Dear Colleagues,

An eventful scary year of 2021 concluded with a happy note of wonderful physical conference at Goa in December. We have entered in 2022 with a new hope. I believe ACP India chapter will expand its canvas reaching out residents, students and more early career physicians this year. We are already having plans for Early Career Physicians (ECPs) being unfolded gradually. ACP head quarter has approved proposal from MEDEVA to provide Electronic Health Record software system to all our ECP members free of cost for 3 years and after that also it will be provided on 50% discount price if they continue to use it. If any of you is interested, please write to us. First month of 2022 witnessed our participation in annual conference of American Association of Physicians of Indian Origin (AAPI) which was held at Hyderabad in 5th-7th January 2022. Being invited to participate in “Global Healthcare Summit CEO Forum” as Governor, ACP India Chapter, in a session with Indian health care leaders regarding transformation of health care in India, I tried to focus on the need of strengthening primary health care structure which has arisen as most important in post COVID era. There was also a discussion for prevention of brain drain and more collaborative research with more publications.

We have finished data collection on new onset of diabetes in patients with COVID 19 which has already been presented in our annual conference at Goa and now we are preparing draft for publication.

Annual conference at Chicago is scheduled for 28th to 30th April 2022. I can understand everyone can not reach there but many of you can be registered for virtual attendance of scientific sessions. Heartiest Congratulations to all those being awarded FACP this year at Chicago or attending convocation as Chapter Awardee.

Looking forward to see you there.

Anuj Maheshwari
Governor, ACP India Chapter

We know universal health coverage is possible, let’s make it happen!
1) Case files Series : interesting cases discussion

2) Public education program : For spreading awareness, year round on special health Days

3) CMEs : on special health days to keep general physicians updated.

4) Academic research work : increase learning with experiences

5) Adult Vaccination promotion

6) NCD & preventive measures .

7) Resident training program and Skill development workshops for Medical Students

8) Membership enhancing drive.

9) preparing the National team for next Osler’s Cup.

10) Mid Term & Annual National conference.

“Primary health care should be the first level of contact with the health system, where individuals, families and communities receive most of their health care—from promotion and prevention to treatment, rehabilitation and palliative care—as close as possible to where they live and work.
To make health for all a reality, we need: individuals and communities who have access to high quality health services so that they take care of their own health and the health of their families; skilled health workers providing quality, people-centred care; and policy-makers committed to investing in primary health Care.”
Meet the Governor

Monthly Calendar of Events

January
1. CME: Gender Inequality
   23 January 2022
2. Case Files: Case of Management of Hypertension in Pregnancy
   29 January 2022

February
1. Cancer Awareness Series:
   World Cancer Day 04th February 2022
2. Cancer Awareness Series:
   Hemato- Oncology 11th February 2022
3. ACP Updates:
   Revisiting Diabetes Complication-I
   11th February 2022
4. Cancer Awareness Series:
   Oro Lung Cancer
   18 February 2022
5. Case Files: Fever, Jaundice and beyond,
   A diagnostic challenge!!!
   29 February 2022

March
1. Cancer Awareness Series:
   Digital Symposia on GI Cancer
   05th March 2022
2. World Kidney Day Celebration:
   Physician Advocacy for Healthy Kidneys
   08th March 2022
3. Resident Training Program:
   Pathophysiology of GDM
   10th March 2022
4. ACP Updates:
   Revisiting Diabetes Complication-II
   13th February 2022
5. ACP Updates:
   ACP India Echo Update
   22nd March 2022
6. Case Files:
   Goodpasture Sydrome- An uncommon disease with common presentation
   29th March 2022

ACP India Chapter - Meet the Governor Program is another novel initiative of ACP India Chapter. The program focuses on understanding the specific issues of ACP members, especially early career physicians. It has helped in building a more vibrant relationship between the leadership and members. Dr Anuj Maheshwari, Governor ACP India Chapter interacted with more than 75 ACP Members and discussed the roadmap for ACP India Chapter activity for the year 2022. He encouraged all the members to attend the ACP IM at Chicago in April. He also touched upon the importance of using EMR in clinical practice and highlighted ACP India Chapter’s initiative to provide a free EMR to all ECP members in good standing through an official tie up with Medeva. Dr Maheshwari also talked about the constitution of ECP council of India Chapter. All the members participated actively and gave some very good suggestions. The meeting was moderated by Dr Amit Gupta - ACP India Advisory Council Member.

