



IMA-Delhi North Zone DOCTOR

APRIL - MAY
ISSUE 2

THE BULLETIN OF INDIAN MEDICAL ASSOCIATION

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From the President's Desk

DR SATISH TYAGI
PRESIDENT IMA DNZ



Dear friends

First of all I must congratulate all of you for being members of the most cohesive, coherent & united branch of Delhi State .

On behalf of IMA DNZ , I also congratulate Dr Girish Tyagi for being elected as DMA REPRESENTATIVE in DMC elections .

Our branch has enrolled maximum number of new members to our branch in Delhi state & has grown further in size & status .

The number in democracy is the most impotent factor to decide who will rule . Now DNZ is most vibrant , happening & decisive branch of Delhi state politics. In the coming DMC elections on 31st May , Delhi North is going to play a major role in deciding , who will be our representative in DMC .

My appeal to the branch members is please select the candidate to represent you, who is easily available-approachable , knowledgeable, trustworthy, honest & aware of ground realities of practice.

The executive committee of our branch has decided unanimously to vote & support all candidates who are contesting DMC and are members of IMA DNZ Branch.

My appeal to all of you is please get united & act as single force against any odd or crisis situation. No body is sympathetic towards our problems - whether it is public , politician , police ,bureaucrats or corporate houses . Every one wants to churn the Doctor to extract of benefits.

We can save this fraternity only by our union, always be on side of Doctors, support each other.

Don't get divided into Family physicians, consultants, physicians, surgeons Gynaecologist..... specialists, super specialists,

Service doctors , teaching doctors faculties, Resident doctors.....

BE UNIFIED IDENTITY AS DOCTOR- ONE COLLECTIVE FORCE TO FIGHT FOR OUR RIGHTS & GET RID OF YOUR SUFFERINGS .

DR SATISH TYAGI
PRESIDENT
IMA Delhi North Zone



Vision For All

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From the Secretary's Desk

DR NAVIN KUMAR
SECRETARY



Dear Members,

It is with a profound sense of responsibility and enthusiasm that I welcome you all to the 2026-2027 session of IMA DNZ. As we transition into this new tenure, our primary objective is to build upon the strong foundation laid by our predecessors while introducing modern efficiencies to our branch operations.

This year, our focus will be three-fold: Empowerment, Engagement, and Excellence. We are planning a robust calendar of CMEs that cover both clinical advancements and the evolving legalities of medical practice. Additionally, we aim to streamline our administrative processes—from membership drives to event registrations—ensuring that every member can access IMA resources with ease.

The strength of IMA DNZ lies in its collective voice. I urge you to stay active, attend our monthly meets, and contribute your valuable insights to our committees. Together, we can ensure that our branch remains a formidable advocate for doctors and a premier hub for medical education.

I look forward to working closely with each of you to make this session a benchmark of success.

Dr. Navin Kumar
Secretary,
IMA Delhi North Zone



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From the Editor's Desk

DR DIXANT CHHIKARA
EDITOR



Dear Esteemed Colleagues,

It is a matter of great pride and privilege to welcome you to the second edition of our bulletin for the 2026-2027 session. As we embark on this new journey, our goal at IMA DNZ remains steadfast: to foster a community that thrives on knowledge, ethics, and mutual support.

The medical landscape is evolving at a breakneck pace. From the integration of advanced diagnostics to the nuances of clinical dermatology and multispecialty care, the need for a collaborative platform has never been more vital. This year, we aim to make our bulletin more than just a newsletter; we want it to be a vibrant forum for sharing clinical insights, case studies, and the latest medical breakthroughs.

I encourage each of you to contribute your experiences and research to these pages. Let us work together to ensure that IMA DNZ continues to lead by example in professional excellence and academic rigor.

Wishing everyone a fruitful and successful session ahead.

