**INSPIRATION 2026**

ENDOCRINE SOCIETY OF INDIA

# NEWSLETTER

## Light, Shadows and Everything in Between

Quarterly Issue (July to September)

Photo Credit: Dr. Partha Pratim Chakraborty

Issue #3

Science with a Soul: People, Progress and Possibilities

Echoes of Excellence: Where Innovation Meets Reflection

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Photo Credit: Dr Sambit Das

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## A Message to the ESI Family

Dear Esteemed Members of the ESI Family,

It is a profound honor to address you as we embark on another vibrant chapter for the Endocrine Society of India. As clinical and research professionals, our contributions to advancing healthcare are monumental. Yet, as we push the boundaries of medical science, we must remember that our clinical excellence is only one facet of who we are.

This ESI Newsletter provides an unmatched forum for expressing our frequently disregarded identities. Seeing our colleagues from a different angle, apart from the often-daunting quest for professional distinction that we all strive for, gives me immense delight. This publication encourages communication, offers chances for intellectual development and provides new insights into our lives, and motivates us to work for a more expansive future.

As clinicians, we occupy a position of deep trust and respect within the community. This privilege carries a profound responsibility to look beyond our clinics and hospital wards. We must remain deeply anchored in the rich, diverse cultural heritage of our country, nurturing the local traditions, arts, and values that define our communities.

Fulfilling our societal role requires a holistic approach to life. I urge each of you to step back from the relentless demands of practice and deliberately prioritize your personal health. We cannot sustain the well-being of our patients if we neglect our own. Cultivate a hobby, whether it is exploring nature, photography, literature or music. Engaging our minds outside of medicine rejuvenates our spirit and keeps us grounded.

Finally, let us actively channel our respected standing into meaningful social responsibility. I encourage everyone to contribute to society in whatever small, everyday ways possible. Philanthropy does not always require grand gestures; a small act of mentorship, a local health awareness drive, or supporting community welfare can create an immense ripple effect.

Let us move forward not just as accomplished endocrinologists, but as empathetic citizens, cultural guardians, and healthy role models. Thank you for your tireless dedication to science and society.

Long live ESI and long live this ESI Newsletter.

Warm regards,

**Dr. Kaushik Pandit**
**President, Endocrine Society of India**

# Reflections and Updates

Dear friends,

Greetings from the Secretariat!

We are pleased to bring out another edition of our newsletter, featuring academic and non-academic activities of the Endocrine Society of India and its members.

Many of our members participated in the recently concluded International Congress of Endocrinology (ICE) 2026 at Kyoto, Japan. It is a matter of great pride for us that India will host ICE 2028 in New Delhi. The team that visited ICE 2026 has offered various suggestions for the conduct of ICE 2028, and we are open to receiving further input from all of you. Let us all work together to make ICE 2028 a landmark event in the history of ESI and the International Society of Endocrinology.

Prof. Sujoy Ghosh has worked for many years to improve the quality of medical care for children with type 1 diabetes, and these efforts have been recognized in many public and academic forums. The Govt of India has recognized these efforts and included the West Bengal model for Type 1 DM management in the national health policy framework. On behalf of the entire ESI, we congratulate Prof. Ghosh and his team members for their yeoman service to children with T1DM.

We encourage members to identify potential gaps in the management of endocrine disorders and to pursue high-quality research in this area. ESI wholeheartedly supports these activities by providing funding, facilitating networking with other agencies, and seeking sponsorship on behalf of the investigators.

The editorial team of the ESI Newsletter has done an exceptional job in bringing out another marvel and wishes you all a happy reading.

Regards,

**Dr. KVS Hari Kumar**
**Honorary Secretary, ESI**

## Stories that Bring us Together

The newsletter has never been about the pages alone. It is about people, ideas, warmth, creativity and a shared belief that ESI members must be seen not only as clinicians, but as people with stories, passion, humor, art, poetry and individuality. We are thrilled to share this much-awaited issue of the ESI Newsletter, which celebrates the spirit that defines our community.

We proudly feature the remarkable work of Prof Sujoy Ghosh in advancing type 1 diabetes care, culminating in the successful scaling of the Bengal model to a national platform.

Our members also made a strong academic presence at ICE 2026, reaffirming ESI's commitment to scientific exchange and global collaboration. Discover the highlights of ICE 2026 through the insightful summary by Dr Sanjay Kalra.

We are equally delighted to celebrate the participants of our Newsletter Cover Page Photography Contest. The enthusiastic response from our members was truly heartening, and we extend our sincere gratitude to the esteemed judges for their time and thoughtful evaluation. Congratulations to our winners and thank you to every participant for sharing your creativity. We are pleased to showcase various contest entries throughout this issue's "*Through the Lens*" section, celebrating the talent within our ESI family.

What makes a newsletter thrive is not merely editing, formatting, or deadlines. It is the collective spirit of a team that cares. Over time, our editorial team has grown into much more than a working group; it is a community built on ideas, creativity, friendship, trust and shared purpose. I remain deeply grateful to every member of the editorial board who generously volunteers their time and expertise to bring each issue to life.

A special note of appreciation also goes to our past editorial board members, whose vision and commitment helped lay the foundation for what we have built today: Dr Vimal MV, Dr Nalini Kopalle, Dr Sakthivel S, Dr Kaushik Biswas, and Dr Karthik Vijayakumar. They have been instrumental in shaping this journey.

I sincerely hope you enjoy this edition and find it as inspiring to read as it has been for us to create.

**Dr. Gagan Priya, Mohali**
**Chief Editor, ESI Newsletter**

# 06 PHOTOGRAPHY CONTEST

We are delighted to share that we received several phenomenal entries from our members. All photographs were evaluated independently by a panel of judges blinded to the contributors' identities, ensuring a fair and unbiased selection.

Congratulations to the winners, and thank you to the judges and everyone who participated.

## Grand Jury (Final Round)

**Dr Ambrish Mithal**
Max Hospital, Saket, New Delhi

**Dr Sanjay Kalra**
Bharti Hospital, Karnal

**Dr Nilanjan Sengupta**
Prof & Head, Dept. of Endocrinology, NRSMC, Kolkata

**Dr Neelaveni K**
Osmania Medical College, Hyderabad

**Dr Vaishali Deshmukh**
Deenanath Mangeshkar Hospital, Pune

## Round 1 Jury

**Dr Jayashree Gopal**
Chennai

**Dr KVS Hari Kumar**
Hyderabad

**Dr Vimal MV**
Kozhikode

**Dr Vipin Talwar**
Jallandhar

**Dr Ganesh HK**
Mangalore

**Dr Sri Nagesh**
Hyderabad

**Dr Ameya Joshi**
Mumbai

**Dr Abhay Kumar Sahoo**
Bhubaneshwar

**Dr Emmy Grewal**
Mohali

**Dr Jayshree Swain**
Cuttack

**Dr Soumik Goswami**
Kolkata

**Dr Tejal Lathia**
Mumbai

# Grand Winners

## Golden hour, silver catch

I took wildlife photography as a serious hobby soon after the COVID pandemic. This photo was captured on an afternoon in January 2025, during my first visit to the wetlands of Manglajodi, a small village in Odisha.

Technical details:

- Camera body: NIKON Z9
- Lens: NIKON NIKKOR Z 400 MM/f4.5 VRS
- Mode: Manual with auto ISO
- Aperture: f 4.5
- Shutter speed: 1/5000
- ISO: Auto ISO
- Area: Wide large
- White balance: 8000 kelvin
- Exposure compensation: -1.7
- Subject direction: Bird

I photographed several migratory shorebirds and some resident ones throughout the day. I noticed a few whiskered terns diving into the marsh water to catch small fish and tadpoles. It was late afternoon, so I decided to freeze one of them in flight with a catch. I positioned my boat to get adequate backlighting, went as low as possible, and tracked one bird in flight during the dive. Those critters were fast and unpredictable. It was really difficult to get the image I wanted – sometimes the bird was out of focus, at times the wings were clipped, or the composition was not apt. After about half an hour of trial and error, I captured a series of frames, but this one is my favorite for the wing position, head turn, backlight effect on the wings, and the splash of water.

**Dr. Partha Pratim Chakraborty**
**Kolkata**

## Running free into the twilight

I have loved wildlife since childhood, and in 2020, I started going on wildlife safaris. Watching wildlife photographers with their big cameras and lenses sparked a thought.

“Why not give it a try?”

What started as a hobby over the last 2-3 years has now become a true passion.

This photograph was taken in 2026 at the Amboseli National Park. Every morning, elephants cross this vast dry lake to reach the swamps for water and return the same way in the evening.

We were incredibly fortunate to witness and capture this majestic tusker walking straight towards us - a moment I shall never forget!

# 08 PHOTOGRAPHY CONTEST

Technical details:

- Camera body: NIKON Z8
- Lens: NIKON NIKKOR Z 70-200 mm f2.8
- Mode: Manual
- Aperture: f 5.6
- Shutter speed: 1/250
- ISO: 600
- Area: 3D tracking
- White balance: 8000 kelvin
- Subject direction: Bird

This photograph shall be featured as a cover photo of the January issue of the Newsletter.

**Dr. Adarsh KS**
**Bangalore**

## First Runners Up

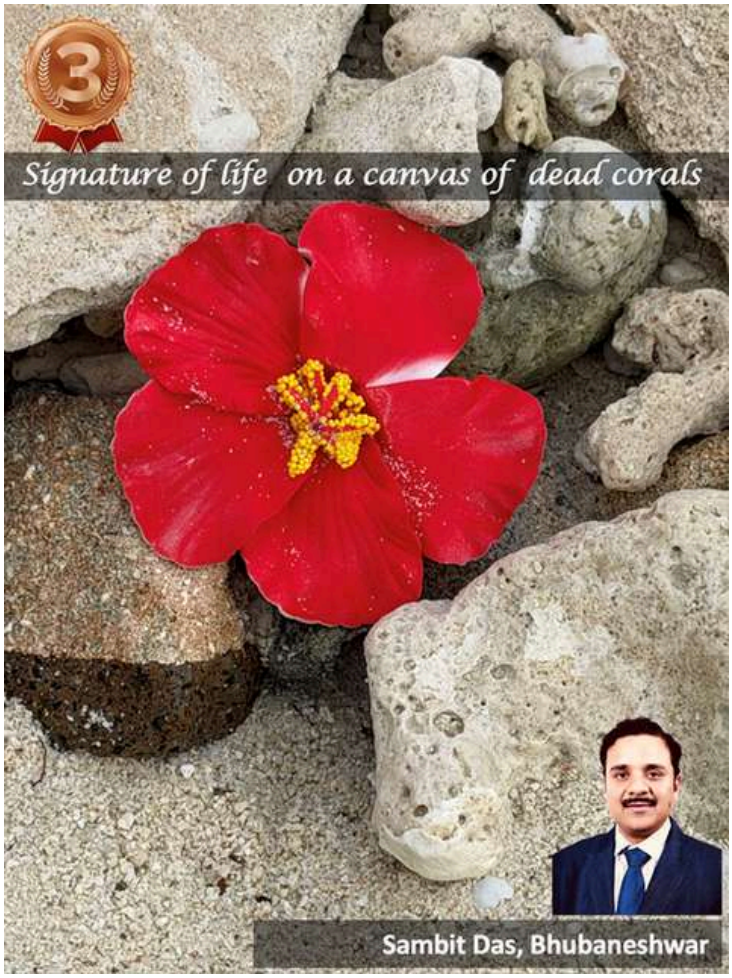
Turquoise vein entwines a green heart

**Major Gen Yashpal Singh**
**Delhi**

Myriad shades of sunrise at Gold Coast, Australia

**Dr. Radhika Jindal**
**Delhi**

## Second Runners Up




*Flower in the crannied wall,*

*I pluck you out of the crannies;*

*I hold you here, root and all, in my hand,*

*Little flower—*

*but if I could understand*

*What you are,*

*root and all,*

*and all in all,*

*I should know*

*what God and man is.*

*Alfred Lord Tennyson*

*Silent shadow,*

*dappled gold,*

*Eyes that watch,*

*both fierce and bold.*

*Through tangled woods*

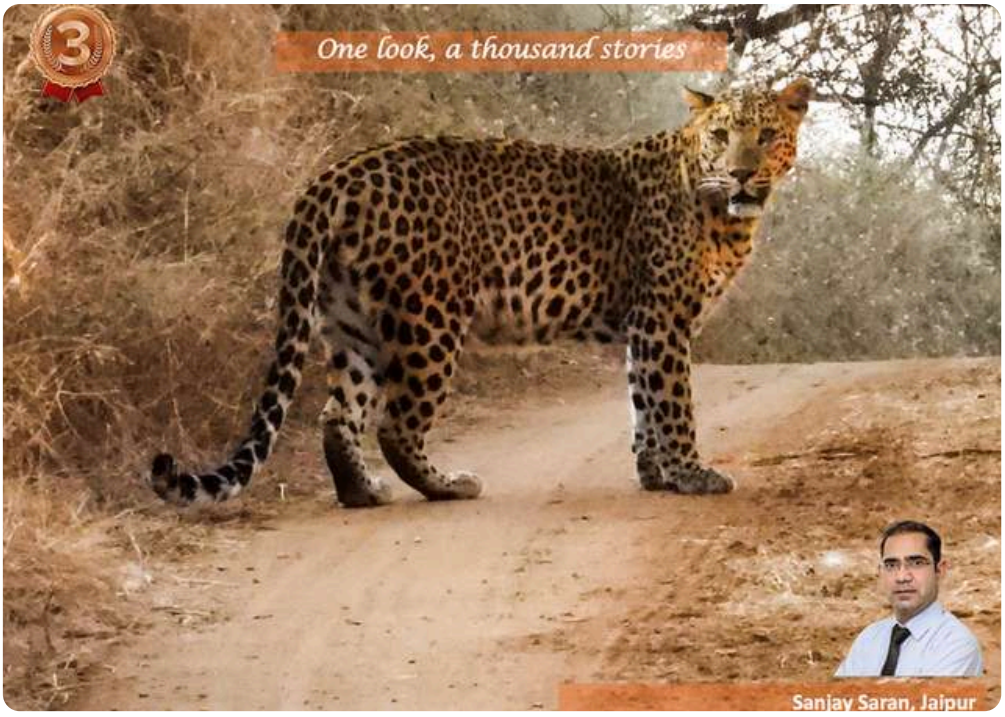
*with velvet tread,*

*A whisper where the wild is led.*

*No trumpet*

*marks your passing by,*

*Only leaves and moonlit sky.*



## Editor's Choice


Monk has his one meal a day in Cambodia. Another monk walks behind him.

*A photograph is a whisper of light,*

*A fleeting moment held in sight;*

*A fragment of time, a story untold,*

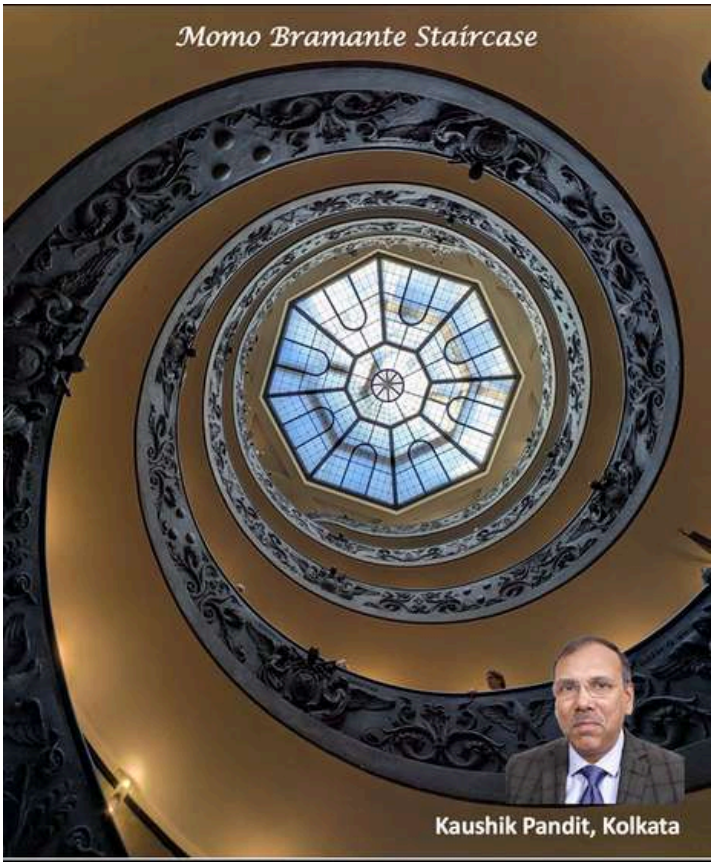
*A memory captured, a treasure to hold.*

*What seasons may fade and years may depart,*

*The lens preserves deep within the heart;*

*For every frame, both near and far,*

*Keeps a little piece of who we are.*




The Momo Bramante staircase, located in the Vatican Museums, is a celebrated architectural masterpiece designed by Giuseppe Momo in 1932. Inspired by Donato Bramante's original 1505 staircase, Momo's version is renowned for its unique double-helix spiral design, which allows visitors to ascend and descend simultaneously without crossing paths.

