



CME FOUNDATION OF INDIA

Building "A", Sahney Business Centre, 27 Kirol Road, Vidyavihar (West),
Mumbai - 400086 T: +91-22-62869292

EXPERT MEET - UDAIPUR

"Expert Meet - Udaipur" was held in Udaipur, India. It was organized by the CME Foundation of India (CMEFI).

The sole objective of the "Expert Meet - Udaipur" was to bring leading KOLs amongst Consultant and General Physicians on one platform and discuss their clinical experiences and expertise in the screening, and management of Public health care, Seasonal infection and its complication.



The Introductory speech was given by CMEFI.

CMEFI emphasized the main role played by the CME Foundation of India and we all know how important it is to spread the knowledge known only to a select few to the practising doctors at large.

Date : 26th, 27th and 28th August 2022

Venue : Radisson Blue, Udaipur, Rajasthan, India

Total Participants : 210





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EXPERT MEET - UDAIPUR

Date: August 26th – 28th, 2022

Agenda

DAY 1 – August 26th, 2022

Time: 8:30 a.m. to 3:30 p.m.

Topics	Timings	Speaker
Registration, Introduction and Welcome	8:30 a.m. – 9:15 a.m.	CME Foundation of India
Bone health in elderly – An Indian perspective	9:15 a.m. to 10:15 a.m.	Dr. Sandhya Rai
Management of Unmet need of APD	10:15 a.m. to 11:00 a.m.	Dr. Ramesh Roop Rai
Tea Break	11:00 a.m. to 11:15 a.m.	
Holistic Approach for COPD Management	11:15 a.m. to 11:45 a.m.	Dr. (Prof.) Suryakant Tripathi
Heart failure disease- An Indian perspective	11:45 a.m. to 12:30 p.m.	Dr. Pranjal Tripathi
Hypocalcaemia & Hypercalcaemia	12:30 p.m. to 1:00 p.m.	Dr. Prasanna H. N.
Lunch Break	1:00 p.m. to 1:45 p.m.	
Read between the lines in ECG/ECHO	1:45 p.m. to 2:45 p.m.	Dr. Lonkoju Raju
Diabetes Management	2:45 p.m. to 3:30 p.m.	Dr. Amardeep Sachdeva





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DAY 2 – August 27th, 2022
Time: 9:00 a.m. to 3:30 p.m.

Topics	Timings	Speaker
Reversal of Diabetes: How when & for whom	9:00 a.m. to 10:00 a.m.	Dr. Ravi Bindra
How to stop the vertigo?	10:00 a.m. to 11:00 a.m.	Dr. Pabitra Mitra
Tea Break	11:00 a.m. to 11:15 a.m.	
Fever fact: Approach to diagnosis & treatment	11:15 a.m. to 11:45 a.m.	Dr. Anirban Roy
Malnutrition in India	11:45 a.m. to 12:15 p.m.	Dr. Alok Saxena
Growth & development: Brain health	12:15 p.m. to 1:15 p.m.	Dr. Yogesh Upadhye
Lunch Break	1:15 p.m. to 2:00 p.m.	
Latest trend in Management of dengue	2:00 p.m. to 3:00 p.m.	Dr. Kamalakannan M.
Latest trend in Management of malaria	3:00 p.m. to 3:30 p.m.	Dr. Shailender Kumar Singh





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DAY 3 – August 28th, 2022

Time: 9:00 a.m. to 3:15 p.m.

Topics	Timings	Speaker
Latest trend in Management of typhoid	9:00 a.m. to 9:45 a.m.	Dr. Gulam Haider
Latest trend in Management of tuberculosis	9:45 a.m. to 10:45 a.m.	Dr. Kanwal Sodhi
Tea Break	10:45 a.m. to 11:00 a.m.	
Overview of microbiome: pre and probiotics	11:00 a.m. to 12:00 noon	Dr. Sanjeev Tandon
Newer lifestyle- Newer challenges of cough	12:00 noon to 1:00 p.m.	Dr. Ranbir Bansal
Lunch Break	1:00 p.m. to 1:15 p.m.	
Dilemma to diagnosis & management	1:15 p.m. to 2:00 p.m.	Dr. Anand Goel
Covid after effects	2:00 p.m. to 3:00 p.m.	Dr. Biswajit Mahapatra
Vote of Thanks	3:00 p.m. to 3:15 p.m.	CME Foundation of India





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Summary of CME:

