

INDIAN SOCIETY OF PERINATOLOGY AND REPRODUCTIVE BIOLOGY

"Let's Say NO to Birth Defects"

NEWSLETTER

Apr. 2021 – Sept. 2021



Greetings to ISOPARBIANS

It's a proud moment for me and my co editor editing the first issue of national news bulletin of Isoparb in my tenure. Covid-19 pandemic has taught us the value of life. Till now during the pandemic we were meeting virtually in CME's. It's a happy moment that we are meeting in Gorakhpur, the holy city of Gorakhnathji for the mid term conference on 13th and 14th November 2021 physically. Praying God and hoping all goes well. Hope you will find this news bulletin interesting as it contains many articles by our stalwart isoparbiains which will surely update our knowledge. The quiz will definitely storm your brain and the humor corner will be rib tickling. We have also added glimpses of activities of our societies from all over India which is flourishing leaps and bounds.

Thank you all.

Happy reading.

Jai Hind.



Dr Anjana Sinha
Editor



Dr. Nibha Mohan
Co-editor

Office Bearers



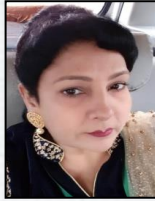
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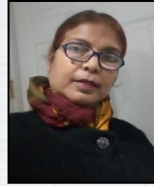
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Dr. Usha Sharma
National President
ISOPARB



Message



Dear ISOPARBIANS,

It gives me immense pleasure to communicate with you through ISOPARB news letter covering ISOPARB activities along with relevant updates. ISOPARB platform is buzzing with at least five to ten CMEs every month from different corner of India as its expanding horizons has witnessed a new spark. Altogether we have now 30 city chapters and more than 3000 members. Hundreds of membership registration are in process. This beautiful newsletter has covered glimpses of numerous such activities. The enthusiasm of our member from every corner of India be it, Kolkata, Delhi, Patna, Vidarbha, West UP, Kanpur, Lucknow, Hyderabad, Bangalore, Mumbai, Ranchi, Burla, Guwahati and others. Uncountable number of webinars has brought us so near despite being miles apart.

I am extremely happy at the pace of academic growth increasing no, of Societies and members of our organisation. I thank all our past presidents, patrons along with president and secretary of each chapter of ISOPARB for their ultimate contribution to the organisation.

I am extremely thankful to each and every member of ISOPARB for suces of all our endeavours in execution of each programme despite hard times of COVID era.

ISOPARB Bhubneshwar chapter needs special accolades for wonderfully organising National Conference of ISOPARB and I hope to see you all in Midterm National Conference of ISOPARB at Gorakhpur. Team Gorakhpur led by dynamic Dr. Sadhna Gupta who is The Organising Chairperson, has meticulously crafted a 2 day scientific extravaganza for your updates on all recent advances

Hope to meet you all.

LONG LIVE ISOPARB

Dr. Meena Samant
Secretary General
ISOPARB



Message



Dear readers

warm greetings from ISOPARB office.

Every year ISOPARB brings out two issues of news bulletin. This midterm issue is a treasure of good recent articles, quiz, society activities and lots of blessings from our seniors. The mid term ISOPARB conference at Gorakhpur on 13th and 14th November 2021, is unique in more ways than one. After a lapse of 2 years we meet physically in the backdrop of fading covid pandemic. We are also more savvy with the virtual world of academics, which is here to stay. Isoparb small but vibrant society. With the rising importance of both perinatology and reproductive biology, this society has a busy time ahead. We are committed to make pregnancy and its outcome a healthy and happy experience. At office end also on-line activity has increased. Online registration and certificates are now available to our members at....<http://app.isoparb.org/member/Default.aspx>

The academic activities of all chapters are regularly updated in the Facebook page of the society.

Happy reading friends.

Long live ISOPARB. JAI HIND

Dr Meena Samant
MD, DNB, MRCOG
Secretary General, ISOPARB

WEBINAR: My Observation.

Dr. Gangadhar Sahoo

President Elect ISOPARB – 2022-23



COVID 19 has many contributions to the society. On line education is one of them. On line conference and hybrid conference are its innovations. With pharma companies the different societies of PHYSICIANS are comfortably arranging seminars both in smaller scale as well as larger scale. There is a competition among Pharma companies, PHYSICIANS' associations and individual physicians to arrange numbers of webinars and attract good number of registered participants. At least one will find minimum five invitations a day to attend webinars in one association by five different sponsors. One day I was the Chief Guest in one such event. I had seen the flyer.

Flyer was full with almost 30 faces. Excluding organizers there were 2 Chief Guests, 2 Guests of Honour, 3 speakers, 9 chair Persons (1: 3 ratio, one will introduce the speaker, one will introduce the topic and one will give expert opinion) , two moderators, 8 panelists, two masters of event and one for vote of thanks. The unique feature was that, I was the only male face among the bevy of beautiful faces.

Time was 5pm to 7pm Saturday, ideal time for relaxation and entertainment. Saturday evening, clinics closed no tension. Virtual face presentation, academic activities, chatting, "You pat my back I will pat yours ". Gossip, enjoying sips of tea/coffee, attending phone calls and leaving in between and rejoining was a continuous process.

After hearing the self written CV , read by the Organizing chair person , I complemented with, "Thanks for your nice and kind words". Chairpersons ' one common complement for every speaker," Very well presented, well said, elaborately described etc."

Panel discussion is worth watching. Panelists were supplied with questions & answers earlier, which were asked to them during discussion and the moderators highly applauded them .

At the end, the thanks giving. Thanks to the "Chief guest who in spite of busy schedule could find time to grace the symposium." I was surprised how the organizers knew that I had a busy schedule. The thanks giving event ends with a big thanks to the sponsoring pharma company. At the end when I analyze what I learned from the WEBINAR, my answer sheet remained blank.

This is just a small observation of mine how we are educated by webinars.

ISOPARB – Past Present and our Dream for Future

Prof. (Dr). Gita Ganguly Mukherjee
DGO MD FICOG FRCOG
Senior Consultant Gynaecologist, Kolkata



Indian Society of Perinatology and Reproductive Biology (ISOPARB) was founded by the founder President Dr Mrs Kamala Achari, Dr Tarun Banerjee Dr Achari & many others in 1978. Head office at Patna with four zones - **East Zone head quarter Kolkata, West Zone head quarter Mumbai, North Zone head quarter Delhi, South Zone head quarter Chennai.**

Aim of the organization – improvement of maternal health, child health and reproductive health.

My involvement in ISOPARB: - I was inducted as a member of ISOPARB, in 80s during my visit to Patna Medical College as an examiner in G&O. Later I became the chairperson of East Zone of ISOPARB and chief editor of ISOPARB journal.

The central committee also requested me to organize 11th Annual conference of ISOPARB at Kolkata in Feb-1995. This conference was attended by many National and International delegates from Australia, New Zealand, Japan, England, and Bangladesh. It was very successful and praiseworthy.

I became the president of ISOPARB in the year 1998.

From the very beginning, I was enthusiastic about the working and growth of the organization. During my presidentship, R.N.Ganguly Public awareness forum of ISOPARB was established, which continuously conduct important awareness programs during all India annual conferences.

Book Published: - The first book published under the banner of ISOPARB – ‘Preterm Labor’ – Published by J.P. Brother Medical Publisher and edited by Dr Gita Ganguly Mukherjee and Dr Kamal Buckshee. Foreword was written by Dr Kamala Achari and Dr Tarun Banerjee. Prof. Kamala Achari, was so happy to see the first book published under the banner of her organization.

