

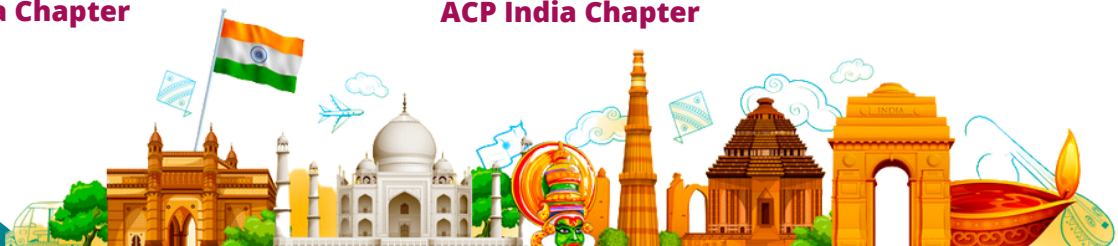
An Official Publication of ACP India Chapter



Dr Anuj Maheshwari
Governor
ACP India Chapter



Dr Amit Gupta
Advisory Council Member
ACP India Chapter



GOVERNOR'S MESSAGE

Dear Colleagues,

The year 2021 is ending with a lot of painful memories. We lost many patients & healthcare workers in the 2nd Covid 19 wave. The same virus is coming back in a new form of Omicron. India's overall tally of Omicron cases rose to 781 on 29th December 2021, as per the latest data released by the Union Health Ministry. With 9,195 new Covid-19 cases, the country's active caseload rose to 77,002. The Government of India has announced the third booster dose protocol for vaccines. States across the country continued to impose stricter covid regulations to prevent the spread of the Omicron variant including a yellow alert in Delhi. On 28th December 2021, the drug regulator granted emergency use authorization (EUA) to Molnupiravir, the world's first Covid-19 pill. The regulator also granted EUA to Hyderabad-based Biological E. for Corbevax, India's first indigenously developed RBD protein sub-unit vaccine against Covid-19, and to Serum Institute of India for Covovax, the recombinant nanoparticle protein-based vaccine that has been developed by the American biotechnology firm Novavax. In a nutshell, now we have at least a few things in our armamentarium to fight with the third wave of COVID 19. In India, at least 60.7 % of the population has received 1st dose of vaccination, and 42 % are fully vaccinated. 48% of the total world population is vaccinated.

With all these adversities, I am completing 8 months in office as Governor, India chapter. In these 8 months we have completed 65 CMEs on hypertension together with Indian Society of Hypertension. Hope to touch 100 before 31st March 2022. We organised multiple online programs of ECP Case files for Early Career Physicians which includes one important case & one lecture for personal benefits of early career physicians. We had dedicated month of August this year for Women's health related issues. September, October & November 2021 we organized multiple physical and online program on nutrition. Sponsored a session in World Congress of Nutrition in month of October 21. Many of our members collected their retrospective data in COVIDIABETES registry in last few months which were presented in our annual conference of India Chapter in Goa in December 2021.

Amidst a lot of uncertainties, finally we could have our annual conference IM ACP India 2021 at Hotel Hyatt Centric at Candolim, Goa on 10th, 11th & 12th December 2021. 115 research papers submitted. 93 were found worthy for presentation by our scientific team. Finally 87 presented their research papers. Out of 100 scientific sessions 42 were virtual online. Conference has been much appreciated from all corners of the country. 258 delegates attended the conference physically & 1274 registered for virtual attendance. All FACP recipients felicitated in conference. 34 ACP members or fellows

from India chapter received various awards in their respective field. Final round of the doctor's dilemma was also held during the conference. The winners will represent team India in Chicago coming April 2022 for the Osler's cup.

Many members have not paid dues for both 2020-21 and 2021-22 and they are on verge of losing their membership. We wish to retain them. As a special offer, if they renew, their memberships will be active through June 30, 2023. That is an 18-month membership for the price of our 12-month membership! ***The campaign will run from January 02 - January 31, 2022. I request you to take advantage of this campaign.***

[Click Here to Renew - ACP Membership Dues & Fees](#)

Tough time it is. Keep safe, Keep happy! Continue following COVID appropriate behaviour. Get the booster dose of the vaccine. Wish you all a very happy new year in 2022. May the new year bring success & happiness in your life.

