



AOGS E-TIMES

SEPTEMBER 2020

Theme : Catch them Young & Teach Them Right

Motto : Beti Bachhao, Beti Padhao Aur Bete ko bhi Samjhaao

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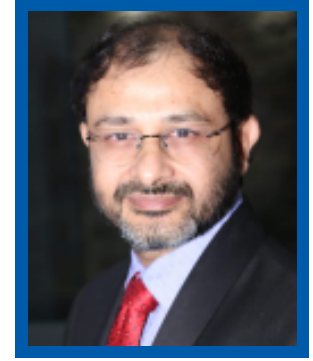
Dr. Arati Gupte Shah



TEAM AOGS MESSAGE



Dr. Rajal Thaker
President



Dr. Sunil Shah
Hon. Secretary

Dear AOGS members,

We are happy to present the second volume of AOGS E-Times and we hope you have read the AOGS E-Times of June-August.



Continuing our efforts to highlight skills of our members, current edition has the painting on theme of 'Girl Child' made by Dr Kamlesh Jagwani.

September is celebrated worldwide as Gynec cancer Awareness month, and Team AOGS had celebrated the same by organizing a slogan competition and a webinar to highlight the subject. Congratulations to all participants and winners.

September is also celebrated as Nutrition month (पोषण माह). To highlight the importance of nutritious food, Team AOGS had organized healthy food competition for the members. Congratulations all participants and winners. We are ready with the E-book of the recipes that were shared by the participants. Soon, it will be uploaded on website of AOGS (www.ahmedabadobgyn.org)



We are happy to share that, the first episode of 'संभारणा' series that covered Dr N T Vani sir's interview and memories narrated by his students was well appreciated and soon we are looking forward to have the second episode. Those who have missed this program as well as other programs can view on YouTube channel of AOGS.

<https://www.youtube.com/channel/UCbT8DTclHPDIzYdLncWlyEQ/>



When we take a flight, the instructions for use of oxygen mask (in case of low cabin pressure) are given and it's always instructed that, one has to apply the mask first and then help the person sitting next to you.

Corona pandemic still continues and we all need to take care of ourselves. maintain SMS.... Social distancing, Mask, Sanitization...

If we are fit and healthy, then only we can take care of our family and patients.

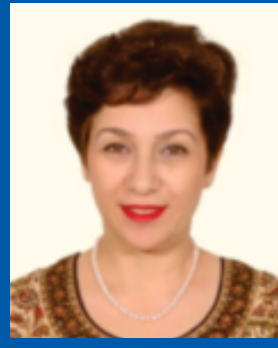
So, Stay Healthy ~ Stay Fit.

Coming days, we are having few innovative and interesting academic and extracurricular programs. So, Stay Connected... Till then enjoy reading academic articles and details of activities that were carried out by Team AOGS.

Au revoir!

Dr Rajal Thaker | Dr Sunil Shah | & Team AOGS

Establishing Adolescent Friendly Health centres



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Young girls have special needs as they blossom into womanhood at the start of their reproductive lives. It is a time of dramatic transformation and change, with many implications for physical and emotional health, behavior and relationships.

It is also the time of great opportunity in women's lives when timed interventions would not only prepare them better for womanhood and motherhood, but empower them with information and confidence to be making the choices they would soon be faced with.

Challenges in adolescent development and health in INDIA:

- ◆ 45% of adolescent girls under nourished
- ◆ 20% of adolescent boys under nourished
- ◆ Early marriage 26% < 15yrs – girls, 54% < 18yrs
- ◆ 20–30% adolescent boys sexually active
- ◆ 10% adolescent girls sexually active
- ◆ 59% adolescents know about condoms
- ◆ 49% adolescents know about contraceptives
- ◆ 4.5% drug abuse
- ◆ 50% of all HIV positive new infections are in the age group of 10 – 25yrs
- ◆ Adolescent abortion 1 – 4.4millions

Issues/Services:

Adolescent clinic deals with following topics/ Services:

- ◆ Adolescent Growth and Development
- ◆ Cognitive Development
- ◆ Relationship Development
- ◆ Eating Disorders (Anorexia nervosa, Bulimia nervosa, Binge eating Disorder)
- ◆ Reproductive Health services
 - ◆ Gynecological and Menstrual Problems
 - ◆ Sexual & Reproductive health education
 - ◆ Contraception
 - ◆ Pregnancy testing and option
 - ◆ MTP
 - ◆ STD/HIV Screening counseling and treatment
- ◆ Adolescent Mental Health (Depression, Anxiety, bipolar, personality disorder)
- ◆ Adjustment Disorders
- ◆ Substance Abuse / Chemical Dependence (Alcohol, drug Abuse)
- ◆ Adolescent Health Problems and Injuries
 - ◆ Acne
 - ◆ Asthma
 - ◆ Diabetes
 - ◆ Hypertension
 - ◆ Renal Disorders
 - ◆ Eye Care / Avoiding Eye Injuries
 - ◆ Infectious Diseases
 - ◆ Chronic illnesses
- ◆ Healthy Lifestyles
- ◆ Healthy Eating During Adolescence
- ◆ Weight Management
- ◆ Exercise
- ◆ Smoking

- ◆ Safety and Injury Prevention
- ◆ Adolescent vaccines
- ◆ Pre-college health check-up

Challenges we face in setting up Adolescent Clinics:

Doctor's unavailability and insufficient staff are important roadblocks in developing adolescent clinics because it is seen that percentage of booked appointments drops at such centers when the provider of adolescent services was unavailable or had insufficient staff hours scheduled

Another problem is missed appointments. Typical adolescent behavioral characteristics cause many booked appointments to be cancelled, either because the problem has resolved or something the teen considered more pressing arose. Owing to the confidential nature of teen appointments, reminder notices or phone calls are rarely used, and this necessary situation increases the likelihood of missed appointments. Clinicians and other staff of teen clinics must therefore be vigilant with the appointment process, maintain availability of access, and devise creative ways to maintain confidentiality while ensuring that appointments are kept. For instance, cell phone numbers of teenaged patients can be used to remind them of their appointments or for other reasons (ie, instead of contacting them at the patient's residence number or address). In a few rare cases, clinicians have called the teenaged patient's friend to notify the patient of laboratory results or to remind the patient about his or her follow-up appointments. These numbers are recorded in the computer callback system instead of in the permanent record.

Currently, providers of adolescent services are also pediatric clinicians beside

Gynecologists and hold teen clinics once, twice, or three times per week within the pediatrics department or in their own set up. Because most teen centers have only one clinician dedicated to providing services for teens, any Gynecologist / pediatric staffing shortage may cause a need for increased Gynec / pediatric coverage and thus result in cancellation of the adolescent clinics.

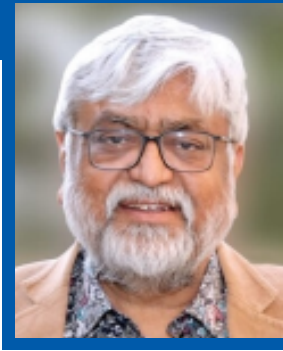
Teen clinics may lack coverage also when their clinicians go on leave. In addition, because only one or two clinics can be offered each week, the teen clinic schedule may not fit the needs of individual patients for appointments.

Another difficulty in developing teen clinics is that many established Gynecologists/pediatricians are not highly motivated to practice adolescent medicine. This resistance may result from lack of support or education in this specialty, lack of financial reward or due to discomfort interacting with this age group. Gynecologists/ Pediatricians need more expertise in adolescent health care if adolescent medicine services are to be provided.

Conclusion

Adolescent health issues are on the rise in particular the non communicable diseases . Adolescent friendly health centers can be of great help for the Adolescents who could be counseled & attended well in these centers by professionals. Timely training & attending workshops organized on adolescent issues are an essential way of developing this skill amongst the doctors. Medical and nursing schools are striving to increase their students' exposure to issues of adolescent health. It is expected that in future physicians and nurse practitioners will be actively recruited for participation in teen clinics.

