispel myths, misinformation and distorted views of body image
4. Provide information about genital organs and genital hygiene
5. Give permission to explore intimate parts without inhibitions

Examination and findings are described step by step

Examination of external genitalia

Monomanual and bimanual examination

Look for vaginismus and dyspareunea

Palpate uterus, adnexa

Speculum examination : Hypooestrogen status, vaginal discharge, vaginal mucosa, PAP smear, Prolapse, cancer, etc.

Dyspareunea can be :

a. Superficial ; at the entrance of vagina
b. Vaginal : Lubrication problem, and
c. Deep due to pelvic disease

Treatment :

Organic cause : Medical treatment, surgical treatment, psychiatric treatment

Non-organic cause : Sex counselling, sex therapy



Various modalities of treatment:

- Prevention of Female Sexual Dysfunction
- Sexuality Education
- Removal of myths and misconceptions
- PLISSIT Model
- Sensate focus exercises
- Cognitive behaviour therapy

Vaginismus :

It can be due to irrational fear related to sex, past abuse, or negative attitude towards sex.

Vaginismus is treated by systematic desensitization, progressive muscle relaxation and vaginal dilatation by placing progressive dilators in vagina for 15 minutes twice daily.

Dyspareunea

The aetiology should be detected and treated.

If it is due to lack of lubrication, lubricants like K Y jelly, Lubic gel can be used along with proper guidance for the couple about sexual act.

Menopausal (peri/post) FSD

HRT

Local oestrogen

Moisturiser/Lubricants

Treatment of infection

Medications in FSD – Flibanserin Bremelanotide

Sildenafil, Bupropion, DHEA (Prastereon), HRT, Testosterone

Basic treatment strategies :

If no aetiology for sexual dysfunction is discovered, basic treatment strategies are applied,

1. Provide education
2. Enhance stimulation and eliminate monotony
3. Encourage non-coital behaviours like massages, talks of love & care, etc.
4. Minimize dyspareunea.

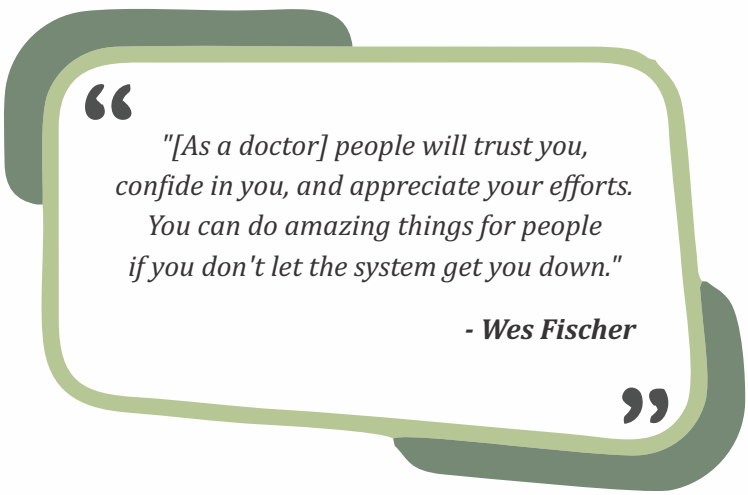
Women if found to have depression, anxiety, or other psychiatric disorders or there are interpersonal issues which are leading to adverse impact on sexual life, it is important to seek psychiatrist opinion.

If a woman thinks she has a health problem that is stopping her from enjoying sex, she has to seek help.

Any persistent pain in the pelvic, genital or vaginal area is a sign that there may be a problem with the sex.

For all women talking about sexual needs and concerns is a process that should never end.

Sex is the ultimate expression of love. It leads to quality of life and "Health, Harmony and Happiness" for the woman and her family.





FUTURE TECHNOLOGIES

Newer Technologies in Proctology: Present Advances and Future Directions

Team Chirag

Dr. Rajasekhar M R | Dr. Shreedevi K N | Dr. Jyotsna

Introduction

Anorectal disorders—including hemorrhoids, anal fissures, fistula-in-ano, and functional bowel disorders—are among the most common conditions encountered in surgical practice. Conventional surgical procedures such as hemorrhoidectomy and fistulectomy have been effective but are often associated with postoperative pain, prolonged recovery, and patient discomfort.

The modern evolution of proctology has been driven by the need to:

- Reduce surgical trauma
- Preserve sphincter function
- Enable faster recovery
- Improve patient comfort

This has led to the development of minimally invasive and technology-assisted techniques that allow precise treatment with minimal disruption to normal anatomy.

In this evolving landscape, centers such as Chirag Global Hospitals Bengaluru exemplify the integration of advanced surgical technologies, real-time imaging, engineering innovation, and emerging research areas like microbiome science, thereby elevating the standard of colorectal care.

Current Advanced Technologies in Proctology

Laser-Based Procedures

Laser technology has gained widespread attention in the management of hemorrhoids and fistula-in-ano.

Advantages include:

1. Minimal intraoperative bleeding
2. Reduced postoperative pain
3. Early return to normal activities

However, limitations such as high cost and variable outcomes in complex fistula highlight the importance of appropriate patient selection. Laser should be considered a valuable tool rather than a universal solution.

Radiofrequency Ablation (RFA)

Radiofrequency ablation is a highly practical and cost-effective modality that uses high-frequency energy to ablate pathological tissue.

Advantages:

Effective hemostasis
Minimal collateral tissue damage
Suitability for outpatient procedures
Its affordability and ease of use make it particularly relevant in diverse healthcare settings.

Infrared Coagulation (IRC)

Infrared coagulation is a simple outpatient procedure used primarily for early-stage hemorrhoids.

Key benefits:

No requirement for anesthesia
Minimal discomfort
Quick execution
It is most effective in Grade I and II hemorrhoids and may require multiple sessions.

Doppler-Guided Hemorrhoidal Artery Ligation (DG-HAL)

DG-HAL represents a physiological approach by targeting the arterial blood supply to hemorrhoids.

Advantages:

Minimally invasive

Preservation of normal anatomy

Reduced postoperative pain

This technique is particularly useful in moderate grades of hemorrhoidal disease.

Ultrasonic Excision (Harmonic Technology)

Ultrasonic devices use high-frequency vibrations to simultaneously cut and coagulate tissue.

Benefits:

1. Reduced thermal injury
2. Improved surgical precision
3. Better postoperative comfort

Video-Assisted Surgeries (Camera-Based Proctology)

One of the most significant advancements in modern proctology is the adoption of camera-based video-assisted surgeries.

Concept

These procedures utilize miniature high-resolution cameras inserted into the anal canal or fistula tract, allowing real-time visualization on a monitor.

Examples

1. Video-Assisted Anal Fistula Treatment (VAAFT)
2. Endoscopic fistula tract visualization

Advantages

1. Direct visualization of pathology
2. Accurate identification of internal openings
3. Targeted treatment
4. Reduced tissue damage and recurrence

These techniques improve surgical precision and reduce reliance on blind dissection, particularly in complex cases.

