



SAIMS TIMES

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Dr. Manjushree Bhandari, Chancellor Sri Aurobindo University & Dr. Vinod Bhandari founder Chairman SAIMS met Honourable Governor of M.P. Shri Mangubhai C Patel in his office in Bhopal. They appraised him of work being done by the Sri Aurobindo University and SAIMS. They informed him about the new fellowship - International Emergency Medicine Training Programme - in association with BAPIO Training Academy-UK, various super speciality Medical courses, New Nursing, Occupational Therapy courses, installation of Blood separator machines, Latest GENE Sequencing Machine and various workshops and hands on training programmes being conducted in the institute. The Governor appreciated the good work being done by University and Institute. They also met the OSD to Governor Dr. Dakshesh Thakar and PS to Governor Mr.D.P. Ahuja (I.A.S.)

Independence Breeze



Our 75th Independence Day, was celebrated with full enthusiasm and pride in our campus. The occasion was graced by Founder Chairman Dr. Vinod Bhandari and Chancellor, SAU Dr. Manjushree Bhandari.

On this very occasion the flag hosting was done by our foreign guest Prof. Dr. Manoel Galvao Neto. He is a Scientific Director at Mohak. We are proud to have him in our team. Also the Dr. Jyoti Bindal (Vice Chancellor, SAU) & Dr. R.R. Wavre (Dean SAMC & PGI) Principals of other courses, Faculty members and students actively participated on the occasion to make it a remarkable event.



Laurels to SAIMS Congratulations !!



Dr. Rashi Hingankar
Department of Obst. & Gynae.



Dr. Rajkumari Rawat
Department of Radiodiagnosis

श्री अरबिंदो मेडिकल कॉलेज एवं पी.जी. इंस्टिट्यूट के छात्रों ने लहराया सफलता का परचम

जैसा की आपको विदित है, श्री अरबिंदो मेडिकल कॉलेज विगत कई वर्षों से चिकित्सा शिक्षा एवं स्वास्थ्य के क्षेत्र में मध्य प्रदेश का अग्रणी संस्था है। श्री अरबिंदो मेडिकल कॉलेज के छात्रों ने मेडिकल यूनिवर्सिटी के हाल ही में घोषित परिणाम में एक बार फिर से इतिहास रच दिया है, अपनी स्वर्णीम सफलता की कहानी को जारी रखते हुए संस्थान के स्नातकोत्तर पी.जी. के छात्रों ने एम.डी./एम एस. के परीक्षा परिणाम में राज्य में शीर्ष सीन हासिल किया स्त्री एवं प्रसूति रोग में डॉ. राशि हिगंकर, रेडियोडायग्नोसिस में डॉ. राजकुमारी रावत, हड्डी रोग के डॉ. प्रतीक पाठक एवं नेत्र विज्ञान में डॉ. श्लोक सिंह ने मध्य प्रदेश में स्वर्ण पदक हासिल किया है, संस्था के अध्यक्ष डॉ. विनोद भंडारी ने सभी छात्रों को सफलता के लिए बधाई दी यह भी जानना है कि अरबिंदो के छात्र न केवल शिक्षा में बल्कि नैदानिक स्वास्थ्य चिकित्सा के क्षेत्र में भी अपना सर्वश्रेष्ठ प्रदर्शन कर रहे हैं।



Dr. Pratik Pathak
Department of Orthopaedic



Dr. Shlok Singh
Department of Ophthalmology



**Dr Shweta Bhandari, MS, Fellow in Fetal Medicine.
(Indraprastha Apollo, New Delhi)
International Masters in Maternal and Fetal Medicine
(University of Barcelona)
Aayushya Center for Fetal Medicine, Indore**

AAYUSHYA Centre for Fetal Medicine- A Bhandari Group Initiative

Fetal medicine offers a scope of services to improvise not only fetal but maternal outcomes as well.

Fetus is increasingly being recognized as an independent individual and at our centre we address the needs of this unborn patient.

“AAYUSHYA” offers prenatal screening for aneuploidies, structural fetal defects and maternal complications. Not only this but we also offer a multidisciplinary approach to treating pregnancies with fetal abnormalities and work with obstetricians in planning management of complicated maternal diseases.

Routine prenatal screening has evolved from a single maternal serum marker (alpha feto protein) for the detection of neural tube defects, to the now widely offered combination of two ultrasound examinations in the first and second trimester and several maternal serum markers.

These tests can be followed by diagnostic testing by procedures like chorionic villous sampling (can be performed in the first trimester) or an amniocentesis (can be performed after 15 weeks of pregnancy). A relatively new screening test which is based on a technology of extracting cell free fetal DNA from maternal blood is being widely used as a screening test for aneuploidies. The advantage of this test called as the NIPT (Noninvasive prenatal test) lies in its superior detection rates which is 99.4% for a false positive rate of 0.04%. Services offered at “AAYUSHYA”:

1. Prenatal screening- Combined first trimester screening or NT scan
 - Non-invasive prenatal testing (NIPT)
 - Quadruple screening
 - Genetic sonogram or Morphology/ Anomaly scan
2. Pre-eclampsia screening and screening for fetal growth restriction in first trimester to provide early interventions for prevention.
3. Screening for Pre-term labour at 22-24 weeks.
4. Ultrasound scan- Early anomaly scan (12-16 weeks)
 - Second trimester anomaly scan/ Morphology scan
 - Multiple pregnancy scan
 - Fetal wellbeing scan and Doppler scan
5. Fetal MRI for reserved indication
6. Invasive procedures- Chorionic villous sampling (10- 13 weeks)
 - Amniocentesis (after 16 weeks)
 - Cordocentesis
 - Fetal reductions in case of higher order multiple pregnancies or twins discordant for fetal anomalies.
 - isoimmunization. preterm labour.
 - Fetal blood transfusions in case of Rh
 - Amnio drainage for polyhydramnios to prevent
 - Fetal Vesicocentesis and pleurocentesis for diagnostic and therapeutic indications
7. Monitoring and evaluation of high risk pregnancies- We closely monitor pregnant women with complex maternal-fetal conditions and develop a flexible model with obstetricians to plan further management of these patients.
8. In addition we also run a special placental clinic for pregnancies complicated by abnormal placentation like placenta accreta spectrum disorder, placenta previa, abnormal placentation owing to poor trophoblastic invasion manifesting as uteroplacental insufficiency. I would now like to discuss a few interesting cases and the appropriate counselling we provided in these typical cases.

Case 1 : 20 weeks primigravida referred for short long bones

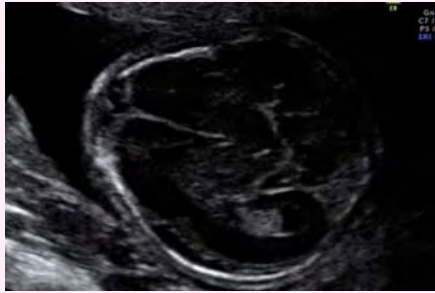


Figure 1



Figure 2

The diagnosis for this case turned out to be a lethal skeletal dysplasia. Clover leaf shaped skull with short straight femurs was suggestive of thanatophoric dysplasia type II.

We counselled this couple that in most cases this is a sporadic event. The recurrence risk is very low in subsequent pregnancies and is known to be associated with advanced paternal age. A mutation in FGFR 3 mutation was detected in this case and DNA storage was performed if there be a need for any further workup.

Case 2: Non consanguineous couple married for 4 years had previous two pregnancies terminated for ventriculomegaly and spinal deformity. The couple were evaluated for any pathogenic mutations and the results were as follows.