Letrozole



Dr. Chaitanya Nagori

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Introduction:

Letrozole is a third generation aromatase inhibitor used for ovulation induction.

Mechanism of induction of ovulation:

A. Central mechanism: This causes increase in FSH and LH from pituitary.

B. Peripheral mechanism: High androgen sensitizes follicle to lower doses of FSH. So, it has no deleterious effect on LH surge, cervical mucous and endometrium.

As FSH and LH stimulates folliculogenesis, oestrogen will rise and will cause negative feedback on FSH release and so FSH level will decrease. This is responsible for monofollicular development. Along with FSH, LH will also decrease as the oestrogen rises and so quality of ova is not disturbed and does not affect implantation.

Characteristics of letrozole:

Suppression of oestrogen (upto 97-99%) with doses upto 5mg/day. Half-life of letrozole is 48 hours which allows once daily dosage. Temporary rise of androgen improves the sensitivity of follicle to gonadotrophin.

Advantages of Letrozole:

I. For Ovulation:

- Monofollicular development as HPO axis is intact.
- Low multiple pregnancy rate due to monofollicular development.
- Higher androgen stimulates and sensitizes follicle to FSH and so lower doses of gonadotrophins are required.

II. For Implantation: Letrozole and endometrial receptivity:

- Letrozole postively influences a number of markers of endometrial receptivity Endometrial oestrogen receptors, that should normally reduce in the midsecretory phase 1 are not reduced. This leads to improved endometrial blood flow and faster proliferation of the endometrium, which might have a positive impact on implantation 2. This leads to progesterone resistance. This is why antioestrogenic agents for ovulation induction may be beneficial in PCOS patients.

III. For fetal outcome:

Letrozole stimulus reduces the risk of miscarriage by increasing integrin expression, with no increase in risk of major congenital fetal malformation or neonatal outcome. 3

IV. Maternal complications:

less chances of thrombosis in hyperoestrogenic states during COH and also an additional safety for women with hormone-dependent cancers undergoing fertility therapy 4.

Doses:

- Recommended dose is 2.5mg from day 3-7.
- Some workers suggest 5 mg daily dose. 2.5mg can suppress 97-99% of oestrogen. 5mg may suppress more oestrogen causing more FSH to be secreted. So it may not cause monofollicular development. It may be toxic to ovum and embryo. Higher dose has no advantage in terms of pregnancy rates 5.
- 20mg on day 3: reduces embryotoxic effect due to shorter half-life. But symptoms of hypooestrinism may develop.

Alternative protocols:

- Extended letrozole therapy: Day 1-10, 2.5 mg, in CC resistant patient. 6
- Letrozole step up protocol 1-2-3-4 tablets of 2.5 mg on day 2,3,4,5,7
- Letrozole + clomiphene: from day 3-7 letrozole 2.5 mg and CC 50 mg. 34% more ovulation than letrozole alone in PCOS patients. But no difference in pregnancy, abortion, ectopic pregnancy or multiple pregnancy rate is seen with all these protocols. 8

Future uses:

I. Infertility:

- It stimulates follicles for invitro maturation (IVM) in PCOS.
- Letrozole may be used to reduce the risk of OHSS and thrombosis due to hyperoestrinism- when given in luteal phase, after hCG trigger in IVF and reduces oestrogen levels and thus reduce the risk of OHSS 9.
- Improves implantation in IVF.
- Letrozole challenge test : This test is done by evaluating FSH on day 3 and day 7 of a letrozole cycle. Ratio of day 7: day 3 FSH > 1.5 predicts poor response to gonadotrophins 10.

II. For Endometriosis:

Letrozole may reduce the chronic pelvic pain of endometriosis 11 by decreasing local oestrogen production and prevent progression of endometriosis 12.

III. For Ectopic pregnancy: It is used for treatment of pregnancy of unknown location (PUL) or ectopic pregnancy. Dose is 5mg every day for 10 days 13.

IV. For Male infertility:

Anastrazole 1mg/day or Letrozole 2.5mg/day is the recommended dose for patients with high aromatase activity and increased testosterone to oestrogen ratio in nonobstructive azoospermic patients.

Author's view:

I strongly believe that letrozole should be used as the first line of drug. It has comparable pregnancy rate with CC and it does not increase congenital malformations. It has no antioestrogenic effect on cervical mucous and endometrium. Letrozole gives better ovulation and pregnancy rate compared to CC 14, 15. We have found letrozole + rFSH a very useful combination for giving equivalent pregnancy rates like gonadotrophins with advantage that lower dose of gonadotrophins are required, gives lower multiple birth rate. 16.

Carry Home Message:

1. Letrozole causes monofollicular development
2. It has no antioestrogenic effect and improves endometrial receptivity
3. It is a drug of choice in PCOS and poor responders
4. Letrozole may replace CC as first line of treatment in future.
5. Letrozole + gonadotrophins is an excellent combination.
6. Letrozole does not increase the incidence of congenital malformations in fetus.

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Cycle Monitoring During Infertility Treatment



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Introduction:

Ultrasound is a modality of choice for monitoring patients on infertility treatment. It is patient friendly, easy to use repeatedly and is financially also viable. Doppler gives idea about the hormonal changes because the hormonal changes reflect first as vascular changes followed by morphological changes.

Monitoring of the cycle can be divided into:

1. Baseline scan and deciding the stimulation protocol.
2. Preovulatory scan and decision on trigger

1. Baseline scan and deciding the stimulation protocol: This scan is done on day 2-3 of the menstrual cycle. The ovaries are silent, and have no active follicle or corpus luteum at this stage. Ovarian volume and AFC are calculated to assess the ovarian reserve (how many follicles will grow at the end of stimulation) and ovarian stromal RI and PSV are assessed for ovarian response. (what doses of stimulation will be required).

Technique: locate the ovary, measure the largest longitudinal, and AP diameter of the ovary in centimetres (cms) on long section and transverse diameter on transverse section to calculate ovarian volume ($x \times y \times z \times 0.523$). Antral follicles can be counted by eyeballing, when spanning across the ovary in any one plane, without rotation of the probe. After B mode assessment, the colour is switched on and the vessels in the middle of the stroma are the stromal vessels on the base line scan. For colour doppler assessment, machine is set at PRF of 0.3-0.4 and wall filter is set at the lowest for both colour and the power Doppler. For the preovulatory scan perifollicular blood vessels are the vessels that overlap the follicular margin.

Uterus is assessed in its midsagittal plane and the endometrial thickness is measured from outer margin of hyperechoic line to outer margin of hyperechoic line, perpendicular to the central line. The Doppler assessment of the endometrium is done in midsagittal plane. Uterine artery is also assessed on transvaginal scan on the dominant side in parasagittal plane.

Deciding stimulation protocol:

We have devised a baseline scoring system to calculate the dose for gonadotrophins for stimulation protocol for IUI and IVF cycles using age, BMI, AFC, ovarian volume, stromal RI and PSV. Ovarian stromal flow in early follicular phase is related to subsequent ovarian response. 1,2 Ovaries that have high resistance, low velocity flow require higher doses of gonadotrophins for stimulation. Whereas those with low resistance, high velocity flow require lower doses of gonadotrophins for stimulation. Baseline score is calculated as follows:

Score	1	2	3	4	5
Age	<40	35-40	30-35	25-30	>35
BMI	>30	30-28.1	28-25.1	25-22.1	<22
AFC	<5	5-10	10-15	15-20	>20
Ov volume	<3	3-1.6	6-1.7	7-1.10	>10
Stromal RI	>0.75	0.75-0.55	0.55-0.35	0.35-0.15	<0.15
Stromal PSV	<3	3-1.6	6-1.7	7-1.10	>10

Depending on the score calculated on the baseline scan, the starting dose of gonadotrophins are as follows for IUI or IVF³.