Stapled Hemorrhoidopexy: A Reassessment

Stapled hemorrhoidopexy was introduced as a less painful alternative to conventional hemorrhoidectomy. While it offers early postoperative comfort, increasing evidence has highlighted important concerns.

Reported Complications

1. Anastomotic strictures
2. Rectovaginal fistula
3. Pelvic sepsis
4. Persistent pain and urgency
5. Recurrence

Clinical Perspective

Given the potential severity of these complications and the availability of safer alternatives such as DG-HAL and RFA, many advanced centers now adopt a cautious and highly selective approach toward stapled hemorrhoidopexy. The emphasis in modern practice is on long-term safety and preservation of function.

Advanced Diagnostic and Imaging Technologies

Video Rectoscopy

Video rectoscopy enhances traditional examination by providing:

1. Real-time visualization
2. Recording and documentation
3. Improved patient understanding

Endo-Anal Ultrasound (Intraoperative)

This modality plays a crucial role in:

1. Mapping fistula tracts
2. Identifying internal openings
3. Guiding surgical intervention

It significantly improves surgical accuracy and reduces recurrence.

MRI Fistulogram

Magnetic Resonance Imaging remains the gold standard for evaluating complex fistula-in-ano, enabling comprehensive preoperative planning.

Gut Microbiome and Emerging Research

The gut microbiome has emerged as a critical factor influencing gastrointestinal health, immunity, and healing.

Emerging Concepts

1. Dysbiosis contributing to disease progression
2. Role in inflammation and wound healing

Future Therapies

1. Fecal Microbiota Transplantation (FMT)
2. Microbiome-targeted interventions

This represents a shift toward biological and personalized medicine in proctology.

Engineering Innovation in Proctology

Integration of engineering into clinical practice is emerging as a key driver of innovation.

Innovations

1. Customized surgical instruments
2. Disposable patient-specific devices
3. Cost-effective alternatives

Impact

1. Improved hygiene
2. Reduced costs
3. Enhanced procedural precision

FUTURISTIC LEAP

Artificial Intelligence in Proctology – Artificial Intelligence is rapidly transforming healthcare by enhancing diagnostic accuracy and decision-making.

Applications

1. Automated analysis of clinical data
2. Improved imaging interpretation
3. Predictive models for surgical outcomes
4. Postoperative monitoring

Future Potential

AI is expected to evolve into:

1. Real-time intraoperative guidance systems
2. Decision-support platforms
3. Integration with robotic surgery

Robotic Surgery – The Next Frontier

Robotic-assisted surgery represents a promising future direction in colorectal care.

Advantages

1. High-definition 3D visualization
2. Enhanced dexterity and precision
3. Tremor filtration

Potential Applications

1. Complex fistula surgery
2. Pelvic floor disorders
3. Advanced colorectal procedures

Although currently limited by cost and accessibility, robotic systems are expected to play an increasingly important role.

Accessibility in Karnataka

Widely Accessible

Conventional surgery

Moderately Accessible

RFA, IRC, DGHAL

1. Laser procedures
2. Ultrasonic devices
3. Camera based Procedures

Emerging / Futuristic

1. AI-based systems
2. Robotic surgery

Challenges in Modern Practice

1. Increasing patient demand for specific technologies
2. Financial constraints
3. Limited training opportunities
4. Overemphasis on technology over clinical judgment

The Need for a Balanced Approach

Modern proctology must integrate:

1. Advanced technologies
2. Clinical expertise
3. Evidence-based decision-making
4. Patient-centered care

Technology should enhance precision but must always be guided by sound clinical judgment.

Conclusion

Proctology is undergoing rapid evolution with the integration of minimally invasive techniques, advanced imaging, and emerging intelligent systems. Camera-based surgeries, AI-driven diagnostics, robotic precision, and microbiome research are collectively shaping the future of colorectal care.

Ultimately, the success of treatment lies not in the technology used, but in intelligent usage of all technologies depending on the patient's needs.



CLINICAL OVERVIEW: CARCINOMA CERVIX

Dr. Ashwini L
Radiation Oncologist
Kidwai Memorial Institute of Oncology
Bengaluru

INTRODUCTION:

Carcinoma cervix remains one of the most common cancers among women in many low and middle-income countries despite being largely preventable through vaccination camp; screening. While globally it is the fourth common cancers, in India, it is second most common malignancies among women. The disease typically evolves through a prolonged pre-invasive phase, providing a unique opportunity for prevention through HPV vaccination and screening. Early-stage is highly curable, whereas advanced cases often require multimodality treatment & carries a poorer prognosis.

ETIOLOGY &DIAGNOSIS:

The main risk factors are persistent infection with HPV strains, early onset parity, multiple sexual partners, immunosuppression, smoking, high parity, long-term OCP use & mainly, poor access to screening services lead to increased incidence of advanced disease. Early cases present with post-coital bleeding, intermenstrual bleed, postmenopausal bleeding, vaginal discharge; while advanced cases present with backache, limb edema, hematuria, rectal bleed & features of obstructive uropathy.

The screening modalities are

- HPV DNA testing
- Cytology (Pap smear)
- Visual inspection with acetic acid (VIA)

The diagnosis is made after a detailed history, gynecological examination to assess the parametrium, followed by biopsy to determine histological type. Further investigations should include imaging with CT/MRI of abdomen & pelvis, intravenous pyelography; camp; PETCT inFeasible cases to rule out metastatic spread.

STAGING & TREATMENT:

The management of cervical cancer is mainly dictated by staging. In early cases, fertility sparing surgery is the choice of treatment especially among young women. Advanced cases warrant for multimodality treatment with radiation and chemotherapy.

Radiotherapy remains the primary treatment for stages beyond IB2, combined with a platinum-based chemotherapy in high risk cases such as positive LVSI, node positive cases and stages II and higher.

Pelvic external beam radiation targeting the uterus, cervix, vagina, bilateral parametria, pelvic lymph nodes, and Para aortic nodes if involved, a dose of 45-50Gy with weekly chemotherapy followed by brachytherapy is given. Metastatic cases are tailored with systemic therapy- chemotherapy/immunotherapy and individualized with radiotherapy with palliative intent.

CONCLUSION:

Cervical cancer is largely preventable. Integrating vaccination, structured screening, and evidence-based treatment pathways into clinical practice can significantly reduce morbidity and mortality.



Breast Cancer in Pregnancy and the Postpartum Period:

Why Awareness, Early Diagnosis, and Personalized Medicine Matter

Dr. Poonam Maurya

Sr Consultant Medical Oncologist |
Onco-Wellness Transformation Coach
Genomic Wellness Expert

Pregnancy is one of the most cherished phases in a woman's life. However, amidst the excitement of welcoming a new baby, an important health concern often remains under-recognized—breast cancer diagnosed during pregnancy or within the first year after delivery, commonly known as Pregnancy-Associated Breast Cancer (PABC).

