




# HEALTH SHOTS

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## 10 Addressing Secondary Infertility

Why do some couples who conceived naturally the first time, find it difficult to do so for their next child?

## 06 Not So Sweet!

Gestational diabetes brings on risks for both mom and baby – not just during the pregnancy but in the long term as well.





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# Editor's Note



## Dear Readers,

Almost every day, I am a happy witness to the cycles of pregnancy and giving birth. In fact, I chose this field of fertility and obstetrics just so I could be on the frontline of one of nature's greatest miracles.

One of the most important things I tell expecting couples is that everything (literally everything) they do will impact their baby in some way or another. Of course, this wisdom has been passed down to us through generations, but it is something that needs reminding, especially given how fast-paced life has become. Problems like obesity, diabetes and hypertension, which were once seen in older people are now affecting younger people - and in greater numbers, year on year.

It is of particular concern that more and more women are facing these problems during their pregnancy - as they affect the progress of the pregnancy, the growth and development of the baby, and the long-term health of the child as well.

As parents, it is our responsibility to not just provide the best we can, but also set the right example for our children - right from the time we conceive them. Be it an effort to eat more mindfully, set right our sleep patterns, cut back on screen time, spend more time in nature, engage in more physical activity or bring in any one habit that can move us towards better health, it is well worth it.

Not just because it will benefit us in the near term - but because we will create a legacy of good habits that our children will follow. ♦

## Dr. Kavitha Gautham

*Managing Director, BloomLife Hospital Pvt. Ltd.*

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*We want to hear from you! Please keep sending your feedback, suggestions and questions to [info@bloomhealthcare.in](mailto:info@bloomhealthcare.in).*



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# Shaken Baby Syndrome



**Dr. D. Balakumaran**

Head of Paediatrics &  
Neonatology  
BloomLife Hospital Pvt. Ltd.

## What Parents Need to Know

*'Shaken baby syndrome' occurs when a baby suffers serious brain injuries from being shaken forcefully. We look into why it is relevant for parents today, and the indicative symptoms which may require immediate attention.*

The term 'shaken baby syndrome' is used when a baby (less than five years of age) suffers a severe injury to the brain from being shaken very hard and forcefully. Some other terms used are 'abusive head trauma', 'shaken impact syndrome', or 'whiplash shaken infant syndrome'. It can result in long-term brain damage to the baby, and may even prove fatal.

With proliferation of information via the Internet and social media, a lot of parents have picked up on this condition, and I have often been asked to clarify if they should refrain from rocking their baby while playing with her/him to avoid this issue.

**So, one of the things we should understand is that shaken baby syndrome can occur only when the baby is shaken very hard – forcefully and repeatedly.** It usually indicates that a person has abused the baby on purpose, or that the person might be mentally imbalanced and unaware of the damage they are causing. Regular play, rocking a baby or passing them from one person to another cannot result in shaken baby syndrome.

However, it is important for parents to be aware of this condition and its indicative symptoms, as babies are not always left in the safe care of family members at all times. Today, our families have become much smaller, and we often see that both partners are working – so, they have to look for daycare or caretaker options to look after their child during the day. This is usually the case around six months after giving birth, when the maternity leave is up.

