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BLOCK YOUR DATE
for
66th Annual
Delhi State Medical Conference



MEDICON 2025



Venue: Le-Meridien
New Delhi

23RD NOVEMBER 2025

Dr. Girish Tyagi
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Dr. Neelam Lekhi
President Elect, DMA

Dr. Ashwini Dalmiya
Chairman, Conference



President's Pen...

Dear Friends,

As healthcare professional, I have a profound responsibility to ensure the safety and well-being of our patients. Patient safety is a critical aspect of healthcare that requires a collective effort from all stakeholders, including healthcare providers, patients, and families.

The Importance of Patient Safety

Patient safety is essential for several reasons. Firstly, patients trust healthcare providers with their lives, and it is our duty to protect that trust. Secondly, preventable harm can have severe consequences, including physical and emotional trauma, financial burden, and even loss of life. Finally, prioritizing patient safety improves healthcare outcomes, reduces costs, and enhances the overall quality of care.

Common Patient Safety Concerns

- Medication errors: Incorrect medication, dosage, or administration can have devastating consequences.
- Hospital-acquired infections: Preventable infections can spread through contaminated surfaces, equipment, or hands.
- Falls and injuries: Patients can suffer injuries from falls, equipment malfunctions, or other accidents.
- Diagnostic errors: Incorrect diagnoses can lead to delayed or inappropriate treatment.
- Communication breakdowns: Poor communication among healthcare providers, patients, and families can compromise care.

Strategies for Improving Patient Safety

To prioritize patient safety, healthcare providers can implement several strategies, including:

- Evidence-based practices: Following established guidelines and protocols can reduce errors and improve outcomes.
- Open communication: Encouraging transparent communication among healthcare providers, patients, and families can prevent misunderstandings and errors.
- Teamwork and collaboration: Fostering a culture of teamwork and collaboration can enhance patient safety and quality care.
- Continuous learning: Regular training, education, and quality improvement initiatives can help healthcare providers stay updated on best practices.
- Patient engagement: Empowering patients to take an active role in their care can improve safety and outcomes.

The Role of Patients and Families

- Ask questions: Patients should feel empowered to ask questions about their care, medications, and treatment plans.
- Report concerns: Patients and families should report any concerns or incidents to healthcare providers.
- Follow instructions: Patients should adhere to treatment plans and follow instructions carefully.
- Stay informed: Patients and families should stay informed about their care and treatment options.

Conclusion

Patient safety is a collective responsibility that requires a multifaceted approach. By prioritizing evidence-based practices, open communication, teamwork, continuous learning, and patient engagement, we can create a safer healthcare environment. As healthcare professionals, we must strive for excellence in patient safety and quality care. Together, we can make a difference and ensure the best possible outcomes for our patients.

Dr Girish Tyagi
President, DMA



Secretary's Pen.....

It gives me great pleasure to present this edition of the DMA News Bulletin, a platform dedicated to highlighting the latest developments, as well as the vibrant activities of our Association.

The medical fraternity today stands at the forefront of rapid change. Advances in digital health, artificial intelligence, and personalized medicine are reshaping the way we deliver care, while persistent challenges such as antimicrobial resistance, rising non-communicable diseases, and the pressing need for equitable healthcare access continue to demand our attention. At the same time, public health priorities like vaccination drives, preventive care, and mental health awareness remain central to building a healthier society.

Against this backdrop, the Delhi Medical Association continues to play a pivotal role in uniting healthcare professionals, strengthening academic exchange, and advocating policies that support both practitioners and patients. Our recent initiatives, scientific programs, and community outreach activities reflect our commitment to empower doctors with knowledge while serving the larger cause of public health.

I am delighted to announce that the **66th Annual Delhi State Medical Conference** has been scheduled for **23rd November 2025** at **Hotel Le-Meridien, New Delhi**. We know you have been eagerly awaiting this mega event, so please save the date. The detailed program will be shared very soon.

I take this opportunity to thank all our members for their active participation and contribution, which makes DMA a strong and vibrant body. As we move forward, may this Bulletin continue to serve as a mirror of our collective efforts, achievements, and aspirations.