Featuring a striking herringbone pavement pattern and illuminated by a central oculus, the staircase not only provides an efficient and practical means of movement but also creates a visually stunning experience for museum visitors.

# My Journey in Transforming Type 1 Diabetes Care in India

Type 1 Diabetes (T1D) is not included in any health programs or policies in India. Due to its large population, India has the highest number of children and adolescents under 20 living with T1D globally. There is a lack of data related to outcomes of government-funded structured models of care at an 'intermediate-care' level (including basal-bolus insulin regimen, self-monitoring of blood glucose (SMBG), HbA1c testing, diabetes education, and complications screening) for T1D at the secondary care level (district hospitals) in low- and middle-income countries (LMICs).

Recognizing these challenges, my entire research journey focused on developing a scalable, structured model of care for T1D as a public health system-based approach to delivering secondary-level care. The pathway followed was: baseline needs assessment and gap analysis; developing the structured model; implementing the model; evaluating its effectiveness; documenting its impact on equity; and scaling up, including Diabetes Mellitus in Children, in the National Health Policy.

### *Gap Analysis: Identifying the Problem*

We conducted a gap analysis study to document clinical outcomes among children and adolescents with T1D receiving unstructured care at a tertiary care hospital in West Bengal and to assess the challenges they faced. Multiple systemic gaps were identified, including suboptimal insulin regimens, limited free access to insulin, and no access to blood glucose meters/test strips. Follow-up and treatment adherence were inconsistent, with many patients unable to attend clinics regularly. There was no improvement in HbA1c over 1 year, with a high frequency of diabetic ketoacidosis and hospitalization. It was clear that even at tertiary care centers, children with T1D were not receiving structured care.

### *Model Development: Designing a Scalable Solution*

Under the aegis of the Government of West Bengal, we took the initiative to develop, implement, and evaluate a structured model of care for T1D to improve physical, social, and psychological well-being and reduce financial burden for children/adolescents with T1D.

The model was developed along the lines of "intermediate care", which is recommended as the standard of care for T1D in low-resource settings. This provides structured care, including essential components such as multiple daily insulin injections, regular SMBG, quarterly HbA1c testing, age-appropriate structured diabetes education, and annual screening for complications.

The West Bengal model was designed to piggyback on the existing adult National Program for Prevention and Control of Non-Communicable Diseases (NP-NCD) under the National Health Mission. Adult non-communicable disease (NCD) clinics under India's National Health Mission were upgraded to function as dedicated weekly T1D clinics without recruiting any additional human resources. These clinics are run by trained non-specialist physicians (MD Pediatrics/MD Medicine), nurses, NCD counselors, and data entry operators, with strict avoidance of staff rotation to ensure accountability.

Immediately upon enrolment, all patients were transitioned to basal-bolus insulin and intermediate care with structured mandatory monthly follow-ups. The model ensured the uninterrupted, free provision of insulin, insulin syringes, glucose meters and test strips, lancing devices, and lancets, thereby removing the biggest barrier to treatment adherence: high out-of-pocket costs. A web-based electronic registry was established to track clinical outcomes, growth, complications, and stock maintenance. Pictorial education booklets in local languages were developed for families to improve self-management, including insulin dose adjustment and sick-day rules.

***Implementation and Evaluation: Demonstrating Effectiveness***

Dedicated T1D clinics were established in five district hospitals as pilot model clinics, and subjects from these clinics were enrolled in a prospective, single-arm, pre-post implementation evaluation study. We aimed to evaluate the impact on clinical parameters and psychological well-being of participants/caregivers, as well as the direct and indirect T1D-related expenditure incurred by families at 12 and 24 months. The final sample of 366 participants included only those with established physician-diagnosed T1D who were being treated elsewhere and who were subsequently transferred to the model clinics.

Median age at baseline was 15 years, with 41.4% from lower socioeconomic class, and most parents/caregivers had not completed primary education. At 24 months, the study dropout rate was zero, and the mean follow-up frequency was 23.5, indicating high participant engagement. HbA1c declined significantly from 9.4% (baseline) to 8.7% (12 months) and 8.0% (24 months), representing sustained, clinically meaningful improvement. Insulin injection sites improved and frequency of SMBG increased, reflecting enhanced patient engagement and adherence to treatment. Growth and development also improved. There were no episodes of DKA, hospital admissions, or deaths. The frequency of episodes of hypoglycemia reduced, and there were meaningful reductions in psychological well-being. Total monthly expenditure incurred dropped from 2,600 INR to 200 INR at 24 months. These improvements were achieved despite care being delivered at secondary-level district hospitals by trained non-specialist teams.

This study documented that decentralized, government-supported delivery of intermediate-level T1D care through district hospitals is feasible and effective in India and could inform future national health policy/program to improve outcomes for individuals living with T1D.

***Equity Analysis: Addressing Social Determinants of Health***

An important question remained: were these benefits equitably distributed across different social groups? We conducted additional analyses examining the role of Social Determinants of Health (SDOH).

# 13 MILESTONES

At baseline, when study participants received unstructured care, there were disparities in glycemic control within the cohort. Although HbA1c was high across the cohort regardless of age, sex, or socioeconomic class, children of caregivers with lower educational status had poorer glycemic control than their counterparts. This finding highlighted the influence of SDOH, especially caregivers' education. After 24 months, glycemic control improved significantly across all social groups and socioeconomic differences were attenuated. Interestingly, females achieved better glycemic control. Therefore, structured public health delivery of T1D care can improve clinical outcomes and reduce inequities associated with SDOH.

***Scale-Up and Policy Translation: From Evidence to Health Systems Change***

By leveraging existing infrastructure and receiving government support, the model has proven both scalable and sustainable. Based on its success, the Government of West Bengal gave us permission to scale it up to cover the next 10 health districts in phases. This was approved by the Central Government (National Health Mission) for the Program Implementation Plan. The model has now expanded from the initial 5 to 15 districts, serving approximately 1,500 children and adolescents with T1D in West Bengal.

Finally, on 30th April 2026, after years of dedicated and relentless service, the Government of India has officially included diabetes in children within the national health policy framework under RBSK Version 2.0 and released a guideline document for the same. The policy is based predominantly on the West Bengal Model for Type 1 diabetes care that we developed, implemented, and evaluated.

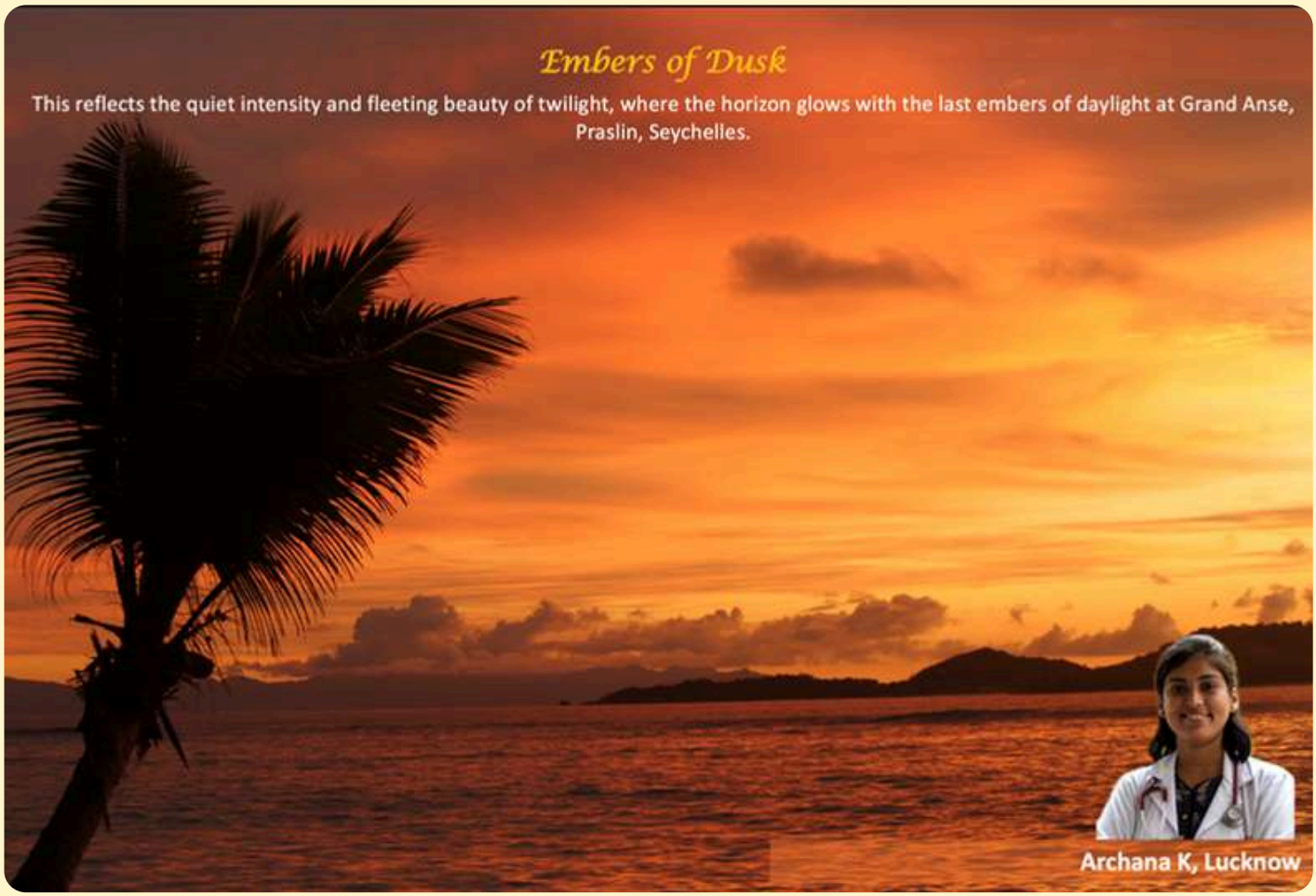
In the near future, this will lead to the creation of a dedicated Type 1 diabetes clinic in every district of India. No other LMIC has taken similar initiatives. While some state-level initiatives existed in India, many remained fragmented or difficult to sustain.

It is our endeavor to build something structured, scalable, and sustainable.

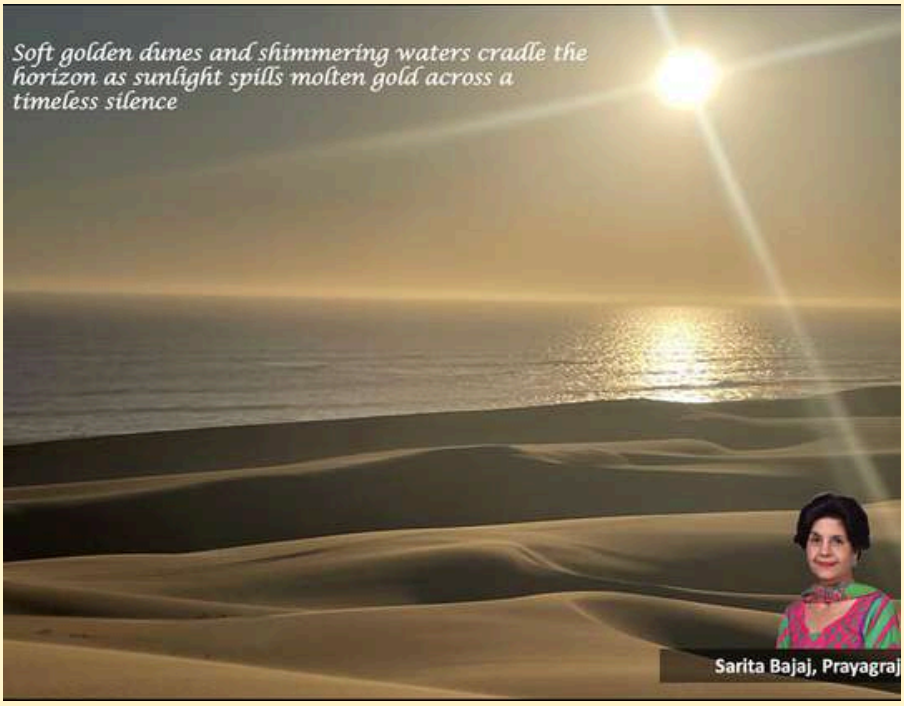
**Prof (Dr.) Sujoy Ghosh**
**Professor, Dept of Endocrinology & Metabolism,**
**IPGMER & SSKM Hospital, Kolkata**
**President Elect, Endocrine Society of India**

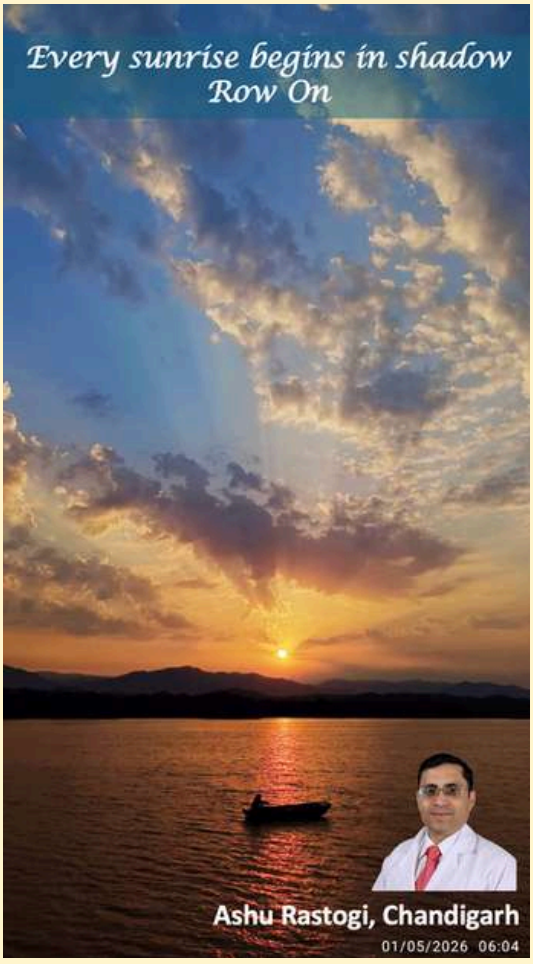
# Sunrise to Sunset: A Symphony of Light


Every sunrise is a reminder that we can start again!
Sunsets are proof that endings can be beautiful too!

