



AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY

AOGS TIMES

Nirvana

OCTOBER 2022 | VOLUME 7

Theme : Healthy Woman - Healthy Nation

Motto : Ethics Compassion Commitment

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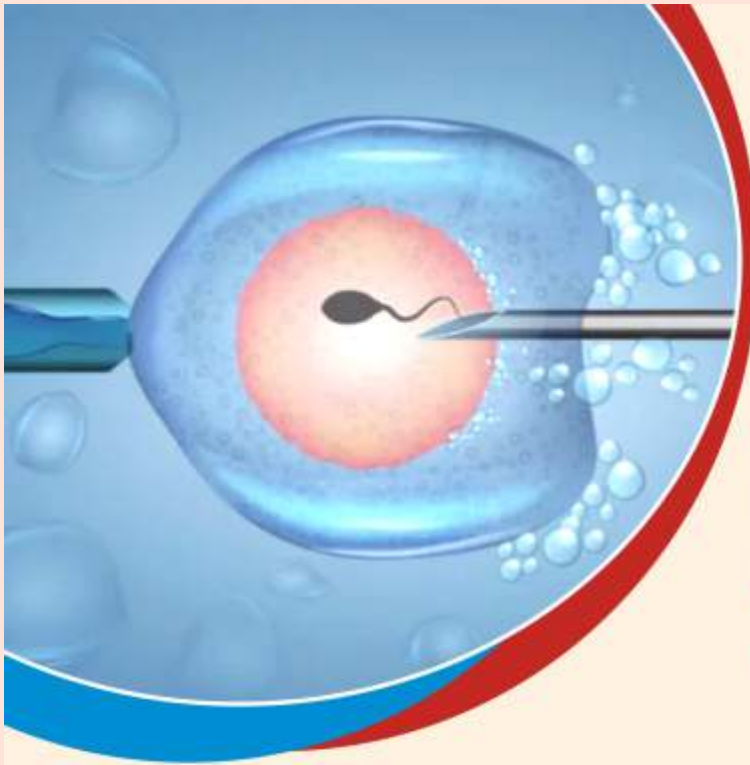
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Dr. Kamini Patel
President

TEAM AOGS MESSAGE



Dr. Nita Thakre
Hon. Secretary

45TH SOGOG – STATUE OF UNITY

A year back it all looked like a dream. Conducting the SOGOG conference at Statue of Unity where even the private vehicles were banned looked like a difficult task. But it happened!! Not just we conducted the conference but we did it with a bang and created a new bar.

It was a jaw dropping management for 500+ private cars and 600+delegates in the area of SOU. We congratulate the team for this wonderful management.

Team Work, Trust, Manifestation and Hard work made this unbelievable conference happen. We as a team share our gratitude to all the pharma companies. Without the presence of the pharma companies this would not have been possible. After accomplishing this conference many doctors and the attendees shared the words of appreciation to our SOGOG Team. We were truly enlightened to see their satisfaction.

Time is very precious to all the beings. Leaving their routine OPD and hospital for three entire days is itself a valuable gift. This was graced by their selfless involvement in the conference and also in the inauguration function. It was a delight to see all the doctors from different societies in the ramp walk and enjoying the dances equally.

“This conference was a complete blend of Academics, Cultural Program and witnessing the story of Sardar in the most unique way - Laser show was the charm of conference.”

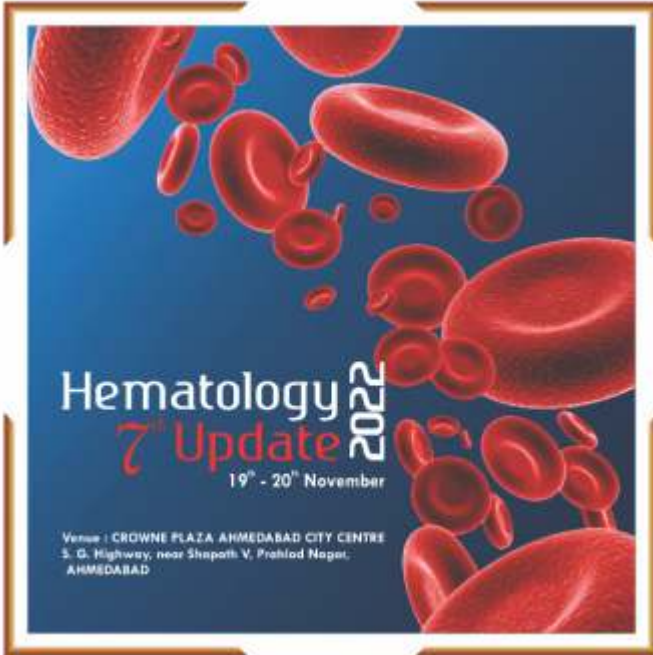
Coming back to our routine lives with patients and family, these three days will be with us as the after taste of ice- cream for life.