With Best wishes

Dr Anuj Maheshwari,
Governor ACP India chapter



Dr Anuj Maheshwari
Governor, ACP India Chapter

IM ACP INDIA 2021

10th - 12th December 2021



Scientific Chairman MESSAGE

It was great excitement to be associated with this prestigious event as scientific chair. We had more than 100 sessions and 100 speakers with 180 chairpersons. 115 research papers from all over the world were submitted, 87 papers were found eligible for platform presentation. Around 30 were selected for the William Osler award session and rest were presented as a free paper. The conference saw good participation physically as well as virtually during the ongoing pandemic. We could listen to ACP President Dr. George Abraham, chair Board of Governors Dr. Rebecca Andrews, Director AIIMS Dr. Randeep Guleria, Padmasri Dr. V.Mohan and many eminent faculties across the globe and country. The associations and interactions with great minds made us wiser and every physician participated face to face or virtually benefited immensely from this academic feast. I must congratulate our visionary Governor Prof. Anuj Maheswari and the team for the appropriate planning and successful execution creating a landmark in ACP activities in India. Looking forward to many more similar events in the future.

Prof. Jayant Panda

Head Medicine, SCB Medical College, Cuttack



Dr Jayant Panda

Scientific Chairman
IM ACP India 2021

Highlights

Dr. George Abraham in his presidential address highlighted four strategic priorities of ACP. He said diversity, equity and inclusion remain a challenge all over the globe and he emphasized Indian focus on primary care. He said it is important for resource-rich countries to share resources with the rest of the world. Countries like South Africa need to get more vaccines as the new threat of the omicron variant is emerging. Inequalities are due to whatever reasons like racial, ethnic, financial, educational -should be transformed to equality. And he lauded India for its work towards the same. ACP now has more female physicians coming as governors. ACP is present in 185 countries around the globe emphasizing the word UBUNTU meaning I am because we are. Effective organizations thrive when they have both strong strategic responses and high-performing teams. To turn words into action and for a strong strategic focus for DEI, he highlighted the top ten priorities.

1. Foundational work.
2. Review of policy and procedure for governance
3. Anti-harassment policies
4. Establishing a body
5. Reviewing allocation of financial resources
6. Transparent data collection
7. Maintaining rank of the organization
8. Transparently publicizing organizational data
9. Education regarding the anti-racist environment
10. Review accreditation and certification standards.

He concluded by saying

"Change is a journey, being toxic and tonic both -We need to vaccinate most vulnerable first"



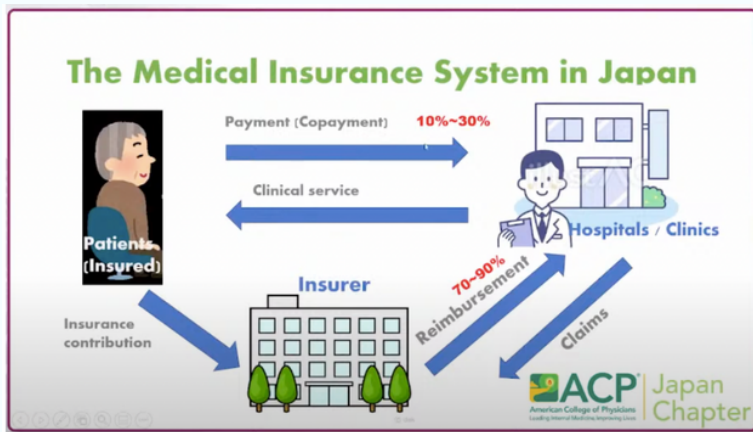
Dr. George Abraham

President, ACP



Highlights

Dr. Kenji Maeda - delivered a talk on "A day in the life of a Japanese practitioner". He talked about the challenges which are unique to Japanese healthcare and the two key challenges highlighted by Dr. Kenji included an aging population and a decrease in the number of young people. He also talked about the health insurance system of Japan.



Dr. Kenji Maeda

Governor
ACP Japan Chapter

Dr. Yuka Kitano from Japan spoke on a very important topic of identifying the red flags in general practice. Dr. Kitano talked about the red flag signs of a patient presenting with headache, lower backache, and common cold/sore throat. In the light of the pandemic red flags, signs associated with sore throat become very important.

Red Flag for Sore throat	Killer sore throat
Dyspnea Dysphagia Hot potato voice Drooling	Acute epiglottitis
Trismus Unilateral peritonsillar swelling	Peritonsillar abscess
Stridor	Retropharyngeal abscess
signs/symptoms of sepsis Pain over internal jugular vein	Lemierre syndrome
Double chin, double tongue swelling of oral floor subcutaneous emphysema	Ludwig's angina



Dr. Yuka Kitano

Japan



Primary Care's role in the Health of a Nation

There is the importance of public health in primary prevention, the role of primary care in secondary prevention, and specialty care in tertiary prevention. The policies and programs impact the health outcome which impacts the length and quality of life. Access to care and quality of care are important determinants of the same along with social factors like hygiene and habits. She also talked about the social determinants of health which are economic stability, environmental, education, food, community, and health care system. The US healthcare expenditure is almost twice of other wealthy countries. Most of the money in the USA goes to prescription medicines while more than half of office visits are to primary care physicians, the US has the highest number of avoidable deaths. The spread on testing is also very high, she elaborated four main features of primary care. ACP has a new vision of healthcare and has published 4 papers for the same. She also emphasized that primary care has high societal value. Requires public policy. Needs strong advocacy for the same. As nations with an increased primary care workforce show better health outcomes.



