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TOGSP KS

The Thane Obstetrics & Gynaecological Society Quarterly!



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VIBRANT TEAM TOGS 2021-2022



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PRESIDENT SPEAKS

More than a 100 days later.....

An eagerly awaited journey has begun well !

They say well begun is half done, so I guess I am happy with the way things are shaping up and we are getting comfortable with the idea of holding webinars and CMEs from the comfort of our homes.

What started off as an irritating and daunting aspect of being stuck at home in the pandemic due to the lockdown restrictions, has now become a habit which may well prove difficult to break once things return to normalcy.

After the remarkably successful installation ceremony and AGM on the 25th of April, 2021, Vibrant team TOGS 21- 22 got off to a flying start with a celebration cum CME on the theme of "SAFE MOTHERHOOD" on the 9th of May, Mother's Day.

The idea of having our own Ajjis, ATG Presidents, speak about their journey of life and impart pearls of wisdom to the audience was "A piece de resistance" and was greatly appreciated by all. A close knit bond was formed amongst the society members after seeing the videos which were compiled together with lots of love and care depicting TOGS Moms.

The 3 successive CMEs were a hatrick of sorts, in terms of immensely well designed academic content and an interesting palette of different colours stimulating the mind and keeping the interest alive. Father's day was celebrated too along with the Fitness and Menopause CME, on the 20 th of June.

We tasted an early victory on the 5th of June when TOGS bagged the first prize at the All India FOGSI competitions on Environment Day.

As President TOGS, I am proud to share that my contribution to national events and also cultural events was applauded by FOGSI and MOS Health and Family welfare.

We have a collaboration with NGOs like Muse foundation and R Nisarg and we did the menstrual Day function on the 30th of May with Muse and the Me Sakhi contest and environment day program with RNisarg Foundation on the 28th of May as well as 6th of June.

These events were highly appreciated nationally.

The administrative procedures are falling in place simultaneously and I am extremely happy to announce that the TOGS database is complete and I cards with Membership numbers are being made to be distributed to the members.

The promise to make the TOGS office functional has been achieved and I encourage all members to visit the office and see for themselves.

Due to the hard work and global presence of our members on the academic front in terms of publications and presentations, we have managed to attract pharmacological funding and soon our coffers should be ringing.

It is little wonder then that all are eagerly anticipating Our International CME on the 11th of July which is "A date with infertility"

Six societies namely FOGSI, NMOGS, MOGS, Surat ,Pune and Ahmedabad are collaborating with us within this month of July to hold national and international events with our members as invited faculty at these events.

It will be my endeavour to continue to have out of the box meetings and conferences which set us apart from the rest, so that we are identified as the most happening and vibrant society.

So let us continue to forge ahead.

"Watch the Peacock do the Rain dance with vigour and pride"



Dr Sandhya Saharan
PRESIDENT TOGS 21-22



SECRETARY'S DESK

Firstly a big 'hello' to all of you.

I am immensely happy to write on this forum.

It is my privilege to be the Secretary General of our prestigious society T.O.G.S.

Team TOGS 2021-22 is the most vibrant and active team under guidance of President Dr Sandhya Saharan

We have many new ideas for our tenure , newsletter is one of them!
I request all TOGS members to please participate wholeheartedly in it.

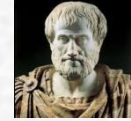
Hope you all have enjoyed the CMEs some of them combined with celebrations :)

We have much more in store for you
Thanking you

Dr Rekha Thote
Secretary General
TOGS 2021-22

EDITORIAL

Remember that one line from our ?Civics book (I forget exactly which textbook)
'MAN' IS A SOCIAL ANIMAL. - said Aristotle > 2300 years ago!



I mean, to be politically correct, he should have said 'man/woman/LGBTQ+.....etc but politics never hampered the philosophers from airing their views in those days & jokes apart, how true it has been proved, this last year and a half.

I don't think Aristotle in his wildest dreams had imagined the ' Zoom platform or the 'Google meet' so, being "Electronically Social" I think doesn't count or at best it is a very, very poor cousin of what Aristotle meant!

Lets admit it, all of us are yearning for that one gathering, that one meeting, that one CME in-person.....& so on.

My dear TOGSians !

Compiling this newsletter and communicating with you all, there is some solace, to at least that part of the animal in me, which is social.....if you know what I mean !

So here I am, back with a lot of help from my regular contributors without whom this newsletter would not be possible or printable!

I would like to thank the Vibrant TOGS team 21-22 Prez Dr Sandhya Saharan for encouraging the revival of this newsletter which was the original brainchild of Aiji ! (Dr Rajashree Karkhanis - for the uninitiated) way back in 2016 when we published 12 of them!

This year we are aiming to have a quarterly.....so expect the next edition in October.

'Insha-allah' as they say it in Mumbra!!

So sit back and enjoy the write-ups at your leisure.

We start off with articles from two of our most senior members..



Please send any feed back at togspeaks@gmail.com

As they say - bouquets and brickbats both welcome!

I will leave you with a quote I found very interesting.....

"If this year has taught me anything it is this: You can never run away. Not ever. The only way out is in." - Juno Diaz.

Be safe.

Ciao! till next time.

Yours truly,
Dr Rajnish Patel.
Editor-in-chief



ORIGINAL ARTICLE

“Surgical Simulation and Technology Enhanced Learning”



Prof. Bijendra Patel MS FRCS FRCS Hon.PhD, FAIS

Professor of Surgery – Queen Mary University of London, UK

Director of Surgical Skills and Science

Director of MSc Surgical Skills - University of Malta

Founder President of Society of Surgical Simulation

Editor-in-Chief Journal of Surgical Simulation

The negative impact of covid19 on medical and surgical education and training is now well recognised worldwide along with the physical and mental impact on health from covid19. Before the pandemic “The Lancet Commission Report Global Surgery 2030”⁽¹⁾ has highlighted the serious deficit of surgical care pointing out to the 5 billion people amounting to two thirds of the world’s population who don’t have access to safe and affordable surgery. Surgical training is long and tedious, it takes over a decade of training as an undergraduate and postgraduate doctor. This current model of training can never meet the global healthcare demand. Therefore, I ask the question: how can we fast track surgical training and speed up the learning curve of acquisition of surgical skills? I believe part of the answer lies in surgical simulation and technology enhanced learning. Why should surgical skills be acquired by simulation? The reason being there’s practically no industry in the world where technical skills are not acquired by simulation.

