



The Pushpanjali connect

Quarterly Newsletter of Pushpanjali Medical Centre

January - March 2019, Vol.3

EDITORIAL

Hello friends,

Greetings from the Editorial Team !

This they say is the age of Social Media. Everyone wants to look great, especially on their Facebook, Instagram and other social media profiles. To keep up appearances people go to great lengths. Keeping up with this trend, in this issue we decided to feature the Plastic Surgery Department in our FOCUS section on departmental achievements. For more than 15 years Pushpanjali Medical Centre has had a thriving Plastic Surgery Department single handedly managed by Dr. Manoj Bansal. From having successfully treated upto 60% burns to all kinds of cosmetic procedures like breast implants, tummy tucks, nose jobs etc., Dr. Bansal has been providing excellent surgical skill and services at PMC at very affordable costs. Do read on to find out more.

Dr. Anita Aggarwal (Consultant Gynaecologist) highlights an obstetric diagnostic dilemma she faced when an expectant mother repeatedly tested positive for Rh incompatibility in the foetus. Fearing the worst a thorough work up was initiated. This case highlights the importance of careful follow up, a team approach and thorough understanding of disease. We congratulate her on her astute clinical skills.

PMC is lucky to have Dr. L D Sota, one of the founding fathers of Indian Ophthalmology as one of its pillars of strength. Dr. L D Sota in this issue fondly reflects on back on his long association with Dr. Vinay Aggarwal and PMC. In a chat with Dr. Anita Jain he shares with us his journey as a successful government institutional head followed by a private practitioner.

Everyday, hospitals are overrun with patients suffering from pollution related ailments. One man decided to take matters in his own hands not only by treating patients but the environment as well. A decade ago when Dr. Deepak Pandey (Consultant, Paediatrician) noticed several non cemented barren areas in and around his housing society, he decided to transform them into beautiful gardens. What started on a whim several years ago has turned into a passion for gardening that has won him appreciation and accolades.

Every quarter we are happy to highlight the academic and social achievements of the extended Pushpanjali family. This quarter we welcome the department of Dentistry headed by Dr. Sneha Jodhani and her team, who have set up daily OPDs with a state of the art, fully equipped dental chamber. We welcome all the new joiners and wish them success.

This PMC Bulletin promises all this and a lot more. Happy Reading!

Editorial Board

Dr. Anita Jain
Dr. Karun Jain
Dr. Garima Aggarwal



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A CASE WITH A DIFFERENCE

Beyond Rh isoimmunization

Dr. Anita Aggarwal, Consultant Obs & Gynae

A 30 years old second gravida who was O negative came to me on 30th Jan 2018 and she was in her 6th week of pregnancy. Her first child was delivered 1 ½ years back by LSCS-had uneventful antenatal period-Anti D was given at 28th week and postnatally within 24 hours of delivery as the baby was O positive.

This time her routine antenatal investigations were normal except positive indirect Coomb's test in 1:4 titre (13/02/18) so I advised her to get her titres 4 weekly. She progressed well except her titre kept on increasing and reached 1:128 at 26 weeks of gestation. Opinion was sought from Fetal medicine expert at Sir Ganga Ram Hospital and we were advised to stop testing ICT and do close monitoring of MCA-PSV (Middle Cerebral Artery- Peak Systolic Volume) by Doppler. So I started serial Doppler studies of MCA-PSV for any evidence of HDFN (hemolytic disease of fetus and newborn). She developed gestational diabetes and baby was 2 weeks ahead. I followed her only on Doppler till 35 weeks. Baby progressed well with no sign or symptom of HDFN. I delivered her by LSCS at 37-38 weeks-3.5 kg baby. To our surprise baby's blood group turned out to be B negative. Mother and child were discharged on 3rd day hale and hearty.

The case was discussed with hematologist and it was concluded that probably the antibodies were from previous pregnancy or some minor ABO incompatibility. Since the baby didn't have any jaundice or any evidence of Rh disease the titres were unreliable. The titres were cross checked from two laboratories and were identical so the cause of rising titres is still a mystery???

We have advised the parents to get the baby's blood tested for its genotype and for the presence of other minor blood group. The results are still awaited.

