INSPIRATION 2026
ENDOCRINE SOCIETY OF INDIA

NEWSLETTER

Across the Canvas of Time



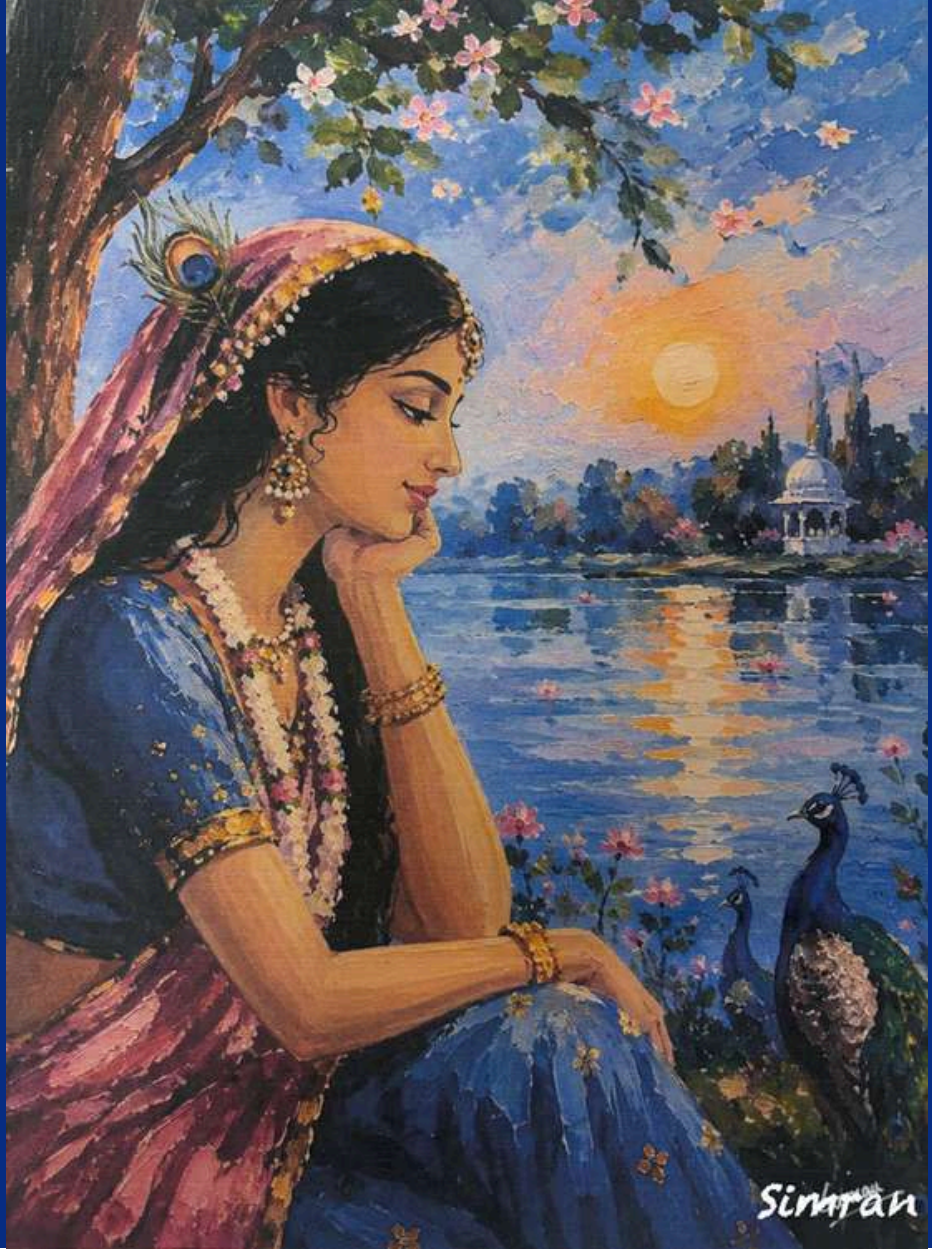
OCTOBER – DECEMBER 2026 | ISSUE 4

Science with a Soul:
People, Progress and Possibilities

Echoes of Excellence:
Where Innovation Meets Reflection

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Beyond the Clinic and the Curve

Dear esteemed colleagues and friends,

Endocrinology is often described as a science of intricate precision. We spend our professional lives interpreting complex biochemical feedback loops, titrating delicate therapies, and deciphering the subtle nuances of human metabolism. Yet, healing is as much an art as it is a science, and the mind that seeks harmony within the human body naturally hungers for beauty, balance, and creative expression outside the clinic.

Across our fraternity, there is an extraordinary reservoir of creative vitality waiting to be tapped. Many of our colleagues are gifted painters, perceptive photographers, passionate writers, musicians, and avid travelers. When we step behind a camera lens, we train ourselves to see perspective, light, and hidden detail. When we travel, we immerse ourselves in unfamiliar cultures, rekindling our curiosity and broadening our empathy. Engaging with literature, music, and the visual arts does not detract from our scientific acumen; rather, it replenishes the intellectual reserves that clinical practice inevitably drains.

The persistent obstacle, invariably, is time. The demands of patient care, academic research, and institutional duties often push our personal passions to the margins. However, dedicating time to hobbies should never be viewed as an indulgence. It is an essential safeguard against burnout and a cornerstone of personal well-being. Intentional time management, deliberately carving out an uncompromised hour for the canvas, a quiet weekend for photography, or a planned hiatus to explore new landscapes, restores vitality to both mind and spirit.

As members of the Endocrine Society of India, let us celebrate not only our scientific milestones but also our creative pursuits. I invite each of you to nurture that creative spark, make deliberate space for your passions, and share your artistic journeys with our community.

Warm regards,



Dr. Kaushik Pandit
President, Endocrine Society of India

SECRETARY'S DESK

Dear members,

Greetings from the Secretariat!

We are pleased to bring out another edition of our newsletter, featuring academic and non-academic happenings among our members.

Our society is only as strong as the people who show up for it, and we are missing many voices from our junior members in the society's activities. We are writing to ask for your renewed involvement by attending ESI meetings and contributing your ideas to help the society. Your presence shapes every decision we make, and even occasional participation makes a real difference in the direction we take. We also request that all members be vocal and visible about their work, share updates on social media, and invite others who might want to join. The wider our reach, the greater our impact.

We plan to expand activities under the ESI task forces and have initiated preliminary discussions to create an electronic medical record system for all endocrinologists. This will enable collaborative research among members widely separated geographically and even support multicentric studies across different endocrine disorders. We are also planning to publish a handbook on genetics in endocrinology, with special emphasis on the availability and types of genetic tests for specific endocrine disorders.

The society belongs to all of us, and we request active participation in its activities. Every contribution counts in this endeavor, whether it's volunteering for an event, sharing a suggestion, or lending a skill. No effort is too small or too big, and every effort is important to us.

Looking forward to seeing all of you at ESICON 2026!

Regards,



Dr. KVS Hari Kumar
Hon. Secretary, Endocrine Society of India

A Toast to Our History, Creativity and Passion

Every issue of the ESI Newsletter tells a story. But some issues make us look a little beyond the pages: to where we came from, talents that lie beyond our professional identities, and people whose ideas and efforts quietly bring it all together. This issue is a toast to our history, creativity and passion.

The most humbling journey for the editorial team this time has been the one into our own past. With "***The Makings of Endocrinology in India***", we begin a new feature series that seeks to reconstruct the evolution of our specialty in India. In this issue, we trace the early origins of endocrinology in institutions across India, celebrate the early pioneers of our discipline and revisit the birth of the Endocrine Society of India. From those beginnings, we hope to follow the Society's journey to the present and the remarkable breadth of academic, educational and professional activities it undertakes today. I remain deeply grateful to Dr Sarita Bajaj and Dr Vinod Kumar, among the many seniors, who so generously shared their time, memories and invaluable insights, helping us piece together some of this history.

But this is only the beginning of that journey. In the issues ahead, we hope to tell the stories of endocrinology departments across India, how they began, who shaped them and how they evolved. In doing so, we hope to preserve the legacy of our pioneers and the collective history of Indian Endocrinology.



Dr Naincy Purwar

Creative expression of our members has always found a special place in the ESI Newsletter. This issue takes that a step further with our "***Painting and Sketching Contest"***. The response from our members was overwhelming, bringing to light an extraordinary range of imagination and artistic talent within our thriving community. The remarkable entries made choosing amongst them no easy task for our esteemed judges. While the winning artworks take a place of pride, we celebrate every member who picked up a brush or a pencil and shared a part of their creative world with us.



Dr Alankar Tiwari

Each quarter, the newsletter arrives polished and complete. What remains largely invisible is everything that happens before these pages come together. One person shares an idea, another pursues contributions, someone collects photographs and deadlines get rescued. Countless small acts of ownership gradually transform scattered pieces into a story and a group of people into a team.

Over time, the editorial team has grown, evolved and found its own rhythm, with each memberof the team bringing something unique.

Naincy Purwar remains one of our constant forces, energetic, responsible, brimming with ideas and always taking ownership.

Alankar Tiwari is one of the most dependable members of the team, ready to step in whenever something needs doing.

Shreya Sharma brings freshness and enthusiasm, and has led the Women in Endocrinology segment forward with sincerity and energy.



Dr Shreya Sharma

EDITOR'S DESK



Dr Khusbhoo Agarwal

Khushboo Agarwal brings hard work, warmth, wonderful ideas and an effortless ability to connect with people.

Shinjan Patra brings eagerness and persistence, pursuing ideas and following up on contributions with care and commitment.

Kiran Pasam consistently stands out for his sincerity, hard work and a meticulous attention to detail.



Dr Shinjan Patra



Dr Kiran Pasam



Dr Antresa Jose

Antresa Jose has been invaluable in making connections, but stays quite humble and understated about her own strengths.

Ramamohan is the quiet and reliable contributor, embodying the true collaborative spirit of the newsletter.



Dr Ramamohan MV



Dr Soumya S Inamdar



Dr Shilika Lalwani

Soumya Inamdar is a gentle, quiet presence whose work has become an integral part of the team fabric.

Shilika Lalwani joins this evolving little family with enthusiasm and an eagerness to contribute.

Somewhere along the way, the team stopped feeling like a group of people performing assigned tasks. Ideas belong to everyone and there is a collective pride in the newsletter. So, in this issue, the spotlight belongs to the people behind these pages.

Here's to the team!

Thank you for bringing your ideas, your creativity and your passion to the newsletter.



Dr. Gagan Priya, Mohali
Chief Editor, ESI Newsletter

ESI on the Canvas

In the last quarter, we invited ESI members to submit their paintings for a Cover Page Contest, and were delighted to receive over 40 artwork submissions, a wonderful showcase of the artistic talent and creativity within our Society.

All entries were evaluated independently by a panel of judges, blinded to the identity of the contributors. Choosing the winners was no easy task. As our judges remarked, the artworks were “amazing” and “superb”, with the judging exceptionally close. One judge summed it up beautifully, “All entries were worth a prize.”

We congratulate the winners and extend our warm appreciation to every member who participated and shared their art with us. Our sincere thanks also go to our judges for taking on the rather difficult task of choosing the winners from such an impressive collection of artwork.

The Grand Jury


Dr Abdul Hamid Zargar, Srinagar


Dr S K Sharma, Jaipur


Dr Sarita Bajaj, Prayagraj


Dr G R Sridhar, Vizag


Dr Kaushik Pandit, Kolkata


Dr Kalpana Dash, Raipur


Dr Uma Saikia, Guwahati


Dr KVS Hari Kumar, Hyderabad


Dr Shehla Sajid Sheikh, Mumbai

08 PAINTING AND SKETCHING CONTEST

Round One Jury


Dr Anulekha Mary John, Thiruvalla


Dr Debarati Bhar, Kolkata


Dr Jaideep Khare, Bhopal


Dr Lakshmi Nagendra, Mysuru


Dr Pankaj Patel, Rajkot


Dr Parag Shah, Ahmedabad


Dr Prem Prakash Patidar, Jaipur


Dr Richa Chaturvedi, New Delhi


Dr Sambit Das, Bhubaneshwar


Dr Sameer Aggarwal, Rohtak


Dr Sarmishtha Mukhopadhyay, Kolkata


Dr Suman Kotwal, Jammu


Dr Tatachar Sreevatsa, Pune


Dr Umesh Kumar Garg, Agra


Dr V B Reddy, Puducherry

09 PAINTING AND SKETCHING CONTEST

First Prize



Divine Melody

A note becomes a color,

a rhythm takes a form;

music spills across the canvas,

and art begins to sing along.



Dr Rajesh Moganti
Rajahmundry

Second Prize

Somewhere out there,

the wind turns,

while water holds the sky;

a moment resting quietly

between them,

too beautiful too hurry by.



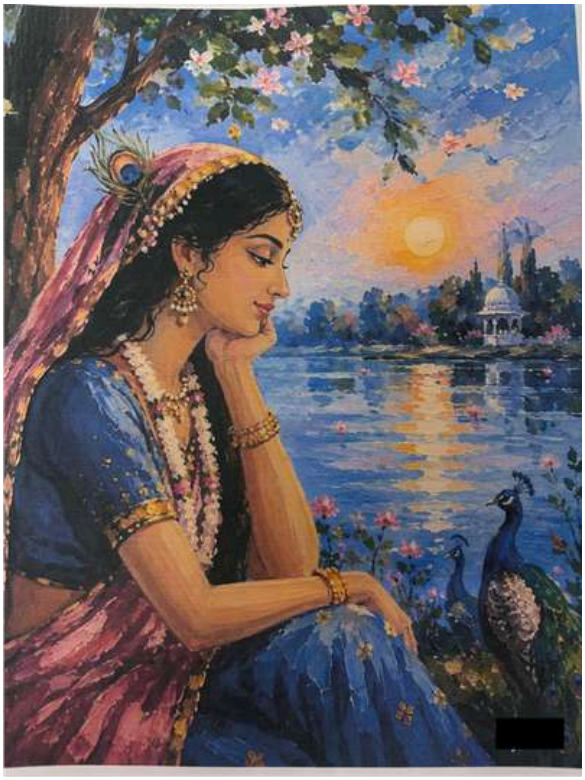
Kinderdijk: The Kaleidoscope



Dr Lakshmi Priya TR
Lucknow

PAINTING AND SKETCHING CONTEST

Third Prize



Somewhere between the sky and water, she found her peace



The Truth



Dr Simran Thakkar
Vellore



Dr Salvya S Raj
Mangaluru

Editor's Choice



"I once wished for a life perfectly framed -
calm skies, gentle waters, and a certain shore.
But life had other lessons.

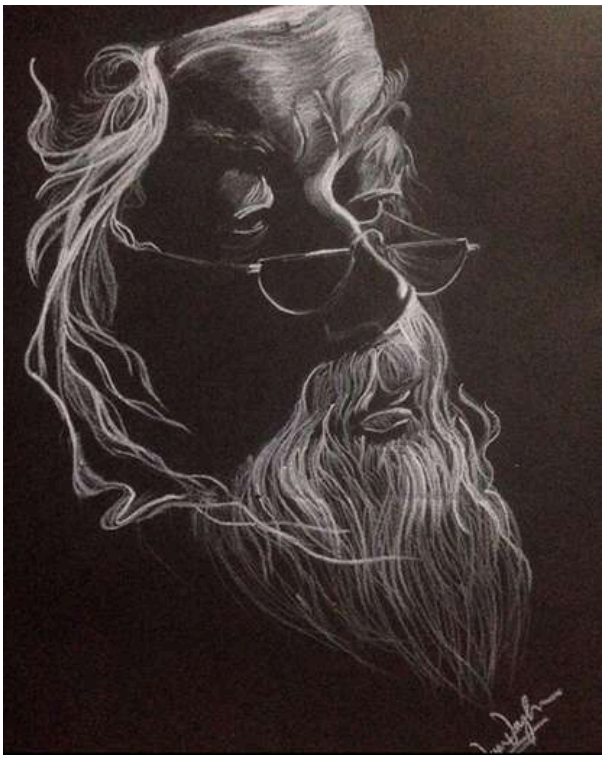
It sent storms to shake my sails, waves to test my strength, and darkness to teach me direction. Now I know I was never meant to remain inside the frame.

I was meant to sail through the storm, spill beyond every boundary, and become my own horizon."



Dr Bhabani Sankar Dal
Cuttack

PAINTING AND SKETCHING CONTEST



"Happiness can be found, even in the darkest of times, if one only remembers to turn on the light."
- Albus Dumbledore



Dr Nupoor Vaghasia
New Delhi



When petals pose and shadows play



Dr Kanav Khanna
Jalandhar



Where joy blooms



Dr Kiran Kumar Golla
Vishakhapatnam

Congratulations to our artists!

Thank you for adding a splash of color to our Society!!!



Dr Shilika Lalwani



Dr Gagan Priya

The Journey of the Endocrine Society of India

Today, endocrinology is an established specialty in India, supported by dedicated departments, structured superspeciality training, sophisticated diagnostics, research, and a growing community of specialists. But this infrastructure did not appear overnight. It began with a handful of pioneers convinced that India needed to develop its own expertise in this emerging field. The story of the Endocrine Society of India (ESI) is, in many ways, the story of that transformation.

Early Beginnings

To understand the makings of the ESI, one must first return to a time when endocrinology had yet to find a distinct institutional identity in India. Prior to 1964, there were no separate endocrinology departments. Dedicated subspecialty units of Endocrinology were created within the Dept of Internal Medicine in 1964 at the All India Institute of Medical Sciences (AIIMS), New Delhi, under Prof MMS Ahuja, and the Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, under Prof G K Rastogi.

Meanwhile, specialized outpatient services for diabetes and/or thyroid began within the Dept of Medicine at the Institute of Medical Sciences (IMS) Banaras Hindu University (BHU), Varanasi; King Edward Memorial (KEM) Hospital and Seth Gordhandas Sunderdas Medical College (GSMS), Bombay; Topiwala National (TN) Medical College and Bai Yamunabai Laxman (BYL) Nair Hospital, Bombay; Lala Lajpat Rai Memorial (LLRM) Medical College, Meerut; Madras Medical College, Madras; Christian Medical College, Vellore; and Institute of Postgraduate Medical Education and Research (IPGMER), Calcutta in 1960s and 1970s.