Couple found to be carrier for a heterozygous likely pathogenic variant in DHCR7 gene and carrier for heterozygous variants of unknown significance in FIG4 gene.

Name	Gene and Transcript	Location	Variant	Zygosity	Disease (OMIM)	Classification
(KT40289516)	DHCR7 NM_001360.2	Exon 9	c.1091C>T; p.Thr364Met	Heterozygous	Smith-Lemli- opitz Syndrome (AR- # 270400)	Likely pathogenic
(KT40289518)				Heterozygous		

As is evident that the couple were carriers for likely pathogenic variant in DHCR 7 gene which causes the SLO syndrome. Therefore an amniocentesis was offered at 16 weeks for prenatal diagnosis of the same and the fetus was detected to be a carrier (not affected) for the same mutation and the outcome was a healthy baby born at term.

Case 3: Another very common indication for prenatal diagnosis is a previous child affected by a haemoglobinopathy. This couple had their previous child affected by a haemoglobinopathy and was transfusion dependent. The index child couldn't be evaluated due to recent transfusion and therefore a carrier screening was performed for the parents. The parents were detected to be Beta thalassemia and sickle cell carriers. A chorionic villous sampling was therefore performed at 11 weeks in the current pregnancy and unfortunately the fetus was a compound heterozygote for both the genetic defects. A termination of pregnancy was therefore offered.

HBB GENE SEQUENCING FOR MUTATION ANALYSIS

Details	Remarks
Sample Type	Chorionic Villus Sample
Quality of Sample	Adequate
Gestational Age	11 Weeks 5 Days
Clinical Indication	Not provided
Test Requested	Beta Globinopathy

RESULTS

Sample	Variant Detected	Genotype	Allele Status	Clinical Significance
Fetus	1. Common nomenclature : Hb S HGVS nomenclature : c.20A>T 2. Common nomenclature : IVS-1-5(G>C) HGVS nomenclature : c.92+5G>C	HbS/ β^+	Compound Heterozygous	HbS - β^+ Thalassemia
Mother	Common nomenclature : IVS-1-5(G>C) HGVS nomenclature : c.92+5G>C	β^S/β	Heterozygous	Thalassemia Minor
Father	Common nomenclature : HbS HGVS nomenclature : c.20A>T	HbS/HbA	Heterozygous	Sickle Cell Trait

Case 4: 32-year-old primigravida reports at 21 weeks for a genetic Biochemical screening for aneuploidy was missed. There was presence of a single soft marker- hyperechogenic bowel in the fetus along with mild oligohydramnios.

After proper counselling and discussing the possible etiologies for such findings a possibility of fetal infection was discussed. The family agreed for an amniocentesis and a viral PCR on amniotic fluid was performed. The results were suggestive of the fetus being infected with CMV.

CMV REAL TIME QUANTITATIVE PCR REPORT

TEST PERFORMED:

Method: Real-Time PCR amplification using CMV DNA specific primers. Internal control CT value indicates no PCR inhibition.

TEST RESULTS:

Cytomegalovirus was **detected 8720 IU/ml**.

Fetal medicine caters its services to screening and diagnosis of various structural anomalies, chromosomal abnormalities and prediction of adverse maternal outcomes so that appropriate counselling and monitoring may be offered to the mother. After having a diagnosis of any abnormalities on biochemical markers, genetic sonogram or presence of soft markers in the fetus, a proper evaluation of the fetus and counselling is suggested by a fetal medicine specialist. This would help us in improvising our maternal and fetal outcomes and guide the patient for planning future pregnancies.

Every Wednesday Activities ,From 2 pm TO 3 pm.

SAMC & PGI,Indore

	Name of Society	Chairman	Secretary
1st Wednesday	Research Society	Dr.Rajesh Sharma, Prof Dept.of Surgery	Dr.R.K Vashistha,Prof , Surgery & Dr.Rohan Chapekar, Asst.Prof Surgery
2nd Wednesday	Clinicopathological Club	Dr.Amit V Verma, Prof Dept.of Pathology	Dr.Shilpi Dosi,Asso Prof, Dept of Pathology
3rd Wednesday	Clinical Society	Dr.Swati Muley, Prof,Dept of Pediatrics	Dr.Silky Agarwal, SR,Dept.of Pediatrics
4th Wednesday	Death Review meeting	Dr.R.K.Jha , Prof & Head,Dept.of Medicine	Dr.Prakash Joshi , Prof,Dept.of Medicine

Moment of Pride & Gratitude



We here at SAMC & PGI, Indore feel pride and honored to inform all of you that our renowned Doctors have been awarded & were being honored by IMA HQ, Delhi on Teachers day 5th September at IMA HQ, Delhi.

WE congratulate Our Respected faculty,

1. Dr. Dilip Kumar Acharya honored with Honorary Professor IMA-Academy of Medical Specialties.
2. Dr. Ravi Dosi honored with Best Teacher Award.



Publications

Department of Anatomy

1. Joshi SD, Joshi SS, Valimbe N, Sheath of distal tendon of semimembranosus muscle and its functional significance. J Anat Soc India, 2021;70:35-40.
2. Agichani SR, Joshi SD, Joshi SS, Morphometric study of Lumbar Intervertebral Discs in a tertiary care centre in Central India. J. Evid based Med Health C, 2021 Aug;8(31):2895-2899.

Department of Orthopedic

3. Rajeev Shukla, Mayank Gulve, Vikram deep Singh & Ayush Soni, Awareness of Radiation hazard in orthopaedic residents surgeon in a central India; Int. J. Adv. Res. 9(08), 352-356.

Department of PSM

4. Madhuri Inamdar, Sonia Tiwari, Silvia Bathan, Deshpande A.R and Wavare R.R, Family life awareness of adolescent boys: A Community Based study catering Urban Health Centre, Pardeehipura, Indore (M.P.); IJCAR, Vol 10, Issue 08 (B), pp 24954-25958, Aug 2021.

Department of Radiotherapy

5. Formation of Institutional Protocol for Planning Target Volume Margins 9 In Carcinoma Cervix, Using Daily CBCT And Weekly KV Imaging: A Study From Central India Saurav Karnawat, Sarthak Moharir, Jayeeta Sen, Amresh Kumar, Virendra Bhandari.
6. Cutaneous Manifestations In Relation to All Malignancies: A Retrospective 17 and Prospective Study Jayant P S Yadav, Vividha Dubey, Yusuf Malik, Kailash Bhatia, Saurabh Karnawat, Virendra Bhandari.
7. Near Death Experience in Terminally III Cancer Patients: A Pilot Study 25 Vividha Dubey, Jayant Yadav, Yusuf Malik, Pawan Rathi, Ajay Sharma, Saurabh Karnawat, Virendra Bhandari
8. Caregiver Burden Amongst Relatives of Terminally Ill Cancer Patients: 33 A Pilot Study. Vividha Dubey, Jayant Yadav, Ridhima Ojha, Pawan Rathi, Ajay Sharma, Saurabh Karnawat, Virender Bhandari.
9. Impact of Repeat-CT on Doses to Target Coverage, Parotid Organs at Risk During Course of Radiotherapy in Head and Neck Cancer Sumit Gupta, Jayeeta Sen, Amresh Kumar, Ridhima Ojha, Saurabh Karnawat, Virender Bhandari.
10. Bilateral Synchronous Breast Cancer: A Case Report based on Rare Presentation 47 Yusuf Malik, Jayant Pratap Singh, Vividha Dubey, Saurabh Karnawat, Virender Bhandari.

