# Index






*Concept and Compilation by :* ***Ms. Aaindrila Dutta***
*Head (Operations and Administration), Indian Chest Society.*

# From the **President's Desk**

## Dr. J. K. Samaria

Dear Esteemed Members of the Indian Chest Society,

It is with great pride and optimism that I send this message to you. It is an honour for me to serve the Indian Chest Society which is an organization of qualified Chest Physicians and physicians in the field of Respiratory medicine. We are a non-profit making organization devoted to research, academic, educational and patient welfare activities in respiratory medicine.

Our Society (ICS) has faced several challenges over the past two years, yet we have emerged stronger and more determined in our mission to advance respiratory health in India. The resilience demonstrated by our members, the collective spirit, and the unwavering commitment to our cause have been truly remarkable.

I am pleased to share that, despite all the challenges, we have achieved significant success in our recent events. **NAPCON 2024** in Pune was a resounding triumph, with over 3,500 delegates coming together to exchange knowledge and deepen our understanding of respiratory medicine. This could be achieved because of the strong leadership of Dr. Amita Nene and Dr. Nitin Abhyankar. NAPCON 2024 has truly showcased the dedication and passion of our members specially team Pune.

Equally exciting was the **ERS India Summit 2025,** held in collaboration with the European Respiratory Society, under the able leadership of **Dr. Raja Dhar,** Secretary of the Indian Chest Society, and **Dr. Sundeep Salvi,** Past President of ICS. We were honoured to have the **President of the European Respiratory Society, Prof. Silke Ryan,** along with other members of the ERS leadership, present at all three venues. The summit, held in three vibrant cities - **Mumbai, Delhi,** and **Kochi -** attracted nearly 1,200-1,300 delegates, highlighting the growing interest in respiratory medicine in India.

One of the most significant milestones was the restart of the **Adult Respiratory Diploma Course (HERMES Diploma Course)** in India, after a two-year break. This initiative offers our members an invaluable opportunity for advanced education and certification in respiratory medicine.

We have also continued to make strides in promoting awareness and education through our **ICS Webinars** on crucial topics such as **ILD, Asthma, COPD,** and **Lung Cancer** under the



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guidance of Dr. Amita Nene. These sessions have brought together experts and practitioners from across the country, fostering dialogue and learning on pressing respiratory health issues.

In line with our commitment to supporting young talent, the **ICS International Travel Grants** have been extended to our members, enabling them to participate in prestigious international conferences such as **ERS, ATS, ACCP,** and the **Lung Health Workshop.** These grants offer an invaluable platform for young researchers to present their work and contribute to the global conversation on respiratory health.

Furthermore, **Lung India,** our bi-monthly publication with an impact factor of 1.3, continues to be a vital resource for the dissemination of research and knowledge in the field of respiratory medicine. It remains a cornerstone of our society's educational efforts, and I encourage all our members to contribute to its continued success. Dr. Parvez Koul, Chief Editor of Lung India and his team deserve an applaud for their contributions.

Looking ahead, we eagerly await **NAPCON 2025,** which will be held in Jaipur under the able leadership of **Dr. N. K. Jain, Dr. Nitin Jain, Dr. Virendra Singh, Dr. S. K. Luhadia,** and the entire Jaipur team. I am confident that the NAPCON 2025 will be another grand success with a remarkable gathering.

As we move forward, I urge each of you to continue your valuable work in advancing respiratory health, promoting education, and supporting the growth of our society. Together, we can make a significant difference in the lives of patients and communities across India.

Thank you for your continued support and dedication to the Indian Chest Society. I look forward to working with all of you to achieve even greater heights in the years to come.

Warm regards,

**Dr. J. K. Samaria**
President
Indian Chest Society

# From the **Secretary's Desk**

## Dr. Raja Dhar

Dear Friends,

It gives me immense pleasure to write to you from the Secretary's desk of the Indian Chest Society. The past three years have been turbulent and challenging for our Society. Yet, through collective resilience and commitment, we've strived to overcome the obstacles and remain focused on our core objectives - advancing academics, research, and overall progress of Respiratory Medicine in India. While some challenges persist, we seem to be seeing light at the end of the tunnel. However, I believe, that there is still some way to traverse before we have complete unanimity, unity and brotherhood within the society. We continue to remain hopeful, and will leave no stone unturned to achieve this end.

The year 2024 was an academically rewarding one, and the momentum has been carried into 2025. NAPCON 2024, initially scheduled to be held in Kolkata, had to be relocated due to unforeseen circumstances. The Pune team, along with the broader Maharashtra contingent, stepped up remarkably to host a memorable **NAPCON PUNE.** It was one of the finest editions I've witnessed in India during my stay here - well-attended with participants thronging the halls, rich in academic content, and marked by camaraderie, friendship and networking opportunities abound. Notably, there was robust participation from young faculty, which will promote capacity building for the future generation.