Although relatively uncommon, PABC is the most frequently diagnosed cancer during pregnancy. With increasing maternal age and a rising incidence of breast cancer among younger women, healthcare professionals are likely to encounter such cases more frequently in clinical practice.

Historically, breast cancer diagnosed during pregnancy was associated with poorer outcomes, largely due to delays in diagnosis. Today, however, advances in imaging, pathology, molecular diagnostics, systemic therapies, and multidisciplinary care have dramatically improved outcomes for both mother and child.

The Challenge of Early Recognition

One of the greatest barriers to early diagnosis is the physiological transformation of the breast during pregnancy and lactation.

Hormonal changes lead to breast enlargement, increased density, nodularity, and tenderness. As a result, both patients and healthcare providers may mistakenly attribute a breast lump to normal pregnancy-related changes, mastitis, blocked ducts, galactoceles, or lactational changes.

Unfortunately, this can delay diagnosis and treatment.

Any breast lump that persists beyond two to four weeks, enlarges progressively, or is associated with suspicious clinical findings should be investigated promptly. The assumption that all breast lumps during pregnancy or breastfeeding are benign can have serious consequences.

The most important message for clinicians and patients alike is simple:

Every persistent breast lump deserves evaluation, regardless of pregnancy or lactation status.

The Importance of Timely Diagnosis

Early diagnosis remains the cornerstone of successful treatment.

Ultrasound is generally considered the first-line imaging modality during pregnancy and lactation and has excellent sensitivity for evaluating breast abnormalities. Mammography with appropriate shielding can also be performed safely when clinically indicated.

Definitive diagnosis requires tissue sampling, usually through core needle biopsy, which remains safe and essential for accurate pathological evaluation.

Beyond confirming malignancy, modern pathology provides critical information regarding:

- Hormone receptor status (ER/PR)

- HER2 expression

- Tumor grade

- Ki-67 proliferation index

- Molecular subtype

These biomarkers increasingly guide treatment decisions and prognostic assessment.

Understanding Tumor Biology: The Era of Personalized Medicine

The management of breast cancer has evolved significantly from a "one-size-fits-all" approach to precision oncology.

Today, treatment decisions are increasingly driven by the biological behavior of the tumor rather than anatomical staging alone.

Breast cancers are now categorized into distinct molecular subtypes:

- Hormone receptor-positive breast cancer

- HER2-positive breast cancer

- Triple-Negative Breast Cancer (TNBC)

Each subtype behaves differently and requires individualized treatment strategies.

Particularly noteworthy are recent advances in immunotherapy, targeted therapies, antibody-drug conjugates, and genomic profiling, which are transforming outcomes for many patients.

In Triple-Negative Breast Cancer, traditionally considered one of the most aggressive subtypes, the addition of immunotherapy to chemotherapy in selected high-risk patients has significantly improved response rates and long-term outcomes.

Similarly, HER2-targeted therapies have revolutionized survival in HER2-positive disease.

The future of breast cancer care lies in matching the right treatment to the right patient at the right time.

The Role of Multidisciplinary Care

Pregnancy-associated breast cancer requires careful coordination between multiple specialties, including:

- Medical Oncology

- Surgical Oncology

- Radiation Oncology

- Obstetrics and Maternal-Fetal Medicine

- Radiology

- Pathology

- Neonatology and Pediatrics

- Psycho-oncology and Supportive Care Services

The goal is not merely cancer treatment but comprehensive care that protects maternal health while optimizing fetal and neonatal outcomes whenever possible.

Individualized decision-making is critical because treatment plans often vary depending on gestational age, tumor biology, disease stage, and patient preferences.

Beyond Treatment: Addressing Emotional and Psychosocial Challenges

A diagnosis of breast cancer during pregnancy or shortly after childbirth creates a unique emotional burden.

Women frequently experience anxiety, fear regarding their prognosis, concerns about their baby's well-being, guilt related to breastfeeding interruptions, altered body image, and uncertainty about the future.

For many patients, these emotional challenges can be as overwhelming as the diagnosis itself.

Comprehensive cancer care must therefore extend beyond surgery, chemotherapy, and targeted therapies.

Psychological support, patient education, family counseling, survivorship planning, and emotional empowerment are essential components of holistic oncology care.

When patients feel informed, supported, and empowered, treatment adherence improves and overall quality of life is enhanced.

Key Messages for Healthcare Professionals

- Maintain a high index of suspicion for persistent breast lumps during pregnancy and lactation.
- Do not attribute all breast changes to physiological hormonal effects.
- Encourage early imaging and biopsy when clinically indicated.
- Utilize molecular and biomarker testing to guide personalized treatment decisions.
- Adopt a multidisciplinary approach to optimize outcomes.
- Recognize and address the significant emotional and psychosocial impact of the diagnosis.
- Educate patients that modern treatment advances have significantly improved outcomes in pregnancy-associated breast cancer.

Conclusion

Breast cancer diagnosed during pregnancy or the postpartum period presents unique clinical and emotional challenges. However, advances in awareness, early detection, molecular diagnostics, immunotherapy, targeted therapies, and personalized medicine have fundamentally transformed the outlook for these patients.

The message for healthcare professionals is clear: vigilance leads to early diagnosis, early diagnosis enables effective treatment, and personalized treatment improves outcomes.

The message for women is equally important: do not ignore a persistent breast lump simply because you are pregnant or breastfeeding.

Awareness saves lives.

And in the era of precision oncology, a diagnosis of breast cancer during pregnancy is no longer a story defined by fear—but increasingly one defined by hope, resilience, and the promise of better outcomes.

"To solve a difficult problem in medicine,
don't study it directly, but rather
pursue a curiosity about nature and
the rest will follow. Do basic research."

- Roger Kornberg



Is Mindfulness One of the Missing Pieces in the Journey of Arthroplasty?

Dr. Deepthi K N
Orthopedics : Joint Replacement Surgery Robotic Surgery

Every year, hundreds of thousands of patients undergo total joint arthroplasty expecting transformation of their lives. The majority get it. But a troubling minority despite technically flawless surgery, pristine implants, and diligent rehabilitation walk away disappointed, still in pain, still struggling. For decades, orthopaedic surgeons searched for the explanation in the operating theatre. Increasingly, the evidence suggests they should have been looking inside the patient's mind.

Around 30% to 60% of patients presenting for total joint arthroplasty carry significant preoperative psychological distress. Anxiety, depression and pain catastrophizing - the cognitive tendency to expect the worst and feel helpless against pain are not peripheral concerns. They are among the strongest predictors of postoperative pain, poor functional outcomes and patient dissatisfaction, outperforming surgical variables. And yet, the standard perioperative pathway remains biomedical: optimise the implant, manage the anaesthetic, prescribe the analgesia.

