

# AOGS BULLETIN

www.ahmedabadobgyn.org

AHMEDABAD OBSTETRICS AND GYNAECOLOGICAL SOCIETY NEWS LETTER VOL.3 JUNE 2012

President  
Dr. Dipesh Dholakiya  
99250 16031  
drdipeshdholakiya@gmail.com

Hon. Secretary  
Dr. Hemant Bhatt  
98250 10940  
drhsbhatt@yahoo.com.sg

President - Elect  
Dr. Mahesh Gupta  
94264 99922  
pushpamgynec@yahoo.com

Vice President  
Dr. Dilip Gadhavi  
98980 47505  
drdilipgadhavi@gmail.com

Treasurer  
Dr. Kiran Desai  
98250 87144  
kiran1954@hotmail.com

Jt. Secretary  
Dr. Mukesh Savaliya  
98245 41292  
mvsavaliya@yahoo.co.in

Managing Committee  
Dr. Dhaval Shah  
Dr. Has Mukh Agarwal  
Dr. Jignesh Deliwala  
Dr. Kamini Patel  
Dr. Raj Iyengar  
Dr. Snehal Kale  
Dr. Tejas Dave  
Dr. Uday Patel

Ex-Officio  
Dr. Vijay R. Shah  
Dr. Geetendra Sharma

Editor  
Dr. Kanthi Bansal

Co-Editors  
Dr. Kamini Patel  
Dr. Neeta Thakre

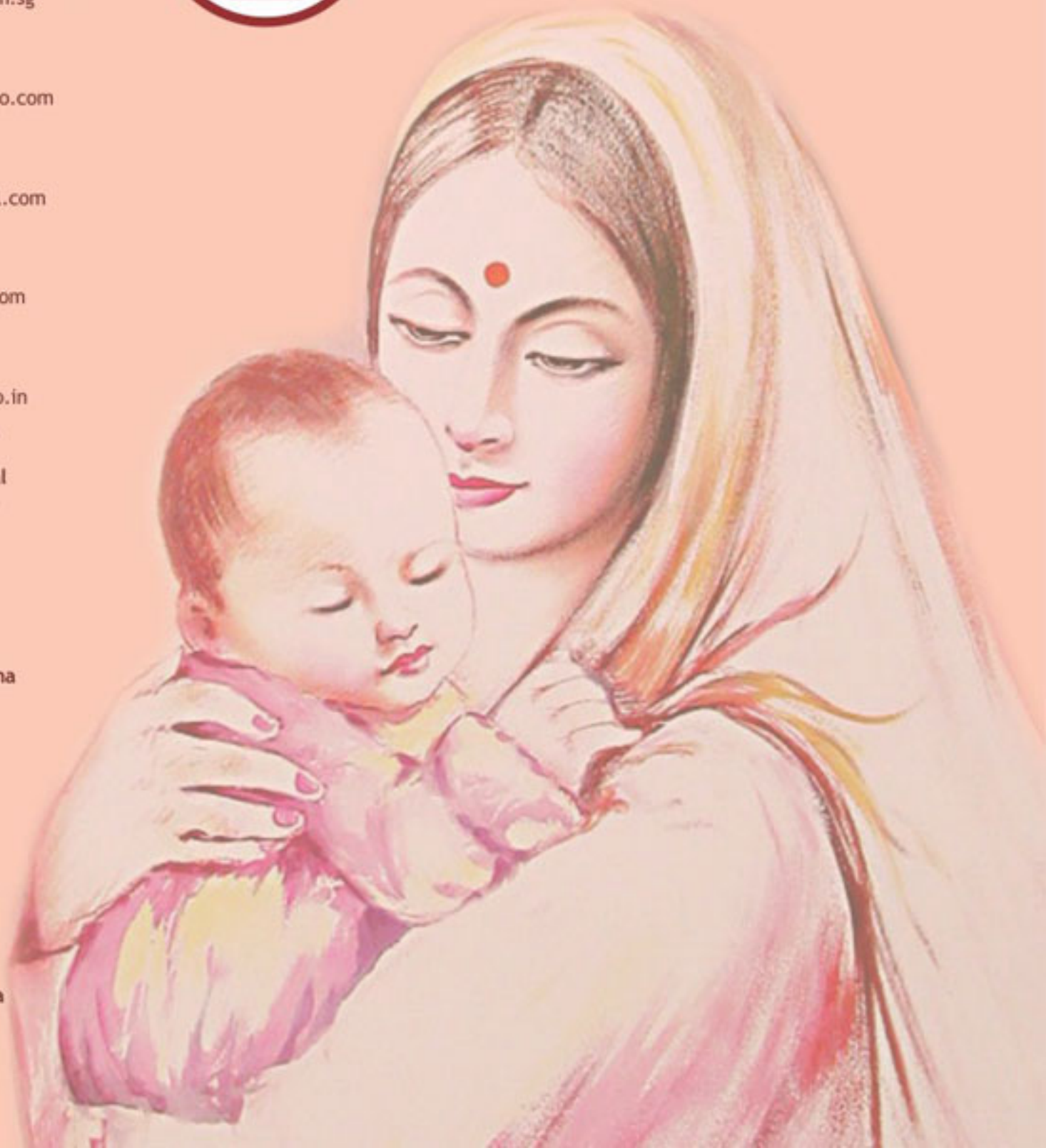
Co-opt members :  
Dr. Alpesh Gandhi  
Dr. Rajesh Soneji

