

# GCS NEWSLETTER

Issue:45

Jan-Jun' 2025



## GCS MEDICAL COLLEGE HOSPITAL & RESEARCH CENTRE

HONoured WITH THE  
SARDAR PATEL UNITY  
AWARDS 2025

ONE OF JUST  
30 CASES  
WORLDWIDE!

COMMUNITY  
CONNECT

ARTIFICIAL  
INTELLIGENCE  
IN RADIOLOGY



CELEBRATING

**15**  
Years

OF DEDICATED  
PATIENT CARE

EMPOWERED

**5.5**

MILLION PATIENTS  
TO IMPROVE THEIR LIVES



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## Vision

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To be a premier medical college and state-of-the-art multispecialty hospital, world class research facilities with compassionate team of doctors and staff.

## Mission

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To offer medical education and create a continuous stream of trained medical professionals to provide diagnostic, therapeutic and preventive healthcare to the patients at an affordable cost.

## Core Values

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We, GCS members hold the values and act according to these values.

**G**low - We seek growth of all

**C**are - Care of patient is our prime objective

**S**erve - Serving to the mankind

## OUR PATRONS

### PRESIDENT

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Shri Rajesh Jaykrishna

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### CHIEF FINANCIAL OFFICER

Shital Desai

### MEDICAL SUPERINTENDENT

Dr. Heena Chhanwal

At GCS Medical College, Hospital & Research Centre, we are more than an institution — we are a movement toward a healthier tomorrow. Established with the vision of blending **world-class healthcare, education, and research**, GCS stands as a beacon of hope and healing for society.

We believe that healthcare is not just about treating diseases, but about nurturing wellness, compassion, and innovation. Our mission is to make **high-quality, affordable healthcare accessible to all**, ensuring that no one is left behind. Through inclusive initiatives like the **Ayushman Bharat Yojana** and various community outreach programs, we extend our services to the most underserved sections of society.

Our **state-of-the-art infrastructure and cutting-edge** facilities set us apart. With the upcoming **Radiation & Nuclear Medicine Block**, we bring globally advanced treatments such as **PET-Scan, Radiotherapy, Brachytherapy, High Dose Therapy, and Gamma Scan** to Gujarat. These breakthroughs mark a new era in precision cancer diagnosis and therapy, offering hope and healing with the highest standards of safety and care.

Education is at the heart of GCS. We are dedicated to shaping the **next generation of healthcare leaders** through exceptional academic programs, clinical exposure, and research opportunities. Our students are trained not only to be highly skilled professionals but also empathetic caregivers who understand the value of humanity in medicine.

Beyond the classroom and hospital, we focus strongly on **preventive healthcare, awareness programs, and community empowerment**, reducing disease burden and encouraging healthier lifestyles. From tree plantation drives to tobacco-free pledges, from rural health camps to citywide awareness campaigns, GCS continues to make a tangible difference in society.

With a strong team of **experienced faculty, committed professionals, and visionary leadership**, GCS is building an ecosystem where learning meets innovation, care meets compassion, and science meets service.

At GCS, we are not just creating doctors, nurses, and healthcare workers — **we are creating changemakers who carry the torch of knowledge, empathy, and excellence into the future.**

Welcome to GCS — where every life matters, every student grows, and every innovation shapes a healthier, stronger tomorrow.

## EDITORIAL TEAM

**PUBLISHER** : Dr. Kirti M. Patel (Director)

**EDITOR** : Neha Panchal (Branding)

Public Charitable Trust Registered No. F.170. All donations are exempted from Income Tax Act U/S 35(i)(ii)- 100%,80 GGA - 100% & 80(G)-50%. Donations in foreign currencies are accepted and approved vide Reg. No.: 041910257 Dated: 22-03-200

# Healthcare Insights

Jan - Jun'2025

## Y-O-Y Growth

<b>OPD</b>	5%
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<b>IPD</b>	20%
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<b>EMD</b>	4%
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<b>SURGERY</b>	30%
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<b>ENDOSCOPY</b>	6%
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<b>CATH LAB</b>	30%
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<b>DELIVERY</b>	4%
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<b>CHEMOTHERAPY</b>	4%
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<b>RADIOLOGY</b>	4%
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<b>LABORATORY</b>	7%
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## GCS Medical College, Hospital & Research Centre continues to make strides in delivering quality healthcare services.

### Outpatient Department (OPD)

A consistent 5% growth indicates stable patient engagement and sustained trust in outpatient services.

### Inpatient Department (IPD)

The 20% rise in admissions highlights improved inpatient care and growing reliance on comprehensive facilities.

### Emergency Department (EMD)

With 4% growth, emergency services continue to deliver timely interventions, ensuring prompt patient care.

### Surgery

A remarkable 30% growth reflects increasing surgical demand, advanced techniques, and enhanced patient outcomes.

### Endoscopy Unit

The unit achieved 6% growth, showcasing steady adoption of minimally invasive diagnostic and therapeutic procedures.

### Cath Lab

With 30% growth, the Cath Lab reflects excellence in interventional cardiology and life-saving cardiac procedures.

### Maternity & Delivery

Deliveries noted a modest 4% rise, ensuring safe maternal care and positive neonatal outcomes.

### Chemotherapy Unit

The unit registered 4% growth, reflecting continuity in cancer treatment and dedicated oncology support.

### Radiology Services

Radiology expanded by 4%, strengthening diagnostic accuracy and supporting multidisciplinary care.

### Laboratory Services

A strong 7% growth in lab tests underscores growing trust in diagnostic services and efficient clinical support.

### Conclusion

The first half of 2025 highlights exceptional growth in Surgery, Cath Lab, and Laboratory Services, along with steady gains across multiple departments. These achievements reinforce GCS Hospital's commitment to quality care, advanced technology, and patient-centered service delivery.

# GCS MEDICAL COLLEGE, HOSPITAL & RESEARCH CENTRE

*has been honoured with the*

## SARDAR PATEL UNITY AWARDS 2025

*as the*

**MOST TRUSTED PROVIDER OF MEDICAL  
EDUCATION & PATIENT CARE IN WESTERN INDIA**



# Join Our Team

## Shape the Future of Healthcare

At GCS Medical College, Hospital & Research Centre, we believe in advancing healthcare with compassion and innovation. With our comprehensive multi-specialty departments and a commitment to patient care, we offer an exceptional platform for medical professionals to grow and make a difference.

### **Why Join Us?**

**All-in-One Specialties:** Work alongside expert teams across diverse medical disciplines under one roof.

### **Career Growth:**

Access to continuous learning, research opportunities, and professional development.

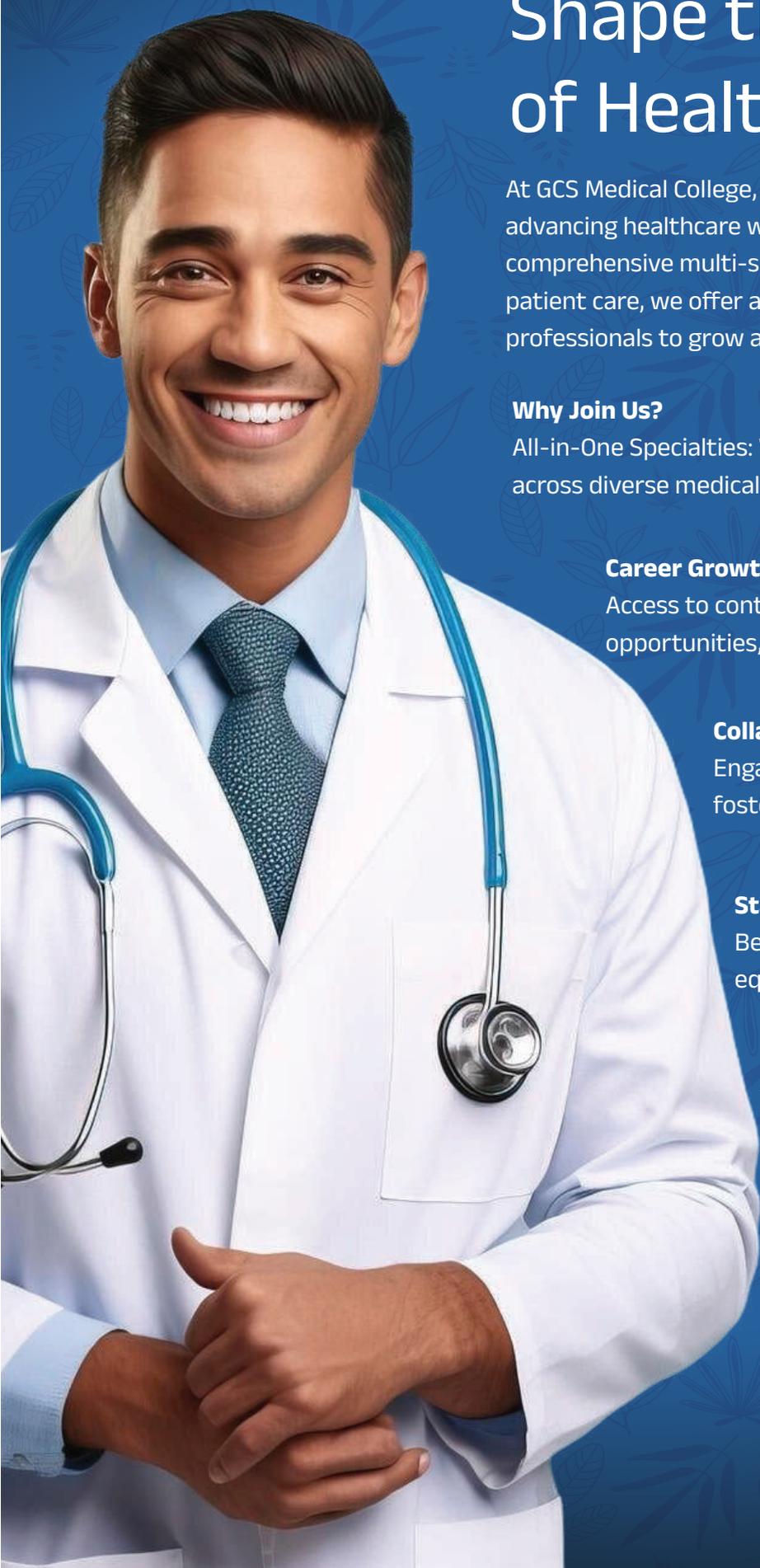
### **Collaborative Culture:**

Engage with a supportive and dynamic team fostering innovation and patient-centered care.

### **State-of-the-Art Facilities:**

Be part of a modern healthcare environment equipped with advanced technology.

**Apply Now:** [info@gcsmc.org](mailto:info@gcsmc.org)





### Dr. Apurva Shah

Pediatric Nephrology  
MBBS, MD (Paediatrics) – Gold Medalist

Dr. Apurva Shah specializes in managing acute and chronic kidney diseases in children, including pediatric dialysis (both hemodialysis and peritoneal), kidney transplant, urinary tract infections, and pediatric hypertension. She also handles complex nephrology cases like glomerulonephritis, voiding disorders, and neonatal critical kidney care.



### Dr. Dhaval Patel

Surgical Gastroenterology  
MBBS, MS, M.Ch. (Surgical Gastroenterology)

Dr. Dhaval Patel brings expertise in complex gastrointestinal, hepatobiliary, and pancreatic surgeries. His focus includes advanced laparoscopic techniques for cancers of the stomach, colon, liver, esophagus, gallbladder, and pancreas. He also manages chronic pancreatitis and hernia surgeries with high precision.



### Dr. Anuj Suketu Shah

Surgical Oncology  
DrNB (Surgical Oncology), MS (General Surgery)

Trained at MSKCC, New York, Dr. Anuj Shah is skilled in advanced cancer surgeries including breast oncoplastic procedures, head and neck oncology, and minimally invasive GI, gynec, and thoracic oncology. He also manages complex conditions like sarcomas, HIPEC for peritoneal malignancies, urological cancers, and palliative care.



### Dr. Hardik Patel

Urology  
MS (General Surgery), DrNB (Urology)

Dr. Hardik Patel specializes in laser stone surgeries (RIRS), TURP, TURBT, PCNL, and laparoscopic urological procedures. He manages reconstructive urology, pediatric and female urological disorders, urological cancers, and andrology cases with a patient-centric approach.