- The CME conducted "Expert Meet - Udaipur" was held in Udaipur, India. It was aimed to bring together well-known Consultant and General Physicians on one platform and discuss their clinical experiences and expertise in the screening, and management of Public health care, Seasonal infection and its complication
- **CMEFI** welcomed everyone to the forum and shared a few thoughts on the topics that were on the agenda.
- **Dr. Sandhya Rai**, addressed **Bone Health in Elderly- an Indian perspective**: As the population worldwide is aging, a significant increase in the incidence of osteoporosis is expected. Approximately 30% of all postmenopausal women have osteoporosis in the USA and Europe. At least 40% of these women and 15–30% of men will sustain one or more fragility fractures within their remaining lifetime. In other words, 1 in 3 women over age 50 will experience osteoporotic fractures, as will 1 in 5 men over age 50.
Despite marked advances in diagnosis and treatment for osteoporosis, very few patients receive appropriate treatment, even after a fragility fracture. India is home to more than 1.3 billion people, with approximately 230 million Indians over 50 years. Most data on the prevalence of osteoporosis among women in India come from studies conducted in small groups spread across the country, and estimates from 2015 have suggested that 20% of the 230 million Indian women over age 50 have osteoporosis. Prevalence of osteoporosis ranging from 8 to 62% in Indian women of different age groups has been reported in several studies. The prevalence of osteoporosis in males older than 50 years is also variable, ranging from 8.5 to 24.6%.
- **Dr. Ramesh Roop Rai**, discussed about **Management of Unmet need of APD**: APD is a very common disorder and can be managed effectively in a large number of patients with combination of life style modifications and appropriate medical therapy. Managing refractory APD, which can be seen in up to 40% of the patients receiving PPI once daily, can be challenging. The best initial approach is optimization of PPI therapy. A careful history and use of investigative tools can help identify the contributing factors for PPI failure. In patients with residual reflux, medications like H2 blockers, Prokinetics and baclofen may be used. In those with functional heartburn or reflux sensitivity neuro-modulators form an integral part of any therapeutic approach. Surgical fundoplication for APD is still performed but the rate of utilization has been markedly decreasing in recent years. Endoluminal therapies provide an efficacious symptomatic control in a subset of patients and serve as a good alternative to medical or surgical treatment.





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- **Dr. Dr. (Prof) Suryakant Tripathi** share opinion on **Holistic Approach for COPD Management:** In India, chronic respiratory diseases were shown to account for 7 per cent of deaths. This was not the exact picture as there was inadequate information available on COPD. More recent information now available on COPD from India has shown a higher mortality rate, which will increase with each passing year. Another reason for underassessment could be that COPD is still an under diagnosed respiratory disease in India.

The foremost and urgent requirement in India is awareness of the disease itself, in physicians as well as in the larger society. Secondly is the need to educate physicians on the importance of using spirometry for accurate diagnosis, symptomatic assessments and progress of patients. Thirdly, is an improvement in the management of patients which can happen with counseling, smoking cessation, exercise, pulmonary rehabilitation and using best-in-class therapy. As there is little control possible over the environmental etiology, we need to combine all thinkable interventions to capitalize on the available options.

- **Dr. Pranjal Tripathi** spoke on the topic of **Heart failure disease: An Indian perspective.** The causation of HF due to the complex of age, CHD, hypertension and diabetes is similar worldwide, transferred to the Indian scenario. Projecting these to the Indian population, the approximate prevalence of HF in India would be about 10 million or about 0.9% of the total population. It is estimated that the burden of CAD in India is approximately 29.8 million with approximate prevalence being 10% in urban areas and 4–5% in rural areas. The burden of ACS is estimated to be about 3.7 million annually. The estimated prevalence of HF in India is about 1% of the population or about 8–10 million individuals. The estimated mortality attributable to HF is about 0.1–0.16 million individuals per year.

- **Dr. Prasanna H.N** share opinion on **Hypocalcaemia & Hypercalcaemia:** Calcium is an important divalent cation required for many enzymatic and cellular functions. It is a critical component of bone ossification, and as one would expect, about 99% of total body calcium resides in skeletal tissue. Of the fraction found in plasma, about 40% of it is bound to protein, and 10% is complexed with anions. The remaining serum calcium is ionized and unbound. While serum ionized calcium represents only a very small fraction of total body calcium, it is also the most physiologically important form of calcium circulating in the body. Depending on age, normal serum ionized calcium levels range between 0.95 and 1.5 mmol/L (3.7 and 6mg/dL).