Lessons learnt:

1. We should always check the paternal blood group. First pregnancy is normally not affected even if baby is Rh positive but rising titres above 1:16 warrants paternal genotype (Homo or heterozygous).
2. Need to check antibody titre for Rh isoimmunisation on first visit if first baby is Rh positive.
3. MCA-PSV Doppler is the method of choice to check Rh disease in fetus if titre is beyond critical levels (weekly or biweekly). MCA-PSV > 1.5 MoM strongly suggests presence of fetal anemia
4. It is now recommended that Kleihaur test should be performed in all Rh negative non sensitized women at the time of delivery to identify the additional requirement of anti-D Ig specially in traumatic deliveries, LSCS, fetal death or still birth, twin pregnancy or any history of abdominal trauma.
5. Anti -D administration in post partum period may be withheld if the last administration was done less than 21 days previously.
6. Anti D can be given till 28 days after delivery even if it was missed in the first 72 hours.

Table 8.4 : Red cell antigens of the main blood group systems in humans

Blood Group systems	Antigen or Surface protein in RBC
1. ABO	A ₁ , A ₂ , A ₃ , A ₄ , B and others
2. Rhesus	D, C, c, C ⁺ , C ⁻ , E, E ⁺ and others
3. MNSe	M, N, S, s
4. P ⁺	P ₁ , P ₂
5. Lutheran	Lu ^a , Lu ^b
6. Kell	K, k, K ^a , K ^b , Jk ^a , Jk ^b
7. Lewis	Le ^a , Le ^b
8. Duffy	Fy ^a , Fy ^b
9. Diego	Di ^a , Di ^b
10. Y ₁	Y ^a , Y ^b
11. I	I, i
12. Xg	Xg ^a
13. Kidd	Ki ₁

INAUGURATION – DENTAL DEPARTMENT

Dr. Sneha Jodhani, Dentist

On 1st April '2019 a new Dental Chamber 'Dentistree' was inaugurated by Dr. Vinay Aggarwal. Dr. Sneha Jodhani along with the team comprising of well experienced Multi- speciality Dental experts, Maxillo- facial surgeon and Implantologist will be taking care of the patients. The centre is fully equipped with Digital X- ray and OPG. Top quality Dental Materials are being used for longevity of treatment and there will be association with best Dental Labs in the country & abroad. Team Dentistree is proud to be a part of PMC.



MY PMC JOURNEY

An awe-inspiring conversation with Dr. L D Sota

'A true son of MAMC,' is what he likes to call himself. Who else can he be but Dr. Lachhman Dass Sota, the doyen of Ophthalmologists and a man of innumerable distinctions!

His first distinction lies in the fact that he is the first alumnus of Maulana Azad Medical College(MAMC). Having joined MAMC in 1958, he graduated in 1963 and completed MS in Ophthalmology in 1968. Such was his competence that his department had wanted to make him a senior resident even before completion of his post graduation, and he went on to become the first post graduate medical student to be awarded a Masters Degree with 'Distinction' by Delhi University. He then headed to Austria on scholarship to do advanced training in Anterior segment and Contact Lens and Low vision aids. On his return to India in 1972, he joined MAMC and LNJP as a lecturer in Ophthalmology. In 1974, the department was shifted to Guru Nanak Eye Centre, and it is from there that he retired as Director and Head in 1997. Like a worthy son, he won many laurels for his alma mater and served it till retirement. The first Indian contact lens factory was set up at Guru Nanak Eye Centre under his leadership. During his tenure at GNEC, he held many prestigious posts besides that of Professor, Director, and Head and won many awards. To name a few, he was:



Positions held formerly:

- President of Indian Contact Lens Society
- General Secretary of National Society for Prevention of Blindness.
- Secretary General of International Contact Lens Conference
- Chairman of the Academic and Research Committee of the All India Ophthalmological Society
- President of Delhi Ophthalmic Society
- Secretary General of World Blindness Conference

Awards

- Dr B C Roy National Award
- Dr M.C. Bhide Memorial Award
- Dr P. Siva Reddy Award
- Gold Medal International Contact Lens Conference
- Distinguished Alumnus Award
- Eminent Teacher, MAMCOS
- Dr B. L. Kapoor Award
- Dr D. S. Munagekar Award
- Dr P. K. Jain Oration
- Gold Medal Indian Contact Lens Society
- Lifetime Achievement Award DOS, MAMCOS

Preceded by his awe inspiring reputation and armed with years of experience, he bade a graceful farewell to his alma mater and stepped into private practice. All the major hospitals of Delhi approached him but he chose PUSHPANJALI MEDICAL CENTRE.