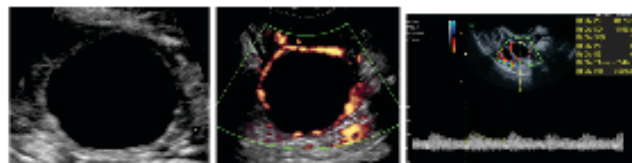
	IUI	IVF	IVF-Fr
• ≥ 25	25 iu	75iu	150iu
• 21-24	37.5 iu	150iu	225iu
• 16-20	75 iu	225iu	300iu
• 11-15	112.5 iu	300iu	375iu
• 6-10	150iu	375iu	450iu

A follicle that is of > 10 mm in diameter is a dominant follicle. The dominance is confirmed as the vessels are diverted towards this follicle. It grows at a rate of 2-3mm per day, has no internal echogenicity and has thin (pencil line like) walls.

Features of a mature follicle:

The follicular diameter is measured as mean of three orthogonal diameters. A mature follicle has:

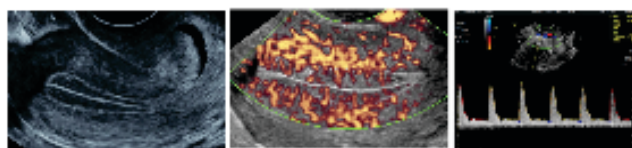
- 16 – 18 mm mean diameter,
- thin walls, regular round shape, no echogenicity in the lumen.
- blood vessels covering 3/4th of the follicular circumference
- RI of 0.4 – 0.48, PSV of > 10 cms/sec..



B mode ultrasound and doppler of a mature follicle

Features of endometrium with good receptivity:

- minimum 6 mm thick, but 8-10 mm is optimum
- multilayered is better but isoechoic is also acceptable
- Intraendometrial vascularity covering 5mm² area with spiral artery RI < 0.6 .
- pulse Doppler of the uterine artery with PI < 3.2



B mode ultrasound and doppler of endometrium with good receptivity

To conclude:

Ultrasound is an excellent tool for assessment of the menstrual cycle. Ultrasound with Doppler can be used as a unique modality for cycle assessment in patients undergoing assisted reproduction technology.

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Adolescent Mental Health



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Introduction and significance:

Adolescence is the most eventful phase of life during which one undergoes major physical, emotional, social and spiritual changes. There is a lot of confusion and turbulence during which the adolescent is highly malleable and easily influenced by parents, peers and teachers. Gradually out of this chaos emerges the person's sense of identity, lasting value systems and a clarity regarding his place in the world.

Normal Development:

Having a caring, consistent and supportive environment at home with parents being able to balance between love and discipline, good peer relationships at school, a relatively healthy lifestyle with judicious use of technology leads to the development of the adolescent into a well adjusted adult with a focused career goal and good inter personal skills.

Pathological development:

Mental development in adolescents can be adversely affected by nutritional or emotional deprivation, harsh parenting, physical or sexual abuses, bullying, substance abuse etc. Inadequate and improper mental development during adolescence can give rise to common and serious mental health conditions which are quite prevalent but often go undetected and untreated and can lead to drastic outcomes. (suicide is the third leading cause of death in 15 to 19 year olds, WHO survey)

Mental health conditions frequently seen in adolescents are depression, anxiety, suicidal- self harming behavior , risk taking behaviors like substance abuse, delinquency, sexual impulsivity, attention deficit hyperactivity disorder, conduct disorder, anorexia nervosa, bulimia nervosa, psychosis.

What can we do?

As the old adage goes 'prevention is better than cure' time and energy invested in the upbringing of children is like a great investment which reaps multifold benefits later. Educated parents often make the mistake of believing that giving love and facilities to children is enough but in the absence of balancing impact of assertive discipline, the psychological development of the child and adolescent goes haywire.

Also parents need to make the fine transition from being all knowing authorities for their younger children to a friendly authority for their adolescents who might be ready to learn new technology from their youngsters. Parents and schools should promote discussions and classes emphasizing the building of capacity to regulate emotions and resilience and provide alternatives to risk taking behavior.

If at all mental health issues do develop a high index of suspicion and openness is required for the parents to become aware of them in time. Luckily the younger generation experiences less shame and stigma in admitting that they have a mental health problem. To a certain extent these issues can be addressed by counseling by parents, teachers or counsellors. But certain problems which might also have a genetic or biological underpinnings would need biological treatment in the form of antidepressants, anti-anxiety or antipsychotic medications and earlier they are started more effective and quick is the recovery so one must leave aside the stigma of approaching a psychiatrist.

Violence Against Women in India—it is time now for “Beta Samjhaao”



Dr. Arati Gupte Shah, Ahmedabad

“Was it my fault?” Asked the Short skirt.
“No”, replied the saree. “They did it to me too.”
“No”, added the burkha. “it happened to me too.”
The diaper in the corner could not even speak.

Many of you may have seen this before—a depiction and dismissal of the so called causes of rape in our country. A woman who dresses provocatively is “asking for it” isn’t she? These lines above tell a

different story.

So why has India achieved the notorious title of Rape capital of the world? Violence against women takes place all over the globe. Why does India then top the list?



One of the main causes is rooted in our culture. From times immemorial, India has been a patriarchal society. Men were revered and respected. They were the bread- winners, the decision makers, land- owners, the controllers. They sat at the head of the table, they ate first, they proudly admitted to not knowing how to pour their own glass of water. They dictated the rules of the household or office, they allocated the money to be spent, they inherited property and they took dowry for “accepting” another man’s daughter.

Women were required to keep their heads covered, their voices soft and their eyes down, keeping house and making sure their men are well “served”. They often sat on the floor, ate after the men, weren’t allowed to study too much, and working outside the house was almost unheard of. They were married off to the man their father thought was appropriate, sold, more accurately, by giving dowry. They were “paraya dhan” never a part of either household, never allowed to inherit property or even keep their name.

With the rise of feminism in the West, Indian women slowly but surely began to break this mould. They studied, they worked, they broke the glass ceiling, they often achieved more than their male counterparts. But while a whole generation worked to empower women, no one thought of teaching the men to deal with these empowered women. The concept of women as partners and not subordinates, is something that most men still have not been able to come to terms with. A man who cooks for his wife or changes his child’s diapers is still looked upon as a “slave” to his wife, and not as a man who thinks of his wife as his equal.

A woman who is returning from work at 2am is seen not as a hard- working employee, but as an easy target of rape and molestation. A girl out with her boyfriend having a good time is considered “immoral” and thus it becomes ok to rape her. A wife who refuses to cook for or please her husband is considered “disobedient”, so it is ok to beat her up to “discipline” her.

A boy is still considered the “vansh ka chirag”. And due to ignorance and lack of awareness, a woman is still considered responsible for the sex of her fetus. So if she bears a female child, it becomes ok to ostracise both her and her daughter.

“We have underestimated the power of culture,” said Deepa Narayan, author of *Chup: Breaking the Silence about India’s Women*. “To me what has been missing or declining is the cultural respect for women in all the roles they choose for themselves other than mother; to go beyond the notion of respectful women only as mothers, as Mother India.”

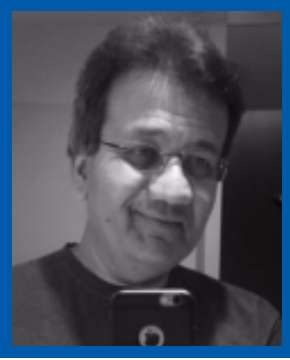
Another aspect of our culture is the code of silence that is followed all over the country when it comes to discussing anything that might make a man uncomfortable. The topics could range from menstruation, sexual intercourse, domestic violence, assault and rape. The victim’s families as well as the victims themselves are often encouraged to remain silent and not talk about the abuse they suffered. If they do talk about this, they are treated with insensitivity, impatience and often scorn by not just society in general, but by the very law enforcers who were supposed to help them. All this discourages any woman, already mentally and emotionally traumatised, to want to fight for her right to be safe.

