

# PINK CITY PEDIA MEDIA

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INTEGRATED ACADEMY OF PEDIATRIC

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## From the Chief Editors' Desk

Dear

### Jaipur IAPians & Readers

As 2025 winds down to a close, it marks a year filled with activity, celebration of many events and the privilege of achieving memorable milestones. IAP Jaipur has bagged the Best Branch Award (2nd prize) in the category of membership strength. We successfully hosted the PIDA Midterm National Conference beside celebrating all CIAP initiatives and programs with enthusiastic participation of members.

This issue profiles the potpourri of events, some pearls of wisdom of office practice, interesting clinical cases and few anecdotes to engage you. Here's wishing you all a joyous 2026. May the new year usher fresh hopes, endless possibilities and plenty of reasons to smile.

Happy New Year!

With warm regards

**Dr Alok Gupta**

**Dr Sanjiv Hooja**

**Chief Editors**



**Dr. Alok Gupta**



**Dr. Sanjiv Hooja**

## President's Note

Dear Members,

It gives me immense pleasure to extend my heartfelt gratitude to all members and office bearers of IAP Jaipur for their unwavering support, active participation, and wholehearted cooperation in making our ongoing academic and social initiatives a grand success.

We are proud to share that the PIDA Mid-Term National Conference was successfully organized with the participation of outstanding National Faculties, making it an academically enriching experience for all.

The Doctors' Day Celebration was a special occasion where we had the privilege of honoring the outstanding pediatricians of Jaipur for their invaluable service and contribution to child health.

Our unique initiative of celebrating the birthdays of senior members continues to touch hearts. A few of our office bearers personally meet and greet our senior colleagues on their special day—a gesture that has received immense appreciation from the fraternity.

Continuing our tradition of national pride, Independence Day was celebrated with great enthusiasm. The initiative to mark Independence Day and Republic Day at leading pediatric institutions has been well received, with Babylon Hospital proudly hosting the inaugural event on 15th August.

The PG Clinic sessions via Zoom have been an ongoing success, greatly benefiting PG students and consultants alike. We were privileged to have eminent National Faculty Dr. Sushil Kabra join us as an expert, further enriching the learning experience.

Our quarterly magazine, PEDIAMEDIA, is yet another proud initiative of IAP Jaipur. We are overwhelmed by the enthusiastic contributions from members, which continue to make this publication vibrant and informative.

We are also delighted to share that we have been consistently conducting two CMEs every month, maintaining our strong academic momentum.

Finally, after many years, a Family Picnic was organized—this time without any sponsorship or participation fee. The response was overwhelming, with enthusiastic participation from both seniors and juniors along with their families, making it a truly memorable and joyous event.

I, along with President-Elect Dr. Dhananjay Mangal, Secretary Dr. Mohit Vohra, Treasurer Dr. Neha Agarwal, and all executive members, sincerely thank each and every one of you for your enthusiastic participation, cooperation, and continuous contributions. Together, we are making IAP Jaipur stronger and more vibrant with each passing day. With warm regards and best wishes,

**Dr. Atul Shanker**

**President,**

**Jaipur IAP 2025**



**Dr. Atul Shanker**

## Secretary's Note & Vision

Respected Members,

I am happy to share that IAP Jaipur continues to move ahead with great vigour, making its name shine ever brighter on the academic and social horizon. This year has been truly special, with our branch achieving several memorable milestones - from adopting Doctors Day through the GBM, to successfully hosting the PIDA Midterm National Conference, and organizing a series of outstanding academic programs for both postgraduates and consultants.

Adding to these achievements was the historic IAP Family Picnic, organized after a gap of 17 long years. The event turned out to be a grand success - filled with fun, camaraderie, and heartfelt appreciation from all members. It beautifully reflected the unity and bonding that make IAP Jaipur truly special.

My heartfelt thanks to each member for their unwavering support, enthusiasm, and active participation in all our endeavors. With your constant encouragement and the dedicated efforts of my Team Super 11, I promise that together we will continue to create history and make IAP Jaipur proud.

Please keep blessing and supporting us in this journey ahead

**Dr. Mohit Vohra**

**Honorary Secretary Jaipur 2025-27**



**Dr. Mohit Vohra**

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# Chylous Ascites : A Diagnostic Surprise During Inguinal Hernia Surgery

**Dr. Sahaj Prajapati**  
MBBS , MD , MS, MCh  
Consultant Pediatric Surgeon  
Manjeet Children Hospital, Jaipur



Chylous ascites is a rare form of ascites characterized by the accumulation of lipid-rich lymphatic fluid in the peritoneal cavity. In children, congenital lymphatic malformations are the most common cause. However, its intraoperative detection during elective procedures like inguinal hernia repair is exceedingly rare.