ISOPARB Journal:- Indian Journal of Perinatology and Reproductive Biology was initiated from very beginning. The editor in chief of the Journal in the past were the eminent professors like, Prof. K.M Gun, Prof. G.I.Dhall, Prof. Gita Ganguly Mukherjee, Prof. Sudip Chakraborty, Prof. Arup Kumar Majhi and presently Prof. Hiralal konar. The Journal has undergone successive phases of improvement over the past few years. The journal has succeeded to quality the criteria of **index Copernicus (ICI) journals master list. It has been made available to all the readers, members for open online access. All the issues of the previous years are sited for the readers (www.ijoparb.co.in).**

Social & Academic Activities:- From the very beginning ISOPARB was involved in various social activities including camps in rural areas.

Academic activities include CMEs, Seminars, Annual Conference. In 1983 a conference of FAOPS was held in Kolkata very successfully under the banner of ISOPARB.

Annual Conference:- During annual conference various academic activities – Conference oration, late Dr Kamala Achari oration, Dr S. N Tripathy oration, Late Dr Raj Kishori Jha oration, R N Ganguly Public awareness forum, Dr Manju Gita Mishra symposium, Dr Jagdishwari Mishra Award, Mrs. Vidya Bhasin Award, Ranjit Mohan Buckshee Rotating Trophy and cash award, ISOPARB YUVA quiz. Apart from these there are guest lectures, short papers presentation.

Mid-Term Conference:- Members are so much enthusiastic that apart from annual conference, midterm conference was also established successfully. This year Mid-term International Hybrid Conference is going to be held at Gorakhpur on the theme of important subject “Prevention of Still Birth”. I congratulate Dr Sadhana Gupta and her team and wish the conference a big success.

City Chapters:- In 2002 City Chapters were introduced. Large number of members including many young members joined the society. ISOPARB became more active in National level and International level. At present there are 28 city chapters but increasing the number gradually.

Covid times:- During Covid time physical academic meet was not possible and so effective and successful webinars are conducted. I must congratulate Dr Usha Sharma, who has taken the charge of president ship during covid time, but continuing so many important realistic webinar throughout the country. This year annual conference was done virtually at Bhubaneswar by Odisha chapter with great success. Dr Manju Gita Mishra, Dr Milind Shah, Dr Suchitra Pandit, Dr Swasati Sanyal Chowdhury, Dr Arup Kumar Majhi, Dr Sulekha Pandey, Dr Laxmi Srikhande, Dr Parul Kotdawala, Dr Gangadhar Sahoo, Hyderabad team, Odisha team, UP Team, Delhi team, Kolkata Team and many city chapters and many members deserved congratulation for contributing significantly to ISOPARB. We appreciate the hard work of Dr Meena Samant Secretary general ISOPARB and her team.

I am really happy to see that ISOPARB has grown so much with galaxy of active members organizing so many scientific programmes throughout the country.

ISOPARB in future - our dream:-ISOPARB will have its own building in Patna with, a big auditorium, rooms for lectures and research work, office with all modern technologies, guest rooms for National and International faculties.

Journal of ISOPARB Building in Kolkata with good library including, e-library. Journal will be of good International standard.

More members with join ISOPARB, academic activity, research work will be superb. There will be more work in the grass root level. This society will lead the world in the field of Perinatology and Reproductive Medicine and will take part in various National policies in the health sector.

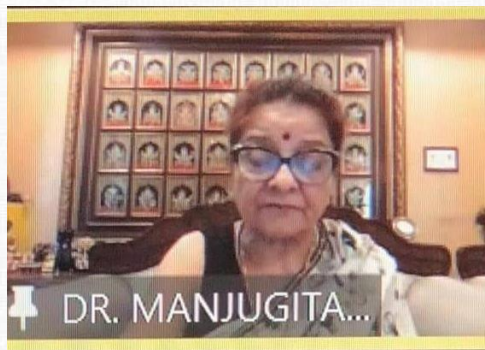
For this ISOPARB still has a long way to go.

We salute the vision of the founders of this organization.

Wishing heartiest best wishes to our beloved ISOPARB society and all ISOPARBians.

Glimpses

36th NATIONAL Conference of ISOPARB



ZONAL CONFERENCES ORGANIZED BY ISOPARB VICE PRESIDENT OF EACH ZONE

South Zone :
14th July 21:
 Hyderabad Chapter on
"Management of Neural tube defects."

ISOPARB Hyderabad Chapter in association with ISOPARB National Team and **Pfizer**

invite you to a virtual meet on
"Management of Neural Tube Defects"

Date: 14th July, 2021 | Time: 3:30 PM - 5:15 PM

Welcome address
 Dr. Usha Sharma
 Obstetrics & Gynaecology
 President, ISOPARB

Introduction
 Dr. Sasikala Kola
 Obstetrics & Gynaecology
 Vice President, ISOPARB

Agenda

- 3:30 PM - 3:50 PM: Outcomes of antenatal diagnosed neural tube defects. **Dr. Santosh J. Karmarkar** (Pediatric Surgeon)
- 3:50 PM - 4:10 PM: Role of MRI in detecting neural tube defects. **Dr. Madhavi Nori** (Radiologist)
- 4:10 PM - 5:15 PM: Panel discussion on diagnosis and management of neural tube defects.

Moderator - Dr. Susheela Vavilala (Fetal Medicine Specialist)

Panelists - Dr. Subodh Raj (Neurosurgien), Dr. Pranathi Gutta (Pediatric Neurologist), Dr. Sasikala Kola (Obstetrics & Gynaecologist), Dr. Gayathri Vemavarapu (Fetal Medicine Specialist)

Dr. Madhumathi Sanjay (President ISOPARB, HYD) | **Dr. Swaguna Yendru** (Vice President ISOPARB, HYD) | **Dr. Shruthi Kesireddy** (Secretary ISOPARB, HYD)

[Click here to register](#) | [Click here for disclaimer](#)

West Zone :
19th of August 2021 : on
"Chromosomal Abnormalities of Fetus"

ISOPARB West Zone & **Pfizer** come together for the webinar series on **'Say No' to congenital anomalies**

And invite you to a virtual meet on
"Chromosomal Abnormalities of Fetus"

Date: 19th Aug, 2021 | Time: 5 PM - 7 PM

Welcome address
 Dr. Usha Sharma (President, ISOPARB)

Introduction
 Dr. Punit Koldawala (Vice President, ISOPARB, West Zone)

Zonal Co-ordinators
 Dr. Lila Vyas (VLSI, Dept of Bio & Chem, VLSI Hospital, Akurdi, Coimbatore, Coimbatore Hospital and Institute & Coimbatore Gynaecologist, Vice-Chairperson) | Dr. Anupama Dave (Professor & Dist. Head, Dept. Of Oth & Gen, WIPAC, WIPAC)

Master of Ceremony
 Dr. Minjal Pandya (Associate Professor, AML&SI, Medical College, Ahmednagar)

Topic	Speaker	Chairperson
5:15 pm - 5:40 pm Having a perfect baby	Dr. Suchitra Pandit (Consultant - Obstetrics & Gynaecology, Ganga Hospital, Mumbai)	Dr. Mehal Kamani (Director - Prenatal Women - Hill Center & Research Institute, Ahmednagar)
5:40 pm - 6:10 pm Screening for chromosomal abnormalities of fetus	Dr. Meena Mehta (Senior Consultant, Ultrasound and Neonatal Care, Medanta)	Dr. Laxmi Srinivasan (Director, Prenatal & Postnatal - Hill Center, Mumbai Chapter 2019-21 & National Director, Pediatric Clinic, Nagpur)
6:10 pm - 6:40 pm Diagnostic tests after positive screening	Dr. Jagpreet Singh (Consultant, Gynaecology, Fortis, Gurugram)	Dr. Meena Samant (Secretary General, ISOPARB)
6:40 pm - 7:00 pm Q & A	Dr. Pragya Mishra Choudhary (Consultant, Obstetrics & Gynaecology, Poo, New Delhi, Poo & Poo Hospital & Research Centre Pvt. Ltd., Patna)	Dr. Supriya Jaiswal (Senior Consultant, Dr. Upadhyay Pathology, Poo Hospital & Research Centre, Patna)
7:00 pm onwards Vote of Thanks	Dr. Jignesh Shah (Vice President (South) ISOPARB)	

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North Zone :
18th September 2021: on
"Enzymes and Metabolic Defects in Pregnancy."