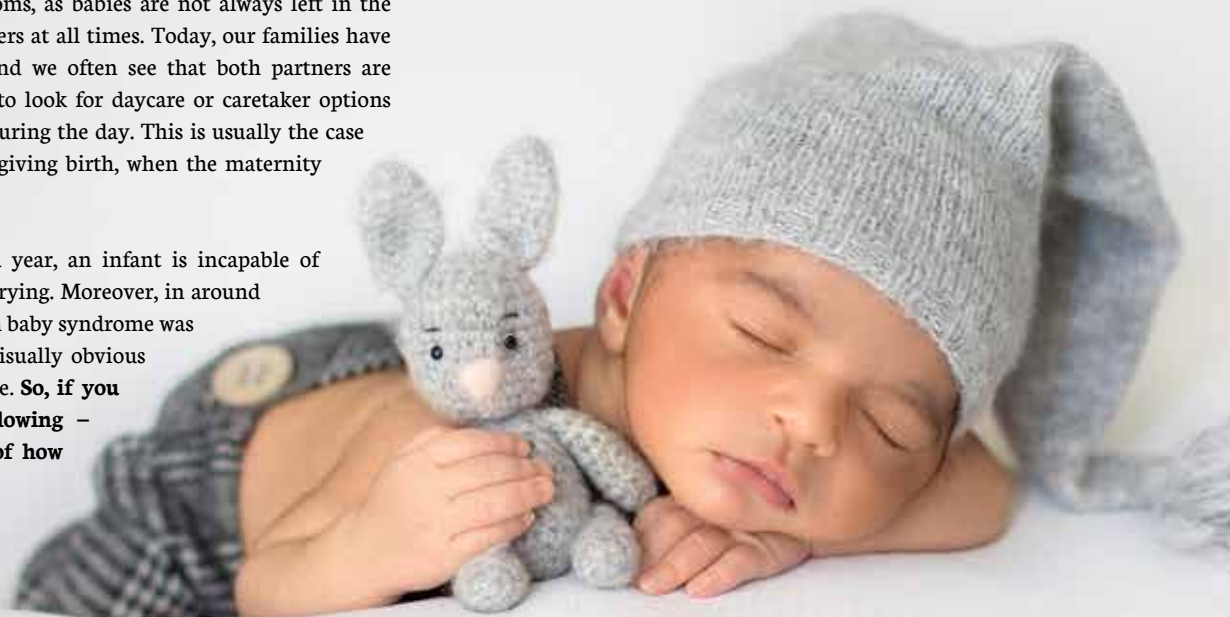
At six months to even a year, an infant is incapable of expressing itself beyond crying. Moreover, in around 90% of cases where shaken baby syndrome was detected, there were no visually obvious signs of abrasions or abuse. **So, if you observe any of the following – even if you are unsure of how**

**serious the situation might be – take your baby immediately to your paediatrician.**

- If you observe that your baby seems suddenly, unusually dull
- If your baby is experiencing random vomiting episodes
- If your baby seems to be crying excessively and continuously or is extremely cranky
- If your baby is refusing to eat
- If your baby is suddenly experiencing seizures

**The important thing after you get to the hospital is to tell your paediatrician clearly and in detail what happened through the day, up to and after the point when you made your observations.**

Parents tend to feel guilty and anxious when their child is hurt, and fear that they might be labelled as being less attentive and watchful. This is not true at all – I am a parent myself, and I fully understand the emotional tumult parents go through. The important thing is to get the needed medical attention at the earliest so that we can help minimise the damage and kickstart the healing. ♦





**Dr. Kavitha Gautham**

Senior Consultant – Reproductive Medicine  
& High Risk Obstetrics  
BloomLife Hospital Pvt. Ltd.

# Not So Sweet

## Risks of Gestational Diabetes

*From premature delivery to birth defects to long-term health conditions, the risks of gestational diabetes are many. Early detection through blood tests and dietary management is crucial to mitigate these risks, ensuring healthier outcomes for both mother and baby.*

**I**n India, approximately 7% to 8% of pregnant women have gestational diabetes. This translates to around 5 million pregnant women who have this condition every year. If you think about it, it is a huge number because it has consequences not just in the immediate future but also in the long-term. What is even more worrying is that the number of mothers who are contracting gestational diabetes is increasing each year.

The term 'gestational diabetes' means that a woman develops diabetes during pregnancy, even if she was not diabetic before she became pregnant. Gestational diabetes may be caused by several factors, including a familial history of diabetes, poor eating habits and obesity, and possible leanings towards the condition before the mother becomes pregnant.

While it may not initially show up (due to lack of obvious symptoms), it is a condition that needs to be checked for and addressed at the earliest, as it can pose several risks for both mother and baby.

### **Risks Arising from Gestational Diabetes**

One of the biggest risk factors of uncontrolled sugar levels during pregnancy is the possibility of birth defects for the baby, particularly neurological developmental defects and cardiovascular defects. Moreover, the baby's blood flow may be affected, thereby causing the baby to grow very big. In fact, when we hear of big babies, weighing 3.5 kg or 4 kg, we tend to wonder if the mother had gestational diabetes. When a baby is too big, it can cause intrauterine growth restriction. Due to this, we may face complications during the delivery

time, so such babies are usually delivered via C-section. Even so, the baby may face breathing difficulties due to respiratory distress.