A 5 month old boy presented for right sided inguinal swelling with abdominal distension. On examination there was a reducible, non-obstructed right sided inguinal hernia with palpable bowel loops. The child was taken up for hernia surgery. During surgery as soon as the hernial sac was dissected and opened, there was a gush of milky white peritoneal fluid egressing from deep ring (Figure 1a & b).

Figure 1. Intraoperative picture of chylous fluid: a) within and b) outside the hernia sac (Black arrows)



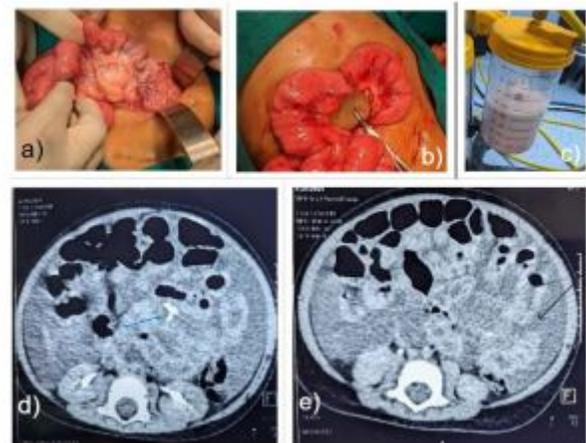
Around 100 ml of similar fluid was drained, sent for fluid analysis, herniotomy completed. The patient remained stable in the post-operative period and discharged home next day after planning a detailed evaluation on follow-up visit. After one week a contrast CT abdomen was performed and findings were suggestive of a 32 x 30 x 48 mm sized mildly enhancing cystic lesion with internal calcifications in left paraumbilical region with gross ascites (Figure 2d & e). Chest X-ray was normal. Ultrasonography was suggestive of gross ascites with a 30 x 34 x 45 mm cystic lesion in the mesentery. The ascitic fluid (sent intra-operatively) analysis was consistent with chylous ascites (Table 1). Haematological and biochemistry parameters were within normal limits. Lymphangiography and lymphoscintigraphy studies were not done due to unavailability in nearby places. After hernia surgery the child was doing well so put on a medium chain triglycerides rich diet with a plan for definitive surgery for the lesion on follow up. Soon the child developed abdominal distension within one month and was planned for surgical exploration based on the radiological and laboratory findings with a working diagnosis of a cystic lesion of lymphatic origin. Intra-operatively there was gross chylous ascites of around 1200 ml with a ruptured cystic lesion in the mesentery of small bowel. There were spicules of calcifications in the wall of the cavity and copious amount of lymphatic fluid was leaking from the cyst wall (Figure 2a & c). The cystic lesion was resected along with the corresponding segment of bowel and end to end ileo-ileal anastomosis was done (Figure 2b). Post operatively the child remained stable. The abdominal drain output was initially around 200 ml per day which gradually decreased to less than 10 ml and then removed after 10 days. Histopathology was suggestive of cystic lymphangioma. The child was

on regular follow up after discharge from the hospital for the assessment of growth, appetite and abdominal symptoms. At one year follow up the child is symptom free and growing well.

**Table 1. Peritoneal fluid analysis**

Test name	Results	Units
Appearance	Milky White Peritoneal Fluid for analysis	
Triglycerides	9528.4	mg/dL
Cholesterol	119.44	mg/dL
Chylomicrons	Positive	Negative
Amylase	26.24	U/L
Microscopy	Lymphocytes	N/A
Cytology	Moderately cellular smear showing lymphocytes, neutrophils, mesothelial cells and histiocytes	N/A
ZN stain	Negative for acid fast bacilli	N/A
Culture & sensitivity	Negative for bacterial growth	

Figure 2. Intraoperative images of the cystic lesion with chylous fluid and CT images: a) cystic lymphatic mass in the mesentery b) Mass after resection and anastomosis c) Chylous fluid collected in the suction jar(>1000ml) d) Axial CT cut with calcified mass in the mesentery (blue arrow) e) CT image with chylous fluid (Black arrow).



This case illustrates the importance of intraoperative awareness and rapid diagnostic evaluation when faced with atypical findings during routine procedures like herniotomy. Although chylous ascites is often associated with serious underlying conditions, it may occasionally present in otherwise asymptomatic patients, as in our case. Conservative management remains the first-line approach, with favourable outcomes in idiopathic or postoperative cases. A few might need further evaluation and surgical intervention as per the underlying etiology. Reporting such rare presentations enhances our understanding and preparedness for unexpected intraoperative challenges in pediatric surgical care.