Dr. Rebecca Andrews

*Professor of Medicine Associate Program
Director, Internal Medicine Residency
Director of Ambulatory Education Chair,
Board of Governors,
American College of Physicians*

Primary Health Care in India: Challenges & Solutions



Prof (Dr) Anuj Maheshwari

*Professor & Head Medicine,
BBD University,
Lucknow*

Covid has made everyone realize the importance of Primary health care. Strengthening primary health care may actually reduce the need and burden on tertiary health care centers (dialysis machines, Cath labs). However, there are many challenges. Lack of access is a challenge where the opportunity to use healthcare is denied, which in turn is determined by availability, supply, utilization, and knowledge of resources. It's important to identify the Barrier to access health care like finances where people are unable to pay health expenses. Health expenditure is drawn from household revenues. Low health budget by the public sector and limited contribution by the government are also critical considerations. The contribution of Noncommunicable diseases has increased in India from 1990-2020 by 57%. The top Major causes of diseases are IHD, CVD, LRTI (1990 – 2020). The cost of curative medical services is ever rising. High-tech curative services are not free even in government hospitals. Poor Doctor-patient relationship further adds to the problem. Some of the suggested solutions are awareness drives, focus on prevention, early diagnosis & treatment of the diseases, and the need to increase awareness for a healthy lifestyle. Abstinence from tobacco, regular physical exercise, balanced nutritious diet, yoga and meditation, avoidance of pre-extramarital sex, alcohol, and substance abuse can improve wellbeing. Interventions with large potential impact on health outcomes can be brought by immunization, DOTs for TB, family planning, school health interventions.

COVIDIABETES STUDY: Impact of Covid 19 on Glycemic Control in Diabetic and Non Diabetic patients

India faced a sharp rise in covid 19 cases during the second wave. Diabetes is an important risk factor for severe Covid19 illness with an increase in morbidity and mortality. Covid 19 infection can lead to new-onset diabetes or the use of steroids can lead to hyperglycemia and diabetes. A Multicentric retrospective study was done at 25 centers in India with aim of studying the Impact of covid 19 on the blood sugar levels in recovered patients (With and without Diabetes). Also to assess the incidence of new-onset diabetes and establish cross-correlation with the severity of disease, clinical management protocols, medication, and demographics. Data was collected from 2258 cases however after exclusion 1664 case data were analyzed and presented. 58% or 956 patients had diabetes before covid 19 infection while new-onset diabetes was found in 14% (226 patients). Significantly 63% of people without diabetes were hospitalized as compared to those with diabetes (45%). Average blood sugar levels and more severe symptoms were seen in diabetes patients. PWD also had higher titers of inflammatory biomarkers (CRP and IL). In nondiabetics pre covid– there is a 34% incidence of new diabetes, 43% are on insulin, and 70% on OAD.



Dr. Minakshi Bhattacharya

Professor & H.O.D. at Government Medical College, Aurangabad Maharashtra

Strengthening Diabetes Management at Primary Health Level



Dr. Ch Vasanth Kumar

President Research Society for study of Diabetes in India Senior Consultant. Apollo Hospitals Hyderabad

India is home to the second-largest number of people living with diabetes. In India With 70% of people living in rural areas, they are catered by just 30% of doctors and most of the primary care physicians. There is a need to empower primary health care physicians for the early detection and treatment of diabetes. Primary health centers have to manage diabetes with drugs listed in the national list of essential medications. The primary care physician can play a key role in reversing the epidemic of diabetes as well as preventing the morbidity and complications of diabetes. NPCDS is a program launched by the Govt of India. India also has a large number of people with prediabetes, younger age at onset, and gestational diabetes – an area of concern where physicians can play an important role. With a sizable population living in rural areas and urban slums, there is a need to look for options that are easily available, economic, and effective. Primary care physicians have to be provided training to upgrade them for the management of diabetes. Simple manuals for the management of diabetes can be useful. RSSDI's emphasis on individualization of therapy along with diet and exercise is very important. We Need to conduct CME programs for HCPs in district or taluk levels with a focus on dietary management, physical activity followed by pharmacotherapy. Providing and usage of simple glucometer for detection and diabetes management can be the key to diabetes management. All this will help in empowering general practitioners in the detection & management of diabetes