If you look at high-risks industries (of which surgeons are a part too) such as , airline pilots. nuclear power engineers and offshore oil rig installation managers to name a few-- in all these professions simulation-based training and certification is well embedded except for us surgeons. This was well documented in the UK department of health report “Good Doctor Safer Patient” published in the UK in October 2006⁽²⁾, which highlighted that there is very little formal training and assessment after qualification and its up to the individual doctors to maintain the knowledge competence and clinical skills throughout their career. An airline pilot would have been assessed about 100 times over the same period as that of a doctor. It is also well documented in the literature now that the surgical skills acquired by simulation translates into a shorter learning curve in operating theatre. In this era of minimally invasive surgery, skills such as hand eye coordination, depth perception and bimanual skills can easily be acquired by simulation using low cost laparoscopic box trainer and it would be morally wrong to acquire such basic skills on patients. Similarly, simulation-based training has also been shown to be useful for acquiring non-technical skills training including communication, decision making and teamwork. The main advantage of training by simulation is that an individuals can practice at their own pace, repeatedly, until they gain confidence.

It is also important that this training is carried out under some form of supervision to avoid any negative effect of training by simulation. We re in the 4th industrial revolution with diagnostic and therapeutic application of technologies in healthcare such as artificial intelligence, virtual reality and augmented reality. Technology enhanced immersive learning could be one solution to fast-tracking acquisition of surgical skills. Mobile phone app such as “Touch SurgeryTM” offers opportunity to mentally rehearse and gain cognitive confidence before entering the operating room. Most of us practice evident-based medicine however, we seem to have lost focus of competency-based training. Currently for surgical technical skills training competency-based curriculum in laparoscopic surgeries is offered in Europe, USA and UK and it’s only a matter of time before this is adopted globally.

The Laparoscopy Passport offered by the Association of Laparoscopic Surgeons of Great Britain & Ireland⁽³⁾ and the Fundamentals of Laparoscopic Surgery offered by SAGES⁽⁴⁾ have a similar

technical skills training curriculum focused around training in general surgery. Similarly, the European Society of Gynaecological Endoscopy offers GESEA certificate⁽⁵⁾ which is a gynaecological endoscopic surgical education and assessment programme in gynaecological endoscopy, it trains and certifies knowledge and practical skills prior to surgical competence and is the official diploma programme of the European Society of Gynaecological Endoscopy. This programme follows the European and American joint recommendation stating that; each hospital teaching endoscopic surgery should make available an endoscopic dry lab for training and improving the proficiency of the endoscopic surgery skills of the physician.

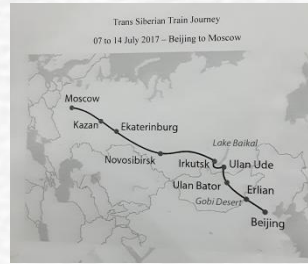
The GESEA support programme spans over three distinct levels offering learning modules for all levels of proficiency. It is based on the three building blocks of acquiring knowledge, practical skills followed by assessment. The practical skills include; basic laparoscopy skills, laparoscopic suturing skills and hysteroscopy skills and theory knowledge provided on an e-learning platform includes learning of basic principles of laparoscopy and hysteroscopy including anatomy and complication management.

In this modern era, it is unethical to see one do one and teach one. Learning on the job for acquiring minimally invasive surgical skills cannot be justified as these skills are easily obtainable using low-cost box simulator, which can then be complemented along the normal residency programme and mentorship during the early phase of learning curve. We are obliged to maintain our knowledge and skill as part of our continuous medical education. Therefore, it is vital that we embrace technology enhanced education by simulation in our daily practice to maintain our competence and safeguard patient care.

Reference

- 1) THE LANCET COMMISSIONS| VOLUME 386, ISSUE 9993, P569-624, AUGUST 08, 2015
- 2) “Good Doctor Safer Patient” A report by the Chief Medical Officer UK 2006. [Good doctors, safer patients \(nationalarchives.gov.uk\)](http://www.nationalarchives.gov.uk)
- 3) Laparoscopy Passport by the Association of Laparoscopic Surgeons of Great Britain & Ireland [LapPass® - ALSGBI](#)
- 4) Fundamentals of Laparoscopic Surgery endorsed by the American College of Surgeons (ACS) and is a joint educational offering of SAGES and ACS. [Fundamentals of Laparoscopic Surgery \(flsprogram.org\)](#)
- 5) European Society of Gynaecological Endoscopy GESEA certificate - [Home | European Academy of Gynaecological Surgery](#)

MY JOURNEY THROUGH SIBERIA!



In July 2017 we decided to take an offbeat tour. Mangala, Rama and myself chose the **Trans Siberian Train journey (TST)**. It's the longest rail in the world 9300 kms long. It starts from Vladivostok on the Eastern most border of Russia and extends up to Moscow in 21 days. Private luxury trains run on that route. We decided to travel from Beijing to Moscow..excluding the sightseeing in both the cities since we had been there earlier. It came to 12 nights and 13 days. We chose a comfortable two seater coupe. It was not as luxurious as the suite but it fitted in our budget.



as
We

flew to Beijing and were received there by the Chinese Private train representative. We travelled in a private train to Ulan Bator, Mongolian Capital to join the Tsar's private gold train....After leaving our heavy luggage in the train we went to Ulan Bator sightseeing. Out of 12 nights of the tour we stayed in a hotel overnight where there were lots of places to visit, and returned to our gold train which would be eagerly waiting for us at the station. Ulan Bator has stunning natural beauty of Mongolian Alps. It has an open air rail museum & Buddhist monastery. It's referred to as the Switzerland of Mongolia. Next day we visited beautiful Terrar' national park. Among the rolling hills low bushes with a traditional singing in Dining room we were served the mongolian speciality of lamb cooked in milk! Our co passengers seemed to enjoy it. There were travellers from all over the world. Along with three of us one more Indian youth, Pramod was there. We came to know that very few individuals from India have travelled in this TST. For us they provided decent vegetarian food throughout. After lunch a cultural show of traditional skills folk dances, horsemanship, archery, wrestling was arranged. We returned to our gold train in the evening.



We travelled through the Gobi desert--2nd largest in Asia and 6th in the world. It was all covered with brown sand. we did not see any animals specific to the desert but the stretch of the desert extended for 2 days of our journey. Slowly small shrubs bushes appeared gradually growing in size

Till we saw the thick forests of Siberia. The changing landscape was awesome. It was a wonderful experience to sit at the big glass window and watch the changing beauty of mother nature.

After passing the mountains and deep river valleys we visited Ulan Ude capital of a Russian state with Mongolian influence. We saw a huge national opera theatre with a stage which would accommodate a thousand people at a time! It seems the dictator there wanted a division of his army on the stage present at a time! We saw the preparations for the evening show where a thick forest was being created. It was fun to watch!

Our next stop was Lake Baikalthe oldest deepest largest fresh water lake with 300 tributaries feeding it and just one river leaving it. Its area is 634sq kms!

There is a train track on the side of the lake and only TST are allowed to use it.