Dr. Satish Lamba
Hony. State Secretary, DMA



"SOHAM"

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D-959, New Friends Colony, New Delhi, INDIA
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MISSION

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INDICATIONS FOR HOLISTIC MEDICARE

PAIN: Headache, Migraine, Neuralgias, Neuropathy, Fibro-Myalgias, Trauma, Phantom Pains, Etc.

PALLIATIVE CARE: Incurable or Terminal Sickness, Cancer, Incurable PAIN, Etc.

PARALYSIS: Cerebral Palsy, Trauma, Polio, Stroke, Neuropathy, Etc.

PSYCHOSOMATIC DISORDERS: Stress, Anxiety, Depression, Psychosis, Chronic Fatigue, Etc.

AUTOIMMUNE DISORDERS: Rhtd, Arthritis, Nephritis, Thyroiditis, Type-I Diabetes, SLE

ASTHMA - ECZEMA - ALLERGY - HYPERSENSITIVITY

DEGENERATIVE DISEASES: Arthritis, Spondylosis, Disc Disease, Dementia: Parkinson's/
Alzheimer's, Etc.

ATHEROSCLEROSIS: HTN, CAD, PVD, Post-PTCA or CABG, Gangrene, Etc.

METABOLIC & HORMONAL DISORDERS: Obesity, Dyslipidaemias, Diabetes M., Gout,
Menstrual Disturbances, Menorrhagia, Endometriosis, PCOD, Infertility: Failed ART/IVF, Etc.

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"I came to Dr. Tuli in a desperate unbearably SEVERE LOWBACK PAIN & SCIATICA Both Legs due to Degenerative L-S Spondylosis with PIVDs from L1 to L5 and Spinal Canal Stenosis causing Nerve Roots Compression. I was, also, disturbed with ANXIETY, SLEEP DISTURBANCE and Uncontrolled HYPERTENSION for previous 2 years; As soon as I entered "SOHAM" Clinic and met Dr. Tuli, I got very good vibrations, and a kind of reassuring feeling that I have come to a right place and person to get relief from my symptoms. Today, after completion of the recommended course, I feel I'm fully CURED. In fact, I've resumed playing Golf and feel much Healthier than in last years!
Thank You Dr. Tuli and your Very Polite & Efficient Team. May GOD BLESS All of You".

Dr. SATISH K. MALHOTRA MBBS (MAMC), MRCP, FRCP (England & Edinburgh):

"During my flight to Helsinki, I suffered from INCESSANT NAUSEA AND SEVERE HEADACHE - not controlled by any medications. I was CONFUSED. Fortunately, Dr. R. K. Tuli while walking down the aisle noticed my distress and offered drug-free 'Reflexology'. He massaged on a few spots on my arms/hands and within 10-15 minutes of this therapy, I got Fully Relaxed and felt Fully Normal as the plane landed an hour later. I kept excellent health during next 10 days of my tour. This experience convinced me that this drug-free therapy volunteered to me in MidAir at 35000 Ft. was a predictable management with desired outcome. It can thus be beneficial to complement by an expert in some Medical Emergencies. No wonder Dr. [Prof] R. K. Tuli is considered 'The Father Of Holistic Medicine'".

CELEBRATING INDIA'S 79TH INDEPENDENCE DAY

As the nation proudly commemorates 79 years of freedom, we at Sir Ganga Ram Hospital reflect on our own journey — one rooted in the spirit of service, resilience, and healing.

Founded in 1954 in Delhi, Sir Ganga Ram Hospital stands as a testament to one man's vision — Sir Ganga Ram, a pioneering civil engineer and philanthropist whose dream was to create a world-class, charitable healthcare institution for India. From humble beginnings, we have evolved into one of the nation's most respected multi-super speciality hospitals, trusted by millions across generations.

"Our freedom is strengthened every time a life is saved, a family is comforted & hope is restored."

With 900+ beds, 72+ specialities, 71 centres of excellence, 34 advanced operating theatres, and a legacy of medical breakthrough, our commitment to compassionate, cutting-edge care remains stronger than ever.

