



# The Pushpanjali connect

Quarterly Newsletter of Pushpanjali Medical Centre

October - December 2021, Vol. 4

Hello friends,

## EDITORIAL

Greetings from the editorial board.

The COVID 19 pandemic created a global physical and mental health crisis. To say that we were caught unawares would be an understatement. Many of us lost friends and family members for whom we are still grieving. But, while on the one hand the pandemic uncovered the gross unpreparedness of healthcare systems worldwide to manage anything beyond regular medical emergencies, on the other hand it also highlighted the alacrity with which Healthcare Workers rose to the occasion. The tirelessness with which they served seriously ill patients, even while knowing that the disease was highly infectious and could prove fatal for them as well, had to be seen to be believed.

When government systems began to stagger under the enormous caseloads, private health systems were approached. Pushpanjali Healthcare was expected to reserve 10 beds for Covid 19 patients which it promptly did but as the pandemic worsened and there was grief and panic all around, Dr Vinay Aggarwal, of his own accord, decided to give back to the people who had made PMC what it is today by dedicating the whole hospital to covid care. Be it doctors, nurses, lab technicians, para medical staff, support staff or even back office managers: all worked together to alleviate the sufferings of patients whose own family members were afraid to touch them or even come near them. The large number of thank you messages which we have received bears testimony to this. Now that the pandemic seems to be abating we are bringing back this magazine as an ode to all our healthcare workers. Dr Nishesh Jain has given a vivid account of how the PMC team functioned in those trying times.

In this edition we will take you through the Department of Nephrology which, under the leadership of Dr Neeru P Aggarwal and Dr Garima Aggarwal, has emerged as an extremely dependable specialty of PMC with Nephro Plus as its state of the art dialysis unit. Though Dr Garima has since got married and left Delhi, she has left her enthusiasm behind!

Dr Yogesh Jhamb, the surgical pillar of PMC, needs no introduction as a surgeon but as you browse through these pages you will be amazed at how multifaceted his personality is and how practical is his vision for PMC.

Dr Shailesh Sahai (Urologist) has contributed an interesting case and Dr Deepak Pande has given some sound medicolegal advice.

In the PMC family section Mrs Shammi Gera has provided insight into the plight of special children and how she gives them scholastic as well as vocational training.

Many new doctors have joined PMC during the past 2 years and we have included a comprehensive list of Consultants in this edition.

We conclude by wishing our readers a safe and healthy winter.

*Dr Anita Jain*  
*Dr Karun Jain*

### Editorial Board

Dr. Anita Jain  
Dr. Manish Kumar  
Dr. Karun Jain  
Dr. Nishesh Jain  
Dr. Pabitra Sahu



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# A CASE WITH A DIFFERENCE

## Giant peritoneal mouse: A rare case presenting with lower urinary tract symptoms

*Dr. Sonjanta*

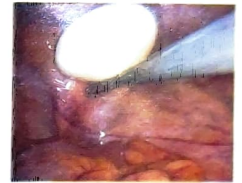


Dr Shailesh C Sahay  
Senior Consultant Urologist

A 50 years old male presented with dull aching pain in lower abdomen with increased frequency and urgency of urine. He had normal prostate on digital rectal examination and ultrasound. Ultrasound KUB showed a mass of 5x 4 cm size behind the bladder. MRI abdomen revealed a mass of 5X4 cm in rectovesical pouch. The mass was well circumscribed and not attached with rectum or bladder. Laparoscopy revealed a free floating egg shaped, glistening white mass in rectovesical pouch. Mass was not attached to any pelvic structure. It was removed in an endocatch bag. Histopathology revealed an acellular, proteinaceous mass with central core of fat consistent with the picture of peritoneal mouse. His urinary symptoms and pain subsided after surgery.



