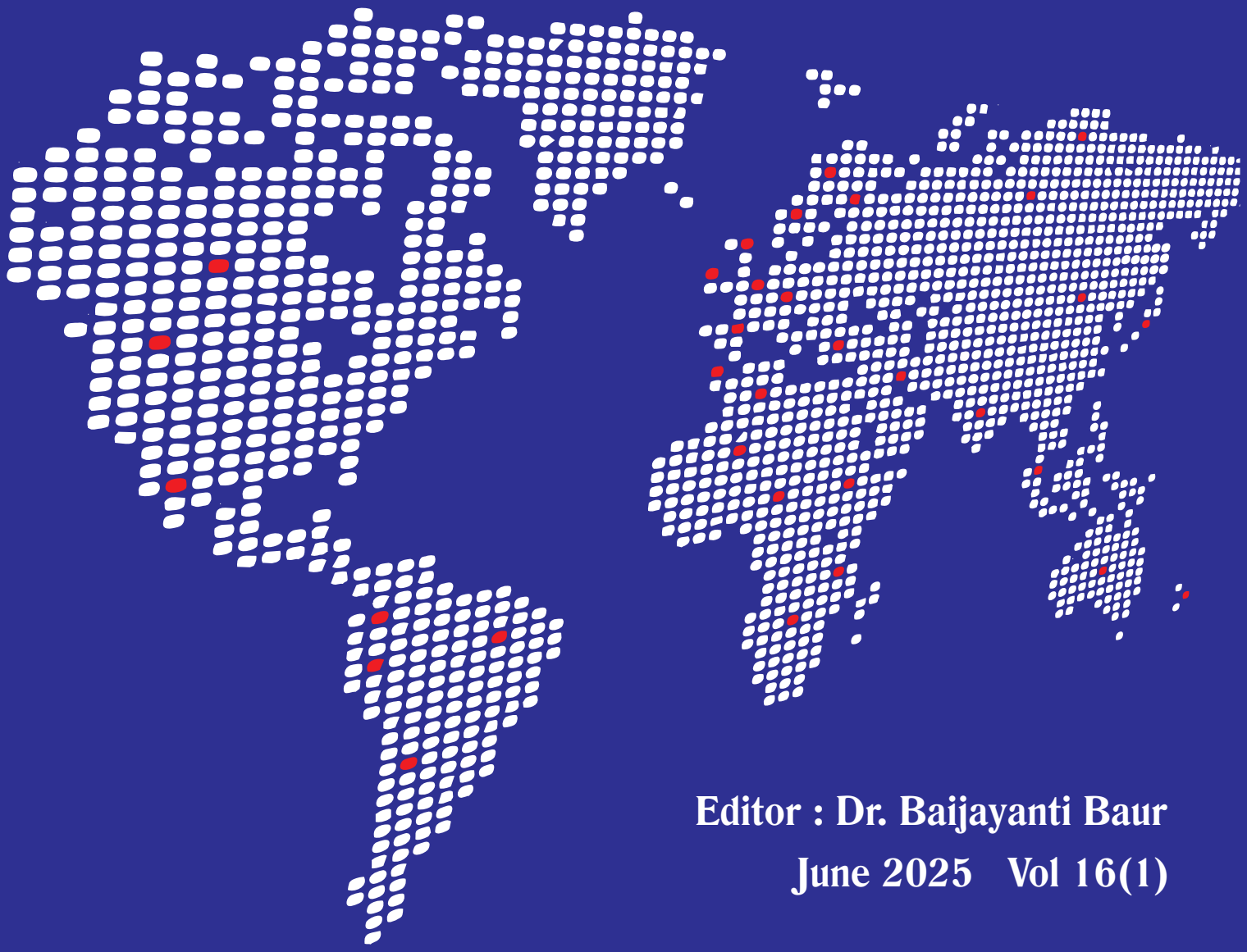
106 Years

118 years of Duty & Devotion

JOURNAL OF ASSOCIATION OF MEDICAL WOMEN IN INDIA



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ASSOCIATION OF MEDICAL WOMEN IN INDIA • 1907 • DUTY & DEVOTION

118 years

Editor : Dr. Baijayanti Baur

June 2025, Vol. 16 (1)

CONTENTS

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AMWI President Message

Dear AMWI members

Season's Greetings

As National President of AMWI, it is with great pride and a deep sense of responsibility that I write this message for the Edition of the newsletter of AMWI. As we walk together, I am reminded of the resilience, commitment, and strength that define AMWI . We continue to progress not only as professionals but as leaders who are making significant strides in improving the lives of our patients and communities.

I will extend warm welcome to our esteemed new editor of AMWI Journal Dr. Baijayanti Baur.

In this issue, you will find highlights of the activities incredible work being done by our members of AMWI also across the country, from the Annual Conference at Mumbai, scientific programme, health camps, talks, Violence against Woman Growth (VAWG), self defence trainings and continue to inspire the community These activities under National theme of our triennium "Equip, Educate, Empower "Women Doctors, and remind us of the power of collective action. The Global Training Course on VAWG has been extended to Zambia and Bangkok at the CARC conference and is set to reach the corners of the world.

CARC conference from 22nd to 25th August at Bangkok was a great success as large no of AMWI members, were the faculties. The Jhirad Oration was chaired by President AMWI. AMWI India's contribution, activities, and scientific deliberations has been applauded by MWIA, our Apex body .

Our efforts to revitalize, rejuvenate, and reform our organization are forming examples for other women to follow. The establishment of the Youth Wing (AMWI) and the launch of AMWI connect, formation of AMWI chapters, are just examples of how we are broadening our reach and creating platforms for the future . Through continued professional development, advocacy, and mentorship, we aim to empower women in healthcare and beyond.

As we reflect on our achievements, let us also look forward to the work that lies ahead. I encourage each of you to stay engaged, share your successes, and inspire others in our growing organization.

Now with immense pride and a sense of responsibilty I accept my nomination unanimoussly as INTERNATIONAL PRESIDENT OF MWIA, the highest post of apex body Medical Women International Association' for any Indian Doctor to be Elected to this Prestigious post for the first time in the history of MWIA & AMWI.

Thank you for your unwavering support and dedication. Together, we will keep pushing boundaries and shaping the future of medical women and healthcare. I take this opportunity to wish each one of you Seasons Greetings and Best wishes for the New year.

Dr Mandakini Megh

National President, AMWI

Hearty Congratulations

from

all members of AMWI

to

DR. MANDAKINI MEGH

for

haring the prestigious post of

International President of (MWIA)

Editorial

From the Desk of the Editor

Greetings from Kolkata the City of joy to all members of Association of Medical Women in lndia (AMWI) and Medical Women's International Association.

I have immense pleasure to present the June 2025 issue of the Journal of Association of Medical Women in India JAMWI, a multidisciplinary journal open for publication of good original articles, case reports, historical and subject reviews, notes and important events.

On behalf of the editorial board members I inform you that Prof Dr Sushila Sripad the Editor of the esteemed Journal is no more. It is a great loss to us which irreparable We express deep sorrow and gratitude to her. During the thought exchange via e mail she wrote to me about the journal that "The Journal should also be a record for the enormous changes in Society as a whole and in women and children in particular in the last 75 years compared to the earlier era. Analysis of the reasons for decay, in ethical and moral standards is also a topic that would be of great interest to many."

This issue is delayed due to unavoidable reasons specially the crunch of fund, sustenance of the journal mainly depends on quality writings and up to date scientific information as well. The present issue includes the committee details at international, country and State level, five scientific articles of medical importance

In the month of December on 12-13th 2025 Association of Medical Women in India West Bengal branch will host the National Conference of AMWI with conference theme "Holistic health of women" need whole hearted cooperation from your end.

If we concentrate about the issues related to women, so many disastrous events are taking place around the world making women and children more vulnerable to gender inequity, food shortages, shelter loss etc

From my end I appeal you to help in fund raising and be a part of the journal by sending article and send your constructive feedback to our email missionKolkata@hotmail.com. We hope the journal to be published henceforth regularly with help of your cooperation and participation.

