



Pushpanjali
Medical Centre

Pushpanjali MEDICON 2023

Sunday, 16 July 2023

The Leela Ambience Convention Hotel, Delhi

Theme: Challenges and Latest Advances in Health Care

Organised by:

Pushpanjali Medical Centre

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The
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Newsletter of Pushpanjali Medical Centre

2023

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Editorial

Dear friends,

Greetings from Pushpanjali Medical Centre.

It is our proud privilege to invite you to '**Pushpanjali MEDICON 2023**', a scientific extravaganza, to be held at The Leela Ambience Convention Hotel, Shahdara, Delhi, on Sunday, 16th July 2023.

Overwhelmed by the delegates' demand for more scientific sessions and encouraged by the success of MEDICON 2022, Pushpanjali MEDICON 2023 is poised to be held on a much larger scale. The scientific sessions will be conducted in two halls, Dr. M M Aggarwal Memorial Hall and Dr. Girish Chhabra Memorial Hall. The sumptuous academic feast will offer a mélange of flavours ranging from management of anemia to Robotic knee replacement, and from Medico legal issues faced by doctors to the use of AI in nephrology! Panel discussions will be stimulating while the orations will send deep carry-home messages.

Simultaneously, as you go through this Souvenir-cum- magazine, the diversity of the Pushpanjali family will keep you spell-bound.

In this issue of our annual magazine, 'The Pushpanjali Connect', we present an amalgamation of case reports, advances in healthcare at PMC, and throwback pictures of some lighter moments . The departments in focus in this issue are those of Pediatric surgery showcased by Dr. Pritesh Maheshwari, and Department of Dentistry highlighted by Dr. Sneha Jodhani. Dr. Garima Aggarwal, has contributed a very interesting case of Autoimmune glomerulonephritis masquerading as simple UTI while Dr. Nishesh Jain has put forth a physician's perspective of emergency care. Dr. Ruby Bansal has advocated adult vaccination and Dr. Rajesh Dhall has explained the management of organophosphate poisoning.

Dr. Vineet Jain, Senior Consultant Pediatrician, has shared his 32 years long, PMC journey and through his reminiscences we are reminded of the journey of PMC itself. Dr. B K Gupta, has talked about his passion for music and games.

We congratulate Dr. Sowjanya Aggarwal and her team on the first anniversary of Femme Nest and laud every member of PMC because of whom PMC has been showered with letters of appreciation. A peep into our kitty parties and various celebrations will make you smile, while the respect which we pay to late Dr. Girish Chhabra, our highly esteemed orthopedic surgeon, will make you realize how much each member of the PMC family means to us. In loving homage to his memory and as an acknowledgement of the significant role which he has played in PMC, Dr. Vinay Aggarwal has named one conference hall of Pushpanjali MEDICON 2023, as Dr. Girish Chhabra Memorial Hall.

Editorial Board



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CMD's Address



Dear Friends,

I welcome you all to Pushpanjali Medicon 2023 on 16th July 2023 at The Leela Ambience Convention Hotel.

Much has changed in Pushpanjali Medical Centre in last one year. The Femme Nest Centre for IVF & Gynaecology has passed from conception to infancy and is poised for a rapid growth. A separate wing has been created for Cardiac and Endoscopy Investigations. The renovation of Emergency, OPD and Parts of IPD have made them more patient friendly.

The annual CME intends to bring the best of Medicine and allied subjects for the medical fraternity in an atmosphere of learning. Due to the overwhelming response received in previous years this time there will be two halls simultaneously for scientific deliberations. Renowned academicians from across the country are participating as faculty to share their expertise and learnings with the delegates.

We shall continue to pay tribute to our mentors and friends who were part of Pushpanjali Journey, by remembering them in the form of Orations.

My sincere thanks and gratitude to the Organising Team headed by Dr. Bipin Kumar Gupta for putting their best efforts in Making Pushpanjali Medicon 2023 a grand success.

Hoping you will relish this scientific feast

Best Regards,

Dr. Vinay Aggarwal

Chairman & Managing Director, Pushpanjali Medical Centre
Past National President, Indian Medical Association
Recipient of Dr. B C Roy National Award

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Dr. Utsav Bansal

From The Organising Chairman's Desk

It gives me immense pleasure in sharing that Pushpanjali Medical Centre is organising "Pushpanjali Medicon 2023. A Multispecialty conference, themed "Challenges and the Latest Advances" in health care" On Sunday, July 16, 2023 at The Leela Ambience Convention Hotel. The Scientific Programme for the conference has been designed to run simultaneously in two Halls, A (Medical) - B (Surgical) from 9am to 5pm. The scientific deliberations will be done by renowned faculty of national fame.

Keeping up with the theme, Nephrology session will highlight the "Role of Artificial Intelligence in Medicine and Nephrology" and discuss the common pit falls in interpreting "Hyponatremia" and also elaborate on "When to Initiate RRT in ICU."

Neurology session is dedicated to awareness of Therapeutic Advances in the Management of Dystonia, Chronic Migraine, Parkinson's Disease and Spasticity. Common topics like Anemia, Enteric Fever, COPD, Adult Immunization, Management of Sepsis and Rational Use of Antibiotics shall be discussed in Internal Medicines Session.

Healthcare Management – Efficiency and Excellence will be the topic of the First "Dr. M. M. Aggarwal Memorial Lecture" to be delivered by Dr. Gaurav Aggarwal in fond memory of his beloved grandfather and a legend "Respected Papa Ji" for others associated with Pushpanjali Medical Centre.

Dr. J K. Jain Memorial Oration will be delivered by Dr. O P Yadava on "Making of a Doctor – Is Our Destiny Hidden in History" and Dr. Shekhar Aggarwal Memorial Oration will be delivered by Dr. Rajesh Malhotra on "Love What You Do- Making of a Great Professional".

Recent advance in Acute Coronary Syndrome Management will be deliberated upon by our Cardiologist colleagues Prof. Dr. Anil Arora shall talk about "Robotic - Knee Replacement" while "Role of Growth Factor Concentrate Injection in Orthopedics" shall be discussed by none other than our Conference Joint Secretary Dr. Karun Jain. Other talks shall be on varied topics like "Myths and Facts of Obesity Surgery" by Dr. Praveen Bhatia, "Diagnosis to Treatment of Breast Cancer", "A Novel Approach in the Management of Pruritus", "Diabetes Management", "Refractory Ascites" and Hepatorenal Syndrome- all to be dealt with by the stalwarts in their respective fields.

Section on Pediatrics unfolds an interesting trending topic of "Zero Separation" while Gynae-colleagues will have a "Panel Discussion on Management of Adenexal Masses" followed by a "Panel Discussion on Medicolegal Issues".

My gratitude and thanks to the members of the Organizing Committee including Office Staff, our Associates for their unstinted support and Delegates for their participation in the journey of the successful conference.

Dr. Bipin Kumar Gupta
Organizing Chairman
Pushpanjali Medicon 2023



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Co-Chairpersons Message



Dear Friends,

It is our proud privilege to extend an invitation to you to be a part of an amazing scientific event 'Pushpanjali Medicon 2023' being organised by Pushpanjali Medical Center on Sunday, July 16, 2023 at The Leela Ambience Convention Hotel. This is the second consecutive year when our centre has taken up this ambitious task of organising an event to update our clinician friends about the challenges they face in their endeavors to provide good Medicare to their patients.

Rich scientific content of the conference has been prepared for deliberations and shall address day to day problems faced by us clinicians and shall also update us on what is new in terms of management in certain clinical situations.



'Efficiency and Excellence in Medical Care ' is the topic for the First Dr M M Aggarwal Memorial Lecture to be delivered by Dr Gaurav Aggarwal. As in the first Pushpanjali Medicon, Dr JK Jain Memorial Oration shall be delivered by Dr OP Yadava who will speak on 'Making of A Doctor - Is our destiny hidden in history? and Dr Shekhar Aggarwal Memorial Oration shall be delivered by Dr Rajesh Malhotra on 'Love What you do.'

The organising committee has put in a lot of hard work in an effort to have renowned experts discuss suitable topics for everyone's benefit.

The scientific agenda is rather extensive as it tries to address many common clinical problems. To name just a few viz., Hyponatremia, When to Start CRRT, Adult Immunization, Enteric Fever, Anemia, COPD, Sepsis and many more such topics.

Also Zero Separation Paradigm shift in care of small and sick babies, Intrahepatic cholestasis of pregnancy, Enigmatic first trimester of pregnancy, Adenexal masses are some other topics to be on the lookout for during this conference.

Our efforts will be suitably rewarded by your gracious presence and involvement in the scientific event.

Dr. Ashok Kumar Grover
Co Chairperson
Pushpanjali Medicon 2023

Dr. Neeru Aggarwal
Co Chairperson
Pushpanjali Medicon 2023

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Message from the Organizing Secretary

Dear Friends,

It is my honour to invite you to Pushpanjali Medicon 2023. On behalf of Pushpanjali Medical Centre, the organiser of this august gathering, I would like to welcome you all to Leela Ambience Hotel on Sunday (July 16, 2023).

This is the second year in a row that Pushpanjali Medical Centre is organising such a conference in order to provide a platform to exchange notes among doctors. This is part of our commitment to provide quality healthcare to people.

During the conference, we will delve deep into various topics, come up with contents backed by science, and deliberate threadbare in our efforts to address issues we, doctors, face on a daily basis.

The key attraction are:

1. Efficiency and Excellence in Medical Care: Dr M M Aggarwal Memorial Lecture to be delivered by Dr Gaurav Aggarwal
2. Dr JK Jain Memorial Oration: Dr OP Yadava will speak on 'Making of A Doctor - Is our destiny hidden'
3. Dr Shekhar Aggarwal Memorial Oration: Dr Rajesh Malhotra will talk on 'Love what you do the needful best'

The extensive scientific agenda includes Hyponatremia, when to Start CRRT, Adult Immunization, Enteric Fever, Anemia, COPD, Sepsis, Zero Separation Paradigm shift in care of small and sick babies, Intrhepatic cholestasis of pregnancy, Enigmatic first trimester of pregnancy, Adenexal masses. The organising committee has worked hard to line up a stellar panel of experts to deliberate on pressing issues in order to present the benefits of science to people. I welcome you friends to this academic feast and make maximum of it.