The tunnels bridges bends make this journey unforgettable
We stopped by the lakeside had a boat ride which took us to a Siberian village, where we saw the fish market, had lunch in the backyard of a



farmer's house and came back to the train! In the evening the train stopped in a forest by the lake . We got down and what did we see?

A barbecue was arranged for us in the forest! People sat on the logs, branches of the trees, on the stones and enjoyed the meal. Then there was live music and every one started dancing on that uneven surface! After two happy hours did we start the journey further

Now came the once in a lifetime views enjoyed from the comforts of a private train! Mountains, forests, rivers crashing along jagged rocky banks, imposing skies, shifting in rhythm with the tracks. There were entertaining lectures regarding local culture and customs.

After visiting Irkutsk Novosibirsk cities we came to Yekaterinburg the capital of the ancient Ural mountain range which divides Asia from Europe.

At this arbitrary demarcation we took pictures with one leg in Asia and one in Europe!! There is a well preserved city centre and a fairy tale like church on Blood, which commemorates the site where Romanovs the last Tsar family were shot by the revolutionists.



The train now enters Europe.

We visited Kazan a picturesque and historic town on the banks of the Volga. Now we were coming to the end of our memorable journey.

We reached Moscow and Mumbai , with loads of pleasant memories of a different kind of journey. This had been a real off beat tour for us!



Dr Lalita Deodhar.
Past President.



Lockdown as seen from my eyes & balconies

70 years of life cruising along, comfortably, freely, full of fun & frolic, friends, foes, relatives, shopping, socialising, watching movies, dramas, attending, musical concerts, going to picnics, sightseeing, touring abroad & in our country, going birdwatching & that too at our own free will- any time!

But out of the blue the world turned upside down. The buzzing noisy, streets with pedestrians, two wheelers, four wheelers, hawkers became deserted.

The crowded places like markets, shops, malls, hotels, theatres all became silent. The gardens, schools which were alive because of chirping, shouting, laughter of children, youths, senior citizens became life less.

Man became lonely amidst crowds. No back-slapping, handshakes, hugging, person to person interactions because of masked faces & physical distancing of 6 feet.

The means of communication & the lifelines of the country, the trains are standing still in the car sheds. The buses are parked in the depots. The aeroplanes, soaring high in the skies are grounded in the hangars. The wheel of the world stopped turning.....

No house helps- so have to perform household chores which we never dreamt of doing! Spas, parlours, saloons are closed so no grooming.

The off-road humans are now **online**, using internet to work from home. Students taking classes online . Seminars replaced by Webinars. There are virtual get-togethers, celebrations of birthdays, anniversaries. baby showers, naming ceremonies, engagements, marriages, musical programmes even film premiers are online.

The entire lifestyle has changed. Everything online sitting at home. The busy persons who hardly had time to spend with family, are now 24 x 7 at home.

Mankind which conquered space-stepped on the moon - defeated by a small RNA particle!

The pandemic has exposed both the good & bad elements in the society.

The bad elements are exploiting the situation taking advantage of helplessness. Black marketing duplicating life saving commodities like drugs, vaccines, and yes, the oxygen which we are consuming for free since our birth has to be purchased. Even some crematoria were not spared.

Because of uncertainty of how things will evolve people are going through emotional highs & lows. They suffer from anxiety, depression, distress & insomnia.

Children are also confined to houses, no school, no playgrounds no person-to-person interactions Only virtual games, studies etc. This may lead to distress reactions like sleep difficulties, decreased sense of safety, irritability, anger... They may also engage in risky behaviours as addictions to alcohol, tobacco, porn, drugs, suicidal tendencies, family conflicts, interpersonal violence, disrupted work life balance due to restricted activities.

This pandemic has taught us a lot.. not the least is INTROSPECTION to reflect on our selves, locate our flaws & learn to rectify them.

To focus on what we can control & accept what is beyond our control

However the silence induced by the lockdown has given us the opportunity to enjoy the songs of nature. The wild birds & animals are seen trespassing the deserted roads.

I am trying to be positive by keeping myself busy in performing various house hold chores, by pursuing my hobbies like music, making different cuisines, my pet cat Kalu is keeping me company.

Since I am a nature lover nature is a moral booster for me. My residence has balconies where I have plants & our complex is surrounded by lots of greenery & has a nice garden. From my balconies I keep myself busy observing various transformations of nature, trees, birds, butterflies etc. capturing them in camera & sharing with my friends!
I was lucky to witness two eclipses, lunar & solar.

(Editor's note: Collages by Aruna Pradhan madam can be seen in another section)

Dr Aruna Pradhan
Life member



My Circle of cycles

As a kid I remember my mom sending me to fetch rations from the Govt authorised shop - I used to gladly go- as it required hiring a bicycle!! 25p for 30 mins!

In those days there were no kids' cycles so we rode crossed legged----like this

It was great fun, balancing the bags on either handle and holding

a can of



Fast forward to building up a pvt practice, college raising kids, ever expanding social circle, false sense of propriety of NOT riding a bicycle- to avoid comments like “ Aho kai doctor.. kai hay... tumhi ani cycle var ?” etc etc..... probably did not ride a bicycle for 40+

years except for the occasional spin at Golden Swan Country Club...ha .ha--- oh yes and one cycle race in Nair hospital sports day way back in 1979-80....I came in 3rd although I was leading because I rammed into a rickshaw while turning the corner at Haji Ali circle--and had to carry my cycle with a bent wheel across the finishing line.....hah...ha---those who have seen Nair hostel will know.. Circa 2008, Knocked off balance completely by a huge back problem-struggled with it for years---- until Swimming, with military regularity, became my salvation.

For many years.

Then came the pandemic and everything stood on its head!

Pools closed Gyms closed.....no exercise for almost 4 months..

Was left wondering as to what next?? Walking and Running were out as my Ortho advised against it for many reasons ,the chief amongst them being OA in one knee.

My close friend Dr K is a cycling enthusiast, he is my swimming buddy too (at the local olympic size TMC pool)- where he used to come on a cycle!

He goes “Rajnish why don't you come cycling with me “and I shoot back “ Are you mad? You know about my back, I am not taking any chances”. A few weeks went by...

But, left with no other options, finally I said to myself- lets give it a try- of course it helped that I used to LOVE to cycle.

So I go to the cycle shop under my 1st floor hospital and under guidance of Dr K buy the most economical cycle with 3 X 7 gears, the intention being donating it at the first hint of any back trouble.

I was extremely wary of the potholed roads- having been enlightened by “google uncle” on ‘microtrauma’ to the vertebrae... however Nature has been kind to me.

There were no aches or pains- in fact after a long ride everything except my back, pains!

I have always maintained & always will - the spine is the most complex organ in the body - it has All the different tissues contributing to its structure, and exactly what is responsible for your backache is very difficult to pin point.....no wonder hundreds of cases have relapsed sooner or later even after surgery....