In this edition of our bulletin, we have asked Dr Sota to describe his journey at PMC.

Dr. Anita Jain: When you had so many choices why did you choose Pushpanjali Medical centre?

Dr. L D Sota: I am a very practical person. During my last two years in GNEC, I identified the areas of Delhi from where I was getting maximum patients. They happened to be Karol Bagh and Shahdara. So after retirement I joined Mohan Eye Institute in Karol Bagh and PMC in East Delhi.

AJ: You had got offers from bigger hospitals in East Delhi, such as Shanti Mukund Hospital. Why did you opt for PMC?

LDS: Because of its reputation. I had got to know that anyone who joins PMC, stays there, works there, and never leaves, and that the work environment is very peaceful, and there is total independence in working. In fact, Dr. Vinay offered me a space all to myself, which would not have been possible anywhere else.

AJ: Dr. Vinay Aggarwal regards you as his mentor. Have you affected any decisions taken by him?

LDS: Yes, very often. Let me give you an example. When I joined PMC, I was given a small chamber in what is today the old OPD. I suggested to him to build private chambers for doctors in the basement of A -15, which he had just bought. It was a new idea and would have meant that very few doctors would be conducting OPDs there, but he readily accepted.

AJ: How did this help PMC?

LDS: It generated a lot of money instantly, which could be used for the construction of A-15 and ensured that the doctors who had leased those chambers would give considerable time to the hospital. In my case, I took the biggest chamber and equipped it with modern machines essential for ophthalmic practice. Soon, my department became a state of the art ophthalmology centre and emerged as a major revenue grosser. It was a win-win situation for everyone.

AJ: What would you like to say about your PMC journey?

LDS: It has been a very pleasant journey. I was comfortable from the beginning and am still very happy. I am very grateful to God that I chose PMC. Dr. Vinay has two very positive characteristics- one is his ability to listen to criticism without arguing, and the second is his ability to implement whatever decisions have been taken in the shortest possible time. It is a pleasure to work with him.

AJ: What future do you envisage for PMC?

LDS: To retain its place in today's competitive world, PMC needs expansion in size and the development of super specialities.

AJ: What is your advice to new pass outs from medical colleges?

LDS: After post graduation, every doctor should do a number of fellowships in the super specialities of his own subject to identify what interests him most, and then he should pick up that super speciality and excel in it.

AJ: Thank you for giving me so much time. This interview has been an eye opener for me.

LDS: God bless you.

To add to all his distinctions, Dr Sota is the quintessential family man. He loves to spend time with his wife of 50 years, Dr. Pushpa Sota (Retd. Prof. Political Science, DU). His son and daughter-in-law are ophthalmologists, his daughter is a radiologist and his son-in-law is an anaesthetist. It is heart- warming to see them together at all major PMC celebrations.

I AM PASSIONATE ABOUT

Dr. Deepak Pande, Senior Consultant - Paediatrics

Who doesn't love the color, looks or the fragrance of a flower? Standing in middle of a garden full of flowers is not only a visual delight but also a rejuvenation of mind and soul. As rightly put, each flower is a soul reborn !

My journey into the realm of 'serious' gardening began a decade ago after i had shifted to my present residence, Milan Vihar Apts. One day, while drooling over the photos of gardens of some of the aristocracies residing in the posh area of Lutyens Delhi in a lifestyle magazine, i realized the large no. of non cemented 'green' areas just lying uncared for in my society. I mapped them, 32 in total and ranging from 100sq ft to 4000 sq ft. Taking into various factors like their functionality, sunlight, location etc a long term plan was drawn earmarking the kind of flora for each area.

Trees (approx 100) like elastonia, gulmohar, royal palm, champa shrubs like phycus, hibiscus, tulsi, anernmy, china palm were planted in successive years along with ornamental flowers as per the season. The consistency and perseverance of 10 years is showing results not only visually but also in a feelgood factor among the residents. There has been an increase in awareness and concern for greenery in elders and children alike.

For me personally it has been a soul satisfying experience. In this era of a fast paced world, to grow a plant from a seed or seedling has a tremendous calming effect on the brain and a sense of achievement wrt contributing to the society and the environment.