“New laws have been brought in, and schemes launched. However, what is needed is a wider acceptance that women have rights, and those rights need to be protected,” says Meenakshi Ganguly, south Asia director of Human Rights Watch

This lack of respect is what causes increased incidences of rape and violence in our country. To reverse the trend of violence, what is needed is a reversal of mentality. For this, just *Beti Bachao, Beti Padhao* is not enough. What we need now is *Beta Samjhaao*- a systematic campaign to educate the new generation of men to be able to look upon all women (not just their mothers) as equals, as partners, and with an attitude of respect. This is what Dr Alpesh Gandhi emphasised in his presidential address in February. It is also the motto of Team AOGS 2020-21.

Maybe then, in 50 years, we will be able to say that India is a country, not just of empowered women, but emancipated men.





Had read a lot about the word déjà vu in paranormal literature. It is a French word and it means 'one has lived through this situation before' or 'feeling of been here or seen this before', without any logical confirmation of that having ever happened! Scary? Not quite. Thrilling? Oh definitely! It happens to a lot of people sometime in their life and has something to do with past life memories of situations, people and places.

My encounter with déjà vu was that day in 2014 where I landed first time at PHNOM PENH, CAMBODIA on a drizzling July afternoon. As I finished the visa, immigration and luggage formalities, and stepped out of the airport, I experienced that feeling. Flushed, I was with goose pimples and an overwhelming feeling of belonging and connection to the place. Had been to a lot of south eastern countries but here was a vibration that quizzed the heavens out of me little did I know that I would get my answer some day when I learn about the connection of our country with Cambodia.

The world sees Cambodia as the country, which holds one of the most popular and well visited world heritage site and one of the largest worship complexes in the world, ANGKOR WAT. In this write up I would like to share the incredible historical connections of our country with Cambodia. Over multiple visits my knowledge about this fact grew.

Generally all the Southeast countries had a Buddhist connection, but here even though Buddhism did make its place, the roots of the cultural and historical connection are profoundly and dramatically Indian. Well, here is the legend or may I call it a true anecdote.

Here is how Cambodia came into existence.. An Indian Brahman saint called Kaudinya later referred to as 'Preah Thaong' got married to a Naga queen called Queen Soma later called "Neang Neak". They established the ancient Funan kingdom that was the precursor to the Khmer empire in the first century AD. Thus, Biologically Cambodians have a genetic influence to start with.

As the traders started to pour in from India, they brought their ideas about Hinduism and Indian culture. They started residing on ports and thus Indian communities got established firmly over the years. Thus Khmer civilisation at Angkor wat became a Hindu civilization ... Even the name CAMBODIA is derived from Sanskrit word KAMBUJA. Over 3000 words of Khmer (local language) are derived from Sanskrit and the Khmer alphabets have a striking resemblance to Tamil script! Pallava kingdom ruled South India from 350 to 880 AD, After they arrived in south east Asia, they brought this religion, dances, stories, architecture and of course Pali, a language from Sanskrit which came along to become the mother of several languages of South east Asia.

The Sanskrit language was adopted at court level. Astronomy, legal system, literature and universal kingship were some of the Indian ideas accepted by Khmers.

I would call Cambodia the epicenter of spiritual energy, the vortex point, as it has over 4000 temples spread across.. Several Hindu temples speak about the immense richness of Indian mythology but none like ANGKOR WAT, the largest religious monument in the world spread across 402 acres, situated in SIAM REP, one of major cities. The design of Angkor wat simulates a representation of Mount Meru, the center of Universe and abode of Gods, surrounded by mountains and oceans. Mount Meru with five peaks are revered by Hindu, Jains and Buddhist religions as the center of physical, spiritual and metaphysical worlds. The walls have 1800 statues of Apsaras with elaborate jewelry and hair styles. The origins of this design can be traced to many temples of India. It is dedicated to Hindu god VISHNU. The amrut manthan at Angkor Thom is a depiction of churning of ocean by devas and asuras and images of Garuda and numerous other Hindu deities. On the walls are etchings of Ramayana and Mahabharata. Proud to feel that this most visited world heritage site was built by king Suryavaraman, descendant of Chola dynasty from South India.

Let us see the amazing similarity in rituals.. Marriages traditionally are always arranged and only after a local astrologer matches horoscope known as Haora. At death the body is always cremated and the ashes are kept in a stupa and also deposited in a flowing river. They believe in reincarnation. Every year they have a 15 day ritual about praying for the ancestors and offerings of rice balls mixed with sesame seeds are made and donations are made to holy people as a way of offering to their ancestors. This festival called 'Pchum ben' is what we called Shraadh.

Keeping the spirit of the congruent origins, even in the present era the momentum of the association between two cultures is kept intact. Festival of India amongst other things hold an event on theme of Ramayana which is a shared tradition of both countries arranged by India Embassy,, similarly Cambodian Ramayana troupes frequently visit India to perform. 'Reamker', (Rama's fame in Khmer language) is the Cambodian version of Ramayana. It is a splendid event comprising of staged performances and Rhymes.

Government of India has appointed a full time bharatnatyam teacher in the Embassy who conducts classes at the Royal University of Fine arts at Embassy and schools etc. ICCR has also deployed a full time teacher of Indian culture in Embassy of India, Phnompenh for teaching Yoga, Sanskrit and Veda by lectures and seminars in various schools, colleges and institutions. IIT Chennai had taken up the restoration work at Angkor Wat and is presently working on restoring Thom. The Royal family talks about India as their Ancestral home and supreme religious patriarchs from Cambodia call India as their mother country. Above all the simplicity, peaceful nature and helpful attitude of Cambodians reminds us of our Indian tradition ATITHI DEVO BHAVA.

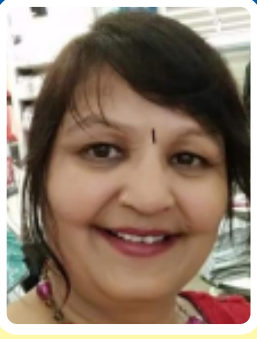
But before you depict Cambodia as just a mythological paradise, let me tell you the other side of Cambodia, which is usually missed out by many in the relentless search of Angkor Wat. Phnom penh, the capital of Cambodia is one of the swankiest cities in South east Asia which can boast to have the most modern downtown with scintillating night life full of casinos, bars, duty free shopping mega malls and night markets for the tight pursed too. Budding businesses, industries and state of art hospitals make it a commercial hub. All this but also the fantastic monuments and marvelous boutique hotels rich in heritage which does not let one forget the culture of Cambodia..

With the above plethora of facts, is it a surprise, I felt DÉJÀ VU?



"હું, પતંગ અને રિવરફ્રન્ટ"

Dr. Lata Trivedi



વો 10 દિન!
મને ક્યારેય મોત નો ડર નથી રહ્યો. AMC માંથી ફોન આવ્યો કે, તમે કોરોના પોઝિટિવ છો અને તમારે હોટેલ-ક્વોરંટાઈન થવાનું છે. મેં સામાન પેક કરવા માંડ્યો. ઘણી વાર આપણાં મગજ ને બાજુમાં મૂકી દઈ ,બીજાની સલાહ ને બ્વાઈન્ડલી ફોલો કરવી, એ સુખ અને

શાંતિદાયક છે! ઘરમાં સમુનમું (કચરાં-પોતાં- કપડાં-વાસણ) કરી, 108 ને ફોન કર્યો- મને લઈ જવા! પરમ ને કેવિફોર્નિયા ફોન કરી હૈયા-ધારણ આપી કે, મને કશું થવાનું નથી.