Zika virus : An update

In India, a Zika virus outbreak was reported from UP, Kerala, and Maharashtra in 2021. Zika virus is a possible emerging threat in Bangladesh. Brazil, Thailand, Costa Rica, South America, and the southern part of North America. Zika can spread through mosquito bites by Aedes (Aedes aegypti and albopictus), vertical transmission to fetus, sexual transmission, blood transfusion, and laboratory exposure. The incubation period is a few days. It is mostly asymptomatic or mildly symptomatic not requiring hospitalization. Symptoms include fever, rash, headache, malaise, joint pain, myalgia, conjunctivitis. Death due to Zika is very rare. Non-purulent/hyperemic conjunctivitis is a distinguishing feature of dengue and chikungunya. Hemorrhage and shock do not occur in Zika. Zika in pregnancy can cause microcephaly, other severe brain defects, congenital Zika syndrome, and other congenital anomalies in the fetus. Abortion and stillbirth may also occur. Guillain-Barre syndrome may occur in some patients with Zika infection. History of travel to areas where zika is endemic is important. IgM antibodies are tested for diagnosis. During the first week of infection, the virus is found in the blood. PCR or viral culture are confirmatory. Treatment: No specific treatment is there. Symptomatic treatments include Paracetamol/Acetaminophen for fever and pain, oral fluids for hydration, rest. Aspirin/NSAIDS are avoided. No vaccine is available. Prevention: Avoid mosquito bites and take precautions to prevent mosquito breeding. Pregnant women must not travel to areas with Zika. Even if not sick, people returning from such areas should avoid mosquito bites for 3 weeks.



Dr. Ham Nazmul Ahasan

Professor of Medicine, Popular Medical College, Dhaka

An approach – fever of unknown origin



Dr. Sugihiro Hamaguchi

Japan

Criteria for diagnosis of fever of unknown origin (FUO) have been changing regularly. In 1961, Fever $>38.3^{\circ}\text{C}$ on several occasions, duration of at least 3 weeks and uncertain diagnosis after 1 week of study in hospital defined FUO. In 1991, the definition was revised. The first two criteria remain the same. The 3rd criteria were revised as uncertain diagnosis after 3 days of hospitalization or 3 OPD visits. Three other types were added: nosocomial, Neutropenia, and HIV-associated FUO. In 2003 criteria were revised again to become quantitative. First, two criteria remained the same. The 3rd criteria were revised as an uncertain diagnosis after a list of investigations called XX. The highest proportion of FUO cases has no diagnosis. While assessing examination results, a negative result doesn't always exclude the possibility of vasculitis or infection and specialist opinions may yield ambiguous statements. So we need to take a plunge to reach the root. Response to antibiotics suggests infective origin and response to steroids suggests steroid-responsive disease. We must connect the dots by reviewing the clinical course and assessing test results and specialist opinions in line with our super-review findings. Pre-treated infections (eg: infective endocarditis), early negative imaging (eg: osteomyelitis), entrance/exit infections (eg: dental/perinatal infection), intravascular malignant lymphoma (negative biopsy), prostate cancer (negative radiologically), post-chemo tumor fever, ANCA negative vasculitis, etc. are prone to be missed through XX. Repeat biopsy and imaging may be needed. Suspicious medications must be stopped after 3 days. Self-limiting diseases with good prognoses are also possible.

Home BP Monitoring - Is it really a new normal for modern-day medicine

Dr. Verma highlighted the different methods of blood pressure monitoring. Seated resting blood pressure (BP) is used to determine and monitor treatment decisions. Standing BP is used to diagnose postural hypotension. Office measurement of BP alone may not suffice for correct decision-making. Home monitoring and ambulatory measurement of BP also need to be taken into account. Circadian rhythm affects BP and dippers are more at risk of developing cardiovascular disease than non-dippers. Reverse dippers are more prone to kidney disease (CKD) due to autonomic dysfunction. Ideally, BP should be monitored in the setting of no caffeine for 30-60 minutes, no smoking or exercise for 30 minutes, bladder/bowel comfortable, quiet/temperate relaxed environment, no talking, a bare arm without constructive clothing, no acute anxiety, stress or pain, calmly seated for 5 minutes with well supported back, arm relaxed and supported at heart level, legs uncrossed, feet flat on the floor. Automated monitoring devices have many benefits including accuracy and nullification of manual errors but the validation of the machine is mandatory. For home BP monitoring patients must be instructed to use a validated monitor, correct cuff size, duplicate monitoring, for at least 7 days after the change in treatment and before doctor visits. Masked hypertension can be revealed in-home monitoring of BP. Studies show home BP is a better predictor of cardiovascular outcome and target organ damage and better compliance to regular medicine intake. Home monitoring has become the new normal for blood pressure monitoring.