Dr. Manish Kumar
Organizing Secretary
Pushpanjali Medicon 2023



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In Fond Remembrance of Late Dr. Girish Chhabra



A true friend is never really gone. Their spirits live on in the memories of those who loved them. Dr. Girish Chhabra, a renowned orthopedic surgeon, was associated with Pushpanjali Medical Centre almost since its inception. Besides being an able clinician, he was a thorough gentleman and an excellent human being. He was very fond of music and dancing and his sense of humour could lighten the spirits of even his patients. I have the privilege of being associated with him during our college days, since 1978. He did his MBBS from the prestigious Maulana Azad Medical College and MS Orthopedics from Safdarjung Hospital. After his senior residency, he joined Pushpanjali Medical Centre and later, Pushpanjali Crosslay Hospital.

He was a warrior in the true sense. More than a decade ago, he was diagnosed with buccal carcinoma, for which he underwent 9 surgeries, chemotherapy and radiotherapy.

He was a very balanced person. Despite his medical issues, he never expressed or discussed his problems with anyone. He was a caring son, an affectionate husband, and a loving father. He is survived by his wife Dr. Shabnam, daughter Dr. Aastha, son Aastik and son-in-law Pankaj Sethi.

He touched so many lives. His wife was saying that after his demise many patients came to share her grief, and told her that Dr. Girish Chhabra was helping poor and needy patients financially also, and had never shared this even with her. This shows his magnanimity.

Those who touch our lives, stay in our hearts forever.

Girish, your life was a blessing, your memory a treasure.

In grief,
Dr. Rajesh Dhall



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Focus 1

Pediatric Surgery: A Super-specialty branch with epitome of meticulousness & patience to handle your little ones.



Dr. Pritesh Maheshwari
Consultant - Paediatric Surgery

Pediatric surgery is a specialized branch of medicine that focuses on surgical interventions for newborns, infants, children, and adolescents. It requires a unique set of skills, expertise, and a high level of patience to handle the delicate young patients. Pushpanjali Medical Centre, a leading healthcare institution renowned for its state-of-the-art facility and comprehensive pediatric care services. PMC houses a specialized pediatric surgery department, equipped with cutting-edge technology and staffed by a team of highly skilled and experienced surgeons, led by Dr. Pritesh Maheshwari and Dr. Ashwani Mishra.

Importance of Pediatric Surgery

Pediatric surgery plays a vital role in addressing various congenital malformations, diseases, and injuries that affect children, which usually is not dealt with general surgeon. As we say child is not a miniature adult, children conditions require specialized surgical interventions tailored to the unique physiological and anatomical aspects of growing bodies. Pediatric surgeons are trained to handle a wide range of conditions, including but not limited to:

Congenital anomalies: Pediatric surgeons are skilled in correcting birth defects such as Hernia and Hydrocele, cleft lip and palate, gastrointestinal malformations, and neural tube defects.

·**Trauma and injuries:** Pediatric surgeons are adept at managing traumatic injuries, cosmetic surgery in facial wounds, burns, and other emergencies that require surgical intervention.

Gastrointestinal disorders: Conditions like appendicitis, pyloric stenosis, esophageal atresia and intestinal atresia, Ano rectal malformation and Hirschsprung's disease are commonly treated by pediatric surgeons.

Urological conditions: Pediatric urologists specialize in treating conditions like hypospadias, undescended testes, vesicoureteral reflux, and kidney disorders in children.

Thoracic surgery: They are trained to diagnose and surgically correct congenital condition like trachea-esophageal fistulas, congenital airway malformation and also VATS in case of pleural collection or decortication/ lobectomy in complicated empyema.

Pediatric surgery Team and Support from other specialities

Dr. Pritesh Maheshwari, the head of the pediatric surgery department at Pushpanjali Medical Centre, is a distinguished pediatric surgeon with more than 12 years of surgical experience in the field. He completed his super specialty MCH training in pediatric surgery from All India Institute of medical science (AIIMS)-New Delhi and has gained more experience in Chacha Nehru bal chikitsalya. He has gained expertise in complex pediatric urology, including minimally invasive techniques with advanced laparoscopy. He is leading pediatric urologist in East Delhi area. He along with Dr Ashwani Mishra, who has done training in Pediatric surgery from CNBC, Delhi, along with fellowship in surgical gastroenterology from SGPGI, Lkhnow, works as a team.

The team gets its good support from five senior Pediatric consultants and a neonatologist (Dr Mohit Aggarwal) to give an overall comprehensive pre and post-operative care. Along with the above, Senior consultant of all the specialties like Gastroenterology, Urology, General Surgery, Neurosurgery, Plastic surgery, etc are always there to lend the support if needed.

Team's compassionate approach and ability to connect with young patients make them a favorite among families seeking pediatric surgery interventions. Additionally, the psychological impact of surgery on children and also on their families necessitates the personal care. This is where the team supersedes others and makes PMC shines. This quality we have learnt directly from our Mentor, Dr Vinay Aggarwal, whose personal care in every patients dealing has made the difference, to go that extra mile, which is needed in taking care of little loved ones.

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A case with a difference

The eyes don't see what the mind doesn't know....
Rapidly progressive glomerulonephritis - case report



Dr. Garima Aggarwal
Consultant Nephrologist,
Manipal Hospitals, Bangalore

A 29 year old female, married 2 months ago, with no known co morbidities presented to the Medicine OPD with low grade fever of 7 days duration. The fever was typically 100F or below, not associated with chills and intermittent in character. She also complained of frequent urination, vague abdominal pain and swelling of both feet. She had consulted a relative, who is a general practitioner telephonically and was advised a course of oral antibiotics for 3 days which she had completed. As her fever didn't subside after oral antibiotics, she got some routine blood and urine tests done. The results of her tests were as follows; Hemoglobin 11g/dl; platelet count and Total WBC count were normal; Creatinine 1.9mg/dl; electrolytes were normal; Liver function tests were normal; Urinalysis revealed 3-4 pus cells, numerous RBCs, 1+ proteinuria, Neg nitrite or leucocyte esterase; Chest X ray was normal; her ultrasound whole abdomen and Non contrast CT KUB were normal.

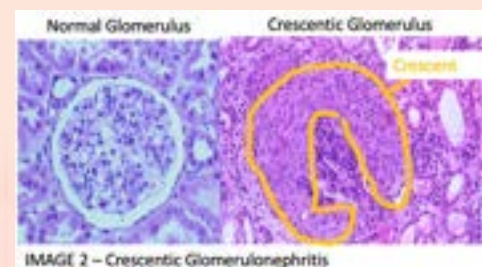
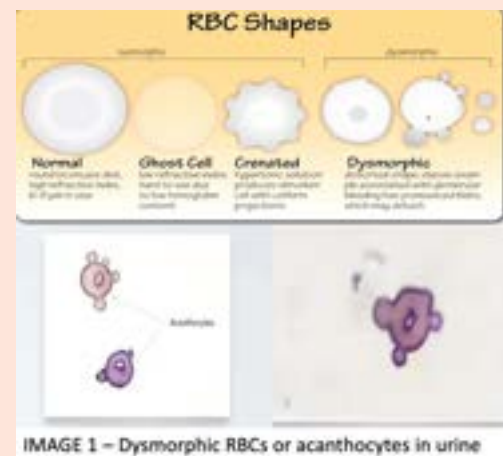
Patient was admitted and being treated with IV antibiotics for past 48 hours for suspected pyelonephritis or UTI "Honeymoon Cystitis". Patient showed some symptomatic improvement but her creatinine worsened from 1.9mg/dl to 2.4mg/dl.

Nephrology opinion was sought before discharging the patient on IV antibiotics. Urine and blood culture reports came out sterile. In view of worsening kidney functions; no evidence of urinary tract infection; microscopic hematuria and proteinuria, a working diagnosis of rapidly progressive glomerulonephritis (RPGN) was made. Urine was then examined under the microscope by the Nephrologist and it revealed presence of dysmorphic RBCs (image 1). A kidney Biopsy was performed and it revealed multiple glomerular crescents in 10 out of 14 glomeruli, referred to as crescentic glomerulonephritis (image 2). Immunofluorescence showed strong, diffuse, linear capillary loop staining for IgG. Post biopsy work up for RPGN was done – ANA profile was negative; c ANCA and p ANCA were negative; AntiGBM antibody was strongly positive in high titers. The patient was diagnosed as Anti GBM disease (previously referred to as Good pastures syndrome). Her general condition continued to worsen with patient developing breathlessness at rest; decreased urine output; drop in hemoglobin (11 to 7g/dl); and creatinine continued to worsen, reaching a peak creatinine of 5.6mg/dl.

Patient was immediately initiated on therapeutic plasmapheresis and started on immunosuppression with high dose pulse IV steroids and IV cyclophosphamide. Timely and aggressive treatment lead to gradual improvement in her renal functions and urine output. After 7 sessions of plasmapheresis patient's renal functions stabilized at 1.5mg/dl, with good urine output and symptomatic improvement.

Discussion

We describe a case of a young pre menopausal sexually active woman in whom pyuria with microscopic hematuria and proteinuria was dismissed as urinary tract infection or cystitis. It is important to note that simple cystitis without any evidence of pyelonephritis or any other contributing risk factors for Acute kidney injury does not lead to worsening renal functions. It is important to identify signs of glomerulonephritis such as high blood pressure, decreased urine output, worsening creatinine, microscopic hematuria with proteinuria and presence of dysmorphic RBCs (often unreported).



RPGN is a clinical and pathological syndrome; used to describe rapid loss of renal function over a very short period (days to weeks); with nephritic urine analysis: proteinuria, micro or macroscopic hematuria, dysmorphic red blood cells (RBC), RBC casts; and often histopathological characteristic of crescentic glomerulonephritis. Kidney biopsy is the investigation of choice. Etiology of RPGN includes – AntiGBM disease; ANCA vasculitis; and immune complex mediated glomerulonephritis (GN) like lupus nephritis, post infectious GN.