### Dr. Dhruv Patel

Plastic & Reconstructive Surgery  
MS (General Surgery),  
M.Ch. (Plastic Surgery) – Gold Medalist

Dr. Dhruv Patel's expertise spans aesthetic surgeries such as breast reshaping, body contouring, facial rejuvenation, and rhinoplasty, as well as reconstructive procedures for hand injuries, burns, congenital deformities, and bedsores. He also performs hair transplants, oncoplastic reconstructions, and AV fistulas for dialysis.



### Dr. Simran Bhalla

Neurosurgery  
M.Ch. (Neurosurgery)

Dr. Simran Bhalla is a full-time neurosurgeon with expertise in functional neurosurgery, skull base surgery, peripheral nerve surgery, and spine surgery. She focuses on delivering advanced neurosurgical care with precision and compassion.



### Dr. Rajesh VSP

Cardiac Anesthesia  
MD, DM (Cardiac Anesthesia)

Dr. Rajesh VSP specializes in anesthesia for complex cardiac surgeries like CABG, valve replacements, and congenital heart procedures. He is experienced in perioperative management including hemodynamic stabilization, critical care, and TEE interpretation for both adult and pediatric cardiac patients.

### Dr. Ranjitsinh Darbar

Assistant Professor - General Surgery

### Dr. Krishna A. Patel

Assistant Professor - Pharmacology



## Reviews

# 4.6



## 5,926 Reviews

## Heartfelt Testimonials

Voice of Gratitude and Trust

### Mr. Nayan Gorakha

Impressed by the professionalism and overall care. Staff were courteous and clear. Clean, organized hospital with minimal waiting and efficient services. Special thanks to Dr. M. Krupali, Dr. Dev Jaa, Nurses Jalak, Vaishnavi, and the 7B Department.

### Mr. Asad Shaikh

Admitted for Dengue + URTI under Dr. Vipul Prajapati's team – including Dr. Kishan, Dr. Shivam, and Dr. Danish – who provided excellent care. Special thanks to 9th-floor staff: Bhoomi, Sapna, Drashti, Kinjal, and Nirali.

### Mr. Mahendra Bhanderi

Excellent service by the Orthopaedic team – Dr. Ankit, Dr. Hiren, Dr. Vaibhav, Dr. Harsh, Dr. Dev, Dr. Karan. Truly cooperative and professional. Highly recommended!

### Mr. Suril Dave

The health check-up experience was very smooth. The doctors were professional, and the staff followed proper code of conduct.

### Mr. Ismail Rajput

Great service, nursing, doctors, security – all staff showed good behaviour. GCS Hospital is best for all health problems.

### Mr. Vansh Prajapati

A great experience for my employee's health check-up. Doctors and staff were very cooperative, and I got satisfying answers to all my questions.

### Mr. Amit Gohel

Completed my body health check-up and felt great prioritizing my well-being. The process was smooth, staff were professional, and the insights were very helpful.

### Mr. Mahesh Makwana

Good facility and treatment hospital GCS and all doctors and staff.

### Ms. Payal Prajapati

Best hospital in Ahmedabad! Doctors and staff provide amazing care, cleanliness, and food. Special thanks to Dr. Ankit Patel. GCS Hospital felt like home during my 25-day stay.

### Mr. Dhiraj Sukhwani

The health check-up process was smooth and insightful. Staff was professional and caring. I recommend regular check-ups to everyone – your body will thank you!





A 10-year-old girl from Kutch, Gujarat, had been experiencing persistent pelvic pain for over two months. Initial evaluation and surgery were conducted locally under the assumption of an ovarian mass. However, intraoperatively, the tumor was found to be densely adherent to the intestines and blood vessels, making it too risky to remove. One month later, as the pain persisted and follow-up sonography showed the tumor remained, the child was referred to GCS Hospital, Ahmedabad for advanced care. At GCS Hospital, detailed imaging (MRI) revealed a rare, non-cancerous neural tumor called Presacral Ganglioneuroma — a condition so uncommon that fewer than 30 cases have been reported globally, across both adults and children. Of these, only around 6–8 cases involved pediatric patients, making this case exceptionally rare and medically significant. The tumor had arisen deep within the pelvic cavity near the bladder and rectum, with a size of 10 x 10 x 7.5 cm, making surgical excision technically challenging due to the high risk of damaging nerves responsible for urinary and bowel control. A multidisciplinary team led by **Dr. Sanket Desai (Consultant – Surgical Oncology)** and **Dr. Jatin Jadav (Pediatric Surgeon)** performed a complex and meticulous surgery, successfully removing the entire tumor while preserving the child's bladder and rectal functions. The girl is now fully healthy and recovering without complications.

### What is Presacral Ganglioneuroma?

Presacral Ganglioneuromas are rare tumors that arise from sympathetic nervous tissue. They are benign but can grow silently to large sizes before causing symptoms. Globally, these tumors have been reported in the spine, retroperitoneum, and pelvis — but presacral occurrences, particularly in children, are extraordinarily rare.

### Pediatric-Specific Data:

A review of global literature shows that only about 6–8 pediatric cases of presacral ganglioneuroma have been documented worldwide so far. This makes the 10-year-old patient's successful treatment at GCS Hospital one of the few globally known examples — and an important clinical achievement in pediatric surgical care.

### Largest Known Case Globally:

Medical literature highlights one of the largest ganglioneuromas measured 23 × 20 × 13 cm, surgically removed in the U.S., demonstrating how silent yet massive these tumors can become.

### Previous Notable Case in India:

In 2016, a 14-year-old child in Pondicherry was diagnosed with a 14 × 11 × 10 cm presacral ganglioneuroma and successfully treated via a transabdominal extraperitoneal approach — underscoring the surgical challenge and rarity of such cases.

This successful treatment at GCS Hospital adds to India's growing medical milestones in rare pediatric tumors and affirms the hospital's position as a trusted center for high-risk surgical excellence.



## Artificial Intelligence in Radiology : Enhancing Diagnosis Across Medical Fields



**Dr. Asutosh Dave**

M.D. Radiology

**Professor & Head  
Department of Radiology**

**GCS Medical College  
Hospital & Research Centre  
Ahmedabad**

### Introduction

Artificial Intelligence (AI) represents one of the most transformative technological advances in modern medicine, fundamentally reshaping radiology from a traditionally image-interpretation specialty into a comprehensive, data-driven discipline that serves as the diagnostic backbone for all medical specialties. As we witness this paradigm shift, AI has evolved from experimental algorithms to clinically validated tools that demonstrate measurable improvements in diagnostic accuracy, workflow efficiency, and patient outcomes. The integration of machine learning, deep learning, and advanced computer vision technologies into radiological practice has created unprecedented opportunities to detect subtle pathologies earlier, quantify disease progression more precisely, and personalize treatment strategies based on imaging biomarkers. This technological revolution positions radiology not merely as a service specialty, but as a central hub of intelligent diagnostics that enhances clinical decision-making across oncology, cardiology, neurology, emergency medicine, and virtually every medical discipline.

### AI Applications in Contemporary Radiological Practice

The current landscape of AI applications in radiology encompasses sophisticated algorithms that leverage convolutional neural networks (CNNs), transformer architectures, and ensemble learning methodologies to address complex diagnostic challenges across multiple imaging modalities. Recent clinical studies demonstrate AI's remarkable capability to analyze vast datasets of medical images with performance metrics that often equal or exceed human radiologists in specific tasks. Northwestern Medicine's groundbreaking 2025 study revealed that their generative AI system achieved productivity improvements of up to 40% across their 11-hospital network, analyzing nearly 24,000 radiology

reports while maintaining diagnostic accuracy—representing the first documented case of AI demonstrably improving healthcare productivity at such scale. These systems have proven particularly effective in high-volume screening scenarios, where AI-powered tools process over 1.4 million mammography scans annually in the Enhanced Breast Cancer Detection program, while the NHS England's lung cancer screening initiative has achieved 76% early-stage cancer detection rates with AI assistance.

- **Advanced Image Analysis and Computer-Aided Detection (CAD):** Modern AI systems demonstrate exceptional sensitivity in detecting subtle abnormalities, with recent meta-analyses showing AI achieving 84-95% sensitivity in bone tumor detection compared to 76-85% for human radiologists alone, while reducing missed fractures by 29% and false positives by 21%.

- **Intelligent Image Segmentation and Automated Annotation:** Deep learning algorithms achieve AUC values of 94.4% in lung nodule segmentation, outperforming experienced radiologists in early lung cancer detection and reducing annotation time by 30.8%.

- **Radiation Dose Optimization and Image Enhancement:** AI-driven reconstruction algorithms enable high-quality imaging at significantly reduced radiation doses, addressing both patient safety concerns and ALARA (As Low As Reasonably Achievable) principles without compromising diagnostic information.

- **Clinical Decision Support and Predictive Analytics:** Integration of radiomic features with clinical data enables AI systems to predict treatment responses, survival outcomes, and disease progression with unprecedented accuracy, particularly in oncological applications.

### Transformative Benefits Across Medical Specialties

The clinical impact of AI extends far beyond radiology departments, fundamentally enhancing diagnostic capabilities and therapeutic decision-making across the entire spectrum of medical practice. Evidence-based studies consistently demonstrate AI's ability to reduce diagnostic errors, accelerate time-to-diagnosis, and improve patient outcomes through earlier disease detection and more precise characterization of pathological processes. Recent implementations show average efficiency gains of 15.5% in report completion times, with some radiologists achieving up to 40% productivity improvements, while maintaining or improving diagnostic accuracy. These improvements translate directly into enhanced patient care, reduced healthcare costs, and better resource utilization across hospital systems. The technology's capacity to operate continuously without fatigue ensures consistent diagnostic quality regardless of time or workload pressures, addressing critical challenges in emergency medicine and intensive care settings where rapid,

accurate diagnoses can be life-saving.

- **Enhanced Diagnostic Precision:** AI augmentation improves sensitivity from 72% to 80% and specificity from 81% to 85% in fracture detection, with particular excellence in identifying subtle, non-obvious fractures that might otherwise be missed.
- **Accelerated Clinical Workflows:** Automated triaging systems reduce interpretation delivery times from 11.2 days to 2.7 days for chest X-rays, enabling faster clinical interventions and improved patient throughput.
- **Personalized Medicine Integration:** Radiomic analysis combined with genomic data enables prediction of treatment responses and survival rates, particularly valuable in oncology where personalized therapy selection significantly impacts outcomes.
- **Quality Assurance and Risk Mitigation:** AI systems provide consistent, objective assessments that reduce inter-observer variability and help maintain diagnostic standards across different experience levels and clinical settings.

### Contemporary Challenges and Ethical Imperatives

Despite remarkable progress, responsible AI adoption requires addressing critical issues. The “black box” nature of deep learning presents concerns about interpretability and clinical acceptance. Data quality, diversity, and standardization represent critical bottlenecks requiring extensive, well-annotated datasets to avoid biases and ensure equitable healthcare delivery. Variations in imaging protocols and populations impact real-world AI performance. Regulatory frameworks are evolving to balance innovation with patient safety, data privacy, and liability.

- **Technical and Integration Challenges:** Connecting AI tools with existing clinical systems, ensuring interoperability with PACS and electronic health records, and maintaining algorithm performance across different imaging equipment and protocols.
- **Validation and Generalizability Concerns:** Ensuring AI models perform consistently across different patient populations, imaging protocols, and clinical settings, particularly addressing potential biases in training data.
- **Professional and Educational Requirements:** Training radiologists and healthcare professionals to effectively collaborate with AI systems, understanding both capabilities and limitations while maintaining critical thinking skills.
- **Regulatory and Liability Framework:** Establishing clear guidelines for AI deployment, determining responsibility for AI-assisted diagnoses, and ensuring patient data protection while fostering continued innovation.

### Future Horizons and Strategic Directions

The future of AI in radiology promises even more sophisticated applications that will further integrate with emerging technologies and expand the specialty's role in precision medicine and population health manage-

ment. Multimodal AI systems that combine imaging data with laboratory results, genomic information, and clinical records are being developed to provide comprehensive diagnostic and prognostic insights. The emergence of foundation models and generative AI technologies will enable more flexible, adaptable systems that can handle diverse imaging tasks without requiring extensive retraining. Advanced visualization technologies, including augmented reality and 3D reconstruction, will enhance surgical planning and interventional procedures. Cloud-native diagnostic platforms will enable global collaboration, expert consultation across geographic boundaries, and democratization of advanced AI tools for resource-limited settings.