Another risk factor to look out for is polyhydramnios or the buildup of increased amniotic fluid (the fluid that surrounds the baby in the uterus) during pregnancy. This condition is associated with risks such as premature delivery, water breaking early, umbilical cord prolapse, placental abruption, or bleeding.

Other risk factors include the possibility of the baby contracting neonatal jaundice, hypothermia or polycythemia (change in the blood cells) after birth.

The following is one of the most important aspects: Since the mother is diabetic, the baby will also be diabetic through the gestation period, and both their sugar levels will be very high. So, we have to start monitoring the baby's sugar levels almost immediately after the birth and keep them under control. Furthermore, babies that are born with diabetes indicators may frequently experience hypoglycemia (a drop in sugar levels), so maintaining a proper feeding routine becomes crucial.

### Testing and Remedial Actions

Immediately upon confirming pregnancy, we do a fasting blood test for the mother-to-be. If the blood test result is more than 92, we start to monitor their health. The first and most important step is to put the mother on a strict low-carb and high-protein diet to control the blood sugar levels. This is important if we detect the possibility of gestational diabetes in the first trimester itself, so that we can keep the blood sugar levels stable, and ensure a continuous supply of essential nutrients for the baby's growth and development.

If the first fasting blood test results are normal, another test is done around 24 to 26 weeks. This is the Glucose Tolerance Test or GTT, wherein we give the woman 75 grams of glucose and then check her body's response. If the values in these tests are slightly higher or on the borderline, we implement a strict diet restriction. In cases where the values are clearly elevated, the woman may be given some medication to bring the sugar level under control.

Overall, our aim is to ensure a safe, healthy pregnancy and delivery – and it is imperative that we all (doctors, parents-to-be and family members) work together to achieve this. ♦





# Ten ‘NOS’ for Healthy Pregnancy

**Shweta R.**  
Clinical Dietitian,  
BloomLife Hospital Pvt. Ltd.

*As a pregnant mother, what you eat on a daily basis can influence not just your baby's growth in the womb, but also their long-term health. We touch on some key things you should avoid to ensure better health through your pregnancy and after your delivery as well.*

Research shows that a mother's blood sugar levels during pregnancy can affect the child's long-term health, including their risk of obesity, type 2 diabetes, and heart disease later in life. Hence, it is essential that mothers who are diabetic before pregnancy, or who are diagnosed with gestational diabetes follow a suitable diet plan to benefit themselves and their baby.

However, in doing so, there are some common mistakes that can make matters worse! So, here are 10 things you must avoid or look out for, to ensure a healthy pregnancy.

1. **You are NOT eating for two:** Most pregnant women only need an extra 300 calories per day in the second and third trimesters – (i.e.) a small, healthy snack.
2. **Do NOT add ground coconut to food:** Too much coconut intake can pile on calories and saturated fats, and impact blood sugar regulation. Moreover, ground coconut added to gravies or chutneys can lead to an imbalance in fat and carb intake.
3. **Wheat and ragi dosas are NOT diabetic friendly:** Both options are higher in carbs and lack sufficient protein and fibre to stabilise blood sugar.
4. **Processed millet kanji is NOT healthy:** Yes, millets are healthy grains, but when they are processed into porridge or kanji, they end up having a high glycemic index.
5. **Jaggery or honey are NOT 'safe':** Switching to natural sweeteners instead of using white sugar is not 'safe' or 'helpful' as they will also raise blood sugar.
6. **Fruit with meals? NO!** Combining fruit with a main meal can lead to an overload of carbs, resulting in high blood sugar levels.
7. **Only carbs is NOT a good option:** A meal consisting mostly of rice or bread lacks the protein and fiber needed to slow down digestion and keep blood sugar steady.
8. **Delaying meals does NOT help:** Extended gaps between meals can lead to low blood sugar, followed by a spike when a large meal is consumed, leading to a harmful see-saw effect.
9. **Don't keep changing meal times:** Inconsistent meal times on a regular basis makes blood sugar regulation harder, and may lead to sudden drops or spikes.
10. **Being sedentary is NOT good:** Skipping physical activity can make it difficult to control blood sugar and manage weight during pregnancy. ♦





# Maximising Medicine Effectiveness



**Dr. Aiswarya M. Nair**  
Consultant – General Medicine  
BloomLife Hospital Pvt. Ltd.

*An important aspect of medical prescriptions is ‘bioavailability’ or the science of how medicines are absorbed by the body. We look into what is and why it matters.*

**W**hen you go to a doctor, you might have observed that after asking you some questions and maybe making you take some tests, they will write out a prescription. It might be a list of medicines or supplements with instructions on when and how to take the same – before meals or after meals, specific times of the day, and number of days you have to take them.