MRI pelvis showing the mass (5X4 cm) in rectovesical pouch



Laparoscopy revealing a glistening white, rubbery, free floating mass in pelvis



Cut section of the mass

**Discussion:** Peritoneal mouse presenting with symptoms of overactive bladder is very rare. Only a few cases have been reported of peritoneal mice presenting with lower urinary tract 3 symptoms. One case was reported of urinary retention due to a giant peritoneal mice. The current case was unique in the sense that it presented with lower urinary tract symptoms mimicking prostatic enlargement. Mechanical compression of the mass over the bladder neck area produced irritative and obstructive urinary symptoms. Patient fully recovered after removal of the peritoneal mice. Peritoneal mice should be distinguished from other benign lesions like leiomyomas, fibromata, desmoid tumors, teratomas, metastatic lesions of ovarian cancer, calcification of lymph nodes, and 4 mesenteric cysts. All these masses tend to enhance on MRI except peritoneal mice .

**Conclusion:** Giant peritoneal mice presenting with lower urinary tract symptoms are very rare entities. Imaging is often inconclusive. Laparoscopic removal of the mass is recommended to alleviate the symptoms and rule out any malignancy.

## I AM PASSIONATE ABOUT ....

After completing Masters in Psychology and B.Ed from BHU, I got married and settled in Delhi. With a background of psychology, I wanted to work for children with special needs. So I opted for a Certificate course in special education conducted by the Rehabilitation Council of India. After getting trained as a special educator I joined Amar Jyoti School in 1987. There I saw a group of children having difficulty in learning accompanied by lack of confidence, low self esteem and short memory span who were unable to cope with the syllabus. These were the children with borderline intellectual functioning or the so called 'slow learners'. I realised that they could be integrated into the mainstream if sufficient effort was made. This made me passionate about them. My colleagues and I started a section for slow learners where we could train and educate them. Subsequently I started training them at my residence also My long experience of working with such children has shown me that every child is born with different abilities. Academic success is important but more important is their personality development. They should be trained in such a way that they can adjust well in society. Early intervention gives best results.



Mrs Shamma Gera  
Special Educator

*Dr. B. K. Gupta*

During my tenure at Amar Jyoti School I attended many seminars conducted by the National Institute of Open Schooling (NIOS). I realised that it is best for slow learners because of subject options and the number of attempts a child gets to clear one class. At present NIOS conducts exams for classes 3, 5, 8, 10 and 12 and gives these students a good platform for completing basic education. Apart from book learning, I observed that some of my children were very good in vocational activities like jewellery making, painting, computers and crafts. These courses are available at Amar Jyoti School, and I send my students there.

For the last 30 years I have been in this field. I spend 4-5 hours daily with my children teaching them in groups of 2 or 3 and preparing them for NIOS. It demands unending patience and lots of effort but I am still passionate about them. The joy of raising a child above his disabilities gives me immense happiness and satisfaction, and I feel blessed.

## Pushpanjali Centre for Kidney Care at Pushpanjali Medical Centre

*Special in Ahmedabad*



Dr Garima Aggarwal  
Consultant - Nephrology  
Manipal Hospital, Bangalore

The Pushpanjali Centre for Kidney Care is a comprehensive and complete solution for all kinds of Kidney ailments. The department is run by Dr. Neeru P Aggarwal, Senior consultant Nephrologist with more than 25 years of experience, and a well known name in Nephrology in Delhi, NCR and Dr. Garima Aggarwal, young and dynamic Consultant Nephrologist. The department boasts of services for evaluation and management of all kinds clinical nephrology problems, as well as extensive inpatient and outpatient kidney dialysis services. It is home to a state-of-the-art, dialysis facility, which is designed to treat all patients with chronic renal failure on life long dialysis. Intensive care dialysis services for patients with acute renal failure, acute drug intoxication/overdose, critically ill, septic with multi organ dysfunction and hemodynamically unstable patients are also available. Our dedicated team of wellqualified, experienced nephrologists works hand-in-hand with expert urologists, vascular surgeons, dieticians and other specialists to provide the best quality kidney care.