Baijayanti Baur.
Editor, JAMWI

In Memoriam

Dr. Sushila Sripad

MBBS, MS, M.CH (CTVS) (1941-2024)


Sushila Sripad (1941-2024)

Dr. Sushila Sripad MBBS, MS, M.CH (CTVS), a very dear friend of mine for more than 6 decades, was born in an upper middle class highly educated Brahmin family from Visakhapatnam. She was born at Civil Hospital Chennai on 8th September 1941. Her father Dr. S. G. Rao was then posted there at Chennai, who later on became Director General of Commercial Intelligence and statistics with it's headquarter at Calcutta. Her grandfather was a Vice Chancellor of Visakhapatnam University, Andhra Pradesh. She is survived by her husband Mr. Anish Majumder IAS, Ex. Chief Secretary to Govt. of West Bengal and their only son Adrish (Rana) who is an Engineer, currently working at New York. Her younger brother is settled in Hydrabad, Telengana.

Sushila did her I.Sc from Lady Brabourne College, Calcutta and passed with flying colours. She joined MBBS course at the Medical College Calcutta in 1958 and passed with laurels in 1963. I met her in medical college in 1958. Actually she was my classmate and partner in Anatomy dissection. We both were in the same sub batch till we passed out in 1963 and were very close to each other till she left for her heavenly abode.

She finished her house job training in Medical College, Calcutta. She joined SSKM Hospital and IPGMER Calcutta and worked under the then Director of Surgery Professor A. K. Basu. Sushila was very dutiful, sincere, hard working and soon became a favourite of Professor Basu. One of her classmate (Dr. Swapan Roychowdhury) in MS class described her 1st day appearance in the class as "I met her when she was attired in all white cloths, white balerina shoes, a simple ear rings, a golden wrist watch with a black leather band. To me she looked like an epitome of goddess Saraswati". Really her intelligence and knowledge was so vast that we used to think her as a living Saraswati. Of course she changed her dress to colourful ones after her marriage.

She joined MS in CTVS (Cardio Thoracic and Vascular Surgery) in 1966 and passed MS in 1968 from SSKM and IPGMER. She received a commonwealth scholarship in September1969 for further training in CTVS in UK. In UK she worked at Hammersmith Hospital under Mr. Peter Martin and at Bramton Hospital under Prof. W.P. Cleland. She was very efficient in vascular and cardiac surgery and worked with great proficiency in this discipline she was master in valve replacement of heart. It was really astonishing how she being a woman developed herself as a very prominent cardio vascular surgeon in India. Cardio Vascular surgery is not a common area of practice among the medical graduates specially women. She received MCH in Thoracic Surgery in 1973. She was topper in both MS & MCH.

She joined W. B. Health Services and worked in R. G. Kar Medical College, Bankura Sammiloni Medical College, Calcutta National Medical College and then Medical College, Kolkata. She retired as head of

the department CTVS of Medical College Calcutta in 2001. She joined Rabindra Nath Tagore International Institute of Cardiac Sciences in 2007. Where she was a visiting senior consultant, co-ordinator & Faculty for DNB (CTVS) WB SMF, in deep perfusion. She was very proficient in the subject and loved the subject dearly.

She had a number of scientific publications – NBE criteria: 9. Presented 30 papers in National & International Conference. Orations, Guest Lectures and Seminars : 28. She was also an Examiner to other Universities in Cardio Thoracic Surgery in MCH & DNB courses in Mumbai, Manipal, Delhi and North Bengal University in MBBS. Apart from above she was also an advisor & paper setter in UPSC.

She received President of India's silver medal for being All India First Lady student in MBBS. She was a member of Board of studies, Calcutta University 2000, 2001 & 2003. She was also peer reviewer for 3 National Journals.

She was a very meticulous and disciplined person. When she took over the editorship of our AMWI Journal November 2018, our members observed how she changed the face and content of the journal to the level of International standard. She was very particular about the quality of the contents of the journal. Virtually she worked single handed and procured sponsorship to meet publishing cost. It was really astonishing – how she made everything in order for the Journal in spite of her multifarious works including consultation, teaching the PG students of the super speciality and her own study over various subjects and none the less to manage her own house hold. She used to cook herself, look after the garden and other works related to house hold. She was also a good organiser and organised many conferences and the big re-union of Calcutta Medical College. In spite of all her professional and organisational works she was a great lover of classical music. She never missed Kolkata's “Dover Lane music conference every year.”

In nature she was a very kind and helpful to all who sought her help. She helped the patients after their treatment in cardio vascular surgical diseases so that they could establish themselves in life. She was member of different academic bodies and received many awards. The Indian association of Cardiovascular and thoracic surgery conferred upon her the Lifetime Achievement Award in February 2017.

Her departure for her heavenly abode left me in grief unlimited. We were very close friends. She helped me in many difficult situations in my life. Her demise is also a great loss to AMWI.

May her soul rest in peace.

Dr. Bulbul Raichaudhuri
Co-Editor, JAMWI

Dr. Satty Gill Keswani

MD, FACOG

The Jhirad Oration Awardee for 2022.

The award was conferred on her at a Glittering ceremony at 32 International Conference of MWIA at Taipeh, Taiwan.

Satty Gill was born in Lahore, then undivided India on 4/01/1932.

She graduated from New Delhi's Lady Hardinge Medical College and served as a visiting physician at Philippines General Hospital in Manila. Then she moved to Canada to complete an internship at Mt. Sinai Hospital in Toronto and then emigrated to The United States.

Originally intending to persuea career in surgery, Satty Gill Keswani arrived in the United States from New Delhi, India, in the late 1950s to find that no surgical residencies were available, and that women were not welcome in the field. Instead she chose obstetrics and gynaecology as a speciality and after delivering over 1000 babies became intrigued by the problem of women who were unable to conceive. By 1967, she had found her life's work and had established a practice specializing in treating infertility. In private practice in Livingston, for over 35 years, she has successfully treated hundreds of couples for infertility while developing new methods to treat the problem.

A strong advocate for women in medicine, she has served as a non-governmental organization delegate to the United Nations on population problems, and represents the American Medical Women's Association at the UN. She is a past president of the New Jersey Medical Women's Association and remains active in mentoring women in medicine.

She enjoyed her family life with husband Moti and children and has travelled extensively.

Her£ is an inspiring life story of a lady Doctor of International repute who has devoted her life to improving Women's Health.

AMWI is proud of her achievements and wishes her the best of health,

happiness and peace.

YaminiAlsi Usha Saraiya MandakiniMegh Padmini Murthy

Dr. Jhirad Oration at MWIA

Triennial International Conferences

Dr. Jerusha Jhirad Oration award was established in 1985 to honour her memory by AMWI. She passed away in 1984.

Since 1987, it has traditionally been given at MWIA's Triennial Congress. The speaker from India attending the conference carry an Impressive plaque, a shawl and some gift from India.

Since last few years we have started doing it with a traditional Indian Ceremony. We also give a small presentation about India and pay tribute to her. It has really won us much goodwill and respect at the conference.

Full report on Jhirad oration is printed in the Centennial Book (page 86).

The last conference was held in Taiwan, Taipeh in 2022. It was COVID time and travel was not allowed. Only the executive committee was given Visas and had to observe total isolation in their respective rooms. From India, Dr. Mandakini Megh alone could go and she was brave enough to do that. None the less we conducted the whole ceremony on line as effectively. It was much appreciated.

The awardee selected for 2022 was Dr. Satty Gill Keswani, an Indian Lady Doctor from Delhi, settled in New York for many years. She has served as the Representative of MWIA United Nations for several years. She has done a commendable assignment and really deserved this award.

For more information on this award please refer to book published in 2019.

Towards Reaching the Goals of Elimination of Cervical Cancer

Dr. Usha Saraiya

2030 is the deadline to reach this goal. The world incidence for cervical cancer must come down to 4 per 1 hundred thousand women between the ages of 30-65 (4/1,00,000 Age Adjusted Rate)

So where are we today, when there are only 5 more years left to reach the goal?

When this goal was discussed at WHO General Assembly in May 2018, Radhika Joshi (AMWI Member from Kolhapur) and I were there in Geneva to discuss the matter. We were representing women's Health issues through MWIA, a part of delegation led by Shelley Ross and Clarissa Fabre. It was heartening to announce that we were ready with the infrastructure for Cervical Cancer Control in India. Many other countries from Afro-Asian group were not at all ready with basic health care facilities.

We were fortunate that FIGO was represented by 2 eminent Indian Doctors Dr. C. N. Purandare was President of FIGO and Dr. Neerja, Bhatla was Chairman of Oncology Committee of FIGO.

It got approved then and Dr. Tedrosj Shebreyesus Director-General of WHO was for its implementation.

The project was launched at FIGO meeting at Rio de Janeira same year. It was accepted by 194 countries. Everyone started working on the project in right earnest and India was superactive.

