



GRASP

Official Publication of
Association of Medical Consultants, Mumbai

*Association with Mission & Commitment
Ethics is not an option.
It is our identity.*



*Committed to Compassion,
Integrity & Evidence-Based Care*

Issue No. 1 | June 2026



Welcome Address from Editor's Desk – Dr. Pradnya C. Kulkarni	5
From Desk of Hon. Secretary – Dr. Alok Modi	7
President's GRASP Address – Dr. Rajendra Nagarkatti	10
Obituaries	14
One Step Towards `Thalassemia Free India:	16
World Thalassemia Day Symposium Report – Dr. Bhawana Mistry	
Allergy Diagnosis and Allergen Immunotherapy in 2026:	19
An Overview for Practicing Physicians – Dr. Ameeta Gunderia	
The Great Indian Transformation: The Price of Progress – Dr. Sharang Wartikar	27
Chalo Aaj Barish Ko Ghar Bulate Hai – Dr. Sangeeta Agrawal	34
Life Between the Donn and the Doff: A COVID Pandemic Saga – Dr. Roshni Cheema	36
Rendezvous on My Journey with	39
ROP (Retinopathy of Prematurity) – Dr. Karobi Lahiri Coutinho	
Kailash Manasarovar Yatra: A Journey of Faith, Endurance,	41
Surrender and Transformation – Dr. Seema Rai	
Electronic Gadgets and Their Evidentiary Value – Adv. Hrishikesh R. Ganu	44
Annual General Body Meeting – March 2026	50
Photos: Nurses Training Program – May 2026	51
Management Tips for Running Hospitals and Clinics Effectively	52
GLP-1 Drugs: The Molecules That Changed Metabolic Medicine – Dr. Harini Jayaraman	57
Annual Program Committee Report – Dr. Gautam Sonawane	64

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Co-ordinated at 
(A VENTURE OF M.R. PUBLICATION)

Regd. Office No. 1, Sai Complex, Shanti Vihar,
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Association With A Mission And Commitment



Welcome address from Editor's Desk

Dr. Pradnya Chandrakant Kulkarni

Editor: Grasp (Year 2026-27)

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Dear colleagues,

Welcome all the members of AMC to this first edition of Grasp for the year 2026-27.

I, Dr. Pradnya C. Kulkarni am an anesthesiologist and currently working as Professor and Head of Dept. of Anesthesia at Bombay Hospital and Medical research Centre Mumbai.

It is both an honor and prestige to assume the responsibility of Editor of GRASP, an august magazine of AMC with membership strength of more than 16,500 postgraduate doctors.

I extend my sincere gratitude to the office bearers of AMC to have placed their trust in me for this position.

Medicine has always been a discipline of relentless learning, precision, hard work and service, yet behind every doctor is a human being whose life extends well beyond clinics, hospital corridors,

operation theatres and conference halls. Medicine today stands at the cross roads of rapid scientific advancement and constantly evolving patient's expectations.

GRASP magazine has always aspired to be more than any medical journal. While we are committed to showcase scientific advances, meaningful clinical experiences and professional excellences, we hope to address the lessons of wisdom learnt from your practice and also many other non-academic dimensions of medical practice and doctor's life.

Today while practicing medicine doctors are facing many unprecedented challenges such as information overload, burn out, litigations, constant pursuit of advances in the respective specialties and expectations of perfection.

Let GRASP be a forum where knowledge is exchanged, valued experiences are shared and inter specialty connections be strengthened. Most importantly let

us remember that medicine is a very vital part of who we are but it is not the whole story.

The strength of GRASP lies in participation of its readers and contributions. Let us together build this publication that reflects highest standards of our profession without compromising our personal selves and let that be an inspiration for future generations of medical consultants.

We welcome contributions from members ranging from original articles, unparalleled clinical experiences to expert opinions, innovations and reflections that enrich our collective understanding of medicine.

We also invite members to contribute to the journal by showcasing hobbies, creative pursuits, inspirational stories, unique travel experiences etc.

Let us unitedly build a GRASP this year which will uphold the vision of AMC an 'ASSOCIATION WITH A MISSION AND COMMITMENT.

As we present this issue, I extend my sincere gratitude to our contributors, reviewers, and readers. I hope the articles in these pages inform, inspire, and enrich your practice.



From the Desk of the Hon. Secretary

Dr. Alok Modi

**Hon. Secretary
Association of Medical Consultants
2026–2027 (AMC Mumbai)**

Dear Esteemed Members and Seniors,

It is with immense humility, gratitude, and a deep sense of responsibility that I assume office as the Hon. Secretary of the Association of Medical Consultants for the year 2026–2027.

AMC has always stood as one of the strongest and most respected voices of medical consultants in Mumbai and beyond — a vibrant organisation representing thousands of specialists across hospitals, clinics, nursing homes, and academic institutions. Over the decades, AMC has evolved into not merely an association, but a family bound by professional integrity, collective strength, and mutual respect. (AMC Mumbai)

As we move ahead into a new year of service, my vision is centered around one core principle:

“Stronger Together — Through Synergy, Camaraderie, Advocacy, and Purpose.”

Our focus this year will be on:

- Increasing meaningful synergy amongst members across specialties, hospitals, and generations.
- Building deeper camaraderie and fellowship within the AMC family. Creating more impactful academic, social, technological, and medico-legal projects for members.
- Strengthening AMC's role as a constructive bridge between doctors, hospitals, insurance stakeholders, regulators, and society.
- Continuing dialogue to reduce the growing rift and mistrust between the insurance sector and the medical fraternity, while safeguarding ethical medical practice and patient welfare.
- Encouraging younger consultants to actively participate in AMC initiatives and leadership.
- Expanding the role of technology and Artificial Intelligence in

medical education, clinical practice, and organizational growth.

The past year demonstrated what AMC can achieve when united with conviction and clarity. Our collective efforts during the Maharashtra Medical Council election process reflected AMC's commitment toward democratic values, transparency, and protecting the voice of the medical fraternity. Despite multiple challenges and administrative hurdles, our team worked tirelessly to help ensure a seamless and dignified electoral process.

I also feel proud that the AI initiatives and academic talks conducted under AMC last year received an overwhelming response and was appreciated by all proving that use of AI in our daily practice is the in thing and our consultants want to learn and use is more.

Hence we plan to continue the series this year as well.

None of this would have been possible without the guidance and support of many pillars of strength around me.

I express my heartfelt gratitude to our respected President, Dr. Rajendra Nagarkatti,

for his leadership, encouragement, and unwavering support.

My sincere thanks to our Managing Trustee,
Dr. Veen Pandit,
for her wisdom, trust, and commitment toward the growth of AMC.

I am deeply thankful to all my fellow office bearers, managing committee members, seniors, mentors, and colleagues whose affection, confidence, and encouragement have always inspired me to give my best to this prestigious organization.

Above all, I bow my head in gratitude to The Almighty for His blessings and guidance.

I remain forever indebted to my parents for their values, sacrifices, and blessings that shaped my journey.

And finally, a very special and emotional thank you to my wife,
Dr. Alpa Modi,
and my daughter,
Dr. Palak Modi,

for their unconditional support, understanding, and encouragement. They lovingly allowed me to devote a significant amount of family time



toward the cause of AMC and stood beside me in every endeavor with patience, strength, and positivity.

As we embark on this new chapter together, I seek the blessings, cooperation, and active participation of every AMC member. Let us continue to uphold the dignity of our noble profession while building a stronger, more united, progressive, and future-ready AMC.

With warm regards, respect, and gratitude,
Dr. Alok Modi
Hon. Secretary
Association of Medical Consultants
2026–2027
(AMC Mumbai)





Grasp Address

Dr. Rajendra Nagarkatti

President AMC 2026-27,
Association of Medical Consultants, Mumbai

It is with great humility, deep gratitude, and immense pride that I address you all today as the newly installed 56th President of the Association of Medical Consultants Mumbai.

I sincerely thank you for the trust you've placed in me to lead this esteemed organization of more than 15,000 medical consultants.

Established in 1972, the Association of Medical Consultants, AMC Mumbai, as it is popularly known, is one of the fastest growing Association of Specialist and Super Specialist Doctors in Mumbai and Suburbs. It has a strength of more than 15000 medical Consultants, comprising Post graduate and Super Specialist Consultants practicing at tertiary hospitals (both Corporate and Govt), and also at private nursing homes, as well as individual Consultants practicing at their own clinics and Day care center's. This incredible strength reflects not just numbers but a collective commitment to medical ethics, unity and service to humanity and it is indeed a privilege to lead this

prestigious organization.

With healthcare and medical science evolving rapidly, vis a vis newer technologies and AI, our role as consultants becomes more crucial than ever. My appeal to all AMC Members is, lets work together to embrace these new innovations into our practice and elevate the status and stature of our beloved profession.

So, over the next year, our theme will be to focus on these key areas.

1. **Strengthening our network and collaboration:** One of our major priorities will be to strengthen professional networking and collaborations. We'll continue to foster better understanding and relationships with newer hospitals, academic and research institutions, as well as industry partners to create better opportunities for our members.
2. A second key focus area will be **Enhancing professional development opportunities**, that is professional development in its truest and widest sense.

We will work to offer meaningful CME programs, workshops, and knowledge platforms that not only will keep members updated with current medical advances, but also to help them adapt to the realities of modern practice. This includes understanding the role of AI and digital tools in healthcare, learning to use Mobile phone Applications in our daily practice, as well as on other topics like how to stay protected from medicolegal problems and finally, also to manage our finances in a better way and make our investments grow vis a vis our practice.

3. A third important area will be **Advocating for policies that benefit our members and patients**: AMC has always stood by its members and for that, we will continue to work with regulatory bodies and healthcare stakeholders as we have been doing over the years. We will continue this tradition with commitment and clarity addressing practical challenges faced by our Consultant Members and strive to create a favorable environment that will allow our Members to practice with dignity, safety, and professional independence.

4. And finally a bit about our **social endeavors and commitments**.

I wish to extend our help and support to the most vulnerable sections of Society like ...Orphans, children with disabilities, destitute kids, and elders in old age homes, with a structured social Outreach program. We would need to partner with 2 or 3 verified local NGO's, make small Volunteer teams and arrange visits to the homes/centers, with Donations or support drives (like providing Stationary Kits, Blankets, arrange basic health check up camps etc.).

AMC will continue to actively engage with and advocate solutions to pressing concerns such as Violence against Doctors, The Maharashtra Nursing Home Registration act, Compliance with MPCB, and fire safety norms and other Govt healthcare schemes and regulations. Also we will continue to have Blood Donation and Organ Donation Drives.

There is an African proverb that says.... **If you want to go fast, go alone, but if you want to go far, go together!!** So I invite and encourage all Members to participate actively in all our activities, share ideas and thoughts, and work generously towards our goals. Your involvement is the key to our success!!

Finally, As I stand here today, I am also deeply conscious that no individual can reach such a moment of glory, all alone. Every journey is shaped by the support, guidance, encouragement and goodwill of countless people. So I wish to thank all of you once again for that faith and support.

I wish to particularly thank our immediate Past President Dr Rajeev Agarwal, for having a fantastic year 2025-26, and also for all the support and guidance.

I also wish to thank all our Past Presidents for carrying AMC on their able shoulders with vision, dedication and tireless efforts over the years and build it to this glory and its present status. It would not be possible for me, to take the names of all the Past Presidents, but special mention is needed of Dr Lalit Kapoor Sir, whose towering contributions to AMC has left an enduring legacy for all of us to admire and emulate, and who still always answers all our calls and guides us when any Member needs help. I also wish to mention a special thanks to my wife Dr Asha Nagarkatti for being always there to support me in all my endeavours and managing my regular absentees from Home and our Hospital for AMC and other organizational work. And to my children Nupur

and Gaurav who are truly my inner strength and a huge moral support.

Dear AMC friends, let's make this tenure count! A Leader is as good as his team!! So, Along with my Managing Committee Team I pledge, Lets continue to serve our patients with care, excellence, ethics and devotion and also strive to work for AMC and do our best to take AMC to even greater heights.

The year 2026-27 has begun well so far. We have had our first Managing Committee Meeting on the 19th April 2026 and chawlked out the plan for the year. Accordingly we already have had one Zonal Program at Mira Bhayandar on the 26th April 2026, which was a huge success. We are now all geared for the Doctor's Day Celebrarion where we plan to have Felicitations of important Doctors holding leadership and respectable positions. We have also planned a Dance Competition from all AMC Zones ,and a Ramp Walk on a special Theme for our Committee Members. We also plan to have a Doctor's Week for a Social cause like Pap's Smear and HPV Vaccination at a markedly discounted rate. Lets all together make it a grand success.