Warm regards,

Dr. Dixant Chhikara

Editor, IMADNZ Bulletin



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DR. NARESH CHAWLA

MBBS, DOMS, DNB(FM), MAMS, FIAMS.



- ★ Medico-social Activist
- ★ Past National Joint Secretary , IMA
- ★ Past Vice President, Delhi Medical Council
- ★ Past President, Delhi Medical Association and IMA DNZ

**A LIFETIME DEDICATED TO
MEDICINE, MEMBERS & SOCIETY**



Born in a middle class, service family, maintained an upwardly trend in education and graduated and post graduated from **Maulana Azad Medical College, Delhi.**



Entered Private medical practice and was devoted to Patient care. In 1992, first cleared **FCGP**, then **DNB (Family Medicine), MAMS, FIAMS.**



SOCIAL SERVICE AT IMA DNZ BRANCH LEVEL

Was always willing to help people in general and Doctors in particular. Joined IMA-DNZ in 1985, after working at various posts, elevated to serve as **President IMA DNZ in 1997.**



AT DELHI IMA STATE LEVEL

At Delhi State level, after serving at various levels, chaired many Community services, Anti Quackery Campaigns, Academic Sessions, Organisational, Administrative levels, served as **President, Delhi Medical Association in 2009.**



Always had a flare for Blood Donation, so organised dozens of Blood Donation camps at Branch, Delhi State and IMA National level. Myself donated blood 139 times.



AT NATIONAL IMA LEVEL

Served National IMA level as member of Central Council for more than 30 years, became National Joint Secretary, IMA CGP in 2018 and in National Joint Secretary, IMA in 2022. Always was on forefront of all National movements and Campaigns.



Was on forefront of Doctor's issues, be it Anti Quackery movement, Resident doctors issues, Doctor's issues with MCD or Delhi Government.



AT DMC LEVEL

Elected to Delhi Medical Council in 2020 and was further elevated as **Vice President, DMC.** Was the **Chairman, Finance Committee 2020-25.**



Medical profession is passing through a difficult phase when Doctor - patient relation , is nose - diving and patient's complaints against Doctors , are rising. We need to have **strong, Doctor-centric and public- sensitive , Delhi medical council.**



We need to bring forward proven medical leadership who can actually protect our members and deals with difficult situations in DMC.

Dr. Naresh Chawla as **Acting President of DMC in March 2025**, with help of some members warded off many crises in DMC and solved many problems including expediting all registration process , allotting internships to Foreign Medical graduates , reviving crashed DMC website a number of times , payment of salaries of DMC employees and other essential payments for three months when Registrar had resigned and there was no financial authority before it was dissolved after change of Delhi Government.

MY CORE VALUES



INTEGRITY

Always principled,
always transparent



SERVICE

Committed to doctors,
committed to society



PROTECTION

Strong voice for
doctors' rights



ETHICS

Upholding dignity
of the profession



PROGRESS

Modern, efficient &
doctor-centric DMC

**I HAVE JOINED
'TEAM KARMA'
TO CONTEST DMC ELECTIONS.**



**TEAM
KARMA**

Knowledge • Action • Respect
Morality • Accountability

**I SEEK YOUR
VOTE AND SUPPORT
FOR TEAM KARMA.**



FOR DOCTORS
Empowering doctors,
standing by you



FOR PATIENTS
Better ethics,
better healthcare



FOR THE PROFESSION
Stronger together,
future ready



Together, let's build a
stronger, ethical and respected
medical fraternity. ”

STAPLER CIRCUMCISION : A MODERN ROUTE

Dr Satish Tyagi

Chief Surgeon : TYAGI HOSPITAL

President : IMA DNZ



Stapler circumcision is a modern method of circumcision in which a circular stapling device removes the foreskin and closes the wound in the same step. It is increasingly used because it is fast, standardized, and usually associated with less bleeding and shorter operating time than conventional circumcision. In a prospective randomized trial, stapler circumcision had a mean operative time of 6.8 minutes compared with 24.2 minutes for the conventional method, and blood loss was also significantly lower. These features make it an attractive technique for surgeons managing symptomatic foreskin disorders.