We thank all the faculties, delegates and the sponsors to make this conference a big success.



PAST PROGRAMME

Date : 20.11.2022, Sunday



20th November (Sunday)
Obstetric Session

Support for IAS, IAS, IAS

Hematology Update 2022

Time	Topic	Speaker
Chairperson: Dr. R. K. Chavan, HOD Med Dep, KJ Somaiya Collge, Sion Dr. Akshay Shah, Gynaecologist, Ahmedabad		
11:15 - 11:40	Anemia in Pregnancy	Dr. Sanket Shah, Ahmedabad
11:40 - 11:50	Thrombocytopenia in Pregnancy	Dr. Krunal Deltiwala, Ahmedabad
11:50 - 12:10	Thrombotic Microangiopathy in Pregnancy	Dr. Rahul Nalhani, Delhi
Chairperson: Dr. Lavani Dutt, HOD Med, LG Hospital, Ahmedabad Dr. Jayash Patel, Gynaecologist, Ahmedabad		
12:10 - 12:30	Managing Pregnancy in a patient of Hemoglobinopathies	Dr. JCol Uday Yoramondra, Pune
12:30 - 13:00	APLA Syndrome and Pregnancy	Dr. Seema Bharwadekar, Vadodara

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Treating yourself with your mind is possible, but there is more to the placebo effect than positive thinking.

Your mind can be a powerful healing tool when given the chance. The idea that your brain can convince your body a fake treatment is the real thing — the so-called placebo effect — and thus stimulate healing has been around for millennia. Now science has found that under the right circumstances, a placebo can be just as effective as traditional treatments.

"The placebo effect is more than positive thinking — believing a treatment or procedure will work. It's about creating a stronger connection between the brain and body and how they work together," says Professor Ted Kaptchuk of Harvard-affiliated Beth Israel Deaconess Medical Center, whose research focuses on the placebo effect.

Placebos won't lower your cholesterol or shrink a tumor. Instead, placebos work on symptoms modulated by the brain, like the perception of pain. "Placebos may make you feel better, but they will not cure you," says Kaptchuk. "They have been shown to be most effective for conditions like pain management, stress-related insomnia, and cancer treatment side effects like fatigue and nausea."

Does the placebo effect mean failure or success?

For years, a placebo effect was considered a sign of failure. A placebo is used in clinical trials to test the effectiveness of treatments and is most often used in drug studies. For instance, people in one group get the actual drug, while the others receive an inactive drug, or placebo. The participants in the clinical trial don't know if they receive the real thing or the placebo. This way, the researchers can measure if the drug works by comparing how both groups react. If they both have the same reaction — improvement or not — the drug is deemed not to work.

More recently, however, experts have concluded that reacting to a placebo is not proof that a certain treatment doesn't work, but rather that another, non-pharmacological mechanism may be present.

How placebos work is still not quite understood, but it involves a complex neurobiological reaction that includes everything from increases in feel-good neurotransmitters, like endorphins and dopamine, to greater activity in certain brain regions linked to moods, emotional reactions, and self-awareness. All of it can have therapeutic benefit. "The placebo effect is a way for your brain to tell the body what it needs to feel better," says Kaptchuk.

But placebos are not all about releasing brainpower. You also need the ritual of treatment. "When you look at these studies that compare drugs with placebos, there is the entire environmental and ritual factor at work," says Kaptchuk. "You have to go to a clinic at certain times and be examined by medical professionals in white coats. You receive all kinds of exotic pills and undergo strange procedures. All this can have a profound impact on how the body perceives symptoms because you feel you are getting attention and care."

Give yourself a placebo

Placebos often work because people don't know they are getting one. But what happens if you know you are getting a placebo?