So once again, a big shout out from

me and this New Managing Committee to all our Members, lets be united, strong and contribute collectively to make a significant and meaningful impact on healthcare in Mumbai!!

Jai Hind Jai Maharashtra, Jai AMC!!
 Three cheers to the new Team Hip Hip Hurray, Hip Hip Hurray,
 Hip Hip Hurray!
 Thankyou!!

Dr. Rajendra Nagarkatti
 President AMC 2026-27.

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One Step Towards “Thalassemia Free India” World Thalassemia Day Symposium Report

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One Step Towards “Thalassemia Free India”- World Thalassemia Day Symposium Report

Thalassemia and anemia continue to be significant public health concerns. Early identification, timely intervention, and community awareness are essential for improving health outcomes and preventing the transmission of inherited blood disorders.

To address these concerns, Seva Sahayog Foundation (SSF), a Mumbai based NGO conducted a Thalassemia and Anemia Screening Initiative among adolescents. On 8th May 2026, “World Thalassemia Day”, a symposium was organized to promote awareness and prevention of Thalassemia.

Thalassemia and Anemia Screening – Our Prior Experience

Target Group: Adolescent Girls from Karjat, Palghar, Shahapur, Mumbai.

Total Adolescents Girls Screened: 718.

All participants underwent:

Hemoglobin (Hb) testing to assess anemia status and Thalassemia screening.

ANAEMIA & THALASSEMIA SCREENING RESULTS (n = 718)

Category	Condition	Rural (511)	Rural %	Urban (207)	Urban %
Mild Anaemia	Hb 11 – 11.9 g/dl	180	35.2%	37	17.9%
Moderate Anaemia	Hb 8 – 10.9 g/dl	54	10.6%	49	23.7%
Severe Anaemia	Hb < 8 g/dl	4	0.8%	3	1.5%
B-Thalassemia Trait	Positive	21	4.1%	3	1.5%

Key Observations:

Nearly 46.5% of the rural adolescents girls and 43% of urban adolescent girls screened were found to be anemic, highlighting the urgent need for nutritional interventions and regular health monitoring.

The incidence of Beta Thalassemia Trait was 4.1% in rural areas and 1.5 % in

urban areas emphasizing the importance of screening and genetic counselling.

Though our sample size was small, the screening initiative reinforced the importance of integrating anemia management and Thalassemia awareness into adolescent health programs.

World Thalassemia Day Symposium

To further strengthen awareness and community engagement, a symposium on World Thalassemia Day was organized at Chembur, Mumbai by SSF.

The event brought together doctors, blood bank representatives, counsellors, volunteers, Thalassemia patients, parents and community members to discuss prevention, treatment, and the importance of screening.

Highlights of the Symposium:

Experts...

Dr. Ratna Sharma, the director of MCGM Comprehensive Thalassemia Care Center* and her colleague Dr Anagha Kulkarni

Dr. Ajit Gorakshakar, ex-director ICMR.

Mr. Vidyadhar Ghangurde from Wamamrao Oak Blood Bank.

Ms. Sangeeta Wadhva,

Thalassemia Major warrior and counsellor.

These experts were participants of the panel discussion.

Experts highlighted the importance of early screening and prenatal diagnosis, regular blood transfusion, proper counselling of carriers and community participation in supporting Thalassemia patients. The role of bone marrow transplant was also explained. They also mentioned high incidence of Thalassemia in certain communities like kutchis, sindhis and tribal population.

Free Thalassemia screening was conducted at the venue, helping participants understand their carrier status and seek counselling if required.

A blood donation drive was also conducted at the venue.

Stories of Strength and Hope:

The Chief Guest Ms. Sangeeta Wadhva, counsellor living with Thalassemia Major, shared her inspiring journey, demonstrating how determination and support can help individuals overcome challenges.

Two young Thalassemia Major

affected warriors also courageously spoke about their experiences. Their stories highlighted the importance of resilience, education, and self-reliance.

One young girl shared a message that resonated deeply with the audience:

"Even if a child has Thalassemia, education is important so they can take charge of their own life."

One of the attraction of the program was a street play performed by adolescent tribal girls of Palghar district explaining Thalassemia in a very effective manner.

The event concluded with the felicitation of Thalassemia warriors and families who have demonstrated remarkable courage while advocating for awareness and prevention.

The symposium left participants with a simple yet powerful reminder:

"Before matching kundalis, let us also match blood reports."

Even a single thalassemia minor positive (in both the partners) marriage can affect the next generation if ignored.

If you are a thalassemia minor, speak up.

Together let us as responsible medical practitioners move closer to a healthier and Thalassemia-Free India through awareness, screening, and responsible action.

(* MCGM - Comprehensive Thalassemia Care, Pediatric Hematology-Oncology & Bone Marrow Transplantation Centre located in Borivali, is a satellite centre of Lokmanya Tilak Municipal Medical College & General Hospital, Sion, Mumbai.

It is a "State-of-the-Art" super speciality hospital treating individuals (children and adults) living with thalassemia, children diagnosed with all types of blood disorders and various childhood cancers. This is a 58 bedded hospital with 8-bedded bone marrow transplantation (BMT) unit, the first multi-bedded BMT facility of international standards to be set up in a public sector hospital exclusively for children, with the intent to offer care and cure irrespective of the socioeconomic background.)

Dr. Asmita Hegde
Dr. Bhawna Mistry
(Volunteers for SSF)



Allergy Diagnostics and Allergen Immunotherapy in 2026: An Overview for Practicing Physicians

Dr. Ameeta Gunderia

E.N.T. Specialist. (Allergologist)

Introduction

Over the last several decades, the prevalence of allergic respiratory diseases (ARDs) has increased worldwide and represent one of the fastest-growing chronic health problems worldwide, almost reaching pandemic proportions, especially in the younger population. Allergic rhinitis, asthma, atopic dermatitis, food allergy, and allergic conjunctivitis affect millions of patients and significantly impair quality of life. The World Health Organisation (WHO) and the World Allergy Organisation (WAO) estimate that approximately 20–25% of the global population suffers from clinically relevant allergic disorders, thus becoming an under-diagnosed and under-treated public health problem.

This upward trend can be attributed to several environmental and lifestyle factors, often referred to as the "Westernization" of society.

As India progresses, with greater

affluence, an increasing number of schoolchildren (up to 40% in urban centres) show sensitisation to at least one common allergen.

Despite this growing burden, allergy is most often managed with symptomatic medications alone. **While antihistamines, corticosteroids, and bronchodilators play an important role in symptom control, they do not address the underlying immunological mechanisms responsible for allergic disease.**

It must be noted that the prevalence of allergy causes an up-regulation of receptors for the various respiratory viruses, thus **causing frequent viral infection**. Many times, these patients are treated with multiple courses of antibiotics, and this leads to antibiotic resistance.

Causes of allergy:

1. Dietary Changes: Decreased consumption of traditional whole foods and a rise in processed diets have altered our gut microbiomes, which heavily influence immune responses.

2. Environmental Pollution: Air pollutants, such as diesel exhaust, can damage airway linings and increase epithelial barrier permeability, make it easier for allergens to enter the body, while also making the effect of allergens more potent.

3. Climate Change: Rising global temperatures cause plants to produce pollen earlier and in higher quantities, extending allergy seasons.

4. The Hygiene Hypothesis: Growing up in overly sanitized environments means children's immune systems are exposed to fewer microbes and bacteria. Without these early challenges, the immune system may overreact to harmless substances like pollen or food.

The allergic march (also called the atopic march) describes the natural, progressive sequence in which allergic diseases typically develop over a person's lifetime, usually starting in infancy and childhood.

Why Accurate Allergy Diagnosis Matters

The success of allergy treatment begins with identifying the clinically relevant allergen responsible for the patient's symptoms.

Many patients present with:

- Chronic rhinitis
- Recurrent sinusitis
- Persistent cough
- Asthma
- Allergic conjunctivitis
- Recurrent wheezing
- Atopic dermatitis

In many cases, treatment is initiated without establishing the specific allergenic triggers responsible for disease exacerbation.

Accurate allergy diagnosis allows physicians to:

- Identify causative allergens
- Recommend appropriate environmental control measures
- Select suitable candidates for immunotherapy
- Improve long-term outcomes
- Reduce unnecessary medication use

The Role of Skin Prick Testing

Skin prick testing (SPT) remains the global gold standard for the diagnosis of IgE-mediated allergic disease.

A skin prick test is a safe, common, and fast diagnostic tool used by allergists to identify immediate allergic reactions to environmental triggers, food proteins, and

medications. It is highly effective for detecting common culprits like pollen, dust mites, pet dander, and peanuts.

Using a skin prick test to detect the specific cause of allergies and then giving specific immunotherapy to the patients is perhaps the best and only way to treat and cure allergies, leading to long-term remission of symptoms.

The test involves introducing a small quantity of standardized allergen extract into the superficial layers of the skin and assessing the wheal-and-flare response after approximately 15–20 minutes.

Advantages of Skin Prick Testing include:

- High sensitivity
- Rapid results
- Cost-effectiveness
- Excellent safety profile
- Immediate clinical interpretation

Common allergen groups tested include:

- House dust mites
- Pollens
- Fungal spores
- Animal dander
- Insects
- Selected foods

The choice of allergens should always be based on regional allergen prevalence and the patient's clinical history. Importantly, test results must be interpreted in conjunction with clinical symptoms. Sensitization alone does not necessarily indicate clinical allergy.

Management:

Modern allergy management is based on three pillars:

1. Allergen avoidance
2. Pharmacotherapy
3. Allergen-specific immunotherapy (AIT)

Among these, allergen immunotherapy remains the only treatment capable of modifying the natural course of allergic disease.

The reliability of allergy diagnosis depends significantly on the quality of allergen extracts used. That is why it is important to use Standardised Allergen Extracts.

An ideal allergen extract should possess:

- Purity
- Standardization
- Reproducibility
- Stability

Modern standardized allergen extracts are produced using rigorous collection, extraction, purification, and quality-control procedures. Advanced analytical techniques such as SDS-PAGE protein profiling, fluorometric protein quantification, and mass spectrometry are increasingly being used to ensure batch-to-batch consistency and reproducibility. The use of standardized extracts improves diagnostic accuracy and provides a reliable foundation for subsequent immunotherapy.

Clinical Indications for Immunotherapy

The ideal candidate is a patient with documented IgE-mediated sensitization whose symptoms correlate with exposure to a clinically relevant allergen.

Clinical Indications for Immunotherapy

Current international guidelines support allergen immunotherapy for patients with:

- Allergic rhinitis
- Allergic rhinoconjunctivitis
- Allergic asthma
- House dust mite allergy
- Pollen allergy
- Selected insect venom allergies

What Is Allergen-Specific Immunotherapy?

Allergen-specific immunotherapy (AIT) involves the repeated administration of clinically relevant allergens in gradually increasing doses to induce immune tolerance.

Unlike pharmacotherapy, which suppresses symptoms, immunotherapy targets the underlying immunological basis of allergic disease.

Subcutaneous vs Sublingual Immunotherapy

Two major routes of administration are currently available:

Subcutaneous Immunotherapy (SCIT)

SCIT involves allergen injections administered in a healthcare setting.

Advantages:

- Extensive clinical evidence
- Long-term efficacy

Limitations:

- Requires repeated clinic visits
- Risk of systemic reactions
- Requires emergency preparedness

Sublingual Immunotherapy (SLIT)

SLIT involves administration of

allergen extracts under the tongue.

Advantages:

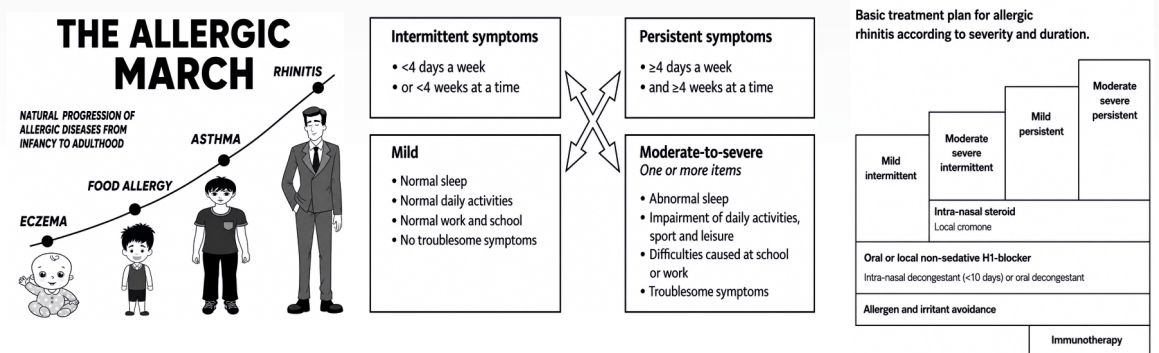
- Excellent safety profile
- Home administration
- Better patient convenience
- Improved treatment adherence

Numerous studies and position papers from the World Allergy Organization and international allergy societies have demonstrated that SLIT is an effective alternative to SCIT for many respiratory allergies.