Following the success of NAPCON Pune, we hosted the **ERS India Summit -** an event unique in its format and execution. 9 distinguished faculty members from the European Respiratory Society (ERS), alongside India's leading academicians, collaborated to deliver an unforgettable academic experience. The Summit spanned three cities - Mumbai, Delhi, and Kochi - and offered approximately seven and a half hours of intensive learning. The sessions were not only clinically relevant but also at the cutting edge of contemporary research. With around 1,200 delegates attending across the three cities, the feedback was overwhelmingly positive. There is now a growing anticipation for future collaborations with the ERS, and we hope to conduct the HERMES exam in partnership with ERS in 2025.

Our academic strides in 2024 were not limited to our partnership with ERS. The **ATS MECOR** course saw record participation, with attendees benefiting from hands-on guidance by thought leaders of the American Thoracic Society. The course, under the leadership of Dr. DJ Christopher, continues to grow in demand and impact. It has been instrumental in nurturing the country's research capacity, and we look forward to seeing

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more MECOR-trained researchers contributing meaningfully to the field.

Beyond the major conferences, the Indian Chest Society remained active throughout the year with academic events. We conducted around **52 webinars -** almost one every week - averaging **1,500 logins** per session. These were held under the able guidance of Dr. Amita Nene and offered a national platform for young pulmonologists to share knowledge and expertise. Some webinars were organized as structured modules, such as the thoracoscopy module, which culminated in physical workshops in four regions.

Similarly, the EBUS learning and certification program, which is now ongoing, combined online teaching with hands-on workshops, and is receiving wide participation. More such initiatives are planned in areas like sleep medicine and other subspecialties.

We collaborated with international societies in the region, namely the Sri Lanka College of Pulmonology, in the form of a webinar which was very well received. Discussions are underway about many more of such meetings with other International societies, and hopefully when I write to you next time, I will be able to report many more of such successful ventures. We are trying our best to conduct the ERS HERMES Exam towards the end of 2025 or beginning of 2026.Our academic and research contributions are gaining international recognition, and we continue to offer travel grants for global events like the ERS meeting, CHEST Congress, and the International Lung Health Workshop. We also actively endorse both national and international meetings to support knowledge exchange.

However, despite these achievements, the internal discord within the Indian Chest Society remains a matter of concern. It is imperative that we come together with the intention of unifying, setting aside personal agendas for the greater good of our Society. The desire for unity exists among the majority, and I remain optimistic that in the near future, we will witness a truly unified **ONE Indian Chest Society -** a personal dream I hope to see fulfilled.

Looking ahead, **NAPCON 2025 will be held in Jaipur.** We invite you all to be part of what promises to be a scientific extravaganza, at par with the best international conferences. The Indian Chest Society is OUR body. Join hands, write to us with your comments, suggestions and even constructive criticism. Join us in this journey to take Respiratory Medicine forward in our country. We need to make sure that our society keeps expanding and youngsters come over, join hands and present new ideas, which places the society on a pedestal. That's our dream. A collective dream, an Indian Chest Society which is better performing than any other Respiratory society the world over.

Thank you.

**Dr. Raja Dhar**
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National Secretary, Indian Chest Society

# Sleep in Health and Disease : An unrecognized pillar of wellness

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**Abstract :**

Sleep is a fundamental biological process critical to physical and mental health. Contemporary lifestyle changes have led to a significant reduction in both the duration and quality of sleep, resulting in wide-ranging consequences. This article synthesizes current evidence on sleep physiology, clinical impact of sleep deprivation, and management strategies for common sleep disorders.

**Introduction :**

Sleep is a complex evolutionarily conserved behaviour that is necessary for optimal functioning in all species. We spend nearly one third of our lives asleep, clearly highlighting that sleep has physiological importance. Over the last decades, many transformations in society have taken place, such as urbanization, networked connectivity, and rigorous work hours and lack of physical activity which has led to a significant reduction in sleep duration and quality. Global population-based survey data which have been collected in numerous countries reveal that more than one third of adults in both developed and developing nations occasionally or regularly fail to get sufficient sleep. In India, recent community health surveys indicate that most urban adults sleep less than 6 hours, considerably less than the recommended duration of 7-9 hours of sleep. Furthermore, even less average sleep duration was noted amongst, shift workers, and health care providers.

Sleep is not a passive resting state. It is a biologically active process that is important for bodily restorative and metabolic functioning, memory consolidation, emotional regulation, and immune surveillance. The structure of sleep is influenced by complex neurological processes involving some neuro transmitters, including serotonin, GABA, and orexins. Disruption to these pathways leads to a spectrum of clinical disorders and exacerbation of existing comorbidities.