ISOPARB North Zone & **Pfizer** presents
ISOPARB Zonal Webinar Series 3

And invite you to a virtual meet on
"Enzymes and metabolic defects in pregnancy"

Date: 18th Sept, 2021 | Time: 5 PM - 7 PM

Welcome address
 Dr. Usha Sharma (President, ISOPARB)

Introduction
 Dr. Sulekha Pantley (Vice President, ISOPARB, North Zone)

Zonal Co-ordinators
 Dr. Archana Verma (Vice President, FSGS II) | Dr. Meera Srivastava (Senior Consultant & Professor, Obstetrics & Gynaecology & Pediatric, Obstetrics & Gynaecology & Pediatric, Dr. Chandra Sheela Hospital, New Delhi)

Master of Ceremony
 Dr. Richi Sinha (Secretary ISOPARB, Varanasi)

Topic	Speaker	Chairperson
5:15 pm - 5:25 pm Screening of enzyme and metabolic defects in pregnancy	Dr. Mandakini Pradhan (Consultant, Genetic and Child Medicine, Sreevastha (FSGS) Professor and Head (FSGS), Lucknow)	Dr. Meena Samant (Secretary General, ISOPARB)
5:25 pm - 5:50 pm Management of enzyme and metabolic defects in pregnancy	Dr. Meha Dhanalingam (Prof & HOD, Dept. of Paediatrics, All India Institute of Medical Sciences, New Delhi) Dr. Vintha Das (Consultant & Lecturer, Child Health and NE (B), Lucknow)	
5:50 pm - 6:15 pm Screening and management of enzymes and metabolic defects in newborn	Dr. Shalini Targhi (Additional Professor, Department of Pediatrics, Post Graduate Medical University, Lucknow)	Dr. Ashok Choudhary (Professor, Institute, National Inst. of Postgraduate Medical Education & Research, Patna)
6:15 pm - 6:30 pm Q & A	Dr. Supriya Jaiswal (Secretary General, ISOPARB)	Dr. Ranjana Sinha (Joint Secretary, ISOPARB)
6:30 pm - 6:35 pm Vote of Thanks	Dr. Pragya Mishra Choudhary (Secretary, ISOPARB)	

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East Zone:
5th October 2021: on **"Say No to Birth Defects:**

ISOPARB East Zone & **Pfizer** presents
ISOPARB Zonal Webinar Series 4

And invite you to a virtual meet on
"Say No to Birth Defects"

Date: 5th October, 2021 | Time: 5 PM - 7 PM

Welcome address
 Dr. Usha Sharma (President, ISOPARB)

Introduction
 Dr. Sumantri Sanyal Choudhary (Vice President, ISOPARB)

Zonal Co-ordinators
 Dr. Arun Madhav Boruah (ISOPARB, East Zone) | Dr. Suman Sinha (ISOPARB, East Zone)

Master of Ceremony
 Dr. Amrita Sinha (Vice President, ISOPARB, Patna Chapter) | Dr. Supriya Jaiswal (Secretary General, ISOPARB)

Topic	Speaker	Chairperson
5:15 pm - 5:25 pm Screening and Diagnosis of Fetal Growth Restriction (FGR)	Dr. Narendra Malhotra (Manager, Director, Global Research, H&M&A, Agart)	Prof. (Dr.) Sukumar Barik (Professor and Head, ICARE Institute of Medical Sciences, AIIMS Research, India)
5:25 pm - 5:50 pm Management of FGR in Pregnancy	Prof. (Dr.) Ratna Kanta Talukdar (Principal, Joint Chair Superintendent, JMC&I, JMC&I)	Dr. Meena Samant (Secretary General, ISOPARB)
5:50 pm - 6:15 pm Management of FGR Newborn	Prof. Jagdish Prasad Sahoo (Professor & Head, Department of Neonatology, IIS & SSM Hospital, Bhubaneswar)	Dr. Shrawan Kumar (National Director NIP & Co-President NIP, Bhub)
6:15 pm - 6:30 pm Q & A	Dr. Pragya Mishra Choudhary (Secretary General, ISOPARB)	Dr. Ranjana Sinha (Joint Secretary, ISOPARB)
6:30 pm - 6:35 pm Vote of Thanks	Dr. Ojaswini Patil (Executive Member, ISOPARB, Patna)	

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Glimpses

16th of May 2021: "OBSTETRIC EMERGENCIES" organized by MOGS in association with FOGSI – ICOG and ISOPARB Mumbai Chapter.



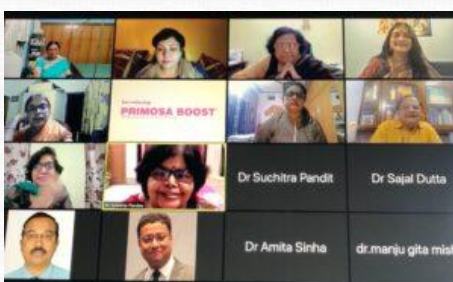
24th June 2021: A Webinar on **MATERNAL AND PERINATAL HEALTH** was organized by ISOPARB.



12th of June 2021: Webinar organized by ISOPARB on "KNOW ALL ABOUT COVID "



3rd July 21: Webinar was organized by the Kolkata Chapter of ISOPARB in association with National ISOPARB.



12th July 21 : Awareness program on Family planning in the department of Obstetrics and Gynaecology KGMU Lucknow,



17th July 21 . Assam chapter webinar



26 July 2021 Vidarbha ISOPARB hosted an Excellent Live International Webinar on Multifetal Pregnancy - More is not the merrier !!



**3rd August 2021:
ISOPARB Kanpur with
ISOPARB Gorakhpur &
KOGS**

ISOPARB Kanpur in association with ISOPARB Gorakhpur & KOGS Invites you

Pansymposia on Breast Diseases
Monday, 2nd August | 6:00 pm - 8:00 pm

Chief Guest
Dr. Meera Agnihotri, President ISOPARB National

Guest of Honor
Dr. Usha Sharma, President ISOPARB National

Coordinator
Dr. Kiran Sinha, Secretary ISOPARB Kanpur

Program Conveners
Dr. Neelam Misra, President ISOPARB Kanpur

Scientific Session
Session 1 - ABCs of Nipple Discharge - What to do & What Not

Speaker
Dr. P. Pradyumn Kumar, Director, KIMS-GH, Jaipur

Chairpersons
Dr. Neelam Misra, President ISOPARB Kanpur

Session 2 - Breast Feeding in Special Conditions

Speaker
Dr. Shalvi Agarwal, Treasurer ISOPARB Kanpur

Chairpersons
Dr. Reha Gupta, Executive Member ISOPARB Kanpur

Session 3 - Breast Concerns? Here Is The Solution

Panel Moderators
Dr. Laxmi Shrikhande, Chairperson Elect KOGS

Panel Expert
Dr. Sneha Bhuyar, Study on Female Breast Committee ISOPARB Kanpur

Panelists
Dr. Kanchan Sharma, Editor & Secretary KOGS

Panelists
Dr. Reema Srivastava, Ex-Prof & HOD BREAC, ISOPARB Gorakhpur

10th of August 2021 :
 Wonderful Webinar by
 ISOPARB Prayagraj
 Chapter

ISOPARB PRAYAGRAJ
 SCIENTIFIC SANGAM-8
 In association with
 Gorakhpur Obst Gyn Society (GOGS)
 Tuesday, 10th August 2021 | 4:00-6:00 PM

Organizing Chairperson: Dr. Ranjana Khanna
Chief Guest: Dr. Uday Thawana
Guest of Honour: Dr. Archana Verma