The lead was taken by Govt of India, Ministry of Health and FOGSI. Other organisations included those working in Preventive Oncology like AOGIN, ISCCP and AGOIN. We coined a term

Cervical Cancer Free India

Or

Cervical Cancer Mukt Bharat

Between then and today, came the COVID Pandemic which was in a way a temporary set back. However, it also helped in many ways. We could not meet but got used to using Zoom and webinars to communicate. More importantly, the vaccines were quickly manufactured, used freely and were life saving. Vaccines became universally accepted and implementation of a vaccine programme was efficiently done.

After 2021-2022, we got back to our Prevention of Cervical Cancer programme, better organised and well prepared.

Today many organisations have started awareness, vaccination, screening and treatment of Precancerous Lesions. The short form is EVAST.

Another great achievement was the introduction of a Vaccine made in India which is safe, effective and affordable.

Govt. Of India has committed to the introduction of the HPV vaccine in Universal Immunisation schedule. So now in India, we have 3 vaccines available.

a) CERVAVAC - Serum Institute of India

b) GARDASIL (MSD)

c) Nanovalent (MSD)

All Medical organisation are dedicated to the control of Cervical Cancer. We have spent 50 years to set up the infrastructure for this project. It was a gigantic task to train Doctors, Paramedical staff, set up Laboratories and to prepare the protocols and guidelines.

Through all these efforts, prognosis of Cervical Cancer has improved. It is no longer a deadly disease with a high mortality. We can treat it with modern methods and a patient can live a normal life span. So let us change our attitude and that of our patients from a totally negative to one which is positive. Treatment is available in our country. Facilities have spread state wise with many cancer care centers. Now we hope to have one such centre in each district.

Besides when a patient changes to a positive attitude, the results of treatment also improve and the family life becomes more meaningful. Now I would like to just mention where we have reached so far on the global front.

Australia announced a sharp decline in incidence of genital warts just 15 years after starting vaccination (2007-2022).

Recently "HPV Vaccine Impact Monitoring Project" Report has come out. It shows a decrease in CIN incidence by 80% in women who have undergone screening and vaccination. This report covers 2008-2022 and is certainly inspiring.

Now a word about the results of Elimination Project

So what lies ahead!

1) Australia and Finland may achieve the goal of 4/1,00,000 ASR before 2030.
2) Taiwan, as Asian country has already achieved 6, so may reach 4.
3) Asian Countries are still working on setting up infrastructure.
4) Lower and Lower Middle income countries are struggling to decrease Incidence and Mortality.
5) Rwanda is relying mainly on vaccination.
6) India is in a favourable position. Likely to report a good impact effect soon.

To end, I would say we are on the right track- and are going forward fast. But we need to get the support of every individual to spread the information. Men and women have to be involved.

Every man has the responsibility to take his daughter to school at age 6, also at 12 to get her vaccinated. He also has to make sure that his wife and sisters go for regular screening for cancer. Further, his mother when she reaches the age of menopause, she need a full medical check up.

So let us wake up to reality! We live in the era of Preventive Oncology. We must make sure that all our patients are aware about it and take care of themselves and their families by ensuring regular Medical check ups. The future of Healthcare in India is bright. Everyone must participate and ensure that Healthcare reaches all.

Preliminary ideas to treat thermal burns

Prof. Dr. Chhanda Banerjee

(MBBS. M.S. MCH (Plastic Surgery), Ex. Head of the Dept. Of Plastic Surgery, SSKM hospital, Kolkata).

Burn injury is more common in females than in males. It may be it accidental, homicidal, or suicidal. Flame burn is commoner than other types of burn like electric burn, chemical burn or radiation burn.

Burn injures the outer protective covering of the body i.e. skin. Skin has different layers like epidermis which is made of stratified squamous epithelium which can regenerate. Then comes dermis with outer and inner layers. Inner layer of dermis contains hair follicles. Skin can regenerate from hair follicle.

Burn has three degrees according to involvement of the layers of skin:

First degree burn -when only epidermis is involved.

Second degree burn- Superficial - when epidermis with superficial layers of dermis is involved.

Deep second degree burn- when epidermis, outer and inner layer of dermis are involved.

Third degree burn- when epidermis, whole of dermis and deeper tissues are involved.

In First degree and superficial Second degree burn may heal spontaneously but this is not possible in deep second degree and thirds degree burns as the hair follicles are lost. These heal by scarring or by skin grafting.

Extent of burn is calculated by the rule of 9 as follows:

Head and neck-9%

Both superior extremities-9+9=18%

Both inferior extremities-18+18=36%

Anterior part of chest and abdomen-18%

Back-18%

Perinium-1%

Total = 100%

In case of children there is a slight difference in head and neck area.

In closed space burns there are some special features like accumulation of soots and debris in face causing obstruction of airway. These are removed as first as possible. There is accumulation of CO (carbon monoxide) within the closed space and is inhaled in lieu of O2 (Oxygen) . Carbon monoxide has 200 times more affinity for HB than Oxygen producing Carboxy haemoglobin. More than 60% of

Carboxy haemoglobin is not compatible with life.

PATHOPHYSIOLOGY OF BURNS:

The first pathological phenomena of burns is **Psychogenic shock -** the sight of burning flame is responsible for this shock. Then comes **Neurogenic shock** due to pain. Sedatives and analgesics are necessary to combat these two factors.

As the protactive layer of body is lost, raw tissues are exposed to environment causing evaporation of body fluid leading to dehydration. Calculated amount of fluid therapy is required to combat this shock. Calculation of fluid is done by the formula for e.g. -

Body weight of the patient in KG x percentage of burn x 4 ie. 40x 50x4 = 8000ml in 24hours.

Burn causes coagulative necrosis of body tissue. Tissue trauma and hypovalaemia causes formation and release of many systemic and local inflammatory mediators. Shock results from interplay between hypervolaemia and mediator action. Thus significant pathophysiological state persists for some period even if hypovolemia is corrected.

Then there is also septic shock if infection is not controlled. Burn injury is progressive in nature with myriads of effects - systemic inflammatory response syndrome (SIRS) causes high mobidity and mortality. Burn oedema may be worsend by excessive fluid therapy decressing tissue oxygen perfusion causing multiple organ disfunction syndrome (M.O.D.S) as follows: - Cardiovascular system, suppression of cellular immunity, Peroxidation of hepatic cells, pulmonary hypertension and aedema, renal tibular damage, translocation of bacteria from intestine, multiple endocrinal alteration, fat and muscle catabolism may be so seveare that in 50% burns it is often double.

ESCHAR - coagulation necrosis of the dead burnt tissue forms an inelastic covering of the body. Where as living skin covering has property of elasticity. This inelastic dead tissue covering is called eschar - putting pressure in small blood vessels of fingers and may cause gangrene. Escharotomy is necessary to prevent this.

TREATMENT

If burnt area is more than 35% of TBSA patient should be admitted to a Burn care unit. After admission patient is received on sterile sheets. Airway is checked for any obstruction by debris, soots and foreign body if any which is removed. Body is cleansed with clean water. Then sedation, pain killers and antibiotics and anty inflamatory drugs are given. Then Intravenous fluid to be given is calculated dose according to formula. Half of the calculated fluid is given in the First 8 hrs and the rest half of fluid is transfused in next 16 hrs (8+8). Urine output is measured. When the patient is stabilised after 24-48 hrs dressing is done. Dressing may be open or closed. Usually closed dressing is done and changed on alternate days. It is done with antibiotic ointment, then Vaseline gauze, cotton and bandage. If the wound involves a joint **plaster cast** is done to immobilise it.

First degree and superficial second degree burns heal within **7-10 days**. Deep burns take longer time to heal and require **skin grafting**. In extensive burns adequate skin (auto graft) for grafting may not be available. Then homograft may be tried. Homograft is skin from another individual. But

homograft lasts for about three weeks time and is then rejected due to antigen antibody reaction. By this three weeks time previous auto graft area of the patient may be ready for taking repeat auto graft. Otherwise wound may heal by scar and followed by contracture.

Blood transfusion may be needed to combat anaemia. Anaemia results from actual destruction of RBC in the burnt area, sludging and agglutination of RBC in the capillaries and increased fragility of RBCs. Biological dressing **like collagen sheets** may be tried to act as barrier to infection. Healing may take place underneath. Wound swab culture is done to identify infection of the burn wound. **Antibiotic** sensitivity is tested. If the infection is severe burn wound biopsy culture is done. If required suitable antibiotics are given.