Whether it's robotic joint replacement, oncology, maternal care, or critical emergency support — patients from all walks of life have found healing here. Behind every treatment is a team of world-renowned doctors, skilled nurses, and medical innovators — working with one purpose: to make India healthier.

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71 Centres of Excellence



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We believe that healthcare is not just about treatment — it's about trust. And in every heartbeat we heal, every challenge we overcome, we carry forward the legacy of those who built this institution for the people of India.

Together, let's build a healthier, stronger, more compassionate tomorrow.



Dr. (Prof.) D.S. Rana
Chairman
Sir Ganga Ram Trust Society

"We are not content to rest on our laurels. We are constantly looking for new ways to improve our services & expand our reach."

"Patient-Centric Care and Cutting-Edge Research The Sir Ganga Ram Hospital Promise."



Dr. Ajay Swaroop
Chairman
Board of Management

Reaching the Unreachable: The Power of Collective Participation In the rapidly evolving landscape of healthcare, one truth remains timeless: the strength of our community lies in its unity. Yet we find some colleagues remain distanced, uninvolved, unheard, unseen. This editorial is a call. A call to reach the unreachable.



Every doctor who stands outside the circle of active participation represents a missed opportunity—for knowledge sharing, mentorship, advocacy, innovation, and ultimately, for patient care. The reasons for non-participation are many: time constraints, burnout, skepticism, or a feeling that “it won’t make a difference.” But as a collective, we can break this barrier.

So, how do we make participation possible?

1. Listen before you lead: Rather than assuming disinterest, reach out with empathy. Understand their world. Host small-group listening sessions.

2. Many feel that associations are driven by a fixed group. Let’s dismantle that perception. Rotate leadership, invite fresh faces.

3. Redefine participation: Not everyone needs to give lectures or attend every meeting. Some may prefer writing, mentoring young

doctors, or contributing to social media.

4. Communicate the “why”: What’s in it for them? Professional growth, collective strength, policy influence, or peer support—remind them of the value of association.

5. Celebrate involvement: Every step matters. Let’s highlight contributions—big or small.

What’s at stake?

When we fail to bring everyone in, we don’t just lose members—we lose ideas, diversity, energy, and the power to represent all voices. But when we reach the unreachable, we unlock potential that can transform the profession.

Let’s redefine involvement.

Let’s reconnect with colleagues.

“If you want to go fast, go alone.

If you want to go far, go together.

Dr Manjusha Goel
Associate Editor, DMA

STUDY TOUR

A group of Doctors visiting **Baba Farid University of Medical Sciences (BFUMS)**
at **Faridkot Punjab** for a study tour

Tentative Program

Departure on **Saturday, 4th October 2025** early morning

Arrival on **Sunday, 5th October 2025** late evening

Hospitality & accommodation by **Dr. Rajeev Sood** Vice Chancellor (BFUMS)

If Interested, confirm at **9560097694** latest by **15th September 2025**.

Limited seats are available

President
Dr. Girish Tyagi

Hony. State Secretary
Dr. Satish Lamba

Hony. Finance Secretary
Dr. A S Popli

Chairman
Dr. Ramesh Datta

OBITUARY

DMA regrets to inform the sad demise of **Sh. Vishan Dass Gambhir** f/o **Dr. Ajay Gambhir (Rohini Branch)**

DMA regrets to inform the sad and sudden demise of **Dr. Veena Rai** w/o **Dr. D R Rai (East Delhi Branch)**

DMA regrets to inform the sad demise of **Dr. P.K Bhardwaj (Rohini Branch).**

DMA regrets to inform the sad demise of **Dr. S.R Aggarwal** f/o **Dr. Roli Gautam (South Delhi Branch).**

DMA regrets to inform the sad and sudden demise of **Dr. Dori Lal (East Delhi Branch).**

We pray almighty to give peace to the departed souls and give courage to the bereaved family to bear this irreparable loss.