Dr Man Mohan Singh Ahuja



Dr Gopal Krishna Rastogi

The Birth of the Endocrine Society of India

These early beginnings led to the birth of the idea of ESI when a few stalwarts working in the field of Endocrinology came together during the 26th Annual Meeting of the Association of Physicians of India (API), held at the Kasturba Medical College (KMC), Mangalore. The Endocrine Society of India was thus established on January 10, 1971 by ten founding members.

Founding Members of the Endocrine Society of India	
Dr. O. P. Gupta	Prof & Head. Dept of Medicine, BJ Medical College, Ahmedabad
Dr. M. M. S. Ahuja	Prof & Head, Dept of Medicine, AIIMS, New Delhi
Dr. G.K. Rastogi	Assoc Prof & Head, Dept of Endocrinology, PGIMER, Chandigarh
Dr Vinod Kumar	Asst Prof, Dept of Medicine, AIIMS, New Delhi
Dr J.S. Bajaj	Asst Prof, Dept of Medicine, AIIMS, New Delhi
Dr R.J. Dash	Lecturer, Dept of Endocrinology, PGIMER, Chandigarh
Dr S.M. Sharma	Radiation Medicine Center, Tata Memorial Hospital, Bombay
Dr B.N. Saxena	Reader in Medicine, Christian Medical College and Hospital, Vellore
Dr Hari Vaishnav	Prof & Head, Dept of Medicine, Maulana Azad Medical College, New Delhi
Dr. K. N. Udupa	Principal, College of Medicine Sciences, BHU, Varanasi

THE MAKINGS OF ENDOCRINOLOGY IN INDIA


Dr O P Gupta


Dr Vinod Kumar


Dr J S Bajaj


Dr Radharaman Jivan Dash


Dr Badri Nath Saxena


Dr Hari Vaishnav

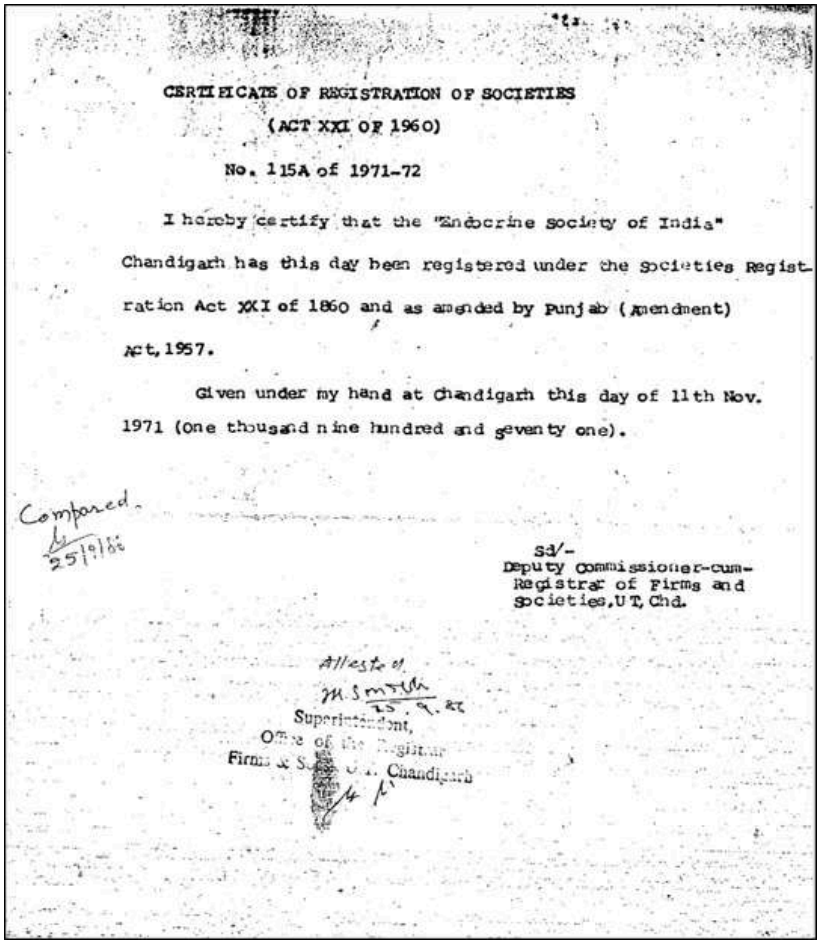

Dr Kateel Narasimha Udupa


Dr S M Sharma

The Endocrine Society of India was formally registered under the Societies Registration Act XXI of 1960 (number 115A of 1971-72) on 11th November, 1971 at Chandigarh. Dr. Hari Vaishnav was elected as the First President and Dr. G. K. Rastogi as the First Secretary. Dr R J Dash became the first treasurer of ESI.

The logo of ESI was also created in 1971, and features the traditional Greek sign of Caduceus, and the Sanskrit shloka "*yen sarvam idam tatam*". The Caduceus was often used as a symbol of medicine and depicts the Greco-Roman herald's wand with two snakes coiled around it. This was carried by the Greek God Hermes or Roman God Mercury. It is possible that the logo was inspired by the logo of AIIMS, New Delhi along with several other medical institutes.

The Sanskrit verse translates into "that which pervades all" and it features at the beginning as well as the end of the Bhagavad Gita.



CERTIFICATE OF REGISTRATION OF SOCIETIES

(ACT XXI OF 1960)

No. 115A of 1971-72

I hereby certify that the "Endocrine Society of India" Chandigarh has this day been registered under the Societies Registration Act XXI of 1860 and as amended by Punjab (Amendment) Act, 1957.

Given under my hand at Chandigarh this day of 11th Nov. 1971 (One thousand nine hundred and seventy one).

Compared.
25/10/71

Sd/-
Deputy Commissioner-cum-
Registrar of Firms and
Societies, U.T, Chd.

Attested
M. Smith
15.9.82
Superintendent,
Office of the Registrar
Firms & Societies, U.T. Chandigarh

THE MAKINGS OF ENDOCRINOLOGY IN INDIA

Endocrine Society of India (ESI)

It features in chapter 2, verse 17 which describes "*know that since the Soul which pervades the Universe is imperishable and immutable, no one can effect its destruction*". It features again in chapter 18, verse 46, "*By adoration of that God who has created all beings and who pervades the Universe, through undertaking of his natural calling, man attains spiritual perfection.*"

The Beginning of Endocrinology Departments and Training Programs

The Dept of Endocrinology at PGIMER, Chandigarh was founded in April 1967 by Prof G K Rastogi. A radioimmunoassay laboratory was set up soon thereafter in 1968. In 1970, the institute initiated the DM Endocrinology training program, the first formal DM training program in any super specialty in the country. Prof R J Dash was the first recipient of the DM Endocrinology degree in 1972.

Meanwhile, Prof KN Udupa, then principal of IMS BHU, Varanasi envisioned the development of dedicated speciality units in Medicine, which was being headed by Prof K N Gaur. The Division of Endocrinology and Metabolism was established within the Dept of Medicine in 1964 under the leadership of Prof Suman Mishra and subsequently headed by Prof H S Bajpai. DM Endocrinology training program was initiated in 1976, making IMS BHU the second institute in India to offer formal training in Endocrinology. Prof J K Agrawal was the first recipient of the DM degree in Endocrinology from the institute in 1978. The division of Endocrinology and Metabolism was subsequently upgraded to an independent department in 1998.



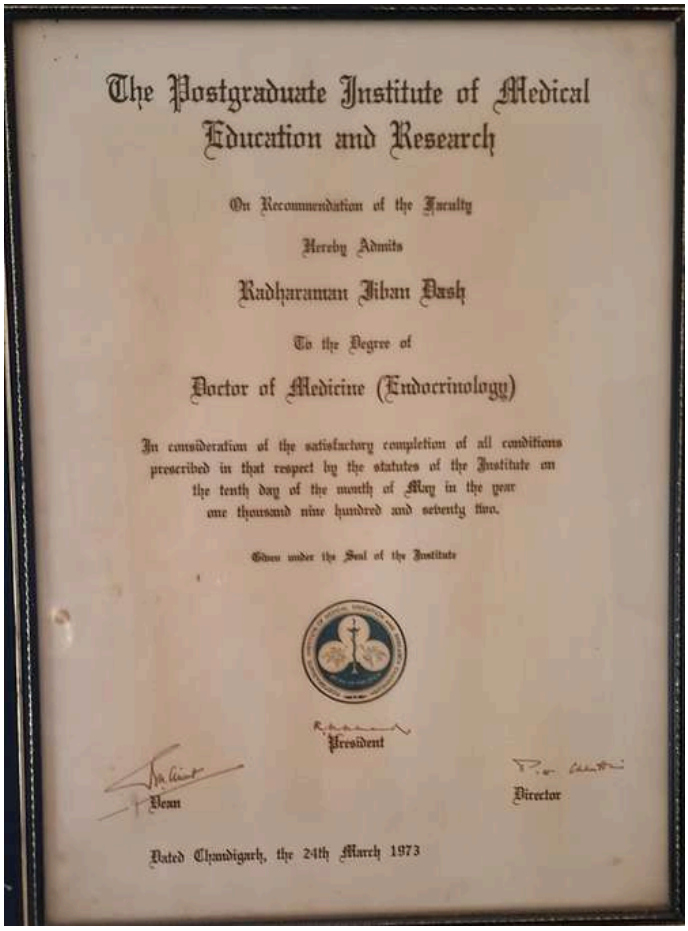
Dr K N Gaur



Dr Hari Shankar Bajpai



Dr J K Agrawal



The Postgraduate Institute of Medical Education and Research

On Recommendation of the Faculty

Hereby Admits

Radharaman Jiban Dash

To the Degree of

Doctor of Medicine (Endocrinology)

In consideration of the satisfactory completion of all conditions prescribed in that respect by the statutes of the Institute on the tenth day of the month of May in the year one thousand nine hundred and seventy two.

Given under the Seal of the Institute

President

Dean

Director

Dated Chandigarh, the 24th March 1973

The first DM degree of India, awarded to Prof R J Dash

The Diabetes Clinic was initiated at the KEM Hospital, Bombay, in 1952, followed by the establishment of the Endocrinology Clinic in 1962. However, the Division of Endocrinology and Metabolic Disorders was formally constituted in 1979 under the leadership of Dr S. D. Bhandarkar. In 1983, the division was redesignated as the Dept of Endocrinology, and the DM Endocrinology training program was initiated in 1983. Dr Nishit F Shah was the first recipient of DM Endocrinology degree from KEM, Bombay in 1986.

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Meanwhile, significant advances were taking place at AIIMS, New Delhi under the visionary leadership of Prof MMS Ahuja. A dedicated Dept of Endocrinology began functioning in 1982, with Prof Ahuja as its Head. He was also a founding member of the Research Society for the Study of Diabetes in India (RSSDI) established in 1972. His efforts were instrumental in initiating the National Board Examination in Endocrinology in 1978, making AIIMS one of the earliest centres in India to offer formal specialist training in the discipline.



Dr Shantakumar Dnyaneshwar Bhandarkar



Dr N F Shah

Dr GP Sharma and Dr Sivagnana Sundaram were the first recipients of DNB in Endocrinology from AIIMS. Although the program faced challenges in the initial years, formal postgraduate training gained momentum in the mid-1980s. Another key figure in the early days was Prof M G Karmarkar. The DM Endocrinology training program was initiated at AIIMS in 1985 with Dr Ambrish Mithal and Dr K M Prasanna Kumar becoming the first to receive the DM degree in Endocrinology in 1987.



Dr MG Karmarkar



Dr Ambrish Mithal



Dr K M Prasanna Kumar

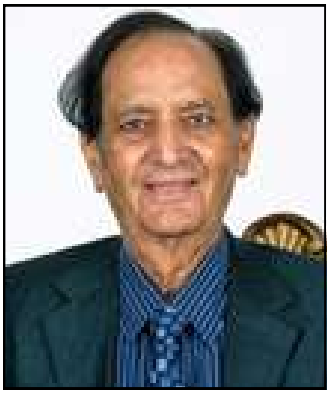
Beyond these emerging centres of formal training, several pioneers were instrumental in establishing endocrinology as a distinct specialty in other parts of the country. Dr Shanti M Shahani had begun developing endocrinology in TN Medical College & BYL Nair Hospital, Mumbai as early as 1962, establishing in-house RIA and research facilities. She later became the first woman President of ESI. Shortly thereafter, Dr Meena P Desai established Endocrine Services at Wadia Hospital, Mumbai in 1969.



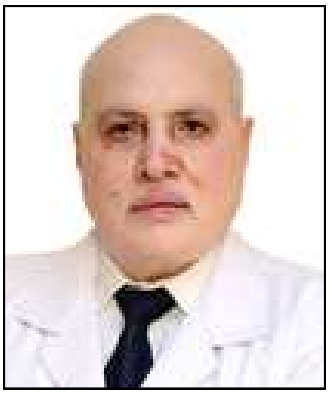
Dr Shanti M Shahani



Dr Meena Desai



Dr SPS Teotia



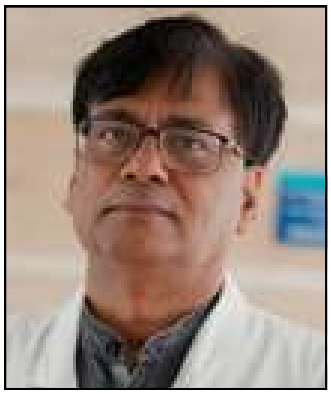
Dr K P Singh

Prof SPS Teotia also played a formative role in the promotion of endocrinology in the early years. In 1971, he established the Dept of Endocrinology and Human Metabolism at LLRM Medical College, Meerut. The DM Endocrinology program was subsequently started in 1989, with Dr Kiran Pal Singh becoming the first recipient of the degree in 1991.

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Endocrinology department also became functional under the leadership of Dr Ramesh Khardori at the Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow in 1987. DM Endocrinology was started in 1991 with Dr Sushil Gupta, Dr Amita Shah and Dr Nitin Trivedi being the first recipients of the DM degree from the institute in Dec 1993.


Dr Ramesh Khardori


Dr Sushil Gupta

Meanwhile, Dr Abdul Hamid Zargar and Dr Subhash Kumar Wanganoo started the Dept of Endocrinology at Shere-Kashmir Institute of Medical Sciences, Srinagar in 1984, while Col J S Saini spearheaded the development of endocrine services at Army Hospital, New Delhi in 1983, marking the introduction of endocrinology as a specialized discipline within the Armed Forces. This was built on the earlier pioneering work of Lt Col MC Srivastava who had established a RIA facility at the hospital. In 1997, Dr Parminder Singh was the first endocrinologist in Punjab to set up Endocrinology Dept at the Dayanand Medical College, Ludhiana.


Prof Abdul Hamid Zargar


Dr Subhash Kumar Wanganoo


Col J S Saini


Dr Parminder Singh

From the 1970s, endocrinology was also taking shape in eastern India at IPGMER, Kolkata. In 1972, Dr Mani Kumar Chetri, then Head of the Dept of Medicine, established an Endocrine Unit, which was subsequently developed by Dr Becharam Sadhukan. The unit evolved into an independent Dept of Endocrinology in 1985, with Dr Sadananda Kumar as its next Head. The DM Endocrinology program followed in 1993, with Dr Subhankar Chowdhury and Dr Ranen Dasgupta becoming the first recipients of the DM degree in Endocrinology from IPGMER.


Dr Becharam Sadhukan

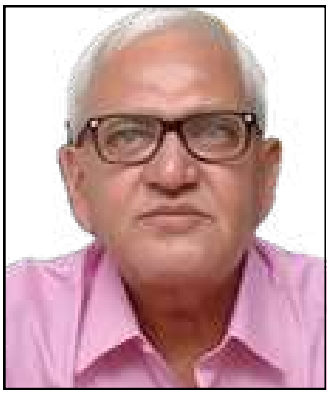

Dr Sadananda Kumar


Dr Subhankar Chowdhury


Dr Ranen Dasgupta

Meanwhile, Dr K C Samal established Endocrine services in Srirama Chandra Bhanja (SCB) Medical College, Cuttack in 1978. Further northeast, Dr Mihir Saikia and Dr Sarojini Dutta Chowdhury established the Dept of Endocrinology at Guwahati Medical College, Guwahati in 1987.


Dr K C Samal


Dr Mihir Saikia


Dr Sarojini Dutta Chowdhury

In the south, endocrinology was also beginning to establish its institutional roots. Dr Sam G P Moses started the Dept of Endocrinology & Metabolism in Madras Medical College in 1970. Dr K Kannan is credited with establishing Endocrinology at Madurai Medical College and Govt Rajaji Hospital, Madurai along with the first RIA facility in Tamil Nadu.

Dr M S Seshadri set up an Endocrine Clinic under the Dept of Medicine in 1985, which subsequently evolved into an independent department in 1995. The Endocrinology Dept was started at Osmania Medical College, Hyderabad by Dr Satyanarayana in 1973 and the RIA facility was established in 1986.


Dr Sam G P Moses


Dr K Kannan


Dr M S Seshadri

The Endocrinology Dept was started in Kurnool Medical College, Kurnool by Dr R P Mathur and in Andhra Medical College, Vizag by Dr P Shyam Sunder in 1986. The Vizag department was further developed by Dr K Dileep Kumar who joined there in 1990. A little later, Dr C V Harinarayana started Endocrinology services at Sri Venkateswara Institute of Medical Sciences (SVIMS), Tirupati in 1993.


Dr Satyanarayana


Dr R P Mathur


Dr P Shyam Sunder


Dr K Dileep Kumar

Meanwhile, Dr R V Jayakumar and Dr M V Muraleedharan were also among the earlier pioneers of Endocrinology in south India. Dr Harish Kumar started the Dept of Diabetes and Endocrinology at Amrita Hospital, Kochi in 1999.