Poor or disorganized sleep is gaining recognition as a significant public health issue, with good evidence linking chronic sleep deprivation with several non-communicable diseases, such as cardiovascular disease, obesity, diabetes, depression, and neuro degeneration. In addition, sleep loss contributes to reduced workplace productivity, heightened risk of road traffic and industrial accidents, and compromised decision-making, which carry important socio-economic ramifications.

Despite the growing body of evidence, sleep health still doesn't seem to be viewed as a priority or even acknowledged in all clinical settings. This review provides evidence of its association with

health and disease. It also discusses pathophysiology and effects of sleep deprivation, abnormalities of sleep and sleep disordered breathing. Finally we suggest simple and practical methods of screening, assessment, and management of sleep disorders in adult populations. All Pulmonologists should be aware of recognition, diagnosis and management of such cases.

**Normal Sleep Physiology and Requirements :**

Sleep is an active and regulated process with restorative qualities. It promotes synaptic plasticity, memory consolidation, and the clearance of neurotoxic waste, regulates hormone levels, and repairs tissues. Humans generally require 7-9 hours of sleep each 24-hour period, with variability between individuals. A well-defined sleep architecture includes non-REM (N1N3) and REM stages, each providing distinct contributions to restorative functions. Sleep occurs in two major states : non-rapid eye movement (NREM) sleep and rapid eye movement (REM) sleep. NREM sleep consists of three stages :

- **Stage N1 :** Light sleep, representing the transition between wakefulness and sleep.
- **Stage N2 :** Characterized by sleep spindles and K-complexes; this is the predominant stage during a normal sleep cycle.
- **Stage N3 (slow-wave sleep) :** Deep, restorative sleep crucial for physical recovery and immune function.

Rapid eye movement (REM) sleep usually follows non-rapideye movement (NREM) and is characterized by dreams that are vivid leading to memory integration, and emotional processing. Typical sleep cycle for adults lasts between 90-110 minutes and can be repeated 4-6 times over the course of 78 hours of sleep, where the duration of REM sleep increases with each cycle. Good sleep architecture relies on optimizing both NREM and REM sleep; both stages are restorative but contribute differently to restorative functions. Sleep health involves sleep efficiency (amount of time asleep when in bed) and a regular circadian timing.

**Sleep Health Dimensions**

Buysse (2014) identified six key components of sleep health :

1. **Regularity -** consistent sleep / wake timing.
2. **Satisfaction -** subjective assessment of sleep quality.
3. **Alertness -** functioning during the day.
4. **Timing -** timing sleep within the 24-hour day.
5. **Efficiency -** waking up as few times as possible during the night.
6. **Duration -** total duration of sleep based on physiological need.

**Consequences of Sleep Deprivation**

***Acute Effects :***

Sleep deprivation for a single night impairs attention, executive function, working memory, and emotional regulation. It has been studied that cognitive impairment following 28 hours of wakefulness has been equated to a blood alcohol level of 0.10%, which is prohibitive for driving, raising safety concerns in occupational and healthcare settings.

***Chronic Effects :***

A sustained lack of sleep results in a range of negative effects, including :

- Cognitive decline and an increased risk of dementia
- Mood disorders such as anxiety and depression
- Hypertension
- Diabetes
- Cardiac diseases (Coronary Artery Disease)
- Decrement in immune function and vaccine response
- Increased all-cause mortality

Healthcare workers who undergo chronic sleep loss experience increased risk of burnout, medical errors, and reduced patient safety.

**Classification of Sleep Disorders, Diagnosis, and Management :**

The International Classification of Sleep Disorders (ICSD-3) classifies sleep disorders into the following main groups :

1. **Insomnia Disorders**
2. **Sleep-Related Breathing Disorders** (e.g., OSA, central sleep apnoea)
3. **Central Disorders of Hypersomnolence** (e.g., narcolepsy, idiopathic hypersomnia)
4. **Circadian Rhythm Sleep-Wake Disorders** (e.g., delayed sleep phase disorder, shift work disorder)
5. **Parasomnias** (e.g., sleepwalking, REM sleep behaviour disorder)
6. **Sleep-Related Movement Disorders** (e.g., restless legs syndrome, periodic limb movement disorder)

**Diagnosis of Sleep Disorders :**

Evaluation of sleep disorders relies on clinical assessment, sleep diaries, validated questionnaires (e.g., Ep worth Sleepiness Scale, Insomnia Severity Scale), and more objective tools, including :

- **Poly-somnography (PSG) :** Gold standard for evaluating sleep architecture and diagnosing conditions like OSA and parasomnias.
- **Actigraphy :** Useful in assessing circadian rhythm disorders.
- **Multiple Sleep Latency Test (MSLT) and Maintenance of Wakefulness Test (MWT) :** Used for hypersomnolence decision-making and daytime sleepiness evaluation.