Anti-glomerular basement membrane (GBM) disease as a cause of RPGN is seen in 10 to 15% of all crescentic glomerulonephritis. It has a slight male predominance M: F 3:2 and has a bimodal distribution, and the mean age is around 30 years and the second peak in the late sixty to seventies. In anti-GBM disorder, there are circulating antibodies; directed against an antigen present in the GBM and/or alveolar basement membrane, specifically the non-collagenous domain of alpha-3 chain of type IV collagen. These antibodies will cause glomerular capillary wall injury by local complement activation and polymorphonuclear leukocytes. This disease often presents as a pulmonary renal syndrome where patient has diffuse alveolar haemorrhage and RPGN, and can be fatal. The choice of treatment is plasmapheresis in combination with immunosuppressive agents. The initiation of treatment as early as possible is the key to the prevention of progressive renal failure in these cases.

The timely diagnosis and treatment were the key in this case. The primary care providers play a pivotal role by referring the patient to the nephrologist promptly. A patient with suspected RPGN needs to be admitted to a facility where nephrology services, ICU care, dialysis and other critical care facilities are available.



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Know your Consultant

My PMC Journey: An awe-inspiring conversation with Dr. Vineet Jain

Dr. Vineet Jain
Sr. Consultant Paediatrics

For this issue of 'The Pushpanjali Connect' we have interviewed Dr. Vineet Jain, our multitasking, extremely meticulous, and dapper pediatrician. Dr. Vineet Jain is an alumnus of AIIMS Delhi having completed his MBBS in 1980 and MD (Pediatrics) in 1984. As you go through our conversation, you will get a glimpse of the seriousness and clear-headedness which he possesses behind his affable demeanor.



Dr. Anita Jain (AJ): From your resume, I can see that you are an Aiiimsonian from a time when there was only one AIIMS. What surprises me is that unlike most AIIMSONIANS of that time, who chose to settle abroad, you are still in India. What prevented you from migrating?

Dr. Vineet Jain (VJ): The West has never attracted me. I was the first doctor in my family, and I knew that if I decided to migrate, my parents and the whole family would be extremely disappointed. Besides I strongly felt that I would be leading a more fulfilling life in India than abroad. So, despite having cleared ECFMG, I chose to stay in India.

AJ: So, what did you do after completing your MD?

VJ: I joined Senior residency at AIIMS and got married. Shortly thereafter I got a consultant job at Saudi Arabia. I was delighted because the emoluments were good. I signed up for two years because my wife also needed two years to complete her MS in Obs and Gynae from GSVM Medical College, Kanpur. On returning to India in 1988, I joined Kalawati Saran Children's Hospital as a Pool Officer to brush up management of critically ill patients. Then I started my own practice.

AJ: Did you ever think of getting a medical college job?

VJ: (Shudders) Never! I don't like theory.

AJ: What brought you to East Delhi?

VJ: Chance.

While working at Kalawati Hospital, I got introduced to Dr. V.K. Jain (gastroenterologist) who was planning to build a nursing home in Surya Nagar in the NCR. Since I did not have a house in Delhi, any place was as good as any other and to me it seemed like a God-sent opportunity. My wife and I liked Surya Nagar on our very first visit because of its laid-back appearance, spacious bungalows, and lush greenery. So while the nursing home was being constructed, we decided to start our OPD in a rented house. The nursing home eventually came up as Udayan Medical Centre and we joined it. Unfortunately it closed down after some years but by then our practice had got established in Surya Nagar and East Delhi.

AJ: How did you reach Pushpanjali Medical Centre?

VJ: In the days when I was working at Kalawati Hospital, I would every day see a beautiful building being built on Vikas Marg but had no idea what it was. After leaving Kalawati, I joined two or three small nursing homes in East Delhi but was not happy because they were not well equipped. In 1990, I found that a board bearing the name 'Pushpanjali Medical Centre' had been put up on the beautiful building which I had been observing for so long. I attended its inauguration and met Dr. Vinay Aggarwal for the first time. I was extremely impressed by the way in which he gave the entire credit for the hospital to the team of doctors who had been with him since its inception. I quietly asked him if I could get a chance to work there and his answer, though negative, touched me to the core. He said, "My team of consultants has worked very hard to reach this stage and now that it is time to reap the rewards, I will not ask them to share the fruit with anyone till they say that they are satisfied". I was very, very impressed by this answer and willing to wait for any length of time to work with such a person. The wait was not long. PMC did very well and even before its first anniversary, I got a call from Dr. Vinay and joined immediately. There has been no looking back since then. To this day PMC seems like home to me.

AJ: What did you like about PMC?

VJ: The working environment at PMC was excellent. Dr. Vinay Aggarwal had created a family-like atmosphere with love and respect for all. There was transparency in all financial matters and a thrust towards progressiveness with minimal interference. The staff was competent and responsible, and Dr. Vinay was always available. We would look forward to his daily interaction with us 'over a cup of tea' where we got to know each other better.

AJ: You are obviously very impressed with Dr. Vinay Aggarwal. Is there any special experience that you would like to share?

VJ: Yes, I would like to share a very traumatic experience. In 2002, a critically ill child suffering from meningoencephalitis came to my emergency. I explained the poor prognosis to the father in the presence of Dr. Vinay and advised him to go to some higher centre but he begged us to admit his son. The child was treated as per standard protocol but could not be saved. And then hell broke loose. The child's father got violent and called some local politicians and thugs who began to vandalize the ICU and to threaten me. Dr. Vinay sat with me throughout the night and handled the police and the crowd. Thereafter a long legal battle ensued but I never felt alone. We won the case but I can never forget the tension. What I can say with certainty is that in most centres, I would have found myself alone and made to feel like an 'offender'.

AJ: How has PMC changed over the years?

VJ: There have been many structural and policy changes over time. In 2002, Dr Vinay bought the adjacent plot (A15) and added a new building to PMC. Many consultants, myself included, opted for private consultation chambers in the new building. In 2008 Pushpanjali Crosslay Hospital was inaugurated and we got a chance to experience a corporate style of working. I personally prefer a well-run nursing home to a corporate hospital! This year PMC has added another adjacent plot (A16) which is now under construction.

AJ: What, according to you, are the main problems in PMC?

AJ: The problem is mainly of space because of which there is a shortage of beds and unavailability of parking space for vehicles.

AJ: Can you suggest any solution?

VJ: I think A16 will give us many more beds but the problem of parking will require the provision of valet parking.

AJ: Do you ever think of AIIMS?

VJ: Only when I must refer a patient to a higher centre. I wish I never had to send a patient anywhere. I want PMC to have its own NICU, PICU, dedicated neonatologists, intensivists and paediatric nurses. Perhaps A16 will have place for these.

AJ: On a lighter note, tell me about your hobbies.

VJ: I am very fond of music. At 50 years of age, I learnt to play the tabla. Now I am concentrating on non- classical vocal music. I play badminton to keep myself fit. I enjoy socializing and meeting people and above all I am a foody!

AJ: Thank you doctor for giving me so much time.

Dr Vineet Jain is blessed with two daughters. The elder, Dr. Vidhi Jain, is an Associate Professor of Microbiology at AIIMS, Jodhpur, and the younger, Dr. Chhavi Jain, is doing postdoctoral research in Geophysics at Washington University in St Louis, Missouri, USA. His wife, Dr. Anita Jain, is an Obstetrician and Gynecologist at PMC. We wish them happiness and success in all their endeavours.

I am Passionate About

Dr B. K. Gupta
Sr. Consultant Neurologist

Passion is an inherent quality, a strong driving force to Achieve excel, fulfill all your dreams-desires of life and evolves a groomed personality in yourself.

Everyone is passionate in their journey of life and so am I for studies, sports and music. I have been bestowed and blessed with wonderful and satisfying professional carriers (over 45 years) as doctor.

The journey of my passion for sports has been really exciting. Football, basketball, swimming, cricket were my passionate sports in school. Volleyball in Medical College. Aerobics, Badminton, Volley Ball, Swimming, Gym in Sports Complex after studies.

My passion for singing started at the age of 15 itself. As I personally recall the incident, my class teacher scolded me for singing in the school bus and asked me to sing a song in front of the whole class as a mark of punishment.

Thereafter, this passion of mine was realized and revived with my clinical practice, as I often performed amongst friends and at parties, Still at the age of 62, I am engaged in my passion and is adding more to it.



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Focus 2

The Dental Department at Pushpanjali Medical Center



Dr. Sneha Jodhani
Principal Dentist

The dental department at Pushpanjali Medical center offers dentistry with a difference through holistic oral care provided by a dedicated team of multidisciplinary specialists. Patient-centred care is the motivational force behind the department where we strive to harness the best of modern technology to complement exceptional clinical skills while creating a soothing and assuring environment for our patients.

One of the key differences that we hope to achieve is to better educate our patients on how to achieve good oral health by focusing on in-depth analyses and diagnosis of the patient's oral environment and prescribing the best preventive measures. This will result in less need for clinical procedures to be performed. The department experience provides a 1-stop solution through a team of multidisciplinary specialists who are hand-picked for their various expertise and skills to provide holistic oral care. These exceptional clinical skills are enhanced by the best of modern technology so as to provide the highest standard care for the discerning patient.

Patient-centered care is another pillar of the department experience. We strive to create a comfortable and assuring environment for our patients for one of life's more dreaded activities – visiting the dentist. The members of our Oral Care Team share a common vision – their dedication to service, empathy and that all-important gentle touch. We pride ourselves in being able to manage the dental needs of patients of all ages including the chronically ill, elderly and the very young, as well as patients with special needs.

Services provided

- Single visit and surgical Endodontics
- Clear Aligner orthodontia
- Osseo integration and Basal Implantology
- Digital Dental Restoration and Prosthesis
- Aesthetic dentistry and smile designing
- Oral cancer screening
- Dental hygiene awareness

The current dental department was started in the year 2019 with all modern equipment and a skilled team providing utmost support and care related to dentistry and dental hygiene .

1. Dr. Sneha Jodhani Jain is the principal dentist at Pushpanjali with 13 years of experience, mainly performing surgical and single visit endodontics . The dental department comprises of its own CAD-CAM unit providing high quality dental prosthesis .

The team comprises of -

2. Dr. Jinendra Jain , senior consultant, oral and maxillo-facial surgery and implantology . Awarded - best oral surgeon in the year 2010.
3. Dr. Ram Gopal , senior consultant, Orthodontia and maxillo-facial orthopaedic. Graduate of prestigious MAMC (All india rank -1)
4. Dr. Sakshi Goyal , senior consultant, Periodontia .Vast knowledge and experience regarding periodontal surgery and maintenance.
- 5.
6. Visiting pediatric dentist and oral pathologist

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Basal dental implants are a revolutionary and completely new method of dental rehabilitation that does not require bone replacement even in the worst cases. They are made of a biocompatible titanium alloy. They are one-piece implants (implant and abutment are monolithically connected).