Organizing Secretary: Dr. Amrita Tripathi, Dr. Aruna Chhabria

SESSION I: POST PARTUM COLLAPSE
Chairpersons: Dr. Ashu K. Mahapatray, Dr. UK Ghosh, Dr. SP Jain

SESSION II: DEBATE - THE BETTER CHOICE PROGESTERONE
EXPERT: Dr. Ranjana Khanna

SESSION III: SIGNIFICANCE OF INCREASED NT
Chairpersons: Dr. Sarani Sanyal, Dr. Shashani Mittal, Dr. Kashyapa Agarwal

JUDGE: Dr. Anvita Jain, Dr. Anshu Rani Sinha

DYSPROGESTERONE SPEAKER: Dr. Parul Khanna

HMP SPEAKER: Dr. Prayansh Roy

IN HYDROXYPROGESTERONE SPEAKER: Dr. Shikantika Kumar

SESSION III: SIGNIFICANCE OF INCREASED NT
SPEAKER: Dr. Sarani Sanyal

13th August, 2021: ISOPARB
 Webinar on "FETAL HEALTH
 INSIGHTS"

INDIAN SOCIETY OF PERINATOLOGY AND REPRODUCTIVE BIOLOGY
 Invites you for Scientific Webinar
Fetal Health Insights
 Date: 13th August 2021 | Time: 6:30 PM to 8:30 PM

President ISOPARB: Dr. Usha Sharma
Chief Guest: Dr. Gita Ganguly Mukherjee
Guest of Honour: Dr. Meera Agnihotri
Secretary General ISOPARB: Dr. Meena Sonant

Scientific Session I - Keynote Address
Topic: Fetal Anemia
Speaker: Dr. Dipika Chhabra
Chairpersons: Dr. Harsha Chhabra, Dr. Pragna Mishra Choudhary

Scientific Session II - Panel Discussion
Topic: Fetal and Newborn Screening
Moderators: Dr. Milind Shah, Dr. Pradheep Suryawanshi

Panel Experts: Dr. Manish Bhat, Dr. K. Parthasarathy, Dr. Pooja Bhattacharya, Dr. Sandeep Choudhary, Dr. Manika Anand, Dr. Pooja Kamari

Co-ordinators: Dr. Ranjana Sinha, Dr. Supriya Jaiswal

14 August 2021 : Independence day celebrations by kanpur
 ISOPARB EK SHAAM VATAN KE NAAM



KANPUR ISOPARB CELEBRATES EK SHAAM VATAN KE NAAM
 15th Aug, 8 PM to 9 PM

Guests of Honour: Dr. Anvita Jain, Dr. Anshu Rani Sinha, Dr. Prayansh Roy, Dr. Shikantika Kumar, Dr. Sarani Sanyal, Dr. Shashani Mittal, Dr. Kashyapa Agarwal

Panel Experts: Dr. Anvita Jain, Dr. Anshu Rani Sinha, Dr. Prayansh Roy, Dr. Shikantika Kumar, Dr. Sarani Sanyal, Dr. Shashani Mittal, Dr. Kashyapa Agarwal

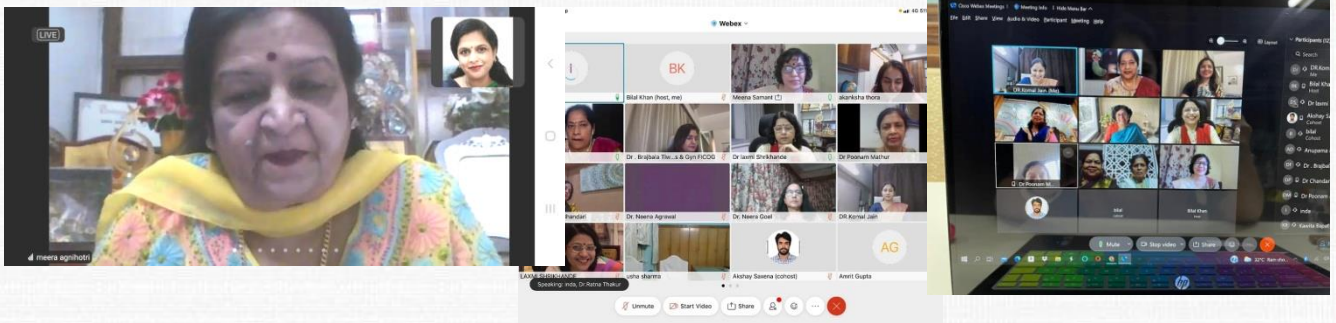
28th of August 2021: Workshop was organized by ISOPARB on **CARDIOTOCOGRAPHY**
 (Electronic Fetal Monitoring)



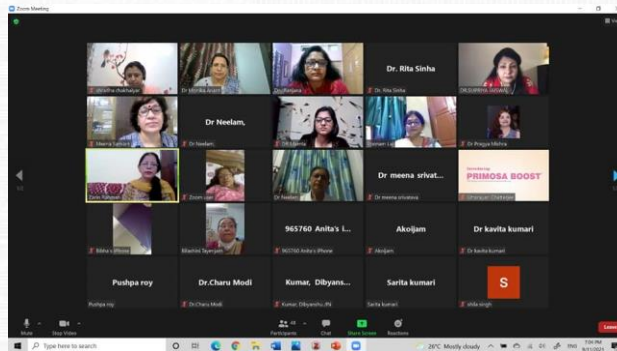
WORLD BREASTFEEDING WEEK 2021 celebrated across India by ISOPARB at various cities highlighting the importance of breastfeeding and promoting the theme for WBW 2021...**PROTECT BREASTFEEDING: A SHARED RESPONSIBILITY...** Glimpses of the awareness camps and webinars.



8th September 2021 : Indore chapter isoparb webinar



11 SEPT 21: ISOPARB in association with PATNA CHAPTER PARB organized a webinar on Adolescent Breast Concerns.



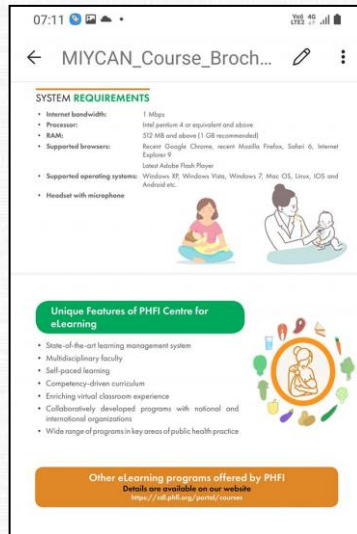
14th, 15th Sept 2021 : 8th Annual meet of ISOPARB Burla/Sambalpur chapter & 38th Annual meet of Burla O&G society was held in virtual platform.



2nd of October 2021. Webinar was organized by Patna Chapter of Perinatology and Reproductive Biology on Optimizing Perinatal Outcome



ISOPARB partners in the MIYCAN course. Very useful for patient's care.



संक्षेप

नवजात की मौत से हो सकता है बचाव

गोरखपुर। प्रसव के दौरान बड़ी संख्या में नवजातों की मौत हो जाती है। विश्व में हर साल प्रसव के दौरान 32 लाख बच्चे मृत पैदा होते हैं। इन्हें चिकित्सा विज्ञान की भाषा में स्टिलबर्थ कहते हैं। यह बच्चे या तो मृत पैदा होते हैं या फिर प्रसव के फौरन बाद ही इनकी मौत हो जाती है। इसको लेकर देशभर के विशेषज्ञ दो दिन गोरखपुर में मंथन करेंगे। इस विषय पर आगामी 13 व 14 नवंबर को सेमिनार का आयोजन किया जा रहा है। यह जानकारी आयोजन समिति की अध्यक्ष व सत्री व प्रसूति रोग विशेषज्ञ डॉ. साधना गुप्ता, सचिव डॉ. अमृता सरकारी जयपुरियार ने दिया। आयोजन समिति में स्त्री व प्रसूति रोग विशेषज्ञ डॉ. मीनाक्षी गुप्ता, डॉ. अरुणा छापड़िया, डॉ. बबिता शुक्ला, डॉ. अनुभा गुप्ता और बालरोग विशेषज्ञ डॉ. राजेश गुप्ता शामिल हैं।

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वीनेन हेल्थ

महिलाओं को पीरियड्स के दौरान दर्द होना आम बात है, मगर ये दर्द एक या दो दिन से ज्यादा लंबे समय तक परेशान करने लगे तो इसे नजरअंदाज बिल्कुल न करें. कुछ महिलाओं को पीरियड्स खत्म होने के बाद भी पेल्विक एरिया में दर्द महसूस हो सकता है. ये सभी लक्षण एंडोमेट्रियोसिस से जुड़े हो सकते हैं.