Current international guidelines support allergen immunotherapy for patients with:

- Allergic rhinitis
- Allergic rhinoconjunctivitis
- Allergic asthma
- House dust mite allergy
- Pollen allergy
- Selected insect venom allergies

The ideal candidate is a patient with documented IgE-mediated sensitization whose symptoms correlate with exposure to a clinically relevant allergen.



Antihistamines , steroids and nasal sprays just temporarily control the symptoms of allergy but allergen immunotherapy is the only cure for allergy.

According to recent GINA guidelines allergen immunotherapy is indicated for all allergic patients except with mild intermittent disease.

Sublingual immunotherapy (SLIT) offers a highly effective, needle-free, and convenient option to treat allergies and stop the progression of atopic march.

Advantages of SLIT:

It treats the underlying cause of environmental allergies rather than just masking the symptoms.

High Convenience and Comfort

At-home administration: Unlike allergy shots that require routine office visits, SLIT can be self-administered at home after the initial doctor's evaluation.

No needles required: This painless approach is ideal for children and individuals with needle phobias.

Fewer medical visits: Patients save time and travel costs by avoiding weekly or monthly clinic appointments.

Superior Safety Profile: The risk of life-threatening systemic reactions like anaphylaxis is exceptionally low compared to subcutaneous injections.

Mild local side effects: The most

common reactions are minor, temporary irritations like throat or mouth itching.

No documented fatalities: Decades of global clinical data indicate a remarkable track record with zero reported mortalities.

Long-Term Disease Modification: Allergen immunotherapy halts allergy progression; Early intervention can prevent children with allergic rhinitis from developing asthma or new allergen sensitivities

Lasting symptom relief: Efficacy persists for several years even after completing the 3-to-5-year treatment course

Reduces medication reliance: Clinical studies highlight a significant drop in the ongoing need for antihistamines, nasal sprays, and inhaled corticosteroids.

Allergen-specific immunotherapy is the only disease modifying therapy preventing the evolution of AR to asthma.

Reduce the development of new allergic sensitisations

TREAT THE SNEEZE TO PREVENT THE WHEEZE

For preventing asthma and AR symptoms and to spare medication use on a long-term basis, the European Academy of Allergy and Clinical Immunology (EAACI) recommends a minimum of 3 years of treatment with allergen immunotherapy in children, adolescents and adults with moderate-to severe allergen-triggered AR. SLIT efficacy has been evidenced from results of many controlled clinical trials and meta-analyses.

HOW DOES ALLERGEN IMMUNOTHERAPY [AIT] WORK?

CLINICAL TOLERANCE - achieved USUALLY after 3 YEARS of AIT

MODULATION OF INNATE AND ADAPTIVE IMMUNE SYSTEMS

INHIBITION of IgE dependent activation of mast cells and basophils in local tissues

SUPPRESSION of TH2 cells deviation towards TH1 cells

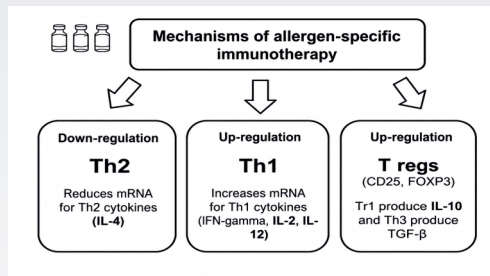
Induction of T and B regulatory cells, causing an increase in IL-10 & TGF-beta, which promotes immunologic tolerance

Production of allergen neutralising antibodies

Induction of novel regulatory subset of innate lymphoid cells

Suppression of TH2A and T follicular helper cells

Increased production of blocking IgG4 antibodies



Allergen Immunotherapy (AIT) plays an important part in the management of Allergy by the responsible physician who is focused on the effective management of allergic patients.

- AIT is the only available curative tool
- AIT can alter the course of allergic disease for good
- AIT is capable of changing the Th2 status (allergic) to Th1 status (normal)
- AIT is capable of impeding the onset of asthma in cases of allergic rhinitis
- AIT can inhibit poly-sensitization
- AIT is capable of providing

medication-sparing effect

- There is enough evidence that the benefit of AIT continues to be present for a long tenure even after concluding the therapy
- AIT has the capacity to provide long-term protective benefit against development of various other allergic conditions

IT IS OUR DUTY TO CORRECTLY DIAGNOSE OUR ALLERGIC PATIENTS AND INITIATE THE RIGHT TREATMENT IN THE FORM OF SPECIFIC ALLERGEN IMMUNOTHERAPY AS AND WHEN INDICATED

Conclusions:

Allergic diseases are increasingly common and impose a substantial burden on patients and healthcare systems alike. Accurate diagnosis using standardized skin prick testing and the judicious use of allergen-specific immunotherapy allow physicians to move beyond symptomatic treatment and address the underlying causes of allergic disease.

As evidence continues to accumulate, allergen immunotherapy remains the only treatment capable of modifying the

course of allergic disease, reducing medication dependence, and providing sustained long-term benefits.

For physicians who are managing patients with allergic rhinitis, asthma, and other IgE-mediated disorders, incorporating allergy diagnostics and immunotherapy into routine clinical practice represents an important step toward delivering comprehensive, patient-centric care.

FINALLY HIGH QUALITY ALLERGEN-SPECIFIC IMMUNOTHERAPY IS AVAILABLE IN INDIA. To know more about allergy diagnostics and sub-lingual immunotherapy

please contact
Dr. Ameeta Gunderia



The Great Indian Transformation: The Price of Progress

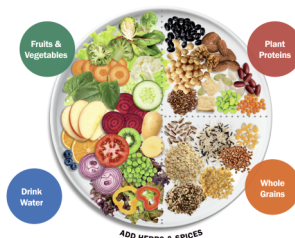
Dr. Sharang Wartikar

Vitro-Retinal consultant Ophthalmology

India has rapidly evolved from a poor agrarian country into a tech-savvy global powerhouse. Life for Indians, has indeed improved in many ways. We live longer, have better access to medical care, have higher literacy rates, and can even order groceries with just a tap on our smartphone!

However, this rapid leap from bullock carts to high-speed internet has also radically altered how we live, move, eat, and interact, unintentionally leading to a massive surge in lifestyle diseases. Diabetes, hypertension, obesity, cancer, and heart disease, which were once rare, are household names across India today. To understand how we arrived at this health crisis, we must look closely at how our daily lives have changed over the past century.

From Farm Food to Fast Food:



Our traditional food was local, seasonal, and freshly prepared. Our great-grandparents ate unrefined grains like millets (ragi, jowar, bajra), unpolished rice, and a colourful variety of regional fruits and vegetables. Many even used to know the exact farm from where it was procured! And because refrigeration did not exist, meals had to be cooked and consumed fresh. There was a lot of pride associated with eating and serving "home-made food".

Today, our food choices are decided more on taste and convenience. "Eating out" and "ordering in" are considered fashionable. A restaurant-cooked meal dripping in low-quality oil is just round the corner or a click away on our smartphones. We are no longer aware, and even worse, we no longer care about the meal ingredients.

Consumption of refined flour (maida), white rice, and processed sugars has skyrocketed. Packaged snacks, instant noodles, carbonated beverages, and pre-packaged

sweets are now easily accessible across the country. These foods are calorie-dense, poor in nutrients, and cause rapid spikes in blood sugar levels, directly leading to increased insulin resistance, type 2 diabetes and obesity.

Animal-derived foods were in the past, consumed on rare occasions, often as a treat. Even dairy consumption was minimal prior to the white revolution. Today, they are consumed thrice a day. These foods either contain or trigger the production of compounds that are known to be highly inflammatory and toxic to our blood vessels (like saturated fats, TMAO, heme iron, Neu5Gc, heterocyclic amines, nitrosamines, AGEs, etc.).

Contrary to what the market trends would have us believe, the most deficient nutrient today, is not protein, but fiber! A significant drop in the consumption of pulses, fruits, and vegetables (all high in fiber), and an excess intake of refined carbs, refined fats, and animal-based proteins (all low to zero in fiber), is driving this deficiency. And fiber, is the primary food for our gut microbiota. The direct and deep links between an unhealthy, starved gut and chronic inflammatory diseases of various tissues have now been very well

established.

From Sweating to Sitting:



For our ancestors, physical movement was not an option or a scheduled hobby—it was simply a requirement for survival. Many worked in agriculture or manual trades, which demanded hours of intense physical labour under the sun. Others walked long distances to markets, hauled water from wells, washed clothes by hand, and ground spices using heavy stone tools. In that era, the human body naturally burned thousands of calories every single day just through standard, necessary daily tasks—a concept now recognized as Non-Exercise Activity Thermogenesis (NEAT).

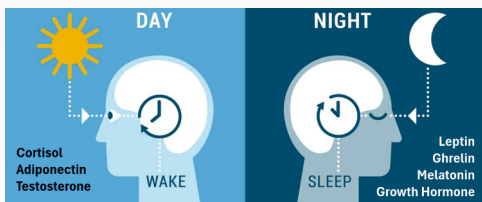
However, technology has successfully eliminated almost all physical effort from our daily routines. Instead of walking, we ride scooters, drive cars, or call auto-rickshaws. At home, washing machines, mixers, and dishwashers handle the heavy chores. Millions of modern jobs require sitting in front of a computer screen for 8-10 hours a day, followed by sitting in traffic,

and ending with sitting on the couch to watch television.

As a result, our muscles burn very little fuel, and our metabolism slows to a crawl. The excess calories we consume are now stored as fat. We are all busy trying to increase our protein intake through shakes and supplements, ignoring the fact that the single biggest driver for muscle health and growth is simply making the muscles work!

This combination of a sedentary lifestyle and poor diet is creating the perfect environment for metabolic syndrome—a dangerous cluster of conditions including abdominal obesity, high blood sugar, elevated blood pressure, and abnormal cholesterol levels.

From Relaxed to Rushed:



In the past, people woke up at sunrise and wound down as the sun set. While they certainly faced significant hardships—such as crop failures, famines and infectious diseases—their daily stress was typically short-term and survival-based. When the day's work was

finished, the mind and the body had ample time to rest and recover in a quiet environment.



In stark contrast, modern life is characterized by chronic, low-grade, psychological stress. The pressure to succeed begins early in childhood with intense academic and non-academic competitions. It extends into adulthood through demanding corporate environments, long and grueling commutes, financial anxieties and the constant pressure to keep up with appearances on social media.

This chronic stress signals the adrenal glands to release stress hormones continuously. Cortisol raises blood sugar levels to provide quick energy for a "fight or flight" response that never actually comes. Instead, it increases our appetite, drives cravings for unhealthy comfort foods, and causes the body to store dangerous visceral fat deep around vital internal organs. Adrenaline keeps our heart rate and blood pressure elevated, putting constant, structural strain on our cardiovascular system.

Compounding this high stress is a widespread sleep crisis. The easy availability of electricity and bright artificial lighting has effectively extended our days into the night. Smartphones, tablets, and streaming platforms have pushed our bedtimes even later. Millions are chronically sleep-deprived, getting fewer than six hours of quality sleep per night.

Even those of us who manage to get adequate hours of sleep fail to follow the circadian rhythm. So, our body misses out on its crucial nightly window for cellular repair and hormone balancing.

Such chronic sleep deprivation leads to mental fatigue, inflammation, and oxidative stress. It also disrupts leptin and ghrelin—the two primary hormones that regulate hunger and fullness. This leaves us feeling exhausted and hungry the next day, which further fuels the cycle of overeating, weight gain, and metabolic disease.

From Adjuvants to Addictions:



Alcohol consumption, previously restricted to specific social rituals or rare community events, has now become a mainstream social drink and a common coping mechanism for stress. Alcohol abuse places a massive metabolic burden on the liver, leading to fatty liver disease, systemic inflammation, and a higher risk of cardiovascular failure.

Tobacco was once consumed primarily by elders. Now, highly processed cigarettes and modern electronic vapes are popular even among urban youth. They introduce thousands of toxic chemicals into the lungs and bloodstream. This damages the delicate inner lining of the blood vessels, causing atherosclerosis, and significantly increases the risk of sudden heart attacks and strokes at a much younger age.

