IPF E-TIMES

The Official Newsletter of Innovative Physicians Forum

(for free circulation to IPF members only)

Vol. 2 / No.1 Sept 2023















iphysiciansforum@gmail.com

www.iphysiciansforum.com

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Dear friends

On behalf of the entire editorial team, I feel immense pleasure in presenting a special edition of the electronic newsletter of our forum called IPF E-TIMES. This newsletter aims to disseminate our achievements, associations, memories, and excellent academic hard work put in by our members over the past three years.

Over the years, IPF MEDICON has served as an excellent academic platform for state-of-the-art presentations, peer networking, and sharing of scientific deliberations from India and abroad. Our members have also been actively participating in academic meetings and have kept the flag of IPF high by achieving laurels at various national and international forums. This edition enlists many of these achievements and also provides a glimpse into the huge amount of academic work presented by our young colleagues at IPF MEDICON in the last few years. We have also highlighted our young achievers who have won awards for best papers at these conferences.

I hope our effort will be very informative in highlighting the achievements and progress of IPF over the last three years and will live up to its expectations of providing a glimpse of the academic feast routinely delivered by our Forum

Long Live IPF...!!

Editorial Team

Dr Puneet Khanna
Editor-in-Chief

Dr Anil Manchanda **Dr. Dheeraj Kapoor** **Dr. Rohit Kumar** **Dr. Mohit Saran**

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GREETINGS FROM THE SECRETARY GENERAL

Dr. (Prof.) Jugal Kishor Sharma
MD (Med), D.Sc. (Honoris Causa), FICP, FACP, FACE, FRCP (London, Edinburgh, Glasgow, Ireland), FICN,, FRSSDI, FIACM, FIMSA, FGSI, Fellow Diabetes India, FISH, Honorary GAPIO Distinguished Fellow

Dear Friends Greetings!

At the onset, as secretary general of IPF, I welcome you all to **IPF E-TIMES** and extend my heartfelt thanks to .... RCPE, HNBU, MGUMST, KLE and All member of IPF. IPF is a registered National body. I also thank all member of IPF for giving me the responsibility to take IPF globally as IPF Global Ambassador.

IPF is a purely academic platform, which brings together intellectuals, clinical scientists, and researchers from the field of internal medicine and allied subjects, and super specialties to discuss and present the innovations in medicine in an open and unbiased form. To accomplish these high standards of excellence in medical practice and research, the Forum has been regularly holding workshops, seminars, symposia, conferences, and other group meetings in the last 5 years

Since its inception more than 6 years ago, under the patronage of the leading geriatrician of the country Respected Dr OP Sharma Sir, the IPF family has grown from 11 founding physicians from Delhi to 362 members from all over India. It's a matter of honour for us that most of our members are senior physicians and fellows of International Societies including RCPE. Our forum has also attracted lots of young physicians in the early years of their practice who have benefitted a lot from the companionship and wisdom of senior members.

During this journey in 6 years, our Forum has achieved various milestones and made a name across the country in providing state-of-the-art academic feasts through lectures, bimonthly CMEs, and annual conferences. We have been doing Annual conferences every year and also midterm in between and all are well attedend. The speakers on our platform have been well-renowned leading luminaries of our medical field who have given deliberation on the latest medical know-how in our conferences. Even during the COVID pandemic in 2021, members of our Forum placed great efforts to provide an excellent virtual conference with national and international faculty, that was attended by delegates from all across India. Like the previous year, this year too has seen the enthusiastic participation of more than 80 young physicians who are presenting their academic work through oral and poster presentations. We had a very successful midterm conference at IPF MIDCON 2022 at MGUMST Jaipur attended by more than 250 delegates. In view of such an enthusiastic response, MGUMST has decided to hold the next years 6th annual conference at MGUMST JAIPUR. We Also had collaboration with RCPE and ACP in last two years.

Thanks

IPF SECRETARIAT OFFICE
Dr. J. K. Sharma, *Secretary General*
Central Delhi Diabetes Centre
34/34, Old Rajinder Nagar New Delhi 110060 (India) | Tel.: +91 9810002115
Email: iphysiciansforum@gmail.com | Website: www.iphysiciansforum.com

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BLESSING FROM THE PATRON IPF

Dr. O. P. Sharma
M.D. F.I.C.N. F.I.C.P. F.I.A.M.S. F.C.G.P. F.G.S.I. F.A.C.M., F.I.M.S.A., F.R.C.P (Edin), FGAPIO
Sr. Consultant Geriatric Medicine - *Indraprastha Apollo Hospitals, New Delhi*
Emeritus Clinical Tutor: Apollo Hospitals Educational and Research Foundation

Envisioning the need to accomplish certain goals or to do social/scientific activities, organizations are made. Certain principals are chalked out & attempts are made to adhere to them. Not yielding to pharma pressure but exclusively focusing on need-based scientific activities, which could be beneficial to medicos who are interested in quenching their thirst for updating in the field of scientific innovations & developments.

A select group of physicians formed a nucleus in the year 2017. This is from a meagre number of 11 grew up to such a level that one has to expand the territories from capital city Delhi to the entire nation. Yes, it did not occur over night. Midnight candles were burnt, ideas collected & with the joint efforts, this organization Innovative Physicians Forum® became a national body.

With monthly meetings & annual conventions of scientific congregations; IPF drew attention of institutions/organizations in India & abroad. Resultantly, universities & colleges came forward, extended support, solicited academic contributions & gave mutual recognitions.

Today, with a proud membership of more than 362 specialists & association with 3 universities in India & a prestigious college of United Kingdom; IPF is an academic body of excellence.

I am sure the organization will grow further & medical specialists will feel pride in seeking membership of it.

As patron I feel proud of this organization & extend my blessings to our dynamic executive committee & adorable membership.

Long Live Innovative Physicians Forum®

GREETINGS FROM THE PRESIDENT IPF

Dr. Meena Chhabra
MD (Med)
President
Senior Consultant Physician and Diabetologist

Dear friends

At the onset, as the Chairperson of IPF, I extend my heartfelt thanks to the editorial team of IPF E-times for bringing out this special edition. I am delighted to see the dissemination of our achievements, memories, and excellent academic hard work put in by our members over the past 3 years through this newsletter.

IPF is a purely academic platform that brings together intellectuals, clinical scientists, researchers from the field of internal medicine and allied subjects, and super specialties to discuss and present innovations in medicine in an open and unbiased form. To accomplish these high standards of excellence in medical practice and research, the Forum has been regularly holding workshops, seminars, symposia, conferences, and other group meetings in the last 6 years.

Since its inception more than 6 years ago, under the patronage of the leading geriatrician of the country, Respected Dr OP Sharma Sir, the IPF family has grown from 11 founding physicians from Delhi to 362 members from all over India. It's a matter of honor for us that most of our members are senior physicians and fellows of International Societies, including RCPE. Our forum has also attracted many young physicians in their practice's early years who have benefitted a lot from the companionship and wisdom of senior members. I am sure this newsletter will be very informative in highlighting the achievements and progress of IPF over the last 3 years.

Thanks

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Dr Meena Chhabra
President

Dr Jugal Kishore Sharma
Secretary General &
IPF Global Ambassador

Dr Anil Manchanda
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Dr. Dheeraj Kapoor
Vice President

Dr Puneet Khanna
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HEARTIEST CONGRATULATIONS!!

IPF members who received

FELLOWSHIPS

(Awarded from 1st January 2021 to 30th September 2023)

Name	Fellowship
Dr Ajay K Vats	*Fellow of Royal College of Physicians of Edinburgh (FRCPE) 2021*
Dr Ajeet Singh Shaktawat	*Fellow of Royal College of Physicians of Edinburgh (FRCPE) 2022*
Dr Anchin Kalia	*Fellow of Indian College of Physicians (FICP) 2023* *Fellow of Royal College of Physicians of Edinburgh (FRCPE) 2023*
Dr Anil Virmani	*Fellow of Indian College of Cardiology and Metabolic Disorders (FICCMD) 2021* *Fellow of Research Society for Study of Diabetes in India (FRSSDI) 2021* *Fellow of Indian School of Hypertension (FISH) 2021* *Fellow of Indian Society of Cardiology (FISC) 2023*
Dr M Mukhyaprana Prabhu	*Fellow of Royal College of Physicians of Edinburgh (FRCPE) 2021* *Fellow of Royal College of Physicians of Ireland (FRCPI) 2022*
Dr Mukesh Sarna	*Fellow of Royal College of Physicians of Edinburgh (FRCPE) 2021* *Fellow of American College of Physicians (FACP) 2021* *Fellow of Royal College of Physicians and Surgeons of Glasgow (FRCPSG) 2022* *Fellow of Royal College of Physicians of London (FRCPL) 2022*
Dr Nikhil Pursnani	*Fellow of the Indian Academy of Clinical Medicine (FIACM) 2022*
Dr P K Maheshwari	*Fellowship of Indian Academy of Neurology (FIAN) 2021*
Dr Padmashri Gulati	*Fellow of American College of Physicians (FACP) 2021*
Dr Puneet Khanna	*Fellow of Royal College of Physicians of Ireland (FRCPI) 2021*
Dr Puneet Rijhwani	*Fellow of American College of Physicians (FACP) 2022* *Fellow of Indian Academy of Clinical Medicine (FIACM) 2022* *Fellow of Diabetes India (FDI) 2023*
Dr Raja Selvarajan	*Fellow of Royal College of Physicians and Surgeons of Glasgow (FRCPSG) 2021*
Dr Ramakant Dixit	*Fellow of Asia Pacific Society of Respirology (FAPSR) 2021* *Fellow of United Academy of Pulmonary Medicine (FUAPM)* *Fellow of Indian Association of Clinical Medicine (FIACM) 2022* *Fellow of Royal College of Physicians of Edinburgh (FRCPE) 2023* *Fellow of Indian Association of Bronchology (FIAB) 2023*
Dr Sajid Ansari	*Fellow of Royal College of Physicians and Surgeons of Glasgow (FRCPSG) 2023* *Fellow of American College of Physicians (FACP) 2023*
Dr Snehlata Verma	*Fellow of Uttar Pradesh Diabetes Association (FUPDA) 2021*
Dr Vishal Gupta	*Fellow of American College of Physicians (FACP)* *Fellow of Royal College of physicians of Edinburgh (FRCPE) 2022* *Fellow of Indian Academy of Clinical Medicine (FIACM)*

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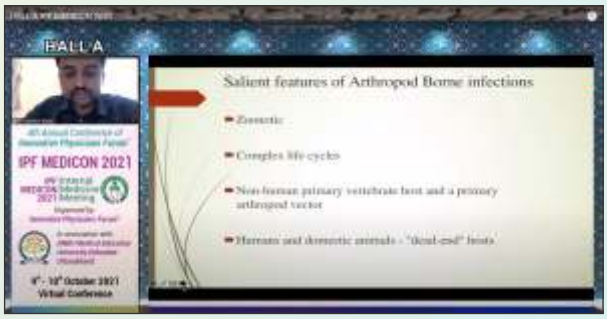
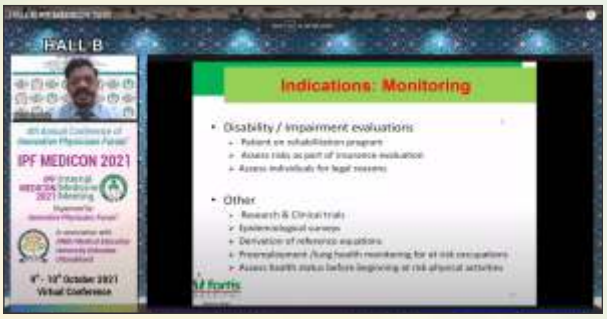
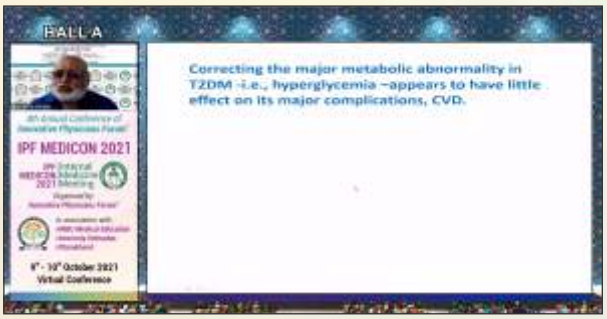
PHOTOS OF IPF MEDICON 2021 (Virtual)







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PHOTOS OF IPF MEDICON 2022








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ROLL SIGNING CEREMONY OF RCPE (2022)











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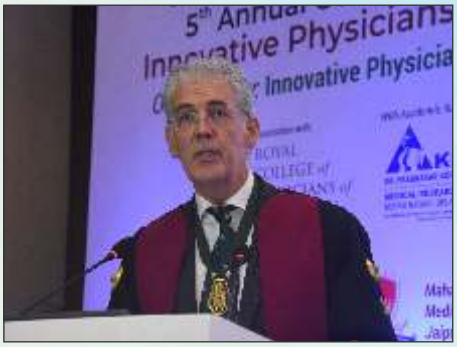
ACP-IPF MEDICINE UPDATE 2023 PHOTOS



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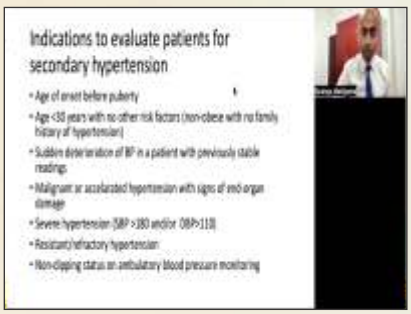
ACP-IPF MEDICINE UPDATE 2023 PHOTOS



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Global Outreach of IPF

It is a matter of pride for our Forum that the executive committee has decided to expand IPF activities beyond Indian shores. There has been a proposal to invite memberships of IPF from physicians from other countries, especially the South Asian Country, at affordable rates and appoint eminent physicians of respective countries as "**Country Co-ordinators**" for this purpose. Similarly, the **"State Co-ordinators"** shall be appointed for the respective state chapters across India. **Dr. J K Sharma** has been unanimously chosen as the **Global Ambassador of IPF** for this outreach program.

