

AOGS TIMES

AN AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY NEWSLETTER Vol. 3 June 2009

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Please contact us for our fix group tour departure dates

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Rs. 17,000/- per person (Ex. Delhi)

Yamunotri – Gangotri – Kedarnath – Badrinath
All meals , Transfers & sightseeing by 15 seater coach.

VALLEY OF FLOWERS 6 NIGHTS / 7 DAYS

Rs. 17,500/- per person (Ex. Delhi)

Rishikesh – Pipalkoti – Joshimath – Ghangharia – Srinagar.
Mrng.b/fast & Dinner , Transfers & sightseeing as per the itinerary.

HONG KONG, SHENZHEN & MACAU

7 NIGHTS/ 8 DAYS

Rs. 62,000/- per person on twin share basis (Ex. Ahmedabad)

Economy Class Return Airfare with Taxes
Accommodation , Breakfast, 5 Lunch & 7 Dinners, Sight seeing

CHINA 6 NIGHTS / 7 DAYS

Rs. 60,000/- per person on twin share basis (Ex. Ahmedabad)

Economy Class Return Airfare with Taxes
Accommodation (Beijing and Shanghai), China Visa,
Breakfast, Lunch & Dinner, Sight seeing

DUBAI 3 NIGHTS / 4 DAYS

Rs. 28,000/- per person on twin share basis (Ex. Ahmedabad)

Economy Class Return Airfare with Taxes
Accommodation, Dubai Visa, Breakfast & Dinner, City tour & desert Safari

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message

TEAM 2009-10

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Dr. Kiran Desai

Sp. Invitee

Dr. Alpesh Gandhi

Dr. Dipesh Dholakia

Dr. Kanthi Bansal

Dear colleagues,

Last month was a month for relaxation & enjoyment with our near & dear ones. Hope u all have enjoyed it to the fullest. Luckily we got some marvelous results of some of our AOGS members' kids in 10th & 12th std. Hearty congratulations to all of them. May the GOD almighty bless them with wonderful & exciting future with lots of fame & glory.

We request every member to inform about the achievement of any member of your family (including yours) in any field at the earliest at AOGS office so that we can appreciate those heroic deeds in our monthly bulletin. These deeds can become an inspirational guide to many upcoming youths.

Our last month programme on "Sexuality & Infertility" witnessed the participation of approx. 150 doctors. Everybody enjoyed the sumptuous food & lucid talks on the subject.

This month we are going to have the lecture of Dr. P. C. Mahapatra & Dr. Krishnendu Gupta on 21st June at Inder Residency. We will felicitate those students who have achieved shining success in recent 10th & 12th std. results. Hope you all will be present there to cheer them all.

We are planning to organize one unique program of "Human Chain" on 1st July 2009 Wednesday at Nehru Bridge. We will celebrate our doctors' day by the noble campaign of "Save the Girl Child" on that day. Please participate in large numbers.

Our Diwali tour to Egypt has been finalized & details are given overleaf. Please participate in huge numbers. It will be a great fun for all of us to enjoy Diwali together overseas.

Last but not the least, re-reminder for our very important 'FOGSI SATTELITE CONFERENCE' on 29th & 30th August. Our honorable Chief Minister Shree Narendrabhai Modi & health minister Shree Jaynarayan Vyas has kindly consented their participation & helping hand for this conference. We sincerely hope for your over whelming participation in this academic festival.

Wishing you all for the 'doctors' day' in advance. May god bless us all & give in our hand the 'divine touch' for the benefit of poorest of poor of our motherland.

Thanks,

Team AOGS



Correction: In the may month bulletin regarding FOGSI Mediclaim Policy, the sum assured is Ten Lacs and not One Crore in lieu of premium Rs. 19726/-.



ACADEMIC & PROGRAMME FELICITATION OF STUDENTS

21-6-09 Sunday 8.30 p.m. onwards Hotel Inder Residency, Ellis Bridge

Dinner: 8.30 -9.30 p.m.