**Management Strategies :**

***Non-pharmacological methods -***

- **Cognitive behavioural Therapy for Insomnia (CBT-I) :** The first-line therapy for chronic insomnia.
- **Sleep hygiene education :** Generally helpful across many disorders.
- **Positive Airway Pressure (PAP) therapy :** Mainstay for OSA.

- **Chronotherapy and light therapy :** For circadian rhythm disorders.
- **Behavioural methods and reassurance :** For parasomnias and movement disorders.

***Pharmacological Approaches -***

- **Hypnotics (e.g., zolpidem, eszopiclone) :** Short-term only (2-4 weeks under supervision) for insomnia.
- **Melatonin :** For circadian rhythm disorders, the elderly, and REM sleep behaviour disorder.
- **Modafinil / Armodafinil :** For narcolepsy and shift work sleep disorder.
- **Dopamine agonists (e.g., pramipexole, ropinirole) :** For restless legs syndrome.
- **Antidepressants / benzodiazepines :** Used cautiously for parasomnias or comorbid psychiatric symptoms.

A multidimensional, individualized approach is paramount;integration of sleep medicine, psychiatry, primary care, and behavioural health is essential.

**Common Sleep Disorders :**

Numerous sleep disorders negatively impact sleep quality, health outcomes, and quality of life. These sleep disorders include :

- **Insomnia :** Insomnia is when sleeping is difficult due to not being able to begin sleeping, maintain sleeping, and/or waking too early. Insomnia is the most common sleep disorder and is also associated with psychiatric comorbidities.
- **Obstructive Sleep Apnoea (OSA) :** OSA is common but under diagnosed. This sleep disorder has a prevalence of 14% of adult males and 5% of adult females. OSA entails repetitive complete collapse of the air flow through the upper airway, resulting in intermittent hypoxia, disrupted sleep and sympathetic activation.
- **Restless Legs Syndrome (RLS) :** RLS is an urge to move the legs, typically accompanied by uncomfortable feelings in the legs or, less commonly, in the arms. RLS usually happens when the legs are at rest, commonly at night or in the evening.
- **Narcolepsy :** Narcolepsy is a chronic neurologic disorder characterized by excessive daytime sleepiness, cataplexy, sleep paralysis, and hypnagogic hallucinations.

**Sleep and Psychiatric Disorders :**

It is well established that there exists a bidirectional relationship between sleep disturbances and psychiatric disorders. Insomnia is not only a symptom of major depressive disorder, but a risk factor for it as well. Disturbed sleep has been implicated in the initiation and worsening of anxiety, bipolar disorder, and psychosis. Many of the hypnotic agents prescribed for insomnia degrade sleep architecture and may cause dependency.

**Alcohol and Sleep :**

Because of the sedative effect of alcohol, it promotessleep, however, it degrades sleep architecture by suppressing the REM stages of sleep and causing early morning awakenings. Chronic alcohol use

can lead to sleep fragmentation, complications of tolerance, and increased severity of obstructive sleep apnoea (OSA),

**Cardiovascular Implications :**

Epidemiological studies establish a U-shaped relationship between sleep duration and cardiovascular disease. Higher risk for hypertension, coronary artery disease, and stroke are associated with both short duration sl (< 6 hours) and long duration (> 9 hours) sleep. Shift work, and especially night shifts, is recognized as a risk factor for cardiovascular morbidity, potentially by disrupting the circadian rhythm and causing autonomic dysregulation.

**Sleep and Non-Communicable Diseases (NCDs) :**

Sub optimal sleep duration and quality are being increasingly recognized as potential risk factors for NCDs. Poor sleep worsens insulin resistance, impedes the normal weight regulation mechanisms influenced by leptin and ghrelin, and reduces glycemic control. Sleep deprivation is also related to heightened levels of inflammation and can potentially promote carcinogenesis. Furthermore, sleep restricted individuals have impaired immune responses leading to higher chances infections and overall poor response to vaccines.

**Obstructive Sleep Apnoea (OSA) :**

OSA is a largely prevalent condition that is grossly under diagnosed in the community. Snoring, a hallmark of OSA, is misunderstood to be considered a sign of good sleep. It is characterized by intermittent collapse of the upper airway during sleep leading to intermittent hypoxia, disrupted sleep, and sympathetic activation. It is a major public health problem leading to a higher rate of unsatisfactory sleep and long-term consequences of sleep deficit (despite sleeping for a sufficient number of hours). The most common association is with obesity, but it can occur in persons with normal weight also.

**Clinical Features of OSA :**

- Loud and habitual snoring
- Witnessed choking episodes or apneas
- Unrefreshing sleep : Morning headaches
- Daytime sleepiness (sleeping in meetings, watching TV or while driving)
- Increased or recurrent nocturia
- Dryness of mouth requiring frequent water intake at night
- Erectile dysfunction

Polysomnography (Sleep study) is the gold standard for diagnosis of OSA. Management of OSA entails a combination of interventions, including weight loss, positional therapy, CPAP (Continuous Positive Airway Pressure) therapy, mandibular advancement devices, or referral in, selected cases, for upper airway surgery.