But that journey from my door to Hotel Lemon tree's gate was awful!Heart-wrenching! 8માં માળે થી મારી બેગ સાથે સીડીઓ ઉતરતી ગઈ અને ફ્લેટવાસીઓ ને અંદર જતા રહેવાનું કહેતી ગઈ! ફ્લેટમાં ભય નું વાતાવરણ છવાયેલું હતું. મને ય ખબર નહોતી કે હું જીવતી પાછી આવીશ કે નહીં. 108 માં રોજ જ્યાં અનેક સિરિયસ પેશન્ટ્સ ની હેરાફેરી થતી હોય, એ વાનમાં પાછળ એકલાં બેસીને, સ્ટ્રેચર સામે જોતા થોડું ધ્રુજી જવાયું અને હસી જવાયું .એ સમય માં viral load જેવી કોઈ terminology સાંભળી નહોતી, પણ એવી ફીલિંગ આવે કે ,તમારી આજુબાજુ કોઈ invisible monsters નાચી રહ્યાં છે. મે મહિનાની સખત ગરમીમાં મેં મારાં મોં સતત બારી બહાર રાખીને શ્વાસ લીધો છે. 108માં મને બેસેલી જોઈ લોકો ના મોં પર ભયની રેખા ખેંચાતી દેખાતી. મિર્ઝાપુરમાં કરફ્યુ જેવું વાતાવરણ હતું. મને એકદમ અહેસાસ થયો કે આ human riots નથી,અહીં unknown devil સાથે યુદ્ધ છે.



I am very much travel freak. કદાચ એટલે જ ભગવાને મને કોરોના આપ્યો હશે, કે solo પિકનિક પર જઈ આવા હોટેલ લેમન-ટ્રી નો 109 નંબર નો એ રૂમ, તે પણ રિવર ફ્રન્ટ ઉપર! Life is beautiful! Life is cozy! 4 બાય 6ની બારીએ બેસી રહેવાનું! સામે દેખાતી પતંગ હોટેલ મારી કંપેનિયન! રૂમ ની અંદર જેટલા અવેલેબલ પ્રોપ્સ હતાં, તેનો ઉપયોગ કરીને મેં પતંગ હોટેલના ફોટાં પાડ્યાં છે!

મારાં એક age-old સપનું હતું, રિવરફ્રન્ટ પર ફ્લેટ લઈને રહેવું.એ આ રીતે પૂરું થયું. Life is certainly beautiful!

I was asymptomatic. મેં ઓથોરિટીઝને કહ્યું કે મને હોમ ક્વોરંટાઈન થવા દો, પ્લસ ઓકિસમીટર મંગાવી લઉ છું. They said, તમે ઘરમાં એકલાં છો. You are our responsibility. તમને કંઈક થાય તો

અમારી સિસ્ટમ પર સવાલ ઉઠે. પણ, જ્યારે હોટેલ પર પહુંચી ત્યારે જોયું કે હોટેલ માં પ્લસ ઓકિસમીટર તો ઠીક, પણ થર્મોમીટર પણ નથી! મને રૂમ માં કંઈ થઈ જાય, તો કોઈને ખબર પણ ન પડે. But I had gone with 'Severely Positive' attitude, કે મને કંઈ થવાનું નથી! મેડિકલ ઓફિસરે મને કહ્યું હતું, કે સિમ્પટમ્સ શરૂઆત નાં સ્ટેજમાં જ જોવા મળે છે, એટલે હું નિશ્ચિન્ત થઈને સેલ્ફ-મોડ પર પીકનીક મનાવતી રહી.

No hurries, no worries. No hustle-bustle! દૂખ નથી, શાક નથી, કચરાં-પોતાં બાકી છે! નહીં પેશન્ટ ના ફોન! Completely undisciplined life.સવાર, બપોર, સાંજ રૂમ ની બહાર પેકડ-ફૂડ મુકાઈ જાય. પોતાનાં જ શહેર માં ,હોટેલ માં જઈને રહેવાની મઝા લેવાનો લાભ લેવા જેવો છે!

૧૦ દિવસ માં મેં કોઈનું, in person ,મોં નથી જોયું! બસ ,ખાલી રીવરફ્રન્ટ પર પગપાળા જતાં હિજરતીઓ જ જોયાં છે. રોજ સાંજે, બારીએ ગોઠવાઈને, સૂર્યાસ્તનાં રંગો થી લઈને મોડી રાત સુધી રિવરફ્રન્ટ હાઉસ ની રંગીન લાઈટોના નદીમાં પડતા પડછાયાં માણ્યા કરવાનાં! ૪ બાય ૬ ની બારી બહાર નો આકાશનો ટુકડો એ જ મારાં વિશ્વ!

મેં shower head ને માર્દક બનાવીને ગીતો ગાયાં છે, યૂટ્યુબ પર થી વિડિઓ જોઈને ડાન્સ કર્યાં છે, મારી ફોટોગ્રાફી સ્કીલ્સ ડેવલપ કરી છે. દિવસ ટૂંકો પડતો હતો! ૧૦ દિવસ માં એક વાર પણ ટીવી ચાલુ નથી કર્યું. દિવસ માં ૪-૫ વિડીઓ કાઉન્ટરેલિંગ કરતી હતી, કોરોના- ફોબીક લોકોનાં! વિડીઓ કોલિંગ માં લોકો મારું મોંદું જોયાં કરતાં, કે મારાં મોંઢા પર ક્યાંય કોરોના દેખાય છે! મારાં નોન-મેડિકલ ફ્રેન્ડ્સ, કે જેમને મારાં કોરોના પોઝિટિવ હોવાં સાથે કોઈ લેવાદેવા નહોતા, એમની સાથે રોજ theme- based group video calling કરવાનું. Theme may be lipstick or saaree! Sounds crazy, right? I shoot video of these ten days in hotel room and posted it on Facebook. Unbelievable response was there! 18000 viewers in 2 days! એ વિડીઓ અનેક લોકો માટે મોટિવેશન રૂપ સાબિત થયો છે, to fight against Corona.

<https://www.facebook.com/lata.trivedi.96/videos/1332473616950824/>

I dont know whether it was positive attitude or overconfidence. Whatever! It was celebration of Corona for me. આફત અવસરમાં પલટી નાંખી! Life is indeed beautiful!



બનવું છે પ્રેમ મારો તારે?

તો
બની જા આકાશ, નિરબશે મારી આંખો સદાય તને
બની જા તું પુષ્પ, રંગાઈ જશે મન મારું આ તારા રંગે
બની જા તું ડાળીઓ, ડોલી ઉઠશે તન મારું તારા તાલે
બની જા નિર્દોષ પંખી, ચહેકશે મન મારું તારી સંજે;
બનવું છે સાથી મારો તારે?

તો
બની જા નાનકડી નાવ, હંકારીશ હું એને મારા હાથે
બની જા મધમઘતી માટી,ચડાવીશ જેને હું મારા માથે
બની જા તું વ્હાલું બાળક,રમીશ હું જોજે તારી સંજાથે
બની જા તું માણસ, પૂજશે લોકો પણ તને ચાર હાથે
બોલ,બનવું છે માણસ તારે???

Dr. Nivedita Vaja

HEALTHY FOOD COMPETITION WINNERS

It's been a pleasant and mouthwatering journey for us and an honour to have judged AOGS cooking competition celebrating The Poshan Maah. We received 20 extraordinary innovative recipes. It's said one eats with the eyes and this time it actually came true due to ongoing pandemic.

We have judged the recipes on following five parameters

- innovation
- ingredients and recipe
- health quotient
- final presentation
- pictures and video attached

It was indeed tough as everyone has done an outstanding job but here are the final winners:

Female Gynec SuperChef



1st Prize: Palak Paneer Veg Biryani by Dr Archana Shah



2nd prize: Indian Laksa Soup by Dr. Kanthi Bansal



3rd Prize: Vegetable Handvo by Dr. Jagruti Sanghvi



3rd Prize: Carrot cupcakes by Dr Sonal Kotdawala



Rice pops by Dr Trupti Shah



Usal Tikki by Dr Nivedita Vaja

Consolation Prizes:

Male Gynec SuperChef



1st Prize: Multigrain Upma by Dr Kale



2nd prize: Panchratna Dhokla by Dr Kunjan Shah



3rd Prize: No fry Dahiwada by Dr. Maulesh Modi

Judges and Coordinators: Dr Parul Bansal Sharda & Dr Nahid Ansari
In considering the ranking, if one person has submitted more than one recipe, we have considered the better recipe for awarding the rank.