पेल्विक एरिया में दर्द हो सकता है एंडोमेट्रियोसिस का संकेत

एंडोमेट्रियोसिस के लक्षणों को लेकर सार्वजनिक चर्चा इंग्लैंड, भी जल्दी हो जा रही है. क्योंकि एक वर्षों तक पीरियड्स के दौरान पेल्विक में दर्द होने वाले एक लाख आम नागरिकों के, जो किंवदंती को भी बखर्की हैं. आज की दुनिया में हर 10 में से एक महिला इस बीमारी को शिकार बनती जा रही है.

यह है एंडोमेट्रियोसिस : एंडोमेट्रियोसिस गर्भाशय से संबंधित बीमारी है. गर्भाशय को अंडरनेथ परत को एंडोमेट्रियम कहते हैं. इस बीमारी के दौरान परत में बनने वाले रक्तस्राव से प्रभावित होता है. हर स्थिति में रक्तस्राव से यह बीमारी होती है. एंडोमेट्रियम को यहाँ अंडरनेथ परत कभी-कभी गर्भाशय के बाहर या अंडों के चारों ओर फैलने तक हो जाती है. यहाँ से बच्चे पैदा हो सकते हैं. लेकिन अंडों को तब तक भी फर्टिलाइज होने तक नहीं है. ये बच्चे जनम गर्भाशय में जन्म लेते लगते हैं. लंबे समय तक ऐसा रहते रहते से बच्चे अंडों से जन्मकर सिस्ट के रूप में बच्चा जन्म ले. जबकि फर्टिलाइज्ड एंडोमेट्रियोसिस बच्चा नहीं है.

मुख्य लक्षण : एंडोमेट्रियोसिस से पीड़ित महिलाओं में सामान्य पीरियड्स के दौरान पीछे के निचले हिस्से में दर्द रहता है. एक दो दिन बाद भी दर्द कम होने की जगह बढ़ता जाता है. कई मामलों में महिलाओं में पीरियड्स खत्म होने के बाद भी दर्द कुछ समय तक बना रहता है. इसके अलावा सख्त करने समय और आम-मूत्र खानों समय भी दर्द हो सकता है.

कैसे डॉक्टर को बताएं : एंडोमेट्रियोसिस से निदान करने में मुश्किल है. फेरोसिटिन ट्यूबर और फेरोसिटिन एंजाइम होते हैं. एंडोमेट्रियोसिस के उपचार में फेरोसिटिन ट्यूबर के उपचार में फेरोसिटिन ट्यूबर के बचाव करने लगते हैं. फेरोसिटिन ट्यूबर से निदान करने में सुझाने की सलाह देते हैं.

किन्हीं होती है ये लक्षण
 गर्भाशय 15 से लेकर 20 वर्ष की उम्र तक में किसी भी महिला में यह समस्या उत्पन्न हो सकती है. इसके अलावा भी लक्षणों का आम तौर पर पीरियड्स के बाद शुरू होता है. अगर परिवार में किसी महिला को पहले कभी यह समस्या नहीं है तो कभी समस्या है कि उनकी अनेक बर्तनी फेरोसिटिन अंडरनेथ में भी एंडोमेट्रियोसिस देखने को मिले. जब तक महिलाओं में पीरियड्स से जुड़े इन्फ्लेमेटरी राइट रहते हैं तो वह कम अनेक इसका इलाज बना रहता है. मेमोरिज के बाद ये समस्या खूब से खूब कम हो जाती है.

यह है इसका इलाज
 इस बीमारी में जैसी लक्षण होते हैं उसी के अनुसार इलाज किया जाता है. महिलाओं को पेल्विक एरिया में लगातार दर्द को सामान्य रहने को निमित्त में उनकी इलाज एंडोमेट्रियोसिस पर किया जाता है. दर्द को सामान्य खूब खराब करने पर इलाज टैलेटिव या इन्जेक्शन भी दिए जा सकते हैं. इसके अलावा गर्भाशय में से सिस्ट को निकालने के लिए सर्जरी या लैपरोस्कोपी की जा सकती है. फेरोसिटिन के बाहर फेरोसिटिन से एंडोमेट्रियोसिस के निदान करने में मदद कर दिया जाता है.

सर्जरी के बाद क्या मुश्किलें आ सकती हैं
 एंडोमेट्रियोसिस जब बहुत ज्यादा खराब हो जाता है. तो इससे होने वाले सिस्ट या जन्म कर्तनी गमने और बच्चे हो जाते हैं. कई बार एंडोमेट्रियोसिस भी गर्भाशय का रूप लेती है. ऐसे में सर्जरी इलाज फेरोसिटिन से जन्म हो जाता है. सर्जरी के बाद भी अगर कंसोव करने में परेशानी होती है, तो डॉक्टर अंडोवैरिज का इलाज लेने की सलाह देते हैं.

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डॉ. मीना सरान एक सामान्य चिकित्सा कर्मी हैं। उन्होंने पेल्विक एरिया में दर्द होने वाले एक लाख आम नागरिकों को शिकार बनती जा रही हैं.

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Why do we need to remain invested on improving early and exclusive breastfeeding?

Dr. Sebanti Ghosh

Sr. Technical Advisor Nutrition, Alive & Thrive South Asia



Breastfeeding is one of the best investments in global health to improve social, health and economic development outcomes. Globally, it is estimated that scaling up breastfeeding can prevent 823,000 child deaths, 87% being infants below 6 months of age and additional 20,000 maternal deaths from breast cancer each year (The Lancet Breastfeeding Series 2016). Moreover, early initiation of breastfeeding (EIBF) Can prevent about 22% of new-born death and newborns who began breastfeeding between 2-23 hours after birth had a 33% greater risk of dying compared to those breastfed within one hour of birth.

In India in 2015-16, only 2 in 5 of the newborn were breastfed in first hour of life though 4 in 5 were born in health facilities, highlighting a critical missed opportunity. While C-section is a crucial intervention to save women and newborns' lives, EIBF in C-section has been a challenge with lower rate of 36% compared to 46% in normal deliveries. In private sector C-section deliveries only 33% newborn were breastfed within 1 hour compared to 40% newborns delivered by C-section in public facilities. National Family Health Survey (NFHS) 5 results from the 22 states shows a worrisome decline in early initiation of breastfeeding rates in 12 states. This reflects the need to close the knowledge – to do gap in health facilities and more so in context of rising C-section rates.

It is a call to action for the health system in both public and private sector to ensure initiation of breastfeeding within an hour of birth after C-section under spinal anesthesia and as soon as mother is alert enough to hold the infant with support and is not overly sedated in general through i) preparing women and families for a C-section birth, including tailored antenatal education relating to immediate skin to skin contact and breastfeeding post C-section, ii) skilling and mentoring providers to facilitate immediate skin to skin contact, and early initiation of breastfeeding, and effective pain management in C-section iii) regular monitoring and review of EIBF practices focusing on post C-section practices iv) help establish exclusive breastfeeding by the time of discharge.

We must also ensure exclusive breastfeeding is protected, promoted, and supported improvements as seen in available NFHS 5 data, are sustained.