**Sleep Hygiene and behavioural Interventions**

Cognitive-behavioural therapy for insomnia (CBT-I) continues to be the first-line therapy for chronic insomnia. Common sleep hygiene practices include :

- Fixed sleep-wake times
- Avoiding stimulants (caffeine, nicotine) and alcohol in the evening
- Limiting screen use immediately before sleep
- Creating a sleep environment which is dark, quiet, and cool
- Regular exercise, promoting aerobic activity (but not late in the evening)
- Light pre-bedtime snack (example : warm milk)
- If you are not feeling sleepy after 20-30 minutes, there is no need to worry; consider reading a book or taking a short quiet walk outside. Do not watch TV, laptop, or check your smartphone.
- If you are having persistent difficulties getting to sleep at night, you may want to try a warm shower before bed.
- Take sleeping pills only under medical advice for a defined period. They can be habit forming.

Hypnotic medications should only be taken under the supervision of a physician and only for a limited time, due to the potential risk of dependence.

**Conclusion :**

Sleep is an important determinant of health and disease. In today's modern world, with the average sleeping time of individuals being reduced, our lifestyle choices, work activities, and environmental effects challenge our ability to achieve restful sleep. Healthcare providers need to understand the upstream potential cost of sleep deprivation and incorporate sleep assessment into standard clinical practice. There is an urgent need for better sleep health as integral to the public health agenda, including the prevention of chronic illness and health policy.

**Further reading :**

[1] Hale L, Troxel W, Buysse DJ. Sleep Health: An Opportunity for Public Health to Address Health Equity. Annu Rev Public Health. 2020 Apr 2;41:81-99.

[2] Lim DC, Najafi A, Afifi L, Bassetti C et al; World Sleep Society Global Sleep Health Taskforce. The need to promote sleep health in public health agendas across the globe. Lancet Public Health. 2023 Oct;8(10):e820-e826.

# Reinstating the Respiratory Medicine Department in MBBS Medical Colleges in India : An Evidence-Based Argument for the NMC

**Dr. Rajesh Swarnakar**
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**Introduction**

Respiratory diseases represent a critical public health challenge in India, with a high burden that impacts both healthcare systems and patient outcomes. The National Medical Commission's (NMC) recent decision to exclude dedicated respiratory medicine departments from the MBBS curriculum, as outlined in the UGMEB 2023 guidelines and the Competency-Based Medical Education (CBME) 2024 framework, has raised serious concerns. This shift risks undermining both the quality of undergraduate medical education and the healthcare outcomes for respiratory patients across the country. This article presents a scientific, evidence-based argument advocating for the reinstatement of respiratory medicine departments, which is essential to maintain high standards in medical education and healthcare in India.

**The Burden of Respiratory Diseases in India**

Respiratory illnesses, particularly tuberculosis (TB), chronic obstructive pulmonary disease (COPD), asthma, and acute respiratory infections, significantly contribute to India's disease burden. According to the *India TB Report 2024* by the Ministry of Health and Family Welfare (MoHFW), India has the highest number of TB cases globally, with over 2.8 million cases annually (MoHFW, 2024). Medical colleges play a crucial role in the National Tuberculosis Elimination Programme (NTEP), not only by providing direct care for TB patients but also by training medical students, interns, and paramedics in TB diagnosis, treatment, and prevention. (Ref: India TB Report 2024, MOHFW, Govt. of India. available online at: https://tbcindia.mohfw.gov.in/wp-content/uploads/2024/10/TB-Report_for-Web_08_10-2024-1.pdf)

The *Global TB Report 2024* by the World Health Organization further emphasizes the scale of the challenge, indicating that India accounts for 26% of the world's active TB cases. In 2023, India also reported the highest global proportion of multidrug-resistant TB cases (27%) and accounted for 26% of global TB-related deaths. This high burden underscores the need for robust and well-equipped respiratory medicine departments within Indian medical colleges. (Ref : Global tuberculosis report 2024. Geneva : World Health Organization; 2024.)

