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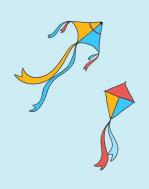
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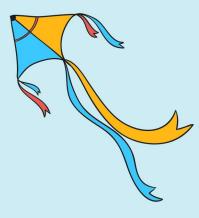
## **TEAM AOGS MESSAGE**

### **TEAM AOGS MESSAGE**



Dr. Hemant Bhatt President







Dr. Jignesh Deliwala Hon. Secretary

Respected Seniors & Dear Colleagues,



Recently we enjoyed two great festivals: one our Diwali & Bestu Varsh second our festival of Democracy: Gujarat elections. With all flavors in mind, we enjoyed thrilling moments in both festivals, particularly more in second festival! During those days, we also enjoyed wonderful academic seasons also: The conference on Critical care in Obstetrics & International conference of Ultrasonography. Both were great academic experiences for all attending delegates. There was an overwhelming response to both big conferences, although they were arranged back to back, due to tight schedule.

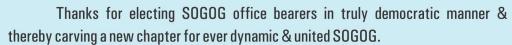


Now we are going to organize the SOGOG Annual Conference in partnership with Mehsana OB-GYN Society on 5th, 6th & 7th January. We expect an enthusiastic response from all our AOGS members We have carefully crafted the scientific programme for this conference, which can be very useful in our routine clinical practice. Our AOGS / SOGOG oration has been awarded to Dr.Dipak Limbachia. Kindly come & listen the SAGA of this great Endoscopist with his marvellous video presentation. The heart throb of delegates during AICOG-2017, OSMAN MIR is back. He is going to perform during our SOGOG Annual conference. Kindly come & enjoy the Saturday night of conference, on 6th January.





We are planning heritage walk of old city next month. We are also planning one academic programme at one of the old Havelis of walled city.



Wishing you all the great year ahead in every respect & very happy UTTARAYAN.

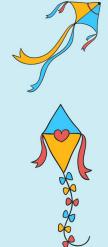


### **New Year Song**

क्षणं प्रतिक्षणं यन्नवं नवम्। तच्च सुन्दरं सच तच्छिवम्। वर्षनूतनं ते शुभं मुदम्। उत्तरोत्तरं भवतु सिद्धिदम्॥

That which is ever new and fresh, that alone is Good, Real and Beautiful.

May this New Year bring you greater and greater goodness, happiness and success.



# CME: 13 - RHEUMATOLOGY-GYNECOLOGY DATE: 29 - 10 - 2017



# CME ON AUB DATE: 05-11-2017 AT HOTEL HYATT VASTRAPUR



### INTERNATIONAL CONFERENCE ON ULTRA-SOUND 2017 DATE: 24,25,26 - 11 - 2017

























































# **DILE OF 2** by Dr. Prashant Acharya PARAS ADVANCED CENTRE FOR FETAL MEDICINE



Dr. Prashant Acharya MD, FICOG

Dr/ Ashini Acharya MD

Risk Priori & Corrected Final Risk

#### **ANOMALY SCREENING ANEUPLOIDY SCREENING SOFT MARKERS** A. Fetal Biometry B. Targeted Fetal anomaly scan Head Nuchal Fold **FETAL BIOMETRY** Lateral Ventricle **Bones** Femur Head BPD Nasal Bone OFD/HC to Calculate HC Abdomen **Echogenic Bowel** Long Bones Femur Length **Pyelectesis Humerus Length** CVS Echogenic Lntracardiac Focus Aberrant Right Subclavian Artery Abdomen **APTD** TTD/AC to calculate AC (Ellipse) **RISK FIGURES**