We are also happy to share that **Rajasthan** has become the first state to have an **IPF State Chapter**, and they are keen to organize and welcome delegates at **IPF MEDICON 2024 on 6th -7th April 2024, at Jaipur, Rajasthan.**

Dr OP Sharma Oration 2021 (Virtual)

DR OP SHARMA ORATION			
01:05pm-01:35pm (IST) UK Time: 08:35am 9th October 2021	**Contemporary Issues In The Healthcare For The Elderly : Global Scenario**	**Dr Andrew Elder (UK)**	Dr KK Pareek Dr OP Sharma Dr Girish Mathur

Dr OP Sharma Oration 2022

Dr OP SHARMA ORATION	*Chairpersons: Dr Anil Manchanda, Prof Sandeep Rai*	
11:50 am - 12:15 pm	Senescence, Serenity and Sugar	**Prof Kamlakar Tripathi**

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PAPER (ORAL AND POSTER) PRESENTATIONS DURING IPF MEDICON 2021-2023

Case Report:

A Rare Case of Simultaneous Development of Alopecia Araeta Universalis and Type 1 Diabetes Mellitus

Authors: Noor S, Chopra P, Gupta NR

Introduction: Type 1 diabetes is chronic autoimmune disease characterized by insulin deficiency and resultant hyperglycaemia. Alopecia universalis is an uncommon form of alopecia areata involving hair loss over the entire body including eyebrows and body hairs, such as face, pubic area, chest, underarms, legs,. Severe form of alopecia aerata, thought to be of autoimmune condition. About 1-2% people who develop alopecia areata show progression to alopecia universalis.

Background: A 24-year-old indian male presented to medicine outpatient department with 10 years history of diagnosed case of type-1 dm. Pt was diagnosed as a case of dm 10years back. At that time he was prescribed OHA and later was shifted on insulin subcutaneous injections. 2 years back patient started complaining of patchy hair loss in nape of the neck which progressed to the whole scalp and later progressed towards eyebrows and facial hair and chest hair.

Result: Both alopecia areata universalis and insulin dependent diabetes mellitus have commom autoimmune mechanism.

Discussion: Although the cause of alopecia areata is still unknown and may be heterogenous , the autoimmune mechanism seems to be part of this disease, such as alopecia areata totalis and universalis. The type of diabetes mellitus in the present case was insulin dependent.

Conclusion: Insulin dependent diabetes mellitus is occasionally complicated by alopecia areata and diabetes mellitus is relatively common in patients with alopecia areata. Both disease state have been described as manifestation of multiple endocrine autoimmune syndrome. Although alopecia areata totalis or universalis may occur in patients with insulin dependent diabetes mellitus, simultaneous development of both diseases seems to be very rare.

Out of the Frying Pan and into the Flames: An Atypical Presentation of Sarcoidosis

Authors: Nair S, Kurup VR, Peppin P, Shenoy N

Introduction: Sarcoidosis is a chronic, non-caseating granulomatous disease usually affecting the lungs. Extra thoracic sarcoidosis has been reported in reported in around 10% of cases affecting the lymph nodes, the hepatic system, spleen, bone and skin. The gold standard of diagnosis is histopathological examination. Here, we present a rare and difficult case of sarcoidosis with latent tuberculosis making the diagnosis cumbersome

Case Presentation: A 30-year-old gentleman presented with history of fever, abdominal pain and painful nodular lesions over the shin, for a duration of approximately one year. He has no known comorbidities. His laboratory investigations showed elevated alkaline phosphatase, serum calcium and angiotensin converting enzyme (ACE) levels. Multimodal imaging was done and it showed lesions involving the liver and lymph nodes and the lymph node biopsy revealed granuloma formation. A clinical diagnosis of extrapulmonary sarcoidosis involving the liver and lymph nodes was made in view of raised serum ACE level and biopsy report. He was treated with oral steroids and initially showed mild improvement, however, over time his symptoms started to worsen. He presented with same symptoms after one year and a repeat evaluation showed extensive lesions in the liver. Being a granulomatous lesion, QuantiFERON TB Gold was sent, which turned out to be positive. Due to this diagnostic dilemma, a biopsy from the new hepatic lesions was taken which showed non-caseating granulomatous inflammation, with negative AFB smear and culture. Subsequently, he was treated with immuno suppressants and Anti-Tubercular Therapy treating both tuberculosis and sarcoidosis. As he improved, a diagnosis of extrapulmonary Sarcoidosis with latent tuberculosis was made.

Conclusion: The case highlights the extrapulmonary involvement of sarcoidosis. Moreover, it is extremely rare for sarcoidosis and tuberculosis to coexist, making it a diagnostic dilemma in differentiating the two granulomatous diseases.

Histoplasmosis, HIV, HLH And Plasmablastic Lymphoma-A Deadly Quartet

Authors: Gosavi S, Ahmad S, Acharya RV, Ramamoorthi K, Varma DM

Histoplasmosis fungal disease-Histoplasma capsulatum is commonly seen in patients with HIV. Haemophagocytic Lymphohistiocytosis is primarily due to impaired natural killer cell function which fights infected intracellular organisms. Histoplasmosis with HIV and HLH is a lethal combination and there are very few cases recorded in India. In our case report, the patient was successfully treated for histoplasmosis, HIV, HLH and discharged on itraconazole therapy for 1 year for histoplasma eradication. However, the patient came back 2 months later with diffuse and rapidly progressing bilateral neck swelling. CT neck with contrast, biopsy and immunohistochemistry revealed plasmablastic lymphoma. Very few literature exists showing association between histoplasmosis and lymphomas. Medical oncology opinion was sought, and patient was started on cyclophosphamide and planned for DA EPOCH chemotherapy however patient had acute dyspnoea and later developed respiratory failure and succumbed despite CPR and emergency cricothyroidotomy. We present to you this deadly quartet and the challenges of maintaining balance between good immunity and effective immunosuppression in our patient.

Pulmonary Alveolar Microlithiasis: A rare lung disease

Authors: Basera P, Singh T.

Pulmonary alveolar microlithiasis (PAM) is a rare hereditary disease characterized by the accumulation of calcium phosphate crystals within the alveolar spaces of the lung.

A 60-year-old male with a medical history of chronic kidney disease, hypertension, and a family history of renal calculi presented with chest pain, shortness of breath, fever, and unresolving pneumonia. Examination revealed bilateral crackles and tachypnea, and imaging showed diffuse patchy ground-glass opacities and innumerable miliary pattern pulmonary nodules. Transbronchial biopsy

confirmed the diagnosis by demonstrating calcifications and focal ossification in the bronchial wall tissue and alveolar parenchyma.

PAM is caused by inactivating mutations in the SCL34A2 leading to decrease reuptake of phosphate by type IIb sodium phosphate cotransporter in the apical membrane of type II alveolar cells resulting in calcium phosphate chelation and microlith formation in alveolar air spaces.

The clinical course is highly variable, with most individuals remain asymptomatic for longer periods. Some patients develop pulmonary fibrosis in later stages. Computed tomography of the chest is the most useful radiologic modality for the diagnosis of PAM, revealing diffuse hyperdense micronodular airspace opacities and ground-glass opacities. Lung biopsy findings confirm the presence of microliths in the alveolar spaces and interstitium. Genetic testing for SLC34A2 mutations is highly specific for PAM.

Management of PAM is mainly supportive, with lung transplantation considered for progressive cases. Etidronate, a bisphosphonate, has shown limited success in improving clinical and radiological outcomes by reducing calcium hydroxyapatite crystals formation. Regular surveillance is crucial due to the potential for ventilatory failure, pulmonary fibrosis, and cor pulmonale.

Successful Treatment of Lethal Dose of Potassium Permanganate Poisoning - A Case Report
Author: Sharma R, Aggarwal HK, Dahiya S, Jain D, Kumar R

Background: Potassium permanganate (KMNO4) is a potent oxidizing agent known for its high corrosiveness and toxicity, with a documented lethal dose of 10 grams in adults. This case report details a successful treatment of a patient who had been poisoned with a 10-gram lethal dose of KMNO4.

Case presentation: A male patient, aged 46, was admitted to the emergency department of our hospital after ingesting 10g of KMNO4. The patient presented with swollen, dark-stained lips and oral cavity, as well as complaints of a burning sensation in the epigastrium and vomiting. Endoscopic examination revealed areas of necrosis and edematous mucosa. The patient was treated with a pantocid infusion, a 20-hour intravenous regimen of Nacetylcysteine, broad-spectrum antibiotics, and IV fluids. Patient was discharged on the fourth day of hospitalization.

Discussion: There is currently no specific antidote available for the treatment of KMNO4 poisoning, and management is primarily supportive. Airway management is of utmost priority, and securing the airway is recommended as the initial step. Empiric treatment with N-acetylcysteine (NAC) is often administered to prevent hepatic injury. Endoscopic evaluation can be a valuable tool in identifying the location and severity of injury in the upper gastrointestinal tract, and can also aid in guiding the treatment of affected patients.revealed multiple thick walled cavities

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Case report of Primary Hypothyroidism with Primary Hypo-gonadotrophic Hypogonadism

Authors: Raj K, Aggarwal HK, Dahiya S, Jain D, Sharma R

Primary Hypothyroidism is defined as low level of Thyroid hormone in blood due to destruction of thyroid gland. This can be due to autoimmunity or interventions such as surgery, radioiodine and radiation. Primary hypogonadotropic hypogonadism is characterized by reduced secretion of gonadotropin -releasing hormone (GnRH) from the hypothalamus. Sometimes it can be caused by chronic hypothyroidism. Chronic hypothyroidism

can lead to pituitary hyperplasia, a condition characterized by an enlargement of the pituitary gland, particularly in cases where the thyroid-stimulating hormone (TSH) levels are elevated. This hyperplasia can cause panhypopituitarism including hypogonadotropic hypogonadism and growth hormone deficiency. This can be caused by pituitary hyperplasia causing compression and leading to hormonal abnormalities. Here, we present a case report of a 22-year-old male who presented with complaints of short stature, decreased sweating, decreased interest in daily activities, poor secondary sexual characteristics, and erectile dysfunction with loss of libido for the past 8 years. Laboratory investigations revealed that patient's total T3 was < 0.195 ng/mL (reference range: 0.80-2.00 ng/mL), total T4 was < 0.42 µg/dL (reference range: 5.10- 14.10 µg/dL), TSH was 886.40 uIU/mL (reference range: 0.27-4.20 uIU/mL). MRI imaging revealed pituitary hyperplasia with a size of approximately 9 mm. The patient was prescribed a 3-month course of levothyroxine tablets, with a dosage of 75 micrograms, and was followed up in our outpatient department. After 3 months, the patient reported symptomatic improvement, including an increased sense of sexual interest and nocturnal penile tumuscene, as well as significant weight loss of approximately 5 kilograms.

Association of granulomatosis with polyangiitis and rheumatoid arthritis: A rare overlap syndrome

Author: Bansal A, Goyal M, Aggarwal H, Jain D

Background - Granulomatosis with polyangiitis is a type of ANCA associated vasculitis that primarily involves upper respiratory tract, lungs and kidneys. It is a rare disease and its association with rheumatoid arthritis is even rarer. Early recognition of such overlaps enables more timely diagnosis and may have impact on disease outcome.