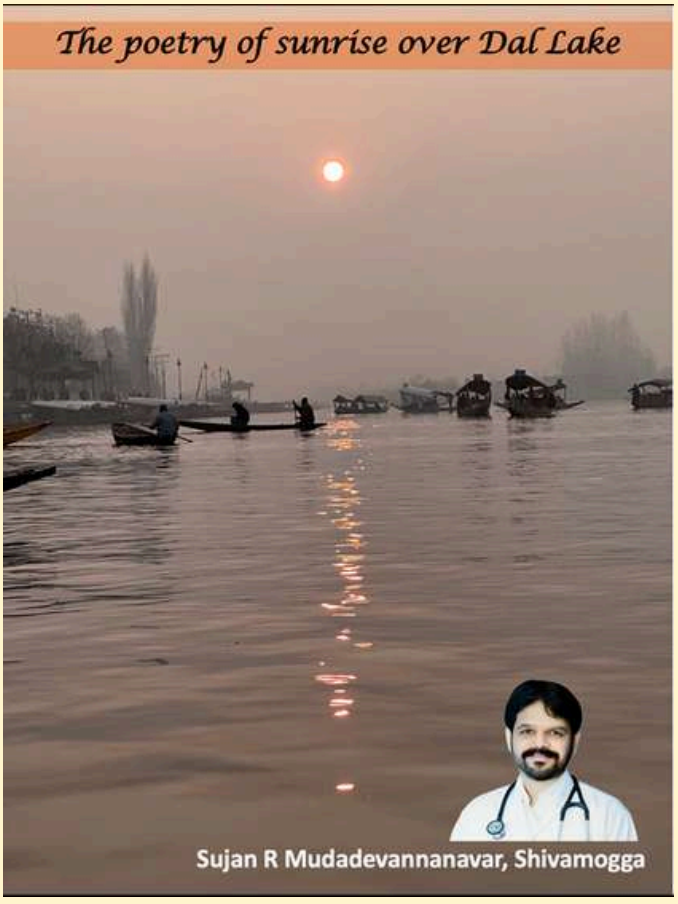


# Sunrise to Sunset: A Symphony of Light





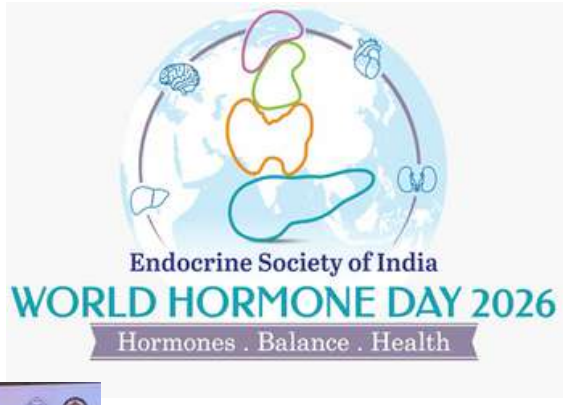


# ESI World Hormone Day:

## National Celebration of Hormone Health

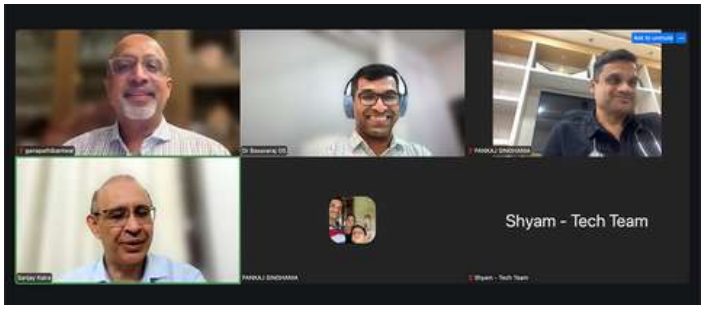
ESI marked a milestone in 2026 by celebrating World Hormone Day (24 April 2026) as a structured national initiative for the first time, with month-long activities including scientific outreach, public awareness, digital engagement, academic programs, and state chapter participation. The goal was to create nation-wide hormone health awareness.

The celebrations began with the unveiling of the World Hormone Day logo at Midterm ESICON, Bhopal. Yuva endocrinologist, Dr V B Kasyapa, played an important role in the development of this logo. An important initiative was the social media public awareness campaign on an unprecedented scale, with multi-lingual educational videos by 62 ESI members. These videos generated over 21.6 million views, 7 lakh engagements and 9000 clicks leading to a doubling of ESI's social media following.





The Hormone Insights series constituted the academic initiative with virtual sessions featuring prominent senior members of ESI including past ESI presidents (Dr. Anil Bhansali, Dr. Subhankar Chowdhary, Dr. KM Prasanna Kumar, Dr. Sanjay Kalra, Dr. Ganapati Bantwal, Dr. RV Jayakumar, Dr Manoj Chadha and Dr. Rakesh Sahay, president Dr Kaushik Pandit and Secretary Dr KVS Hari Kumar. State chapters including Karnataka, West Bengal and others played an important role in extending the campaign's reach.




ESI also introduced the concept of Hormone Warriors and World Hormone Day Digital Ambassadors to recognize individuals who supported the campaign through content creation, public engagement, digital amplification and regional participation. As a lasting legacy, ESI also launched The Hormone Chronicles: Legends, Labs, and Lifesavers, a curated publication documenting the discoveries, stories, and scientific milestones that have shaped endocrinology.


More than an event, World Hormone Day 2026 reaffirmed ESI's commitment to advancing hormone health awareness through scientific credibility, communication, and collective purpose.

**Dr Basavaraj GS**
**Bangalore**

## MIDTERM ESICON 2026

The Madhya Endocrine Society, hosted ESI's Midterm ESICON at Hotel Sayaji on 4-5th April, 2026, which brought together over 500 doctors in Bhopal, the City of Lakes and the Heart of India.


Under the able guidance of Dr. Sushil Jindal, Organizing Chairman; Dr. Rajesh Verma, Organizing Co-Chairman; Dr. Jaideep Khare, Organizing Secretary; Dr. Apoorva Suran, Organizing Joint Secretary; and Dr. Alpesh Goyal, Scientific Secretary, the event was a perfect blend of scientific sessions, professional networking, and cultural events.

The conference brought together renowned endocrinologists from across India, who delivered insightful presentations on key endocrine disorders. The academic proceedings began with paper and poster presentations by students from different regions of the country, providing a valuable platform for young researchers to present their work and exchange ideas.

The first day primarily focused on general endocrinology, with topics designed to enrich the scientific knowledge of general physicians from Bhopal and nearby areas. The sessions covered key areas, including diabetes, obesity, thyroid disorders, adrenal disorders, and bone endocrinology.

Special emphasis was placed on the practical challenges commonly faced by physicians and endocrinologists in day-to-day clinical practice, especially while interpreting atypical laboratory results and radiological findings.

The evening was marked by a graceful inauguration ceremony, graced by Dr. HH Trivedi as chief guest of event, along with Dr. Kaushik Pandit, President, ESI, and Dr. KVS Hari Kumar, Secretary, ESI. This was followed by the launch of the ESI Yearbook by Dr. Sambit Das, Vice President, ESI, and the launch of the Public Awareness and Social Media campaign for World Hormone Day by Dr. Basavaraj Soorgonda.

The second day began on a refreshing note with a beautiful morning walk and safari at Van Vihar, Bhopal. The scientific sessions on the second day were mainly dedicated to reproductive endocrinology and pediatric endocrinology. The hall witnessed enthusiastic participation from gynecologists and pediatricians from Bhopal and nearby cities, making the sessions interactive, clinically relevant, and academically enriching.

The event concluded with the prize distribution ceremony for paper and poster presentations. We congratulate all students for their enthusiastic participation and extend our heartfelt gratitude to all the academicians, delegates, and organizing team members for their active contribution in making this event a grand success.


**Dr Jaideep Khare**
**Bhopal**

**Dr Apoorva Suran**
**Bhopal**

## ESI Satellite Symposium, Jammu

The ESI Satellite Symposium, held in Jammu, the city of temples and the winter capital of Jammu and Kashmir on 3rd May 2026 focused on new updates on endocrine diseases.

Over ten distinguished national speakers and 25 regional faculty delivered excellent talks on topics ranging from diabetes remission, current status of metformin in diabetes, obesity, sarcopenia, intermediate thyroid nodule, bone health and PCOS. There was also a lively panel discussion on the role of calcium supplementation. The meeting



was attended by over 150 delegates including physicians, pediatricians, orthopedicians, gynecologists, and postgraduate students.

As Organizing Secretary, I sincerely thank team ESI, Dr Kaushik Pandit, Dr KVS Hari Kumar, Dr Narendra Kotwal, Dr Sujoy Ghosh, Dr Saptarshi and Dr MV Rama Mohan for their guidance and support. I am grateful to all faculty members for their valuable contributions and active participation.

Special thanks are due to my colleagues from Jammu, Dr R P Kudyar, Dr Anil Sharma, Dr Vipin Gupta, Dr Verinder Dhar, Dr Atul Sharma, Dr Kush Dev and Dr Juhi Jamwal, whose efforts and commitment played a key role in making this program a grand success.

**Dr Suman K. Kotwal**
**Jammu**

## Endocrine EDGE, Goa:

### Delivering Cutting-Edge Endocrine Perspectives

ESI conducted Endocrine EDGE 2026 on 30th–31st May 2026 at ITC Grand Goa, bringing together over 100 eminent endocrinologists, academicians, and healthcare professionals from across the country for insightful discussions and collaborative learning.


The conference featured 23 engaging case-based sessions covering complex thyroid disorders, adrenal and pituitary diseases, metabolic bone disorders, rare endocrine conditions, and challenging diabetes presentations. Expert-led panel discussions and interactive question-answer sessions enriched the academic experience and encouraged multidisciplinary exchange of perspectives.

# ESI QUARTER IN FOCUS

A highlight of the program was the session on Artificial Intelligence in Clinical Practice and Research, exploring the evolving role of AI in endocrinology and healthcare innovation.

The event was conducted under the guidance of distinguished ESI leadership and witnessed enthusiastic participation from delegates nationwide. Endocrine EDGE 2026 reaffirmed ESI's commitment to fostering continuous medical education, scientific excellence, and innovation in endocrine care.

**Dr Soumik Goswami**
**Kolkatta**

## TRENDO 2026


The 14th annual flagship conference of the Endocrine Society of Tamil Nadu and Puducherry, 'TRENDO 26', was held at the Radisson Hotel, Salem, between 19-21 June 2026. It took off nicely with a pre-conference obesity symposium, which exceeded our expectations, with 300+ delegates attending. With the course director being Dr Nitin Kapoor from CMC Vellore, it was received as a holistic masterclass in obesity.

The main event of the 2-day conference had 1100+ delegates. We have had an overwhelming response to poster and abstract submissions.

This year, more space was given to updates in technology especially AI in keeping with the current flow. Newer diagnostic and therapeutic modalities and guidelines were delivered by stalwarts.


The Presidential Oration was delivered by Dr Vijay Bhaskar Reddy, and the ESTN President, Dr Muthukumaran Jayapaul, was honored. Dr Kannan & Dr Rastogi oration was delivered by Prof Dr Nihal Thomas from CMC Vellore. A diabetic foot workshop was also conducted along with some novel and interesting talks like 'Endocrinology of Happiness' which were well received by the audience.

TRENDO 2026 turned out to be a successful academic event with interesting contemporary topics, distinguished faculty and a overwhelming response from the audience.

**Dr. A Premkumar**
**Salem**

## ESI EnSPIRE 2026

The future of Indian endocrinology was on full display as nearly 145 DM and DrNB Endocrinology residents from across the country came together for ESI EnSPIRE 2026 at Hyderabad on 27-28 June 2026.

An outstanding panel of faculty shared their expertise through interactive lectures, case-based discussions, and practical workshops. Residents presented challenging clinical cases to the examiners, stimulating thoughtful discussions and valuable learning. The hands-on workshops on genetics, adrenal disorders, pituitary imaging, nuclear imaging, and body composition analysis provided participants with practical insights into evolving diagnostic tools and contemporary endocrine practice. The scientific program also included a thought-provoking session on communication in endocrine care, an often underemphasized but integral component of endocrine practice.

# ESI QUARTER IN FOCUS

Adding to the excitement was a lively endocrine quiz that saw enthusiastic participation by the residents. We congratulate the winners of the prestigious A C Ammini ESI EnSPIRE Award:

- **Winner:** ***Dr Rohith Meka (Osmania Medical College, Hyderabad)***
- **1st Runner Up:** ***Dr. K Alekhya (Gandhi Medical College, Hyderabad)***
- **2nd Runner Up:** ***Dr. Anwesha Mohanty (SCB Medical College, Cuttack)***



The occasion also marked the release of the ESI Insulin Manual edited by Dr. Gagan Priya and Dr Sanjay Kalra, adding another milestone in ESI's endeavors to promote knowledge dissemination.

More than just an academic event, EnSPIRE 2026 created a vibrant environment where young endocrinologists connected with mentors, exchanged ideas with peers, and forged professional relationships that will continue to enrich their careers. The energy in the lecture halls, the spirited discussions, and the shared passion for endocrinology reflected the strength and promise of India's endocrine community.

As ESI continues to invest in nurturing young talent, initiatives such as this reaffirm its commitment to advancing endocrine education and preparing the next generation of clinicians, academicians, and leaders in the specialty.

**Dr. Beatrice Anne**
**Hyderabad**

# Hormone Rhythm 2026, Karnataka Endocrine Society

The 8th Annual Conference of the Karnataka Endocrine Society - Hormone Rhythm 2026, was held on 27–28 June 2026 at Bapuji Auditorium, JJM Medical College, Davanagere, under the aegis of KES in collaboration with the Central KES, and the Department of Medicine, JJM Medical College, S.S. Institute of Medical Sciences & Research Centre, as well as the API, Davanagere Chapter. The conference served as a comprehensive academic platform dedicated to advancing endocrine science and clinical practice through multidisciplinary discussions and evidence-based learning.



The two-day scientific program featured over 50 expert lectures, panel discussions, presidential and oration lectures, postgraduate quiz competitions, oral and poster presentations, and industry-supported scientific symposia. The conference brought together leading endocrinologists, physicians, academicians, postgraduate trainees, and researchers from across Karnataka and India, fostering academic collaboration and professional networking.


The scientific sessions covered the full spectrum of endocrinology, including diabetes, obesity, thyroid disorders, pituitary diseases, adrenal disorders, reproductive endocrinology, pediatric endocrinology, bone and mineral metabolism, lipidology, nephro-endocrinology, and endocrine hypertension. Contemporary topics such as artificial intelligence in endocrinology, precision medicine, obesity pharmacotherapy, incretin-based therapies, semaglutide, CKM syndrome, MASLD, CGM in pregnancy, resistant hypothyroidism, thyroid eye disease, and genomic endocrinology reflected the rapidly evolving landscape of endocrine care.

Several interactive panel discussions stimulated thoughtful academic debate on contemporary clinical dilemmas, including diabetes reversal, definitive management of hyperthyroidism, and practical decision-making in obesity and diabetes management. Dedicated sessions on diagnostic dilemmas, endocrine emergencies, and challenging clinical cases emphasized real-world application of evidence-based practice.


The conference also promoted academic excellence through postgraduate quizzes, oral paper presentations, and poster sessions, providing an important platform for young endocrinologists and trainees to showcase research and engage with senior faculty.

Hormone Rhythm 2026 successfully integrated cutting-edge research with practical clinical endocrinology, offering participants an enriching educational experience across the breadth of endocrine medicine. The conference reinforced the Karnataka Endocrine Society's commitment to continuing medical education, scientific collaboration, and improving endocrine care through knowledge exchange and innovation.

**Dr Varun Chandra Alur**
**Davangere**

## ESI FOCUS Hyderabad 2026:

### The Ultimate Blueprint for Medical Entrepreneurship

On May 17, 2026, ESI hosted its FOCUS meeting at Hotel Mercure, Hyderabad, on the theme "***How to Set Up an Endocrine Center***". The event brought over 130 participants for a practical, hands-on program. Led by the Org Secy, Dr R Santosh, with support from the ESI President, Dr Kaushik Pandit, and the Hon Secy, Dr KVS Hari Kumar, the meeting featured expert sessions covering every stage of establishing and managing an endocrine practice.

Sessions by Dr. Sridevi Patnala, Dr. R. Santosh, and Dr. Sambit Das focused on choosing the right practice model, transitioning to entrepreneurship, and navigating legal requirements. Dr. Brij Teli discussed efficient endocrine centre design, while Dr. Ravi Muppidi, Dr. Gururaj Rao, and Dr. Srikanth Kongara highlighted in-house diagnostics and laboratory services.

The program also addressed patient communication, pharmacy management, EMR systems, group practice, finance, delegation, ethical branding, and maintaining academic involvement through talks by Dr. Rama Mohan, Dr. H.K. Ganesh, Dr. Srinagesh, Dr. Anantharaman, Dr. Vijay Bhaskar Reddy, Dr. Prem Narayan, Dr. Lakshmi Nagendra, and Dr. K.V.S. Hari Kumar.

The meeting provided a practical roadmap for endocrinologists looking to build sustainable, patient-centered endocrine centers.


Congratulations to the organizing team for delivering a comprehensive and impactful academic program.

**Dr Brij Teli**
**Rajkot**

# Diabetes in Pregnancy Task Force

## One Mission, Two Lives: Building a Healthier Future Together!

Diabetes in pregnancy extends far beyond pregnancy itself. It has lasting implications for the mother's future health and may also influence the long-term metabolic health of her child. Improving diabetes care before, during and after pregnancy therefore has the potential to benefit multiple generations. Despite its signficant burden, care is often lacking.