WORLD LITERACY DAY: 8TH September 2021

Literacy means ability to read and write any language with understanding. The national percentage of literates in the population above 7 yrs. of age is about 74% with literate males about 82 % and females 65 percent.

To maintain the health equilibrium, the role of human host is important. For example age, nutritional status and immunity. Personality is also a quality of human host that is decided by education level. Thus health is also decided by one's education level.

Education and literacy also influence health outcome. Higher education improves the quality of life. Education increases the capacity for better decision making regarding one's health and health related behaviours. People usually do not believe something which they are not aware of. Providing education to people results in change in understanding and change in perception.

Female education is considered of utmost importance for the health of families. Women education has been neglected since ages with priority for household chores in India. Only 35% of women of India have 10 or more years of schooling. There are higher childhood illnesses including Acute Respiratory diseases among children of mothers of low literacy. Education of female is a driving force for better health of society.

The quality of life of a person is determined by many factors including factors deciding health and education. This quality of life is evaluated for different countries by Human Development Index. India's score is of Medium Human Development Index, 131st place in the world out of 189.

Health promotion includes all activities aiming at increasing well-being and education is one of the basic principles of health promotion.

The theme given by United Nations for this year is “Literacy for human centered recovery- Narrowing the Digital divide”. The COVID-19 crisis has disrupted the learning of children, young people and adults. Even in the times of global crisis, efforts have been made to find alternative ways to ensure the continuity of learning, including distance learning. Literacy, therefore is central to a human- centered recovery from COVID-19 crisis.

Dr. Madhuri Inamdar

Professor,

Department of Community Medicine

Proud moment for SAIMS



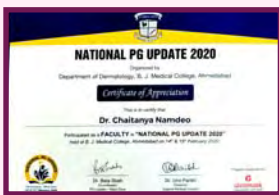
On this very Independence Day, under the visionary, of our founder chairman, Dr. Vinod Bhandari, our Institute SAIMS was awarded by Indore Collector for installing Oxygen Gas Plant.

Certificates



Dr. R.K. Jha, Prof. and Head, Department of General Medicine, SAMC & PGI, Indore participated in National Symposia on Cardio Diabetic Conclave – 2021 as Chairperson. The event took place on 29th August in Mumbai.

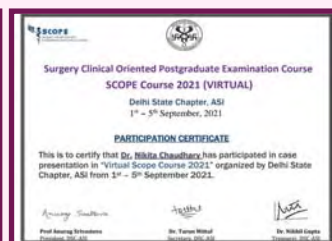
Dr. Kailash Bhatia, Prof. and Head, Dept. of Dermatology and Dr. Chaitanya Namdeo, Prof. participated as faculty in “National PG Update 2020” held at B.J. Medical College, Ahmedabad on 14th and 15th February 2020.



Prof. Dr. Chaitanya Namdeo, participated as faculty in CME & workshop on “Basic & Practical Approaches in Dermatopathology ” held on 10th July 2021 at Chirayu Medical College & Hospital, Bhopal, M.P..



Dr. Kavitarati Dharwadkar, Prof. and Head, Dept. of Biochemistry, has participated in “Six Sigma & Statistics in Clinical Lab” organized by Medical Education & Learning Point as Delegate as well as attended APFCB Master class in Interpretative Commenting Serum Protein Electrophoresis on 25 August 2021.



Dr. Nikita Choudhary has participated in case presentation in “Virtual Scope Course” 2021, Delhi State Chapter from (1st to 5th sept. 2021) and Dr. Sapna Patidar done presentation at ASI Indore City Chapter on 2 nd Sept. 2021 under guidance of Dr. Manoj Kela & Surgery Department Team.

Dr. TruPT Bajpai has completed training on ION Torrent Technology at SAIMS on 13th August 2021.

Other Achievements



1. Dr. Subodh Banzal conducted a talk on “Beyond A1C- Focus on Metabolic Cardio renal benefits of dapagiflozin”.



2. HOD & Professor Dr. Shreya Thatte as guest faculty delivered talk on her experiences with "Stem Cells in Cornea-senescent to recent" in Ophthalmology Medley during Aatmanirbhar, Madhya Pradesh meet hosted by Shyam Shah Medical College, Rewa on 13 August 2021.

3. Dr. Shreya Thatte was invited in Annual Conference of ACOIN, Kolkata on 22 August 2021 for a lecture "Pterygium: how to minimize recurrences"

4. On August 23rd, 2021 on invitation from The Varanasi Ophthalmological Society attributing to Madam's years of experience and finesse in the super specialty, HOD & Professor Dr. Shreya Thatte presented a Faculty lecture on Amniotic Membrane Transplant in Ocular Surface Disorders.

5. Dr. Chhavi Gupta, our post graduate from Department of Ophthalmology has been selected for long term Oculoplasty fellowship at one of the most prestigious eye institutes of India- Vision Eye Centre, New Delhi.

Guest Lecture



Dr. Ajay Kumar, Eminent Urosurgeon, Past National President IMA, Past President Urological society of India and Past Vice President, National Board Of Examination delivered a talk on 16 th August 2021 on the topic “ How to Break Bad News”. He enlightened and made aware all the faculties along with residents regarding the same.



COVID-19, PLIGHT OF HEALTHCARE WORKERS- “PROBLEMS TO SOLUTION”

We are all in middle of a pandemic; we all faced the loss it created on our hospitals and home, especially the physical, mental and emotional effect on our healthcare workers.

So, we at the department of physiology took an initiative and organised a webinar on 9th September, 2021 on topic “Plight of healthcare workers- Problems to Solutions”.

In the webinar, we discussed the difficulties that were faced by the healthcare workers and tried to find more comprehensive solutions for better preparation in future, if such a situation ever arise again.

The discussion involved problems faced during COVID duties like depression, anxiety, lack of exercise, lack of nutritious food, sleep deprivation, lack of family support etc. The speakers showed empathy towards such topics and facilitated a conversation to find solutions for a better health regime where healthcare workers are not only physically healthy but also have emotional and social stability. Though we hope such a situation never arise, yet, hope is a double edge sword and one should always have the readiness to fight.

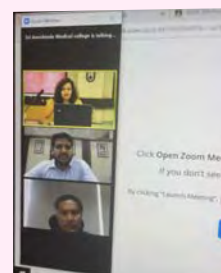
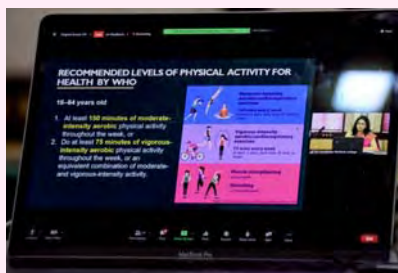
Dr. Jaishree Tapadia

Professor & Head

Dept. of Human Physiology,

Convenor, Curriculum-Sub-Committee (Phase-I)

SAMC & PGI, Indore (M.P.)