Special Invitee :  
Dr. Atul Munshi  
Dr. Kanthi Bansal  
Dr. Prashant Acharya  
Dr. Sapna Shah  
Dr. Neeta Thakre



Theme :

**Learning the latest while  
nurturing the basics**







## Message of the AOGS team:

“ When mind is weak, situation is a problem, when mind is balanced situation is a challenge, BUT when mind is STRONG, situation is an OPPORTUNITY ”

The month marked by leisure and lingering tastes of Mangoes, ended with a hectic schedules of appointments and academics. The events of the previous month was marked with the visit of the AOGS members to Kashmir that has left an everlasting memoirs of the visit. The children now have returned to school with a lot of hope and expectations for the coming academic year.

The 29th May 2012, CME at the Inder Residency was based on the principles of Modern management of Vaginitis & RPL. The CME was well attended by 113 members, who enjoyed the details of the CME with great delight. It was the last speech by Dr. Ankleshwariya.

The Meeting on the regulation of the PC-PNDT act held at R. M. Fozdar Hall of the AMA building, was much needed to clear the doubts and details of the complexities of the PC-PNDT ACT, where the desired questions were answered by Dr. Neelam Patel, 217 members took the benefits of the meeting.

The CME on Ovarian Tumors held at the Park Plaza on the 16th June 2012, was well attended by enthusiastic members who are always keen to keep their knowledge up to date, keenly took the details of the CME from the distinguished speakers.

## Uniting for the Cause

Dear Friends,

We whole heartedly Supported the All India Token Medical Strike on 25th June 2012.

The Strike was in PROTEST to the following issues,

1. NCHRH Bill 2011.
2. Clinical Establishment Act.
3. BRHC course
4. Establishment of Board of Governance and dissolution of the MCI.

The members are requested to read these acts carefully and fully understand the implication of these Acts introduced by the Government of India.

All these Acts are proposed to be introduced very soon, and are planned to facilitate the corporate hospitals and establishments, this will make the medical treatment too costly for the common man to afford.

They also have provisions for NON-Medical personals to monitor the Medical Fraternity with overwhelming powers to squash the Registrations of the Doctors , and that orders is not challengeable in the Court of Law, this amounts to violation of the BASIC rights of JUSTICE to ALL the CITIZEN of INDIA.

The BRHC course will put the health of rural population at stakes of the poorly educated and ill informed BRHC Doctors, this amounts to making rural population equal to experimental subjects.

The Dissolution of ALL the COUNCILS including the MCI and establishment of SINGLE Board of Governance, is again a violation of the BASIC rights of the Citizen of India.

**Arise, Awake and Keep trying until the GOAL is Achieved -Swami Vivekanand**





# Endometriosis: A Scientific and clinical Challenge

## Introduction :

Endometriosis is the presence of hormonally responsive endometrial tissue occurring outside the uterine cavity. This condition may be asymptomatic but is often found in association with pelvic pain or infertility (or both). The precise pathogenesis has not been clearly established but likely involves retrograde menstruation with subsequent seeding of endometrial glands at extra uterine sites.