### Services Provided

- The Hemodialysis unit is located on the 3rd floor of the new hospital building and has 6 fully functional latest dialysis machines with an in house water treatment plant. The Water Treatment Plant has been designed to provide International Standard quality water for dialysis. The dialysis unit is fully equipped with dialyser re processing area, air conditioning, waste disposal, laundry, emergency response systems and trained dialysis technical staff with several years of experience.
- Outpatient dialysis services are provided throughout the day with over 500 Hemodialysis done per month. Our dialysis unit with its strict quality control and international level of care remains the preferred choice for dialysis services in East Delhi.
- The Intensive Care Unit at PMC is equipped with the required infrastructure, for performing emergency hemodialysis services.
- PMC is one of the only secondary care hospitals in East Delhi to provide, emergency hemodialysis to critical patients who are hemodynamically unstable, in respiratory distress or on ventilatory support.
- Emergency dialysis catheter insertions, hemodynamic monitoring, Slow low efficiency dialysis, continuous ultrafiltration, plasmapheresis/ plasma exchange facilities, full kidney care support for critically ill patients is provided in the ICUs round the clock under the supervision of Critical care specialist and Nephrologists.
- Temporary dialysis catheter insertions, Permacath insertion and AV Fistula creation are all performed under one roof at PMC.
- Peritoneal Dialysis catheter insertions are performed by surgeons. Facilities for initiation and training patients for continuous ambulatory peritoneal dialysis (CAPD) are also available in house.
- Renal biopsies are performed under real time ultrasound guidance by trained Nephrologists. Advanced tissue testing, histopathology and electron microscopy services are available.
- Laboratory services are fully equipped to carry out comprehensive renal testing. Imaging services like X ray services, Ultrasound, MCU tests and CT scanning are also available.

### The Birth of the Department of Nephrology

To many it comes as a surprise that a secondary care hospital boasts of one of the best equipped Nephrology departments in East Delhi region. The journey of Nephrology department in Pushpanjali Medical centre (PMC) is an emotional one for Dr. Vinay Aggarwal (Founder and director, PMC). Dr. Vinay Aggarwal's mother Mrs. Satya Jain was diagnosed as Chronic Kidney Disease (CKD). By the year 2009 she had kidney failure and required dialysis. A son's quest to get the best care possible for his mother led to the establishment of the first Dialysis machine in PMC. Under the able guidance of Dr. Neeru P Aggarwal, a state of the art dialysis unit was then set up in 2009 and continues to provide the best renal care to patients in the region.

### About the Nephrologists

#### Dr. Neeru P Aggarwal

Senior Nephrologist with several years of experience in Nephrology and renal transplantation. Dr. Neeru Aggarwal is a well known name in Kidney Care in the region because of her expertise, along with her kind and compassionate nature. She did her DNB (Nephrology) from Institute of Kidney Disease & Research Centre, Ahmedabad in 1997. She has also done her Clinical Fellowship in Nephrology & Renal Transplant from Royal Perth Hospital, Australia in 1999.

### **Dr Manisha Dassi**

Young and energetic Nephrologist and Renal transplant physician with expertise in preventive nephrology, dialysis and management of proteinuric and other kidney related diseases. She has trained ( DNB) in Nephrology from Army Hospital , Research and Referral, New Delhi and has a rich experience of more than 12 years.

### **Dr Prem Mohan Jha**

Young and dynamic Nephrologist and Renal Transplant physician. Having completed MBBS and MD (Internal Medicine) from SN Medical College Agra, he did DNB Nephrology from Max Superspeciality Hospital, Vaishali. He has many awards to his credit and, having worked in many prestigious hospitals, he can boast of a rich and varied experience.

### **Our Motto**

Patients with kidney disease need quality care, guidance and hope. At Pushpanjali Centre for Kidney Care and PMC we provide a full spectrum of services and take pride in our teamwork to achieve the best possible outcomes for kidney patients.

### **Dr. Garima Aggarwal**

Dr Garima Aggarwal, Consultant Nephrologist Formerly at Pushpanjali Medical Centre Now at Manipal Hospital Bangalore.

## **COVID-19: PHYSICIAN PERSPECTIVE AT PMC**

The COVID-19 pandemic wreaked havoc on the country with the second wave being the most vicious. Delhi -NCR bore the brunt of this attack. Pushpanjali medical centre was at the forefront during this tough time and was instrumental in providing much needed care and treatment for COVID patients. The emergency services were open round the clock - any patient with COVID related symptoms could walk in at any time and avail a free evaluation.