CAUSES OF MORTALITY:

Asphyxia and CO poisoning, in closed space burn, pulmonary complication like ARDS, severe infection like septicaemia, pre existing diseases like diabetes, obesity, fractures and head injury, extremes of age etc, are the common causes of mortality. If burn is more than 50% of TBSA mortality percentage is very high.

Late complications: severe scarring of the wound causing contracture of joints like elbow, knee, neck, axilla etc. may occur. In facial burns ectropion of the eye lids is also very common. Post burn disfigurement of the face is a very pitiable complication.

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"Health is the greatest gift, contentment the greatest wealth, faithfulness the best relationship" - Buddha

Heart Health: Women vs Men- An overview

Prof. Baijayanti Baur

MD, (SPM)

Objective: To study the sex difference of the heart health, morbidity and mortality patterns amongst men and women and scope of timely intervention if any.

Method: By available literature search

Abstract: The size of the female heart being one fourth smaller than male heart .The Female heart have a faster beating rate and larger ejection fraction but a smaller cardiac output. It has a lower blood pressure but produces universally larger contractile strains. Cardiovascular disease develops 7 to 10 years later in women than in men and is still the major cause of death in women. Research shows women continue to be under treated for cardiovascular problems compared to men.

As 80% of heart diseases are preventable it is time to take simple preventive measures by 30 minutes daily moderate physical activity, stress reduction, well balanced diet, no tobacco use, a good control of high blood pressure , cholesterol and blood sugar.

Introduction:

As per 2024 Heart disease and Stroke Statistics: A report of US and Global data from the American Heart Association it is noticed that from 1990 to 2021 there is changes in percentage of death due to ischaemic heart disease : 72% increase, stroke 48% increase, Hypertensive heart disease 92% increase, cardiomyopathy and associated myocarditis 48% increase and Rheumatic Heart diseases death decreased by 8% only.[1]

Cardiovascular disease develops 7 to 10 years later in women than in men and is still the major cause of death in women. The risk of heart disease in women is often underestimated due to the misperception that females are 'protected' against cardiovascular disease. [2]

There are gender differences of several typical cardiovascular diseases including coronary artery disease, heart failure, LBBB, atrial fibrillation, effect of drugs and risk factors. Cardiovascular death in women is major concern which is still under-recognised and untreated.[3]

Now it is evident that hospitalization rate among women in case of heart attack under 55yrs have increased whereas the rate among men of same age have dropped and recent study showed that women are more likely to die after heart attack. Research shows women continue to be under treated for cardiovascular problems compared to men. They also are less likely than men to be prescribed blood-thinning drugs to prevent or treat blood clots as treatment for atrial fibrillation.[4]

Global literature review:

This reveals many interesting facts about male and female heart anatomy, physiology and also drug-pathological (disease conditions)

Sex differences in healthy heart geometry and functions:

The female heart is smaller than male heart, on an average 26% lesser weight than male heart 245 gm in female vs 331 gm in male.[5,6]

The left ventricular mass (gm) in female(114.5±23.5) is lesser by 34% than male(173.9±39.7).[7] The left ventricular stroke volume (ml)in female (69.32±19.69)is lesser by23% than male (89.75±15.26)[8] But left ventricular ejection fraction (%) is 57.17±5.08 which 7% higher than male(53.65±6.47)[8]

The right ventricular mass (gm) in female (39±5) is 25%lesser than male(52±10).[9] The right ventricular stroke volume (ml) in female (75.0±17.9) is 15% lesser than male(88.3±21.6).[10] But the right ventricular ejection fraction (%) in female (69±10) is 11% higher than male (62±10)10 In case of left atrial volume(mm) female (68±14.9) is 12%lesser than male left atrial volume (77±14.9)[11]. The Right atrial volume in female (91±20) is lesser by 17% than male right atrial volume (109±30).[12]

The heart rate (bpm) in female(79.1±8.2)is 6%.more than male(74.3±8.9)[13].

The cardiac output (L/min) in female (4.6±0.8) is 22%lesser than male (5.9±1.4).[14]

Regarding the sex differences it is the size of the female heart being one fourth smaller than male heart .The Female heart have a faster beating rate and larger ejection fraction but a smaller cardiac output. It has a lower blood pressure but produces universally larger contractile strains.

The QTc difference in ECG between boys and girls are visible after puberty which diminished with age and disappeared after age of 75years.It is the sex hormones which play an important role in sex specific differences mainly by affecting cardiac repolarization. There is higher risk of developing a special type of ventricular tachycardia in women associated with adverse effects of drugs that prolong ventricular repolarization.[15] The lower prevalence of hypertension in women compared to age matched men thought to be contributed due to oestrogen.[16] The low level of oestrogen after menopause increases the risk of developing diseases in smaller blood vessels. Smoking is a greater risk factors for heart disease in women than it is in men and the family history of early heart disease appears to be greater risk factors in women than in men. Stress and depression affects women's heart than men. The pregnancy related complications either hypertension or diabetes increases the long term risk of having hypertension or diabetes which in turn place the mother more likely to get heart disease. Though in 80 percent of both sex, presentation regarding Acute Coronary Syndrome are similar, more women report additional non-chest pain symptoms. Even among those patients who present without chest pain, female sex is more common. The coronary artery calcium scoring may be a stronger risk factor among women than men.[17] An increased mortality has been observed in younger women below 55years of age over recent decades.

Like Women healthy heart initiative taken in Canada[18] we may raise the awareness about the killer heart disease among women and to know the warning signs of Heart Attack: some heart attacks are sudden and intense, many begin slowly with mild pain or discomfort. Ignoring or misdiagnosing symptoms is not unusual and often too long time passed before taking medical help. The following signs are must know areas:

- Chest discomfort a feeling of pressure, squeezing fullness, pain burning or heaviness
- Discomfort or pain in other areas of the body, neck, jaw, shoulder, arms, back or stomach

- Shortness of breath
- Sweating
- Nausea or gastrointestinal issues
- Light headedness
- Unusual fatigue

All of above signs may not be present at a time, they may go away and return but one should attend the health care emergency for early initiation of treatment to save heart muscle save life, increasing quality of life and decrease disability.

Take preventive measures as 80% of premature heart disease is preventable. Simple way to reduce risk

- Get Active: Moderate physical activity for 30 minutes each day five times per week. Physical inactivity increases risk twice for heart disease.
- Don't smoke : Quitting is the best thing
- Avoid stress
- Control cholesterol: To avoid plaque building in arteries.
- Eat better: A well balanced diet (vegetables, fruit, fibre rich whole grains &lean meat)
- Maintaining Healthy weight
- Reduce blood sugar
- Control blood pressure: High blood pressure is the major risk factor for heart disease and stroke- keep it in healthy range with consultation with doctor.

Take home message: Take your health into your own hands.

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Postmenopausal Bleeding (PMB)

Prof. Lina Bandyopadhyay

MD, (SPM)

Postmenopausal bleeding (PMB) is a significant problem, that requires thorough clinical evaluation due to its potential association with endometrial pathology, including malignancy. It is defined as vaginal bleeding occurring after 12 months of amenorrhea in a woman of menopausal age. PMB is commonly linked to benign conditions such as atrophic vaginitis or endometrial polyps but can also serve as an early indicator of endometrial cancer, the most prevalent gynecological malignancy in postmenopausal women. [1]

Epidemiology and Risk Factors

The prevalence of PMB in postmenopausal women varies, with studies in India suggesting approximately 1.8% to 20% prevalence and among them approximately 4% to 11% of cases involving endometrial carcinoma. [2–5] The risk of malignancy increases with advancing age, obesity, unopposed estrogen therapy, polycystic ovary syndrome, diabetes, and tamoxifen use. [6] Given the potential severity of underlying conditions, the evaluation of PMB necessitates a systematic approach.