Have you wondered as to why there are varied instructions for different medicines? This is because we have to look into the ‘bioavailability’ of a medicine.

## What is ‘Bioavailability’?

Simply explained, the term ‘bioavailability’ refers to the proportion of the medicine that enters the bloodstream and is thereby used by the body for the relevant intended action.

The manner in which a drug is ingested – via injection or intravenous drip, nebuliser or tablet – impacts how much and how well it is ingested by the body. When drugs are administered by injection or intravenous drip, there is 100% bioavailability because they are directly introduced into the bloodstream, thereby bypassing the digestive process. On the other hand, when medications are taken orally as tablets, they must navigate the gastrointestinal (GI) tract, then be metabolised in the liver before entering the bloodstream – which means they lose some of their potency along the way. To maximise absorption and efficacy, the timing and conditions under which drugs are taken can play a crucial role.

## Factors Affecting Absorption of Medicines

Each drug has unique properties, and these properties influence the dosage, frequency, and timing of administration. Doctors look into how the body absorbs, distributes and metabolises drugs, and base their prescription on these guidelines.

**Empty Stomach:** Some drugs, like certain diabetes or thyroid medications, are best taken on an empty stomach. This is because

food can interfere with the drug’s absorption, slowing down its entry into the bloodstream.

**Avoiding Stomach Irritation:** Drugs like painkillers, steroids, and antibiotics can cause stomach irritation or ulcers if taken without food. To minimise the risk of irritation to the gastrointestinal tract, these medications should be taken with food.

**Iron Supplements:** Absorption of iron supplements is optimised when the stomach’s pH is low – which is the case when the stomach is empty. Therefore, the doctor might recommend taking the iron supplement either an hour before or two hours after a meal. Additionally, it is important to avoid taking calcium supplements at the same time, as calcium can interfere with iron absorption.

For a drug to effectively treat a condition while minimising side effects, it’s essential to follow the prescribed dosing schedule. It is also important to relay feedback to the doctor about any adverse effects faced, so that the doctor can monitor and adjust the dosage or medicine itself. Furthermore, if you are already on a routine of prescription drugs, it is best to check with your doctor before taking any over-the-counter medications to avoid complications or adverse effects. ♦



## Addressing Secondary Infertility

# What, Why & More



**Dr. Aravind Ravichandran**

Consultant – Reproductive Medicine & Fertility  
BloomLife Hospital Pvt. Ltd.

*The journey to parenthood is filled with joy and anticipation – even if a couple has already experienced it before. However, for those experiencing secondary infertility, the path can become unexpectedly challenging, as it leaves them vulnerable to hitherto unexperienced challenges. We look into what secondary infertility is, the most common causes, the emotional toll it brings on, and the best way to address this challenge.*

**‘Secondary infertility’** is the term used when a couple has trouble conceiving after having successfully conceived naturally and given birth to a child in the past. It is a condition that is hard to understand and accept, especially if the previous conception was spontaneous. In couples who have had to undergo fertility treatment to conceive the first time, a delay in conception is more openly anticipated. Most people, however, find it hard to come to terms with the fact that having had a previous natural conception does not always guarantee that a couple will get pregnant easily in subsequent attempts.

One common yet insensitive statement which many couples with secondary infertility often hear from relatives or peers is, “At least you have a child!” Without doubt, the couple might



be grateful for the child they already have, but it definitely does not impact or reduce their genuine, rightful longing for going through the wonderful experience again. These couples often feel dearly for a second child, to bring to the world a sibling for the first-born, and in the process experience a deep sense of sorrow, failure and guilt, complicating their parenting outlook. Many couples who have visited our clinic have expressed feeling extremely vulnerable and helpless at this predicament.