The main role of stapler circumcision is in patients with clear medical indications. The most common indication is phimosis, where the foreskin cannot be retracted over the glans and causes poor hygiene, pain, recurrent inflammation, or interference with sexual function. Other important indications include recurrent balanitis, recurrent balanoposthitis, paraphimosis after reduction, excessive preputial redundancy, and recurrent local infection. Circumcision may also be requested for cultural, religious, or personal reasons, but in surgical practice the strongest indications remain pathological foreskin conditions.

Proper preoperative evaluation is essential. The penis must be examined carefully to exclude contraindications such as hypospadias, chordee, buried penis, webbed penis, or penile torsion. These abnormalities are important because the foreskin may be needed for later reconstructive surgery, and circumcision in such cases can complicate future repair. Bleeding disorders, active infection, and illnesses that may impair wound healing also require caution or postponement of the procedure. Therefore, stapler circumcision should never be seen as merely a quick device-based procedure; it remains a formal surgical intervention requiring judgment and anatomical assessment.

The **operative technique** begins after informed consent and anesthesia, usually a penile block or regional anesthesia in adults. The operative field is prepared and draped in a sterile fashion. The foreskin is retracted, adhesions are gently released if present, and the glans is inspected. The next step is correct device selection. Choosing the proper stapler size is critical because poor sizing may result in uneven resection, excessive tissue retention, or poor cosmetic outcome.

Once the device is selected, the protective bell component is placed over the glans to avoid injury. The foreskin is then pulled evenly over the stapler so that the inner and outer preputial layers are aligned symmetrically. After confirming proper positioning, the surgeon activates the device. This cuts the foreskin circumferentially and simultaneously places a circular line of staples that secure the skin edges and provide hemostasis. Because excision and closure occur together, operative handling is reduced and the surgery becomes more efficient.

After the device is removed, the staple line is examined for symmetry, completeness, and bleeding. Minor oozing is controlled if necessary, a dressing is applied, and the patient is given postoperative instructions regarding hygiene, pain management, and temporary avoidance of sexual activity. Residual staples usually detach spontaneously, though some patients may require removal of remaining staples during follow-up.

In summary, stapler circumcision is a practical and efficient surgical option for phimosis, recurrent balanoposthitis, paraphimosis, and redundant prepuce. Its major advantages are shorter operative time, less blood loss, and simpler wound closure. However, the success of the procedure depends on proper indication, careful exclusion of contraindications, accurate device sizing, and meticulous surgical technique.

COMMON SKIN CONDITIONS IN HIGH-HEAT SUMMERS LIKE DELHI

Dr Dixant Chhikara

Chief Consultant : SKYNN CARE

Editor : IMA DNZ



Delhi's summer is especially hard on the skin because heat, humidity, intense sunlight, dust, and pollution often act together. As temperatures rise, many people notice a predictable increase in skin complaints such as heat rash, sunburn, acne flares, fungal infections, and irritation caused by sweat and friction. For a medical bulletin, it is worth emphasizing that most of these problems are not only common but also preventable with simple, practical skin-care habits.

Heat rash, also called prickly heat or miliaria, is one of the most frequent summer skin problems. It develops when sweat gets trapped in blocked sweat ducts, leading to tiny red bumps, itching, and a prickling or burning sensation. It is commonly seen on the neck, chest, back, under the breasts, in the groin, and in skin folds. The condition becomes more likely when a person spends long hours in hot weather, wears tight clothing, or remains sweaty for prolonged periods. Prevention is straightforward: wear loose, breathable cotton clothing, avoid prolonged exposure to heat, and keep the skin cool and dry whenever possible. Inpatients prone to heat rash, frequent changes of sweaty clothes can help reduce recurrence.