Dr Narsingh Verma

*Professor Department of Physiology,
KGMU Lucknow*

Vitamin D : Discovery of the century

In the early twentieth century, the discovery of vitamin D and its production in the skin by ultraviolet light and its relation with rickets ushered a new era of research involving vitamin D. Vitamin D is essential for bone health. It regulates insulin secretion and has a multi-system effect on all the organs. It also regulates the immune system. Oral vitamin D supplementation is used lifelong for normalization of vitamin D status in several GI disorders like cystic fibrosis, Crohn's disease, celiac disease, chronic pancreatitis, short bowel syndrome. Vitamin D suppresses renin production through nuclear receptors. Vitamin D deficiency (VDD) has multisystemic effects such as cardiovascular disease, increased susceptibility to lung infection and higher chances of lung injury, increased blood pressure, increased insulin resistance, decreased insulin sensitivity, increased beta-cell destruction. In India, the prevalence of VDD ranges from 80-90% in the population with equal high risk across all age groups. A cross-sectional study in 2019 showed that the prevalence of VDD was higher among newly diagnosed cases of T2DM and hypertension or both. A meta-analysis suggests vitamin D supplementation improves glycemic control and attenuates insulin resistance in pre-diabetes and high-risk individuals. Summarized data from a meta-analysis indicate an inverse relationship between vitamin D level and risk of CAD and AMI. Another systematic review and meta-analysis suggest high vitamin D levels are associated with a 43% reduction in cardiometabolic disorders. The risk of infection by the enveloped virus is increased by 50% in VDD. Studies show VDD is significantly associated with Covid related severe infection, hospitalization and death are irrespective of age, sex, ethnicity, and latitude. It also infers, maintaining a high Vitamin D level (>40 ng/ml) is highly protective against covid. High doses of vitamin D (60000 IU weekly) rapidly normalize serum levels and provides earlier symptomatic relief than daily 1000 IU dosing.



Dr Banshi Saboo

*Chief Diabetologist & Chairman of
Diabetes Care & Hormone Clinic at
Ahmedabad*

Two Years of COVID-19: Indian experience

Covid – 19 is the biggest pandemic of our lifetime. It is a result of the severe acute respiratory coronavirus – 2 first reported from Wuhan, China in December 2019. Over the past 2 years, it has inflamed 265 million people internationally and induced 5.2 million deaths. India has suffered devastating waves of the pandemic and there is apprehension concerning the prevalence of a 3rd wave. India has the second-highest range of documented instances inside the globe at 3.46 crore and India has the 1/3 maximum range of documented deaths inside the globe at 4.70 lakh deaths. During the pandemic, India followed a few techniques which include, stringent lockdown, Physical distancing, Testing strategies: RTPCR, TRUNAAT, POC trying out, Serosurveillance, Multiple vaccines in the trial, etc. A number of key challenges and lessons faced by the healthcare employees are the safety of healthcare workers, motivation, an immediate increase of intensive care beds, training on COVID -19 associated protocols. COVID – 19 has brought on significant morbidity and mortality in our country over the past 2 years. With the emergence of recent variants, COVID-19 is right here to live and the prevalence of similar waves is feasible. India has spoken back to COVID-19 by means of upgrading public health infrastructure, adopting telemedicine, and making an investment in regular vaccination. Preparedness with good enough plans for useful resource allocation is necessary to address future waves.



Dr. Randeep Guleria

Director of the All India Institute of Medical Sciences, New Delhi

Primary Healthcare in Japan: Challenges of super aged society, Social distance & Poverty



Dr. Takahiko Tsutsumi

MD, FACP Aijinkai Takatsuki General Hospital Department of General Internal

Japan is a sovereign island country in East Asia with a population of 126 million. Healthcare costs 44 trillion yen (11.0% of GDP). The average life expectancy of Japanese males and females is 81.6 years and 87.7 years, respectively. The high-quality standard of primary health care in Japan is due to the specialization of care, no restrictions on physician numbers in each department, free access to health services, etc. Only 2.9% of unemployment in Japan is also responsible for PHC. The establishment of a general internal medicine service (family, medicine, hospital care) and the appropriate and unnecessary reduction of medical care is the solution to the various challenges and to improving the quality of primary care. Despite the COVID-19 era or drastic changes in medicine, primary health care continues to play an important role.

