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#125



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Beyond Weight Loss

Understanding Obesity and Metabolic Health

Q1. What is obesity, and why is it considered a disease rather than just excess weight?

Obesity is defined by the World Health Organization (WHO) as “abnormal or excessive fat accumulation that presents a risk to health.” For the Indian population, obesity begins at a BMI $> 28 \text{ kg/m}^2$ and a waist circumference $> 90 \text{ cm}$. Obesity leads to metabolic, hormonal, and inflammatory changes that increase the risk of—and worsen—conditions such as type 2 diabetes, hypertension, heart, kidney, liver, and thyroid diseases, hypogonadism, and certain cancers.

The mechanical burden of obesity also causes early degeneration of the heart, lungs, spine, and weight-bearing joints. Scientifically, obesity is recognised as a chronic, serious disease. While lifestyle and behavioural changes, healthy diets, and exercise are important components of treatment, “just diet and willpower” do not significantly help patients once the BMI crosses 30 kg/m^2 .

At this stage, appropriate medical evaluation and evidence-based scientific treatments play a crucial role in reversing obesity and its related diseases.



Q2. Who is the right candidate for bariatric/metabolic surgery?

Patients with a BMI $\geq 35 \text{ kg/m}^2$, with or without obesity-related diseases (such as diabetes, hypertension, or sleep apnea), are eligible. Recent guidelines suggest that to achieve the best long-term results—especially to prevent rapid exhaustion of pancreatic beta-cell mass—bariatric and metabolic surgery should be offered to patients with obesity above a BMI of 35 kg/m^2 .

Surgery may also be considered for individuals with a BMI of $30\text{--}34.9 \text{ kg/m}^2$ who have type 2 diabetes and central obesity, particularly in Asian populations where metabolic risk occurs at lower BMI levels. A thorough medical, nutritional, and psychological evaluation is essential to ensure that the patient is fit for surgery and committed to long-term follow-up.

Q3. Do patients still need lifestyle changes after bariatric surgery?

Yes. Surgery is a powerful tool, but it works best when combined with behavioural changes. Patients should follow a protein and fibre-based, nutrient-dense diet, engage in regular physical activity, stay hydrated, avoid smoking, and take prescribed vitamin and mineral supplements.

Without proper lifestyle support and follow-up, weight regain or nutritional deficiencies may occur. Long-term success depends on commitment, regular monitoring, and a multidisciplinary healthcare team.

Q4. How do weight-loss medications like GLP-1 agonists compare to surgery?

Medications such as GLP-1 agonists have shown meaningful weight loss (approximately 10–15% of excess weight) and improved diabetes control. However, large-scale evidence





indicates that bariatric surgery typically results in greater and more durable weight loss (over 50–60% of excess weight) and higher rates of diabetes and other disease remission.

In selected patients, a combination of medication and surgery may be appropriate, but this decision must be individualised and guided by a specialist.

Q5. Why is obesity and diabetes awareness especially important in India?

In India, people tend to develop type 2 diabetes and metabolic complications at a younger age and at lower BMI levels compared to Western populations, due to higher visceral fat and genetic predisposition.

This makes early awareness, screening, and timely referral for metabolic health extremely important. With the rising “twin epidemics” of obesity and diabetes, population-level education and early scientific intervention are far more effective than waiting for advanced complications.

Q6. Is bariatric surgery only for very obese people who have “failed dieting”?

No. The belief that surgery is merely a last resort after diet failure is outdated. Emerging guidelines recognise metabolic surgery as a valid treatment option for people with moderate to severe obesity and diabetes or related diseases. Early referral, when eligibility criteria are met leads to significantly better outcomes.

Q7. Message for every healthcare professional

Obesity and type 2 diabetes are treatable medical diseases—not just lifestyle issues. Early intervention through healthy habits, timely medical therapy, or metabolic surgery when indicated can add many healthy years to a patient’s life.

Do not wait for complications. For patients with excess weight, elevated blood sugar, or related conditions, early referral leads to better outcomes.



DR. JAYASHREE TODKAR
Consultant, Bariatric Surgery



EVENTS AND ACTIVITIES

Dialysis Beyond Textbook 3.0

The Renal Unit conducted its 3rd edition of 'Dialysis Beyond Textbook' CME on 8th & 9th Nov 2025.

It was inaugurated at the hands of Drs Xerxes Coyaji, Rakesh Shah, Farrokh Wadia, MM Rajapurkar & Shirin Wadia by lighting the traditional lamp.

Focusing on the practical aspects of dialysis (as it does every year) the programme aims (as the title suggests) at educating the nephrologist and nephrology students on various aspects of dialysis which may not necessarily be covered in the textbooks.

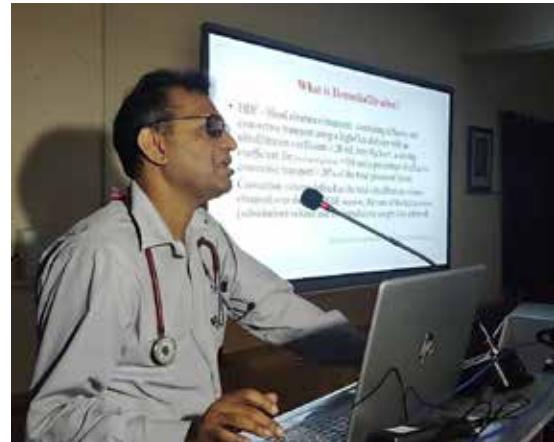
The larger goal is to elevate the standard of care of dialysis patients across the country.