As highlighted in the *India TB Report 2024,* medical colleges are not only integral to TB patient care but also serve as major hubs for training, research, and advocacy in the fight against TB. The report states :

“Medical Colleges, being tertiary referral units, do not have a limited geographical area to be covered. Patients are being referred to Medical Colleges from within the districts where the College is situated, and even from outside the districts and state too. There is huge potential for the detection of TB from the various departments like pulmonary medicine, medicine, paediatric, obstetrics and gynaecology (OB GYN), surgery, etc. There are 651 Medical Colleges in India, of which 619 (95%) are involved under the NTEP by establishing TB detection and treatment centres, DR-TB Centre and C&DST laboratories. Medical Colleges also have an important role not only in preventive, curative, or academic fields but also in research and advocacy. In addition to the treatment of TB cases, medical colleges are actively involved in the training of undergraduate and postgraduate doctors, interns, paramedics and researchers regarding the management of TB. Medical Colleges are involved in conducting operational research as part of the larger research goals in ending TB.” (Ref : India TB Report 2024, MOHFW, Govt. of India. available online at : https://tbcindia.mohfw.gov.in/wp-content/uploads/2024/10/TB-Report_for-Web_08_10-2024-1.pdf)

The removal of dedicated respiratory medicine departments from medical colleges would critically impair these essential functions. Given the vast and increasing TB burden, the expertise and infrastructure provided by respiratory medicine departments are fundamental to effective TB control, from patient care to educational training and groundbreaking research. Ensuring their presence in medical colleges is vital for advancing India's public health goals and for meeting the NTEP's objectives to control and ultimately eliminate TB in India.

**Significance of Dedicated Respiratory Medicine Departments in MBBS Medical Education**

Respiratory medicine has traditionally been an essential part of MBBS education in India. Under the Undergraduate Medical Education Board (UGMEB) 2020 curriculum, departments such as respiratory medicine, physical medicine and rehabilitation (PMR), and emergency medicine were considered integral specialties. However, the exclusion of these departments in the UGMEB 2023 guidelines and the CBME 2024 curriculum contradicts this previous recognition, which is troubling given the high burden of respiratory diseases in India.India has the highest global proportion of multidrug resistant TB in the world in 2023 (as per global tb report 2024)

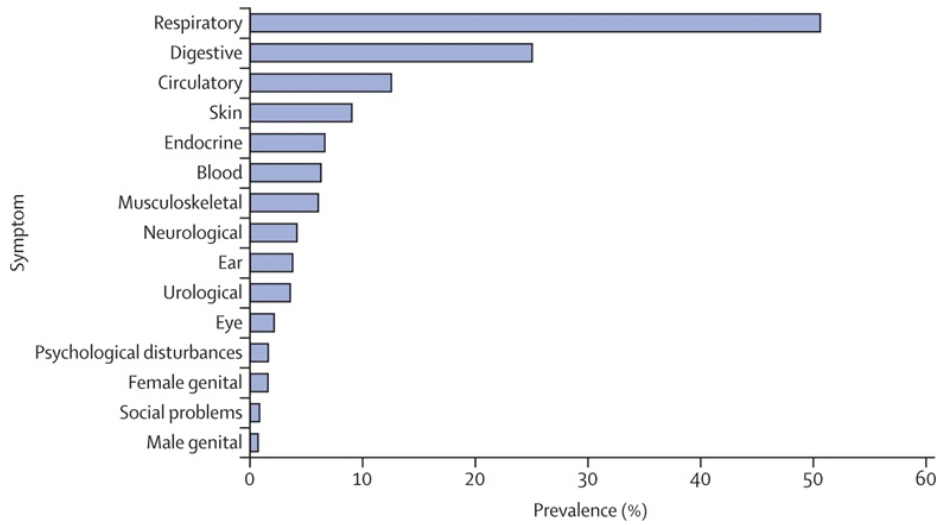

Figure **1 : Reported prevalence of symptoms related to organ systems (POSEIDON study)** (Ref : Salvi, S., Agrawal, A., & Pathak, S. (2015). Symptoms and medical conditions in 204,912 patients visiting primary healthcare practitioners in India: A 1-day point prevalence study (POSEIDON study). *The Lancet Global Health,* 3(12), e776-e784. https://doi.org/10.1016/S2214-109X(15)00153-2)

The **POSEIDON** study, a large-scale survey conducted in India, ***examined nearly 204,912 patients from over 7,400 primary healthcare practitioners across the country in a single day to understand common reasons for doctor visits.*** *It found that more than half (50.6%) of patients presented with respiratory symptoms, making these issues the leading cause for medical consultation, affecting all age groups and regions.* Key respiratory conditions, including asthma, COPD, and upper respiratory infections, were among the most frequent diagnoses. The study reported that India's healthcare needs to be organized in accordance with the societal needs. These findings emphasize the importance of Respiratory medicine in India's healthcare system, as respiratory illnesses pose a major public health challenge requiring specialized knowledge for effective management. Without dedicated respiratory medicine departments in medical colleges, future doctors may lack essential training, potentially leading to inadequate care for a large portion of the population. Reinstating these departments is therefore crucial for equipping new doctors to address India's significant respiratory disease burden competently. **(Ref : Salvi, S., Agrawal, A., & Pathak, S. (2015). Symptoms and medical conditions in 204,912 patients visiting primary healthcare practitioners in India: A 1-day point prevalence study (POSEIDON study).** ***The Lancet Global Health,*** **3(12), e776-e784. https://doi.org/10.1016/S2214-109X(15)00153-2)**