Well.... as the cliché goes ‘ the rest is history’I enjoy an exhilarating ride almost daily (of course there are a few ‘dandis’) returning home happy and full of endorphins to face the day - Pandemic or no Pandemic!

I have discovered places worth visiting- which I never knew of- in spite of being around in our neighbourhood for 35 years!- probably because cars don't go there or we never stop the car on the road and walk down that narrow trail.....

Want to try it?-- go right ahead - promise you won't regret it!

See you around thenmay be I'll tell you about one of my trips some other time!

Dr Rajnish Patel



ARTS SPEAKS



ACTUAL CUISINES PHOTOS BY DR. ARUNA PRADHAN





FLOWERS AND BIRDS BY DR ARUNA PRADHAN



Paintings by Dr Smita Mudgerikar...
Patron Member



Editor's note : Dr Smita has started painting only since last 1 year

SCIENCE SPEAKS

Courtesy
Dr Deepali Kapote
MC member



DEBUNKING PCOS MYTHS

MYTH 1:

My Mother never had PCOS but I have it, so how is it hereditary?

FACT:

PCOS is a hormonal Problem that has hereditary origin & environmental causes as well. It's a lifestyle disorder affecting almost 20% of Asian population.

MYTH 2:

I need to conceive as soon as I get married & I can't conceive naturally?

FACT:

PCOS leads to difficulty in conceiving but there is no need to conceive immediately. Women are advised to follow a healthy lifestyle & maintain normal weight.

MYTH 3:

I will need to have an IVF (In-vitro fertilisation) to conceive?

FACT:

Most women who maintain healthy lifestyle & weight will not have a problem in conceiving. Few of these women might need higher treatment like an IUI (Intrauterine insemination) & still fewer among these, might need an IVF.

MYTH 4:

I can't have PCOS since I'm thin. Even if I do, I will not have a problem since I'm thin?

FACT:

Women with PCOS are commonly obese but they can be thin as well & these women have their own set of problems. But since in these thin women weight loss does not help, it is actually more difficult to treat these women.

Myth 5:

I have regular periods, how can I have PCOS?

FACT:

Diagnosis of PCOS is made, if 2 of the 3 below mentioned criteria are present:

- Oligo-anovulation in the form of irregular periods
- Features of Hyperandrogenism such as oily skin, acne, hirsutism, etc
- Ultrasound suggestive of Polycystic Ovarian Morphology (PCOM)

Despite this, some women do have regular periods. Symptoms can vary from Irregular periods to weight gain, acne, skin discoloration, hair fall, excess hair growth in male pattern areas, mood swings to depression.

MYTH 6:

Diet & Exercise do not help in PCOS ?

FACT:

Maintaining a healthy lifestyle is the mainstay of treatment of PCOS.

Women should be advised to have at least 5-10% weight loss.

MYTH 7:

Medicines like Oral Contraceptive Pills (OCP's) & Metformin do not help in women suffering from PCOS ?

FACT:

- a) Oral Contraceptive Pills help to:
- Reduces Acne & Excess Hair Growth.
 - Regularizes Periods.
 - Reduces Testosterone Levels.
- b) Metformin helps to
- Reduces weight &
 - Reduces insulin resistance & controls abnormal sugar levels.

MYTH 8:

I had PCOS earlier & now it's gone, because I took the medicines for it?

FACT:

PCOS is a genetic problem & you can't change your genetic make-up.

The symptoms may come & go, but the background status always stays.

MYTH 9:

My diet is not the problem as I eat less. Why should I meet a nutritionist?

FACT:

A proper diet under supervision of an expert is necessary to treat the problem. Diet may not be the problem but it's definitely the solution.

MYTH 10:

I do not have typical features of PCOS on ultrasound, thus I have been told I don't suffer from PCOS?

FACT:

Out of the 3 diagnostic criteria, only 2 needs to be present for diagnosis of PCOS. Thus even if the ultrasound does not show features of PCOM, PCOS may still be present.

Review > [Reproduction](#). 2016 Nov;152(5):R167-78. doi: 10.1530/REP-16-0031. Epub 2016 Aug 2.

The role of syncytins in human reproduction and reproductive organ cancers

Bikem Soygur¹, Leyla Sati²

Affiliations + expand

PMID: 27486264 DOI: [10.1530/REP-16-0031](https://doi.org/10.1530/REP-16-0031)

Abstract

Human life begins with sperm and oocyte fusion. After fertilization, various fusion events occur during human embryogenesis and morphogenesis. For example, the fusion of trophoblastic cells constitutes a key process for normal placental development. Fusion in the placenta is facilitated by syncytin 1 and syncytin 2. These syncytins arose from retroviral sequences that entered the primate genome 25 million and more than 40 million years ago respectively. About 8% of the human genome consists of similar human endogenous retroviral (HERVs) sequences. Many are inactive because of mutations or deletions. However, the role of the few that remain transcriptionally active has not been fully elucidated. Syncytin proteins maintain cell-cell fusogenic activity based on ENV: gene-mediated viral cell entry. In this review, we summarize how syncytins and their receptors are involved in fusion events during human reproduction. The significance of syncytins in tumorigenesis is also discussed.

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Click link for reading full article :

<https://rep.bioscientifica.com/view/journals/rep/152/5/R167.xml>

Cell Migration from Baby to Mother

[Gavin S Dawe](#)¹, [Xiao Wei Tan](#)² and [Zhi-Cheng Xiao](#)^{2,3,4}

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Abstract

Go to:

Fetal cells migrate into the mother during pregnancy. Fetomaternal transfer probably occurs in all pregnancies and in humans the fetal cells can persist for decades. Microchimeric fetal cells are found in various maternal tissues and organs including blood, bone marrow, skin and liver. In mice, fetal cells have also been found in the brain. The fetal cells also appear to target sites of injury. Fetomaternal microchimerism may have important implications for the immune status of women, influencing autoimmunity and tolerance to transplants. Further understanding of the ability of fetal cells to cross both the placental and blood-brain barriers, to migrate into diverse tissues, and to differentiate into multiple cell types may also advance strategies for intravenous transplantation of stem cells for cytotherapeutic repair. Here we discuss hypotheses for how fetal cells cross the placental and blood-brain barriers and the persistence and distribution of fetal cells in the mother.

Click link for reading full article :

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2633676/>

(Contributed by Dr Ashutosh Ajgaonkar)



Australian Vaccine First In World To Show Ability To Totally Block Covid-19 Virus Transmission

Australian company, Vaxine Pty Ltd, has developed a protein-based COVID-19 vaccine that completely blocks virus transmission to non-immune individuals

ADELAIDE, SOUTH AUSTRALIA, AUSTRALIA, May 10, 2021

/EINPresswire.com/ -- The COVAX-19™ vaccine being developed by Australian company, Vaxine2 Pty Ltd, is set to be a game-changer in the fight against the COVID-19 pandemic and could allow earlier re-opening of national borders after it was shown to not only protect but also to completely block virus transmission to non-immune animals.