### **Rising Incidence of Secondary Infertility**

The incidence of secondary infertility in clinics is rising. As we have observed at Bloomlife Hospital, couples who come for this condition constitute almost 40% of all couples seeking treatment. Although the cause of secondary infertility is challenging to comprehend, the presence of certain clinical factors does influence its incidence. In patients who have had a history of primary infertility, persistence of the same causes that initially posed a difficulty to conceive is common. They include irregularities in ovulation (egg release) observed in polycystic ovary syndrome (PCOS), endometriosis, fallopian tubal blockage, abnormal semen parameters or diminished ovarian reserve.

In a sizable number of couples, however, something is likely to have changed in the interval between their previous child and their

plans to conceive again. One such common but non-modifiable factor is maternal ageing. Women usually have a favourable fertility profile up to their mid-30s. Beyond the age of 35, the egg quality and quantity start to decline, thus causing delays in conception. Undue prolongation of the time interval between the first child and subsequent attempts commonly invites age-related challenges in conception.

Changes in the reproductive organs are also frequently postulated to be a cause for secondary infertility. Changes to the uterus following a cesarean section, development of fibroids in the uterus, fallopian tube blocks or scarring in the uterine lining secondary to pelvic infection or previous uterine instrumentation are some of the identifiable causes of secondary infertility. Some women develop a polyp, which is a non-cancerous growth in the lining of the uterus and can interfere with implantation or cause miscarriages.

Men may have a reduced sperm count and / or motility as they get older. Male ageing has also been found to cause DNA damage in sperms, leading to either miscarriages or repeated failed attempts at conception. Lifestyle changes can also be attributed to declining reproductive health in men and women alike. Abnormal weight gain, lack of physical activity or taking on/continuing smoking or drinking habits are some modifiable factors that commonly fuel secondary infertility.

### **Can We Overcome Secondary Infertility?**

In many couples, diagnostic testing and treatment for the above conditions along with the practice of a healthy diet and physical activity, have been shown to improve the odds of conceiving again. Quitting smoking/alcohol consumption, ensuring a healthy work-life balance and maintaining a healthy sexual life is highly advisable. The history of a successful childbirth earlier, in most cases, only makes the odds of conceiving again, all the more reassuring.

Usually in couples with secondary infertility and no major red flags, the simplest and most affordable treatment options are offered first. However, the type and intensity of treatment plan may change based on prevailing medical conditions, introducing a significant investment of effort, emotion and time, let alone money. So, an open conversation with the fertility specialist about the lengths you are willing to go to pursue a second child is most recommended early on. ♦





# Costs and Coverage

*What is the difference between 'in-network' and 'out-of-network' insurance providers? How does it affect a patient in terms of the benefits they gain?*

**Dr. Rija Prathab**

Manager – Billing & Insurance, BloomLife Hospital Pvt. Ltd.

**W**hen a person signs up for health insurance, their plan often includes a network of healthcare providers who have agreed to offer services at discounted rates for members of that insurance plan. These are known as in-network providers. On the other hand, out-of-network providers are those who do not have a contract with that specific insurance company – and hence, will not agree to the discounted rates. Understanding the differences between in-network and out-of-network providers can help a person make more informed decisions about their health insurance choices.

## Cost Differences

- **In-Network Providers:** If you visit a healthcare provider within your plan's network, you typically pay lower out-of-pocket costs. This is because your insurance has negotiated discounted rates with these providers, meaning your co-pays, deductibles, and coinsurance are usually lower.
- **Out-of-Network Providers:** If you go to a provider outside your insurance network, you will likely face higher costs as the insurance company has not pre-negotiated a rate with the out-of-network provider. Hence, they may charge more for services, leading to higher overall expenses.

## Billing Process

- **In-Network Providers:** In-network providers typically handle most of the billing paperwork with your insurance company. This makes the process simpler for you. In most cases, you'll only need to pay your co-pay or any deductible amount at the time of service.
- **Out-of-Network Providers:** With out-of-network providers, you may have to pay for the entire service upfront, and then file a claim with your insurance company for reimbursement. This means more paperwork and potential delays in getting your insurance to cover your expenses.

