



JOURNAL

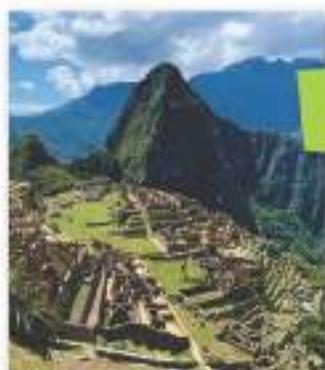
SPRING 2022



FAMOUS WOMEN IN HEALTH & SCIENCE

ATG TOURS

ACROSS THE GLOBE



PERU

April:
11th - 18th 2022



PORTUGAL

April: 29th,
May: 6th 2022



CANADIAN ROCKIES

July 2022



JAPAN

August,
September 2022



TANZANIA & KENYA

September 2022



NEW ZEALAND / AUSTRALIA

Fall 2022



VIETNAM & CAMBODIA

December: 23rd 2022



ANTARCTICA

SPECIAL OFFER

December: 23rd 2022
January: 05th 2023

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TABLE OF CONTENTS

Editor's Message	5
President's Report	6
President-Elect's Report	10
Treasurer's Report	11
Chair, Board of Trustees Report	14
Chair, AAPI Charitable Foundation Report	16
Blood Donation Drives across US	18
AAPIQLI Blood Drive	20
Faith (poem)	21
15th Annual Global Healthcare Summit Report	22
Our Luxury Escapade - Falaknuma Palace	24
Adopt-A-Village Committee Report	26
Covid Relief Efforts - Update	28
Cervical Cancer Prevention	31
Pill Power	32
Story Behind the 'Mother Earth' songs	33
Common Gynecological problems encountered by primary care	34
Women in the History of Medicine, who Aspire, Inspire and Venture	36
Women and Medical Research - An under-recognized subject	39
An Enterprising Physician: How this Pediatrician-turned Entrepreneur Transformed a Health Policy into a Consumer Product for Kids	40
Unique Aspects of Women's Mental Health	47
Understanding Women's Mental Health	48
Why do Younger Women have more Strokes: Its Prevention and Treatment?	50
Women and Leadership in Medicine	52
Small Drops an ocean make.... The elderly in India, and the St. Johns Medical Center Response	54

TABLE OF CONTENTS

My Journey through Health camp	56
As the World Turns...	58
Women's Health Education or Leadership	60
Post-Menopausal Osteoporosis	61
Understanding the Bias and Expanding the Boundaries of Womanhood	62
AAPI Operations Benefactor Endowment Fund Donors	63
Lung Cancer: The Unwanted Equality for Women	64
Menses, Maternity & Menopause	65
Medical Crisis during War in Ukraine	68
Hereditary Breast and Ovarian Cancers and the Genes Involved	69
Wholesome Food for Women's Health	70
Women and Education	71
Challenges Women Physicians face in Indian Society	72
Breast Reconstruction	74
Vimukthi (poem)	75
What is the reality of life? (poem)	76
Editorial Committee	78





EDITOR'S MESSAGE

BHAVANI SRINIVASAN, MD, MPH

Chair, Publication Committee

Gentle AAPI Reader,

Spring has sprung! And to commemorate it our Spring Journal is here!

This time the theme was “Women in Health, Education and Leadership.” I must say our AAPI members are amazing! Folks immediately went to their computers, some sent in a medley of topical articles in prose, and other members elected to send us poetry. One of our members and his family have composed songs on Mother Earth, the ultimate mother who nourishes and cherishes us all. We have provided you with a link, which will take you to the song collection and you can listen to them at leisure.

As you browse through our literary smorgasbord, you see the challenges and hurdles that many women face and overcome to advance, often silently. The playing field is very different for women. This is a reality. Women physicians and indeed women in leadership roles must delicately balance hearth and hospital, on a daily basis all the while competing with their male colleagues for residency slots and then practice settings. Our articles laud those who successfully negotiated through the glass ceiling!

We also give you, dear reader, a glimpse into the activities of AAPI both at home and in India, and there are quite a few pictures accompanying the articles. Blood drives were organized across the country, and very successfully, I might add. In India, at the Global Health Summit, AAPI had a campaign to create awareness of HPV and the HPV vaccine. During the Spring Governing Body meeting, there will be a fund collection to procure and send HPV vaccines to India. ATMA, one of the chapters of AAPI has done some amazing work in the rural areas in the south, Tamil Nadu. AAPI Charitable Fund manages several Health clinics in different parts of India, over the last several years.

Just to keep things interesting, AAPI has elections going on through the first week of April, and many of our women physicians are contesting for various positions! Their ads are scattered throughout the journal, so you are aware of the various candidates.

And finally, to our cover page. We wanted to showcase famous women who have made an indelible mark on science and medicine, thus advancing our body of knowledge and practice.

Cheers!



PRESIDENT'S REPORT

ANUPAMA GOTIMUKULA, MD

President, AAPI

Respected members,

We are into the 40th year of AAPI's inception!!

This year, AAPI has created a great track record- AAPI team has been working diligently with so many wonderful projects and activities for our members including educational, philanthropic, networking events, and many more!

This has been possible because of the incredible work and support from the dedicated team of leaders, members and supporting office staff!

RECAP OF THE ACTIVITIES DONE DURING THE 3 QUARTERS OF THE YEAR:

- **Virtual Monthly CME Webinars:** More than 20 CME credit hours provided by the Chicago Medical Society.
- **Financial Educational Webinars:** Educational sessions for the members to invest smartly & wisely and stay financially healthy.
- **Healthcare Reform Webinars:** Addressing Health Equity and disparities, Physician burnout, etc.
- **Legislative Webinars:** "Latte with Legislators" 5 sessions done with the US Congressmen and Senators- several issues discussed to bring healthcare changes and make healthcare affordable while addressing the Medicare payment cuts for physicians. Had productive discussions with Rep. Mary Newman, Rep. Raja Krishnamoorthy, Rep. Danny Davis, Sen Dick Durbin, and Rep. Don Young.
- **Women's Committee Activities:** Held the "Domestic Violence Awareness" panel discussion and "Women's Health and Well-being" webinar.
- **Summer Family Trip** to Serengeti National Park, Tanzania in July 2021.
- A successful **Global Health Summit** in January 2022.

"Prevention is better than Cure" was the theme which made a productive impact not only amongst the attendees, media, and leadership, but also as presented a report is to the Prime Minister of India with an emphasis on initiating an **Indian Preventive Task Force** alongside development of Annual Preventive Screening Guidelines. GHS had several panel discussions on medical reforms - to help establishing Family Medicine programs, Emergency medicine, and Palliative medicine specialty PG courses in every medical school and to change the examination pattern from essay questions to all MCQ testing. The CEO forum reinforced the need of preventive care rather than disease management, to control the non-communicable diseases which are the silent killers. The theme of the Women's forum was 'Women who Inspire' with speakers from both the continents.

- **Collaborations and Partnerships** with other organizations – ACP -- FSMB – ECFMG – NMC -- IMA – UNICEF -Red Cross Society - CWC - Lifestyle Medicine - MDTok
- **Fall Governing Body Meeting** for the leadership held in Nashville in November 2021
- **AAPI Journals:** Fall journal focused on Lifestyle modifications from several experts and spring journal focused on woman's health, education, and leadership.
- **JAAPI:** A Peer-Reviewed Scientific journal of AAPI is in its 3rd year and progressing well.
- Governing Body meetings for the leadership- Fall -Nov 2021.

PRESIDENT'S REPORT

CHARITABLE ACTIVITIES IN 2021-22

- **National Blood Donations Drives:** Despite Covid challenges, Blood donation drives were done in 24 cities and same cities are motivated to do another round of blood donation drives soon. Hope with the Red Cross Society partnership, we can achieve many more cities.
- **“Adopt a village” Rural Preventive Healthcare screening initiative in India:** Free health screening camps with Physician consultations done in 27 villages in the middle of Delta and Omicron wave- another 15 villages are pending to get initiated.
- **“Free for Life” Fight Human Trafficking in India:** Fall Fund Raising Gala with AAPI Nashville chapter during our Fall GB meeting - raised and donated 75 K.
- **HPV vaccination drive during Global Health Summit:** Awareness and Prevention of Cervical cancer in India. Donated 100 free HPV vaccinations to children in India.
- **Breast cancer awareness and free Mammograms** at the upcoming Spring GB meeting and Gala: Dedicated to women for raising awareness of Breast cancer - Spring Fundraising gala with IAMA chapter will support free Mammograms to underserved women.
- **Free Congenital Heart Surgeries** to 25 poor and needy children (Each surgery costs 2000\$) supported by H2H Foundation (Founded by - Padma Shri Padma Bhushan, Little Master Sunil Gavaskar) – A fundraiser planned during the upcoming AAPI convention. Our Goal to raise \$50,000.
- **Covid Fund - Post Covid Relief Activities:** 5 million raised during delta wave in India. The ongoing covid relief work in India is in progress, donating lifesaving equipment to support critically ill patients - Biochemical Analyzers, Ventilators, Oxygen plants. AAPI is prepared to support and help any deadly Covid wave in near future.

UPCOMING ACTIVITIES

- **Legislative Webinars:** Every other Sunday of the month.
- **Continuing Medical Education:** Monthly 2 hours of CME every 2nd Saturday.
- **Spring Governing Body meeting:** Planned in Chicago by Local Chapter, IAMA.
- **“Adopt a Village” Healthcare Camps:** In Gujarat, Karnataka, Andhra Pradesh, and Telangana states.
- **Spring Family CME trip to PERU:** April 10-17th, through ATG tours and Travels in place of the postponed Japan Trip due to country closures.
- **Blood Donation Drives:** Continued work
- **AAPI Convention:** June 23-26th at Henry B. Gonzalez Convention Center, San Antonio. Registrations are open and limited to 1000 attendees only. Social distancing measures and Covid vaccination guidelines will be followed. This will be a historic convention celebrating 40 years of AAPI and India’s 75 years of Independence in collaboration with the Indian Embassy.

AAPI OFFICERS



Anupama Gotimukula, MD
President, AAPI



Ravi Kolli, MD
President-Elect, AAPI



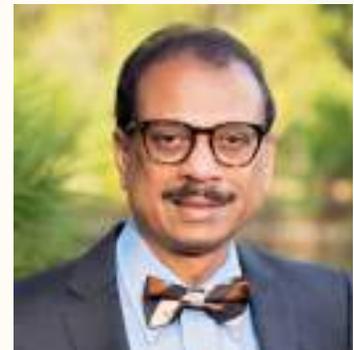
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Treasurer, AAPI



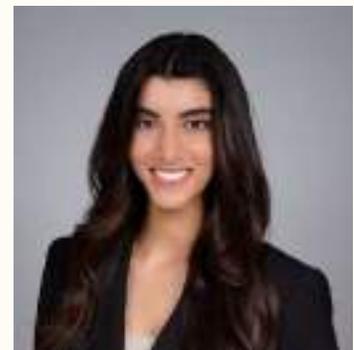
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Chair, AAPI BOT



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South Region



PRESIDENT-ELECT'S REPORT

RAVI KOLLI, MD

President Elect, AAPI

As President elect, I have been actively participating in all the AAPI activities, including GHS, CME webinars, Latte with Legislators, and various committees' meetings (Liaison, Ethics, IT, Publication, Bylaws, Membership, CME and Convention) and BOT meetings. I have coordinated the GHS Kanha Ashram visit for AAPI delegates during the GHS in Hyderabad. I have worked closely with the President and Vice President of AAPI to improve our operations and procedures. We are planning our AAPI Summer CME Tour of Canadian Rockies from July 30th to August 6th, GHS Visakhapatnam in 2023 along with tour of Cambodia and Vietnam and the dates and itinerary are being finalized. Here is a summary of our Kanha Visit during the GHS Hyderabad for those who missed it.

A SPIRITUAL JOURNEY TO KANHA SHANTI VANAM



Many AAPI delegates visited and stayed overnight at Pearl Hotel in Kanha Shanti Vanam of the Heartfulness Institute and Sahaj Marg on January 3rd- 4th, 2022 during AAPI GHS in Hyderabad. We all had a very pleasant experience on the serene grounds and spiritual environs of Kanha. We were graciously greeted by volunteers of Kanha Ashram on January 3rd afternoon and proceeded to go to world's largest meditation center located in the Ashram, where we participated in a national event organized at the ashram and attended by many dignitaries including yoga master Baba Ramdev, who led a yoga and Surya namaskar practice.

We were later served a delicious sattvic dinner followed by a musical rendition by young student and volunteer members of the ashram late into the night with a generous serving of sweet and tasty desserts. Next day on January 4th we were taken on a tour of Ashram and were shown the various horticultural and water conservation projects that has turned an arid and dry Deccan plateau into a Forest of Peace, where nature and humanity live in harmony and sustain each other. We also visited Media Center, Conference and convention center, Ashram Learning Center, Medical Center, as well as the various monuments, iconic structures that symbolize man's spiritual journey and quest for the ultimate realization and unison with universal spirit. It was a revelation of limitless possibilities. The visit culminated with the most fulfilling experience of meeting and listening to the spiritual master of Sahaj Marg **Daaji**, with whom we were blessed to share a meal and listen to his discourse on various aspects of spirituality and engagement in the material world without attachment and how heartfulness meditation can be practiced realizing infinite potentialities by one and all to forge path of harmony, tranquility, and peace for global humanity. This memorable and beautiful experience was planned upon the suggestion of Drs. Chandra Koneru and Murty Gokula and made possible by tireless efforts of Mr. Sanjay Sehgal, Ms. Snehal Deshpande, Mr. Madhav Reddy, and many other volunteers of Kanha, who made sure all the visitors were taken care of, to the utmost. Everyone felt fulfilled and promised to return for a longer and more immersive experience next time and eagerly looking forward to it.



TREASURER'S REPORT

KRISHAN KUMAR, MD
Treasurer, AAPI

CASH BALANCES IN AAPI 2021-22 ACCOUNTS

GENERAL ACCOUNTS

Obesity	\$4,741.03
Young Physicians	\$84,582.94
Medical Students/Residents/Fellows	\$3,410.26
2022 Convention	\$377,914.02
Membership Dues	\$13,741.10
Office Expenses	\$161,763.67
Family Tour	\$38,665.26
Operations	\$138,484.32
Covid19 Fund Account	\$14,878.94
India COVID Relief	\$1,970,141.77
Global Healthcare Summit	\$9,437.79
CD - GHS 2020-21	\$12,000.00
Convention 2021	\$68,601.31

INVESTMENT ACCOUNTS

AAPICF Investment Account	\$3,468,460.02
AAPICF Current Account	\$57,985.44
AAPI-BOT Account	\$3,066,554.51
AAPI-Executive Account	\$87,784.24
Kakani Foundation Account	\$97,038.23
AAPI-Donor Benefactor Endowment	\$330,409.18

TREASURER'S REPORT - INCOME

As of March 28, 2022

INCOME (July 1 to Mar 28, 2022)	Amount
6% from the Board of Trustees	\$199,030.00
AAPI Initiatives	
Adopt-A-Village Program	\$77,501.00
Adopt-A-Village Program Expense	-\$58,600.00
Share-A-Blanket	\$1,200.00
Fall GB Fundraising Gala 2021	\$88,601.00
Member Benefits	\$95.46
Membership Dues	
Patron (755 members)	\$75,500.00
Transfer to AAPI BOT	-\$62,800.00
Chapter Dues	\$2,000.00
YPS (14 Members)	\$700.00
Others	\$350.00
Elections Income	
Code of Conduct	\$14,000.00
Nomination Fee	\$66,000.00
Advertising Revenue	\$15,400.00
Observership Program	\$1,000.00
Sponsorship	\$15,700.00
TOTAL INCOME (July 1 to Mar 28 2022)	\$435,677.46

TREASURER REPORT - EXPENSES

As of March 28, 2022

EXPENSE (July 1 to Mar 28 2022)	Amount
Credit Card Fees	\$6,899.99
CME Expense	\$4,630.00
Community Outreach Programs	\$5,000.00
Contributions	
Local Chapter Contributions	\$4,000.00
India IRC Incorporation Fee (sponsored)	\$3,316.00
Governing Body Expense	\$96,995.84
Insurance	
Condo + Workmen Comp (till June 2022)	\$2,179.00
Directors & Officers Liability Insurance	\$7,420.00
IT Expense	\$3,066.53
Leadership Meeting/India Day Parade	\$13,069.94
India Foundation	\$648.73
Misc Expense	\$141.94
Office Expense	\$14,937.60
JAAPI	\$750.00
Membership Data Verification	\$19,486.00
Postage	\$363.21
Printing	\$873.00
Printing - Journal	\$19,825.00
Share-A-Blanket Program	\$2,500.00
Staff Salaries/Contractors/Benefits	\$139,726.73
Travel	\$1,109.49
Webinar Expense	\$1,851.57
TOTAL EXPENSE (July 1 to Mar 28 2022)	\$348,790.57



CHAIR, BOARD OF TRUSTEES REPORT

KUSUM PUNJABI MD, MBA, FACEP
AAPI BOT Chair

Greetings!

Happy Spring to you! I truly hope you and your loved ones were able to work through all the Covid challenges we faced during the past few months and I hope you are now ready to celebrate life in its full glory.

I cannot believe we are in our last quarter of the AAPI year! This year the Board of Trustees (BOT) have been very active in the organization serving in various AAPI Committees and developing new long term initiatives for AAPI. We meet virtually every month and have very productive meetings where we share ideas and opportunities in helping AAPI grow as an organization.

One of the initiatives we developed is the AAPI Medical Project Grant (MPG). The purpose of this grant is to financially support AAPI medical students/residents/fellows/young physicians in various medical projects such as observerships, community service projects, entrepreneurships, innovation developments, etc. Please visit the AAPIUSA.ORG website and click on the tab AAPI BOT MPG to get more information to be a donor for an award or an applicant.

The other initiative we are actively working on is launching the AAPI Medical Reserve Corps (MRC). The purpose of this initiative is to better organize our volunteer efforts, respond to national disasters in an efficient manner and align AAPI with mainstream US medical relief programs in terms of being recognized nationally, applying for grants etc. At this time we are working on the structure and processes for starting the MRC. You will hear more about this in the future.

The financial market is taking a hit due to the Covid crisis and now the Russia-Ukraine issues. The AAPI BOT is diligently working with our financial managers in keeping our risks conservative and safeguarding the sacred patron funds. I am grateful to my entire team Dr. Nigam, Dr. Vasavada, Dr. Gupta, Dr. Lolabhattu, Dr. Ranga, Dr. Aggarwal, Dr. Edara, Dr. Paluvoi, Dr. Baxi and Dr. Solanki for everything they do as AAPI BOT!