AOGS welcomes all AOGS Family members for unique academic program with Felicitation of TOPPERS of AOGS members in SSC & HSC this year.

Felicitation Program: 9.30 to 10.00 p.m.

Felicitation will be conducted by
Dr.Surabhi Gupta, Dr.Anupreet Chavla, Dr.Jyothi Prasad

Scientific Program: 10.00 to 11.00 p.m.

Chairpersons: **Dr. Yashuben Patel & Dr. Dipesh Dholakia**

- * Changing trends & different techniques of Hysterectomy in Gynecological practice
... **Dr.P. C. Mahapatra, Cuttack.....30 Mins.**
- * "HIV IN OBSTETRICS. An Overview"
... **Dr. Krishnendu Gupta, Kolkata.....30 Mins.**

Program Co-ordinator: **Dr.Mukesh Patel**

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You are heartily invited for
THE GREAT SOCIAL SERVICE

“SAVE THE GIRL CHILD CAMPAIGN”
by FORMING HUMAN CHAIN

1st July 2009 DOCTORS' DAY

Between 10.30 to 11.30 a.m.

Nehru Bridge Corner, Nr. Indulal Yagnik's Statue

PARTICIPANTS: ALL OUR AOGS MEMBERS & SCHOOL CHILDREN

CHIEF GUEST - **ASIT VORA**, Standing Committee Chairperson

JOIN FOR THE FIGHT AGAINST CRUELEST SOCIAL EVIL OF
“FEMALE FOETICIDE”

This program is co-sponsored by FOGSI.

A O G S S S S

AOGS SOCIAL SECURITY SCHEME

Launching of A.O.G.S. Social Security Scheme on Doctors' Day - 1st July 2009.

More than **200 members** have already registered.

We are grateful to all who have enrolled for keeping faith in us and for their belief in cooperation amongst our members in the moments of need.

Attention:

The members who have enrolled under AOGS SSS and given cheque are requested to fill the forms of AOGS SSS and submit it to AOGS office before 30th June 2009. Some cheques have become overdue so kindly renew or reissue them by changing date or signing the same.

Members who will fill the form completely and renew cheque by 30th June 2009 will only be eligible to the benefits of the scheme because without completing formalities of name and signature of nominee this scheme can not function, so members are requested to cooperate timely. Inconvenience regretted.

Forms are attached as a leaflet with this bulletin.

Cheques are to be drawn in favor of **“AOGS SSS”**.

Hurry!

As AOGS managing committee wants to involve and pass on the benefit of the scheme to as many members as possible, it has decided to extend the date for concession by 30th June 2009. This will be the last and final extension and there will be no further extension in date. Kindly take the benefit of the same.

First GBM of AOGS SSS on 27/06/2009 at 9.00pm, AMA Building, Ashram Road.

Past program excerpts

Sex Drive-How to add "ZING" to the life?

Dr. Himanshu Desai- Consultant Psychiatrist, GIPS

We are born Sexual, but not lovers,
Healthy sexual life...

Tones your muscles. Regulates blood pressure and heart beats and leaves you medically fit.

Makes you look and feel young, happy and in-demand.

What are the reasons of evaporation of spice from the life?

Fast life, busy routine, Conflicts, children, Sexual dysfunction, wrong belief regarding sex, age, stress and many.

What to do?

Good relationship = Great Sex

- * Be your spouses cheerleader
- * Look sexy, keep fit
- * Touch each other as much as possible
- * Don't take things for granted
- * Trust each other

Make your Man feel on Top of the World

- * Have confidence in him
- * Don't nag or shout at him
- * Don't unload your problems in first 30mts
- * Respect your In Laws

Make your Lady feel on Top of the World

- * Agree with her, Be gentle
- * Listen to her
- * Smile & keep your mouth shut
- * Encourage her to discover her hidden talent.
- * **GIVE HER TIME - NOT GIFTS**

Follow Some bed room ethics

No Mobiles, laptops, TVs, food, drinking ...