Sunburn is another major concern in Delhi's summer. The sun's ultraviolet rays can cause redness, pain, swelling, peeling, and long-term skin damage even after short periods outdoors. Repeated sun exposure also contributes to photoaging, pigmentation, and an increased risk of skin cancer over time. The most important preventive step is regular use of broad-spectrum sunscreen with SPF 30 or higher, ideally SPF 50 for people spending long hours outside.

Sunscreen should be applied generously and reapplied during prolonged exposure, especially after sweating. Protective clothing, caps or hats, sunglasses, and seeking shade during peak sun hours are all important. From a dermatology standpoint, sun protection should be presented not as a cosmetic measure but as a daily preventive health habit.

Acne often worsens during summer because sweat, sebum, dust, and pollution can clog pores and trigger inflammation. This is especially noticeable in people who already have acne-prone or oily skin. Heavy creams, occlusive cosmetics, and inadequate cleansing can make the problem worse. The best preventive approach is gentle but regular cleansing, usually twice daily, with a mild non-comedogenic face wash. Oil-free moisturizers and sunscreens are preferable, particularly in humid weather. It is also advisable to avoid frequent touching of it should be around 700 words and a well explained one as it has to be published in a medical bulletin the face, scrubbing the skin harshly, or picking at lesions, since these habits can increase inflammation and leave post-inflammatory marks.

Fungal infections are also common in hot and humid weather. Conditions such as ringworm, jock itch, and athlete's foot thrive when the skin remains warm and moist for long periods. Skin folds, the groin, and the spaces between the toes are especially vulnerable. Summer also increases the risk because sweating is more frequent and clothes may remain damp for longer periods. Prevention depends on keeping the skin clean and dry, changing sweaty clothes promptly, wearing breathable footwear, and avoiding the sharing of towels, socks, or personal clothing. In recurrent cases, the importance of early treatment should be highlighted, because fungal infections can spread if neglected.

Another frequently overlooked problem is skin dryness and irritation. Many people assume summer only causes oily skin, but excessive washing, sweating, air-conditioning, and the use of harsh soaps can weaken the skin barrier and lead to dryness, itching, and sensitivity. This may be more pronounced in people with eczema or naturally dry skin. A mild cleanser, a lightweight moisturizer, and adequate fluid intake can help maintain barrier function. Harsh exfoliation and overuse of active products should be avoided during periods of irritation.

In Delhi's climate, friction-related problems are also common. The combination of sweat and skin rubbing against skin or clothing can cause chafing, redness, and discomfort, especially in the underarms, inner thighs, groin, and under-breast areas. This is more likely in people who are overweight, physically active, or wear synthetic fabrics. Loose, breathable clothing and keeping intertriginous areas dry can significantly reduce this issue.

A practical summer skin-care routine should be simple and consistent. It should include gentle cleansing, daily moisturization when needed, liberal sunscreen use, protective clothing, and measures to reduce sweat and friction. Patients should also be encouraged to stay hydrated and avoid direct sun exposure during the hottest part of the day. For children, elderly individuals, outdoor workers, and people with diabetes or immune suppression, these preventive steps are even more important. Any rash that is painful, spreading, associated with fever, oozing, or not improving with basic measures should be evaluated by a dermatologist. In summary, the skin problems seen during Delhi summers are common, but most can be prevented with informed daily habits, timely hygiene, and consistent sun protection.



COMMON SKIN CONDITIONS IN HIGH-HEAT SUMMERS (e.g., DELHI) & HOW TO PREVENT THEM

HEAT, HUMIDITY, INTENSE SUNLIGHT, DUST & POLLUTION often combine to cause skin complaints.

Most problems are **PREVENTABLE** with simple, practical skin-care habits.