- **Integrated Diagnostic Ecosystems:** Development of comprehensive AI platforms that combine multiple imaging modalities with clinical data to provide holistic patient assessments and treatment recommendations.
- **Population Health and Screening Programs:** Expansion of AI-powered screening initiatives for early disease detection, addressing healthcare disparities and improving outcomes through proactive identification of at-risk populations.
- **Educational and Training Applications:** AI-enhanced simulation systems and decision support tools that accelerate radiologist training and maintain competency in rapidly evolving fields.
- **Global Health and Accessibility:** Deployment of AI solutions in underserved regions through telemedicine platforms, enabling expert-level diagnostic capabilities regardless of geographic location or local expertise availability.

### Conclusion

Artificial Intelligence has fundamentally transformed radiology from an interpretive specialty to a comprehensive diagnostic intelligence that serves as the foundation for evidence-based medicine across all clinical disciplines. The documented improvements in diagnostic accuracy, workflow efficiency, and patient outcomes demonstrate AI's maturation from experimental technology to clinically essential tools. As we navigate the challenges of implementation, standardization, and ethical deployment, the radiology community must embrace this technological evolution while maintaining the humanistic aspects of patient care and clinical judgment that define excellence in medical practice. The future success of AI in radiology will depend on our collective commitment to evidence-based implementation, continuous validation, and collaborative integration with clinical workflows. By embracing AI thoughtfully, radiology can advance patient care, deepen medical knowledge, and secure its pivotal role within modern healthcare.



## A CASE REPORT OF RIGHT SIDED LUMBAR HERNIA OPERATED BY GENERAL SURGERY UNIT III

**Dr. Vidhyasagar Sharma (Professor - General Surgery)**

A 64 year old man presented to the General Surgery OPD with a swelling in the lower part of his right flank for the last 6 months. The patient had a history of fall from a moving vehicle 6 months back.

Patient was a known case of hypertension for 7-8 years and has seasonal asthma.

Patient was suspected to have a rare case of right sided LUMBAR HERNIA, with incidence of less than 1.5% of all abdominal wall hernias. Abdominal sonography further confirmed the diagnosis.

Laparoscopic Transabdominal Preperitoneal (TAPP) Mesh-plasty under general anesthesia was planned with support from Department of anesthesiology and nursing staff.

Intra operatively a large 12\*11cm inferior lumbar defect was found with omentum and caecum as content. Peritoneal flap was raised around the border of the defect to create adequate space for mesh placement. Primary repair of the defect done using prolene 1-0 suture. A polypropylene mesh of 15\*13 cm was fixed in the pre-peritoneal space on the right side.

Postoperative phase was uneventful and patient was started on oral diet on the following day and was discharged on day 4.



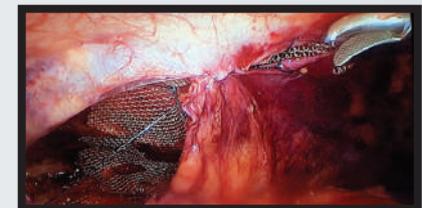
**Post operative picture**



**Right Lumbar Hernia(Pre-operative)**



**Intraoperative picture of the Hernial Defect**



**Intraoperative picture following mesh placement and peritoneum being closed**



**Intraoperative picture following closure of the Defect**

## AN INTERESTING CASE OF 10 YEAR OLD BOY WITH INVOLUNTARY MOVEMENTS

Dr Prarthana KharodPatel ( Professor & Head , Pediatrics) | Dr Harsh Patel ( Pediatric Neurologist)  
Dr Dhrumika Sheth ( Assistant Professor, Pediatrics) | Dr Saamil Patel ( Assistant Professor, Pediatrics)

A **10 year 6-month-old male child** with **normal pre morbid growth and development** was brought by parents with **illness of around 2 weeks duration**. The illness started as a **febrile illness with mild cough and cold** which resolved over 2-3 days with medications taken from private practitioner.

However, parents noticed involuntary movements along with irritability and sleep disturbances with resolution of fever (around day 4 or 5 of illness). They further noticed **frequent falls while walking, falling of objects from hands and difficulty in speaking** over subsequent 5-6 days.

There was no history of loss of consciousness, seizures, feeding difficulty, facial deviation, regurgitation of feeds or involuntary micturition or defecation. On examination the child was **conscious, co-operative and oriented** with **normal comprehension**. The child was **talking appropriately but with low volume unclear speech**. Cranial nerve examination was normal.

Motor examination showed **hypotonia in all four limbs** with power of 4/5 bilaterally and **milkmaid grip**. Involuntary movements were observed in the form of **sudden jerky movements of neck, shoulder and arms(chorea)**. The child was walking with **narrow based clumsy gait**. Further examination revealed **jack-in-the-box phenomenon involving tongue, dinner fork deformity of upper limb and polygraphia**. Other systemic examination was normal. Possibilities considered were **Post infectious-immune mediated (basal**

**ganglia) encephalitis, Wilson's disease and Sydenham's chorea**. Relevant investigations were sent. CSF examination was done which was normal.

MRI brain showed clinically insignificant diffusion restriction in cortical and subcortical region of left high parietal region, left caudate nucleus and right high parietal region. Liver function tests and serum ceruloplasmin were normal. **ESR was raised (40 mm in first hour). ASO titre was positive (952 IU/ml)**. 2D echo was done to rule out endocarditis which was normal.

Modified Jones criteria for rheumatic fever were reviewed and possibility of rheumatic chorea was kept and child was given Inj. Benzathine Penicillin. Oral prednisolone was started. Symptomatic treatment for chorea was also started (oral phenobarbitone and tetrabenazine). Child was discharged on oral steroids and symptomatic treatment for chorea and 3 weekly injection benzathine penicillin prophylaxis.

On treatment, child's clinical condition improved, involuntary movements subsided, speech became clearer and gait was normal.

Final diagnosis:

**Acute onset movement disorder with basal ganglia involvement due to rheumatic chorea.**



## ROSAI DORFMANN DISEASE MASQUERADING AS LYMPHOMA

Histo-Pathology Department

53 y/o male presented with abdominal pain since 15 days. Clinical examination revealed palpable inguinal lymphadenopathy.

Radiological work up done in SVP Hospital revealed multiple enlarged retroperitoneal, pelvic and bilateral inguinal lymph nodes largest measuring 9.8 x 7.8 x 5.0 cm.

CT findings suggested possibility of Lymphomatous etiology.

Histopathology and IHC of lymphnode Bx (SVP): Possibility of Low grade Non-Hodgkin's Lymphoma

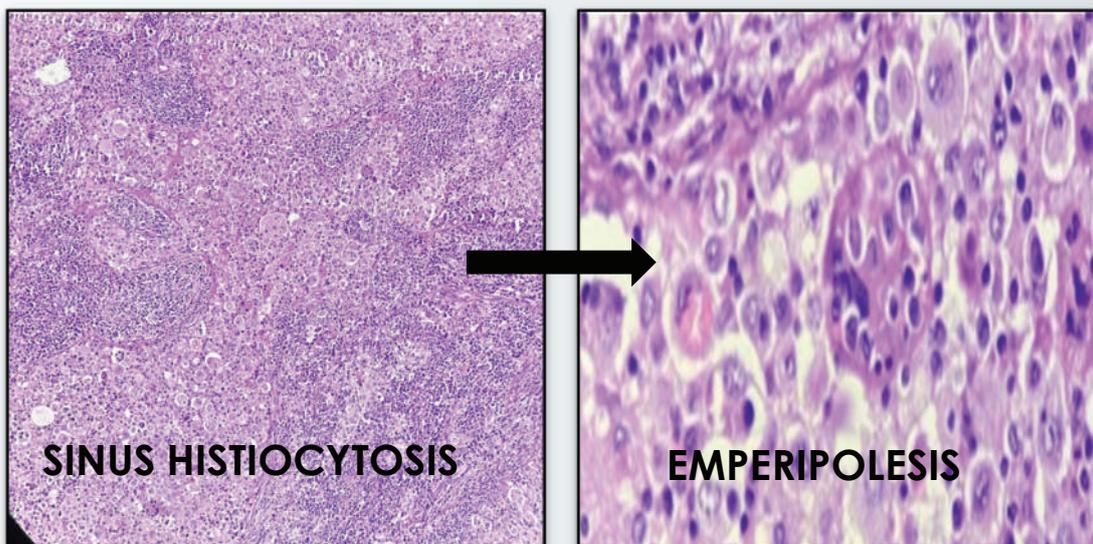
On 30/12/2024- Dept of Histopathology, GCSMCH- Received Excision Biopsy of Inguinal Lymph node.

Histological and IHC findings supported the diagnosis of Sinus Histiocytosis with Massive Lymphadenopathy (Rosai Dorfmann Disease)

In 2022, the World Health Organization classified RDD as a histiocytic neoplasm due to mutations in the mitogen-activated protein kinase (MAPK) pathway.

It most frequently presenting as bilateral cervical lymphadenopathy in children and young adults. Present case is rare as the patient presented with retroperitoneal, pelvic and bilateral inguinal lymph nodes and at an elderly age.

Prognosis is good and resection is curable for unifocal disease but in patients with progressive disease, chemotherapy and mitogen-activated protein kinase (MAPK) pathway inhibition and mTOR inhibition (rapamycin) can be used.



## A Prospective Study on Implementation of Long Term Follow-up of Cured Tuberculosis Patients and Barriers Faced by Health Care Workers at Ahmedabad City, Gujarat: A Mixed Method Approach

Tejas Shah, Venu Shah, Viral Dave **Journal Name :** Journal of Community Health Research



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**DOI:** <https://doi.org/10.18502/jchr.v14i1.17681>

**Background:** Tuberculosis (TB) remains a major public health challenge in India. Efforts outlined in the National Strategic Plan (2017-2025) are committed to achieve targets towards eliminating TB. Early identification of recurrence among cured TB cases is a crucial strategy towards this goal. However, there are limited data on the implementation of long-term follow-up for cured cases. **Methods:** A prospective mixed-method study was conducted to evaluate the implementation of long-term follow-up strategy among 180 cured TB patients. Quantitative assessment involved tracking follow-up visits at 6, 12, 18, and 24 months post-treatment success. Moreover, Focus Group Discussions (FGDs) with 46 TB Health Visitors (TB HVs) were conducted to identify barriers to the implementation of long-term follow-up strategies for cured TB cases. **Results:** Quantitative analysis revealed a decline in follow-up visits

over time, and only 16.89% of patients were followed up by TB HVs during fourth visit at 24 months post-treatment. Recurrent TB was identified in 22 cases, 13.7% of which were not followed up by health workers. Qualitative analysis highlighted patient-related factors like loss to follow-up due to migration and denial of sputum testing. Health workers cited workload issues and inadequate financial incentives as barriers to implementation.

**Conclusion:** The study underscores challenges in implementing long-term follow-up strategies for cured TB patients in India. Addressing barriers such as loss to follow-up and workload issues among health workers is crucial for improving recurrence detection and management. Efforts to enhance program effectiveness must prioritize overcoming these barriers to achieve the goal of TB elimination by 2025.

## An epidemiological assessment of health status among a cohort of tuberculosis survivors: prospective research in a western Indian city

**Journal Name :** Monaldi Archives of Chest Diseases

Venu Shah, Viral Dave, Vaidehi Gohil, Hardika Khanpara



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**DOI:** <https://doi.org/10.4081/monaldi.2025.3163>

Long-term follow-up of tuberculosis (TB) is important to monitor treatment outcomes, prevent relapse, and improve patient care. The aims of the current study are: i) to assess various epidemiological parameters among TB survivors, like mortality and morbidity, with emphasis on recurrence status during pre-defined long-term follow-up; ii) to assess factors responsible for the recurrence of TB among study participants. A prospective observational study was conducted among cured cases of pulmonary TB registered at the TB unit of Ahmedabad City, India. As per the calculated sample size, 180 study participants were recruited by systematic random sampling from a list of cured TB cases from July to September 2021. Follow-ups of participants were conducted at 6, 12, 18, and 24 months post-recruitment. The status of cured cases was assessed by a pre-validated questionnaire. Factors significantly associated with the likelihood of TB were analyzed using logistic regres-

sion. Of the total 180 cured TB cases, 22 (12.2%) developed recurrent TB, and 12 (6.6%) deaths were recorded during the entire follow-up duration of 2 years. Among the cases assessed, 106 (71.6%) were found to be asymptomatic in the context of TB at 2 years post-treatment completion. Around 17 (77.2%) recurrent cases were diagnosed within a year of treatment completion. Factors significantly associated with recurrence were age ( $p=0.01$ ), body mass index ( $p=0.02$ ), and socio-economic status ( $p=0.03$ ) of the study population. Overall recurrence assessed during 2 years of post-treatment follow-up among the cohort of TB survivors was 12.2%. As per the study findings, socio-demographic and nutritional factors play a significant role in the development of recurrent TB, highlighting the importance of targeted interventions.