Ambeince has to be conducive...

Keep romance alive by solving your difference before going to bed.

Initiating sex

Some pointers for Men

- * Appearance must be pleasant, shave & wash
- * In bed use plenty of foreplay, explore her body, be gentle
- * For heaven's sake don't fall asleep after sex, cuddle her and talk to her

Some pointers for Her

- * Look clean, well cut, sweet smelling, with attractive makeup on
- * Avoid being too critical or corrective
- * Tell him what makes you feel good
- * Sexy underwear, perfume and a readiness to cuddle are terrific come ons

Sex has no Expiry date.

Sex never gets old

an exciting tour in diwali holidays

EGYPT

JOURNEY INTO THE TIME MACHINE OF PAST

Egyptian civilization was one of the greatest and longest lived in the ancient world, lasting for over three thousand years. Now, thousands of years later, this civilization still continues to fascinate and captivate the imagination, and the popular images of the pyramids, the sphinx, the great temples and the Nile are familiar the world over. Cruise down the majestic river Nile and experience the wonderful sights, sounds and historical splendour of Egypt. Our Mysteries of the Nile cruise takes you from Luxor to Aswan or v.v., stopping off at some of the most stunning archeological sites in the world. Must visit cities in Egypt are CAIRO, ALEXANDRIA, ASWAN, ABU SIMBLE and LUXOR

Ancient Egypt - 8 Nights / 9 Days

Rs. 66000/- per person

on Twin share basis including Air fare

Deposit Rs. 25000(as an advance) before 10th July and avail 5% discount on the Tour Cost.

Highlights of Tour

Economy Class Airfare with Taxes

Visa Charges of Egypt

Accommodation: 03 Nights in Cairo, 1 Overnight Train, 1 Night Aswan & 3 Nights Nile Cruise Sightseeing: Pyramids & The Sphinx, Khan El Khalili Bazaar, Sound and Light Show at Pyramids, Nile Cruise with Indian Dinner, Coptic Cairo Tour, Day trip to Alexandria from Cairo, Day trip to Abu Simble from Aswan

3 Nights Nile Cruise: Visit Aswan (High Dam & Philae Temple) Kom Ombo Temple, Edfu Temple, Luxor (Karnak Temple, Luxor Temple, Colossi of Memnon, Temple of Queen Hatshepsut, Valley of Kings and Queens

Meals: 08 Breakfast, 5 Local Lunch, 1 packed Local Lunch, 1 Indian Lunch, 3 Indian Dinners, 5 Local Dinners



the stars of 2009 board examinations



Foram Pragnesh Shah

D/o. Dr. Pragnesh Shah
and Dr. Parul Shah

95.4% Gross

97.0% Science Subjects
97.0 GUJCET
(B Grp)



Hriday Prashant Acharya

S/o Dr. Prashant Acharya
and Dr. Ashini Acharya

93.40% Gross

96.66% Science Subjects
116.25/120 GUJCET
(B Grp)



Urvi Jayesh Patel

D/o. Dr. Jayesh Patel
and Dr. Heena Patel

92.4% Gross

96.33% Science Subjects
113.75/120 GUJCET
(B Grp)

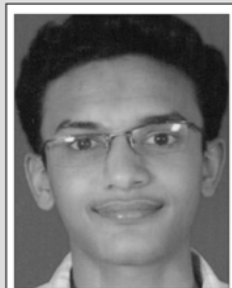


Darshan Jayesh Shah

S/o Dr. Jayesh Shah
and Dr. Trupti Shah

91.80% Gross

92.2 Science Subjects
106.25/120 GUJCET
(B Grp)



Vatsal Gitesh Shah

S/o. Dr. Gitesh Shah

91.0% Gross

94.0% Science Subjects
116.25/120 GUJCET
(B Grp)