Just three decades ago, digital screen exposure was practically non-existent and leisure was communal, active, and outdoor-focused. We are now hooked on to hours of daily scrolling on smartphones, social media validation loops, and gaming. These trigger unnatural dopamine spikes in the brain, which reinforces sedentary behaviour, worsens sleep quality, and drastically increases anxiety and depression.

From Solidarity to Separation:



Humans are fundamentally social creatures. And for generations, the traditional joint family system was the bedrock of Indian life. While the patriarchal hierarchy may have been restrictive or suffocating, it functioned as an absolute, ironclad emotional and financial safety net for every member. Families cooked together, shared domestic responsibilities, and raised children collectively. If an individual faced a financial crisis, a health emergency, or emotional distress, the extended family was always there to absorb the blow.

Modern women have now successfully entered the professional workforce and enjoy much higher levels of personal autonomy and career freedom. However, domestic chores and childcare expectations are rarely redistributed equally at home. This dual responsibility creates a state of chronic exhaustion and emotional burnout.

Rapid urbanization and career-

driven migration have accelerated the transition toward nuclear families. Adults and children have become far more vulnerable to acute stress and mental health challenges arising from intense financial, academic and professional anxieties, with no extended family support to fall back on. Elderly parents are frequently left living alone fighting depression and unmanaged chronic illnesses.

Such chronic loneliness and social isolation trigger the exact same inflammatory pathways in the body as chronic physical stress. This persistent inflammation damages blood vessels, weakens the immune system, and significantly increases the long-term risk of developing heart disease and cognitive decline.

Reclaiming Our Health:



When we look at the full picture of the past century, it is easy to feel overwhelmed. We have traded our physical jobs for chairs, our fresh whole foods for packaged convenience, our natural sleep cycles for glowing screens, and our deeply connected communities for

isolated apartments. It is no surprise that our bodies are struggling to keep up, resulting in a widespread rise in lifestyle diseases.

The solution to this modern health crisis does not require giving up technology or attempting to move back to the villages of the 1920s. Instead, it requires us to intentionally bring the healthy, fundamental principles of our ancestors into our modern routines. We can successfully shield ourselves from the epidemic of lifestyle diseases by following a few simple, timeless rules for daily living (Remember as "SMMEAR"):

- **Sleep is Supreme:** We must treat sleep as a non-negotiable medical priority, not a luxury. Let us follow the circadian rhythm, turn off the smartphones, televisions, and tablets at least an hour before bed, keep our bedroom dark and cool, and give our body the full 7-8 hours of rest it needs at night to heal and recover.
- **Movement is Medicine:** Let us not assume that a 30-minute gym session can make up for sitting all day long. Let's take the stairs instead of the elevator, walk while talking on the phone, stand up every hour, lift our heavy bags, bend our backs, balance ourselves, and bring natural

movement back into our daily routine.

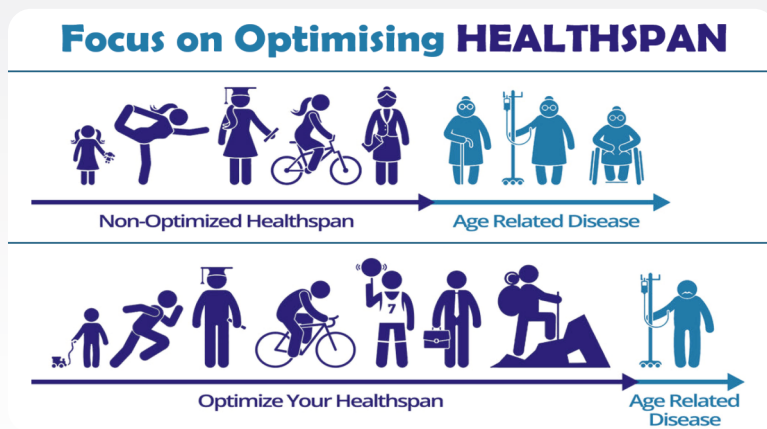
- **Mind over Matter:** We must protect our mind from the constant noise of modern life. Dedicating just 10-15 mins every day to sitting quietly, practicing deep breathing, or meditating will help to lower our cortisol levels and calm our nervous system.
- **Eat Real Food, Not Too Much, Mostly Plants:** We have to return to the foundational strengths of the traditional Indian kitchen with more focus on eating whole, unrefined foods like fresh vegetables, seasonal fruits, lentils, nuts, and traditional millets, avoiding ultra-processed snacks and sugary drinks, practicing mindful portion control, and letting natural, plant-based ingredients form the true foundation of our diet.
- **Avoid Addictions:** We need to be mindful of what we use to cope with stress. Alcohol intake by the Gen-Z has shown signs of declining in western countries. We should also actively limit it. All tobacco products to be avoided, and strict boundaries to be set on our daily screen time and social media usage.
- **Redefine Relations:** Let's move away from social media and the digital devices, and focus on

building deep, real-world human connections by eating meals together with our family, calling our parents, visiting our friends in person, and cultivating a strong, supportive real-world community.

And these are not unrealistic principles. Even in today's era, there are isolated places across the globe that are following these simple practices and the benefits are more than evident. These places house the highest number of centenarians (people living healthy beyond 100 years) and are popularly known as the Blue Zones of the world.

By making these deliberate choices, we can successfully combine the absolute best of modern progress with the time-tested wisdom of our past—ensuring a life that is both highly advanced and vibrantly healthy.

Yes, we have very successfully improved our lifespan over the past century, but now it is time for us to focus on improving our healthspan as well.



ASSOCIATION OF MEDICAL CONSULTANTS MEMBERSHIP

Total Membership of the Association	: 16305
Members under professional Indemnity Scheme of AMC	: 11525
Persons (Members & Family) under H & A Scheme	: 4570
Members under CBS Scheme	: 1580



Chalo Aaj Baarish Ko Ghar Bulate Hain

Dr. Sangeeta Agrawal

Consultant Obstetrician and Gynaecologist

Every year, as summer draws to a close and the sun seems determined to test my patience, I begin waiting for the monsoon.

From the 1st of June, every morning starts the same way. As soon as I wake up, I pull back the curtains and look outside. Has it rained?

For me, rain is not just a season.

Rain is a celebration.

I wait for the monsoon much like a family waits for a loved one to be discharged from the ICU—counting days, searching for signs, waiting for good news to arrive.

And when it finally does, you will probably find me at the Worli Seaface promenade, face turned towards the sea, heart humming:

*"Sawan ka mahina, pawan kare shor,
Jiyara re jhoome aise, jaise ban mein
naache mor..."*

Because rain, for me, is joy in its purest form.

Yet rain is a curious thing.

We long for it when it is absent and complain about it when it arrives.

We pray for clouds through May and curse the traffic jams in July.

Perhaps Gulzar captured this

contradiction best:

फितरत तो कुछ यूँ भी है, इंसान की साहब
बारिश खत्म हो जाये तो छतरी बोझ लगती
है.

An umbrella is a saviour when the skies open up and a burden the moment the sun returns.

Life, I suspect, is full of such ironies.

Rain is romance.

There is something undeniably magical about the monsoon. The fragrance of wet earth, the rhythmic tapping on window panes, swaying trees, dusky skies and sudden bursts of green everywhere you look.

It feels as though love itself is descending from the clouds.

And then, uninvited, a melody begins to play in the mind:

*"Jab hungroo si bajti hain boondein,
armaan hamaare palken na
moondein..."*

Add a few good friends, a plate of onion bhajiyas, a steaming cup of pudina chai and an old Bollywood playlist, and life suddenly feels wonderfully rich.

Rain is not merely romance.

Rain is hope.

After months of scorching heat, the first shower reminds us that change is inevitable. That no season lasts forever. That every dry spell eventually gives way to abundance.

Yet rain is also inconvenience.

Flooded roads.

Cancelled trains.

Leaking roofs.

Landslides.

Mosquitoes.

The monsoon arrives carrying both blessings and challenges, much like life itself.

But perhaps that is part of its charm.

A cancelled outing becomes an evening of conversation.

A power cut becomes a family gathering by candlelight.

An unexpected shower that initially feels like despair quietly transforms into a cherished memory.

The monsoon teaches us that not every disruption is a disaster. Sometimes it is simply life giving us a spin delivery.

As Human beings there is another lesson we can learn from the rain.

Every drop matters.

No river begins as a river.

It begins as a drop.

Then another.

And another.

Meaningful change happens the same way.

One act of kindness.

One helping hand.

One thoughtful gesture.

One small contribution.

Until countless drops come together to create an ocean of change.

The monsoon quietly reminds us of this truth every year.

So this season, let us welcome the rain with open arms.

Let us brew an extra cup of tea.

Let us hum an old melody.

Let us dance in the rain.

Let us listen to the music of raindrops and the stories hidden in the clouds.

Let us soak in the magic of the monsoon.

After all,

"Kuch toh baat hai in baarishon mein, varna kaun zameen par girta hai aasman tak pahunchne ke baad?"

Chalo, aaj baarish ko ghar bulate hain.



Life between the Donn and the Doff - A Covid Pandemic Saga

Dr. Roshni Cheema

Anaesthesiologist

Certified research scholar, Children's Hospital of Pittsburgh U.S.A

It was the end of March, 2021 and I hadn't been inside the covid icu for weeks now. The dip in cases just until a few months ago had seemed so perfect that we'd all started to imagine has the door to normalcy finally begun to open? Elective cases were running so high I'd do cases from morning until night every day and work was fulfilling, covid wards and icus had started closing down in our hospital towards January, 21 and there was this silent calmness.

Little did we know it was the silence before the storm. You're back on covid ICU duty from tomorrow, I receive a circular.

So I prepare, mentally, physically, to re-enter the world of Covid. I adjust my water intake in a way that I'm not over hydrated nor under before the shift begins. I don, carefully, in the order, leaving no gaps, multiple masks, multiple gloves, a plastic world standing between me and 32 serious oxygen dependent covid patients, some coughing violently, some breathless and barely there. Earlier we used to be 2 doctors for 15 serious patients but now with the

rising cases it's absolute chaos. I walk in, fully donned, knowing very well that for the next 8 hours I am the only doctor for these 32 patients. I say a small mental prayer hoping nobody dies today, not on my watch.

And then it happens, as soon as I walk in and take over from the previous doctor, relieve her, I realise I'm in it again. Takes me a few seconds to go from my deep conscious thoughts to a world of reality where thoughts disappear and spinal reflexes take over. I'm constantly checking on desaturating patients, we're out of ventilators now so I'm using everything in my capacity, oxygen cannulas, nrbm, sometimes both together with proning. I'm in full adrenaline rush coupled with paranoia of what will I do if a patient needs intubation. I've the skill, I've the equipment but no ventilator to spare. But I rush nonetheless, because these are the actually salvageable patients by a little intervention. Not ventilator dependent, not stable, requiring as high as 15 L oxygen but still barely maintaining.

So I prone them, one by one I try to prone them all, make them sleep on

their belly that is. I see saturation go up in almost all who comply. Some don't comply because they're too tired to move. Surviving seems exhausting at this point.

In the background there are calls, the phone never stops ringing, sometimes a relative, angry at us for not updating about their patient, sometimes a senior doctor asking for an update. So I sigh and keep the landline down.

Where is my cellphone even? I wonder. Tucked in the plastic cover protecting it from the pathogens around, lying somewhere in the middle of the piled up files, I find it.

Messages from my mother and my fiancé, 'you must be exhausted', 'Hi love, you must be thirsty, can't you doff to have a sip of water?'

Sounds so simple, but I know I can't break the circle of protection around me, not for one second.

I forget that it's been hours I haven't drank water, I don't feel the exhaustion. I'm too deep into this by now, from trying to update files and investigations to managing so many patients, the clock ticks by. Time inside covid ICUs runs different, I can promise that. Sometimes it's so fast the rush of saving someone who was collapsing takes over.

Then sometimes, when you have to watch someone go, slowly but

steadily go, get worse with every shift, time gets real slow, my consciousness starts to come back. She's somebody's mother, the daughter had called this evening. I give no false reassurances. But I keep my kindness intact.

She goes away to another floor, after making a million calls, a ventilator has finally been made available, probably the previous occupant of it died, nonetheless, that could mean life for her. So she goes. And within minutes another call, telling me who's coming on that now vacant bed. The waiting list is too high for covid beds. I haven't seen an empty bed for longer than half an hour.

I realise it's midnight, my shift is almost over, but my work isn't. I'm trying to rush it and finish it somehow because I'm sucked into this world now, trying my best.