Conceived in July 2025, the ESI Diabetes in Pregnancy task force has five core objectives: conduct multi-centric research, develop ESI position statements and guidelines, create modules for clinician training, community connect and digital dialogues/webinars.

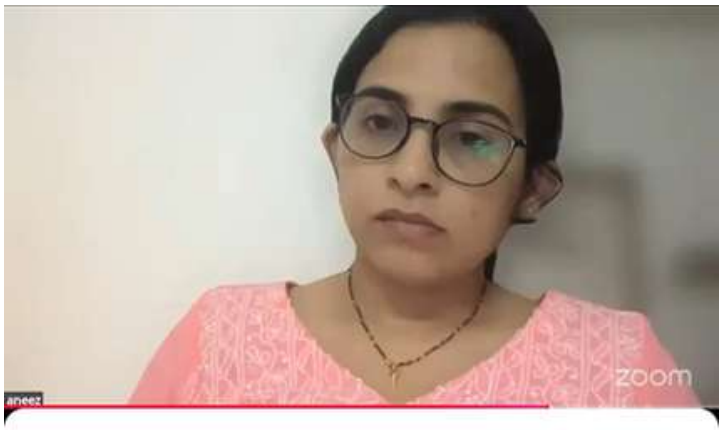
Over the past year, we have conducted several public awareness activities through ESI's social media handles that have received an encouraging response. A journal club was started in February 2026 where we review recent publications, discuss evolving evidence and share practical clinical insights.


| Core Committee | |
|---|---|
| Patron | Prof. Nikhil Tandon |
| National Conveners | Dr. Gagan Priya, Dr. Saptarshi Bhattacharya |
| Research Team Lead | Prof. Yashdeep Gupta |
| Committee Members | Dr. Usha Sriram, Dr. Shehla Sajid Sheikh, Dr. Alpesh Goyal, Dr. Ankush Desai, Dr. Lakshmi Nalini Kopalle, Dr. Jayshree Swain, Dr. Lakshmi Nagendra, Dr Felix Jebasingh |

***Prof Nikhil Tandon***
*Director, DEAN Academics,*
*Professor and Head,*
*Dept of Endocrinology, Diabetes and Metabolism,*
*AIIMS, New Delhi*

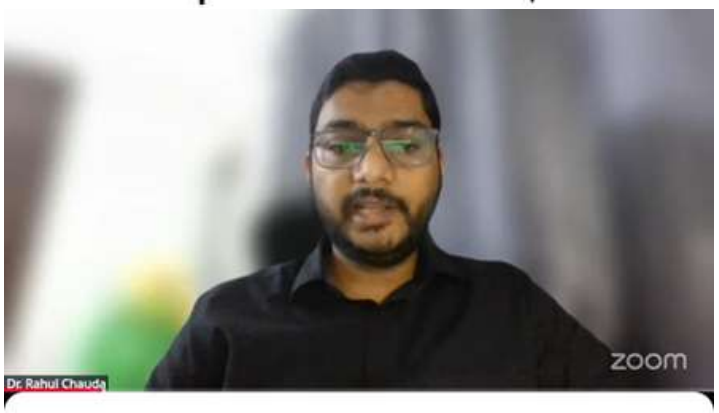
# ESI TASK FORCES


ESI Diabetes in Pregnancy Task Force - E...

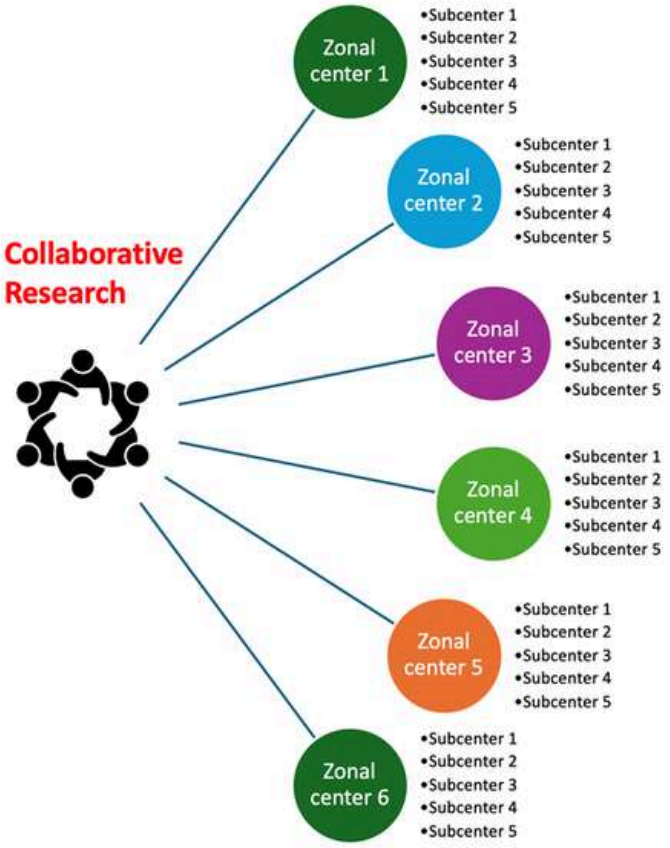



Post-conception care after GDM | ESI Live


Post-conception care after GDM | ESI Live




Post-conception care after GDM | ESI Live



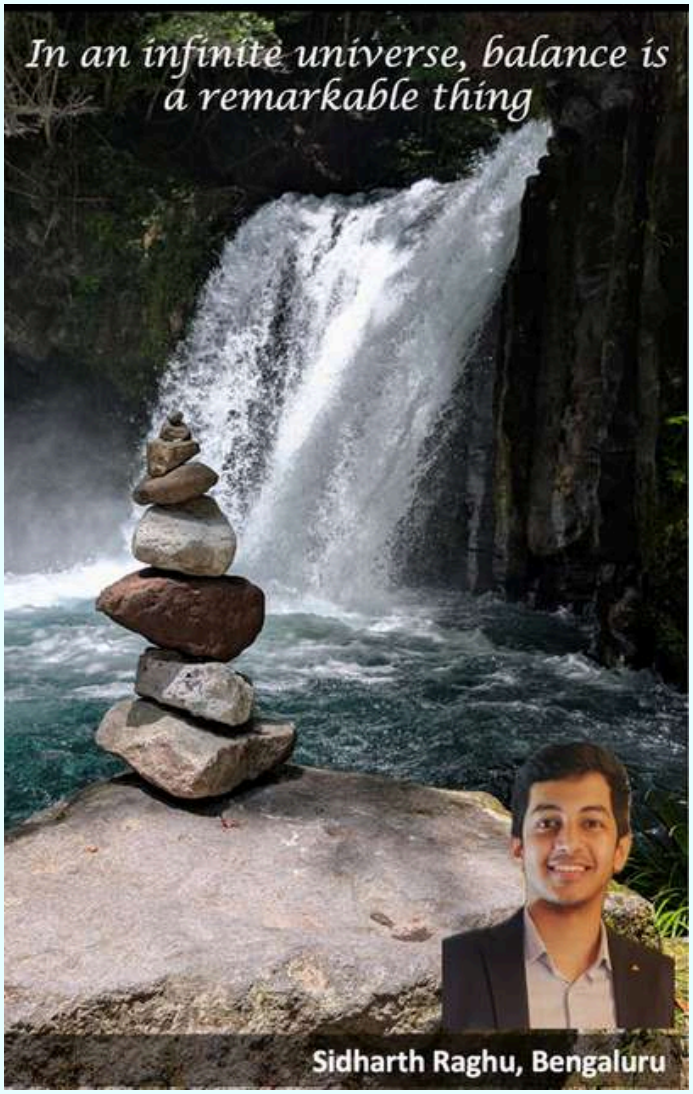

The task force is currently working on position statements, including the role of metformin during pregnancy, early GDM, and preconception care. A multicentric research project proposal is in process to address questions relevant to the Indian population.

As we move forward, our goal is to strengthen education, encourage research and generate high-quality Indian data. Through collaboration and sustained effort, we hope to improve care across the continuum from preconception to postpartum follow-up and contribute to better health for mothers and future generations.

**Dr. Saptarshi Bhattacharya**
New Delhi

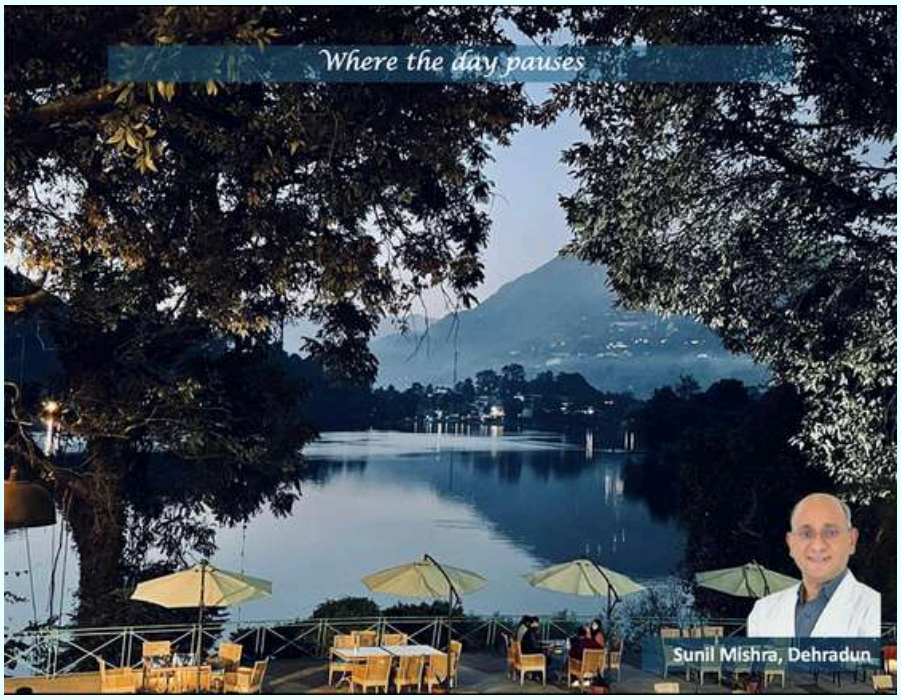
**Dr. Gagan Priya**
Mohali

# Waterscapes: Beauty in Reflection





# Waterscapes: Beauty in Reflection



# Dr. Shanti Mohan Shahani:

## A Visionary Leader, An Exceptional Innovator, A Compassionate Healer

I can still clearly recall my first meeting with Dr Shanti Shahani. The petite, attractive, graceful, and dignified woman who identified herself as the Head of Department astounded me. She struck me as humble, soft-spoken, yet charismatic. She was so respectful toward me, a novice lecturer in Medicine.

It is quite a challenge to encapsulate Dr. Shahani's life and times in brief. She was an individual that every endocrinologist and indeed, every doctor would aspire to become.

### *Early life and education*

Dr. Shanti M Shahani (nee Kripalani) was born in Hyderabad, Pakistan, on the 27th of May 1931, the eldest of four children. Her parents ensured their children had an all-round schooling and assimilated the best of the worlds they were exposed to. By all accounts, she had an idyllic life until 1947. Despite the trauma and displacement of the Partition, her family demonstrated great resilience. Like the proverbial Phoenix, they rose above adversity and moved on.

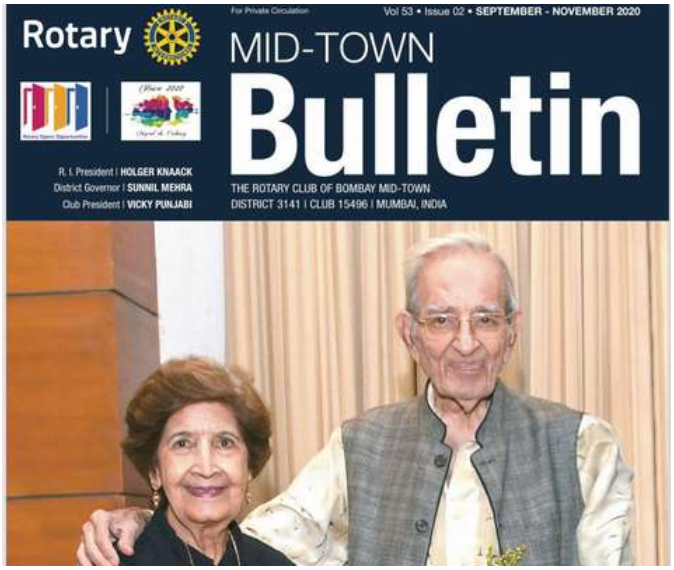

A brilliant student, Dr. Shanti pursued her passion for Medicine and graduated from Topiwala National Medical College (TNMC) and BYL Nair Charitable Hospital in Bombay. She completed her M.D. in Obstetrics and Gynecology in 1956.

### *Pioneering reproductive endocrinology*

In 1957, Dr. Shahani joined the Gynecology department at KEM Hospital, where she managed the family planning unit and began establishing reproductive endocrinology facilities. In the words of Margaret Hamilton, "*Looking back, we (her generation) were the luckiest people in the world.... there was no choice but to pioneer, no time to be a beginner*".

She took up both challenges in right earnest and established early hormonal assays (urine 17-ketosteroids and pregnanediol), vaginal cytology, and endometrial histochemistry and morphology across different phases of the menstrual cycle. She pioneered vasectomy procedures at the institute and developed a plastic ring intrauterine contraceptive.

In 1960, she expanded her expertise through a 2-year Population Council Fellowship at Columbia Presbyterian Medical Center in New York, gaining advanced clinical, research, and laboratory experience in endocrinology and immunology.



### *Building India's first endocrine clinic*

Upon her return to India, Dr. Shahani was invited by the Dean of TNMC & Nair Hospital to develop the Endocrinology specialty. He provided the required space and basic facilities for the same. Appointed as Assistant Professor and Head of the Department, she established India's first Endocrine Clinic in June 1962. The clinic treated a vast array of growth, pubertal, pituitary, adrenal and reproductive disorders.

This set the stage for her to receive a Ford Foundation grant ($125,000) to develop and conduct research in reproductive endocrinology. She established a robust laboratory infrastructure and animal house to advance research. She employed and trained technicians in relevant laboratory techniques for patient care and research projects.

Her department established baseline and stimulated hormonal norms for Indian populations and conducted clinical trials on oral contraceptives, intrauterine devices, and fertility treatments.

### *Global collaborations and professional legacy*

Dr. Shahani continually updated her expertise through international fellowships, including a Senior Commonwealth Fellowship in Thyroidology (1972) and a WHO Award (1975). These opportunities sparked collaborative research with institutions like Cornell University. The department also received upgrades in the form of instruments (e.g., a Gamma Counter).

As a founder member of the Endocrine Society of India (1970) and its President (1980–1981), she successfully advocated for endocrinology to be recognized as a super-specialty by Bombay University. She served on expert panels for ICMR and WHO and acted as a prominent examiner for DM and PhD programs nationwide.

Her clarity of vision, focus, and single-pointed dedication to the task at hand inspired all her staff members to give their best. Remembered as a strict but humane leader, she nurtured her staff and built a department that is a reputed center for postgraduate endocrine training.

### *Personal Life*

Dr. Shahani was married to Mohan Shahani, an engineer and entrepreneur, who was a charming and friendly man. He supported her professional dreams. The couple dedicated themselves to philanthropy as committed Rotarians.

She lived by the principle – "*Work hard in silence and let your success be your noise.*" All of us Nair-ites carry her legacy ahead proudly.

As Condoleezza Rice said, "*People who end up as 'first' don't actually set out to be first. They set out to do something they love, and it just so happens that they are the first to do it.*"

With deepest gratitude to Dr Umesh Kumar Garg, Dr Manoj Dharam Chadha.

**Dr Premalata Varthakavi**
**Mumbai**

# In Conversation with Dr. Premalata Varthakavi:

## Humility, Learning and Service

***Looking back at your residency and early consultant years, what memories stand out most vividly?***

'Residency' to me are the years I spent in the Medicine Department of TN Medical College and BYL Nair Charitable Hospital. It was a chaotic and exhausting experience, filled with raw, life-changing moments. At the same time, it was transformative. As an introvert, I had to learn camaraderie with colleagues across specialties.