Despite thorough informed consent, many patients arrive for surgery with exaggerated, unrealistic expectations of what arthroplasty will deliver. When reality falls short, even if the reality is genuinely good, disappointment amplifies residual pain. The patient who expected complete relief and receives 70% improvement does not experience 70% satisfaction. They experience failure.

What Is Mindfulness and What Does the Patient Actually Do?

Mindfulness is the practice of deliberately focusing attention on the present moment - on breath, bodily sensations, thoughts, and feelings ; while observing them without judgement. In practical terms, a patient learning mindfulness is guided through specific exercises: focused breathing, where attention is repeatedly brought back to the rhythm of each breath; body scan, where awareness moves slowly through each part of the body, noticing sensation without reacting to it; and mindful observation of pain, where the patient learns to sit with discomfort, labelling it without catastrophising. Over time, these practices rewire the habitual response to pain from panic and avoidance to calm acknowledgement. It helps patients come to terms with pain as it is, rather than what they fear it means.

Studies show that a preoperative mindfulness intervention significantly decreases postoperative pain intensity and the desire for pain medication, while increasing function at six weeks postoperatively. These gains span the entire perioperative arc . There is less suffering before the knife, better recovery after it.

We have invested enormously in refining implant design, surgical technique, and anaesthetic protocols. The returns, while real, are diminishing. The next frontier is the psychology of recovery. A brief, structured mindfulness programme delivered preoperatively may have the potential to recalibrate patient expectations, reduce anxiety and prime patients for active engagement in rehabilitation where patients navigate through physiotherapy with greater confidence and willingness to push through them.

Combining non-pharmacological interventions before and after surgery is an increasingly recognised avenue to optimise pain relief and recovery. Mindfulness is not an alternative to good surgery. It is what makes good surgery feel like enough.

The quiet revolution in joint replacement may not come from the next implant or the next technology. It may come from teaching patients, before they ever reach the operating table, how to pay attention differently.



Reproductive Immunology:
The New Frontier in Infertility Management

Dr. Rashmi Yogish
Obstetrics & Gynaecology, Fellowship in Reproductive Medicine
Gynecologist, FRCRS
Senior Consultant -Reproductive Medicine and Surgery

Infertility affects 10–15% of couples worldwide, yet in nearly half of all cases, the cause remains elusive after standard evaluation. Traditional workups address ovulation, tubal patency, sperm quality, and embryology - but overlook a powerful and often decisive variable: the maternal immune system. Reproductive Immunology is now emerging as the missing lens through which unexplained infertility, recurrent implantation failure (RIF), and recurrent pregnancy loss (RPL) can finally be understood - and treated.

THE MATERNAL IMMUNE SYSTEM: FRIEND OR FOE?

Pregnancy is nature's most elegant immunological paradox. The fetus carries paternal antigens foreign to the mother, yet is not rejected - because in a healthy pregnancy, the maternal immune system actively shifts toward tolerance. Regulatory T cells (Tregs), uterine Natural Killer (uNK) cells, and tolerogenic dendritic cells orchestrate a dialogue between the embryo and endometrium. When this dialogue breaks down, implantation fails or pregnancy is lost.

Table 1. Key Immune Cells in Reproduction

Immune Cell	Normal Function	If Dysregulated
Uterine NK Cells	Promote spiral artery remodelling, support implantation	Cytotoxic response, failed implantation, pregnancy loss
Regulatory T Cells	Induce immune tolerance to paternal antigens	Rejection of embryo, recurrent miscarriage
Dendritic Cells	Antigen presentation, tolerance education	Aberrant inflammation, endometrial dysfunction
Macrophages	Tissue remodelling, pro-angiogenic signalling	Chronic inflammation, endometriosis progression
Trophoblast	Mediate feto-maternal immune dialogue via HLA-G/-C/-E	Failed invasion, FGR, pre-eclampsia

REPRODUCTIVE DISORDERS LINKED TO IMMUNE DYSFUNCTION

In Recurrent Implantation Failure (RIF), Recurrent Pregnancy Loss (RPL), Intrauterine Growth Restriction (IUGR), Pregnancy-Induced Hypertension (PIH), Preterm Premature Rupture of Membranes (PPROM), Intrauterine Death (IUD-obstetric complication), Placental insufficiency and placental inflammatory disorders and Preeclampsia, elevated peripheral NK cytotoxicity, Th1-dominant cytokine skew (raised TNF-α:IL-10), HLA sharing >25% between partners, and Treg deficiency have all been independently associated with failure. Unexplained infertility frequently harbours occult endometrial immune defects invisible to conventional HSG or sonography. Endometriosis and adenomyosis further perpetuate chronic inflammatory states that impair receptivity - making immune dysregulation a unifying thread across diverse fertility diagnoses.

ADVANCES IN DIAGNOSIS AND TREATMENT

Emerging diagnostics include endometrial immune profiling, KIR genotyping, HLA-C matching, and Th1/Th2/Th17/Treg cytokine panels, Paternal Antibody Screening - enabling a precision diagnosis rather than empirical management. Therapeutically, Lymphocyte Immunisation Therapy (LIT) in HLA-sharing

couples, intravenous immunoglobulin (IVIG) for elevated NK states and autoantibody-positive patient, low-dose corticosteroids, intralipids, and growth factors are all being deployed with evidence-guided, individualised protocols.

PRECISION REPRODUCTIVE MEDICINE

The future is convergent. Artificial intelligence, immunogenomics, single-cell sequencing and multi-omics platforms are being integrated to build personalised fertility algorithms.

The goal: not just a genetically normal embryo, but an immunologically receptive endometrium prepared to receive it.

"The future of infertility treatment lies not only in creating good embryos, but in understanding the immune environment that determines whether those embryos implant, develop, and result in a healthy live birth. Reproductive Immunology is rapidly transforming from an experimental concept into a clinically essential component of precision fertility care."





Bilateral Chronic Subdural Hematoma in a Middle-Aged Male without Trauma or Coagulopathy:

A Case Report

Dr Sundeep V K
Consultant Neurosurgeon
Dr Vijetha N
Neuro Anaesthesiologist
Dr Sandhiya V R
Physician Assistant (PA-C)
Apollo Specialty Hospital, Jayanagar, Bengaluru

Introduction

CSDH involves blood accumulation in the subdural space, driven by inflammatory changes and vascularized neomembrane formation. While unilateral CSDH is common in elderly individuals with cerebral atrophy, bilateral CSDH accounts for only 15–25% of cases. It frequently presents with non-specific or symmetrical symptoms, which can delay diagnosis—especially in younger adults without structural or hematological risk factors.

A 47-year-old male with a history of left-eye glaucoma presented with a 5-day history of generalized tiredness and neck pain, three episodes of vomiting, progressive difficulty walking.

There were no history of head injury, falls, and loss of consciousness, seizures, fever, alcohol abuse, bleeding disorders, or use of antiplatelet / anticoagulant medications.

Initial Clinical Findings

Neurological Status: Conscious but disoriented, partial comprehension. GCS score of 13/15.