Several organ systems can be impacted by derangements of calcium homeostasis. Among its many functions, calcium plays a key role in cardiac pacemaking, muscle contraction, neuronal function, vascular tone, and hemostasis. Derangements in calcium homeostasis can cause both acute findings related to changes in serum ionized calcium levels as well as chronic findings related to prolonged calcium imbalances.





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- **Dr. Lonkoju Raju** gave an insight about the topic **Read between the lines in ECG/ECHO**
- **Dr. Dr. Amardeep Sachdeva**, gave his viewpoint on **Diabetes Management**: Diabetes management requires significant modifications in patient life-styles; new patterns of behavior and thought must be integrated into their everyday life and adherence to these patterns must be consistent. Often these changes place consequential demands on time and resources of patients. Patients are known to negatively view therapeutic recommendations for diabetes as demonstrated by the impact of therapy on patient quality of life (QoL).

The negative impact of diabetes therapy on QoL extends to both pharmacological and life-style management recommendations. This has led to low rates of adherence to therapy in many patients as seen from well-cited reports in the medical literature. Effective monitoring of adherence to therapeutic measures by patients is needed to keep doctors informed of the on-ground behavior patterns of the patient. Evolving tools to monitor adherence of patients (daily journals etc.) to specific recommendations is necessary to provide information which will help make physicians' recommendations responsive to patient behavior.

- Different cases were explained to the audience and the whole case was open for discussion. The audience actively participated in the discussion regarding complications of Hypertension, Diabetes mellitus and its management. It was a very interactive session and the delegates thoroughly enjoyed it.
- Participants were keen to share their experience and knowledge and they also provided their critiques and recommendations on the event.





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DAY 2

- **Dr. Ravi Bindra** gave his perspective on **Reversal of diabetes: how, when and for whom:** Although there's no cure for type 2 diabetes, studies show it's possible for some people to reverse it. Through diet changes and weight loss, you may be able to reach and hold normal blood sugar levels without medication. This doesn't mean you're completely cured. Type 2 diabetes is an ongoing disease. Even if you're in remission, which means you aren't taking medication and your blood sugar levels stay in a healthy range, there's always a chance that symptoms will return. But it's possible for some people to go years without trouble controlling their glucose and the health concerns that come with diabetes.

So how can you reverse diabetes? The key seems to be weight loss. Not only can shedding pounds help you manage your diabetes, sometimes losing enough weight could help you live diabetes-free -- especially if you've only had the disease for a few years and haven't needed insulin.

Low-Calorie Diet: Several studies have looked at the effects of a very low-calorie diet on diabetes. Two had people follow a mostly liquid diet of 625-850 calories a day for 2-5 months, followed by a less restricted diet designed to help them keep off the weight they lost. Both studies found that nearly half the people who took part reversed their diabetes and kept their blood glucose near the normal range for at least 6 months to a year.

- **Dr. Pabitra Mitra** shared **How to stop the vertigo:** Vertigo is a feeling of dizziness and spinning, occurring with or without any movement. It is caused when the brain feels the body is off-balance even though it is not. When feeling dizzy, a person should sit down immediately to reduce the chances of getting hurt if they fall. Usually, vertigo is a symptom of an underlying medical condition or several different conditions. Sometimes, vertigo will only occur once, but for other people, it will reoccur until the underlying cause is determined.

Most of the time, vertigo resolves without treatment, as the brain can compensate for changes to the inner ear to restore someone's balance. Medications, such as steroids, can reduce inner ear inflammation, and water pills can reduce fluid buildup. For people who have recurrent episodes of vertigo, a physical therapy called vestibular rehabilitation can help. Vestibular rehabilitation encourages the central nervous system to compensate for inner ear problems.