**Dr Nishesh Jain**  
Consultant - Internal Medicine

Depending upon the circumstances, appropriate advice was provided to the patients. Their oxygen saturation and other vital parameters were checked. Those who had mild COVID were then given proper reassurance and symptomatic treatment by the doctors in emergency. Several panicked patients thus found peace and satisfaction after the doctor`s advice and could then continue their treatment safely at their homes.

Those with moderate or severe disease were quickly stabilized in the emergency and then triaged according to their severity. Those with moderate disease were shifted to dedicated COVID wards while those with severe disease were promptly sent to the intensive care unit (ICU). The ICU had access to the best oxygen delivery devices including oxygen masks, BiPAP machines and high flow nasal cannula (HFNC). The tireless and timely efforts of worthy chairman ensured round the clock availability of oxygen, vital drugs including remdesivir, tocilizumab and plasma therapy. The specially trained ICU staff and ICU doctors worked tirelessly day and night to bring comfort and relief to the patients. The wards were also run efficiently, ensuring timely discharge of improved patients -so that new patients needing beds could be admitted. This was crucial in the time of this crisis where hospital beds were scarce. The commitment of the hospital staff including nursing para medical including labs was commendable. Several doctors and paramedical staff, themselves contracted COVID in the line of duty. Many became seriously ill. All those who managed to recover, rejoined the service as soon as they were deemed fit. The smiles on the faces of the discharged patients and their relatives, was a testament to the effort pushpanjali medical centre produced in the time of need. No matter what challenges COVID or any subsequent pandemics may create, one can count upon pushpanjali medical centre to rise to the challenge and prove itself among the best hospital in the country.

# MY PMC JOURNEY

## An awe-inspiring conversation with Dr Yogesh Jhamb

*Dr Vinay Aggarwal*

For this issue of our bulletin, we talked to Dr Yogesh Jhamb, the self-effacing, calm, and quiet surgical pillar of Pushpanjali Medical Centre.

Dr Jhamb completed MBBS and MS (Gen Surgery) from Government Medical College Jabalpur, now called Netaji Subhash Chandra Bose Medical College, in 1982. He then did Senior residency from Safdarjung Hospital and Sir Gangaram Hospital. Being passionate about surgery as well as teaching, he considered getting a faculty position but ultimately started his own practice.



**AJ:** I believe you had a house in Punjabi Bagh. Why didn't you practise there? What brought you to East Delhi?

**YJ:** I started my OPD in my own house at Punjabi Bagh, but simultaneously, a colleague told me about a nursing home in East Delhi which required a surgeon. So, despite never having been to East Delhi before, I joined that nursing home and got introduced to Dr Batta and his team comprising Dr PC Gera (physician), Dr V K Upadhyay (dermatologist) and Dr Madhu Batta (OBG). Soon I was operating in many nursing homes in East Delhi.

**AJ:** How did you reach Pushpanjali Medical Centre?

**YJ:** Dr Gera introduced me to PMC and Dr Vinay Aggarwal in 1991 in connection with a patient who insisted on getting operated in the newly inaugurated Pushpanjali Medical Centre because of its "modern rooms".

**AJ:** Was operating there a good experience?

**YJ:** Yes it was a very good experience. The nursing home itself was very well designed and had an open and airy look. The operation theatre was very well equipped. It was the only nursing home, among those which I used to visit, which had its own Boyle's apparatus. Above all, it had full time anaesthesia support from a very competent and dedicated team of anaesthetists.

**AJ:** When did you decide to make PMC your main admission centre?

**YJ:** After my first experience I had begun to operate frequently at PMC. I realized that PMC was a place where there was freedom to work and honesty in all dealings. The inter consultant relationships were very good, and there was a strong family feeling between the management, doctors and staff of all categories. In general the atmosphere was very conducive to growth. At that time, Dr Jalali, a very senior surgeon who had recently retired from MAMC, had been the regular surgeon associated with PMC. He, however, soon relocated to Jammu and was replaced by Dr R C Kakkar and Dr Ashok Sabharwal albeit for short periods of time. When Dr Vinay Aggarwal offered me the opportunity to fill the void, I happily accepted. There has been no looking back since then.