Worth a Read



Think and  
Grow Rich  
Napoleon Hill

## Knowledge, attitude and practice towards organ donation and its influencing factors among the relatives of intensive Care patients in a tertiary care hospital at Ahmedabad city

Journal Name : Egyptian Journal of Community Medicine

Sahilkumari, Arpit Pajapati, Mansi Patel, Himadri Patel

DOI: <https://doi.org/10.21608/ejcm.2024.281885.1294>

**Introduction:** Organ donation provides a lifesaving opportunity to individuals with organ failure. A significant number of deaths due to organ failure can be prevented by timely donation and transplantation of organs. The objective was to assess knowledge, attitude and practice among relatives of the admitted Intensive care unit (ICU) patients toward organ donation. Additionally, to determine factors influencing impending organ donation. **Methods:** A Cross sectional study on 150 first degree relatives of the admitted ICU patients above 18 years of age visiting GCS Medical College (spouse, son, daughter, father, mother) was conducted. The sample size was calculated using Open Epi. Data was collected through a pretested & predesigned questionnaire including information like demography, knowledge, attitude and practice regarding organ donation. **Results:** Out of total 150

participants, there were 54% male. Mean age of participants was  $39.1 \pm 12.6$  years. Only 8% of the participants had good knowledge regarding organ donation. Approximately 6.7% of the participants had signed up for organ donation. Approximately 73.3% of the participants agreed to donate organ if experienced brain dead while only 49.3% participants agreed to donate their family member's organs. According to participants, the most common reasons for not accepting organ donations were lack of awareness (59.3%) followed by cultural belief (26.6%). Only 2.6% participants or their family members had donated any organ in last 5 years. **Conclusions:** Very few participants had knowledge regarding organ donation and the majority have not signed up for organ donation due to fears and misconception.



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## Comparison of the effects of the intrathecal dexmedetomidine versus clonidine as an adjuvant to hyperbaric ropivacaine 0.75% for infraumbilical surgeries A Prospective Randomised Study

Journal Name : Ain Shams journal of Anesthesiology

Shruti Desai, Deepa Jadav, Riddhi Modi

DOI: <https://doi.org/10.21608/asja.2024.299162.1118>

**Background:** Infraumbilical surgeries are most commonly done under spinal anesthesia. Many local anesthetic drugs and adjuvants have been used to prolong the effects of local anesthetics. The sample size calculation was done according to results of our pilot study and discussion with the institutional review board. The primary objective is to compare the sensory-motor characteristics of the two drugs and the secondary objective is to compare the duration of analgesia and assess perioperative hemodynamic stability and incidence of side effects during the study period. **Methods:** The present prospective randomized study was conducted from April to October 2023. After written informed consent 180 patients posted for elective infraumbilical surgery were randomly divided into two groups of 90 patients each

based on closed envelope method. Group RC: 3 ml of 0.75% hyperbaric Ropivacaine + 30 µg clonidine in 0.5 ml normal saline. Group RD: 3 ml of 0.75% hyperbaric Ropivacaine + 5 µg Dexmedetomidine in 0.5 ml normal saline. **Results:** It was observed that the dexmedetomidine group had a faster sensory onset ( $4.5 \pm 3.54$  mins), faster motor onset ( $5 \pm 3.54$  mins) and longer duration of postoperative analgesia ( $310.11 \pm 14.14$  mins) as compared to the clonidine group ( $6.8 \pm 1.41$ mins;  $7.4 \pm 2.83$  mins;  $240.22 \pm 7.07$ mins respectively). The incidence of side effects such as nausea, vomiting, shivering, hypotension and bradycardia were also less in comparison to the clonidine group. **Conclusion:** It was observed that dexmedetomidine offered a faster onset and prolonged duration of postoperative analgesia as compared to clonidine.



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## Phenotypic comparison between smoking and non-smoking chronic obstructive pulmonary disease

**Journal Name :** Journal of advanced lung health

Jatin Nagar, Meghna Patel, Kiran Rami, Janki Modh, Zainab Laxmidahr

**DOI:** [https://doi.org/10.4103/jalh.jalh\\_60\\_24](https://doi.org/10.4103/jalh.jalh_60_24)

**Background:** Although COPD among non-smokers (NS-COPD) is common, little is known about this phenotype. We compared NS-COPD subjects with smoking COPD (S-COPD) patients in a rural Indian population using a variety of clinical, physiological, radiological, sputum cellular and blood biomarkers. **Methods:** Two hundred ninety subjects (118 healthy, 79 S-COPD, 93 NS-COPD) performed pre- and post-bronchodilator spirometry and were followed for 2 years to study the annual rate of decline in lung function. Body plethysmography, impulse oscillometry, inspiratory-expiratory HRCT, induced sputum cellular profile and blood biomarkers were compared between 49 healthy, 45 S-COPD and 55 NS-COPD subjects using standardized methods. Spirometric response to oral corticosteroids was measured in 30 female NS-COPD patients. **Results:** Compared to all male S-COPD subjects, 47% of NS-COPD subjects were female, were younger by 3.2 years,

had greater body mass index, a slower rate of decline in lung function (80 vs 130 mL/year), more small airways obstruction measured by impulse oscillometry ( $p < 0.001$ ), significantly less emphysema (29% vs 11%) on CT scans, lower values in lung diffusion parameters, significantly less neutrophils in induced sputum ( $p < 0.05$ ) and tended to have more sputum eosinophils. Hemoglobin and red cell volume were higher and serum insulin lower in S-COPD compared to NS-COPD. Spirometric indices, symptoms and quality of life were similar between S-COPD and NS-COPD. There was no improvement in spirometry in NS-COPD patients after 2 weeks of an oral corticosteroid. **Conclusions:** Compared to S-COPD, NS-COPD is seen in younger subjects with equal male-female predominance, is predominantly a small-airway disease phenotype with less emphysema, preserved lung diffusion and a slower rate of decline in lung function.



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## Clinical profile of patients of pulmonary tuberculosis with diabetes mellitus attending tertiary care centre of Western India

**Journal Name :** Panacea journal of medical sciences

Madhulika Singh, Jatin Nagar, Meghna Patel, Kiran Rami

**DOI:** <https://doi.org/10.18231/pjms.v.15.i.1.76-80>

**Background:** Tuberculosis (TB) is one of the major infectious cause of mortality. Diabetes mellitus (DM) among TB patients affects clinical improvement, sputum conversion and mortality by various immunogenic mechanisms. Thus, clinical profile and radiological findings helps for better understanding of its correlation. **Materials and Methods:** It was single centre prospective study conducted for duration of 2 years. Seven hundred eighty eight TB patients screened for DM from which 95 patients following inclusion criteria considered for the study. The diagnosis of TB among these patients based on the clinical presentations and programmatic guidelines. Diagnosis of diabetes as per diagnostic

criteria of American diabetes association. Results: Of 95 patients, 74 were male and 21 were female; majority belonged to adult and middle age group. Cough was most common presentation. Right side of lung was commonly involved, while lower zones commonly affected. Consolidation seen in majority of patients on radiological evaluation. 75.8% patients declared cured while, 3.2% patients died during treatment. **Conclusion:** Association of TB-DM is more common in males. Proper glycemic control helps in overall improvement and clinical outcome of patients.



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## Revisiting “The Chameleon”: Thrombotic Microangiopathy, Clinical Profile Of Patients With Thrombotic Microangiopathy: Single Center Experience

Journal Name : Kidney International Reports

Suvika Patel, Dr. Niranjana Kulkarni, Dr. Sharad Sheth

**DOI:** <https://doi.org/10.1016/j.ekir.2024.11.1057>

**Introduction:** Organ donation provides a lifesaving opportunity to individuals with organ failure. A significant number of deaths due to organ failure can be prevented by timely donation and transplantation of organs. The objective was to assess knowledge, attitude and practice among relatives of the admitted Intensive care unit (ICU) patients toward organ donation. Additionally, to determine factors influencing impending organ donation. **Methods:** A Cross sectional study on 150 first degree relatives of the admitted ICU patients above 18 years of age visiting GCS Medical College (spouse, son, daughter, father, mother) was conducted. The sample size was calculated using Open Epi. Data was collected through a pretested & predesigned questionnaire including information like demography, knowledge, attitude and practice regarding organ donation. **Results:** Out of total 150

participants, there were 54% male. Mean age of participants was  $39.1 \pm 12.6$  years. Only 8% of the participants had good knowledge regarding organ donation. Approximately 6.7% of the participants had signed up for organ donation. Approximately 73.3% of the participants agreed to donate organ if experienced brain dead while only 49.3% participants agreed to donate their family member's organs. According to participants, the most common reasons for not accepting organ donations were lack of awareness (59.3%) followed by cultural belief (26.6%). Only 2.6% participants or their family members had donated any organ in last 5 years. **Conclusions:** Very few participants had knowledge regarding organ donation and the majority have not signed up for organ donation due to fears and misconception.



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## Strengths, Weaknesses, Opportunities, and Challenges of Conditional Cash Transfers Under the Janani Shishu Suraksha Karyakram in India: A Narrative Review | Journal Name : Cureus

Urvish Joshi; Tejas Shah; Vaidehi Gohil; Rachit Y Sharma; Venu R Shah

**DOI:** <https://doi.org/10.7759/cureus.82874>

**Background:** Janani Suraksha Yojana (JSY), a scheme launched by the central government of India, aimed to reduce maternal mortality by incentivizing institutional deliveries through conditional cash transfers (CCTs). An expansion to this initiative, the Janani Shishu Suraksha Karyakram (JSSK), incorporates free maternal and neonatal services. However, despite reported progress in improving access, questions remain about program efficiency and equity. This review synthesizes evidence on the strengths, weaknesses, opportunities, and challenges (SWOC) of the JSY/JSSK CCT component of the scheme. **Methods:** A narrative review of 19 studies on the cash transfer component of the Janani Shishu Suraksha Karyakram (JSSK), published between 2009 and 2025, was conducted using PubMed, Embase, and Google Scholar. Studies were thematically analyzed to assess CCT-re-

lated implementation, equity, quality of care, and health outcomes. **Results:** Strengths include increased institutional deliveries and improved access among marginalized populations. Weaknesses involve payment delays, persistent out-of-pocket expenses, and uneven quality of care. Opportunities include expanding incentives across the continuum of care, leveraging technology, and integrating with other schemes like PMMVY and Namo Shree Yojana. Challenges include regional disparities, implementation variability, and uncertainty around long-term behavioral change.

**Conclusion:** While the JSY/JSSK CCT component has improved service uptake, its full potential requires stronger implementation, inter-scheme coordination, and quality assurance. Policymakers should prioritize equity, accountability, and integration to enhance maternal and newborn health outcomes.