# Autism and Autistic Spectrum Disorders (ASDs)



**Dr Sharad Sharma**  
MBBS , MD , MRCPC , Fellowship Pediatric Neurology ,  
Consultant Pediatric Neurology  
Fortis Hospital Jaipur

Autism is a group of similar disorders with varying degrees of severity. The term autistic spectrum disorders (ASDs) is often used to include autism and other forms including Asperger's syndrome and Rett syndrome. People with Asperger's syndrome tend to have fewer problems with language compared to people with classical autism. They are often of average, or above average, intelligence.

## Symptoms of ASD

Symptoms usually become apparent in the first three years of life. Half of parents become concerned in the first 12 months. Some children with Asperger's syndrome are only diagnosed after they have started school.

The symptoms of ASD vary, some have minimal symptoms whereas others may have severe difficulties. People with ASD have varying levels of intelligence. A few have very high IQs; however, a low IQ is found in about 5 out of 10 people with ASD. **Four different groups of symptoms may be present.**

### Social difficulties

There are different types of problems and not all will occur in each case. These can generally be described as 'not being able to get on with people'. So the child may:

- Seem to be aloof, prefer being alone.
- Have little or no interest in other people, which can result in having no real friends.
- Not understand other people's emotions. eg. not understanding why anyone has been cross with him/her.

### Problems with language and communication

Speech usually develops later than usual. When it does, the language (the use and choice of words) may not develop well. Children with ASD may have include one or more of the following:

- Not being able to express themselves well.
- Not being able to understand gestures, facial expressions, or tone of voice.
- Saying odd things. For example, repeating your words back to you.
- Using odd phrases and odd choices of words.
- Using many words when one would do.
- Making up their own words.
- Not using their hands to make gestures as they speak.
- Not being able to understand difficult orders.

### Poor imagination

Pretend play is usually limited in children with ASD. Games and activities that they learn tend to be repeated over and over again. Games may remain exactly the same every day. Games are usually those that a younger child would play.

### Unusual behaviours:

These are typical include one or more of the following:

- Odd mannerisms such as hand-flapping or other odd pointless movements.

- Anger or aggression if routines are changed. They may hurt themselves when they are angry by banging their head or hitting their face. Sometimes they do this to get attention.
- Actions may be repeated over and over again (like rocking backwards and forwards).
- Obsessions may develop in older children and adolescents. For example, they may have interests in unusual things like train timetables and lists.

Parents often find these problems very confusing and may become frustrated.

Seizures occur in around 3 in 10 cases. This usually happens in children who are severely affected with the onset around puberty.

### How common are autistic spectrum disorders (ASDs)?

Boys are four times more likely than girls to be affected. ASD has a variable incidence between one in 36 to one in 100 children.

### What is the cause of autistic spectrum disorders (ASDs)?

The cause is not really known. There is some evidence that it may be passed down in families. Twins and brothers have a higher chance of also being autistic. ASD is more commonly seen in Down's syndrome, Tourette's syndrome and tuberous sclerosis.

In recent years, there has been speculation that the MMR vaccine may somehow cause autism. However, there is no evidence to support this.

### Diagnosis

Regular health checkups are needed to ensure if a child is developing normally. Autism may suspected as early as one year if the child has poor eye contact, not responding to name call or not enjoying to and fro communication. Various diagnostic tools are available. Children at risk should be assessed thoroughly by a team of specialists including a neurologist, developmental pediatrician, psychologist etc. It is important to rule out 'autism mimics' for which some blood test may be taken. These do not test for an ASD but help to look for and rule out other conditions that may seem similar.

### Treatment

Most children shall be under the care of a child specialist along with different types of health professionals such as speech / language therapists, occupational therapists & educational psychologist among others. The mainstay of treatment is to help with language, social skills and communication skills. Behavioural therapy aims to reduce 'bad' behaviour and promote 'good' behaviour

Medication may be considered to help with specific ASD related symptoms like anxiety, depression, obsessive-compulsive disorder, sleep and repetitive behaviour.

### Prognosis

ASD is a life long condition as the severity can vary, it is difficult to predict outcome for each child. Some patients with ASD manage to work and get by with little support. Many others need more substantial support. New treatment are being studied in various clinical trial. Some of them may be used in future.