**Impact of Air Pollution on Respiratory Health**

Air pollution poses a critical and escalating public health risk in India, with over 90% of the population exposed to levels that surpass World Health Organization (WHO) guidelines, leading to an increase in respiratory ailments (WHO, 2023). Specifically, 1.36 billion people in India - 99% of the population - are exposed to unsafe PM2.5 concentrations above 5 g/m³, while 1.33 billion (96%) encounter hazardous levels exceeding 35 g/m³. Among those affected, over 202 million people living in extreme poverty face unsafe PM2.5 levels, accounting for 14.7% of India's overall population (Ref: Rentschler, J., Leonova, N. Global air pollution exposure and poverty. *Nat Commun* **14,** 4432 (2023). https://doi.org/10.1038/s41467-023-39797-4)

The long-term health implications of chronic exposure to air pollution include elevated rates of COPD, asthma exacerbations, and other respiratory infections. This impact is starkly visible in mortality statistics : in 2019, air pollution contributed to 1.67 million deaths in India, accounting for 17.8% of total deaths in the country Ref: India State-Level Disease Burden Initiative Air Pollution Collaborators. Health and economic impact of air pollution in the states of India: the Global Burden of Disease Study 2019. Lancet Planet Health. 2021 Jan;5(1):e25-e38. doi: 10.1016/S2542-5196(20)30298-9. Epub 2020 Dec 27. PMID: 33357500; PMCID: PMC7805008.)