This year, the programme attracted the participation of 80 delegates and faculty, drawn from various parts of the country, and from as far as Alapuzha, Thiruananthpuram and Dehradun. Even senior Nephrologists and HODs were part of the delegates.

The faculty included Dr. Mohan Rajapurkar, an alumnus of KEM Hospital Medicine Department and a nationally acclaimed and highly respected nephrologist.

Several alumni of KEMH Renal Unit were also part of the faculty. They included Dr. Siddhesh Dhaygude, Dr. Sharon Kandari, Dr. Punit Chhajed and Dr. Madhura Fadnis.

The scientific programme was well appreciated by the delegates. This could be judged by the full auditorium and discussion carried on even through lunch and well after the end of the programme.





EVENTS AND ACTIVITIES





EVENTS AND ACTIVITIES





EVENTS AND ACTIVITIES

Skin Care Camp

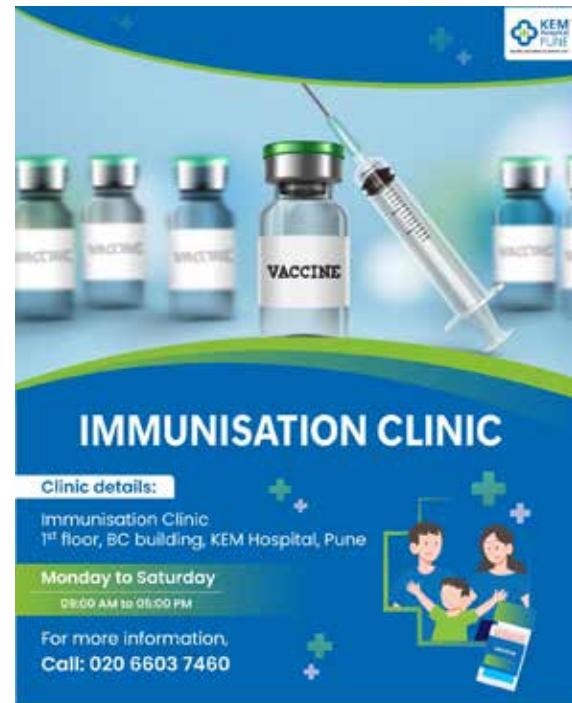
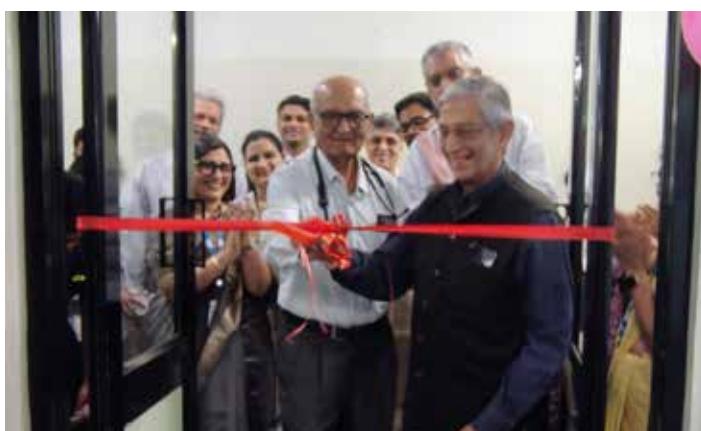
KEM Hospital Pune successfully concluded a special Skin Care camp dedicated to promoting healthy, radiant skin through expert dermatology and aesthetic care.

The camp witnessed enthusiastic participation, with patients availing comprehensive skin consultations, guidance on preventive skin health, and advanced aesthetic treatments.



Inauguration of Immunisation Clinic

KEM Hospital launches its Immunisation Clinic, your one-stop center for complete vaccination care. From infants to adults, vaccination plays a vital role in protecting against preventable diseases. Stay up to date, stay protected, and take a step towards a healthier future for you and your family.





Press Conference for Diabetes Unit

Diabetes due to Undernutrition? That's the story of type 5 diabetes

A newly published paper in 'The Lancet' focuses on an unusual type of diabetes seen in undernourished populations, which needs proper documentation and deeper research to understand its complex causes and the most appropriate treatment. This follows the international consensus meeting in Vellore, India held in January 2025 where it was called 'type-5 diabetes' to distinguish it from the two common varieties of diabetes (type 1 and type 2) and other rare genetic and secondary diabetes. The primary purpose of the new consensus and nomenclature is to attract the attention of multiple stakeholders to this variety of diabetes and encourage further research.

World renowned Diabetes Researcher and Head of Diabetes Unit of KEM Hospital, Pune Dr. Chittaranjan Yajnik who is one of the authors said that 'Diabetes is usually equated with over nutrition. But it is reported repeatedly in the last 75 years that many people with diabetes are not over-nourished, obese or overweight, especially in the developing world. They are either normal weight or lean or even underweight. This was described as malnutrition-related diabetes. Such descriptions came from predominantly tropical countries and regions like Africa, Jamaica, and India, which have been impoverished for many centuries.'