Endometriosis occurs most commonly within the Fallopian tubes and on the outside of the tubes and ovaries, the outer surface of the uterus and intestines, and anywhere on the surface of the pelvic cavity. It can also be found, less often, on the surface of the liver, in old surgery scars or, very rarely, in the lung or brain.

Diagnosing and managing endometriosis is challenging for both clinicians and patients. It is characterized by diverse physical symptoms and cannot be diagnosed unequivocally without histologic confirmation.

## Major Challenges:

At least 3 major challenges related to endometriosis can be identified: (1) endometriosis does not always cause pain; (2) other causes of pelvic pain often coexists in patients with endometriosis; and (3) common medical and surgical treatments for endometriosis are relatively nonspecific. There is a significant diagnostic delay of endometriosis because symptoms of the disease are not easily recognised in primary care - or even by women themselves.

## SYMPTOMS OF ENDOMETRIOSIS

Pelvic pain is the most common symptom associated with endometriosis. Although there doesn't seem to be a correlation between the intensity of pain and the amount of endometriosis found. Pain may be felt before/during/after menstruation, during ovulation, in the bowel during menstruation, when passing urine, during or after sexual intercourse & in the lower back region. Other symptoms may include diarrhea or constipation (in particular in connection with menstruation), abdominal bloating (again, in connection with menstruation), heavy or irregular bleeding & fatigue.



**Dr. Kanthi Bansal**

MD,D.G.O.,F.I.C.O.G  
Chairperson  
Endometriosis Committee, FOGSI

## Treatment Options:

The treatment of endometriosis focuses upon amelioration of two symptoms: pain and infertility. The definitive diagnosis and staging of endometriosis are performed by laparoscopy. Various strategies have been used to treat endometriosis including:

1. Expectant
2. Medical
3. Surgical
4. Combination management

In addition, none seems to be drastically better than another. Surgical therapy also appears to be efficacious, albeit with a relatively high rate of recurrence of symptoms following conservative surgical intervention. There are no trials comparing

the relative value of medical versus surgical therapy. Combination surgery/medical therapy has several high-quality trials for evaluation, but its value remains unclear. The treatment of endometriosis-associated infertility presents a different picture: medical therapy has not been shown to be of any value and may prove detrimental to fertility. Surgical treatment does improve fertility, probably for all stages of disease. Assisted reproduction also seems to be efficacious, with both controlled ovarian hyperstimulation and intrauterine insemination as well as in vitro fertilization shown to be of benefit. Finally, the combination of in vitro fertilization and either medical or surgical therapy may be beneficial with advanced endometriosis.

Sonography is a method to monitor recurrence of endometriomas during treatments.

For most women, side effects are associated with all of these treatments, and none of them cure the disease.

## Challenges to treat Endometriosis in younger women:

In patients in the reproductive years, endometriosis is merely managed: the goal is to provide pain relief, to restrict progression of the process, and to restore or preserve fertility where needed. In younger women with unfulfilled reproductive potential, surgical treatment attempts to remove endometrial tissue and preserving the ovaries without damaging normal tissue.





**Challenges to treat Endometriosis by medical Therapy :**

1. Adverse effects are common
2. Not likely to improve fertility
3. Some can only be used for limited periods of time

**Challenges in the long-term management of endometriosis :**

A major challenge in managing endometriosis is the chronic or recurrent symptoms that require long-term or repeated courses of medication. Treatment with GnRH analogues, such as leuprolide, is limited to only 6 months, because these agents induce a hypoestrogenic state (artificial menopause) that substantially decreases BMD. Although the addition of add-back therapy is an option, regimens are

both complicated and costly, and no single add-back therapy has yet been recommended for all women treated with GnRH agonists.

Recently, the development of newer non-daily hormonal delivery options (transdermal, intravaginal, and SC injectable) has potentially increased the convenience and consistent use of estrogens/progestins over the long term for many women.

**Conclusion:**

Endometriosis is a mystery tour as it requires decision making at every stage by the physician and the patient and still stands as one of the most-investigated disorders in gynecology. So is one of the highest priorities for research.