I doff, much more carefully and consciously than I'd donned. Thoughts come back. I remember the last time I'd covid icu duty few months ago, one of my patients was my own bade papa, a fatherly figure to me that I've grown up cuddling and hearing stories from almost every night as a kid. He'd been on that icu bed surrounded by patients on ventilators and in semiconscious states. Ventilators weren't a shortage

back then in December though. I'd overstayed my shift almost everyday to nurse him like family as well as be his doctor. I remember holding his hand through the glove in his sleep and he'd suddenly say, 'Gudda'. My childhood nickname he'd for me followed by a small tiny smile. He knew I was back for my shift. He'd gotten better eventually and gone back to my hometown Akola after 2 weeks of icu care. But so many don't. What if someone from my family gets ill again? I now know too well the pain, to see someone you love lie on that covid icu bed. So many don't return. So many have to be packed into plastic bags and sent away. Families aching to see their loved one, one last time. But cannot. May be it's a blessing in disguise that they can't see them in that pain and suffering. May be it's a blessing that the last visual they have of their loved one is at home, comfortable and alive.

The thoughts bring absolute horror so I shun them. I go back to the thoughtless zone. We doctors walk on a very thin rope between apathy and empathy. And we need both to survive.

I make that quick shift from empathy to apathy, trying to preserve my mental health in the middle of this global chaos.

I bathe, trying to wash away more than just germs, trying to wash away all the pain that I'd to silently absorb, the tears under my PPE kit that I'd to suck back into my eyes, now free flow, the voice of that daughter who won't see her mother again, the wide eyed helpless and breathless faces of my patients. Water trickles down from all over me down into the drain. Today is done. I can finally touch the world again without the gloves. I can sleep. Until next time.

Roshni

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Rendezvous on my journey with ROP (Retinopathy of prematurity)

Dr. Karobi Lahiri Coutinho

Retina Surgeon and Paediatric Ophthalmologist

“Choose a job you love, and you will never have to work a day in your life.” Confucius quoted it and I have lived my life each day to this. In the last 36 years of my practise, there has never been a day where I have not expressed gratitude for being one of the crusaders in preventing blindness for the premature babies and seeing them share that beautiful smile when they are old enough to make an eye contact with me

As a resident doctor the ROP chapter was an enigmatic one wondering how such tiny babies with tiny eyes get screened little realising that ,that aspect of paediatric Ophthalmology would be the first one i would embrace and persevere amongst the several other subheads of the same speciality that i imbibed later

These tiny soldiers fight hard against the cruel odds of an alien environment In a struggle for existence and with a little timely help from both the neonatologist/ paediatrician and the ophthalmologist in referral, screening,detection treatment and follow up the child can sail through

Unscathed and unscarred through the most difficult and vision threatening period of its life.

What does it accomplish ?

Freedom from blindness and medicolegal hassles

Retina and Paediatric Ophthalmologists have been tirelessly sounding warnings regarding the higher incidence of ROP due to better survival of neonates from improved technology , instrumentation The preterm birth phenomenon with the ongoing third epidemic for ROP, has resulted in higher rates of childhood blindness due to lack of early detection which stems from lack of awareness of general public.

While recent advances have enhanced premature infant survival rates, but it not lowered the frequency of complications and we have seen have seen a increase in number of severe ROP cases

The main challenge of ROP is identification and early treatment .A delay of even 1 week may be devastating. However, keeping track

of preterm infants presents a challenge.

These infants are transferred from one neonatal intensive care unit (NICU) to another without prior notification. An infant's last name typically represents the mother's maiden name, while at discharge, the name usually reverts to the father's last name, making tracking a patient difficult. Finally parents, burdened as they are with frequent doctor appointments, it may allow a "routine" eye exam to take a backseat.

My children (patients) and their parents taught me many things and the most important lesson was about raising awareness on this problem at a National level for the general public which covers a broader spectrum . And as destiny would have it, the president of the IROP SOCIETY ,DR A Z A D conferred me the responsibility of being the National Ambassador of the ROP program -A campaign towards blindness eradication With the help and support of the IROP society ,doctors and good Samaritans of society we aim to create awareness for general public to stop blindness due to ROP.

So the magic mantra is
Screen every preterm
Less than 34 weeks
Less than 2000 grams

At 3 weeks post natal if he has had a stormy postnatal course or 4 weeks as the adage is “TEES DIN ROSHNI KE”

Treat early and aggressively for the best outcomes.

This is an awareness which needs to reach all gynaecs, paediatricians, nurses, ophthalmologists and optometrists and therapists so that no premie is allowed to go blind

In the words of Robert Frost
The woods are lovely, dark and deep
but i have promises to keep and miles to go before I sleep

And I am positive, this article will encourage young ophthalmologists to pursue ROP in their career and be a part of the campaign and join this crusade towards eradicating ROP blindness and spread awareness

In all other allied specialties

Dr.Karobi Lahiri Coutinho
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Bombay Hospital Institute Of Medical Sciences
Director joint vision clinic
Ex president BOA 2017-18
Vice president VRSI (INDIA)
National Ambassador ROP



Kailash Mansarovar Yatra a Journey of Faith, Endurance, Surrender and Transformation

Dr. Seema Rai

Obstetrician and Gynaecologist

For Centuries, Mount Kailash and Lake Mansarovar have inspired seekers, pilgrims and adventurers from across the world. Revered as the abode of Lord Shiva, Kailash is not just a mountain- it is a Symbol of Divine Consciousness. In May this year our group of twenty-four doctors from Mira Bhayandar with their family and friends were blessed with the opportunity to undertake the sacred Kailash Mansarovar Yatra, a journey that tested our physical endurance, mental resilience and spiritual faith in equal measures.

Preparing for the call of Kailash

Our preparation began 4 to 5 months before the journey itself. The Yatra traverses remote Himalayan terrain at altitudes exceeding 18000 feet above the sea level where oxygen levels are significantly lower.

Our preparation on three important aspects

Physical Fitness

Mental Conditioning

Breathwork

Physical preparation included-

- A) 8 to 10 kms walk- We used to meet at the gate of Sanjay Gandhi National Park and walk up to Gandhi Tekri and take 3 to 4 rounds and a few days walked up to Kanheri Caves too.
- B) Stair Climbing
- C) Strength building exercises like Squats, Lunges, walking on treadmill at elevation on 15, with a back pack of 5 kgs, Soleus raises etc.

Mental Preparation- Meditation, positive visualization and cultivating patience prepared us for the challenges ahead.

Breath work or Pranayams- Diaphragmatic breathing and mindful breathing techniques helped strengthen our lungs and improve oxygen utilization. These simple yet powerful practices proved invaluable at high altitudes where every breath becomes precious.

Yet, despite all preparations, we discovered that Kailash teaches

lessons that no training can fully prepare one for.

The Journey Begins

We flew from Mumbai to Lucknow, and from there by road to Nepalgunj in Nepal.

From Nepalgunj, after overnight stay, we boarded a small aircraft to Simikot, a picturesque Himalayan settlement nestled amid rugged mountains. The flight itself offered breathtaking views of snowclad peaks and deep valleys providing a glimpse of the majestic terrain that awaited us.

From Simikot, helicopters ferried us to Hilsa near the Nepal-China border. Crossing the border and completing immigration formalities marked the beginning of the Tibetan leg of our journey. (Note: - At the immigration the dry fruits, seeds, peanuts etc that every one carried were confiscated as we are not allowed to carry these across the border. The phone picture gallery and social media was thoroughly checked for any anti-China evidence).

From there we travelled to Purang (Taklakot) and stayed there for two nights for acclimatization. From there to Mansarovar where we

stayed overnight.

Our next destination was Darchen-the base camp for the sacred Kailash Parikrama.

The trip to Ashtapad was optional and with an extra payment of 550 Yuvan (Rs16000/=) each. It is the closest place where the Kailash is just 900 metres away and you get darshan of Nandi Mountain.

For many of us, it was an emotional moment, the culmination of years of longing and devotion.

The Sacred Parikrama

Of our group of 24, only four completed the entire parikrama on foot, demonstrating remarkable determination and devotion. The remaining members undertook the journey with assistance of ponies and porters, an option that is available at accost of 4000 Yuan (Rs.60000/-).

The trek presented numerous challenges. The thin mountain air made even simple movements exhausting. The most demanding segment was crossing the Dolma La Pass, the highest point of the Parikrama, where even the Pony-riders

had to walk on feet. Every step here

required perseverance and concentration. Breathing became laborious and fatigue was a constant companion.

Yet amidst these challenges, there was an extraordinary sense of unity. We all encouraged one another, and celebrated each milestone together.

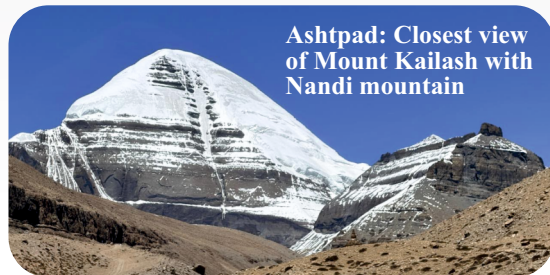
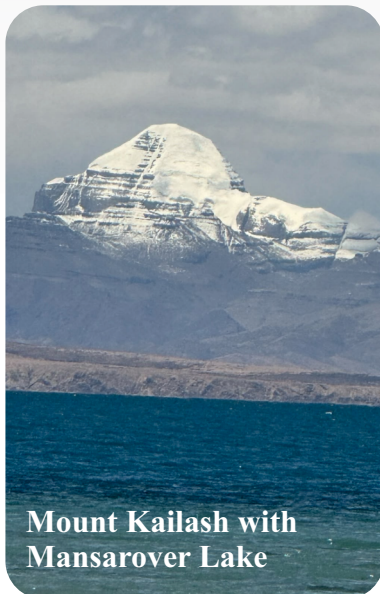
Mansarovar: The Lake of Serenity.

Surrounded by mountains and infused with spiritual significance, the lake exuded a sense of tranquillity and purity that is difficult to describe. The parikrama of the Lake is done seated in the bus. We all carried the Holy water of the Lake back home.

Lesson from Kailash

- The journey taught us humility. It reminded us of the limitations of human body and immense power of nature.
- Patience when progress was slow.
- Resilience when conditions were difficult.
- Gratitude for every small comfort.

The physical journey ended but the inner journey of profound peace and gratitude continues.





Electronic Gadgets and Their Evidentiary Value

Adv. Rhishikesh R. Ganu.

Electronic Gadgets have become an integral part of Modern Life, and Medical Professionals are not exception to it. These Gadgets though offer immense convenience, still they also carry significant legal implications. The use of Mobile Phones, WhatsApp messages, Photographs, Emails, and other forms of digital communication requires caution. We often send messages and responses promptly but later on these communications may later acquire legal significance. The purpose of this article is to create awareness regarding the evidentiary value of Electronic Gadgets, Communications made through them and while doing so one should take precautions, while using them.

Introduction of New Criminal Laws and Recognition of Electronic Evidence

On 1st July 2024, Three New Criminal Laws came into force in India:

1. Bharatiya Nyaya Sanhita (BNS),

replacing the Indian Penal Code (IPC);

2. Bharatiya Nagarik Suraksha Sanhita (BNSS), replacing the Code of Criminal Procedure (CrPC); and

3. Bharatiya Sakshya Adhiniyam (BSA), replacing the Indian Evidence Act.

These Enactments contain several provisions relating to Electronic Communications, Electronic Records, Digital Information, and Electronic methods of investigation. The significance of Electronic Devices and Digital Communications is not confined to the legal 1 profession. They play a crucial role in all Professions, Businessman and Citizens alike.

The Role of Electronic Gadgets in Modern Life

Electronic Gadgets mainly are as under:

- Mobile phones
- Computers and laptops
- Tablets
- CCTV systems
- Pen drives and Storage Devices

Apart from these Devices, Electronic Records namely Emails, Voice Messages, WhatsApp communications, Text messages, and Digital files have become an inseparable part of daily life. The legal system also recognizes and relies and act upon such records. However subject to provisions of Bharatiya Sakshya Adhiniyam and Information Technology Act.

The purpose of this article is not merely to discuss the admissibility of electronic evidence but also to understand how the legislature has accorded Legal Recognition to Electronic Communications and Records.

Definitions Under the Bharatiya Sakshya Adhiniyam

One of the most important changes under the Bharatiya Sakshya Adhiniyam is the recognition of Electronic and Digital records within the definition of a "Document ." Electronic records stored in Emails, Server Logs, Computers, Mobile Phones, and other digital devices are now expressly treated as 2 documents. Therefore, every communication made through Electronic Gadgets may potentially constitute a document in the eyes of law.

Equally important is the definition of "evidence" is also equally important. The Bharatiya Sakshya Adhiniyam provides that evidence includes all documents, including Electronic and Digital Records, produced before the Court for its inspection. Such documents constitute documentary evidence. Thus, Electronic Communications are not merely documents; but they are also capable of becoming evidence in legal proceedings.