Diabetes is a complex disease caused by both genetic and environmental factors, their influence varying across different forms. Rare genetic types result from major mutations,



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but most cases involve a mix of modest genetic risk and significant environmental triggers. Type 1 diabetes, seen in less than 5% of patients, results from immune-driven destruction of insulin-producing cells in genetically predisposed individuals, often triggered by infections, food components, or toxins. It usually occurs in childhood. The most common form, type 2 diabetes, accounts for over 90% of cases and results from the interaction between complex genetic factors

and a multitude of environmental influences. Environment is a major driver. Emerging evidence suggests that conditions in the womb—such as poor maternal nutrition, stress, obesity, or toxins—can affect organ development and increase lifelong diabetes risk, a concept known as fetal programming. Both low and high birthweights raise this risk. Indian babies, have the lowest average birthweight globally, and are particularly vulnerable. Later life factors like unhealthy diets, inactivity, stress, and poor sleep also raise diabetes risk. Indians are more prone to diabetes at a young age and at lower BMI. This seems to be due to a unique “thin-fat” body type which results from prenatal undernutrition. Historical deprivation has worsened this trend. The most dangerous scenario to get type 2 diabetes is being born small but becoming overweight in later life. In women, it also raises the risk of gestational diabetes, which in turn increases the risk of diabetes in their children.

Due to varied genetic and environmental factors, type 2 diabetes is highly heterogeneous. It broadly includes all non-type 1, non-genetic, and non-secondary diabetes cases. Sub-grouping based on pathophysiology, complications, and treatment response began in Sweden, with India describing its own subtypes in Pune and Chennai. Unlike Western patients, Indian patients are often younger and thinner. A comparison of sub-groups of diabetes in India (Pune, Ahmedabad and Assam) with Swedish patients showed that 2/3rds of Indian patients belonged to the relatively thin insulin-deficient variety, while 2/3rd in Sweden were obese and insulin resistant. Persistent lifelong undernutrition in the impoverished populations may lead to what is now called ‘type 5 diabetes’.



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The Lancet paper summarises the current concepts which define the characteristics of type 5 diabetes patients. Broadly, they are from socio-economically deprived populations (LMICs and rural communities), have low BMI, are insulin-deficient and have high glucose levels but do not develop ketoacidosis (unlike type 1 diabetes). On specific testing, they are insulin-sensitive. They do not show the major genetic mutations of diabetes and their pancreas doesn't show stones and damage. More research is needed to define the genetic basis of this subgroup.

Such cases of diabetes were called 'malnutrition-related diabetes'. WHO had accepted it as a separate class in 1985 but withdrew the recognition in 1999 for an apparent lack of crucial data. The International Diabetes Federation recognised type 5 diabetes as a subtype of diabetes during their recent meeting in Bangkok (April 2025) and promoted establishing a working group to further investigate this variety of diabetes. Dr. Yajnik added that this recognition will help improve acceptance of the condition and attract funding for research. India is expected to make a substantial contribution to this activity.

The Way Forward

Type-5 diabetes is not just a matter of nomenclature but a call for action. "If Type-2 diabetes demands that people eat less and walk more, Type-5 diabetes poses novel challenges - these patients are already eating less and working hard," noted Dr. Yajnik. "There is an urgent need to study its genetic, intrauterine, epigenetic, and nutritional underpinnings, and design treatments accordingly."

With undernutrition re-emerging globally due to climate change, migration, famine, and conflicts, Type-5 diabetes may assume far-reaching implications. Its proper documentation and research could pave the way for preventive strategies and tailored treatments that address both ends of the nutrition spectrum.



EVENTS AND ACTIVITIES

WORLD DIABETES DAY ON NOV 14
Researcher underscores need to take action for Type-5 diabetes linked to undernutrition

Anuradha Mascarenhas
 Pune, November 10

If TYPE-2 diabetes demands that people eat less and walk more, then Type-5 diabetes poses novel challenges, said eminent diabetes researcher and Head of Diabetes Unit of KEM Hospital, Pune, Dr. Chittaranjan Yajnik on Monday.

In a recent paper published in *The Lancet Global Health*, Dr. Yajnik, who among other authors is said to be an unusual form of diabetes being seen among underprivileged populations, "There is an urgent need for systematic documentation and deeper investigation into the complex causes and appropriate treatment strategies," he said.

The Lancet report follows an international consensus meeting held in Vilnius, India, in January 2023, where experts pro-

Dr. Chittaranjan Yajnik, head of Diabetes Unit of KEM Hospital in Pune, 2023

are insulin-sensitive. They do not show the major genetic mutations of diabetes and their parents don't show stones and damage.

The International Diabetes Federation recognized Type 5 diabetes as a subtype of diabetes during their recent meeting in

De Rakesh Shah, Chief Operating Officer, KEM Hospital were also present on the occasion.

ClubOne KEM empowering lives

ClubOne KEM, a unique client support initiative to enhance the quality of life of individuals living with Type 1 diabetes, also > than 1,700 Type 1 diabetics. This occurs mostly in children and teens. They need insulin injections to keep glucose levels in check and would not be without insulin, said Smita Dhadke, a diabetes and sleep medicine expert at the hospital.