Photos of 29<sup>th</sup> May 2012 CME at Inder Residency



**8th July 2012, Sunday**

**Time : 10.00 am to 1.00 pm**

**"Abnormal Uterine Bleeding"**

Hotel St Lauren, Usmanpura, Ahmedabad

**Chairpersons:-**

1. Dr. Jayesh Patel
2. Dr. Sanjay Shah

**Programme Co-ordinators:-**

1. Dr. Uday Patel
2. Dr. Dhaval Shah

| Time                   | Topic   | Speakers            |
|------------------------|---|---------------------|
| 10.00 am to 10.30 am   | Patho-physiology of Abnormal Uterine bleeding | Dr. Yamini Trivedi  |
| 10.30 am to 11:15 am   | Roll of Sonography in AUB                     | Dr. Jayprakash Shah |
| 11:15 am to 12:00 noon | Modern Management of AUB                      | Dr. Tushar Shah     |
| 12:00 noon to 12:30 pm | Audience Participation                        |                     |

Program sponsored by **Torrent Pharmaceuticals**

Registration Charge: Rs. 500 for Non AOGS Members

**"Don't FORGET the one who HELPED you" - Gita**  
**" Don't HATE the one who LOVED you" -Bible**  
**"Don't Cheat the one who TRUST you" -Quran**





27th or 28th July 2012

**Proposed Entertainment Program**

Venue : Thakorebhai Desai Hall, Law Garden Ellis Bridge, Ahmedabad

|         |  |
|---------|--|
| Theme   | Sangeet Sandhya Program  |
| Time    | 9:30 pm onwards  |
| Artists | Shymal, Saumil & Aarti Munshi Group.                                     |
| N.B.    | The details of the program will be informed by sms to dear AOGS members. |

Program sponsored by **Dahlia Pharmaceuticals**Makers of : Spiratox  
CMD-3  
Deso 20 & Deso 30

21st &amp; 22nd July 2012

**7th & 8th FOGSI Satellite Conference**

(Saturday &amp; Sunday)

Telecast from the BISAG Studio, Gandhinagar

|  |                    |
|--|--------------------|
| Time   | 9:00 am to 5:00 pm |
| Downlinking at R. M. Fozedar Hall, AMA Building, Ashram Road, Ahmedabad. |                    |
| Breakfast, Lunch and high Tea will be served                             |                    |
| Committee is Trying to get probable 8 Credit points for the conference   |                    |
| Free Registration for AOGS Members                                       |                    |
| Rs. 500/- for Non AOGS Participants - for each day                       |                    |

**Important :** Interested members must register them self at the AOGS office from 2 pm to 6 pm

Photos PC PNDT Act CME at R. M. Fozdar Hall, AMA Building.