Antibiotic Stewardship Update: Introduction & Curriculum

Antibiotic stewardship has been defined as "coordinated intervention designed to improve and measure the appropriate use of antibiotic agents by promoting the selection of the optimal drug regimen including dosing, duration, of the therapy, and route of administration". Antibiotics can save lives, however; they cause fatal consequences and contribute to the development of antibiotic resistance. As a minimum 28% of antibiotics prescribed at Doctors' places of work and emergency departments every year are pointless. Comprehensive programs have continuously validated a lower antimicrobial use (22%–36%). Hospital antibiotic stewardship is an initiative that aims to improve patient protection by way of promoting programs, protocols, and high-quality practices that improve the manner we manipulate and use antibiotics. The most important targets of antibiotic stewardship are to prescribe the most targeted and secure antibiotics, use the shortest effective antibiotic duration, document and talk a structured and timely discharge precisely, and train sufferers and caregivers.



Dr Vidya Sundareshan

Associate Professor of Infectious Diseases, SIU School of Medicine

IM ACP INDIA 2021

10th - 12th December 2021





Dr. George Abraham
President, ACP

Dr. Rebecca Andrews



Rebecca Andrews @doctorbecca1 · 14h ...
Equally honored with @GeorgeAbraham65 to speak at the ACP India chapter meeting on primary care, screening, and disease driven guidelines !!! @acpindia1 amazing high quality conference



George Abraham @GeorgeAbraham65 · 2d
Honored to join the ACP India chapter hybrid meeting with over 1000 attendees to speak about JEDI @PDX_Tom @DarilynMoyer @ACPinternists @doctorbecca1 @MA...

ACP INDIA CASE FILES

ACP India Case files is a unique program dedicated to ECPs. The program features one case based learning presentation and one talk on a topic which is of relevance to ECPs personal growth and well being. The program is well received and appreciated at all forums. In the month of October Dr Anubha Srivastav from Varanasi presented an interesting case of “Pyrexia of Unknown Origin”. Dr Mohit Sharma (CTVS Surgeon and Art of Living Teacher from Jaipur) in his lucid talk highlighted the connection between “Medical Science and Spirituality”. In the Month of November ACP India Case files featured a case presentation by Dr Amit Dey from Kolkata highlighting the management of Covid 19 in patients with GDM. Dr Alope Kumar Gupta from Gorakhpur highlighted the importance of Sun in our life and its connection to circadian rhythm.

A case of Covid 19 in Gestational Diabetes

Covid 19 in Gestational Diabetes is a double edged sword – and poses a clinical challenge to the treating physicians. The presented case is about a 33 year old primigravida at 29 weeks of gestation who was admitted in the hospital with Covid 19. The patient having additional comorbidities like Gestational Diabetes along with Hypothyroidism, Bronchial Asthma and Obesity posed a greater challenge with unpredictable prognosis. The patient was treated as per the prevailing Covid 19 protocols. Since there is very little available literature on treatment of covid 19 in Pregnancy with Gestational Diabetes, this case triggers many thoughts regarding treatment guidelines which are still in the grey zone.



**Dr. Amit
Kumar Dey**
(Kolkata)

To know more



AN INTERESTING CASE OF PYREXIA OF UNKNOWN ORIGIN

A 44-year-old male driver, smoker, nonimmunocompromised is suspected of suffering from FUO for 3 months with complaints of continuous fever, with back pain, and was started on empirical treatment which was unresponsive. Later around a month and a half back he developed rapidly progressive renal failure for which he underwent dialysis and was further investigated and was on IV antibiotics but he developed symptoms of breathlessness, palpitations, anasarca, and fatigue with lack of appetite since 15 days for which he got readmitted again and being evaluated as a case of pyrexia of unknown origin.

To know more



Dr. Anubha Verma
MD(Med), FRCPE, FInSH, FUPDA, MMSc Endocrinology
Associate Professor
Medicine MLN Medical College Prayagraj UP

Resynchronization with Sun

The Sun is the closest star to earth. It radiates light and heat or solar energy, which renders all forms of life possible on Earth. Plants need sunlight to grow, animals including humans, need plants for food and the oxygen they produce. Early civilizations around the world positioned buildings to face south to gather heat and light. Before the invention of artificial light, human life was dependent on solar light. Daily activities started with sunrise and ended with sunset. The whole-body function was synchronized with the rising and setting of the Sun. This led to the development and entrainment of brain and body organs to be synchronized with the sun cycle, which we refer to as “The Circadian Rhythm”. With the invention of electricity and artificial light, the human living style has witnessed a paradigm shift. Sleep-wake patterns, Feeding-Fasting patterns, and physical patterns are now desynchronized with the Sun.