Looking forward to seeing you all at the San Antonio Convention!

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CHAIR, AAPI CHARITABLE FOUNDATION REPORT

Surendra K. Purohit, M.D., F.A.C.S.

Chairman, AAPI Charitable Foundation

The past 2 years has been busy for the AAPI Charitable Foundation because of the COVID-19, DELTA, OMICRON pandemics, five disasters in California, and 4 hurricanes back-to-back in Louisiana.

In the COVID-19 pandemics, healthcare workers, the general population, old and young, were affected. The Charitable Foundation took the lead and immediately donated \$25,000.

We took care of sick people affected by the COVID-19 variants, provided masks to hospitals, lunch for nurses and healthcare providers to show our deep appreciation for their sacrifice and dedication at that difficult time.

Then, we were hit by Category 4 Hurricane Laura, which destroyed the whole cities of Lake Charles, Louisiana, and Beaumont Texas. People unable to evacuate, were forced from their destroyed homes, with no drinkable water, food, shelter, or electricity.

The AAPI Charitable Foundation donated bottled water, breakfast, lunch, dinner, and snacks until people were able to receive shelter at local hotels in nearby cities not destroyed by the hurricane. These cities were hit by a second hurricane, Category 4 Hurricane Delta. The third Hurricane that hit close by in New Orleans, Louisiana was Category 2, Hurricane Zeta. Category 4 Hurricane Ida followed. Massive amounts of destruction were seen. People were drastically affected by power outages, undrinkable water, food, and shelter shortages. AAPI Charitable Foundation and members of AAPI came to their rescue.

Four stranded students were sent home from a university in New Orleans and continued remote studies from India.

AAPI Charitable Foundation has 8 clinics in India, providing healthcare for the poorest of the poor in remote villages. These clinics have provided services for years and are funded by the Foundation. They provide education for the prevention of communicable diseases, drinking water, dental care, and eye exams. A doctor comes from outside to teach the importance of eye care, diabetes management, hypertension counseling, and smoking cessation. Some clinics provide maternity services and physical therapy. During the pandemic, these clinics have been administering free COVID-19 care for all affected. AAPI Charitable Foundation donated \$5,000 for blankets for people during the colder weather.

Dr. Surendra K. Purohit, Chairman of The AAPI Charitable Foundation has a project for drinking water in all states of India, and has begun in Andhra Pradesh, Maharashtra, and Uttar Pradesh.

The Foundation is implementing a new program in the remote villages in India. Physicians volunteer to serve the clinics and patients. Information and assistance will be via Zoom meetings for education, regarding Hypertension, Diabetes Mellitus, and COPD, the most common health concerns in India. Cardiology and Hypertension, headed by Dr. Bhrahma Sharma, Diabetes Mellitus headed by Dr. Patel Thakor, and Allergy/Asthma/COPD, headed by Dr. Pudupakkam Vedanthan. We are very grateful to Dr. Nick Shroff for his impeccable work in the IT components of this project.

AAPI Charitable Foundation donated \$5,000 for the fight Against Human Trafficking in 2021.

The AAPI Charitable Foundation has been consistently, generously donating to health and knowledge for the poorest of our Indian patients. We hope to continue these efforts in the future.

With Best Compliments From

AMERICAN TAMIL MEDICAL ASSOCIATION



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Dr. Mythili Bharadwaj

SECRETARY

Dr. Nedunchezian Sithian

TREASURER

And all the Members of ATMA



BLOOD DONATION DRIVES ACROSS US

MEHER MEDAVARAM, MD, ABFM

Edward Elmhurst Hospital Naperville, IL
Adventist Bolingbrook Hospital,
Bolingbrook, IL

Due to the COVID-19 pandemic, there has been an unprecedented national shortage of blood and blood products along with an extraordinary demand for them. To overcome this deficiency and help the national crisis, AAPI decided to come forward and assist in the blood donation drive across America.

The nationwide shortage meant that hospitals had to allocate blood for the patients who needed it the most urgently. As was the case during the height of the pandemic, this unfortunately led to the postponement of some of much needed elective surgeries namely, cardiac and cancer surgeries which affected some of the patients as hospitals built back their supply. In my own practice, I saw how it affected my patients and worsened their clinical conditions and loss of life. According to the Red Cross, 15 million people required blood donation each year.

This Covid-19 Pandemic, Donors who regularly donated blood also were hesitant to go to the centers to donate blood causing the acute shortage and with increase demand from Covid the situation worsened.

As physicians, we thought if we could make a small difference in leading the way, by creating a friendly safe blood donation event, getting together people who knew each other as a group and motivating them to come forward might work, and aloha it did!

It was an amazing feat to see how eagerly people wanted to help the cause, we did 3 events in 3 months with different groups. Several local AAPI chapters joined this noble cause. We are grateful to all the cities including San Jose chapter, spear headed by Dr. Raj Gupta who have participated in the blood donation events so far, and a big applaud to all those who signed up to do so in the future.



BLOOD DONATION DRIVES ACROSS US



FLORENCE NIGHTINGALE

Florence Nightingale's environmental theory is based on five points, which she believed to be essential to obtain a healthy home, such as clean water and air, basic sanitation, cleanliness, and light, as she believed that a healthy environment was fundamental for healing. Her polar area diagram, now known as a "Nightingale Rose Diagram," showed how the Sanitary Commission's work decreased the death rate and made the complicated data accessible to all, inspiring new standards for sanitation in the army and beyond



AAPIQLI BLOOD DRIVE

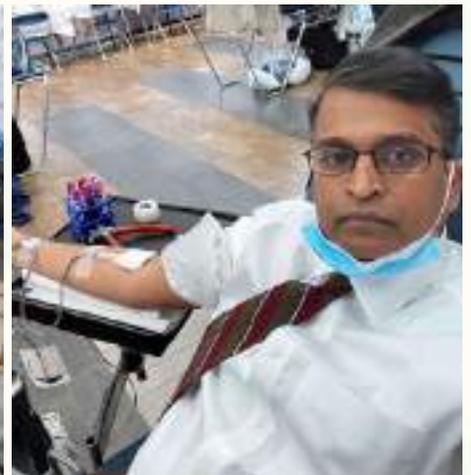
VINNI JAYAM, MD, FACC

President, AAPIQLI
Cardiac Electrophysiologist
St. Francis Hospital, *The Heart Center*

Every 2 seconds, someone in the United States gets a blood transfusion. Blood can only be obtained from another human being. Once donated it lasts only 42 days. So, the demand for blood and blood products remains high. Due to ongoing Covid and the implications it has on donors and supply chain, the shortage for blood has become acute. AAPIQLI has undertaken a service initiative to donate blood, in coordination with NY Blood Center and local organizations, TLCA (Telugu Literary and Cultural Organization), TANA (North American Telugu Association). This was conducted at Broadway Mall, Hicksville on Mar 5, 2022. Members of AAPIQLI and its office led by example. Donors today included Dr. Vinni Jayam, the President of AAPIQLI, Dr. Sunil Mehra, ex-President, Dr. Inderpal Chhabra, Dr. Nakul Karkare, Dr. Arun Gupta, Dr. Rakesh Kakani, Dr. Kavita Reddy and attended by Dr. Rajgopal Holalkare, Dr. Krishan Kumar, and Dr. Jagdish Gupta, Chair BOT. The event was coordinated by Drs. Meena Ahluwalia and Dr. Jyothi Jasti, Chair, Service Committee. The drive was massively successful with all slots available fully utilized.

We would like to reiterate the fact that Covid related virus is not transmissible via blood and the viral titers in donated blood even if tested are negligible. So, it is safe for both donors and recipients alike.

DONATE BLOOD and SAVE LIVES.



FAITH

MUKESH LATHIA, MD

Fall on the ground is but Spring turned
upside down,
With infinite shades of scattered brown
Huddled at the feet of a thickened trunk
And not adorn its swaying crown.

These leaves will never move or rescind
Till lifted by a rake or howling wind,
Or forced to merge in earth's warm crust
In an endless cycle from dust to dust.

Looming large is the barren tree,
Its body naked for the world to see.
Its bole rising tall and straight
In quiet acceptance of fleeting fate.

It has learnt well from bygone season
The eternal wisdom of nature's reason
That Green will soon replace the brown
And spring once more will hang from its
crown.

Calm, resolute this sage of a tree,
It, like the leaves, lets the nature be.

MATCHMAKER Jasbina



Search 1 (U.S.)

WOMEN (43 - 53)

Los Angeles / Maryland - based, business owner seeks a caring and intelligent partner (43 - 53) - U.S.

A well-rounded people person, who believes in win-win solutions - our client has built a successful business.

He wants to travel, learn from each other, take it easy with a similarly tidy & health / fitness-conscious partner.



Search 2 (U.S., India)

WOMEN (55 - 70)

Boston - based, youthful Ivy-educated scientist seeks a similarly energetic and affectionate partner (55 - 70) - U.S., India.

Semi-retired, he enjoys professional pursuits, family, learning Carnatic music - and hopes to travel globally with his partner.

With professional flexibility, family on the East - West Coasts / India - he can relocate throughout / shuttle the U.S. - India.

COULD THIS BE YOU, OR SOMEONE YOU KNOW?

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15TH ANNUAL GLOBAL HEALTHCARE SUMMIT REPORT

UDAYA SHIVANGI, MD

Chair, GHS 2022

The 15th annual AAPI GHS summit was held successfully in Avasa hotel, Hyderabad on January 5th, 6th and 7th. This event was extraordinary, not just because of the pandemic and uncertain times that followed, but the way we responded, adapted, thrived and triumphed over the challenges and were able to provide a memorable experience to all delegates and participants.

The pre-summit began with a spiritual discourse and meditation session with Daaji. The GHS was inaugurated by The Honorable Vice President of India Shri Venkaiah Naidu garu who delivered the inaugural speech virtually. Guests of honor Dr. D. Nageswar Reddy, CMD, AIG Hospitals, Dr. Minu Bajpai, Dr. Suryanarayana Raju and various other dignitaries were present at the lighting ceremony.

The theme for this year's GHS summit 2022 were focused on preventive care, global education, lifestyle medicine and health awareness that are so apt to the times we live in today. State of art CME's were held all 3 days with seminars on latest advancements in the field of medicine. For the first time ENLS certification course was held to create stroke awareness.



The theme for this year's GHS summit 2022 were focused on preventive care, global education, lifestyle medicine and health awareness that are so apt to the times we live in today. State of art CME's were held all 3 days with seminars on latest advancements in the field of medicine. For the first time ENLS certification course was held to create stroke awareness.

The medical jeopardy had around 1400 students participating from all over India. Top 5 from each year were selected for finals held during the summit. In the symposium over 300 Medical students from all over India submitted 86 research reports and 54 interesting cases through GAIMS (Global Association of Indian Medical Students). Of these 30 best abstracts were selected for live presentation and were awarded cash prizes. Global education initiatives and electronic research poster presentations not only encouraged but also provided a platform to showcase the talent of the medical community and young doctors in India.



15TH ANNUAL GLOBAL HEALTHCARE SUMMIT REPORT

Health screening was made more accessible through the "Adopt a Village" program. We have completed screening successfully in 24 villages, and aim to do preventive health screening of 75 villages PAN India by the end of June 2022. AAPI donated over 200 doses of HPV vaccines in collaboration with Tanvir Hospital.



The Women's forum organized a panel discussion themed "Women who Inspire". Panelists were remarkable women with extraordinary achievements in their respective fields. The CEO forum has a memorandum proposal for the Government of India.

The final day of the summit culminated with speeches on Lifestyle Medicine.



All the participants felt connected and taken care of throughout the summit. The ambience, food and entertainment enhanced the whole experience.

After the summit all the delegates stayed in the luxurious Taj Falaknuma palace. The royal ambience and the unique experience of dining at the 101 table was mesmerizing.

I want to sincerely applaud AAPI President Dr. Anupama Gotimukula and Dr. Dwarkanath Reddy, National Chair, India who led through the obstacles with a smile. I want to thank all Committee chairs, members, AAPI officers, Board of Trustees, organizers, AAPI administrative officer, volunteers, everyone that joined us in person and those who supported us virtually. It was wonderful to see the positive impact of AAPI's initiatives, and its contributions in empowering the Healthcare sector.

My heart fills with absolute pleasure and gratitude to be part of this wonderful journey and working with such amazing talented people.



OUR LUXURY ESCAPE: FALAKNUMA PALACE

SURESH REDDY, MD

Past President, AAPI

Growing up in Hyderabad and its suburbs, visiting Falaknuma Palace, meaning 'Mirror of the Sky' was one of my bucket lists. We had heard many, enchanting stories about this lovely, royal palace.

This palace was built by Sir Viqar-ul-Umra, the then Prime Minister of Hyderabad. After a visit to Europe, he decided to build a European style residence for himself. It took him nine years to complete the construction and furnish the palace. He used this palace as his private residence from 1890-1897. In the spring of 1897, the 6th Nizam of Hyderabad was invited to stay at the palace. The Nizam fell in love with this exquisite palace. He then offered to buy it from the Viqar. He used the palace as a guest house for the royal guests visiting the kingdom. The list of royal visitors included King George V, Queen Mary, Edward VIII and Tsar Nicholas II.

Recently, the palace has been leased and renovated by Taj Group of Hotels, who have combined the experience of a luxurious vacation with a sensational glimpse of the past. After its renovation, guest celebrities such as Aga Khan IV, Ivanka Trump and Narendra Modi have used it, thus making this a destination site for royal events and weddings.

As soon as one lands at the magnificent gates of the palace, a horse-ridden carriage takes the guests to the palace entrance, greeted with a shower of fragrant rose petals, and a welcome drink of "Rooh-Afza", translated as 'Refresher of the soul'-one feels truly invigorated and sense true regality. This is followed by a historical and an enigmatic tour of the palace with stimulating stories and amusing anecdotes of the Nizams. The palace has 60 suites, with 22 beautiful halls, adorned by opulent décor, intricate carvings, and Belgian chandeliers. It has a considerable collection of the Nizam's artifacts including paintings, statues, furniture, and jade collections. It also has a library, with a carved walnut roof, a replica of the one at Windsor Castle, houses more than 5000 books and manuscripts in English, Urdu, and Persian, as well as copies of the Quran, and rare first editions of Encyclopedia Britannica.

Another highlight of this iconic palace is the grandeur dining table, which is the world's longest table as recorded in the Guinness book. The table can have 101 guests, boasts of rosewood chairs, with green leather upholstery, and a royal service of delectable dishes with silver and gold cutlery.

Most of the AAPI delegates stayed overnight and enjoyed the exquisite night views of the Hyderabad city, as the palace perches 2000 feet on the mountain top. An extraordinary Qawwali rendition completes the vibes of this palace.

Special thanks to Dr. Anupama Gotimukula, AAPI President, Dr. Udaya Shivangi, Chair of the Global Health Summit, Dr. Dwarakanath Reddy, Overseas Convenor, and their teams, for making this dream come true. However, when the time came to pay the bill, it gave us a huge sticker shock, but we all agreed that the experience was worth the price.

OUR LUXURY ESCAPE: FALAKNUMA PALACE





ADOPT-A-VILLAGE COMMITTEE REPORT

SATHEESH KATHULA, MD, FACP

Chair, Adopt a Village Committee

Secretary, AAPI

The American Association of Physicians of Indian Origin (AAPI) has embarked on a Rural Health Initiative to provide free screening for non-communicable diseases such as diabetes, hypertension, hypercholesterolemia, chronic kidney disease, anemia, hypoxemia and malnutrition. Under the leadership of AAPI president Dr. Anupama Gotimukula, we are doing the screening in 75 villages to commemorate 75 years of India's independence. The program was inaugurated in Ramaiah Palle Village in the state of Telangana, in October 2021. We have done health screenings in close to 30 villages in 2 states ever since and 3136 people have been screened.

Currently, this project is being carried out in 5 states including Andhra Pradesh, Gujarat, Karnataka, Tamil Nadu and Telangana. It will be expanded to other states in India eventually. CBC, HbA1C, lipid profile, creatinine, pulse oximetry, measurement of blood pressure, height and weight are being tested for 150-200 people per village. The plan is to screen at least 15,000 people. Patients are given healthy snacks, multivitamin tablets, and paracetamol as needed for pain, on site. Patients are counseled if they have abnormal results. The cost for screening per one village is \$2500. We are planning to extend the project to other states if there is enough interest.

We are gathering data from all the villages which is very intriguing. Out of 3136 people screened thus far, we found that more than 50% of the people have chronic kidney disease, 45% have hypertension, and 25% diabetes. This data will be used to improve healthcare in India and establish a preventive health task force. Our eventual goal is to collaborate with non-governmental organizations to provide ongoing healthcare in these villages.

Some of the sponsors graciously agreed to adopt their native village and continue the efforts to deliver healthcare. Our sincere thanks to the sponsors and Global Teleclinics for taking part in this noble project. We humbly request others to come forward to adopt a village to help our motherland, India.



V. SHANTA

Vishwanathan Shanta was an undisputed cancer crusader in the oncologic landscape for the past six decades. She is best known for her efforts towards making quality and affordable cancer treatment accessible to all patients in India. She was the recipient of Padma Shri in 1986, Padma Bhushan in 2006 and Padma Vibhushan in 2016. She was conferred the Ramon Magsaysay Award for Public Service in 2005.





COVID RELIEF EFFORTS - UPDATE

SUJEETH R. PUNNAM, MD, FACC
Chair, COVID Relief Committee

MEMBERS:

Anupama Gotimukula, MD, President, AAPI
Ravi Kolli, MD, President Elect, AAPI
Sateesh Kathula, MD, Secretary, AAPI
Tarak Vasavada, MD, Member, BOT
Himanshu Pandya, MD- Report

AAPI's covid relief efforts in India have been going on in full swing with the committee meeting regularly and reviewing grant applications and finding right partners endowed with passionate teams. Some of the recent contributions to help revamp the health care infrastructure in India are enumerated below.

1. Sai Sanjeevani Hospitals delivers pediatric congenital heart surgeries totally free of cost for the poor people. During Covid, the hospital started delivering yeoman service for pediatric covid patients. Two oxygen plants were donated to them and were commissioned recently in its two centers. Inauguration was done by AAPI President, Dr Anupama Gotimukula in virtual opening ceremonies. Cost of the oxygen plants were shared equally by AAPI and Rotary International. Cost of the analyzers were contributed totally by AAPI.