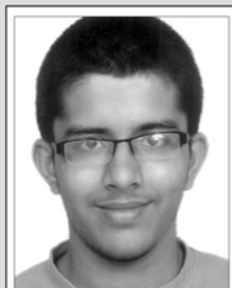


Soham Rajesh Soneji

S/o. Dr. Rajesh Soneji
and Dr. Sheetal Soneji

89.4% Gross

91% Science Subjects (A Grp)
AIEEE Rank 180 (State)



Swapnil Kiran Joshi

S/o. Dr. Vibhuti Joshi
and Dr. Kiran Joshi

87.20 Gross

92.33% Science Subjects
92.65% GUJCET
(B Grp)



Parikshit Jaysukh Savalia

S/o. Dr. Ajnaja Savalia
and Dr. Jaysukh Savalia

86.20% Gross

92.00 Science Subjects
(B Grp)



SSC Board

Kautilya Rajendra Patel

S/o Dr. Kamini Patel
and Dr. Rajendra Patel

93.85% Gross

97% Science Subjects



SSC Board

Abhishek Hitesh Shah

S/o Dr. Rita Shah
and Late Dr. Hitesh Shah

91.69 Gross

97% Science Subjects



11 CBSE

Rutul Darsrath Patel

S/o Dr. Darsrath Patel

92.2% Gross

94% Science Subjects

“ If I had 8 hours to chop a tree
i would spend 6 hours sharpening my axe.”

- Abraham Lincoln



GOD DOES EXIST

a story

BARBER SHOP

A man went to a barbershop to have his hair cut and his beard trimmed.



As the barber began to work, they began to have a good conversation. They talked about so many things and various subjects. When they eventually touched on the subject of God, the barber said: "I don't

believe that God exists."

"Why do you say that?" asked the customer. "Well, you just have to go out in the street to realize that God doesn't exist.

Tell me, if God exists, would there be so many sick people? Would there be abandoned children?

If God existed, there would be neither suffering nor pain. I can't imagine a loving God who would allow all of these things."

The customer thought for a moment, but didn't respond because he didn't want to start an argument. The barber finished his job and the customer left the shop.

Just after he left the barbershop, he saw a man in the street with long, dirty hair and an untrimmed beard.

He looked dirty and unkempt. The customer turned back and entered the barber shop again and he said to the barber: "You know what? Barbers do not exist."

"How can you say that?" asked the surprised barber.

"I am here, and I am a barber. And I just worked on you!"

"No!" the customer exclaimed. "Barbers don't exist because

if they did, there would be no people with dirty long hair and untrimmed beards, like that man outside."

"Ah, but barbers DO exist! That's what happens when people do not come to me."

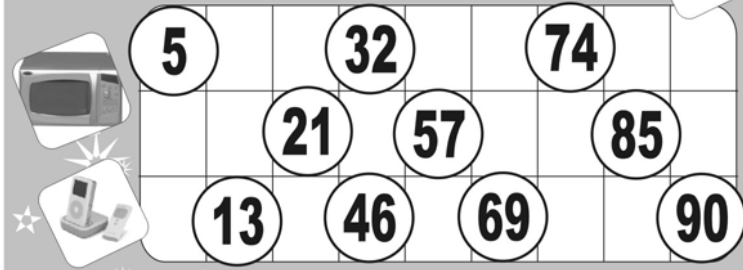
"Exactly!" affirmed the customer. "That's the point! God, too, DOES exist!

That's what happens when people do not go to Him and don't look to Him for help.

That's why there's so much pain and suffering in the world."

MEMBER'S PAGE

LETROZ TAMBOLA 09-10



Total 30 numbers called

HAPPY BIRTHDAY!