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## A Prospective Observational Study of Ventral Hernia

Journal Name : Paripex-indian Journal Of Research

Dr.Fadiya MohammadSohail AbdulGhani, Dr.Dhruv Chitale, Dr.Sushil Akruwala

DOI: <https://www.doi.org/10.36106/paripex/0101496>

**Background** Ventral hernias are commonly encountered problems in the field of general surgery. Incisional hernia is a common complication following abdominal surgery that requires reoperation. This study was conducted to understand the incidence of various types of ventral hernia in both sexes and various age groups, predisposing factors, clinical features, and complications. **Methods** This prospective observational study was conducted in the Department of Surgery, Dr. Hedgewar Hospital, Aurangabad, Maharashtra, India, on a total of 100 patients diagnosed with anterior abdominal wall hernia between September 2020 to February 2021. Data collection included thorough history taking and clinical examination along with relevant investigations. The data collected was entered in a proforma, tabulated, and analyzed with the IBM SPSS Statistics for Windows, Version 24.0 (Released 2016; IBM Corp., Armonk, New York, United States). **Results** Incisional hernia (43%) was the most common of all ventral hernias. Females were much more affected than males. Out of these types studied, epigastric hernia showed more incidence among males. The average age of presentation was 52 years. Obesity was the most common predisposing factor (34%) with female preponder-

ance. Obese patients were also associated with a higher rate of postoperative complications like wound infection and seroma. In the cases of incisional hernia, 32.6% of the patients gave a history of previous surgery complicated by a wound infection. Incisional hernias were more common in lower midline incisions (34.9%) and after gynecological surgery (55.81%) like total abdominal hysterectomy, cesarean section, or tubal ligation. In the majority of the patients (62.8%), the incisional hernia occurred within three years of the previous surgery. Wound infection following ventral hernia repair occurred in 11% of the cases, wound dehiscence in 3%, and seroma in 2 % of the cases. **Conclusions** The most common ventral hernias in decreasing order of their frequency are incisional hernia, umbilical hernia, para-umbilical hernia, and epigastric hernia. Epigastric and umbilical hernias are more common in males whereas incisional hernia is more common in females. Obesity and constipation were found to be the major predisposing risk factors. Incisional hernia is more common in females after gynecological and obstetrics surgery. The lower midline segment is the most common site for developing an incisional hernia.



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## Prevalence Of Antibiotic Resistance In A Tertiary Care Hospital, Ahmedabad

Journal Name : European Journal of Biomedical AND Pharmaceutical sciences

Dr. Vishwa Mehta1, Shubham Doriya, Samarpan Patel, Hetvi Mistry, Dr. Shruti D. Shah

Antimicrobial Resistance (AMR) arises when bacteria, viruses, fungi, and parasites develop resistance to antimicrobial agents, rendering treatments ineffective and complicating infection management. This study aims to examine the prevalence of antimicrobial resistance in Ahmedabad. A prospective cohort observational study was conducted over six months in the inpatient ward, involving 1661 patients, following approval from the Institutional Ethics Committee of GCS Medical College, Hospital & Research Centre. Patient Admitted or visiting to the study facility with any disease during the study period were included, while those with isolated fungal cultures were excluded. Statistical analysis involved mean, mode, and percentage.

The predominant pathogens observed in the sample include *Klebsiella pneumoniae* (33.77%), *Pseudomonas aeruginosa* (23.01%), and *Escherichia coli* (21.46%). Coagulase-negative *Staphylococcus* exhibits complete resistance to several antibiotics, including ampicillin, amoxicillin, ceftriaxone, ciprofloxacin, ofloxacin, erythromycin, azithromycin, clarithromycin, tetracycline, doxycycline, and trimethoprim/sulfamethoxazole. This study concluded that Antibiotic resistance is a growing global health crisis driven by the misuse and overuse of antibiotics. The emergence of multidrug-resistant pathogens threatens the effectiveness of current treatments, leading to prolonged illnesses, higher medical costs, and increased mortality.



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Worth a Read



The Patient  
Will See You Now  
Eric Topol

## A Cross-Sectional Study on Social Phobia Among Medical Undergraduates of Ahmedabad City

Journal Name : Cureus

Sahil R. Solanki, Prachi Patel, Prashant Kariya, Nupur Amin, Chintan Chaudhary, Kamleshkumar G. Jain

**DOI:** <https://doi.org/10.7759/cureus.82474>

**Introduction :** Medical students with social phobia are characterized by the persistent excessive fear of scrutiny, embarrassment, and humiliation in social performance; pervasive social timidity; social distress; the avoidance of some individuals; and difficulty in basic social discourses. This study aims to find the prevalence of social phobia and its association with various sociodemographic determinants among medical students in Ahmedabad city. **Methods :** This cross-sectional study was conducted among Bachelor of Medicine, Bachelor of Surgery (MBBS) undergraduates from six recognized medical colleges in Ahmedabad, India. Based on a previous prevalence of social phobia (46%), the sample size was calculated as 470 using the formula  $n = 4pq/l^2$  ( $p = 46$ ,  $q = 54$ , and  $l = 4.6$ ) and rounded to 480. From each college, 80 students (20 from each academic year) were selected using systematic random sampling. Data were collected via personal interviews using a structured questionnaire. Part 1 captured sociodemographic details. Part 2 used the Social Phobia Inventory (SPIN) scale to categorize social phobia into five levels: none, mild, moderate, severe, and very severe. **Results:** There were more women (263, 54.8%). Hostel stay (206, 42.9%) was the

most common mode of accommodation, while students belonging to the upper class (369, 76.9%) were more common. Among male students, 93 (42.9%) had tobacco consumption, while among female students, 74 (28%) had tobacco consumption. A moderate grade of social phobia was most commonly seen in 136 (28.3%) medical students, followed by mild social phobia in 131 (27.3%) students. A statistically significant association was found between grades of social phobia and variables such as tobacco consumption ( $p \leq 0.0001$ ), socioeconomic class ( $p = 0.002$ ), stay ( $p = 0.001$ ), and involvement in sports ( $p \leq 0.0001$ ), while variables such as age, gender, and year of study did not show any statistically significant association. **Conclusion:** More than half of the participants (54.8%) were female medical students. Hostel as a mode of accommodation was seen in 42.9% of the study participants, and more than three-fourths of students (76.9%) belonged to the upper class. Women had higher involvement in indoor sports as compared to men. Moderate social phobia was seen in almost one-third of the study subjects, followed by mild social phobia. Tobacco consumption, stay, socioeconomic class, and involvement in sports were significantly associated with various grades of social phobia.



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## Efficacy and Safety of Fibrinolytics in Patients with Acute Ischaemic Stroke and Transient Ischaemic Attack: A Network Meta-Analysis of Randomized Controlled Trials (P7-13.010)

Journal Name : Neurology

Aisha Rizwan Ahmed, Aishwarya Koppanatham, Mrinal Murali Krishna, Meghna Joseph, Issa Salha, Rabbia Jabbar, Rafael Reis de Oliveira, Sana Ahmed, Mir Wajid Majeed, Jovana Ristic, Gokul Rajith, Zeeshan Mansuri, Maryam Rizwan, Lubna Al-Sharif, Natalia Arturo Restrepo, Paweł Chochoł, and Thomas Varkey

**DOI:** <https://doi.org/10.1212/WNL.000000000020849>

**Objective:** Our Frequentist network meta-analysis (NMA) aims to explore the efficacy and safety outcomes of various fibrinolytic regimens in managing acute ischaemic stroke (AIS) and transient ischaemic attack (TIA) patients.

**Background:** Intravenous thrombolysis with an alteplase bolus followed by infusion is the global standard of care for

patients with AIS and TIA. However, emerging fibrinolytics have shown promising potential in terms of efficacy and safety, though it remains unclear which is superior for treating AIS and TIA

**Design/Methods:** A comprehensive search of PubMed,



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Embase, and Cochrane databases was conducted to identify randomized controlled trials (RCTs) comparing various fibrinolytic regimens in patients with AIS and TIA, assessing the risk of 30-day and 90-day mortality, intracranial hemorrhage (ICH), and early neurological improvement (ENI).

**Results:** A total of 30 RCTs were included with 15,695 patients. There was a statistically significant ENI in patients who underwent thrombolysis with tenecteplase compared with alteplase (RR 1.20; 95% CI 1.04–1.41) and no thrombolytic therapy (RR 1.33; 95% CI 1.02–1.75). There was no significant difference in risk of ICH, or mortality at 30 days and 90 days across any of the network comparisons between the

various fibrinolytics. P-score analysis showed that tenecteplase had the highest probability of being the best strategy for ENI (p-score=0.94), followed by reteplase and alteplase. No fibrinolytic therapy was associated with the lowest probability of mortality at 90 days, followed by alteplase and tenecteplase. **Conclusions:** Among patients with AIS and TIA, tenecteplase demonstrates superior efficacy in achieving ENI when compared with alteplase and no fibrinolytic therapy. It also has the highest probability of being the most effective strategy for providing ENI compared with other fibrinolytics. Moreover, the risk of ICH and mortality is comparable across all fibrinolytic agents.

## An educational inter An educational interventional study to compare the effectiveness of Small Group Discussion

versus Role Play as a teaching learning method in the  
Journal Name : Graduate Medical Education Research Journal

Anksha Prajapati, Alay Patel, Rupal Shah, Vipul Chaudhari

**DOI:** <https://doi.org/10.32873/unmc.dc.gmerj.71.004>

**Background** Ventral hernias are commonly encountered problems in the field of general surgery. Incisional hernia is a common complication following abdominal surgery that requires reoperation. This study was conducted to understand the incidence of various types of ventral hernia in both sexes and various age groups, predisposing factors, clinical features, and complications. **Methods** This prospective observational study was conducted in the Department of Surgery, Dr. Hedgewar Hospital, Aurangabad, Maharashtra, India, on a total of 100 patients diagnosed with anterior abdominal wall hernia between September 2020 to February 2021. Data collection included thorough history taking and clinical examination along with relevant investigations. The data collected was entered in a proforma, tabulated, and analyzed with the IBM SPSS Statistics for Windows, Version 24.0 (Released 2016; IBM Corp., Armonk, New York, United States). **Results** Incisional hernia (43%) was the most common of all ventral hernias. Females were much more affected than males. Out of these types studied, epigastric hernia showed more incidence among males. The average age of presentation was 52 years. Obesity was the most common predisposing factor (34%) with female preponder-

ance. Obese patients were also associated with a higher rate of postoperative complications like wound infection and seroma. In the cases of incisional hernia, 32.6% of the patients gave a history of previous surgery complicated by a wound infection. Incisional hernias were more common in lower midline incisions (34.9%) and after gynecological surgery (55.81%) like total abdominal hysterectomy, cesarean section, or tubal ligation. In the majority of the patients (62.8%), the incisional hernia occurred within three years of the previous surgery. Wound infection following ventral hernia repair occurred in 11% of the cases, wound dehiscence in 3%, and seroma in 2 % of the cases. **Conclusions** The most common ventral hernias in decreasing order of their frequency are incisional hernia, umbilical hernia, para-umbilical hernia, and epigastric hernia. Epigastric and umbilical hernias are more common in males whereas incisional hernia is more common in females. Obesity and constipation were found to be the major predisposing risk factors. Incisional hernia is more common in females after gynecological and obstetrics surgery. The lower midline segment is the most common site for developing an incisional hernia.



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Worth a Read



Atomic Habits  
James Clear

## Vidwata – 2025

The 2nd Annual CME cum Workshop “VIDWATA – 2025”, themed “For the Students, By the Students”, witnessed enthusiastic participation from over 300 MBBS students across Gujarat. The event featured an inter-medical college skit competition where Team GCS won two prizes with a performance entirely prepared by 2nd MBBS students. Alongside cultural achievements, the workshops offered rich clinical exposure. The Pediatrics Department conducted sessions on basic neonatal resuscitation, immunization, and injection techniques, attended by more than 50 students. The Obstetrics & Gynecology Department provided hands-on training in core obstetric skills, while the Surgery Department, led by Dr. Shashank Desai, enhanced surgical learning with a suturing and knotting workshop. Students also gained vital practical knowledge through focused sessions on Trauma Management and Respiratory Skills, making VIDWATA 2025 a truly comprehensive and skill-enriching experience.



## Innovations in Interventional Cardiology

The Department of Cardiology showcased its excellence at the National Conference of the Cardiology Society with a live case transmitted from the GCS cathlab to the Jio World Convention Centre. The team successfully performed a complex left main angioplasty with rotablation and drug-coated balloon, earning wide appreciation.

## Good Clinical Practice Workshop

The Central Research Unit of GCSMCH & RC organized a comprehensive Good Clinical Practice (GCP) Workshop, aligning with NMC mandates and the newly released ICH-GCP E6 (R3) guidelines. Renowned trainers Dr. Ripal Gharia and Dr. Mangesh Shende delivered hands-on sessions highlighting key updates. The workshop was attended by 150 delegates, including 151 MD/MS residents (118 internal and 33 external) and members of the Institutional Ethics Committee. A post-training quiz showed an impressive average score of 89%, reflecting effective learning and knowledge transfer.