### **TARGETED FETAL ANOMALY SCANNING**

FETAL HEAD	FETAL GROWTH ASSESSMENT
Brain : Trans Ventricular Plain	2 Landmarks
2 Landmarks CSP Midline Falx	AC EFW
	2 Vessel Doppler for Basic Evaluation
2 meas for biometry BPD OFD	Umbilical ART Mid. Cere ART
2 meas for brain lateral ventricle ant post hom	
Trans Cerebellar Plain	2 Vessel Doppler for Decision Making
2 landmarks CSP Midline	Aortic Arch Ductus Venosus
2 measurements TCD CM	
Face:	2 Uterine Art for Diagnosis of FGR
2 Plains - Profile and PMT	FETAL ENVIRONMENT
2 Orbits 2 Lips 2 bony structure palate & mandible	Placenta:
FETAL THORAX	Location Thickness
2 organs Lungs & Heart	
2 Views Transverse & sagittal	Liquor Assessment :
2 Transverse view 4ch & 3vv	Qualitative Qualitative
FETAL SPINE	Eyeballing AFI Single Largest Pocke MVP
2 Plains	Single Largest Pocke MVP
Transverse & Satittal / Coronal	
FETAL LIMBS	
	ones
2 Upper limbs with 2 segments of upp. limb with 2 sets of boundary 2 Lower limbs with 2 segments of limn with 2 sets of bones	
2 Open hands with fingures	
2 Feet for CTEV	
FETAL ABDOMEN	
2 Tr. Plains at AC & level of umbilicus	
2 Landmarks of AC middle 1/3 of port, vein & stomach	
2 Umb. Art at tr.sec of cord & side of bladder	I la la della co
2 Kidneys for GUT evaluation Tr. section of kidneys and full	Diadder
FETAL HEART	
2 methods for situs clockwise/anticlockwise & Draw a Doll of	on Hand
2 Sections for situs & axis confirmation AC & 4CH view	
2 Tr. Sections for cardiac evaluation 4CH & 3VV vies	
2 Outflow Tract LVOT & RVOT	
2 Arches Aortic Arch & Ductal Arch	
2 Venous Channels RA Hammock view & LA for 2 Pul.veins	S
2 New modalities in fetal echo STIC & HD Flow	
Seen by :	Approved by : Dr. Prashant Acharva

# PARAS ADVANCED CENTRE FOR FETAL MEDICINE



www.drprashantacharya.com | www.parasfetalmedicine.com

FETAL BIOMETRY - 5 POINTS	SOFT MARKER EVALUATION - 5 POINT

CRL

**BPD** 

HC

AC

FL

Nuchal Translucency

NB

DV

FMF angle

TR

#### EARLY FETAL ANOMALY SCANNING

#### FETAL HEAD

Brain - 2 planes

Trans ventricular plane - Butterfly sign

Mid brain - Aqueduct plane

Face-2 planes

Profile - Mid saggital view

PMT

2 Orbits, 2 Lips, 2 bony structures (Palate and Mandible)

#### FETAL LIMB

2 Upper limbs, with 2 segments with 2 sets of bones

2 Lower limbs, with 2 segments with 2 sets of bones

2 open hands with fingers

2 feet with fingers and CTEV

#### FETAL GESTATIONAL AGE

2 methods - LMP and CRL

#### FETAL THORAX

2 organs - Heart & Lungs

2 planes - 4 CH and 3VTV

#### DOPPLER EXAMINATION

DV

2 Uterine artery

#### FETAL SPINE

2 planes

Transverse & Saggital

#### FETAL ENVIRONMENT

Cervical length

Placenta

#### FETAL ABDOMEN

2 Transverse planes

AC and Cord insertion at Umbilicus

2 Umbilical arteries at Side of bladder & cord insertion

2 kidneys

2 Sagittal plane - Mid sagittal for cord insertion and Left para sagittal plane for Lexus sign

#### RISK ASSESSMENT

Aneuploidy Risk: Risk a priori and Adjusted Final Risk

Preterm birth risk prediction

FGR and Preeclampsia risk prediction

Dr. Ashini Acharya MD

Dr. Prashant Acharya MD, FICOG

Seen by: .