**DOWN THE MEMORY LANE....****Libya : Some memorable instances**

**Dr. Yash Paul**  
Senior Pediatrician, Jaipur  
(Octogenarian writer, academician)

In November 1975 I had gone to Libya on deputation. I was posted in Children's Hospital, Tripoli, Capital of Libya It was the biggest children's hospital in North Africa. Dr. S.P. Sudrania and Dr. Deepak Shivpuri also rendered their services to same hospital later.

In addition to strict punctuality there was different work culture, children were admitted but no member of the family was allowed to stay with the child . Parents and family members were permitted during visiting hours. Every visiting person including mother of the child was thoroughly checked that he/she was not carrying any food item. Explanation was that the extra food given to child may result in some problems. Mothers of breastfed children were given special passes. There was a good rapport between doctors and patients and their families.

During the visiting hours parents could discuss with the treating pediatrician, unlike in India where at the time of doctors' round all attendants are asked to leave the ward. In case the doctors needed to discuss some issues with a parent or care taker, he/she was informed that he/she should visit at that particular time.

Once the Director of the hospital was out of the country, while I was conducting OPD, an elderly person came with a small child. When I looked at the elderly person and the child I found them resembling our Director. Patient's slip confirmed because Director's name was second part of the child's name which is followed amongst Muslims. At that time the nurse with me was a Pakistani. After examining the child I wrote medicines and asked that nurse in Punjabi to bring medicines from the pharmacy. She brought the medicines and gave them to grandfather of the child and explained everything in Arabic, because she had been there since long time. When Director's father left the cabin she addressed me in Punjabi, " It is Libya ant not our Hindustan or Pakistan, where on return the Director will be very pleased that his father was not made to stand in queue in pharmacy. Here authorities will be unhappy that you had violated the discipline." I thanked her for right advice which was actually a rap.

I was not born in Pakistan. Once a Pakistani approached me and asked if I am Pakistani? I told him that I am an Indian our conversation was in Urdu. He said you look like Pakistani. I told him that I was born in Gujranwala. Maharaja Ranjeet Singh, (1780-1830) author Amrita Preetam (1919-2005) actress Suraiya (1929-2004) also belonged to Gujranwala. He said so you were born in Pakistan. I told him that I was not born in Pakistan but when I was ten years old Pakistan was born (my D.O.B. 13th March 1937) I want to assure the readers that by any stretch of imagination I do not belong to that group, of great personalities.

**'Mrs. Google'**

**Dr. Ravi Bhatia**  
Professor of Pediatrics  
Pacific Medical College and Hospital,  
Udaipur

I call her Mrs. Google, she is an epitome of what modern technology has done to all humans. My first interaction with Mrs. Google was when she brought her 1-month baby to me for check-up. In walked a smartly dressed mom, clothes drenched in a heavy dose of perfume with the maid in tow. The maid held the baby while the mother was busy on iPhone.

'Doc I have brought my one old baby for check- up.' After the initial chit chat, she got down to business. Out came an I Pad with a list of questions, some useful some not so. One question stumped me. What baby lotion should I use for my child. Before I could answer She said Angelina Jolie uses X, it has a fat content of Y. Alia Bhatt uses Z. I was tempted to ask her who did she think she was but professional ethics forbade me from asking the question. I sheepishly smiled and said "Whichever you want". Soon I wrote down the prescription for a well-baby visit. The prescription contained Vitamin D 3 drops only. Within minute the mother asked me "Doc wasn't this company banned in Guatemala for substandard cough syrups". I explained to her patiently that this was a false news and later the company was cleared of all the wrongdoings. I wanted to ask her desperately where Guatemala was but better sense prevailed.

After I received my consultation fee I quickly shouted "Next patient please" so that I could be relieved of Mrs. Google's Google 'Gyan'. Little did I imagine that a harried Mrs. Google would call me up at 2 AM, Doc "There is an outbreak of Zika virus in Rio Di Janeiro, I am worried about my baby". Being dragged out from the beloved arms of Morpheus I was slightly irritable and could only mutter "Rio is far away".

Visits from Mrs. Google became quite frequent, each visit meant a shiny BMW parked outside my clinic, the air smelling heavily of the latest Chanel 9 perfume and the waiting room full of anxious patients as Mrs. Google would take her own sweet time. From painless vaccines to aluminum content of each brand Mrs. Google would engage me in a dialogue which required full usage of my grey cells.

After some visits an unseen bond was formed wherein, she would bring in her I pad which had a series of questions and data which the latest search engine could provide, which I had to answer. I was reminded of BBC Mastermind India wherein Mr. Basu would fire the questions to the contestants sitting on a black chair, the only difference being I was getting a measly Rs 200 for answering Mrs. Google.