Case Report – Here we report a case of 29 year old female, known case of rheumatoid arthritis since 2019, presented in February 2023 with complaint of fever after NVD. She underwent evaluation and found to have deranged renal function tests which were on increasing trend. HRCT chest revealed multiple thick walled cavities and nasal cavity examination showed thick crusting. Based on these findings GPA was suspected and PR3 ANCA and kidney biopsy was planned. PR3 ANCA was positive and kidney biopsy revealed pauci immune glomerulonephritis. In view of RPGN rituximab therapy started along with prednisolone and two session of plasma exchange therapy done. Patient responded well to treatment.

Conclusion - ANCA associated systemic vasculitis associated with RA may be a rare form of an AAV autoimmune overlap. Its recognition can lead to timely antibody screening of patients with the relevant clinical scenario and a more rapid initiation of appropriate management

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An Aberrant Metastasis: Prostate Cancer and Brain

Author: Parkash J

Prostate cancer is the fifth leading cause of death in men around the world and it is the most common malignancy affecting men in the United States. The metastatic spread to bone, lymph nodes, liver and lungs is a well-recognized pattern of metastasis seen in prostatic malignancy. However, metastasis to the brain, which is prostatic in origin, is a rare phenomenon that carries a poor prognosis. With increasing life expectancies of patients with prostatic cancer, the incidence of brain metastasis may also be on the rise. In the following case presentation, we hope to discuss this unusual occurrence. Here we present a case of a 60 year old

a 60-year-old African-American HIV positive male diagnosed with pT3bN0M0 Gleason score 8 prostate cancer who underwent robotic assisted radical prostatectomy with bilateral lymph node dissection followed by 6-9 months of radiotherapy and androgen deprivation therapy. He was being regularly followed up with no evidence of recurrence until he presented to the emergency department of a hospital in USA with chief neurological complaints of impaired concentration and an unsteady gait. With the brain MRI demonstrating a parietal lobe mass and multiple ring

enhancing lesions with calcifications, initial impression of HIV associated malignancy or infection was suspected. However, subsequent lab results revealed CD4+ cell count to be within reference range and normal Toxoplasmosis IgM titers, making this possibility unlikely. The imaging and histopathological investigations demonstrated new evidence of spread of primary prostatic malignancy to the right lung and also involving bones such as left sided ileum, fourth rib and sacrum making the possibility of brain metastasis more plausible. This patient's presentation or rather the re-presentation of prostate cancer via metastasis despite completed treatment and regular follow-up emphasizes that malignancy associated etiology despite its infrequency, should always be meticulously investigated for, considering its association with a poorer prognosis and increased morbidity. In this case, exemplary coordination between specialties allowed for a conclusive and timely exclusion of differential diagnoses with appropriate management for the patient.

Unlocking the Puzzle: Dermatomyositis without Myopathy

Author: Nikitha KS, Ganapathi A

Anti MDA 5 disease also known as Clinically amyotrophic dermatomyositis (CADM) is a rare systemic autoimmune disease, primarily effects skin, joints and lungs which involves the production of autoantibodies targeting Melanoma differentiation associated protein - 5 (MDA-5).

We report a case of 30 year old, nil premorbid male has presented with remittent fever, dry cough, inflammatory nature multiple joint pains, puffiness around eyes, rashes since 2 weeks.

Examination revealed heliotrope rash, macular rash over palms, swelling and tenderness of symmetrical large and small joints. No muscle weakness noted. On evaluation inflammatory markers were raised, CPK and LDH was elevated. ANA by immunofluoroscence and ANA profile were negative. In view of suspicion of clinically amyotrophic amyotrophic dermatomyositis, myositis profile by line immunoassay has been sent and was strong positive. HRCT thorax done suggestive of organising pneumonia. Infective etiology ruled out by bronchoscopy and BAL fluid analysis. Patient was initially started on High dose steroid (1mg/kg bodywt), Methotrexate, Mycophenolate mofetil. As patient was still symptomatic started on oral tofacitinib 5mg BD showed significant improvement following which steroids and immunosuppresants were tapered and stopped.

Care Considerations and Management of Transgender Individuals Post-Kidney Transplantation: A Single Institution Experience and Literature Review

Authors: Basera P, Jaiswal S, Anand M.

Introduction: Nephrologists are increasingly involved in the care of transgender patients undergoing kidney transplantation, yet they may lack knowledge about the challenges faced by this patient population. There are limited studies on transgender patients undergoing kidney transplantation. We here describe 2 cases at the University of Cincinnati highlighting this and review available literature.

Case Description:

Case #1: 48-year-old Trans-female, with past medical history of End Stage Kidney Disease(ESKD) secondary to IgA nephropathy and major depressive disorder(MDD), underwent Deceased Donor Kidney Transplant (DDKT) in 2018. Course was notable for recurrent Herpes labialis. Patient reported onset of gender dysphoria 6 months post-transplant. Patient sought gender-affirming care and started transdermal estradiol, finasteride and cosmetic hair removal. Counselling, screening for sexually transmitted infections, and age-appropriate cancer screening was done at each visit. MDD improved significantly. Renal function has remained stable.

Case #2: 57-year-old Trans-male with ESKD secondary to polycystic kidney disease, underwent DDKT in 2016. Patient reported onset of gender dysphoria in early childhood and took depot medroxyprogesterone since puberty to suppress menstruation. 3 years post-transplant, patient sought gender-affirming care, started testosterone injections, and had bilateral mastectomy. Post this, patient developed polycythemia, and most recently was diagnosed with osteoporosis. Renal function has remained stable.

Discussion: Transitioning through gender-affirming care can be stressful for a Transgender person. In the early peri-transplant phase, estrogen may lead to venous thromboembolic events and allograft loss. When used with calcineurin inhibitors (CNI) or Bactrim, androgen-lowering agents like spironolactone can increase hyperkalemia risk. Erythropoiesis is stimulated by androgenic therapy and may increase polycythemia risk. Gender-affirming surgeries can cause urological complications. Regular screening for osteoporosis and sexually transmitted infections, as well as psychotherapeutic support, is necessary. As hormone therapy can affect muscle mass and body composition, it is recommended to use a non-sex-dependent estimation of GFR using cystatin C. Further research and collaboration are needed to develop guidelines and best practices in the field of gender transition care for post-kidney transplant patients.

A Chaotic Infectious Tale of a Simple Pituitary Macroadenoma

Martis IJ, Bhat A

Introduction: Pituitary adenomas are benign tumors. Microadenomas are classified as <1 cm in diameter and macroadenomas are >1 cm in diameter.

Case Report: 45 year old male known case of diabetes mellitus presented with headache, fever, altered sensorium since 1 day and one episode of generalized tonic clonic convulsions.

Past history: Patient gives history of infertility

On examination vitals were stable. Patient was conscious not oriented to time, place and person. Signs of meningeal irritation were absent

Patient was initially started on IV antibiotics and antiepileptics.

Patient was thought to have meningoenchephalitis. MRI brain with contrast was done which revealed Lesion measuring 3.4x1.9x2.3 cm seen in sellar /suprasellar region ,suggestive of planum sphenoidale meningioma /pitutary macroadenoma. EEG was done which was normal. Fundoscopy and visual fields was normal. S. prolactin was sent which was elevated (3361 ng/ml). Patient was diagnosed to have pituitary macroadenoma.

Treatment: Patient was started on cabergoline and antiepileptics were continued. Patient improved over the course of hospitalisation and was asked to follow up after 3 months with serum prolactin which revealed downward trend.

Discussion: Pituitary adenomas are frequently asymptomatic but may initially present with vision deficits or very rarely as meningitis thought to be due to cerebrospinal fluid leakage.

Macroadnenoma growing towards the skull base can erode the floor of the sella into sphenoid sinus leading to CSF leakage. Pituitary apoplexy is a rare but medical emergency. It results from sudden hemorrhage or infarction induced swelling in a pituitary adenoma. Clinical presentation includes severe headache, impaired consciousness, fever and visual disturbances. Signs of meningeal irritation are very rare.

Conclusion: Meningitis is rare complication of untreated invasive pituitary adenomas and only represents the initial symptom leading to diagnosis of a macroadenoma in exceptional cases

Purple Urine Bag Syndrome – A Case Report

Author: Renu Bala

"Purple urine bag syndrome" is a unique disease entity characterised by an alarming purple discoloration of the urine secondary to multiple bacterial urinary tract infection with indigo and indirubin producing bacteria, particularly in alkaline urine, which combine with catheter tubing or urine bag to give purple appearance. Although PUBS is rare it usually observed in chronically constipated and catheterised bedridden elderly patients and predominately affecting females. It is a benign condition. Treatment is directed at the underlying UTI by antibiotics as well as control of constipation and good urologic sanitation by good care of urinary catheters.

Here, we report a case of 50 year old diabetic bed ridden woman with neurogenic bladder with urinary retention with acute kidney injury with history of chronic constipation who presented with purple urine bag syndrome following urinary catheterisation.

Bilateral adrenal masses: A case series of addisonian crisis with acute kidney injury

Authors: Nayak D, Aggarwal HK, Dahiya S, Jain D, Parsad R

Addisonian crisis (AC) resulting from acute deficit of hormones of adrenal glands is an endocrinological emergency associated with high mortality warranting early recognition and management. It can either occur in a patient of known adrenal insufficiency (AI) may be primary or secondary or at times adrenal crisis may be the first presentation. Primary adrenal insufficiency (PAI) includes autoimmune adrenalitis which is the most common cause worldwide or tubercular adrenalitis which is common in developing countries like India. Infiltrative pathology, drugs, haemorrhage or rarely malignancy may be the culprit. Secondary adrenal insufficiency (SAI) most often occurs due to abrupt steroid withdrawal or can also be due to defect at the level of pituitary or hypothalamus. This case series highlights three cases with no prior history of adrenal insufficiency presenting with adrenal crisis which were later diagnosed with bilateral adrenal masses of different etiologies.

An Aberrant Metastasis: Prostate Cancer and Brain

Author: Parkash J

Prostate cancer is the fifth leading cause of death in men around the world and it is the most common malignancy affecting men in the United States. The metastatic spread to bone, lymph nodes, liver and lungs is a well-recognized pattern of metastasis seen in prostatic malignancy. However, metastasis to the brain, which is prostatic in origin, is a rare phenomenon that carries a poor prognosis. With increasing life expectancies of patients with prostatic cancer, the incidence of brain metastasis may also be on the rise. In the following case presentation, we hope to discuss this unusual occurrence. Here we present a case of a 60-year-old African-American HIV positive male diagnosed with pT3bN0M0 Gleason score 8 prostate cancer who underwent robotic assisted radical prostatectomy with bilateral lymph node dissection followed by 6-9 months of radiotherapy and androgen deprivation therapy. He was being regularly followed up with no evidence of recurrence until he presented to the emergency department of a hospital in USA with chief neurological complaints of impaired concentration and an unsteady gait. With the brain MRI demonstrating a parietal lobe mass and multiple ring enhancing lesions with calcifications, initial impression of HIV associated malignancy or infection was suspected. However, subsequent lab results revealed CD4+ cell count to be within reference range and normal Toxoplasmosis IgM titers, making this possibility unlikely. The imaging and histopathological investigations demonstrated new evidence of spread of primary prostatic malignancy to the right lung and also involving bones such as left sided ileum, fourth rib and sacrum making the possibility of brain metastasis more plausible. This patient's presentation or rather the re-presentation of prostate cancer via metastasis despite completed treatment and regular follow-up emphasizes that malignancy associated etiology despite its infrequency, should always be meticulously investigated for, considering its association with a poorer prognosis and increased morbidity. In this case, exemplary coordination between specialties allowed for a conclusive and timely exclusion of differential diagnoses with appropriate management for the patient.