The Madhavrao Shinde application was developed specifically for Type 1 diabetes patients and their family available free on An IOS. This app gives users the ability to log in and out of the app with over 2,000

मधुमेहींसाठी सुल केलेल्या विविध उपक्रमांमुळे दैनंदिन आयुष्य अधिक सुकर



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टाईप ५ डायबेटिसर अधिक संशोधन गरजेचे : लॅन्सेटमधील प्रकाशित शोधनिवंधाचा निष्कर्ष



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मधुमेह दिवस

Type 5 diabetes paper published

Report in medical journal 'The Lancet' states that deeper research is needed to understand the causes

"With undernutrition re-emerging globally due to climate change, migration, conflict, and conflicts, Type 5 diabetes may assume far-reaching implications. Its preventable strategies and research could pave the way for both ends of the nutrition spectrum."

— Dr. Chittaranjan Yajnik, *Diabetes*

2 April 2023

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Editorial



ClubOne KEM Overnight Outdoor Camp for Youth with Type 1 Diabetes

As part of ClubOne KEM activities and in celebration of World Diabetes Day, the Diabetes Unit, KEMHRC Pune, organised an overnight outdoor educational camp for young individuals living with Type 1 Diabetes, aged 15 to 25 years. The camp was held on 8th and 9th November 2025 at Royal Karjat Camp, with a total of 60 participants in attendance.

The main objective of the camp was to promote community bonding, enhance self-management skills, and provide hands-on training in diabetes management in situations such as travel and exercise.

The camp began on the evening of 8th November with a truly inspiring session by Everest climber Mr. Santosh Dagade, whose powerful story motivated participants to pursue their dreams without limitations. He emphasized the importance of determination, discipline, and self-belief in overcoming challenges.

The evening concluded with a campfire session, providing a relaxed atmosphere for participants to interact, build new friendships, and strengthen their sense of community.





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The next day began early with a serene nature walk along the Ulhas River, allowing participants to immerse themselves in the beauty and calm of the natural surroundings. The group also enthusiastically participated in adventure sports such as rappelling, rock climbing, slacklining, and swimming, which helped build confidence, teamwork, and a fearless approach to life's challenges—including those related to diabetes.

In addition, participants engaged in an open and interactive discussion with the Diabetes Unit team on the practical challenges of managing diabetes in everyday life, including social stigma, challenges at school, and issues related to marriage.

Throughout the camp, the Diabetes Unit team emphasized the importance of frequent blood glucose monitoring and the practical application of hypoglycemia management during physical exercise and travel.



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The camp provided a valuable platform for peer bonding and friendship-building, as many participants connected deeply with others who share similar life experiences.

This memorable camp concluded with a collective commitment from all participants to work together toward better diabetes self-management, healthier lifestyles, and improved long-term outcomes.





EVENTS AND ACTIVITIES

Picnic for Cochlear Implant Champions

This Children's Day, we stepped out of the hospital setting and into a world of fun with a special picnic for our Cochlear Implant champions! Filled with laughter, bonding, and joyful moments.





EVENTS AND ACTIVITIES

Joy In Every Stroke

Children's Day Special Activity at KEM Pune





EVENTS AND ACTIVITIES

Celebration of World Prematurity Day

On the occasion of World Prematurity Day, an insightful and heart-warming session was organised at the NICU, dedicated to our resilient little fighters and their strongest supporters—the mothers.

The session focused on creating awareness about premature birth, newborn care, and the importance of emotional well-being, while addressing mothers' concerns through expert guidance and interaction. It served as a reassuring platform to empower mothers with knowledge, confidence, and hope during their NICU journey.





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KEM Hospital, Pune Enhances Diagnostic Services for Haemoglobin Disorders with New HPLC Machine Donated by Finolex Industries Ltd.

KEM Hospital, Pune successfully conducted the Handing Over Ceremony of the newly installed HPLC Variant II Machine on 24th November 2025. This advanced diagnostic system has been generously donated by Finolex Industries Ltd. to support and strengthen the hospital's services in the diagnosis of Haemoglobinopathy and Thalassemia.

Haemoglobin disorders remain a major public health concern in India, affecting infants, children, adolescent girls, and pregnant women. The Department of Pathology at KEM Hospital has been providing Haemoglobin Electrophoresis testing for over two decades at an affordable cost, ensuring access to early detection and timely patient management.

Shirin Wadia, CEO of KEM Hospital, Pune said that the installation of the HPLC Variant II Machine is a significant milestone in our ongoing commitment to fight haemoglobin disorders. With this advanced technology and the generous support of Finolex Industries Ltd., we are now better equipped to ensure timely, accurate, and affordable diagnosis for patients who need it the most.

“Our mission has always been to ensure that quality healthcare reaches every individual, regardless of their background. This contribution is a step toward securing a healthier future for countless families. We are proud to partner with KEM Hospital in strengthening diagnostic services that can transform early care and outcomes for patients with haemoglobin disorders.” Said Ritu Chhabria, Managing Trustee, Mukul Madhav Foundation



EVENTS AND ACTIVITIES



This initiative reinforces the shared commitment of KEM Hospital and Finolex Industries Ltd. toward improving community health, expanding access to critical medical services, and reducing the burden of genetic blood disorders across the region.



पुणे (दै. आरंभ पर्व)
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 दरत निदान व व्हायरलिंग
 तेवा प्रदान करण्यासाठी आपाही
 अधिक स्थान डाळू आहेत.