FOCUS

Department of Aesthetic & Reconstructive Plastic Surgery



Dr. Manoj Bansal
Senior Consultant



Dr. Ayush Jain
Consultant

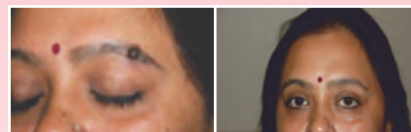
Plastic surgery department at our hospital is active for more than 15 years with plastic surgeon being available round the clock to deal with any kind of trauma which require the expertise of a plastic surgeon including facial injuries in children to road side accidents and burns. We have treated innumerable cases of burns ranging from minor burns sustained in the kitchen to major industrial accidents. The treatment is affordable and much cheaper as compared to corporate hospitals but the results are at par with any specialized center in the world. With the support of dedicated team of nurses, anesthetists, physicians and paramedical staff, we have treated even up-to 60% burns without any mortality.

We at Pushpanjali Medical center have the facilities and expertise to perform various reconstructive and aesthetic (cosmetic) surgery procedures like cleft lip and palate, removal of moles and cysts, treatment of birth defects, treatment of non-healing wounds, liposuction for treatment of gynaecomastia (male breast) and body shaping. Body contouring surgeries like tummy-tuck, breast enhancement, breast reduction and lipo-filling are being routinely done at our center of excellence. Other cosmetic procedures like Rhinoplasty (cosmetic surgery of nose) are also in high demand. The plastic surgery department can boast of a long list of highly satisfied patients.

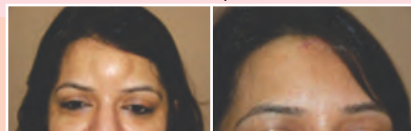
To highlight our wide range of surgeries and the good results which our department has been delivering for last so many years, I would like to show some cases with their preoperative and postoperative results.

Before

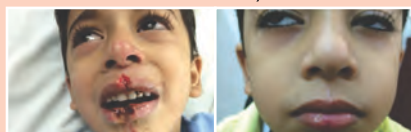
After



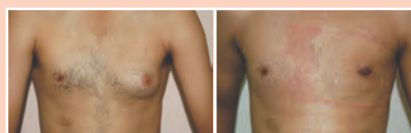
Mole on eyebrow



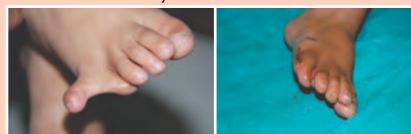
Forehead cyst



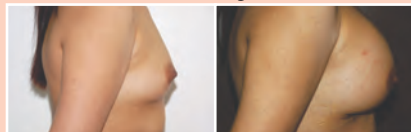
Facial injury



Gynaecomastia



Extra finger



Breast augmentation

PMC ACADEMIA

Date	Title	Speaker
February 2019	Neonatal Jaundice	Dr. Vineet jain
March 2019	Medical aspect of Osteoarthritis	Dr. Ashok Grover
March 2019	Surgical Aspects of Osteoarthritis	Dr. Karun Jain

DIETICIAN'S TIPS

Eating right in hot weather to avoid heat stroke

Eat small meals frequently. Take cold meals like salads and fruits (mainly melons) in the afternoon. Drink plenty of water and home made beverages like lemonade, aam panna, salty lassi and fruit juices. Rest in the afternoon. Avoid direct sunlight between 12pm to 3pm.



DENTISTREETM

Comprehensive family
DENTAL CARE



DR.SNEHA JODHANI
Dental Surgeon

SERVICES

- Single Sitting Root canal treatment.
- Orthodontic treatment (conventional) & Invisalign.
- Crowns & Bridges (Metallic & Metal free)
- Scaling & Gums Treatment.
- Restoration (Fillings)-All Types.
- Partial & Complete Denture (flexible Dentures as well)
- Extractions & Maxillofacial Surgery.
- Tooth Whitening (Bleaching)
- Computerised X-ray.
- Dental Implants - Basic & Strategic.
- Depigmentation of Gums.
- Smile Designing.
- Management of TMJ pain.
- Management of Trigeminal Neuralgia.