Motor Exam: Right-sided hemiparesis with muscle power graded at 2+/5 in both upper and lower limbs. There were normal cranial nerve function and no signs of meningeal irritation.

Diagnostic Neuroimaging & Surgical Intervention: Preoperative CT Brain: Revealed bilateral front parietal chronic subdural hematomas with significant mass effect. Maximum thickness measured 21 mm on the left and 18 mm on the right, causing compression of the cerebral hemispheres and a 6 mm midline shift.

Surgical Procedure done: Urgent bilateral burr-hole evacuation was performed under neuro-anesthesia, and subdural drains were placed.

Etiological Workup (All Unremarkable): To investigate the spontaneous nature of the bleed, an extensive screening panel was conducted: Coagulation Profile: Normal PT, aPTT, and INR.

Thrombophilia & Metabolic Screen: Negative / normal for lupus anticoagulant, protein C, protein S, anticardiolipin antibodies, homocysteine levels, and general thrombotic profile.

Vascular Imaging: No evidence of aneurysm, arteriovenous malformation (AVM), or dural arteriovenous fistula (dAVF).

Intracranial Pressure: No signs of intracranial hypotension or spontaneous CSF leak.

Immediate Postoperative Period: Uneventful. Prompt neurological improvement noted. GCS improved to 15/15, and right-sided motor strength restored to 4/5. Postoperative CT confirmed successful evacuation

and resolved midline shift. The patient was safely discharged on postoperative day four.

6-Month Follow-Up: Completely asymptomatic with no recurrence of headaches, cognitive deficits, or weakness. Follow-up CT brain imaging confirmed complete resolution of the bilateral hematomas.

Discussion

Bilateral CSDH spreads mass effect symmetrically, masking typical focal signs and creating diagnostic pitfalls. When it occurs spontaneously in a 47-year-old without trauma or coagulopathy, it is classified as idiopathic. Proposed mechanisms for idiopathic bleeding include spontaneous micro-ruptures of fragile neomembranes, occult vascular leaks, localized inflammatory angiogenesis, or transient, undetected changes in cerebrospinal fluid pressure.

Surgical drainage remains the gold-standard approach. Using postoperative subdural drains significantly minimizes recurrence rates and optimizes functional outcomes. This case demonstrates that early neuroimaging (CT/MRI) is vital for any progressive gait or cognitive decline, regardless of the patient's age or trauma history.





Precision in Motion: The Revolution of Robotic Knee and Hip Replacement

Dr. Rahul Puri
Consultant - Orthopaedics & Joint Replacement Surgery

For millions suffering from degenerative joint diseases like osteoarthritis, joint replacement surgery offers a path back to a pain-free life. In recent years, the integration of robotic technology has dramatically shifted the landscape of orthopedic surgery. By transitioning from traditional, manual techniques to robotic-assisted procedures, surgeons can now achieve unprecedented levels of accuracy, resulting in superior patient outcomes.

The Advantages of Robotic-Assisted Surgery

Traditional joint replacements rely heavily on the surgeon's manual alignment and standard mechanical guides. While highly successful, these methods present visual and tactile limitations. Robotic assistance introduces several key advantages:

Customized Pre-operative Planning: Surgeons use advanced imaging to tailor the surgery to the patient's unique anatomy.

Unmatched Precision: Robotic systems enable bone cuts and implant placement accurate to within fractions of a millimeter or a single degree.

Tissue Preservation: High precision minimizes trauma to surrounding muscles, ligaments, and healthy bone.

Accelerated Recovery: Patients typically experience less post-operative pain, reduced blood loss, smaller scars, and a quicker return to daily activities—often walking within hours of the procedure.

Spotlighting the Mako System

several robotic technologies exist—such as the ROSA Knee System and Navio —the Stryker Mako Smart Robotics system is widely considered the gold standard in robotic orthopedics. The Mako system stands out through a unique three-stage process:

3D CT-Based Planning: Prior to surgery, a CT scan of the patient's joint is taken to generate a detailed 3D virtual model. The surgeon uses this model to pre-plan the exact size, orientation, and alignment of the implant before entering the operating room.

AccuStop™ Haptic Technology: During the procedure, the surgeon guides the robotic arm to make the necessary bone cuts. The Mako system utilizes haptic boundaries (virtual walls). If the surgeon attempts to move the cutting tool outside the pre-planned, safe zone, the robot provides physical resistance or automatically cuts power to the tool. This safeguards vital nerves, blood vessels, and healthy tissue.

Dynamic Joint Balancing: Intraoperatively, the Mako system allows surgeons to assess soft tissue tension and adjust implant positioning in real-time, ensuring the new joint moves with natural kinematics.

By combining human expertise with robotic precision, systems like the Mako are turning complex join reconstructions into highly predictable, bespoke procedures, offering patients a joint replacement that feels remarkably natural.



Pioneers in Urology & Kidney Care

Now at NU Hospitals, Mission Road, Bengaluru

Our Specialties:

- Nephrology
- Urology
- Kidney Transplant
- Prostate Surgeries
- Laser Stone Treatment
- Uro-oncology
- Robotic Urological Surgeries
- Paediatric Urology & Nephrology
- Dialysis & Advanced Renal Care

Scan QR Code for location

For Appointment Call:

63633 73733

www.nuhospitals.com

Bengaluru: Padmanabhanagar, Rajajinagar & Mission Road | Shivamogga | Tamil Nadu: Ambur | Maldives: Malé & Hulhumalé



ajanta pharma

In the initial stages of Osteoarthritis

UCmOve®

Native Collagen Type II 40 mg + Aflapin 100 mg Capsules

U see the movement



Dosage: Once Daily

RE ORTH SURGICALS
CTS NO 4824/C/54,
D1, AYODHYA NAGAR,
NEAR VIJAYA ORTHO HOSPITAL,
Taluka: BELGAM CITYA
BELAGUM CITY-2
District: BELAGAVI
590001



With best compliments from

Radiants Health Care



Meril

Orthopedic Product Portfolio

New Technology Portfolio



MISSO
ROBOTIC SYSTEM
FUTURE FORWARD



intellijoint HIP®
Enhance your
Total Hip Replacement.



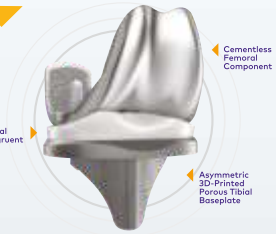
intellijoint KNEE®
Surgeon Driven Solutions
For Optimal Outcomes

pixee medical
A new vision for computer assisted orthopedic surgery.