## Cradle to Crayon 3.0 Workshop

The IAP GDBP Chapter, in collaboration with the Department of Pediatrics, organized the third edition of Cradle to Crayon Workshop. The sessions focused on normal child development and early identification of red flag signs, ensuring timely intervention. Around 40 participants, including pediatricians and residents, actively engaged in the training. Expert insights were shared by Dr. Anjana Thadhani (Mumbai) along with Dr. Amola Patel, Dr. Preeti Hemani, Dr. Prarthana Kharod Patel, Dr. Vaishali Prajapati, and Dr. Purva Shah (Ahmedabad).



## Academic Updates

### Anatomy Department

Dr. Ashna Patwa (2nd year resident) won 1st Prize in the quiz on Reverse Translational Research at SOMA-CON.

Dr. Gargi Bhankharia (2nd year resident) received a consolation prize in the same quiz.

### Anaesthesia Department

Hosted a CME-cum-Workshop on POCUS, FAST, and Cardiac Scan at GCS with international participation.

Conducted a BCLS Workshop for 40+ delegates across Gujarat.

Organized a USG Phantom Hands-on Demo & Lecture.

4 residents presented at YUVAACON, MAMC Delhi; all received appreciation. Dr. Ruchi Bhatt won 2nd prize (mentored by Dr. Bipin Shah and Dr. Divya Kheskani).

Conducted CPR hands-on training for Rapido bikers & autorickshaw drivers.

Hosted ISA National Obstetrics Simulation Workshop with 2 national and 22 Gujarat state faculties.

### Dr. Heena Chhanwal *Individual Achievements*

Honored as ISA National Governing Council Member at YUVAACON; served as Faculty, Chairperson, and Judge in multiple scientific sessions.

Served as Faculty & Coordinator at National CME Workshop in Chidambaram, Tamil Nadu.

Played an active mentorship role in the YUVAACON award-winning presentation by Dr. Ruchi Bhatt.

Key team member in BCLS Workshop and CPR Training Programs held at GCS.

### Respiratory Medicine Department

Dr. Jatin Nagar chaired the Lung Cancer Symposium at NAPCON, JW Marriott Pune.

Dr. Rushi Patel successfully completed PG Diploma in Medical Law, Policy & Ethics from GNLU, Gandhinagar.

### Paediatrics Department

Dr. Manthan Patel delivered a guest lecture on Pediatric Hydrocephalus.

Dr. Prarthana Kharod Patel: Panelist at PEDICON for a debate on child developmental interventions.

Dr. Aalapi Prajapati gave a powerful lecture titled "Tiny Tempest or Troubled Mind?"—well-received by all.

Collaborated with Microbiology for an interactive session on Culture Sensitivity & Antibiotic Stewardship (led by Dr. Urvesh Shah).

### OBGY Department

Conducted UG revision lecture at AMA with over 500 students.

Delivered Online PG Clinic Lecture on Abnormal Pelvis & Mechanism of Labour under FOGSI-ICOG.

Participated as Faculty in Online Certificate Course on Infertility by ICOG-FOGSI.

Contributed a chapter on PPH Risk Identification in FOGSI's EEER Book.

### Dr. Haresh Doshi *Individual Achievements*

Delivered keynote address at the C. L. Zaveri Endowment Symposium on Conquering Anemia Through a Community Approach and received a memento, certificate & cash prize at ACOG (Jio World Centre, Mumbai).

Honored by Asia Book of Records for "Save the Uterus" campaign in collaboration with Torrent Pharmaceuticals.

Delivered a session on Occipito Posterior at Gurukul Classes, organized by Sir Gangaram Hospital & NARCHI Delhi Chapter.

Invited speaker at Hyatt Regency for a talk on Medical Management of Anemia, jointly organized by Gandhinagar ObGy Society, Ahmedabad Menopause Society & FOGSI Midlife Committee.

### Medical Education Unit (MEU)

Conducted CISP-III Training for 28 faculties in presence of NMC Coordinator.

Held Half-Day Workshop for PG residents, led by MEU faculty team.



Worth a Read



The End of Average  
Todd Rose



## Academic Updates

### Dental Department

Dr. Gunjan Shah: Participated in cadaveric dissection workshop (CivilHospital). Faculty speaker on Midface Osteotomy. Delivered expert session on oral cancer at Nadiad and moderated Head-Neck Cancer Course at Shankus, Mehsana.

### Microbiology Department

Dr. Urvesh Shah: Appointed National Vice-Chairman of IMA JDN.

Dr. Falguni Patel: Awarded Certificate of Excellence in Reviewing for an international microbiology journal.

### Pharmacology Department

Awareness session on Materiovigilance conducted for nursing staff by Dr. Rajat Thumar.

Organized an engaging poster competition judged by Dr. Shaila Shah and Dr. Neha Shah.

Dr. Vipul Chaudhary served as Guest Speaker on Pharmacokinetics at GMC & AIIMS Nagpur, and later at Bharati Vidyapeeth, Pune.

### Pathology Department

Dr. Mansi Patel (R1): Won 1st Prize in Hematopathology oral paper presentation (MK Shah Medical College).

GCS lab scored 48/49 in NCG EQAS, placing in the top 28% nationwide.

Organized Workshop on Liquid-Based Cytology for 50+ participants.

Led World Blood Donor Day with poster/rangoli displays; collected 30 blood bags.

Conducted emergency blood drive post plane crash tragedy—117 units collected, including rare O negative.

### Child Development Centre

Autism Awareness Month: Screening camp for 35+ children, videos by Dr. Prarthana Kharod Patel, Dr. Aalapi Prajapati, Dr. Dharmika Koyani, Dr. Binal Gohel, and radio interview with RJ Saloni.

### Psychiatry Department

Dr. Mihir Jani published on Koro Syndrome and delivered lectures on stress management (Danilimda).

Dr. Aatman Parikh: Stress lecture for Physiotherapy students, talks on Autism & ADHD at intercollege meet (BJMC).

Dr. Aalapi Prajapati: Guest speaker and webinar moderator on Intimate Partner Violence, panelist at Pediatric Psychiatry event.

Awareness sessions by: Dr. Dhvani Parikh at Flying Cargo, Dr. Shweta Shukla at RB Institute, Dr. Jinal at Jamalpur, Participated in World No Tobacco Day Rally.

Dr. Alpesh Gediya gave lecture on Substance Use Disorders.

Dr. Aalapi secured 3rd place in 10k K.D. Marathon, and was nominated to IPS Young Psychiatry subcommittee.

### Biochemistry Department

Dr. Ramesh Pradhan: Guest lectures at Lakhimpur Medical College and GMC Chandigarh on AI in clinical labs.

### Radiology Department

Conducted Academic Program on Cardiac CT Imaging attended by 225+ delegates—led by Dr. Asutosh and team.

### Community Medicine Department

Hosted World Health Day Quiz – UG winners Yash Modha, Tirth Patel, Ved Bhatt to represent GCS at State level.

Tree Plantation Drive at Lavarpur Village under Family Adoption Programme.

Academic Field Visit to Nutritional Rehabilitation Center, Civil Hospital Ahmedabad.

World No Tobacco Day observed with pledges and awareness sessions at GCS Hostels.

### Surgery Department

Hosted CME on Research Methodology featuring Dr. Mayuri Nepale.

Conducted Workshop on Stapling Innovations led by Dr. Shashank Desai with hands-on demos.

Worth a Read



**Why We Sleep**  
Matthew Walker

# Reaching the Community, Changing Lives

Through medical camps, health education, and community outreach, the Community Medicine Department continues to extend quality healthcare to underserved areas. From preventive awareness to chronic disease management, the team is dedicated to building healthier communities.

## Family Adoption Programme

Under the Family Adoption Programme, first MBBS students participated in a tree plantation drive at Lavarpur village, contributing to both community engagement and environmental sustainability.

## UHTC – Madhupura

The Urban Health Training Centre at Madhupura actively engaged with the community through regular medical camps and awareness sessions.

Key highlights include:

- 27 medical camps benefiting 1,913 people.
- 12 health education sessions reaching 415 beneficiaries.
- Topics covered included: Youth health & hygiene, cervical cancer, epilepsy, cancer prevention, vaccination, tuberculosis, heat-related illness, malaria, hypertension, tobacco hazards, vector-borne diseases, and drug abuse & illicit trafficking.

## RHTC – Kanij

The Rural Health Training Centre at Kanij continued to strengthen health awareness in nearby villages through dedicated educational sessions.

Key highlights include:

- 14 health education sessions with 354 beneficiaries.
- Topics covered included:
- Deworming, sexual & reproductive health, oral health, tuberculosis awareness, World Health Day, heat-related illness, child nutrition, immunization, hand hygiene, hypertension, tobacco hazards, and ANC/PNC & childcare.



# 375

Free Multi-Specialty  
Health Camps Across  
Gujarat, Rajasthan  
& Madhya Pradesh

(Camps, Awareness Sessions,  
CPR & First Aid Training,  
Outreach OPDs, Mammography &  
On-site Health Check-ups)

# 35,980

Patient

## Bringing Healthcare Closer to Communities Across Gujarat, Rajasthan & Madhya Pradesh!

Our free multi-specialty health camps across Gujarat, Rajasthan, and Madhya Pradesh - in cities like Ahmedabad, Surat, and Gandhinagar - provide expert consultations, diagnostic tests, free medicines, and referrals. Covering general medicine, pediatrics, gynecology, ophthalmology, and dermatology, the camps also include awareness sessions, CPR & first aid training, outreach OPD, mammography camps, and on-site health check-ups. Reaching both city and peripheral areas, these initiatives bring preventive and curative care closer to communities, empowering people to prioritize their health and well-being.



### Women's Safety & Youth Empowerment

Ruzan Khambatta, social reformist and motivational speaker, delivered an inspiring talk on "Empowering Minds & Inspiring Action for Women's Safety and Youth Empowerment."

The event was graced by Hon. Mayor of Ahmedabad, Smt. Pratibha Jain, and Mrs. Meha Patel, Vice Chair – Zydus Foundation.



### Expert Talk by WDC

The Women Development Cell (WDC) organized an insightful session in the Seminar Hall. CA Sheetal Desai, CFO, shared practical guidance on Investment Options, while Dr. Harshita Vyas, Assistant Professor in Skin & VD, delivered an engaging talk on Skin & Cosmetics. The program enriched participants with knowledge on both financial planning and personal wellness.

### International Women's Day Celebration

A vibrant celebration was organized on the theme "Rights, Equality and Empowerment." The program featured inspiring addresses by Mrs. Anjuben Mukulbhai Seth and Mrs. Jayshreeben Lalbhai, who were felicitated for their remarkable contributions.

The cultural segment included songs, dance performances, and role play, showcasing women's strength and achievements. Certificates and tokens of appreciation were awarded to participants, and all female employees received free mammography and PAP smear check-up coupons as a gesture of care and support.



## Internal Celebrations

### World Environment Day

GCS staff celebrated World Environment Day with a tree plantation drive, reaffirming their commitment to sustainability and a greener campus.



### International Yoga Day

GCS Medical College celebrated International Yoga Day with active participation from faculty, staff, and students. The session was graced by Dr. B.N. Gangadhar, Chairman – National Medical Commission, and Dr. Aruna Vanikar, Ex-President – UGMEB, NMC.

### World Hand Hygiene Day Celebration

The occasion was marked with enthusiastic participation of 285 healthcare workers. Activities included an oath for infection prevention, along with engaging quiz and puzzle games, reinforcing the importance of hand hygiene in patient safety.



### Women Development Cell (WDC) Panel Discussions on Motherhood

The Women Development Cell (WDC) organized insightful panel discussions celebrating motherhood. The first session, "Cherishing Motherhood," was moderated by Dr. Fairy Panchal with panel experts Dr. Shikha Jain, Dr. Prathana Kharod Patel, Dr. Aalapi Prajapati, and Mrs. Sonal Prajapati, who shared diverse perspectives on the essence of motherhood. Another session was specially designed for antenatal and postnatal mothers, covering key topics such as garbhshanskar, postpartum depression and anxiety, child upbringing, nutrition, and breastfeeding techniques. The highlight of the program was an engaging role play and skit performed by Psychiatry Department residents Dr. Dhavani (SR), Dr. Yagna, Dr. Bhavya, Dr. Sanjana, and Dr. Nidhi, which made the session interactive and impactful.