On a rainy evening wherein, I was busy watching the latest TV divas on Facebook when suddenly my wife barged into my clinic saying excitedly "Listen I have an idea which would do wonders to your practice, Joy whipped my heart to a gallop". I excitedly asked "How?". She said "Advertise on social media, Ask your patients for reviews". Suddenly I was reminded of Mrs. Google, I had patiently solved her queries on multiple occasions. As luck would have it Mrs. Google walked in with her entourage. I blurted "Madam! How about a review of your pediatrician on Google". Actually, Doc I am not into Google these days, I have come out of the virtual world...

I could only mutter "Oh! Google".

Office Practice

# Practice Points in Managing Rabies



**Dr Raj Kumar Goyal**  
Senior Pediatrician  
EHCC Hospital, Jaipur

Rabies is a fatal tropical disease, claiming the lives of thousands of people annually in the endemic areas (mainly in Africa and Asia). It is a zoonotic viral disease where the viruses of the Lyssavirus genus are transmitted to the host via the saliva of an infected animal. Dogs are the most important reservoir for rabies viruses, and dog bites account for >99% of human cases. The infection involves the peripheral motor neurons initially, and florid symptoms are seen once the virus reaches the central nervous system. Development of the clinical disease invariably follows a fatal course. In case of an animal exposure, clinical disease can be effectively prevented by a timely post-exposure prophylaxis, depending on the exposure category, which includes local wound decontamination, rabies vaccination, and immunoglobulin administration. The primary prevention is aimed at the vaccination of stray dogs. A holistic approach is required to eradicate human rabies, involving both the government and the public by spreading disease awareness, early post-exposure prophylaxis, adoption and immunization of stray dogs, and pre-exposure vaccination of at-risk people. Prevention is the key to achieve the WHO goal of reducing the number of cases of dog-mediated human rabies to zero by 2030.

**Key points for Office Practice:**

- \* Rabies is a universally fatal disease with no cure, prevention is the only key.
- \* High index of suspicion for rabies should be kept in cases with animal exposure and atypical symptoms.
- \* Exposure or bites by all mammals, except domestic rodents, require PEP. Consumption of raw meat or raw milk of a rabid animal does not require PEP.
- \* All exposures by wild animals are considered Category III exposure.
- \* In case of any doubt about the exposure, PEP should be offered.
- \* In Immunocompromised patients, Category II exposure is also treated as Category III exposure.
- \* Irrespective of the vaccination status of the biting animal, PEP should be given.
- \* PEP should be started immediately after the exposure (Not after the observation period of 10 days)
- \* Wound cleaning is a must in all categories of bites, with soap and water for 15 minutes, followed by application of 70% ethanol/alcohol or povidone-iodine.
- \* Healthcare workers should not touch/treat the wound with bare hands.
- \* Bandaging and suturing of the wound should be avoided, if unavoidable should be done only after RIG/RmAb infiltration.
- \* Pregnancy, lactation, infancy, old age, and concurrent illness are not contraindications to PEP (including RIG/RmAb).
- \* PEP: Category II (Vaccine) & Category III (Vaccine + RIG/RmAb).
- \* PEP: One-site IM (1 vial) on days 0, 3, 7, 14, and 28.
- \* PrEP: One-site IM (1 vial) on days 0, 7, and either day 21 or 28.
- \* Rabies vaccines are given in the same dose and schedule at all ages, sex and body weight.
- \* Rabies vaccine should never be given in the gluteal region.
- \* Long & variable incubation period provides an opportunity to initiate PEP even years later including RIG.
- \* RIG/RmAb is indicated with even a micro-droplet of blood visible at bite wound.
- \* RmAb preferable to HRIG or ERIG (safer, effective & economical).
- \* Dose of ERIG: 40 IU/kg, HRIG: 20 IU/kg, Rabishield: 3.33 IU/kg, Twinrab: 40 IU/kg.
- \* RIG/RmAb should be infiltrated into or as close to the wound.
- \* RIG/RmAb should not be given beyond the 7th day after receiving the first dose of the rabies vaccine.