Dr CV Harinarayana


Dr M V Muraleedharan


Dr R V Jayakumar


Dr Harish Kumar

Early Leadership of Endocrine Society of India

Although the details of ESI's early leadership are incompletely documented and formal elections were often not conducted, the Society's formative years were shaped by several pioneers who contributed actively to its growth, often without formal titles or defined tenures. Among those who played important roles were Prof Hari Vaishnava, Prof K N Udupa, Dr O P Gupta, Prof MMS Ahuja, Prof GK Rastogi, Prof H S Bajpai, Prof R J Dash, Dr Shanti M Shahani, Prof D K Hazra, Prof JK Agrawal, and Prof Jamal Ahmed, among many others. A complete record of ESI Presidents and Secretaries is available from 2000 onwards.

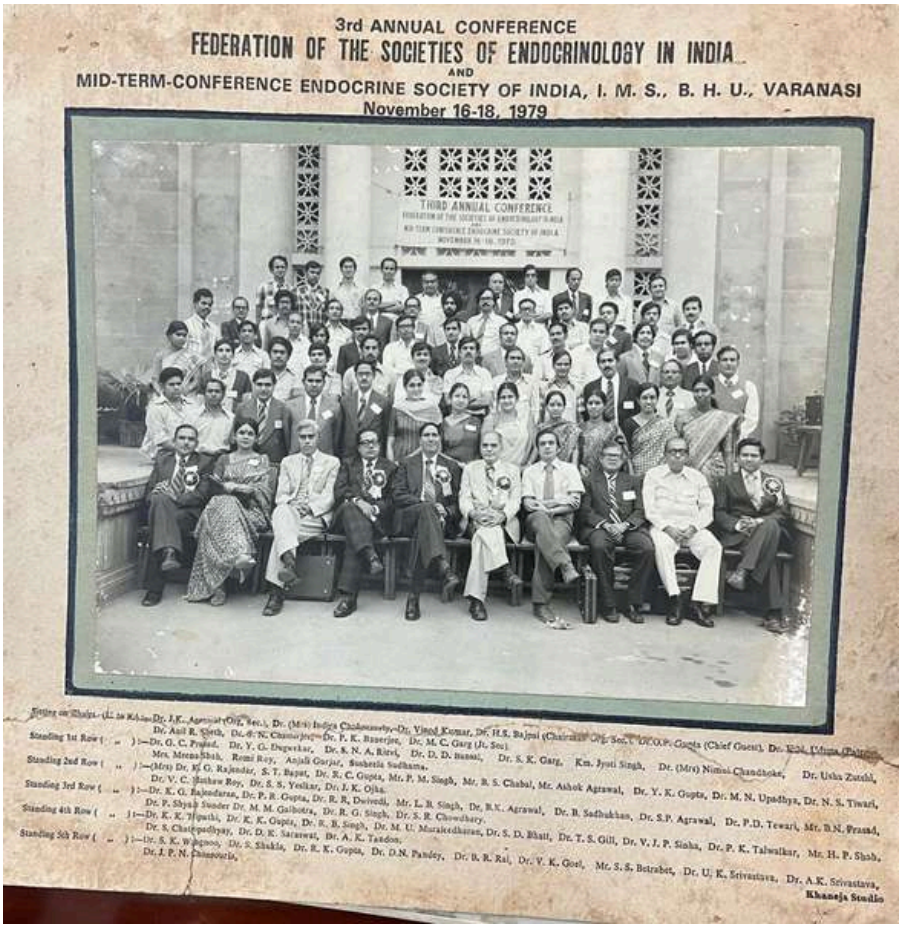
Year	President	Secretary
2000	Dr P Shyam Sunder	Dr S K Singh
2001	Dr N Kochupillai	
2002	Dr R V Jayakumar	
2003	Dr Padma Menon	Dr G R Sridhar
2004	Dr M V Muraleedharan	
2005	Dr Debasis Maji	
2006	Dr A H Zargar	Dr Ganapathi Bantwal
2007	Dr A C Ammini	
2008	Dr K M Prasanna Kumar	
2009	Dr Ambrish Mithal	Dr Rakesh Sahay
2010	Dr Sarita Bajaj	
2011	Dr Anil Bhansali	
2012	Dr Subhankar Chowdhury	Dr Rakesh Sahay
2013	Dr G R Sridhar	
2014	Dr Nikhil Tandon	
2015	Dr Shashank Joshi	Dr Krishna Seshadri
2016	Dr S K Singh	
2017	Dr Manoj Chaddha	
2018	Dr S V Madhu	Dr Sujoy Ghosh
2019	Dr Sanjay Kalra	
2020	Dr Ganapathi Bantwal	
2021	Dr Rakesh Sahay	Dr KVS Hari Kumar
2022	Dr Sanjay Kumar Bhadada	
2023	Dr P K Jabbar	
2024	Dr Narendra Kotwal	Dr KVS Hari Kumar
2025	Dr Kaushik Pandit	
2026	Dr Sujoy Ghosh	

ESICON: the Annual Conference of ESI

The ESI annual conference (ESICON) was initially held in conjunction with the annual conference of the Association of Physicians of India (API). Some of the early ESI meetings were held in Delhi (1976), Lucknow (1977), Varanasi (1979), Bombay (1986), and Varanasi (1987). A significant milestone came in 1991, when ESI held its first independent ESICON in Chandigarh, followed by Cuttack in 1992 and Bombay in 1993.

Year	City where ESICON was held
1991	Chandigarh
1992	Cuttack
1993	Bombay
1994	Pondicherry
1995	Ahmedabad
1996	Kochi
1997	Lucknow
1998	Varanasi
1999	Hyderabad
2000	Chennai
2001	Mumbai
2002	Kolkata
2003	Bengaluru
2004	Guwahati
2005	Delhi
2006	Jaipur
2007	Tirupati
2008	Kochi
2009	Udaipur
2010	Vellore
2011	Pune
2012	Kolkata
2013	Bhopal
2014	Chandigarh
2015	Ahmedabad
2016	Delhi
2017	Trivandrum
2018	Bhubaneshwar
2019	Nagpur
2020	Virtual
2021	Bengaluru
2022	Jaipur
2023	Hyderabad
2024	Vizag
2025	Kolkata





The Story Continues...

The story of ESI is ultimately the story of generations of endocrinologists who built upon the foundations laid by those before them. What began almost 55 years ago as the vision of a small group of pioneers grew through the efforts of successive generations of teachers and trainees, leaders and practitioners, as well as institutions, each adding new dimensions to the Society and to the evolving landscape of endocrinology in India. With the help of our seniors, we have tried our best to piece together and document our history.

But this is just a humble beginning. Much of the remarkable journey of endocrinology in India remains to be documented. Our history lives in departmental archives, old photographs, personal recollections and stories passed from one generation to the next. In forthcoming issues, we hope to chronicle the journeys of the institutions and people that shaped endocrinology in India.

We invite you to share the stories, photographs and memories of your institutions and help us piece together this rich collective history.

The story continues. As we build upon the legacy of those who came before us, future generations will in turn build upon ours. Together, we can preserve the past, document the present, and leave a stronger foundation for those who follow us.

We gratefully acknowledge the contributions of:

- *Dr Vinod Kumar*
- *Dr Sarita Bajaj*
- *Dr SK Singh*
- *Dr Sarojini Dutta Chowdhury*
- *Dr Prema Varthakavi*
- *Dr Nikhil Tandon*
- *Dr Kaushik Pandit*
- *Dr Sumitra Dash*
- *Dr NK Agrawal*
- *Dr Ravinder Goswami*
- *Dr K P Singh*
- *Dr Ambrish Mithal*
- *Dr Sanjay Kalra*
- *Dr Sanjay Bhadada*
- *Dr K Dileep Kumar*
- *Dr S Murthy*
- *Dr Neelaveni K*
- *Dr KVS Hari Kumar*
- *Dr Arpandev Bhattacharya*
- *Dr Somsekhar Reddy*

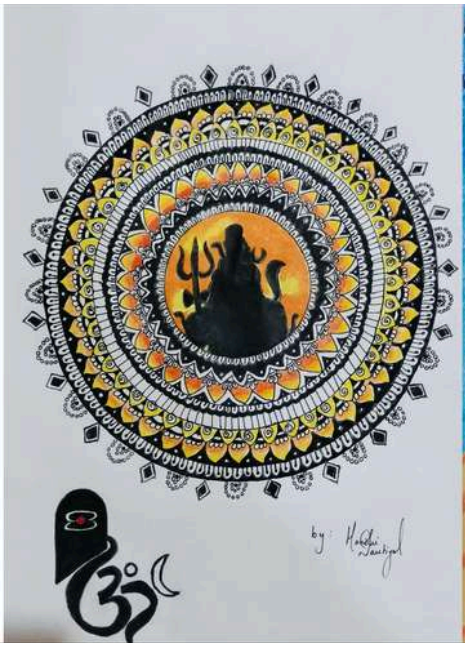




Dr Gagan Priya Dr Shinjan Patra

Sacred Strokes

The Circle of Divinity



Lost in the flute



The Tree of Life



To see a world in a grain of sand,
and heaven in a wildflower,
hold infinity in the palm of your hand
and eternity in an hour.

William Blake, Auguries of Innocence

For mercy has a human heart,
pity, a human face,
and love, the human form divine,
and peace, the human dress.

William Blake, The Divine Image



May wisdom guide every decision



The Koi Pond

YUVACRINOLOGY 2026: Where Learning Meets Camaraderie

YUVACRINOLOGY 2026, held on 11–12 July 2026 at Hilton Chennai, was a resounding success, blending high-quality academics with interactive learning, networking, and recreational activities. Organized by Dr R Santosh, Dr Muthukumaran Jayapaul, Dr V B Reddy, Dr G Shanmugasundar and Dr Sanjay Saran, the meeting provided an excellent platform for young endocrinologists.

A key attraction of the conference was the ESI Yuvaratna Competition, the Society's prestigious annual award recognizing outstanding research by early-career endocrinologists. The competition witnessed presentations of exceptional quality. We congratulate the winners of Yuvaratna award.



Academic category	• Winner - Dr. Mohd Anwar Hussain (CMC, Vellore) • First runner up - Dr. Rahul Gupta (AIIMS, Bhopal) • Second runner up - Dr. Ayan Roy (AIIMS, Kalyani)
Practice category	• Winner - Dr. Aneez Joseph (Kochi) • First runner up - Dr. Saurav S. Aggarwal (Noida)

These awards highlighted the remarkable research and clinical excellence of yuva endocrinologists.



The informal "Chai Pe Charcha" session provided a refreshing opportunity for all to interact with the President Elect Prof Sujoy Ghosh on endocrinology, social media, legal aid and protection in face of growing violence against doctors, how to find passion, difficulties beyond medicine and other aspects of navigating life.

The Sunday program featured a series of highly practical panel discussions on topics including entrepreneurship, innovation, taxation, social media, work-life balance, multicenter research, and group practice.

These sessions generated lively interactions and provided delegates with valuable insights extending well beyond clinical endocrinology. The conference also celebrated the spirit of teamwork and sportsmanship. The JAM (Just A Minute) Competition captivated the audience with wit, spontaneity, and humor, with Team Brazil emerging victorious over Team Argentina in an exciting final.



The Table Tennis Tournament saw enthusiastic participation from delegates, with Dr. Vijay Bhaskar Reddy crowned champion after a series of competitive matches played in an excellent sporting spirit.









YUVACRINOLOGY 2026 demonstrated that a memorable conference is built not only on scientific excellence but also on mentorship, collaboration, friendship, and fun, creating an inspiring experience for every participant.



Dr G Shanmugasundar
Chennai

ESI Satellite Symposium, Raipur

The ESI Satellite Symposium was held in Raipur, the Land of Rice, Steel, Culture & Heritage, on 12th July 2026, and brought together 12 eminent national faculty and over 150 delegates from across several specialties for a day of focused updates in clinical endocrinology.



The scientific session opened with "Meet the Professor" with Dr. Anil Bhansali and Dr. Alpesh Goyal. This was followed by sessions on Women & Hormones (Dr. Arpan Dev Bhattacharya, Dr. Saptarshi Bhattacharya), Identifying the Endocrine Red Flags (Dr. Anil Bhansali, Dr. Jayshree Swain), and the Bone & Orthopedic Interface (Dr. Alpesh Goyal, Dr. Pankaj Singhania). Post-lunch symposium continued with Diabetes Beyond Sugar (Dr Kaushik Pandit, Dr Shehla Shaikh,) Pediatric Endocrinology Made Easy (Dr. M.V. Rama Mohan, Dr. Khushboo Agarwal), and Thyroid Symposium (Dr. Shailendra Kumar Singh).



Poster presentations were judged by Dr. Arpan Dev Bhattacharya and Dr. Jayshree Swain. The day concluded with a spirited Quiz Competition, helmed by Dr. Pankaj Singhania, followed by the valedictory function.







The sessions were a timely reminder of just how deeply endocrinology is woven into everyday clinical practice across specialties. From the endocrinologist managing PCOS and thyroid disorders, to the physician untangling resistant hypertension and adrenal causes, to the orthopedician navigating osteoporosis and PHPT, to the pediatrician recognizing red flags of Turner Syndrome and precocious puberty, the discussions reaffirmed that a hormonal perspective is indispensable to virtually every branch of medicine. The depth and clarity with which each speaker distilled complex topics into practical, real-world takeaways made this one of the most intellectually enriching symposia we have hosted.





The organizing team was led by Dr Tarun Mishra (Organizing Chairperson), Dr Kalpana Dash (Organizing Secretary), Dr Amritava Ghosh (Scientific Chairperson) and supported by Dr Biplab Bandopadhyaya, Dr Sanjeet Jaiswal, Dr Dhiraj Solanki, Dr Neelam Yadav, Dr Rajat Dev, Dr Siddharth Pandey, Dr Shilika Lalwani, Dr Sanjay Mandavi and Dr Avina Khare. We also thank team ESI (Dr Kaushik Pandit, Dr KVS Hari Kumar, Dr Narendra Kotwal, Dr Sujoy Ghosh, Dr Saptarshi Bhattacharya and Dr MV Rama Mohan) for their invaluable guidance and support throughout the planning and execution of the symposium.

We also extend heartfelt appreciation to all session chairpersons, speakers, moderators, quiz masters, and active participants for their exemplary contributions in making this event a grand success.



Dr Tarun Mishra
Org Chairman
Raipur



Dr Kalpana Dash
Org Secretary
Raipur

ESAP 2026, Tirupati - Hormones and Beyond: The Sacred Balance

The Endocrine Society of Andhra Pradesh (ESAP) successfully hosted its 6th annual conference, ESAP 2026, on 18-19 July 2026 at Fortune Select Grand Ridge, Tirupati.

The meeting brought together some of the eminent minds in Endocrinology from Andhra Pradesh and other places. The dignitaries were President ESI Dr. Kaushik Pandit, Past President ESI Dr. Sanjay Kalra and Vice President ESI Dr Sambit Das.





The conference hosted more than 40 experts and over 600 delegates, comprising endocrinologists, physicians, postgraduate students and researchers to discuss recent advancements and therapeutic updates in Endocrinology. Paper, poster presentations and postgraduate quiz competition witnessed high levels of engagement. Two workshops on insulin and body composition analysis witnessed enthusiastic participation from peers who actively engaged and interacted with delegates. A new podcast series to discuss clinical updates by endocrinologists was also launched during the conference.



Beyond its academic agenda, ESAP 2026 is an opportunity to strengthen professional relationships and friendships within the Endocrine community.



Dr Sailaja Anantarapu
Org Secretary
Tirupati

Endocrine EDGE Summit, Bengaluru

Endocrine EDGE Summit (EES) Bengaluru was the second in a two-part series, the first having been held in Goa earlier in 2026. EES Bengaluru was held on 18–19 July 2026 at The Leela Bengaluru, under the patronage of Dr. Kaushik Pandit (President, ESI), Dr. Narendra Kotwal (Past President, ESI), Dr. Sujoy Ghosh (President-Elect, ESI) and Dr. KVS Hari Kumar (Secretary, ESI), and was coordinated on behalf of ESI by Dr. Soumik Goswami and Dr. Deep Dutta. It was attended by more than 100 ESI members from across the country, with six sessions covering different aspects of Endocrinology.



The program opened with a welcome note by EC member, Dr. Gagan Priya. The three sessions held on Saturday covered pituitary, adrenal and reproductive endocrinology, and the Saturday program ended with a special workshop by Dr. Om Lakhani on artificial intelligence. The three sessions on Sunday covered thyroid, diabetes & metabolic disorders and bone metabolism respectively.





A total of 25 cases were presented by ESI members, which were intensively discussed among the chairpersons, panelists and the audience, resulting in a rich learning experience for all. Local physicians from Bengaluru also actively participated in the program.

The Sunday program also ended with a short workshop on artificial intelligence, followed by the conclusion and take-home message by Dr. KVS Hari Kumar and the vote of thanks by Dr. Deep Dutta. This ESI program was supported by an academic grant from Mankind Pharmaceuticals.



Dr. Deep Dutta
New Delhi

ESTCON 2026 - Hyderabad



The seventh Annual Conference of the Endocrine Society of Telangana, ESTCON 2026 brought together medical professionals, researchers, and clinicians from across the country in the culturally rich city of Hyderabad on July 25-26, 2026 at Hotel Marigold. The conference successfully translated cutting-edge endocrine science into practical, patient-centered clinical care. The event's success was spearheaded by a dedicated organizing committee led by Dr. Bipin K. Sethi (President, EST & Org Chairman), Dr. D. Vijay Shekar Reddy (Hon. Secretary, EST), Dr. KD Modi (Treasurer, EST), and Dr. Beatrice Anne (Org Secretary) and Dr R Santosh (Org Co-Secretary).