“NEVER BELIEVE THAT A FEW CARING PEOPLE CAN’T CHANGE THE WORLD. FOR, INDEED, THAT’S ALL WHO EVER HAVE.”

ACP INDIA CHAPTER
www.acponline.org
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 January Dr. Vipul Chawda from Ahmedabad presented an interesting case of Management of Hypertension in Pregnancy. Dr. Mukhyaparana Prabhu (Fever, Jaundice and beyond, A diagnostic challenge), Dr. S.S. Dariya (Goodpasture Syndrome-An uncommon disease with common presentation) in his talk highlighted the connection between “

Case of Management of Hypertension in Pregnancy

A 35/F gravida 2, para 1 with 33 weeks of gestation reports to the clinic with c/o mild dyspnoea, chest heaviness and headache since the past 2 days along with nausea. Her previous pregnancy was complicated with preeclampsia and she was managed with anti-hypertensives. Postpartum blood pressure returned to normal limits. On current clinical evaluation her current BP was reported 156/100 mm Hg in resting position. Her Pulse rate 126/min. She has epigastric tenderness. Her conjunctiva are pale and non-icteric.

Vitals & Lab Parameters:
- BMI: 31 kg/m2
- Temperature: 37.2°C
- Pulse rate: 126 bpm (60 to 100 normal range)
- Respiratory rate: 24/minute
- Blood pressure: 156/100 mmHg
- Fundus: normal
- SGPT: 44 U/L
- S.Creatinine: 1.0
- TSH: 3 microIU/ml
- Hb: 11 gm%
- ECG: S Tachycardia/ WNL

Diagnosis: Gestational Hypertension with Preeclampsia

Management:
- Lifestyle modification- Healthy Low salt and Low Sugar Diet along with increased fibre content
- Regular follow up with Physician and Home monitoring of BP
- Labetalol 100mg BD & Nifedipine SR 20mg BD

Discussion:
According to the 2011 ACOG the incidence of Hypertension in Pregnancy is 6-8% of all pregnancies. (1). Hypertension in Pregnancy is critical and needs to be managed with utmost care. The 2019 ACOG guidelines categorize Hypertension in Pregnancy as Chronic Hypertension. Preeclampsia-eclampsia, chronic hypertension with superimposed preeclampsia and gestational hypertension. (2) Blood Pressure targets as defined by most guidelines state to maintain below 140/90 mm Hg and initiate pharmacological management if BP >140/90 mmHg with comorbidities and more than >160/110 mmHg persistently without any comorbidities. (2) Management includes both non-pharmacological and pharmacological management. Healthy low sodium diet has evidence of lowering the blood pressure by 2-8 mmHg and physical activity can aid in lowering 4-9 mmHg of blood pressure. (3) Pharmacological intervention includes molecules commonly used are Labetalol, hydralazine, nifedipine and methyldopa. Delivery is recommended between 36 and 38 weeks for females with severe and difficult to control hypertension. All women who have had a hypertensive disorder of pregnancy should pursue a healthy diet and lifestyle. Women who are overweight should be encouraged to attain a healthy body mass index to decrease risk in future pregnancy and for long-term health. Hypertension in Pregnancy,” 2019
Hemophagocytic lymphohistiocytosis is a reactive condition marked by cytopenias and signs and symptoms of systemic inflammation related to macrophage activation. HLH Can be familial, triggered early in life, or can be sporadic, triggered by various factors-like infections, malignancies, and auto-immune conditions. Disseminated tuberculosis-associated HLH is a rare presentation with only a few cases being published in literature so far, however, Klebsiella pneumoniae pneumonia as an additional trigger makes this case unusual and challenging. 23 year old lady presented with high grade fever for 3 weeks with anaemia, Pancytopenia, Jaundice & hepatosplenomegaly. On evaluation Bone marrow showed features of HLH, inflammatory markers were raised. CT scan showed right upper lobe haziness, Bronchoscopy was positive for gene expert & culture grew klebsiella. Modified ATT, Meropen am & IV immunoglobulin were given as treatment with monitoring LFT, patient became afebrile.