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- **Dr. Anirban Roy** talked about the topic **Fever fact: approach to Diagnosis and treatment:** Children can feel warm for a many reasons. Examples are playing hard, crying, getting out of a warm bed or hot weather. They are "giving off heat." Their skin temperature should return to normal in about 20 minutes. About 80% of children who act sick and feel warm do have a fever. If you want to be sure, take the temperature. These are the cut-offs for fever using different types of thermometers: Rectal (bottom), ear or forehead temperature: 38.0° C or higher, Oral (mouth) temperature: 100° F (37.8° C) or higher, Under the arm (Armpit) temperature: 99° F (37.2° C) or higher.
- **Dr. Alok Saxena** shared **Malnutrition in India:** WHO advocates for policies that promote nutrition on a global scale and develop evidence-informed guidance for their implementation. This work is framed by the 2012 World Health Assembly resolution 65.6: Comprehensive implementation plan on maternal, infant and young child nutrition. It also contributes to the United Nations Decade of Action on Nutrition 2016–2025. Actions to end malnutrition are also vital for achieving the diet-related targets of the Global action plan for the prevention and control of noncommunicable diseases 2013–2020, the Global strategy for women’s, children’s, and adolescent’s health 2016–2030, and the 2030 Agenda for sustainable development.

Moreover, India’s nutritional strategy until now remained focussed on post-birth interventions, while to prevent child stunting, the first 1,000 days of a child’s life — is a critical window and experts feel that ‘the issue needs to be tackled from a life cycle approach to avert irreversible consequences’. Dr XXX, commented that ‘women’s health under the NNM largely revolves around the pregnant or lactating mother, but once she delivers, the program focus turns to the baby’.

Dr. Alok Saxena, also said that in “India pregnant and lactating women do not eat more as compared to a non-pregnant woman. In young women, pregnancy, lactation and child care increase energy needs... when these needs are not fulfilled they become undernourished.” The CESS, Hyderabad in a study pointed out that “food distribution in poor rural households is not based on need, the breadwinner gets sufficient food, the children get the next share, and women take the remains”.

- **Dr. Yogesh Upadhye** talked about the topic **Growth and Development: Brain health:** A healthy start for the brain to learn and grow appropriately, a baby’s brain has to be healthy and protected from diseases and other risks. Promoting the development of a healthy brain can start even before pregnancy. For example, a healthy diet and the right nutrients like sufficient folic acid will promote a healthy pregnancy and a healthy nervous system in the growing baby. Vaccinations can protect pregnant women from infections that can harm the brain of the unborn baby.





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During pregnancy, the brain can be affected by many types of risks, such as by infectious diseases like Cytomegalovirus or Zika virus, by exposure to toxins, including from smoking or alcohol, or when pregnant mothers experience stress, trauma, or mental health conditions like depression. Regular health care during pregnancy can help prevent complications, including premature birth, which can affect the baby's brain. Newborn screening can detect conditions that are potentially dangerous to the child's brain, like phenylketonuria (PKU).

Healthy brain growth in infancy continues to depend on the right care and nutrition. Because children's brains are still growing, they are especially vulnerable to traumatic head injuries, infections, or toxins, such as lead. Childhood vaccines, such as the measles vaccine, can protect children from dangerous complications like swelling of the brain. Ensuring that parents and caregivers have access to healthy foods and places to live and play that are healthy and safe for their child can help them provide more nurturing care.

- **Dr. Kamalakannan M.** gave an overview on **Latest Trend in Management of Dengue:** Dengue is a vector-borne disease that is a major public health threat globally. It is caused by the dengue virus (DENV, 1–4 serotypes), which is one of the most important arboviruses in tropical and subtropical regions. For the past ten years, the number of dengue cases has gradually increased in India. Dengue is driven by complex interactions among host, vector and virus that are influenced by climatic factors. The epidemiology of dengue in India was first reported in Madras (now Chennai) in 1780, and the first outbreak occurred in Calcutta (now Kolkata) in 1963.

Approach to clinical management of DF may vary from mild, moderate and aggressive depending on severity of illness. Patients who have simple fever without any danger signs or complications may be managed with simple approach. Those who have danger signs should be managed with close monitoring for progression of DHF/DSS or severe bleeding. The patients presenting with Grade III and IV of DHF, significant bleeding or involvement of various organs will require aggressive management to reduce morbidity and mortality. Patient may develop more complications during later stage of fever (defervescence) or afebrile phase, where clinician should be careful to look for danger signs or severity of disease.





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- **Dr. Shailender Kumar Singh** gave an overview on **Latest Trend in Management of Malaria**: Malaria is one of the major public health problems of the country. Around 1.5 million confirmed cases are reported annually by the National Vector Borne Disease Control Programme (NVBDCP), of which 40–50% are due to *Plasmodium falciparum*. Malaria is curable if effective treatment is started early. Delay in treatment may lead to serious consequences including death. Prompt and effective treatment is also important for controlling the transmission of malaria.