They were supported by principal advisors Dr. Rakesh Sahay and Dr. R.N. Mehrotra, reinforcing the state chapter's alignment with ESI's overarching mission to foster meaningful dialogue and research. The dynamic scientific program was meticulously curated by Scientific Chairperson Dr. K. Neelaveni and Scientific Secretary Dr. Lakshmi Nalini Kopalle.



Key scientific takeaways included engaging morning sessions at Osmania General Hospital that featured hands-on clinical workshops covering the practical nuances of thyroid ultrasonography and DEXA evaluation for osteoporosis and body composition analysis, where more than 30 postgraduates learned these vital clinical skills. The program also featured scientific free paper presentation to promote research and dialogue among endocrine postgraduates across the country.

The robust academic agenda also featured Dr. N. Sudhakar Rao Memorial Lecture, delivered by Dr. Lt Gen Narendra Kotwal on the critical impact of endocrine disruptors.

Furthermore, the program offered in-depth targeted symposia addressing modern metabolic challenges such as obesity phenotyping, closed-loop pancreas technology, brittle diabetes management, and MASLD screening protocols alongside forward-looking debates on the ethical and legal aspects of artificial intelligence and telemedicine in endocrine practice.



Through vibrant local academic initiatives, state-accredited CME programs, and robust professional networking, the Endocrine Society of Telangana remains a vital pillar in driving educational standards and improving endocrine outcomes across India.



Dr. Lakshmi Nalini Kopalle
Hyderabad

ESI-FOCUS, Bengaluru: Beyond Conventional Diabetes Phenotypes

ESI-FOCUS, an academic initiative of ESI, was held on 2nd August 2026, at Sapthagiri Institute of Medical Sciences and Research Centre, Bengaluru, drawing residents and junior faculty from across India. The program also brought together scientific luminaries from leading institutions including CMC Vellore, JIPMER, SMS Jaipur and IISc Bengaluru creating a vibrant forum around less-charted territories in diabetes care.



The opening session, “Decoding the Basics”, revisited incretin physiology, strengths and limitations of surrogate markers of insulin resistance, and emerging insights into islet-cell biology.



The spotlight then shifted to the “New Biology of Type 3c Diabetes,” exploring glycemic variability in fibrocalculous pancreatic diabetes (FCPD), glucagon dysregulation, and the intriguing interface between gut microbiota and pancreatic diabetes. The “Lesser-Known Diabetes Spectrum” brought challenging and frequently overlooked entities to the forefront - MODY, congenital and acquired lipodystrophies, new-onset diabetes after transplantation, and the evolving concept of undernutrition-related type 5 diabetes.

The final session widened the lens further, exploring lean MASLD, DKA beyond type 1 diabetes, the bone-muscle-glucose axis in hidden metabolic phenotypes, and adipose-tissue pathophysiology. Interactive discussions following the presentations encouraged participants to translate emerging science into clinical reasoning, while a lively resident quiz added an engaging competitive dimension.









ESI-FOCUS highlighted ESI's commitment to fostering academic exchange around emerging and under-recognised areas of diabetes, while reinforcing an increasingly relevant message: looking beyond conventional labels and recognising the underlying phenotype can be the first step towards precision diabetes care.



Dr Riddhi Das Gupta
Bengaluru

ESI Satellite Symposium, Warangal



The Endocrine Society of India (ESI), in association with the Warangal Endocrine Society, conducted the ESI Satellite Symposium on 16th August 2026 at Sri VSR Gardens, Hunter Road, Warangal. The meeting brought together 120 physicians and endocrinologists from the region for a focused day of scientific learning. The inaugural session was graced by Dr. M. Dileep (President, THANA), Dr. Naresh V. (TSMC Member and Treasurer, THANA), Dr. M.V. Rama Mohan (National Scientific Advisor, ESI), and Dr. Sridhar Bathula (President, Warangal Endocrine Society), along with endocrinologists from across Telangana, reflecting the shared commitment of ESI and its regional partners to strengthening endocrine education at the grassroots level.

The morning sessions opened with Dr. V. Sri Nagesh on the diagnostic approach to hypertension in the young, followed by Dr. Sidduri Srinivasa Rao on pitfalls in managing diabetes during pregnancy. Dr. Beatrice Anne addressed diabetes in lean young individuals, Dr. Ashok Venkatanarusu offered a practical perspective on when to treat subclinical hypothyroidism, and Dr. Padmanabha Varma concluded the pre-lunch sessions with an update on optimising glycemia in perioperative and ICU settings.

The afternoon program began with Dr. M.V. Rama Mohan's session on the close link between diabetes and obesity, followed by Dr. Konda Chaithanya's approach to the solitary thyroid nodule and Dr. Ganesh Patti's timely discussion on how real diabetes remission is. The final sessions focused on modern obesity care, with Dr. Kiran Kumar Pasam presenting the evaluation of obesity and Dr. Datta Reddy Aakiti providing an update on obesity pharmacotherapy.



By bringing contemporary endocrine perspectives directly to practising physicians, the meeting strengthened academic collaboration within Warangal and Telangana and furthered ESI's broader vision of evidence-based endocrine care across the country. The organizers thank ESI, the Warangal Endocrine Society, distinguished guests, faculty, delegates, and supporting partners for making the symposium a success.



Dr. Praveen Kumar Ganji
Hanumakonda

DESCON, Endocrine Society of Delhi 2026

DESCON 2026, 4th annual conference of Endocrine society of Delhi was held on 22nd-23rd August at Vivanta Dwarka, New Delhi. I had the honour of serving as the Organizing Secretary, alongside Dr Rajesh Khadgawat as the Organizing Chairperson, for this year's meeting.





With around 1,000 registrations and 50 research abstracts, the conference reflected the growing enthusiasm for academic exchange and research in endocrinology. Six abstracts were selected for oral presentations, showcasing the exciting work being undertaken by young endocrinologists and residents.







Going beyond diabetes, DESCON 2026 explored the full spectrum of endocrinology from obesity, bone and muscle health to thyroid disorders, reproductive endocrinology, paediatric endocrinology, liver and cardiovascular health. A dedicated symposium for gynecologists brought endocrinology and women's health into focus. A special highlight was the Endocrine Case Rounds, designed especially for residents, providing an interactive platform for clinical reasoning, problem-solving and discussion of challenging endocrine cases.









The General Body Meeting (GBM) was another important highlight, marking a new chapter in the leadership of the society. Dr S. V. Madhu took over as President, with Dr Sanjay Kalra as President-Elect. Dr Sweety Agrawal and Dr Anshita Aggarwal joined the Executive Committee.



DESCON continues to grow stronger with each passing year, both in its scale and in the depth of academic engagement. With engaging sessions, excellent faculty, interactive discussions and enthusiastic participation from delegates, DESCON 2026 was a celebration of learning, research and collaboration, reflecting the evolving and expanding role of endocrinology in holistic metabolic health.



Dr Parjeet Kaur
New Delhi

Endo Update 2026 - Where Science Met Heritage

Set against the timeless cultural heritage of Jaipur, Endo Update 2026 – 11th Annual Scientific Meeting was held on 29–30 August 2026 at Fairmont Jaipur, under the aegis of the Endocrine Society of India – Rajasthan Affiliate, in collaboration with The Hormone Research Society, Jaipur. Led by Dr. Balram Sharma, Organizing Secretary, under the guidance of Dr. Sandeep Kumar Mathur, Organizing Chairperson, and Dr. Prakash Keswani, Scientific Chairperson, the meeting brought together 380 endocrinologists from across India for two days of high-impact scientific exchange on “Reproductive Endocrinology: Current Concepts, Clinical Challenges & Future Directions.”





Eminent international experts namely Dr. Shailender Bhasin, Dr. Richard Quinton, Dr. Ashley Grossman, Dr. Claus H. Gravholt, Dr. Michael Costello and Dr. Skand Shekhar, with Dr. Anuja Dokras joining virtually, shared emerging perspectives and clinical pearls in Reproductive Endocrinology alongside distinguished Indian faculty. 42 national faculty members also contributed across the main scientific sessions as speakers, moderators, chairpersons and panelists.

Sessions traversed PCOS/PMOS, fertility, male & female reproductive endocrinology, pituitary and gonadal disorders, hypogonadism, CAH, Turner syndrome, Klinefelter syndrome, DSD and pubertal disorders.

The event witnessed an overwhelming response from residents across the country, with 87 abstracts submitted, resulting in 77 poster presentations and 6 oral presentations.





The conference witnessed excellent pan India participation, with 415 delegates coming together in Jaipur for learning, collaboration and scientific exchange. Amid the rich heritage of Jaipur, Endo Update 2026 brought together global expertise, national leadership and engaging scientific sessions in Reproductive Endocrinology.



Dr Balram Sharma
Jaipur

ESI FOCUS Jaipur: Genomics in Endocrinology

The ESI FOCUS Group Meeting on Genomics in Endocrinology was held on 13 September 2026 in Jaipur, bringing together experts from across the country to explore the growing role of genomics in endocrine practice. Under the leadership of Organizing and Scientific Chairperson Dr Sandeep Mathur, the meeting featured insightful sessions spanning the spectrum from genomics fundamentals to clinical applications.

A distinguished faculty of 24 experts, including endocrinologists and PhD scientists working closely with clinicians, shared their academic expertise and scientific insights on evaluating patients with hereditary endocrine disorders.







The meeting was attended by more than 40 participants, with lively discussions and interactive case-based deliberations. A key focus was on developing a practical approach to genomic testing, from selecting the right molecular diagnostic test for the right clinical condition to understanding and interpreting genetic test reports. This meeting provided a valuable platform for bridging genomic science with everyday endocrine practice, equipping participants with a structured approach to incorporating genetic evaluation into the diagnosis and management of endocrine disorders.



Dr Sandeep Mathur
Jaipur

RAJ-ESICON 2026, Jodhpur

The 4th Annual Meeting of the Endocrine Society of India – Rajasthan Affiliate, RAJ-ESICON 2026, was successfully held on 19th-20th September 2026 at Indana Palace, Jodhpur, with the theme “Bridging Endocrinology with Multidisciplinary Clinical Practice.” The conference was organized under the leadership of Organizing Chairperson Dr. Mahendra Singh and Organizing Secretary Dr. Ronak Gandhi.

The two-day academic meeting brought together more than 300 physicians, gynecologists, pediatricians and other healthcare professionals, along with more than 75 endocrinologists, providing a platform for meaningful multidisciplinary interaction and exchange of clinical knowledge. The conference was inaugurated by Dr. B. S. Jodha, Principal and Controller, Dr. S. N. Medical College, Jodhpur, along with Dr. Kaushik Pandit, President, ESI. The inaugural ceremony marked the beginning of two days of academic deliberations and multidisciplinary learning. The organizing chairman delivered the inaugural message and welcomed the delegates and faculty to the conference.

The scientific program covered all major branches of endocrinology, with parallel sessions addressing contemporary issues in diabetes, obesity and metabolic health, bone and mineral disorders, pituitary diseases, thyroid disorders, adrenal disorders, pediatric endocrinology, reproductive endocrinology and endocrine disorders in pregnancy. The second day featured dedicated sessions on interventional endocrinology and dynamic endocrine protocols, newer diagnostic and imaging techniques.



Special focus was given to newer therapeutic approaches and practical clinical challenges, including modern diabetes and obesity therapies, hyperparathyroidism, fragility fractures, acromegaly, hyperprolactinemia and immune-checkpoint-inhibitor–induced endocrinopathies.

With distinguished national faculty, endocrinologists from across Rajasthan and participation from multiple clinical specialties, RAJ-ESICON 2026 strengthened the bridge between specialized endocrinology and multidisciplinary clinical practice, while showcasing the academic and cultural hospitality of the Blue City of Jodhpur.







Dr Ronak Gandhi
Jodhpur

ESI PMOS Task Force Meeting

The Endocrine Society of India PMOS Task Force organized an interactive scientific program on PMOS (Polyendocrine Metabolic Ovarian Syndrome), bringing together 100 experts to discuss the condition's evolving understanding.

The program featured engaging duologue sessions on the metabolic–ovarian connection, reproductive and cardiometabolic risks, mental health, communication and laboratory evaluation. A multidisciplinary panel discussion explored reproductive-age and adolescent PMOS, fertility and cosmetic concerns, the adipose tissue–ovary axis, obesity, and the emerging role of GLP-1 therapies.

Several pathways were laid down by the task force:

- Multicentric phenotype study of Indian patients across government and private set-ups
- Mental health and the art of communication in PMOS, led by Dr Chitra Selvan and Dr Tejal Lathia
- ESI position statement on PMOS
- Awareness programs with allied specialties, including dermatology and obstetrics-gynecology
- Social media awareness programs













The programme highlighted the need for a comprehensive, metabolic and patient-centred approach to PMOS across the lifespan.



Dr Arundhati Dasgupta
Siliguri



Dr R Santosh
Hyderabad

ESI FOCUS: Diabetes and Pregnancy

The ESI Diabetes and Pregnancy task force conducted the ESI FOCUS: Diabetes and Pregnancy at the Centre for Excellence, All India Institute of Medical Sciences, New Delhi on 27th September 2026 under the guidance of Prof Nikhil Tandon.

The meeting, which was attended by over 100 participants, focused on contemporary challenges in diabetes during pregnancy. The scientific program moved beyond conventional discussions in gestational diabetes mellitus to address areas of continuing debate, evolving evidence and emerging concepts in the field.



Among the highlights were thought-provoking presentations by Dr Usha Sriram on preconception care, Dr V Mohan on early GDM, Dr CS Yajnik on rethinking GDM and Dr Nikhil Tandon on postpartum care after GDM. Dr Kaushik Pandit deliberated on the management of overt diabetes during pregnancy, Dr Alpesh Goyal on a life course approach to gestational diabetes and Dr Ankush Desai on precision medicine in GDM.



A series of interactive panel discussions brought the practical challenges of diabetes care during pregnancy to the forefront. There was also brainstorming on hurdles faced during research in this field and deliberation on practical solutions. Importantly, the discussions were multidisciplinary, with participation from leading obstetricians and gynecologists from AIIMS, Safdarjung hospital, Maulana Azad Medical College and Lady Hardinge Medical College, alongside experts from allied specialties including molecular medicine. This cross-specialty interaction enriched discussions around several unanswered questions and highlighted opportunities for future collaborative work.











The meeting reflected the task force's broader objective of not merely revisiting established knowledge, but identifying gaps, questioning current practice and exploring new directions in diabetes and pregnancy.

I would like to thank Dr Gagan Priya and Dr Saptarshi Bhattacharya, conveners of the ESI Diabetes and Pregnancy task force for their support, and all the faculty members and delegates whose enthusiastic engagement made this academic exchange truly stimulating.



Dr Yashdeep Gupta
New Delhi

ESI Satellite Symposium, Rajkot

The ESI Satellite Symposium, concluded in Rajkot, Gujarat, on 27th September 2026, brought together eminent Endocrinologists and Physicians for an engaging academic update on contemporary developments in field of Endocrinology and diabetes.



The scientific programme featured distinguished national and regional faculty, who delivered insightful and clinically relevant lectures covering important areas of day-to-day endocrine practice such as insulin therapy, resistant hypothyroidism, hypercalcemia, hyponatremia, etc.

The sessions provided practical updates and fostered meaningful academic discussions among the participants. Over 150 physicians and healthcare professionals from Rajkot and the surrounding region of Gujarat attended the symposium, providing an excellent platform for knowledge exchange and professional interaction. The enthusiastic participation of the delegates and the lively discussions throughout the meeting reflected the strong academic interest in contemporary endocrine care.





As Organizing Secretary, I sincerely thank Team ESI, Dr. Kaushik Pandit, Dr. KVS Harikumar, Dr. Saptarshi and Dr. MV Rama Mohan for their constant guidance and support in making this academic initiative possible. I am grateful to all the esteemed faculty members for sharing their expertise and contributing to an enriching scientific programme.





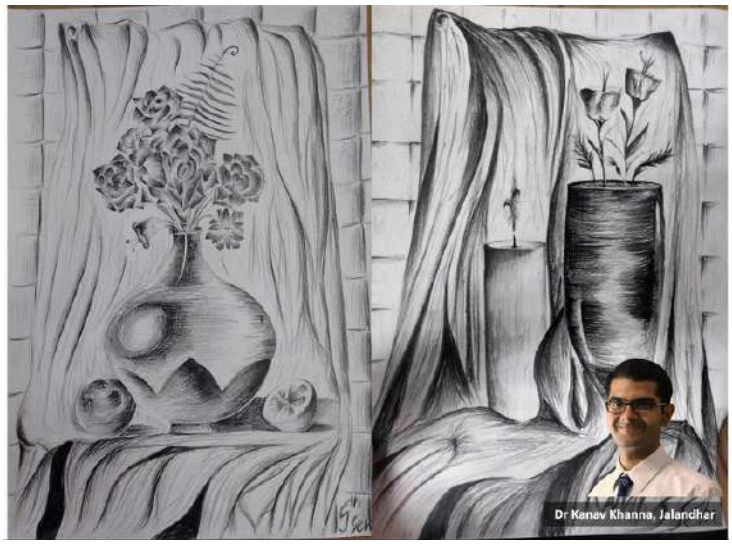
I would also like to express my sincere appreciation to our Organizing Chairman Dr. Nilesh Detroja, Scientific Chairman Dr. Pankaj Patel and my colleagues and the entire local organizing team in Rajkot, whose dedication, meticulous planning and wholehearted efforts played a pivotal role in making the symposium a memorable and successful academic event.



Dr. Harsh Durgia
Rajkot

The World through a Sketch

When petals pose and shadows play!



Cosmic Stillness!