**AJ:** Tell me about your PMC journey.

**YJ:** I have done lots of surgery including some very interesting and difficult cases. When I started my practice the era of super specialists had not set in, and general surgeons used to perform all kinds of surgeries depending on their skill. I got to do a lot of very good cases. Starting with appendectomies and hernia surgery, I went on to very advanced surgeries including creation of a lienorenal shunt for portal hypertension, gastrectomies, hemicolectomies and radical mastectomies for malignancy.

As all of us agree, PMC promotes team work. I did many thoracotomies with Dr RC Jain and many complicated surgeries with Dr Ashok Sabharwal. Dr CM Goel and I did urology together for more than 20 years and learned a lot from each other. After Dr Neeru P Agarwal (Nephrology) joined PMC, surgical work increased markedly because she was willing to give pre and post operative care to patients with high risk medical conditions.

**AJ:** Do you feel that PMC contributed to your success?

**YJ:** Definitely! Dr Vinay Aggarwal has inculcated a strong team spirit at PMC. Whenever there was even a hint of trouble, he and Dr Gera would leave all their own work and remain at PMC till the problem had been solved. I never felt alone. Secondly, it was the reputation of PMC that drew renowned surgeons such as Dr RC Jain and Dr CM Goel to it, thus enabling me to work with them.

At this juncture, I must mention that in the early days, after I had learnt Laparoscopy, no consultant was willing to send his patient to me. It was only Dr Vinay Aggarwal and Dr PC Gera who encouraged me and actually sent patients. I am very grateful to them for that.

**AJ:** What changes have you noticed in PMC over these years?

**YJ:** The hospital has undergone many major changes of which the first and most useful was the installation of a lift, which in those days was a rarity in East Delhi! Now we have two state of the art Operation Theatres with laminar air flow and hepafilters. We also have a well-equipped ICU and all grades of rooms.

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1. Cardiovascular Diabetology 2005,4:7

AJ: Oh, yes! I remember the time when you were designing the OTs. Today all surgeons like to operate in the PMC OTs.

YJ: Madam, you embarrass me. I've just done what I thought was best.

AJ: You have been so closely associated with PMC that you are aware of all its problems. What are your suggestions?

YJ: PMC is facing all the problems that are being faced by other secondary care nursing homes. Most of our patients have medical insurance, and we have to comply with the reimbursement packages fixed by insurance companies. Insurance companies have different packages for the same surgery depending upon the grade of hospital where it is conducted. For example, the package for a laparoscopic cholecystectomy may be Rs 60,000 for a tertiary care centre but only Rs.30,000 for a secondary care centre, even though the actual cost is almost the same in all hospitals. It is nearly impossible for any health facility to survive on such small emoluments, and it consequently leads to decrease in the number of paramedical and housekeeping staff. This reflects on the maintenance and services provided by that centre and takes away from patient satisfaction.

AJ: So what should be done to improve the situation?

YJ: We have to qualify for bigger packages. This can be done either by increasing the size of our hospital or by making it a super speciality hospital. Since space is a constraint, I suggest the latter. We can make PMC a nephro- urology or gastrosurgery super speciality hospital. This will need a lot of initial investment but will be beneficial for all in the long run.

AJ: it is obvious that you have spent a lot of time thinking of strategies for the betterment of PMC. You seem to be very passionate about it. Are there other things about which you are passionate?

YJ: I have always been spiritually inclined and I strongly feel that our younger generation should be introduced to spirituality before they enter independent life.

AJ: Do you have any hobbies? It's been a long time since I've heard you sing!

YJ: Like most doctors, I too have not had time to pursue my old hobbies. But recently I have become interested in terrace gardening, and I am trying my hand at Hydroponics.

AJ: It will require a lot of time and patience but I'm sure sure you'll excel in that as well. We look forward to seeing your terrace garden. Thank you very much for giving me so much time.