KEM Clinical Meet – Third Session

We are pleased to share that the second session of the 'KEM Clinical Meet' was successfully conducted on 27th November, following the overwhelming success of the inaugural session. This initiative continues to serve as a strong platform for knowledge exchange, creating awareness about the excellent clinical work across departments, and fostering interdisciplinary collaboration. Beyond academics, it aims to strengthen best practices through shared learning and collective insights. Abstracts of both cases presented during this session:

Case 1: Genetics and Hematology: Personalised genomics

Genetics has revolutionised the clinical care in almost every speciality. Once thought to be rare, slowly it has paved the way in common clinical scenarios. It is now assumed that every individual needs some kind of genetic testing at least once in their lifetime. It has the





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power of guiding major decisions with an early and precise diagnosis/ prognosis/ planning surveillance/ future lifestyle/ reproductive decisions or truly a personalised medicine. Every genome is unique and is made up of 6 billion alphabets [nucleotides/DNA bases], packed in about 25000 chapters [genes]. Out of this 6 billions alphabets, every individual is likely to harbor one spelling difference/variation every 1000 bases. This may lead to individual differences in traits or may predispose to certain diseases. Genomics empowers clinicians and families to learn about those individual genomic differences and provide personalised counseling and management. Here we would like to present in our experience of personalised genomics in Clinical Hematology.

1. Two years boy, allergic/asthmatic features/ eczematous lesion on right ring finger. WBC count was found to be high during NICU admission due to ?sepsis ?? Aspiration. History of severe respiratory tract infections at 4 months and immunodeficiency workup was normal. Exome sequencing suggested a pathogenic variant in GATA1 gene, which is associated with Immunodeficiency type 21 and Susceptibility to Myelodysplastic conditions. The





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discussion will highlight the power of detecting significant genomic finding in an asymptomatic/very early symptoms, dilemma about future management, paucity of literature around most of the genomic variants [theoretical possibility of 100s of millions of such variants and each variant is unique], continuing literature search, ethical dilemmas and multidisciplinary approach to personalised genomics.

2. Ten years boy, diagnosed with inflammatory bowel disease - ulcerative colitis at 5 years of age and was under follow up with pediatric gastroenterologist. At ten years, diagnosed with T-cell lymphoblastic lymphoma following an episode of breathing difficulty and mediastinal mass. Exome sequencing identified a homozygous variant in IFIH1 gene and was classified as of uncertain significance by the testing laboratory. Variants in IFIH1 gene are associated with dominant Aicardi-Gourtieres syndrome, dominant Singleton-Merten Syndrome and recessive Immunodeficiency type 95. This variant was never reported in literature with only 40 cases with recessive / immunodeficiency phenotypes. Association of gene with recessive phenotype was not well established. After thorough literature search, clinical correlation, the variant was classified as likely pathogenic and was thought to be causative of the symptoms. The case will highlight the uncertainty of genomic findings, power of clinical correlation, continual accumulation of data and reclassification of genomic variant can help provide clarity in uncertain genomic results.

Case 2: Evolving trends in hematological malignancies!

In India, hematological malignancies tend to affect a relatively younger population—typically 5 to 10 years earlier than in Western countries. Furthermore, a change in the biological behavior of certain subtypes of blood cancers has been observed in recent years. We report two illustrative cases highlighting these trends. The first involves a 23-year-old female who presented with renal failure and cast nephropathy; serum protein electrophoresis revealed a monoclonal M band, and bone marrow examination demonstrated sheets of plasma cells with complete suppression of normal hematopoiesis. The second case pertains to a clinically stable male with pancytopenia who was diagnosed with acute promyelocytic leukemia (APL) harboring a three-way variant PML-RARA translocation



EVENTS AND ACTIVITIES



Kidney Disease Screening Camp

As part of its community outreach programme, the Renal Unit conducted a Kidney Disease Screening Camp for the teachers and staff of St. Vincent's School, Camp, Pune, on 28th November 2025.

The camp included a brief medical history focusing on risk factors and symptoms of kidney disease, physical examination with blood pressure measurement, and laboratory tests including serum creatinine, blood sugar, hemoglobin, and urine protein analysis. Participants were counselled on early recognition of kidney-related symptoms and on general measures to prevent kidney disease.

A total of 91 teachers and support staff attended the camp. After completion of the testing, all reports were reviewed by the doctors from the Renal Unit, and personalised advice was provided to each participant.

The Renal Unit regularly conducts such screening and awareness camps across Pune in schools, colleges, corporates, factories, and religious institutions. This camp marks the 7th such initiative in the past two years, reflecting the Unit's ongoing commitment to early detection and prevention of kidney diseases in the community.



Masterclass on Obstetric Doppler

KEM Hospital successfully conducted a Masterclass on Obstetric Doppler by Prof. S. Suresh, offering valuable insights into advanced Doppler techniques and their clinical application in obstetric care. The session was highly engaging and enriched participants with practical knowledge.





EVENTS AND ACTIVITIES



Fetal Medicine Conference Highlighting Advances in Early Diagnosis and Prenatal Care

KEM Hospital, Pune successfully conducted the third edition of the National conference on Fetal Medicine , bringing together leading experts to discuss advancements in prenatal diagnostics, fetal therapy, and the growing importance of fetal medicine as a specialized branch.