A study led by Kaptchuk and published in *Science Translational Medicine* explored this by testing how people reacted to migraine pain medication. One group took a migraine drug labeled with the drug's name, another took a placebo labeled "placebo," and a third group took nothing. The researchers discovered that the placebo was 50% as effective as the real drug to reduce pain after a migraine attack.

The researchers speculated that a driving force beyond this reaction was the simple act of taking a pill. "People associate the ritual of taking medicine as a positive healing effect," says Kaptchuk. "Even if they know it's not medicine, the action itself can stimulate the brain into thinking the body is being healed."

How can you give yourself a placebo besides taking a fake pill? Practicing self-help methods is one way. "Engaging in the ritual of healthy living — eating right, exercising, yoga, quality social time, meditating — probably provides some of the key ingredients of a placebo effect," says Kaptchuk.

While these activities are positive interventions in their own right, the level of attention you give can enhance their benefits. "The attention and emotional support you give yourself is often not something you can easily measure, but it can help you feel more comfortable in the world, and that can go a long way when it comes to healing."

The placebo sweet spot

A study published online by *PLOS Biology* may have identified what goes on in the brain during a placebo effect. Researchers used functional magnetic resonance imaging to scan the brains of people with chronic pain from knee osteoarthritis. Then everyone was given a placebo and had another brain scan. The researchers noticed that those who felt pain relief had greater activity in the middle frontal gyrus brain region, which makes up about one-third of the frontal lobe.

Source: Harvard Health Publishing (Harvard Medical School)

MEDICAL NEWS UPDATE

Supreme court orders removal of two-finger test from study material in medical colleges.

The Supreme Court, presided by a bench of Justices D Y Chandrachud and Hima Kohli said it is unfortunate that the practice of the two- finger test to examine rape survivors is still prevalent in society, and asked the Center and States to remove it from the curriculum of government and private medical colleges across the country, calling it unscientific and invasive.

The bench stated that this procedure which tests a woman's vaginal laxity is obsolete, and an “upfront on woman's dignity” and an invasion of her privacy. They also stated that it cannot be said that a sexually active woman cannot be raped.

It issued a slew of directions to the center and state authorities and asked the DGP's and health secretaries to ensure that the “two- finger test” is no longer conducted.

The supreme court further stated that any individual conducting this test will be held guilty of misconduct.

All women are entitled to safe and legal abortion, says Supreme Court.

A bench headed by justice D Y Chandrachud has declared that unmarried women are also entitled to seek abortion of pregnancy in the term of 20-24 weeks arising out of a consensual relationship. It further stated that the meaning of rape must include marital rape for the Medical Termination of Pregnancy Act.

The court said that the distinction between married and unmarried women is artificial and unconstitutional as it perpetuates the stereotype that only married women are sexually active.

The rights of reproductive autonomy give similar rights to unmarried women as that to married women, the bench said. Insisting on a “looking forward approach” the supreme court opined that any discrimination between married and unmarried women in respect of the MTP law in India that does not allow a single woman to go for abortion after 20 weeks, violates her personal autonomy.

Indian women gain abortion rights but cost and stigma limit access

Unmarried women gained abortion rights in a top court ruling last month, but access is still a struggle in practice, activists say.

Stigma and myths stemming from laws against sex-selective abortion of girls deter many women, campaigners and experts said, while a lack of affordable and rural facilities are hitting poorer and marginalized groups.

“The Supreme Court judgment will mean something only if the very last woman (including) those from marginalized communities get the service,” said Apurva Vivek, a lawyer and the founder of an abortion rights initiative.

Moral judgement and dissuasion of women seeking terminations are commonplace, said rights campaigners.

Abortion services are mostly available in urban areas and at private facilities that are too costly for many, while single adult women are often told that a guardian, partner or parent must approve their abortion request, said Subha Sri, head of Commonwealth, a Chennai based coalition of charities. “There is a lot of gatekeeping on moral grounds. While it is great the recent ruling has made the situation clear, I don't know if things can change,” she said.

More than 15 million people get abortions in India each year – and at least 800,000 of the procedures are unsafe – according to a 2021 study co-authored by the Center for Reproductive Rights and the National Law University, Delhi. It found women and girls who are poor, illiterate, live in rural areas, or belong to minority religions or oppressed castes are at a significantly higher risk of having unsafe abortions. Many buy abortion pills, which are widely sold although the law says they should only be given out with a prescription. The pills can cause complications - especially if not taken according to medical instructions, doctors said. Other women turn to unqualified abortionists who use outdated metallic instruments which can damage the uterus.