Diabetes Mellitus (Insulin dependent T1DM/LADA) with Hypothyroidism with classical Celiac Disease with Portal Hypertension with Oesophageal Varices (Post EVL status) secondary to non-cirrhotic portal fibrosis (NCPF) with Glycogen Hepatopathy

Authors: Mahapatra S, Gupta T

Abstract: Celiac disease is a chronic, immune-mediated enteropathy that is precipitated by dietary gluten in genetically predisposed individuals. Typical Celiac disease (classical celiac disease) denoted a clinical presentation with signs and symptoms of malabsorption, such as diarrhoea, steatorrhea, weight loss and nutritional deficiencies. Atypical Celiac disease (nonclassical celiac disease) presents with symptoms like anemia, fatigue, abdominal bloating and discomfort, osteoporosis and infertility. It is particularly prevalent in the Punjab region of northwest India, where wheat rather than rice has been a staple of the diet. A large no. of disease has been associated with celiac disease which include type 1 Diabetes Mellitus, Addison disease, autoimmune haemolytic anemia, hypo or hyperthyroidism etc. Glycogenic hepatopathy (GH) is a rare complication of the poorly controlled diabetes mellitus characterized by the transient liver dysfunction with elevated liver enzymes. It is associated hepatomegaly caused by the reversible accumulation of excess glycogen in the hepatocytes. It is predominantly seen in patients with longstanding type 1 diabetes mellitus and rarely reported in association with type 2 diabetes mellitus.

particularly prevalent in the Punjab region of northwest India, where wheat rather than rice has been a staple of the diet. A large no. of disease has been associated with celiac disease which include type 1 Diabetes Mellitus, Addison disease, autoimmune haemolytic anemia, hypo or hyperthyroidism etc. Glycogenic hepatopathy (GH) is a rare complication of the poorly controlled diabetes mellitus characterized by the transient liver dysfunction with elevated liver enzymes. It is associated hepatomegaly caused by the reversible accumulation of excess glycogen in the hepatocytes. It is predominantly seen in patients with longstanding type 1 diabetes mellitus and rarely reported in association with type 2 diabetes mellitus. The association of GH with hyperglycemia in diabetes has not been well established. One of the essential elements in the pathophysiology of development of GH is the wide fluctuation in both glucose and insulin levels. Here we report a case of recently diagnosed diabetes Mellitus (insulin dependent) with hypothyroidism presented with chief complains of chronic diarrhoea, weight loss and secondary amenorrhea. Patient's IgA tissue transglutaminase was normal but IgG tissue transglutaminase came significantly positive. Patient was diagnosed as a case of classical celiac disease and was advised to take gluten free diet. The patient improved significantly and later on patient went into honeymoon period of type 1 Diabetes Mellitus (DM) where patient didn't require any insulin treatment. After 6 months, Patient's fasting blood sugar (FBS)and Post prandial blood sugar (PPBS) again increased and liver function test (LFT) was found to be deranged (increase in SGOT/SGPT level and ALP level).With gradual titration of insulin dose and improvement of blood sugar(both FBS and PPBS), patient's LFT(SGOT,SGPT,ALP) got significantly improved. Liver biopsy slides were reviewed and special stain PAS stain was added to see accumulated glycogen in Liver cells. So a rare entity called Glycogenic Hepatopathy associated with Type 1 DM was diagnosed.

Multi-nodular Goitre with Cystic Parathyroid Adenoma: A Rare Case Presentation

Authors: Supragya K, Aggarwal HK, Mohini, Dahiya S

Primary Hyperparathyroidism (PHPT) is the third most common endocrine disorder after Diabetes and Thyroid diseases and affects upto 0.1% of the general population. Thyroid nodules are a very common entity affecting nearly upto 50% of middle age population. Multinodular Goitre (MNG) occurs upto 12% adult population; more common in women than men. Although it is more common in iodine deficient area but also occurs in regions of iodine sufficient areas which reflects it's multiple genetic, autoimmune and environmental influences on the pathogenesis. MNGs are polyclonal in origin, suggesting a hyperplastic response to locally produced growth factor and cytokines. The association between primary hyperparathyroidism and Multinodular Goitre still remains to be fully understood; some postulated it to be a coincidental finding and some postulated a goitrogen role of long term exposure to elevated calcium levels. Another aspect of this association is the challenges in diagnosing radiologically as it is difficult to differentiate cystic Parathyroid Adenoma from thyroid nodules seen in Multinodular goitre as 99mTc MIBI scan is often show false negative report. Here we present a case of 69 year female initially admitted with chief complains of generalised body weakness and difficulty in swallowing. Patient was diagnosed as anaemia secondary to VIT B12 deficiency. Incidentally patient had hypercalcemia; on further investigation patient had raised parathyroid hormone level but ultrasound of neck showed multiple cystic lesion in thyroid gland.

Meanwhile patient's thyroid function test was suggestive of overt hypothyroidism. 99m Tc MIBI could not differentiate between bilateral parathyroid adenoma and Multinodular goitre with thyroid adenoma. Later on CECT neck it was found to be Non-toxic Multinodular goitre along with left lower lobe cystic parathyroid adenoma presenting as primary hyperparathyroidism

An unusual case of Pancytopenia with Neuropsychiatric disturbances - a case report.

Authors: Sabesan V, Prabakar D, Masanamuthu DN, Joy K, Meeran SS Pancytopenia, a condition characterized by a simultaneous reduction in red blood cells, white blood cells, and platelets, presents a diagnostic challenge due to its diverse underlying causes. This case study aims to highlight the importance of considering thyroid dysfunction, specifically focusing on Hashimoto's thyroiditis, as a potential etiology of pancytopenia. We present the case of a 48 years old female who presented to the emergency department with shortness of breath. She also reported leg swelling, yellowish discoloration of her eyes, and easy fatigability for the past month. Upon physical examination, she was found to be lethargic with altered mental status, dyspnoeic and pale with bilateral pedal edema. She had a pulse rate of 110/min and a BP of 90/60mmHg. Crepitations were heard bilaterally at the base of the lungs. She was treated for heart failure and her hemodynamic status was stabilized. Meanwhile, routine investigations revealed pancytopenia with a reticulocyte count of 0.2%. Further investigations including bone marrow biopsy were ordered to evaluate pancytopenia. However, determining the cause of pancytopenia remained a diagnostic challenge. The patient's husband provided a history of chronic constipation and frequent mood disturbances in the patient. The history of neuropsychiatric disturbances and persistent bradycardia which the patient had after the correction of anemia made us suspect thyroid dysfunction. The thyroid panel showed severe hypothyroidism. Further workup including Anti-TPO antibodies and USG-guided biopsy confirmed the diagnosis of Hashimoto's thyroiditis. Thyroxine supplementation (T.Eltroxine 100 µg) was immediately started. The patient's condition started to improve dramatically, including her mental and hematological status. Pancytopenia secondary to Hashimoto's thyroiditis is rare and leads to diagnostic confusion, resulting in delayed treatment and increased morbidity. High suspicion of thyroid dysfunction is crucial in unexplained pancytopenia, especially with neuropsychiatric disturbances. Early recognition is vital to improve outcomes and prevent misdiagnosis

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ORIGINAL ARTICLE:

Pre Meal Almond Intake and Glycemic Control (PPBS)

Author: Raha A

Introduction: To study the effect of pre meal intake of almond on ppbs level in T2DM patients

Method: 80 T2DM patients of age group 40-55 years comprising of both male and female, who are uncontrolled on metformin 1000 mg bd and glimepiride 2 mg bd are divided into 2 groups of 40 , and the two groups are named intervention and control group. Intervention group were asked to take 20 gm of almond 30 minutes before lunch and dinner and counselled for strict maintainance while control group were not asked to take almonds.

No additional exercise regime for either group.

Result: Both the groups were followed for 4 months and their ppbs were measured every weekly and it was found that intervention group had an average ppbs fall of 46 mg/dl.

Conclusion: T2DM patients who consume 20 gm of almond 30 minutes before lunch and dinner can have a better glycemic control (PPBS)

The correlation between Perceived stress, Insomnia Severity Index, and Cognitive function levels of Elderly Diabetic individuals attending the Diabetic Clinic of a Tertiary Care Hospital.

Authors: Banerjee S, Chaudhuri A

Background: The relationship among the perception of stress, insomnia, and dementia in diabetic patients can offer fresh perspectives in comprehending the origins of dementia and developing more effective treatment strategies.

Objectives: To evaluate the Insomnia Severity Index (ISI) scores, Perceived Stress Scale (PSS) scores, and cognitive function levels by Revised Hasegawa's Dementia Scale (HDS-R) and Mini-Mental State Examination (MMSE) scale, in order to correlate and compare them with patients of normal cognitive function and mild cognitive impairment.

Methodology: The cross-sectional study was conducted after taking institutional ethical clearance and informed consent from 150 participants. The elderly diabetic patients attending the diabetic clinic were interviewed and MMSE, ISI, PSS, and HDS-R scores were evaluated.

Results: Elderly diabetic patients with mild cognitive impairment (MCI) had higher levels of stress and insomnia compared to those with normal cognitive function. The PSS and ISI scores for the MCI group were 22.4 ± 6.99 and 14.43 ± 5.29, respectively, while the scores for the normal group were 17.1 ± 4.54 and 9.05 ± 4.16. Both PSS and ISI scores were found to be negatively correlated to Revised Hasegawa's Dementia Scale scores. Increases in age, blood pressure, blood sugar levels, and Hb1c levels were found to be significant factors for the development of dementia.

Conclusion: Elderly diabetic patients with mild cognitive impairment had higher levels of stress scores and insomnia severity index as compared to those with normal cognitive functions. Stress scores and insomnia severity scores were negatively correlated with cognitive function.

To Study Gastroesophageal Reflux Disease (GERD) In Diabetics and Patients with No Underlying Comorbidities Using Upper Gastrointestinal Endoscopy (UGIE) at a Tertiary Care Centre

Author: Nadim SK, Mahamad SK, Kanodia N, Bari R

Background: Patients with type 2 diabetes mellitus (DM) were known to have higher prevalence of gastroesophageal reflux disease (GERD). Pathophysiological changes observed in the diabetic patient include the effects of acute and long-term hyperglycemia on neuronal function and gastrointestinal motility. For that reason, diabetic patients commonly suffer from esophageal dysmotility and gastroparesis, which may contribute to the development of GERD.

Objective: The present study was designed to study GERD in both diabetics and patients with no underlying comorbidities using Upper Gastrointestinal Endoscopy (UGIE).

Method: A cross sectional prospective randomized study was carried out from January 2021 to July 2022.Data was collected from 390 patients on the basis of individual patient information obtained on the prescribed proforma. The diagnostic criteria or GERD included the upper gastro endoscopic view, which was analysed using the scale of 'The Los Angeles Classification of Esophagus' from grades A to D.

Result: The prevalence of DM in the current study was found to be 20.8%. Of 81 diabetic patients, 43 (53.1%) were given a diagnosis of GERD based on endoscopy. Patients with concurrent GERD had poorly controlled serum glucose level, were older male and were heavier. Interestingly, no difference in body mass index was observed. However, the habit of smoking, alcohol intake and hot-spicy food significantly affected GERD in diabetic patients. The main symptoms of the GERD in diabetic group were abdominal heaviness (82.4%) while in GERD without any comorbidity was dysphagia (55%) but none of the symptoms were significantly associated with diabetic patients with GERD or without GERD.

Conclusion: In this study, the prevalence of GERD in diabetic patient was higher than that found in the population without any comorbidity suggests that GERD in diabetic patient could be due to a poorly controlled serum glucose level but to prove that more studies with larger sample size are needed.

Personal Hygiene and SGLT2i

Author: Raha A

Background: Role of personal hygiene in preventing perineal infection arising out of sglt2i usage.to study the effect of washing perineal area with water only after every act of micturition in preventing genital infection arising out of SGLT2i usage.

Method: 30 T2dm patients of age group 40-55 years comprising of both male and female who are uncontrolled on metformin and glimepiride of various strength and dosage schedule are divided into 2 groups of 15, and the two groups are named intervention and control group. Both the group were given dapagliflozin 10 mg for the first time. intervention group were taught about maintenance of personal hygiene and counselled for strict maintenance, while control group were not counselled for personal hygiene maintenance. both the groups were followed up weekly for a period of four months to detect any perineal infection following SGLT2i usage.

Conclusion: No perineal infection were noted in the intervention group. But in the control group, perineal infection were noted in all of the 15 patients and most of them were fungal infection. 11 of them had fungal infection of the genital area and 4 of them had mild urinary tract infection, cured with oral medication on OPD basis.

Result: T2DM patients on dapagliflozin (SGLT2i) can prevent perineal infection with the proper maintenance of personal hygiene Cognitive Impairment in Type 2 Diabetes Mellitus – Cause or Consequence of Drug Nonadherence"

Cognitive Impairment in Type 2 Diabetes Mellitus – Cause or Consequence of Drug Nonadherence"

Authors: Sreya PC, Kartheek ASV

Introduction: Cognitive dysfunction ranges from mild cognitive impairment to dementia. Hypertension and Diabetes mellitus are the major risk factors for Cognitive dysfunction. The prevalence of Cognitive impairment among diabetics in India is 19.5 to 54.3%. Cognitive impairment in diabetes results in non-adherence to medication, impairs self-management of diabetes which may lead to hyperglycaemia, contributing to further cognitive decline.