Dr Jhamb's wife, Mrs Alka Jhamb, is a painter in her own right. She is also an excellent cook and a gracious hostess whereas he is a great bartender with a talent for mixing drinks. Their parties are evenings of total fun, sumptuous spread, games, music and lively conversations. He has been handling the quarterly PMC kitty since its inception. Dr Jhamb has two daughters and has recently been blessed with twin grand children for which he is very grateful to Dr Sowjanya Aggarwal. We wish him and his family happiness and good fortune.



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# BEST PRACTICES

ER  
DR. Nishu

## Consent In Maternity- A Neonatologist's Perspective



Dr Deepak Pande  
Sr. Consultant - Paediatrics

What forms an ideal consent has been described in various medicolegal manuscripts. I would not be the most eligible person to dwell on that. However, specifically while dealing with cases of maternity and newborns, where things can go wrong unexpectedly, not only is the interest of the patient of utmost importance but also documentation of all treatment details. Human memory is short and a lot is at stake.

A few observations of great importance in maternity cases which I believe should be kept in mind are:

**Only the patient is the master of his own body:** Under normal circumstances every consent has to be signed by the patient herself. Exceptions would be minors, mentally unsound patients, comatose patients etc. Inability to sign due to IV fluids/ortho cast has been rejected as a reason for relatives signing for patient. Under normal circumstances any consent signed by anyone other than the patient himself/herself is likely to be rejected by the court.

**Blanket statement for risks:** Statements like 'all the risks have been explained' are more likely to convey that nothing has been explained. All keywords of the common complications (eg bleeding/infection/recurrence) should be mentioned in the list of risks explained.

**Giving option to patients to let them choose the best:** If any other option offers a better medical treatment under the circumstances, it should be given to the patient. The option of 'in utero' transfer to a tertiary care center should always be given and documented in preterm and risky deliveries. There should not be a fear of 'losing the patient' because it is certainly better than losing one's practice!

**Doctors' decisions should be supported by other staff notings/chartings:** Any decision to escalate/lower the level of treatment should be supported in other notings also so that no ulterior motives can be attributed and the need for change in treatment can be justified. This is especially relevant when a decision has been taken to continue trial of normal labour or to do LSCS and some untoward happening occurs. A decision to revert to a caesarean section due to fetal distress should document fetal distress in the records maintained by nurses and doctors.

**Documenting the chronology of events:** Medicolegal reviews occur after years of the event, and reconstruction of the case is done from the notings in the case records. Prompt medical care will be established only if timelines are documented and an important evidence of timely care may be lost if dates and time are not mentioned in the notings.

**Secure id of baby in hospital:** Indian movies have drilled the 'exchanged baby' story in our minds so strongly that it remains in the mind of every parent whose baby is in NICU. Besides there may be real time emergencies like immediate evacuation of NICU where there is a real chance of babies getting exchanged. It is reassuring for parents to see an id band tagged to the baby at the time of birth and kept till time of discharge. Also while handing over the baby to the family, signature of the mother/father only should be taken. Keeping the above points in mind will keep us on strong medico legal footing at a time when such issues are becoming all the more frequent.

# WORDS OF APPRECIATION



Dr. Sumer Sharma, MD Internal Medicine, was the back bone of PMC, in managing the covid-19 patient during April-May pandemonium. On behalf of the management, we appreciate your hard work and sincerity in successfully handling the covid patients. We wish and hope that you will keep up the good work in future as well.



Vanshika Sharma  
1 review

★★★★★ 2 days ago NEW

Fully satisfied 😊 no problem, the staff is also very good 😊 I am very glad with the treatment which is provided to me in Pushpanjali. The doctors, nurses and the staff are very cooperative, meals provided is very healthy. Special thanks to Dr Atul Jain (ent) to help me to get rid off diseases. 😊

Feed back collage

# CELEBRATION

*Christmas  
New year*

*Kitty world up*

*Dr. Shekhar  
Dr. Pandey*

*✓ Gram  
✓ Dr. Wali  
✓ 100 B. Day*

*✓ 100 New Years  
✓ 1000 Patients*

Dr. Shekhar Shekhar

Pushpanjali Medical Centre organized its annual get-together in association with Femme Nest. The combination of a Delhi winter evening and the warm atmosphere was exhilarating. The event attended by almost 350 people was a testament of Pushpanjali's commitment to healthcare. More so, it was the coming together of a community of caring professionals and their loved ones. The evening was filled with conversations, music, felicitations and accounts of Pushpanjali's work. The entire atmosphere was one of shared convictions about the service we seek to render to people.