Forthcoming Conference Nov. 2021

ISRPT Con21

13 th Annual Conference

Indian Society for Rational Pharmacotherapeutics

Preconference Workshop - 25th Nov 2021

Conference - 26th – 27th November 2021

Theme - “Newer Challenges & Therapies in Covid 19 :
Taking a step ahead”

Venue - SAU

Department - Pharmacology, SAMC & PGI,SAU

Chief Patrons - Dr.Vinod Bhandari Founder Chairman Saims, Dr.Manjushree Bhandari, Chairperson SAIMS & Chancellor SAU, Dr.Jyoti Bindal Vicechancellor SAU

Patrons - Dr.Mohit Bhandari, Vice-Chairman SAIMS, Pro Chancellor SAU

Dr.Mahak Bhandari, General Secretary SAIMS, Pro Chancellor SAU

Organizing Chairperson - Dr.Chhaya Goyal

Organizing Secretary - Dr.Pooja Reddy

Official Instagram Account - @isrptcon2021



Know the Department

Name of the Department : Dermatology Venereology & Leprosy

HOD- Dr.Kailash Bhatia, MBBS,MD[Dermatology,Venereology & Leprosy]

Faculties

Dr.Kailash Bhatia,Prof & Head dept .Of Skin & VD

Dr.Chaitanya Namdeo,Prof

Dr.Amin Syed Moinuddin,Asst.Prof

Dr.Vishal Agrawal,Asst.Prof

Dr.Nidhi Singh,SR

Publications

1.Dr.Deepa,Dr.Kailash Bhatia,Dr.Chaitanya,Dr.Sumit:A study of clinic epidemiologic profile of herpes zoster in Central India ,Journal of evidence based medicine and health care,2020

2.Dr.Jushya Bhatia,Dr.Kailash Bhatia:Acne filmon and,a case report & review of literature,Indian J.of Pediatric Dermatology,2021

3.Dr.Kanchan Kumawat,Dr.Kailash Bhatia:A case of solitary cutaneous leiomyoma on shoulder,Mimicking a keloid,The J.Of Medical Sciences,2020

Conferences & Workshops

1.Dr.Kailash Bhatia & Dr.Chaitanya Namdeo were faculty in 'National PG Update 2020' held offline in Ahemdabad (Gujrat) in 2020.Dr.Kailash Bhatia was also an speaker on topic – 'Approach to a patient with Genital warts.'

2.Dr.Chaitanya Namdeo also attended an offline National CME & Workshop on Basic & Practical approaches in Dermatopathology in Bhopal in 2021.

Dr.Kailash Bhatia - Guest Lectures

Expert panelist on Live webinar topic –'Rashes over the legs – when to suspect cutaneous vasculitis'	Indore	MP	2020	online	National
Live webinar on topic – LET'S TALK VITILIGO'	Indore	MP	2020	online	National
Moderator on topic – Novel drug delivery approach in the management of plaque psoriasis	Indore	MP	2020	online	National
Expert panelist on topic – Use of moisturizer in various skin conditions	Indore	MP	2020	online	National
Panelist on topic – Current & emerging trends on CSU & deep dive on inducible urticaria	Indore	MP	2020	online	National
Panelist on topic – Facial Rashes – How to proceed	Indore	MP	2020	online	National

Facilities available - DERMATOLOGY ARMAMENTARIUM

Sri Aurobindo Medical College & Post Graduate Institute is running the DEPARTMENT OF DERMATOLOGY, VENEREOLOGY & LEPROSY since inception. We as a dermatologist treat dermatological diseases not only with medicine but also provide various investigational, therapeutic and aesthetic procedures in the department. Two new machines have recently been added to our department. One is US FDA-approved PrimeLaze Quadriple DIODE LASER indicated for hair removal and the other is CellinaPR Fractional RF Technology (6 in one) device with multiple treatment modalities like fillers, subcision, and microneedling.

LASER and Energy based devices

Light amplification by stimulated emission of radiation

Laser energy based on the principle of Selective photothermolysis where the optical energy is absorbed by the specific chromophore, the lesion is heated, damaged and eliminated while the surrounding skin is left unaffected.

1. IPL; Intensed pulsed light; filtered xenon flashlamp:

It produces wavelengths from 430-1200 nm & utilizes different filters by which different wavelength bands can be chosen. Various indications includes:

- | | | |
|-----------------|-----------------|----------------------|
| 1) Acne | 2) Pigmentation | 3) Skin Rejuvenation |
| 4) Spider veins | 5) Hair Removal | |



2.Q-switched Nd:YAG LASER:

The gold standard for tattoo removal. It penetrates deeper into the skin and thus used for deeper vascular lesions and spider veins.



2.Diode LASER (Quadriple LASER):

It is used for Hair Removal. Offers a blend of four wavelengths:

- 1) 755nm: maximum melanin absorption. Perfect for thin and light hairs.
- 2) 810nm: the Classic wavelength for hair removal. Perfect for most regular thickness hair.
- 3) 940nm: moderate melanin absorption. Perfect for dark hair.
- 4) 1064nm: lower melanin absorption combines with deeper penetration. Ideal for all types of dark hair over the back, scalp, armpit, and pubic area.



4.Radiofrequency Machine (6 in one):

It is safe and effective for all skin types, has less risk of PIH, and minimal downtime. It offers the following services:

1. Microneedling RF: Acne scars, Accidental, Traumatic & Surgical scars, Large pores, Deep Wrinkles, Stretch marks
2. RF matrix: Skin rejuvenation, Open pores, Blackheads, Resurfacing, Fine lines
3. RF subcision: Small fat reduction, Facial local lipolysis, Facial contouring, Skin lifting
4. RF thermolysis: Spider veins, Acne syringoma, Fine wrinkles
5. RF fillers: Wrinkle treatment, Facial contouring
6. Vaginal Rejuvenation: Vulval tightening, Vaginal tightening, Stress urinary incontinence



IONTOPHORESIS:



A satisfactory method of controlling hyperhidrosis of hands and feet. It uses tape water or anticholinergic drugs such as 0.05% glycopyrronium bromide solution. Direct current is usually used, with each palm and sole being treated for 30 minutes with 20mA, initially three times a week. Once euhidrosis is established monthly maintenance treatment may be sufficient.

CRYOTHERAPY:

Cryotherapy is controlled and targeted destruction of diseased tissue by application of a cold substance. Most commonly used cryogen is liquid nitrogen. Treatment with cryotherapy is safe during pregnancy. Common indications are:

1. Benign tumors (Dermatofibroma, Keloids, Xanthelasma, Rhinophyma)
2. Viral infection(Common warts, Genital warts, Molluscum Contagiosum)
3. Vascular lesions (Hemangioma, Pyogenic granuloma)
4. Premalignant and malignant lesions (Actinic Keratosis, Bowen's disease, BCC, SCC)
5. Vascular lesions (Spider nevi, Venous lake, Cherry angioma, Capillary Hemangioma)



ELECTROFULGURATION:



In this method, electrode is held away from the skin to produce a spark. The current needs to be of very high voltage to produce this current. Since the damage is very superficial EF is suitable for epidermal lesions like flat warts and milia.

IONTOPHORESIS:



A satisfactory method of controlling hyperhidrosis of hands and feet. It uses tape water or anticholinergic drugs such as 0.05% glycopyrronium bromide solution. Direct current is usually used, with each palm and sole being treated for 30 minutes with 20mA, initially three times a week. Once euhidrosis is established monthly maintenance treatment may be sufficient.

CHEMICAL PEELS:

Chemical peeling is the application of a chemical agent to the skin, which causes controlled destruction of a part of or the entire epidermis, with or without the dermis, leading to exfoliation and removal of superficial lesions, followed by regeneration of new epidermal and dermal tissues. Indications include acne scars, ageing skin changes and benign epidermal growths.