Aims And Objectives: Primary Objectives: 1. To estimate the cognitive impairment in patients with type 2 diabetes mellitus (T2DM) using Mini-Cog as a screening tool 2. To assess medication adherence in patients with T2DM using the Morisky Medication Adherence scale (MMSA-8). **Secondary Objective:** To determine the association between drug adherence and cognitive impairment.

Methodology: A Cross-Sectional Analytical study was done. **Inclusion Criteria:** All the patients with T2DM in the age group of 35-70years attending the General Medicine Outpatient clinic of Government General Hospital, Srikakulam during the study period were include in the study. **Exclusion Criteria:** Patients who were illiterate, who didn't consent for participation and with significant visual or hearing impairment, acute systemic illness, nervous system diseases/disorders were excluded from the study. Simple random sampling was used. Based on the prevalence of cognitive dysfunction among diabetics in India (54.3%) ,with a 95% confidence interval and 10% allowable error, a minimum sample size of 96 was obtained. Data was collected by personal interviews using Mini-cog and Morisky eight-item Medication Adherence Scale (MMAS-8) as study tools The most recent /random blood sugar value was obtained for each patient. Statistical analysis was performed using Microsoft excel and SPSS ver29 software.

Results: About 10% of the patients (n=100) had cognitive impairment (Mini-Cog score ≤ 2)out of which about 38% reported high adherence (MMAS-0), whereas 44% and 18% reported medium (MMAS-8 score - 1 or 2), and low adherence (MMAS-8 score >2) respectively. Duration of diabetes and MMAS-8 score showed a negative correlation with the Mini-Cog Score, suggesting a lower medication adherent patient has low Mini-Cog score hence cognitive impairment.

Conclusion: Reduced medication adherence leads to poor glycaemic control, contributing to decline in cognition, causing difficult self-management, and further lowering adherence to drugs. This vicious perpetuating cycle of cognitive decline and poor medication adherence can be addressed by routine screening with a 3-minute screening tool, Mini-Cog and aid in early identification and referral to a specialist.

Observational Study on Dapagliflozin and Genitourinary Infection

Authors: Mohanty S

Method: An observational study was carried out for 84 patients for a period of six months, who were on Dapagliflozin 10 mg. Patients were divided in to two groups on the basis of HbA1C results. Group1 HbA1C < 8, group 2 of HbA1C > 8.

Observations: It was observed that out of 84 patients 53 patients showed Genitourinary infection within a span of 3 months. Out of 28 patients with HbA1C < 8 only 6 patients showed Genitourinary infection. Out of 56 patients with HbA1C > 8, 44 patients came up with Genitourinary infection. Patients were advised to wash genital part each time after micturition.

Results: A number of six patients with HbA1C < 8 recovered completely by adopting hygienic washing practices. Out of 44 patients with HbA1C > 8, 30 patients got completely cured as they maintained the hygienic washing practices. Rest 14 patients were still suffering from infection due to poor hygiene even after using topical steroid and antifungal.

Conclusion: To overcome genitourinary infection caused due to Dapagliflozin, washing of genital part each time after urination is the best method and patients with HbA1C > 8 are better to provide Dapagliflozin in combination with metformin or gliptins to decrease the chances of genitourinary infection

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Trends in the clinical presentation of patients with bronchogenic carcinoma- A single-center study from Eastern India

Authors: Deb N, Roy P, Bairagya TD, Biswas S, Barman P, Ghosh I

Introduction : Lung cancer accounts for 13% of new cancer cases and 25% mortality, making it the most common cancer among men in India due to various factors like increase in smoking habits among adolescents, p53 mutations, L-myc mutation, K-RAS mutation, etc.

Methods and materials: A single centre study was done in a tertiary care centre for one year among clinically and radiologically confirmed patients of bronchogenic carcinoma. Socio-demographic data and brief clinical history, radiological and histopathological grading of the lung tumour were recorded. 5 year variation in these parameters was also compared from a previous study done in the same population. Sample size for this study was 328 patients.

Results.: Male predominance was seen with 86.89%, the men to women ratio was 6.6:1. Cough was the most common presentation followed by chest pain, hemoptysis and shortness of breath.

Space-occupying lesions form the most common radiological feature (173,52.74%). Adenocarcinoma(125,38.11%) forms the major variant followed by Small cell carcinoma (110,33.54%).

Conclusion: The presence of unexplained cough, chest pain, and shortness of breath for several months must raise a clinical suspicion among the diagnosing physician, this will help in preventing delay of diagnosis. Awareness and reassurance must be implemented to clear the taboos relating to diagnosis.

The role of 18F - Fluorodeoxyglucose Positron Emission Tomography with low dose Computed Tomography (18F- FDG PET CT) for evaluation of fever of unknown origin (FUO)

Author: Surjit A, Ravindran AL, Rathish B, Philips GM, Shagos GS

Introduction: 18F - FDG PET CT is a non-invasive nuclear medicine technique used for localization of the focus/ foci for FUO. The study evaluates the clinical and diagnostic significance of FDG PET CT in patients with FUO and calculates the prediction value of PET CT in arriving at a diagnosis or as a diagnostic pointer in FUO. It further analyzes the etiologies for FUO in the study population.

Materials and Methods: This is a prospective cohort study done at a quaternary health care center in Kerala. We included all adult patients fulfilling the criteria for FUO and in whom a PET CT was done as per FUO management algorithm. Data was collected from electronic medical records and patient interviews. The sample size was calculated to be 38. Statistical analysis was also done for prediction value of PET CT in diagnosing FUO.

Results: 77 eligible patients including 52 males and 25 females were enrolled. Among them 8 patients were lost to follow up. Of the remaining 69 patients, FDG uptake was seen in 60 patients (86.9%), while 9 (11.7%) patients had a normal study. In our study, PET-CT as a diagnostic aid in FUO had 91.2% sensitivity, 33.3% specificity and Positive Predictive Value of 86.6%. Irrespective of the PET CT findings, 57 out of 77 patients with FUO had a final diagnosis of infections in 20 (30%) patients, noninfectious inflammatory processes in 20 (30%) patients and malignancy in 17 (24.6%) patients.

Conclusion: In any disease pathology there is a definite pattern of tracer uptake which differentiates it from normal tissue and distinguish them as infection, inflammation and malignancy. By using this principle, the PET CT guides in further focused investigation and thereby achieving an early diagnosis in FUO. Hence, this helps in avoiding unnecessary multiple investigations and decreasing medical expenses

The effect of a zeitgeber Artificial Light at Night (ALAN) on the quality and duration of sleep in patients of Metabolic Syndrome

Rastogi S, Narsingh Verma N, Pandey R3

Objectives: 1.Effect of mobile exposure on quality and duration of sleep in patients of metabolic syndrome using DREEM 2 headband. 2.Effect of mobile exposure on quality and duration of sleep in patients of metabolic syndrome using questionnaires.

3.Effect of mobile exposure on quality and duration of sleep in patients of metabolic syndrome using PSQI scoring (Pittsburgh Sleep Quality Index (PSQI)) of each patient

Material and Methods: We studied the effect of ALAN on 180 patients of metabolic syndrome using like 1) PSQI 2) Questionnaires on phone usage based on frequency of phone use, time slot of phone usage, position of mobile phone while going to sleep, immediacy of response to phone when it rings while the patient is sleeping/ going to sleep, length of usage of mobile phones on weekdays. 3.Sleep quality was studied using DREEM 2.The patients were divided into three groups, patients using smartphone for 2 or < 2 hours (120 patients), patients using mobile phones for >2 hours (40 patients) and control group of patients not using mobile phones (20 patients).

Results: PSQI score was best in patients who used smartphones for 2 or < 2 hours per day as compared to patients using mobile phones for >2 hours and the control group. Sleep quality and duration was better in the patients who used smartphones for 2 or < 2 hours per day, the second best sleep quality and duration was seen in patients not using the smartphone/ keypad phones. On comparing the sleep onset duration, p value was 0.0449, significant, the difference in number of awakenings was significant with p value 0.0204. Average breathing rate during sleep was compared between the three groups p value <0.0001. Sleep duration was significantly different between the three groups p value <0.0001, significant.

Prevalence of Gram-negative bacteria on the cell phones of health-care workers – a systematic review and meta-analysis

AUTHORS: Banerjee S, Ganesh V, Samadder C, Soni NP, Bala P, Vishaal P.

Background: The use of mobile phones has become an essential part of daily life for many people, including healthcare workers. However, mobile phones can be a potential source of transmission of Gram-negative bacteria (GNB) that are often associated with antibiotic resistance and can cause severe infections in patients. They can cause a range of diseases, including pneumonia, bloodstream infections, and urinary tract infections, among others. This meta-analysis aims to provide a more accurate estimate of the prevalence of these bacteria and identify factors that may be associated with higher prevalence rates.

Methodology: A comprehensive literature search was conducted in multiple databases, including PUBMED, WOS, Scopus, Embase, and Cochrane to ensure that all relevant articles were identified until December 2022. R version 4.0.4 with the "meta" and "metafor" package, was used for the data analysis. PROSPERO registration was done to validate the methodology (ID - CRD42023409080)

Results: Sixty-three studies were qualified for analysis. The overall prevalence of GNB on the cell phones of healthcare workers was 80.57% (95% Confidence Interval: 77.57-84.76, I2: 96%). Most of the studies were conducted in India, while in Iran maximum cases were reported. More recent studies seem to show an increased prevalence of GNB. Moreover, the prevalence increases marginally as large sample studies are conducted.

Conclusion: A significant presence of GNB emphasizes the potential for mobile phones to serve as a source of transmission for GNB in healthcare settings. This might be due to increased cell phone use these days and the changing behavior in the sanitization of their personal use and workplace phones. The findings also highlight the importance of implementing stringent hygiene practices, including regular disinfection of mobile phones, among healthcare workers to minimize the risk of GNB transmission and associated infections.

To Study Association of Vitamin D Levels with the Severity of Bronchial Asthma

Authors: Rajappan R

Background: The rising prevalence of bronchial asthma in developing nations like India is attributed to various factors like urbanization, environmental pollution, industrialization, lifestyle changes. It affects nearly 300 million people globally (i.e.,) 8-10 % of the population.

Aim: To find out association of Vitamin D levels with severity of Bronchial Asthma.

Methods: This observational and cross-sectional study was conducted in Department of Medicine, L.L.R.M Medical College, Meerut. 90 patients from Medicine and TBCD OPD/IPD were selected randomly. Severity of Asthma was classified according to Global Initiative for Asthma (GINA) guidelines on the basis of history, PFT and Asthma Severity Questionnaire.

Results: Minimum age was 16 years and maximum was 59 years. Most of the patients were in age group 16-30 years.

Majority of the patients were Vitamin D deficient (40.0%). Majority of the patients had FEV1 levels >80% (48.9%). Majority of the study population belonged to Moderate Severity of Asthma (33.3%) whereas 28.9% had Intermittent Severity of Asthma. The Vitamin D deficiency levels correlated positively with severity of Bronchial Asthma and correlation was highly significant ($p<0.001$).

Conclusion: Supplementing Vitamin D in asthmatic patients has been shown to be beneficial. However, the temporality of this observation still needs to be established. Although the current evidence does not suggest screening asthmatic patients for vitamin D deficiency, but this can be explored in future studies

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Title: To study the role of yoga on the blood sugar levels and body fat in obese patients and healthy volunteers.

Kumar A, Arya TVS, Verma S, Mishra M, Sharma S

Background: Yoga is beneficial in large number of medical diseases like obesity, hypertension, diabetes, gastroesophageal reflux diseases, migraine, chronic backache, bronchial asthma, dysmenorrhoea and many other problems. it is heartening to see that modern medical communities are also accepting the beneficial role of yoga in many diseases. we hope that in future, yoga will be an important part of medical management of a large number of diseases.

Aims: To study the role of yoga on blood sugar levels and body fat in obese patients.

Methods: This study was conducted on patients attending medicine OPD at LLRM medical college, Meerut and include the following 4 groups comprising 200 participants:

GROUP 1-OBESE PATIENTS

Subgroup 1A-50 OBESE patients practicing yoga

Subgroup 1B- 50 OBESE patients not practicing yoga

GROUP 2- HEALTHY VOLUNTEERS

Subgroup 2A- 50 Obese volunteers practicing yoga

Subgroup 2B-50 Non Obese volunteers not practicing yoga

Results: this study shows that after six months of yoga, the patients of the yoga group showed a significant decrease of 8.02% in body fat which was statistically significant as compared to control group which showed a decrease of only 0.77% which was statistically insignificant.

there is a significant reduction of 9.53% in MEAN Fasting blood sugar of patients in yoga group, at the end of six months.In control group, there is a statistically insignificant increase in Fasting blood sugar levels by 3.93% from baseline.