## CELEBRATIONS

Happy New Year 2022



Onam Celebration



Birthday Celebration



## KUDOS TO TEAM PMC

We are thankful to our ER and ICU team led by Dr Wasim and Dr Ayesha Parveen who, together with the on duty nursing staff, G John, Kushank Singh and Neetu Mary Varghese, successfully resuscitated a female patient who had been declared dead by a nearby medical facility. On the night of 2nd December 2021 this lady was brought to PMC in an unconscious state with unrecordable pulse and BP. Our ICU team immediately sprang into action and by their exemplary skill and dedication they were able to revive her and refer her to a higher centre for further management. The relatives felt that a miracle had been performed. PMC had once again proved its mettle. The act was much appreciated by Shri Jitender Singh Shunty, Padam Shri Awardee, and President of Shaheed Bhagat Singh Sewa Dal.





**Pushpanjali**  
Medical Centre

Adds  
50k

- Femnest

## List of Consultant

- Dr. Karun Jain  
Security - Metrocity

### PHYSICIAN

Dr. Parkash Gera  
Dr. Sumer Sharma  
Dr. Nishesh Jain

Dr. P. K. Dhar  
Dr. Karun Jain  
Dr. Hemant Gupta

NEPHROLOGIST  
Dr. Neeru P Aggarwal  
Dr. Manisha Dassi  
Dr. Prem Mohan Jha

- Celestin

### PHYSICIAN- CHEST SPECIALIST

Dr. Ashok Grover  
Dr. Ankit Bhatia

### ANAESTHETIST

Dr. Rajesh Dhall  
Dr. Swaraj Garg  
Dr. Rakesh Atray

### PHYSIOTHERAPY

Dr. Majid Khan  
Dr. Mehreen Khan

- Platinum

### PHYSICIAN & NON INASIVE CARDIOLOGIST

Dr. Mukesh Ajmera

### ENT SURGEON

Dr. Atul Jain  
Dr. Rahul Aggarwal  
Dr. Prateek Sharma

### PSYCHIATRIST

Dr. Amitabh Saha  
Dr. Deepika Verma  
Dr. Mohit Sharma

### GYNAECOLOGIST

Dr. Sangeeta Goel  
Dr. Anita Jain  
Dr. Anita Aggarwal  
Dr. Rakhi Gupta  
Dr. Deepti Nabh  
Dr. Rekha Sarin  
Dr. Sharda Jain  
Dr. Ragini Gupta  
Dr. Puja Prasad  
Dr. Bakul Arora

### GASTROENTEROLOGIST

Dr. Neeraj Jain  
Dr. Pabitra Sahu

### CARDIOLOGIST

Dr. Gaurav Minocha  
Dr. Shadab Samad

### GYNAE LAPAROSCOPIC SURGEON & INFERTILITY

Dr. Sowjanya Aggarwal

### GI SURGERY

Dr. Suresh Kumar  
Dr. Subhashish Das

### VASCULAR SURGEON

Dr. Santosh Kumar Tiwari

### GENERAL SURGEON

Dr. Yogesh Jhamb  
Dr. A K Kundaliya

### ONCO SURGEON

Dr. Shubham Garg  
Dr. Sandeep Aggarwal

### ENDOCRINOLOGIST

Dr. Ashish Saini

### CHILD SPECIALIST

Dr. Deepak Pande  
Dr. Vineet Jain  
Dr. Deepak Sarin  
Dr. Karan Bagga  
Dr. Mohit Aggarwal

### EYE SPECIALIST

Dr. L.D. Sota

### DENTIST

Dr. Sneha Jodhani

### PAEDIATRIC SURGEON

Dr. Pritesh Maheshwari

### URO-SURGEON

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Dr. Shailesh Chandra Sahay

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