India's efforts to tackle sex-selective abortions have also impacted on access to reproductive healthcare, say campaigners. Posters warning female foeticide is a crime are on display in all clinics, hospitals and diagnostic centres that offer ultrasounds. Though the campaign has brought results, campaigners and doctors said it has fuelled myths that all abortion is banned.

Less than a quarter of young women in rural areas in two Indian states were aware abortion could be legally accessed, according to research carried out by sexual health non-profit the Ipas Development Foundation (IDF) in 2019.

Social stigma prevents unmarried women from seeking information about terminating pregnancies, said Anisha Aggarwal, a senior director with IDF.

Doctors are required to inform the police when they carry out abortions for those aged under 18 and sexual assault survivors. A government-appointed official who oversees abortion clinics said some doctors were deterred from offering terminations by the hassle of monthly checks and the fear of police action under laws against sex-selective abortions if they carry out abortions for women in their second trimester.

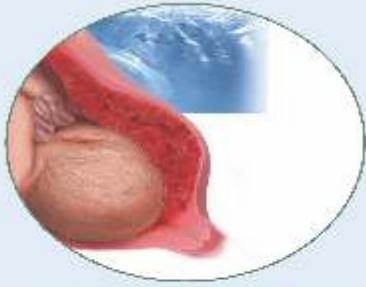
Source: Eco- business

FUTURE PROGRAMME

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28th Year of Excellence
27th Annual International Conference

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Annual International Conference



OBSTETRICS & GYNAECOLOGY SYMPOSIUM

First of its kind complete Obstetrics & Gynaecology Symposium on
PLACENTA ACCRETA SPECTRUM DISORDERS

JANUARY 08, 2023 (SUNDAY) | TIME : 8.30 AM TO 2.30 PM

Venue :
Welcomhotel by ITC Hotels - Ashram Road,
Opp. Old Wodej Bus Stand, Ahmedabad



Scientific Program

SUNDAY, JANUARY 08, 2023
TIME : 08.30 AM TO 02.30 PM

08:30 AM Registration & Breakfast
Host Co-ordinator : Dr. Jayshree Sheth
Chair Person : Dr. Snehal Kalia, Dr. Hetal Parodiya, Dr. Pooja Patel, Dr. Latiben Trivedi
08:45 AM Introduction to Placenta Accreta Spectrum Disorder - Dr. Snehal Kalia
09:15 AM Non-invasive Prenatal Diagnosis of Placenta Accreta Spectrum - Dr. Snehal Kalia
09:45 AM Placenta Accreta Spectrum: A Review - Dr. Snehal Kalia
10:15 AM Question - Answer

Morbidly Adherent Placenta - How I Do It

Host Co-ordinator : Dr. Prateek Prasad, Dr. Kuntal Shukla
Chair Person : Dr. Nehal Patel, Dr. Seerajith Sathar, Dr. Hira Thakre
10:45 AM Management of Placenta Accreta Spectrum - Dr. Snehal Kalia
11:15 AM Systematic approach in management - Dr. Divyanshu Patel
11:45 AM My experience in Management of PA Spectrum - Dr. Jyoti Rawat
12:15 PM Placenta Accreta Spectrum: A Review - Dr. Snehal Kalia
12:45 PM Question - Answer

Gynec Onco

Host Co-ordinator : Dr. Hira Thakre, Dr. Deepali Shah
12:45 PM Updates in Gynec Oncology Surgery - Dr. Mitin Singhal
1:15 PM Cervical cancer: New management - Diagnostic and therapeutic approaches - Dr. Hira Thakre
1:45 PM Question - Answer
2:15 PM Networking Lunch



Register Now

For More Information

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Thank you! Team AOGS!