President
Dr. Girish Tyagi

Hony. State Secretary
Dr. Satish Lamba

Hony. Finance Secretary
Dr. A S Popli



Dr Raman Tanwar
Assistant Professor and
Senior Consultant in Men's
Health
Convenor IMA Men's
Health Committee

Prof Rajeev Sood
Professor of Urology and Men's Health
Chairman IMA Men's Health Standing
Committee
Vice Chancellor of Baba Farid
University of Medical Sciences, Punjab
Member of NMC



Men's Health: Breaking the Silence and Building a Path Forward

Introduction

When we ask people to visualize a man, the image is often of someone invincible, emotionally strong, muscular, and leading others. Yet, this image is more myth than reality. It does not match what we, as physicians, see daily in clinics. Behind this cultural stereotype lies the truth: men today are silently struggling.

Consider the young man who was laughed at by peers for admitting his anxiety around women—he never spoke again, and years later, his fears have only amplified. Or another patient, normal by medical standards, who was ridiculed during an intimate encounter and has carried the burden of self-doubt for half a decade. Then there was the gentleman who collapsed in my clinic, breathless, insisting “Doctor, I’m fine.” These encounters remind us that the suffering of men is real, pervasive, and often invisible.

The Reality of Men's Health

Globally, men have poorer longevity than women. In 2021, the difference in life expectancy was nearly five years—73.8 years for women versus 68.4 years for men. This disparity begins at birth. Boys are more likely to be born premature, face higher neonatal mortality, and continue to have increased risk through adolescence and adulthood from external causes such as accidents, violence, suicides, and substance abuse.

But beyond numbers, the quality of life is equally concerning. Men, particularly those in the role of breadwinners, often carry heavy psychological and social burdens. They suppress emotions, avoid help-seeking, and struggle with loneliness despite being surrounded by people. Ironically, many male patients end up confiding more about their struggles to doctors than to family or friends—not because we are confidants, but because a nonjudgmental professional space allows them to speak.

Male-Specific Health Concerns

Prostate and LUTS:

Benign prostatic hyperplasia leading to lower urinary tract symptoms (LUTS) is common and now recognized as part of the broader metabolic syndrome—linked to obesity, diabetes, cardiovascular disease, and stroke. Thus, prostate health serves as a window into systemic metabolic health.

Male Infertility:

Infertility is increasingly seen as a biomarker for men's health. Poor semen parameters correlate with low testosterone, higher cardiometabolic risk, malignancies, and mortality. Alarming, sperm counts globally have declined by more than 50% over the past five decades.

Erectile Dysfunction (ED):

Prevalence rates of ED range from 3% to 76.5% globally. It is more than a quality-of-life issue—it is a vascular warning sign. ED results from endothelial dysfunction, the same pathophysiology underlying coronary artery disease and stroke. Evidence suggests ED can predict cardiovascular events by 5–10 years, earning it the reputation of being a “barometer of men's health.” Asking about erectile function can sometimes reveal more about a man's overall health than any laboratory panel.

Oncological Concerns:

Testicular cancer disproportionately affects young men, while prostate cancer remains the second most common cancer in men worldwide. Despite this, awareness about testicular self-examination and PSA testing is low.

Other Challenges:

Men face higher rates of substance abuse, stress-related disorders, anxiety, burnout, and toxic relationships. Marital conflicts, domestic violence (both as

perpetrators and victims), and peer pressures compound these challenges.

Why Are Men at Risk?

1. Genetic Vulnerability

From a chromosomal perspective, men are disadvantaged. The Y chromosome is fragile and shrinking, while the X chromosome provides redundancy for women. Some projections even suggest future evolutionary extinction of men—a controversial but telling hypothesis of genetic vulnerability.

2. Risk-Taking Behavior

Men have a biologically and socially reinforced propensity for risk. Whether it is reckless driving, extreme sports, or substance abuse, this thrill-seeking behavior contributes significantly to premature mortality.

3. Social Structures

Men's social relationships are often superficial compared to women's. Sharing vulnerabilities is equated with weakness, especially in professional settings. High-stress workplaces, competitive environments, and lack of meaningful connections contribute to chronic stress and poor mental health.