Professor Petrovsky, Vaxine's Research Director, explains that latest data from virus challenge studies recently undertaken overseas, confirms Vaxine's Covid-19 vaccine not only protects immunised animals against the virus but also in a world first could prevent transmission of the virus to non-immune animals placed in the same cage.

The world has been begging for a highly effective and safe Covid-19 vaccine that blocks the pandemic transmission cycle. Vaxine has now delivered this."

— Sharen Pringle, Business Manager, Vaxine

"This is extremely exciting as no other Covid-19 vaccine has been yet shown to completely prevent Covid-19 virus transmission between individuals," says Professor Petrovsky.

“Vaxine's biggest challenge now is to quickly raise the financial resources to complete Phase 3 human clinical trials and get our Covid-19 vaccine manufactured at large scale which is likely to be in the order of \$50 million dollars.”

“In another major breakthrough, Vaxine have also successfully created a breakthrough multivalent vaccine to protect against the new Covid-19 virus variants including the worrying South African, Brazilian and Indian mutant strains. The results of our multivalent Covid-19 vaccine formulation in animal testing is looking very promising”Dr. Petrovsky said.

Vaxine’s COVAX-19™ vaccine is a subunit vaccine based on synthetic protein produced using harmless insect cells to which Vaxine's proprietary Advax polysaccharide adjuvant is added as a vaccine turbocharger to maximise the vaccine's effectiveness and durability.

Vaxine is currently working with partners in overseas countries to assist in the upcoming phase 3 human clinical trials.

Vaxine has a long history of successfully developing pandemic vaccines, having previously developed vaccines against the SARS3 and MERS coronaviruses that were shown to be highly protective in relevant animal models. Vaxine also recently published data from its collaboration with the US Army on development of a promising Ebola vaccine1.

In 2009 Vaxine successfully undertook the first human trials in the world of a swine flu vaccine, setting the record for vaccine development of taking less than 3 months from discovery of the new swine flu virus to the start of the human trial.

Similarly in 2019 Vaxine made headlines when an influenza vaccine including components created by it using artificial intelligence (AI) entered human trials, in so doing becoming the first vaccine in the world designed by AI to enter human testing.

Having been based in Adelaide, Australia for the last 17 years, with all its recent success Vaxine is now in the process of assessing strategic possibilities for future location of its global headquarters.

Nikolai Petrovsky Vaxine Pty Ltd

(Contributed by Dr Rajnish Patel)

COVID CORNER

A JOURNEY WITHOUT TICKET AND FULL OF RESERVATIONS

The time read 6 pm. March 22nd had been an unusually hectic day. The TMC authorities had asked our Vedant hospital to become dedicated Covid..The whole day I had been busy shifting the admitted patients elsewhere and calling the booked patients to inform them.I had just come home for a moment's respite when, the normally lilting ring tone of my cellphone, rudely woke me up from my slumber. "its a patient who is full term has come in labor.she will need Caesarean section....but.she is COVID POSITIVE.. ."Ghyaychi ka ?" my friend blurted out I,too, without a moments delay, said, yes.

And then the enormity of the decision dawned upon me. It is difficult to say whether it was the sense of being overwhelmed or trepidation which got the better of me. The Covid scare – perceived or real, the number of HCWs getting infected and in fact some of them dying...suddenly, I nurtured second thoughts...because besides a hardworking doctor, I am a mother, a wife, a daughter-in-law and with a comorbidity like Diabetes, I was incurring an enormous risk not only for myself but also for my family.

My colleagues were momentarily dumbfounded by my apparent impulsiveness.

Decision made, we got down to the brass-tacks, and after much brain storming, formed a team comprising of both of us, an Anaesthesiologist and a Paediatrician. We also formulated a detailed protocol after extensive review of literature and perusing relevant videos on Youtube which addressed crucial steps like donning and doffing of PPE.

Armed with this knowledge, we went to the Operation Theatre like soldiers to the war front. We were invested with a sense of anxiety, fear but never did we lose sight of our assured success.

The Caesarean section went off uneventfully. Procedural and anaesthetic risks remaining the same, performing it in this Pandemic is akin to walking a tightrope tied between 2 high rises. And the rush of Adrenaline and the sense of exhilaration was nothing short of phenomenal when you realize that YOU are the chosen one to perform the FIRST such procedure in the city. The mood was further fortified by the fact that the mother and newborn went home safe and sound.

As the famous saying goes "Its easier after the first time....and so it was. One thing led to another..and I got a call from Dr.Panadikar. "Panandikar Hospital is now converted to covid maternity hospital" , he said. He needed a team to manage, and asked me to join. Before I knew it I had, over the next 3 months managed more than a hundred covid patients. The most difficult among them surgically was a patient with

bleeding placenta percreta. We had to persuade and almost threaten the blood bank to cross match blood because they were not accepting samples from covid Hospitals at that time. With great difficulty we could manage her with an Obs hysterectomy and no blood transfusion. However the most difficult delivery I had was a patient of previous lscs planned for elective lscs. The previous night her husband had expire, .her father in law died soon after surgery and her mother in law the very next day. All because of Covid infections in different hospitals. In a span of 3 days a family was destroyed completely leaving behind a sobbing mother with her 3 Year old daughter and a newborn child. It was so difficult to look her in the eyes and tell her all will be well. Instances like these make you wonder about God and what plans he has in store for us. A small ultra microscopic organism had brought a world to its knees....and we could do nothing about it.

As the wave subsided gradually life started returning to normal and soon it was time to say good bye to the Panandikar hospital team.

The present wave again threw up another challenge. This time the patients were few but the morbidity and mortality was more. My colleagues and family said “ Bahut ho Gaya, quit when you are ahead.” (the previous time I had not told my parents and in-laws, only my supportive husband was aware)

But I am continuing with determination and doing the best I can to help the poor mothers and their families.

I often wonder what is it that pushes me to the limits of my mental and physical endurance??

Is it the lust of material gains, or is it to nurture my practice, or get a much sought after validation from my peers??

NO..I believe, DEFINITELY NOT...it is something more subtle, more divine, more intangible..it is my unshakable faith in my noble profession and in the belief that no sacrifice is too small if it is serving the larger interest of humanity.

I can just hope and pray that this scourge of Corona will end soon. Till then I resolutely resolve to keep on pulling this yoke...ALWAYS wear scrubs to the hospital, ALWAYS wear a face mask, wash hands EVERY 10 minutes, FOGG myself with tons of germicidal solution and take COUNTLESS baths every day...