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Everything U should know about a Valid Informed Consent



Dr. Arun Gupta
President,
Delhi Medical Council

Important Guidelines laid by Supreme Court for Valid Consent

- (i) A doctor has to **seek and secure the consent of the patient before commencing a “Treatment”**. The consent so obtained should be real and valid, which means that: the patient should have the capacity and competence to consent; his consent should be voluntary; and his consent should be on the basis of adequate information concerning the nature of the treatment procedure, so that he knows what is consenting to.
- (ii) The '**adequate information**' to be furnished by the doctor, should enable the patient to make a balanced judgment as to whether he should submit himself to the particular treatment or not. This means that the Doctor should disclose
 - (a) Nature and procedure of the treatment and its purpose, benefits and effect;
 - (b) Alternatives if any available;
 - (c) an outline, of the substantial risks; and
 - (d) Adverse consequences of refusing treatment.
- (iii) Consent given only for a diagnostic procedure cannot be considered as consent for therapeutic treatment. Consent given for a specific treatment procedure will not be valid for conducting some other treatment procedure, unless the additional procedure is necessary to save the life of the patient.
- (iv) There can be a common consent for diagnostic and operative procedures where they are planned together. There can also be a common consent for a particular surgical procedure and an additional or further procedure that may become necessary during the course of surgery.
- (v) The nature and extent of information to be furnished by the doctor to the patient to secure the consent need not be of the stringent and high degree but should be of the extent which is accepted as normal and proper by a body of medical men skilled and experienced in the particular field..

Stages in the consent process

- Ensure competence (ensure that the patient can take in, analyze and express his/her view).
- Check details (correct patient).
- Make sure that the patient understands who you are and what your role is.
- Discuss the treatment plan and sensible alternatives.
- Discuss possible risks and complications (especially those specific to the patient).
- Discuss the type of anesthetic proposed.
- Give the patient time and space to make the final decision.
- Check that the patient understands and has no more questions.
- Such informed consent must be obtained in the presence of a witness, who should affix his or her signature to state so, prior to every procedure.

Invalid Consent

The following situations will make the consent invalid;

- If it was obtained by fraud, by misrepresentation as to the nature of the procedure or by undue influence or by threat of violence.
- The consent was obtained when the patient was under sedation.
- If there is failure in giving proper information and sufficient disclosure regarding the procedure
- If the consent is given by a minor since he is not legally competent to give it
- If the consent is given by a person of unsound mind or mentally handicapped
- **If the procedure performed by a doctor is substantially different from the one for which consent was given or the procedure performed exceeds the scope of consent**
- **If the different physician than the one to whom consent was given, carries out the procedure.**

Types of Consent

- a. **Informed consent:** The entitlement of a **conscious patient of sound mind** to decide whether or not to submit to a particular course of treatment proposed by the doctor is the foundation of doctrine of informed consent. In medical practice, anything beyond the routine would require this type of consent.
- b. **Implied consent:** It is the consent given **automatically by the patient by virtue of his action**. When a patient

approaches a doctor for consultation, it implies his or her willingness to be examined by the doctor. For example when the patient rolls up his/her sleeves for allowing a blood sample to be taken, it implies consent for undergoing blood test.

- c. **Blanket consent:** The consent obtained to the effect that the patient is willing to undergo any type of treatment including surgeries **without mentioning any particular procedure**, is termed as blanket consent. Such consent, however, have no legal validity
- d. **Third party consent:** This is legal, when an adult, responsible person gives consent for a patient who is unable to give consent. This is so in the case of legal guardian, who on behalf of a minor or a close relative in unconscious patient, gives consent. But such consent is totally invalid if the patient is an adult of sound mind and is in the position to give consent.

Consent in Emergencies

- Things are different in emergency situations. The patient being in shock or under sedation may not have the capacity to understand the emergency situation and give the consent. A doctor can lawfully operate under such circumstances without consent, since it would be life-saving surgery. Medical and not the legal considerations are of greater importance in life-threatening situations.
- However, such emergency treatment or surgery should be restricted only to the procedures absolutely necessary. Anything else that could be performed later on electively should be deferred.
- Please do take a written opinion from an expert colleague stating necessity of the emergency surgery without consent.
- In unconscious patient, if time permits, attempt should be made to obtain signature of the next of kin. If no relative or responsible person is available, permission of the in-charge of the hospital, police or judicial officer can be obtained.