Oxygen Plant in Kharghar, Maharashtra



Oxygen Plant in Kharghar, Maharashtra



COVID RELIEF EFFORTS - UPDATE

Biochemistry Analyzers in Palwal, Haryana Kharghar, Maharashtra and Raipur, Chhattisgarh

2. Chemiluminescence Immunoanalyzers (CLIA), Beckman Coulter UniCel Dxl 800 access Immunoassay system. This equipment has a throughput of 200 tests/hour and will make point of care testing like covid antibody tests, Ferritin, D Dimer, troponin, IL6, procalcitonin, CRP etc. easy. Each of these costs around \$80,000



a) All India Institute of Medical Sciences (AIIMS), Bibinagar, Telangana



Inauguration was done recently on January 7th, 2022 by AAPI president Dr Anupama Gotimukula, Dr Sateesh Kathula, AAPI Secretary and Dr Sujeeth R. Punnam, Chair, AAPI Covid Committee. AIIMS Director Dr Vikas Bhatia hosted the inauguration event.

b) Stanley Medical College Hospital, Chennai, Tamilnadu

Inauguration was done virtually by the AAPI team and in person by Health Minister of Tamilnadu.



COVID RELIEF EFFORTS - UPDATE

3. **Sadbhavana Trust Hospital** is a non-profit organization in South Gujarat and treats completely rural population. Total budget for this is around \$40,000

Biochemistry and Hematology Analyzers in Kalsar



Biochemistry and Hematology Analyzers in Vadli



4) Shrimad Rajchandra Hospital

Non profit organization serving rural Gujarat area of Dharampur is building a 250 bed hospital and AAPI is contributing \$100,000 towards central monitoring equipment for the ICU. No patient's care here is turned down for lack of funds





CERVICAL CANCER PREVENTION

MEHER MEDAVARAM, MD, ABFM

Edward Elmhurst Hospital Naperville, IL

Adventist Bolingbrook Hospital, Bolingbrook, IL

In India, cervical cancer is the third most common cancer and accounts for the second highest number of cancer deaths in the country. In fact, almost a quarter (23%) of cervical cancer cases and deaths around the world are estimated to occur in India. In a country that contains almost a fifth (18%) of the global population people are screened for cervical cancer but currently, there's no consistent national HPV vaccination program.

In the past, there was a lot of misconception about the vaccine amongst parents, as HPV infection is perceived as a sexually transmitted disease resulting in a cultural stigma that persists today. This made it harder for young adolescent to receive the vaccination even in developed countries. Therefore, parents must be informed and educated about the infection, the disease progression, and finally the effectiveness about the vaccine.

The motto of the Global Health Summit 2022 is ***"Prevention is better than cure"***.

HPV vaccination is effective in preventing HPV infection, genital warts, and precancerous cell changes in the cervix. The evidence continues to indicate that the HPV vaccine is highly effective at preventing cervical cancer.

On 17th November 2020, the World Health Organization (WHO) announced an ambitious plan: ***"To create a Cervical cancer-free future"***. A strategy which hopes to see cervical cancer become the first cancer to be 'eliminated as a health problem' on a global scale. HPV vaccination saves a life from preventing cancer and death.

The women's committee of the Global Health Summit Dr. Seema Arora, Dr. Udaya Shivangi, Dr. Uma Jonnalagadda, Dr. Malti Mehta, and myself, Dr. Meher Medavaram, led by our president Dr. Anupama Gotimukula made remarkable efforts in raising 8 lakh rupees in 2 hours and were able to procure about 100 Vaccine with help of Dr. Singh and Dr. Dwarakanath Reddy in 1 day.

The GHS leaders and the Local Indian medical association administrators, as a joint effort were able to execute the task with the help of local practicing physicians.

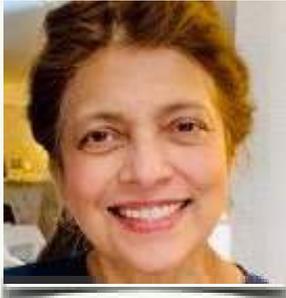
Dr. Singh arranged 100 doses to be given to underserved and indigent patient at Tanvir Hospital. We were able to vaccinate the adolescent girls and advised them to follow up with their second dose in 6 months' time.

Our goal is to continue the efforts and vaccinate as many patients as we can in the coming future.

AAPI, as ***'Global Warrior' against Cervical Cancer*** can make significant impact. I sincerely urge all our members to consider joining in this noble cause.

AAPI with its continued efforts can contribute and help make the World Health Organization plan for ***"Cervical cancer-free future"*** a reality. Recently, the age limit to receiving vaccination has been extended to 45 years of age so the individuals who did not receive at the adolescent age can still get vaccinated and be protected against HPV and hence, reduce the risk for cervical cancer.

The cost of preventing cervical cancer and saving life is about Rs 8,000 approximately \$100 dollars. I can't think of a more definitive way to spend money.



PILL POWER

UDITA JAHAGIRDAR
M.D., F.A.C.O.G.

Gynecology
Private Practice,
Affiliated to HCA,
Advent and Orlando Health System Hospitals,
Orlando, Florida

*All these years I've stayed at home, while you had all your fun
And every year that's gone by another baby's come
Theres a-gonna be some changes made right here on nursery hill
You've set this chicken your last time 'cause now I've got THE PILL*

So sang Loretta Lynn in her hit song of 1975 "The Pill."

The oral contraceptive pill has been regarded as the 'medical innovation of the 20th century' that has positively transformed women's lives socially, economically, and culturally. With the ability to successfully control her fertility, a woman could invest in her education and career, enter the workforce, and reap the benefits of intellectual and financial autonomy.

Every civilization has searched for methods to prevent pregnancy.

In ancient Egypt, the Ebers Papyrus document use of pessaries containing honey acacia gum, lint, and crocodile dung.

In ancient Greece, Silphium a species of giant fennel native to north Africa was used. It was so desirable that it was worth its weight in gold and later became extinct.

In Indian literature, documents preventing ejaculation, as well as a potion made of powdered palm leaf and red chalk and pessaries made of honey, ghee, rock salt, with seeds of Palasa tree. A mathematics professor Raghunath Karve, son of Maharishi Karve opened India's first birth control clinic in Mumbai, published a Marathi magazine Samaj Swasthya 1927-1953.

In Sri Lanka, eating a papaya a day was supposed to prevent pregnancy.

In Africa, Caribbean slaves had contraceptive techniques to prevent bearing children who might be sold off by their owners.

In US,

In 1916 Margaret Sanger, an obstetric nurse, social activist who started the first American birth control clinic, witnessed high maternal - infant mortality and deaths from illegal abortions. She wrote columns on sexuality and was prosecuted for going against the existing Comstock Act which criminalized the dissemination of such information.

In 1921, Marie Stopes introduced the cervical cup in Britain.

In 1950, Katharine McCormick, feminist, friend of Margaret Sanger, founder of Planned Parenthood, donated \$ 35 million. Sanger's dream of a pill for birth control come to fruition after the chemist Carl Djerassi found a method to extract progesterone from the Mexican yam.

In 1952, Gregory Pincus and John Rock from Harvard persuaded the church to accept the pill as an extension of the approved rhythm method and for menstrual regulation. Trials were on psychotic and poor Hispanic population of Puerto Rico. This is the dark side of pill history.

In 1960, Searle introduced Enovid for use in menstrual disorders but quickly became the birth control "pill". Side effects from the high dosage of hormones were noted and progressively reduced. The pharmaceutical industry woke up to the huge market for contraception and profits to be made thereby and rest is history!

Today we have hormonal contraception in a patch, vaginal ring, extended use pills, subdermal implants and various formulations of estrogen and progesterone. The pill remains the most popular form of birth control worldwide.



STORY BEHIND THE 'MOTHER EARTH' SONGS

DR. PUDUPAKKAM K. VEDANTHAN

Clinical Professor of Medicine,
University of Colorado, Denver, CO
Chairman: Global Chest Initiatives
(www.globalchestinitiatives.org)

This issue of the AAPI is very aptly dedicated to our sisters, daughters and mothers. I am sharing a small contribution of the ladies in my family towards a formidable project, namely establishing a monument in the honor of the 'Mother Earth'

During the summer of 2020 when I was attending the wedding of one of my classmates in Alberta, Canada I had the pleasure of discussing in detail about a very unique and interesting project about building a monument to honor 'Mother Earth' near the town of Mandya, about 30 miles from my hometown of Mysuru, Karnataka, India. The main architect and founder of this project is Dr Hall Murthy, a successful family physician in Miami, Florida, USA as well as my close friend and classmate at Mysore Medical College.

During the discussion, one of the main requests of Dr Murthy was to have a collection of songs to honor and pray to Mother Earth. Naturally that lead to a discussion with my wife Mrs. Kamala, a well-trained professional vocalist in Carnatic music. Kamala and myself were briefed on a zoom conference regarding the project by Dr Murthy. This lead Kamala to think and compose a few songs on the subject.



Surprisingly, thus initial experience of composing a 'few' songs on Mother Earth lead to a continuous flow of ideas, wordings, tunes which enabled Kamala to compose and sing almost 20 songs on the subject. I suddenly realized that Kamala was more than a vocalist; she was a great natural composer of music.

During this period of the covid pandemic we were visiting Mysuru, India for a few weeks in the month of April 2021. We took this opportunity to record these songs in a professional music studio operated by Sri Ganesh Bhat.

Mr. Bhat did a wonderful job in a very short period in getting all the songs recorded and you are now enjoying the fruits of the unusual experience outlined above. Our daughter, Ms. Ranjani Vedanthan has instilled 'special effects' to the melody of these songs and fed them into YouTube to reach all over the globe.

This whole activity is 'woman centric' and hopefully fits with the philosophy of the present issue of the AAPI Journal. We sincerely hope that this set of songs composed by the blessings of 'Mother Earth' will be serving its purpose in honoring Her as per the dreams and wishes of the Murthy family.

PS: To enjoy the songs please log onto: kamalavedanthan.blogspot.com

HALLEGRE MURTHY, MD

Website: scopefoundation.org

Contact number: 305-610-1760



COMMON GYNECOLOGICAL PROBLEMS ENCOUNTERED BY PRIMARY CARE

HETAL GOR MD, FACOG

Medical Director – Women's own Obgyn
CEO, Health Media LLC
Owner of BetterUMedical Spa

As a primary care provider, one just doesn't only take of fever, cough and cold but also vaginal discharge or menstrual irregularities. This article hopefully will help.

VAGINAL DISCHARGE:

Candidiasis: Usual symptoms are itchiness, rash and thick discharge

On examination: Thick vaginal discharge, Ph is 4-4.5

Microscopic examination: hyphae and budding.

Treatment: Oral or vaginal Fluconazole.

Bacterial Vaginosis: Common symptoms are greenish, fishy smelling discharge.

On Examination: Greenish discharge, whiff test positive Ph is 5-6.

Microscope examination: Clue cells.

Treatment: Metronidazole oral or vaginal, Clindamycin oral or Vaginal.

Chlamydia: Usually Asymptomatic, occasionally spotting in between cycles or after Intercourse.

On Examination: profuse whitish, greyish discharge.

Lab: Vaginal swab or Urine NAAT testing

Treatment: PO Zithromycin or Doxycycline, partner treatment

Trichomoniasis: Clear, watery discharge

On examination: Strawberry cervix. Red, inflamed cervix.

Treatment: PO flagyl. Partner treatment

MENSTRUAL IRREGULARITIES:

Menorrhagia: Heavy periods, changing pads every hour and with clots

Common causes are fibroids, polyps, ovarian cyst, hormonal dysfunction, endometriosis

Investigation: Hormonal evaluation eg FSH, LH, Testosterone, TSH etc. Pelvic Ultrasound, MRI

Treatment: Oral hormonal treatment, hormonal IUD, Ablation, Surgery.

Metrorrhagia/Irregular Cycle: Bleeding irregularly or in between cycle or more days.

Common Cause is polyp, ovarian cyst, Infection

Treatment: Treat the cause

Dysmenorrhea: Painful menstrual cycle.

Common causes:

Primary Dysmenorrhea are Imperforated hymen, cervical stenosis, Mullerian anomalies.

Secondary dysmenorrhea due to adenomyosis, fibroids, endometriosis, polyps, adhesions

Investigations: Detailed genital exam, sonogram and laproscopy

Treatment: Analgesics, Birth control pills and surgery.

Contraception:

Barrier: Condoms, cervical cap, Diaphragm, Female Condom, Spermicide

Hormonal: Progesterone pills, combined oral contraceptives, vaginal rings, implants, injections and hormonal IUD

Intrauterine Contraceptive device.

Nonreversible: Vasectomy, Tubal ligation.

COMMON GYNECOLOGICAL PROBLEMS ENCOUNTERED BY PRIMARY CARE.

Infertility:

Inability to conceive after a year of unprotected Sexual intercourse.

Male Factors: Erection problems, oligospermia, azoospermia.

Female Factors: Anovulation, Ovulatory dysfunction, Tubal Pathology, Immunological, Structural/uterine anomaly, polyps.

Investigation: Basic sperm count, Hysterosalpingogram, AMH, Day3 hormonal Evaluation

Treatment: Treat the cause, refer to ob/gyn or infertility specialist

Early Pregnancy:

Missed / delayed periods, along with nausea, vomiting, breast tenderness, pelvic Discomfort

Investigations: urine or blood HCG, pelvic ultrasound.

Management: Prenatal vitamins, Avoid anti-inflammatory or teratogenic meds.

Refer to an OB/Gyn

Menopause/Perimenopause

Cessation of menstruation for a year is menopause.

Five to ten years before menopause is perimenopause, usual symptoms are mood disorder, hot flashes, anxiety, depression, menstrual irregularities.

Investigation: Day 3 FSH, LH, Estradiol, pregnancy test.

Management: Exercise, dietary changes, avoid spicy, hot food, avoid alcohol, smoking,

Antidepressant, hormonal treatment eg. pills, patch, spray, vaginal creams etc

Black Cohosh, Ginko and Evening primrose oil can also help.



**JENNIFER
DOUDNA**

Jennifer Doudna has been elected a member of the Institute of Medicine, considered one of the highest honors in the fields of medicine and health. She is a biochemist, who won a Nobel prize in December 2020 for her work in CRISPR gene editing, which allows the genomes of living organisms to be modified. She has founded five different companies applying CRISPR in innovative ways across human therapeutics, diagnostics, sustainability and more. She is a director at Johnson & Johnson and has pivotal research projects with Biogen, Pfizer, Roche, and Darpa



WOMEN IN THE HISTORY OF MEDICINE, WHO ASPIRE, INSPIRE AND VENTURE

LEENA GUPTA, MD

President AAPICCA

Critical Care Medicine, San Jose, CA

These incredible women through centuries, endured poverty, antagonized deep-seated stereotypes, and revolted discrimination, went on to write books, create legacies, built hospitals, win Nobel Prizes, lead a medical school, and dramatically improve the health of millions. Read these anecdotes...

ANCIENT MEDICINE

7th Century AD

Cleopatra, an accomplished gynecologist, midwife, and innovative surgeon in Greece wrote notable books – ‘On the Uterus, Abdomen’, and ‘Kidneys and On Diseases and Cures of Women’.

3rd century BC

Merit Ptah, the first female doctor was the Royal Court’s Chief Physician.

4th century BC

Agnodice, first female physician in ancient Greece, practiced medicine disguised as a man but was later tried for it.

MEDIEVAL TIMES

12th century, Hilgard, a Nun and Healer in Germany, founded two convents at Ruperstberg, wrote ‘Book of Simple Medicine’ and ‘Book of Compound Medicine’.

Trotula, the first female professor of medicine in Salerno, wrote ‘On the Treatments for Women’ which was well received and circulated throughout Europe.

14th century, Dorotea Bucca succeeded her father as the Professor of Medicine for 40 years at University of Bologna.

WOMEN IN MEDICINE IN THE LATE MODERN PERIOD

18th century, Martha Ballard, an accomplished American midwife, cultivated a diary, with the entries of 816 childbirths transcribed,

19th century, 1849, Elizabeth Blackwell, broke the glass ceiling, graduated from Geneva Medical College, became the America’s first women doctor which was no easy feat as it was not received well in an all-male medical college.

1864, Rebecca Lee Crumpler, first Afro-American to obtain an MD, graduated from New England Female Medical College. Her publication ‘Book of Medical Discourses’ is also the first medical text written by an Afro-American.

1869, Sophia Jex-Blake campaigned for women’s admission into medical colleges for the first time at the University of Edinburgh, established London/Edinburg School of Medicine for Women-1874/1886.

WOMEN IN THE HISTORY OF MEDICINE, WHO ASPIRE, INSPIRE AND VENTURE

20TH CENTURY AND THE WOMEN'S HEALTH MOVEMENT

Early 20th Century, many medical schools that admitted women closed.

1914-Only **4%** of the medical students were women. Since men enrolled in the armed forces during the world wars, the enrollment of women in medical colleges increased after which it remained low till the Women's Health Movement in the 1970s.

1970-Women's health movement -Numerous women-managed health clinics were established throughout the country which provided care to women as opposed to the traditional systems of healthcare delivery.

-Two laws were passed which furthered the women's health movement and increased the number of applicants in medical schools.

1. Title IX of the Education Amendments of 1972 outlawed any discrimination based on sex in any educational institute receiving financial funding from the federal government.

2. Public Health Service Act of 1975 (sections 794 and 855) banned any discrimination on basis of sex in all government-funded health education establishments.

THE RECENT TRENDS

1990-**Dr. Antonia Novello** was appointed the role of surgeon general of the United States of America and made history.

2003-**50%** of all medical school applicants were women, this number has doubled since the 1970s.

2007-**48.3%** of all medical school graduates were women.

2018-

45.6% were female physicians, although there were more women graduates than men

41.4% of the medical school faculty were women

18 % were female department heads

35.8% are female are physicians in "The Leaky Pipeline" - dropping out of academia secondary to **gender bias, salary gap, harassment and family-work conflict.**

TRAIL BLAZING WOMEN IN THE HISTORY OF MEDICINE

These trailblazing women broke barriers for themselves, for underserved patients, and changed the face of medicine!

Elizabeth Blackwell, MD (1821-1910): A fabulous first woman in the United States to be granted an MD degree who began her pioneering journey after a deathly ill friend insisted she would have received better care from a female doctor.

Rebecca Lee Crumpler, MD (1831-1895): A first Afro-American women physician in the United States to earn an MD degree.

Mary Putnam Jacobi (1842-1906): A first woman who was accepted into the New York Academy of Medicine, created the Association for the Advancement of the Medical Education of Women to address inequities with her most outstanding contribution- debunking myths about menstruation.