EVENTS CALENDAR

- 9th to 11th Dec : SOGOG, Statue of Unity, Gujarat
- 4th to 8th Jan : AICOG, Kolkata
- 19th to 22nd Jan : FOGSI Adolescent Care Workshop, Andaman & Nicobar Islands

NEW MEMBERS LIST



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Dr. Patel Prakruti Prafulchandra



Dr. Shah Ekta Shaileshkumar



Dr. Prajapati Neel Jashvantkumar



Dr. Rathod Raj Vijaykumar

VAGINISMUS –Indian context and management options



DR. MITALI VASAVADA

- MBBS, DGO, MRCOG(UK), DMIS(Germany)
- Obstetrician, Endoscopic gynaecologist
- Director at Vasavada healthcare
- Senior consultant at Apollo Hospitals
- High risk pregnancy and natural birthing expert heading premium maternity at Wings IVF hospital

Introduction :

In India by and large talking about sexual health has always been considered a taboo. With limited opportunities to get help regarding sexual dysfunctions, most women suffer in silence and a large proportion visit fertility clinics for pregnancy. While a successful pregnancy may be achieved here but the sexual life of the patient certainly takes a toll and in many cases leads to marital discord and breakdown. It thus mars the self image of a woman and sometimes leads to considerable anxiety and depressive symptoms.

What is vaginismus?

Originally, term was coined by Dr Marion Sims in 1862.

It is a type of sexual dysfunction that comprises of involuntary, painful, persistent and /or recurrent spasm of the musculature of the lower one third of the vagina during insertion of penis. This may be selectively at sexual intercourse or maybe at insertion of tampon and even gynecological examination.

What causes it ?

No one causative agent has been found for this condition and hence both diagnosis and treatment are a challenge. As per the American College of Obstetrics and Gynecology (ACOG), involuntary spasm of the muscles around the opening of the vagina remains the core element of definition. It is further understood that this can usually be associated or triggered by one or both of the below :

- 1) Psychological: sexual abuse in past, traumatic memories associated with sexual experiences, orthodox upbringing where sex is seen as a taboo, fear of sex, lack of awareness about female anatomy and bodies.
- 2) Physical: Old scars, inflammation, radiation, neurological issues or trauma

Types :

Broadly, vaginismus can be classified into two types ,

- A. Primary: where penetration has never been possible and has always been painful
- B. Secondary: past history of successful penetration. Pain acquired later on due to trauma, neurological issues or child birth. Vaginal dryness and atrophy during menopause can also cause secondary vaginismus at a later age.

How does it present?

The most consistent symptom associated with vaginismus is spasm when insertion is attempted during sexual intercourse or sometimes nonsexual reasons such as tampon or gynaecological examination. Most patients seek care due to non-consummation of marriage. Many a times patients' partners complain of feeling like they "hit a wall" during attempted penetration. A great deal of anxiety may also be encountered by the patient when penetrative intercourse is attempted. In many severe cases there are associated autonomic symptoms such as sweating, palpitation and at times crying due to the anticipated pain. At this juncture it is important to bring to notice that such patients do have a libido and do enjoy other non penetrative acts of love making.

Evaluation and diagnosis:

A detailed and sensitive history taking is a must to rule out any abuse, violence or taboos associated with sex. This goes a long way in evaluating the best suited plan for her.

It makes sense to run routine blood tests to evaluate general health such as thyroid function, blood counts, B12, D3 levels and a pelvic scan to rule out any pelvic lesion that could be

responsible or contributing to such a picture.

It would be great help if patient allows for a PAP test and a basic pelvic examination. However, in severe cases patients are reluctant or sometimes even flat out refuse to be examined. In such cases their wishes should be respected and an overzealous attempt to convince an unwilling, unprepared patient will only increase the pain-spasm-pain cycle.

What I found most important in approaching such a patient is empathize with their problem

instead of saying its "all in their minds". At times due to difficulties in an examination, an EUA (Examination Under Anesthesia) becomes necessary. This gives us an opportunity to:

- 1) Access and examine the pelvis including tone and strength of the pubococcygeus, bulbocavernosus and levator ani muscle.
- 2) Carry out a PAP test.
- 3) With prior counselling and if preparation has been made, intravaginal botulinum toxin injection can also be attempted at this time.
- 4) Many a times inserting a dilator or trainer and keeping it in place till the patient is conscious and allowing her to remove it by herself increases her confidence.

TREATMENT OPTIONS

Multidisciplinary team of gynecologist, physiotherapist and counselor is recommended.

Gynecologist: Helps to make diagnosis by ruling out other differentials and educating regarding normal anatomy and breaking any myths that patient may have.

Physiotherapist: It is demonstrated by electromyographic studies that the pelvic muscles in such patients have lower strength but higher tone compared to age matched controls (Reissing et al). Kegel's exercises can help by balancing and achieving a progressive desensitization of these muscle groups. It helps enhance confidence of the woman for other forms of therapy namely self dilatation.