Valid age for consent

Any person of sound mind above the age of 18 years can legally give the consent. Section 90 of the Indian Penal Code says the consent given by a child under 12 years of age as it is invalid. A patient belonging to the age group between 12 and 18 years and who has sufficient understanding, can give an effective consent. In case of litigation the court will determine the "level of understanding".

However, the pregnancy of minor woman cannot be terminated except with consent in writing of her legal guardian.

Refusal of Consent/Treatment

- The patient has a right to control his own body. A competent adult is entitled to reject a specific treatment or all treatment or to select an alternative form of treatment even if the decision may entail risks as serious as even death.
- The doctor who takes the defense that consent was not given must prove the absence of consent.
- If the refusal involves the welfare of a minor or an unborn baby, the court can override the refusal of parents.
- In situation where there is a refusal to treatment, the consequences should be explained to the patient in the presence of witnesses and they should sign a refusal document. If the patients or relatives refuse to sign also, neutral witness's signature may be obtained.
- The doctor can even refer the patient elsewhere if he refuses or withdraws his consent.

Some points to remember

- Absences of a valid consent form along with improper documentation are the commonest causes of doctors losing court cases.
- Consent has to be procedure specific and person specific.
- You need a separate consent for Blood transfusion
- Do not forget to obtain signature of spouse in addition to the patient's consent, before performing sterilization operation. Even though legally it is not required, it is highly desirable.
- It is advisable to ask the person giving consent to write in his own handwriting so that the validity of the consent cannot be questioned later on.
- Do not to delegate the job of obtaining consent to junior staff or others.
- When two or more procedures are planned, it is necessary to have consent for each. If a change is made in the planned procedure it must be explained to the patient and a new form should be completed, signed and witnessed.
- It is important to keep the consent forms along with the patient's case records in safe custody.
- In absence of valid consent a doctor still can be held liable even if procedure went fine and patient actually benefitted from it.
- The medical practitioners who violate the essential criteria of the informed consent are liable to be removed from the rolls of the Medical Council. Even the Indian Penal Code makes the offence punishable with a fine and or imprisonment.
- And finally, a legal valid consent doesn't offer immunity from medical negligence, so be careful.

PUSHPANJALI FAMILY: ACHIEVEMENTS AND ACCOLADES

Key Note Address

Dr. Vinay Aggarwal delivered a key note address on "Healthcare Violence-Integrated Approach" on 09th Feb, 2019 at The International Conclave on "Zero Tolerance to Violence against Doctors & Hospitals" jointly organised by World Medical Association & Indian Medical Association at Hotel Lalit, Mumbai, India on 08th & 09th Feb, 2019.



Faculty Appointment

After doing MBBS from Lady Hardinge Medical College, MD (Microbiology) from Maulana Azad Medical College and Senior Residency with PDCC Infectious Diseases from SGPGI Lucknow, Dr. Vidhi Jain, daughter of Dr. Vineet and Dr. Anita Jain, has joined the prestigious All India Institute of Medical Sciences (AIIMS) Jodhpur as Assistant professor in the Department of Microbiology.



Publication

Index Journal Publication: Dr. Swathi Jami & Dr. Karun Jain.

Swathi J, Gowrishankar A, Jayakumar SA, Jain K. A rare case of bleeding disorder: Glanzmann's thrombasthenia. Ann Afr Med. Oct-Dec;16(4):196-198.

CELEBRATIONS



Wedding of Mridu d/o Mrs Chitra and Dr. Rakesh Atrey, with Rakshit Agrawal on 28th December 2018



Golden Wedding Anniversary of Dr. L D Sota and Mrs Pushpa Sota on 9th March 2019



Wedding of Shweta (Manager Internal Operations) with Ankush on 26th January 2019

AN EVENING TO REMEMBER

Dr. Shubham Garg, Dr. B K Gupta, Dr. Ashish Sao, Dr. L D Sota

Pushpanjali Family Kitty has been a quarterly event for the past 2 years and eagerly looked forward by all members. One such event was hosted on the evening of 3rd February 2019 in the lawns of Chelmsford Club, Raisana Road.

We, as hosts, had expected the temperatures to become more ambient and outdoors pleasant but untimely cold had threatened to play spoil sport. All came ready to fight the temperature with heavy wollens and mufflers but eventually it was the warmth and enthusiasm of every member that actually thawed the chill (of course the drinks also helped!!!).