INTEGRATING PHYSICAL ACTIVITY IN BUSY PROFESSIONAL LIFE

Health is a composite of Food we eat, the Environment in which we live, the Daily routines we do, the Exercise we indulge in and The Sleep we get. As health care professionals we are lost and unfortunately don’t practice what we preach, this inspite of the fact that around the age of 50, the mortality amongst us is highest in comparison to any other professional The 5 Commandments for Healthy Lifestyle As A Prescription.
1. Love Yourself - reserve 1 hour a day exclusively for oursell
2. Nutrition-Food-What, when & How much is most important
3. Fitness - Exercise + Physical activity
4. Mindfulness - Sleep, Reality, family
5. Self Discipline - Timings, Habits.
GOOD PASTURE SYNDROME; AN UNCOMMON DISEASE WITH COMMON PRESENTATION

We are reporting here a case of a 24 year old nonalcoholic, non smoker, Asian male with Goodpasture’s syndrome with constellation of Diffuse alveolar haemorrhage and Acute glomerulonephritis. Patient presented with short history of 2 wks of hemoptysis hematuria with low grade fever with chills, shortness of breath, fatigue, followed by swelling of feet and decreased urine output since 2 days. He was treated by primary health care provider initially for infection and on failure to improve was even treated clinically for Pulmonary-renal Tuberculosis, one of the commonest cause of hemoptysis with hematuria in India, and put on ATT, but failed to respond and came to our tertiary centre. He was worked up extensively for all causes of Pulmonary renal syndromes. His investigations revealed decreased PO2 of 75 mmHg, increased DLCO and elevated Blood urea and Serum creatinine with proteinuria and Hb: 8.2 g/dl. His serological tests for HIV, commonly prevalent infections, ANA, c-ANCA and p- ANCA were all negative. But he had high titres of circulating Anti Glomerular Basement Membrane antibodies (100 IU/ml). Thus a renal biopsy with Direct immunofluorescence examination was done to confirm the linear IgG deposits along Glomerular basement membrane; Gold standard of diagnosis for Goodpasture’s syndrome. Thus he was diagnosed as case of rare immunological syndrome; Goodpasture’s syndrome. He was then referred under care of Nephrologists for further management and for assessing need of renal replacement therapy in view of his poor renal functions and declining urine output. He was started on steroids, patient improved on steroids and had no need of dialysis and was then discharged on the same. On follow up in Medicine OPD after a month patient showed signs of clinical improvement and was further asked to...
Cancer Awareness Series

Web Cancer Awareness Series was started on the 4th Feb 2022, on World Cancer Day under the Governorship of Dr Anuj Maheshwari. ACP India Chapter in an attempt to bring about awareness about a life threatening disease like Cancer with an aim to first understand regarding the severity of various types of cancer and then promoting its prevention, detection and treatment, thus paving a way towards a better Global Health. Awareness about the Cancer is the utmost important step as we know that Cancer is treatable and is curable only in the initial stages. Also, inculcating healthy habits into our lifestyle could help us tackle this problem at its root. Various topics that were being covered in this Web Series round the month of Feb 2022 were: 4th Feb: 12th Feb: 18th Feb: 4th March and each topic revolved around the theme for World Cancer day ie “Close the Care Gap”, 2022 being the year for Realising the Problem. The series was very well moderated by Dr Divya Saxena, .... Dr Padmashri Gulati, MD, FACP, FUPDA and Dr Swati Shrivastava.

To view the program

World Cancer Day
4 February 2022
A 3-year campaign for impact
2022: Realising the problem

ACP INDIA CHAPTER
www.acponline.org/
Cervical Cancer - The Journey of a Preventable Cancer

Cervical Cancer is the third most common cancer in India after breast and lip and oral cavity cancer as per the GLOBOCAN data, 2020. Approximately 1,23,907 cases of cervical cancer are diagnosed in India every year with 77,348 deaths. Cervical cancer has its own saga—from being one of the most common cancers in women to being targeted as an eradicable disease just like polio. Cervical cancer is a 100% preventable cancer—vaccination and screening are the key elements for the cervical cancer eradication program.