## GCS HOSPITAL અમદાવાદના ડોક્ટર્સ ટીમની પ્રશંસનીય કામગીરીથી પરિવારમાં ખુશીનો માહોલ

બી.કે.ન્યૂઝ: પાલનપુર

સાબરકાંઠા જિલ્લાના ઈડર તાલુકાના માયાસુર ગામના વતની અને હાલમાં બનાસકાંઠા જિલ્લાના અમીરગઢ તાલુકામાં પ્રથમિક શિક્ષક તરીકે ફરજ બજાવતા ઈલાહીમભાઈ જમાલભાઈ મનસુરીના પિતા જમાલભાઈ મનસુરીને ગ્રેગીન થતાં અમદાવાદ જી.સી.એસ.હોસ્પિટલમાં દાખલ કર્યા હતા. પરંતુ તકલીફ એ હતી કે એમનું હૃદય ૩૦% જ કામ કરતું હતું તેમજ ભૂતકાળમાં અકસ્માત થતાં વર્ષ ૨૦૦૩માં ૧ મહિના અને ૩ દિવસ સુધી હોમામાં રહેલા હતા એના પછી ૨૦૧૫ માં હાર્ટ એટેક આવ્યો હતો તથા ૨૦૨૦માં ફરીથી હાર્ટએટેક આવ્યો હતો તેમજ ૨૦૨૧માં પેરાલિસિસ થયો હતો તેમજ ૩૧ ડિસેમ્બર ૨૦૨૨ના રોજ ફરીથી પરી જતાં નોર્મલ હેમરેજ થયું હતું. એના પછી ૨૦૨૪ની ગ્રેગીનની શરૂઆત પગમાં થઈ હતી.



આટલી બધી તકલીફો પછી હોવાથી પરિવાર ને ઓપરેશન કરાવતા ઈડર લાગતો હતો પરંતુ ડોક્ટરો એ સુંદર માહિતી આપતાં પરિવારના સભ્યોને આત્મ વિશ્વાસ વધ્યો હતો. અંતે ૦૬/૦૫/૨૦૨૫ના રોજ ઓપરેશન સફળ બનાવવા બદલ GCS HOSPITAL અમદાવાદના સ્ટાફ પરિવારનો ખૂબ ખૂબ આભાર વ્યક્ત કર્યો હતો. અમદાવાદના વતની ડો.જીયાન મનસુરી ઈન્ટરવેશનલ કાર્ડિયોલોજી તથા એમની ટીમ અને સર્જરી વિભાગના ડો.

શશાક દેસાઈ અને એમની ટીમ તથા નર્સિંગ સ્ટાફ પરિવાર એ ઓપરેશનને સફળ બનાવતા પરિવારમાં ખુશીનો માહોલ જોવા મળ્યો હતો. આ હોસ્પિટલમાં ફરજ બજાવતા સરકારગભાઈ મનસુરી એ પણ ખૂબ જ મદદ કરી હતી. ઓછા ખર્ચે સારું પરિણામ મળતાં પરિવાર એ પણ બીજા લોકોને પણ આ હોસ્પિટલમાં સારવાર માટે ભલામણ કરી હતી. અંતે પરિવાર એ તમામ ડોક્ટર્સનો, પેશન્ટ સહાયતા સ્ટાફ પરિવાર અને સર્કાઈ કામદાર સ્ટાફ પરિવારનો કૃત્યથી આભાર વ્યક્ત કર્યો હતો. પરિવાર હોસ્પિટલમાં તમામ સ્ટાફ પરિવાર ખૂબ જ સુંદર કામ કરે છે અને એકબીજાને ખૂબ જ મદદરૂપ બને છે એ જોવા મળ્યું હતું. છેલ્લે ઈલાહીમભાઈ મનસુરીએ પેશાથી ડોક્ટર્સ તથા સ્ટાફ પરિવારનું મો મોટું કરાવ્યું અને સ્વચ્છ થતાં પરિવાર પાલનપુર પરત ફર્યા હતા.

## જીસીએસ હોસ્પિટલ અને જાયન્ટ્સ ગ્રુપ ઓફ બોટાદ દ્વારા હૃદય, કેન્સર, મૂત્રમાર્ગ અને હાડકા-મણકા નો ફ્રી મેડિકલ કેમ્પ યોજાશે

સોરાષ્ટ્ર પ્રતિબિંબ ભાવનગર

જન સેવા અને સંસ્કાર નું સિંચન કરતી અને માનવ સેવાકીય પ્રવૃત્તિઓ કરતી સંસ્થા જાયન્ટ્સ ગ્રુપ ઓફ બોટાદ અને જીસીએસ હોસ્પિટલ - અમદાવાદ ના સૌજન્યથી ખ્યાત નામ ડોક્ટરો દ્વારા ફ્રી મેડિકલ કેમ્પ તા. ૨૧/૫/૨૫ બુધવાર ના રોજ સવારે ૧૦:૦૦ થી ૧:૦૦ કલાકે , નાઈટ શેલ્ટર હોમ , જ્યોતિષામ સર્કલ, નવ નાળા , બોટાદ ખાતે યોજાશે. આ કેમ્પમાં હૃદય ના તમામ પ્રકાર ના રોગો , કેન્સર ના રોગો , મૂત્ર માર્ગ ના રોગો અને હાડકા - મણકા ના રોગો

ની ફ્રી તપાસ તેમજ આયુષ્યમાન કાર્ડ અંતર્ગત મફત (ઘૂંટણ) રિયલેસમેન્ટ ની સર્જરી અમદાવાદ ખાતે કરવામાં આવશે. તેમજ કેમ્પમાંથી હોસ્પિટલમાં આવનાર દર્દીઓને મફત એક્સ-રે , ઈસીજી અને સોનોગ્રાફી અને લોહી ની તપાસ , બ્લડ સુગર અને યુરિન ની તપાસ કરવામાં આવશે. આ કેમ્પ નો લાભ લેવા બોટાદ શહેર જીલ્લા ના જરૂરત મેદ દર્દીઓને લાભ લેવા વિનંતી છે દર્દીઓને વહેલા તે પહેલા ના ધોરણે નામ નોંધણી કરવામાં આવશે.

## ભીજભંજન હનુમાનમંદિર ખાતે નિ:શુલ્ક મેડિકલ ચેકઅપ કેમ્પનું આયોજન કરાયું



ભીજભંજન હનુમાનમંદિર, મણિનગર ખાતે જીસીએ, હોસ્પિટલ દ્વારા નિ:શુલ્ક મેડિકલ ચેકઅપ કેમ્પનું આયોજન કરવામાં આવ્યું હતું. આ ફ્રી મેડિકલ કેમ્પમાં મોટા પ્રમાણમાં બાપુનગરના રહીશોએ ચેકઅપ કરાવ્યું હતું.

## જાયન્ટ્સ ગ્રુપ ઓફ બોટાદ આયોજીત મેડિકલ કેમ્પમાં ૧૪૨ લોકોએ લાભ લીધો

બોટાદ

જાયન્ટ્સ ગ્રુપ ઓફ બોટાદ અને જીસીએસ હોસ્પિટલ, અમદાવાદના સૌજન્યથી ફ્રી મેડિકલ કેમ્પ બોટાદ ખાતે યોજાયો હતો. તેમાં બોટાદ શહેરના તેમજ આજુબાજુના ગ્રામ વિસ્તારના મળીને ૧૪૨ જેટલા દર્દીઓને તપાસી વિનામૂલ્યે ઈલાજ વિનિર્ણય કરવામાં આવ્યું હતું અને જરૂર જણાય તેવા દર્દીઓને અમદાવાદ હોસ્પિટલ ખાતે

બોલાવી સારવાર માટે માર્ગદર્શન આપવામાં આવ્યું હતું. આ કેમ્પમાં હૃદયના તમામ પ્રકારના રોગો, કેન્સરના રોગો, મૂત્ર માર્ગના રોગો અને હાડકા મણકાના રોગોની ફ્રી તપાસ તેમજ આયુષ્યમાન કાર્ડ અંતર્ગત મફત (ઘૂંટણ) રિયલેસમેન્ટની સર્જરી અમદાવાદ ખાતે કરવામાં આવશે. કેમ્પમાં ડો.અશ્વય ડો. હર્ષ ડો. અંકિત, ડી.કુવિલ અને સમય મેનેજમેન્ટ તુષારભાઈ દ્વારા કરવામાં આવ્યું હતું આ કેમ્પમાં સફળ બનાવવા માટે પ્રમુ ચંદુભાઈ સાવલિયા, ફેરેશન આઈ.પી કેતનભાઈ ચૌહાણ, સેક્રટરી ટોપકભાઈ માલુકિયા, સહાયક જાયન્ટ્સના પ્રમુખ હેમલતાબેન દેસા મુકેશભાઈ જોટાણીયા, લાલજીભાઈ કળશીયા, નિવેશભાઈ કોઠારી, નરસાભા માલાણી, મનીષાભાઈ મકવાણા જરૂરત ઈલાજી હતી.

## અમરાઈવાડીમાં વિદ્યાર્થીઓ માટે સ્ટ્રેસ મેનેજમેન્ટ ઉપર લેક્ચરનું આયોજન કરાયું



અમદાવાદ : અમરાઈવાડી વિસ્તારમાં આવેલી શંકર વિદ્યાલય ઉ.મા.શાળામાં ધો. ૧૦ અને ૧૨ના વિદ્યાર્થીઓ માટે સ્ટ્રેસ મેનેજમેન્ટ ટોપિક ઉપર એક લેક્ચર આયોજન કરાયો. જેમાં સ્ટ્રેસ કઈ રીતે મેનેજ કરવો અને ભણવામાં અંગતજીવનમાં ઉપયોગી એવી વિષય પર ચર્ચા કરવામાં આવી હતી.

## બોટાદમાં આજે હૃદય, કેન્સર, મૂત્રમાર્ગ, હાડકા, મણકાનો ફ્રી મેડિકલ કેમ્પ યોજાશે

બોટાદ

જાયન્ટ્સ ગ્રુપ ઓફ બોટાદ અને જીસીએસ હોસ્પિટલ, અમદાવાદના સૌજન્યથી ડોક્ટરો દ્વારા ફ્રી મેડિકલ કેમ્પ તા. ૨૧/૫ ને બુધવાર ના રોજ સવારે ૧૦ થી ૧ કલાકે , નાઈટ શેલ્ટર હોમ, જ્યોતિષામ સર્કલ, નવ નાળા, બોટાદ ખાતે યોજાશે. કેમ્પમાં કેન્સરના રોગો, મૂત્ર માર્ગના રોગો અને હાડકા-મણકાના રોગોની ફ્રી તપાસ તેમજ આયુષ્યમાન કાર્ડ અંતર્ગત મફત (ઘૂંટણ) રિયલેસમેન્ટની સર્જરી અમદાવાદ ખાતે કરવામાં આવશે. કેમ્પમાંથી આવનાર દર્દીઓને મફત એક્સ-રે , ઈસીજી અને સોનોગ્રાફી અને લોહીની તપાસ, બ્લડ સુગર અને યુરિન ની તપાસ કરવામાં આવશે.



## માવકાર લાર્કિંગ ક્લબના સહયોગથી સભ્યો સ્ટેટનું આયોજન કરવામાં આવ્યું હતું.



વિંજોલના સંકટ મોચન હનુમાન મંદિર ખાતે શક્તિપીઠ સે આશ્રમ ટ્રસ્ટ દ્વારા જીસીએસ હોસ્પિટલના સહયોગ સાથે આયોજીત આયોજન કરવામાં આવ્યું હતું.

## Training & Continuous Nursing Education

The faculty of GCS School & College of Nursing organized various training programs to enhance the skills of both students and staff. Sessions included ACLS and BLS training for all nursing students, prevention of needle stick injuries for first-year students, and workshops on self-defence and gender sensitization. Students were also introduced to telehealth and virtual care, expansions of specialized nursing roles, holistic care practices, and simulation-based learning. Additionally, a fire safety training session was conducted by the Safety Officer of GCSMCH to ensure preparedness in emergency situations.



## Community, Rural & Urban Health Services

Our students gained valuable community exposure through active participation in rural and urban health programs. They engaged in family surveys, school health programs, physical health assessments, health education, and the treatment of minor illnesses at Saijpur Bogha Urban Health Centre and PHC Dabhoda. Educational activities included role plays on anaemia prevention, health talks on malnutrition, vaccination drives, and awareness campaigns on tuberculosis and vector-borne diseases. Students also contributed their services in the National Pulse Polio Programme, reinforcing their role as responsible healthcare professionals.

