

# Cutting edge to combat fungal infections



**Lotril**  
SOLUTION

Clotrimazole.....1% w/w  
Topical Solution



**Lotril**  
DUSTING POWDER

Clotrimazole.....1% w/w  
Dusting Powder

**Lotril**  
Skin Cream

Clotrimazole.....1% w/w  
Cream



**Lotril-B**  
Skin Cream

Clotrimazole.....1% w/w  
Beclomethasone.....0.025% w/w  
Cream



**Lotril-LB**

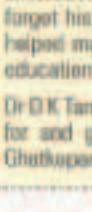
Clotrimazole 100mg + Lactic acid bacillus 150 million spores

... A sure shot way to treat vaginal candidiasis

For more information write to: Gotic Biosteches Ltd., Gotic House, Subhash Road - A, Wad Peth [E], Nasik 420 052.

**Dr. D. K. Tank**

A Tribute 26/3/04 - 27-1-06



"Leadership doesn't only mean being the best. But bringing out the best in others."

Having had the privilege of being his student and being mentored by him, I would like to describe the LEGEND that was Dr. D. K. Tank.

There was always a word of encouragement and a gentle nudge to go ahead to make more than you thought was possible. Even when we made blunders or mistakes, there was never more than a gentle reminder. "Next time you may do it differently, and then the outcome will also be different".

Integrity, integrity and an immense enthusiasm for work would be the last word to describe Dr. Tank. An ever smiling dedicated man, he drew us into his heart and made a permanent place in our hearts. He was a father figure giving guidance and help to each and every one of us. He was known for his utmost honesty and genuineness.

He hailed from Dhas, a small potato farming village bordering the state of Maharashtra. He was a simple soul who never seemed to achieve great heights and has been a source of inspiration to so many. He lost his father at age 9 and being the eldest son had to take up a lot of responsibility. He completed his studies under street lights and got a scholarship which allowed him to pursue his dream of becoming a doctor. He never forgot his early days of hardships and always encouraged and helped many deserving students fulfill their dreams of a higher education.

Dr. D. K. Tank was the first medical officer from the BMC to appear and get certified as an MD. He started his hospital in Ghatkopar 40 years ago and was attached to Rajiv Gandhi Hospital.

as HOD of Obs & Gyn. He has been the President of MOGSI, FOCSI, CAFOSI & AGFOSI. He was also the Vice Chairman of the Governing Council of the Government of India. He was a member of the faculty of Medicine, University of Mumbai and Consultant with the National Human Rights Commission. He was a visionary whose leadership has inspired us all and has shown by example how small changes can lead to major advances.

In 1997, Dr. Tank was elected as FOCSI President and it was in that year that the concept of Theme of the year was set up. It was during his term as Presidents that he was instrumental in promoting various reforms in FOCSI. He took Breast Feeding as the theme of the year and then promoted it all over the country. This project made the Government of India realize the need for a strong organization such as FOCSI which existed and which could make a difference to women's health all over the country. Today, the Government of India has sought a Public-Private Partnership with FOCSI and largely due to the hard work and perseverance put in by Dr. Tank on behalf of FOCSI.

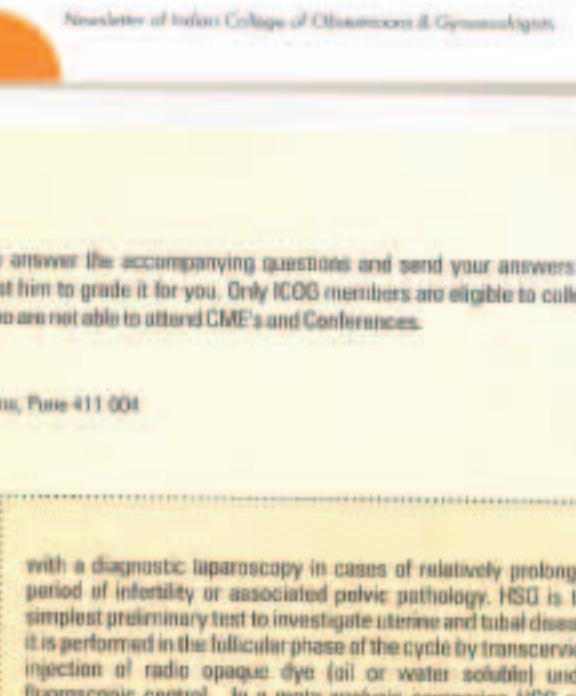
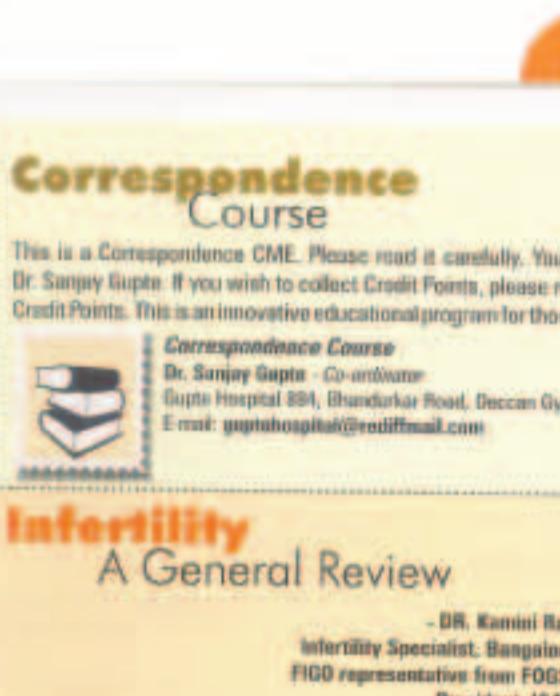
His family was very important to him and his family with Nalini, Nivedita, Jayashri and Parashakti were sacrosanct. But he also had another family - FOCSI. And the love devoted to this family was equally sacrosanct. The FOCSI family has lost its patriarch and his sudden and untimely demise has left an irreplaceable void.