All fever cases diagnosed as malaria by RDT or microscopy, should promptly be given effective treatment. Treatment of *P. vivax* cases Positive *P. vivax* cases should be treated with chloroquine in full therapeutic dose. Treatment of *P. falciparum* cases The treatment of *P. falciparum* malaria is based on areas identified as chloroquine resistant/sensitive. Artemisinin Combination Therapy (ACT) should be given in resistant areas whereas chloroquine can be used in sensitive areas. ACT should be given only to confirmed *P. falciparum* cases found positive by microscopy or RDT.

- Different cases were explained to the audience and the whole case was open for discussion. The audience actively participated in the discussion regarding complications of Hypertension, Diabetes mellitus and its management. It was a very interactive session and the delegates thoroughly enjoyed it.
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DAY 3

- **Dr. Gulam Haider**, gave his viewpoint on **Latest Trend in Management of Typhoid:** Management of typhoid fever continues to pose a challenge, even one hundred years after the micro-organism was first isolated by Gaffkey, a German in 1884. The absence of a reliable rapid diagnostic test, will test the diagnostic skills of the treating physician. A concerted effort involving clean water supply, sanitary faeces disposal, effective vaccination and early diagnosis and prompt treatment of cases and carriers will be required to control the disease. Therapeutic strategies will have to take into account the local antibiotic sensitivity patterns of *S typhi* while defining treatment. Supportive measures are important in the management of typhoid fever, such as oral or intravenous hydration, tepid bath and sponging and appropriate nutrition and blood transfusions, if indicated. More than 90% of patients can be managed at home with oral antibiotics, a reliable caretaker, and close medical follow-up for complications or failure to respond to therapy.
- **Dr. Kanwal Sodhi** gave his perspective on **Latest Trend in Management of Tuberculosis:** Among communicable diseases, tuberculosis (TB) is the second leading cause of death worldwide, killing nearly 2 million people each year. It is estimated that about one-third of the world population are infected with TB (2 billion people) and about 10% of this figure will progress to disease state. The management of tuberculosis is based on diagnosis, therapy, prevention of uninfected people becoming infected, and prevention of those who are infected from developing overt disease, particularly the infectious forms, thereby breaking the cycle of transmission.

After 50 years of minimal anti-TB drug development, a promising pipeline has recently emerged through the repurposing of old drugs and discovery of new compounds. Combinations of new and existing drugs are being assessed to shorten the duration of therapy and to effectively treat cases of MDR TB. There has also been progress in development of drugs that are active against dormant populations of *Mycobacterium tuberculosis*.

Bedaquiline is the first new anti-TB drug approved by the Food and Drug Administration (FDA) in 50 years to be used as part of combination treatment with MDR-TB for adults when other alternatives are not available

- **Dr. Sanjeev Tandon**, gave his viewpoint on **Overview of Microbiome: Probiotics & Prebiotics:** Probiotics and prebiotics have received escalating attention in recent years in the scientific, healthcare, and public arenas. Publicity around microbiome research has also broadened the public perception of microorganisms, beyond disease-causing agents that should be avoided, to a more rational view integrating an understanding of the beneficial roles of microorganisms in human health. In line with these advances,





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public awareness and acceptance of probiotics and prebiotics continues to expand, with probiotic industry growth estimated at 7% annually, and prebiotic growth forecast at 12.7% over the next 8 years.

Probiotics, and to a lesser extent prebiotic, are now widely available to people in developed countries. Nevertheless, continual education is needed as too often the media or companies misrepresent what these are and what they can do. On a global front, people in developed and especially developing countries could benefit from probiotic products due to effects against infectious diseases, but the lack of affordable and well-documented strains is a hindrance. Every country should take action to implement programs allowing the poorest of their society access to fermented foods and probiotics that reduce the risk of key diseases: diabetes, malnutrition, infections.

- **Dr. Ranbir Bansal**, gave his perspective on **Newer Lifestyles – Newer challenges of Cough**: Eating a healthy diet is an extremely important foundation to ensure that your immune system is geared up to have the best fighting chance of getting rid of colds and coughs. Eating a diet that supports a strong immune system is vital. Be sure to include foods rich in vitamins and minerals. To achieve this, focus on eating a variety of fruits and vegetables, whole grains, herbs, spices, nuts, seeds, free-range meat, and eggs. Try to reduce the consumption of processed foods, fried foods, sugar, artificial sweeteners, refined carbohydrates, alcohol, and caffeine. Some foods and drinks to reach for when trying to tame a cough
- **Dr. Anand Goel**, gave his viewpoint on **Dilemma to diagnosis & Management**: Diagnostic Dilemmas in Clinical Medicine presents 100 real-life scenarios seen in the hospital and community setting. A succinct summary of the patient's history, examination and any initial investigations is followed by a detailed consideration of the diagnosis and management of each case, in the short, medium and, where appropriate, long-term. Making speedy and appropriate clinical decisions, and choosing the best course of action to take as a result, is one of the most important and challenging parts of training to become a doctor. These true-to-life cases will teach students and junior doctors to recognize important medical conditions, and to develop their diagnostic and management skills.