LAB PROCEDURES:

- 1) GRAM STAIN: Bacterial infections
- 2) TZANCK SMEAR: Viral infections, Autoimmune bullous dermatoses
- 3) KOH mount: fungal infections
- 4) ZN stain(Slit Skin Smear): Hansen disease

SPECIAL FACILITIES:

The Department of Dermatology, Venereology & Leprosy runs special clinics for specific dermatological diseases like Psoriasis, Vitiligo, Pigmentary, Hansen, STD, Vesiculobullous, Autoimmune disease. We manage the cases of Hansen disease starting from examination, investigation, registration, and provide them with MBMDT pack supplied by government, till the management of reactions in leprosy. We also manage cases of sexually transmitted infections after investigating and reaching the etiology and treat them with appropriate therapy.

Out reach Activities

Department of Ophthalmology “EYE DONATION FORTNIGHT”

The “EYE DONATION FORTNIGHT” was celebrated from 25th August 2021 – 8th September 2021 by the Department of ophthalmology like every year. This year we celebrated the fortnight with a theme of “# love your eyes”. Our primary objective was to spread the message and raise awareness among people about the importance of eye donation. We are highly thankful and obliged to our founder chairman, Dr. Vinod Bhandari for encouraging and supporting our ideas and promoting various activities during this fortnight.

The program began with recording of videos by all faculty member of department of ophthalmology explaining about importance of eye donation. It was conducted with the help of our videography team. We extend our gratitude to whole team for their co-operation and efforts, especially Mr. Himanshu. With immense efforts of our faculty, Postgraduate students, optometrists and computer operator, we prepared and performed “NUKKAD NATAK”, which was very diligently written and directed by Dr. Sonam Verma (Assistant Professor, Department of ophthalmology). The Nukkad natak was performed by, to grasp attention of general population at various places (campus and at Bhandari hospital). The programme got very good response from general population. Pamphlets and eye donation forms were distributed in public to raise awareness and get their active participation. The celebration also had poster making competition in which 105 students from M.B.B.S. 2018 batch, Indore institute of medical sciences nursing and SAIMS nursing participated with full enthusiasm. The participation certificate were given to all participants.

The programme was co-ordinated by Dr. Seemee Kapadia, Dr. Mamleshwari Patil and Mr. Nitin Gehlot. The programme concluded with participants “Best Poster Award” with exciting prizes given to 4 best posters in gracious presence of Dr. R.R. Wavre Dean (SAIMS) and Dr. Manjushree Bhandari, Chairperson (SAIMS) & Chancellor (SAU)



Department of Pediatrics

IAP Hands on “Point of Care” (USG and Echo) workshop for Pediatricians, 4th Sept.2021.

Dept. of Pediatrics and Adolescent Medicine in collaboration with IAP organized point of care on 4th September which was attended by pediatric PGs, Faculties, Emergency medicine fellows and students from Choithram also. It was organized by Dr. K.K.Arora and Dr. Prashant Agarwal. It was very useful workshop with hands on training session. Faculti speakers were renowned Pediatric Cardiologist, Neonatologist, and Intensivist from Indore.



क्या आप अपने 18 वर्ष तक के बच्चों में इन समस्याओं को लेकर चिंतित हैं ?

क्या आपके बच्चे का खून से संबंधी समस्याएं हैं ?

क्या आपके बच्चे को श्वास आने में कठिनाई है ?

क्या आपके बच्चे का विकास ठीक से हो रहा है ?

क्या आपके बच्चे का वजन कम है या आप उसके मोटापे से चिंतित हैं ?

क्या आपके बच्चे का रक्त-चाप कम है या आप उसके मोटापे से चिंतित हैं ?

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सभी सवालों के जवाब एक छत के नीचे मध्यभारत की उच्चतम आई.सी.यू. सेवाओं के साथ।

अधिक जानकारी के लिए संपर्क करें : **+91 7880080201**

श्री अरविन्दो अस्पताल, श्री अरविन्दो युनिवर्सिटी, सेन्स कैम्पस
इंदौर-उज्जैन स्टेट हाई-वे, M.R.-10 क्रॉसिंग, इंदौर.

पीडियाट्रिक्स (बाल चिकित्सा) सुपरस्पेशियलिटी सेवाएं

अरविन्दो अस्पताल में निम्नलिखित पीडियाट्रिक चिकित्सा सेवाएं शिशु एवं किशोर चिकित्सा विभाग में प्रातः 9 बजे से 4 बजे तक प्रारंभ हो चुकी हैं।

- बाल पेट एवं लिवर संबंधी रोग उपचार (पीडियाट्रिक गैस्ट्रोएन्ट्रोलॉजी विभाग)
- बाल मस्तिष्क रोग उपचार (पीडियाट्रिक न्यूरोलॉजी विभाग)
- बाल हृदय रोग उपचार (पीडियाट्रिक कार्डियोलॉजी विभाग)
- बाल हार्मोन संबंधी रोग उपचार (पीडियाट्रिक एन्डोक्राइनोलॉजी विभाग)
- बाल रक्त कैंसर रोग उपचार (पीडियाट्रिक हिमेटोलॉजी एवं ऑन्कोलॉजी विभाग)
- बाल मनोरोग उपचार (पीडियाट्रिक सायकायट्री विभाग)
- नवजात एवं शिशुओं में हाई रिस्क रोग उपचार, बाल विकास एवं वृद्धि क्लिनिक (चाईल्ड डेवलपमेंट / हाई रिस्क क्लिनिक)
- पीडियाट्रिक इन्फेक्शियस डिसीज क्लिनिक
- बाल मूत्र रोग उपचार (पीडियाट्रिक यूरोलॉजी विभाग)
- बाल गुर्दा रोग उपचार (पीडियाट्रिक नेफ्रोलॉजी विभाग)
- बाल हड्डी रोग उपचार (पीडियाट्रिक ऑर्थोपेडिक विभाग)
- बाल नेत्र रोग उपचार (पीडियाट्रिक ऑफ्थैल्मोलॉजी विभाग)

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The Pediatrics Department has published pamphlets in hindi for circulation to the patients and the attendants and to make them aware of specialized work being done in the department. The pamphlet also enumerates the various pediatrics super specialties in the department.

The 25th Hour
The tears run free,
The eyes cannot see,
The words are unheard,
Death creeps up Undeterred.
If only I had a 25th hour

The limbs are tired
The body with exhaustion has conspired,
The heart beat fades,
Through me a sense of helplessness
pervades.
If only I had a 25th hour

The smile is gone,
The fates have turned me into a pawn,
The laughter no longer rings,
All the notes she no longer sings.
If only I had a 25th hour.

The gloom is eternal,
The sorrow is infernal,
The darkness begins to penetrate,
Minds fail to interpret.
If only I had a 25th hour.

The will is sapped,
The hope has been scraped,
The scream dies inside,
But the emotions have be kept aside.
I need to make my own 25th hour.

The next one arrives,
The battle begins one cries,
The energy is drawn from reserves
unknown,
To me it is a time to atone.
I have made my own 25th hour.