- \* An IM injection of RIG/ RmAb is indicated in the case of probable RABV exposure via aerosols. On re-exposure after a complete PEP or PrEP): within 3 months: only proper wound washing; beyond 3 months: One-site IM (1 vial) on days 0 and 3, RIG is not needed; and in immunocompromised patients: full PEP including RIG/RmAb if indicated is given.
- \* Always document the exposure category on the patient record sheet and mention the appropriate PEP.
- \* Informed consent should be taken from patients refusing PEP.
- \* Counsel parents to take PrEP for children, as they are at a higher risk, due to their short stature (bites close to brain) and exploratory nature (provocation of animals).
- \* Counsel parents to vaccinate their pets, educate their children to report any exposure immediately, and avoid contact with unfamiliar animals.
- \* Counsel patients that following proper, timely, and complete PEP is 100% preventive from rabies

## Fever and Neck Stiffness : Clinical Tips



**Prof. Rupesh Masand**

HOD, Pediatric Medicine MG Medical College, Jaipur

Clinical Presentation	Appearance of patient	Possible Clinical Diagnosis
Fever & neck stiffness	unable to look up abscess	Retropharyngeal
+		
Sore throat, drooling of saliva, dysphagia, stridor, respiratory distress		
Fever & neck stiffness +mouth (trismus) sore throat, drooling of saliva, dysphagia, stridor, respiratory distress	Unable to open the abscess	Parapharyngeal
Fever & neck stiffness	Unable to look down	Meningitis
+		
Irritability, vomiting, seizures, altered sensorium, ± respiratory distress		
Fever without neck stiffness	Tripod position (Sits	Epiglottitis
+		
sore throat, drooling of saliva, dysphagia, stridor, respiratory distress	thrusts jaw out, supports self on knees or surface	

The National Mid-Term Conference of the Paediatric Infectious Disease Academy (PIDA Midterm 2025) was successfully held on 5th & 6th July 2025 at the Rajasthan International Centre (RIC), Jaipur. The conference served as a premier platform for paediatricians and infectious disease specialists to exchange knowledge, share clinical practices, and strengthen collaborations.

The conference witnessed the participation of over 400 delegates and 150 faculties from across India. Leading academicians, clinicians, and young researchers actively engaged in the academic and scientific sessions.

The scientific program featured 12 keynote guest lectures, 21 panel discussions, oral paper presentations, and 100+ E-posters covering

crucial topics such as neonatal sepsis, antimicrobial resistance, pediatric meningitis, and vaccination challenges. The Pre-conference Nurses Workshop on Infectious Disease Control at Hope Hospital, Jaipur, also received an excellent response.

A cultural musical evening was organized on 5th July at the Convention Hall, RIC, which provided an excellent networking platform for faculty and delegates.

The conference reaffirmed the importance of evidence-based approaches in pediatric infectious diseases, highlighted the role of collaborative research, and encouraged young clinicians to actively participate in academic pursuits.



The 2025 Doctors' Day Celebration and Award Ceremony was held on July 4, 2025 to honour outstanding pediatricians of Jaipur for their invaluable service and contribution in child health. Luminaries like Dr. S.P. Sudrania, Dr. Meenakshi Sharma, Dr. G.C. Bothra & Dr. S.D Sharma regaled the audience with captivating anecdotes, emotional stories and recollections of yesteryear. The presence of Dr. Ashok Kasliwal, Dr. B.K. Jain, Dr. Meenakshi Sharma, Dr. S. Sitaraman, Dr. A. Pathan, Dr. A. Kamdar & Dr. Tarun Patni added grace to the occasion.



## Roll of Honour

**Lifetime Achievement Awards**

Dr. Alok Gupta, Dr. Kusum Devpura,  
Dr. Manish Sharma, Dr. N.B. Rajoriya, Dr.  
Pradeep Vyas, Dr. Ram Babu Sharma,  
Dr. Sanjiv Hooja, Dr. S.D. Sharma, Dr. Yash Paul.

**Special Lifetime Award**

Dr. Sanjay Prakash Kulshreshtha.

**Excellence in Pediatrics Awards**

Dr. Anurag Sharma, Dr. Anurag Tomar,  
Dr. Kishore Agrawal, Dr. Kulbhushan Gupta,  
Dr. Manish Mittal, Dr. Mukesh Gupta,  
Dr. O.P. Balodiya, Dr. Rupesh Masand,  
Dr. Sanjay Khatri, Dr. Satyen Hemrajani

**Star Pediatrician Awards**

Dr. Abhay Shivpuri, Dr. Akash Sharma,  
Dr. Ajay Goenka, Dr. Gunjuna Kumar,  
Dr. Natwar Parwal, Dr. Pawan Sulaniya,  
Dr. Rohit Jain, Dr. Shikha Garg,  
Dr. Sunil Gothwal, Dr. Surendra Sharma,  
Dr. Varnit Shanker, Dr. Vijendra Garg.