Failing to breastfeed optimally translates into real costs in human life, quality of life and national economic outcomes. Total economic cost of not breastfeeding in India is estimated, to be US\$ 14.5 billion, if we add the estimated cost related to child & maternal mortality, health system costs of treatment of cases of childhood diarrhoea and pneumonia and women's type II diabetes, household cost of breastmilk substitutes and cost of cognitive losses.

Concerted and collective investment to enable women to breastfeed and give their children the strongest start to life is of unprecedented importance in today's COVID 19 context.

QUIZ TIME!

Quiz master
Dr Sheela mane
Quiz committee Chairperson
Bengaluru

- Single organ support signifies which level of care
 - Level 0
 - Level 1
 - Level 2
 - Level 3
- Air space opacification is seen in all except
 - Atelectasis
 - Pneumothorax
 - Pneumonia
 - ARDS
- Increased vascularity of pulmonary veins in chest Xray is seen in all conditions except
 - Reversal of craniocaudal gradient
 - Pulmonary stenosis
 - Pulmonary venous hypertension
 - Mitral valve diseases
- Which is a feature of cerebral venous thromboembolism on MRI
 - Loss of normal flow void on T2W
 - T1 hypointensity
 - Focal space occupying lesion
 - T2 hyperintensity
- Estimation of blood loss in class 2 hypovolemic shock in obstetric patient
 - 5-15%
 - 15-30%
 - 30-40%
 - >40%
- How much resuscitation fluid can be given in women with severe CHF
 - <100 ml
 - 250-500 ml
 - 500-1000 ml
 - 1000-1500 ml
- All are indications of blood transfusion in pregnancy except
 - Hb <7g% in presence of impending failure in pregnancy <34w
 - Hb 5-7% in absence of cardiac failure in pregnancy < 34w
 - Hb <6 g% in case of acute hemorrhage
 - Patient with severe anemia who is decompensated in pregnancy >34w
- Which is clinical indication to start mechanical ventilation
 - RR > 15/ min
 - Vital capacity <15 ml/kg
 - Tidal volume < 10 ml / kg
 - Paco₂ < 60 mmHg
- Labetolol is contraindicated in all except
 - Congestive cardiac failure
 - Acute renal failure
 - Asthma
 - Bradycardia
- What is true about crossmatching of FFP
 - Both ABO & Rh compatibility required
 - Only ABO compatibility required
 - Only Rh compatibility required
 - Both ABO & Rh compatibility not required

Medication Update- Pregnancy and Epilepsy

Dr Meena Samant; Dr. Shradha Chakhaiyar



Epilepsy is characterized by recurrent, unprovoked seizures resulting from excessive neuronal discharges. Epilepsy affects approximately 0.5 to 1% of women of childbearing age and it is the most common serious neurological condition in pregnancy. Anti-epileptic drugs (AEDs) are the main stay of treatment. Women with epilepsy is no longer considered a contraindication to pregnancy. Over 90% women with epilepsy will have good outcomes.

Pre pregnancy Counselling-

- Remain compliant with AED medication
- Close contact with neurology team to enable titration of medication
- Avoid seizure triggers
- Aim to manage seizures effectively with lowest dose of AED
- Aim for low-dose monotherapy if appropriate
- Consider changing to less teratogenic AEDs where possible (lamotrigine, levetiracetam and carbamazepine)
- Avoid sodium valproate if other AEDs are appropriate
- Optimise health (optimise BMI, reduction of alcohol consumption, regular exercise)
- Stop smoking (smokers have a higher risk of preterm labour)
- Start 5mg folic acid several months pre-conception

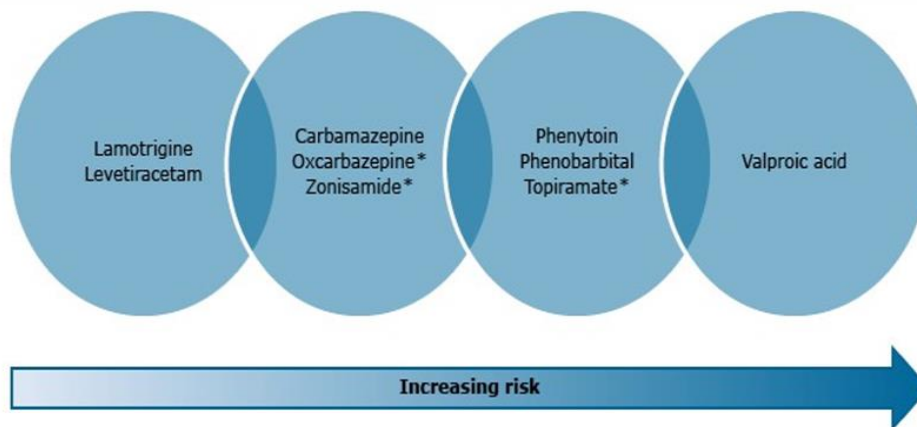
Antenatal management –In the antenatal period Woman with Epilepsy should be regularly assessed for the risk factors for seizures such as sleep deprivation, stress and adherence to medication. In women who are taking AEDs, the risk of major congenital malformation to the fetus is dependent on the type, number and dose of AED. Among AEDs, lamotrigine, and carbamazepine monotherapy at lower doses have the least risk of major congenital malformation in the offspring.

The most common major congenital malformations associated with AEDs are neural tube defects, congenital heart disorders, urinary tract and skeletal abnormalities and cleft palate.

Sodium valproate is associated with neural tube defects, facial cleft and hypospadias; phenobarbital and phenytoin with cardiac malformations.

Phenytoin and carbamazepine are with cleft palate in the epileptic medication. The risk was highest for women taking sodium valproate (10.7 per 100, 95% CI 8.16–13.29) or AED polytherapy (16.8 per 100, 95% CI 0.51–33.05) compared with the 2.3 per 100 (95% CI 1.46–3.1) observed in mothers without epilepsy. Data from the EURAP study group suggest that the lowest rates of malformation were observed in women exposed to less than 300 mg per day of lamotrigine. Based on limited evidence, in utero exposure to carbamazepine and lamotrigine does not appear to adversely affect neurodevelopment of the offspring. Some medication like Lamotrigine may require therapeutic drug monitoring because of altered pharmacokinetics in pregnancy.

Teratogenic risk profiles of antiepileptic drugs



Intrapartum management

- Adequate analgesia and appropriate care in labour should be provided to minimize risk factors for seizures – insomnia, stress and dehydration
- I/V Benzodiazepines; lorazepam (drug of choice) for seizure
- 1 mg IV for nonconvulsive seizures & 2 mg IV for GTC
- AEDs to be continued during labour (parental)

Pain Management

- TENS, Entonox and regional analgesia (epidural, spinal, combined spinal epidural) are suitable and safe
- Pethidine is metabolized to norpethidine, which is known to be epileptogenic

Postpartum Management-

Breast feeding

- Women taking AEDs in pregnancy should be encouraged to breastfeed.
- Based on current evidence, mother should be informed that the risk of adverse cognitive outcomes is not increased in children exposed to AEDs through breast milk.
- The magnitude of AED transfer to the baby through breast milk that is required to affect neonatal childhood is not known.

Contraception- All methods of contraception may be offered to woman taking non-enzyme inducing AEDs. Copper IUCD, LNG-IUS & MPA injections are reliable methods of contraception that are not affected by enzyme -inducing AEDs. Cu-IUD is the preferred choice for emergency contraception as Levonorgestrel & Ulipristal acetate are affected by enzyme-inducing AEDs.

Women taking enzyme-inducing AEDs should be counselled about the risk of failure with some hormonal contraceptives.