## Out-of-Pocket Maximum

- **In-Network Providers:** The money you pay for co-pays, deductibles, and coinsurance to in-network providers counts toward your plan's annual out-of-pocket maximum. Once you

reach the maximum limit, your insurance will cover 100% of in-network services for the remainder of the year.

- **Out-of-Network Providers:** Payments made to out-of-network providers may not count toward your in-network out-of-pocket maximum. So, even if you reach the annual cap for in-network care, out-of-network expenses could still pile up, leaving you responsible for higher costs overall.

Looking at these points, it would seem clear that staying within your insurance network provides several advantages, including lower costs, simpler billing, and more comprehensive coverage. However, there may be times when you need to seek specialised care that isn't available in-network, or require services that are not covered by your insurance plan. In such cases, reimbursement is often possible – made better by the fact that, these days, the reimbursement process is quite straightforward. ♦



*If you have any specific queries related to medical insurance aspects, write to us at [info@bloomhealthcare.in](mailto:info@bloomhealthcare.in)*



# Doctor's Orders

## All You Need to Know About Medical Certificates

***Read this before you go to a doctor to get a Medical Certificate – and before you, as a doctor, sign off on the document.***

**Anita Krishnaswamy**

CEO, BloomLife Hospital Pvt. Ltd.

### **What are some important aspects of getting / issuing a Medical Certificate I need to know about?**

Students (school and college-goers) and working professionals are all aware of the provision of 'sick leave' in their institutions. This is essentially a period of time when the person may legally (and without repercussions) absent themselves from being present at, and attending to their responsibilities due to illness or injury. In most institutions, any such sick leave that extends beyond a couple of days requires proof of said condition via a Medical Certificate, issued by a certified medical professional, such as a physician or medical practitioner, who is registered with the Medical Council of India and has an M.B.B.S. degree.

### **Uses of a Medical Certificate**

To put it simply, a Medical Certificate is a written statement that documents the results of the patient's medical examination. However, its utility is not restricted to being a validation for sick leave alone. In addition, Medical Certificates are used for the following purposes:

- To apply for health benefits.
- To make an insurance claim.
- For tax purposes.
- For certain legal procedures.
- To certify eligibility for special activities, such as use of disabled parking or priority service.
- To describe a medical condition, such as blindness.
- To certify freedom from health issues such as contagious diseases, drug addiction, mental illness, or other health issues.
- To demonstrate fitness for a job role, project or travel to another country.

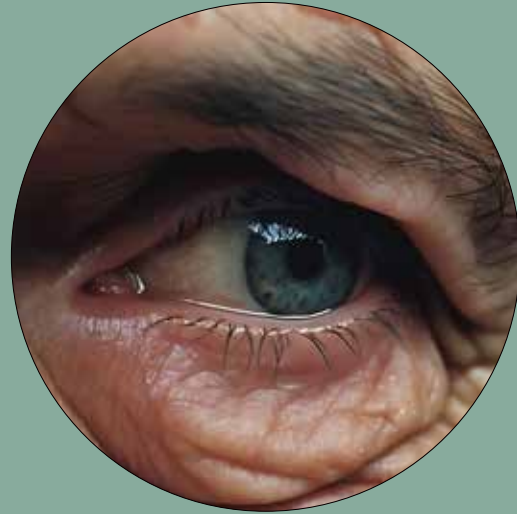
### **Before Issuing a Medical Certificate**

It is important to bear in mind that a Medical Certificate is a legal document. At the very least, if any fraudulent activities or falsification of information are unearthed, it can tarnish the reputation and integrity of both the doctor who issued it and the patient who used it – and lead to dire consequences. In fact, the medical professional who is charged with issuing a false medical certificate may be punished by having his/her name struck off the Medical Register.

So, here are some key aspects that the medical professional or doctor issuing the Medical Certificate should bear in mind – and the person receiving it should check before submitting it.