Almost 99.9% of cervical cancers are caused by Human Papilloma Virus (HPV). It almost takes 15-18 years for a woman to develop cervical cancer after a persistent HPV infection. Change in sexual practices and multiple sexual partners have led to a rise in HPV infection in the Indian subcontinent. Currently, in India, HPV vaccination is being given to girls between 9 to 26 years of age. The best efficacy of HPV vaccine of 70% protection is achieved prior to HPV exposure. There is huge need for vaccinating the adolescent boys to reduce incidence of HPV infections, warts and other HPV related cancers such as perine, anal, oropharyngeal cancers. The current recommendation is to administer HPV vaccine 2 doses below 15 years 6 months apart and three doses 0.2, 6 months over the age of 15 years. However, over the last decade, we have seen a significant change in awareness with more acceptance to HPV vaccination and screening. Conventional Pap smears have been replaced by liquid based cervical cytology and HPV DNA high risk hybrid capture testing. In fact, the recent guidelines recommend HPV testing as the index screening test for cervical cancers. HPV testing must begin at age 25 yrs and Liquid cytology by age 21 years. Co-testing is performed every 5 years till age 65 years if normal results. The spectrum of diagnosis of cervical cancer has shown a paradigm shift from more detection of cervical precancers and early detection of cervical cancers to lesser advanced cervical cancers. The need of the hour is adoption of WHO Cervical Cancer Elimination Initiative given in 2018.

- Vaccination: 90% of girls fully vaccinated with the HPV vaccine by the age of 15
- Screening: 70% of women screened using a high-performance test by the age of 35, and again by the age of 45
- Treatment: 90% of women with pre-cancer treated and 90% of women with invasive cancer managed.

Each country should meet the 90-70-90 targets by 2030 to get on the path to eliminate cervical cancer within the next century.

Approach to a Breast Lump

- It is important to evaluate breast complaints thoroughly—we certainly don’t want to miss breast cancer! TRIPLE ASSESSMENT (Clinical assessment, Imaging and Pathology)
- Evaluation of a woman presenting with a breast complaint requires careful assessment of symptoms and risk factors for developing breast cancer.
- Clinical breast exam includes inspection and palpation of the breast tissue, chest wall, and regional lymph nodes. Documentation should include both positive and negative findings.
- Women with breast problems can present with any combination of symptoms including breast mass or thickening, breast pain, nipple discharge, or skin changes.
- Typically, women presenting with a suspicious breast mass who are > 30 yrs should receive a diagnostic mammogram, whereas women younger than 30 should receive a diagnostic ultrasound.
- Screening mammogram recommendations are in a constant state of flux with 40-50 years still faced with uncertainty over annual mammograms, whereas over 50 years, annual screening mammogram is recommended in the US. In India, opportunistic screening is what is the norm with no clear guidelines.
- Negative imaging should not stop further investigation if a suspicious lump is felt on clinical exam.
- Mammograms that are solid on ultrasound imaging require biopsy not FNAC to exclude cancer and provide a histological diagnosis.
“One Team, One Dream, Let’s Find a Cure.”
Cancer Awareness Series

TOBACCO – HEALTH HAZARDS

Almost one third of Indians – 42.4% of all men and 14.2% of all women-overall-28.6% of all adults-consume TOBACCO in some or the other form, and many use more than one type of tobacco product.

CIGARETTE smoke—“a lethal cocktail having a horrifying list of 7000 toxic chemicals,” 600 poisons in every cigarette with 69 Carcinogens. It has cancer causing chemicals, poisonous gases and toxic metals. Tobacco stains & discolors teeth, dentures & restorations. Tobacco whether smoked or chewed, can cause Halitosis. Smokers have higher levels of calculus formation than non-smokers. Calculus deposits make it easier for plaque to stick to teeth and cause gum disease and cavities to form.

Smoking is known to double the risk of developing rheumatoid arthritis. There are about 12 million smoking-attributed COPD cases & an estimated 200,000 deaths are due to smoking in those with pulmonary tuberculosis.

A study published in BMJ, a few years ago, Middle aged men who smoke, have high blood pressure and high cholesterol, can expect to live 10 to 15 years less than their healthy counterparts, according to a large UK study that followed nearly 19,000 men for 38 years.