Bone consists of an inner soft (spongy) part that is covered with a dense bone layer (cortical). Each basal implant is placed in at least two places in the cortical bone (bi-cortical). The cortical bone that is used to place basal implants is highly mineralized and with a high degree of regeneration. This ensures the integration of dental implants and allows their immediate loading. They differ from classical (two-part) implants in the way they are placed, in the way of redistribution of forces, but especially in the planning and implementation of the prosthetic structure and the postoperative regime.

The usage of basal implants to restore role within an atrophied mandibular alveolar ridge is a powerful alternative to using conventional implant processes. These implants may be exposed to moderate loading following instant insertion. It's also beneficial to the individual in the facets of Quicker Renovation of masticatory function, Cost-Effectiveness, and loss of further surgical invasive processes. Therefore, the regular use of the technique to aid in supplying a fixed solution to patients that cannot be suggested for traditional implant designs is possible. But, good knowledge and training have to completely guarantee the achievement of those implants.

Features

- Basal dental implants are the first choice in moderate or severe atrophy of the jaws, as well as in cases where patients want an immediate return to chewing function.
- Basal implants are suitable for placement even in cases of severe bone atrophy, that is, in patients with "insufficient" bone.
- There is no need for bone displacement (bone augmentation) and sinus lift before implant placement.
- Basal implants are placed in one visit by a less traumatic method than the traditional (two-part) implants.
- Primary load – on the third day after implantation, the prosthetic construction is cemented.
- Placing is appropriate in the absence of one or more teeth, even in the cases of totally edentulous patients (lacking teeth completely)
- Single crowns can also be placed on single basal implants. They load immediately only in certain situations.
- Possible complications of implantation are minimal. Because the placement is associated with less invasive surgical intervention, implants will place in the deep layers of the bone. This reduces the risk of infection several times compared to the classical (two-part) implants.
- There is no risk of peri-implantitis and other infections because the implants are made of polished titanium, and there is no plaque accumulation on the surface, creating inflammation.
- Severe and hopeless periodontal conditions can be treated with basal implants in one visit. After the removal of periodontal compromised soft tissues and teeth, the patient is ready for implant placement.
- Basal implants are a good choice for smokers and diabetics. Implant care includes perfect oral hygiene and regular prophylactic examinations.

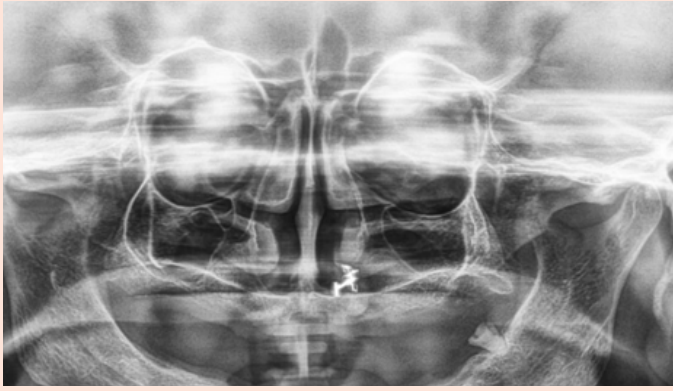


Image 1: Edentulous Maxillary and Mandible arches showing considerable bone loss



Image 3: Multiple Basal implants placement



Image 2: CBCT of the mandibular arch



Image 4: Implant supported Hybrid prosthesis



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Best Practices

A Physician's Perspective of Emergency Care



Dr. Nishesh Jain

Consultant - Internal Medicine

Emergency care is a crucial and challenging aspect of a physician's practice. It involves providing immediate medical attention to patients who are experiencing acute and often life-threatening conditions.

One of the primary responsibilities of an emergency physician is to quickly assess and triage patients based on the severity of their condition. This involves efficiently gathering information about the patient's symptoms, medical history, and vital signs to determine the appropriate level of care and prioritize treatment.

Emergency care often involves managing multiple patients simultaneously, each with different needs and conditions. Prioritizing care based on the severity of the illness or injury is essential to ensure that the most critical cases receive immediate attention and interventions.

In the emergency setting, there is often limited time and resources to diagnose patients thoroughly. Physicians must rely on their clinical skills, experience, and available diagnostic tests to make rapid and accurate assessments. This requires efficient decision-making and the ability to identify and manage potentially life-threatening conditions promptly.

The upcoming role of artificial intelligence in providing diagnostic possibilities which may be overlooked in a busy emergency environment is something to look forward to.

Effective teamwork is crucial in the emergency department. Physicians work closely with nurses, paramedics, technicians, and other healthcare professionals to deliver comprehensive and coordinated care. Communication and collaboration are vital to ensure timely interventions and a smooth patient flow.

Emergency care can be highly stressful due to the fast-paced nature of the work, the unpredictability of cases, and the emotional burden of dealing with critically ill or injured patients. It is essential for physicians to remain calm, composed, and focused while providing care and making critical decisions.

Many emergency conditions, such as heart attacks, strokes, or severe trauma, require time-sensitive interventions to improve patient outcomes. As an emergency physician, one must be prepared to initiate life-saving procedures, administer medications, perform resuscitation, and stabilize patients before they can be transferred to specialized units for further treatment.

While emergency care focuses on providing immediate treatment, ensuring continuity of care is crucial. This involves stabilizing patients, initiating necessary interventions, and arranging appropriate follow-up care or consultations with specialists to ensure ongoing management of the patient's condition.

Advocating for the best interests of the patient is a fundamental role of physicians in emergency care. This includes ensuring that patients receive appropriate care, pain management, informed consent, and respect for their preferences and values, even in the high-pressure and time-sensitive environment of the emergency department.

Overall, emergency care requires physicians to possess a broad knowledge base, excellent clinical skills, efficient decision-making abilities, and strong communication and teamwork skills. It is a challenging yet rewarding field that allows us to make a significant impact on patients' lives during times of crisis.

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Organophosphate Poisoning



Dr. Rajesh Dhall
Sr. Consultant -
Anesthesiology & Critical Care

A 12-years old female was brought to the emergency with an acute history of confusion, nausea, vomiting and diarrhea. On examination, she had pungent smell in her breath, bradycardia, and constricted pupils. Her parents reported that 6 hours ago, she had accidentally ingested a liquid pesticide that had been stored in an unlabelled bottle in the kitchen. She was initially managed in the ER, and later in the ICU, as per guidelines, and she responded well to our treatment.

INTRODUCTION:

Organophosphates are potent cholinesterase inhibitors capable of causing severe cholinergic toxicity following cutaneous exposure, inhalation, or ingestion. Worldwide, an estimated 3,000,000 people are exposed to organophosphate or Carbamate agents each year, with up to 300,000 fatalities. Toxicity generally results from accidental or intentional ingestion of, or exposure to, agricultural pesticides. Other potential causes of organophosphate or Carbamate toxicity include ingestion of contaminated fruit, flour, or cooking oil, and wearing contaminated clothing. Specific agents linked to human poisoning include both Carbamate (methomyl and aldicarb) and organophosphate (parathion, fenthion, malathion, diazinon, and dursban) insecticides. Chlorpyrifos, the organophosphate agent of dursban, is found in some popular household roach and ant sprays.

MECHANISM OF ACTION:

Organophosphorus compounds contain carbon and phosphorous acid derivatives. These agents are well absorbed through the skin, lungs, and gastrointestinal tract. They bind to acetylcholinesterase (AChE) and render this enzyme non-functional. AChE is the enzyme responsible for hydrolysis of acetylcholine to choline and acetic acid, and inhibition leads to an overabundance of acetylcholine at the neuronal synapses and the neuromuscular junction. After some period of time (dependent on the chemical structure of the Organophosphorus agent), the acetylcholinesterase-organophosphorus compound undergoes a conformational change, known as "aging," which renders the enzyme irreversibly resistant to reactivation by an antidotal oxime. In addition, plasma cholinesterase (also called butylcholinesterase [BuChE] or pseudocholinesterase) and neuropathy target esterase (NTE) are inhibited by organophosphorus agents; however, the clinical significance of these interactions are less certain.

CLINICAL FEATURES:

Onset and duration of AChE inhibition varies depending on the organophosphorus agent's rate of AChE inhibition, the route of absorption, enzymatic conversion to active metabolites, and the lipophilicity of the organophosphorus agent.

Acute toxicity:

- Generally manifests in minutes to hours
- Evidence of cholinergic excess. The muscarinic signs can be remembered by use of one of two mnemonics:

SLUDGE/BBB – Salivation, Lacrimation, Urination, Defecation, Gastric Emesis, Bronchorrhea, Bronchospasm, Bradycardia

DUMBELS – Defecation, Urination, Miosis, Bronchorrhea/Bronchospasm/Bradycardia, Emesis, Lacrimation, Salivation

- Respiratory insufficiency can result from muscle weakness, decreased central drive, increased secretions, and bronchospasm.