WOMEN IN THE HISTORY OF MEDICINE, WHO ASPIRE, INSPIRE AND VENTURE

Ann Preston, MD (1813-1872): As the first woman dean of a United States medical school, she fought intense hostility to win opportunities for her female students. Her famous quote “Wherever it is proper to introduce women as patients, there also is it but just ... for women to appear as physicians and students.”

Susan LaFlesche Picotte, MD (1865-1915): The first Native American woman in the United States to earn a medical degree and opening a hospital in the remote reservation town of Waterhill, Nebraska.

Gerty Theresa Cori, PhD (1896-1957): The first United States woman to win a Nobel Prize in science - Cori cycle that explained how glucose is metabolized - a key insight for the treatment of diabetes.

Virginia Apgar, MD (1909-1974): Devised Gold standard Scoring for babies, creating the first tool to scientifically assess a neonate’s health risks and need for potentially life-saving observation, she has “done more to improve the health of mothers, babies, and unborn infants than anyone else in the 20th century.”

Patricia Goldman-Rakic, PhD (1937-2003): Achieved unprecedented insight into the brain’s frontal lobes. Working at a time when the prefrontal cortex was deemed too complex to research in detail, she mapped the region and shed light on such crucial functions as cognition, planning, and working memory.

Antonia Novello, MD (1944-): Fighting for the vulnerable, became *United States Surgeon General in 1990*, her name was etched in two history books: one for Hispanics and one for women. “Thou shalt not be a victim, thou shalt not be a perpetrator, but, above all, thou shalt not be a bystander.”

Joycelyn Elders, MD (1933-): Became the first Afro-American Surgeon General of the United States and the second woman to hold that position. As she famously said, “Health is more than absence of disease; it is about economics, education, environment, empowerment, and community.”

INFERENCE

Through the unspoken history chapters and discrimination suffered timelessly by women in medicine, they have survived, progressed, and come out as trailblazers despite ongoing harassments, wage gaps and workplace family conflicts. Whereas there are now laws governing rights, there still needs to be equal opportunities at every step of medical professional hierarchy ladder!



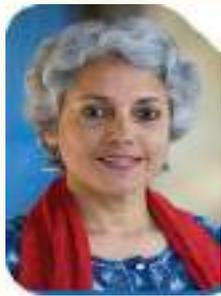
WOMEN AND MEDICAL RESEARCH - AN UNDER-RECOGNIZED SUBJECT

SHARMA PRABHAKAR, MD

Professor and Vice Chair
Department of Medicine
Texas Tech University Health Sciences Center
Lubbock, Texas

Over centuries women have played a significant role in medical science and research. In this brief report two related aspects of this topic are discussed- women who excelled in medical research and women participation in clinical research. A cursory review of contributions to medical research reveals that an unquestionably significant proportion of successful researchers are women. Notwithstanding this fact, only fewer women have obtained the recognition. In this brief report, I want to bring up a few women scientists who have contributed in a major way and have been recognized. The total number of women who received the Nobel Prize in Physiology and Medicine is 12 since the year 1900. Dr. Gerty Theresa Cori was awarded the Nobel prize in 1947 for describing the Cori cycle. Dr Rosalyn Yalow was the second one to receive the same in 1977 for the discovery of Radioimmunoassay that is used to measure hormones in the blood. Berson and Yalow who shared the prize showed that type 2 diabetes is caused by the body's inefficient use—not a lack—of insulin. I had the privilege of having my research lab next to Dr Yalow's while I was at Mount Sinai School of Medicine 25 years ago.

In modern medicine there are quite a few women who have risen to major heights in the research arena. At the National Institutes of Health (NIH) many women leaders in the field including Bernadine Healy, M.D.,(the first female director of NIH), Ruth Kirschstein, M.D., the first female director of an NIH Institute, and Vivian Pinn, M.D., the first full-time director of ORWH.



Dr. Sowmya Swaminathan



Dr. Rosalyn Yalow



Dr. V. Shanta

Among the Indian women leaders of modern medical research, a few deserve special mention. Dr. Soumya Swaminathan has been appointed Chief Scientist at the World Health Organization. Prior to that she was the Secretary of the Department of Health Research, Director General of the Indian Council of Medical Research and WHO Special Program for Research and Training in Tropical Diseases (TDR) in Geneva. Another accomplished researcher is Dr. V Shanta – an oncologist and Chairperson, Adyar Cancer Institute. Among the many awards that she won are the Magsaysay Award, Padma Shri, Padma Bhushan and Padma Vibhushan. At the age of 91, she is still devoted to changing the cancer treatment in India and is a role model to young doctors and physicians.

Women Participation in Clinical Trials: Both clinical and basic research studies for a long time did not include women in equal proportions. Obviously pregnant and lactating women have been omitted totally in almost all studies. In the period 2014-2015, the NIH developed a policy that required sex as a biological variable (SABV) in NIH-funded research on vertebrate animals and humans which went into effect for applications due after January 2016. This initiative enhanced women participation in greater numbers in clinical trials that is now considered essential to validate the findings.

References

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- Sex as a Biological Variable: A 5-Year Progress Report and Call to ActionJ Womens Health (Larchmt). 2020 Jun;29(6):858-864. doi: 10.1089/jwh.2019.8247. Epub 2020 Jan 22.



AN ENTERPRISING PHYSICIAN: HOW THIS PEDIATRICIAN-TURNED ENTREPRENEUR TRANSFORMED A HEALTH POLICY INTO A CONSUMER PRODUCT FOR KIDS

DR. MANASA MANTRAVADI

Founder/CEO, Ahimsa, LLC
www.ahimsahome.com

Dr. Manasa Mantravadi is a board-certified pediatrician and is a Pediatric Hospitalist. She received her medical degree from IU School of Medicine and completed pediatric residency at Northwestern University/Lurie Children's Hospital. She trained at Cincinnati Children's Hospital for fellowship in Endocrinology.

Most recently, she launched the world's first colorful stainless steel dishes for kids, Ahimsa, after the American Academy of Pediatrics (AAP) highlighted the growing evidence of endocrine disrupting chemicals in plastic harming children's health. The company has been featured in Oprah, Real Simple, Today Show, Good Morning America, USA Today, Parents and was the recipient of The Good Housekeeping Parenting Awards 2021. She is now on the Council for Environmental Health and Climate Change at the AAP. She loves to educate and empower parents with evidence-based information to raise healthy children and protect our planet.



In 2019, Dr. Mantravadi received the "Physician Mentor of the Year" award at Indiana University School of Medicine, the largest medical school in the country. In 2021, she was named a Forbes Next 1000 Entrepreneur- a list of rising business owners in the USA. Most recently, on International Women's Day - she was featured on Entrepreneur.com for her work as an industry-disrupting Physician Entrepreneur.

She enjoys connecting with children, parents and students to discuss simple, practical ways to improve human and environmental health. She is on a mission to help create a safer, kinder and healthier future for all kids. Through her company and the journey of entrepreneurship she has learned that big business can drive social change and advocacy in an impactful way.

Dr. Mantravadi recently also co-founded an educational platform for Physicians interested in Entrepreneurship called The Startup Docs. She believes that doctors can do so much good for the world both inside and outside of the hospital - they simply need to have the map, guidance and tools to learn about business.

When asked about her advice for other entrepreneurs looking to take their business idea to market, Dr. Mantravadi said, "Take the leap. I think what drives us as physicians is truly our patients and not profits. And I think a lot of times when we think about entrepreneurship, as physicians we think, 'I don't really know anything about business.' But if you take out the word business and just say, 'I am able to help improve the life of people in some way, shape or form,' that could be with a safe, sustainable, stainless steel dish for a child, or it could be helping them through pneumonia while they're in the hospital. It doesn't have to be either-or. So that's what I would say is, 'You have what it takes, the ideas that you will come up with can be really impactful for the world, and so you can still really do good for the world and be profitable while doing it.'"

SATHEESH KATHULA

MD, FACP

Clinical Professor of Medicine
Board Certified Hematologist and Oncologist

A Loyal Foot Soldier of AAPI For Vice President of AAPI

CHARACTER .. COMPETENCE .. COMMITMENT



THANK YOU FOR YOUR CONTINUED SUPPORT

I have been a loyal foot soldier of AAPI for the last 13 years and won 3 elections with your support. I have the experience, a clean record and integrity to represent you with dignity. I humbly request you to elect me for a clean and productive AAPI.

VISION AND GOALS

- Promote AAPI's mission of Education, Research, Excellence in Patient Care and Professionalism,
- Increase Membership and Enhance Benefits.
- Improve Collaboration with Major Physician Organizations.
- Involve Young Generation of Physicians in AAPI.
- Work on increasing Reimbursements, Scope of Practice Issues, Minimizing Regulatory Burden.

SERVICE TO NATIONAL AAPI

- Secretary, 2021-2022.
- Treasurer, Played a key role on raising \$5,500,000 for Covid relief In India, 2020-2021.
- Board of Trustees, 2014-2017.
- Regional Director, 2012-2014.
- Chair, Adopt a Village -Free health screening initiative In 75 villages across India, 2021-2022.
- Chair, Media and India Relations, GHS-2022.
- Chair, IT Committee, 2019-2020.
- Editor, e Newsletter, 2019-2020.
- Convener, Governing body meeting, Cincinnati, Ohio, 2013.
- Advisor and Representative, Pfizer Multicultural Center for Excellence.
- Co Chair, Global Health Summit, 2019, 2022.
- Co Chair, Veterans Obesity Awareness Campaign.
- Moderator and Speaker, Oncology track Global Health Summit, 2012, 2017, 2018, 2019 and 2022.
- Member, AAPI Governing body, since 2009.

AWARDS

- Man of the Year, The Leukemia and Lymphoma Society-2018.
- Outstanding Service to AAPI Award-2013.
- Service Award, India Club of Dayton-2010.

OTHER LEADERSHIP ROLES

- Founding member and President Association of Indian Physicians from Ohio (AIPO).
- President, Miami Valley Area Physicians of Indian Origin.
- President, ATMGUSA.
- Board of Trustees, the Leukemia and Lymphoma Society, Dayton Chapter, Dayton.
- Board of Trustees, Indo-American Eye Organization.
- Chairman, Pathfinder Institute of Pharmacy Education and Research.
- President, Hindu Community Organization, Dayton.

FUNDRAISING AND PHILANTHROPY

- Played an active role in raising and distributing \$6,500,000 for covid relief in India.
- Collected funds for 100,000 masks, 10 purified water plants for India.
- Currently raising funds for free health screening in 75 villages across India.
- Raised >\$200,000 for the Leukemia and Lymphoma Society thus far.
- Instrumental in raising funds for Om Shanti Hindu Cultural Center in Dayton, OH.
- Organized numerous fundraising music concerts, golf tournaments, etc. for charities.
- Donated a pure drinking water plant, defibrillator to native village.
- Donated thousands of sanitary napkins to young women in India.
- Sponsored native village for free health screening.
- Established a non profit pharmacy college in 2007 in India to provide quality education with 750 students graduating and working!

Please visit www.drkathula.com for more info and endorsements.

SUMUL N. RAVAL, MD, DABPN FOR AAPI TREASURER 2022-2023



SERVICE TO AAPI & THE COMMUNITY

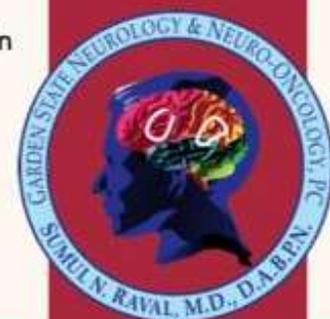
- *Chair, AAPI Legislative Committee • 2021-2022*
- *Member, AAPI Membership Committee • 2019-2022*
- *Involved in multiple AAPI fundraising events over many years*
- *Faculty and Speaker, several Global Health Summits, AAPI*
- *Involve in all AAPI COVID Relief fundraising and activities for both the US and India*
- *Moderate, COVID and Neurology Webinar, hosted by AAPI*
- *Author in a textbook, Challenges in Pandemic on Neurological Involvement of COVID-19*
- *Member, Share A Blanket program, AAPI, Adopt a Village Program, AAPI*
- *Member, MOCAAPI COVID-19 Vaccination Volunteer Drive*
- *Regional AAPI Director • Mid-Atlantic-II • 2019-2020, 2020-2021*
- *President, Monmouth-Ocean County Medical Society • 2020-2021*
- *NJ Senate President Appointed Member, NJ State Commission on Head Injury Research*
- *Board Of Trustees, Medical Society of New Jersey*
- *President for Monmouth and Ocean County Chapter of AAPI (MOCAAPI) • 2011-2012*
- *MOCAAPI, Chairman of the Board of Trustees • 2015-2016*

ACADEMIC APPOINTMENTS

- *Founder and Director, David S. Zocchi Brain Tumor Center, Attending Neurologist and Neuro-Oncologist at Monmouth Medical Center, NJ*
- *Attending Neurologist and Neuro-Oncologist, Jersey Shore University Medical Center, NJ*
- *Vice-Chairman, Department of Neurology and Attending Neurologist and Neuro-Oncologist, Community Medical Center, NJ*

HONORS & AWARDS

- *GBM Heroes Award (Glioblastoma Multiforme)*
- *Jersey Choice Top Doctors, NJ Monthly • 2013-2022*
- *10th Annual Francis Black Humanitarian of the Year Award in Healthcare • 2008*
- *Featured on the cover of NJ Monthly • Nov 2015*





CANDIDATE FOR AAPI TREASURER

BHAVANI SRINIVASAN MD MPH

For a Bright today and a Brighter tomorrow!

Pediatrics, Public Health, Aesthetic Medicine and Acupuncture physician
Grant Medical College JJ Group of Hospitals, Mumbai, India.

- First woman President of Suffolk Pediatric Society.
- Former Medical Director for Children with Special Needs, Suffolk County Dept of Health
- Only woman President of AAPIQLI.
- Board of Trustees, AAPIQLI
- Chair, Women's Affairs AAPIQLI
- President, Grant Medical College Alumni USA

SERVING/SERVED ON AAPI AS/ON

- Chair Publications Committee
- Regional Director Mid-Atlantic Region
- Vice Chair Board of Trustees.
- Ethics and Grievance committee.
- Alumni Chair Atlantic City convention
- Co-chair Women's Forum

COMMUNITY AFFAIRS

- Past President India Association of Long Island.
- Organizes free Health related education seminars for the Community
- Free Health camps with the Hindu Temple, Queens.
- Vice Chair, Asian American Advisory Council, Nassau County, Long Island.
- Core County Commissioner Nassau County Police Department.
- Received numerous awards from professional, cultural, county organizations, local, state, and national.

MISSION, VISION, VALUES AND GOALS FOR AAPI

- Create and maintain a harmonious working relationship with all the members of National AAPI.
- Promote Health and Educational programs of AAPI in the US and India.
- Safeguard the financial health of the organization

FAMILY

- Dr. Srinivasan's husband, an Infectious Disease specialist, is the only Indian American serving as Consultant in the US State Department.
- 2 sons, successful entrepreneurs. Both have received national and international recognition in Genomics and cryptocurrency. My older son received a congratulatory letter from the Prime Minister of India

Leading Pain Physician of Beverly Hills



ABOUT ME

Dr. Shubha Jain received her fellowship with Dr. Gabor Racz and Dr. Prithvi Raj, two best-known pain specialists in the country. Dr. Jain has served on faculty at Texas Tech University and has presented several articles at national and international conferences. Dr Jain owns multiple Pain Clinics & Surgery Centers in Southern & Northern California

Certificates

- American Board of Anesthesiology
- American Board of Anesthesiology – Subspeciality in Pain
- American Academy of Pain Management
- Qualified Medical Evaluator

Vision

Work tirelessly with integrity, initiative, imagination, industry and passion to strengthen communication and collaboration between current members.

818 746 6435

jainclan00@gmail.com

SHUBHA JAIN

FOR AAPI TREASURER
2022 - 2023

LEADERSHIP

- President Los Angeles chapter TVIMA
- Patron Member of AAPI
- Past Regional Director - Pacific Zone
- Past Chair Liaison committee AAPI
- Mentor Women Entrepreneurs in LA
- Founder of India Community Center in LA

Connecting AAPI to the West Coast

COMMUNITY

- Organized Cultural, Educational, Wellness & Charity events, Indian and non-Indian - 15 yrs
- Monthly Food Drive for homeless - 3 yrs
- Annual Blanket Drive for homeless - 3 yrs
- Annual Free Health Fairs - 5 yrs
- Provided Extensive care during Covid crisis
 - 5000 Oxygen Concentrators to India
 - Free Covid testing
 - Built 5 Green Crematoriums in Delhi
 - Provided food to Frontline workers
- Sponsored many Bollywood shows
- Produced and Acted in a Movie

GOALS

- Plan fiscally responsible events
 - Help achieve AAPI goals
 - Fundraising, Charity, Community Events to raise AAPI profile
 - Affordable health service for elderly & underprivileged
 - Assistance to young physicians
- Increase AAPI membership through my extensive network



Break the Bias
Happy Women's Month



**Please Elect The
Next Generation
Woman Leader**

for secretary
of AAPI

**Meherbala
Medavaram. MD**

IN THE LAST 40 YEARS OF AAPI,
AMONG 40 PRESIDENTS,
WE HAD ONLY
4 WOMEN PRESIDENTS
TILL NOW.

WE NEED "FAIR, EQUAL AND BALANCED" WOMEN
REPRESENTATION IN AAPI.

Electronic ballots are already in your email
Please vote today



HAPPY WOMEN'S DAY

3-8-2022

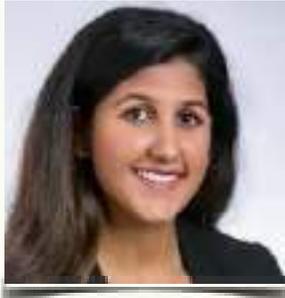
Salute to all the women



Dr. Malti Mehta

Candidate for

AAPI Board of Trustees



UNIQUE ASPECTS OF WOMEN'S MENTAL HEALTH

PRIYANKA KOLLI, MD

*PGY 1 Psychiatry, Temple University Hospital,
Philadelphia, PA*

According to the World Health Organization (WHO) publication titled ***Women's Mental Health: An Evidence Based Review***. "Depression is not only the most frequently encountered women's mental health problem but ranks as the most important women's health problem overall." This is significant as the rate of Major Depressive Disorder (MDD) is twice as high in women as it is in men. In addition, the prevalence rates for most anxiety disorders (including panic disorder, agoraphobia, specific phobia, generalized anxiety disorder, and post-traumatic stress disorder) are two to three times higher in women than men. Ninety-five percent of patients with Anorexia Nervosa and 80% of patients with Bulimia Nervosa are female.