Long term Tobacco use causes Narrowing of Arteries, Blockages, Gangrene and is the leading cause of Burgers Disease.

Stroke—Smokers in a study were two times more likely to have an ischemic stroke and two to four times more likely to have a hemorrhagic stroke compared to nonsmokers and that also at a comparatively younger age.

Cardiovascular risks of Smoking are immense, it is one of the main cause of ischemic Heart disease, aortic aneurysm, Impotance etc.

A Denmark study has shown that smoking may account for nearly half of all cases of acute and chronic pancreatitis.

Smoking is a threat to eye health too as it may cause cataract at an early age and even macular degeneration.

As per UICC – Tobacco contributes to the development of 20 different types of cancer, including Lung & Oral cancers. India is the capital of ORAL Cancer in the world and this is mainly because of chewing tobacco.

Smoking causes lots of fertility disorders too. Pregnant ladies smoking causes lot of problems for the child in the womb—the newborn may have cleft lip or palate, squint, behavioral problems on growing up.

Tobacco use is the leading preventable cause of cancer and many other diseases. We all must work together to prevent people from the menace of tobacco.

To view the program [YouTube link]

ACP INDIA CHAPTER  www.acponline.org/
Program started with a wonderful session by an eminent speaker Dr. Usha Sriram on "Gender Intricacies while managing Endocrine Diseases" during an interesting webinar on "Gender Inequality", being organised by ACP India Chapter. Various diseases are more prevalent amongst Women with more pronounced complications and higher mortality rates... and we need to sensitise the Healthcare professionals and also the general public to eliminate the Gender Bias that exists while delivering the healthcare services and also in the field of education. We need to bridge the Gender gap by "Positive Discrimination" and a "Need based approach" to bring about Gender Equity... Another wonderful talk by FOGSI president Dr. Shantha Kumari's on "Violence against Women" was very gripping.

To view the program

ACP INDIA CHAPTER
www.acponline.org/
ACP update by DRWA

Diabetes Research and Welfare Association

DRWA (Diabetes Research and Welfare Association) organised ACP Update on 13th February and 13th March as part of continued medical education. The theme for these webinars was “Revisiting Diabetes Complications”. Faculties from across India joined for this initiative and it was highly appreciated by all. In the the 1st part, DRWA felicitated Dr Anuj Maheshwari for being elected as Governor, ACP INDIA chapter. ACP INDIA chapter committee members like Dr Narsing Verma, Dr Amit Gupta, Dr Anil Virmani, Dr L Sreenivas Murthy, Dr Divya Saxena participated as well.

Scientific agenda : 6.15pm-8.15pm (15+5mins)

**Session 1: Diabetes Complications**
- What’s new in management of Diabetes Eye Disease
  Speaker: Dr Ashish Singh
  Chairpersons: Dr Divya Saxena & Dr Apurkl Patel
- How different is management of DKO in 2022
  Speaker: Dr Mithilraj Singh
  Chairpersons: Dr Ashish Kumar & Dr Ajayesh Ghosal
- Where do we stand today in managing diabetes induced DPN
  Speaker: Dr Prakash Kansara
  Chairpersons: Dr S S Dalvi & Dr Molla Kodra Das
- Would there be a change in managing heart failure today in diabetics or otherwise
  Speaker: Dr Prashant Advani
  Chairpersons: Dr Ashish Saxena & Dr Sarvani Ray
- Why diabetic foot ulcer should not be ignored but managed diligently
  Speaker: Dr Sreenivas Murthy
  Chairpersons: Dr Dhirendra Agarwal & Dr T Sripal
- Who need to be watched for increased psychological issues in Diabetes and when to intervene
  Speaker: Dr Divya Sama
  Chairpersons: Dr Sudhir Chandra Jha & Dr Tanusha Bhattacharya

**Session 2: Panel discussion (8.15-9.00pm)**
Moderator: Dr Supratik Bhattacharya & Dr Bijay Patni

Expert Panel:
- Dr Narsing Verma
- Dr Anuj Maheshwari
- Dr Anil Gupta
- Dr N K Singh
- Dr Anil Virmani
- Dr Arjun Bajpai
- Dr Anbhand Esham
- Dr Anurag Sinha
- Dr Anuradha Raj