After a gap of 17 years, Jaipur IAP celebrated a family picnic. 195 participants joined in the fun, frolic and festivity of the occasions. The highlights included especially curated games, singing, camel rides, dances, a magic show and special items for children. It is noteworthy to mention that no cover charges or sponsorship was taken. The enthusiastic participation of seniors and juniors alike made it a truly memorable day.





## Breast Feeding Week Posters

**सच बेधड़क**  
7 August 2025  
सनमान के महत्व पर कार्यशाला

सच बेधड़क, जयपुर में आयोजित कार्यशाला के अंतर्गत, अस्पताल में सुदृढ़ और जिम्मेदार माताओं का आतिथ्य किया गया। कार्यशाला में, सुदृढ़ भोजन के अभाव कि माताओं को प्रेरणा और उत्साह प्रदान की। अस्पताल के नर्सों के साथ भी जानकारी प्रदान की गई। अस्पताल की नर्सों को प्रेरणा दी। अस्पताल में अभाव की समस्या को पहचानने और सुलझाने में सहायता दी। अस्पताल में अभाव की समस्या को पहचानने और सुलझाने में सहायता दी। अस्पताल में अभाव की समस्या को पहचानने और सुलझाने में सहायता दी।

**“मां का दूध है अमृत” जनाना अस्पताल में नुककड़ नाटक से दिया जागरूकता का संदेश**

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## BREAST FEEDING WEEK

Breastfeeding Week was organised across Jaipur with great enthusiasm. The campaign included special outreach and public awareness programs to sensitise and reinforce the importance of breast feeding. The events included workshops, quiz contests and poster making competitions at J K Lon Hospital, Zenana Hospital, Mahila Chikitsalya, UHTC and many other, medical centres. A skit and nukkad natak for public awareness was done at Zenana Hospital. Extensive coverage by the media helped in spreading the message.

**HELLO DOCTOR LIVE PHONE IN**  
श्री. सुजीत गोठवाल  
0141-2704999  
0141-2704998

**विश्व सनमान सप्ताह "मां का दूध है अमृत"**  
04-08-2025  
1177 836 727 795 831 333 843

**“मां का दूध है अमृत” जनाना अस्पताल में नुककड़ नाटक से दिया जागरूकता का संदेश**

जयपुर (सुदृढ़ बेधड़क)। विश्व सनमान सप्ताह के अंतर्गत में अस्पताल में सुदृढ़ और जिम्मेदार माताओं का आतिथ्य किया गया। कार्यशाला में, सुदृढ़ भोजन के अभाव कि माताओं को प्रेरणा और उत्साह प्रदान की। अस्पताल के नर्सों के साथ भी जानकारी प्रदान की गई। अस्पताल की नर्सों को प्रेरणा दी। अस्पताल में अभाव की समस्या को पहचानने और सुलझाने में सहायता दी। अस्पताल में अभाव की समस्या को पहचानने और सुलझाने में सहायता दी। अस्पताल में अभाव की समस्या को पहचानने और सुलझाने में सहायता दी।

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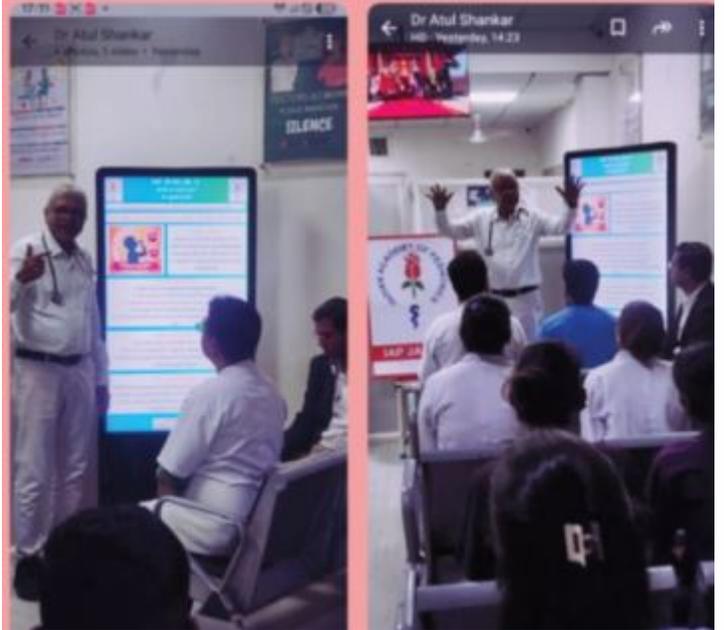
Media Coverage

Media Coverage



# ORS Day

ORS Day activities were held throughout Jaipur for the lay public and paramedical staff. The drive was to educate and create awareness about the life-saving potential of ORS and the correct method of preparation and administration. The campaign received good media coverage. A quiz for nurses and ORS Day Poster was also launched.