- Cardiac issues: Cardiac arrhythmias, including heart block and QTc prolongation, signs of myocardial ischemia, such as an elevated troponin or changes in the ECG, Peak troponin concentrations occur at presentation in most cases are occasionally observed in Organophosphorus agent poisoning. It is unclear whether these arrhythmias are due to direct toxicity or secondary hypoxemia. Risk appears to be greatest in older patients and those with severe poisoning, but low in patients with mild poisoning.
 - Respiratory issues: Fatalities result from respiratory failure due to a combination of depression of the CNS respiratory center, neuromuscular weakness, excessive respiratory secretions, bronchoconstriction and cardiovascular collapse. Intermediate (neurologic) syndrome:
 - 10 to 40% patients develop a distinct neurologic disorder 24-96 hours after exposure and resolution of cholinergic excess.
 - Characteristic neurological findings includes, neck flexion weakness, decreased deep tendon reflexes, cranial nerve abnormalities, proximal muscle weakness and respiratory insufficiency.
 - With adequate supportive care, including prolonged mechanical ventilation, most patients have generally resolves in 2-3 weeks.
 - Nerve conduction studies on patients with intermediate syndrome reveal unique postsynaptic abnormalities that differentiate this disorder from delayed neurotoxicity. Organophosphorus Agent-Induced Delayed Peripheral Neuropathy (OPIDN):
 - Usually occurs one to three weeks after ingestion of one of a small number of specific Organophosphorus agents, including Chlorpyrifos.
 - Affected patients present with transient, painful "stocking-glove" paresthesia followed by a symmetrical motor polyneuropathy characterized by flaccid weakness of the lower extremities, which ascends to involve the upper extremities.
 - Sensory disturbances are usually mild.
 - Delayed neurotoxicity primarily affects distal muscle groups, but in severe neurotoxicity, proximal muscles groups may also be affected.
 - Electromyograms and Nerve conduction studies reveal decreased firing of motor conduction units.
 - Histopathology sections of peripheral nerves reveal Wallerian (or "dying-back) degeneration of large distal axons.
 - Most cases of mild delayed neurotoxicity improve with time; in severe case, an upper motor neuron syndrome with spasticity of the lower extremities usually causes permanent disability.
- Additional effects:
- Several case reports describe Acute Kidney Injury (AKI) requiring renal replacement therapy in the setting of severe organophosphate poisoning.
 - Acute pancreatitis may complicate poisoning caused by either Organophosphates or Carbamate.

NEUROLOGIC EFFECTS OF ORGANOPHOSPHATE AND CARBAMATE AGENTS:

DIAGNOSTIC EVALUATION OF ACUTE TOXICITY: ❖ Atropine challenge if diagnosis is in doubt (1 mg IV in adults, 0.01 to 0.02 mg/kg in children) ❖ Absence of anticholinergic signs (tachycardia, mydriasis, decreased bowel sounds, dry skin) strongly suggests poisoning with Organophosphate or Carbamate. ❖ Draw blood sample for measurement of RBC acetylcholinesterase activity to confirm diagnosis

TREATMENT OF ACUTE TOXICITY:

- Deliver 100% oxygen via facemask; early intubation often required; avoid succinylcholine when performing Rapid Sequence Intubation (RSI), Succinylcholine is metabolized by acetylcholinesterase (which is inhibited by OP compounds) leading to exaggerated and prolonged neuromuscular blockade in poisoned patients. Nondepolarizing neuromuscular

blocking agents (e.g., Rocuronium) can be used, but may be less effective at standard doses due to competitive inhibition at the neuromuscular junction. Therefore, increased doses will likely be needed.

- Adequate volume resuscitation with isotonic crystalloid (e.g., Normal Saline or Lactated Ringer solution) should be performed concomitantly with other resuscitative and diagnostic efforts.
- Decontamination if ingestion within 1 hour give single dose activated charcoal, adult 50 g (1 g/kg in children) unless airway not protected or other contraindication. Aggressive dermal and ocular irrigation as needed. Bag/discard clothing.
- Atropine 2 to 5 mg IV/IM/IO bolus (0.05 mg/kg IV in children). Escalate (double) dose every 3-5 minutes until bronchial secretions and wheezing stop.

TACHYCARDIA AND MYDRIASIS ARE NOT CONTRAINDICATIONS TO ATROPINE USE.

Hundreds of milligrams may be needed over several days in severe poisonings. Inhaled ipratropium 0.5 mg with parenteral atropine may be helpful for bronchospasm; may repeat.

- Epinephrine – A relatively small percentage of patients do not respond adequately to high-dose Atropine therapy and may require treatment with Epinephrine (initiating Epinephrine infusion for patients whose heart rate remains 80bpm or who remains hypotensive with an adequate heart rate despite receiving high doses of Atropine). Little evidence is available to guide such decisions.
- Pralidoxime (2-PAM) 2 g (25 mg/kg in children) IV over 30 minutes; may repeat after 30 minutes or give continuous infusion if severe. Continuous infusion at 8 mg/kg/hour in adults (10 mg/kg/hour in children). If no IV access, give Pralidoxime 600 mg IM (15 mg/kg in children)

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Adult Vaccination: Most Economical and Effective Tool for Prevention of Infectious Diseases



Dr. Ruby Bansal
Consultant - Lifestyle &
Infectious Disease

Immunization is often associated with childhood vaccinations

Are they only for children?

the importance of vaccines extends well into adulthood. Adult immunization plays a vital role in preventing diseases, reducing complications, and safeguarding public health. Despite this, there is a significant gap in adult vaccination rates compared to childhood vaccination rates.

This article highlights the importance of adult immunization and aims to raise awareness about the vaccines recommended for adults.

Whole World is witness about role of covid vaccination in community

The Need for Adult Immunization:

Protecting against Vaccine-Preventable Diseases: Vaccines are one of the most effective ways to prevent infectious diseases. Many diseases, such as influenza, pneumonia, shingles, hepatitis & typhoid can have severe consequences for adults. Vaccination helps reduce the risk of infection and its complications.

Reducing Disease Transmission: Vaccines not only protect the vaccinated individual but also help prevent the spread of diseases within the community. By getting vaccinated, adults can contribute to herd immunity, protecting those who cannot be vaccinated due to medical conditions or age.

Recommended Vaccines for Adults:

Influenza (Flu) Vaccine: The influenza virus can cause severe illness and even death, particularly in older adults and individuals with chronic health conditions. Yearly flu vaccination is recommended for all adults.

Pneumococcal Vaccines: Pneumococcal disease can lead to pneumonia, meningitis, and bloodstream infections. Vaccination is recommended for adults over 65 years old and those with certain medical conditions like COPD, Asthma, Immunocompromised status, transplant patients etc
Tetanus, Diphtheria, and Pertussis (Tdap) Vaccine: Protection against tetanus, diphtheria, and pertussis (whooping cough) can weaken over time. Adults should receive a booster Tdap vaccine and tetanus-diphtheria (Td) booster every 10 years.

Shingles (Herpes Zoster) Vaccine: Shingles can cause a painful rash and long-lasting nerve pain. The shingles vaccine is recommended for adults aged 50 and older.

Hepatitis Vaccines: Vaccines are available for hepatitis A and hepatitis B, which can cause liver disease. Vaccination is recommended for adults at risk due to occupation, travel, lifestyle choices, or certain medical conditions.

Human Papillomavirus (HPV) Vaccine: The HPV vaccine protects against several types of cancer, including cervical, anal, and oropharyngeal cancers. It can be given to adults up to age 45, particularly those who missed vaccination in adolescence. It is recommended young boys as well girls upto age 16 years

Adult immunization is an essential component of preventive healthcare. Vaccines protect individuals, prevent the spread of diseases, and help to create healthier communities. It is crucial for adults to stay up-to-date with their immunizations and consult with healthcare providers to determine the vaccines that are appropriate for their age, health status, and lifestyle. By prioritizing adult immunization, we can all contribute to a healthier future for ourselves and those around us.

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Dietician Tips

Complementary Feeding: Feeding of an infant beyond 6 months age



Ms. Linta George
Dietician
Pushpanjali Medical Centre

What is Complementary Feeding?

Feeding only breast milk (exclusive breastfeeding) is adequate for baby till 6 months of life. After the age of 6 months, breastfeeding alone is no longer enough for optimal growth and development of the child. Hence it is necessary to start complementary feeding along with breast milk. The word “weaning” is now replaced by “complementary feeding” – the process of introduction of suitable semi-solid food at the right age.

When to start complementary feeds and why at 6 months?

After the age of 6 months, breast milk alone is no longer sufficient to provide adequate nutrition to the child and complementary feeding must begin soon after completing 6 months of age. Moreover, the biting movement of jaw appears around 5 months. Around 6-7 months, swallowing of solid foods occurs. The side-to-side movement of tongue develops by 8-12 months. The introduction of complementary feeding around 6 months is the ideal time or “sensitive period”

Which foods should be used for complementary feeding?

- Combination of cereals and pulses (mashed khichdi, ricedal), locally available staple foods such as idli, ragi, dosa, chapathi with ghee/oil and some amount of sugar.
- Mashed banana, other pulpy fruits (e.g., mango, papaya), sweet potato and potato
- Milk based cereal preparations
- Boiled sprouts, pulses, legumes, groundnuts, almonds, cashew nuts, raisins (note: Any nut should be well grinded and mixed with food as solid pieces may cause choking in young children)

Quantity, frequency and texture of complementary foods

Age	Texture	Frequency	Average amount of each meal
6-8 months	Begin with mashed foods or thick porridges	Daily 2-3 meals along with frequent breastfeeding	In the beginning 2-3 tablespoon full
9-11 months	Mashed foods, finely chopped and foods that can be picked up by baby snacks	Daily 3 meals with continued breastfeeding plus after 1-2 additional	½ cup / bowl (125ml)
1-2 year	Staple family foods, mashed or chopped 9if required) snacks	Daily 3-4 meals with continued breast feeding plus 1-2 additional	¾ to one cup/ bowl (250ml)



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Renovation of Hospital



Mr. Gaurav Grover
GM Operations

Better health facilities and better hospital infrastructure go hand in hand. Therefore, to provide the desired result the infrastructure of Pushpanjali Medical Centre has been renovated to offer unbeatable medical facilities.

The main purpose behind renovating the entire hospital building is to maintain a high standard of care for patients and comfort for their attendants.