Dr VR Joshi led the medical unit I was posted in. He was a clinician par excellence, an exceptional teacher and researcher, and, above all, a remarkable human being. After my parents, he is perhaps the one person who most shaped my attitude toward medicine and life.

Rotations in pediatrics and infectious diseases sharpened my clinical skills. The Thyroid and Diabetes Clinics under Dr SD Mehtalia and Dr. D.V. Deshpande sparked my enduring interest in endocrinology.

***What first drew you into endocrinology?***

Serendipity, or perhaps destiny! I was assigned to the Diabetes Services as a Lecturer in Medicine while also working in Endocrinology, where I learned reproductive endocrinology and research methodology. When Dr KD Nihalani integrated the diabetes and thyroid services into Endocrinology after Dr Shahani retired, I became part of the Endocrinology unit. That marked the beginning of my journey.



***Looking back, what were the defining moments that helped shape your professional path?***

Rather than a single event, it was a phase of remarkable clinical learning. I vividly remember an elderly woman with pericardial effusion who was eventually diagnosed with myxedema coma, a patient in the psychiatry ward with acromegaloid features who had an insulinoma, and a young woman with hyperthyroidism caused by metastatic choriocarcinoma. Such cases revealed to me the fascinating complexity of endocrinology. As the specialty evolved, I realized the need for formal training. In 1994, I completed the DNB examination and earned my place as an endocrinologist.

***Could you share an impactful moment or experience that has stayed with you over the years?***

As a school student, I had the opportunity to meet Prime Minister Mrs. Indira Gandhi. She was my hero, and I was struck not only by her stature but by her humility and the ease with which she interacted with children. It reinforced a lesson that has stayed with me - that true greatness is accompanied by humility.

***As Head of Endocrinology at a prestigious medical college, what were the biggest challenges and rewards of leadership?***

I inherited a department founded by Dr SM Shahani and developed by Dr KD Nihalani. While the foundations were strong, we formalized the DM training program and continued to build the department.

One lesson from residency stayed with me: patients struggle not only with disease but also with psychological and financial challenges. We developed multidisciplinary clinics involving dieticians, surgeons, nuclear medicine specialists, and social workers so patients could receive comprehensive care under one roof. We also strengthened inter-departmental academic interactions and encouraged research alongside clinical excellence.

I remain deeply grateful to my mentors and colleagues - Dr SD Bhandarkar, Dr PS Menon, Dr Meena P Desai, Dr Prisca Colaco, Dr Nalini Shah, Dr NF Shah, and the faculty of Radiology, Pathology, Nuclear Medicine, our research scientists, nurses, attendants, and support staff. Every milestone - a new diagnostic test, an improved protocol, or a student qualifying for MSc, PhD, or DM, felt immensely rewarding.

***How did you maintain the balance between heavy patient load, academics, and research?***

Working in a government institute means doing whatever needs to be done. My approach was to priortize immediate clinical and administrative responsibilities while steadily pursuing long-term academic goals. I was fortunate to have dependable colleagues like Dr Manoj Chadha and Dr Nikhil Bhagwat, whose proactive approach strengthened the team.

***Beyond medicine, what was your source of joy and solace?***

Sharing my day with my parents was once an essential ritual. Today, my siblings, relatives, and friends patiently listen to my stories. I enjoy reading, listening to music, watching sports and traveling whenever I get the opportunity.

***If you had ever wished for an alternative career path, what would it have been?***

I always wanted to be a doctor and never seriously considered another profession. But whenever I watch travel documentaries, I think I might have enjoyed researching destinations, writing travel scripts or even being part of travel journalism.

***Your students and trainees have spread across the country and abroad. What gives you hope when you interact with younger endocrinologists today?***

Meeting my former students fills me with nostalgia and pride. The younger generation is knowledgeable, technologically adept, focused, and committed. They reassure me that the future of endocrinology is in safe hands.

***What do you consider as your greatest contribution as a clinician, teacher or administrator?***

I simply tried to fulfil every responsibility to the best of my abilities. My focus was always on patient care, education, and research. Beyond that, I believe my colleagues and students are the best judges of any contribution I may have made.

***What continues to motivate and inspire you?***

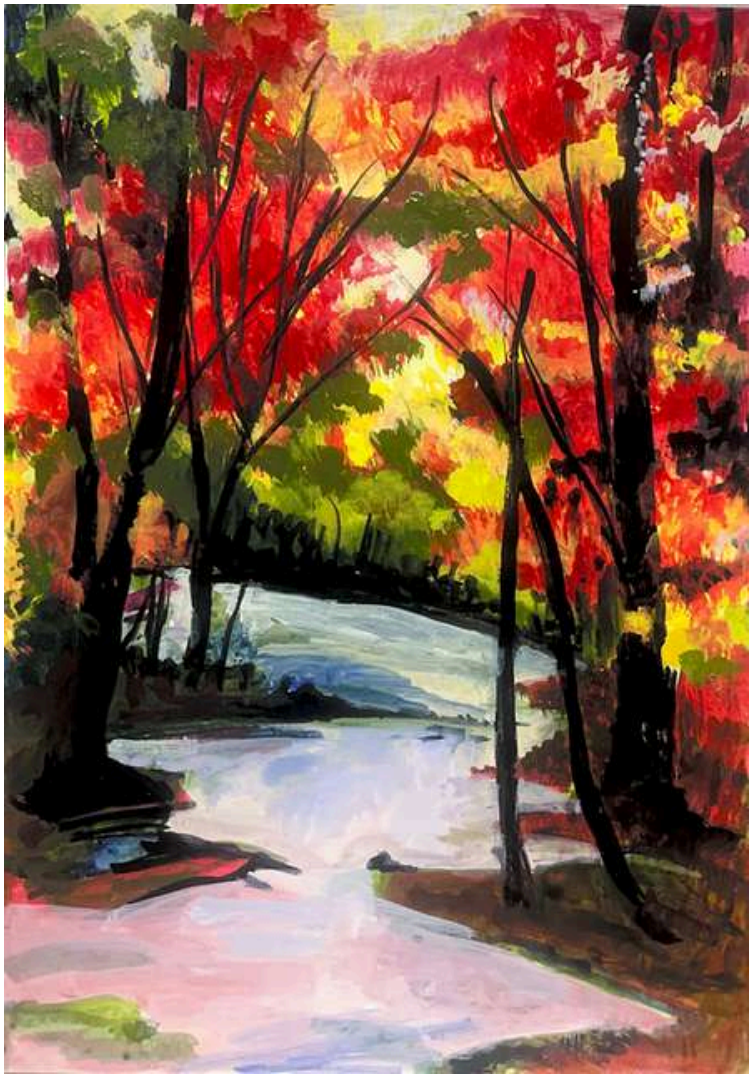
I want to remain useful and contribute in whatever way I can. Staying connected with the younger generation keeps me inspired.

***Epilogue: Life lessons***

My parents shaped my values, my mentors taught me empathy, and Nair Hospital taught me to always see patients as people. ***Simplicity, humility, honesty, and contentment have been the guiding principles of my life and career.***

**Dr Shreya Sharma,**
**Dehradun**

## Beyond the Autumn Arch



**Dr Vishnu Priya**
**Calicut**

## Silent Fragrance

I could hardly see
the BOLD little girl hiding
behind a big heart!
Silent tears from her mystic eyes
rolling down her gentle cheeks.
The sky, on that August evening,
overcast with emotion,
was weeping too,
sending a few raindrops,
caressing the window pane,
in silence.

One day,
*'LIFE'* visited me in my slumber, and
I had a nightmare.....
'Something burning' inside me.
Somewhere between my dream
and reality,
I woke up and saw
the same big heart
of that little girl,
with two mystic eyes!
I could, for once, hardly miss
the fragrance.

**Annotation:** "Dedicated to a two-year-old girl who fought with **valour** and unimaginable courage to overcome a severe DKA episode. While she might often be seen simply as a 'seriously ill patient' to the likes of us—who are lucky to be on this side of fate. Her journey reminds us that, despite our genuine empathy, we may still miss the **true, profound human connection."**

**Dr Manash P Baruah**
**Guwahatil**

## Black

Black
A color with no sheen
gets only darker and deeper
as you fill more.

The lies witnessed at home,
the inequality endured through school,
the jealousy of relatives,
the betrayal within love,
the exploitation at the workplace,
the disappointment in a marriage,
the pettiness among the neighbors,
the green note at the tip of the stick,
the hopelessness before disease....

Each stroke makes it darker and deeper;
splashed around like a volcano of ash and tar.
Staining life at every step,
breaking toys, stealing pencils,
gaslighting friends,
blackmailing companions...

Evil was bred of shedding tears.
There is no justification...
After all, you are the master of your verbs
How thick is your black?

**Dr V B Kasyapa Jannabhatla,**
**Guntur**

## Sketchbook

**Dr. Lakshmi Priya T R**
**Lucknow**

# Fragments of Serenity

**Dr Alka Bishnoi**
Hisar

# The Other Sugar: Envy, Jealousy and the Inner Chemistry of Doctors

## A reflection for endocrinologists, with a whisper from the Gita

In endocrinology, we are trained to look for hidden excess. Too much cortisol. Too much prolactin. Too much thyroid hormone. Too much growth hormone.

But there is another excess we rarely measure, though we have all felt it. The excess of comparison. It begins quietly. A colleague receives an award. A junior is invited to give an oration. Someone's paper has been accepted by a better journal. A friend's clinic grows faster. A WhatsApp group congratulates someone else, and suddenly, without warning, the mind becomes biochemically active. The pulse quickens. The stomach tightens. Sleep becomes lighter.

A polite smile appears outside, while inside, a small courtroom begins proceedings. "*Why not me?*" That is envy. And if the next thought is, "*Why him?*" or "*Why her?*" - envy has already moved dangerously close to jealousy.

Evolutionary psychologists describe envy and jealousy as ancient emotions shaped by competition for resources, status, and belonging. In simpler words, the primitive brain is still sitting inside the modern conference hall, wearing a blazer and holding a delegate badge.

### *A Familiar Conference Moment*

Imagine this. You are sitting in the front row at an endocrinology conference. The chairperson announces the lifetime achievement award. The hall erupts in applause. The awardee walks gracefully to the stage. You clap. Sincerely? Mostly. But somewhere deep within, a tiny voice whispers, *"I have also worked hard"*. That voice is not evil. It is human. The problem begins only when that voice becomes our guru.

### *The Endocrine Signature of Envy*

No laboratory offers an "envy panel." Yet the body knows. Chronic comparison can activate stress pathways. Cortisol rises. Sleep worsens. Appetite changes. Blood pressure becomes less forgiving. Glycemic control may suffer. In our patients, we refer to this as stress physiology. In ourselves, we often call it "professional disappointment." Perhaps we should be more honest. Emotions are not floating clouds. They have receptors, hormones, neurotransmitters, and consequences.

### *Envy Is Not Always Bad*

There is a useful envy. It says: *"That person has done something admirable. Let me learn."* This envy sharpens effort. Then there is corrosive jealousy. It says: *"That person has something. I wish they did not."* This jealousy does not build us. It burns us. The difference is subtle, but important. One is metabolic fuel. The other is emotional inflammation.

### *Duryodhana in the Doctors' Lounge*

The Bhagavad Gita begins not in a monastery, but on a battlefield - perhaps because the human mind itself is a battlefield. The uploaded Gita commentary describes Arjuna's crisis as a reflection of ordinary human weakness, including fear, doubt and jealousy.

Duryodhana had power, palace, army and privilege. Still, he could not tolerate the prosperity of the Pandavas. His tragedy was not poverty. It was comparison. That is the strange mathematics of jealousy: *"Even abundance feels like deprivation when someone else has joy."*

### *Krishna's Prescription*

Krishna does not tell Arjuna, *"Stop feeling."* He teaches him where to place attention. Not on another's reward. Not on applause. Not on comparison. But on duty.

*Karmanye vadhikaraste ma phaleshu kadachana* - you have a right to your action, not to the fruits of action.

For a doctor, this is not abstract philosophy. It means: *"Treat the patient well. Teach the student sincerely. Write the paper honestly. Speak because you have something to say, not because the brochure needs your photograph. Recognition may come. Or it may not. But work done with integrity leaves no biochemical debt."*

### *The Senior Endocrinologist's Confession*

With age, one learns something humbling. Many people we once envied were fighting private battles. Some who looked successful were lonely. Some who received applause were anxious. Some who rose quickly also fell quietly. And some who never stood on grand stages became unforgettable to their patients. Medicine has a long memory, but not always for titles. It remembers kindness.

### *Anasuya: The Antidote*

In Indian thought, anasuya means freedom from envy. It is not passivity. It is not lack of ambition. It is the ability to see another person shine without feeling personally darkened. That may be one of the finest markers of inner maturity.

As endocrinologists, we understand homeostasis. Perhaps emotional homeostasis is: *"Ambition without bitterness. Competition without cruelty. Success without arrogance. Admiration without self-pity."*

### *A Closing Thought*

At every conference, some names appear in bold. Some appear in small print. Some do not appear at all. But beyond the scientific sessions, awards, photographs, and felicitations, each of us returns to the same quiet clinic - where a patient sits, waiting.

That patient is not interested in our envy. That patient needs our presence. And perhaps that is where the Gita meets endocrinology most beautifully. Do your work. Keep your balance. Celebrate another's light. Protect your own flame. Because the real victory is not defeating a colleague. It is defeating the restlessness within.

**Dr Shashank Joshi**
**Mumbai**

## From Harmonium to Hormones

This happened many years ago, soon after I had started private practice. It was a beautiful December morning. I was getting ready for my usual early morning walk around 6 am. At that time, the Miraj-Sangli road was quite quiet, with barely 8–10 hospitals around (today there must be nearly 40, including several super-specialty centers!).

As I was doing some warm-up exercises outside my clinic, a tonga stopped in front of me. A lady got down and asked, "*Doctor saab, Miraj mein harmonium kahaan theek hota hai?*"

Now, Miraj is famous for musical instruments - sitar, tanpura, harmonium, drums and so on. Naturally, I assumed she was asking about a harmonium repair shop! So, I politely told the tonga driver, "*Inko Satarmaker Galli le jaiye*."

I completely forgot about the incident and returned from my walk.

Later that morning, around 9:30 am, I started my OPD. The very first patient was the same lady - this time with her daughter, who was an obvious case of PCOS.

Suddenly, I recognized her and asked, smiling, "*Ho gaya kaam?*" The lady looked slightly annoyed and said, "*Hame udhar kyu bhej diya, Doctor saab? Unhone hi hame wapas bheja! Bole, tumhari ladki ka hormonium toh doctor hi theek karenge!*"

That is when I realized my mistake. The lady had not been talking about a musical harmonium at all; she meant her daughter's hormones needed "tuning"! I felt rather embarrassed, but later I noticed that many patients coming from nearby areas, especially the Bijapur side, would describe menstrual problems by saying, "*Harmonium bigad gaya hai*."

Fortunately, the young girl responded very well to metformin and improved significantly. In due course, she got married. After marriage, she stopped her medicines and later returned with infertility concerns. We repeated a few tests, restarted metformin, and added gonadotropin injections. To everyone's delight, she conceived in the very first cycle.