Daily Communications and Their Importance in Investigations

In our day-to-day lives, we constantly exchange messages, photographs, emails, and digital information. Patients often send photographs, reports, and messages to Medical Practitioners. Similarly, professionals communicate with colleagues, clients, and institutions through various electronic means.

Whenever an inquiry, investigation or Judicial Proceedings commences, these communications may become highly relevant. Messages, photographs, emails, and other digital records often form important piece of evidence.

The BNSS also recognizes the concept of "Audio-Video Electronic means ." This includes

communication through video conferencing, recording processes, and transmission of electronic communications. The legislative intent is clear: electronic communications have become an integral component of modern investigations.

Electronic Communication and Transfer of Data

Electronic communication encompasses verbal information, pictorial information, video content, and digital data transferred from one person to another or from one device to another.

The transfer of information itself can become a significant piece of evidence. Every message sent, document forwarded, and every response provided through an electronic device creates a Documentary Trail. The individuals in many cases, themselves create, use, rely upon, and respond to information that may later become evidence in legal proceedings and we equally also rely upon these communications as per Case and situation demands.

Investigation and Retrieval of Electronic Data

The concept of investigation under

the BNSS includes the collection of evidence. Since electronic records are recognized as documents and evidence, Investigating Officers can and may seize and examine Cell Phones, Laptops, Hard Disk and electronic devices send them to Forensic Analysis during the course of an investigation.

The data and Information stored and available in such devices may be retrieved and examine for the purpose of collecting evidence.

Messages, comments, photographs, call histories, emails, and digital records may all become relevant during the investigative process.

Deletion of Data: A Serious Legal Consequence

A Common Conduct of a person that when he learns about a possible investigation, there is human and natural tendency to delete messages, photographs, or other electronic data. This approach can have serious legal consequences.

Deletion of Evidence and Data may itself amount to an offence. The corresponding provision under the Bharatiya Nyaya Sanhita, similar to the earlier Section 201 of the Indian Penal Code, deals with causing the disappearance of evidence of an offence.

Many people are under impression, that once data is deleted, it can never be recovered and retrieved. This belief is incorrect. Modern investigation techniques may retrieve and later on it can be revealed that not only the existence of data is deleted but also the fact that deletion has taken place.

Therefore, as a matter of caution, Electronic data should not be deleted when circumstances indicate that it may become relevant to an investigation or legal proceeding.

CCTV Footage as Evidence

The CCTV footage has emerged as one of the most important forms of electronic evidence. CCTV systems continuously record and capture images through automated processes and preserve visual information that may later become relevant in legal proceedings.

Owners and institutions should ensure that CCTV systems remain functional and properly maintained. A non-functional CCTV system may result in the loss of valuable evidence.

The significance of CCTV footage has been recognized by the Supreme Court in *Tomaso Bruno and Another*

v. *State of Uttar Pradesh*. The Court emphasized the importance of CCTV footage as evidence and observed that such evidence does not suffer from the ordinary human frailties associated with oral testimony.

Since CCTV cameras continuously record and preserve sequences of images through automated mechanisms, CCTV footage often provides objective and reliable evidence.

Computer-Generated Records and Virtual Communications

Modern institutions increasingly rely on computer-generated records. Hospital records, orientation programmes, virtual meetings, and video conferences often generate electronic records automatically.

Information exchanged during online meetings, virtual consultations, and digital training sessions may also become relevant and admissible in legal proceedings. Communications between doctors and patients, professional discussions, and information conveyed during virtual interactions may acquire evidentiary value depending upon the facts of a particular case.

Consequently, communications made through virtual platforms should be undertaken with due care and responsibility.

Call Detail Records (CDRs)

Mobile phone records have become a crucial piece of evidence in all Litigations and Inquiries.

Call Detail Records (CDRs) contain information relating to:

- Calls exchanged between parties;
- Duration of calls;
- Timing of calls;
- Mobile location details; and
- SMS records.

These records often assist investigating agencies and courts in determining patterns of communication and establishing relevant facts.

CDRs frequently become important in criminal cases, negligence claims, consumer disputes, and other legal proceedings. However, such records are generally required to be proved in accordance with the applicable legal requirements, including production of appropriate certificates

wherever necessary. Please Section 57 and section 63 of Bharatiya Sakshya Adhiniyam Certificates of Hash Value appended therein.

Computer Printouts and Electronic Records

Printouts generated from

computers, laptops, printers, and hospital management systems also require careful consideration.

Questions frequently arise regarding:

- The source from which the printout was generated;
- Whether the records were generated in the ordinary course of business;
- Whether the records were maintained sequentially;
- The authority responsible for generating the printout; and
- The authenticity and reliability of the record.

These factors assume importance when electronic records are produced before a court of law.

Primary Evidence Under the Bharatiya Sakshya Adhiniyam

One of the most significant developments under the Bharatiya Sakshya Adhiniyam relates to the concept of primary evidence.

Section 57 assumes particular importance. Explanations (3) and (4) dealing with printing, photography, and related processes, as well as Explanation (6) concerning video recordings, deserve special attention.

The law now recognizes various forms of electronically generated records and video recordings as primary evidence under specified

circumstances. This marks a substantial advancement in the treatment of electronic evidence and reflects the realities of a digital society.

Conclusion

Electronic devices are no longer merely tools of convenience; they have become repositories of legally significant information. Mobile phones, computers, emails, CCTV footage, call records, video recordings, and digital communications are now recognized as documents and evidence under Indian law.

Every message sent, every photograph shared, every email transmitted, and every digital interaction may potentially acquire evidentiary value. Therefore, individuals, including medical professionals, must exercise caution while using electronic devices and digital communication platforms.

Awareness of the legal implications of electronic communications is essential in today's digital age. The prudent use of electronic gadgets and responsible handling of electronic records can help individuals avoid legal complications and ensure compliance with the evolving framework of Indian law.

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ANNUAL GENERAL BODY MEETING



NURSES TRAINING PROGRAM





Management Tips For Running Hospitals And Clinic Efficiently

Dr. Nikhil Nasta
Ophthalmologist

1. Facility location Facility location means where is your clinic exactly located?

Before you invest in a property, you have to make sure about a couple of things.

A what is the location, how accessible is it? B is it having a good frontage and visibility? And C what will be the outgoing expenses on this property? And Another important thing to know is the paperwork complete.

3. Prefer a location that is main road facing or at a corner of two roads which is a junction. It should have a good frontage and visibility. There should be easy accessibility by train, bus, metro, walking car. It should be visible to moving traffic so that there is a constant hammering of your billboard, even by regular people who may not be your patients. There's a recall facility.

4. Facility layout is the layout of the clinic space. Internally.

We know we have an OPD area and we have an operative area. If they are in the same premises, then the layout

should be such that there is a clear demarcation between the OPD patients and the OT patients.

5. Have a decent sized anteroom in which you will receive the patient and there will be a registration done. Then they can move into a waiting area where they sit till they are called. Have a seamless flow where they go from cabin to cabin getting their auto ref, refraction, vision dilatation, OCT if necessary, any other tests and then they come to your cabin. So it should be like a clockwise on an anticlockwise layout. Easy for the patient to move in a single line and then they exit with the pharmacy, the optical billing and out.

6. In the OT layout, make sure that you follow the protocols which are required for good ventilation within the OT. A good double door entry which is sealed so there is sterility maintenance and OT size for cataract of at least 10 by 12 square feet and for retina at least 15 by 12 square feet is recommended. Make sure that you have adequate air exchanges, you have a good UPS

backup, you have good Boyle's apparatus and you have emergency medicines as well.

7. There should be no washing rooms in the OT changing area or close to the OT changing area. Your washing area will be where the nani trap is, which is the drainage. So design your OT layout in that way. Try to have it in the inner part where there are no windows. So the dead space which is the inner space, it can be totally walled up and closed out to become your operation facility.
8. When you come to operations, that means the daily running of the clinic. Have a well equipped and trained receptionist who will do the entry data is very, very important. So put all your data into an EMR system. There are so many options available which will also push out notifications, push out appointments, give them their prescriptions and share all this on WhatsApp or email immediately. Be very particular about maintaining a proper database because that is your gold mine.
9. In future, the receptionist must keep must keep track of referrals from where are the patients coming? Are they coming directly? Are they coming online? Are they coming through word of mouth or through a GP referral? Or through a consultant

or through an older patient or through a newspaper ad or through your website tracking? This is extremely important to know your strategies .

10. Staffing and scheduling have staff which can multitask if you are a smaller setup and have multiple staff. If you are a very large setup so you have backups available, staff becomes the bottleneck at many times. For example, the optometrist may take too long or the billing may take too long and the doctor is sitting idle. This scenario is to be avoided at all costs and bottlenecks if any should be with the doctor and nobody else waiting.
11. waiting Room management is extremely crucial because this is where the patients spend time. They may get bored and they may opt out and never visit you again. To make this experience better, there is a concept called Kano model. kano model says that you and your neighbor are doing the same service. Still patients come to you because you do things little differently. What do you do differently? Your staff is pleasant, they are wearing decent uniforms. You're offering them a good chair to sit on which has cool AC and a bright atmosphere, not a dull one. There is enough reading material in the room. There is good

Wi fi in the room. Tea and coffee are available to them and they are constantly checked.

12. Upon coming to equipments, start your OPD setup with equipment that will be very essential. For example slit lamp is essential.

A good refractometer is essential. A good A scan is essential. Now OCT is also become an essential machine. But a luxury would be something like a fundus camera or something like a dry apparatus or something like a LASIK machine or a topography may be considered luxury be added later.

13. Invest in things that earn you well and spread a good word of mouth and give you a good predictable outcome. For example, invest in the most the microscope that makes you most comfortable during surgery because that's where the stresses will happen and you need to need to deliver a good result. Invest in a good Phaco machine because that is where your outcomes will depend. Even on your hard cataracts. They should be easy to do.

14. Every machine must earn you some money. So rather than going for a 80 90 lakh phaco machine where I have a capital how much I can charge the patient, I would top it up with an OCT or topography and maybe a dry analyzer because each

of these would mean in the same 80 lakhs. I now have three equipment and I have three more channels to earn money from the patients. Even if it is a less amount, the patient feels I'm better equipped. And yes, each of them is an income earner for me.

15. There is something called the Pareto Principle which states that some of your purchases may be vanity purchases for the sake of completion or for the sake of differentiating you from the rest of the clutter of doctors around you. Pareto says that out of 80% of the machines you have, 20% will do the maximum work and earn you the maximum revenue. These are your heroes. But you do need vanity purchases or standout purchases in order to have differentiators. Don't look at them purely as ROIs, but also look at them as branding purchases.

16. A classic example of this is the Morpheus machine that I have in my clinic. It's a vanity purchase, it adds revenue, it differentiates me and it has its own set of clientele. It's not only as much as the cataract, but yes, over a slow period of time it's going to recover very well and make me stand out and become a us people For me.

17. at the checkout, make sure that the patients have a clear idea of what they have to do next. Don't leave

them vague like okay, you follow up within two months or all right, come back anytime. Once your reports are done, give them clear timelines and message it to them. Also through your emr, you need to get your blood reports done tomorrow on an empty stomach and come back to me day after with the reports or you need to get your A scans done with me tomorrow. I'm scheduling it for 5pm and then we will operate you in the coming week. Probably on a Wednesday at 9am or you need to come back in six months. I'm putting in an appointment right now you will get a message, let's approve it and I will see you then and call out Push to action immediately.

18. Setting out your franchisee as a proprietorship will club the taxes with your personal Pan card and you will not get much of benefits. All your income will be clubbed. If there is a liability, your personal assets could be attached to it. Going for an LLP or a public or a private limited company is better in the sense that your accounts are separated. Any liability for the clinic is for the clinic and yours cannot be attached to it. Also, all your expenses can be claimed as company expenses, so it's a more tax savvy way of doing things. You can also have GST numbers here and claim on your lenses.

19. Having separate verticals for pharma dispensing and for optical dispensing is a good idea, but since this is not your core strength, you might as well lease out that space to a proper pharma or optical store and earn revenue from them and let them handle the headache of doing that. You'd stay out of it.

20. When it comes to licenses, make sure you are compliant with all the necessary licenses by the government and the bmc. Any violation here will land you in a big mess. If ever something was to go wrong or a medical legal case had to happen on you. When you purchase your property, make sure that it is in compliance with the rules of that area and that makes it easier for you to acquire these licenses. Have a track of when the renewals are, and personally track all of these because these are the backbones of your clinic. Do not depend on your staff, but have a personal interest in them. Adding on things like NABH or accreditations only makes your case stronger and you can also now bargain better with the Medicare Companies for higher reimbursement.