Gradually we recognized that this de-synchrony has led to a boom in lifestyle governed metabolic disorders/diseases, and Anxiety/Depression. In 2017 Nobel prize for Medicine/Physiology was given to Jeffrey C. Hall, Michael Rosbash, and Michael W. Young for the breakthrough discovery of Transcriptional/Translational protein molecules regulating the Circadian clock genes. There are multiple clock setter cues around us like the Feeding/Fasting cycle, Physical activity/Rest cycle, Sleep/Wake cycle, which we call Zeitgebers. The strongest Zeitgeber is still the Sunlight which reaches the Master clock SCN (Suprachiasmatic Nucleus) in Hypothalamus through the light perception by our eyes. For fit as a fiddle functioning of the body, it is very essential to DAILY match or set our master clock-SCN with Supreme master Clock



Dr Alok Kumar Gupta

(Gorakhpur)

To know more



सह अस्तित्व

सह अस्तित्व

मनुष्य का सब से भ्रामक मन्त्र

हम हैं स्वतंत्र

प्रत्येक पिंड ब्रह्मांड का

कण कण इस खगोल का

हैं निर्भर परस्पर

कर रहे परिक्रमा

अपने अपने गति और पथ पर
बुध मंगल बृहस्पति शनि संग पृथ्वी
कर रहे परिक्रमा

अपने सूर्य से बंध कर

पेड़ पौधे और जंतु

को आपस में बाँध रहा

एक अदृश्य तंतु

और

सभी बंधे सूर्य से

भ्रम स्वतंत्रता का कितना भी हो किन्तु

सूर्य हमारा स्वामी कालद

उसके हम अधीनस्त

जो हम करते आचरण विपरीत

हो जाते रोग-ग्रस्त

चलो करे आज एक प्रण

सूर्य से मिलायेंगे अपनी घड़ी

मन आत्मा शरीर रखेंगे स्वस्थ

जीवन में लायेंगे खुशियों की झड़ी



AWARDS



- ACP India Chapter awards were given in various
- categories during the annual conference of IM ACP India.
- The Following Luminaries were awarded during the annual meeting for their outstanding contribution



Dr Banshi Saboo
(Ahmedabad)



Dr Vipul Chawda
(Ahmedabad)



Dr Jalees Fatima
(Lucknow)



Dr Ashish
(Sultanpur)



Dr Rajasekhar
(Kumbhakonam)



Dr Divya Saxena
(Sonipat)



Dr Sharad Joshi
(Noida)



Dr V Mohan
(Chennai)



Dr Sreenivasa Murthy
(Bengaluru)



Mr. Vivek Bhat
(St. Johns's Medical College, Bengaluru)



Dr Ashwin Parchani



Dr Mayank Agarwal



Dr Anand Thomas



Dr S Sidharth
(New Delhi)



Dr Narsingh Verma
(Lucknow)



Dr Jayant Panda
(Cuttack)



Dr A.K.Das
(Puducherry)



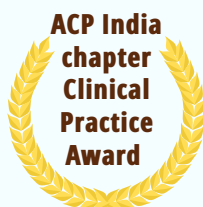
Dr Mangesh Tiwaskar
(Mumbai)



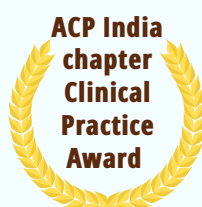
Dr A.Muruganathan
(Tirupur)



Dr Jugal Kishore Sharma



Dr Ashish Kumar
(New Delhi)



Dr RR Singh
(Jhansi)



Dr Amit Gupta
(Gautambudh Nagar)



Dr Ajoy Tewar
(Lucknow)



Dr Padmashri Gulati
(Jhansi)



Dr Rajeev Chawla
(New Delhi)



Dr Meenal Mohit
(Jaipur)



Dr Mukhyaprana Prabhu
(Manipal)



Dr C.L.Nawal
(Jaipur)



Dr BM Makkar
(New Delhi)



Dr Anubha Sirvastava
(Prayagraj)



Dr Aravinda Jagdeesha
(Bengaluru)



Dr Swati Srivastava
(Jaipur)



Dr Meenakshi Bhattacharya
(Aurangabad)



Dr Ashish Saxena
(Ludhiana)



Dr Supratik Bhattacharya
(Kolkata)



Dr S.S. Dariya
(Jaipur)