Dr. SONALI G. VARSAT	03/05
Dr. RAJENDRA G. PATEL	04/05
Dr. RUBI D MEHTA	09/05
Dr. NEHA C. TRIVEDI	09/05
Dr. MAYUR R GANDHI	10/05
Dr. PURVI ASHISH NANAVATI	16/05
Dr. SHILPA D GAJJAR	18/05
Dr. ANAND M. CHAUDHARI	18/05
Dr. RUPAL A. SHAH	20/05
Dr. MAHESH C JARIWALA	22/05
Dr. PRATIBHA RAKESH VORA	22/05
Dr. PARUL J. KOTDAWALA	23/05
Dr. KOKILA MAHESH PATEL	23/05
Dr. SURESH K PATEL	28/05
Dr. CHIMANBHAI N. PATEL	01/06
Dr. CHATURBHAI L BAVISHI	01/06
Dr. RAJ IYENGER	03/06
Dr. RUPAL B SHAH	03/06
Dr. DHAVAL R SHAH	07/06
Dr. KISHOR S. CHANGLANI	10/06
Dr. SHASHIKALA H SAHU	16/06
Dr. HEMANT RAJPURA	18/06
Dr. NILESH R. CHAUHAN	18/06
Dr. DILIP GADHAVI	19/06
Dr. BRIJESH KUMAR J.	19/06
Dr. Haresh Doshi	20/06
Dr. SHIRISH L NAIK	22/06
Dr. ANJANA J SAVALIA	24/06
Dr. JAYESH H. SANDESARA	29/06
Dr. RAJKUMAR KHUBCHANDANI	30/06

TRICKS & TIPS - EARLY PREGNANCY SCAN

Dr. Jayprakash Shah- Chairman, Imaging Science Committee - FOGSI

Early Pregnancy Landmarks:

- * 5 weeks - Empty G. sac (MSD < 7 mm)
- * 5.5 weeks - G. sac with yolk sac
- * 6 weeks - G. sac with yolk sac & small embryo with cardiac activity (MSD 16 mm)
- * 6.5 weeks CRL 6 mm with FHR 125/min
- * 7 weeks - CRL 10 mm with FHR 150 / min Rhombencephalon visible
- * 8 weeks - CRL 16 mm with amniotic cavity FHR 170/min

Early Pregnancy Discreminatory Signs:

- * Yolk Sac Visible
 - G. sac of 8 mm
- * Embryo Visible
 - G. sac of 16 mm size
- * Cardiac activity Visible
 - Embryo > 5 mm
 - G. Sac . 16 mm
- * G. age by CRL & G. sac measurement up to end of 7th week
 - Difference of > 8 days Poor viability
- * G. sac Grow at 1 mm / day
- * Amniotic cavity > CRL
- * Amnion is not echogenic as that of yolk sac

Poor Prognosis Criteria with Living Embryo:

- * Bradycardia (< 90 beats / min)
- * Growth Retardation
- * Abnormal yolk sac (Large, Deflated, Opaque, small, Bifid)
- * Oligohydramnios (Amnion < CRL)
- * Perigestational Hemorrhage

Fetal Heart Rate

If less than this - Prognosis is very poor

G. Age	FHR Lowest limit
5 - 6 weeks	93/min
6 - 7 weeks	100/min
7 - 8 weeks	130/min
8 weeks onwards	143/min

Marker for Poor Prognosis & abnormal chromosomes:

- * Yolk sac
 - Unduly large - Strong marker
 - Opaque yolk sac - result of missed abortion rather than cause
 - Double marker - MCDA twin - poor carry home baby rate
 - Deflated yolk sac - not reliable
- * Amnion
 - Flushed amnion - suggest triploidy, trisomy 16
 - Echogenic amnion - Poor outcome
- * Before 7 weeks - even with cardiac activity present
 - abortion rate is high
- * Mixed echogenic Chorion frondosum with perigestational hemorrhage
- * Chromosomal marker
 - Increased nuchal translucency
 - Absent nasal bone
 - Absent / reversal of "A" wave in DV
 - Tricuspid regurgitation
 - Cystic Hygroma
 - Two vessel cord
 - Cord cyst

Always look for:

- * Mass lesions & malformations of uterus
- * Mass lesions of adnexae
- * Ectopic pregnancy
- * Vesicular Mole
- * Multifetal pregnancy