What puts women at increased risk for these conditions? Like many medical conditions, mental illness is often the outcome of the interaction of both environmental and biological factors.

Multiple population-based samples have found **psychosocial factors** contribute to depression and anxiety with **60-65% attributable risk**. Women are vulnerable to various psychosocial stressors including gender-based violence, caregiving responsibilities, lower socioeconomic status, which have been shown to contribute to the increased prevalence of disorders in women.

There is evidence implicating **sex-hormones, progesterone, and estrogen**, with mental illness in women. Serotonin and estrogen interact in a complicated mechanism. Evidence from data shows periods of hormonal change, including during the menstrual cycle, pregnancy, postpartum, peri/menopause are frequently associated with changes in affect. Specifically, younger women (15-19), and those who were prescribed progesterone-based pills, were at the highest risk of depression. There were studies that showed no correlation with OCPS and rates of depression, and some studies reported improvements in mood.

Premenstrual Dysphoric Disorder occurs in 8% of menstruating women and symptoms occur in the luteal phase and resolve completely with onset of menses. Abnormal serotonin neurotransmission has been implicated in PMDD. First line treatments including lifestyle interventions (exercise), calcium, vitamin B6 & E, magnesium, and psychotherapy. SSRI's show an immediate effect and are frequently used intermittently or continuously. Hormonal therapies are also frequently used.

During pregnancy, treatment is complicated by the risks and benefits of the illness versus treatment that need to be discussed with patients. The treatment options include psychotherapy, light therapy, Omega-3 Fatty Acids, and psychosocial support. No psychotropic medications are specifically FDA-approved for use during pregnancy.

During pregnancy, allopregnanolone, formed from progesterone rises gradually until it peaks in the third trimester and crashes after delivery, and is implicated in causing "baby blues," of a new mother's mood. Most recover but a few mothers develop postpartum depression. IV Brenanolone, the only approved treatment of Postpartum depression given in the hospital setting, is a form of the neuroactive steroid, studied in severely postnatally depressed women. The mechanism of allopregnanolone's mood affects lie in its interaction with gamma-aminobutyric acid type A receptors.

In summary, women's mental health is an area of special expertise, and the treatment must take into consideration and be sensitive to the needs and unique circumstances of women, seeking and requiring treatment.



UNDERSTANDING WOMEN'S MENTAL HEALTH

SEEMA ARORA, MD

Chair, AAPI Women Physicians Committee
Internal Medicine, Addiction Psychiatry,
Med Esthetics
Lawrence Medical Center, Peabody, MA

Women's Mental Health issues have a twofold approach.

- Those appearing in women.
- Those appearing in all genders, but impact women differently.

Both biological and societal differences between men and women, can influence the development of mental health issues.

Let's look at mental health issues of women across their life spans:

EARLY CHILDHOOD:

ADHD

The diagnosis of ADHD is more common in boys as they have easily visible symptoms like inappropriate behavior and physical aggression whereas girls have less visible symptoms like low self-esteem and verbal aggression, which can lead to eating disorders, depression, anxiety, perfectionism, and addictive behavior.

ADOLESCENCE & YOUNG ADULTHOOD:

DEPRESSION

Depression is the most common mental health issue in women. Issues with weight, friends', academics, long-term bullying and experiencing physical or sexual abuse can lead to depression. Although women are more likely to attempt suicide, men are more likely to be successful.

ANXIETY

Generalized anxiety disorder or panic disorder are due to peer pressure, hormonal fluctuations, low testosterone levels in girls, and developing frontal lobes of teenagers.

EATING DISORDERS:

Eating Disorders are more common in young women, focused on body weight and image. Girls can be influenced by social media, movies, and billboards that sometimes paint an unrealistic picture of beauty, along with genetics and biochemistry also playing a minor role.

BIPOLAR DISORDER

Women are more likely to develop bipolar II disorder with more rapid fluctuations in comparison to men who are more prone to Bipolar I. Bipolar females are also more likely to develop substance use disorders, depression, thyroid disease, obesity, migraines and postpartum depression and psychosis.

PREMENSTRUAL SYNDROME

PMS symptoms like fluctuating emotions, headaches, and bloating, is associated with depression or anxiety. Premenstrual dysphoria occurs when there are mood swings, tension, irritability, and severe depression.

POSTPARTUM DEPRESSION

Postpartum blues result from hormonal fluctuations which if lasting for more than 2 weeks, is termed Postpartum depression with symptoms like mood swings, anxiety, anorexia, and insomnia, which rarely can progress to postpartum psychosis with more severe symptoms.

UNDERSTANDING WOMEN'S MENTAL HEALTH

MIDDLE & OLDER ADULTHOOD:

MENOPAUSE

Hormonal shifts during menopause make women prone to depression, anxiety, or other mental diseases. Furthermore, midlife stressors associated with aging and caring for both children and parents, can worsen these symptoms.

DEMENTIA

Alzheimer's disease is the most common form of dementia of which two thirds are women, as well as two-thirds of those caring for a loved one living with Alzheimer's disease, are also women! As a result, it is not surprising for many caregivers to experience burnout, depression, and anxiety.

AT ANY AGE:

SUBSTANCE USE DISORDERS

Women are susceptible to addictive substance abuse, more relapses, difficulty quitting, influenced by social life stressors like childcare, eldercare, or other personal obligations. Binge drinking is also more common in women.

LOOKING TO THE FUTURE...

While mental health care has grown exponentially, the differences in women's mental health conditions, need to be identified, and medical & societal aspects addressed appropriately. It is imperative to destigmatize mental health in women by having a voice in our conversation about mental health.



MARIE CURIE

"Nothing in life is to be feared; it is only to be understood." "I am one of those who think like Nobel, that humanity will draw more good than evil from new discoveries." Marie Curie's famous quote. She was the first person to win two Nobel Prizes which she managed it all without a fancy lab. It has been more than 8 decades since Curie's death, but the name of the world's most famous woman physicist is ubiquitous, adorning research institutes, hospitals, schools, prizes, charities and even an element!



WHY DO YOUNGER WOMEN HAVE MORE STROKES - ITS PREVENTION & TREATMENT

RAKESH SHARMA, MD MBA
rakeshsharmamd@yahoo.com

Director of Critical Care Medicine
Chairman of Medicine, St Catherine
of Siena Hospital
Smithtown, NY 11787

Strokes in young people have increased by 40% in the last two decades (AHA). Young women ages 25-44 are more likely to have strokes.

Major risk factors are high blood pressure, diabetes mellitus, high cholesterol, heart disease, cigarette smoking, obesity, and lack of exercise.

Additional risk factors are lupus, migraine headache with aura, hormonal therapy, birth control pills, pregnancy, and eclampsia.

PFO (patent foramen ovale) is responsible for half of the 30% strokes that occurred without a cause in younger people. Drug abuse cocaine, meth, sickle cell anemia all are risk factors.

Since March 2020, COVID-19 viral infection can be a cause of stroke in younger populations. In women, the worst combination is TRIO of age over 35, smoking and use of oral contraceptives.

SIGNS AND SYMPTOMS:

Acronym - BE FAST

B Losing balance.

E Blurred vision or inability to see through 1 eye.

F Drooping of one side of the face.

A One arm may feel numb or weak.

S Slurred speech or inability to talk.

T Time to call 911.

There are 2 kinds of strokes.

1. Most common is blockage in an artery of the brain. This is ischemic stroke and accounts for approximately 85% of all strokes.
2. Another type of stroke is hemorrhagic stroke.

How a stroke affects the person depends on what part of the brain and how much is affected. Blacks and Hispanic women have an increased risk of severe stroke.

A weight gain of more than 40 pounds after age 18 years increases the risk of stroke 2.5 times.

PREVENTION:

1. Regular exercise.
2. Plant-based diet.
3. Weight of 5.5 pounds or less at birth doubled the risk of stroke, compared to female birth weight 8 pounds.
4. Preeclampsia increases the risk. Post-partum care is essential.
5. Obese young women smokers need to be cautious using birth control pills.
6. Treat Diabetes mellitus, hypertension, autoimmune diseases like lupus.
7. Decrease salt intake.

WHY DO YOUNGER WOMEN HAVE MORE STROKES - ITS PREVENTION & TREATMENT

TREATMENT

1. Prevention is better than cure.
2. If a stroke happens, Time is THE most important factor.
3. It is better to go to the emergency room if you suspect a stroke.

Treatment for Ischemic stroke (80-90% of strokes)

TPA (tissue plasminogen activator). Dissolves the clot within 3 hours of onset of symptoms. In some cases, it can be given up to 6 hours.

Mobile stroke units can also give TPA, but it is best to go to the nearest emergency room.

Another subset of patients with ischemic stroke have a very large blood clot. This is called LVO-Large Vessel Obstruction. Treatment is mechanical thrombectomy.

OUTCOME:

Majority of the people who get strokes and treatment with TPA within 3 hours of onset of symptoms do much better in the long-term.

Younger women who get ischemic strokes and survive, face a 2-3 times higher chance of difficult functional outcomes.

Treatment of Hemorrhagic stroke is management.

ORGANIZATIONS INVOLVED WITH STROKE IN YOUNGER WOMEN

1. CDC
2. Heart health and Pregnancy (NIH)
3. Healthy living.



**ANANDI GOPAL
JOSHI**

Anandibai Gopalrao Joshi was not only the first female Indian physician but also the first woman in India to complete her studies in western medicine at the age of 19 from the Woman's Medical College of Pennsylvania in June 1883. She died of tuberculosis and her dream of opening her own medical college for women was left unfulfilled. Her death made headlines across India and the entire nation mourned her passing away.



WOMEN AND LEADERSHIP IN MEDICINE

KALPALATHA GUNTUPALLI, MASTER FCCP, MACP

Baylor College of Medicine, Houston, TX

Past President, AAPI

I am honored to be writing on "Women and leadership in Medicine".

I want to address this in two parts;

1. Leadership in a professional career
2. Leadership outside of the traditional workplace ie in a professional organization; this further falls into two categories
 - a) Leadership in academic areas such as serving on the examination boards, state medical boards.
 - b) Leadership in professional organizations, i.e., leading professional colleagues.

Both a and b require different kinds of talents. The former involves excellence in your subject matter. The latter demands the ability to build consensus, inspire confidence, and lead colleagues to navigate professional challenges, anticipate changes, and leverage opportunities.

I have been very fortunate to have held leadership in all these three areas. I was Chief of a large faculty of Pulmonary Critical Care and Sleep medicine and served on the Critical Care Board and in professional organizations.

Why should you be a leader?

If you have the aptitude AND your family is secure enough to let you do it (this is a very rare alignment of stars that very few people enjoy) take it and run with it!

You can build meaningful programs, lasting connections, chart a **future direction and be a role model for others.**

Starting as a foot soldier in AAPI, I decided to run for office as treasurer. Until then, no woman ever held an "officer" status. While I was encouraged and supported by many, I had to fight elections for every level position progressing towards the Presidency.

I believe it made the position that much more enjoyable since I "earned" the trust of my colleagues!

What did the APPI presidency teach me? Being an ethnic organization with minimal infrastructure support, I had to know the cost of every item from office supplies to the hotel prices. I had to learn to negotiate contracts, how to approach politicians both in India and USA while building strategies to leverage the large deeply committed Indian diaspora.

I was very proud to serve as the FIRST woman president of AAPI in 15 years, the SAME year Dr. Nancy Dickey also from Texas, became the first woman president of AMA in its 150 years history!

While working in AAPI, I pursued getting involved in my specialty organizations, the American College of Chest Physicians (ACCP) and the Society of Critical Care Medicine. In 2000, 10 years after I served as President of AAPI, I was installed as the 73rd President of the ACCP, third woman, and the first international graduate woman of color. I led a 20,000 member organization with a large budget and a staff of 100. While I did not have to worry about the mundane, the scale of involvement and expectations differed. I made solid friendships and deep relationships. I traveled to many countries, Capitol Hill, and other organizations, representing ACCP. My connections and experience of AAPI was of tremendous help in my success at ACCP.

WOMEN AND LEADERSHIP IN MEDICINE

MY TIPS TO BE A GOOD LEADER:

- You are genuine and want to serve your peers – the intention becomes apparent to others if otherwise.
- You work very hard yourself and don't expect others to do anything you won't do – motivates others to give their 100% when you give 150%
- You are a consensus builder and not a confrontation generator.
- You delegate tasks others can do better than you.
- You know which battles are worth picking and which are better off letting go – let "benign neglect" take care of unimportant issues.
- You are an effective private and public communicator – this is very important.
- You genuinely care for a person sitting in front of you even if you don't like what they have to say.
- You recognize you cannot please everyone; do what is right by the majority.
- You fight for what you believe is right while convincing others who don't see the same as you!
- Don't try to relive your past leadership through others year after year! You are a great leader when you let others lead but be available to advise if asked.
- Don't waste the great opportunity presented to you. Make meaningful contributions
- Think on your feet, be spontaneous – this is a great boon.

Finally, what is the sign of a good leader? When even after many years, one remembers you as a **good** "Past President" not as an **"Ex"**!



CLEOPATRA

While queen of Egypt (51–30 BCE), Cleopatra who was not only actively influenced Roman politics and represented woman of antiquity, the prototype of the romantic femme fatale, but was also a physician and author who is known from references in the work of Galen, the ancient world's greatest medical authority.



**SOUMYA
SWAMINATHAN**

"I knew what a PhD thesis was from the age of five!" said Swaminathan, since she grew up in a home where education and science were key pillars. Her father would always have PhD students visit his home to discuss their work. She is an Indian Pediatrician and Clinical Scientist known for her work in Tuberculosis and is currently positioned as Secretary, Department of Health Research - Ministry of Health and Family Welfare, Government of India, and Director General of Indian Council of Medical Research the apex body in India for the formulation, coordination, and promotion of Biomedical research.



SMALL DROPS AN OCEAN MAKE... THE ELDERLY IN INDIA, AND THE ST JOHN'S MEDICAL COLLEGE RESPONSE

ARVIND KASTHURI, MD DNB DGM

*Chief of Medical Services, St John's Medical College Hospital
Team Lead, St Johns Geriatric Centre project
Mentor, Senior Citizen Health Service
Professor, Department of Community Health
Bangalore, India*

THE ELDERLY – A LARGE AND GROWING POPULATION IN INDIA

The Elderly (>=60 years of age)¹ are a large and growing population, numbering 138 million² or around 10% of population in India currently (2021)³. This will rise to 20% in 2050⁴, making every fifth Indian a senior citizen. Hypertension affects almost 50% of elders in India⁵, and 13-16% are affected with Diabetes mellitus⁶. Mental and social problems are also prevalent among the elderly, with 20.5 % of elders surveyed in a study detected as having a mental health problem⁷.

THINK GLOBAL, ACT LOCAL – THE ST JOHN'S MEDICAL COLLEGE RESPONSE

St John's Medical College, a 59-year-old mission institution located in Bangalore, India, launched the **Senior Citizen Health Service** in 2005, with the following activities:

1. Rural and Urban Geriatric Clinics

Monthly geriatric clinics are conducted in 7 village sites and in an urban underprivileged area in Bangalore district. Activities include a health education talk, clinical appraisal, subsidised medications and home visits by trained community health workers.

2. Grama Hiriyara Kendra (Village Senior Centre) Programme

Grama Hiriyara Kendras (GHKs) have been established in 4 villages. Elders come in the morning, physical activity, prayer/ bhajans and fellowship follow, with a snack. They return to their homes in the late afternoon.

3. The Home Health Service

Seniors in the 4–5-kilometre radius of St John's (urban) are registered and visited at their residence by a team of doctor and nurse once every month. Clinical appraisal, early detection, medication review, treatment and reassurance are the main strategies.

4. The Old age home support program

Four old-age-homes mostly for destitute elders have been identified by the service. A team of doctors and nurse visit the homes once monthly to check the residents who need medical care.

5. The Geriatric clinic at St John's Medical College Hospital

A senior citizen clinic is run by the Department of Family Medicine at St John's Hospital, primarily delivering outpatient care. In patient care is co-ordinated with the Department of Internal Medicine.

THE FUTURE – THE ST JOHN'S GERIATRIC CENTRE

St John's has currently initiated a unique project – **The St John's Geriatric centre**, a 7-storey standalone building on St John's Hospital campus dedicated to the Elderly and the area of Geriatrics. The centre will deliver FOUR strategies – CARE for elders in 125+ beds, TRAINING of the healthcare workforce, RESEARCH on Aging and Geriatrics and COMMUNITY ENGAGEMENT with elders & caregivers in the community. Construction should commence in March 2022. **We are raising funds to build and equip the centre through public philanthropy.**

SMALL DROPS AN OCEAN MAKE...THE ELDERLY IN INDIA, AND THE ST JOHN'S MEDICAL COLLEGE RESPONSE

COME! HELP US BUILD THE ST. JOHNS GERIATRIC CENTRE

The St John's Geriatric Centre needs your support! We invite you to help build the centre "BRICK BY BRICK", as detailed below. All donors to the Centre will be acknowledged with their names displayed at a special "**Donor court**" in the Centre.

1 Brick will be priced at Rs 1 Lakh (USD 1350)

5 bricks (USD 6,750) - naming a "SLAB" after the donor,

10 bricks (USD 13,500) - naming a "PLAQUE"

100 bricks (USD 135,000) - naming a FACILITY or UNIT

500 bricks (USD 675,000) - naming a FLOOR

We aim to raise a total of **Rs. 40 crores** (4000 bricks, USD 5.35 million).

US-based donors can donate to the "**Friends of St John's Inc**", a registered sec 501 (c) (3) not-for-profit entity, which confers a tax benefit to donors. Please contact Dr Marian Kamath <kamathmd@verizon.net> Dr Maya Therattil <mtherattil@gmail.com> or Dr Sunil Babu <sunilbabumail@gmail.com> for more details on this.

FOR MORE INFORMATION, please write to Dr Arvind Kasthuri at <arvindk@gmail.com>

AS ROSALYN YALOW QUOTED

"We cannot expect that in the foreseeable future women will achieve status in academic medicine in proportion to their numbers. But if we are to start working towards that goal, we must believe in ourselves or no one else will believe in us; we must match our aspirations with the guts and determination to succeed; and for those of us who had the good fortune to move upward, we must feel a personal responsibility to serve as role models and advisors to ease the path for those who come afterwards."