About six months later, two couples came to see me, referred by this same patient. They confidently announced, "*Doctor saab, hame bhi test tube baby chahiye.*" This was around 1989; there were hardly any IVF centers anywhere nearby. So, I immediately clarified, "*But I don't do test tube procedures!*" They looked surprised and replied, "*Aapne toh kiya tha!*"

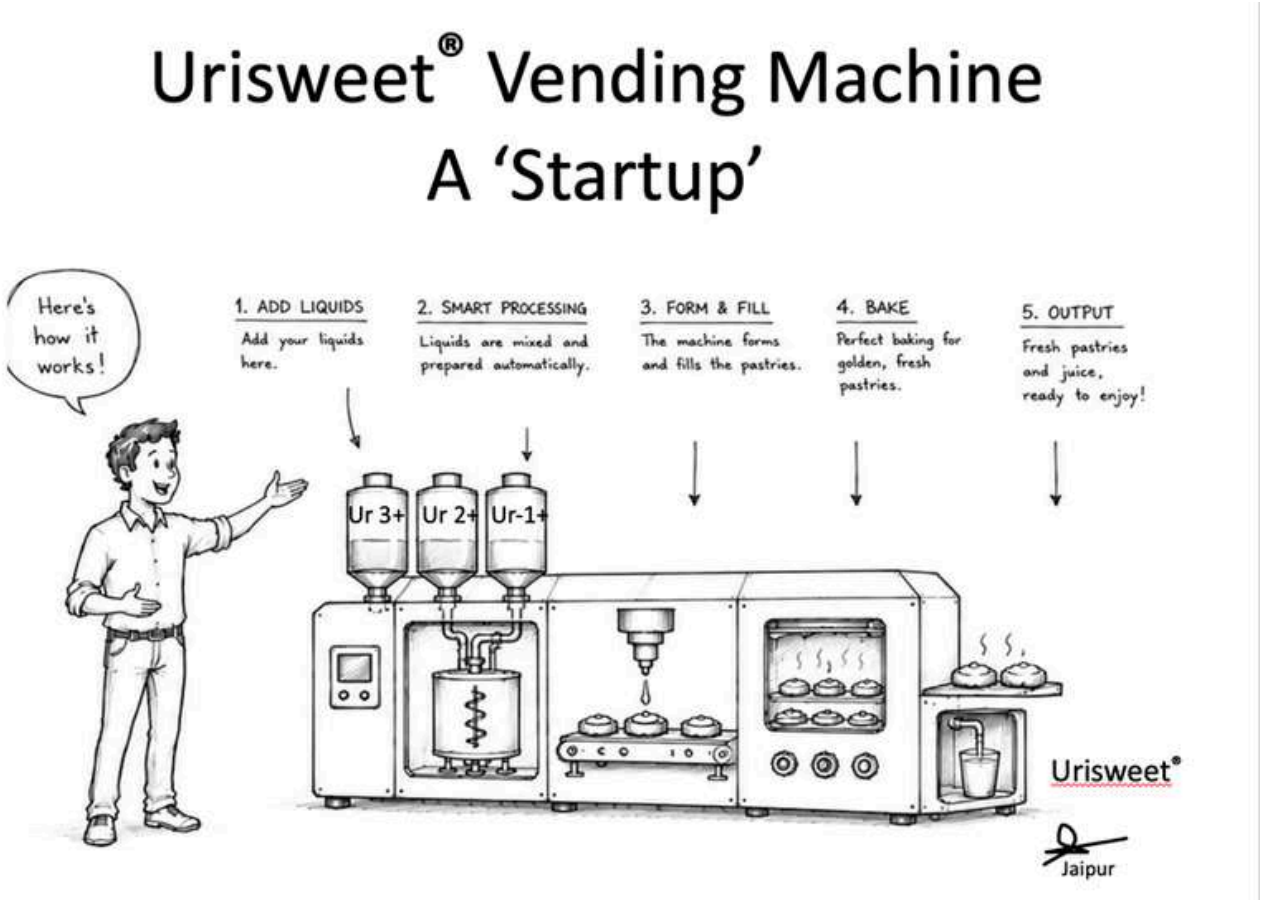
*"Who told you that?"* I asked. They proudly quoted the same patient: *"Doctor saab ne pehle tests kiye, phir kuch tubes diye... aur uske baad baby ho gaya!"* Of course, the "tubes" they were referring to were the gonadotropin injections!

Naturally, I ended up giving the same treatment to those couples as well!

**Dr M H Patwardhan**
**Miraj**

## The Sweet Side of Glycosuria:

### A Satirical Glimpse into the Future of Endocrinology

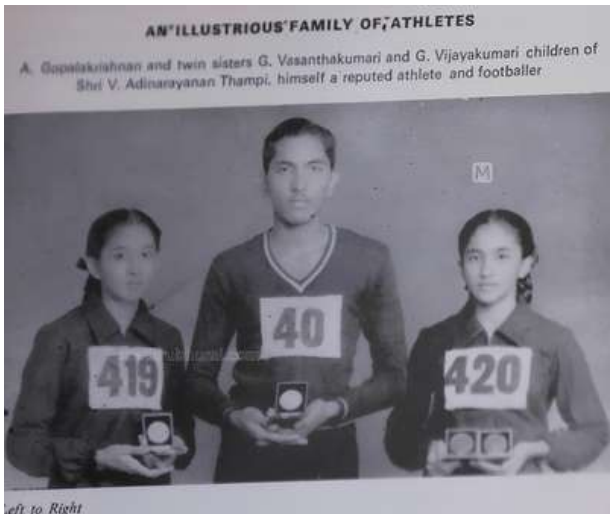



Conjugated equine estrogen, hCG and FSH are extracted from urine. A recent startup has applied for the TROBEL prize for extracting glucose from urine and getting it converted into extremely exquisite, sumptuous culinaries. An evening with some of these delicious delights awaits the delegates at ESICON!

**Dr Sailesh Lodha**
**Jaipur**

# The Philosophy of the Fallen Bar

This is the story of a possible missed Olympic opportunity for India that ultimately became a gain for the medical profession. Long before the era of the Flying Sikh Milkha Singh and the Payyoli Express P. T. Usha, a young athlete from Kerala made her mark on Indian athletics. Her name is G. Vasanthakumari.





On 10 February 1957, at Bengaluru's Kanteerava Stadium, the 15-year-old Vasanthakumari achieved a remarkable feat in the high jump, a summit no Indian woman had conquered before.

Using the Western Roll technique, coiling her body parallel to the earth and defying gravity with elegant precision, she cleared 5.1 feet (1.55 meters), setting a new Indian record and equaling the Asian record established by Israel's Gross Ahuva (1954). With her father, Thambi, her sister, Vijayakumari and brother, Gopalakrishnan, himself a record-holding athlete, cheering her from the sidelines, Viasanthakumari took flight.


Yet, history is often quite to its pioneers. Despite her exceptional talent, opportunities for advanced training and international competition were limited in India at the time. As a result, her athletic career did not progress as it might have in a different era.

But Vasanthakumari's story did not end when her spikes were hung up; it simply transformed. She turned her attention to academics and entered Trivandrum Medical College. Guided by a household that revered knowledge, she pivoted from the stadium to the sanctuary of science. The discipline and determination that had driven her sporting success now found expression in medicine.

After earning her MBBS degree, Dr Vasanthakumari worked in Tanzania and later in New Jersey, USA, alongside her husband, the late Dr Shyamsundar Nair, a psychiatrist and son of Malayalam poet Balamani Amma and journalist V. M. Nair. She specialized in endocrinology, with a particular interest in thyroid disorders.

In 1986, she returned to Kerala, bringing with her years of international clinical experience. She later joined Amrita Institute of Medical Sciences in Kochi and continues to work at the institute.

Although she occasionally reflects on the opportunities that may have passed her by in sport, she harbors no regrets. Instead, she has caried forward a lesson learned at the age of fifteen that has shaped both her personal and professional life. She recalls that whenever the bar fell during a high jump, it initially felt like failure. Over time, however, she came to see it differently. Not as defeat, but as an invitation to improve and try again. That outlook has helped her navigate challenges throughout life.

Dr G. Vasanthakumari's story is one of achievement in two demanding fields. While Indian athletics may have lost a potential international champion, medicine gained a dedicated physician whose contributions have benefited generations of patients and students.

She remains a towering figure, a woman who proved that whether you are clearing heights in a stadium or healing patients, the true spirit of an athlete lies in how gracefully you rise after the bar falls.

**Dr Antresa Jose**
**Parumala**

# Karate and Panchakoshaviveka

***How my foray into the world of martial arts has deepened my understanding of Panchakoshaviveka, a crucial concept in Indian philosophy.***

Dr Mini G Pillai with Dr Suja Sukumar

## *The 5 layers of our identity (Panchakosha)*

Ancient Indian philosophy describes 5 layers of personality: the physical body, the vital force, the mind, the intellect (considered the seat of the ego), and a core of bliss. Karate nourishes each of these layers. Let us see each layer one by one.

1. ***The physical body:*** The primal layer of self-identification for us and for others. For those of us who deal with ailments of the "physical body", there is no need to go into the details of how martial arts training can improve and maintain physical health.

***2. The Vital Force:*** We identify ourselves with this layer of our identity when we say, *"I am buzzing with energy"*, or *"I am tired"*. Like any other regular physical activity, Karate improves energy levels and stamina.

***3. The Mind:*** We identify ourselves with our mind when we say, *"I am happy"*, or *"I am sad"*. Karate and other martial arts improve mental health by enhancing discipline and emotional regulation, fostering a sense of community and purpose, boosting self-confidence and resilience, maintaining focus and mindfulness, and reducing stress and anxiety.

***4. The intellect:*** At the bare minimum, intellect is the enjoyer of all experiences, though often it is much more, synthesizing these experiences, translating them into knowledge and wisdom, and governing our daily lives. It is also probably the most important point of self-identification. For who likes to be told they are wrong, however wrong they may be!

In Karate, seniority is determined by the number of years you have been practicing. Students who are seniors are seen and respected as mentors regardless of age. Seeking help repeatedly from tiny-tot mentors works wonders for one's ego. As we all know, while muscles become healthy when they bulk up with training, ego should be worn thin to the point of disappearance to be healthy.

***5. The core of bliss:*** Our true nature is divinity itself, and our blissful core is the layer nearest to our true nature. It is often difficult to believe that we have a blissful inner core while traversing the trials and tribulations of daily life. So, for ordinary people, deep sleep is considered an easily understandable illustration of the time when we identify ourselves with this innermost core of self-identity.

During deep sleep, our senses are quiet and our mind and intellect do not register any inputs from the external world. When we wake up from deep sleep, we often have the experience of a very blissful time that we have gone through imprinted in our ego. This is our ego identifying itself with our blissful inner core when it is not distracted by any stimuli from the external world or our inner milieu.

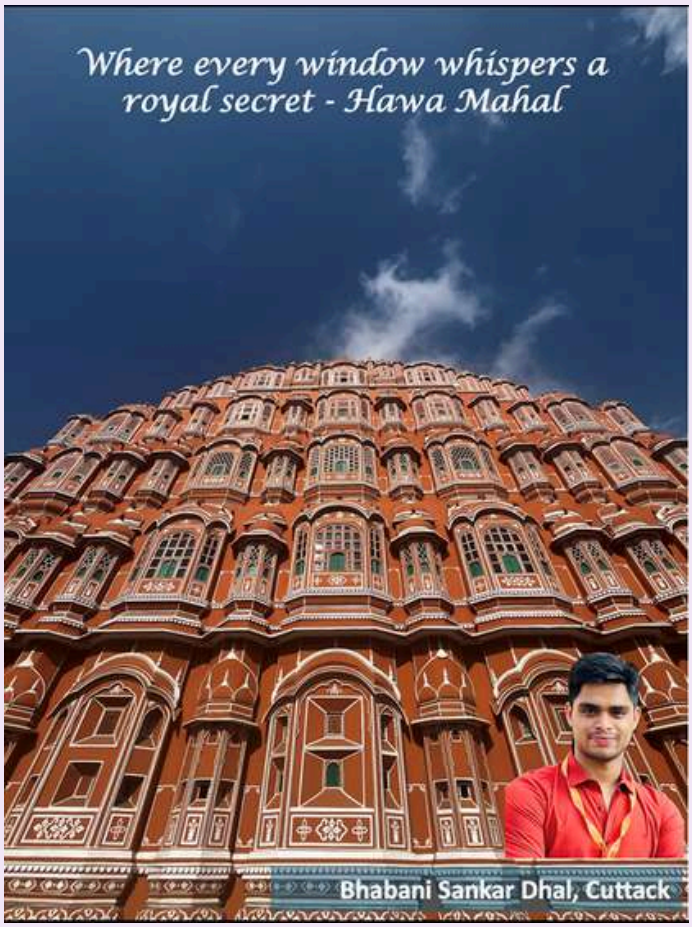
Karate, like any other intense physical training, improves one's sleep. And even post-training endorphin highs give one glimpses of this realm of pure joy, dissolving one's ego and the limitations imposed by it.


In fact, *"Mushin"* (mind without mind), a Zen concept, is a high-performance state in martial arts, indicating a mind with complete presence, not occupied by thought or emotion, open to everything, and acting without hesitation.

To conclude, Karate has profoundly enriched my philosophical journey by clearly delineating the 5 layers of falsely perceived self-identity as taught by Advaita. After all, clearly identifying the false perceptions paves the way to realizing the truth, that one's identity is divinity itself.

**Dr Mini G Pillai**
**Kochi**
**Black Belt Second Dan in Karate (Shinto Ryu School)**

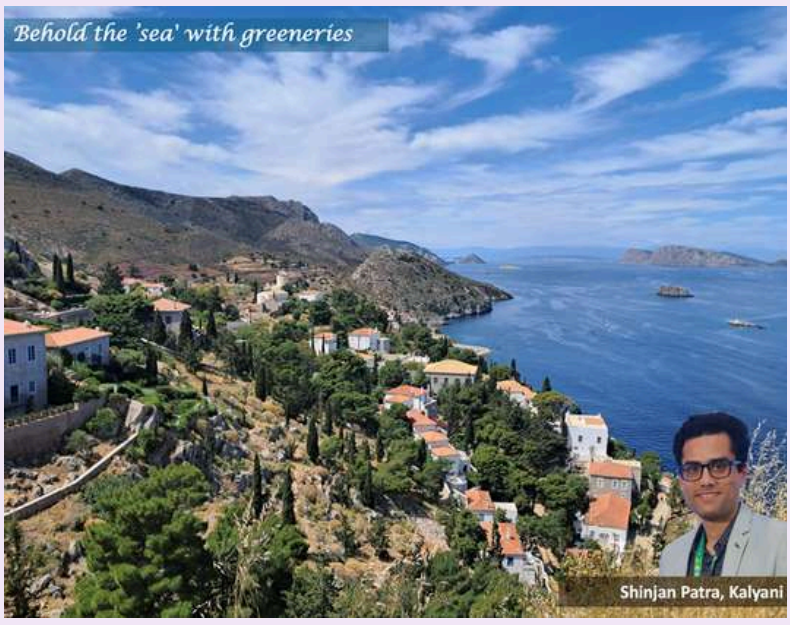
# Echoes in Brick and Stone

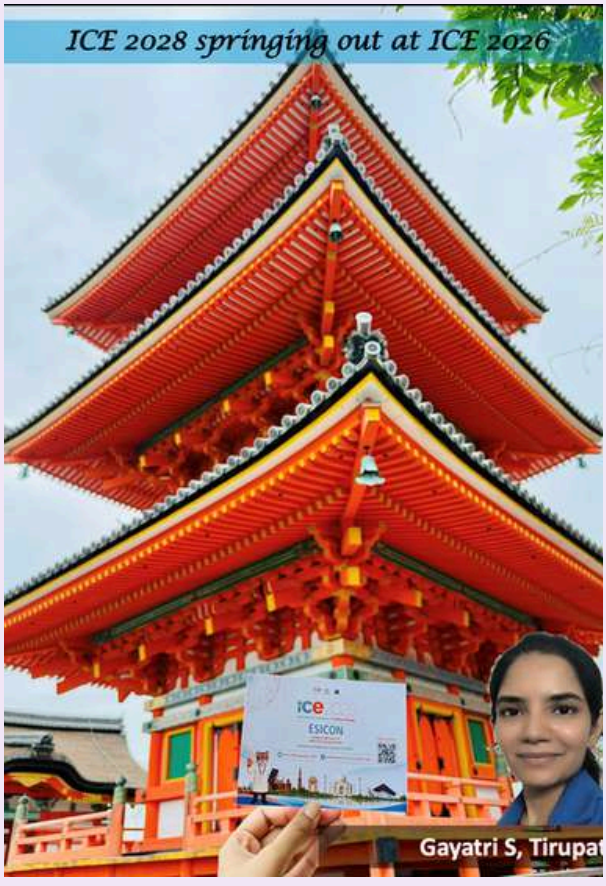




**Architecture is the great book of humanity, the principal expression of man in his different stages of development, either as a force or as an intelligence.**

Victor Hugo - The Hunchback of Notre-Dame



# Healing the Soil, Nourishing the Family:

## Lessons from a Doctor's Journey into Organic Farming

As endocrinologists, we spend our professional lives helping patients restore metabolic health, prevent chronic disease, and improve quality of life. Over the years, I have come to appreciate that health begins much earlier in the soil that produces our food.