Fasting blood sugar of patients in yoga group, at the end of six months.In control group, there is a statistically insignificant increase in Fasting blood sugar levels by 3.93% from baseline.

there is a statistically significant decrease of 7.52% in post prandial blood sugar levels of patients in study group at the end of six months, while in the control group there is increase in postprandial blood sugar levels by 3.46% from baseline which was statistically insignificant.

Conclusion: In this study, we have found that yoga not only improves the anthropometric parameters of obesity, but is also beneficial in controlling diabetes. This study is a modest attempt to ascertain the role of yoga in obesity.

To Study Association of Vitamin D Levels with The Severity of Bronchial Asthma

Author: Rajappan R, Singh Y, Rathore APS, Vohra DK, Mittal S.

Background: The rising prevalence of bronchial asthma in developing nations like India is attributed to various factors like urbanization, environmental pollution, industrialization, lifestyle changes. It affects nearly 300 million people globally (i.e.,) 8-10 % of the population.

Aim: To find out association of Vitamin D levels with severity of Bronchial Asthma.

Methods: This observational and cross-sectional study was conducted in Department of Medicine, L.L.R.M Medical College, Meerut. 90 patients from Medicine and TBCD OPD/IPD were selected randomly. Severity of Asthma was classified according to Global Initiative for Asthma (GINA) guidelines on the basis of history, PFT and Asthma Severity Questionnaire.

Results: Minimum age was 16 years and maximum was 59 years. Most of the patients were in age group 16-30 years. Majority of the patients were Vitamin D deficient (40.0%). Majority of the patients had FEV1 levels >80% (48.9%). Majority of the study population belonged to Moderate Severity of Asthma (33.3%) whereas 28.9% had Intermittent Severity of Asthma. The Vitamin D deficiency levels correlated positively with severity of Bronchial Asthma and correlation was highly significant ($p<0.001$).

Conclusion: Supplementing Vitamin D in asthmatic patients has been shown to be beneficial. However, the temporality of this observation still needs to be established. Although the current evidence does not suggest screening asthmatic patients for vitamin D deficiency, but this can be explored in future studies.

To Study and compare various inflammatory markers in Diabetic and Non-Diabetic Covid19 Patients.

Author- Bansal RR, Gautum S

The host inflammatory response to SARS-CoV-2 infection contributes towards the lung injury seen in patients with COVID-19. Diabetes has been described as a chronic inflammatory state evident by raised inflammatory markers such as Creactive protein (CRP). Hyperglycemia upregulates the expression of proinflammatory cytokines, setting up the stage for a hyperinflammatory response in acute infection which has been proposed to result in multiorgan failure and death in COVID19

To Study and compare various inflammatory markers in Diabetic and Non-Diabetic Covid19 Patients

The retrospective case control study was carried out in Department of Medicine, L.L.R.M. Medical College, Meerut during the first and second waves of Covid-19

pandemic after obtaining ethical clearance.

A total of 162 hospital admitted Covid-19 patients were selected randomly.

Out of these, 81 were Diabetic cases with 50 males and 31 females. The other, 81 were non-diabetic controls with 53 males and 28 females.

In diabetic group the mean value of serum ferritin was 918.92 vs 822.91 in non-diabetic patients. The mean value of D dimer was 5.54 in diabetic patients vs 3.11 in non-diabetic patients. The mean value of CRP was 76.51 in diabetic patients vs 65.27 in non-diabetic patients. The mean value of ESR was 42.01 vs 22.81 in non-diabetic patients.

The various Inflammatory mediators were found to be much higher in diabetic cases group vs nondiabetic control group. Thus, these mediators can help establish that covid 19 disease leads to a much severe inflammatory response in diabetics vs nondiabetics.

To assess the knowledge of Health Care Providers (H.C.P.) about Hospital Infection control measures related to hemodialysis services and on Central Line-Associated Blood Stream Infections (CLABSI) in a Tertiary care Hospital of Haryana.

Authors: Singh S, Aggarwal HK, Pal S, HemChandra

Introduction:- The second leading cause of death among hemodialysis patients is infection. The adequate knowledge among nursing professionals toward Hospital Infection control measures related to hemodialysis services is essential to decrease the CLABSI infection.

Objective:- 1). To study nursing professionals' Knowledge regarding various Hospital Infection control measures related to hemodialysis services. 2). To study the association of Knowledge with the selected socio-demographic variables.

Methodology:- It was a cross sectional study conducted among the nursing professionals posted in the selected patient care areas in State Apex Government Medical college of Haryana (n=208). The structured questionnaire was used as study tool. It covered questions/ statements related to different aspects associated to prevention of infection and CLABSI in hemodialysis patients. The Part I- Deals with Socio-demographic details of the participants and the Part II deals with questions for assessing the knowledge of the participants. The informed consent was taken individually before administering the study tool.

Results:- It was observed that 39% participants were in the age group of 21-30 years, 86% were females, 84% were married, 52% were GNM diploma holder, 88% were nursing officers, 54% were posted in ICU and 81% were from urban background. The mean knowledge score of the participants was 90.27586 (SD=15.52682, SE 1.09518). On subgroup analysis, it was found that the mean score was higher among the 21-30 year age group, unmarried, males, MSc degree holder, urban inhabitants, nursing officers, participants posted in ICUs compared to their respective counterparts.

Conclusion:- The study has thrown light on the areas where theparticipants performed well and the areas where gap in knowledge exist. The future training programme may be planned to fill the knowledge gaps.

IPF MEDICON 2021 SCIENTIFIC PROGRAMME

Scientific Chairman: Dr Vinod Ravindran

Saturday, 9th October 2021, HALL A (DAY 1)			
TIMING	**TOPIC**	**SPEAKER**	**CHAIRPERSONS**
SESSION 1: CARDIOVASCULAR SYSTEM			
09:00am-09:20am (IST) USA Time: 10:30pm 8th October 2021	**Multimodality Quantitative Coronary Flow Imaging and Newer Developments**	**Dr Harish Chandna (USA)**	Dr RR Mantri
09:20am-09:40am	**Management Of Young Hypertensives**	**Dr Praveen K Jain**	Dr Neeraj Bhalla
09:40am-10:00am	**HF With Improved EF: a new entity**	**Dr Suvro Banerjee**	Dr Mohit D Gupta
10:00am-10:20am	**Cardiovascular Risks In Women**	**Dr Anuj Maheshwari**	Dr Naresh Sen
SESSION 2: NEUROLOGY			
11:40am-12:00am	**Extra Articular Manifestations in Rheumatoid Arthritis And Spondyloarthritis: Significance And Management**	**Dr Aradhana Singh**	Dr Yashaswi Gautam
12:00am-12:20pm	**SLE (Lupus): Five Exciting Recent Advances**	**Dr Atul Kakar**	Dr Rahul Jain
12:20pm-12:40pm	**JAK Inhibitors In Rheumatology**	**Dr Arun Kedia**	Dr Neeraj Jain
MEDICAL EDUCATION & TRAINING			
12:40pm-01:05pm (IST) UK Time: 8:10am 9th October 2021	**Keynote Address 1** **UK Core Medical Training [CMT] In India: Opportunities, Challenges & Solutions**	**Dr David Black (UK)**	Dr JK Sharma Dr Vinod Ravindran Dr Puneet Khanna
ORATION 1: DR OP SHARMA ORATION			
01:05pm-01:35pm (IST) UK Time: 08:35am 9th October 2021	**Contemporary Issues In The Healthcare For The Elderly : Global Scenario**	**Dr Andrew Elder (UK)**	Dr KK Pareek Dr OP Sharma Dr Girish Mathur
01:35pm-02:00pm	**INAGUARATION**		
SESSION 4: GERIATRICS AND INFECTIOUS DISEASE			
02:00pm-02:20pm	**Clinical Approach In A Geriatric OPD**	**Dr Anand P Ambali**	Dr Kaushik Ranjan Das
02:20pm-02:40pm	**Drugs In Elderly**	**Dr O P Sharma**	Dr MV Jali
02:40pm-03:00pm	**COVID 19: Clinical Aspects, Management And Prophylaxis**	**Dr Nidhi Uniyal**	Dr SK Goyal
03:00pm-03:20pm	**Vector Borne Tropical Diseases: Preventive Strategies**	**Dr Sachin Desai**	Dr Shilpi Khanna
SESSION 5: MIXED BAG			
03:20pm-03:40pm	**Alcohol - To Drink or Not To Drink?**	**Dr Atul Luthra**	Dr RM Chhabra
03:40pm-04:00pm	**Adult Immunization**	**Dr Alok Gupta**	DR Anil K Manchanda
04:00pm-04:20pm	**Advances In Medical Technology**	**Dr L Sreenivasamurthy**	Dr Girish Verma
04:20pm-04:40pm	**Enhancing Digital And Telemedicine Skills**	**Dr SV Kulkarni**	Dr Mukesh Kumar Sarna
04:40pm-05:00pm	**Male Sexual Dysfunction: An Overview**	**Dr Raveendran AV**	Dr Vinod Malik
05:00pm	**Closing remarks**		

Sunday, 10th October 2021, HALL A (DAY 2)			
TIMING	**TOPIC**	**SPEAKER**	**CHAIRPERSONS**
SESSION 6: ENDOCRINOLOGY			
09:00am-09:20am	Management Of Post Menopausal Osteoprosis	Dr Dheeraj Kapoor	Dr Ashok Jain
09:20am-09:40am	Hypothyroidism -A Comorbidity	Dr JK Sharma	Dr Arvind Aggarwal
09:40am-10:00am	Diabesity : Clinical Implications	Dr BM Makkar	Dr Amarinder Sinha
10:00am-10:25am (IST) USA Time: 00:30am 10th October 2021	Keynote Address 2 Endocrinology Of Ageing	Dr S Sethu K Reddy (USA)	Dr Rajesh Khadgawat
SESSION 7: ENDOSCOPIC INTERVENTIONS IN GASTROENTEROLOGY			
10:25am-10:45am	Advances In GI And Pancreatobiliary Endoscopy -Clinically Relevant And Applicable	Dr Vipulroy Rathod	Dr Kunal Das
10:45am-11:05am	Therapeutic GI Endoscopy, Breaching The Surgical Domain	Dr Randhir Sud	Dr Naresh Bansal
SESSION 8: SYMPOSIUM ON RESEARCH & PUBLICATION			
11:05am-11:25am	How To Conduct Reasearch In Non-Teaching Institutions?	Dr Mohit Goyal	Moderator: Dr Vinod Ravindran
11:25am-11:45am	How to Get Your Research Published?	Dr Durga P Misra	
11:45am-12:05pm	Panel Discussion	Dr Vinod Ravindran	
SESSION 9: DIABETES			
12:05pm-12:30pm (IST) UK Time 07:35am 10th October 2021	Keynote Address 3 100 Years Of Insulin: Past, Present & The Future	Dr Mark Strachan (UK)	Dr BM Makkar
12:30pm-12:50pm	Is Glycemic Control The Primary Objective Of DM Management?	Dr Anil K Virmani	Dr Dinesh Sharma
12:50pm-01:10pm	"Time In Range" In DM Management	Dr S. Sengupta	Dr Amit Gupta
ORATION 2: CHAIRPERSON'S ORATION			
01:10pm-01:40pm	Empowering Patients And Community In Diabetes Care	Dr Meena Chhabra	Dr Vipul Gupta Dr RR Singh Dr Padmashri Gulati
SESSION 10: RESPIRATORY MEDICINE			
01:40pm-02:00pm	TB Eradication By 2025- Reality Check	Dr VK Arora	Dr DK Chauhan
02:00pm-02:20pm	Interstitial Lung Disease - bench to bedside	Dr Nikhil C Sarangdhar	Dr Sangam S Biradar
02:20pm-02:40pm	Pulmonary Sarcoidosis - Practical Aspects	Dr Puneet Khanna	Dr Girish Khurana
02:40pm-03:00pm	Immunotherapy - new way to manage Allergies	Dr Pradyuman Sharma	Dr Viveck Athaiya
SESSION 11: NEPHROLOGY			
03:00pm-03:20pm	Hyponatremia	Dr Puneet Saxena	Dr Anil Samaria
03:20pm-03:40pm	Prevention Of Progression Of Kidney Disease	Dr Dhananjay Agrawal	Dr Mohit Saran
03:40pm-04:00pm	Renal Replacement Therapy For Physicians	Dr Vikram Kalra	Dr Jayanta Sharma
04:00pm-04:20pm	Veledictory Function		