Organising Chairman: Dr Mary D’Cruz
Organising Secretary: Dr M H Sananwarwalla
Scientific Chairperson: Dr Bijay Patni

6pm: Felicitation of Guest of Honor:
- Dr Anuj Maheshwari, Governor, ACP INDIA chapter

Special Invites:
- Dr Anil Virmani, Dean Nursing, Verma, Dr Amit Gupta, Dr L Sreenivas Murthy
- Dr Ajayesh Ghosal, Dr Supratik Bhattacharya
- Dr Mary D’Cruz
- Secretary: Dr M H Sananwarwalla

Scientific agenda : 7.15pm-9.30pm (20 mins)

**13th February 6pm – 9 pm**

Theme: Revisiting Diabetes Complications

- Notorious acute complications in Diabetes
  Speaker: Dr Arun Kedia
  Chairpersons: Dr Shubhdeep Guha & Dr Arindam Sur
- Realising the importance of infections in Diabetes
  Speaker: Dr Anubha Verma
  Chairpersons: Dr Smita Bhat & Dr Arunangshu Chakraborty
- Poor Oral Health: Cause and/or Effect of Dysglycemia
  Speaker: Dr Purna Chawla
  Chairpersons: Dr Lily Rodrigues & Dr Meenakshi Biswas
- Ignored but so important in our population -Diabetic Gastropathy
  Speaker: Dr Rajiv Kool
  Chairpersons: Dr Abhishek Kumar & Dr Sourabh Sinha
- Musculoskeletal issues in Diabetes can be bothersome
  Speaker: Dr JK Sharma
  Chairpersons: Dr Dinesh Agarwal & Dr S S Poddar
- Allergic Skin in Diabetes
  Speaker: Dr Ajay Tewari
  Chairpersons: Dr Basu Bodhik & Dr Tapas Bhattacharya

Part 2

7pm: Address by Dr Anuj Maheshwari, Governor, ACP INDIA chapter
7.10pm: Introduction of Prog by Dr Bijay Patni, Scientific chairperson
The CME was a physician’s advocacy for healthy kidneys.

The program was designed in a way, so that all the important topics can be covered from the physician’s perspective. The purpose of this CME was to inform the physician’s community of recent advances in the study of hypertension as a cause and consequence of renal disease. To further this objective, a sizable number of National scientific personalities were assembled, all of them were renowned experts in the field. We are thankful to all the esteemed learned faculties from different parts of India for enlightening us on various related subjects starting from Screening of the patients, specialised diet in Renal patients, Hypertension to the prescribing guidelines for painkillers. The masterly deliberations of all the speakers were really informative for all. We sincerely thank all...
ACP Governor Dr. Anuj Maheshwari, with immense pleasure and a sense of pride announces the completion of the first medical research paper for the ACP India chapter COVID Diabetes Study. It is important to highlight the significant milestone achieved through this collaborative research initiative as the first of its kind project undertaken by any society of doctors in the country in such a short span of time! ACP India Chapter is really thankful to all participating doctors who contributed in making this project a huge success, not only through their contribution of relevant patient data, but also through their valuable feedback and support which helped in structuring the study design and outcomes and the final draft could come out so well. Last but not the least a special mention to MEDEVA who played a significant role to accomplish the feat successfully and seamlessly.

Multi-centric Pan India study : 25 centres

Data collected period : End July till 2nd Dec 2021 (4 months)