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Then Reception Now



Then IPD, Ground Floor Now



Pushpanjali Medicon 2023

Scientific Programme

Pushpanjali Medicon 2023 (Dr. Girish Chhabra Memorial Hall)			
09:00 am to 10:00 am	Session 1 Nephrology Coordinator: Dr. Neeru P Aggarwal		
09:00 am to 09:20 am	Role of Artificial Intelligence in Medicine and Nephrology	Speakers Dr Vinant Bhargava	Chairpersons Dr. Neeru P Aggarwal Dr. Garima Aggarwal Dr. Manisha Dassi Dr. Ajay Kumar Gupta Dr. Ashish Gupta
09:20 am to 09:40 am	When to initiate Renal Replacement Therapy in Intensive Care Unit	Dr Sunil Prakash	
09:40 am to 10:00 am	How I interpret Hyponatremia	Dr Ajay Kher	
10:00 am to 11:00 am	Session 2 Neurology Coordinator: Dr. Bipin Kumar Gupta		
10:00 am to 10:20 am	Botulinum toxin. Use in Dystonia & Chronic Migraine	Speakers Dr. ElavarasiA.	Chairpersons Dr. Sanjay Saxena Dr. K S Anand Dr. Deepika Verma Dr. Sahil Gupta
10:20 am to 10:40 am	Deep Brain Stimulation: Role in Management of Parkinson Disease	Dr Vinay Goyal	
10:40 am to 11:00 am	Management of spasticity	Dr. Tanushree Chawla	
11:00 am to 11:30 am	"Dr. J K Jain Memorial Oration"		
11:00 am to 11:30 am	Making of a doctor - Is our destiny hidden in history?	Speaker Dr. O P Yadava	Chairpersons Dr. Vijay Aggarwal Dr. V K Monga
11:30 am to 01:40 pm	Session 3 Medicine Coordinator: Dr. Nishesh Jain/Dr. Sumer Sharma		
11:30 am to 11:50 am	Anemia: How we approach nowadays	Speakers Dr. Pravas Chandra Mishra	Chairpersons Dr. Parkash Gera Dr. Micky Malhotra Dr. Purneetha Singh Dr. Nivedita Dhingra
11:50 am to 12:10 pm	Enteric Fever : As we see it Today	Dr. Anupam Prakash	Dr. Ajay Arora Dr. Kush Ohri Dr. Tarun Goel
12:10 pm to 12:30 pm	Adult Immunisation- Current Recommendations	Dr. Sandeep Budhiraja	Dr. Ashok Grover Dr. Ruby Bansal Dr. Nitin Sinha
12:30 pm to 12:50 pm	Recent advances in the Management of Sepsis	Dr. M K Daga	Dr. RPS Makkar Dr. Ankit Bhatia Dr. Sumer Sharma

12:50 pm to 01:20 pm	Panel Discussion - Rational use of Antibiotics Emerging Resistance	Dr. Pankaj Nand Choudhry	Dr. Saloni Sehgal Dr. Narender Saini Dr. Manish Gupta Dr. Paras Gangwal Dr. Nishesh Jain
01:20 pm to 01:40 pm	Ultra long acting basal insulins in outpatient & inpatient hyperglycemia management	Dr. Himika Chawla	Dr. Rajeev Bansal Dr. Ajay Kumar Gupta
01:45 pm to 02:30 pm	Lunch Break		
02:30 pm to 02:50 pm	Session 4 Dermatology Coordinator: Dr. Rajesh Dhall		
02:30 pm to 02:50 pm	A novel approach in the Management of Pruritus	Speaker Dr. V K Upadhyaya	Chairpersons Dr. Gopal Sharma Dr. Neeru P Aggarwal
02:50 pm 03:30 pm	Session 5 Pulmonology Coordinator: Dr. Ankit Bhatia		
02:50 pm to 03:10 pm	Recent advances in Chronic Obstructive Pulmonary Disease	Speakers Dr. Randeep Guleria	Chairpersons Dr. Rajesh Dhall Dr. Vandana Garg Dr. Sharad Joshi Dr. Nitesh Tayal Dr. Swati Jami
03:10 pm to 03:30 pm	Intervention Pulmonology - advances and beyond	Dr. Ankit Bhatia	
03:30 pm to 04:30 pm	Session 6 Orthopaedics Coordinator: Dr. Karun Jain		
03:30 pm to 03:50 pm	Robotic Knee Replacement	Speakers Dr. Anil Arora	Chairpersons Dr. Hemant Gupta Dr. Atul Jain Dr. Man Mohan Aggarwal Dr. Manoj Goel Dr. P K Dhar
03:50 pm to 04:10 pm	Growth Factor Concentrate injection in Orthopaedics: A novel technique	Dr. Karun Jain	
04:10 pm to 04:30 pm	"What's New in Orthopedics"	Dr. Shekhar Srivastav	
04:30 pm to 05:00 pm	Dr. Shekhar Agarwal Memorial Oration		
04:30 pm to 05:40 pm	"Love what you do- Making of a Great Professional"	Speaker Dr. Rajesh Malhotra	Chairpersons Dr. Hemant Gupta Dr. Sameer Mehta Dr. Shekhar Srivastav Dr. Rajeev Jain
05:00 pm to 05:20 pm	Session 7 Endocrinology Coordinator: Dr. Sumer Sharma		
05:00 pm to 05:20 pm	Diabetes - Treatment; Recent Advances	Speaker Dr. Setu Gupta	Chairpersons Dr. Ashish Saini Dr. Rajiv Gupta Dr. Nishesh Jain

Pushpanjali Medicon 2023 (Dr. M M Aggarwal Memorial Hall)

09:00 am to 09:20 am			
Session 1 Genetics Medicine Coordinator: Mr. Amit Chauhan			
09:00 am to 09:20 am	Non Invasive Pre-Natal Test- NIPT	Speaker Dr. Atul Thatai	Chairpersons Dr. Sangeeta Goel Dr. Anita Jain Dr. Anita Aggarwal Dr. Puja Prasad Dr. Apoorva Reddy Dr. Ragini Gupta
09:20 am to 09:40 am			
Session 2 Neonatology Coordinator: Dr. Deepak Pande			
09:20 am to 09:40 am	Zero separation: Paradigm shift in care of small and sick babies	Speaker (Prof.) Dr Harish Chellani	Chairpersons Dr. Lalan Bharti Dr. Deepak Pande Dr. Vineet Jain Dr. R K Nabh Dr. Piyush Jain
09:40 am to 12:00 pm			
Session 3 Obstetrics & Gynaecology Coordinator: Dr. Rupali Gupta/ Dr. Monika Aggarwal			
09:40 am to 10:00 am	Intra Hepatic Cholestasis of Pregnancy	Speaker Dr. Achla Batra	Chairpersons Dr. Rupam Arora Dr. Anita Rajoria Dr. Sangeeta Goel Dr. Somna Goyal Dr. Rekha Sarin
10:00 am to 10:40 am	PANEL DISCUSSION - Enigmatic First Trimester	Moderators Dr. Jyoti Bhaskar Dr. Rekha Bharti	Panelists Dr. Ila Gupta Dr. Anita Aggarwal Dr. Ritu Arya Dr. Kumar Gandhi Dr. Meenakshi Sharma Dr. Apoorva Reddy
10:40 am to 10:50 am			
Questions & Answers Round			
10:50 am to 11:10 am	Management of Adnexal Masses	Speaker Dr. Bindiya Gupta	Chairpersons Dr. Rini Goel Dr. Anita Jain Dr. Deepti Nabh Dr. Chanderlata Dr. Rakhi Rawat
11:10 am to 11:50 am	PANEL DISCUSSION - Mastering The Puzzle- Navigating Adnexal Masses in Management	Moderator Dr. Sowjanya Aggarwal	Panelists Dr. Sushma Dikhit Dr. Anita K Sharma Dr. Kanika Gupta Dr. Jyoti Mishra Dr. Neelam Lekhi Dr. Parul Aggarwal

11:50 am to 12:00 pm	Questions & Answers Round		
12:00 pm to 01:00 pm	Session 4 Oncology Coordinator: Dr. Sandeep Agarwal		
12:00 pm to 12:15 pm	Cutting Edge Advances in Cancer Surgery	Speakers Dr. Shubham Garg	Chairperson Dr. Kabir Rehmani
12:15 pm to 12:30 pm	Approach to Blood Cancers	Dr. Rahul Bhargava	Chairperson Dr. Sumant Gupta
12:30 pm to 12:45 pm	New paradigm shift in radiation treatment	Dr. Tripti Saxena	Chairperson Dr. Sandeep Agarwal
12:45 pm to 1:00 pm	Increasing survival in metastatic breast cancer	Dr. Rajat Bajaj	Chairperson Dr. Sumant Gupta
01:00 pm to 01:30 pm	"Dr. M M Aggarwal Memorial Oration"		
01:00 pm to 01:30 pm	Healthcare Management- Efficiency and Excellence	Speaker Dr. Gaurav Aggarwal	Chairpersons Dr. Vijay Aggarwal Dr. Sandeep Budhiraja
01:30 pm to 01:45 pm	Ceremonial lamp lighting by the organizing team		
01:45 pm to 02:30 pm	Lunch Break		
02:30 pm to 03:30 pm	Session 5 Cardiology Coordinator: Dr. Praveer Agarwal		
02:30 pm to 02:50 pm	Heart Failure despite preserved systolic function-Demystifying common cause of breathlessness	Speakers Dr. Vinay Sharma	Chairpersons Dr. A Sampath Kumar Dr. Dhirender Singhania Dr. Praveer Agarwal Dr. Mukesh Ajmera Dr. Gaurav Minocha Dr. Wasim Farooqui
02:50 pm to 3:10 pm	Recent advances in management of acute coronary syndrome	Dr. Samir Kubba	
03:10 pm to 03:30 pm	A Journey: 30 years of intervention cardiology in the country	Dr. Praveer Agarwal	
03:30 pm to 04:00 pm	Session 6 Medical Ethics Coordinator: Dr. Vinay Aggarwal		
03:30 pm to 04:00 pm	PANEL DISCUSSION - Medico Legal issues faced by the profession	Moderators Dr. Arun Aggarwal Dr. Vinay Aggarwal	Panelists Dr. Arun Gupta Dr. Girish Tyagi Dr. Ashwini Dalmiya Dr. Subodh Garg Dr. Maneesh Singhal Dr. V K Monga Dr. Ajay Lekhi
04:00 pm to 04:40 pm	Session 7 Gastroenterology Coordinator: Dr. Neeraj Jain / Dr. Pabitra Sahu		
04:00 pm to 04:20 pm	Short duration fever with jaundice - A case based approach	Speakers Dr. Ajay Kumar	Chairpersons Dr. Rajiv Lochan Dr. Naresh Aggarwal Dr. Neeraj Jain
04:20 pm to 04:40 pm	Refractory Ascites	Dr. Vibhu Vibhas Mittal Dr. Pabitra Sahu	
04:40 pm to 05:00 pm	Session 8 General Surgery Coordinator: Dr. Anuj Kumar Kundalia		
04:40 pm to 05:00 pm	"Myths and facts of Obesity Surgery"	Speaker Dr. ParveenBhatia	Chairpersons Dr. Gautam Jain Dr. C M Goel Dr. Subhashish Das Dr. Praveen Jain

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Dr. Utsav Bansal - Cataract, LASIK Surgeon

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After completing Post-graduation, worked as a Medical Officer at Shroff Charity Eye Hospital, Delhi and has taken training at various prestigious institutes like Alakh Nayan Mandir Eye Hospital, Udaipur; Center for Sight, Vadodara; Icare Eye Hospital, Noida.