Knee Portfolio

FREEDOM Infinia
KNEE SYSTEM





OPUS ENT
Bionik Gold for Enriched Performance



OPUS ENT™
Uni Knee System
Bionik Gold Surface for Enriched Performance



OPUS ENT
Bionik Gold for Enriched Performance
Revision Knee System



DESTIKNEE | Knee System



FREEDOM® PCK



FREEDOM® KNEE

Hip Portfolio



LATITUD
HIP SYSTEM | Freedom of Choice





DUAL MOBILITY
An Acetabular Cup System



LIBERTAS® HIP

SCAN QR CODE TO DOWNLOAD OUR PRODUCTS BROCHURE

ADHERING TO THE HIGHEST STANDARDS OF MANUFACTURING AND QUALITY-CONTROL TO **DELIVER STATE-OF-THE-ART ORTHOPEDIC SOLUTIONS.**

TRAUMEX INTREX

Bonetech Medisys
implanting precision



BON-CPS™
5.0 mm Cable Hook Locking Plate

BON-HCS™
HEADLESS COMPRESSION CANNULATED SCREW SYSTEM



BON-MHN™
Multilock Humerus Nail



INTREX

Bonetech

BON-DTN™
DISTAL TIBIA NAIL

BON-DFN™
DISTAL FIBULA NAIL

BON-HAN™
HINDFOOT ARTHRODESIS NAIL

BON-RFN™
RETROGRADE FEMORAL NAILING SYSTEM



BENTREE SOLUTIONS

ORTHO CARE AND CURE SUGICAL
+91 98451 64422

+91 9036646000
+91 9060359596



With best compliments from

Natchem PHARMA

JAIN PHARMA DISTRIBUTOR

No.25, 1st Floor, C.N.Complex, M.R.Lane, Manavarthipet, BANGALORE – 560 053

Mob.No. : 7349298282

NATOFAC-K 27 SOFT GEL

Calcium Citrate ,Boron ,Folic Acid ,Vitamin K_{27}, Cyanocobalamin & Vitamin D_3 Cap

ROSENAT– CP2 TAB

Collagen Peptide Type II , Mucopolysaccharide , Vitamin C , Vitamin D_3

NATOFAC – GM CAP

Diacerein 50mg + Glucosamine Sulphate 750mg + MSM250 mg + Mecobalamin750

REHAN – 7G SOFT GEL

Omega- 3Fatty Acids + Green Tea Extract + Ginkgo Biloba +Ginseng + Grape Seed Extract + Anti Oxidants + Vitamins + Minerals + Trace ElementsSoftgel Capsules

NATOFAC –MPG TAB

Methylcobalamin 750mcg ,Pregabalin 75mg Tablets

With best compliments from

SRIRAM ENTERPRISES

Sriram Enterprise channel partners for
Siemens Health Care Pvt. Ltd. and
Hebson Surgical Instruments

Siemens Health Care - CARM and Digital Radiography
Hebson Surgical Company - Surgical Instruments

Building Healthcare with Trust, Precision and Quality

Cell No.: 8861830694 / 8088892481 / 9844068750

K K ALLIANZE
www.kkallianze.com

Complete Healthcare Infrastructure & Medical Equipment Solutions

We specialize in design, fabrication, supply, installation, testing, commissioning and maintenance of advanced healthcare infrastructure. **Core Expertise**

- Modular OT, ICU & Emergency Departments
- Turnkey Hospital Projects
- MGPS, HVAC & Clean Rooms
- Electrical, Lighting, Nurse Call & Laminar Air Flow

Products

Radiology Critical Care OT Equipment ICU Solutions Hospital Furniture **Services**

Planning & Design Supply & Installation Testing & Commissioning AMC/CMC Technical Support & Training **Commitment**

Delivering quality, reliability, timely execution and complete customer satisfaction.

"Building Healthcare Infrastructure with Precision, Quality, and Trust."

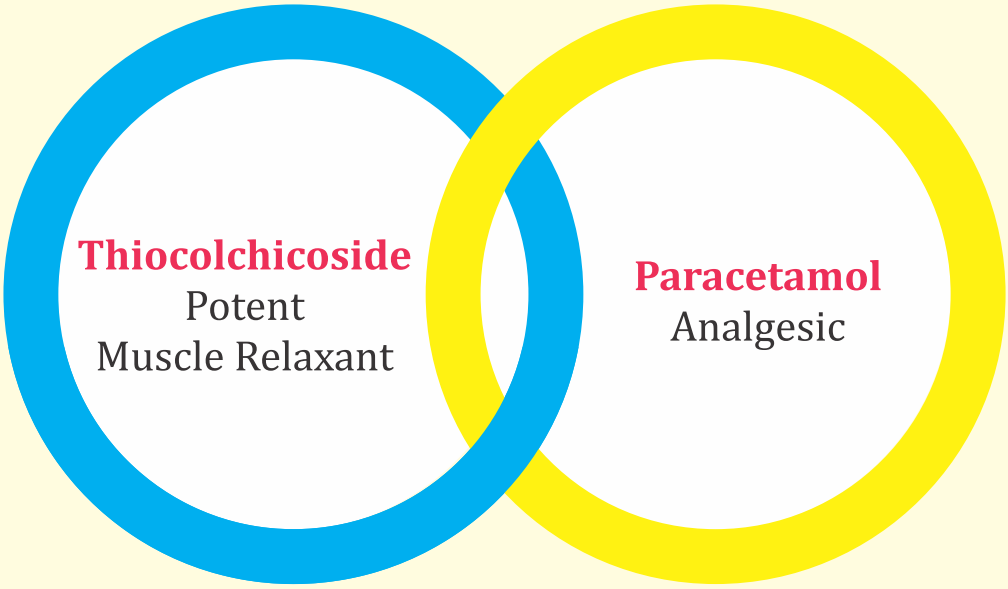
For Acute Painful Muscle Spasm

Rx

XYKAA MR 4

Thiocolchicoside 4 mg + Paracetamol 500 mg Tablets

India's First Innovative Combination



Also Available

XYKAA 500 650
Rapid Release Paracetamol 500 mg / 650 mg Tablets

XYKAA BD TD
Extended Release Paracetamol 1000 mg / 650 mg Tablets

XYKAA Inj.
500 mg / 2 ml Paracetamol Injection

Coming Soon ....

XYKAA-IV
1000 mg / 4 ml Paracetamol IV Injection

Troikaa
Imagine . Innovate

ALTIUS
A Division of Troikaa Pharmaceuticals Ltd.

'Troikaa House', Satya Marg, Bodakdev, Ahmedabad-380 054.

World's Fastest Acting Zolpidem

Rapidem-SL
Spray

MINT Flavor



Induces Sleep in 10 Minutes

Protected by Patents in **101 Countries** including

US | India | Europe

Troikaa
Imagine. Innovate

Spektra
A Division of Troikaa Pharmaceuticals Ltd.

'Commerce House - 1', Satya Marg, Bodakdev, Ahmedabad-380 054.