Dr Supriya Mahajan

LIFE MEMBER



COVID REPORTS: HOW DO YOU INTERPRET

RT PCR report CT (Cycle Threshold):

In value, RT PCR report Ct (cycle threshold) is evaluated to understand the viral load and infectiousness.
Lower the value higher is the viral load

Score	Viral load
17-24	High viral load
24-35	Moderate viral load
>35	Mild viral load

HRCT Chest

CT Severity Score

Score	CT severity
<8	Mild
9-15	Moderate
>15	Severe

CO-RADS score:

Level of suspicion for COVID-19

CO-RADS 1	No
CO-RADS 2	Low
CO-RADS 3	Intermediate
CO-RADS 4	High
CO-RADS 5	Very High
CO-RADS 6	Very High with PCR+

CRP (mg/dl)	Severity of inflammation
0-6	Normal
<26	Mild
26-100	Moderate
>100	Severe

D dimer (Micro gram/ml)	Severity of inflammation
<0.5	Normal
<1	Mild
>1	Moderate-severe

IF D dimer measured in ng/ml then multiply above reading by 1000

IL6 (pg/ml)	Severity of inflammation
0-7	Normal
<15	Mild
15-100	Moderate
100-500	Severe
>500	Critical

Neutrophil to Lymphocyte ration (NLR)

<3.5-Mild
>3.5-Moderate-severe

	Normal range
Ferritin	13-150 ng/ml
LDH	0-250 U/L
ESR	0-22 mm/hour

Antibody Tests

- 1) Specific: SARS COV2 Anti Spike Protein Antibody Test-15 required for protection
- 2) General:SARS COV2 IgG Antibody Test

improved to prior levels, consider escalation of oxygen therapy via the same/different modality vs. trial of additional position.

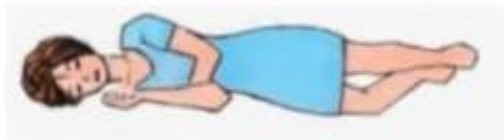
1. 30 minutes – 2 hours: lying on your belly
2. 30 minutes – 2 hours: lying on your right side
3. 30 minutes – 2 hours: sitting up
4. 30 minutes – 2 hours: lying on your left side; then back to position #1.

PHOTOS BELOW TO DEMONSTRATE THIS:

1. 30 minutes – 2 hours: laying on your belly



2. 30 minutes – 2 hours: laying on your right side



3. 30 minutes – 2 hours: sitting up



4. 30 minutes – 2 hours: laying on your left side



Then back to Position 1. Lying on your belly!

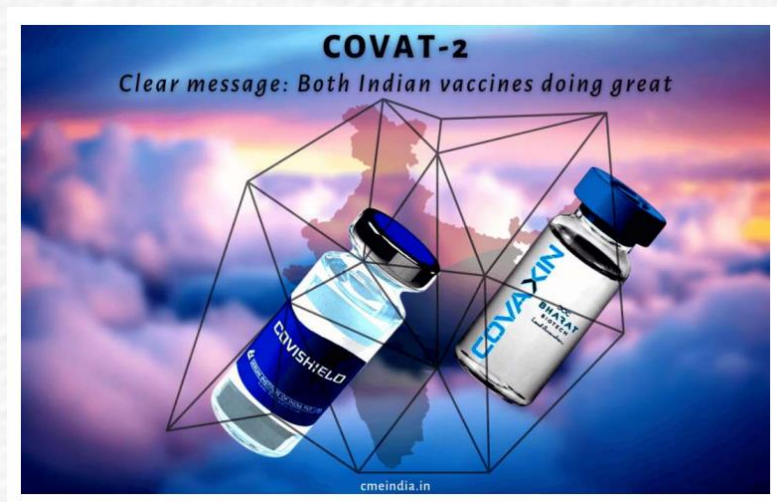


Self-positioning Guide/instructions by Suzanne Bentley MD MPH, Laura Iavicoli MD, David Cherkas MD, Rikki Lane MD. Illustrated by Sarah Lin. New York City Health + Hospital/ Elmhurst. English, Last updated May 8, 2020.

Courtesy: Acad Emerg Med.2020 Aug;27(8):787-791. doi:
10.1111/acem.14067. Ep 0 Jul 27



Contributed by Dr Sameer Pradhan
Associate Life member



- COVAT study reported an overall 95.0% (489/515) seropositivity rate after the two complete doses of both vaccines in entire cohorts that include both SARS-CoV-2 naïve and recovered individuals.
- Seropositivity rates after two complete doses was 97.8% and 79.3% with Covishield and Covaxin, respectively in SARSCoV-2 naïve individuals.
- 100% of cohorts with a past history of SARS-CoV-2 were seropositive after the two doses of both vaccines.
- Covaxin gained a significant increase in both seropositivity and antibody titre only after the two completed doses.
- Covishield showed a good seropositivity rate and a 4-fold rise in median antibody titre even after a single dose.
- One dose of either vaccine yielded a very high seropositivity and anti-spike antibody titre in SARS-CoV-2 recovered individuals
- There was no significant difference in seropositivity rate with regard to age, sex, BMI, blood group.
- The participants with T2DM and T2DM or HTN of >5-year duration had a significantly less seropositive rate compared to those without.

Editor: for full article please click the link below.

<https://cmeindia.in/covat-2-clear-message-both-indian-vaccines-doing-great/>

Courtesy cmeindia website

.(Contributed by Dr Rajnish Patel- Editor)

Fitness Fundas

How to regain your lost Fitness?



Friends , as you know with severe restrictions on outdoor activities during the pandemic, most of us tend to lose our fitness because of this period of forced inactivity. As any fitness enthusiast will tell you it is very difficult to regain your lost fitness. Because as you age, especially after the age of 50, the loss of muscle mass if you don't exercise regularly is frightening to say the least.

So the first step in regaining your fitness is not to start any strenuous activity like long distance running immediately but to start with strength training your upper & lower body as well as core muscles. **You are sure to get an injury if you don't strength train your body first.** For upper body ,the best exercise without Gym equipment is surely Push-ups. With good technique you can start with a round of 10 push-ups first, keeping a target of 50 push ups on alternate days in a months time. You can add variations in push-ups as you get stronger.

For lower body I always recommend a combination of Squats, Lunges and calf raises. (15+15+15). Once you reach the stage of (60+45+60) your lower body is ready to take the load of running 5-6 kms again.

For core strengthening the best exercise is to do planks with correct technique. Starting with 30 seconds and progressing to one minute will do the trick.



For improving your aerobic stamina, a combination of Jumping Ropes and Staircase jogging is the best .Usually a count of 100 to 300 jumping ropes with Staircase walking/ jogging to the 7th floor one to three times is a good beginner's target. (Another good combination is Jumping Jacks and Mountain climbing).

For getting proper technique for these exercises either have a good trainer or study the videos on you tube carefully as improper training carries a risk of injury .