A series of lectures, programs on mass awareness and hands on training about the life-saving potential of CPR were held. Almost 400 cadets received live skill training at the at the Rajasthan Police Academy. Presentations were held at the University of Rajasthan, JKlon Hospital and various private hospitals. Members of EB Jaipur IAP spearheaded this initiative that also received extensive media coverage and appreciation from citizens.



सी पी आर कार्यशाला में बेसिक लाइफ सपोर्ट्स की ट्रेनिंग दी



राजस्थान राजस्थान, जयपुर। ग्लोबल हेल्थ एंड वेलफेयर सोसायटी द्वारा बियेक विहार स्थित फिटयोग संस्थान में सी पी आर कार्यशाला आयोजित हुई।

राजस्थान नेटवर्क न्यूज़

17-07-2025 जयपुर, राजस्थान Digital Media Page

सी पी आर कार्यशाला में बेसिक लाइफ सपोर्ट्स की ट्रेनिंग दी



जयपुर। राजस्थान नेटवर्क न्यूज़। ग्लोबल हेल्थ एंड वेलफेयर सोसायटी द्वारा बियेक विहार स्थित फिटयोग संस्थान में सी पी आर कार्यशाला आयोजित हुई।

सीपीआर वर्कशॉप

लाइव डेमो देकर लोगों को दी जीवन बचाने की ट्रेनिंग

सिटी रिपोर्टर | ग्लोबल हेल्थ एंड वेलफेयर सोसायटी की ओर से बियेक विहार स्थित फिटयोग संस्थान में सीपीआर कार्यशाला आयोजित की गई। इसमें बेसिक लाइफ सपोर्ट्स की ट्रेनिंग दी गई।



# Feather in Jaipur IAP's Cap



It's a matter of great pride that IAP Jaipur Branch shall be getting the Best Branch Award (2nd prize) in the category of Membership Strength 501 and above. The award will be conferred at IAP Pedicon 2026 during the inaugural ceremony on January 17, 2026 in Kolkata. This accomplishment ensues from the vision of the new Jaipur IAP leadership to implement a structured membership drive in order to foster greater inclusivity within the fraternity. The initiative was led under the guidance of President Dr. Atul Shanker, Secretary Mohit Vohra & Treasurer Dr. Neha Agrawal. Dr. Rajesh Mathuria was made the Taskmaster of this campaign. His tireless effort, commitment & pro-active approach along with inputs from other members of core team ensured the successful implementation this milestone. This achievement is a testimony to the collective commitment, dedication and unity of the Jaipur IAP fraternity.

## Dr. Shikha Garg National Convener IAP-ICP NextGen Pediatrics SMART OPD Course

It's a matter great pride that Dr. Shikha Garg had the honour of being Faculty and National Convener for first ever certificate course - NextGen Pediatrics : SMART OPD for Intact Survival under the aegis of IAP-ICP and insightful guidance of Prof. S. Sitaraman, VC Indian College of Pediatrics. This course was a hybrid of six months of online classes that focused on various developmental assessments and incorporated topics like medico legal issues finance and social media.

From concept to convocation Dr. Shikha Garg has been part of the this journey of learning re-thinking of OPD practices and outcomes that truly matter.



## Dr. Swati Ghatge Elected EB Member North Zone Central AHA-2026

Dr. Swati Ghatge



A veteran, adolescent expert, Dr. Swati Ghatge got the distinction of being elected as EB North Zone Central AHA 2026 - a post she had held earlier in 2020. She was also felicitated by CIAP President Dr. Vasant Khalatkar, President Elect Dr. Neelam Mohan and HSG Dr. Yogesh Parikh for conceptualising the first IAP-ICP certificate course on 'Mental Health in Children and Adolescents.' Dr. Swati is a regular contributor to AHA's various projects. She has edited two IAP-AHA textbooks on Adolescent Health.

## Dr. Dhananjay Mangal Appointed EB Member, NNF Board-2026



Dr. Dhananjay Mangal was appointed as EB Member of the NNF Board for 2025-2026 during the annual NNF Conference held at Vizag recently. This accolade is a recognition of his leadership and innovation as a neonatologist.