Across the state, 185,059 people have reached primary health centres, community health centres and family health centres, seeking post-COVID-19 services so far. The major complications were diabetes, cardiac problems and extreme fatigues, she said. "Ten per cent people (from her treatment pool) fell sick and needed treatment in ICUs for a long time — three to four weeks," she said.





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- **Dr. Biswajit Mahapatra** gave his perspective on **COVID after Effects**: Around 40 per cent patients who recovered from the novel coronavirus disease (COVID-19) suffer from long COVID, according to a November 2021 study. Close to 3.4 million people in India have recovered from COVID-19 so far. Long COVID is extremely deadly and its aftereffects are still not documented. Compared to post-COVID, acute mortality contributes only a small share of total COVID-19 morbidity.

It was found that fatigue, weakness and sleeplessness were reported not only in serious cases but also in mild cases. Around 51 per cent of those who had milder forms of the disease had also developed long COVID, according to the data.

Mental health is the prime area to be focused in the 12 months as many as 2,142 people have complained of psychological symptoms after recovery, Stress due to fear of contracting COVID-19 again is also high, leading to sleep disorders,

Another possible factor is the indiscriminate use of steroids. The minister said separate committees have been formed at the district and state levels to manage post-COVID-19 clinics. Private hospitals have been advised to designate nodal officers for the same.

- A **Panel Discussion** was held on the previous cases, the delegates actively participated in the session.
- Different cases were explained to the audience and the whole case was open for discussion. The audience actively participated in the discussion regarding complication of Hypertension, Diabetes mellitus and its management. It was a very interactive session and the delegates thoroughly enjoyed it.
- Participants were keen to share their experience and knowledge and they also provided their critiques and recommendations on the event.