Revolutionizing Nutritional Landscape in **India**

India's No.1 DOCTOR'S PRESCRIBED BRANDS

B-PROTIN®
Complete nutrition that tastes best

D-PROTIN™
The ideal snack between meals

PulmoCare®
The nutritional care that lungs need

HEPAPRO®
Specialized nutritional supplement for hepatic diseases

MediSlim®
Burns fat, keeps fit

MediSlim GOLD
The gold standard in Weight management

PRO-PL®
Nurturing & nourishing mothers for over 3 decades

PRO-PL Lite
Specialised nutrition for healthy pregnancy

KIDS-PRO®
Balanced nutrition for overall health, growth & progress

Pulmo plus®
Builds immunity; fights infection

B-PROTIN DF®
Optimum nutrition for strength, health & longevity

Menopro®
Freedom from menopausal symptoms & risk

SIRUS®
VITAMIN D GUMMIES

British Biologicals Private Limited
The Protein People
A Global Nutraceutical Company

No. 30, 10th main, Ashoka Pillar Road, Jayanagar,
Bengaluru - 506 011. India.
An ISO 22000: 2018 Certified, GMP Certified Company
Website: www.britishbiologicals.com
Toll Fee Number: **1800-889-6135**

SHEKAR®
EYE HOSPITAL
expertise, empathy and ethics

NABH Accredited Eye Hospital

WE THANK YOU ALL FOR YOUR TRUST AND ENCOURAGEMENT

Lifetime Achievement Award



Lifetime Achievement Award Dr. Rajashekar Y L, Founder, CEO & Medical Director, felicitated by the Honourable Health minister, Goverment of Karnataka - Mr Dinesh Gundu Rao & Minister for Medical Education, Mr Sharan Patil for his remarkable contribution to the community in serving the eye care needs of the society.

Kaizen Award



Proud recipient of Kaizen Award for excellent patient centric approach

Times Award for Excellence in Ophthalmology



In recognition of the Commitment in delivering the highest standards in Eye care

Star Icon Award



Star Icon Award from **CII** for Innovative technological upgradation in delivering World class eye care.

SHEKAR®
EYE HOSPITAL
expertise, empathy and ethics

Google Reviews ★★★★★
4.9

SHEKAR EYE HOSPITAL
633, Dr. 100 Feet Ring Road, JP Nagar,
3rd Phase, Bengaluru - 560 078, India
Phone : +91 080 35333444, +91 9980562020
E-mail : info@shekareyehospital.com
web : www.shekareyehospital.com

REACH US

FB-230

DIVINE MEDICAL CENTER

— CARING FOR YOU, COMMITTED TO EXCELLENCE —



- **ACCIDENT & TRAUMA CARE**
- **PHARMACY**
- **LAB SERVICES**
- **X-RAY & DIAGNOSTICS**



Dr. Stephen Antony
MBBS, DLO, MS (ENT)



Dr. Mary Sheela Stephen
MBBS, MD (Obstetrics & Gynaecology)

ALL TYPES OF VACCINES ARE AVAILABLE, INCLUDING THE HPV VACCINE.

OUR SPECIALIZED SERVICES

ENT CARE

- Micro Ear Surgery, Stapedectomy
- Endoscopic Sinus Surgery (FESS)
- Endoscopic Skull Base Surgery
- Endoscopic Orbital Decompression
- ENT Optic Nerve Decompression
- Endoscopic Pituitary Surgery
- Endoscopic CSF Rhinorrhoea
- Navigation Assisted Surgeries
- Laser Assisted Tonsillectomy
- Thyroidectomy, Head & Neck Surgery
- Sleep Apnoea Syndrome Sleep Study
- Phonosurgeries
- Audiogram & Hearing Test

GYNECOLOGY & WOMEN CARE

FERTILITY CARE
- Fertility Counseling
- PCOD Treatment
- Ovulation Induction & Monitoring
- Ultrasound
- Laparoscopic Infertility Evaluation & Treatment

ANTENATAL CARE
- Normal Delivery
- High Risk Pregnancy
- Lactation & Postnatal Care

GYNE SERVICES
- Hysterectomy (Vaginal/Abdominal/Laparoscopic)
- Ovarian Surgeries, Myomectomy
- Pap Smear, Colposcopy, Biopsy
- Vaginal Reconstruction, Vaginoplasty
- Pelvic Floor Repair, Tubal Recanalization

PEDIATRICS

COMMON CHILDHOOD ILLNESSES
- Cough & Cold
- Ear Infection
- Croup
- Diarrhea & Vomiting
- Fever
- Food Allergies
- Measles
- Rubella
- Whooping Cough

OTHER CONSULTANTS

- General Physicians
- General Surgeon
- Dermatologist
- Oncologist
- Endocrinologist
- Gastroenterologist
- Nephrologist
- Orthopaedian
- Neurologist
- Urologist

ADVANCED FACILITIES FOR BETTER CARE

TRAUMA CARE | CLEAN WARDS | PHARMACY | LABORATORY | X-RAY & DIAGNOSTICS | ULTRASOUND SCANNING | ENDOSCOPY & COLONOSCOPY | CENTRALIZED OXYGEN | HOME HEALTH NURSING

OUR COMMITMENT TO YOU

- Highly Experienced Doctors
- State-of-the-art Infrastructure
- Compassionate Care
- Patient First Approach

No. 4BM, 403, 4th B Main Rd, behind Titan World, HRBR Layout 2nd Block, HRBR Layout, Kalyan Nagar, Bengaluru, Karnataka 560043

+91 77608 79740

SAI DIVINE ENT & MEDICAL CENTRE



Our Motto: Wherever the Art of Medicine is loved, there is also a love of humanity

Sai Divine ENT & Medical Centre: A trusted multi-specialty hospital in the heart of Bangalore. Led by Dr. Murali Krishna, CEO, with 25+ years of experience in General Practice and ENT Surgery.

State-of-the-art operation theatre:
Quality healthcare. Affordable care. Compassionate staff.



Our team includes expert consultants in: General Medicine • Neurology • Laparoscopic Surgery • Urology • Orthopedics • Pediatrics • Dermatology • Dental Surgery • Psychiatry • Physiotherapy • Audiology

080-2547 2700 / +91-99164 29925 saidivine123@gmail.com # 17-19 Kenchappa Road, Fraser Town, Bengaluru - 560 005

DIVINE
SPECIALITY HOSPITAL
— BENSON TOWN —

PAVAN HEALTH CARE
— CARING FOR LIFE —

Managed by PAVAN HEALTH CARE

Compassionate Care, Advanced Healing, Trusted Always



24/7
EMERGENCY CARE

- Accident & Trauma Care
- ICU Care
- PHARMACY
- Lab Services
- X-Ray & Diagnostics



Dr. Stephen Antony
MBBS, DLO, MS (ENT)



Dr. Mary Sheela Stephen
MBBS, MD (Obstetrics & Gynaecology)

OUR SPECIALIZED SERVICES

ENT CARE
- Micro Ear Surgery, Stapedectomy
- Endoscopic Sinus Surgery (FESS)
- Endoscopic Skull Base Surgery
- Endoscopic Orbital Decompression
- ENT Optic Nerve Decompression
- Endoscopic Pituitary Surgery
- Endoscopic CSF Rhinorrhoea
- Navigation Assisted Surgeries
- Laser Assisted Tonsillectomy
- Thyroidectomy, Head & Neck Surgery
- Sleep Apnoea Syndrome Sleep Study
- Phonosurgeries
- Audiogram & Hearing Test