Congratulations all winners and participants.



SLOGAN COMPETITION

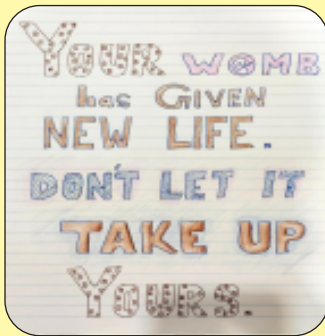
September
Gynecological Cancer Awareness Month

On Theme: Awareness for Gynecological Cancer

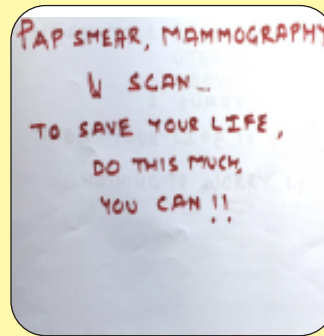
- Only AOGS member can participate
- Format: Hand written
- Size: A4 size paper
- Language: Gujarati/ Hindi/ English
- Maximum: 20 Words
- Attractive Prizes
- Send your entry by **10 pm 27/9/2020** on slogancancerprevention@gmail.com
- Please write your name and contact details along with your entry
- Opinion of Judges will be final
- Results will be declared at **Webinar** by AOGS on

Judges: Dr Kalpana Kothari, Dr Anjana Chauhan, Dr Ronak Bhanshali

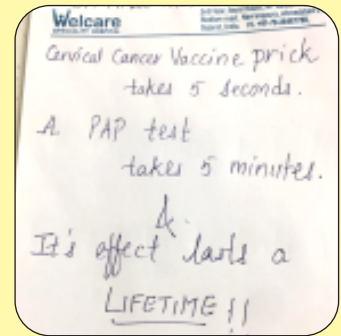
SLOGAN COMPETITION WINNERS



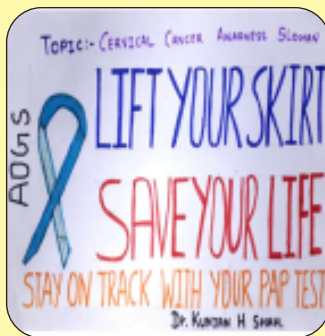
First Prize
Dr. Parikshit Savalia



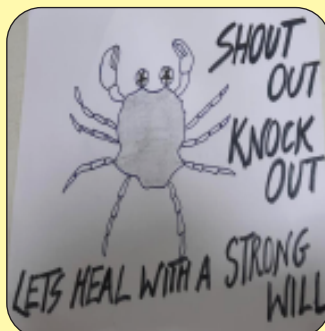
Second Prize
Dr. Rajan Joshi



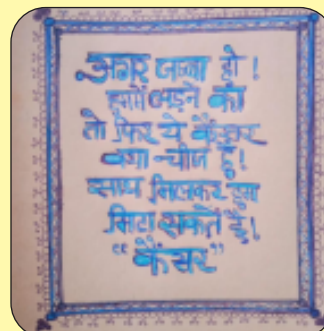
Second Prize
Dr. Nita Thakre



Third Prize
Dr. Kunjan Shah



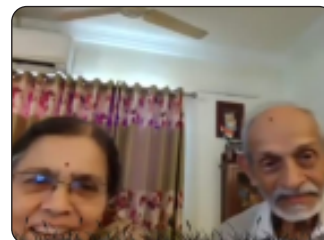
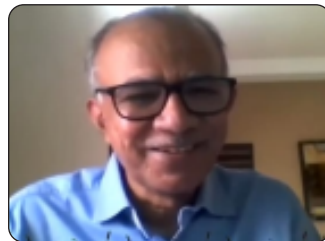
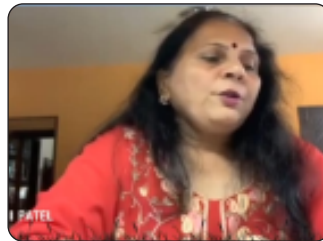
Consolation Prize
Dr. Mekhla Goyal



Consolation Prize
Dr. Praful Panagar

● સંભારણી SERIES EPISODE - 1 - DR. N.T. VANI ●

Webinar Date : 13.09.2020



SEXUAL MEDICINE COMMITTEE FOGSI IN ASSOCIATION WITH SOGOG

Present

SEXUAL HEALTH

We cordially invite you to join the live webinar

on

26TH SEPTEMBER, 2020 || 3:30PM - 5:30PM IST



PROGRAM AGENDA

WELCOME ADDRESS:

- DR. NIRAJ JADAV

SPEECH BY CHIEF GUESTS:

- DR. ALPESH GANDHI

SPEECHES BY GUESTS OF HONOUR:

- DR. MEENAKSHI PATEL
- DR. DIPESH DHOLAKIA
- DR. M C PATEL
- DR. HEMANT BHATT

PANEL DISCUSSION I:

- FEMALE SEXUAL DYSFUNCTION (60 MINS)
- MODERATOR: DR. PADMINI PRASAD

PANEL DISCUSSION II:

- MALE SEXUAL DYSFUNCTION (45 MINS)
- MODERATOR: DR. SUNIL JINDAL

VOTE OF THANKS:

- DR. MEENAKSHI PATEL

**PRESIDENT
FOGSI**



Dr. Alpesh Gandhi
Chief Guest

**SECRETARY GENERAL
FOGSI**



Dr. Jaydeep Tank

**VICE PRESIDENT
IN-CHARGE, FOGSI**



Dr. Ragini Agrawal

**CHAIRPERSON, SEXUAL
MEDICINE COMMITTEE**



Dr. Niraj Jadav
Program Coordinator

GUESTS OF HONOUR



Dr. Meenakshi Patel
President, SOGOG



Dr. Dipesh Dholakia
Secretary, SOGOG



Dr. MC Patel
Jt. Secretary, SOGOG



Dr. Hemant Bhatt
Treasurer, SOGOG



MODERATOR

Dr. Padmini Prasad

Obstetrician, Gynaecologist, Sexologist and Marriage Counsellor National Co-ordinator FOGSI- Sexual Medicine Committee Secretary CSEPI

1 ICOG CREDIT POINT

PANELISTS



Dr. Pallavi Satarkar
IVF Consultant,
Vadodara,
President BOGS



Dr. Dipti Patel
Infertility Specialist &
Cosmetic Gynaec
Surgeon
Director Love N
Care Hospital,
Surat



Dr. Riddhi Shukla
Gynecologist &
Cosmetic Gynec
Surgeon.
Founder Women
Vitality,
NAARI & Healthcare.