Diagnostic Approach

A full history along with pelvic examination is the first step followed by the primary diagnostic modality for PMB is transvaginal ultrasonography (TVUS), which assesses endometrial thickness along with a cervical PAP smear. An endometrial thickness of $\geqslant$ 4 mm is generally considered a threshold for further investigation via histopathological evaluation. [7] Endometrial biopsy remains the gold standard for diagnosis, with a sensitivity of over 90% for detecting endometrial carcinoma.[8] Hysteroscopy, often accompanied by directed biopsy, offers enhanced diagnostic accuracy, particularly in cases with focal abnormalities or persistent bleeding despite negative biopsy results.[9]

Management Strategies

Management of PMB depends on the underlying etiology. In cases of atrophic vaginitis topical estrogen can be given but where endometrial hyperplasia without atypia is identified, progestin therapy may be considered, whereas atypical hyperplasia or confirmed carcinoma needs surgical intervention, typically in the form of hysterectomy or minimally invasive techniques like

hysteroscopic polypectomy or thermal ablation.[10, 11] Progestogens, such as norethisterone, are synthetic derivatives of progesterone also can be used in the medical management of PMB, especially in cases where the bleeding is due to benign causes like endometrial hyperplasia without atypia or hormonal imbalance. Norethisterone acts by opposing the proliferative effects of unopposed estrogen on the endometrium, promoting secretory transformation and reducing bleeding.It is usually prescribed cyclically e.g., 5 mg daily for 10–14 days per month. In women with contraindications to norethisterone, alternatives such as medroxyprogesterone acetate or the levonorgestrel-releasing intrauterine system (LNG-IUS) may be considered. Long-term use of systemic progestins should be carefully monitored due to potential side effects such as weight gain, mood changes, and thromboembolic risk. [12, 13] Emerging approaches, including molecular and biomarker-based diagnostics, are being explored to refine risk stratification and reduce unnecessary invasive procedures along with hormonal therapy in place of hysterectomy. [14]

Case Study

A 62-year-old retired school teacher, presented to the gynecology outpatient department with complaints of intermittent, scanty vaginal bleeding for the past two weeks. She has been postmenopausal for 12 years and has a medical history of well-controlled hypertension and type 2 diabetes mellitus. Her obstetric history includes three full-term vaginal deliveries. She denied any recent trauma, sexual activity, weight loss, loss of appetite, or lower abdominal pain. Additionally, she had no history of hormone replacement therapy (HRT) or use of herbal medications, and there was no family history of gynecological malignancies.

On clinical examination, she was afebrile, with a blood pressure of 130/80 mmHg, a pulse rate of 78 beats per minute, and a BMI of 26 kg/m^2. There was no pallor. Her abdominal examination revealed no tenderness or palpable mass. A pelvic examination showed atrophic vulvovaginal changes and a small amount of blood in the vaginal vault. The cervix appeared normal, without any obvious growth or lesion, and the uterus was non-tender, mobile, and normal in size, with no adnexal mass or tenderness.

On laboratory investigations, complete blood count (CBC) revealed mild anemia with hemoglobin at 10.5 g/dL, while white blood cell and platelet counts were within normal limits. Her blood sugar and thyroid profile indicated well-controlled diabetes and a euthyroid state.A transvaginal ultrasound (TVS) revealed an endometrial thickness of 6.5 mm with no focal lesions, and the ovaries appeared normal. An endometrial biopsy (Pipelle sampling) was done, which showed endometrial hyperplasia without atypia.

Based on the clinical findings and investigation results, she was diagnosed with postmenopausal bleeding due to endometrial hyperplasia without atypia. She was treated with

Medroxyprogesterone acetate 10 mg daily for three months to manage the hyperplasia, along with iron (100 mg) and folic acid (0.5 mg) supplements once daily to correct anemia. Her existing medications for hypertension and diabetes were continued.Additionally, lifestyle modifications, including weight management, a balanced diet, and regular physical activity, were recommended. She was counseled about the benign nature of her condition and advised to report immediately if the bleeding persisted or worsened.

During herfollow-up visit after three months, a transvaginal ultrasound was repeated to assess any changes in endometrial thickness and it was found to be reduced to 3.9 mm and her hemoglobin level also improved to 12.1 g/dl. She was advised to check for any recurrence of bleeding.

Conclusion

PMB represents a critical symptom requiring prompt evaluation to rule out malignancy. While most cases have benign aetiologies, a standardized diagnostic approach involving TVUS and endometrial biopsy ensures timely detection of endometrial carcinoma. Future research should focus on refining non-invasive diagnostic markers and risk stratification models to optimize clinical decision-making.

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"Every moment is a fresh beginning"- T.S. Eliot

Adult Vaccination

Dr. Indira Jha

MBBS, DCH (Cal), Ex MD/BRSH/E. Rly

Vaccination programs usually focus on childhood immunization. However the need for adult immunization is truly required. It prevents morbidity, mortality and reduces health care costs associated with vaccine preventable diseases. The following are some of the vaccination preventable diseases. Rubella, Chickenpox, Hepatitis B, Hepatitis A, Influenza, Pneumococcal pneumonia, Meningococcal meningitis and cervical cancer.

Vaccinationcan reduce the burden of antibiotic resistance. It gives protection to the vulnerable population like immunocompromised patients, pregnant women, cancer patients and the elderly. It helps to develop herd immunity which can prevent spread of infection .

Awareness regarding the need for vaccination is very poor in the general population. Health care providers need to educate them about the benefits of vaccination.

Currently National Adult Immunization Program targets specific adult populations such as health care workers, elderly, and individuals with certain medical conditions. Universal Immunization program includes along with children,pregnant women, and high-risk individuals.

Following is the current adult immunization guidelines:

1) **Influenzavaccine** (trivalent /quadrivalent) is given after the age of 19 years 0.5 ml IM, 1dose/year. It can also be given during pregnancy.

2) **Pneumococcal vaccine** (PCV13, Pneumococcal conjugate vaccine), PPSV23 (Pneumococcal polysaccharide vaccine) is given after 50 years of age or <50 years in high-risk individuals. PCV 13 is followed by PPSV 23 at 1year,it should be repeated every 5 years.

3) **HPV vaccine**(Human Papilloma virus) vaccine-0.5 ml IM, can be given from9-14 years of age. 2 doses are given 6months apart and from 15-45 years 3 doses at 0,1and 6months.

4) **Herpes Zoster c**-0.5 ml sub cutaneousat>60 years of age. Two doses should be given 6 months apart.

5. **Tdap/Tdvaccine** (Tetanus, diphtheria, and acellular Pertussis)-0.5 ml , IM for >19 years old to be given every 10 yearly. It should also be given at each pregnancy.

6. **MMR vaccine** - 0.5ml sc from 19-60 years 2 doses are given 1 month apart 1 dose if previously immunised. Pregnancy should be deferred for 3 months after immunization.
7. **Hepatitis A/B vaccine** 2 doses
8. **Varicella vaccine** at >65 years- 2 doses.

In patients on Rituximab/steroid inactive vaccine can be given during treatment. Immunosuppressants can be continued except Rituximab and steroids. Immunization should be deferred for >5months after last dose of Rituximab. Defer till Prednisolone dose is <20mg/day.

Despite efforts vaccine coverage among adults in India remains low due to limited awareness and availability of vaccines in PHC. Cold chain and storage facilities are also required.

So there is a need to enhance public awareness in adults about the benefits and safety of vaccinations. The health care infrastructure should be strengthened to invest in cold chain storage and trained personnel. Policy reforms are required to expediate vaccine approval and distribution. Barriers such as awareness, access, and vaccine hesitancy should be addressed.

It is important to promote a culture of vaccination and protect adults from Vaccine preventable diseases. This will go a long way in promoting adult health care and increasing longevity.