Malformations that can be Diagnosed:

- * Anencephaly
- * Acrania
- * Encephalocele - Occipital, Anterior, Parietal
- * Holoprosencephaly
- * Iniencephaly
- * Posterior Urethral valve
- * Omphalocele
- * Pentology of Cantrell
- * Ectopia cordis
- * Diaphragmatic hernia
- * Skeletal malformations (Rhizomelia, Mesomelia, Micromelia)
- * Gross cardiac malformations

A FRIEND IN NEED IS A FRIEND IN DEED

AOGS ADOLESCENT COMMITTEE: DR RAJAL THAKER

It was indeed a learning experience for me when I met Britta who is a chief coordinator of Project Sex P 6 (sex is pronounced as six in Swedish) at Lund University in Sweden in November 2008. She is just 21 and a student but she manages the project with so much confidence! The P 6 has a coordinator and board members who are students from different faculties. Every year there is an election and a new coordinator is selected. Thus, the ownership of project is with students. There are subject experts who guide these members. Adolescent/Youth friendly approach by themselves / for themselves / of themselves is called peer education.

- A **peer** is one that is of equal standing with another. The person belongs to the same social group as another person or group. The social group may be based on age, sex, sexual orientation, occupation, socio-economic or health status, and other factors.
- **Education** refers to the development of a person's knowledge, attitudes, beliefs, or behavior as a result of the learning process through counseling, facilitating discussions, mobilizing for advocacy, lecturing, distributing materials, making referrals to services & providing support.
- Therefore, **Peer Education** means process whereby well-trained and motivated young people undertake informal or organized educational activities with their peers

Advantages are...

- Youth often seek information from friends
- Youth relate well to those of similar age, background, interests
- Language and messages relevant
- Can be marginally less expensive
- Evidence of effect on knowledge, attitudes, behavior, norms, and motivation
- Peer educators gain long-term benefits

In addition, there are more than 200 youth centers in Sweden which provides information on issues related to Sexual and Reproductive Health (SRH) . There is a counselor, nurse and doctor, who is trained and is Adolescent/Youth Friendly with following characteristics,

- * Provide complete & correct information
- * Respect & Empathy
- * Increase self-confidence in adolescents
- * Privacy
- * Confidentiality
- * Non judgmental
- * Non threatening
- * Friendly attitude
- * Good communication & counseling skill
- * Help develop life skills
- * Regard sexuality as a positive source in life
- * Apply a gender perspective in their work
- * Have a non-moralizing attitude toward different sexual orientations & ethnicity
- * Be aware of and support young people with disabilities

The youth centers are thus providing services that are friendly, maintain privacy & confidentiality along with easy accessibility. It provides services free of charge at timing that is convenient to Adolescents/Youth and are located closer to where Adolescent/Youth gather.

Easy access to contraceptives & other reproductive health services in Sweden, France, Canada and Great Britain **contributes to better contraceptive use & therefore lower teenage pregnancy rates than in the United States**

We too can incorporate the Adolescent/Youth friendly attitude and can provide services that are Adolescent/Youth Friendly.

Every year at AOGS, we go to several schools & colleges to take lectures on SRH of young girls & boys. This year also we are continuing the same and also want to involve more members who are interested to contribute for Adolescent Health.

Let's become a friend of an Adolescent.

Adolescent Committee Meeting on 25/6/2009 at 4.00 pm

Interested members are requested to attend

Contact Persons: **Dr Rajal Thaker - 9825082646, Dr Hemant Bhatt - 9825010940**

PAST PROGRAM *Report*



SEXUALITY & FERTILITY MODERN ERA



The program on “Sexuality and Fertility modern era” was held on 30th May 2009. More than 150 doctors attended the program. Dr. Paras Shah and Dr. Himanshu Desai neatly narrated the finer aspects of sexual life, while showing how the mind and body can work in tandem with each other to achieve the much desired results in sexual life.