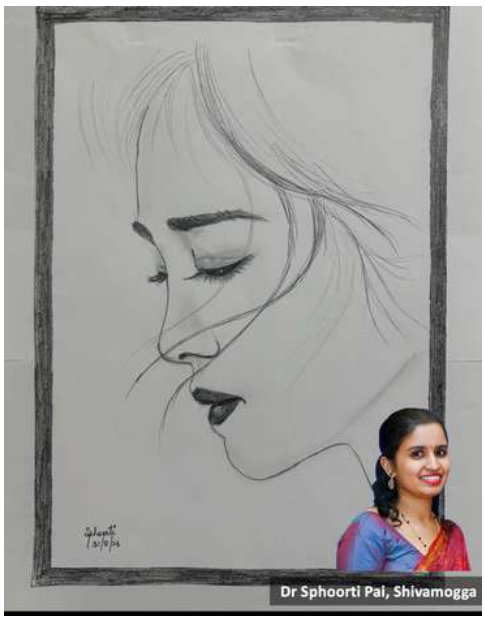


Unraveling the "Mayuri" in me!





The loudest minds are often the quietest outside



Metamorphosis



Dobby is a free elf!



Mind-Body Medicine in Endocrinology: My Perspective



Clinical medicine repeatedly demonstrates that the mind can profoundly influence body physiology. Exam stress can cause palpitations, sweating and anxiety. Severe grief may lead to loss of appetite and disturbed sleep. Chronic worry and fear about future can activate brain's threat-response systems, producing genuine physical symptoms even when anticipated threat is not present.

These everyday experiences remind us that thoughts, emotions, beliefs and perceptions are biologically active. They interact with neuroendocrine, autonomic and immune pathways and with the brain–gut axis, influencing physiology and, when persistently dysregulated, potentially contributing to the development and progression of many chronic non-communicable diseases.

This is where Mind–Body Medicine (MBM) becomes particularly relevant.

Why does MBM matter in Endocrinology?

As endocrinologists, we frequently encounter different forms of stress: psychological, metabolic and biorhythmic. These can interact with metabolic health and contribute to chronic disease. At the same time, our patients may experience depression, anxiety, poor sleep, chronic fatigue, chronic pain, reduced quality of life and diminished wellbeing. These psychological and behavioral dimensions can make it considerably more difficult to initiate and sustain lifestyle modification and may adversely affect adherence to medication and other aspects of treatment.



We also encounter patients who struggle to lose weight. Looking only at calories, exercise and medication may not tell the whole story. Sleep, stress, emotional health, eating behavior, expectations, motivation and the person's relationship with food and their own body may also be relevant.



Our work in MBM has reinforced an important observation: patients are not passive recipients of healthcare; they are active creators of their own health. This places greater emphasis not only on disease control but also on mental and physical quality of life, wellbeing and meaningfulness.

There is growing evidence that psychological stress is associated with poorer health outcomes, while positive psychological attributes, including optimism, resilience and a sense of meaning and purpose, can support wellbeing and healthy behaviors. MBM therefore seeks to strengthen positive mind states and resilience through practical mind–body interventions (MBIs).



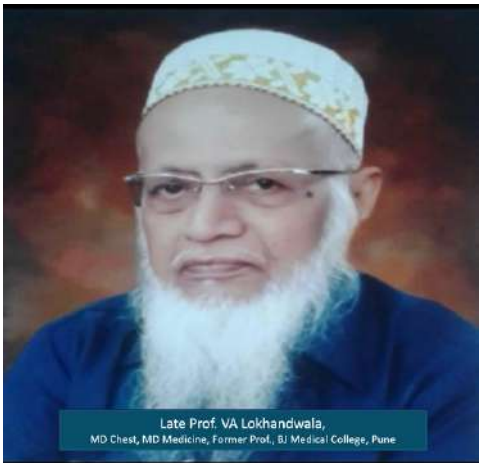
Ancient wisdom, contemporary medicine

Mind–body practices are not new. India has a deep tradition of Yoga and contemplative practices; China has Tai Chi, while Japan is rooted in Zen and contemplative disciplines.

Modern medicine has increasingly begun to study these practices systematically. The broader field of MBM encompasses interventions that can harness interactions between mental, neural, endocrine, immune, and behavioral processes. Many are participatory and self-directed, relatively affordable, require minimal infrastructure, can be practiced at home and have the potential for integration into routine healthcare at scale.

What does MBM mean to me?





MBM can be understood through the metaphor of a grand symphony orchestra: the brain as conductor, interpreting and coordinating responses, the hypothalamus as composer, translating brain signals into neuroendocrine responses; and the pituitary as manager, directing endocrine systems. Hormones are the musical notes, while the glands form the different sections of the grand orchestra. If sections communicate effectively and perform in synchrony, we experience homeostasis, health and wellbeing: the beautiful symphony of life.

Chronic stress can disrupt this communication. The orchestra may become out of rhythm: the tempo changes, some sections become overactive while others become underactive, and the harmony is lost. This is how I visualize the relevance of MBM: not as an alternative to conventional medicine, but as a way of understanding and treating the whole human being.

Is the body–mind symphony in harmony?

Instead of prescribing medication alone, can we also help restore the rhythm of the patient's life through appropriate attention to sleep, stress, emotional wellbeing, behavior, resilience and evidence-based mind–body interventions?

It is time for all of us to be more proactive in addressing the unmet need for mental wellbeing alongside physical health—to treat beyond the body and make appropriate MBM approaches an integral component of comprehensive care. Perhaps doctors need to function not only as promoters of health, but also as promoters of wellness, while continuing to treat illness with the best available evidence.

My journey with MBM

Our mission and passion have been to take this message beyond individuals and help educate clinicians about mind–body interface. Through SYNAPSE 2020–26 conferences and workshops, publications on MBM research, development of PNIE and Mental Health Questionnaire (MHQ) assessment questionnaires designed for use in busy clinic settings, and our mind–body clinic model integrated into private practice and obesity care, we have tried to translate this philosophy into clinical practice.

The journey continues...

And perhaps this is only the beginning of a larger movement towards a more integrated understanding of health where the biological, psychological, behavioral and social dimensions of a person are not treated as separate compartments, but as parts of one interconnected system.





Gratitude

No journey of this magnitude is ever an individual journey. My heartfelt gratitude goes to all my mentors who have guided me, challenged me and enriched this journey, and to my supporters, including my family, for their unwavering support, encouragement and understanding through what has been an exhausting yet deeply satisfying journey in MBM.





Acknowledgements

Prof. Dr Norman Sartorius; Prof. Reinhardt Bogle; Prof. B. N. Gangadhar; Prof. V. A. Lokhandwala; Prof. Premlata Varthakavi; Dr. Sanjay and Dr. Leena Phadke; Dr. Anish and Dr. Arti Behl; Dr. Vaijayanti Joshi; Dr. Geeta Dharmatti; Prof. Shivram Varambally; Dr. Sanjay Kalra; Dr. Sanjay Agrawal; Dr. Rakesh Sahay; Dr. Arun Marwale; Dr. Hari Kumar; Dr. Milind Patwardhan; Dr. Manoj Chadha; Dr. Shashank Joshi; Dr. A. K. Das; Dr. Sarita Bajaj; Dr. Shehla Shaikh; Dr. Gagan Priya; Dr. Sachin Mittal; Dr. Shreya Sharma; and the members of ESI, Maha ESI, IPS, API, RSSDI, CBM Trust, SPHERE, NIMHANS, the pharmaceutical industry and everyone who has supported and contributed to the cause of Mind–Body Medicine.



With gratitude, the symphony continues.



Dr Vaishali Deshmukh
Pune

Landscapes and Light



Path of Serenity



The Autumn Lane

A Quiet Evening in Full Bloom

European courtyard:
Every doorway opens to a new story



International Collaborations of ESI

Within just a few years of its inception, the Endocrine Society of India had established its commitment to international collaboration. In 1974, a young ESI proudly hosted the 5th Asia-Oceania Congress of Endocrinology in Chandigarh, under the chairmanship of Prof G K Rastogi. This was an important early milestone that reflected the growing presence of Indian Endocrinology on the international stage.

Today, ESI is affiliated with the International Society of Endocrinology (ISE) and the South Asian Federation of Endocrine Societies (SAFES), with several members having served or currently serving in leadership roles within these international organizations.

The association with SAFES has had particularly strong Indian roots. Prof Sarita Bajaj was the founder president of SAFES which began in 2013, with Prof Subhankar Chowdhury as Patron, Dr Sanjay Kalra as Vice President and Dr Rakesh Sahay as Secretary. ESI hosted the first Endocrine Summit of SAFES in Hyderabad in August 2013, marking the beginning of a sustained regional collaboration.

ESI formally signed the SAFES constitution in 2019. In 2023, the Endocrine Society of Telangana hosted the 6th Biennial SAFES summit in Hyderabad alongside the 52nd ESICON, the annual conference of ESI with Dr R Santosh as Org Secretary.




First Endocrine Summit of South Asian Federation of Endocrine Societies

Scientific Committee:

Chairpersons : Subhankar Chowdhury
Co-Chair : Faruque Pathan
Members : AH Zargar, Bipin Sethi, Padma Menon, RV Jayakumar, Sudip Chatterjee

National Advisory Board:

Ambrish Mithal, Ammini A C, Anil Bhansali, Bashir Laway, Deepti Sharma, Eesh Bhatia, Ganapathi Bantwal, Gupta KK, Harish Kumar, Hazra D K, Krishna Seshadri, Madhu S V, Mala Dharmalingam, Mihir Saikia, Nalini Shah, Neeraj Agrawal, Nihal Thomas, Padma Menon, Prasanna Kumar K M, Rajesh Rajput, Sandeep Mathur, Sanjay Kalra, Sarita Bajaj, Shashank R Joshi, Singh S K, Sridhar G R, Sushil Jindal, Usha Sriram

Organizing Committee:

Chairperson : N Sudhakar Rao
Co-Chairs : Bipin Sethi, Dileep Kumar K, Mathur RP, Reddy GC,
Organizing Secretary : Rakesh Sahay
Treasurer : K.D. Modi

Sub-Committees:

	Scientific Committee	Souvenir Committee	Cultural Committee
Chairman:	RN Mehrotra	Prasun Deb	Jayanthy Ramesh
Members:	Ravi Shankar E, Santosh R, Vijay Gopal E, Vijayasekhar Reddy D	Chanukya GV, Shyam Kalavalapalli, Sridhar B, Sri Nagesh V	Nagender Reddy J, Sridevi Patnala, Sudha
	Registration Committee	**Transport & Accommodation Committee**	**Venue and F&B Committee**
Chairman:	Raman Boddula	Sudhakar Reddy P	Neelaveni K
Members:	Laxmi Lavanya A, Ravi Muppidi, Srinivas Rao P	Babul Reddy H, Venkateswarulu J	Leenatha Reddy, Satya Vani, Sridevi P
Members:	Alok Sachan, Madhava Rao V	Rajnikanth	Subramanyam KAV


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SAFESOUND

THE OFFICIAL BULLETIN OF THE SOUTH ASIAN FEDERATION OF ENDOCRINE SOCIETIES

Presidential - Dr Sarita Bajaj, President, SAFES

It is an honor to be at the helm of the affairs as President of the newly formed South Asian Federation of Endocrine Societies (SAFES) having taken on the mantle in Colombo in January, 2013. It is a giant step for Endocrine Society of India.

Before beginning I must convey me deep regret on the sudden and tragic demise of Dr Fatema Jawed's husband after a brief illness. May his soul rest in peace. Our heartfelt sympathies to the bereaved family members. Dr Fatema Jawed has an instrumental role to play in SAFES.

The regional basis of SAFES formed by five national professional organizations of India, Pakistan, Sri Lanka, Bangladesh and Nepal should be instrumental in

Dr Sarita Bajaj, President, SAFES.

The first SAFES Newsletter

The leadership links between ESI and SAFES have continued to grow. Dr Sanjay Kalra served as President of SAFES in 2023-24 followed by Dr Rakesh Sahay in 2024-25, while Dr KVS Hari Kumar served as Secretary from 2023-25. Dr Shehla Sajid Shaikh is currently Vice President, with Dr Saptarshi Bhattacharya and Dr Sambit Das serving as Executive Committee members of SAFES.

ESI members have also contributed extensively to the activities of ISE. Several distinguished members have served on the Program Organizing Committee of International Congress of Endocrinology (ICE), including Prof A C Ammini in 2010 (Kyoto), Dr Ambrish Mithal in 2012 (Florence), Dr Subhankar Chowdhury in 2014 (Beijing), Dr Sanjay Kalra in 2022 (Singapore), and Dr Rakesh Sahay in 2026 (Kyoto).



SAFES 2023, Hyderabad





In February 2014, ESI hosted the International Clinical Update in collaboration with the Society for Endocrinology, the Endocrine Society and the ISE in February 2014 in Hyderabad.





Indian representation within ISE has expanded steadily over the years. Dr Sanjay Kalra served as an Executive Committee member of ISE in 2021, and subsequently as Vice Chair and Chair of the Advocacy Working Group, as well as Chair of the Education Working Group. He currently serves as the Treasurer of ISE for 2024-27. Dr Sameer Aggarwal served on the Early Career Working Group in 2022. Dr Nitin Kapoor and Dr Saptarshi Bhattacharya currently serve as members of the Education Working Group, with Dr Nitin Kapoor set to take over as Chair of the ISE Education Working Group in October 2026.

Another milestone came in August 2025, when India hosted the 3rd ISE Regional Endocrinology Practice alongside the 3rd Annual Conference of Endocrine Society of Delhi in New Delhi, with Prof Nikhil Tandon as Organizing Chair and Dr Saptarshi Bhattacharya as Organizing Secretary.



Indian experts have also featured regularly in ISE educational initiatives and webinars, including Prof Nikhil Tandon, Dr Nisha Bhavani, Dr Ashutosh Arya, Dr KVS Hari Kumar, Dr Nitin Kapoor and Dr Mayur Aggarwal. The 5th Annual ESI WE CARE (Women Endocrine Care) 2026 conference has also been featured on the ISE website.





The journey that began with ESI hosting an international congress in Chandigarh in 1974 now comes full circle more than five decades later.

In 2028, India will host the International Congress of Endocrinology jointly with the 57th ESICON at Yashobhoomi, New Delhi from 7-10 September 2028. The meeting will be hosted by the Endocrine Society of Delhi with Prof Nikhil Tandon as Organizing Chairperson, Dr Sanjay Kalra as Chair of the Program Organizing Committee, Dr Saptarshi Bhattachrya as Organizing Secretary and Dr Nishant Raizada as Financial Secretary.

ESI's international journey has come a remarkable distance. We now eagerly look forward to welcoming the world to India once again!

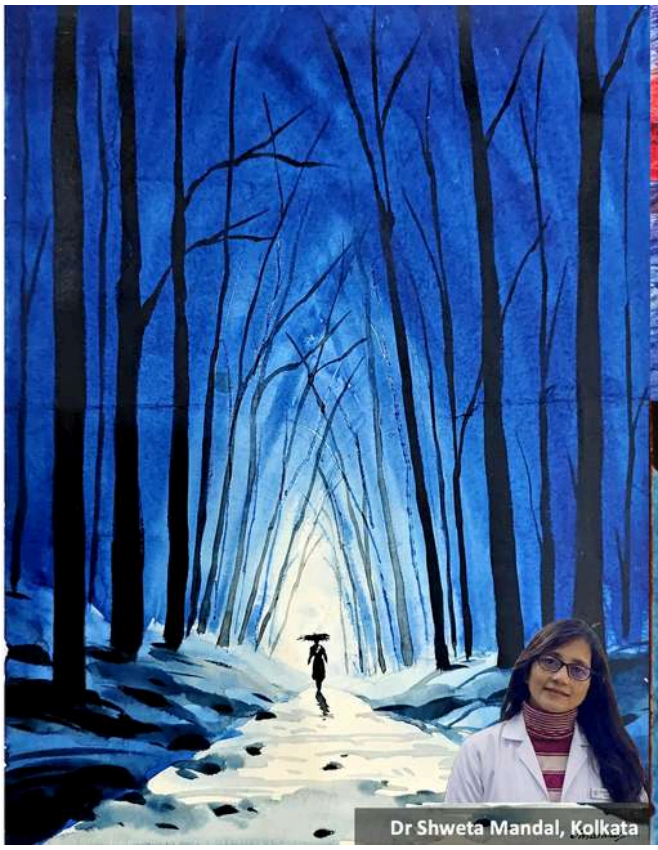


With inputs from Dr Sarita Bajaj, Dr Sanjay Kalra, Dr Rakesh Sahay, Dr Nitin Kapoor and Dr Saptarshi Bhattacharya.

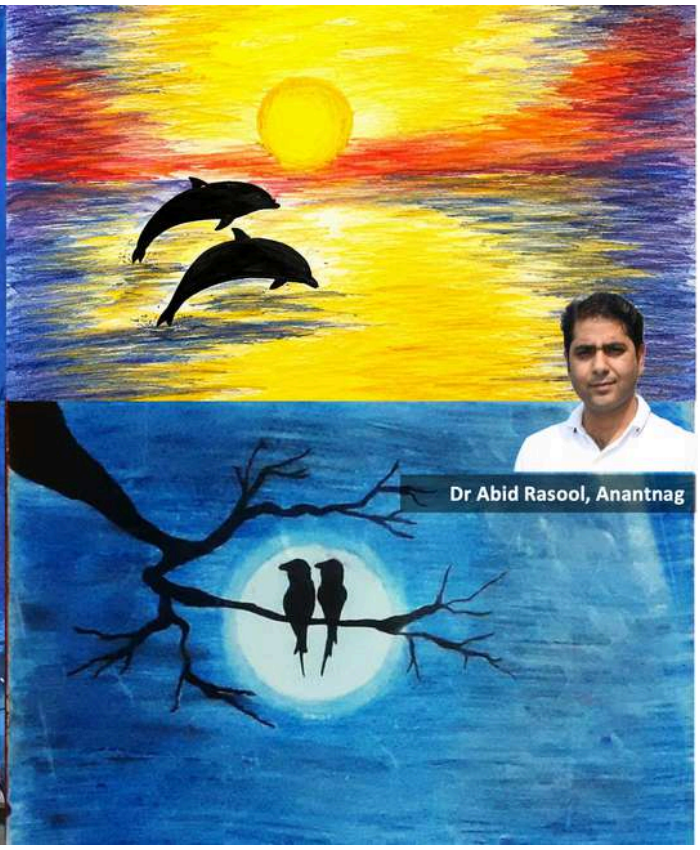


Dr. Gagan Priya
Mohali

A Quite Palette



Blue Forest Path: A Solitary Journey Towards The Light



Moonlight Companions



Kash Field: Echoes of Autumn in Bloom



Woman with Daisies:
In her quiet world, even silence blooms

Beyond the Binary: Ensuring Safe and Legal Continuity in Indian Transgender Endocrine Care

ESI Task Force on Transgender Healthcare

Department of Endocrinology, KPC Medical College and Hospital, Kolkata, West Bengal, India (Dr. Anirban Majumder, Dr. Debmalya Sanyal, Dr. Soumyabrata Roychaudhuri, Dr. Kaushik Pandit and Ms Somabha Bandopadhay)


Dr Anirban Majumdar


Dr Kaushik Pandit


Ms Somabha Bandopadhay


Dr. Soumyabrata Roychaudhuri


Dr Debmalya Sanyal

A Decade of Clinical Service and Leadership

The management of gender incongruence (GI) and gender dysphoria (GD) in India has transformed from an overlooked clinical domain into a vital, highly specialized area of endocrinology. Official Indian census records capture five lakh transgender individuals, which is a significant underestimation caused by pervasive social stigma, fear of discrimination and limited public awareness.