1 → HEAT RASH (PRICKLY HEAT / MILIARIA)

- Sweat gets trapped in blocked ducts
- Leading to tiny red bumps, itching, prickling, or burning
- Commonly on neck, chest, back, skin folds, groin

Prevention:

- Wear loose, breathable **COTTON CLOTHING**
- Avoid prolonged heat exposure
- Keep skin **COOL** and **DRY**
- Change sweaty clothes frequently



2 → SUNBURN

- Ultraviolet (UV) rays cause redness, pain, swelling, peeling
- Risks: long-term damage, photoaging, pigmentation, increased skin cancer risk

Prevention:

- Use **BROAD-SPECTRUM SUNSCREEN SPF 30+** (or SPF 50+)
- Reapply during prolonged exposure or after sweating
- Wear protective clothing, **CAPS/HATS, SUNGLASSES**
- Seek **SHADE** during peak sun
- Present as a daily health habit



3 → ACNE FLARES

- Sweat, sebum, dust, pollution clog pores & trigger inflammation
- Heavy creams, occlusive cosmetics, inadequate cleansing worsen it

Prevention:

- Gentle, regular cleansing (twice daily)
- Mild **NON-COMEDOGENIC** face wash
- Use **OIL-FREE** moisturizers & sunscreens
- Avoid touching face, harsh scrubbing, or picking lesions



4 → FUNGAL INFECTIONS

- Ringworm, jock itch, athlete's foot thrive in **WARM, MOIST** skin
- Common in skin folds, groin, between toes
- Risk from frequent sweating, damp clothes

Prevention:

- Keep skin clean and **DRY**
- Change sweaty clothes promptly.
- Wear **BREATHABLE FOOTWEAR**
- Do not share towels, socks, or personal clothing. Treat early.



5 → CHAFING (FRICTION)

- Sweat + skin rubbing causes chafing, redness, discomfort
- Common in underarms, inner thighs, groin, under breasts
- Risks: overweight, active

Prevention:

- Wear loose, breathable clothing.
- Keep intertriginous areas **DRY**
- Use simple, consistent routine



6 → SKIN DRYNESS & IRRITATION

- Excessive washing, sweating, air-conditioning (A/C), harsh soaps weaken skin barrier.
- Leads to dryness, itching, sensitivity.

Prevention:

- Use a mild cleanser.
- Apply lightweight moisturizer.
- Ensure adequate **FLUID INTAKE**
- Avoid harsh exfoliation & overuse of active products.

VULNERABLE GROUPS



Children Elderly individuals Outdoor workers People with diabetes/immune suppression

These preventive steps are even more important.

WHEN TO SEE A DERMATOLOGIST



For any rash that is **PAINFUL, SPREADING**, associated with **FEVER, OOZING**, or not improving with basic measures.

Delhi summers are hard on skin, but most problems can be prevented with daily habits, hygiene, and sun protection.

APRIL - MAY 2026

Page 11

Dr. (Capt.)

NISHI NATH JHA

MD (Medicine), FICP, FIACM

Principal Consultant – Internal Medicine

Fortis Hospital, Shalimarbagh, Delhi

Fortis
HOSPITAL
Shalimarbagh, Delhi

*“Compassionate Care.
Clinical Excellence. Trusted Leadership.”*



EDUCATIONAL QUALIFICATIONS

- MBBS – Patna Medical College & Hospital, Patna University
- MD (Medicine) – University of Delhi



PROFESSIONAL APPOINTMENTS

- Principal Consultant (Medicine), Fortis Hospital, Shalimar Bagh, New Delhi – Present
- Senior Consultant (Medicine), Max Hospital, Shalimar Bagh & Pitampura
- Medical Officer, Public Sector Undertaking – 2 years
- Short Service Commission Officer, Army Medical Corps – 5 years



ACADEMIC & TEACHING EXPERIENCE

- Faculty and speaker at national CMEs and conferences
- Postgraduate teaching and clinical training