In 1977, Rosalyn Yalow became the second woman to win a Nobel prize in medicine for co-developing radio-immunoassay (RIA), a groundbreaking technique that uses radioactive isotopes to quickly and precisely measure concentrations of hormones, vitamins, viruses, enzymes, drugs, and hundreds more substances. The technique is so sensitive that it can detect a teaspoonful of sugar in a body of water 62 miles long!



MY JOURNEY THROUGH HEALTH CAMP

DR. RAJAMMAL JAYAKUMAR

*Anesthesiologist and faculty member at
New York Presbyterian Brooklyn
Methodist Hospital*

In the year 2004 the month of May we started the Health camps in my village, entire family my cousins nephews and nieces we're all together, doctors gather to meet each other at home. At that time my daughter who was 14 years old said why are you guys wasting time, why don't you do something to your community. Immediately we were able to get in touch with local school Headmaster to do the camp in that school. We got the permission. We requested the local pharmacist to give iron and minerals. Many local people volunteered doing the camp. There were 700 people who attended the camp to be tested for diabetes hypertension and anemia. In 2007 with the help of American Tamil medical Association we conducted health camp in seven different villages in Namakkal district, local dental college, eye Institute for participating also. In 2008 American Tamil medical Association honored me by giving a certificate for social service. Then on alternate years 2009 2011 2013 2015 2017 and 2019 we conducted camps in two or three places each time. Mainly in the camps they do the finger stick for hemoglobin sugar and check the blood pressure, dental checkup and Eye check up and do cataract surgery for needed people. In 2019 because of the election results coming out we could not conduct the camp in public area. So I visited six leprosy colony's and six elder homes, checked those people and distributed vitamins and minerals. That is the time I realize the needs for leprosy people. After that I contacted ATMAUS here in New York and requested them to supply money for artificial limbs wheelchairs and other needs of the leprosy people. The organization called Gospel For Nations help us to distribute these needed supplies to the leprosy people in Salem district.

Along with Lions Club (I was president for 12 years in my club) South ozone Park Empire city medical Lions Club we conducted camp in three villages in Kathmandu, Nepal. Gliese Lions Club in Kathmandu helped us to do the camp and we did 314 people cataract surgery at Gaur eye hospital. It was an unforgettable experience that's the time we realize when we want to do something for others without expectations, God send help you need. A good wish from my friend who attended a camp in 2007 told me run a similar camp in Nepal. I do not know anybody in Nepal, by God's Grace in the year 2011 Gliese lion club from Kathmandu wanted to twin with our club. That is how we ran the camps in Nepal.



General notes about the camps. Inform the local people to arrange for the places and distribute notice to the nearest village through auto rickshaws, local pharmacies to supply the materials that's needed, for the finger strip and the blood pressure examination etc. will be taken from here New York. For all volunteers we provide breakfast, lunch and evening coffee. Registration starts at 8AM and finish at 5 pm The camp will end at 7 PM. there were at least 800 to 1000 people will come for camps. This is because we distributed Vitamins and minerals for 3 months' supply. Volunteers 3 people for height and weight and three people to do the BP and three people to do the finger stick and for five doctors to examine all of them we provide the health card at the registration desk. The people who need help further after the camp will be guided by the volunteers who took part in the camp. I have attached a few pictures of the camp. That will explain to you the details. Thank you very much.

MY JOURNEY THROUGH HEALTH CAMP



I believe in the term
"service to human is service to God"
Please have your wishes known to
others
God will direct us in in right time.
Om Namō Shivaaya

RAJ BHAYANI

FOR AAPI VICE PRESIDENT 2022-2023



AAPI TREASURER 2019-2020

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- FOUNDER NJ STATE AAPI 2018
- CO-CHAIR AAPI LEADERSHIP CONFERENCE, NEW YORK 2017 & 2018
- AAPI GOVERNING BODY STANDING COMMITTEE

"The best way to find yourself is to lose yourself in the service of others."

Mahatma Gandhi



AS THE WORLD TURNS.....

DR. SUNITA REDDY

*Consultant
Obstetrician and Gynecologist
Kettering Memorial Hospital*

The world we have known has changed in the past 2 years. That one singular event is obviously the elephant in the room- The Pandemic! Nothing has come close to Covid-19 in the modern times that has changed how we live. Despite the personal worry of being inflicted by the “Dreaded Infection”, physicians have plowed through. Either selflessly or selfishly, drudgingly, or not, we showed up at work covered head to toe in protective gear.

Social distancing, handwashing, and masking- the three tenets of pandemic control have worked when used consistently. Mask on, Mask off- the debate however continues still! Social distancing has for sure made the world a less happy place isolating people.

I practice Obstetrics and Gynecology. We as a specialty have the joy of guiding a woman through her nine months of pregnancy and then being a part of the intimate event that is the birth of the baby. We instantly become part of that family!

Recognized and greeted by patients and their children in my life outside the office is a joy. When parents tell their kids that I am the doctor that helped with their delivery, I am thrilled. As tough a specialty OB GYN is, this moment makes it special.

Pregnant women go through many emotions for the entirety of their gestation. They need the support of their significant others and extended families. During the peak of the pandemic however their family members could not be part of this process since visitors were restricted from entering hospitals. So, the support of the Obstetricians became even more critical.

Social distancing is less at play in the office and hospitals as we are in close physical proximity with the patient. And yet, masking has increased the emotional distance. A smile in greeting, a key ingredient for emotional connection is lost with the mask. Patients’ many facial expressions that help with patient care - A grimace from pain, a forlorn look from lack of support at home, the burdened look of unpaid medical bills, the agony of no child care while schools are all virtual, the relieved look from a normal ultrasound scan report of the baby..... are also lost.

To compensate for the loss of the above expressions, visual and auditory senses have heightened. We now pay more attention to the others’ physical attributes such as the tone of their voice, quiver in their speech, the color of their hair, gaze of their eyes and so on.

Because most of the face is covered with the mask, I start to imagine certain features in the faces of my patients- a cute smile with a slightly crooked nose perhaps, or high cheekbones with a chipped front tooth maybe and so on. I then start to connect with that imagined face.

I often joke with my patients and I say, “After 9 months of care I will never know how you look and you will never know how I look”! Having said that, I do get to glimpse the mother’s face only while she is in the throngs of labor, when she is allowed to take her mask off, swollen and contorted from pain. All the beauty I had visualized in that face suddenly appears distorted thanks to the pain of labor! The mental image is astonishingly and glaringly different from the imagined.

AS THE WORLD TURNS.....

I at least get to see my patients' faces at the end of the journey that is the delivery, but they never get to see mine! They will not be able to recognize me at all! So I thought! The alternative of not wearing a mask is worse and is not an option. The special reconnecting that happens between families and their OB GYNs outside the office I thought would be lost for a long time.

But I was proven wrong! Thanks to the heightened visual and auditory senses, few of my patients in the past year have recognized me outside the office and proudly showed off their offspring's! Despite more than half of my face being covered, they identified me!

My fear of poor connectivity with patients was misplaced. Mandatory masking will be in play for some time in the health care setting, but I am thrilled with how our senses are compensating. And a simple mask is not leaving the world of OB GYN in disarray!

So the world of OB GYN continues to turn happily as before.....

MATCHMAKER Jasbina



Search 1 (U.S.)

MEN (41 - 46)

NY / MI-based, supportive finance executive and real estate investor seeks a confident and ambitious partner (41-46) - U.S.

A thoughtful and fun-loving people person, she's seeking a partner who shares her desire to build a family together.

Her interests include working out, global travel, non-profits, water sports, hikes, food & wine, spending time with friends & family.



Search 2 (U.S.)

MEN (50 - 65)

San Francisco-based, female scientist seeks a similarly caring, intelligent and healthy partner (50 - 65) - U.S.

Her many interests include being a fiction writer and poetry performer in her free time.

She stays in shape through Zumba, sculpting and other fitness classes, as well as walks, hiking and yoga.

COULD THIS BE YOU, OR SOMEONE YOU KNOW?

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WOMEN'S HEALTH EDUCATION OR LEADERSHIP

DR. SASHI BERDIA

Psychiatrist
Medical Director
Long Island Community Hospital, New York

Women's health as a female psychiatrist, I like to share mental health. It starts from childhood and teenager. I am treating lots of them. During Covid, it increased a lot. Home schooling, inconsistent socialization, anxiety going to school, social phobia, low self esteem, and lack of confidence. Therapy with the mother, focusing on family and environmental stresses. A small dose of antidepressants can make the difference. Encourage them to balance with their focus on hobbies, fun with study, talking to school psychologist, take some time off during school helps them. Kids get overwhelmed with their honor and AP classes with lots of pressure to get good grades, changing to regular classes helps them sometimes. Some teenagers have anxiety during driving with pressure in getting their license. Simple techniques are deep breathing and relaxation. Put on nice relaxing music, plan and see direction before they drive and using google maps helps a lot!

Women wear lots of hats. Getting into a good college, what is their goal in life. Become independent, get a job, get married, getting pregnant with a kid. This changes their life from girl to mother with lot of changes in the body. Hormones and learning how to deal with pain. What your body goes through during pregnancy, delivery, and postpartum dysphoria, depression, mood swings with psychosis. A big spectrum of changes.

Mothers start focusing on the baby and family, then to herself. Which can affect her physical and mental health. Family support, family help can make difference. Learn parenting, balance with time for themselves. Talk to friends and laugh with them. Zoom talk with support is very helpful. Family can closure on zoom during Covid time. We learned a lot during this time. Find a new hobby with talent. Music, dance, art, knitting. Learning things which you could not do.

Seasoned effective disorder is very common in females. They get more depressed and need adjustment on these antidepressants. Premenstrual Dysphoria, Postpartum Depression, which is also related with hormonal changes. Patients need their hormones to level. Sometimes estrogen can help. TSH levels, if high – hypothyroidism can cause depression. Hyperthyroidism can cause Tachycardia with anxiety. All this w/u is important also for females. Meds and Therapy, coupled with family counseling, and support groups can help a lot as a mother's mental illness can affect the whole family.



POST-MENOPAUSAL OSTEOPOROSIS

**ARCHANA BINDRA,
MD FACE DIPL (ABLM)**

*Diabetes, Endocrinology and Metabolism
San Jose Medical Group/ El Camino Health
Past President AAPIO Bay Area
Treasurer, FIPATitle*

Natural menopause is defined as the permanent cessation of menstrual periods, determined retrospectively after a woman has experienced 12 months of amenorrhea without any other obvious pathologic or physiologic cause. It occurs at a median age of 51.4 years.

As hormonal changes occur, women may experience a wide range of complications, from hot flashes, night sweats, vaginal dryness, mood changes, insomnia, and changes in sexual libido. The long-term consequences menopause include adverse effects on cognition, mood, cardiovascular, bone health-osteoporosis and an increased risk of early mortality. In this article we will focus on osteoporosis.

Osteoporosis is characterized by low bone mass, microarchitectural disruption, and skeletal fragility, resulting in decreased bone strength and an increased risk of fracture. Decreased bone strength is related to many factors other than bone mineral density (BMD), including rates of bone formation and resorption (turnover), bone geometry (size and shape of bone), and microarchitecture. Osteoporosis is diagnosed using bone density measurements of the lumbar spine and proximal femur.

The World Health Organization (WHO) has defined diagnostic thresholds for low bone mass and osteoporosis based upon BMD measurements compared with a young adult reference population (T-score).

- A BMD T-score that is 2.5 SD or more below the young adult mean BMD is defined as osteoporosis, provided that other causes of low BMD have been ruled out (such as osteomalacia)
- A T-score that is 1 to 2.5 SD below the young adult mean is termed low bone mass (osteopenia)
- Normal bone density is defined as a value within 1 SD of the mean value in the young adult reference population

Individuals with T-scores of ≤ -2.5 have the highest risk of fracture.

For women at high risk for osteoporosis, especially perimenopausal women with low bone density and other risk factors, estrogen or other therapies are available to prevent bone loss.

Other important risk factors for postmenopausal osteoporosis include advanced age, smoking, low BMI.

Non pharmacologic measures are recommended such as good nutrition (adequate intake of protein, calcium, and Vitamin D), regular physical activity and avoiding smoking and excess alcohol intake. For women at high risk for osteoporosis, especially perimenopausal women with low bone density and other risk factors, estrogen or other therapies are available to prevent bone loss

Fractures of the proximal femur, the vertebrae and the distal radius are the most frequent osteoporotic fractures, although most fractures in the elderly are probably at least partly related to bone fragility. The incidence of fractures varies greatly by country, but on average up to 50% of women >50 years of age are at risk of fractures. Fractures severely affect the quality of life of an individual and are becoming a major public health problem owing to the ageing population.

Several drugs are licensed to reduce fracture risk by slowing down bone resorption (such as bisphosphonates and denosumab) or by stimulating bone formation (such as teriparatide). Improved understanding of the cellular basis for osteoporosis has resulted in new drugs targeted to key pathways.



UNDERSTANDING THE BIAS AND EXPANDING THE BOUNDARIES OF WOMANHOOD

MALTI MEHTA, MD

Psychiatrist, Charlotte, NC
Piedmont Psychiatric Associates

Each time a woman stands up for herself, without knowing it, possibly without claiming it, she stands up for all women – famous words by Maya Angelou

The woman performs the role of wife, partner, organizer, administrator, director, re-creator, disburser, economist, mother, disciplinarian, teacher, health officer, artist, and queen in the family- all at the same time. Apart from it, woman plays a key role in the socio-economic- cultural development of the society.

BIAS IN CULTURE

The current scenarios suggest gender stereotypes may be moderated by cultural values. The man is the natural leader and competent. The woman is the caregiver and not that devoted to the job. Women buy into these stereotypes the same as men do, because the power of these stereotypes hasn't vanished. Women are judged on what they've done. For promising men, potential is enough to win the day. As medicine's understanding of female biology has expanded and evolved, it has constantly reflected and validated dominant social and cultural expectations about who women are; what they should think, feel and desire; and—above all else—how they should lead their lives! Today, gender myths are ingrained as biases that negatively impact all people who identify as women!

BIAS IN WORKPLACE

In today's world, the personal challenges that women physicians experience, as we have tried to make inroads into the traditional model of health-care professionalism, we still faced a masculine and often hostile culture. Women in high positions in male-dominated fields suffer harsher penalties when they slip up than men do. When men speak for a long time, they are seen as powerful, forceful, and competent. When women do the same, they are seen as gabbers and unable to do the job. What we concluded is that if you don't speak up, you're going to get left behind, so you might as well speak up and take the risk of not being liked!

BIAS IN HISTORY OF MEDICINE

We are taught that medicine is the art and science of solving our body's mysteries. We expect medicine, as a science, to uphold the principles of evidence and impartiality. But here things get complicated... Medicine carries the burden of its own troubling history. The history of medicine, of illness, is every bit as social and cultural as it is scientific. It is a history of people, of their bodies and their lives, not just of physicians, surgeons, clinicians, and researchers. And medical progress has not marched forward just in laboratories and benches, lectures, and textbooks; it has always reflected the realities of the changing world and the meanings of being human.

BIAS AS PHYSICIANS

Today, more than 150 years later, nearly half of medical school students nationwide are female, and the influx of women physicians over the last quarter-century has changed both the face and character of medicine. We not only want the doctors to listen to patients, but to take care of them, as people. We need them to take care of the aches, pains, and ailments of the society, free of prejudice. Who else would play a better role than that of a women physician? For both men and women in the 18 – 44 age bracket, female doctors are preferred. In fact, more than 50 percent of patients report that they feel most comfortable when seeing a female physician.

UNDERSTANDING THE BIAS AND EXPANDING THE BOUNDARIES OF WOMANHOOD

BIAS IN THE BENCH

When clinical research exempts women from studies and trials on the grounds that female hormones fluctuate too much and upset the consistency of results, medical culture is reinforcing the centuries-old myth that women are too biologically erratic to be useful or valuable. I believe that the only way to move forward in the 21st century is

- to change the culture of myth and misdiagnosis and misrepresentation in every aspect of our lives including research,
- to learn from our history and dismantle the painful legacy which we were born with, and finally
- to make us aware that in this man-made world, women's bodies and minds have always been the primary battleground of gender oppression.

Let us all first understand where we are, how we got here and where we are going!



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LUNG CANCER: THE UNWANTED EQUALITY FOR WOMEN

VANDANA AGARWAL
MD, FACP

Medical Oncologist, Assistance Clinical Professor
Western University Health Sciences, Pomona, CA

It makes many of us wonder whether the complete participation of women in the workforce would change women's health, leading them to 'die like men' as they increasingly wanted to 'live like Men'!

EPIDEMIOLOGY

Lung cancer has a reputation of being a man's disease—a male smoker's disease. However, it crosses gender lines and lung cancer diagnoses have risen in women over the past 42 years by 84% while dropping 36% among men over the same period. Approximately 1 in 5 women diagnosed with lung cancer are lifelong nonsmokers, by contrast only, 1 in 12 men with lung cancer have never smoked. The rise in smoking trends in women has resulted in alarming increase in incidence and mortality from lung cancer as tobacco companies increasingly directed advertisements towards women. The ads, which almost all featured young, svelte women, were designed to prey on women's insecurities about weight and diet, and portrayed smoking as an expression of power and independence, two traits cherished by women as they were surging into the workforce. In the United States, lung cancer kills more women than does any other cancer, having surpassed breast cancer in 1987.

SYMPTOMS OF LUNG CANCER

These are similar in men and women and can range from shortness of breath, hoarseness, persistent cough or wheezing, hemoptysis, chest pain, weight loss, fatigue and recurrent pneumonias. Few syndromes like Horner's syndrome, SVC syndrome, Paraneoplastic syndromes are quite common and an interesting read.

TREATMENT OF LUNG CANCER

When women develop lung cancer, they are more likely to have adenocarcinoma, especially nonsmokers. There is no medical consensus on why nonsmoking women get diagnosed at an earlier age and have localized disease and respond better to targeted therapy. Female smokers have the biggest risk of developing small cell lung cancer but there is no consensus on why women smokers are more likely than men to get small cell lung cancer—probably have DNA damage and have less capacity to repair smoking damage. Both hormones and genetics may play a role in the cancer development, but further research required to fully comprehend those associations.

DON'T DELAY LUNG CANCER DETECTION

USPSTF recommends annual lung cancer screening with CT scans for smokers and former smokers, who have smoked within the past 15 years, who are between 55-80 years of age, and have smoked 20 cigarettes per day for 20 years. The lung cancer screening trial found that these scans offered 20% decrease in lung cancer specific mortality. Once diagnosed with lung cancer is made, treatment is the same in women— with Surgery, Targeted therapy, Chemotherapy, or Immunotherapy. More Asian women, nonsmokers are ALK positive and benefit from targeted therapy.