Approved by : Dr. Prashant Acharya

### A Review of Natural Galactagogue: Moringa Oleifera

Compiled By: Prof R.B Mishra, Ex. Director of Alternative Medicine, Rajasthan

#### Introduction:

Breast-feeding provides optimal nutrition to newborns and infants, along with immune support and a host of lifelong health benefits to mother and child.

The purpose of this review is to describe the current evidence on herbal galactagogues.

Moringa leaves are a natural galactagogue - a substance that promotes or increases the flow of a mother's milk. It has been used since ancient times to boost breast milk supply as well as providing a source of nourishment for babies and mums alike.

#### Risk factors for delayed onset of lactogenesis:

- Primiparity
- High body mass index
- Caesarean section
- Stress during labour
- Prolonged labour
- Mammary hypoplasia
- Use of analgesics during labour
- Family history of alcohol dependence and obesity (can inhibit the prolactin response required for milk production immediately postpartum)

Moringa oleifera is arguably the world's most nutritious plant and is also claimed to have a number of medicinal properties. While evidence has shown Moringa oleifera leaves help increase milk supply, we now also have clinical studies also backing up the claim. In fact, over the last 20 years a number of clinical studies have been conducted. In 2013, The Philippines Journal of Pediatrics published a report, which reviewed the findings of five scientific studies examining Moringa and its impact on breast milk supply.

#### **Effects on Lactation and Breast milk:**

Mothers who delivered an infant before week 37 of gestation were randomized to receive commercial capsules containing Moringa oleifera leaves 250 mg (n = 31) or identical placebo capsules containing flour (n = 37) twice daily from day 3 postpartum. Mothers were given instruction on using a breast pump] then pumped their breasts every 4 hours and recorded the volume of milk produced from days 3 to 5. At baseline, control mothers collected a much lower volume of milk than mothers in the treatment group had a greater increase in milk volume on day 4 (67% vs 42%) and day 5 (180% vs 38%) than mothers in the placebo group. Milk volumes on day 5 were 320 mL in the treatment group and 120 mL in the control group.

A study presented, 40 mothers with infants less than 37 weeks of gestation and producing less than 100 mL of milk on day 2 postpartum. Mothers were randomized to receive unspecified doses of domperidone, metoclopramide, Moringa oleifera powder, or placebo. Mothers used a breast pump to collect milk at unspecified intervals and serum prolactin was measured on days 3, 7 and 14 postpartum. Baseline milk production was equivalent among the groups. On days 7 and 14, milk volumes in all of the treatment groups were greater than in the placebo group.

#### Moringa Proven to Increase Milk Supply:

Moringa oleifera leaves increase milk production on postpartum days 4 to 5 among mothers who were given natural galactagogues. Two randomized controlled also showed an increase in the weight of the infant when the mother took Moringa capsules. One clinical trial that was part of the larger study showed amazing results. In fact, it was published that breast milk volume increased 28-32% by day 3, 51-58% by day 4, and 152-176% by day 5.

Other studies showed that when mothers took 250-350 mg capsule twice per day, they had significantly increased volumes of milk production as well as increased baby weights.

Although more milk was produced by mothers receiving treatment than those receiving placebo (mean milk production was  $395.9 \pm 36.3$  mL in the treatment group compared to  $150.8 \pm 16.5$  mL in the control group on the last the day of treatment. In the latter study, women in the treatment group had significantly higher levels of prolactin in the 48 hours after delivery than women in the placebo group, and babies in the treatment group weighed significantly more than those in the placebo group at 4 months. Fenugreek seeds 3 times daily for 1 month did not show a significant difference in milk production compared with the placebo group. Moringa oleifera is a multipurpose plant used in Ghana and most parts of Africa. Its high mineral, protein, and vitamins content.

#### SAFETY:

have enabled its use as a nutraceutical and panacea for various diseases. This study aimed at measuring the micro- and macroelements content of dried Moringa oleifera leaves using energy dispersive X-ray fluorescence spectroscopic (EDXRF) and assessing its toxicological effect in rats.