RESEARCH EXPERIENCE

- Principal Investigator – LANDMARC Trial



FELLOWSHIPS

- FICP – Indian College of Physicians
- FIACM – Indian Association of Clinical Medicine



AWARDS & HONOURS

- Best Medical Specialist of the Year 2025 – VOH
- Dr Ajit Kumar Oration – DMA Conference 2025
- Mrs Sudershan Grover Memorial Award – IMA-DNZ
- Gem of DMA Award – Delhi Medical Association



CERTIFICATIONS

- ADA Speaker Certification
- Cardiac Emergencies Programme – Boston University
- Masterclass in Hypertension – Royal College of Physicians
- Comprehensive Echocardiography Course – JROP Institute



LEADERSHIP POSITIONS

- President – North Delhi Physician Forum
- Past President – IMA-DNZ
- Patron – Bihar Jharkhand Medical Forum



MEMBERSHIPS

- RSSDI, API, NDPF, ADA, EASD, ACC, IMA, DDF, CSI, IPF, AARO



I HAVE JOINED 'TEAM KARMA'
TO CONTEST DMC ELECTIONS ON **31ST MAY**



Transparency



Compassion



Accountability



Service



**YOUR VOTE.
OUR COMMITMENT.
BETTER TOMORROW.**

**I SEEK YOUR VOTE AND SUPPORT FOR
TEAM KARMA.**

Together, Let's Build a Stronger DMC!

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- DR. RAJESH B JAIN
- DR. SHAMMI JAIN
- DR. VIKASH KUMAR
- DR. SURESH MALIK
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ANY WRONGLY ADDED NAME

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THE PERIPHERAL SMEAR: THE MOST UNDERRATED INVESTIGATION

Dr Anjali Ahlawat

Senior Resident : BURARI HOSPITAL

Executive Member : IMA DNZ



Background:

The peripheral blood smear is a basic laboratory investigation in which blood cells are spread on a slide, stained, and examined microscopically for morphologic abnormalities. Although automated hematology analyzers now dominate routine practice, authoritative reviews still describe smear examination as an essential component of the initial evaluation of patients with hematologic disorders because it provides visual information that cell counters and indices cannot fully replace. It allows direct assessment of red blood cells, white blood cells, and platelets, while also helping identify inclusions, immature forms, dysplastic changes, and circulating parasites that may immediately alter diagnosis and management. Despite this broad utility, the test is often underused or treated as a confirmatory exercise rather than a front-line diagnostic tool in modern laboratories.

Aim:

This abstract aims to emphasize the continuing diagnostic importance of the peripheral smear and to argue that it remains one of the most underrated investigations in pathology and laboratory medicine. It also seeks to show that careful morphologic review can rapidly narrow differentials, guide further testing, and prevent misinterpretation of automated results.

Methods:

A narrative review approach was used, based on established educational and review literature addressing the preparation, interpretation, and clinical utility of peripheral blood smear examination. The discussion focuses on the role of smear review in common diagnostic scenarios including anemia, leukocyte disorders, platelet abnormalities, hemolytic states, and selected

infectious diseases, with emphasis on pathology practice and clinicopathologic correlation. Particular attention was given to areas in which morphology adds decisive value beyond automated complete blood count parameters, especially when urgent or potentially life-threatening conditions are being considered.

Results:

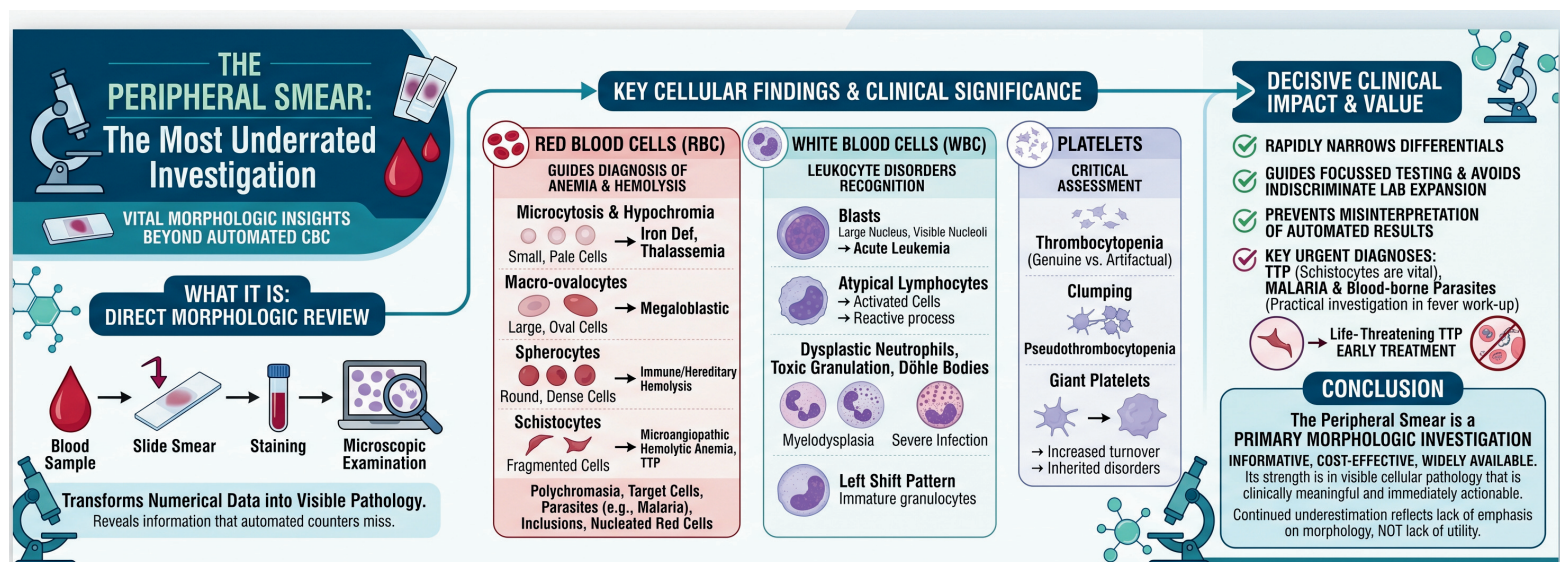
Peripheral smear examination provides high-yield diagnostic information across a wide spectrum of hematologic and systemic disease. In the work-up of anemia, red cell morphology can strongly direct the differential diagnosis: microcytosis and hypochromia may suggest iron deficiency or thalassemia, macrocytosis and macro-ovalocytes may support megaloblastic processes, spherocytes may indicate immune or hereditary hemolysis, while schistocytes can point toward microangiopathic hemolytic anemia. Smear review also detects anisocytosis, poikilocytosis, polychromasia, target cells, nucleated red cells, and erythrocyte inclusions, each of which may provide further clues to marrow stress, hemoglobinopathies, splenic dysfunction, toxic injury, or regenerative response. In leukocyte disorders, the smear remains indispensable for recognizing blasts, atypicallymphocytes, dysplastic neutrophils, toxic granulation, Döhle bodies, and left shift patterns. These findings can help distinguish reactive leukocytosis from acute leukemia, marrow dysplasia, severe infection, or inflammatory stress, often before more advanced studies are completed. Consensus recommendations also continue to emphasize that peripheral blood smear review is a core competency in hematology training because systematic morphologic examination is necessary to identify both common and dangerous diagnoses.

The platelet assessment offered by smear review is equally important and frequently underestimated. Examination of the film can confirm whether thrombocytopenia is genuine or artifactual, identify platelet clumping responsible for pseudothrombocytopenia, and reveal large or giant platelets that may suggest increased turnover or inherited platelet disorders. This makes the smear especially valuable when analyzer flags and clinical findings do not match, helping prevent unnecessary treatment, repeat testing, or diagnostic confusion.