The Department of Endocrinology and KPC Medical College and Hospital established a dedicated Transgender Clinic in 2016 and is one of the earliest specialized referral centres providing transgender care in India. Historically, transgender care in India relied on international frameworks, including the Endocrine Society (US) guidelines and WPATH Standards of Care alongside local resources such as the Sappho Good Practice guide. Our work led to the evolution of the ESI Task Force on Transgender Healthcare, translating real-world experience into consensus statements and ESI guidelines.

This review provides a comprehensive synthesis of our task force's clinical research and publication history, details the 2025 ESI Clinical Practice Guidelines, examines the legal and ethical challenges created by the 2026 regulatory changes, and outlines a Position Statement to guide endocrinologists across India.


Endocrinology and Gender

Presentation of gender dysphoria: A perspective from Eastern India

Debmalya Sanyal, Anirban Majumder

Department of Endocrinology, KPC Medical College, Kolkata, West Bengal, India

ABSTRACT

Context: There is paucity of scientific data from India on gender identity disorders (GIDs) or gender dysphoria (GD). **Aims:** To study the clinical, biochemical profile, personality characteristics and family support of GID subjects. **Settings and Design:** A retrospective and cross-sectional study at an endocrine referral center in Kolkata in Eastern India between 2010 and 2015. **Subjects and Methods:** Seventy-three GID subjects who presented to the center were included in the study. Clinical, biochemical profile, personality characteristics (cross-dressing), and family support were investigated. The protocol was presented to the Ethics Committee who felt that given the retrospective nature of the study, informed consent could be dispensed with. GD was diagnosed by Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition). **Statistical Analysis Used:** Unpaired *t*-test has been used to find the significance of study parameters between two groups of patients. Chi-square/Fisher Exact test has been used to find the significance of study parameters on categorical scale between two groups. **Results:** Out of the total 73 patients, 55 (75.34%) patients were male-to-female and remaining 18 (24.66%) were female-to-male. Around 11% of GD subjects practiced cross-dressing. In spite of median age of onset of GD was 9 years, the mean age of GD at presentation was quite late at 25.77 ± 6.25 years due to lack of social and informative support. It is difficult for transgender to express their sexual identity in family or in society as only 10.96% of our GD subjects had family support, leading to delayed presentation and delayed endocrine consultation. This delayed endocrine consultation have accounted for a significant proportion of GD subjects having unplanned and ill-timed castration (16.36%) or mastectomy (16.67%) even by nonmedically qualified person (66.7% of castrated subjects). All GD subjects had normal thyroid

Research and Publications

Over the past decade, we have investigated the clinical, sociodemographic, psychological, metabolic and therapeutic profiles of gender incongruent individuals across Eastern India and nationwide.

This led to the publication of several observational studies in the Indian Journal of Endocrinology and Metabolism, forming a strong scientific base for transgender care in India. These studies highlight significant delay in seeking care due to severe social taboo, lack of information and negligible family support. There was also an alarmingly high rate of crude, unsupervised and ill-times surgeries.

Original Article

Outcome and preferences in female-to-male subjects with gender dysphoria: Experience from Eastern India

Anirban Majumder, Debmalya Sanyal
Department of Endocrinology, KPC Medical College, Jadavpur, Kolkata, West Bengal, India

ABSTRACT

Context: Awareness of gender dysphoria (GD) and its treatment is increasing. There is paucity of scientific data from India regarding the therapeutic options being used for alleviating GD, which includes psychotherapy, hormone, and surgical treatments. **Aim:** To study the therapeutic options including psychotherapy, hormone, and surgical treatments used for alleviating GD. **Settings and Design:** This is a retrospective study of treatment preferences and outcome in 18 female-to-male (FTM) transgender subjects who presented to the endocrine clinic. **Results:** The mean follow-up was 1.6 years and only one subject was lost to follow-up after a single visit. All subjects desiring treatment had regular counseling and medical monitoring. All FTM subjects were cross-dressing. Seventeen (94.4%) FTM subjects were receiving cross-sex hormone therapy, in the form of testosterone only (61.1%) or gonadotropin-releasing hormone (GnRH) agonist in combination with testosterone (11.1%) or medroxyprogesterone acetate (MPA) depot in combination with testosterone (22.2%). FTM subjects preferred testosterone or testosterone plus MPA; very few could afford GnRH therapy. Testosterone esters injection was preferred by most (72.2%) subjects as it was most affordable while 22.2% chose 3 monthly injections of testosterone undecanoate for convenience and better symptomatic improvement, but it was more expensive. None preferred testosterone gels because of cost and availability concerns. About 33.3% of our subjects underwent mastectomy, 38.9% had hysterectomy with bilateral salpingo-oophorectomy, and only one subject underwent phalloplasty. About 16.7% of FTM subjects presented with prior mastectomy depicting a high prevalence of unsupervised or poorly supervised surgeries not following protocol wise approach. **Conclusion:** Notwithstanding of advances in Standards of Care in the Western world, there is lack of awareness and acceptance in the FTM subjects, about proper and timely protocol-wise management options leading to suboptimal physical, social, and sexual results.

Original Article

Outcome and preferences in male–to–female subjects with gender dysphoria: Experience from Eastern India

Anirban Majumder, Debmalya Sanyal
Department of Medicine, Endocrinology Unit, K P C Medical College, West Bengal University of Health Sciences, Kolkata, West Bengal, India

ABSTRACT

Context: Gender dysphoria (GD) is an increasingly recognized medical condition in India, and little scientific data on treatment outcomes are available. **Aims:** Our objective is to study the therapeutic options including psychotherapy, hormone, and surgical treatments used for alleviating GD in male–to–female (MTF) transgender subjects in Eastern India. **Subjects and Methods:** This is a retrospective study of treatment preferences and outcome in 55 MTF transgender subjects who were presented to the endocrine clinic. **Statistical Analysis Used:** Descriptive statistical analysis is carried out in the present study, and Microsoft Word and Excel are used to generate graphs and tables. **Results:** The mean follow-up was 1.9 years and 14 subjects (25.5%) were lost to follow-up after a single or 2–3 contact sessions. Rest 41 subjects (74.5%) desiring treatment had regular counseling and medical monitoring. All 41 subjects were dressing to present herself as female and all of them were receiving cross-sex hormone therapy either estrogen only (68%), or drospirenone in combination with estrogen (12%) or gonadotropin-releasing hormone agonist (GnRH) in combination with estrogens (19.5%). Most of the subjects preferred estrogen therapy as it was most affordable and only a small number of subjects preferred drospirenone or GnRH agonist because of cost and availability. 23.6% subjects underwent esthetic breast augmentation surgery and 25.5% underwent orchiectomy and/or vaginoplasty. Three subjects presented with prior breast augmentation surgery and nine subjects presented with prior orchiectomy without vaginoplasty, depicting a high prevalence of poorly supervised surgeries. **Conclusions:** Standards of care documents provide clinical guidance for health professionals about the optimal management of transsexual people. The lack of information among health professionals about proper and protocolwise management leads to suboptimal physical, social, and sexual results.

This early work led to the development of the IDEA Group Consensus statements on transfeminine medical management in 2020 and transmasculine medical management in 2021. This was the first step toward addressing the absence of standardized national protocols.

Endocrinology and Gender

IDEA Group Consensus Statement on Medical Management of Adult Gender Incongruent Individuals Seeking Gender Reaffirmation as Female

Anirban Majumder, Sudip Chatterjee[1], Debasis Maji[2], Soumyabrata Roychaudhuri, Sujoy Ghosh[3], Chitra Selvan[4], Belinda George[5], Pramila Kalra[6], Indira Maisnam[7], Debmalya Sanyal
Department of Endocrinology, KPC Medical College and Hospital, [1]Department of Medicine, Vivekananda Institute of Medical Sciences, [2]Department of Endocrinology, Institute of Post-Graduate Medical Education and Research, Kolkata, [3]Department of Endocrinology, MS Ramaiah Memorial Hospital, [4]Department of Endocrinology, St. John's Medical College Hospital, Bengaluru, [5]Department of Endocrinology, R. G. Kar Medical College and Hospital, Kolkata

Abstract

Cross sex hormone therapy (CSHT) is a strongly desired medical intervention for gender incongruent individuals. The goal is to change secondary sex characteristics to facilitate gender presentation that is consistent with the desired sex. When appropriately prescribed CSHT can greatly improve mental health and quality of life for gender incongruent individuals. Appropriate care for gender incongruent individuals in India is almost absent due to lack of country specific guideline and lack of training amongst the medical professionals. This document is intended to assist endocrinologists and physicians whose adult gender incongruent client is seeking gender reaffirmation as female (transfeminine). These individuals require a safe and effective CSHT regimen that will suppress endogenous male hormone secretion and maintain physiologic levels of female sex hormone. In this document, we offer suggestions based on an in-depth review of Guidelines of Endocrine Society, The World Professional Association for Transgender Health guidelines, the Sappho Good Practice Guide of India and collegial meetings with expert Indian clinicians working in this field. Clinicians represented in our expert panel are not gender specialists by training but have developed expertise due to the volume of gender incongruent individuals they manage. This consensus statement on medical management provides protocols for the prescribing clinician relating to diagnosis, baseline evaluation and counselling, prescription planning for feminizing hormone therapy and anti-androgen therapy, targets for monitoring hormone therapy, choice of therapy, clinical and biochemical monitoring, recommending sex reaffirmation surgery and peri-operative hormone therapy. The recommendations made in this document should not be perceived as a rigid set of guidelines and the treating clinicians are encouraged to modify our suggested protocols to address emerging issues.

Systematic Review and Meta-Analysis

IDEA Group Consensus Statement on Medical Management of Adult Gender Incongruent Individuals Seeking Gender Affirmation as Male

Anirban Majumder, Sudip Chatterjee[1], Debasis Maji[2], Sujoy Ghosh[3], Chitra Selvan[4], Belinda George[5], Pramila Kalra[6], Shruti Chandrasekaran[7], Gagan Priya[8], Suja Sukumar[9], Debmalya Sanyal, Soumyabrata Roychaudhuri
Department of Endocrinology, KPC Medical College and Hospital, Kolkata, West Bengal, [1]Department of Medicine, Vivekananda Institute of Medical Sciences, Kolkata, West Bengal, [2]Department of Endocrinology, Institute of Post-Graduate Medical Education and Research, Kolkata, West Bengal, [3]Department of Endocrinology, MS Ramaiah Memorial Hospital, Bengaluru, Karnataka, [4]Department of Endocrinology, St. John's Medical College Hospital, Bengaluru, Karnataka, [5]Consultant Endocrinologist and Diabetologist, Dr. Rela Institute of Medical Center, (RIMC), Chrompet, Chennai, Tamil Nadu, [6]Consultant Endocrinologist, Fortis Hospital, Mohali, Punjab, [7]Consultant Endocrinologist, Renai Medicity, Cochin, Kerala, India

Abstract

Gender-affirming hormone therapy (GAHT) is the most frequent treatment offered to gender-incongruent individuals, which reduces dysphoria. The goal of therapy among gender-incongruent individuals seeking gender affirmation as male is to change their secondary sex characteristics to affect masculine physical appearances. GAHT greatly improves mental health and quality of life among gender incongruent individuals. India-specific guideline for appropriate care for gender-incongruent individuals is almost absent. This document is intended to assist endocrinologists and other healthcare professionals interested in gender incongruity for individuals seeking gender affirmation as male. A safe and effective GAHT regimen aims to effect masculinising physical features without adverse effects. In this document, we offer suggestions based on an in-depth review of national and international guidelines, recently available evidence and collegial meetings with expert Indian clinicians working in this field. Clinicians represented in our expert panel have developed expertise due to the volume of gender incongruent individuals they manage. This consensus statement provides protocols for the hormone prescribing physicians relating to diagnosis, baseline evaluation and counselling, prescription planning for masculinising hormone therapy, choice of therapy, targets for monitoring masculinising hormone therapy, clinical and biochemical monitoring, recommending sex affirmation surgery and peri-operative hormone therapy. The recommendations made in this document are not rigid guidelines, and the hormone-prescribing physicians are encouraged to modify the suggested protocol to address emerging issues.

Another study, Lives of Gender Incongruent Community: "All is Well" Subset Study in 2020 demonstrated that a substantial proportion of urban clinic-attending individuals came from lower-middle and upper-middle socioeconomic strata and family and/or peer support protecting against psychiatric comorbidities. The group also reported that almost a quarter of gender incongruent adults had a history of past suicide attempts while another 19% had serious past-year suicidal ideation.

Original Article

Lives of Gender Incongruent Community: An Indian Subset Chants "All is Well"

Anirban Majumder, Sudip Chatterjee[1], Soumyabrata Roy Chaudhuri, Soma Chakraborty[2]
Department of Endocrinology, KPC Medical College and Hospital, Kolkata, India, [1]Park Clinic, Kolkata, India, [2]Diabetes-Obesity-Thyroid and Hormone Clinic, Kolkata, India

Abstract

Context: Gender incongruent individuals are exposed to unique stressors as a result of their minority social position. Poor social support has a further adverse impact on the lives and wellbeing of gender incongruent individuals. There is a paucity of scientific data from India on the socioeconomic status (SES) of gender incongruent community. **Aims:** Aim of the study is to understand and estimate the social support, wellbeing, and SES of gender incongruent individuals in Eastern India. **Subjects and Methods:** Data of 120 gender incongruent patients from the endocrinology outpatient department of a tertiary care hospital in eastern India were collected. We looked at demographic characteristics, social support, underlying psychiatric comorbidities, and SES. SES was calculated by the Kuppuswamy's socioeconomic status (KSS) scale based on occupation, education, and income. **Statistical Analysis Used:** Microsoft Word and Excel were used to generate tables. **Results:** Most of the gender incongruent individuals were transfeminine. Almost half of them had no history of addiction. Most of them had good support from family and friends and very few (only 3%) had mental health problems. Calculation by KSS scale showed most of the study population lay in the upper middle or lower middle socioeconomic class. **Conclusions:** Strong support from friends and family appears a key factor for protection against psychiatric comorbidities and an all-round impact on the lives and wellbeing of the study population.

Original Article

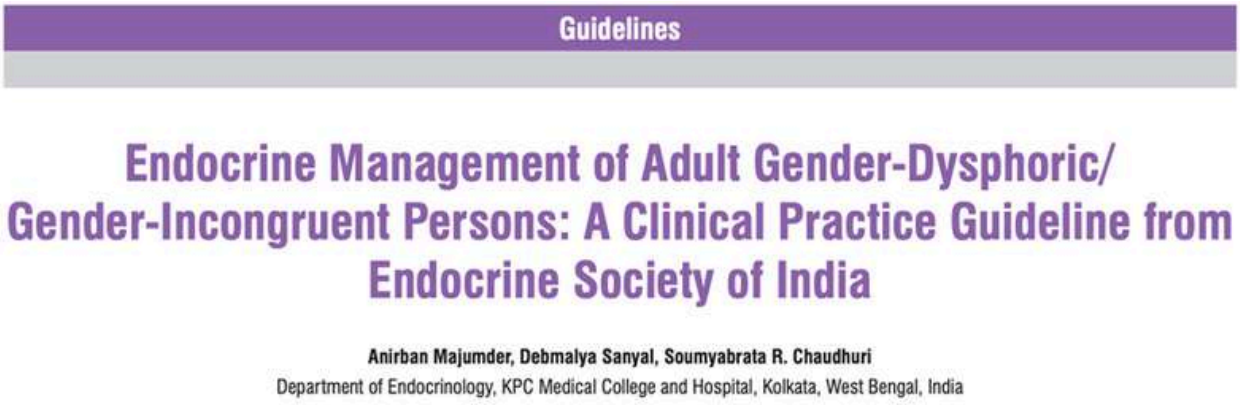
Exploring Cross-Sectional Predictors of Suicide Ideation, Attempt, and Risk in Gender Incongruent Adults in India

Anirban Majumder, Sudip Chatterjee[1], Kingshuk Bhattacharjee[2]
Department of Endocrinology, KPC Medical College and Hospital, [1]Department of Endocrinology, Vivekananda Institute of Medical Sciences, Kolkata, [2]Department of Medical Sciences, SJJT University, Rajasthan, India

Abstract

Introduction: Suicide rates and suicidal tendencies among gender incongruent persons are higher compared to the general population. Yet little is known about the factors that are relevant for suicide-related outcomes among Indian gender incongruent individuals. **Materials and Methods:** Within a large sample of gender incongruent adults (n=120), we examined the contribution of demographic (age, assigned sex, gender identity, relationship, and addiction status) and socio-economic variables (education, profession, income, social support) in the prediction of three suicide-related outcomes: past-year suicidal thought, history of suicidal attempt and a composite measure of the two. **Results:** Of the entire sample, 25.8% (n=31) reported a past suicide attempt, with 18.3% (n = 22) reporting one attempt, 2.5% (n = 3) reporting two attempts, 1.7% (n = 2) reporting three attempts and 2.5% (n=3) reporting four to six attempts. The age at which the first suicide attempt occurs is mostly between 16 to 18 years. 19.26% (n = 21) reported that although they had not attempted suicide, they had given serious thought to killing themselves in the last year. A Chi-square test was conducted to ascertain each demographic variable and socio-economic marker. However, none of these proposed predictors correlated with suicide-related outcomes in our cohort. **Conclusions:** The gender incongruent community is highly susceptible to suicidal behavior. Gender identity may be the risk factor for that behavior. Further study with larger population needs to identify other relevant risk factors, including gender-related victimization and mental health conditions as risk factors.