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"Success is not final; failure is not fatal:it is the courage to continue that counts. "- Winston Churchill

Tourism : Explore the history

Dr. Pushpita Banerjee & Prof. Baijayanti Baur

It was the Month of May 2016 when both of us contacted tour manager of Thomas Cook co for going abroad. The whole tour was really nice going through 9 countries in 21 days. In London UK-the tour was arranged for Madame Tussauds museum, Lord's cricket stadium, London Eye. On 3rd day by crossing the English channel we reached Paris, France and with a new bus visited different places like Versi palace, Eiffel tower, the famous Monalisa painting in the Louvre museum. A night tour in the heart of city and a morning the Seine river cruise was excellent. At noon a quick coverage in Beljium the Manneken-Pis, the Atomium is one of Brussels' most iconic landmarks and chocolate shps. On 13th May our dream was fulfilled in tulip garden kukenholf Holland -it is the heaven in my colouring imagination. Then the Amstel River cruise in Amsterdam with Cheese shop visit. Next day we went to the charming city Hydelbourg Germany with Rhine river cruise, eye catching Rhine falls visit. Then the clock making factory visit in Fribourg ,we stayed three days in Switzerland -visit to Jungfrau the top of Europe by train journey is really fantastic ice around us. Then Wooden Bridge of Lucerne, by cable car to beautiful Titlis mountain Switzerland. We collected small pieces of crystal from the famous Swarovski Crystal Worlds museum Tyrol Innsbruck, Austria. By Gondole Daniel the Venice water body life time friendship celebration of us then in Florence we saw the Cathedral sculptures of interest through a long walk of about three km at a stress. Historical Pisa was photographed by me. The local site seeing in Rome Italy- St Peter's Basillica, Collosium etc. The Vatican City now with an area of 121 acres and a population of about 882 in 2024, it is the smallest sovereign state in the world with uncomparable painting of leonardo the Vinci. The Columbus house, Genoa sparked in mind. The sea beauty at Monaco, second-smallest sovereign state in the world charmed us. We also stepped in famous Cannes, French Riviera just after the international film festival and ate Pizza, bought small stylish leather bags. Throughout our tour stress was there to carry our luggage during transportation without help, Our dinner served mostly north Indian type at 6.30pm in a Indian restaurant and 3 -4 star Hotel stay with complementary unique breakfast. We went to Barcelona Spain roaming around sea beach ultimately say good bye from Madrid airport. We realised the supreme sense of discipline and healthy behaviour are essential for international tourism.

Leaning tower of PISA: The height of the tower is 55.86 metres (183 feet 3 inches) from the ground on the low side and 56.67 m (185 ft 11 in) on the high side. The width of the walls at the base is 2.44 m (8 ft 0 in). Its weight is estimated at 14,500 tonnes (16,000 short tons). The tower has 296 or 294 steps; the seventh floor has two fewer steps on the north-facing staircase.

The tower began to lean during construction in the 12th century, due to soft ground which could not properly support the structure's weight. It worsened through the completion of construction in the 14th century. By 1990, the tilt had reached 5.5 degrees.The structure was stabilized by remedial work between 1993 and 2001, which reduced the tilt to 3.97 degrees.

The Pietà (Madonna della Pietà Italian: [maˈdɔnna della pjeˈta]; "[Our Lady of] Pity"; 1498–1499) is a Carrara marble sculpture of Jesus and Mary at Mount Golgotha representing the "Sixth Sorrow" of the Virgin Mary by Michelangelo Buonarroti, in Saint Peter's Basilica, Vatican City, for which it was made. It is a key work of Italian Renaissance sculpture and often taken as the start of the High Renaissance.

Michelangelo di Lodovico Buonarroti Simoni[a] (6 March 1475 – 18 February 1564), known mononymously as Michelangelo, was an Italian sculptor, painter, architect,and poet of the High Renaissance. Born in the Republic of Florence, his work was inspired by models from classical antiquity and had a lasting influence on Western art.

Photo from Dr. Baijayanti Baur

With the mind blowing colour
a precious day 13/05/2016
Kukenhoff Tulip Garden

Photo from Dr. Baijayanti Baur

"Talk to yourself once in a day, otherwise you may miss meeting an intelligent person in the world" - Swami Vivekananda

Association of Medical Women in India (W.B)

45, A. J. C. Bose Road, Kolkata – 700017

Executive Committee April 2023 - March 2026

President	Dr. Nupur Chakravarty
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	Dr. Jagadhatri Ray, Dr. Mumtaz Sanghmita
	Dr. Sipra Raychaudhuri

AMWI (W.B.) Chapter Half yearly report of Activities Jan-May 2025

18.01.2024 **25th Dr. Marie Catchatoor Memorial Oration was held**
Speaker – Dr. Anjana Malhotra, PCMD SER and HOD of Plastic Surgery, Central Hospital, SER
Subject: "IS THERE A GLASS CEILING"

26.01.2025 **Republic Day** was celebrated the flag was hoisted by Dr. Chitra chakraborti and Dr. Indira Jha. Sweets were distributed to all staff.

02.02.2025 **Saraswati Puja** was celebrated with great enthusiasm by all staffs & doctors.

22.02.2025 **A Free Health Check up** and awareness programme was organized by Dr. Hina Karia at AMWI Mission Hospital in Association with Rotary Club of North Calcutta.
Doctor's attended – Dr. Hina Karia, Dr. Bulbul Raichaudhuri, Dr. Chhanda Banerjee, Dr. Indira Jha, Dr. Jagadhatri Ray, Dr. Nupur Chakravarty, Dr. Chitra Chakrabarti, Dr. Rupa Mitra
Total patient – 24, ECG done – 8, PAP Smear – 3, Blood test done – 23

01.03.2025 **A Free Health Check up** and awareness programme was held 02.03.2025 at Jhargram in Association with Riddhi Seva Kendra.
Total patients -70 were seen and 10 PAP smears were taken and Blood test done. Medicines were distributed.
Doctor's attended – Dr. Bulbul Raichaudhuri, Dr. Chhanda Banerjee, Dr. Indira Jha

08.03.25 **27th Dr. Mukulika Konar Memorial Oration was held**

Speaker- Dr. Indira Jha, MBBS, DCH, Ex. Medical Director/ B.R. Singh Hospital/ E. Railway

Subject: Diabetes in Pregnancy

29.03.2025 **9th Dr. Meenakshi Ghosh Memorial Oration was held**

Speaker - Dr. Madhukshara Raychaudhuri, MBBS, DCH,

Senior Paediatric consultant, Baruipur Super Specialty Hospital

Subject: Baby care from birth to six months

07.04.2025 **A Free Health Check up** and awareness programme was organized by BOGS at Kharagpur in Association with Caltutta Foundation "APNI KUTIR". In occasion of World Health Day. Our members attend and conducted whole programme.

Dr. Bulbul Raichaudhuri spoke on H.P.V vaccination. Total no. of - 60 patients were seen and Medicines were distributed.

Doctor's attended – Dr. Bulbul Raichaudhuri, Dr. Nupur Chakravarti, Dr. Bipasa Sen

26.04.2025 **10th Dr. Baby Chandra Memorial Oration was held**

Speaker- **Dr. Chandana Chakraborti,** MBBS, MD (AIIMS, New Delhi)

Professor Ophthalmology, BS Medical College (W.B)

Subject: How to say Bye to dry eye

24.05.2025 **7th Smt. Puspa Mukherjee Memorial Oration was held**

Speaker **- Prof. Dr. Manideepa Sengupta,** MBBS (Cal) Medical College, MD (Microbiology) IPGMER & SSKM Hospital, Prof. & Head of the Dept. of Microbiology Medical College, Kolkata

Subject: Pandemic Preparedness and Response in Health Care Settings

ACTIVITIES AMWI WB

The Association of Medical Women In India (Mumbai Branch) Activities Report - January 2025 to May 2025

Thursday, 27th February, 2025

AMWI Mumbai Branch was held CME **"Role of Calcium in the Health of Women"** at Cytology Clinic, Cama & Albess Hospitals, Mumbai organized by Dr. Bakhtawar Vajifdar.

Saturday, 8th March 2025

AMWI Mumbai Branch was held **the Health Camp in memory of Dr. Avabai Mehta & Dr. Hilla Vakil,** to celebrate International Women's Day from 8th March 2025 onwards for a week at Cama & Albless Hospitals along with Cytology Clinic staffs Total Attended 42.

Thursday, 25th April, 2025

The Annual General Body Meeting of AMWI (Mumbai Branch), Inauguration, Installation of New 17th Board of Trustees (2025-2028) and Talk **"Role of Genetics in Medical Practice"** by Dr. Hema Purandarey.

Dr. Bakhtawar Vajifdar is highly appreciated the work done by all members of 16th Board of Trustees during the year as well as the help Staff and welcomed to New team.

The names of the 17th Board of Trustees were announced.