With this thought, my wife Deepa and I embarked on a journey into organic farming on our 4.5-acre farm. What started as a weekend interest gradually evolved into a passion and a way of life. Today, our farm follows the principles of permaculture and the concept of a food forest, creating a self-sustaining ecosystem working in harmony with nature.

Our farm is home to 20–30 varieties of fruit-bearing plants, along with a diverse vegetable garden that produces seasonal vegetables year-round. We have consciously avoided synthetic fertilizers and pesticides. Instead, we prepare our own vermicompost using farm-generated organic waste, allowing nutrients to cycle naturally back into the soil. Two indigenous cows are integral to the farm ecosystem, providing manure and fostering a connection to traditional agricultural practices.


Water conservation is another cornerstone of our approach. The entire farm is drip-irrigated, ensuring efficient use of every drop of water while maintaining healthy crop growth. In an era of increasing water scarcity, sustainable irrigation practices are not merely desirable; they are essential.

One of the most rewarding outcomes of this endeavor is that more than 60% of our family's vegetable requirements are now met directly from our farm. There is a unique satisfaction in harvesting fresh produce that is grown with care, free from harmful chemicals, and consumed within hours of picking. The taste, nutritional quality, and peace of mind are incomparable.

Beyond food production, farming has taught us valuable lessons that resonate with medical practice. Nature reminds us that meaningful change takes time. Just as metabolic health cannot be restored overnight, soil health, biodiversity, and ecological balance require patience, persistence, and long-term commitment. Every seed planted is an investment in the future; every harvest a reminder that consistent effort eventually bears fruit.

# GROUNDED

The farm has also become a place of reflection and renewal. Amidst the demands of clinical practice, spending time among trees, soil, and open skies provides a sense of balance that is difficult to find elsewhere.

It reinforces the connection between environmental health and human health, a relationship that is increasingly relevant in modern medicine.

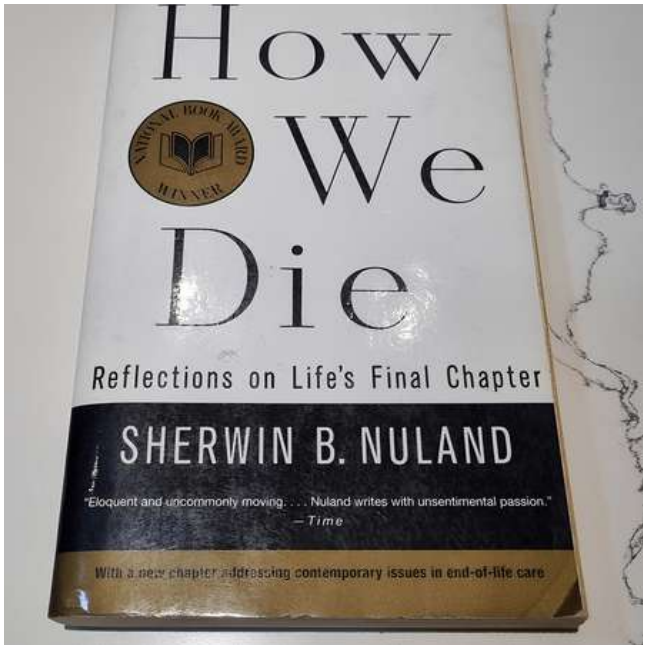
As healthcare professionals, we often advocate healthy lifestyles for our patients.

My farming journey has shown me that growing even a small portion of our own food can be transformative. Whether through a kitchen garden, terrace farming, or larger agricultural projects, reconnecting with nature offers benefits that extend far beyond nutrition.

The future of health may not lie solely in advanced therapeutics and technology, but also in our ability to cultivate healthier ecosystems, healthier food, and healthier communities. In nurturing the land, we are ultimately nurturing ourselves.

**Dr. M. V. Rama Mohan**
**Nellore**

# How We Die




*"None of us seem psychologically able to cope with the thought of our own state of death; the idea of permanent unconsciousness in which there is neither void nor vacuum - in which there is simply nothing"*

*"Modern dying takes place in the modern hospital, where it can be hidden, cleansed of its organic blight, & finally packaged for burial....."*

*"I have never seen much dignity in the process of dying. The quest to achieve true dignity fails when our bodies fail....."*

Dying peacefully in one's sleep is how many of us hope to go. Yet, in reality, it is more a dream than a certainty, far rarer than we care to admit.

As doctors, we get to witness death from close quarters. Despite the professional detachment our profession demands, few things are as sobering as the diagnosis of a metastatic cancer in a young person. The neoplasm, be it in the brain, stomach, lungs or skin, doesn't care about our unfinished dreams/checklists, fragile egos, endless arguments, bank balance, social stature or religious inclinations.

At the other end of the spectrum are people living with chronic disease. Despite the best efforts of doctors, caregivers and loved ones, some may continue going down the dark tunnel, with no visible light ahead. Their decline can draw caregivers into the same darkness.

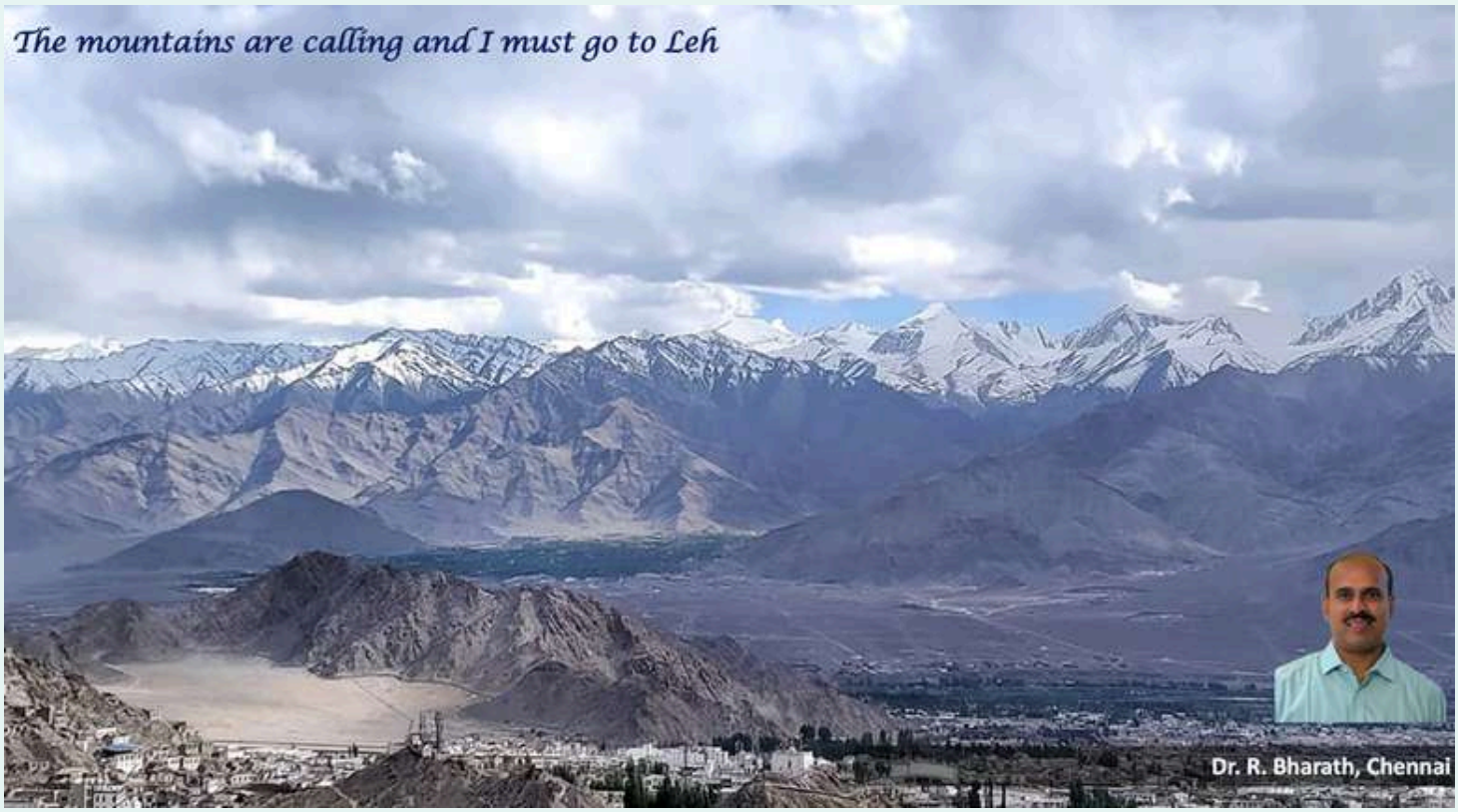
They yearn for the life they once knew, yet find themselves watching a loved one slowly slip away, like sand escaping through a clenched fist. As the end approaches, especially for those providing care, the boundary between life and death can become increasingly difficult to discern.

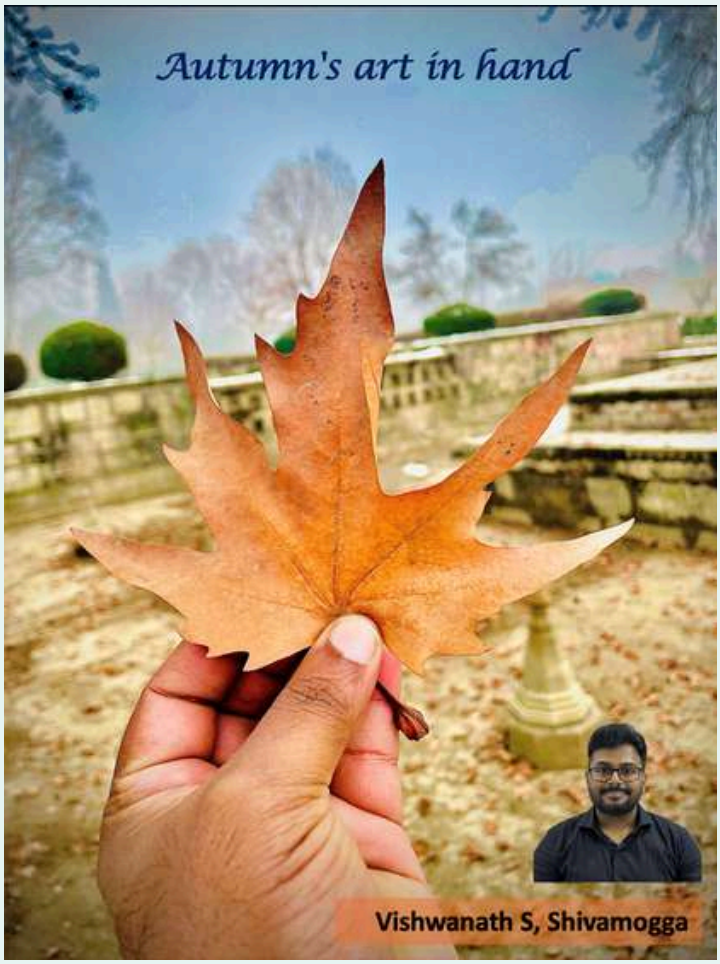
This is what makes this book so remarkable. With the insight of a surgeon and the compassion of a thoughtful observer, Dr Sherwin B Nuland demystifies the process of dying. He replaces fear, misconception, and romanticized notions of death with honesty, humanity, and understanding.

A profound and illuminating book, this is a must-read for anyone seeking a deeper understanding of life and death.

**Dr Deep Dutta**
**New Delhi**

# Under an Open Sky




# Whole Grain Ragi-Pesara Dosa with Almond Chutney

This preparation utilizes finger millet and green gram (pesara).

**Preparation**

1. Soaking (8–10 hours): Wash whole ragi grain and soak for 8–10 hours, and green gram with fenugreek seeds for 6-8 hours.

2. Grinding: Grind ragi and green gram-fenugreek separately to a smooth paste. Combine both batters and mix until dosa consistency is reached.

3. Fermentation (8-12 hours): Leave the batter undisturbed in a warm environment.

4. Cooking: Preheat a cast iron tawa and spread the batter thinly to 2-3 mm thickness. Cook until crisp and light brown.

5. Almond Chutney: Soak 20g almonds for 2-4 hours, grind with garlic, chili, salt and minimal water to a smooth paste.

**Ingredients (8–10 medium dosas)**

**Dosa Batter:**
- Whole ragi grain – 150 g
- Whole green gram – 150 g
- Fenugreek seeds – 5 g
- Ginger – 10 g
- Cumin – 5 g
- Salt – to taste

**Almond Chutney (per serving):**
- Almonds – 20 g
- Garlic – 1 clove
- Green chilli – optional
- Salt – to taste

**Nutritional Value**
**1 serve – 2 medium dosa (150g) + chutney**
- Energy: 340–360 kcal
- Protein: 16–18 g
- Fiber: 8–10 g
- Healthy fats: ~15 g (predominantly MUFA)
- Calcium: ~220–250 mg

**Dr. Borra Rajesh Yadav**
**Mangalagiri**

# Zucchini Pasta with Greek Yogurt Herb Sauce

**Preparation**

- Prepare the zucchini pasta – lightly sauté zucchini spirals for 1 minute in a hot pan with a pinch of salt (don't overcook - it becomes soggy). Remove and keep aside.
- Sauté the vegetables – add 1 tsp olive oil to the pan, add garlic and sauté till aromatic. Add carrots, corn, bell peppers, and broccoli. Cook on high heat for 2–3 minutes. Season with salt and pepper.
- Make the Greek yogurt sauce – whisk Greek yogurt with olive oil, lemon juice, herbs, pepper and salt in a bowl. Turn OFF the heat on the vegetable pan and add yogurt sauce to the warm veggies. Mix gently. Greek yogurt splits if exposed to high heat- so turn off the flame before adding it.
- Combine – add the sautéed zucchini noodles and toss gently till evenly coated. Top with a steamed broccoli floret.

**Dr Lakshmi Nagendra**
**Mysuru**

# Kaziranga Diaries:

## A Family Pause into the Wild

Travel, for me, has always been about pauses: moments that gently pull us away from routines and remind us to slow down. Our trip to Kaziranga, towards the end of January, was one such pause - quiet, grounding, and unexpectedly meaningful. We travelled as a small family, my husband, our daughter Nakshatra, and I, starting from Trivandrum, flying via Bangalore to Guwahati, and then driving for nearly five hours to reach Kaziranga

As we moved farther from the city, the landscape began to open up. Houses were fewer and scattered, the roads stretched wide and silent, and there was a sense of space that felt unfamiliar yet comforting. This was our first visit to the North-East, and it already felt different. We stayed at Borgos Resort, a beautiful property nestled close to the jungle. The name “Borgos,” often associated locally with abundance, seemed fitting.

Our room sat amid greenery, with nature never quite out of sight. January offered pleasant days and chilly nights, perfect weather to unwind. That evening, we were welcomed with a traditional Bihu dance performance. The group moved with infectious energy, accompanied by live music played on unique traditional instruments: drums carved from jackfruit tree wood, trumpets fashioned from wild buffalo horns, flutes, and other distinctive forms.

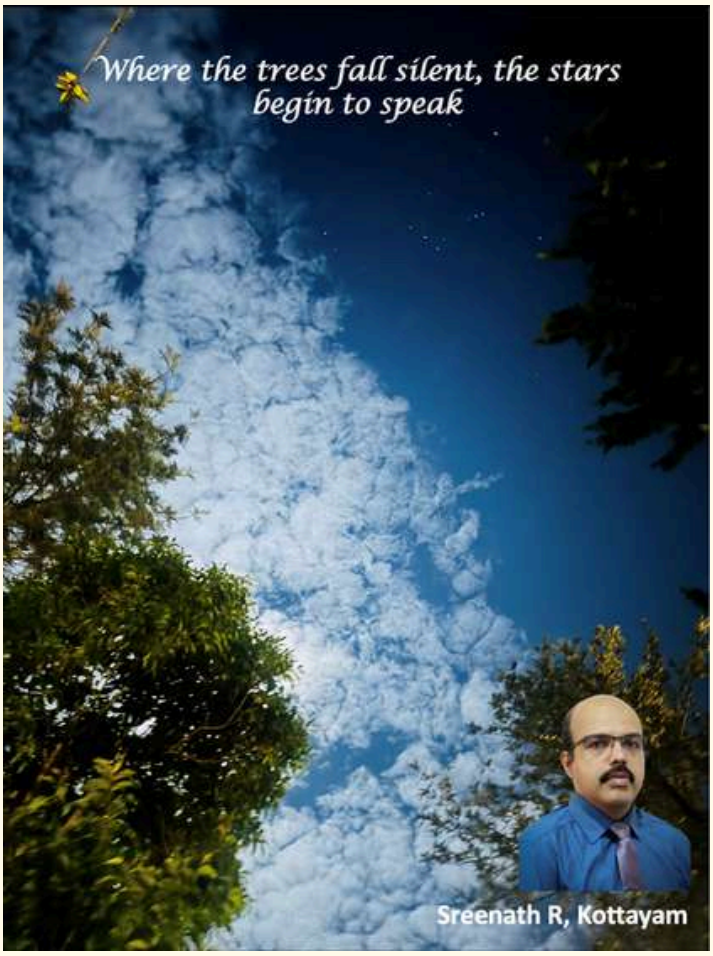
Dressed in traditional sarees, dhotis, and headgear, the performers brought Assam’s cultural spirit alive. Nakshatra watched intently, her eyes following every rhythmic movement, occasionally clapping along without realizing it. We ended the evening with a group photograph, followed by a campfire and dinner - simple moments that stayed with us.