## Organising Team

### 7th & 8th FOGSI Satellite Conference



|                                |  |   |  |
|--------------------------------|--|---|--|
| Organising Chairpersons        | Dr. Dipesh Dholakia                                      | Dr. Atul Munshi                                       |  |
| Organising Secretaries         | Dr. Hemant Bhatt   | Dr. Dilip Gadhavi                                     |  |
| Org. Jt. Secretaries           | Dr. Mukesh Savalia                                       | Dr. Jignesh Deliwala                                  |  |
| Conference Co-ordinators       | Dr. Jignesh Shah<br>Dr. Vijay Shah                       | Dr. Alpesh Gandhi<br>Dr. Mahesh Gupta                 |  |
| Treasurer                      | Dr. Kiran Desai  |   |  |
| National Co-ordinator          | Dr. Atul Munshi  |   |  |
| Advisors                       | Dr. Pravin Patel<br>Dr. Prashant Acharya                 | Dr. Mahendra Soni<br>Dr. M. C. Patel                  | Dr. Niruben Shah<br>Dr. Jayprakash Shah  |
| Patrons                        | Dr. S. R. Parikh<br>Dr. Bakul Leuva                      | Dr. Vilasben Mehta<br>Dr. Manish Jadav                | Dr. Malini Desai<br>Dr. Mukul Shah       |
| Scientific Committee           | Dr. Haresh Doshi<br>Dr. Phagun Shah<br>Dr. Kanthi Bansal | Dr. Ajit Rawal<br>Dr. C. B. Nagori<br>Dr. Ajesh Desai | Dr. Pragnesh Shah<br>Dr. Parul Kotdawala |
| Reception Committee            | Dr. Sanjay Munshi<br>Dr. Yamini Trivedi                  | Dr. Harshad Ladola<br>Dr. Sapana Shah                 |  |
| Technical Advisory Committee   | Dr. Vineet Mishra<br>Dr. Manoj Pandya                    | Dr. Tejas Dave<br>Dr. Uday Patel                      |  |
| Stage Committee - Day 1        | Dr. Rajan Joshi  | Dr. Rajesh Soneji                                     | Dr. Ava Desai                            |
| Stage Committee - Day 2        | Dr. Mukesh Bavishi                                       | Dr. Jayshree Sheth                                    | Dr. Nita Thakre                          |
| Printing Committee             | Dr. Kamini Patel   | Dr. Anil Mehta  | Dr. Dhaval Shah                          |
| AOGS Downlinking Comm. Day-1   | Dr. Sunil Shah   | Dr. Shashikala Sahu                                   | Dr. Mukesh Patel                         |
| AOGS Downlinking Comm. Day-2   | Dr. Akshay Shah  | Dr. Supriya Dalal                                     | Dr. Suresh Kothari                       |
| Food Committee                 | Dr. Chirag Amin  | Dr. Snehal Kale                                       | Dr. Pradyuman Vaza                       |
| Accomodation & Transport Comm. | Dr. Raj Iyenger  | Dr. Kamlesh Jagwani                                   | Dr. Kaushik Vyas                         |
| Media Committee                | Dr. Hasmukh Agrawal                                      | Dr. Kaushik Patel                                     | Dr. Rajal Thaker                         |
| SOGOG Zonal Co-ordinators      | Dr. Hitesh Patel<br>Dr. Nalini Anand                     | Dr. Gopal Hirani<br>Dr. Sushma Baxi                   | Dr. Girish Patel<br>Dr. Jayesh Patel     |





## 7th & 8th FOGSI Satellite Conference

### SCIENTIFIC PROGRAMME

Day 1, 21st July 2012 (Edited Videos & Lectures)



#### Session -1 Fine tuning the Obstetric Skills

**Chairpersons: Dr. Bakul Leuva & Dr. Vijay Shah**

|          |   |
|----------|---|
| 9.00 AM  | Emergency Cervical OS tightening                  |
| 9.15 AM  | Forceps applications in different situations      |
| 9.30 AM  | Management of Acute & Chronic Inversion of uterus |
| 9.45AM   | CPT Repair - Mastering the technique              |
| 10.00 AM | Discussion  |

#### Session -2 Difficulties in LSCS

**Chairpersons: Dr. Mahesh Gandhi & Dr. Mukesh Savalia**

|          |  |
|----------|--|
| 10.15 AM | Nuances of instrumental delivery at LSCS |
| 10.30 AM | Shyjus Method of LSCS                    |
| 10.45 AM | LSCS in abnormal fetal positions and DTA |
| 11.00 AM | Discussion                               |

#### Session 3 PPH – An obstetrician's nightmare

**Chairpersons: Dr. Mahendra Soni & Dr. Dilip Gadhavi**

|          |   |
|----------|---|
| 11.15 AM | Compression sutures – newer way to tackle PPH   |
| 11.30 AM | Stepwise devascularization....a life saving procedure...  |
| 11.45 AM | Obstetrics Hysterectomy.... How to do ? When to Do ?  |
| 12.00 PM | Uterine Artery embolization   |
| 12.15 PM | Discussion  |
| 12.30 PM | <b>Prof. S. B. Anklesaria FOGSI Oration Year 2011-12</b><br><b>Modern Management of Antenatal care...Are we upto it? Dr. Sanjay Gupte</b> |
| 01.10 PM | LUNCH   |

#### Session 4 Aesthetic Surgeries

**Chairpersons: Dr. Dipak Bhagde & Dr. Rajal Thaker**

|         |                         |
|---------|-------------------------|
| 1.45 PM | VVF repair              |
| 2.05 PM | Vault prolapse & repair |
| 2.25 PM | Vaginoplasty            |
| 2.45 PM | Tubal Canulation        |
| 3.00 PM | Discussion              |