As the evening progressed, inhibitions were lost and hesitations disappeared. Mr Dhruv, who was providing live music for the evening, found himself displaced from the mike as singing enthusiasts captured his stage led by Dr B K Gupta, Dr Deepak Pandey and Dr Vineet Jain. Tables were removed and chairs folded as tapping of feet moved onto the next level and people started grooving on the beats. As the night descended, sumptuous buffet completed the night.

We look forward to such more joyful events and hope that the next family kitty would have more members joining it.



ESCAPE
THE LIMITS



LARINJECT

Ferric Carboxymaltose Injection 50 mg/ml (10 ml Vial)

Inhouse API | Inhouse Formulation | 40% Reduced Price

HELPING HAND

Walkathon as part of World Kidney Day Celebrations

Walkathon for Kidney Patients 10th March, 2019 - Department of Nephrology- Dr. Neeru P Aggarwal and Dr. Garima Aggarwal along with other Nephrologists organised a Walk for Health for Kidney, Dialysis & Transplant patients along with their families and caregivers. The highlight of the event was honouring of few patients who have bravely fought kidney disease for decades and continue to lead successful fulfilling lives. Their stories of courage and hope were inspirational. The event was attended by more than 300 participants.



Kidney disease detection camp

World Kidney Day 14th March, 2019 - Dr. Garima Aggarwal, Consultant Nephrologist conducted a Kidney Camp providing free Kidney function tests, urine routine and Consultation at Sree Krishna Medical and Research Centre, charitable hospital run by Guruvayur temple in Myur Vihar. The camp was attended by over 50 patients.

PMC Employee Health Check up

At Pushpanjali Medical Centre we firmly believe that 'Healthy employees are Happy employees'. Working in this industry, it was shocking to know that most healthcare workers ignore their own health due to time and often cost constraints. Under the leadership of Dr. Vinay Aggarwal a massive employee health checkup covering more than 100 employees was undertaken at PMC in the month of March. The checkup included - routine blood tests, ECGs, pap smears, mammography, physician consultation, X Rays, Echocardiography and ultrasound scans. We hope this initiative will go a long way in keeping the PMC Family healthy.

EMPLOYEES OF THE MONTH

January 2019



Mr. Arun Kumar Gautam
Assistant Staff Nurse

February 2019



Mrs. Surya S. Nair
Staff Nurse

NEW JOINEES



Dr. Saurabh Jindal
MBBS, MD, DNB (Dermatology & Venereology)
Consultant Dermatology
OPD Timings: 2.00pm to 3pm (Tue & Thu)



Dr. Sneha Jodhani
B.D.S. (Certification in Endodontics & Oral Implantology)
Consultant Dental Surgeon
OPD Timings: 9.30pm to 7.00pm



Pushpanjali
Medical Centre

TPA LIST

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| <ul style="list-style-type: none">• Airport Authority of India• Alankit Pvt. Ltd• Apollo Munich Insurance Co.• Bharti Axa General Insurance• Birla Sun Life Insurance Co Ltd.• BSES• CGHS• Chola mandalam Genral Insurance• DDA• Delhi Arogya Kosh• DGHS• DHS• East West Assist• E-Meditek Solutions Ltd• Family Health Plan• Future Generali India Insurance Co. Ltd.• Genins India Ltd.• Good Health Plan Ltd.• HDFC Ergo• HDFC Life Insurance• Health India• Health Insurance TPA• Heritage Healthcare• I Health Care• ICICI Prudential | <ul style="list-style-type: none">• IFFCOTOKIO• Inter-University Accelerator Centre Liberty• Videocon General Insurance Co. Ltd.• Liberty Videocon Insurance Co.• Max Bupa TPA Health Insurance Co.• MD India• Medi Assist India Tpa• MEDSAVE TPA• Mother Dairy• Paramount Healthcare Management Pvt Ltd• Park Mediclaim• Raksha TPA• Reliance General Insurance TPA• Reliance Health Insurance TPA• Religare Health Insurance• Safeway Mediclaim Services Pvt. Ltd.• SBI General Insurance• Sewa Bharti• Star Health And Allied Insurance Company• TATA Motors• United Healthcare• Universal Sompo General Insurance• Vidal Healthcare• Vipul Medcorp Ltd.• Vivekanand Public School |
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