Dr. Falguni Thakkar
Consultant
GYN OBS at Mothercare
Hospital Bharuch,
practicing
since past 20 years



Dr. Maitri Patel
Consultant Obstetrics
and
Gynecologist at
Spandan
Hospital,
Anand. Ex- Prof.
Pramukhswami
Medical College,
Karamsad



Dr. Purvi Dodia
Consultant
Obstetrician and
Gynecologist,
Owner and Head of
Dodia Women's
Hospital, Jamnagar.
Specialized in
infertility and
laparoscopy



MODERATOR

Dr. Sunil Jindal

MS, DNB, MNAMS, FIAGES, Chief Consultant, Laparoscopic Surgeon & Andrologist & Reproductive Medicine Specialist of Jindal Hospital

PANELISTS



Dr. Jignesh Modi
Secretary Porbandar
FOGSI, Practicing at
Riddhi Hospital
since 2009, Faculty at
AICOG Ahmedabad and
AICOG Lucknow



Dr. Dhaval Gorasia
Infertility Specialist,
Practicing as an IVF specialist
since last 7 years,
Joint Secretary
ROGS 2018-2019



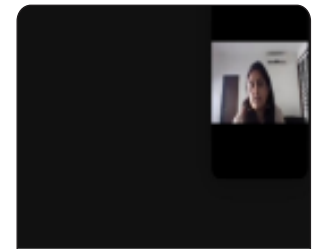
Dr. Ketan Shukla
Director Aarogym
Specialty Hospital and
GKSF Urocare.
Renown Urologist -
Renal Transplant &
Robotic Surgeon Ahmedabad



Dr. Paras Shah
Chief Consultant Sexologist
Sannidhya Multi
Speciality Hospital, Ahmedabad,
Rajasthan Hospital,
Ahmedabad Apollo Clinic,
Surat



Dr. Akash Gajjar
MBBS, DGO,
DNB FELLOWSHIP IN
CLINICAL
EMBRYOLOGY (MUHS),
Infertility

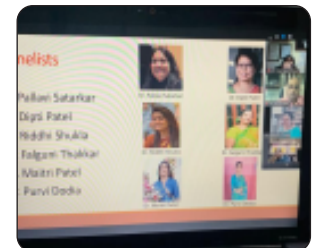
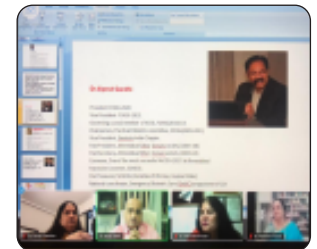
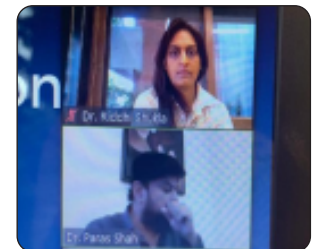


Sexual Pain Disorders

Dyspareunia: Recurrent or persistent genital pain associated with sexual intercourse that is not caused exclusively by lack of lubrication or by vaginismus and causes marked distress or interpersonal difficulty



Vaginismus: Recurrent or persistent involuntary spasm of the musculature of the outer third of the vagina that interferes with sexual intercourse, causing marked distress or interpersonal difficulty



CLICK HERE TO REGISTER

WEBINAR - Date : 27.09.2020



Recurrent Pregnancy Loss All questions answered !

Introduction - 9.45 am

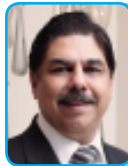


10 am to 10:20 am

Genetic factor

Basic genetic understanding and genetic workup - what and when

Dr Manish Banker



10:20 am to 10:40 am

Role of PGD & PGS in improving RPL

Dr Hrishikesh Pai



10:40 am to 11:10 am

Role of Thrombogenic(Auto immune) & Trombophilic(herited) factors in RPL

Dr Mala Arora



11:10 am to 11:30 am

Role of Endocrinopathy and its management

Dr R. G. Patel



11:30 am to 11:45 am

Infections in genital tract and RPL

Dr Nimish Shelat



11:45 am to 12:10 pm

Anatomical factor or abnormalities in RPL & its management

Dr Prafull Doshi



12:10 pm to 12:30 pm

Allo immune etiology of RPL & its management

Dr Ameet Patki

Panel with audience Q&A - 12:30 pm to 1:10 pm

RPL due to Idiopathic etiology and how to manage it - 40 min

Moderators



Dr Tushar Shah



Dr Pragnesh Shah



Dr Mehul Damani

office bearer

SOGOG

Dr. Dipesh Dholakia - secretary
Dr. Minaxi Patel - President

AOGS

Dr. Rajal Thaker - President
Dr. Sunil Shah - Secretary

GCISAR

Dr. Tushar Shah - President
Dr. Mehul Damani - secretary
Dr. Dharmesh Kapadia - Treasure

September
27th
2020



09:30 AM - 01:30 PM

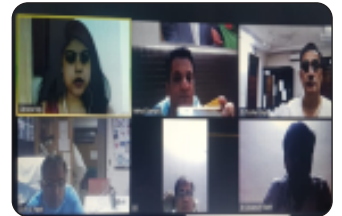


Join Meeting on Zoom

Link : https://us02web.zoom.us/join/zoom/register/WN_9QoJP-xhROOJtg3kOIShdw

Meeting ID : **840 1843 8635**

Password : **brigyn**






Dr Rajal Thaker
President

Dr Sunil Shah
Hon Secretary

Dr Mukesh Patel Treasurer
Dr Kamini Patel Vice President
Dr Jignesh Deltwala President Elect
Dr Manjil Pandya Joint Secretary
Dr Sanjay Shah Clinical Secretary

**Team AOGS Celebrates
Gynec Cancer Awareness
month !
Advocate- Educate- Empower**




1 credit point By ICOG

**Webinar on
Gynec Oncology :
Dilemmas and Solutions**

29 September, 2020 3:00pm to 5:00pm

Click Here to Register -
<http://enlaccode.com/live/index.php/webinar/join/aogs-gynco>

or SCAN QR CODE



WEBINAR OUTLINE

3 PM WELCOME BY Dr Jignesh Deltwala

GUEST OF HONOUR
 
Dr Anilaben Kapadia Dr Niruben Shah
 Blessings by Guest of Honour

CHAIR PERSONS
  
Dr Kalpana Kothari Dr Anjana Chauhan Dr Ronak Bhanushali

1) 3:15 pm - 3:30 pm (+ 5 min Q&A)
 **Cervical cancer: Know the key facts —Take action**
Dr Parisoona Dave

2) 3:35 pm - 3:50 pm (+ 5 min Q&A)
 **Endometrial Cancer - Avoiding Pitfalls in the ObGyn Clinic**
Dr Ava Desai

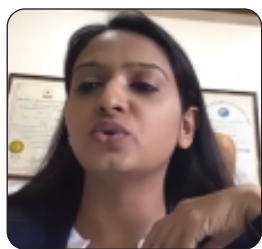
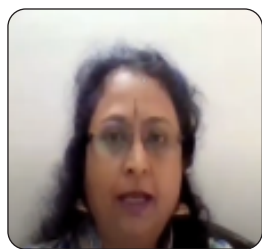
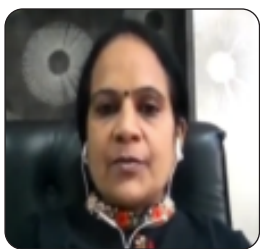
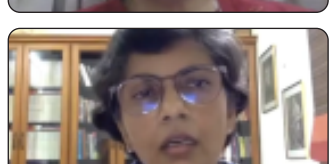
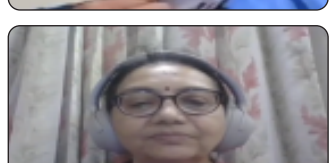
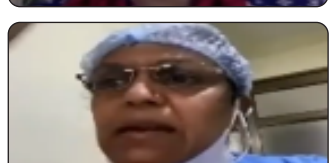
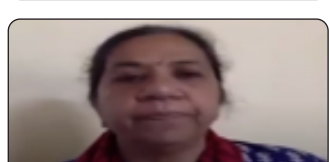
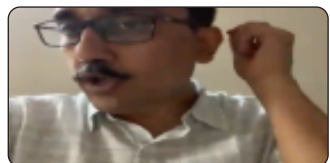
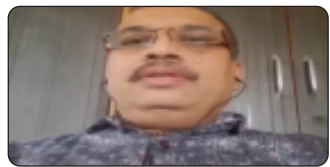
3) 3:55 pm - 4: 10 pm (+ 5 min Q&A)
 **Elusive Ovary - Convention versus Convictions**
Dr Neeta Shah

4) 4:15pm - 4:30pm (+ 5 min Q&A)
 **Let us understand Breast cancer**
Dr Shitali Desai