Dr. Anshu Arora - Retina Surgeon

Dr. Anshu Arora Is an experienced Vitreoretinal Surgeon. He specialized in Diagnosing and treating Vitreoretinal diseases and uveitis. He is armed with the knowledge of latest developments in the field of Surgical as well as Medical Retina.

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Timings:

Mon-Sat: 10:00 am to 8:00 pm
Sun: by Appointment

Pushpanjali Medicon 2023

Sunday, 16th July 2023
The Leela Ambience Convention Centre, Delhi

DR. J. K. JAIN MEMORIAL ORATION



By



Dr. O. P. Yadava is the CEO & Chief Cardiac Surgeon of National Heart Institute, New Delhi and Director, All India Heart Foundation. He is a pioneering cardiac surgeon with an experience of over 20,000 heart surgeries. He was bestowed upon with Dr. B. C. Roy National Award by Mr. Pranab Mukherjee, Hon'ble President of India in 2016.

Renowned Cardiac Surgeon

Topic

"Making of a Doctor - Is our Destiny Hidden in History ?"

Please join Pushpanjali Medicon 2023

9:00 am to 5:00 pm, Sunday, 16th July 2023
The Leela Ambience Convention Centre, CBD Ground, Delhi

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Pushpanjali Medicon 2023

Sunday, 16th July 2023
The Leela Ambience Convention Centre, Delhi

DR. SHEKHAR AGGARWAL MEMORIAL ORATION



By



Dr. Rajesh Malhotra

MBBS (AIIMS), MS (AIIMS), FRCS, FACS, FICS, FIMSA, FAMS, FNASc
Professor and Head of Orthopaedics &
Chief, J P N Apex Trauma Centre, AIIMS

Topic

"Love what you do- Making of a Great Professional"



Chairperson

Dr. Shekhar Srivastav

HOD (Orthopedics)- Parmanand Special Surgery Hospital
& Sant Parmanand Hospital

Please join Pushpanjali Medicon 2023

9:00 am to 5:00 pm,
Sunday, 16th July 2023

The Leela Ambience Convention Centre,
CBD Ground, Delhi

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Pushpanjali Medicon 2023

Sunday, 16th July 2023
The Leela Ambience Convention Centre, Delhi

DR. M M AGGARWAL MEMORIAL ORATION



By



Dr. Gaurav Aggarwal

Senior Vice President - Operations
Max Super Speciality Hospital, Vaishali & Max Multi Speciality Centre,
Noida

Topic

"Healthcare Management- Efficiency and Excellence"

Please join Pushpanjali Medicon 2023

9:00 am to 5:00 pm, Sunday, 16th July 2023
The Leela Ambience Convention Centre, CBD Ground, Delhi

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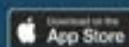
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Zero Separation: Paradigm shift in care of small and sick babies



(Prof.) Dr Harish Chellani
Former Head - Department of Pediatrics
VMMC & Safdarjung Hospital, Delhi

Low birth-weight infants constitute approximately 15% of all newborns worldwide but account for 70% of all newborn deaths. Most of these babies are born in low- and middle-income countries (LMICs) in Asia and sub-Saharan Africa and die within the first few days of life. Preterm birth complications are the largest contributor to neonatal and child mortality and strategies to improve the care of premature or low birthweight (LBW) infants are vital. One important strategy is kangaroo mother care (KMC).

While a Cochrane review (2016) showed that kangaroo mother care (KMC) initiated after clinical stabilization reduces mortality by 40%, evidence of the effect of initiating KMC immediately after birth without waiting for babies to become stable was unavailable until recently. This research gap was addressed by a multicountry, randomized, controlled trial co-ordinated by WHO. This trial was conducted in five hospitals in Ghana, India, Malawi, Nigeria, and Tanzania. Intervention was Immediate KMC (iKMC) which means KMC to be started soon after birth (within 2 h) and to be given continuously (aiming up to 20 h per day) before and after stabilization. Implementation of this trial led to development of the "Mother-Newborn Care Unit (MNCU)." Mother-newborn care unit or mother-newborn intensive care unit (M-NICU) is a facility where sick and small newborns are cared with their mothers 24×7 with all facilities of level II newborn care and provision for postnatal care to mothers. The mother is not a mere visitor, but she has her bed inside the special newborn care unit (SNCU)/newborn intensive care unit (NICU) and as a resident of MNCU, becomes an active caregiver and is involved in continuum of neonatal care. The study results show that intervention babies in MNCU had 25% less mortality by 28 d of life, 35% less incidence of hypothermia, and 18% less suspected sepsis as compared to control babies cared in conventional NICU.

Looking at the current evidence and potential of KMC, the World Health Organization 2022 Guidelines recommend Kangaroo Mother Care (KMC) as a routine care for all preterm (<37 weeks' gestation) and low-birth-weight (<2.5kg) babies. KMC can be initiated in the health-care facility or at home and should be given for 8–24 hours per day (as many hours as possible). KMC for preterm or low-birth-weight infants should be started as soon as possible after birth (Immediate KMC) without waiting for stabilization of the newborns.

However, to implement this new newborn units are to be redesigned to accommodate mother's bed inside and it would require national policy change to permit mother and surrogate in SNCU/NICU 24×7, making the concept of zero-separation a reality.



Mother in NICU is Level II NICU where Mother and baby cared together 24X7



MNCU Cubicle with Level II care facilities



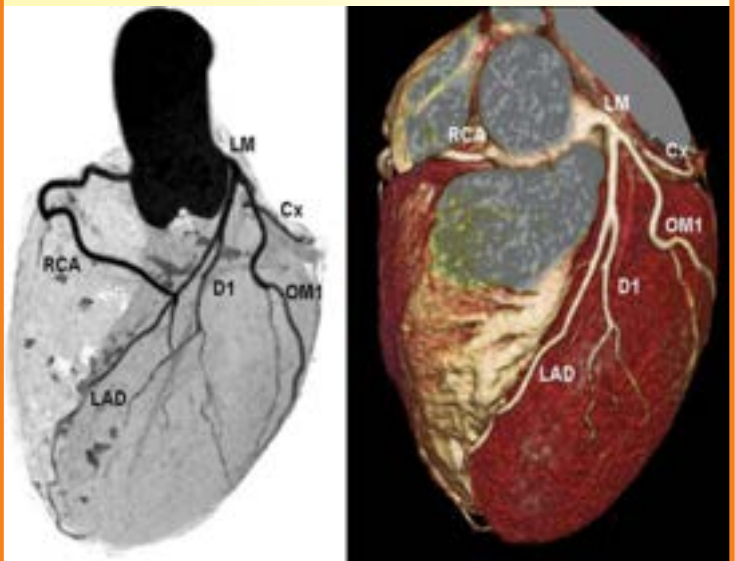
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On Panel CGHS, DGEHS, ESI, BSES ETC

Growth Factor Concentrate in Orthopedics: A Novel technique



Dr Karun Jain
Consultant - Orthopedics

During the past several years, much has been written about a preparation called platelet-rich plasma or Growth Factor Concentrate (GFC) and its potential effectiveness in the treatment of injuries. Many famous athletes; Tiger Woods, Rafael Nadal, and several others have received GFC for various problems, such as sprained knees and chronic tendon injuries & they have credited GFC with their being able to return more quickly to competition.

Growth factor concentrate is an autologous preparation of platelets in concentrated plasma (with usually $>1,000,000$ platelets/ μ L or 2–7 times the concentration in whole blood). It has now attracted attention in several medical specialties such as orthopedics, maxillofacial surgery, regenerative medicine, and dermatology because of its ability to promote tissue regeneration and wound repair. Since GFC injection is autologous in nature and its extraction is minimally invasive, affordable, and without major side effects, its therapeutic profile has expanded to include many Orthopedic indications.

GFC injection allows improvement of local biological conditions in orthopedic problems and regeneration of different types of tissues. GFC is a safe modern treatment strategy with worldwide recognition. There is a high concentration of growth factors in small amounts of plasma. GFC injection has become one of the best methods to support the healing process of various tissues. It is used in regenerative medicine because it provides two of three components (growth factors and scaffolds) necessary for complete tissue regeneration. Growth factors like platelet-derived growth factor (PDGF) and vascular endothelial growth factor (VEGF) have shown potential in promoting tendon and ligament repair by enhancing cell migration, proliferation, and angiogenesis (formation of new blood vessels).

Uses: Osteoarthritis knee, frozen shoulder, tennis elbow, golfers elbow, Plantar fasciitis & heel pain, acute and chronic wounds, ligament and muscle injuries & fracture union.

We have done a lot of work on "Growth Factor injection in Orthopedics" with a long case series of successful patients (more the 500) for various problems. We are procuring GFC injection with the most reliable dual spin method to achieve the best quality & treatment outcome.

I recently delivered a guest lecture on the Role of Growth factor concentrate (GFC) injection in Orthopedics at All India Institute of Medical Science (AIIMS), Delhi. I have also delivered a lecture on Role of GFC injection in Ankle Arthritis at European Orthopedic Federation congress, EFORT 2023.



Lecture at AIIMS



Lecture at EFORT 2023





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TIMING : 09:00AM to 09:00PM (MON to SAT), SUNDAY CLOSED

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Inauguration



Inauguration of renovated reception by Dr. Vinay Aggarwal (CMD) & Dr. Sudesh Aggarwal (Director), Pushpanjali Medical Centre



Inauguration of new Diagnostic wing by Dr. Parkash Gera (Sr. Consultant, Internal Medicine), Pushpanjali Medical Centre



Inauguration of renovated Ground Floor IPD by Dr. Yogesh Jhamb (Sr. General Surgeon) Pushpanjali Medical Centre

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- Mahatma Gandhi Hospital-Jaipur
- Sri Ram Cancer & Super Speciality Centre-Jaipur
- Haldiram Moolchand Govt. Centre of Cardio Vascular Science & Research-Bikaner
- Shrimann Super Speciality Hospital-Jalandhar
- Pragma Medical Institute-Bhatinda
- CK Birla Hospital-Punjabi Bagh
- Birla Fertility & IVF-Pan India
- Femme Nest-IVF Centre-Delhi
- The Pentagon Mall-Haridwar
- ACE Group
- Supertech
- BML Munjal University
- Radisson-Rudrapur
- Hyphen Hotel-Haridwar
- Max Estates

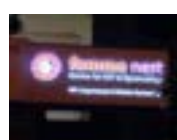
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Awards & Achievements

Dr. Vinay Aggarwal, CMD & recepient of Dr. B C Roy National Award, delivering a talk at a TEDx event. The talk explores his journey of how he took inspiration from his own life journey, from India's corporates and various companies to develop Pushpanjali, a prime example of Cooperative Corporation in Medical Industry in India.