<table>
<thead>
<tr>
<th>Site name</th>
<th>Principal Investigator</th>
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</thead>
<tbody>
<tr>
<td>Sri Hari Kamal Diabetes Heart Clinic, Lucknow</td>
<td>Dr. Anuj Maheshwari</td>
</tr>
<tr>
<td>Rudraksha Institute of Medical Sciences, Ghodasar, Maninagar</td>
<td>Dr. Dhruti Jigarbhui Hasanani</td>
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<tr>
<td>Government Medical College, Aurangabad</td>
<td>Dr. Meenakshi Bhattacharya</td>
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<tr>
<td>Rudraksha Institute of Medical Sciences, Bareja</td>
<td>Dr. Vipul Chavda</td>
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<td>Saxena Multispeciality Hospital, Sonipat</td>
<td>Dr. Divya Saxena</td>
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<tr>
<td>Sikkim Manipal University, Gangtok</td>
<td>Dr. Bidita Khandelwal</td>
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<tr>
<td>SMS Medical college, Jaipur</td>
<td>Dr. C L Nawal</td>
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<tr>
<td>Dr Makkar’s Diabetes &amp; Obesity Centre, Paschim Vihar, Delhi</td>
<td>Dr. Brij Mohan Makkar</td>
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<tr>
<td>S.S Heart Care Centre, Lucknow</td>
<td>Dr. Sajid Ansari</td>
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<td>Nishkaam Diabetes Care and Research, Ghaziabad</td>
<td>Dr. Prahiad Chawla</td>
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<td>Care Hospital, Agra</td>
<td>Dr. Prabhat Agrawal</td>
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<tr>
<td>Dr. Saxena Medicentre (A Unit of Diabetes &amp; Heart Centre), Ludhiana</td>
<td>Dr. Ashish Saxena</td>
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<tr>
<td>Kasturba Medical College, Manipal</td>
<td>Dr. Mukhyaprana Prabhu</td>
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<tr>
<td>King George’s Medical University, Lucknow</td>
<td>Dr. Narsingh Verma</td>
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We feel proud & privileged that our esteemed ACP Governing council member has been awarded with coveted "Padmashri" by the Government of India on this republic day. It was a matter of great pleasure for all of us. ACP India Chapter organised a felicitation ceremony for him a virtual "Abhinandan" samaroh on 6th February. We really feel great pleasure in saying that stalwarts from all other organisations were also a part of the ceremony, where he has also been active like RSSDI, API, Indian society of hypertension, Indian society of Chronomedicine, Diabetes India, Indian society of medical Nutrition. It was a great honour & Privilege of ACP India Chapter that President ACP, Dr George Abraham graced the occasion of felicitation ceremony. The program was a huge success & attended by > 170 members & > 48 faculties from all over India.

To view the program

ACP India chapter remembered Bharat Ratna Lata Mangeshkar keeping one minute silence on her sad demise
Two of our esteemed members Dr. L. Sreenivasamurthy & Dr. Anubha Srivastava are being chosen to undergo training for “Well-being Champion” for the year 2022. After successful completion of their training, they will be awarded the title of “Well being Champion” by ACP.

Any of the members interested can also apply for the next year's training.

Dr. Anubha Srivastava  
(Lucknow)

Dr. L. Sreenivasamurthy  
(Bangalore)

Dr. B.A. Muruganathan  
Immediate Past Governor for being awarded with the prestigious MACP at IMM 22, Chicago.

Dr. Inder Pal Singh  
MBBS, MD, FACP  
Ludhiana Punjab

Dr. Surjadeep Sengupta  
MBBS, MD, FACP  
New Delhi

Dr. Saurabh Srivastava  
MBBS, MD, FACP  
Greater Noida

Dr. Puneet Rijhwani  
MBBS, MD, FACP  
Jaipur

Dr. Ajoy Kumar Tewari  
MBBS, MD, FACP  
Lucknow

Dr. S G Kalapanahalli  
MBBS, MD, FACP  
Bangalore

Dr. Jayanta Datta  
MBBS, MD, FACP  
Kolkata

Dr. Vikas Biutani  
MBBS, MD, FACP  
Panchkula

Congratulations  
All FACP Awardees
Heartiest congratulations to Prof Anuj Maheshwari for his outstanding achievement as a mentor

American College of Physicians has awarded the Certificate of Appreciation to Anuj Maheshwari, MD, FACP in recognition of your commitment to mentoring and the positive impact of your mentorship in the internal medicine community.

National Mentoring Month 2022

Addy Maheshwari, MD, FACP

January 1, 2022

Chief Executive Officer, Executive Vice President, India

APPRECIATION MESSAGES

1) We feel happy & honored to say that Dr. Abraham George, President, American College of Physicians appreciated the efforts of ACP India Chapter Governor Dr. Anuj Maheshwari, saying that

"Adding my kudos, Anuj! Thank you for all that you do on behalf of the College."