#### Session 5 Gynecological Surgeries

**Chairpersons: Dr. Pravin Patel & Dr. Jignesh Shah**

|         |  |
|---------|--|
| 3.20 PM | Surgery for early lesion of Cx & CA cervix |
| 3.40 PM | NDVH - key points                          |
| 4.00 PM | Management of Asherman's syndrome          |
| 4.20 PM | SUI repair-current status                  |
| 4.40 PM | Discussion                                 |





## 7th & 8th FOGSI Satellite Conference

### SCIENTIFIC PROGRAMME

Day 2, 22nd July 2012



|          |  |
|----------|--|
| 9.00 AM  | Panel Discussion: Myths & Facts about rational use of blood & management of fluid & electrolyte imbalance                          |
| 9.50 AM  | Panel Discussion: Management of Critically ill Foetus  |
| 10.40 AM | Panel Discussion: Management of Critical obstetric cases<br>(Cardiac, Jaundice, Post partum ARF, HELLP, Eclampsia, APLA or others) |
| 11.40 AM | <b>Inauguration</b>  |
| 12.00 PM | <b>Prof. S. B. Anklesaria FOGSI oration 2012-13</b><br><b>Changing Trends &amp; techniques of Hysterectomy</b> Dr. P. C. Mahapatra |
|          | <b>Session 4 (Lectures)</b>  |
|          | <b>Chairpersons: Dr. Vilasben Mehta &amp; Dr. Prakash Bhatt</b>  |
| 12.30 PM | Avoiding Hysterectomy in AUB   |
| 12.45 PM | Recent Advances in Management of GDM   |
| 1.00 PM  | Management of Menopause...What is new?   |
| 1.15 PM  | Interaction  |
| 1.30 PM  | LUNCH  |
| 2.00 PM  | Panel Discussion: What is new in management of infertility?<br>(PCOS, LP, ICSI, male infertility, newer drugs)                     |
| 02.50 PM | Panel Discussion: Scope of Endoscopy in current gynaec practice  |
|          | <b>Final Session (Lectures)</b>  |
|          | <b>Chairpersons: Dr. Kiran Desai &amp; Dr. Uday Patel</b>  |
| 03.40 PM | Managing Preterm <b>PROM</b>   |
| 03.55 PM | Contraception - Tailor Made Approach   |
| 04.10 PM | Surrogacy - an overview  |
| 04.25 PM | Medico legal issues – Newer amendments in OB/GYN   |
| 04.40 PM | Interaction  |
| 04.55 PM | Vote of thanks   |





## EVOLUTION OF HYSTERECTOMY: FROM ABDOMINAL HYSTERECTOMY TO NEWER TECHNIQUES.

*By Dr. Chirag Amin*

Hysterectomy is one of the most commonly performed surgery worldwide. Unfortunately even in advanced country like USA, 70% of hysterectomies are performed using abdominal route.

With advent of safer laparoscopic techniques there was fast evolution from TAH (Total Abdominal Hysterectomy) to Laparoscopically assisted vaginal hysterectomy. This change was triggered by availability of, good optics particularly 30 degree scope which can give excellent angle of vision for bladder dissection, camera, light sources, electronic CO<sub>2</sub> insufflators & good bipolar device. We should also give significant credit to safe modern anaesthesia with muscle relaxant & ventilators for this evolution. One of major new device was bipolar with auto cut off. This technology was use of ammeter in bipolar generator, which would calculate tissue impedance & will stop sending energy once tissue is coagulated.

From laproscopically assisted vaginal hysterectomy (LAVH) focus is now shifting to total laparoscopic hysterectomy (TLH) with advent of newer uterine manipulators & introduction of vessel sealing devices. In the mean time, while Non descent vaginal hysterectomy evolved to a level that a large percentage of the hysterectomies performed today can be safely performed vaginally. With use of vessel sealing devices in vaginal hysterectomy, difficult cases can be managed where suturing is difficult.