Whether one is facing a lung cancer diagnosis, or are worried about having higher than average risk, you deserve an answer, and clear ones too!

Gender-based disparities in lung cancer incidence persist and may be worsening for racial/ethnic population. This is certainly not the equality what we were aspiring for!



MENSES, MATERNITY & MENOPAUSE

DR. TEOH SOONG KEE

Consultant in Obstetrics and Gynecology
Grant Medical College 1965-1970.
formerly Lecturer, University of Malaya
Ipoh Specialist Hospital, Ipoh, Malaysia

After nearly 45 years working as an Obstetrician and Gynaecologist, I had learned much about women and their bodies.

WHY I CHOSE O & G

I had wanted to be a paediatrician as I was interested in children and got along well with them. However, the difficulty of setting intravenous drips in small children turned me off. O&G seemed to be the next alternative as the speciality deals with unborn children and babies. The maternity ward is usually a happy place with gifts, flowers and laughter (after the labour pains, of course). The O&G speciality is usually self-contained and involves medical, surgical and psychological skills, within the confines of the women's reproductive systems.

MEN MORE GENTLE

In spite of the intimate contacts between the doctor and the patient, male gynaecologists do not seem to be at a disadvantage. A survey indicated that many women felt at ease with male doctors. Some even claim that male gynecs are more gentle and understanding! There are some women who may prefer to see a female gynaecologist. There was an old spinster in her seventies who insisted on seeing a lady doctor, as she had never exposed herself to any man before. Muslim women, who are from the strict religious background, would usually refuse to see male doctors. In some Islamic countries, only female gynaecologists are allowed. Even in India, male medical students in some medical colleges have to go to other hospitals for their midwifery training.

Somehow, a number of patients become more reluctant to see their regular gynaecologists as they grow older. Probably, they have become more familiar and feel embarrassed to show themselves to their friendly gynecologists. However, most doctors do not remember how their patients look like below, after leaving the clinic.

DIRTY OR CURSE

In almost all cultures, there are taboos about the women's menstruation. Terms like "curse", "kotor" "lah sum" (dirty) are commonly used. Some religions forbid menstruating women from praying. One culture even discourages a menstruating woman from cooking. Certainly, they should not come near gambling tables for fear of bringing back luck to the men! Euphemisms like "riding horseback" and "monthly friend" are socially acceptable. Scientifically, the menstrual blood is not dirty, as it is the shedding of healthy blood and tissue from the inner lining of the uterus which has been prepared to nourish a fertilised egg.

It is not unusual that many women cannot remember their menstrual dates. In the past, the women had to ask their husbands. Maybe they were illiterate but more likely the husbands were more concerned about the bad luck days or when they could be intimate with their wives! Uncertainty in the dates often lead to difficulty in calculating the expected date of delivery.

MENSTRUAL PROBLEMS

Many are surprised to learn that women in the past seldom had periods. They would get married in their teens, had several pregnancies, followed by long periods of breastfeeding. The onset of menopause used to be in the forties. So it would be a rare occasion for married women to have periods. Not only did they not suffer from common problems like dysmenorrhoea, there were less gynecological conditions such as endometriosis and fibroids. In those days, sanitary-pad companies would have gone bankrupt!

MENSES, MATERNITY & MENOPAUSE

TEEN PREGNANCY

Despite the availability of effective methods of contraception, unplanned pregnancies are on the increase, especially among the teens. Sex is often at the mercy of the raging hormones, and the impulse is faster than getting the contraception. I have been invited to speak to school girls about the consequences of random sex which may lead to STDs and the breakdown of family trust, religious and moral values. Moreover, there is one consequence that only affects girls. The loss of virginity is obvious and irrecoverable and the girl is left literally "holding the baby". I have seen several schoolgirls, one as young as 14 years, getting pregnant and the consequence of dropping out from school and losing a promising future.

By the way, there are no "bastard babies", only "bastard parents. The children from unmarried parents should not be made to bear the shame, for example, of having a different name or birth certificate. A common term used, even by educated women, when talking to their children is that the baby is growing in the stomach, instead of the womb. The Chinese colloquial term is "tai toh" which means "big tummy". Of course when a pregnancy develops undetected in unmarried daughters, their mothers think they ate too much.

LABOUR PAINS

The name "Labour Room" should be discarded as the word is associated with pain. Now the popular term is "Delivery Suite" to make it more glamorous. Of course deliveries are usually painful. For years, it was considered natural to suffer from labour pains. Movies from all countries would dramatise the agony of the women in labour. Even when Sir James Simpson introduced chloroform in 1847 to relieve labour pain, he was condemned for interfering with nature. Only when Queen Victoria consented to the pain relief, was it finally approved.

The threshold of labour pain varies among different individuals and among different races. Even in England, they realise that Italian women scream more than the Scandinavians. The Orang Asli (indigenous) woman never seem to feel the pain and would walk around within an hour of surgery. In the past, Malays were able to stand pain better than nowadays. The Indians are known to be more expressive in their feelings of pain - this is admitted by them. They even call it "tamilitis!" The response among Chinese women varies.

Often the mothers or mother-in-laws would object to pain relief, as they believe that "without pain, how to deliver?" They do not realise that pain relief, including epidural, often makes the labour process comfortable, and even faster, without affecting the labour contractions.

HUSBAND IN LABOUR ROOM

Until recently, most husbands would not accompany their wives in labour. The traditional Chinese belief considers a woman in labour "inauspicious". Fortunately, this belief is no longer accepted. We encourage husbands to stay by their wives' side during labour for both company and encouragement. At least, they will appreciate their wives better after the experience.

BREASTFEEDING

Fortunately, breastfeeding is returning to be in fashion. In the sixties and seventies, only 10% of Chinese breastfed their babies for more than two weeks. Besides the usual arguments of inconvenience and spoiling the figure, the main factor was the influence of the mother-in-law. In the past, breastfeeding was equated with the poor while the powdered milk was considered a status symbol, the more expensive the better!

MENSES, MATERNITY & MENOPAUSE

SEX OF BABY

Mother-in-laws also had a great influence on the gender of the new-born in the past. Woe to the daughter-in-law if she did not produce a male baby. I have seen women crying in fear if the new-born was another girl. I had to explain to her and her mother-in-law that the determinant of the gender of the baby is the son, who has either X or Y sperms. Again, the futility of praying for the right gender when one is already pregnant, as the sex of the embryo has already been determined at conception. Before the ultrasound, there were many methods of guessing the sex of the unborn baby, such as the shape of the abdomen, the increase of body hair, different behaviour and food habits. Of course, the chances were 50-50. Some doctors told the patients one sex and then wrote the other sex in the notes. So when the baby was born, he was always right! Another doctor promised that his patient needed to pay only half his fees if his diagnosis was wrong but to pay double if he was correct!

Then there are different ways to increase the chances of desired gender including sex positions, timing of coitus, vaginal douches with baking powder solutions and different types of food. All of these do not work. A few clinics claim success by selective concentration of X or Y sperms but obviously the reports are quite exaggerated.

After years of experience, we can estimate the weight of the baby at birth by just palpating the womb. Sometimes we are more accurate than the ultrasound calculation.

HOT & COLD

It is surprising that most women would seek the modern hospital for their deliveries and yet still follow old traditions after delivery. Dietary taboos are many, such as avoiding vegetables and fruits and even drinking too much water, because of fear of "cooling" and "wind". Instead they have to consume kilos of meat, ginger, sesame oil and liqueur wine (made in France!). Thus constipation is common. I have to get them to compromise by eating some of less cooling fruits like apples and grapes or vegetables like cauliflower and cabbage. Eating of dates was encouraged. Many of the taboos arose when women were living in China where the weather could be cold or in poor rural areas with no proper water and electricity. The houses were wooden with earthen floors. Now they are living in tropical Malaysia with modern amenities. There is no rationale in covering their heads, wearing thick stockings, avoiding baths and not washing their hair (confinement ladies used to smell!) especially after the sweating from eating the "heaty" foods.

HOT FLUSHES

Most Asians are not bothered about their menopause as they are now preoccupied as grandmothers. In spite of the symptoms like hot flushes, dryness and irritability, many women are reluctant to take hormone replacements for fear of side-effects. They would take various herbal preparations which are just as costly and are usually not effective. Sometimes the husbands insist on the treatment as they found their wives rather grumpy and depressed, and probably less libidinous!

SEXUAL PROBLEMS

Gynecologists occasionally have to examine men, in cases of infertility and sexual problems. The woman is unfairly blamed if she cannot conceive although 25% of infertility are due to the husband. Men have to be reassured that low sperm counts are not synonymous with sexual potency. That fear is also the reason for the reluctance for men to have vasectomy. However, seedless melons taste as good, if not better.

In many couples with sexual problems, gynaecologists can play a supportive role in resolving some of the common misunderstandings. I have some success with women with vaginismus, a condition where they would involuntarily tighten their perineal muscles. Their husbands are not able to enter them, even after months of marriage. It is not an anatomical abnormality and does not need surgery to widen the vagina. It is a psychosomatic condition and the woman needs reassurance and gradual digital examination to show that her vagina can receive the male organ. Not surprisingly, most of them, who are fearful of the entry of the male organ, have easy deliveries even with babies of more than three kilograms.



MEDICAL CRISIS DURING WAR IN UKRAINE

PRABHAT KUMAR SINHA, MD

President
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Any war has an impact on people's health beyond bullets and bombs- the Ukraine war is no exception. Wars are complex health emergencies and lead to the breakdown of society, cause considerable damage and destruction to infrastructure, creating insecurity and a significant economic and health impact by exacerbating pre-war issues.

The history of this current war goes back to 1918, the famous Battle of Kruty, when 400 Ukrainians militia fought against 5,000 professional Russian soldiers and were massacred. When there are bombs going off and transportation being disrupted, it creates significant obstacles to healthcare of sick people. War injuries like gunshot, fractures and amputations add up to the already chronically sick population of Ukraine. Besides Ukraine has a very high rate of HIV and multidrug resistant tuberculosis!

Lack of resources creates a big problem to treat patients with mental illness, renal failure, congestive heart failure, and complications from diabetes. Ukraine has had 5 million cases of Covid 19 which they just were able to get over. Due to constant destruction of intrastate, it is very difficult to provide any sort of healthcare. Kiev has a very big humanitarian crisis due to lack of water and electricity.

New health crisis is imminent due to water contamination, nuclear contamination of water and food and bombs causing building to collapse. DWB announced suspension of their services due to war. Doctors need military protection which would prevent additional damage to infrastructure. People on dialysis, diabetes, and asthma are dying daily. Hospitals are unable to accept any new patients. Nursing homes are running out of medicine and oxygen. This is a time to come forward and help Ukraine.

For the short term, international humanitarian agencies, national governments and volunteers are scrambling to send trauma kits, emergency medications and ambulances to border crossing points with Ukraine. The fear now is that the refugee influx into neighboring countries will push their health systems over the edge as well.

The World Health Organization (WHO) is warning that the exodus raises the spectre of a regional health catastrophe on top of the huge toll in death and destruction from the fighting in Ukraine.

Leo Tolstoy's 'War and Peace' is well known for its realism, something which he achieved through intensive research. Its pages are perhaps rusted and need to be revisited!

Lastly, a reminder that humanity's greatest political achievement has been the decline of war. That is now in jeopardy!



HEREDITARY BREAST AND OVARIAN CANCERS AND THE GENES INVOLVED

DR. TARUN WASIL

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New York*

Only ~ 10% of the cancers are hereditary. Most of us have heard of germline mutations in BRCA1 and BRCA2 genes but these are not the only genes involved in hereditary breast and ovarian cancers. While these 2 genes are responsible the majority of above hereditary cancers and highest life-time risk for the development of breast and ovarian cancers, there are several other genes associated with some but significant increased risk - TP53, STK11, PTEN, CDH1, genes of lynch syndrome (MSH1, MLH1, MSH6, PMS2 and EPCAM), PALB2, ATM, CHEK2, NF1, RAD51C and RAD51D, BARD1, NBN, BRIP1 (not a complete list). This is the reason why multigene panel is recommended when testing the eligible individuals. The direct to consumer tests have limitations in that they test for a few common mutations in BRCA1 and BRCA2 genes and negative test results do not completely exclude hereditary risk. Pre-test and Post-test genetic counseling is highly recommended. The results can impact on the management of patients and healthy individuals carrying these mutations. The testing is indicated in individuals with a relative carrying a pathogenic mutation; genomic test of the tumor showing a gene mutation that can have management implications if germline mutation found; aiding in systemic or surgical therapy; individuals meeting criteria for Li-Fraumeni or Cowden or Lynch syndromes; individuals meeting criteria for personal and family history of these cancers.

All patients with a diagnosis of exocrine pancreatic cancer; epithelial ovarian cancer (includes peritoneal and fallopian tube cancers); prostate cancer (metastatic, intraductal or cribriform histology, high/very high risk group); breast cancer diagnosis at age <50; 2 or more close blood relatives with either breast or prostate cancer at any age; male breast cancer and Ashkenazi Jewish Ancestry are eligible. The result entity of variant of unknown significance (VUS) means that at the time of the result, the significance of the mutation is not clear but may change overtime as more knowledge is accumulated. At this time there are risk reduction surgeries (prophylactic removal of breasts and/or ovaries/fallopian tubes) are recommended in order to decrease the risk of cancer development in a select group of patients with these mutations. However, there are many unanswered questions at this time which may be related to the environment interacting with the genome (merely a speculation) – not everyone with the mutations develops a cancer, some individuals develop at a younger age than others, whether we can modify the risk by diet, exercise and other non-medicinal ways to name a few. While waiting for the evidence, my suggestion to patients is to acquire a healthy life-style (avoidance of stress, balanced diet with avoidance of red meat and refined sugars, quit smoking, limit the use of alcohol, exercise/yoga/tai Chi, to have healthy and positive social surroundings and meditation etc.). While these are easier said than done, certainly doable.

“You can-not change the genes you inherit, you may be able to change the expression of these by healthy living”.



WHOLESOME FOOD FOR WOMEN'S HEALTH

DR. POORNIMA SHARMA

PhD Food and Nutrition
Adjunct Prof at App State University
Ayurveda Wellness Counselor

Integrative Nutrition Health Coach
Breathwork, Yoga and Meditation Coach
Faculty, Art of Living Programs
Faculty, Managing Inflammation Retreat

Healthy and wholesome food nourishes the mind, body and soul. You are what you eat and digest. Food- solid or liquid, affects our body and mind. It is not just calorie-in and calorie-out but balancing and nourishing the body depending on the bio-individuality. Although the digestive capacity of each person may be different, the quality and appropriate quantity of food are necessary to provide strength, vigor, good complexion and healthy tissues. Unhealthy and inappropriate food choices cause several metabolic disorders. Eating the right foods can serve as a treatment and reversal of disease process.

NUTRIENTS AND PRANA RICH FOODS:

- **Whole grains:** rice, wheat, oats, quinoa, foxtail/barnyard millet
- **Fruits and Vegetables:** seasonal, varying colors (rainbow); greens are alkaline, pumpkin, sweet potato and squashes are grounding and nourishing.
- **Beans and Lentils:** soaking and sprouting reduces anti-nutrients, increases the nutritive value.
- **Nuts and Seeds:** almonds, walnuts, pecans, seeds- pumpkin, sesame, flax, sunflower. Soaking increases the nutrient bioavailability.
- **Good fats:** ghee and oils- sunflower, coconut, sesame, flaxseed, grapeseed, olive oil.
- **Dairy products:** A2 milk, ghee, yogurt and cottage cheese from well treated animals.
- **Natural sugars:** jaggery, honey, maple syrup, molasses, dates, figs, raisins in moderation.
- **Probiotics:** yogurt, buttermilk, sauerkraut, kombucha, pickled vegetables
- **Prebiotics:** dietary fiber from dandelion greens, chicory root, onion, Jerusalem artichoke, asparagus, banana, barley, oats, apples.
- **Water:** 6-8 glasses/day. Avoid drinking water within 30 minutes before meal and 1 ½ hours after meal as it dilutes the digestive enzymes. If needed, sip lukewarm water or herbal tea. Avoid ice-cold drinks with meals.
- **Alkaline Water:** Neutralizes acid in blood, cures joint pain, headache, acidity, migraine, skin problems and improves digestion. Add 4 slices of cucumber and lemon each to 1 liter of water, keep it overnight and drink in the morning or in between meals.
- **Digestive:** Just before meal, take 1 tsp. of grated fresh ginger with few drops of lemon juice and honey.
- **Golden latte:** Boil 1 glass of milk with ¼ tsp turmeric, pinch of black pepper, ¼ tsp cardamom powder, pinch of nutmeg powder, saffron if available and drink at bedtime.

FOOD GUIDELINES

While choosing the right foods (what) to eat, also consider where, how, when, how much and the state of mind at meal time considering the age, constitution, season, imbalance, digestive power, and exercise level.

- Seasonal, possibly locally grown, freshly cooked and warm food to strengthen digestive fire.
- Light breakfast between 7-8 am, lunch as main meal between 11 am-1 pm, and light dinner between 6-7:30 pm, until the first feeling of fullness, light, energetic.
- Solid foods to ½, liquid to ¼ and leave room for ¼ of your stomach capacity.
- Calm the mind before eating, avoid arguments, watch television or eat on the go.
- Avoid gas producing, fried foods and heavy sweets when digestion is sluggish and consume lighter, easily digestible foods.
- Include all six tastes- sweet, sour, salty, pungent, astringent, and bitter.
- Avoid overcooked, leftovers, processed, canned, fast food, additives and colorings, white sugar, saturated fats, trans fats, excessive use of salt.
- Avoid wrong combination. E.g. mixing sour fruits and milk, fish with milk, mixing equal quantities of honey and ghee.



WOMEN AND EDUCATION

**BHAVANI SRINIVASAN
MD, MPH**

President Grant Medical College Alumni USA Inc
Chair, Women's Affairs and BOT AAPIQLI
Long Island, New York

"Experience has shown that when women have the freedom to make their own economic and social choices, the chains of poverty can be broken; families are strengthened; income is used for more productive purposes; the spread of sexually transmitted disease slows; and socially constructive values are more likely to be handed down to the young." – Madeleine Albright, quoted in Women Empowered, by Phil Borges.

"The Hand That Rocks the Cradle Is the Hand That Rules the World" from a poem by William Ross Wallace praises motherhood as the preeminent force for change in the world. We realize that the very first teacher a baby has is her mother.

Women and girls face many barriers when it comes to education. This is compounded when the country that they live in is torn by violence, strife and resulting poverty.