2) It’s our proud privilege that Dr. Rebecca A. Andrews, Conn. ACP Board of Regents conveyed her praises for Dr. Anuj Maheshwari & ACP India Chapter as

"My kudos as well. I cannot believe all the movement in primary care that is happening in India and you are at the front of it!"

3) We feel pleasure that Dr. Darlyn V. Meyer congratulated Dr. Anuj Maheshwari & sent a beautiful message -

"There is always fight, if only we're brave enough to see it. If only we're brave enough to be it."

-Amanda Gorman

4) Our heartfelt thanks to Dr. Thomas G. Conry, ACP Board of Regents for his kind words & encouragement by saying that

"Congratulations on your influential role in this important meeting on preventive healthcare in i

5) We express our gratitude to Dr. Dana Acord for sending his congratulatory message, saying that

Collaborations! The India membership has increased by 7.43% since October 2021. The most significant increase is with your Masters and Resident Fellows. If the chapter has made any particular efforts that may have caused this increase in membership, please provide me with a brief summary so I can include it in our recruitment and retention tracking database. No doubt the extensive programming, rich annual meeting, and periodic engagement with members has contributed to this success. As always, be sure to check out LeadersNet for ideas and resources you can use locally.

If you have any questions or would like more information or ideas to keep this upward trend going, please let me know. Once again, congratulations on the increase, and thank you all for the efforts you.

Today's News Highlights, Friday, January 28, 2022
ACP in the News
"AAPI urges Indian Govt, to appoint Indian Preventive Task Force (IPTF)"

The Healthcare Industry in India and worldwide is rapidly changing, leading to many describing the healthcare environment as dynamic, complex, and highly uncertain inducing health care environment to view this for several reasons the American Association of Physicians of Indian Origin (AAAPI) hosted CEHo Forum, a panel of healthcare experts, health industry leaders, opinion makers, and community organizers discussed the significance of promoting Preventive healthcare in India. Attended by a record 17 senior leaders from the healthcare industry, several challenges were addressed by multiple renowned speakers from the healthcare field, deliberating on the healthcare delivery system in India. Expert panelists who were part of the CEO Forum included, Dr. Anuj Maheshwari, the current Governor of the American College of Physicians India Chapter and the Vice President of Research Society for study of Diabetes in India (RSSDI).

Governor ACP India chapter in AAPI annual conference 2022
Hyderabad

ACP INDIA CHAPTER
www.acponline.org/
It’s my proud privilege to get an opportunity of compiling the quarterly newsletter of ACP & I am grateful to ACP Governor Dr. Anuj Maheshwari for showing faith in me. After days of planning and brainstorming, we feel proud to present to you the first issue of this year, featuring the creative and academic life of the INDIA CHAPTER of ACP.

This newsletter will bring together all the brains from, the Governor ACP, faculties, fellows and of course the esteemed guest speakers, as they reflect, analyze and link their thoughts on the newsletter. We are committed to showcasing your creative endeavors, while also assisting you in your academic areas with special training programs organized from time to time. ACP case file is also an interesting series to present rare cases for you all.

As such, we would love to hear your voices from opinions about this and previous issues, suggestions for columns for future issues, questions for our beloved faculties and reflections on an event you attended to a creative that you want to share with the rest of the colleagues. We want your inputs! stop us when we are walking down the corridor, whisper to us during lectures, or email us at our email id. We want this to be a collective effort of all and we will do our best to make that happen.

I am thankful to Dr. Amit Gupta, Dr. Swati Srivastava & Dr. Padma Gulati Mam for their great help and support in collecting every required material to make this newsletter a reality. My special thanks to Mr. Faisal for providing me every detail from time to time.

There is still much room to grow, improve, change, innovate and we hope that you the reader will help us make this newsletter as useful and relevant as it can be. Read enjoy and by all means contribute.

All labor that uplifts humanity has dignity and importance and should be undertaken with painstaking excellence

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Homage to Dr. Archana

“Of all the forms of inequality, injustice in health care is the most shocking and inhuman.”

Justice for Dr. Archana Sharma

29th March, 2022
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