Dr. Vinay Aggarwal with Mr Vijay Rupani, Former Chief Minister Gujarat at a Delhi BJP Function



Bhoomi Poojan at A16, Pushpanjali



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Evprocop

Pre-Probiotic **HPMC** Capsules
(15 Billion CFU)

Evprocop Forte

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(45 Billion CFU)

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⁴⁰⁰
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Dr. Sowjanya Aggarwal
IVF & Infertility Specialist,
Laparoscopic & Robotic Gynae Surgeon

We are thrilled to share the joyous moments of first-year anniversary celebrations at the Femme Nest IVF and Gynae Centre! It was a whole day filled with warmth, gratitude, and inspiration. Our esteemed guests, including medical professionals, and whole Pushpanjali family, joined us to commemorate a year of hope, compassion, and life-changing journeys.

The highlight of the day was a special recognition ceremony, where our dedicated medical team was honored for their expertise, empathy, and tireless efforts in making dreams come true. Their commitment and personalized approach have been instrumental in helping numerous couples start their families.

The celebrations continued with a delightful musical performance, filling the air with joy and harmony. Guests mingled, sharing their experiences and forming connections, fostering a sense of camaraderie and support. It was a true testament to the strength of our community and the bonds formed during this transformative journey.

As the evening drew to a close, a toast was raised to the countless miracles created within our centre and to the bright future that lies ahead. With renewed determination, we pledged to continue providing the highest level of care, innovation, and support to all those who seek our services.

We express our deepest gratitude to everyone who has been part of our journey, whether as a patient, a well-wisher, or a member of our dedicated team. Together, we have made the first year of the Femme Nest IVF and Gynae Centre a resounding success, and we look forward to many more years of bringing hope, happiness, and fulfilled dreams to families in need.





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PMC Kitty Celebrations



Dr. Deepika Verma
Consultant Psychiatrist

Pushpanjali Family kitty has been a quarterly event for the past many years. It gives a unique opportunity to consultants, their spouses and children to meet and socialize.

The first kitty of this season was organized by Dr. Rajesh Dhall, Dr. Deepak Pande, Dr. Manish, Dr. Karun Jain, Dr. Rakesh Atrey & Mr. Majid Khan at Northern Railway ECO Park & Golf Course, Chanayakya Puri on 26th Nov 22. Lavish Food and live music made the evening memorable

We all had a fun – filled 2nd kitty at Shooting village, Bakhtawarpur, Delhi on 19th Feb 23 where everyone enjoyed a wide range of fun & exciting games with sumptuous lunch buffet. It was hosted by Dr. Neeraj Jain , Dr. Vineet Jain, Dr. Ashok Grover, Dr. A.K Kundalia, Dr. Puja Prasad & Dr. Geeta Paul.

Then in the month of May, there was another event hosted by Dr. Vinay Aggarwal sir, Dr. B.K Gupta, Dr. Manoj Bansal, Dr. Sandeep Agarwal, Dr. Rahul Agarwal & Dr. Atul Jain (Ortho) at Inspire, Le-Meridien, where along with dinner, live music & drinks, a Fancy Dress Competition was also organized. Most of the consultants and their spouses participated with full zest & we all had a great time in the company of friends.



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Onam & Diwali Celebrations



Dr. Manish Singh
Medical Director

Onam and Diwali functions were celebrated together on 15th October 2022 at Pushpanjali Community Hall with fanfare. It was attended by all the consultants and staff of Pushpanjali medical centre. It started with the welcome speech followed by Ganesh Vandana by reception Staff followed by Thiruvathira by the nursing staff. Both the performance was very elegant and full of poise and grace. Other performance was done were group dance by nursing staff which full of energy and grace. CMD sir and MD addressed the gathering with good wishes for Diwali and Onam. They praised all the participants for their lively and energetic performance.

Everybody Danced and rocked the floor.

The function was enjoyable to all with lots of fun moments.



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Nurses Day Celebration



Dr. Manish Singh
Medical Director

International Nurses Day was celebrated on 12th May 2023 at Pushpanjali Community Hall.

The theme of International Nurses Day 2023 was 'Our Nurse Our Future'. Just to elaborate, the theme is based on what we need to learn from the pandemic and translate it into action in the future.

Nursing staff performed vandana, cultural event and skits. Other departments also participated in Nurses Day Celebration which was appreciated by all.

CMD Sir, addressed the gathering with his wise words, and appreciated the nursing staff for their dedication, tireless efforts, and contribution in the healthcare.





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Celebrations



Birthday Celebration of Dr Sudesh Aggarwal



Birthday Celebration of Dr Vinay Aggarwal



Marriage Anniversary Celebration of Dr Vinay & Dr Sudesh Aggarwal



Birthday Celebration of
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Birthday Celebration of Dr. Manish Singh



Doctor's Day Celebration



Christmas Day Celebration

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Free Multi Speciality Health Camp organised by Pushpanjali Medical Centre on Sunday 19 March, 2023 with an attendance of 140 pts at Gurudwara Shri Guru Singh Sahab, South Anarkali



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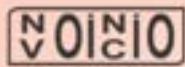
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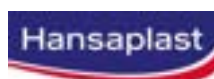
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GemQten

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Eperiwon

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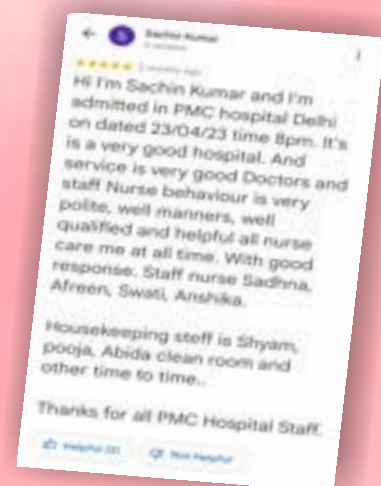
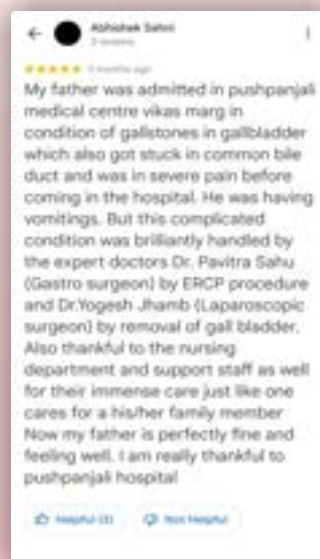
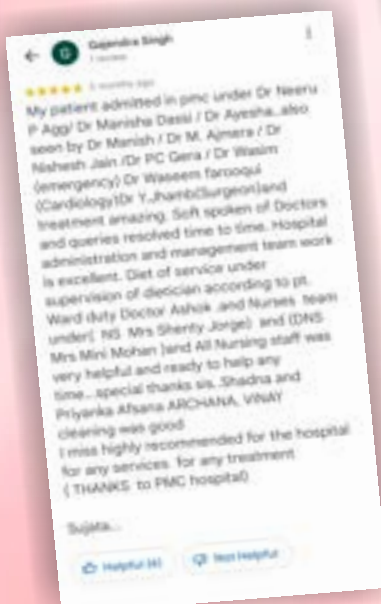
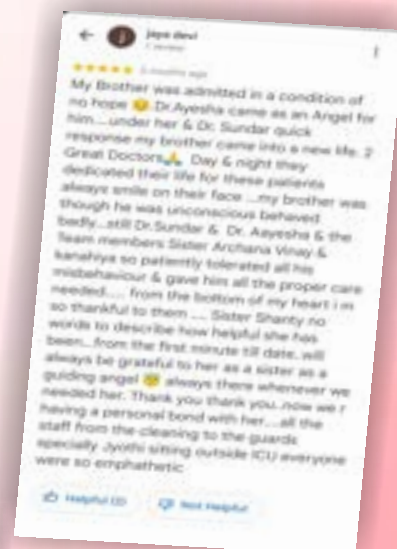
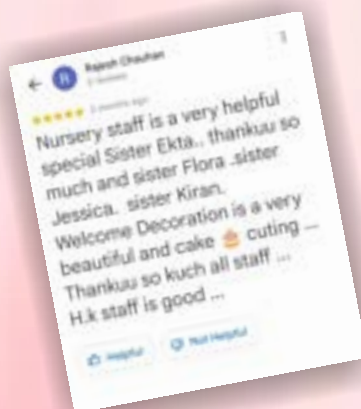
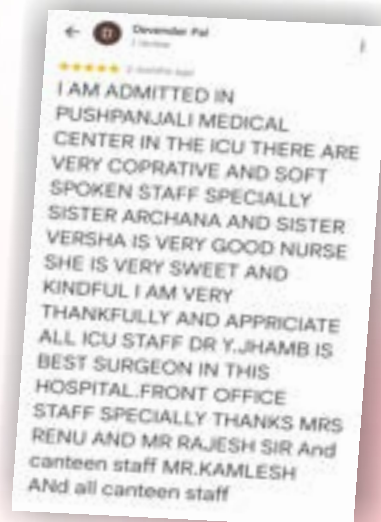
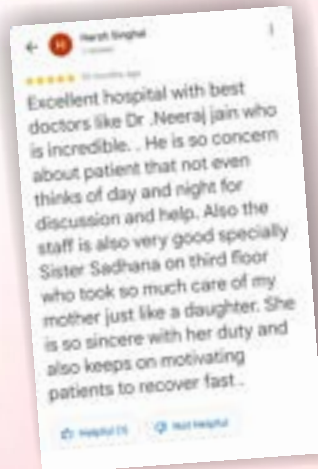
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