Vessel sealing is a technology which is different from conventional diathermy and provides a unique combination of pressure and energy to create vessel fusion and permanently fuses vessels up to and including 7 mm in diameter and tissue bundles, without dissection or isolation. An optimised combination of pressure and energy using a specific radiofrequency energy range creates the seal by melting the collagen and elastin in the vessel walls and reforming it into a permanent, plastic-like seal and results in virtually no sticking or charring. It does not rely on a proximal thrombus. Feedback-controlled response system automatically discontinues energy delivery when the seal cycle is complete, eliminating

the guesswork. When the instrument determines the seal is complete, a tone sounds and output to the hand piece is automatically discontinued.

Available data suggest this seal is stronger than suturing. After extensive lab testing, USFDA allowed use of vessel sealing devices for coagulation of vessels up to 7 mm. Two major technical advantages of vessel sealing devices are (1) absence of suture material so there is no foreign body reaction & (2) as sealing of pedicle occurs at the end of the pedicle, so sensory nerve endings sending pain signal also gets sealed reducing amount of postoperative pain significantly. In case of suturing, pedicle beyond suture gets necrosed, sending increased pain sensation postoperatively. Thus with use of vessel sealing devices, there is shorter duration of tissue inflammation leading to lesser fibrosis & better postoperative convalescence. Vaginal hysterectomy biclamps available for vessel sealing are now ceramic coated.

Use of vessel sealing device in vaginal hysterectomy requires little learning curve. One has to be careful in avoiding lateral thermal spread. Intermittent irrigation of saline to prevent spread is advisable. As far as possible, vessel sealing device should be used only after both anterior & posterior pouches have been opened up.

Latest introduction in these devices is EnSeal, a vessel sealing device. EnSeal electrode consists of millions of nanometer-sized conductive particles embedded in a temperature-sensitive material. Each particle acts like a discrete thermostatic switch to regulate the amount of current that passes into the tissue area with which it is in contact. EnSeal works equally well when sealing arteries, veins, and transecting fatty tissue, small ligaments and connective tissue. It has less than 1 mm lateral spread, thus reducing risk of thermal injuries to nearby vital organs. Worldwide in all technologically advanced centres, with introduction of robotic surgery like Da Vinci system, Wertheim's hysterectomy is increasingly done laparoscopically, with clear benefits to patients.





## A TRIBUTE TO DR. BEHRAM ANKLESARIA...

On 26 March 1947, a son was born to Dr S.B. Anklesaria and Dr Mrs. D.S. Anklesaria. As the eldest son of two prominent Gynecologists of Ahmedabad city, Behram Anklesaria was not destined by his parents to be a doctor. However, having seen the dedication and love with which his parents practiced medicine, a young Behram could see no better use for his life, than in the alleviation of human suffering. In the year 1971, he obtained his undergraduate degree in medicine from King Edward Medical College in Bombay and then went on to finish his post graduation in Obstetrics and Gynecology from B J Medical College in Ahmedabad.

He soon established himself as a successful Ob-Gyn practitioner and exceeded in every bit of his attempt towards his practice of medicine. Throughout his illustrious career, Dr Anklesaria was actively involved in teaching, practice, and public awareness projects. Menopause, adolescent - youth education and reproductive endocrinology were just some of his vast academic interests. Over the past 15 years, he led several Ob-Gyn academic organizations at the city, state, national, and international levels.

He led AOGS during his tenure as President . He was elected as president of FOGSI in the year 2004-2005. He also served FIGO as a FOGSI representative. His warm smile, charming wit and prowess as an



orator, won the hearts of all who got to know him. In addition to being a busy caring doctor and an academician, he had a broad knowledge of the world at large. Extremely well read and well traveled he had a great love for world history, western classical music and chess. Above all, he had a genuine concern and love for people. He had the ability to make everyone in his presence feel special: it was a gift, which he gave effortlessly.

Dr. Behram Anklesaria was an absolute family person. He was the center of universe to his children. Dr. Behram loved everything and everyone around him: his family, his patients, his nurses, his accountants, his cousins, aunts, and friends. Anyone who wanted to be close to him found him right there. Even today, it is hard to think about Dr. Behram and not think of fun. He was loud, gregarious, generous, and forceful.