**5) 4:35 pm onwards:
Closing Remarks & Result of Slogan competition**
Dr Kalpana Kothari, Dr Anjana Chauhan , Dr Ronak Bhanushali

VOTE OF THANKS
 **Dr Sanjay Shah**

Coordinators
 
Dr Seetal Kalo Dr Shashikala Sahu



Webinar Date : 30.09.2020

Pride Gujarat Laparoscopic Surgeons & SOGOG
 Welcomes You All



Vibrant Webinar on Comprehensive Master Class Tips on Laparoscopic Management of Endometriosis

Registration / Viewer's Link : <https://sun.onlerner.live/SOGOG/>

Date : 30 September, 2020 | Wednesday | Time : 6.00 pm onwards

MOC



Dr. Hemant Shah
 FRCGS, FRCR, FRCR(S), FRCR(OB), FRCR(G)

Program Co-ordinators



Dr. Shrawan Jain
 FRCGS, FRCR



Dr. Milan Puro
 FRCGS

Welcome Address by Chief Guests



Dr. Akash Gandhi
 FRCGS, FRCR



Dr. Mihir Shah
 FRCGS, FRCR



Dr. Dilip Shah
 FRCGS, FRCR

Blessings by Guest of Honour



Dr. Anil Kulkarni
 FRCGS, FRCR



Dr. M. C. Patel
 FRCGS, FRCR



Dr. Manoj Doshi
 FRCGS, FRCR



Dr. Gaurang Shrivastava
 FRCGS, FRCR

BOGOG Office Bearers



Dr. Manoj Doshi
 FRCGS, FRCR



Dr. Rajesh Doshi
 FRCGS, FRCR



Dr. M. C. Patel
 FRCGS, FRCR



Dr. Hemant Shah
 FRCGS, FRCR



Dr. Dilip Shah
 FRCGS, FRCR



Dr. Anil Kulkarni
 FRCGS, FRCR



Dr. Dina Shah



Dr. H. J. Shah

Speakers



Topic: Management of Endometriosis with Laparoscopy - Review presentation
 Dr. Deyash Shah, FRCGS



Topic: Management of Endometriosis with Laparoscopy - Review presentation
 Dr. Manoj Doshi, FRCGS



Topic: Management of Endometriosis with Laparoscopy - Review presentation
 Dr. Gokul Kulkarni, FRCGS



Topic: Management of Endometriosis with Laparoscopy - Review presentation
 Dr. Gokul Kulkarni, FRCGS

Chairpersons



Dr. Dina Shah



Dr. Anil Kulkarni

Topic Discussion on Case Based Brain storming with Experts (Using Member's ID)

Moderators



Dr. Pragnesh Shah
 FRCGS, FRCR



Dr. Dilip Shah
 FRCGS, FRCR



Dr. Sakay Patel
 FRCGS, FRCR



Dr. Dilip Shah
 FRCGS, FRCR



Dr. Dilip Shah
 FRCGS, FRCR



Dr. A. P. Shah
 FRCGS, FRCR



Dr. Rajesh Shah
 FRCGS, FRCR



Dr. Mihir Shah
 FRCGS, FRCR



Dr. Rajesh Patel
 FRCGS, FRCR



Dr. Dilip Shah
 FRCGS, FRCR

Vote of Thanks



Dr. Mihir Shah
 FRCGS, FRCR



Dr. Anil Kulkarni
 FRCGS, FRCR



Dr. Dilip Shah
 FRCGS, FRCR

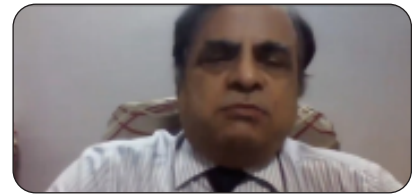
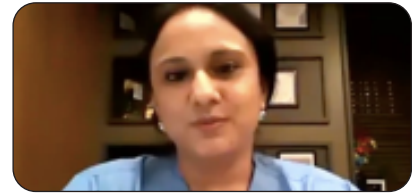


Dr. Dilip Shah
 FRCGS, FRCR

Makers Of



Media Partner



Congratulations



**Dr. Geetendra Sharma for
being elected as Vice-President FOGSI
for the year 2022.**



**Dr. Kanthi Bansal for
being awarded the prestigious “ Distinguished Service Medal
for development of women’s healthcare” and
invited to receive it at the ceremony of
RCOG to be held at London in July 21.**



**Dr. Munjal Pandya for
being selected as YUVA FOGSI
Dr. Kamini Rao
orator for year 2020 from west zone**



**Dr. Prashant Acharya
First Asian to receive the isuog
Fellowship in 2019**



**Dr Rajal Thaker
Invited speaker for prestigious FOGSI-ICOG
Dr C L Jhaveri symposium 2020
during 64th AICOG 2021**



AOGS ANNOUNCES A SPECIAL CONTEST FOR OUR YOUNG ONES

Create Your Imaginations

MAKE YOUR OWN GREETING CARDS FOR THIS DIWALI

ADD YOUR SPECIAL SPARKLE AND WIN A PRIZE!



AGE GROUPS

Up to 5 yrs

6yrs to 10yrs

11yrs to 15yrs

16yrs to 20yrs

For Children of AOGS Members Only

Please write your name and contact details along with name and age of your child

Last Date : 07/11/2020, Time : 9.00 pm

Email : greetingsaogs@gmail.com

1 ENTRY PER CHILD



“A MUSICAL EVENING FOR THE SINGERS OF OUR OWN AOGS FAMILY!”

“सुरासि” AOGS

Last Date for Entry / Audition : 12th October, 2020
Time : 9.00 pm

- Duration of video recording should not be more than 2 mins.
- Your position (face) in singing mode should be seen clearly in the video.
- Sound of the video should be clear with very less disturbance.
- Only AOGS Member can Participate.

Let's spread the joy and positive vibrations in eternal language of music...

Kindly send your entry / video with your name and contact details for audition

Email : musicaogs@gmail.com



FOGSI Managing Committee - Date : 27.09.2020



Dr. Rajal Thaker, Dr. Sunil Shah & Dr. Sanjay Shah Attended the FOGSI MCM (Virtual)

**Important Announcement Tenure of
Dr. Alpesh Gandhi and Team has been extended to
June/July 2021 in MCM and
GBM of FOGSI held on 27/9/2020.
AICOG Indore is also postponed until June/July 2021.**

FICOG applications :

From this year ICOG has started the New Initiative to accept ICOG Fellowship application Online and link for the same is as follows to fill in the application with all required documents.

<http://icog.ngauge.co.in/>

Last date for receiving a FICOG application is 30th November 2020. The applicant will get an acknowledgement email once all documents uploaded successfully. Then the ICOG office will verify all the documents & send payment link.

FOGSI data update

member.fogsi.org

Go to the above link and proceed to verify your details.

Those who can not verify either by email or phone number, please inform AOGS office on email

office@ahmedabadobgyn.org

Register for FOGSI indemnity insurance scheme 80% discount and many more benefits than previous scheme. To know more log in to FOGSI website.

Kindly enrol in Social Security Scheme of AOGS (AOGS SSS)

It's a very useful scheme for welfare of our family members.

Please contact AOGS office for details

AOGS data update

We are updating database of AOGS members. So, You will get a phone call from AOGS office. Please Co-operate with AOGS staff.

● FUTURE PROGRAMMES ●

11th October:
AOGS -SOGOG સંભારણુ Series Episode - 2
with
Dr. Rohit Bhatt



2nd DiaCONNECT

PSG

Virtual Conference

Pregnancy Study Group

03:00PM -
09:00PM

17th Oct,
2020
(Saturday)

18th October : **“સરગામ” AOGS**

20th October to 25th October :

AOGS - SAMVED Breast Clinic's

PINK PARADE

For

Breast Cancer Awareness
walk/run/cycling (virtual)