If you are not a runner, you can easily walk 5 to 7 kms at a good speed at least thrice a week. If you are already a runner then , with this kind of strength training running for 5 to 10 kms with a reasonable speed will not be a difficult proposition at all.

Happy walking /running to all of you.



(Editor's note: most of this is meant for runners who have 'lost their fitness'--for those who are starting anew lower targets are advised.)

by Dr Rajeev Laul
Past president



IN A



VEIN



GYNAEChnOLOGIC by Dr Abhishek Chandavarkar



POETRY SPEAKS



मासिक धर्म-एक नई सोच

यह है मासिक धर्म
इसमें काहे की शर्म
प्राचीन भारत की परंपरा
जब हुई किशोरी रजस्वला
उड़ीसा में मने रजोप्रभा
पहनें नवीन वस्त्र, करें आभूषणों से अलंकार
मेंहदी रचे हाथों में, झूले पड़ें अपार
नारी को दें आराम, पुरुष करें गृहकार्य
घरों में बने पकवान, स्त्री का होवे सत्कार
जब किशोरी होवे रजस्वला
कर्नाटक में मने ऋतुकला
हर्षोल्लास का पर्व ऋतुशुद्धि
भेंट मिले नारी को अर्ध सारी की
तमिळनाडू का मंजल नीरत्तू विजा
रजस्वला किशोरी का करें सम्मान
दे कर नवीन साड़ी, आभूषण और हल्दी स्नान
जिस देश में नारी और धरती का हुआ सत्कार
मचा वहीं छौपड़ी का हाहाकार
बैठा कर बाहर कुटिया में
घर से किया उसका बहिष्कार
धारणा है यह कितनी विचित्र
हो जाती क्या नारी उन दिनों अपवित्र ?
संतान उत्पत्ति का यह संकेत
कब बन गया दिवस निषेध

यह प्राकृतिक है, नैसर्गिक है
किशोरी से स्त्रीत्व में पदार्पण है
आज की नारी की आवश्यकता
मासिक धर्म संबंधित चर्चा
मिथ्या धारणाओं का करें अंत
करने में है वह सब सक्षम
जब हो उसे मासिक धर्म

बांझपन का बोझ
आज मुझे मिलने एक पीड़िता आई
बोली, मेरी शादी को हुए दो साल
पर अब तक गोद न भर पाई
कर रही हूँ इलाज लगातार
पर नहीं हो रहा आशा का संचार
छाई मन पर घोर उदासी है
ममता रह गई अब तक प्यासी है
मोटी सी इक फाइल, रख दी मेरे सामने,
था उसमें उसका पूरा इतिहास
नहीं की गई थी पति की कोई जाँच
इसका जब हुआ मुझे एहसास
मैंने कहा, देखो थैली में तो नहीं है
बोली कागज़ पूरे हैं, कोई कमी नहीं है
मैं सोच में पड़ गयी, कमी जाँचों की नहीं,
मानसिकता की है।
घरवाले बोले, बहु बांझ है, करो इसका इलाज
लड़का हमारा बांका है
उसमें कोई नहीं कमी है
बांझ तो यह पराई है
जो माँ अब तक बनी नहीं है।
तानों और उलहानों में
हो जाते सालों बर्बाद
होती जब औलाद की ललक
रह जाते खाली हाथ।

क्या ही भला होता
समय रहते समझ आ जाता
कि, पति पत्नी दोनों,
एक दूसरे के पूरक हैं
बराबर के हैं साझीदार
लाज शर्म त्याग कर
करें दोनों उपचार
शिशु खेलें आंगन में
मचे उनकी किलकार
हर्षोल्लासित हो जीवन
पूरा हो परिवार ॥

Both the above are original creations of **Dr Nupur Mital**
Managing committee member



Arz kiya hai.....

ज़िन्दगी हर पल कुछ खास नहीं होती.....

ज़िन्दगी हर पल कुछ खास नहीं होती,

फूलों की खुशबू हमेशा पास नहीं होती,

मिलना हमारी तक़दीर में था वरना,

इतनी प्यारी दोस्ती इत्तेफ़ाक नहीं होती।



Arz kiya hai.....

ये जो चिकित्सा की हुनर हमने पाई है.....

ये जो चिकित्सा की हुनर हमने पाई है

इतनी आला शख्सियत यूही नहीं आई है,

दिन का चैन, रातों की नींदे गँवाई है,

कड़ी मेहनत से सफेद कोट की वर्दी कमाई है !

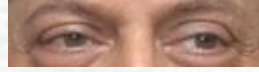
Sher--O--Shayari
Dr Supriya Arwari



Happy Doctor's Day !

Eyes..Cee..U !!

Recognize these senior members of T.O.G.S.



1.



2.



3.



4.

Scroll to the end of the newsletter for the answers.....

फावल्या वेळात काय करायचं

महाभारतात एक सुंदर कथा येते ती अशी की, जेव्हा पांडवाना बारा वर्षांचा वनवास होतो. पांडव आणि द्रौपदी अद्वैत वनात राहू लागतात. त्यांची विचारपूस करायला भगवान श्री कृष्ण वनात जातात.

त्यांची विचारपूस करत असताना भगवान भीमाला विचारतात तुम्हाला वनवास झाला आहे आता तु काय करणार भीमा. त्यावर भीम म्हणतो आता आमच्याकडे वेळच वेळ आहे मी खाणार आणि झोपणार, हे ऐकून भगवान कपाळावर हात मारतात आणि पुढे जातात.

भगवान झोपडीत जातात तिथे बसलेल्या द्रौपदीची विचारपूस करून तिला विचारतात तारी, नकुल सहदेव कुठे आहेत? द्रौपदी म्हणते ते पहा झाडाखाली बसलेत. भगवान त्यांच्याकडे जातात आणि त्यांना पाहतात तर हे दोघे सारीपाट खेळत असतात. भगवान त्यांना पाहून म्हणतात हौस फिटली नाही वाटत तुमची! या खेळामुळे तर ही वेळ आली आहे तुमच्या सर्वांवर- ते दोघे लाजतात आणि भगवंताला प्रणाम करतात.

भगवान पुढे युधिष्ठिराकडे (धर्मराजा) जातात आणि म्हणतात काय हे धर्मा तुम्ही सर्व वेळ मिळाला म्हणून फक्त आराम करताय हे बरोबर नाही. त्यावर अर्जुन म्हणतो, "हे कृष्णा, काय करणार आम्हाला आता वेळच वेळ आहे."

हे या सर्वांचे विचार ऐकून भगवान विचारात पडतात आणि निर्णय घेतात व सर्वांना एकत्र करून म्हणतात चला आपल्याला इंद्राकडे जायचं आहे.

तोच अर्जुन म्हणतो, "कशाला!"