This body of work provided the foundation for the ESI Clinical Practice Guidelines in 2025, which established standardized frameworks for adult transgender care across India, emphasizing ICD-11, de-pathologization, multidisciplinary diagnosis, comprehensive metabolic screening, structured doses for gender-affirming hormone treatment, risk-based cancer surveillance and fertility preservation counseling.


Guidelines

Endocrine Management of Adult Gender-Dysphoric/ Gender-Incongruent Persons: A Clinical Practice Guideline from Endocrine Society of India

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The guidelines established evidence-based protocols tailored to the Indian clinical environment:

- **Diagnostic framework:** Gender incongruence is classified as a condition of sexual health under ICD-11, and diagnosis requires clinical evaluation based on DSM-5 criteria involving at least one psychiatrist to confirm persistence and verify decision-making capacity.
- **Feminizing hormone therapy for transgender women:** Oral estradiol valerate or 17-beta estradiol is recommended over ethinyl estradiol and conjugated equine estrogen. Transdermal estradiol is preferred in those with higher thromboembolic risk. Antiandrogen therapy with spironolactone or GnRH agonists is also standard.
- **Masculinizing hormone therapy for transgender men:** Short-acting testosterone esters, long-acting testosterone undecanoate or transdermal gel are recommended.
- **Preventive screening and long-term care:** The guidelines recommended regular DXA screening and regular cancer screening in addition to careful monitoring of drug-drug interactions between GAHT and antiretroviral therapy.

Navigating the Indian Landscape

In India, resource constraints, cultural structures, and environmental factors heavily shape clinical practice. International guidelines often assume access to resources that Indian patients cannot access. For example, GnRH agonists are the gold standard, but their prohibitive cost makes them inaccessible for most. In cases of persistent, refractory uterine bleeding in transgender men, cheaper progestational agents like medroxyprogesterone or lynestrol are successfully utilized as pragmatic alternatives.

Climate also plays an unexpected role. While transdermal estradiol patches are recommended in patients over 45 due to lower thromboembolic risks, India's tropical, humid climate and excessive sweating frequently interfere with patch adhesion and estrogen absorption. Thus, clinicians must assess feasibility and often prefer oral estradiol valerate or transdermal gels instead.

The Regulatory Shift: Gazette 2026 and the Legal Disconnect

The landscape has undergone a profound shift with the introduction of the Transgender Persons (Protection of Rights) Amendment Act, 2026 (Bill No. 79 of 2026). This amendment altered legal definitions, identity certification procedures and penal frameworks:

Narrowing of Scope vs. Universal ICD-11 Care: This legislation narrows the definition of a "transgender person" to historical socio-cultural groups (hijra, kinner, etc.) and congenital intersex variations, excluding those based purely on self-identity. However, medical guidelines (ESI, WPATH SOC 8, ICD-11) mandate that gender-affirming care must be provided based on clinical need and persistent gender incongruence, irrespective of administrative categories.

Medical Gate keeping: By requiring a Medical Board ("authority") to evaluate identity candidates under Section 6(1), the law reinstates administrative gate keeping.

Statutory Reporting: Section 7(1A) creates a mandatory requirement for hospitals to report surgical gender changes to District Magistrates, requiring strict alignment between institutional reporting and patient privacy under the Digital Personal Data Protection (DPDP) Act 2023.

Penal Risks for Hormonal Interventions: Section 18 criminalizes forced or "induced" transition through "chemical or hormonal procedures". While intended to combat abduction, forced castration, and human trafficking, the inclusion of "hormonal procedures" creates a risk that routine, voluntary endocrine prescriptions could be misconstrued as "inducement" or "coercion" in contested cases.



Legally, certification and clinical care are separate. The law does not outlaw gender-affirming care per se. Indeed, Section 15 mandates government health facilities include hormonal therapy, giving scope for continued endocrine work. However, it necessitates a complete recalibration of our documentation to protect both our patients and us.

Considering the resulting significant operational and legal uncertainty, the work of this task force has become even more imperative.

Practical Guidance for Endocrinologists

A practical risk stratification matrix may assist clinicians in evaluating legal exposure:

Low risk	Patients possessing pre-2026 Transgender Certificates, prior documented gender-affirming surgeries, and ongoing compliant GAHT. Documentation proves continuation of established care rather than initiation of a new, arbitrary pathway.
Moderate Caution	Patients holding pre-2026 certificates and ongoing GAHT, but without prior surgery.
Extreme Caution	Patients holding pre-2026 certificates only, with no prior hormone therapy or surgery.
High Risk	New patients presenting post-2026 without prior documentation or presenting solely with self-identification.
Very High Risk	New patients lacking family support or presenting with severe family conflict require enhanced documentation and notarized informed consent.
Highest Risk	Minors (under 18 years of age) requires mandatory parental/guardian consent and notarized documentation.

Clinical Vigilance: What Should We Do Differently?

Considering the 2026 Amendment Act, we must integrate rigorous legal prudence into our clinical practice. Under the amended Section 18, severe penal provisions target coercion and non-consensual hormonal or surgical interventions, carrying sentences up to life imprisonment.

Although aimed at exploitative trafficking, the inclusion of "hormonal procedures" means any perceived "non-consensual" treatment could expose treating physicians to extreme criminal risk.

To manage this risk, we must enforce a thorough documentation checklist for every patient. We can no longer rely on past documentation or verbal agreements alone. We must obtain robust, written, and witnessed informed consent (preferably in their own handwriting) that explicitly documents their capacity, voluntariness, and the complete absence of coercion or inducement. Furthermore, we must collaborate with registered psychiatrists to confirm diagnoses and certify decisional capacity before initiating GAHT. Lastly, we must strictly maintain patient confidentiality under the DPDP Act 2023, while fulfilling statutory obligations to report post-surgical gender changes to the District Magistrate and the medical board.

Checklist Domain	Required Documentation & Evidence	Clinical & Medico-Legal Rationale
Patient Identity & Context	• Record self-identified gender • Verify and file age & national ID proof • Document relevant social context (family support/conflict, vulnerability)	Ensures accurate patient records, verifies age of consent, and highlights vulnerability elements.
Clinical Assessment	• Confirm and document clinical diagnosis • Complete baseline labs • Note medical/psychiatric comorbidities	Establishes a solid clinical baseline and satisfies the diagnostic criteria of ESI and WPATH guidelines.
Capacity & Voluntariness	• Assess & record decision-making capacity • Include explicit statement: "Decision is voluntary, free from coercion, inducement, or undue influence"	Protects against Section 18 allegations of forced or induced hormonal/ surgical transition.
Informed Consent	• Obtain robust, signed, and witnessed written consent • Clarify reversibility, irreversibility, and potential fertility risks in writing • Notarize consent in high-risk cases (minors, high family conflict)	A standard legal safeguard that ensures the patient fully understands and accepts all treatment risks.
Psychiatric Clearance	• File a psychiatric clearance letter from a registered psychiatrist • Document mental readiness and capacity to consent	ESI-recommended multidisciplinary care and verification of decisional capacity.
Treatment Plan	• Document specific therapeutic indication, drug regimens, doses, and clinical rationale • Map out monitoring schedule and future follow-ups	Verifies adherence to evidence-based protocols and ESI clinical practice guidelines.
Confidentiality & Laws	• Record patient's awareness of legal reporting requirements • Sign confidentiality agreement under DPDP Act 2023 • Limit digital data sharing without explicit consent	Complies with DPDP Act 2023 and NMC ethics, protecting sensitive health data.

Take-Home Message for ESI Members

The central message from the ESI Task Force to endocrinologists across India is clear: clinical medical care and administrative legal certification are distinct processes. While the legal regulatory framework under Gazette 2026 has introduced restrictive definitions and heightened penal scrutiny, the law does not prohibit endocrinologists from providing evidence-based gender-affirming care.

By adhering to the 2025 ESI Clinical Practice Guidelines, obtaining robust written and witnessed informed consent, securing formal psychiatric clearance, enforcing the minimum documentation checklist, and maintaining meticulous clinical records, endocrinologists can deliver uninterrupted, compassionate, and legally safe care. Patient-centred, evidence-based practice remains paramount, ensuring that transgender individuals in India receive the dignified, scientifically sound medical care they deserve.

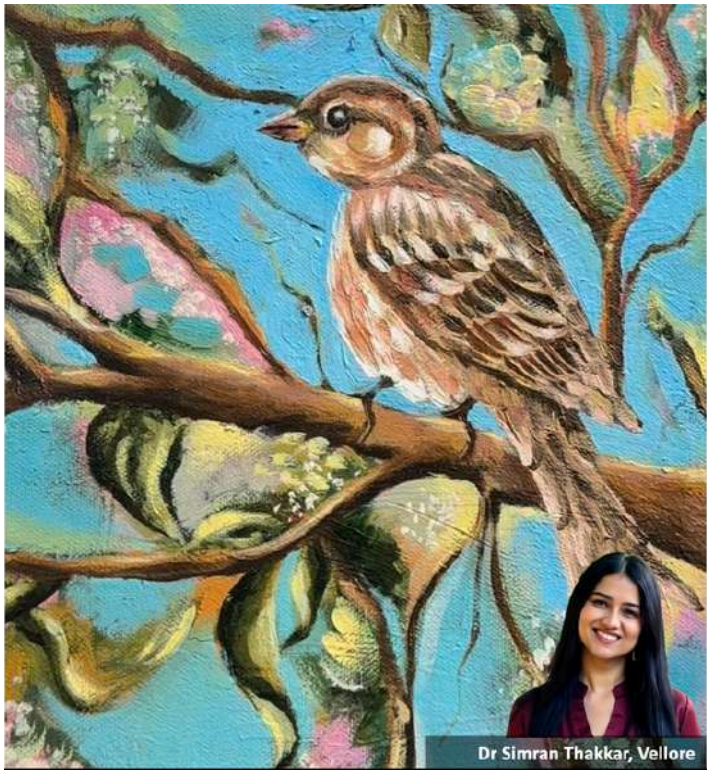


Dr Anirban Majumdar
Kolkata

Singularity



Prince of Poise



A Songbird Perched upon the Spring Foliage



Floating Fantasies



Duality in Bloom

The Joy of Cooking: An Endocrinologist's Perspective



Some interests begin with ambition; mine began with homesickness during MD training in Himachal Pradesh and a longing for authentic South Indian upma.

One day, hunger and homesickness pushed me into the kitchen. My first attempt was guided by my mother over the phone. The upma was edible, but something was missing (maybe my mother's secret ingredient!). Watching MasterChef nurtured my curiosity. It showed me that cooking was not merely about following a recipe; it involved imagination, technique, timing, and, above all, balancing flavors. What began as necessity became a genuine interest.

Today, cooking on weekends is my dependable stress buster. After a demanding clinical week, preparing a meal for my family helps me slow down.



It has also reinforced a belief: cooking is not "women's work"; it is a life skill and a shared family responsibility. Entering the kitchen makes one appreciate the invisible labor of planning menus, sourcing ingredients, accommodating preferences, preparing meals, and plating it in an artistic way.

Cooking is much like writing a prescription: a good meal has to use the correct ingredients in the right amounts and at the right moment. If one strong flavor dominates, the others will be overwhelmed; some ingredients go well together while others don't.

This experience has also changed how I discuss food with patients. Instructions such as "reduce carbohydrates" or "control portions" can sound deceptively simple. Sustainable change is more likely when people participate in preparing their food and understand what goes onto their plate.

I therefore encourage husbands who do not cook to begin with something simple, preparing kosumbari or chopping vegetables. The aim is not culinary perfection, but participation. Involvement builds interest, creates shared responsibility, and can improve the family's commitment to healthier eating. Rather than handing a restrictive diet sheet, we can ask who shops, who cooks, and what changes the household can make together; perhaps we should prescribe a healthier family table.



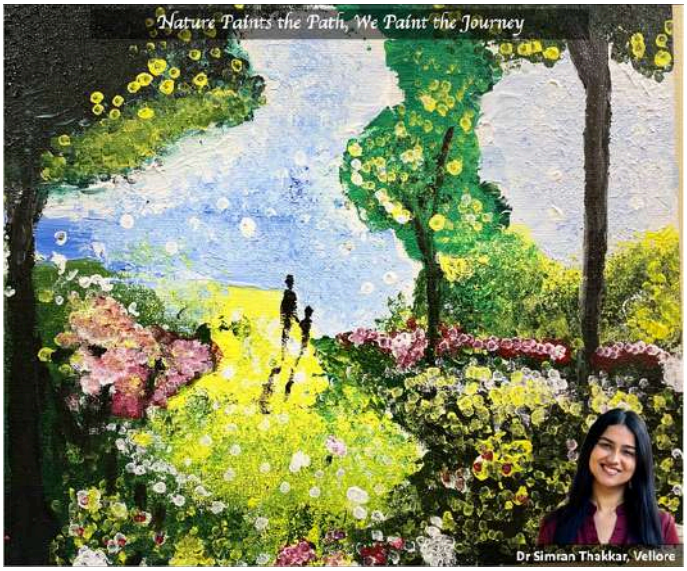


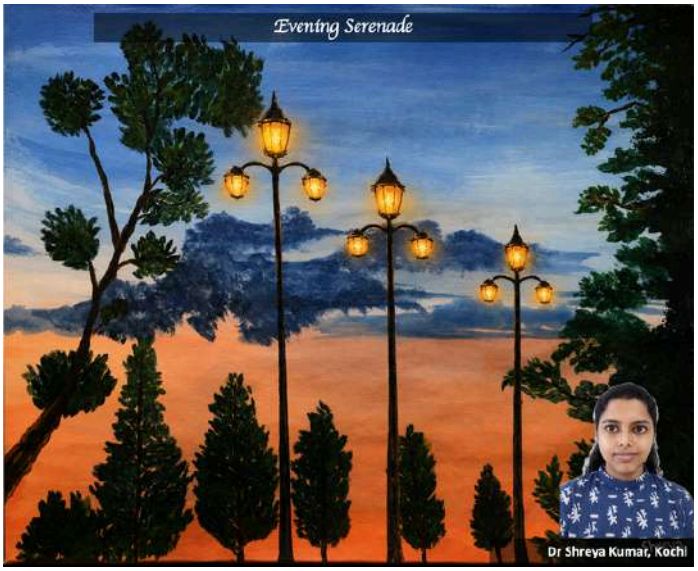
An endocrinologist need not become a chef. Yet stepping into the kitchen can deepen empathy and make counselling practical and equitable.



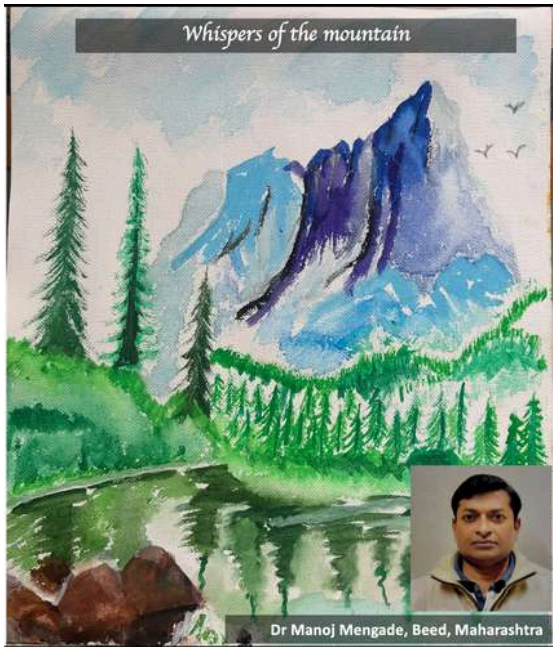
Dr Shyam Sundar
Bengaluru

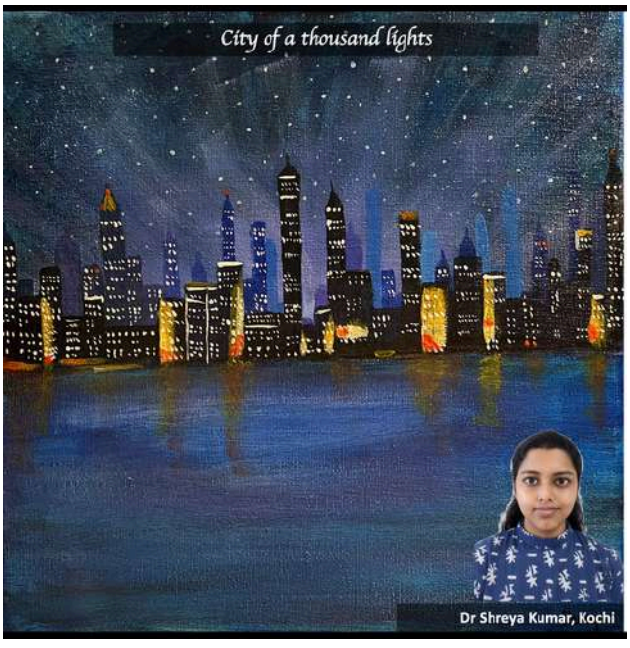
Landscapes and Light











When the Mountain Calls

A journey from responsibility to rediscovery: As women, our lives are often measured in responsibilities. We are daughters, wives, mothers, doctors, caregivers, colleagues. We organize everyone else's lives so seamlessly that somewhere along the way, we forget to pause and listen to our own hearts. Perhaps that is why my 15-day pilgrimage to Mount Kailash and Lake Mansarovar became so much more than a journey. It became a gift I gave myself.