Panel discussion on “Male infertility” was nicely conducted by Dr. Himanshu Bavishi. All the panelists - Dr. C. B. Nagori, Dr. Manish Banker, Dr. Shailesh Shah, Dr. Himanshu Desai and Dr. Nimish Shelat touched upon the wide ranging day to day queries with much aplomb and art.

Everybody enjoyed the academic program till mid night with élan and satisfaction

In pregnancy & lactation

TripleA Cal[®] Capsules

Only Source of **Ionic Calcium** for better absorption

- **Small capsule size aids compliance**
- **No adverse events like burping, belching as seen with Calcium Carbonate**
- **Can be taken irrespective of meals**



If left untreated Bacterial Vaginosis may lead to

Pre-term births¹

Peri-natal deaths¹

Infants with neurological disorders²

In Bacterial Vaginosis

ViBact-DS Restores normal flora



Delivers Lactobacilli to the Vagina by³

- Increasing movement of the probiotic from rectal skin to the vagina
- Decreasing movement of pathogens from rectal skin to vagina
- Increasing immunity of vagina which renders vaginal less receptive to BV organisms

Restores the vaginal lactobacilli microflora such that indigenous lactobacilli recover & the patient retains some degree of acidic pH and gains protection against infection

88% cure rate is obtained with the antibiotic / probiotic group compared to 40% in the antibiotic / placebo group³

LMB-12 (Nov 2011) 1:201-42; PharmWorld 1:2011 11:10-103; J Clin Pharm Ther 2011; 36: 10-16

Introducing

Twinox[®] I.V. 1.2 g

(Amoxicillin 1gm + Clavulanic Acid 200mg Injection)

Resistance Buster... that Protects Life

Offers Superior Prophylaxis during Caesarean Sections¹

Superior prophylaxis as seen by parameters such as abdominal wound infection, uterine tenderness and offensive lochia after surgery

Offers Reliable Prophylaxis during Gynaecological Surgery²

- Hysterectomy
- MTP



Follow up

Twinox 625
Amoxicillin 500mg + Clavulanic Acid 125mg

Water for Injection available for your convenience with every pack

Launched

As the 50th brand, you placed Twinox amongst the Top 10

Give us your Inaugural Rx & Order and help Twinox I.V grow too!

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Fact Sheet

Untreated PID can lead to severe damage to reproductive organs leading to infertility... this damage can be prevented with prompt antibiotic treatment¹

In PID initiate prompt antibiotic treatment

AzotiK[®]

(Azithromycin 500 mg tablets)

Always the **Right Choice**



- Offers excellent susceptibility of PID causing pathogens^{2,3} MIC₅₀ for N.gonorrhoeae and C.trachomatis is 0.12
- Offers excellent clinical cure rate^{4,5} N.gonorrhoeae - 100% C.trachomatis - 95%
- Offers 100% compliance due to 1 to 2 gms stat dosage

L202 fact sheet 11/14/10 Rev 0027 © Advertisement Agency/Consultancy: May 2006 P 1000-000 © Health Research Centre 14.01.01-008 May 1997 © Indian Journal of Medical Microbiology 2009; 46(2):201-1 © The Journal of Family Practice, April 2004 Vol 11: 220-222

With best compliments from



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Makers of

RHOCLONE

MONOCLONAL ANTI-Rho (D) IMMUNOGLOBULIN 300 mcg/150 mcg

Endoprost[®]

Carboprost Tromethamine Injection I.P.

OVULET

Letrozole 2.5 mg Tablets

HUCOG[®]

HUMAN CHORIONIC GONADOTROPHIN (2000 IU / 5000 IU / 10,000 IU)

Luprodex

Leuprolide Acetate Injection (DEPOT 3.75 mg)

MIPROGEN

Natural Micronised Progesterone 100 mg/200 mg Soft Gelatin Capsules

PrimiGyn

Dinoprostone Gel 0.5 mg