भगवान म्हणतात तुला मृदंग शिकायचा आहे, धर्माला सल्ला कसा द्यायचा हे शिकायचं आहे, भीमाला स्वयंपाक, सहदेवाला घोडे राखायला, नकुलाला रथ चालवायला आणि द्रौपदीला झाडलोट करणं शिकायचं आहे. हे ऐकताच सर्व आश्चर्यचकित होऊन भगवंताकडे पाहू लागले.

धर्मराजा म्हणाले - भगवान आम्ही राजे आहोत, हे शिकून काय फायदा? तुम्ही द्रौपदीचा तरी विचार करा ती भरतवर्षाची स्मरादिनी आहे.

भगवान म्हणतात जास्त विचार करू नका, वेळ आल्यावर कळेल सर्व. आणि हे सर्व इंद्र महालात जाऊन विविध काम शिकतात.

बारा वर्षांचा वनवास संपतो. पण एक वर्षाचा अज्ञातवास राहिला होता. (कौरवांनी बारा वर्षांचा वनवास पांडवाना दिला होताच पण त्याबरोबर असा डाव पण केला होता कि जर वनवासानंतर एक वर्षात जर तुम्ही आम्हाला दिसला तर परत तुम्हाला वनवास आणि अज्ञातवास होईल).

आता सर्वांना कळेना की आपण एक वर्ष लपायच कुठे? त्यांनी भगवंतांना विचारलं.

भगवान म्हणतात हिच ती वेळ आहे. तुम्ही रिकाम्या वेळात जी इंद्राकडे जाऊन काम शिकलात ना, आता तुम्हाला त्याचा फायदा होईल. आणि भगवंताने त्यांना विराट राजाचा पत्ता दिला.

ते सर्वजण स्वतःची ओळख लपवून विराट राजाकडे सेवकाची काम करतात. यात धर्मराजा कंक नावाचा ब्राह्मण होतो आणि राजाला सल्ला देतो, भीम बल्लव नावाचा आचारी होतो, अर्जुन बृहन्नडा नावाचा मृदंग वादक होतो, सहदेव घोडे राखणारा, नकुल रथ सारथी तर द्रौपदी विराट राजाच्या रानीची दासी होते.

या प्रमाणे खाली वेळात शिकलेल्या कामाचा त्यांना अशा प्रकारे फायदा होतो.

तात्पर्य ~ या कथेवरून हेच कळते की रिकामा वेळ मिळाला की झोपा काढण्यात आणि Games खेळण्यात वाया घालवायचा नसतो. तर या वेळात आपल्या बुद्धीला चालना मिळेल अशी कामं करावी.

व्यायाम, योग, घरगुती कामे, कोडी सोडवणे, विद्यार्थानी पुढच्या वर्षाचा अभ्यास, मुलामुलींनी दोघांनी वेगवेगळे पदार्थ करायला शिकणे, गावात असाल तर शेतीची कामे अशी खुप काम आहेत आपल्याकडे.

सर्वात महत्वाचं काम म्हणजे आपल्या बुद्धीला मनाला चालना मिळण्यासाठी धार्मिक ग्रंथांचे अवलोकन, अध्ययन करणे आवश्यक आहे. कारण आपण MBA, CA, Advocate, M Com, ME असे उच्चशिक्षित असाल पण या शिक्षणामुळे माणूस विवेकी तर होतो.

पण तो विवेक वापरायला अध्यात्म शिकवते

धार्मिक ग्रंथ वाचून कोणाला पद मिळणार नाही. पण मिळालेल्या पदावर अहंकाररहित कसं राहायचं याची चालना मिळेल

कोणाला धन मिळणार नाही. पण जवळ १० रूपये जरी असतील तरी त्यात समाधानी कसं राहायचं याची चालना मिळेल

कोणाला प्रतिष्ठा मिळणार नाही पण दुसऱ्याच्या संपत्तीला पाहून मनात आग लागणार नाही

माणूस जन्माला आल्यापासून आनंदाच्या मागे धावतो आहे पण आनंद तर सोडाच, सुखही त्याला मिळत नाही कारण संसार दूःखालयम् अशाश्वतम्

आनंदस्वरूप फक्त भगवानच आहे तो आनंद(सत-चित-आनंद) श्रीमद्भगवद्गीतेत, श्री ज्ञानेश्वरीत, श्रीमद भागवतात, तुकोबा ज्ञानोबा गाथेत अशा अनेक ग्रंथात आहे.

आपल्या संतांनी, ऋषीमुनींनी इतके ग्रंथ लिहून ठेवलेत कि जर ते ग्रंथ एकमेकावर ठेवले तर वैकुंठापर्यंत शिडी तयार होईल.

भगवंताला ज्ञानी भक्त खूप आवडतो. हिच वेळ आहे मायबाप, इतके ज्ञानी व्हा कि जसे तुकोबा म्हणतात,

” तुका सहज बोले जरी वाणी
वेदांत वाहे त्याच्याघरी पाणी “

Author unknown-- contributed by Editor Dr Rajnish Patel

JOURNEY SPEAKS

OUR JOURNEY SO FAR.....

1. **25th April, 2021:** Vibrant team TOGS 21- 22 **installation ceremony** and AGM .

https://drive.google.com/file/d/1d-BGpN3X60-qc_6OAdFyftbZEANmYq00/view?usp=sharing

Dr Laxmikant Kasat talk <https://drive.google.com/file/d/1bGoCz5INg-lmcTAb2IudDyo1wgRUyHww/view?usp=sharing>

President's acceptance

<https://drive.google.com/file/d/1odGvssL1XXfzlzGIR5QwAPRXgGyHp7oM/view?usp=sharing>

2. **9th May 2021:** CME on the theme of "SAFE MOTHERHOOD" Mother's Day Celebration



Click here for full recording

https://drive.google.com/file/d/12d_HKX9QbRnUWohzQtFGPtcLhoTtKkpm/view

3. **30th May 2021:** Webinar CME on “Nuances of Menstruation”



Click here for full recording

<https://drive.google.com/file/d/1ODPIJ02QFjNyYD0N1V6xqHb5AZGEThn9/view>

4. **6th June 2021:** Webinar CME on “COVID, Vaccination and Environment”



Click here for full recording

https://drive.google.com/file/d/1WiTvOn6wxsPafo_gv7BcNo3cxwtHWDaC/view

5. **20 June 2021:** CME On Fitness And Menopause



Click here for full

recording

<https://drive.google.com/file/d/1eILMmQebkgSRNz-gIA9q3F3oBLu6AXYZ/view>



Ciao !! till

we meet again

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Suggestions fro adding new section also welcome.*

ANSWERS TO I...SEE...U

1. Dr Mohan Chandavarkar
2. Dr Rajashri Karkhanis
3. Dr Prakash Pawar
4. Dr Alka Godbole