Counselor/psychiatrist: Evaluating the psyche of the patient, looking out for limiting beliefs, unearthing past traumas. This helps to bring to light depression, anxiety and other psychological issues that can be simultaneously treated either by medication and counseling. Sex therapy, relaxation and pharmacotherapy with anxiolytics, benzodiazepines and antidepressants may be given.

Dilators /trainers: These are a series of moulds ideally made out of medical grade silicon that are graded. Patients are advised to start with the smallest size and gradually move to the largest one. Use of local anesthetic gel in form of lignocaine 2% works to help numb the area and ensure compliance.

Botulinum toxin: In most cases the main element causing the vaginismus is a severe spasm of the pelvic and perivaginal muscles and leads to pain-spasm-pain cycle during attempted insertion. Botulinum helps to break this cycle by paralyzing the tense muscle. This procedure coupled with post-procedure dilation at home, physiotherapy and counseling if need be is one of the best treatment plans with highest success rates even in severe cases. Refraining for actual intercourse for atleast 3-4 weeks till the effects of botulinum sets in and patient gains confidence in her ability to tolerate insertion is a must.

Surgery: In some cases, especially when vaginismus is a result of contractures due to scar tissue or radiation therapy, surgical removal of scar tissue can be helpful. Hymenectomy can also be of help in limited cases. However, in majority, one can easily handle this problem without surgery.

HIPEC for Ovarian Cancer



DR. SWATI SHAH

MS Gen Surgery, DNB Surgical Oncology
 Robotic Uro & Gynec Cancer Surgeon
 Apollo CBCC, Ahmedabad, Gujarat

HIPEC is the latest technique in which the abdominal malignancies, that were previously thought to be untreatable and were only offered palliative care, are treated. Having worked as HIPEC surgeon for last 10 years, I would say that Complete CRS & HIPEC are the most crucial events in the life of an Ovarian cancer patient that can increase her survival.

What is HIPEC?

Hyperthermic intraperitoneal chemotherapy (HIPEC) is a highly concentrated, heated chemotherapy treatment that is delivered directly inside the abdomen during surgery.

- It kills the cancer cells that have spread to the peritoneum & other structures inside abdomen.
- It is more effective and has less side effects as compared to chemotherapy given in blood

Indications of HIPEC

HIPEC is beneficial for those cases in which the cancer has spread only inside the abdomen through peritoneal surfaces and not through the blood or lymphatic.

- Primary peritoneal cancer
- Ovarian cancer
- Appendicular cancer
- Pseudomyxoma peritonei
- Colorectal malignancy
- Some Pancreatic and Gastric cancers

Technique

A HIPEC procedure typically consists of four phases combined into one operation: Exploration, Cytoreductive Surgery, HIPEC and reconstruction. The operation is performed under general anaesthesia and lasts for about 6-9 hours, depending on its complexity

a) Exploration : The operation starts with a thorough exploration of the abdominal cavity to determine the extent of the peritoneal cancer precisely & calculate Peritoneal Cancer Index or "PCI"

b) Cytoreductive Surgery (CRS)

CRS involves surgical removal of all parietal peritoneal surfaces and organs that are involved. Meticulous removal of peritoneum, its gutters and spaces is of utmost importance as the cancer cells tend to be residing in most dependent and less mobile spaces. This includes complete Omentectomy (along with Lesser sac), Pelvic Peritonectomy (along with Cul de sactomy), Paracolic & Subphrenic peritonectomy. Lymph node

dissection and other organ resection is done as per the involvement of organs primarily & secondarily.

c) HIPEC

After removing all visible cancer nodules, it is inevitable that microscopic cancer cells are left behind. If left untreated, these cancer cells will start dividing again soon after the operation and lead to a recurrence of the peritoneal cancer. HIPEC plays a crucial role to destroy these invisible tumor cells.

After CRS, inflow & outflow tubings are placed inside the abdomen and heated chemotherapy is circulated for 60 or 90 minutes. The chemotherapy (mitomycin-C, oxaliplatin or cisplatin) is heated to 41-42 degrees Celsius. It is done with HIPEC machine - a dedicated device capable of heating and circulating the chemotherapy into the abdomen of the patient.