Saturday, 9th October 2021, HALL B (DAY 1)			
TIMING	TOPIC	PANELISTS	JUDGES/ MODERATOR
10:00am-11:00am	Free Pappers		
11:00am-01:00pm	Posters Display		
WORKSHOPS			
02:00pm-03:00pm	Diabetic Foot	Dr Ghanshyam Goyal Dr Ashok Damir	Dr S S Dariya
03:00pm-04:00pm	Hematological Alterations in COVID-19	Dr Ruchika Manchanda Dr Pradeep Suri	Dr Divya Bansal
04:00pm-05:00pm	ABG & Electrolytes In ICU	Dr Vishakh Verma Dr Rohit Kumar	Dr Vinod K Singh
Sunday, 10th October 2021, HALL B (DAY 2)			
10:00am-11:00am	Free Pappers		
11:00am-01:00pm	Posters Display		
WORKSHOPS			
01:00pm-02:00pm	Interpretation of PFT	Dr Davinder Kundra Dr Vikas Jaiswal	Dr Vikas Maurya
02:00pm-03:00pm	Telemedicine Skills	Dr SV Kulkarni Dr Sagar Sinha	Dr L Sreenivasamurthy
03:00pm-04:00pm	Insulin Therapy	Dr Sujata M Jali Dr GD Ramchandani	Dr Meena Chhabra

WINNERS OF PAPER/ POSTER PRESENTATIONS DURING IPF MEDICON 2021

IPF 2021 Paper Presentation (DAY 1)

Winner	Dr Ramakant Dixit
1st Runner Up	Dr Souradeep Chowdhary
2nd Runner Up	Dr Anjali

IPF 2021 Poster Presentation (DAY 1)

Winner	Dr Mansha Grover
1st Runner Up	Dr Deepali Jain
2nd Runner Up	Dr Arvind Kumar

IPF 2021 Paper Presentation (DAY 2)

Winner	Dr Arpit Agarwal
1st Runner Up	Dr Divya Jose
2nd Runner Up	Dr Manikandan C

IPF 2021 Poster Presentation (DAY 2)

Winner	Dr Manan Shukla
1st Runner Up	Dr Renu Rohilla
2nd Runner Up	Dr Syamantak Choudhury

IPF MEDICON 2022 SCIENTIFIC PROGRAMME

Scientific Chairman: Dr Puneet Khanna

IPF MEDICON 2022 SCIENTIFIC PROGRAMME HALL A: SATURDAY, 5th NOVEMBER 2022		
TIMING	**TOPIC**	**SPEAKERS**
08:30 am	**Registration**	
08:50 am	Setting the Agenda: Scientific Programme Outline	**Dr Puneet Khanna**
VERTIGO	*Chairpersons: Dr David Mowle, Prof Satnam Chhabra*	
09:00 am - 09:20 am	Central Vertigo - Myths and Answers	**Dr Ajay K Vats**
09:20 am - 09:40 am	Peripheral Vertigo - The ENT Perspective	**Dr Avinash Bijlani**
09:40 am - 09.50 am	Q and A	
NEUROLOGY	*Chairpersons: Prof Chitralekha Khati Sharma, Prof Anshu Rohtagi*	
09:50 am - 10:10 am	Atrial Cardiopathy	**Prof PN Renjen**
10:10 am - 10:30 am	New Epilepsy / First Seizure	**Dr Kathleen White**
10:30 am - 10:40 am	Q and A	
DIABETES	*Chairpersons: Dr Sajid Ansari, Dr Ajoy Tewari*	
10:40 am - 11:00 am	Addressing Diabesity: a novel approach with Oral GLP 1 RA	**Dr Dheeraj Kapoor**
11:00 am - 11:20 am	Interchangeable Biosimilar Insulin-Evidence Vs Benefits	**Prof JK Sharma**
11:20 am - 11:30 am	Q and A	
KEY NOTE ADDRESS	*Chairpersons: Prof MV Jali, Prof Sudhir Sachdev*	
11:30 am - 11:55 am	Safe Prescribing of Long-Term Steroids	**Prof Mark Strachan**
PRESIDENTIAL ORATION	*Chairpersons: Dr Sunil Wadhwa, Dr Dinesh Sharma*	
11:55 am - 12:20 pm	Evolving Landscape of Type 2 DM Management	**Dr Meena Chhabra**
12:20 pm - 1:10 pm	**INAUGURATION**	
1:10 pm - 1:40 pm	**LUNCH**	
HOT TOPICS	*Chairpersons: Dr Sajesh Asokan, Prof Ramakant Dixit, Dr SK Agarwal*	
1:40 pm - 2:10 pm	DMC Lecture on Medical Ethics	**Dr Girish Tyagi**
2:10 pm - 2:30 pm	Morbidity Prevention and Long COVID: Have We Done Enough?	**Prof Swati Shrivastava**
2:30 pm - 2:50 pm	OSA and Metabolic Syndrome	**Prof Puneet Rijhwani**
2:50 pm - 3:00 pm	Q and A	
NEPHROLOGY	*Chairpersons: Dr Yogesh Porwal, Dr Kiran Chhabra*	
3:00 pm - 3:20 pm	New Hopes in the Management of CKD	**Prof Dinesh Khullar**
3:20 pm -3:40 pm	Anemia of Chronic Diseases	**Prof Sunita Aggarwal**
3:40 pm -3:45 pm	Q and A	
CARDIOLOGY	*Chairpersons: Prof Girish Verma, Dr Padmashri Gulati, Prof Pardeep Aggarwal*	
3:45 pm -4:05 pm	Management of Narrow Complex Tachycardia	**Dr Aparna Jaswal**
4:05 pm - 4:25 pm	Management of Hypertrophic Obstructive Cardiomyopathy	**Prof Suvro Banerjee**
4:25 pm- 4:45 pm	Contemporary Management of Heart Failure in 2022	**Dr Caroline Scally**
4:45 pm - 4:55 pm	Q and A	
4:55 pm -5:00 pm	**Closing Remarks**	**Dr Puneet Khanna**

IPF MEDICON 2022

SCIENTIFIC PROGRAMME

HALL A: SUNDAY, 6th NOVEMBER 2022

TIMING	TOPIC	SPEAKERS
8:30 am	**Registration**	
8:50 am	Setting the Agenda: Scientific Programme Outline	**Dr Puneet Khanna**
GERIATRICS	*Chairpersons: Dr Pradyuman Sharma, Prof Anil Samaria*	
09:00 am - 09:20 am	Dementia : Diagnosis and Management	**Dr Milind Desai**
09:20 am - 09:40 am	Nutritional Interventions to Stop Alzheimers Disease	**Prof Anuj Maheshwari**
09:40 am - 9:50 am	Q and A	
RHEUMATOLOGY	*Chairpersons: Prof Aradhna Singh, Dr Vishal Kaura Agarwal*	
09:50 am - 10:10 am	Changing Landscape of RA Management	**Prof Uma Kumar**
10:10 am - 10:30 am	Improving Pregnancy Outcomes in Rheumatic Diseases: Challenges and Solutions	**Prof Vinod Ravindran**
10:30 am -10:40 am	Q and A	
CARDIOVASCULAR SYSTEM	*Chairpersons: Dr Ashok Jain, Prof Mukesh Sarna, Prof Deepak Gupta*	
10:40 am - 11:00 am	Lp(A) - A Neglected Risk Marker for ASCVD	**Prof JPS Sawhney**
11:00 am - 11:20 am	Acute Coronary syndrome : pharmaco invasive and treatment approach	**Prof Viveka Kumar**
11:20 am - 11:40 am	24x7 Ambulatory BP Monitoring in Health and Disease	**Prof Narsingh Verma**
11:40 am - 11:50 am	Q and A	
Dr OP SHARMA ORATION	*Chairpersons: Dr Anil Manchanda, Prof Sandeep Rai*	
11:50 am - 12:15 pm	Senescence, Serenity and Sugar	**Prof Kamlakar Tripathi**
PANEL DISCUSSION	*Chairpersons: Dr Garima Handa, Dr JS Suri*	
12:15 pm - 12:50 pm	**Art of Practicing Medicine - Moderator: Dr Puneet Khanna**	
	Playing a Long Innings and Avoiding Burnout in Medicine	**Dr RK Marya**
	Conflict Management Among Physicians	**Prof Hem Chandra**
	Violence Against Doctors - Who is Responsible ?	**Dr Vivek Handa**
	Gender Bias in Medicine - Myth or Reality ?	**Dr Meena Chhabra**
	Breaking Bad News and Communication Errors in ICU	**Dr Vinod K Singh**
KEY NOTE ADDRESS	*Chairpersons: Dr Mukesh Mehra, Prof Arvind Kumar*	
12:50 pm - 1:15 pm	Is the Physical Examination Dead?	**Prof Andrew Elder**
1:15 pm - 1:55 pm	**LUNCH**	
KEY NOTE ADDRESS	*Chairpersons: Prof VK Arora, Dr Rohit Kapoor*	
1:55 pm - 2:20 pm	Preventive Health Strategies - A Wake Up Call	**Prof OP Sharma**
GASTROENTEROLOGY	*Chairpersons: Prof Naresh Bansal, Prof Ashish Kumar, Dr Vipul Gupta*	
2:20 pm - 2:40 pm	Management of Variceal Bleed	**Prof Randhir Sud**
2:40 pm - 3:00 pm	Management of NAFLD In 2022	**Prof Sandeep Nijhawan**
3:00 pm - 3:05 pm	Q and A	
KEY NOTE ADDRESS	*Chairpersons: Dr AS Rathore, Prof RR Singh*	
3:05 pm - 3:30 pm	Prediabetes: New Challenges, Novel Solutions and Future Directions	**Dr Ch. Vasanth Kumar**
ENDOCRINOLOGY	*Chairpersons: Dr Deepak G Pande, Dr Girish Khurana, Prof Anubha Srivastava, Prof Snehlata Verma*	
3:30 pm - 3:50 pm	Thyroid Diorders and Co-Morbidities	**Dr Arvind Gupta**
3:50 pm - 4:10 pm	Limb Salvage in People with Peripheral Artery Disease	**Prof Vijay Vishwanathan**
4:10 pm - 4:30 pm	Difficult Hyperprolactinemia	**Dr SK Sharma**
4:30 pm - 4:50 pm	When to Suspect and Diagnose Primary Aldosteronism in Clinical Practice	**Prof Rajesh Khadgawat**
4:50 pm - 5:00 pm	Q and A	
5:00 pm onwards	**VALEDICTORY**	

IPF MEDICON 2022

SCIENTIFIC PROGRAMME

Paper Presentations: Faculty	Dr Dheeraj Kapoor, Dr Rohit Kumar, Dr Naresh Sen, Dr Mohit Saran Dr Nidhi Uniyal, Dr Anchin Kalia

HALL B: SATURDAY, 5th NOVEMBER 2022

TIMING	TOPIC	SPEAKERS
09:00 am - 10:00 am	**Oral Paper Presentation**	
	Chairpersons: Dr K P Chandra	
10:00 am- 11.00 am	Scientific Writing	**Prof Vinod Ravindran** **Dr Mohit Goyal**
	Chairpersons: Prof Saurabh Srivastava	
11:00 am - 12:00 pm	Cyber Security for Physicians	**Dr CB Sharma IPS (R)**
12:00 pm - 03:00 pm	**Hall A**	
	Chairperson: Dr SS Dariya, Dr Dinesh Chaudhary	
03:00 pm - 05:00 pm	IPF Medicine Quiz for PG Students	**Dr Mukesh Bhatia**

IPF MEDICON 2022

SCIENTIFIC PROGRAMME

HALL B: SUNDAY, 6th NOVEMBER 2022

TIMING	TOPIC	SPEAKERS
09:00 am - 10:00 am	**Oral Paper Presentation**	
	Chairpersons: Prof Mahesh Mishra, Dr Archana Khurana	
10:00 am - 11:00 am	Infection Control Practices and Interpretation of Antibiogram	**Dr Shilpi Khanna** **Dr Ruchika Manchanda**
	Chairpersons: Prof Deepak Jain, Prof Ravi Kant	
11:00 am - 11:45 am	Diabetic Foot	**Prof Vijay Vishwanathan** **Dr Ashok Damir** **Dr Pradeep Bageja**
	Chairpersons: Prof Amitesh Aggarwal, Dr Amit Gupta	
11:45 am - 12:30 pm	Insulin Workshop	**Dr Meena Chhabra** **Dr S Sengupta**
12:30 pm - 03:00 pm	**Hall A**	
	Chairperson: Dr Sunil Sharma	
03:00 pm - 04:00 pm	ABC of CBC - from Bench to Bedside	**Dr Pradeep Suri** **Dr Divya Bansal** **Dr Ruchi Kapoor**
	Chairpersons: Dr DK Chauhan, Dr Anuradha Gupta	
04:00 pm - 05:00 pm	Interpretation of Arterial Blood Gases, Lung Function Tests and Non Invasive Ventilation	**Dr Vikas Maurya** **Dr Davinder Kundra** **Dr Vikas Jaiswal**