Dr. Apurv Bhupendra Thakur
Assistant Professor, Department of PSM

शिक्षक दिवस के उपलक्ष्य में

शिक्षक और शिष्य दोनों में गहरा नाता है
शिक्षक ही शिष्य का भाग्य विधाता है

शिक्षक ही एक राष्ट्र में बदलाव लाता है
शिक्षक ही सच में एक राष्ट्र निर्माता है

शिक्षक ही समाज में नई रोशनी जगाता है
शिक्षक ही समाज का संस्कार दाता है

शिक्षक का स्थान ईश्वर से भी पहले आता है
शिक्षक ही तो है जो शिष्य को भगवान बनाता है

तलवार से कोई भी किसी को नहीं जीत पाता है
कलम की ताकत के आगे तो सारा विश्वशीश
झुकाता है

शिक्षक दिवस की आप सभी को
हार्दिक शुभकामना

डॉ. अभिषेक कौसल
प्रो. : सर्जरी डिपार्टमेंट

Convocation Ceremony of Physiotherapy and Occupational Therapy (BATCH-2015)



Every end has a new beginning; convocation is an exciting moment to mark the achievements of our graduates. It's an opportunity for graduates to share the celebration of their accomplishment with peers, family and friends. With the same hope Sri Aurobindo Institute of Allied Health care professionals conducted Convocation ceremony of physiotherapy and occupational therapy students of Batch-2015 on 26.08.2021. The event started with Saraswati Vandana followed by felicitation of guest.

The ceremony began with the speech of our honorable chairperson Dr. Vinod Bhandari, He motivated the graduates to not to forget their value system, work ethics and humanity. He said that an identity is something that you are constantly earning. It is a process you must be active in. Your upcoming path is your character, defining itself more and more every day.

Honorable chancellor Sri Aurobindo University Dr. Manjushree Bhandari congratulated to all graduates and added to aim high & dream deep, believe in yourself and have the courage, the determination, the dedication and competitive drive to achieve everything you dream for.



Director Allied Health care professionals Dr. Shekhar Modak said that students are future of India, learn from every mistake, this is the key of life to develop an internal moral; He said that Institute is putting its vision into practice and graduates should go further for specialization in their field of interest. He added that SAIMS is your mother institute and will remain to be a place where you want to come back to after graduation, often in your memory and in person also, you are always welcome to come back.

Dr. Anand Misra, Registrar, Sri Aurobindo University addressed the fresh graduates and said that you are the brand ambassadors of the institute. It's time to celebrate the hard work that led to this joyful occasion. Your hard work has finally reached to a Goal, he emphasized the word DEEKSHANT, he said that it's not the end, it means that now you are capable to face challenges and you all are now ready to take the next big step in life. Take all experiences with you and do well wherever you go and in whatever you do.

Then honorable guest handed over the graduate certificate to graduates preceded by oath ceremony by Dr. Rakhi. The ceremony was graced by presence of Dr. S.D Joshi, Dr. Mrs. Joshi (Department of Anatomy), Dr. Manoj Kela (HOD surgery), Dr. Gunjan Kela (HOD Pediatrics), Dr. Prachi Shaw (HOD Microbiology) and parents of graduates.

Case Report : 1 Neurointervention in a CVT patient at SAIMS

Dr Rahul Jain, Dr Dinesh Chouksey and Kapil Telang (Neurology)

Dr Nishant Bhargva (Neuroradiology)

One more feather in saims cap, matter of proud for the institute that Neuro-interventions have been started for the first time in our institute under Ayushman policy for needy patient. It was successfully done by team of Neurology and Neuroradiology of SAIMS. Decision of doing neurointervention taken by team of neurology department including Dr Rahul Jain, Dr Dinesh Chouksey and Kapil Telang and done by Dr Nishant Bhargva Neuroradiologist successfully.

CASE- A 39 year old female patient right handed housewife studied upto 10th std without previous co morbidities presented with complaint of headache for 6-7 days, fever and altered sensorium, right sided weakness for 3-4 days and one episode of seizure prior to admission. Patient developed confusional state 3 days prior to admission and was not following verbal commands, making errors in wearing clothes but was able to move all four limbs and could walk unassisted. Patient had one episode of generalized tonic clonic seizure in the night. Next day family members noticed that she has developed right sided weakness and had tendency to fall towards right side on attempting to walk. There was no history of fall, trauma, previous history of abortions or peripheral vascular thrombosis or intake of oral contraceptive pills or hormonal therapy. On **examination** patient was found to be drowsy, arousable and following subtle verbal commands. Her BP -126/86, PR -86/mnt SpO2- 98% (room air) . There was no neck stiffness, pupils were 2mm equal and reacting. The cranial nerves were normal. The power on right upper and lower limb was 4minus/5 and 5/5 on left side. Bilateral plantars were flexors and DTR were normal. Fundus examination was normal. **Investigations**-Hb-9.4gm, TLC-4990, plt-3.07 lacs, mcv-65.9, ESR-42, aPTT-31, urea-24, S Creatinine-0.38, Na-144, k-4.4, Cl-102, Cov 2 PCR ab – negative, SGOT/PT-16/14, Ferritin-37(10-291), Urine r/m- 20-25rbs, 15-18 pus cells. **2D Echo-** normal LVEF 60%, grade 1 LVDD

MRI Brain with contrast- There is seen evidence of abnormal T2/Flair signals with associated edematous changes and faint diffusion restriction in b/l thalamus (L>R) and left half of midbrain. Tiny focus of diffusion restriction also noted in left Centrum semiovale. Contrast veno showed

MRI & MRV: Bilateral thalamic, left half midbrain and centrum semiovale hyperintensities were noted on T2 WI suggesting venous infarcts secondary to complete thrombosis of deep and superficial venous system seen on MRV.

DSA: Normal arterial phase with delayed venous phase and non-opacification of deep and superficial venous system.

Endovascular procedure: Mechanical thrombo-aspiration and venoplasty of venous sinuses was performed using Penumbra aspiration system and a balloon. Post aspiration and plasty near complete opacification of superficial venous system, veins of galen and partial opacification of straight sinus was noted.

Current selection criteria:

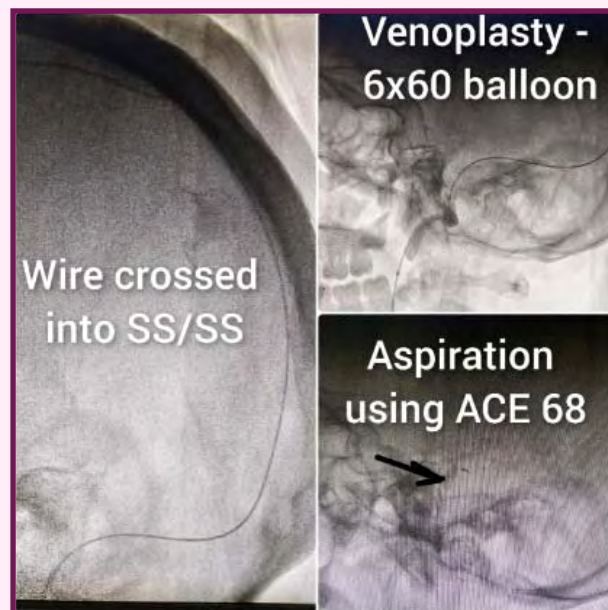
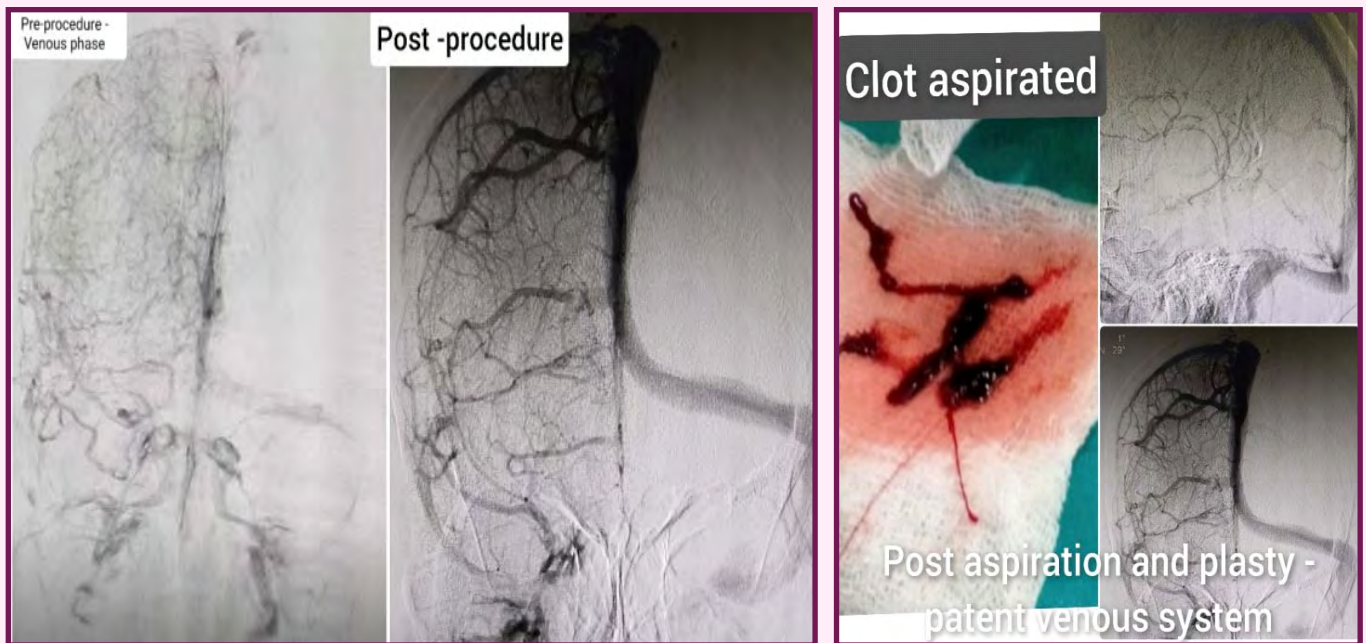
1. Clinical deterioration or progression of infarction & thrombosis despite adequate anticoagulation.
2. Severe stupor /comatose presentations.
3. Deep CVT / posterior fossa involvement.
4. Major contraindications to anticoagulation, such as bleeding disorders or thrombocytopenia or recent GI hemorrhages.

Endovascular methods for venous thrombosis:

- (A) Direct aspiration using an ADAPT technique
- (B) Mechanical thrombectomy with stent retrievers
- (C) Direct thrombolysis with local injection of thrombolytics
- (D) Clot disruption with Angio jet irrigation
- (E) Mechanical suction with balloon-stabilized aspiration

Conclusion:

1. Medically refractory CVT is a life threatening condition.
2. Newer endovascular procedures are promising and need to be utilized with careful patient selection criteria.



Case Report : 2

PERFORATED UTERUS: A RARE COMPLICATION

Dr. Prof. Neeta Natu (HOD) (OBG) Dr. Supriya Rajput PG Resident

Perforation of uterus is a rare complication of suction and evacuation, with the incidence of less than 2%. Awareness of the complication is therefore essential to prevent the condition, and early diagnosis and management.

A 29 year old female was referred to SAIMS from the government hospital in view of perforated uterus with massive hemo peritoneum, she is a case of G3P2L2 with 22 wks. POG with 13wks IUFD with previous 2 LSCS was admitted at the govt hospital for medical termination of pregnancy. Mifepristone was given followed by Foleys instillation after 48 hours, and abortus delivered 12 hours after Foley's insertion, placenta was adherent for which suction and evacuation done, after half an hour of suction and evacuation pt. went into hypotension and was referred to higher center for further management.

Patient was admitted, assessed and investigated, massive hemo peritoneum documented on ultrasound. Emergency laparotomy was done, uterus found ventrified, bladder pulled up, 3*4 cm rent found on the posterior wall of the uterus, hysterectomy done, placenta was morbidly adherent and cannot be removed, hence subtotal hysterectomy planned after consent. After separating the anterior abdominal wall and bladder from the uterus subtotal hysterectomy was done, specimen sent for HPR. 2500ml of blood clots removed from abdominal cavity extending up to the diaphragm. Bowel wash given. Drain kept in situ. One unit prbc transfused intra op, 2 unit prbc transfused post op. Patient stood the procedure well. Higher injectable antibiotics given for 5 days, drain removed on post op day 3, and catheter kept for 15 days. Post-operative period was uneventful. HPR s/o ruptured gravid uterus.



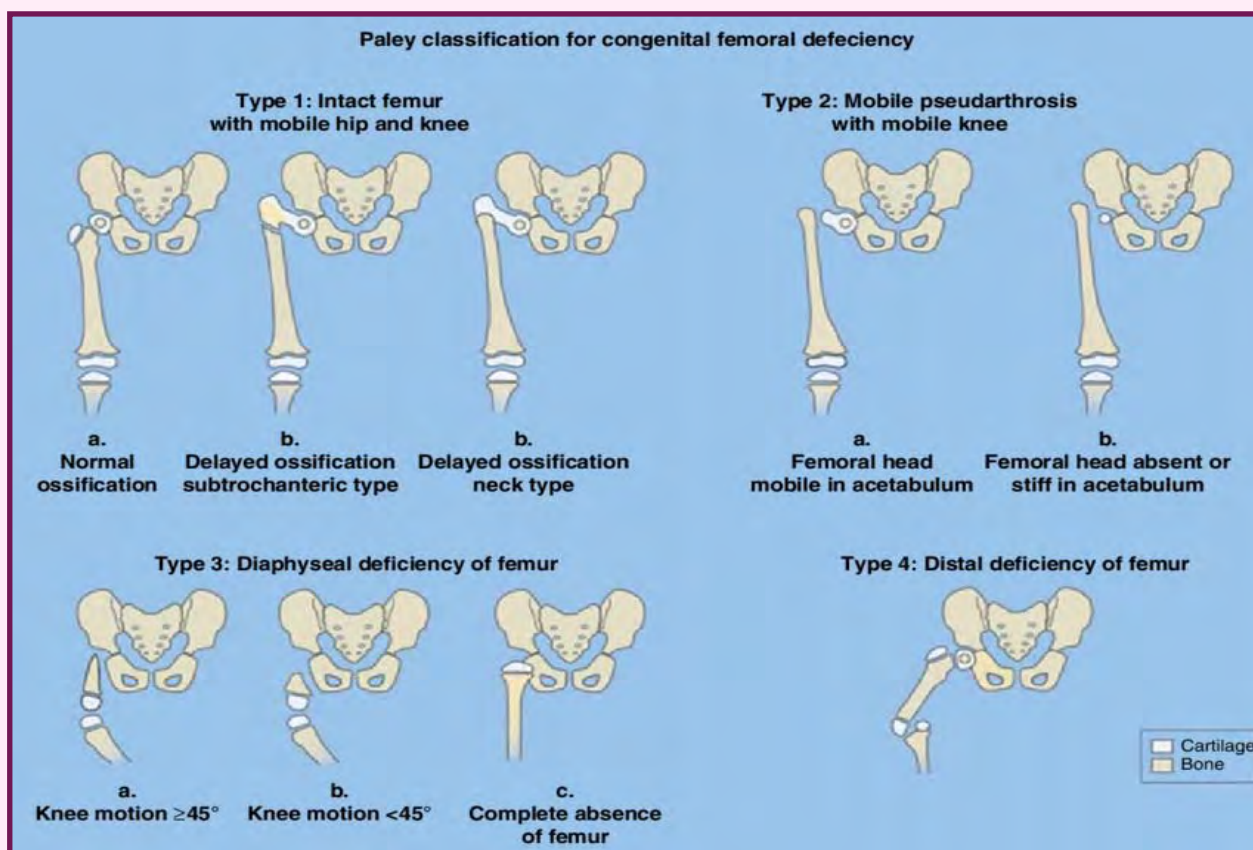
Case Report : 3

A Rare Case Of Bilateral Proximal Focal Femoral Deficiency With Pseudoarthrosis at Subtrochanteric level With Supracondylar Fracture of Left Femur