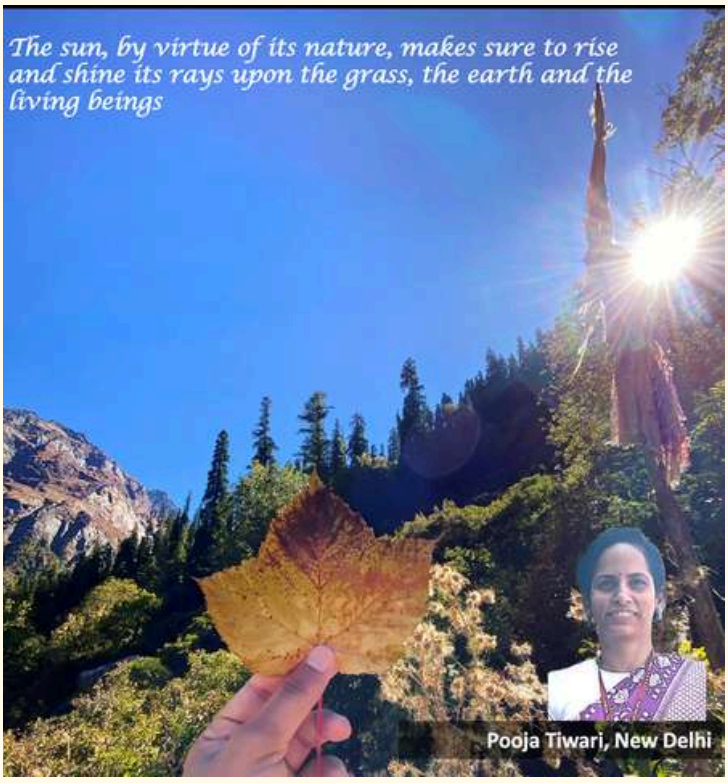
The next morning began early. At 5 a.m., wrapped in layers, we set out for the elephant safari. A thick morning fog hung low, softening the landscape and carrying with it the earthy scent of damp grass. As we moved through the grasslands, Kaziranga slowly revealed itself - the iconic one-horned rhinoceros, ash-grey and majestic; deer, monkeys, wild buffalo, and wild boar appearing briefly before retreating into the wild. There was a quiet stillness broken only by the distant calls of birds and the steady rhythm of the elephant’s footsteps beneath us.

Seeing these animals in their natural habitat was deeply humbling.

**Dr Lekshmi Sudhakaran**
**Trivandrum**

# Under an Open Sky



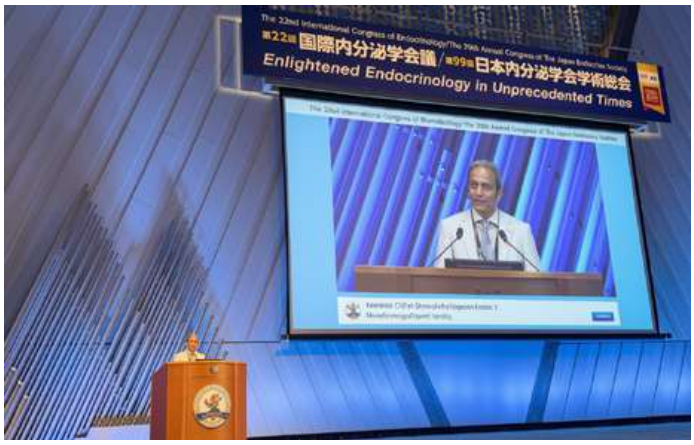




**You are the sky; everything else is just the weather.**

**Pema Chodron**


# Incredible Inditude: ESI at ICE 2026

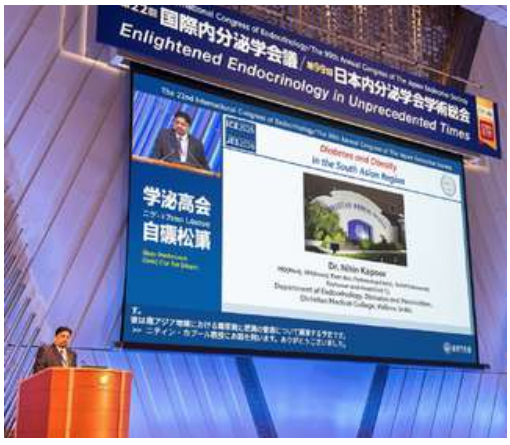
***Incredible Inditude!*** This is what was on display at Kyoto, Japan, at the International Congress of Endocrinology (ICE) 2026. Living up to our collective national responsibility, members of the Endocrine Society of India flew the Tricolor with elegance and elan, passion and pride.





India showcased its efforts and expertise in endocrine academics and research at multiple fronts. We were the highest contributor, after the host nation Japan, in terms of the number of abstracts submitted, oral/ poster presentations accepted, and travel grants received.

Of the 67 Indians who registered for the conference, 64 shared their research at various platforms. These included 11 invited talks/ chairpersonships and 4 oral presentations. Eight of our early-career colleagues won the highly contested travel grants.








RESULTS
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Yoshihiro Ogawa
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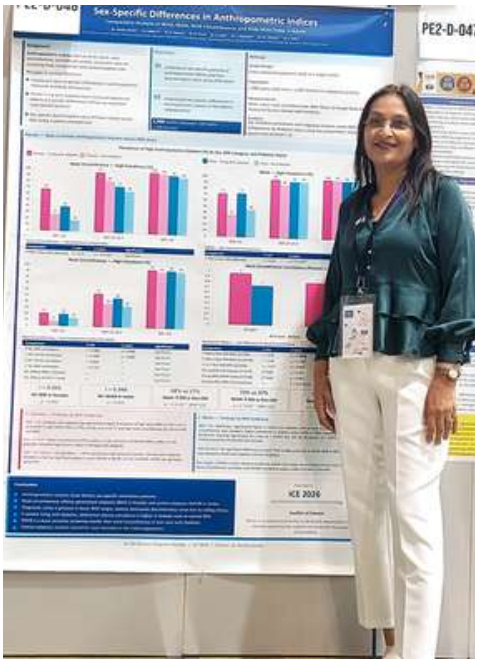
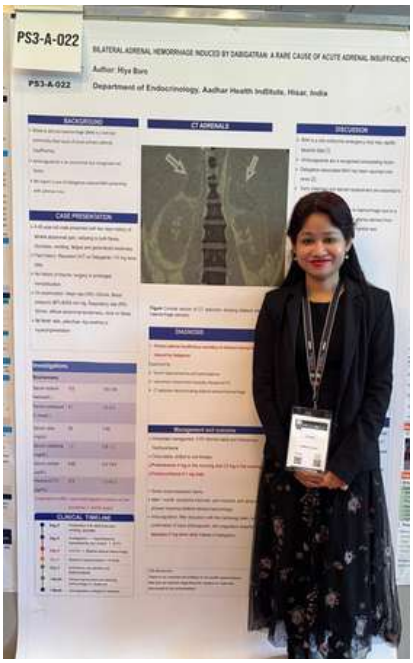
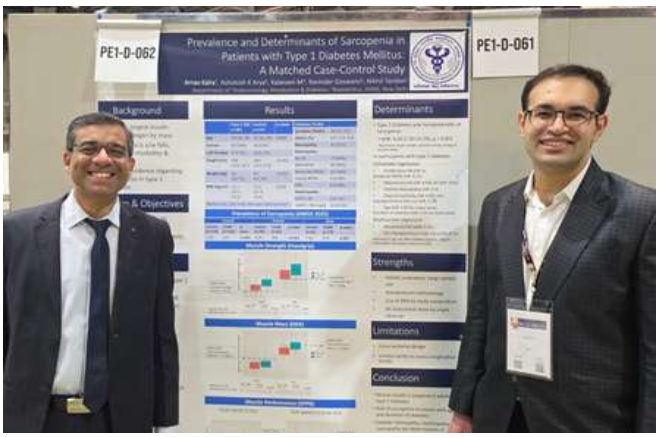
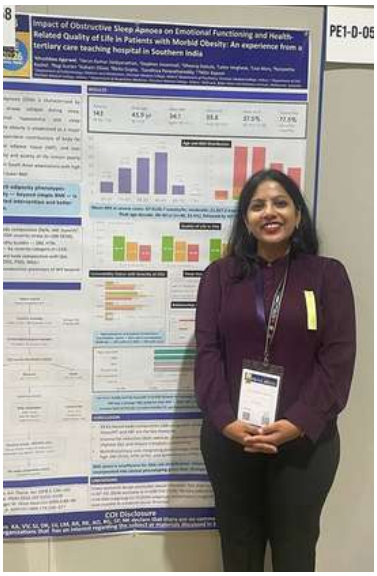

Sex-Specific Differences in Anthropometric Indices
PE2-D-04
ICE 2026


PS3-A-022
BILATERAL ADRENAL HEMORRHAGE INDUCED BY DABIGATRAN: A RARE CAUSE OF ACUTE ADRENAL INSUFFICIENC
Author: Riya Baro
PS3-A-022
Department of Endocrinology, Aadhar Health Institute, Hisar, India
BACKGROUND
CT ADRENALS
DISCUSSION
CASE PRESENTATION
DIAGNOSIS
CLINICAL TIMELINE


PE2-D-088
Physician Attitudes Toward Obesity Care: A Comparative Survey of
Endocrinologists and Internal Medicine Physicians in India
PE2-D-087


PA1-A-007
Why size and weight are not
meaningful redefi
BACKGROUND / INTRODUCTION
OBJECTIVES
RESULTS
CLINICAL IMAGES


PE1-D-062
Prevalence and Determinants of Sarcopenia in
Patients with Type 1 Diabetes Mellitus:
A Matched Case-Control Study
PE1-D-061
Background
& Objectives
Results
Determinants
Strengths
Limitations
Conclusion


Impact of Obstructive Sleep Apnoea on Emotional Functioning and Health-
Related Quality of Life in Patients with Morbid Obesity: An experience from a
tertiary care teaching hospital in Southern India
PE1-D-05
COI Disclosure

ESI had its own booth, where we unveiled our mascot, *Hormao the Tiger*, for ICE 2028. The booth was manned (and womanned) by ESI members, who built fellowship and friendship with foreign attendees and invited them to India.





ICE 2028 is both an opportunity and a challenge for Indian endocrinology. We will showcase our scientific prowess and share our scholastic strength, with confident collegiality.

As we celebrate our success at Kyoto, let's work towards an incredibly successful ICE 2028!

**Dr Sanjay Kalra**
**Karnal**
**Treasurer, International Society of Endocrinology**

# Event Calendar 2026 (July to October)

| DATE(S) | CONFERENCE NAME | CITY | SOCIETY / ORGANIZATION | VENUE | ORGANIZING SECRETARY |
|---|---|---|---|---|---|
| 11–12 Jul 2026 | Yuvacrinology 2026 | Chennai | Endocrine Society of India | Hilton Chennai | Dr. R Santosh |
| 12 Jul 2026 | ESI Satellite symposium | Raipur | Endocrine Society of India | Mayfair Resort | Dr. Tarun Mishra |
| 18–19 Jul 2026 | ESAP 2026 | Tirupathi | Endocrine Society of Andhra Pradesh | Hotel Grand Ridge | Dr. Sailaja Anantarapu |
| 18-19 Jul 2026 | ESI Endocrine Edge | Bangalore | Endocrine Society of India | Leela Bharatiya | Dr. Deep Dutta |
| 25–26 Jul 2026 | ADERE 2026 | Delhi NCR | Academy for Diabetes and Endocrine Research and Education | Taj Surajkund | Dr. Radhika Jindal |
| 25–26 Jul 2026 | T ENDOCON 2026 | Trivandrum | Dept of Endocrinology, Trivandrum Medical College | Apollo Dimora Trivandrum | Dr. Reshma M |
| 25-26 Jul 2026 | ESTCON 2026 | Hyderabad | Endocrine Society of Telangana | Marigold | Dr. Beatrice Anne |
| 25-26 July | ESI ESSENCE | Bangalore | ESI Cardiometabolic Health Task Force | Leela Bhartiya City | Dr. Basavaraj G |
| 1-2 Aug 2026 | Metabolic Horizon Conclave | Bhubaneshwar | Metabolic Horizon | Mayfair Convention | Dr. Abhay Kumar Sahoo |
| 02 Aug 2026 | ESI Focus -Non Autoimmune Diabetes in Young | Bangalore | Dept of Endicrinology and metabolism, Saptagiri Institute | Saptagiri Institute Bangalore, Auditorium | Dr. Ridhi Das Gupta |
| 7–9 Aug 2026 | Decon 2026 | Coimbatore | Decon | Lemeridian | Dr. Suresh Damodharan |
| 14-15 Aug 2026 | ITSCON 2026 | Chennai | Indian Thyroid Society | Leela Palace | Dr. Muthukumaran J |
| 15-16 Aug 2026 | Magna Endo Update | Bangalore | MagnaCode Healthcare & Education Foundation | Bangalore | Dr Anantharaman |
| 16 Aug 2026 | ESI Satellite Symposium – Warangal | Warangal | Endocrine Society of India | Sri VSR gardens | Dr. Ankati Shravan/ Dr. Praveen |
| 22–23 Aug 2026 | DESCON 2026 | New Delhi | Endocrine Society of Delhi | Aerocity Pride Plaza Hotel | Dr Parjeet Kaur |
| 22–23 Aug 2026 | Endodiabcon 2026 | Mangalore | Endodiab Charitable Society | TMA Pai Hall | Dr. Ganesh H K |
| 29–30 Aug 2026 | Endo Update 2026 | Jaipur | Rajasthan Affiliate – ESI | Fairmount | Dr Balram Sharma |
| 19 Sep 2026 | RAJ ESICON 2026 | Jodhpur | Endocrine Society of India Rajasthan Affiliate | Indana Palace, Jodhpur | Dr. Ronak Gandhi |
| 27 Sep 2026 | ESI Satellite Symposium – Rajkot | Rajkot | Endocrine Society of India | Hotel Imperial Palace (tentative) | Dr. Harsh Durgia |
| 27 Sept 2026 | ESI FOCUS - Diabetes and Pregnancy | New Delhi | Endocrine Society of India | Delhi | Dr. Yashdeep Gupta |
| 22–26 Oct 2026 | ESICON 2026 | Chennai | Endocrine Society of Tamil Nadu | Chennai Trade Centre | Dr. Muthukumaran Jayapaul |

# A Little Boat

Poetry is a little boat
you set quietly upon the sea,
made of paper-thin courage
and the trembling honesty
of your own heart.

You fold your silences into it,
your unfinished griefs,
the small pieces of wonder
you could not keep carrying alone.

And then you let it go.

Not knowing
whether the waves will cradle it gently
or pull it beneath the dark,
whether anyone will pause
to notice it drifting by.

But somewhere,
on a shore you may never see,
someone tired might gather it
with careful hands,
open your fragile words
like a letter meant for them,
and feel a little less alone.

Perhaps that is all poetry ever is.

A small brave vessel
sent into the world
with no map,
only hope
and the quiet faith
that hearts still recognize each other
across oceans.

*Gagan Priya*

Photo Credit: Major Dr Yashpal Singh

We invite your contributions to the next issue of the newsletter. Please write to us at newsletter@endocrinesocietyindia.org