In rural areas where resources are scarce, then usually the male child receives the benefit of education. The little girl stays home and learns domestic chores. Other scenarios could be a presenting disability or belonging to a minority.

If gender stereotyping occurs in educational institutions, it tends to impact women and steers them away from STEM disciplines which are science, engineering, technology, and mathematics.

Everyone benefits when women are educated, not just their families but the country. Educated mothers marry a little later and tend to raise fewer but healthier children. They can be productive both at home and in the sphere of their chosen field outside the home and do contribute to the family exchequer.

In West Africa, during the Ebola outbreak, due to the enforced quarantine, many women, and children, suffered abuse, sometimes sexual. Adolescent pregnancies in some instances are the result of sexual abuse. More recently we have seen how folks fared with the COVID-19 situation.

In the United States, there were some extraordinary women who served as trailblazers in the field of Education.

Alice Palmer, served as President of Wellesley College from 1881 to 1887. From 1892 to 1895 she served as Dean of Women at the University of Chicago. She also cofounded the American Association of University women.

Mary Mcleod Bethune started a private school for African American students in Daytona Beach, Florida, which later became Bethune-Cookman University.

Lucy Diggs Slowe, was a catalyst for change, influencing a large cross-section of American society with several trailblazing accomplishments.

What about the future? How do we move our women forward?

UNESCO commission under the leadership of Jacques Delors proposed four pillars of education.

1. Learning to know
2. Learning to do from skill to competence.
3. Learning to live together, learning to live with others. Common objectives.
4. Learning to be.

Now education can be delivered to your doorstep. Kind courtesy of Zoom and Google plus, harnessing technology, for women to study in a safe environment.



CHALLENGES WOMEN PHYSICIANS FACE IN MODERN SOCIETY

SARASWATHI MUPPANA, MD

Pulmonary, Critical Care, Sleep and Obesity Medicine
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Growing up in India, my parents always provided my brothers and I, with equal opportunities. Coming from Indian culture and heritage, which embodies the three goddess, Lakshmi, Parvathi and Saraswathi as divine mothers, loving, tolerant and giving and where women are treated with respect,

I felt strong growing up as a female then as physician, and even through my residency, fellowships and workplace, didn't feel the gender or color bias.

As a part of culture we have an inherent love for mind, body, spirit connection, which help us be excellent healers to our children, family, society at large and our true inner bliss is seeing joy in others. We invest lot of time in our careers and work towards a good life work balance, in the process, we are exploring our intelligence, abilities and constantly thinking about best opportunities for ourselves, our families and future generations, we are passionate both for our families and profession and as physicians we want to maintain excellence in healing, we continually strive for a contributory society, and want to make a difference not only in our homes, community but at a global level and hence we face these challenges of diversity, equality and inclusion, which is where I have learned about the phrases like "imposter syndrome", and "micro aggressions" to name a few.

Impostor syndrome: a phenomenon characterized by feelings of self-doubt and fear of being discovered as an intellectual fraud, which are responses to the obstacles that women in medicine face, such as a dearth of women physicians holding top department leadership positions, the gender pay gap, and, being underrepresented as recipients of recognition awards from medical societies and work place. It is highly associated with burnout, and is the strongest predictor of psychological distress among medical, nursing, and dental students.

Micro invisible aggressions: Workplace micro aggressions are subtle behaviors that affect members of marginalized groups but can add up and create even greater conflicts over time. They can be micro assaults, micro insults or micro invalidations.

FEW STEPS TO TAKE:

- (Implicit (unconscious) bias or workforce disparities.) Knowledge regarding diversity, equality and inclusion should be an essential part of medical education, given the globalization of health care.
- Encourage female physicians to speak more candidly about their experiences in medicine both good and not so good and to share them with their colleagues through various mediums, including networking. Let them know that they are not alone and together we can break the glass ceiling.
- Encourage and embrace male physicians to be a part of these discussions and speak up when they identify abusive behavior directed at their colleagues. Seek solidarity with male physicians since both groups may have similar workplace issues or mutual misunderstandings.
- Find yourself a strong women mentor, who would be honest in discussing the challenges of being a female physician and support, women have to women's best allies and not the other way around.

CHALLENGES WOMEN PHYSICIANS FACE IN MODERN SOCIETY

- Understand what micro aggressions are so you can identify when someone is a target and learn to address and stop these at workplace cautiously, by setting a standard for everyone to follow in future.
- Recognizing your own value and potential, represent yourself at your local committees, volunteer for town hall leaderships, hospital boards, medical societies, and governance both at state and national level.
- According to the situation, you may even need to confront your aggressor in a professional manner and might need to seek administrative help to document the issue and ask for assistance. - not as complaint but for truth, correction and future improvement.

Women physicians are the fastest growing and most priced talented healers and we are making some cracks towards the Glass Ceiling – every small step we take towards this goal, may lead to other steps that will help us eventually break it and help the hurt heal better.

We are grateful to all the leaders who are striving continuously via education and their relentless brilliant work towards breaking this glass ceiling.



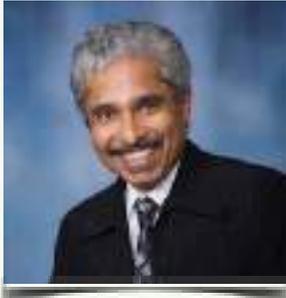
VIRGINIA APGAR
THE WOMAN BEHIND APGAR SCORE

“Birth is the most hazardous time of life. It is urgently important to quickly evaluate the status of a just-born baby and to identify immediately those who need emergency care.” The Apgar Score was first formulated while Virginia Apgar was having breakfast in 1949. She wrote it on a napkin, and later, in 1952, presented her idea to assess how well a baby has endured delivery, published in 1953, and today is still administered worldwide as a simple, rapid method for assessing newborn viability, she became the first woman full professor at Columbia's College of Physicians and Surgeons in 1949.



KATELIN
KARIKO

An astonishing number of world-changing medical breakthroughs have come to humanity by way of serendipity. Mishaps and lucky breaks gave us X-rays, insulin, and, most famously, penicillin, and now mRNA technology when one day, while waiting at the office to photocopy articles from a research journal, Weissman struck up a conversation with Penn biochemist Kariko. They pioneered the mRNA technology which fundamentally reshaped the landscape of vaccine development and the future of gene therapies. Not only have the new mRNA vaccines proven to be more effective and safer than traditional vaccines, but they can also be developed and reengineered to take on emerging pathogens and new variants with breathtaking speed. Using mRNA technology, Pfizer-BioNTech designed its coronavirus vaccine in a matter of hours. Her path to scientific excellence was as peripatetic as her rise to fame amid a pandemic was meteoric.



BREAST RECONSTRUCTION

BALVANT ARORA, MD, MBA

Plastic, Reconstructive & Cosmetic Surgeon

Breast cancer is the most common cancer in women in the United States, except for skin cancers. It is about 30% (or 1 in 3) of all new female cancers each year. It mainly occurs in middle-aged and older women. The median age at the time of breast cancer diagnosis is 62. A very small number of women diagnosed with breast cancer are younger than 45. Diagnosis of breast cancer is a life changing diagnosis for women.

The treatment of breast cancer is multi-disciplinary with breast reconstruction being a very important component. In 1998, breast reconstruction following mastectomy was legislated as a right in the United States following passage of the Women's Health and Cancer Rights Act of 1997. Since that time, breast cancer treatment and subsequent surgical reconstruction have greatly improved.

More than 40% of US women who undergo mastectomy for breast cancer have breast reconstruction. The goal of breast reconstruction is to restore one or both breasts to near normal shape, appearance, symmetry and size following mastectomy or lumpectomy.

The surgical modality, choice of immediate versus delayed reconstruction, and approach for the contralateral breast are all established preoperatively. Patient's concerns and expectations are explored in depth with consideration that the reconstructed breast may not be identical to the unoperated one.

Patient's incentives for breast reconstruction include the desire for wholeness and body image restoration and avoidance of external prosthesis use.

Breast reconstruction generally falls into two categories: implant-based reconstruction (IBR) and autologous reconstruction (AR). Most reconstruction procedures in the United States (81%) are implant-based.

Considerations for implant-based reconstruction (IBR) include procedure timing relative to chemotherapy and radiation, implant material (eg, silicone, saline, double-lumen implant), anatomic plane (prepectoral, partial submuscular, or total submuscular), and use of an adjunctive human acellular dermal matrix (ADM), and fat graft, the use of which has now come a big way. These along with improved mastectomy techniques, and improved implant remain the cornerstone of the bioengineered breast. The prepectoral concept represents the most recent advancement and is resulting in a paradigm shift with prosthetic breast reconstruction. BIA-ALCL is an uncommon T-cell lymphoma that can arise years after placement of a textured breast implant or tissue expander.

Approximately one in five (19%) reconstruction procedures in the United States involve autologous reconstruction (AR). Once the decision to undergo AR is made, in addition to the timing of the procedure relative to chemotherapy and radiation therapy, the other consideration is the choice of flap. Flap types (pedicled or free) are generally described by the anatomic region from which the flap tissue is sourced, including the deep inferior epigastric perforator (DIEP; 52% of ARs), latissimus dorsi (LD; 22%), transverse rectus abdominis myocutaneous (TRAM; 21%), and other flaps (5%). The options regarding source of the AR flap may be limited by the patient's body habitus, prior surgery, medical comorbidities, and preference.

Although breast reconstruction can rebuild breast, the results are highly variable. The reconstructed breast does not have the same sensation or feel as the breast it replaces.

In summary, the field of breast reconstruction has progressed far beyond the rudimentary goal of creating a chest wall mound merely to normalize a woman's clothed appearance. Instead, the standards and definitions for success continue to evolve based on patient needs and perspectives.

Women's Day recite by
VIMUKTHI



DR. KOMAL BHATT

*Not Just asking for Equality, but just liberty,
Liberty to Choose,
Liberty to Learn,
Liberty to Love,
Liberty to Earn,
Liberty to be...Just Be!*

*Liberty to Exist,
Not in the Mist,
But, to soar High,
Even with the wings fluttering, we hum,
Don't dampen our song,
For it will then be a roar
Universe will not be able to hold that war!*



MATCHMAKER Jasbina



Search 1 (Australia, U.S. & CAN)

MEN (34 - 40)

An Ivy educated physician, able to work remotely from anywhere (family in U.S., Canada, Australia) seeks a partner - 34 - 40.

An explorer and health-conscious, her interests include travel, running, lifting weights, dance classes and meditation.

She seeks a partner with a vision of empathy, partnership, communication, emotional support, and building a family.



Search 2 (U.S.)

MEN (37 - 50)

DC - based, female scientist seeks a partner (37 - 50) - DC, MD, VA or willing to relocate there.

She'd appreciate a like minded partner who similarly deeply cares about both family and chosen work, which drives him.

Other qualities she seeks in a partner include being patient, commitment-oriented, and desirous of building a family together.

**COULD THIS BE YOU,
OR SOMEONE YOU KNOW?**

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WHAT IS THE REALITY OF LIFE?

JAYA SONKAR, MD MPH

Rheumatologist, Geriatrician, Internist



Is the target shaped rainbow in the picture real? We can't touch it, we can't even feel it. It is not commonly heard of. It is transient and it will fade away. Who knows how many times it appears and disappears above the clouds. The evidence of its existence exists only if it is captured in a way that one of our sense organs perceive it! This time it is our eyes. Could there be more complicated things that we don't have the sense organs to perceive or if we have them we haven't learned to use them yet?

Bereavement hurts, separation hurts.

Especially, if you are not the one causing it and especially if it is brought upon you despite all efforts!

It's ok to mourn and heal. It's ok to take the time to get back to normal.

And it's very important to not feel vulnerable at such times and gather as much support as you can even if you feel that solitude might be the answer.

Although, it is easier said than done.

Just based off of the ageing process, a lot of things that didn't feel could ever happen, happen and then there you are, left with no other option but to accept the harsh reality of life.

What is the reality of life?

Is it just a random life that we got out of sheer luck and lived it. Are we nothing more than the products of a perfectly designed chemical process. Or is it a planned journey?

Do the words like reincarnation and avatar actually mean something. The forces of nature are strong but can they design something like life. And if there is a positive force that brings the life, does its contrary exist? Do the dark arts exist that we need to stay protected from?

What is the ultimate goal of life? If it is just continuation of race, it doesn't make sense. And if it is then why is it? Why do all creatures generally have an instinct for continuity of race?

It has to mean more than the continuation of race. It has to mean continuation of race for a purpose.

What is that purpose?

Some people say they know the answer.

How would we know that what they know is the right answer?

The only way is to experience it yourself.

WHAT IS THE REALITY OF LIFE?

How would you experience it?

Is meditation the answer?

Sometimes during meditation, you may experience things that are beyond explanation. Now, could that be a dream or something to do with the sleep cycle?

Speaking of sleep, it's interesting too. Sometimes the dreams are totally unrelated. Sometimes the dreams feel like they have a meaning. Some dreams feel like they want to enlighten you. Are those dreams just dreams?

Is sleep a form of meditation?

Is sleep a transient coma?

Medical knowledge explains certain things and so does physics. But a vast majority is untapped and undiscovered.

The earthians know about resonance, magnetism, electricity, light, sound, gravity, density, pressure, latent heat, medical sciences, etc. There are a lot more parameters that still stand to be tapped or discovered.

What is this feeling of "me" within us.

Are we separate from our physical forms? Is soul a real thing? If it is, then what is its purpose and why does such an energy exist?

This is very intriguing.

People say that we will find the answers one day. Our final day. Will we? Again, we don't know. Some people may, who knows.

So what should we do?

When we don't know what to do, where to go, what to think, the best way is to be mindless, thoughtless, and still and just follow the course without resistance.

Just go where it takes you with a little navigation towards positivity.

When the negative thoughts try to deviate, just think positive and become positive.

If we don't know the above answers, there must be a reason. And even if there isn't one, it seems like that is how it is meant to be.

What other option do we have?

So, should we follow the arbitrary course and experience the learnings in the process, stay focused and positive and walk this tight rope through the end and prevent any falls on the way. Probably yes.

Who knows what reward awaits us at the end. But we do know that if you successfully walk the tight rope through the end, without falling, it would be thrilling and it would be an achievement.

When we assume this life, we should leverage it to feel accomplished.

What is accomplishment? It's not the money or material and perhaps not even love. Is it probably just calming this energy "what we call is me, my or mine" towards dissolution and non existence.

Eventually the sun will also burn into ashes. And unless the new sun emerges or the humanity transcends, that is probably how much time we have to discover it all.

Its an enigma. We can only walk this walk in pursuit of enlightenment.

Om Shanti Om!

EDITORIAL COMMITTEE



**DR. SHARMA S.
PRABHAKAR**

It is with great enthusiasm that I accepted to be on the editorial committee for AAPI Journal especially because the next upcoming was focused on issues pertaining to women and health. Firstly, the contributions of women to medical science and research have been by far under recognized. Medicine as practiced today would not be the same if not for innumerable and impactful contributions from clinical and basic research by women scientists. We tried to highlight some of these successful celebrities in medical field in this edition of the journal. In addition, this special issue features some of the major medical issues pertaining to women's health. I have thoroughly enjoyed the several interactions we had in connection with the committee meetings during the process of this publication, which also enhanced my knowledge related to women and health issues.

It is our immense pleasure to present you the AAPI spring journal. We have curated a multitude of articles on women empowerment, which we first introduced in GHS Hyderabad.

AAPI has a long history of promoting women's wellbeing. Women have held more and more position in the leadership. Over the course of past few months, we have been working towards distributing the HPV vaccine and promoting women education in India.

I hope you all will also enjoy reading and learning about the women we are surrounded by, as much as I did.



**DR. PRABHAT
SINHA**



DR. LEENA GUPTA

A woman sits at a cliff and wonders what is so different about the shores of Egypt when compared to the ancient times during the reign of Cleopatra! The cliff is now less treacherous, more achievable and not as much intimidating!

This year's theme for the women's history month is 'Women providing healing, promoting hope' and all of us, women physicians, and scientists, have proved it again and again, how we have the myriads of self-expressions -be it an author, a poetess, a philosopher, a traveler, or a painter, contributed to our own intellectual empowerment. Our womanhood has salvaged this human race and healed the society once again despite all adversities.

The cover page on this journal was not only an art of creativity, but innumerable inspiring hours I spent creating each one of them on my iPad with app called Procreate.

They are Florence Nightingale, V. Shanta, Jennifer Duodna, Virginia Apgar, Katalina Kariko, Cleopatra, Anandi Gopal Joshi, Elizabeth Blackwell, Rosalyn Yalow, Marie Curie and Soumya Swaminathan.

Happy reading!

EDITORIAL COMMITTEE



**NEDUNCHEZIAN
SITHIAN,
M.D.,F.A.C.S.**

It has been such a privilege to have joined this elite group of highly dedicated professionals comprising of three women, Drs. Bhavani, Anupama, and Leena, as well as, Dr. Sharma and Dr Kumar, team of outstanding professionals chosen by the chair. In the several interactions, I have had in the journal Committee meetings I participated, I noticed in the discussions, intellect superseded emotions, and the expertise exhibited, was outstanding!

I congratulate the Chair and all the members of the Committee to have committed to the complex task of creating this spring souvenir of AAPI. My gratitude to all of them to have included me as part of this excellent team.

I want to thank all of you for reading and engaging with us.

FOOT NOTE FROM THE EDITOR

The 2022 Spring Journal after intense labor and love has finally taken birth, and is now in our AAPI readers' hands! Each of my editorial colleagues offered insightful, imaginative, as well as practical suggestions. It has been a pleasure working with you, Drs. Nedunchezian, Leena, Prabhakar, and Prabhat! Dr Anupama, thanks for suggesting the theme for the journal, "Women in Health, Leadership and Education" and thereafter for being part and parcel of the publishing committee

Creatively yours,
Chair, Publishing Committee



**DR. BHAVANI
SRINIVASAN**



**ELIZABETH
BLACKWELL**

"I do not wish to give (women) a first place, still less a second one- but the complete freedom to take their true place, whatever it may be."
Elizabeth Blackwell, the first woman in America to receive a medical degree, and she championed the participation of women in the medical profession and ultimately opened her own medical college for women. She formed the National Health Society in 1871 to promote good sanitation and spread important health information to the public. The society's motto was 'prevention is better than cure.

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Sat Bir Singh Khalsa,
PhD

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Dr. Param Dedjia, Dr. Koushik Reddy, and
more...

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Padma Shri & Padma Bhushan
Shri Sunil Gavaskar



as he **bats** for Children suffering from

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