Experts at the conference highlighted that early intervention plays a vital role in improving outcomes for both mother and baby. Conditions such as fetal growth restriction, congenital anomalies, genetic disorders, and placental insufficiencies can often be identified early, facilitating multidisciplinary planning, targeted treatment, and—in certain cases—life-saving fetal procedures before birth. The National level conference saw presentations and guidance from various renowned experts including Dr. Manikandan Krishnan, renowned consultant in fetal medicine, Prof. Suresh Seshadri, Director of MediScan Systems Diagnostic Ultrasound, Fetal Medicine and Training Centre in Chennai, Dr.Sudarshan S. and Dr.Shreepad Karhade , HoD Fetal Medicine Department at KEM Hospital . The participants included gynaecologists, radiologists and fetal medicine experts .





EVENTS AND ACTIVITIES



This conference was organised as part of the hospital's ongoing commitment to continuous medical education, complementing its strong focus on clinical excellence and research.



Fetal medicine is rapidly emerging as a critical field in modern healthcare, focusing on the early identification, monitoring, and management of conditions affecting the unborn baby. With advancements in ultrasound technology and fetal imaging, clinicians can detect developmental anomalies as early as the first trimester. This early diagnosis allows timely interventions, informed decision-making, and better preparedness for high-risk pregnancies.



KEM Hospital's Department of Fetal Medicine has been a pioneer in providing comprehensive prenatal services in the region. The hospital offers advanced ultrasound evaluations, fetal echocardiography, growth and Doppler studies, genetic counselling, and coordinated care for high-risk pregnancies. Its multidisciplinary team—including maternal-fetal medicine specialists, neonatologists, geneticists, and obstetricians—ensures accurate diagnosis, compassionate counselling, and seamless care from pregnancy through delivery.



Dr. Manikandan Krishnan, renowned fetal medicine expert said that fetal medicine has four pillars , prevention , detection of abnormalities , treatment , support through making the couple get answers as they are overwhelmed with a lot of questions in their mind.



The challenge is that a vast majority of people because of lack of awareness come much later in the pregnancy said Dr.Sudarshah S. fetal medicine expert based out of Chennai. We need to create awareness that they should come before they plan a pregnancy where genetic counselling will also come into picture .

Speaking about the future of fetal medicine , he said that the research is going on multiple levels. We are doing a lot of research in AI to see how machine learning algorithms can be set up to read all the pictures and whether these algorithms can be incorporated in the ultrasound machines so that primary care level person can also see any red flags and refer it further



EVENTS AND ACTIVITIES



to the specialist. Advancement in research is also happening in abnormalities and genetic problems .

Speaking on the occasion, Dr. Xerxes Coyaji, Medical Director, KEM Hospital, Pune, said, "Fetal Medicine is transforming the landscape of prenatal care. Early and accurate diagnosis empowers families and clinicians alike, enabling timely interventions that can significantly improve perinatal outcomes. At KEM Hospital, our commitment is to ensure that every expectant mother has access to high-quality, evidence-based fetal care."



Fetal Therapy Consultants Dr. Shreepad Karhade and Dr. Shweta Gugale emphasized that parents and the public need to be aware that certain conditions identified during fetal life can be treated while the baby is still in the mother's womb. These treatment options are highly complex and require an advanced level of expertise, involving extensive training, close mentoring, and a highly skilled team of multidisciplinary subspecialists. "The right patient receiving the right treatment at the right time from the right team ensures the best outcome for the unborn child," they noted.

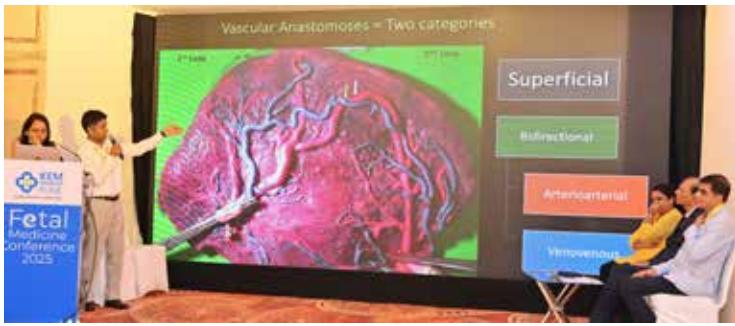


The event was led by Organising Chairperson Dr. Vivek Joshi, with Organising Secretaries Dr. Shreepad Karhade and Dr. Shweta Gugale, supported by an experienced scientific committee. The conference underscored KEM Hospital's commitment to expanding fetal medicine awareness and strengthening access to advanced prenatal care for families across





EVENTS AND ACTIVITIES





EVENTS AND ACTIVITIES



केईएम हॉस्पिटल पुणे तरफे फीटल मेडिसिन विषयावर राष्ट्रीय परिषद आयोजित

फीटल मेडिसिन हीत्रात भविष्यात एआची भूमिका





6th West Zone Neocon & 21st Mahaneocon

The KEM Hospital Pune Neonatology Team successfully organised the 6th West Zone Neocon and 21st Mahaneocon at AFMC, Pune, from 7th to 9th November, under the banner of NNF Pune.

The conference witnessed enthusiastic participation from neonatologists across four states—Gujarat, Rajasthan, Maharashtra, and Goa—along with representatives from the Armed Forces Medical Services. As part of the academic engagement, eight hands-on workshops were conducted across various hospitals in the city, benefitting a large number of participants.