Strong enzyme inducers –Primidone, Carbamazepine, Oxcarbazepine, Phenobarbital, Phenytoin

Answers to QUIZ :

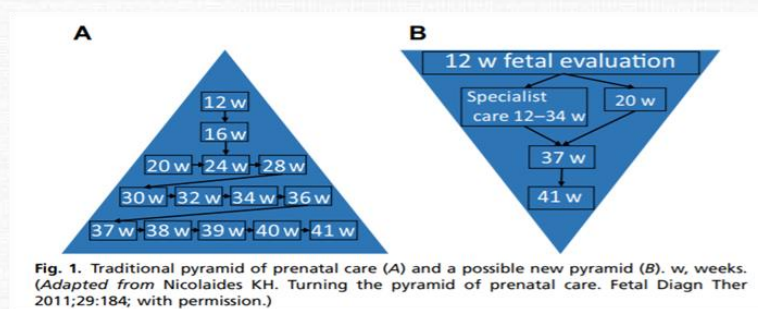
1. Ans: c 2. Ans: B 3. Ans- B 4. Ans: A 5. Ans: B 6. Ans: B 7. Ans- A 8. Ans: B 9. Ans-B 10. Ans-B

GARBH SANSKAR: A PREREQUISITE FOR EVERY MOTHER IN TODAY'S TIMES

Dr Kiran Sinha, Secretary Kanpur Society of Perinatology & Reproductive Biology

INTRODUCTION

Pregnancy is a period of enormous physiological and psychological changes in a women's reproductive age adapting the mother to bring a new healthy life into the world. Initially, the expected norm of antenatal care throughout the world was that the frequency of antenatal visits progressively increases with advancing gestation but in modern times this has evolved into a concept of an inverted pyramid care as well as extended inverted pyramid care which emphasizes the importance of increased focus of clinical evaluation in pre conceptional period and in the first three months as this is a period of organogenesis during which complete fetus is formed.¹ The inverted pyramid of prenatal care has been highlighted recently to identify the high risk pregnancies from pregnancies that are at very low risk so that treatment can be tailored to individual patients. ²



About 295 000 women died during and following pregnancy and childbirth in 2017 and the vast majority of these deaths (94%) occurred in low-resource settings, which could be prevented, Sub-Saharan Africa and Southern Asia accounted for approximately 86% of the estimated global maternal deaths.³ In 2017, the lifetime risk of maternal death in low income countries as a whole was 1 in 45, compared to 1 in 5,400 in high-income countries. Maternal morbidity and mortality can be decreased only if the concept of inverted pyramid care is made accessible to the unreachable population especially the rural areas. Hence, lies the importance of **garbh sanskaar** which includes preconceptional care, care during pregnancy and post delivery. It is a scientific way of moulding the physical as well as mental health of an unborn child as gene environment interaction (epigenetics) has a role to play in the psychological and physiological environment within the womb that has a cumulative effect on the fetus (genetic engineering).

TO DO LIST DURING GARBH SANSKAAR

Garbh sanskar includes rituals and practices by the mother as well as the family members which are performed in a well defined manner to educate the fetus inside the womb by providing positive energies as well as a happy and healthy environment ¹¹

1)DIVINE DIET 12 – A pregnant women should always be grateful and thankful for the food and enjoy every bite of it. The food in the first trimester should be palatable, liquid, sweet and greasy substances which should increase her appetite throughout her pregnancy. During the second and the third trimester more energy is required along with proteins and therefore consumption of milk , cheese and other dairy products which are considered as ideal sources of nutrients and proteins should form the diet of a pregnant women. Cooked Shashti rice is also advisable as it is rich in carbohydrates. During the last months of pregnancy since pedal edema is observed therefore Ghrita medicated with substances which are diuretic in nature is

advisable for consumption. Consumption of excessive heavy, hot pungent spicy foods should be avoided which are difficult to digest.

2)MEDITATION (garbhasamwad) –While meditating one should close their eyes , be calm and relaxed and think about all the divine qualities which she wants in her child and feel that their passing through her in a form of beautiful bright colorful rays.

3)TALK TO HER BABY – Every day at a fixed time a mother should always address to her child by talking and thinking positively and making him feel comfortable.

“Dear little one, our darling! We are eagerly waiting for you , You are our future and future of mankind so come into this world ,happy, healthy, intelligent and brave. Be creative and loving, with qualities of leadership....Oh precious child..we await your arrival”.

Special efforts are taken to stimulate baby’s senses gently so that cortical development is maximal.

One should try to shift their thoughts from stressed to blessed as pregnancy is one of the most desirable emotion in a women’s lifetime which can be done by reading spiritual books and listening to spiritual songs like vedic mantras or autobiography of great leaders. One should also try to be creative during the pregnancy and can practice their hobbies and creating nice, precious and cherishable memories.

4)YOGA – Yoga practices integrate harmony and perfection of body, mind and spirit.

Benefits of Yoga

- Relieves fluid retention which is common during last months of pregnancy.
- Influences the position of the baby.
- Strengthening and massaging the abdomen helps stimulating bowel action and appetite.
- Raises the level of energy and helps in slowing down the metabolism to restore focus.
- Helps in reducing morning sickness, nausea and mood swings.
- It relieves tension around the cervix and birth canal.
- Focuses on opening the pelvis to make labor easier and quicker.

FIRST TRIMESTER: Padmasana, Sahaj Pranayam, Anuloma- viloma.

SECOND TRIMESTER: Padmasan followed by Shavasan, Anuloma- villoma.

Butterfly Pose or Titali Asana-This asana opens up your hips and inner thighs and removes tension from the inner thigh area. Also, it stretches your knees and groin area. It is one of the most beneficial pregnancy poses and if done consistently right from the first trimester, it will almost certainly ease childbirth to a great extent.

THIRD TRIMESTER : Padmasan, , Pranayam, Anuloma-vilom.

CONCLUSION

During the divine journey of pregnancy, Garbh Sanskaar helps in every stage for the overall development of “healthy, beautiful, social and smart progeny with longevity” with mother playing the prime role. It has been observed that the mothers who follow the principles of garbh sanskaar have achieved miraculous results and therefore, it is the duty of every woman and society at large to cultivate and imbibe good values and virtues.

HUMOR TIMES

An Engineering student attended a Medical exam by mistake. See his answers...

The last one is ultimate:

1. Antibody - One who hates his body .
2. Artery - Study of Fine Paintings or military, not sure.
3. Bacteria - Back door of a Cafeteria .
4. Coma - Punctuation Mark .
5. Gall Bladder - Bladder of a Girl .
6. Genes - Blue Denim.
7. Labour Pain - Hurt at Work .
8. Liposuction - A French Kiss .
9. Ultrasound - Radical Sound that is above human hearing capacity, such as wife's talk.
10. Cardiology - Advanced Study of Playing Cards
11. Dyspepsia : difficulty in drinking pepsi.
12. Chicken Pox- A Non-Veg. continental dish.
13. CT Scan: Test for identifying person's city.
14. Radiology : The study of how Radio works.
15. Parotitis : information about the parrots.
- ULTIMATE-----!!16. Urology : the study of European people.

Medical experts were asked if it is time to ease the lockdown.

Allergists were in favor of scratching it, but Dermatologists advised not to make any rash moves.

Gastroenterologists had sort of a gut feeling about it, but Neurologists thought the government had a lot of nerve.

Obstetricians felt certain everyone was labouring under a misconception, while Ophthalmologists considered the idea shortsighted.

Guy: Well yah see Doc the problem is obesity runs in my family

Doctor: No the problem is nobody runs in your family



Woman: My husband swallowed an Aspirin by mistake, what shall I do?

Doctor: Give him a headache now, what else!

फिटनेस फंडा

आयोडीन की कमी से गर्भस्थ शिशु के दिमाग का विकास बाधित हो सकता है. नवजात अपने आयोडीन की खुराक मां के दूध से ही पूरी करते हैं, इसलिए दूध पिचानेवाली माताओं को रोज 290 माइक्रोग्राम आयोडीन की जरूरत पड़ती है. जब आयोडीन की कमी की बात की जाती है, तो लोगों का ध्यान सबसे पहले आयोडोइड नमक पर ही जाता है, लेकिन नमक के अलावा भी कुछ चीजें हैं, जिन्हें अपनी डाइट में शामिल कर आप इस कमी को पूरा कर सकते हैं.