Doctor's Dilemma Winners ACP India Chapter 2021



Dr Arnav Kalra
ALL INDIA INSTITUTE OF MEDICAL
SCIENCES, RISHIKESH



Dr Kavya N P
AIIMS, RISHIKESH



Dr Bhavesh Mohan Lal
AIIMS, NEW DELHI



Dr Santhosh P
SDM UNIVERSITY, DHARWAD



Free Paper Presentation (Resident Category) Winner



Dr Pragya Verma
SENIOR RESEARCH FELLOW,
UNIVERSITY OF LUCKNOW



Dr Karubaki Pati
SRIRAM CHANDRA BHANJA
MEDICAL COLLEGE,
JUNIOR RESIDENT - 3RD YEAR



Dr Pritish Kumar Singh
DR RAM MANOHAR LOHIA
HOSPITAL NEW DELHI



Dr Prashant Pathak
JUNIOR RESIDENT, KATI HAR
MEDICAL COLLEGE
KATI HAR, BIHAR

Free Paper Presentation (Students Category) Winner



Dhwani Ravi
Vivek Bhat, Savitha Anne Sebastian
Medical Student, St. John's Medical
College, Bangalore



Sudharshanan Balaji
Meera Venkatachalam
3rd Year M.B.B.S. Student, Government
Kilpauk Medical College and Hospital,
Chennai, India.



Ami Mehta
Dr. Mukhyaprana Prabhu, Dr. Nikhila Kakarla
Final Year MBBS student,
Kasturba Medical College, Manipal

William Osler Research Paper Award Session (Student Category)



Vivek Bhat
Ganaraj VH, Suresha Kodapala,
Kavya Mala, Akshay Konnur
Intern, St. John's Medical College,
Bangalore



Vishnu Bharadwaj
Anirudh Jeedigunta
Second-year MBBS student,
KMC Manipal.



Vaishnavi Kavirayani
Dr. Mukhyaprana Prabhu
4th year MBBS student,
Kasturba Medical College, Manipal



William Osler Research Paper Award Session (Resident Category)



Dr Ayush Agarwal

Dr Ankesh Gupta

*All India Institute of Medical Sciences,
New Delhi, Resident*



Dr Archita Makharia

Dr Pradeep Lalwani, Dr Manoj Lakotia

*3rd year PG resident,
Dr Sampooranand Medical College*



Dr Ankit Kumar

Dr. Saurabh Dawra

Armed Forces Medical College

List of FACP Awardees

- Rahul Unnikrishnan, MD FACP
- Ashish Kumar, MD, MBBS FACP
- Rajagopalan Sundararaman, MD FACP
- Atul Mehrotra, MD FACP
- Divendu Bhushan, MBBS FACP
- Ayush Bansal, MBBS MD FACP
- Sajid Ansari, MD FACP
- Kamlesh Tewary, MD FACP
- Manoj Saluja, MD FACP
- Chalamalasetty Manoj Kumar, MBBS FACP
- Manohar K Nageshappa, MBBS FACP
- Mukulesh Gupta, MD FACP
- Kamalakar Tripathi, MD FACP
- L Sreenivasa Murthy, MD FACP
- Bijay Patni, MBBS FACP
- Sanjay Agarwal, MD FACP
- Sharad Joshi, MD FCCP FACP
- Dhruvi Hasnani, MD FACP

Congratulations



From the Editor's Desk

It's my proud privilege to be given an opportunity to edit the newsletter of the ACP India Chapter for this quarter. ACP India Chapter is growing leaps and bounds under the able leadership of our dynamic governor Dr. Anuj Maheshwari - who is full of new ideas, enthusiasm, energy, and desire to take the chapter to new heights with his advisory council. IM ACP India at Goa discussed the key issues related to primary health care. The IM India chapter meeting was well attended and appreciated by everyone. I have tried to give you a summary of some of the lectures by distinguished guests and faculty. The ACP India chapter for the first time introduced the awards as per the guidance of ACP and more than forty physicians were honored for their outstanding contribution to science and society. Some very good research work was showcased by students as well as residents at IM ACP India. I congratulate all the winners of Doctor's Dilemma, oral and poster presentations.

ACP India Case Files - a unique program initiated by Dr. Anuj Maheshwari is gaining popularity among ECPs and is admired for its content. A series of webinars at the nutrition Symposium again highlights the focus of the ACP India Chapter on Holistic Care. I would like to acknowledge the contribution of my friends Dr. Bharat Saboo, Dr. Raka Sheohare, Dr. Vipul Chawda, and Dr. Amit Dey for assisting me in bringing out this newsletter in time.

You may like and follow us on the following social media handles of the ACP India chapter.



Dr Amit Gupta

**Advisory Council Member
ACP India Chapter**

*I wish you all a safe, Prosperous, and
Happy New Year*

2022

ACP India Secretariat

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