His demise on May 30th 2012, has been a great loss to the medical fraternity in Ahmedabad and to the Ob-Gyn societies of India. Dr. Behram had all achievements of being a fine orator, a true academician, and had enjoyed all positions and powers still remaining humane and gentle. He had carved a niche in the hearts of the lives he touched. Dr. Behram Anklesaria had helped bring smile onto the faces of many patients, people & families. Thus, Dr. Behram Anklesaria will continue to shine his light on this world.







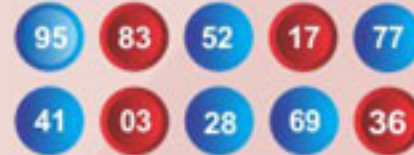
## Joke

You're next :

When I was younger I hated going to weddings... all of my aunts and the grandmotherly types used to come up to me, poking me in the ribs and cackling, telling me, 'You're next.'

They stopped that torture, after I started doing the same thing to them at funerals.

## Susten Fertisure M **tambola**



1st issue Nos.  
( 87, 25, 54,  
19,33, 44, 67,  
93, 75, 05 )

2nd issue Nos.  
( 61, 59, 15,  
35, 84, 47, 22,  
98, 73, 09 )

Exciting Prizes.....

- |                      |                             |
|----------------------|-----------------------------|
| 1. First Full house  | : 16 inch LCD TV            |
| 2. Second Full house | : Canon Digital Printer     |
| 3. Third Full House  | : Kodak Digital Photo frame |
| 4. Fourth Full House | : Titan Raga Watch          |

In case of a tie there will be a toss.

Preserve the tickets until you win.....

Wishing all members good luck.....

## Photos - CME on Ovarian Tumors, at Park Plaza Hotel



**VERY IMPORTANT : Members not receiving the AOGS messages are requested to contact Mr. Ankur on M: 9825039053 to get themselves updated for AOGS activity.**

### Member's Corner

**We Congratulate and Wish all the Best for LIFE to our younger buddies**

#### HSC Board Students

- ❖ Ravi Jignesh Shah, S/O Dr. Jignesh and Dr. Jigisha Shah Scored 99.94 Percentile.
- ❖ Astha Mehul Mashkaria, D/O Dr. Mehul and Dr. Hina Mashkaria scored 99.89 Percentile.
- ❖ Julie Manish Shah, D/O Dr. Manish and Dr. Dipti Shah scored 99.87 Percentile.
- ❖ Adwait Babulal Patel, S/O Dr. Babulal and Dr. Phalguni Patel scored 98.24 Percentile.

#### SSC Board Students

- ❖ Sohini R Soneji, D/O Dr. Rajesh And Dr. Shital Soneji scored 99.99 Percentile in SSC
- ❖ Keval Rakesh Vora, S/O Dr. Pratibha Rakesh Vora scores 99.98 Percentile in SSC

All the members are requested to send the details of their BRIGHT wards to the AOGS

**“Killing TIME is not a murder but a SUICIDE”**



# IDA may cause unexplained Weakness and Fatigue



*Rx* Alcohol Free

# HAEM UP<sup>↑</sup> Liq.

Ferric Ammonium Citrate 160mg + Folic acid 0.5mg + Cyanocobalamine 7.5mcg +  
Cupric sulphate 30mcg + Manganese sulphate 30mcg

**Everyday  
Keeps Weakness Away**



Added advantage of  
**Cupric & Manganese Sulphate**

## HAEM UP<sup>↑</sup> FAST

Ferrous Ascorbate 100mg + Folic Acid 1.5mg Tablet

Reach **TARGET 12** Fast

## HAEM UP<sup>↑</sup> GEMS

Ferric Ferrous 20mg + Folic acid 1.5mg +  
Cupric sulphate 1.5mg + Manganese sulphate 1.5mg

*The Gem of a Hematinic*

## HAEM UP<sup>↑</sup> C

Ferrous Sulphate 100mg + Zinc Sulphate 100mg  
Calcium Pantothenic Acid 50mg + Vit. B12, 1.3mcg + Folic Acid 50mg  
W.D. No. 10

Single Pill Solution

## HAEM UP<sup>↑</sup> Inj.

Iron Sucrose 50 mg / 2.5 ml , 100 mg / 5 ml

**Sure Way to Haem UP!**



*Committed to Woman Care*

For the use of a Registered Medical Practitioner or a Hospital or a Laboratory only

16/012012/3 1-02