Sr. No.	Name of the Doctor	Designation
1	Dr. Purnima Satoskar	President
2	Dr. Priya Vora -Thakur	Vice President
3	Dr. Nidhi Shah-Gandhi	Hon. Secretary
4	Dr. Rajshree Katke	Jt. Secretary
5	Dr. Sushmita Bhatnagar	Treasurer
6	Dr. Vijaya Babre	Member
7	Dr. Shilpa Agrawal	Member
8	Dr. Reena Wani	Co-opted Member
9	Dr. Manzer Shaikh	Co-opted Member
10	Dr. Bakhtawar Vajifdar	Ex-Officio Member

Inauguration Ceremony

17th Board of Trustees AMWI (Mumbai Branch)

Dr. Sarita Bhalerao Award given to Dr. Suvarna Khadilkar

Dr. Mehroo Pardiwala Award given to Alfiya Mahimi

Scientific Talk by Dr. Hema Purandarey

The Association of Medical Women In India (Nagpur Branch) Activities Report - January 2025 to May 2025

- 7/2/25- Traditional Maharashtra festival of Haldi Kumkum was celebrated at IMA hall Nagpur. Dr. Anjali Chivhane welcomed the guests. She and Dr. Gira Soni did traditional welcome of the members and they were given a gift (metal water bottle to go with the theme Save Environment). Games were conducted by Dr. Nirali Lohiya followed by refreshments.
- 7/3/25-International Women's Day celebration by AMWI, AMWN and Bhartiya Yog Sanstha together by organising a Cardio Pulmonary Resuscitation Training Programme at Traffic Park Nagpur for the morning walkers. They were demonstrated the life saving skills with hands on training on mannequins by Dr. Chivhane, Dr. Kiran Vyavhare and Dr. Shweta Bulle. Dr . Yamini Alsi and Dr. Nalini Kurvey Vice President AMWI, Dr. Mrudul Chande, National Correspondent took great efforts to organise this programme.
- On the same day second CPR training programme was held at Gajanan Nagar Garden, Nagpur.
- Health Check Up Camp and personality development training programme was held at California High School, Benoda. Dr. Nalini Kurvey, National Vice President AMWI guided students and villagers about this important aspect. She had held a tree plantation drive also in the same region involving the local community to spread awareness about clean environment.
- World Cancer Day was celebrated by AMWN members with the leadership of Dr. Yamini Alsi, AMWI Past President at Mure memorial hospital to spread cancer awareness among the nursing students. They were highlighted about the importance of prevention, early diagnosis and timely treatment of brea, ovarian, cervical and endometrial cancer.
- Launching of FAST TEAM - On 11/4/2025 AMWN team in collaboration with Rotary club of Nagpur Elite, Indian Society of Anaesthesiologists, Nagpur branch organised a public awareness workshop for the law students at MNLU Nagpur Campus to teach about how to act fast in emergency. They were demonstrated various methods of CPR. The programme coordinators were Dr. Anjali Chivhane, Dr. Gira Soni, Dr. Sushma Deshmukh and Dr. Deepa Jahagirdar.
- In the slogan and essay competition held by AMWI, Nagpur members Dr. Nalini Kurveyand Dr. Kavita Dangra won prizes for the best slogan category and Dr. Gayatri Deshpande won in the best essay category.

Invitation to all Members

Topics for future issues of Journal of AMWI

Well researched authentic contributions are invited from all members. All matter submitted to the editor needs to abide by the guidelines. These are printed in every issue.

1. Impact of colposcopy screening and HPV vaccination on the incidence, prevalence and clinical spectrum of Cancer Cervix in India in the last few decades
2. Current trends in management of T2 Diabetes mellitus
3. Changing trends in the epidemiology of breast cancer in India over the last seven decades and impact of all health interventions.
4. Diabetic Foot Ulcers –focus on self-care/home care , prevention, and recent advances in Management
5. Gender-based violence : magnitude of the problem, education and risk reduction strategies.

"Love is more powerful,love gives life, love makes hope blossom in the wilderness" - Pope Francis

Application Form for Life Membership
Association of Medical Women in India (W.B.)

45 Acharya Jagadish Chandra Bose Rd, Kolkata 700017
Phone nos. Mission Hosp: +919836411542, AMWI (12 noon-4pm)
PLEASE FILL ALL PARTICULARS IN CAPITAL LETTERS LEGIBLY

Please paste here Stamp size Full face recent colour photograph and sign across at the bottom partly on the photograph

1. Full Name: .....

2. DOB:.DDMMYYYY .....Place of birth .....

3. Medical /Dental Council Registration Number .....

4 .Residential Address as updated in MCI/NMC/DCI register: .....

.....

5. Medical Qualifications with Univ. & year: .....

.....

6. Work details with hospital/academic institution with phone number & address:

.....

.....

7. Special Interests, Hobbies, Social work: .....

.....

.....

8. Membership of other Professional boSignaturedies with Number:
.....

.....

9. I declare that details given above are true to the best of my knowledge Signature .....

10. Name and mobile number of Proposer.....

Membership Number of AMWI (W.B.).....Signature .....

11. Name and mob No of Seconder, ...

Membership Number of AMWI (W.B.).....Signature.....

Note:

Applicant to fill all details clearly and submit to Office with Admission Fee of Rs 300/- and Life Membership Fee of Rs 3000/- by Banker's Cheque **drawn in favour of "Association of Medical Women in India (W.B.)"** payable at par at Kolkata.

Sponsorship Letter for Journal of Association of Medical Women in India (AMWI)

(Estd. 1907)

Registered with the Charity Commissioner Mumbai, under the Bombay Public Trust Act. Regn No. 1567

PAN AAATA4111G

Date:
To
M/S

Dear Sir/Madam

Association of Medical Women In India (AMWI) is one of the oldest Medical Associations in India founded in 1907, with ***leading medical women of all specialties*** as its members. It is affiliated to the Medical Women's International Association (MWIA)Incorporated in Geneva Switzerland. The MWIA has official NGO status with World Health Organisation (WHO) since 1954, and has Category II status with the Economic and Social Council of United Nations (UN). The June issue of the Journal was received very well during the centennial Congress of MWIA held in New York from 25-28th July2019.

AMWI publishes a Journal called **"Journal of Association of Medical Women in India" (JAMWI)** that is published twice a year from Kolkata and distributed free to members and invitees in India and abroad. The Journal carries Original articles, Case reports, historical and biographical notes besides news of forthcoming events and conferences. It also carries sponsorships/advertisements by pharmaceutical and technological companies to inform the readers.

We solicit your kind patronage in the form of sponsorship/liberal academic support for this heritage Association and Journal. We shall appreciate a purchase order for space for two issues /year.

Monies may be transferred directly by Banker's Cheque/or Demand Draft/ Direct transfer (NEFT/RTGS) to the following AMWI PAN – AAATA4111G; Journal A/c Number : 30842064724; IFSC : SBIN0008762.We are not liable to TDS, GST.

With best regards,

President/Secretary

Editor
Dr. Baijayanti Baur

Co - Editor
Dr. Bulbul Raichaudhuri

Association of Medical Women in India (AMWI)

(Estd. 1907)

Registered under the Bombay public Trust Act. Reg. No. 1567

Journal of Association of Medical Women in India

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AMWI (W.B) office contact address: 45, A.J.C Bose Road, Kolkata – 700017.

Mobile – 09836411542, Email - missionkolkata@hotmail.com

For any further information / clarification please contact

Dr. Baijayanti Baur, Member, Mob. 09830172606 Dr. Bulbul Raichaudhuri Co- Editor- 08617240882.

ORDER FORM

To
The Editor
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45, A.J.C Bose Road

Dear Madam,

Please reserve_____ space for M/S _____for publication of our advertisement in the Journal of Association of Medical Women in India Full/50% payment is submitted herewith as per rate above. The balance will be paid within one month of receipt of the Journal copy. Material to be publish with blocks/ CD is attached herewith.

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INSTRUCTIONS TO AUTHORS for All publications in JAMWI

1. Contributions may be

   a) Original articles - word limit 3000 + 6 tables, 6 pictures, and references upto 20. Proper acknowledgements and permissions must be obtained before submitting any copyrighted material. The editor or publisher or AMWI will not be responsible for any infringement.

   b) Case Report : word limit 1000, good quality images/sketches/tables up to 5, references upto 5

   c) Critical Historical article on famous personalities or inventions , discoveries word limit 4000, Photographs up to 6, up to 20 references permissions for all copyrighted sources,

   d) Brief historical vignettes/ new technology/ breaking news of discovery or invention also may be submitted. Word limit 500, References 2, images 2

   e) Critical Review of any topic of General Interest : word limit 3000, upto 10 references and up to 10 images and or tables

2. Original articles may be arranged in order as : Title, Abstract. Key words, Abbreviations used introduction, aims and objectives, material and methods, Analysis and results, Discussion & Conclusions.

3. Case reports format may be Title, a brief introduction including brief literature eg incidence/prevalence, unique features, case report, Conclusion

4. Conference reports on important proceedings must follow the general format given here namely

   i) what conference,

   ii) what particular event,

   iii) very brief Introduction about all panellists,

   iv) brief report on individual contributions,

   v) discussions and conclusions/consensus if any.