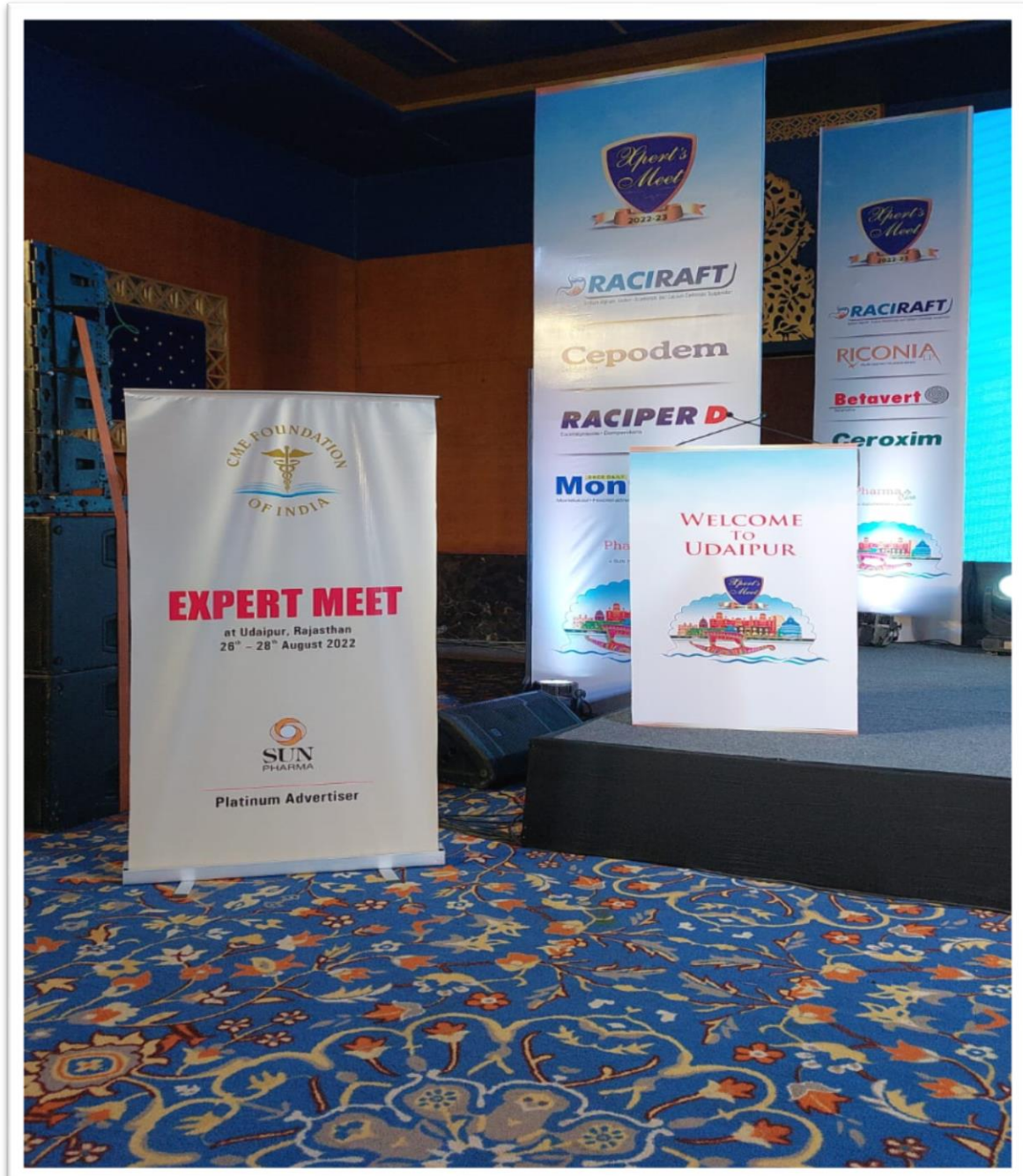




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PHOTOS



Welcome to Expert Meet – Udaipur





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Registration counter

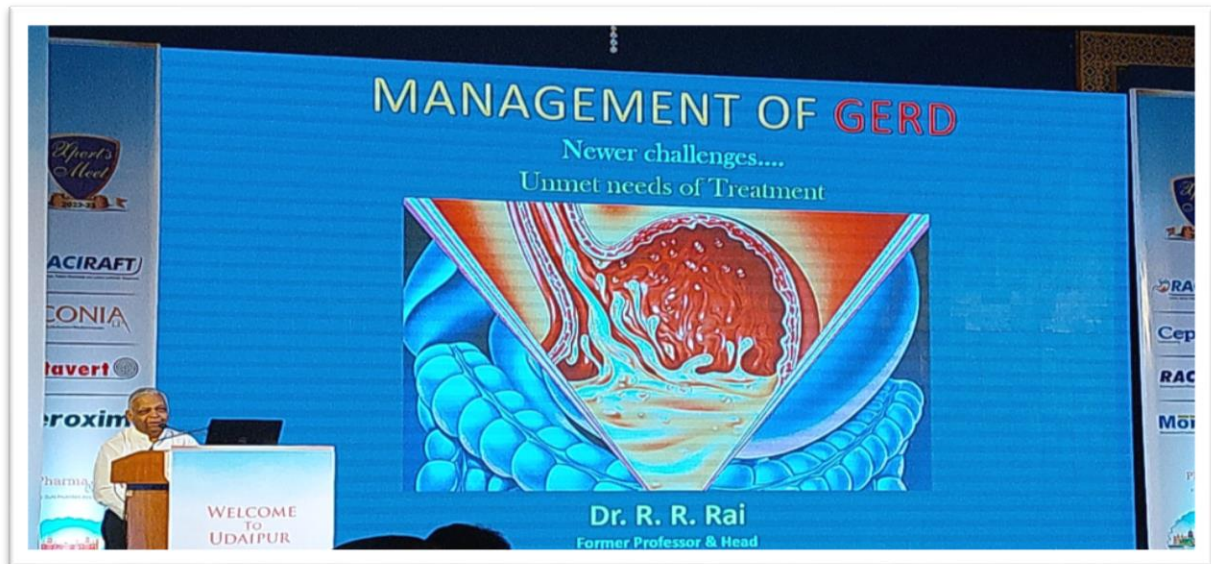
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PPT Presentation on Management of Unmet need of APD/ GERD



PPT Presentation on Heart Failure Disease





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Panel Discussion





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