## Educational Visits

To broaden their knowledge beyond classrooms, students visited several institutes and community centers. These included Vasant Nature Cure Centre, Jivan Sandhya Old Age Home, Pulkit School, Kanoria Centre for Medical Education, and Amul Dairy. Each visit provided students with practical insights into diverse areas of health and community care, ranging from geriatric and alternative therapies to child health and industrial hygiene.





## Events & Activities

Students and faculty actively took part in a wide range of activities during this period. They attended the Foundation Day of the Mental Hospital, participated in the “Sundays on Cycle” event at Sabarmati Riverfront, and showed strong involvement in awareness initiatives such as World Tuberculosis Day, World No Tobacco Day, and International Yoga Day. On campus, students celebrated occasions like Group Day, Theme Day, and Traditional Day, which added vibrancy to the college environment.

## Graduation & Lamp Lighting Ceremony

The Graduation Ceremony of the B.Sc. Nursing and GNM batches at GCS School & College of Nursing was a grand and memorable occasion. The event was graced by Chief Guest Shri Kshitish Madanmohan, Secretary & Trustee, GCS, along with the Guests of Honour – Dr. Pragnaben Dabhi, Registrar, Gujarat Nursing Council; Shri Deevyesh Radia, Secretary, GCS; and Shri Bipin M. Shah, Treasurer, GCS. The ceremony was further dignified by the presence of eminent personalities including Dr. Kirti M. Patel, Director, GCS; Dr. Jagdish Khoyani, Chief Operating Officer; Dr. Yogendra Modi, Dean, GCS Medical College; Mr. Jayesh Jain, Principal, GCS Nursing College; Dr. Hina Chhanwal, Medical Superintendent; and Ms. Sonal Prajapati, Nursing Superintendent. Their encouragement and blessings inspired the graduating students as they stepped into the professional world. The Lamp Lighting & Oath Ceremony was held with equal pride and reverence, marking the formal initiation of new GNM and B.Sc. Nursing students into the noble profession of nursing. The ceremony was honored by Chief Guest Shri Kshitish Madanmohan, General Secretary & Trustee, Gujarat Cancer Society, accompanied by Dr. Kirti M. Patel – Director, GCS Medical College Hospital & Research Center; Dr. Jagdish Khoyani – COO, Gujarat Cancer Society; Dr. Yogendra S. Modi – Dean, GCS Medical College Hospital & Research Center; and Mr. Jayesh Jain – Principal, GCS School & College of Nursing. With lit candles and heartfelt oaths, the students pledged their commitment to compassion, service, and excellence in nursing, symbolizing their proud entry into the world of care and dedication.



## Health Awareness Lecture: Cardiac Rehabilitation The Beat Goes On

GCS Physiotherapy College organized an impactful Health Awareness Lecture focusing on the importance of cardiac rehabilitation, lifestyle modifications, and preventive care.

The session featured insightful talks by eminent speakers – Dr. Zeeshan Mansuri (Cardiologist), Dr. Parth Vaghela (CTVS), Dr. Atman Parikh (Assistant Professor, Psychiatry), Ms. Anjali Bhishe (Principal, Physiotherapy College), and Ms. Vidhiben Dave (Dietitian).

The program concluded with a skit performance by students, creatively highlighting key health messages. The interactive event was highly appreciated by students, faculty, and participants.



## Celebrating Excellence!

GCS Physiotherapy College proudly congratulates Dr. Vaibhavi Prashantbhai Soni for her outstanding achievement.

She secured 1st Rank in MPT (Orthopedic Disorders) and was honored with the Gold Medal at the Gujarat University Convocation, in the presence of esteemed dignitaries.

This proud moment reflects the academic brilliance, commitment, and excellence of our students and faculty.

Heartfelt congratulations to Dr. Vaibhavi and best wishes for continued success!

## GCRI Updates

### Palliative Medicine Department

Training conducted on the medical use of Essential Narcotic Drugs for doctors across Gujarat.

Dr. Priti Sanghavi elected to IAPC Executive Committee (West Zone).

Dr. Lekha Raval bagged the Silver Medal in Young Scientist Award.

Dr. Ravi Umrania won Gold Medal (Family Medicine Quiz) & secured 3rd Rank (Rheumatology Quiz).

### Anaesthesiology Department

Organized workshops on ABG Analysis, Segmental Spinal Anaesthesia & Central Line Care.

Dr. Dhvani Sarthak Soni awarded the IDCCM at National CRITICON.

Dr. Varun Arora achieved 1st Rank in BCLS training.

### Oncology Department

Community & Gynecology Oncology: CME on Cervical Cancer Prevention – highlighting screening & HPV vaccination.

Medical Oncology & Pathology: CME on HER2 across Tumors with international expert insights.

Surgical Oncology: CME on PICC PORT vascular access with global faculty.

Community Oncology: World Cancer Day celebrated with 450 survivors, inspiring stories & symbolic unity.

### Events & Initiatives

International Women's Day: Cybercrime & AI awareness session.

World Blood Donation Day: Two camps organized, 77 blood units collected.

Nursing Staff Drive: 21 nurses donated blood on International Nurses Day.

Earth Day: Tree plantation drive to promote eco-consciousness.

Ram Navmi: Spiritual gathering with Sunderkand Path.

### Special Lecture

Dr. Bijal M. Patel delivered a lecture on Cervical Cancer Awareness at Nirma University.

### Winners' Corner

#### Young Scientist Medal (Hospital Week)

##### Clinical Departments

##### Gold Medal

Dr. Radha Gupta (Gynecologic Oncology)

##### Silver Medal

Dr. Lekha Raval (Palliative Medicine)

##### Bronze Medal

Dr. Nandlal Bharwani (Ortho Oncology)

##### Cancer Biology Departments:

##### Gold Medal

Ms. Anisha Sharma (Immunohematology Lab)

##### Silver Medal

Ms. Trushika Kapadia (MDR Lab-2)

##### Bronze Medal

Ms. Shana Laliwala (MDR Lab-3)

### Research & Academic Achievements

#### Best Oral Presentation

Ms. Dhruva Trivedi (Glioma Precision Medicine).

#### Young Scientist Award

Dr. Krishna Barad (Cancer Biology).

#### 3rd Prize – Poster Presentation

Ms. Nidhi Patel (Biotechnology).

#### Best Poster Presentation

Ms. Sejol Nayak (NGS in Astrocytoma).

#### 2nd Prize – Paper Presentation

Dr. Hiral Lad (Radiotherapy).



Worth a Read



The Miracle  
Morning  
Hal Elrod

# Touching Lives, Building Awareness

## Festival Celebrations

**Kite Festival:** Children with cancer enjoyed kite flying, food, games, and fun with kites carrying the message "Cancer Can Be Cured."

**Fun Fair:** Staff celebrated with games, food, and entertainment.

## Awareness Programs

**Patient Interaction & Counseling:** Sessions with cancer patients boosted morale and positivity.

**Women's Awareness:** Neeru Foundation visit and Sonal's Yoga Center sessions focused on cancers in women and early detection.

**Community & ASHA Worker Programs:** Awareness drives in villages, Behrampur, and Ambawadi centres on breast, cervical, and common cancers.

**POSH Training:** Staff oriented on workplace safety and rights.

## Special Day Celebrations

**World Cancer Day:** Drawing competition, nursing students' exhibition (United by Unique), and drama performances.

**International Women's Day:** Yoga session, cancer awareness talks, and free health coupons for female staff.

**World Health Day:** Families of children with cancer guided on healthy lifestyle.

**World No Tobacco Day:** Free oral screening camp and awareness talks.

**World Yoga Day:** Yoga, pranayama, and awareness on cancer screening.

**World Environment Day:** Tree plantation drive; Green Yodha initiative promoted eco-awareness.

## Medical Camps

Multiple free medical camps at Vasna, Shyamal, Shomeswar Nagar, and nearby villages benefitted hundreds with health check-ups and cancer awareness.



## Puzzle Play : Challenge your mind, one square at a time!

### How to play Find The Tens:

Some numbers in this puzzle will make a total of 10 when you add them up.

The numbers must be connected horizontally, vertically or diagonally.

The connected numbers must be in one straight line.

### How many 10's can you find?

1	2	9	3	2	1	8	2	8	5
8	8	1	2	1	3	1	3	9	3
4	3	2	4	5	3	6	4	4	5
6	8	3	5	9	5	1	6	7	7
5	5	7	6	10		6	1	9	7
4	4	2	6	10		7	5	6	2
6	9	2	9	7	4	3	6	5	3
8	8	9	4	8	5	6	7	9	5
2	3	7	9	9	2	2	3	1	1
6	5	7	5	8	7	4	1	6	6

**Submit your answers before November 15, 2025 on**

WhatsApp to +91 99798 49537 in this format:

1. Your Name 2. Department 3. Contact Number.

Lucky winners will be awarded!

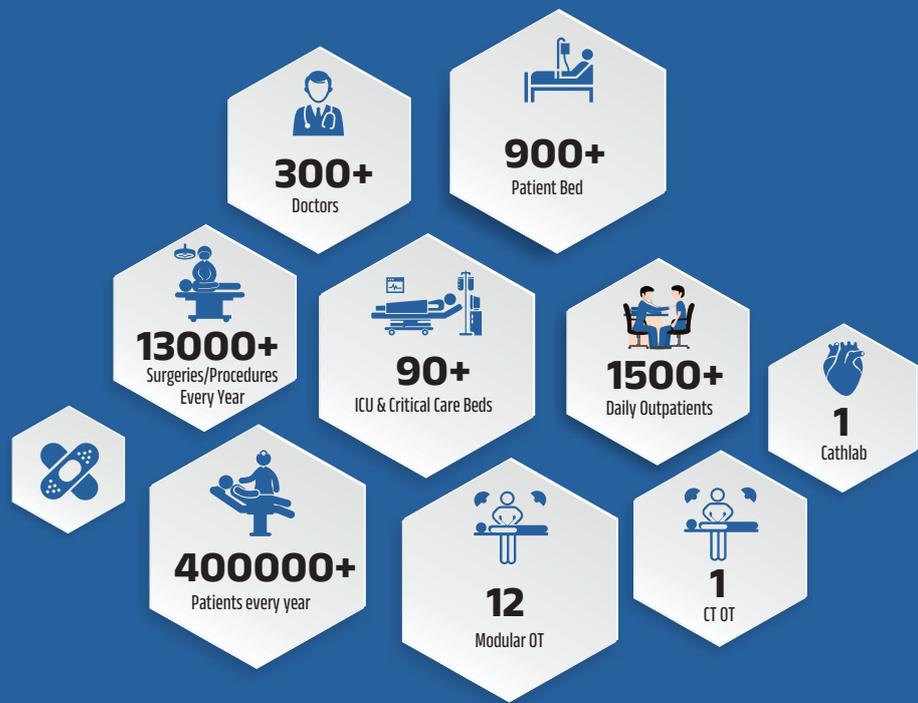


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### GENERAL SPECIALITIES:

- Anesthesia
- Dentistry
- Dermatology (Skin & V.D)
- Emergency Medicine
- Ear, Nose & Throat (ENT)
- General Medicine
- General Surgery
- Gynaecology & Obstetrics
- Maxillo-Facial Surgery
- Ophthalmology
- Orthopaedics & Joint Replacement

### SUPER SPECIALITIES:

- Cardiology
- Cardiothoracic Surgery
- Endocrinology
- Gastroenterology
- Gastrointestinal Surgery
- Interventional Radiology
- Medical & Surgical Oncology
- Nephrology & Kidney Transplant
- Neurology & Neuro Surgery
- Ortho-Dentistry
- Paediatric Dentistry
- Paediatric Neurology
- Paediatric Surgery
- Plastic, Cosmetic & Reconstructive Surgery
- Rheumatology

### CLINICAL SERVICES

- Intensive Care Unit - PICU NICU, ICCU, SICU
- Endoscopy
- Dialysis
- Cathlab
- Physiotherapy
- Dietetics

### 24X7 SERVICES

- Emergency
- Ambulance
- Radiology Services
- Laboratory Services
- Blood Centre
- Indoor Pharmacy

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# GCS Medical College Hospital & Research Centre

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