Over 300 delegates took part in the workshops, while nearly 350 delegates attended the main conference. The event was widely appreciated by senior faculty for its high academic standards and excellent scientific content.

True to its theme, "A Conference with a Difference," the focus remained firmly on meaningful scientific exchange, steering clear of unnecessary extravagance and keeping learning at the forefront.





Health Check-up Camps Across Various BSSK Branches





EVENTS AND ACTIVITIES

Celebrating New Beginnings

A Special Gift to parents at KEM!" - an HR initiative

At KEM, we believe in celebrating the milestones that shape our lives. As a token of our appreciation and support, we are thrilled to present our amazing new parents with a special gift. This initiative is our way of honouring the incredible journey of our employees and sharing with them the happiness as they begin a new journey with their little bundle of joy.



Glory Gaikwad



Punam Jadhav



Samiya Shaikh



**DR. SAYALI
KALBHOR-PATIL**
has joined our hospital as
**Junior Consultant
Neurologist.**

OPD Timing:
Monday to Saturday,
02:00 PM – 05:00 PM



DR. SHIFANA KHADER
**DNB (Emergency
Medicine)**
has joined our hospital as
Junior Consultant -
Emergency Medicine.



Heartiest congratulations to
Dr. Meenal Agarwal on the
publication of her invited editorial
commentary in the Indian Journal of
Pediatrics (November 2025 issue)

Home > Indian Journal of Pediatrics > Article
**Chromosomal Microarray: Still Relevant in
NGS Era**
Editorial Commentary | Published: 21 November 2025
(2025) [Cite this article](#)



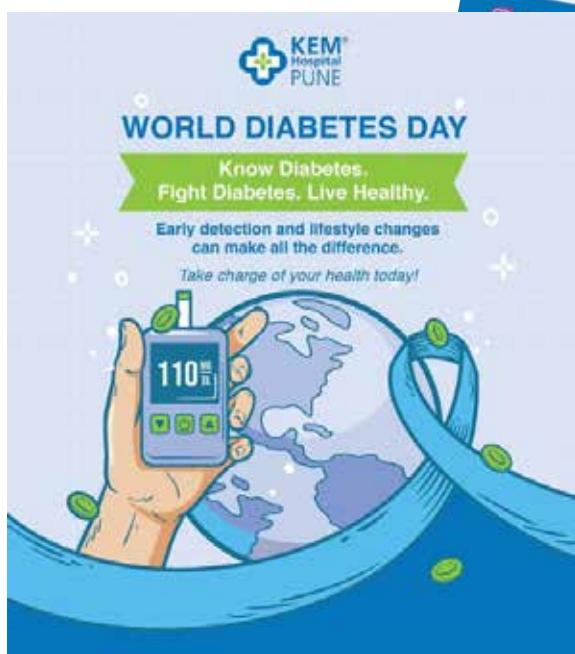
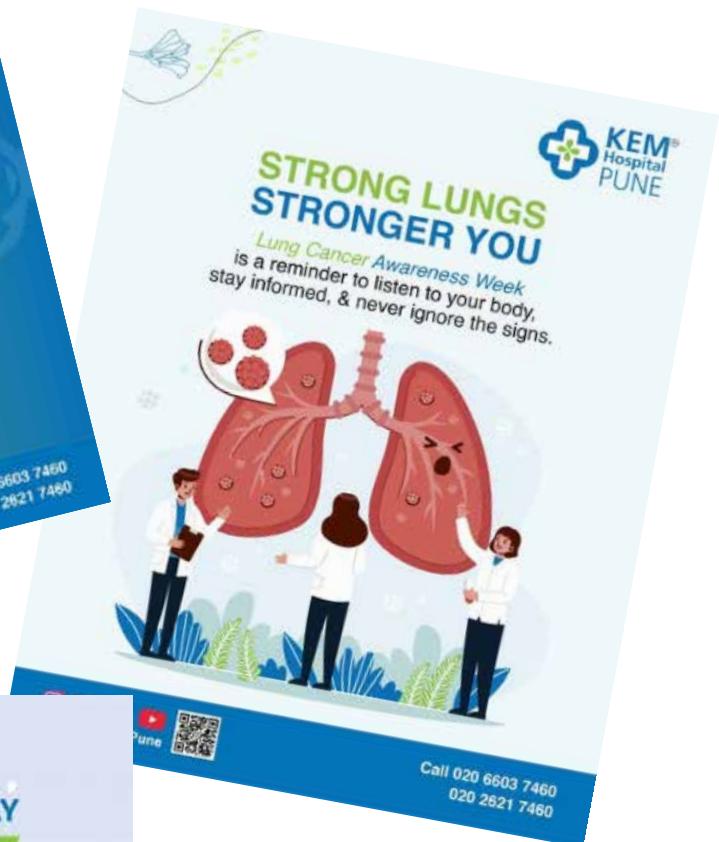
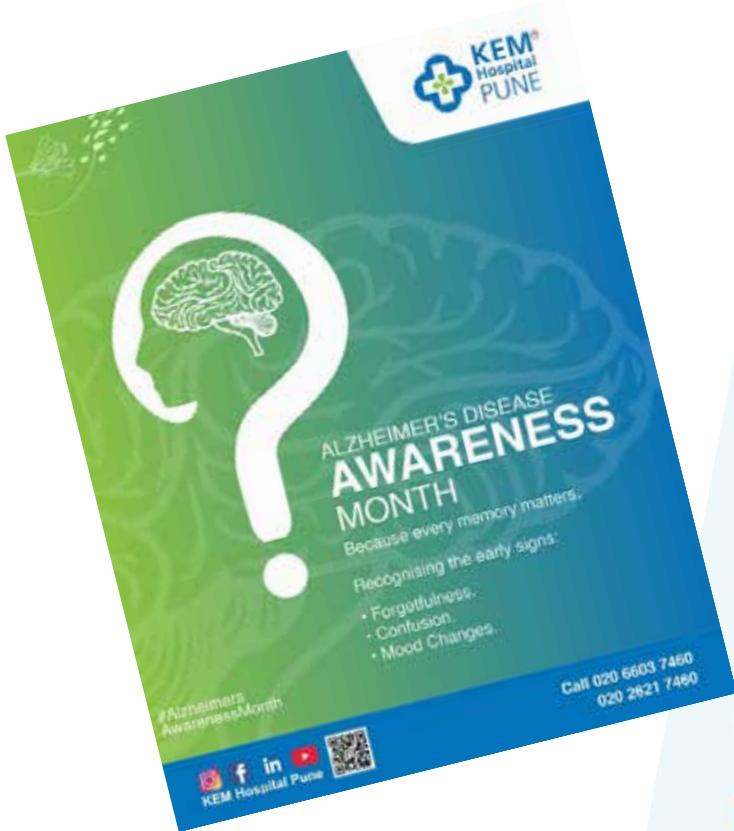
TESTIMONIALS