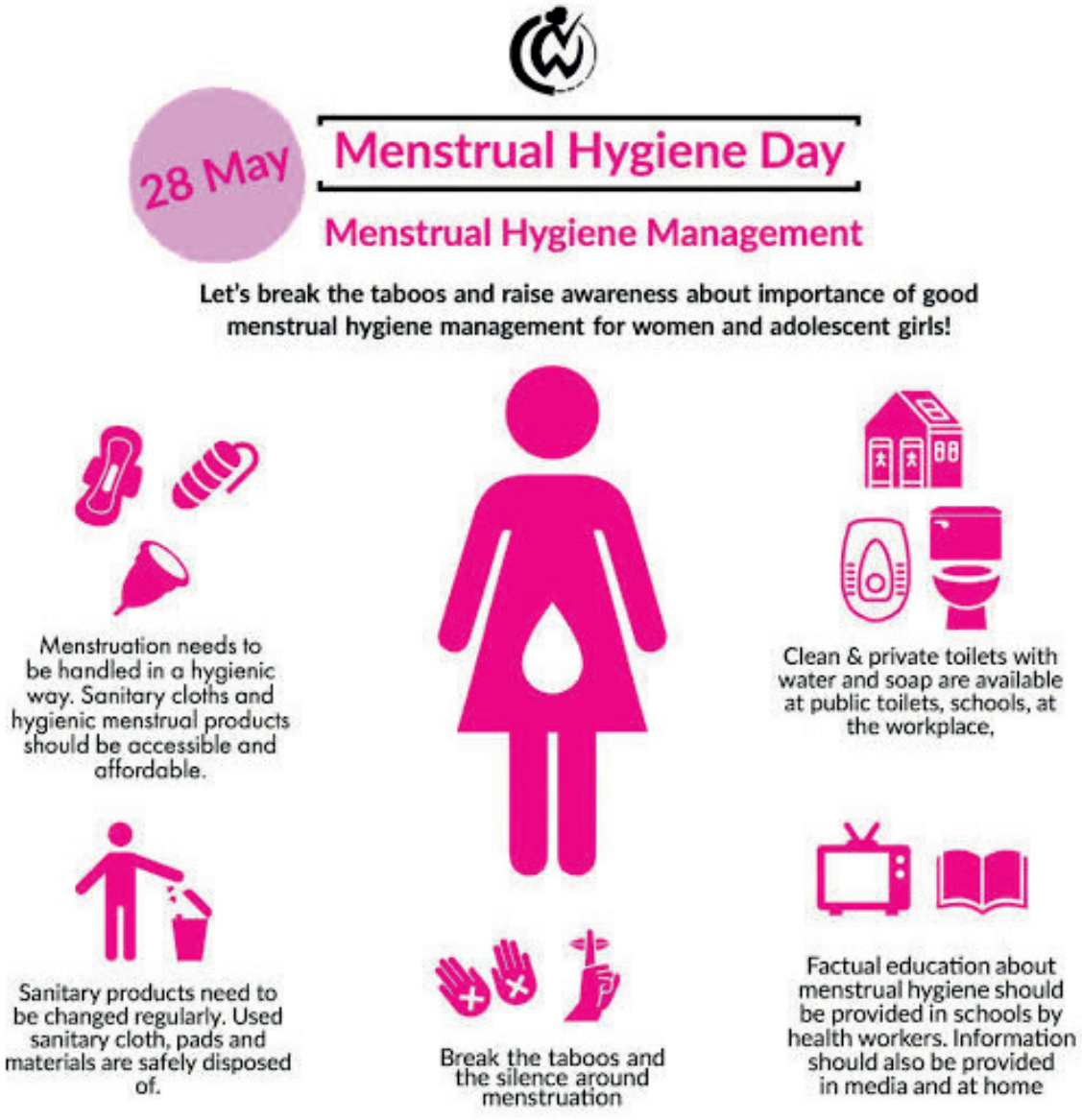
5. Please use **Times New Roman font 14 for Title and 12 for text and 10 for captions**
6. Please use **English UK** language and spelling. Please perform spell-check, check correctness and accessibility of all references before submitting. Please ensure all submissions are EDITABLE. Please do NOT use any special formatting for tables etc,
7. For any clarifications **please mail directly** to the editor missionkolkata@hotmail.com
8. Following **Declarations signed by all authors, must accompany All submissions.**
   - **i) No copyrighted material has been used or if used, that permissions have been obtained giving details and copies of permissions**
   - **ii) Ethical standards have been maintained with regard to clinical and animal experiments etc.**
   - **iii) No part has been plagiarised from any source.**

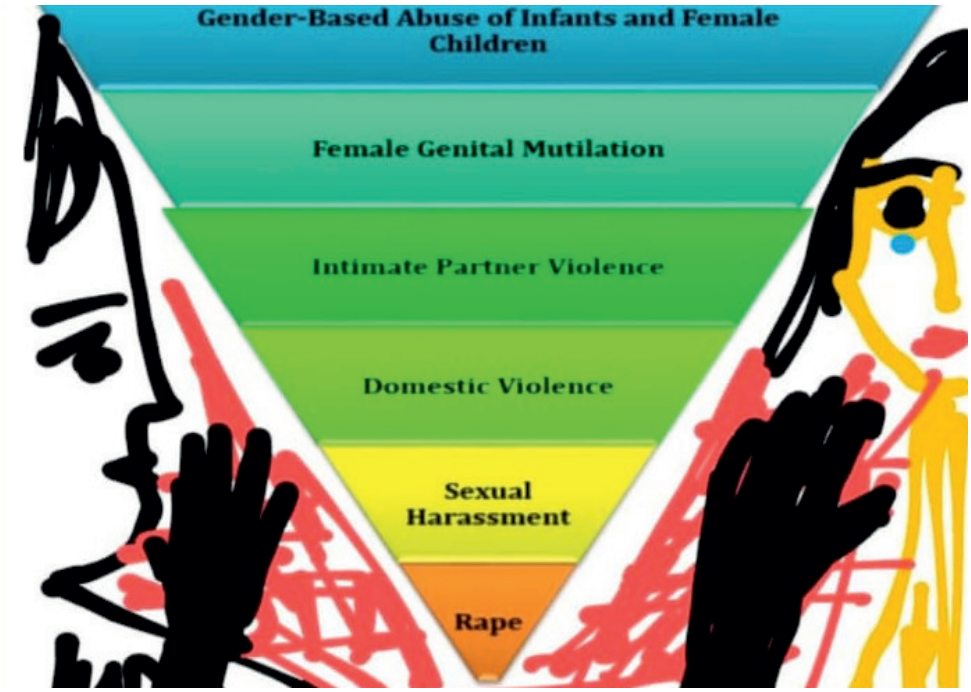
Dr. Baijayanti Baur

Editor JAMWI

Math has the beauty of poetry, its abstractions are combined with perfect rigor.

- Raman Parimala
A renowned mathematician,
A supreme and powerful algebraist


28 May
Menstrual Hygiene Day
Menstrual Hygiene Management
Let's break the taboos and raise awareness about importance of good menstrual hygiene management for women and adolescent girls!
Menstruation needs to be handled in a hygienic way. Sanitary cloths and hygienic menstrual products should be accessible and affordable.
Sanitary products need to be changed regularly. Used sanitary cloth, pads and materials are safely disposed of.
Break the taboos and the silence around menstruation
Clean & private toilets with water and soap are available at public toilets, schools, at the workplace,
Factual education about menstrual hygiene should be provided in schools by health workers. Information should also be provided in media and at home
WWW.NCW.NIC.IN



Gender based violence.

Globally, a significant number of women experience gender-based violence.with serious health consequences, including physical injuries, depression, anxiety, and increased risk of sexually transmitted infections. Estimated 736 million women globally—almost one in three—have been subjected to physical and/or sexual intimate partner violence, non-partner sexual violence, or both at least once in their life (30 per cent of women aged 15 and older). **India**The National Crime Records Bureau (NCRB) reported a 87% increase in cases of crime against women between 2011 and 2021. 65% of Indian men believe women should tolerate violence in order to keep the family together, and women sometimes deserve to be beaten.

Social Issues: Gender inequality, patriarchal norms, and the cultural acceptance of violence contribute to the prevalence of Gender based violence

Prevention: Efforts through education, awareness campaigns, empowering women, and strengthening legal and social support systems.

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