21. Have a good amount of cash flow. Reserve for day to day expenses. This is called operating expenses. Avoid a death cycle so plan such that you have contingency

funds for at least three months.Keep your cycle clean so that your incoming is always surpassing your outgoing in time as well as in expense.This will give you a good cash flow mechanism and prevent you from unwanted death in future.

22. Have a good CA on board, have a good lawyer on board and make these two your best friends

23. Marketing is the crush of success.Growth is the byproduct of visibility.Go all out when you want to market, but yes, stay in your ethics.Personal branding on Instagram is what the patient will look at.What is your personal vibe looking like?Do market there and have a separate account for your clinic.Marketing on Facebook attracts older audiences so that also is not to be ignored.YouTube is good for making explainer videos and pushing them out.LinkedIn is good for making you look like a key opinion leader and for giving you credibility.And Google, My business has its own charm, but it should have a landing page connected to it like your website which should have good keywords and a detailed backlinks.Also

24. one person cannot do all I am a pure cataract and refractive surgeon so I will concentrate more on cataract and refractive surgeries.But

I also have finalists on board to do the rest of the work that I am not an expert as this is called a crazy quilt principle wherein everybody brings in their expertise and the patchwork becomes a beautiful blanket.Then there is another concept called bird's eye view.You should have a bird's eye view of all the things happening in your clinic.Don't be very into the micromanagement, but look at things from the top and have strong staff who will lead the micromanagement process for you.

25. Principle says that it's rather easier to start with what you have in hand than to keep waiting and waiting for another opportunity to arise.Get started.Create an opportunity.Make the most of what you have and the rest will figure itself out.

26. Don't keep waiting for a perfect time to start.Get started in a small way if possible, and the next step of the ladder of the visible once you cross this line .



GLP-1 Drugs: The Molecules That Changed Metabolic Medicine

Dr. Harini Jayaraman
Consultant Endocrinologist

"The most important breakthrough in obesity treatment in decades began as a diabetes drug."

A decade ago, few physicians could have predicted that a class of diabetes medications would become one of the most discussed therapies in medicine. Today, GLP-1 receptor agonists are influencing endocrinology, cardiology, nephrology, hepatology, bariatric medicine, and even public health policy.

Originally developed for glycaemic control in type 2 diabetes, these agents have evolved into powerful tools for obesity management, cardiovascular risk reduction, renal protection, and treatment of metabolic dysfunction-associated steatotic liver disease (MASLD).

More importantly, they have changed how clinicians understand obesity itself—not as a consequence of poor self-control, but as a chronic biological disease driven by complex neurohormonal pathways.

The story of GLP-1 receptor agonists is therefore not merely the story of a successful drug class. It is the story of a paradigm shift in modern medicine.

The Gut Hormone That Changed Everything

The concept behind GLP-1 therapy originates from the "incretin effect."

Researchers observed that oral glucose produced a much greater insulin response than intravenous glucose despite identical blood glucose concentrations. This led to the discovery of incretin hormones, among which Glucagon-Like Peptide-1 (GLP-1) emerged as a key player.

Produced by intestinal L-cells following food intake, GLP-1 acts on multiple organs.

Its actions include:

- Stimulating glucose-dependent insulin secretion
- Suppressing glucagon release
- Delaying gastric emptying

- Increasing satiety
- Reducing appetite
- Improving postprandial glucose control

The challenge was that native GLP-1 survives only a few minutes before degradation by DPP-4 enzymes.

Pharmaceutical innovation overcame this limitation by developing long-acting GLP-1 receptor agonists capable of producing sustained biological effects.

SIDEBAR 1

GLP-1 DRUGS AT A GLANCE

What do they do?

- ✓ Enhance glucose-dependent insulin secretion
- ✓ Suppress glucagon secretion
- ✓ Delay gastric emptying
- ✓ Reduce appetite
- ✓ Promote satiety
- ✓ Support weight reduction

Major Agents

- Liraglutide (daily)
- Dulaglutide (weekly)
- Semaglutide (weekly/oral)
- Tirzepatide* (weekly)

Dual GIP/GLP-1 receptor agonist

Average Weight Loss

Liraglutide: 5–8%

Semaglutide: 12–15%

Tirzepatide: 15–22%

Common Adverse Effects

- Nausea
- Vomiting
- Constipation
- Diarrhoea
- Dyspepsia

Contraindications

- MEN-2
- Medullary thyroid carcinoma
- Drug hypersensitivity

More Than a Diabetes Drug

Initially, endocrinologists welcomed GLP-1 receptor agonists because they lowered HbA1c while promoting weight loss.

This was unusual.

Many diabetes medications improve glycaemic control but often at the cost of weight gain.

GLP-1 receptor agonists achieved both objectives simultaneously.

Over time, clinicians noticed an additional phenomenon.

Patients frequently described feeling less hungry.

Cravings diminished.

Portion sizes became smaller.

Many reported a reduction in what is now popularly termed "food noise"—the persistent mental preoccupation with eating.

These observations revealed something profound.

The drugs were not simply lowering blood glucose.

They were influencing appetite regulation pathways within the brain.

Understanding Obesity Through a New Lens

For decades, obesity was viewed primarily as a behavioural problem.

Modern science tells a different story.

Body weight is regulated through intricate interactions involving:

- Gut hormones
- Hypothalamic signalling
- Reward pathways
- Genetic factors

- Environmental influences
- Energy balance mechanisms

When body weight falls, the body responds by increasing hunger and reducing energy expenditure.

In essence, biology attempts to defend existing weight.

This explains why sustained weight loss is notoriously difficult.

GLP-1 receptor agonists help restore satiety signalling and reduce appetite, enabling patients to work with their physiology rather than constantly battling against it.

The Obesity Revolution

Historically, anti-obesity medications produced modest results.

Weight reductions of 5–8% were generally considered successful.

The arrival of newer incretin therapies dramatically changed expectations.

Clinical trials demonstrated:

- Approximately 15% weight reduction with semaglutide
- Up to 22% weight reduction with tirzepatide in selected populations

These results approach those seen after metabolic surgery.

Importantly, benefits extend beyond cosmetic outcomes.

Weight loss is accompanied by improvements in:

- Blood pressure
- Glycaemic control
- Sleep apnoea
- Dyslipidaemia
- Mobility
- Quality of life

For the first time, physicians possess pharmacological tools capable of producing clinically meaningful and sustained weight reduction.

SIDEBAR 2

LANDMARK TRIALS THAT CHANGED PRACTICE

LEADER (Liraglutide)

Demonstrated reduction in major cardiovascular events and cardiovascular mortality.

SUSTAIN-6 (Semaglutide)

Showed significant reduction in cardiovascular outcomes in patients with type 2 diabetes.

REWIND (Dulaglutide)

Demonstrated cardiovascular benefit even in a population with relatively lower baseline cardiovascular risk.

STEP Programme (Semaglutide)

Established semaglutide as a highly effective obesity therapy.

SURMOUNT Programme (Tirzepatide)

Produced unprecedented weight-loss outcomes, approaching those seen with bariatric surgery.

SELECT Trial (Semaglutide)

A landmark study demonstrating cardiovascular risk reduction in patients with obesity even in the absence of diabetes.

Key Message:

GLP-1 therapies are now cardiovascular drugs, obesity drugs, and metabolic disease drugs—not merely glucose-lowering agents.

Beyond Diabetes and Obesity

As evidence accumulated, the benefits of GLP-1 receptor agonists expanded into multiple specialties.

Cardiology

Cardiovascular outcome trials consistently demonstrated reductions in:

- Major adverse cardiovascular events
- Stroke
- Myocardial infarction
- Cardiovascular mortality

This transformed GLP-1 receptor agonists into important cardiovascular risk-modifying therapies.

Nephrology

Emerging evidence suggests benefits including:

- Reduction in albuminuria
- Slower decline in renal function
- Improved cardiorenal outcomes

Hepatology

MASLD has become one of the commonest liver disorders worldwide.

Weight loss remains the cornerstone of treatment.

GLP-1 receptor agonists have shown encouraging improvements in:

- Hepatic steatosis
- Steatohepatitis
- Metabolic parameters

Many experts anticipate a growing role for these agents in hepatology practice.

Why GLP-1 Therapies Matter in India

India faces a unique metabolic challenge.

South Asians develop diabetes and cardiovascular disease at lower BMI thresholds than many Western populations.

Increased visceral adiposity, insulin resistance, and fatty liver disease contribute significantly to risk.

Consequently, therapies that address multiple metabolic abnormalities simultaneously are particularly valuable in Indian clinical practice.

GLP-1 receptor agonists target not only hyperglycaemia but also obesity, cardiovascular risk, and fatty liver disease—conditions that frequently coexist in our patients.

Challenges and Caveats

Despite their promise, these

medications are not without limitations.

The pace of innovation is extraordinary.

Cost

SIDEBAR 3

Affordability remains a significant barrier for many patients.

THE FUTURE OF INCRETIN THERAPY

Gastrointestinal Side Effects

What's Coming Next?

Nausea, vomiting, constipation, and dyspepsia remain common, particularly during dose escalation.

Retatrutide

A triple agonist targeting:

Unrealistic Expectations

- GLP-1
- GIP
- Glucagon receptors

Patients often view these therapies as quick solutions.

Early studies suggest even greater weight reduction than currently available therapies.

In reality, optimal outcomes require:

- Dietary modification
- Physical activity
- Behavioural intervention
- Long-term follow-up

Oral Incretins

Improved oral formulations may increase patient acceptance and accessibility.

Weight Regain

As with hypertension and diabetes, obesity is a chronic disease.

New Therapeutic Areas

Researchers are exploring roles in:

Discontinuation of therapy may result in partial or substantial weight regain.

- Heart failure
- Obstructive sleep apnoea
- Polycystic ovary syndrome
- Neurodegenerative disease
- Addiction medicine

The Future of Incretin Medicine
Medicine is rapidly entering what many experts call the "Incretin Era."

The Future Vision

Experts increasingly believe that obesity management may soon resemble hypertension management—with multiple effective therapies targeting different biological pathways.

Conclusion

Few therapies have influenced clinical practice across so many specialties in such a short period.

GLP-1 receptor agonists began their journey as diabetes medications.

They have evolved into obesity therapies, cardiovascular risk-reducing agents, renal-protective drugs, and promising treatments for fatty liver disease.

Most importantly, they have transformed our understanding of obesity itself.

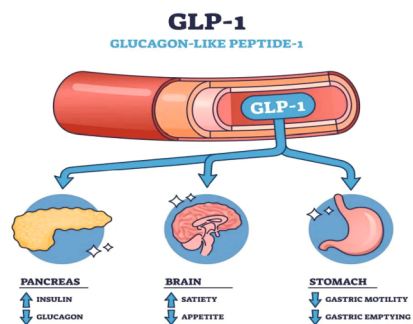
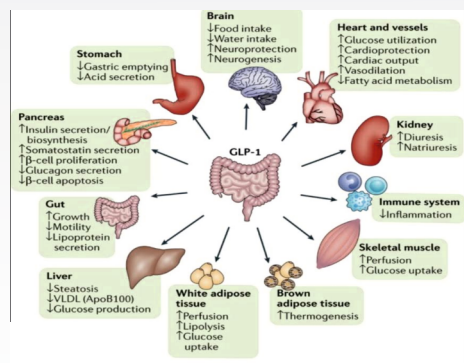
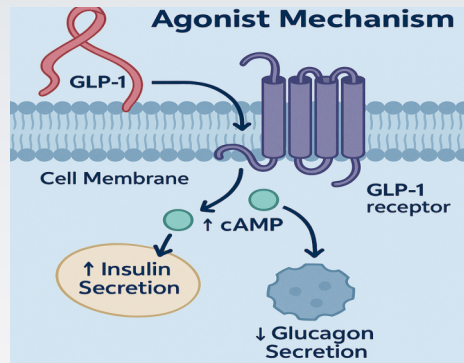
The greatest achievement of GLP-1 therapy may not be the kilograms lost or the HbA1c reductions achieved.

It may be the recognition that obesity is a chronic biological disease deserving the same scientific respect and evidence-based treatment afforded to

hypertension, dyslipidaemia, and diabetes.

The GLP-1 story is still unfolding.

But it has already secured its place as one of the most important chapters in modern medicine.