WINNERS OF PAPER/ POSTER PRESENTATIONS DURING IPF MEDICON 2022

IPF 2022 Paper Presentation

Winner	**Dr Anubha Sagar**
1st Runner Up	**Dr Tarun Tiwari**
2nd Runner Up	**Dr Eshaan Taneja**

IPF 2022 Poster Presentation

Winner	**Dr Monika Siwali**
1st Runner Up	**Dr Manjunath BS**
2nd Runner Up	**Dr Pallavi Goel**

ACP- IPF MEDICINE UPDATE 2023 SCIENTIFIC PROGRAMME

Scientific Chairman: Dr Dheeraj Kapoor

DR BC ROY HALL, Day 1 –1st July 2023 (Saturday)			
TIMING	**TOPIC**	**SPEAKERS**	**CHAIRPERSONS**
DR DHEERAJ KAPOOR (SCIENTIFIC CHAIRMAN), DR NARSINGH VERMA (SCIENTIFIC CO-CHAIRMAN) DR PUNEET KHANNA (SCIENTIFIC SECRETARY)			
8:00AM - 9:00AM	FREE PAPERS	*JUDGES DR SAJESH ASOKAN DR ROHIT KUMAR DR SUNIL WADHWA*	
	POSTER PRESENTATIONS	*JUDGES DR MOHIT SARAN DR SAURABH SRIVASTAVA DR AMBIKA TYAGI*	
9:00AM - 9:20AM	INFECTIOUS DISEASES - HEAD TO TOE : CASES AND PEARLS	*DR VIDYA SUNDARESHAN (USA)*	*DR ASHOK JAIN DR AK SINGHAL DR DIVYA BANSAL*
9:20AM - 9:40AM	ULCERATIVE COLITIS : WHAT A PHYSICIAN SHOULD KNOW?	*DR NARESH BANSAL (NEW DELHI)*	
9:40AM - 10:00AM	HYPERCOAGULABILITY STATES	*DR SURJADEEP SENGUPTA (NEW DELHI)*	
10:00AM - 10:20AM	CLIMATE CHANGE AND ITS IMPACT ON HUMAN HEALTH	*DR QUAZI TARIKUL ISLAM (BANGLADESH)*	*PROF VINOD KUMAR DR ARVIND KUMAR DR RAJESH K MARYA DR ANAND P AMBALI*
10:20AM - 10:40AM	YOUNG HYPERTENSION: WHEN IS IT CONSIDERED SECONDARY?	*DR SURANGA MANILGAMA (SRI LANKA)*	
10:40AM - 11:00AM	NATURE'S VERSATILE BIOLOGICAL SIGNAL-MELATONIN : IS IT A CORNUCOPIA OF THE 21ST CENTURY?	*DR ARVIND GUPTA (JAIPUR)*	
11:00AM - 11:20AM	CARDIO-RENO-METABOLIC EUTHYMIA : A NEW PARADIGM IN T2DM MANAGEMENT	*DR ASHOK K DAS (PUDUCHERRY)*	*PROF VK ARORA DR DK CHAUHAN DR ROHIT KAPOOR DR VISHAL KAURA AGARWAL*
11:20AM - 11:40AM	ATYPICAL MYCOBACTERIAL INFECTION	*DR NAZMUL AHASAN (BANGLADESH)*	
11:40AM - 12:00PM	JUDICIOUS AUTO ANTIBODIES INVESTIGATIONS IN RHEUMATOLOGY	*DR UMA KUMAR (NEW DELHI)*	
12:00PM - 12:20PM	CARDIOVASCULAR RISK BEYOND LDL	*DR GB SATTUR (HUBLI)*	*DR KK PAREEK DR GIRISH MATHUR DR GD RAMCHANDANI DR ARVIND KUMAR*
12:20PM - 12:40PM	RECENT TRENDS IN CHANGING PATTERN OF DENGUE SYNDROME	*DR MOHAMMAD TITU MIAH (BANGLADESH)*	
12:40PM - 1:00PM	TOP TEN BREAKTHROUGH ADVANCES IN CLINICAL MEDICINE IN THE LAST DECADE	*DR ANUJ MAHESHWARI (LUCKNOW)*	
1:00PM - 2:00PM	**LUNCH**		
2:00PM - 2:30PM	MEDICAL ETHICS	*DR GIRISH TYAGI (NEW DELHI)*	*DR JS SURI DR DINESH SHARMA DR VIVEK HANDA DR GAURAV NIJHARA*
2:30PM - 2:50PM	UNDERSTANDING THE TREATMENT OF ANEMIA IN CKD	*DR MUKUNDA PRASAD KAFLE (NEPAL)*	
2:50PM- 3.10PM	VITAMIN D AND DM: UNFOLDING MYSTERY	*DR ARAVINDA J. (BENGALURU)*	
3:10PM - 3:30PM	INTRICACIES OF PHYSICAL EXERCISE IN HEALTH AND DISEASE	*DR NK SINGH (DHANBAD)*	*DR SANGRAM S BIRADAR DR DEEPAK G PANDE DR YOGESH PORWAL DR VIKAS BHATTI*
3:30PM - 3:50PM	HYPONATREMIA AND SIADH - INPATIENT INVESTIGATION AND MANAGEMENT GUIDELINES	*DR PUNEET SAXENA (JAIPUR)*	
3:50PM - 4:10PM	FOOD AS AN OFFERING FOR THE DIETY CALLED BODY	*DR SHASHANK JOSHI (MUMBAI)*	
4:10PM - 4:30PM	PREVENTION OF CKD - ROLE OF PRIMARY CARE PHYSICIANS	*DR KAMLAKAR TRIPATHI (VARANASI)*	*DR OP SHARMA DR S P KALRA DR SUDHIR SACHDEVA DR RAMAKANT DIXIT*
4:30PM - 4:50PM	ROLE OF HOME MONITORING IN BP MANAGEMENT	*DR NARSINGH VERMA (LUCKNOW)*	
4:50PM - 5:10PM	ALLERGIC RHINITIS IN INDIA : HOW DO YOU ACCESS THE CORRECT THERAPY	*DR PUNEET KHANNA (NEW DELHI)*	
5:10PM ONWARDS	**INAUGURATION**		

DR BC ROY HALL, Day 2 –2nd July 2023 (Sunday)			
TIMING	**TOPIC**	**SPEAKERS**	**CHAIRPERSONS**
DR DHEERAJ KAPOOR (SCIENTIFIC CHAIRMAN), DR NARSINGH VERMA (SCIENTIFIC CO-CHAIRMAN) DR PUNEET KHANNA (SCIENTIFIC SECRETARY)			
8:00AM - 9:00AM	FREE PAPERS	*JUDGES DR SAJESH ASOKAN DR ROHIT KUMAR DR SUNIL WADHWA*	
	POSTER PRESENTATIONS	*JUDGES DR MOHIT SARAN DR SAURABH SRIVASTAVA DR AMBIKA TYAGI*	
9:00AM - 9:20AM	INFECTION CONTROL IN HOSPITAL SETTINGS	*DR SHILPI KHANNA (NEW DELHI)*	*DR MV JALI DR PRADEEP SURI DR SK AGGARWAL DR MUKESH MEHRA*
9:20AM - 9:40AM	FIRST SEIZURE - APPROACH AND MANAGEMENT	*DR JYOTIRMOY PAL (KOLKATA)*	
9:40AM - 10:00AM	LONG COVID - AN EXPERIENCE FROM BANGLADESH	*DR SHOHAEL MAHMUD ARAFAT (BANGLADESH)*	
10:00AM - 10:20AM	EVALUATION AND MANAGEMENT OF THYROID DISORDERS DURING PREGNANCY	*DR KUMUDINI JAYASINGHE (SRI LANKA)*	*DR JK SHARMA DR ABHA GUPTA DR VIJAY ARORA DR SNEHLATA VERMA*
10:20AM - 10:40AM	PRESENT CHALLENGES / FUTURE PROMISES IN HYPERTENSION MANAGEMENT	*DR KHAN ABUL KALAM AZAD (BANGLADESH)*	
10:40AM - 11:00AM	HYPOGONADISM - EVALUATION AND MANAGEMENT	*DR RAJEEV CHAWLA (NEW DELHI)*	
11:00AM - 11:20AM	INVESTIGATION PARSIMONY IN DIABETES	*DR ASHISH DENGRA (JABALPUR)*	*DR RR SINGH DR SHWETA SHARMA DR SWATI MAKASHIR DR DINESH CHAUDHARY*
11:20AM - 11:40AM	IDIOPATHIC CONJUGATED HYPERBILIRUBINEMIA - A CASE BASE DISCUSSION	*DR VIRENDRA KUMAR GOYAL (UDAIPUR)*	
11:40AM - 12:00PM	PHYSICIANS APPROACH TO HEADACHE	*DR JAYANT PANDA (CUTTACK)*	
12:00PM - 12:20PM	ASYMPTOMATIC HYPERURICEMIA: SHOULD YOU TREAT ?	*DR BIJAY PATNI (KOLKATA)*	*DR MEENA CHHABRA DR AS GHAI DR KIRAN CHHABRA*
12:20PM - 12:40PM	NEWER DRUGS AND DEVICES IN DIABETES MANAGEMENT	*DR MANOJ CHAWLA (MUMBAI)*	
12:40PM - 1:00PM	MANAGING TYPE 2 DIABETES AS PER ITS SUBTYPES	*DR BANSHI SABOO (AHMEDABAD)*	
1:00PM - 1:20PM	DIABETES IN WOMEN : IS IT DIFFERENT?	*DR SHALINI JAGGI (NEW DELHI)*	
1:20PM - 2:00PM	**LUNCH**		
2:00PM - 2:20PM	SUDDEN CARDIAC DEATH	*DR NANDINI CHATTERJEE (KOLKATA)*	*DR RM CHHABRA DR GIRISH KHURANA DR VIPUL GUPTA*
2:20PM - 2:40PM	DIGITAL TOOLS IN COMPREHENSIVE HEALTH CARE	*DR SV KULKARNI (MUMBAI)*	
2:40PM - 3:00PM	MANAGEMENT OF INPATIENT ACID BASE DISORDERS	*DR SANDEEP BUDHIRAJA (NEW DELHI)*	
3:00PM - 3:20PM	3-D MANAGEMENT OF OBESITY	*DR BM MAKKAR (NEW DELHI)*	*DR HK AGGARWAL DR AMITESH AGGARWAL DR NM AGGARWAL DR DEEPAK JAIN*
3:20PM - 3:40PM	MONOCLONAL ANTIBODIES	*DR ANIL MANCHANDA (DELHI)*	
3:40PM - 4:00PM	BIOSIMILAR INSULIN - THE NEED OF THE HOUR	*DR ALOK MODI (MUMBAI)*	
4:00PM - 4:20PM	INTERCHANGEABLE INSULIN - CHANGING LANDSCAPE IN DIABETES MANAGEMENT	*DR MANOJ SHRIVASTAVA (LUCKNOW)*	*DR DHEERAJ KAPOOR DR GARIMA HANDA DR RUCHIKA MANCHANDA DR MOHIT SHARMA*
4:20PM - 4:40PM	FEVER IN ACUTE ILLNESS - LAB PERSPECTIVE	*DR RUCHI KAPOOR (GURUGRAM)*	
4:40PM - 5:00PM	**VALEDICTORY**		

WINNERS OF PAPER/ POSTER PRESENTATIONS DURING IPF MEDICON 2023

IPF 2023 Paper Presentation

Winner	**Dr Asmita Gera**
1st Runner Up	**Dr Pragati Basera**
2nd Runner Up	**Dr Avani**

IPF 2023 Poster Presentation

Winner	**Dr Vineet Kumar**
1st Runner Up	**Dr Elvis Joseph**
2nd Runner Up	**Dr Vaishnavi Sebastian**

Innovative Physicians Forum®

34/34, GF, Old Rajinder Nagar, New Delhi 110060
E-mail: iphysiciansforum@gmail.com
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IPF E-TIMES

The Official Newsletter of
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IPF Rajasthan Chapter nominated for First IPF State Chapter
We Congratulate Members of IPF Rajasthan