The test also has major relevance in urgent and resource-conscious practice. Peripheral smear findings may rapidly support life-threatening diagnoses such as thrombotic thrombocytopenic purpura, where schistocytes on film are vital to clinical suspicion and early treatment decisions. Blood film examination can also identify malaria and other blood-borne parasites, making it a practical investigation in fever work-up and in settings where advanced testing is delayed or limited. Because it is inexpensive, fast, and widely available, the peripheral smear often functions as both a diagnostic and triage investigation, guiding focused downstream testing rather than indiscriminate laboratory expansion.

Conclusion:

The peripheral smear remains one of the most informative and cost-effective investigations in pathology. Its strength lies in transforming numerical hematology data into visible cellular pathology, allowing direct recognition of patterns that are clinically meaningful, diagnostically specific, and sometimes immediately actionable. Even in the era of automation and molecular medicine, peripheral smear review should be regarded not as an outdated adjunct but as a primary morphologic investigation that retains critical value in anemia, hemolysis, infection, leukemia, platelet disorders, and hematologic emergencies. Its continued underestimation reflects not lack of utility, but lack of adequate emphasis on morphology-driven diagnosis in routine practice.





*Heartiest
Congratulations*

Dr. Girish Tyagi

ON WINNING DMA-DMC ELECTIONS 2026

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Your vision, dedication, and commitment
to the medical fraternity have earned
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*Wishing you continued success
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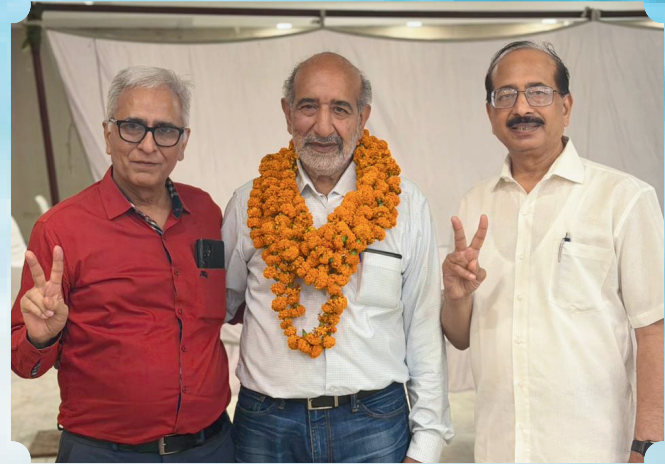
On behalf of

ALL THE IMA DNZ FAMILY



IMA DNZ AT DMA-DMC ELECTIONS 2026

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A SPECIAL THANKS TO ALL THE MOBILIZERS FOR MAKING THIS WIN POSSIBLE

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IMA DNZ AT DMA MOTHERS DAY CELEBRATION DMA HALL, DARYAGANJ



Ganesh Vandna by Dr Ambica Modi



Mother India dance drama by: Dr Madhu Verma (script writer),Dr Ambica Modi, Dr Priya Pancholi, Dr Parul Dikshit Sharma, Dr Jagjeet Bhatia, Dr Sunita Gupta, Dr Jyoti Chugh, Dr Seema Patni mam



Group photo of DMA mother's day participants with Senior members of DNZ

TEAM KARMA

GRASSROOTS DOCTORS
APPROACHABLE LEADERSHIP

SUNDAY

31

MAY
2026

3



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LEKHI



DR A S
POPLI

4

7



DR ANIRUDH
LOCHAN



DR ASHWINI
DALMIYA

11

12



DR HARVINDER
SINGH
KUKREJA



DR MUKESH
GUPTA

15

16



DR NARESH
CHAWLA



DR NISHI
NATH JHA

19

Independent Voices. Shared Professional Values.



VENUE:

DMRC IT PARK, SHASTRI PARK,

(9 TO 5 PM)