I could go on and on about what Dr. Tank was and what he did, but I know he would have been very happy if we carry on with his work. There hangs a painting in his house with a saying which truly describes the visionary that was Dr. Tank....

Reverence is the art of seeing the invisible."

## ICOG CONVOCATION

Held On 8th January 2006 at Kochi



Newsletter of Indian College of Obstetricians & Gynaecologists

## Correspondence Course

Course

Dr. Sanjay Gupta If you wish to collect Credit Points, please request him to grade it for you. Only ICOG members are eligible to collect Credit Points. This is an innovative educational program for those who are not able to attend CME's and Conferences.

Correspondence Course

Dr. Sanjay Gupta

Gupta Hospital 89A, Bhandarkar Road, Deccan Gymkhana, Pune 411 004

E-mail: [puniphospital@rediffmail.com](mailto:puniphospital@rediffmail.com)

## Infertility

### A General Review

- DR. Kamini Rao

Infertility Specialist, FOCSI Representative from FOCSI President, ISAR

Couples who do not achieve a pregnancy within one year of regular coitus are considered to be infertile. The term sterile may refer to either the male or female where as the term infertile refers to the couple. Male or female infertility cannot be considered in isolation. Since most of the demographic estimates of fertility are based on the women estimates of the prevalence of infertility or usually based on the female.

The number of couples with fertility impairment in both partners is higher than expected. This suggests a common cause for investigating both partners when there is a condition associated with sterility. Diagnosis of sterility is in general easy while diagnosis of subfertility can be very difficult. This difficulty is compounded by a lack of agreement with regard to the diagnostic test to be performed.

Any diagnostic investigation should be considered depending on various patient characteristics like age, duration of infertility, staying together or not, and other associated diseases. After assessing the type of unexplained infertility usually the investigation are pre-specified.

They include assessment of ovarian function, tubal status, uterine cavity, other pelvic pathologies.

Ovarian function assessment can be done by simple tests for assessing ovulation like basal body temperature, cervical mucus study and follicular fluid measurement.

Hormonal assay is another important tool in the diagnosis. Basal FSH, LH, thyroid assay, protein levels should be done in cases of PCOS additional test for assessing the androgen and steroid level can be done.

Intrinsic ovarian failure - genetic, auto immune disease, others (cytotoxic chemotherapy)

Secondary ovarian dysfunction - Disorders of gonadotropin regulation

Specific hyperprolactinaemia

Functional - weight loss, exercise, idiopathic, drugs

Pituitary tumours or thrombosis

Disorders of gonadotrophin action

PCOS

Tubal status can be checked by using an HSG or can go-ahead

The male partner of an infertile couple should be evaluated by history and physical examination including imaging techniques semen analysis and other ancillary investigations.

Male evaluation is relatively easier though difficult to trace since seminal analysis is usually sufficient which can give you almost all the needed basic information. Further steps should be decided depending on the abnormal parameters in the semen analysis.

Varicocele is one of the commonest causes of female infertility. It is commonly sequel to pelvic infections. For salpingitis as well as other infections the progress from mild to severe depends on the virulence of the organism. In the epidemic of overt salpingitis there is an epidemic of atypical chlamydia associated tubal infection. That can lead to subfertility. Endometriosis is another factor which can affect egg quality as well as peritoneal environment.

Laparoscopy is performed under general anaesthesia provides direct visualization of pelvis, tubal patency assessment, extramural and peritubal conditions and other associated pathologies like endometriosis. One of the main limitation of Laparoscopy is that it does not provide information about the human mucosa of the tubes which might be useful prognostic factors. This can be done using salpingoscopy or hysteroscopy.

Laparoscopic ablation of endometriosis in the same setting as and when needed.

Suboptimal fertility is one of the common causes of female infertility. It is commonly sequel to pelvic infections. For salpingitis as well as other infections the progress from mild to severe depends on the virulence of the organism. In the epidemic of overt salpingitis there is an epidemic of atypical chlamydia associated tubal infection. That can lead to subfertility. Endometriosis is another factor which can affect egg quality as well as peritoneal environment.

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