Acute toxicity (5000 mg/kg) and a subacute toxicity studies of the leaf (40 mg/kg to 1000 mg/kg) extract were conducted in rats. Blood samples were assessed for biochemical and haematological parameters. Results showed significant levels of thirty-five (35) elements (14 macroelements and 21 microelements) in M. oleifera extract. There were no observed overt adverse reactions in the acute and subacute studies. Moringa oleifera dried leaf extract, therefore, be reasonably safe for consumption. However, the consumption of Moringa oleifera leaves should not exceed a maximum of 70 grams per day to prevent cumulative toxicity of these essential elements over long periods.



**AOGS CONVEYS** 

Hearty Congratulations
to

Dr. M.C. Patel & Dr. Haresh Doshi

for being elected as Vice presidents of FOGSI for yr.2018 & 2019 respectively.

Internationally Accepted Natural Galactogogue

# MORIM

(MORINGA OLEIFERA - 250 MG + ASPARAGUS RACEMOSUS - 500 MG)



#### **MORINGA EVIDENCE:**

- 250 350 Mg twice per day, had significantly increased volumes of milk production as well as increased baby weight.
- Breast milk volume increased 28-32% by day 3, 51-58% by day 4,
- and 152-176% by day 5. •Raguindin, P.F., et al. "Moringa oleifera as a Galactagogue. "Breastfeeding Medicine 9,6 (2014): 323-324. •Almirante, C., & Lim, C. (1996). Effectiveness of Natalac Galactagogue. Journal of Phil Med Assoc., 71(2), 272.

MORINGA+SHATAVARI













Developed by: Vivez Bioscience (Subsidiary of ORIGIN INDIA LLC, Atlanta, USA) Customer Care: 09723747213 For Detail Scientific Information **Contact Medico Marketing Team:** NIKITA - 079-40393351 Email @ pmt.heliosastris@gmail.com

### **OBITUARY**



DR. JYOTIBEN PARIKH B.D.05.07.1928 Ex.D.18.12.2017

DR. JYOTIBEN PARIKH **AOGS PAYS HOMAGE TO** LEGENDARY SENIOR GYNAECOLOGIST DR. JYOTIBEN PARIKH. - SHE CONTRIBUTED **ACTIVELY IN AOGS ACTIVITIES** WITH GREAT DEXTERITY & ENTHUSIASM, ESPECIALLY **DURING AICOG - 1963 & 1986** ORGANISED AT AHMEDABAD

### **AOGS CONVEYS** learty bongratulations



DR. PRADYUMAN VAJA

DR. PRADYUMAN VAJA FOR BEING NOMINATED BY GOVT. OF INDIA **AS A MEMBER OF CENTRAL** SUPERIVISORY BOARD UNDER PC-PNDT ACT. **AN ACTIVE MEMBER OF AOGS** SERVED AS JOINT DIRECTOR HEALTH IN

**GUJARAT GOVT.** & DEDICATED TO SERVICE TO THE NATION UNDER NMO.





DR. DIPAK LIMBACHIYA
M.D., D.G.O., Endoscopy Specialist
Specialist in Advanced LAP Gynaec Surgeries &
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### All India Fertility & IVF Ranking Survey - 2018

## **HAT TRICK!**

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2nd ALLINDIA

→ Kolkata Institute
Emerging Institute
in 2018

## THE TIMES OF INDIA

(i3RCinsights Survey)

Dr. Falguni Bavishi M.D. Dr. Himanshu Bavishi M.D.

→ Mumbai Institute
Mumbai: 3<sup>rd</sup>

→ Delhi Institute

Delhi NCR: 7<sup>th</sup> Northern India: 10<sup>th</sup>

Western India: 6th



Dr. Janki Bavishi M.S. Dr. Parth Bavishi M.D.

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