Advantages

1. Direct killing : As chemo drug is given directly inside the abdomen, cancer cells can be directly targeted, which is specifically helpful in Peritoneal surface malignancies like Ovarian Cancer.
2. Less Systemic Absorption : As only a small fraction of chemo enters blood vessels, following benefits are seen
 - a. Stronger chemo agent can be used (Cisplatin instead of Carboplatin)
 - b. Higher dose can be used
 - c. Less systemic side effects
2. Heat leads to Higher Penetration of chemo drug and enhances its action.

RESULTS

Having worked as HIPEC surgeon for last 10 years, I would say that the increase in number of the patients undergoing HIPEC surgery itself speaks for its outcomes.

Perioperative Outcomes : The morbidity and mortality associated with CRS HIPEC has reduced to minimum. This requires proper patient selection & optimization preoperatively as well as specialised management during & post surgery.

Oncological Outcomes : Leaving no residual disease after surgery & adding HIPEC, are the most crucial events in the life of a patient with Ovarian cancer that can increase her survival.

QOL: With the scientific evidence & my experience, I would say that the HIPEC surgery increases the quantity as well as the quality of life of the patients

ORATIONS



AOGS ORATION

for the year 2022-23

to

Dr. Hrishikesh Pai

Date : 10th December 2022, Saturday

Subject :

**Artificial Intelligence in
Reproductive Technology**



SOGOG ORATION

for the year 2022-23

to

Dr. Alpesh Gandhi

Date : 10th December 2022, Saturday

Subject :

**Changing trends in obstetric practice &
Relavance of Obst. HDU/ICU**



AOGS - SOGOG ORATION

for the year 2022-23

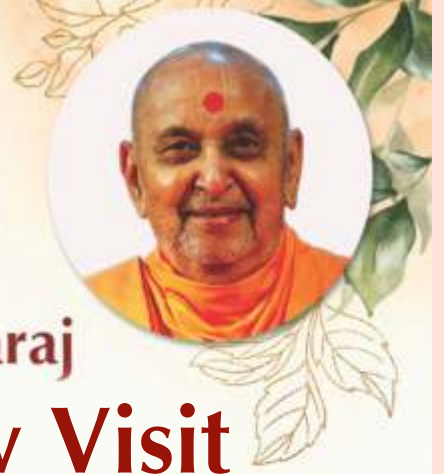
to

Dr Rajal Thaker

Date : 9th December 2022, Friday

Subject :

**My 31 years' experiences of
Adolescent Health Education**



Pramukh Swami Maharaj Shatabdi Mahotsav Visit

FOR
AHMEDABAD OBSTETRICS & GYNAECOLOGICAL SOCIETY MEMBERS

Date : 29th December, 2022 - Thursday

Time : 3.00 pm onwards

VVIP FREE ENTRY
FIRST 100 DOCTORS



Dr. Kamini Patel
President



Dr. Nita Thakre
Hon. Secretary

Congratulations



Dr. Haresh Doshi

awarded prestigious "Achutamennon"
medal for his contribution on obstetrics at annual CME of Vishakhapatnam, Andhrapradesh

Also delivered a guest lecture on
"Fibroids - under treating & over treating "



Shukan Hospital

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Diploma in Sonography (Croatia)



Dr. AJAY PRAJAPATI

MS. Gynec (Infertility & Foetal
Medicine Specialist)

Dr. PURVI SHAH

Gynecologist
(Fetal Medicine Expert)

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- Gujarat Awarded as **NATIONAL QUALITY ACHIEVEMENT AWARDS 2021** for Best Ivf & Infertility Surrogacy Centre of Gujarat & Ahmedabad.
- Awarded as "Gujarat NU GAURAV" for work in Healthcare sector by the **CHIEF MINISTER of Gujarat Shri. Vijay Rupani**. The felicitation was done considering extensive work of SNEH HOSPITAL in field of infertility & IVF Treatment across Gujarat we announce proudly that we are the part of "**JOURNEY OF GROWTH & PROSPERITY OF GUJARAT, INDIA**"
- National Healthcare excellence award 2019 held at Delhi in presence of Health Minister of India Best awarded as a best IVF hospital of Gujarat
- Awarded as "**Asia's greatest Brand**" by One of the biggest in the asian subcontinent reviewed by price water house coppers p.l. for the category of asia's greatest 100 brands the year.
- International health care award 2017 & certificate of excellence presented to "**SNEH HOSPITAL & IVF CENTER**" for best upcoming IVF & Women infertility hospital of gujarat
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