Dr. Tushar Parikh sir is the best paediatrician and neonatologist I have ever met.
My daughter, Anandi, was born at just 25 weeks, with only 530 grams weight and several other complications.

Many doctors had denied treatment due to her extremely low birth weight, but when we met Dr. Tushar Parikh sir, he immediately started her treatment with confidence and care. He treated her for four months with great dedication, patience, and expertise.

His diagnosis is always accurate, and his treatment is very effective. Thanks to his excellent care and guidance, Anandi is now four months old, perfectly healthy, and weighs 2250 grams.

Dr. Parikh sir is very polite, highly skilled, always ready to answer questions, and takes time to explain everything clearly. We are truly grateful and completely satisfied with his care. Highly recommended!





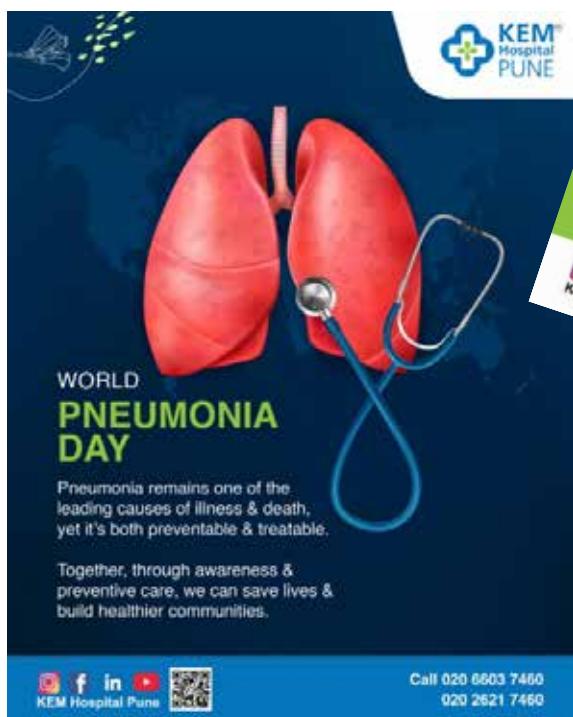
**PROTECTION TODAY,
A HEALTHIER
TOMORROW**

On **World Immunisation Day**, we celebrate one of healthcare's simplest yet strongest shields - vaccines.



Stay updated. Stay protected.

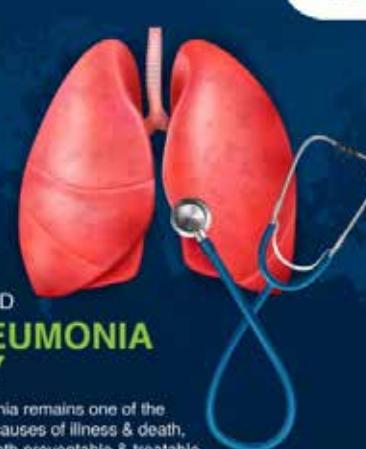
 Call 020 6603 7460
020 2621 7460



**WORLD
PNEUMONIA
DAY**

Pneumonia remains one of the leading causes of illness & death, yet it's both preventable & treatable.

Together, through awareness & preventive care, we can save lives & build healthier communities.



 Call 020 6603 7460
020 2621 7460



NATIONAL CHILDREN'S DAY

**FOR THE SMILES THAT
LIGHT UP OUR WORLD!**

This Children's Day, let's create memories, spread love and encourage every child to dream big.



 Call 020 6603 7460
020 2621 7460



KEM Hospital launches the

IMMUNISATION CLINIC

your one-stop centre for complete vaccination care.

Protecting every life, every age!

Clinic details:

Immunisation Clinic.
1st floor, BC building,
KEM Hospital, Pune

Monday to Saturday

09:00 AM - 05:00 PM

For more information,
Call: 020 6603 7460