विश्व आयोडीन अल्पता निवारण दिवस
21 अक्टूबर

आयोडीन के मामले में लापरवाही न बरते गर्भवती

हमारा नतीजा आयोडीन का मिश्रण खुराक नहीं कर पाना है, इसलिए अपने खाने में आयोडीन युक्त चीजों को शामिल करना बेहतर जगहों को जानना है. दुर्भाग्यवश हमें चीन-युद्ध पर्यटकों के बीच आयोडीन की कमी के खतरों के लिए जानकारी देनी पड़ी है. जे जर्मनी पर्यटकों को खोजने और दिमाग के विकास के लिए भी जानने को है.

वर्ती मां को है ज्यादा जरूरत

माताओं को रोज 290 माइक्रोग्राम आयोडीन की जरूरत पड़ती है. आयोडीन की कमी के खतरों के लिए जानकारी देनी पड़ी है. जे जर्मनी पर्यटकों को खोजने और दिमाग के विकास के लिए भी जानने को है.

ये 5 फूड्स
करेंगे आयोडीन की कमी पूरी

आजू : एक आजू में 40 माइक्रोग्राम आयोडीन पाया जाता है. इसके अलावा आयोडीन युक्त आजू भी है. इन दिनों इसे आजू का मोरस है और खुद हू आजू खाने परामर्श है.

डेयरी प्रोडक्ट्स : कैल्शियम के साथ ही ये आयोडीन के अच्छे स्रोत हैं. एक कप दूध में 66 माइक्रोग्राम आयोडीन पाया जाता है और इनकी ही 400 माइक्रोग्राम तक आयोडीन होता है. जो आपको दिन भर की आयोडीन की जरूरत पूरा करता है. मीठे या खारे अंडे, डेयरी प्रोडक्ट्स जैसे आजू, खंडीर, खंडीर की खुराक से आयोडीन खरीदी/दूध भी ले सकते हैं.

सुखदा : रोज 5-6 सुखदा खाने से आयोडीन की जरूरत पूरी हो सकती है. डीएनए-ए और कडवा मिला खाएं.

ची फूड : ये आयोडीन के अच्छे स्रोत हैं. अगर आप मांसखोती हैं, तो अपने भोजन में डींग, टून और रोड मशीनरी को जरूर शामिल करें. मांस की कोष्ठ पीछे रहित स्लाइस परीक बनाएं हैं. इसके मीठे/केटन ग्राहक में वही कोशिकाओं के निर्माण में सहायक है.

लहसुन : यह आयोडीन से भरपूर होता है. खाने पकाने में, आरक (लहसुन) में लहसुन का इस्तेमाल जरूर करें.

बसवीर व आरती, पूजा कुमारी

प्रसव से पूर्व समस्याओं का समाधान नितांत आवश्यक है: डॉ साधना



स्वतंत्र चेतना गोरखपुर। भारतीय सोसायटी आफ पेरिनेटोलॉजी तथा प्रजनन जीवविज्ञान एवं गोरखपुर ट्रेटर आफ आईएसओपीएआरबी एवं गोरखपुर आबर्टे टिव्स व गायनालॉजिकल सोसायटी के संयुक्त तत्वाधान में एक अर्धवार्षिक सम्मेलन का आयोजन एक स्थानीय होटल में 13 व 14 नवंबर को स्टील जन्म को रोकना विषय पर किया जा रहा है। उक्त बातें सम्मेलन की आयोजिका डॉ साधना गुप्ता ने घंटाकारों से बातचीत के दौरान कही। उन्होंने बताया कि इस सम्मेलन के उद्घाटन समारोह में भाग लेने वाले सभी डॉक्टर विषय विख्यात तथा राष्ट्रीय व अंतरराष्ट्रीय स्तर पर उच्च पदों पर आसीन रह चुके हैं। सम्मेलन में राष्ट्रीय अध्यक्ष डॉ उषा शर्मा एवं जनरल सेक्रेटरी डॉ मीना सावंत भी उपस्थित रहेंगी। डॉ गुप्ता ने बताया कि इस सम्मेलन में तीन कार्यशालायें भी हो रही हैं। सामान्य समारोह में पेपर पॉस्टर एवं निबंध के विजेताओं को पुरस्कार भी दिया जाएगा कथा इस सम्मेलन में स्मारका भी प्रकाशित हो रही है सम्मेलन का उद्घाटन 6 से 8 साय 13 नवंबर को होगा जिस के मुख्य अतिथि एसआईजीजीओ के पूर्व अध्यक्ष डॉ सी एन पुरनदडे तथा सम्मानित अतिथि डॉ सांस्था कुमारी तथा डॉ उषा शर्मा, डा. सुरहित करीम व वक्ता के रूप में डॉक्टर शुभाशीष राय चौधरी होंगे। इस अवसर पर डॉक्टर अमृता जयपुरियार, डॉ रीना श्रीवास्तव, डॉक्टर बबिता शुक्ला, डॉ राजेश गुप्ता, डॉ मीनाक्षी गुप्ता, डॉ अरुणा छपरिया प्रमुख रूप से उपस्थित रहेंगी।

कोरोना - दूसरी लहर!

धरती है जल रही और
पिघल रहा है आसमान !
एक वायरस ने किया है
पूरी दुनिया को परेशान !

क्या पाप का घड़ा भरा,
या प्रलय का है आह्वान ?
या स्वयं हमने तैयार किया
अपनी मौत का सामान ?

क्या तुमने फिर छोड़ा है
कोई देवासुर संग्राम ?
जिसकी समिधा बन रहे
चरक- सुश्रुत, हमनाम !

सम्भवामि युगे-युगे
का कहाँ गया वरदान ?
त्राहि माम् कर रहे सारे,
अब तो दर्शन दो भगवान!

नीलम

२०.५.२१

Dr Neelam,

Vice Président, Patna Chapter, PARB

Never lose hope

In life people come and go

like the Waves on the shores

there is never a dead end

there is always more to explore

it is more like an unfinished story

where we are the writers

we make our own life

we just got to hold onto our goals tighter

So my dear friend don't ever

let the flame of hope out in your life

and you will find happiness at your door

without having to a strive

Dr. Supriya Jaiswal

COMMUNICATOR ISOPARB

गोरखपुर चैप्टर ऑफ आइसोप्राब एवं गोरखपुर आब्स्टैक्टिक्स व गायनालॉजिकल सोसायटी के संयुक्त तत्वाधान में आयोजित होगा दो दिवसीय कार्यशाला



जनता का सफर ब्यूरो

गोरखपुर। गोरखपुर चैप्टर ऑफ आइसोप्राब एवं गोरखपुर आब्स्टैक्टिक्स व गायनालॉजिकल सोसायटी के संयुक्त तत्वाधान में दो दिवसीय कार्यशाला का आयोजन स्थानीय होटल रेडिसन ब्लू में

आयोजित हो रहा है यह कार्यक्रम 13 नवंबर और 14 नवंबर को आयोजित होगा। जिसमें शिशु के गर्भ में व प्रसव के दौरान मृत्यु के बारे में विस्तृत रूप से चर्चा की जाएगी।

जिसका विषय होगा प्रेवेंटिंग स्टिल बर्थ रहेगा। उक्त जानकारी शास्त्री चौक स्थित प्रेस क्लब पर प्रेस वार्ता

करके आयोजक प्रमुख डॉ साधना गुप्ता ने दी।

इस अवसर पर डॉक्टर अमृता सरकारी जयपुरिया डॉ मीनाक्षी गुप्ता डॉक्टर अरुण छपरिया डॉ अनुभा गुप्ता डॉक्टर बबीता शुक्ला डॉक्टर राजेश गुप्ता डॉ राधा जीना डॉ रीना श्रीवास्तव और डॉ सुरहिता करीम उपस्थित रहे।