Annual Program Committee Report

Dr. Gautam Sonawane

Program committee chairperson AMC Mumbai 2026-27

MBBS., DGO., DNB (Obst & Gyane), MNAMS (New Delhi), FICOG., MCOG., LLB., LLM
Gynaecological Endoscopic Surgeon & IVF Consultant Mumbai

Association of Medical Consultants (AMC), Mumbai Tenure Year 2026–2027

A Year of Relentless Commitment & Collective Excellence

Without allowing ourselves the luxury of pause, reflection, or slowdown, we successfully conducted more than 8 programs during this tenure. This achievement was possible only because of:

- The tireless dedication of every Managing Committee Member
- The visionary leadership of our President Dr. Rajendra Nagarkatti and Hon. Secretary Dr. Alok Modi
- The constant encouragement of our seniors and trustees
- The efficient support of our office staff

Behind these 8 initiatives were:

- Office Bearer Meetings
- Managing Committee Meetings
- Structured macro planning followed by meticulous micro-planning

- Optimum utilization of available time and resources
- We express our heartfelt gratitude to:

- Managing Trustee –Dr. Veena Pandit
- All respected Seniors
- Past Presidents
- Zonal Directors
- Trustees

Your unwavering support strengthened every initiative.

A detailed list of all programs conducted is mentioned in a tabular form but few events conducted this year need a special mention

SPECIAL PROGRAM HIGHLIGHTS

- **FAMCI AMC Medicolegal Webinar** was successfully conducted online on 20 April 2025 under the guidance of Dr. Ashok Shukla.
- **AI and Mobile Training Talks** was organized online on 21 April 2025 by Dr. Alok Modi, attended by 66 participants.

- **Obstetrics and Gynaecology CME** was conducted on 26 April 2026 at GCC Club, Mira Road, in association with AMC (Association of Medical Consultants Mumbai). The session focused on important topics in obstetrics and gynaecology and was organized under the reference of OGSMB (Obstetric and Gynecological Society Mira-Bhayandar).
- **Blood Donation Camp** was organized at Rajiv Gandhi Blood Bank, Mira Road on 1 May 2026, during which 50 bottles of blood were collected.
- **Nurses Training Program** was held at Riddhivinayak Hospital on 31 May 2026, led by Dr. S.N. Agarwal, with an impressive attendance of 1,500 participants.
- **Gynaec Conclave** was conducted at Masterchef on 17 June 2026 under the leadership of Dr. Rajendra Nagarkatti, attended by 118 participants, and awarded 1 CME point.
- **Blood Donation Camp** at Possa Hospital Uttan was conducted on 21 June 2026 And total 576 unit of blood donations were done

Gynaec Conclave At Dahisar



Nurses Training Program



THIS DOCTOR'S DAY,

Take Control Of Your Financial Future.



Every doctor dedicates their life to the service of those in need. Doctor's Day is dedicated to recognising this service and celebrating them. But this Doctor's Day, we come to you with a question instead Are you in control of your financial journey, or still reacting to it?

Every Doctor Faces 3 Financial Gaps

A Delayed Start To Investing

Most doctors begin earning seriously around 30, leaving less time for wealth to compound.

Products Before Planning

ULIPs, endowment plans, and other unsuitable products are often pushed before a real plan is built.

Learning Money the Hard Way

Medical school prepares you to heal, not to handle taxes, insurance, investing, & long-term planning.

Financial OPD helps close them with clarity, structure, and advice built for doctors.

Financial OPD gives you



Doctor-specific financial courses



Clear learning on the fundamentals of financial planning



Ongoing guidance & open conversation for the doctors community



This Doctor's Day, take the first step toward financial clarity with Financial OPD

Join our **1300+** Strong doctors community.

SIGN UP FOR FINANCIAL OPD.





Healthcare costs are rising faster than one can even imagine

Having the right health cover today isn't a choice - it's a necessity and is the strongest safety net you can have.

For over three decades, the AMC Health & Accident Scheme has continuously adapted to the changing healthcare landscape. What began as an individual policy evolved into the introduction of a family floater and today stands stronger by offering both options side-by-side, empowering members to choose what best suits their family structure and healthcare needs.

Recognizing the diverse demographics of our members, the scheme now offers three thoughtfully designed covers - Individual, Family Floater and a dedicated Parents & Parents-in-Law policy, each built on the same strong foundation of transparency, affordability and fairness.

What truly sets the AMC scheme apart is that the premiums are not rising as exponentially as the retail policy premium. If your capital sum insured is adequate to meet the present medical expenditures you can be assured of a good claim settlement. The premium premiums for senior members, especially for parents - benefits that are extremely difficult to replicate in the open market today.

Medical emergencies come unannounced, and just one serious illness can exhaust your savings, putting immense financial strain on you and your family. Don't wait for a crisis—protect yourself with a comprehensive health insurance plan today. Ensure financial security, quality healthcare, and peace of mind with the right coverage. Because when health is at risk, your finances shouldn't be

The USP of our scheme is as follows:



Pre-existing diseases covered by self-declaration - no mandatory medical tests at entry.



You can increase your Capital sum insured (CSI) even after the onset of the preexisting ailment and even after having taken a claim for a major ailment such as cardiac, malignancy, renal disease etc. After the waiting period is over, you are eligible to claim for the pre-existing disease



Sum Insured options up to ₹30 lakhs, among the highest available in group schemes



Immunotherapy sub-limit increased to 20% of eligible CSI, doubling earlier coverage



Robotic surgeries covered (with capped limits), a benefit AMC introduced years ahead of most insurers



We are still amongst the first to pay

- Intravitreal injections (anti VEGF drugs)
- Mental health claims for indoor admission requiring medical intervention
- Monoclonal antibodies and several other newer modalities of treatment



Comprehensive cardiac coverage with structured caps across all sum insured levels. For the CSI of 20 lacs and above our cardiac package is 15 lacs.



OPD reimbursement for high-value diagnostics like CT, MRI and PET scans



Minimal co-payment structure. There is also a provision for no copayment if there is no claim for 10 years and 5% copayment if there is no claim for 5 years. This was introduced 3 years ago.



Age of entry up to 79 years completed as compared to 60 years in most policies.





- **AMC Health & Accident Scheme Committee**
- **Dr. Smita Sharma** – Chairman
- **Dr. Suhas Kate** – Advisor
- **Dr. Suresh Rao** – Patron
- **Dr. Sudhir Naik** – By Invitation
- **Dr. Jayesh Shah** – Convener
- **Dr. Ajay Hariani** – Co-Convener
- **Dr. Nitin Rao** – Committee member
- **Dr. Deepak Vaidya** – Committee member

Supported by a dedicated advisory and claims ecosystem to ensure seamless assistance, transparency and timely resolution.

To know more about our scheme you may contact AMC office or any of our Scheme advisors

AMC H&A number: **8976870618 / 022 – 49765332 / 26844639.**

All Scheme Advisors

SCHEME ADVISORS NAME	TEL NO. AND CELL NO.	AREAS OF COVERAGE
Mr. Bhupendra Shah	9820181275 / 25013447	Sion and All Central Rly. Suburbs up to Kalwa, Navi Mumbai
Mrs. Shobha Shah	9821091530 / 24185483	South Mumbai up to Matunga (C.Rly) & (W.Rly)
Mr. Sagar Mestry	8286746427 / 8779969758	All
Mrs. Trupti Sampat	9869072993 / 8879431307 / 9702440249	South Mumbai to Borivali
Miss. Aarya Punyarthi	9821079832 / 8425800032	Mahim to Dahisar
Mr. Krishnakant Garodia	9322227801	South Mumbai to Andheri
Mr. Rooproy Harbinder Singh	9869468615 / 9702061070	Churchgate To Borivali & Chembur
Mr. Jagdish Salvi	9867245453	All
Mr. Mandar Datar	9769527708 / 25368029	Beyond Kalwa on Central Rly New Mumbai
Mr. Sanjay M Sureka	9820497117 / 26114812	Churchgate To Andheri
Mr. Jitendra K Udeshi	9819587785 / 0251-2861361	Dombivali & Central Suburban
Mr. Kiran Shah	9869104614 / 27454171	Panvel – New Mumbai
Mr. Sachin Patkar	7558553276	All
Mr. Shailesh Mawani	9869038208	Western Mumbai
Mr. Vasant Sakpal	9405655215 / 7387659852	All
Mrs. Apeksha Sanghavi	9930950216 / 8450939980	Western Mumbai
Mr. Kuldeep Bisht	9372005206	All
Mr. Arjun	8088477653	Mangalore



महाराष्ट्र शासन



IMPORTANT NOTICE FOR PATIENTS & THEIR RELATIVES

As per the recently introduced Maharashtra Medical Service Persons and Medicare Service Institutions (Prevention of Violence & Damage or loss to Property) Act 2010 :

Section 3

Any act causing damage or loss to the property of hospital/clinic or any act of violence against any of the employee of hospital/clinic or abusing, such an act is prohibited.

Section 4

The offenders could be punished with imprisonment which may extend to tThree (3) years and fine of Rs. 50,000/-

Section 5

The offence would be **cognizable** and **Non Bailable** and tried by the court of Judicial Magistrate of 1st class.

Section 6

In addition to above punishment the offender would be **liable to pay compensation of Twice the amount of damage or loss** caused to the property of **hospital/clinic**, which if not paid the same sum shall be recovered as if it were an arrear of land revenue.

You are requested to maintain silence and decorum inside the hospital/clinic premises. Incase of Complains Or Dissatisfaction, One Should Used Non-voilent & Constitutional, democratic Ways

सावधान

डॉक्टर्स, नर्स, रुग्णालयातील कर्मचारी यांच्यावर हल्ला करणारे अथवा करणाऱ्यास चिथावणी देणारे....
दवाखान्याच्या, रुग्णालयाच्या मालमत्तेची अथवा उपकरणांची नासधूस करणारे....

- १) ३ वर्षेपर्यंत सक्तमुजरी.
- २) रु ५०,००० पर्यंत दंड
- ३) अजामीनपात्र गुन्हा
- ४) झालेल्या नुकसानीच्या दुप्पट रकमेची वसुली
- ५) ही वसुली महसुल यंत्रणे मार्फत केली जाईल.

**आपल्या डॉक्टरांवर
विश्वास ठेवा**

ISSUED IN PUBLIC INTEREST

ASSOCIATION OF MEDICAL CONSULTANTS MUMBAI

EMAIL : amcmumbai@gmail.com | Tel.: 2683 6019 | Website: www.amcmumbai.com



Dr. Rajendra Nagarkatti
(President)

Dr. Alok Modi
(Hon. Secretary)



Professional Indemnity & Errors and Omissions Scheme

Protecting Medical Professionals with The Oriental Insurance Co. Ltd.

Why Professional Indemnity Insurance?

Medical professionals require specialized insurance to safeguard themselves from financial and legal consequences in cases of negligence, malpractice or errors. Our Professional Indemnity Insurance Scheme provides essential coverage to ensure peace of mind.

Why Errors and Omissions (E&O) Insurance Scheme?

E&O insurance Scheme is designed to protect healthcare professionals and medical establishments from legal claims due to mistakes, negligence or failure to meet professional standards in patient care.

Why choose AMC?

Comprehensive Coverage & Protection

- Extensive professional indemnity insurance for doctors, covering legal and financial liabilities
- Protection against negligence, malpractice, and medical errors
- Nationwide coverage across India with worldwide jurisdiction
- Covers civil cases, including:
 - Consumer Forums
 - State Medical Councils
 - Medical Council of India
 - Human Rights Commissions
 - Competition Commission of India (CCI)
 - Police Inquiries
- Defense cost coverage for criminal cases related to medical accidents, operational mishaps and patient deaths

Exceptional Service & AMC Support

- Over 30 years of expertise in medico-legal insurance
- 100% legal assistance and in-house claims support at no additional cost
- Personalized guidance through AMC's dedicated medico-legal cell
- 1:1 claim ratio ensuring fair settlements and prompt assistance

Legal Assistance & Claims Handling

- Coverage includes legal fees and pre-litigation expenses
- Cashless service for advocate payments
- Travel expenses (airfare + accommodation) covered for National Commission case hearings
- Expert legal support from AMC Medico-Legal Advocates instead of insurer-appointed lawyers
- Guidance from AMC Medico-Legal Cell for out-of-court settlements
- Run-Off Cover available for retiring doctors and closing medical establishments

Policy Features & Exclusive Benefits

- Coverage extends to both qualified and unqualified medical staff
- Protection for medical establishments, including hospitals and clinics
- Special coverage (at an additional premium) for high-risk procedures such as:
 - Cosmetic Surgery
 - Lasik Surgery
 - Radioactive Treatment
- Retroactive date coverage included for past liabilities
- Policy renewal within 6 months of expiry allows restoration of the retroactive date with an additional 25% fee
- Cashless claim settlements ensure a seamless reimbursement process

Protect Your Practice, Empower Your Peace of Mind – Secure Your Future with AMC's Professional Indemnity Insurance Scheme today!

Contact your agent to know more!