An offering before the journey.

Leaving home wasn't easy. It meant stepping away from the comfort of family, from the familiar rhythm of hospital rounds, clinics, deadlines, laundry waiting to be folded, meals to be planned, and countless little responsibilities that quietly define our everyday lives. For the first time in a long time, I chose to leave behind not just my home, but also the version of myself that is constantly needed by everyone else.

I travelled solo, joining a group of complete strangers. Looking back, it feels as though every piece fell into place effortlessly, almost as if Lord Shiva had decided that this was my time. We often say we decide to go to Kailash, but after this journey, I truly believe it is Kailash that calls you.



A group of strangers who became companions on the journey.

The pilgrimage began in Kathmandu. Seeking blessings at Pashupatinath before entering Tibet felt deeply symbolic as though I was asking permission before beginning something sacred. From there, the long road journey through Nepal into Tibet slowly stripped away the noise of everyday life. With every kilometer, mobile networks disappeared, schedules ceased to matter, and the mountains quietly took over.

The days of gradual acclimatization taught patience. Standing by the mighty Brahmaputra in Saga, watching its calm waters flow through an otherwise stark landscape, I realized nature never rushes. It simply is.



Sights of Kathmandu



At the North Face of Mount Kailash, a close encounter with the magnificent mountain.

Then came the moment I had dreamt about for years. Late one evening, someone pointed towards the horizon. There it was, Mount Kailash. Even from a distance, it commanded silence. Minutes later, Lake Mansarovar appeared beside it, serene and luminous beneath the vast Tibetan sky. I found myself speechless. It felt less like seeing a mountain and more like meeting something ancient that had been waiting for me all along.

That night remains one of the most beautiful nights of my life. Standing beside the sacred waters of Mansarovar, beneath a sky overflowing with stars, I watched the Milky Way stretch across the heavens with astonishing clarity.

There were no city lights, no traffic, no notifications, no conversations: only silence, the stars, and an overwhelming awareness of how beautifully small we are.



The first glimpse of Mount Kailash across Lake Man Sarovar.

Before dawn, during Brahma Muhurta, we returned to the shores of Man Sarovar. As the first rays of sunlight touched the still waters, the entire lake became a mirror reflecting the sky, the mountains and the light itself. It was impossible not to feel grateful simply to be there.

We then circumambulated sacred Ashtapad before reaching Darchen, where the real pilgrimage begins. Crossing Yam Dwar felt deeply symbolic. It is often called the gateway where one leaves behind the old self. Whether or not that is literally true, I know that I walked through it carrying worries, expectations and the illusion that I could control everything.

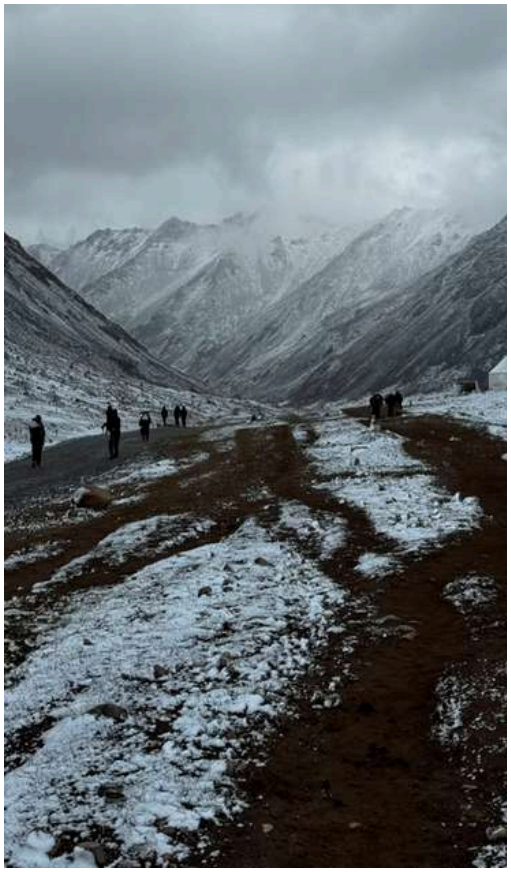
The walk to Dirapuk was demanding, but every step brought me closer to Kailash. At high altitude, every breath is a conscious effort. As an endocrinologist, I understood the physiology of acclimatization. I had trained for months, climbed endless stairs and prepared my body carefully. But somewhere in those mountains, science quietly gave way to faith. There are moments when knowledge explains everything and moments when surrender explains even more.

Then the snow arrived. Almost overnight, the mountains changed. Plans changed. Expectations changed. Nature reminded us, with extraordinary gentleness, that we were merely visitors. Instead of frustration, I found acceptance. Kailash teaches you that not every summit has to be conquered. Sometimes the greatest achievement is simply learning to surrender.

When I finally returned home, everything looked exactly the same. My family was waiting, my work resumed, life carried on. But something within me had become quieter.



At 5,270 meters, where every breath becomes conscious.





The snow arrived and with it, a reminder that nature sets the rules.

I came back stronger, not because I completed a pilgrimage, but because I discovered that stepping away from my everyday roles did not diminish me, it allowed me to rediscover myself. I returned with immense gratitude for my family, for good health, for the privilege of this profession, and for the opportunity to answer a call that so many dream of hearing.

At the South Face of Mount Kailash, a moment of joy in the shadow of Kailash.

People often ask me what Kailash is like. I tell them it is not just a place. It is an experience that strips away the unnecessary, humbles you, heals you in ways you cannot explain, and gently reminds you who you were before the world asked you to become everything for everyone else.

Perhaps that is the greatest blessing Kailash gave me.

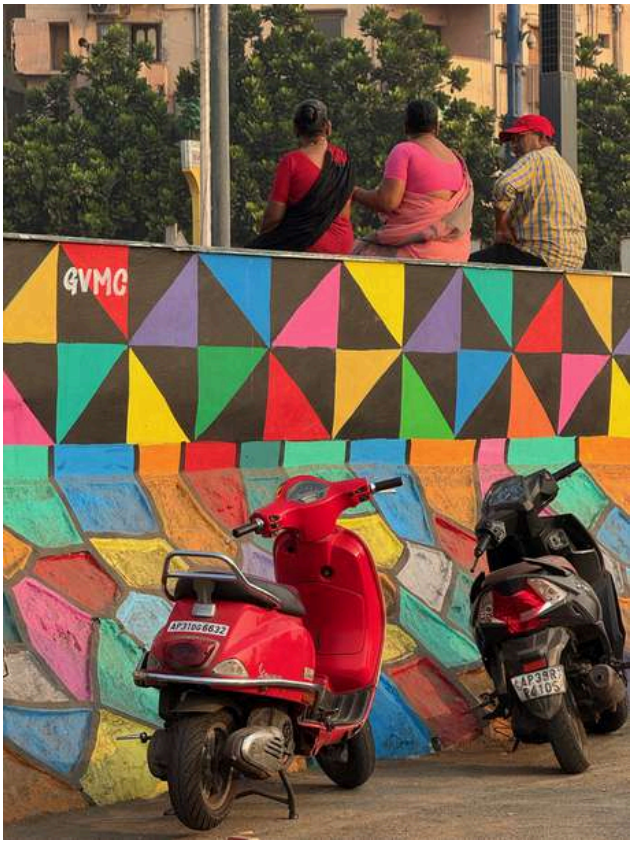


Dr Kranti Khadilkar
Bengaluru

Scenes from the Beach Road, Visakhapatnam



Mornings of Visakha Utsav, a festival to showcase Visakhapatnam as a travel destination





Every street holds a story.
Every corner holds a moment.
Every photograph, a little piece of life that may go unnoticed...



Dr G R Sridhar
Vishakhapatnam

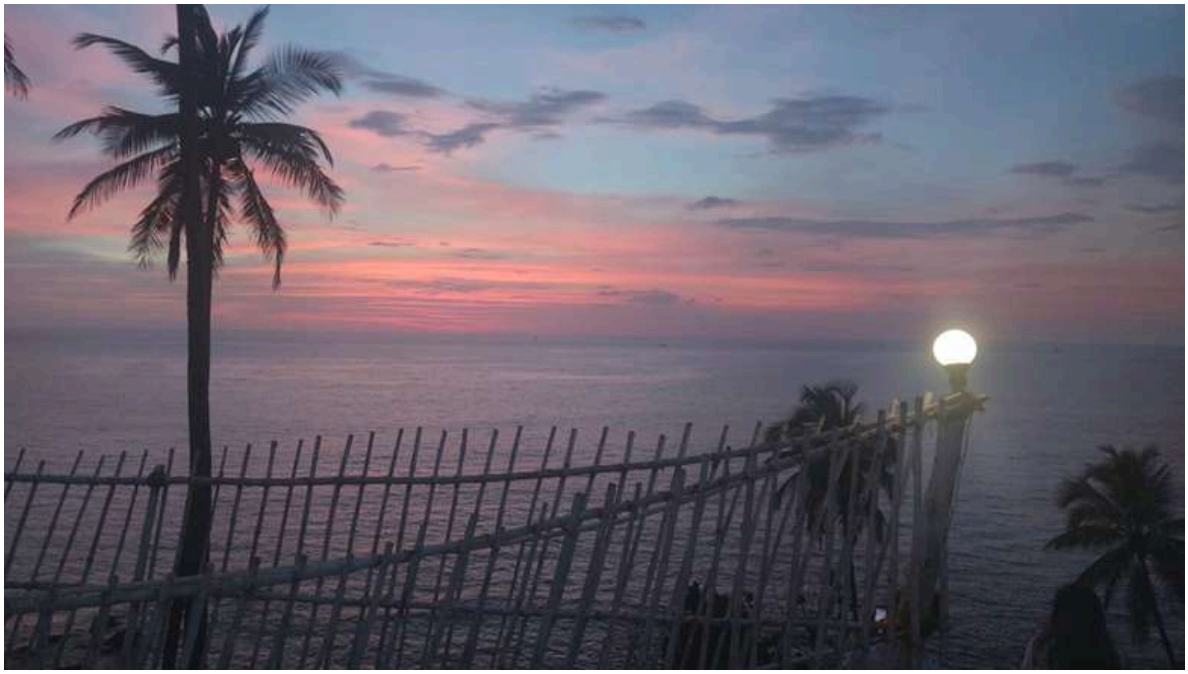
Landscapes

Between storm and stillness





Dr Shreya Kumar
Kochi



Sunset Sea at Sunset

To her fair works did Nature link
The human soul that through me ran
William Wordsworth, Lines Written in Early Spring



Dr K Sandhya Rani
Warangal

Rivers, Rocks and Reverie











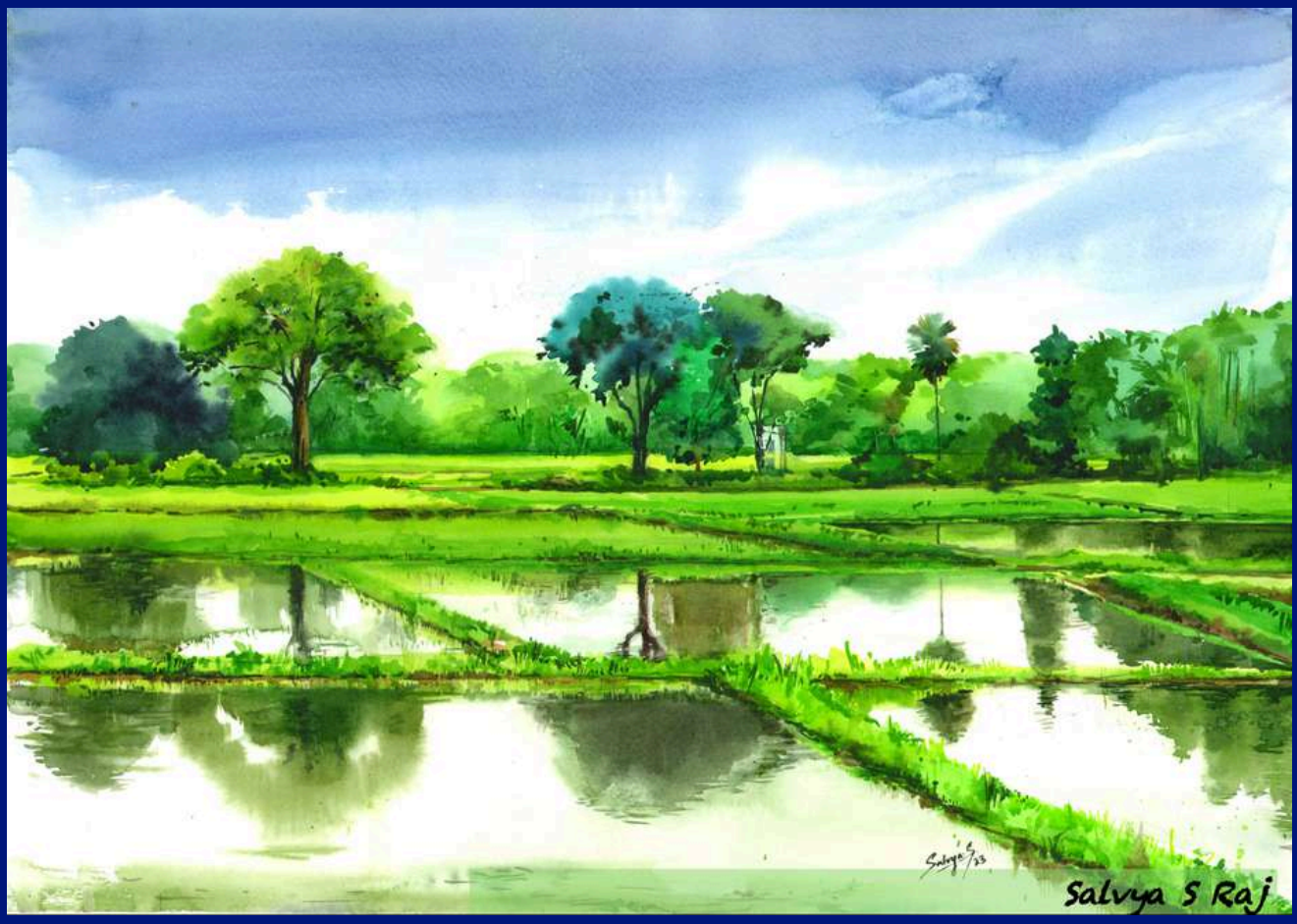
Dr Manoj Mengade
Beed, Maharashtra

EVENT CALENDAR

(October 2026 to January 2027)

DATE	CONFERENCE	SOCIETY/ ORGANIZATION	VENUE	ORGANIZING SECRETARY
4 Oct 2026	KENDOCON 2026	PACE	Grand Hyatt, Kochi	Dr Girish P and Dr James Antony
10-11 Oct 2026	Punjab Diabetes Conclave	Punjab RSSDI Chapter	Club Nirvana, Ludhiana	Dr Parminder Singh
17-18 Oct 2026	Diabetes Dialogues 2026	Providence Endocrine and Diabetes Specialty Centre	O by Tamara, Thiruvananthapuram	Dr Tittu Oommen
22-25 Oct 2026	The 55th Annual Conference of ESI	Endocrine Society of Tamil Nadu and Puducherry	Chennai Trade Centre, Chennai	Dr Muthukumaran Jayapaul
15 Nov 2026	WE CARE Outreach Symposium	Endocrine Society of India	Grand Hyatt, Bhopal	Dr Apoorva Suran
28 Nov 2026	HIM-ENDOCON 2026	Himachal Pradesh Endocrine Society	AIIMS, Bilaspur	Dr Preyander Singh Thakur
29 Nov 2026	CONCORDE 2026	Speakmed Society	Hotel Marigold, Hyderabad	Dr V Sri Nagesh
4-6 Dec 2026	OESCON 2026	Odisha Endocrine Society	Mayfair Sanctuary, Bhubaneshwar	Dr Jayabhanu Kanwar
5-6 Dec 2026	ENDObesity 2.0	Society for Study on Chronic Diseases	Radisson Blue Atria, Bengaluru	Dr Afsar Fatima, Dr Anusha Nadig, Dr Anusha Handral
12-13 Dec 2026	SEEDCON 2026	Society for Education in Endocrinology & Diabetes	ITC Welcome, Delhi-Gurugram	Dr Deepak Khandelwal
12-13 Dec 2026	ESI DO-IT	Endocrine Society of India	Sheraton, Hyderabad	Dr Sambit Das, Dr Soumik Goswami, Dr Om Lakhani
12-13 Dec 2026	ENDIACon 2026	Swasthya Sadan Research Foundation, IMA Behrampur	IMA Hall, Behrampur	Dr Sunil Kumar Kota
19-20 Dec 2026	ISBMR 2026	Indian Society for Bone & Mineral Research	The Forum Convention Centre, Club 07, Ahmedabad	Dr Vivek Arya
20 Dec 2026	PODECON (Purulia Obesity Diabetes Endocrinology Conference)	Health Care Foundation of Purulia	Kushal Palli, Ayodhya Hill Top, Purulia	Dr Pankaj Singhania
8-9 Jan 2027	CMC Winter Symposium and 2nd Vellore Endocrinology International Congress	Dept of Endocrinology, CMC, Vellore	Bagayam Campus, CMC, Vellore	Dr Nitin Kapoor
17 Jan 2027	Endosphere 2027	Karnataka Endocrine Society	Bengaluru	Dr Belinda George
23-24 Jan 2027	MAHAENDOCON 2027	Maha Endocrine Society	Chatrapathi Sambhaji Nagar	Dr Pratibha Pawal

UNTIL WE MEET AGAIN...





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

newsletter@endocrinesocietyindia.org