4. Healthcare Gaps

The healthcare system itself has not served men adequately. In surveys, while over 90% of men could identify gynecologists as women's health specialists, very few could name an equivalent for men. The absence of a clear pathway—whether through andrology, urology, or primary care—leaves men without a “go-to doctor.”

Unlike women, who have structured healthcare touchpoints during adolescence, pregnancy, and family planning, men rarely encounter healthcare unless acutely ill. Routine checkups are often seen as unnecessary or even a sign of weakness. This cultural and structural neglect fosters toxic self-reliance, leading to late presentations of otherwise manageable conditions.

What Can Be Done?

1. Strategic Points of Intervention

Doctors should leverage natural checkpoints in a man's life—school entry, marriage, fatherhood, executive promotions, retirement—to introduce preventive health interventions. These transitions can act as opportunities for screening and counseling.

2. Redefining Health as Performance

Framing health as a performance indicator in professional and personal success could resonate more with men. Linking physical fitness, mental resilience, and preventive checkups with workplace evaluations or leadership programs may improve engagement.

3. Male-Friendly Interventions

Healthcare delivery needs to be re-imagined. Digital platforms, gamified screening tools, and male-centric community programs can encourage participation. Addressing men in the context of their interests (sports, technology, fitness) can also increase receptivity.

4. Partner and Family Involvement

Partners play a crucial role in encouraging men to seek care. Engaging spouses or family members in awareness programs has been shown to increase compliance with screening, treatment, and follow-up.

5. Creating Safe Spaces

Perhaps the most important step is creating safe, judgment-free spaces where men can share vulnerabilities without stigma. Peer support groups, workplace wellness programs, and medical consultations designed with sensitivity can transform help-seeking behavior.

Lessons from Women's Health

The advances in women's health over recent decades highlight what can be achieved through targeted education, structured health interactions, and specialist-driven care. Men deserve the same focused approach—specialties dedicated to male health, awareness campaigns about issues unique to them, and consistent integration of preventive health into societal structures.

Conclusion

Men's health is not just a male issue—it is a societal issue. Healthier men mean healthier families, stronger communities, and more resilient societies. As physicians, we must acknowledge the silent suffering of men and provide avenues for timely care, meaningful dialogue, and preventive interventions.

Let us help men climb and win over the mountains of fear, toxic self-reliance, and neglect. Men's health must become a recognized and respected discipline—because when men thrive, everyone benefits.

FOUNDATION DAY

The 111th Foundation Day was celebrated on Sunday, 10th August 2025, at the Multipurpose Hall, India International Centre, New Delhi, with scientific programs, competitions, and academic discussions from 2:00 PM to 9:00 PM.

The day began with a debate competition on Artificial Intelligence in Healthcare, featuring teams from UCMS, Army College of Medical Sciences, and Hamdard Institute of Medical Sciences & Research. Judges Dr. Ashwani Goyal, Dr. Chetan Gupta, Dr. Shabnam Bhandari, and Dr. J.S. Suri praised the thought-provoking presentations. UCMS won the first prize, followed by HIMSER (2nd) and ACMS (3rd).

An essay competition was also organized, judged by Dr. Gauri Devi and Dr. Shabnam Bhandari. The winners were Dr. Rishiraj (1st), Dr. Atul Verma (2nd), and Dr. Dixit Chikara (3rd).

The inauguration and award ceremony is the soul of Foundation Day every year. On this occasion, the President, Secretary, Finance Secretary, and three best workers of individual DMA branches were felicitated. In addition, special awards were conferred on distinguished medical luminaries of DMA for their outstanding contributions in the field of medicine.

The academic session was addressed by eminent speakers including Dr. Seema Singh, Dr. Rahil Chaudhary, Dr. Rahul Chandola, and Dr. Viveka Kumar.

The programme was graced by Chief Guest Sh. Raja Iqbal Singh, Mayor of Delhi, along with Dr. Rajeev Sood, Vice Chancellor, BFUHS, who applauded the role of DMA in medical education, public health awareness, and professional unity.

With enthusiastic participation from students, doctors, and eminent experts, the Foundation Day once again upheld DMA's legacy of academic excellence, scientific innovation, and community service.