- A doctor should not issue a certificate that they can't defend.
- A doctor cannot issue a self-certificate – i.e., they have to get a Medical Certificate from another qualified medical professional.
- A doctor should only state medical facts.
- The doctor should record the patient's key identification marks, signature, thumb mark, and address on the certificate.
- The doctor should keep a copy of the certificate.
- If the patient requests confidentiality, the doctor does not need to write the diagnosis on the certificate.
- The duration of absence should be based on the doctor's clinical judgment only.
- For conditions that require regular check-ups and follow-ups, the doctor may plan for repeat visits to issue fresh certificates. In such cases, a copy of the most recently issued certificate should be submitted afresh to the institution.
- In the case of joining a new job/company, the employer usually allows a stipulated time for the certificate to be produced – and it is important for the person to get and submit their Medical Certificate well within that timeline. ♦

# Duty of CARE



## Legal Extent of Post-Operative Responsibilities

*We are running a series that touches on aspects that could be legally regarded as 'medical negligence'. Each of the articles in this series will touch on a different aspect, with case-based examples provided for better understanding.*

### Samuel Abraham

Legal Advisor,  
BloomLife Hospital Pvt. Ltd.

#### **Does a doctor's / hospital's responsibility end after a procedure or surgery is completed? Are they liable to provide sufficient post-operative care as well?**

As per the Honourable Supreme Court of India, the liability of the treating doctor/hospital does not end with the procedure or surgery – it includes proper post-operative care as well. If any complications arise due to discrepancies in post-operative care, it is regarded as medical negligence. This was clearly reiterated in the aftermath of a massive medical tragedy that occurred in Uttar Pradesh.

In 1986, in the town of Khurja, Uttar Pradesh, a free eye camp was organised by the Lions Club, with permission obtained from district authorities. An ophthalmologist named Dr. Sahay was to treat the patients. Attractive posters were distributed to the public to encourage them to participate in the camp.

A total of 122 people attended the camp. Among them, 88 patients were operated on for cataract issues – in what was considered a relatively low-risk procedure. After concluding the camp, Dr. Sahay went to Moradabad, Uttar Pradesh, to conduct a similar camp.

Two days after the first camp was concluded, when the bandages were removed for the 88 patients who had been operated on at Khurja, all the people present there got a shock – all 88 persons had

lost their sight! What was considered a noble initiative had become a disaster. A similar tragedy took place at Moradabad.

An inquiry was ordered by the Government into the cause of this massive tragedy. It was found that the saline water (used for the operated eye), which had been brought by Dr. Sahay from Jaipur, was contaminated – which had resulted in the patients' loss of sight. All efforts made subsequently by experts did not help restore sight for the affected patients.

An advocate named A.S. Mittal filed a PIL before the Supreme Court of India on behalf of the affected persons for compensation, and asked for suitable guidelines to be issued to prevent such mishaps in future.

The Supreme Court directed the State of Uttar Pradesh to give compensation to the victims from the state funds. It also declared that while the operation may have been a routine one, the lack of Institutional care had led to E-coli infection (intra ocular cavities), which caused the medical disaster. Therefore, whenever an operation is done on a patient, the liability of the treating doctor/hospital does not end with the procedure or surgery – it includes post-operative care as well. This has been enunciated clearly by the Honourable Supreme court of India in *A.S. Mittal & Ors vs State of Uttar Pradesh & Anr* (12 05 1989). ♦

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*If you have a question about general legal issues relating to the medical field that you would like more information about, write to us at [info@bloomhealthcare.in](mailto:info@bloomhealthcare.in) - and we will answer it in this column.*





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- ◆ **Holistic Birthing**
- ◆ **Reproductive Medicine**
- ◆ **Foetal Medicine**
- ◆ **Paediatrics & Neonatology**
- ◆ **Orthopaedics**
- ◆ **Emergency & Trauma Care**
- ◆ **Cardiology**
- ◆ **Urology**
- ◆ **Nephrology**
- ◆ **General Medicine & Surgery**
- ◆ **Diabetology**
- ◆ **ENT**
- ◆ **Gastroenterology**
- ◆ **Anaesthesiology**
- ◆ **Laparoscopic Surgery**
- ◆ **Neurology & Surgery**
- ◆ **Oncology (Medical & Surgical)**
- ◆ **Pulmonology**
- ◆ **AYUSH Wellness**
- ◆ **Dentistry**
- ◆ **Dermatology**
- ◆ **Endocrinology**
- ◆ **Radiology**
- ◆ **Physiotherapy**



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