Dr. Pushpvardhan Mandlecha (Assistant Professor), Dr. Bikramdeep Singh (Orthopedics)

INTRODUCTION-

- The term proximal focal femoral deficiency (PFFD) is used to describe congenital femoral deficiency and deformity of the proximal femur to be distinguished from the congenital short femur.
- However, the more comprehensive term congenital femoral deficiency (CFD) better describes the spectrum of deficiency, deformity, and discrepancy ranging from the congenital short femur to the most severe PFFD.
- It is a rare congenital anomaly with an incidence of 1.1–2.0 in 100,000 live births
- The severity of the deformity varies widely, and this condition can be diagnosed in the prenatal period using ultrasound examination.
- In most cases, CFD is not simple coxa vara. Patients with CFD lack integrity, stability, and mobility of the hip and knee, with concurrent joint mal-orientation, bony deformity, and soft tissue contractures.
- The affected limb grows at an inhibited rate depending on the severity of the underlying deficiency.



- A 13 year old female came with complain of pain and swelling over left thigh since 15 days following the history of trauma due to fall at home with deformity in bilateral lower limb since 1.5 years of age.
- On presentation, she had severe crossing of legs with swelling over left thigh distal aspect.
- A plain x-ray was done which showed bilateral proximal focal femoral deficiency with pseudoarthrosis at subtrochanteric level (Paleys Type 2-A) with supracondylar fracture of left Femur
- Patient was operated with open reduction internal fixation with plating for fracture fixation and we used this opportunity to correct the deformity of the same limb.
- Clinical correction was good so parents came back for the deformity correction of other side also.
- Patient was followed up after 6 months.

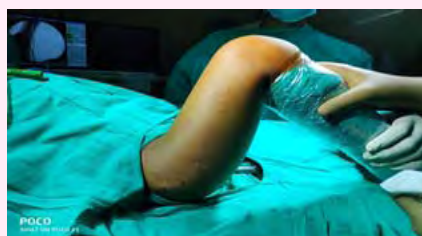
PRE OP X-RAY AND CLINICAL IMAGE AT THE TIME OF PRESENTATION



INTRA OPERATIVE IMAGES



IMMEDIATE POST OPERATIVE X-RAY



6 MONTHS FOLLOW UP X-RAY AND CLINICAL IMAGE



RESULTS

- Patient was followed up for 6 months.
- Good Deformity correction was seen with better functional outcome

CONCLUSION

An Corrective Osteotomy Using Open Reduction Internal Fixation with plating is a good option for deformity correction and improving functional ability of the patient.

PFFD is usually unilateral and mostly is associated with hip dysplasia associated with unilateral limb shortening and deformity where multiple complex surgeries are required for hip stabilization.

In this index case patient had bilateral PFFD with well-formed hip joints and pseudoarthrosis at subtrochanteric level causing gross deformity in her making her disabled. We utilized the opportunity of fracture fixation to correct the proximal deformity.

Bilateral procedure have made her independent and cosmetically better.



IMA INDORE

“We shall overcome...!”

Remains our strength and motivation to combat “COVIDEMIC”

We “The present TEAM IMA Indore” is at the verge to thanks you all for giving us your support unanimously, say to say goodbye and to heartily welcome our new team who will continue to serve the purpose of IMA and we all will support them in all possible ways to betterment of society and medical fraternity.

We took oath as TEAM IMA Indore for session 20-12 in the midst of COVID-19 pandemic, when we, infect no one were aware of COVID virus fully, its nature, its ways of presentations, its complications, How to manage, its vaccines etc etc. There were dark clouds of uncertainty all around and big threat to mankind. At this odd time, our Team motto was..... we shall overcome.....!!!.

Our Team with full supports from our colleagues fellows and local administration, started our service day and night, to society of Indore. We conducted our work at grass root levels including public awareness programs, CME's, medical supports, pulse oxymeter donations, ensuring bed availability, planning and implementations of rules and regulations from time to time. We also withstands with the rights of doctors while delivering our committed services for better tomorrow. We strongly opposed the “Quackopathy or mixopathy”, with the full involvement of our nation team and national president IMA Dr JA Jayalal at SAIMS campus.

After all, long awaited dream came true, COVID vaccines became available. But again, main stigma was it acceptance by society and public, which was biggest hurdle in its implementation on large scale to make vaccination a big success. Here, IMA Indore played its indispensable and unforgettable role under the leadership of Dr. Satish Joshi, by motivating the medical professionals and general public to ensure their active participation in world's biggest vaccination drive. Many of our senior Doctors, pioneered the vaccination program and set an example to won the confidence of others, which helped a lot in making the COVID vaccination cent percent successful. That's was the only safe way to achieve herd immunity.

In associations with FOGSI, we initiated covid vaccination programs for pregnant women and lactation mothers at government specified pink center's with great success.

IMA Indore in the presence of Shri Kailash Vijayvergiya and collector Shri Manish Singh, Dr. Nishant Shukla and Dr. Sumit Shukla, organized felicitation program at hotel Shreemaya residency on 23/07/21, for honoring doctors and staff, who worked hard throughout the pandemic for the social cause, risking their and their family life. We all salutes CORONA WARRIORS.

At last, we IMA Indore, are thankful to all for yours remarkable, unforgettable, indispensable and unconditional supports.

Jai Hind!!!

Jai IMA!!!

Dr. Satish joshi, president IMA Indore
Dr. Sadhna Sodani, Secretary IMA Indore
Dr. Rakesh Jain Editor, IMA Indore



**15th August Celebration
at IMA Bhawan.**



**Felicitations by
Sri Narottam Mishra Ji
on 15th August.**



डॉ. सतीश जोशी का सम्मान

इंदौर। कोरोना महामारी के दौर में बेहतर कामों के लिए इंडियन मेडिकल एसोसिएशन की इंदौर इकाई के अध्यक्ष डॉ. सतीश जोशी का सम्मान गृह मंत्री नरोत्तम मिश्रा ने किया। आजादी की सालगिरह पर हुए समारोह में उन्हें नवाजा गया।



Sri Aurobindo University



**Sri Aurobindo Medical College
& Postgraduate Institute**



**Sri Aurobindo College
of Dentistry**



**Sri Aurobindo Institute of Allied
Health & Paramedical Sciences**



**Sri Aurobindo Institute of
Speech & Hearing**



**Bhandari Hospital &
Research Centre**



**Bhandari Hospital
Pardeshipura**



**Indore Institute
of Medical Sciences**



**SAIMS College
of Nursing, Indore**



**BHRC School
of Nursing**



**Learning Academy of
Simulated Education & Research**



**Mohak Hitech
Speciality Hospital**



Bhandari Group of Hospitals & Institutions Pvt. Ltd.

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