GYNECOLOGY & WOMEN CARE

FERTILITY CARE
- Fertility Counseling
- PCOD Treatment
- Ovulation Induction & Monitoring
- Ultrasound
- Laparoscopic Infertility Evaluation & Treatment

ANTENATAL CARE
- Normal Delivery
- High Risk Pregnancy
- Lactation & Postnatal Care

GYNE SERVICES
- Hysterectomy (Vaginal/Abdominal/Laparoscopic)
- Ovarian Surgeries, Myomectomy
- Pap Smear, Colposcopy, Biopsy
- Vaginal Reconstruction, Vaginoplasty
- Pelvic Floor Repair, Tubal Recanalization

ORTHOPEDICS
- Knee, Hip, Shoulder Joint Replacement
- Arthroscopic Ligament Reconstruction
- Spine & Disc Care
- Complex Trauma (Spine, Foot & Ankle)
- Hand Surgery
- Limb Lengthening & Deformity Correction
- Arthrodesis & Pain Management
- Pediatric Orthopedics
- Bone & Joint Infections

PEDIATRICS

COMMON CHILDHOOD ILLNESSES
- Cough & Cold
- Ear Infection
- Croup
- Diarrhea & Vomiting
- Fever
- Food Allergies
- Measles
- Rubella
- Whooping Cough

OTHER CONSULTANTS
- General Physicians
- General Surgeon
- Dermatologist
- Oncologist
- Endocrinologist
- Gastroenterologist
- Nephrologist
- Orthopaedian
- Neurologist
- Urologist

ADVANCED FACILITIES FOR BETTER CARE

EMERGENCY CARE | ICU & VENTILATOR CARE | PHARMACY 24 HOURS | LABORATORY 24 HOURS | X-RAY & DIAGNOSTICS | ULTRASOUND SCANNING | ENDOSCOPY & COLONOSCOPY | CENTRALIZED OXYGEN | HOME HEALTH NURSING

WE CARE FOR YOU
- Highly Experienced Doctors
- State-of-the-art Infrastructure
- Compassionate Nursing Care
- Patient First Approach



110, 6th Main Road, I T I Layout Rd,
Chinnapa Garden, Benson Town,
Bengaluru, Karnataka 560046

+91 8088 151561
+91 79752 45389

dshmarketing23@gmail.com

YOUR HEALTH IS OUR PRIORITY

SUGUNA® HOSPITAL
Tender Loving Care

2006 ESTD

20th ANNIVERSARY

THANK YOU BANGALORE
FOR YOUR TRUST IN US



24/7 FACILITIES

- 24/7 Emergency Services
- ICU, NICU, CCU
- Operation Theatres
- Laboratory & Diagnostics
- 24/7 Pharmacy
- 24/7 Dialysis

SPECIALITIES

Anesthesiology | Diabetology & Endocrinology | General Medicine | Cardiac Sciences
Dialysis Unit | Gynaecology & Obstetrics | Critical Care | ENT | Spine Surgery | Gastroenterology
Ophthalmology | Dermatology | General & Laparoscopy Surgery & More

AFFORDABLE AND ACCESSIBLE HEALTHCARE
Serving You 24/7

For Appointments, Call:
080 4019 4444
080 2332 7777

1A/87, Dr Rajkumar Rd,
Rajajinagar, 4th 'N' Block,
Bengaluru, Karnataka 560010

www.sugunahospital.com

bioradmedisys™
science for people

THE SURGEON'S SHELF

REVISION KNEE PORTFOLIO

EVOCON
PROGRESSIVELY CONSTRAINED SYSTEM

Progressively Constrained
Revision Knee System



ROTACON
ROTATING CONSTRAINED SYSTEM

Rotating Constrained
Revision Knee System



GENIUS CONES

3D Printed Trabecular
Cone System



HIP PORTFOLIO

AVATAR NXT
CEMENTED HIP SYSTEM

AVATAR NX
UNCEMENTED HIP SYSTEM

Uncemented Hip System
Components made in the UK



SIGNATURE® Femoral Stem

Uncemented Hip System



SIGNATURE® LRS

Signature Long Revision Stem
Revision Redefined



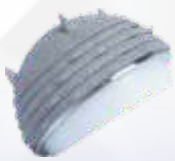
SIGNATURE® AGLUNA™ LRS

World's First Revision Stem Enhanced
with Active Silver Ion Technology*



SIGNATURE® DUO
UNCEMENTED HIP SYSTEM

Dual Mobility Cup
Made in the UK

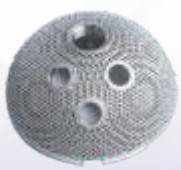


SIGNATURE® NX
UNCEMENTED HIP SYSTEM

3D Printed Cup with Trabecular Structure
The Cup of Choice for Primary & Revision THR



Multihole



Clusterhole

biorad medisys™
science for people

THE SURGEON'S SHELF

PRIMARY KNEE PORTFOLIO

Advantage

MPK (Medial Pivot Knee)

OURO EXCEL MPK

Gold* Coated + Vitamin E Insert



CONCOR

CEMENTLESS MPK DESIGN

India's 1st 3D Printed
Cementless MPK System

EXCEL

MEDIAL PIVOT

Precision + Stability



CUVIS JOINT

Fully Automatic CT-Based Robotic System
Cutting-Edge Precision with Open Implant Library
Supports All 3 Philosophies



GENIUS

TOTAL KNEE SYSTEM

PS / CR Total Knee System
Components made in the UK



GENUIN

TOTAL KNEE SYSTEM

PS Total Knee System



OURO PS/CR

GOLDEN KNEE SYSTEM GERMAN MAKE

PS / CR Golden*
Knee System

*TiNbN coating



Apollo HOSPITALS

Trusted Excellence in Healthcare

Caring for You. Every Day.

Apollo Speciality Hospital, Jayanagar

Centres of Excellence

- Apollo HOSPITALS — INSTITUTES OF ORTHOPAEDICS
- Apollo HOSPITALS — INSTITUTES OF NEUROSCIENCES
- Apollo HOSPITALS — INSTITUTES OF PULMONOLOGY
- Apollo HOSPITALS — INSTITUTES OF GASTROENTEROLOGY
- Apollo HOSPITALS — HEART INSTITUTES
- Apollo HOSPITALS — INSTITUTES OF RENAL SCIENCES

24/7 Emergency Care You Can Trust



DIAL 1066

Scan to save Apollo's Emergency care number to your phone now.

Apollo Speciality Hospital, #21/2, 14th Cross Road, Near Madhavan Park Circle, Jayanagar, Bengaluru - 560 011

24/7 EMERGENCY CARE | 1066 | 080 4612 4444