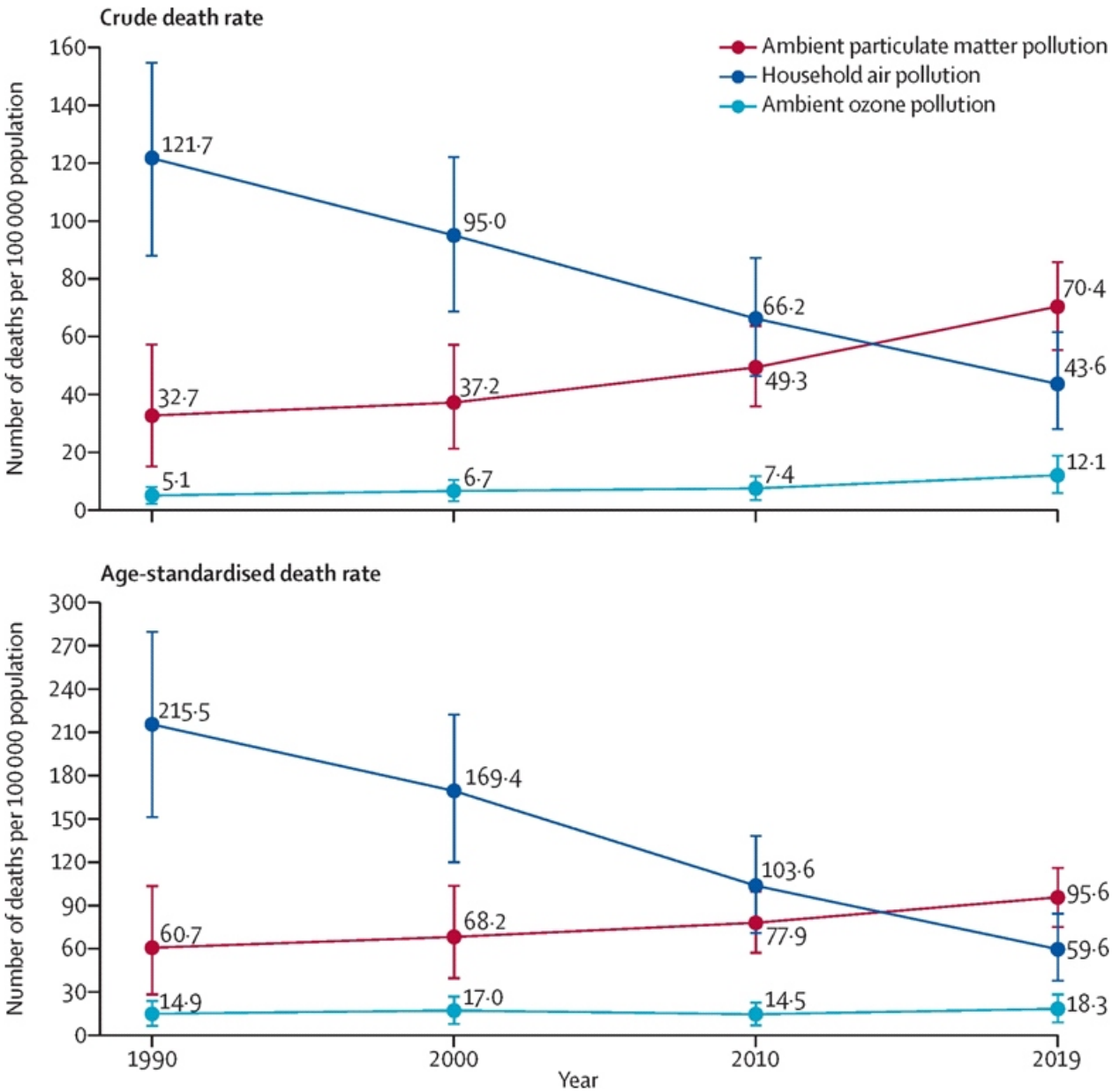


**Figure 2 : Death Rates Attributable to Air Pollution in India**

The death rates due to outdoor air pollution (ambient particulate matter pollution), show a clear increasing trend. The top graph illustrates a rise in rates from 32.7 to 70.4, while the bottom graph highlights an increase from 60.7 to 95.6. These figures underscore the growing health impact of air pollution over time.(Ref: India State-Level Disease Burden Initiative Air Pollution Collaborators. Health and economic impact of air pollution in the states of India: the Global Burden of Disease Study 2019. Lancet Planet Health. 2021 Jan;5(1):e25-e38. doi: 10.1016/S2542-5196(20)30298-9. Epub 2020 Dec 27. PMID: 33357500; PMCID: PMC7805008.)

The Greenpeace report of 2022 underscores the pervasive nature of this issue, finding that over 99% of India's population lives in areas where annual PM2.5 levels exceed WHO recommendations. Nearly 95% of Indians are exposed to concentrations above 25 $g/m^3$, with 57% experiencing pollution levels over ten times the WHO guideline. Vulnerable groups, including infants, older

adults, and pregnant people, are especially affected: 100% of older adults are exposed to levels over 5 g/m³, and 53% to levels above 50 g/m³. Among infants, 100% face levels above 5 g/m³, with 61% exceeding 50 g/m³, while 62% of pregnant individuals encounter concentrations over 50 g/m³. Access to air quality monitoring is also inadequate, with over 70% of the population residing more than 25 kilometers from a monitoring station, limiting public health interventions and awareness.(Ref: Greenpeace report 2022, available online at: https://www.greenpeace.org/static/planet4-india-stateless/2022/09/c68a0f89-different-air-under-one-sky@x2a-0905_compressed.pdf)

Removing respiratory medicine departments from medical college hospitals may be detrimental. These departments are not only critical for training future physicians to manage the complex respiratory conditions arising from pollution but also provide direct respiratory health care services to patients presenting with respiratory symptoms across India. Without such dedicated departments, both the clinical capacity to treat respiratory issues and the educational foundation necessary to address India's respiratory disease burden would be severely compromised. Maintaining and strengthening these departments is essential to prepare healthcare professionals adequately and to offer vital respiratory care to patients affected by the country's significant air pollution and public health challenges.

**Educational Implications of Eliminating Respiratory Medicine as a Dedicated Department**

The removal of respiratory medicine as a dedicated department in MBBS programs has far-reaching implications :

1. **Loss of Specialized Knowledge :** Without structured training led by respiratory specialists, medical students will miss critical learning experiences, which could hinder their ability to diagnose and treat respiratory diseases effectively.
2. **Reduced Quality of Patient Care :** General practitioners and non-specialists may be unable to provide the specialized care required by respiratory patients, leading to inadequate care and poorer health outcomes.
3. **Hindrance to National Health Initiatives :** Medical colleges are instrumental in executing national health programs such as NTEP. Removing respiratory medicine from the curriculum may hinder medical colleges' ability to support these programs, compromising efforts to control TB and other respiratory diseases.

**Legal and Ethical Arguments for Reinstatement**

The NMC's decision can be contested on both legal and ethical grounds :

1. **Right to Health :** Article 21 of the Indian Constitution enshrines the right to health, mandating the state to ensure quality healthcare access (Constitution of India, 1950). By omitting specialized respiratory training, the NMC indirectly compromises this constitutional right for millions of Indians affected by respiratory diseases.
2. **Standards of Care :** Medical education must adhere to standards that ensure patient safety and high-quality healthcare. Without respiratory medicine training, there is an increased risk of diagnostic errors and inadequate patient care.

3. **Commitment to Public Health Goals :** The Indian Government's National Health Policy 2017 aims to provide universal health coverage and quality healthcare. The exclusion of respiratory medicine from MBBS training undermines these objectives, especially given India's target to eliminate TB by 2025.

**Conclusion**

Given the high burden of respiratory diseases and the essential role of respiratory medicine in managing them, this specialty cannot be optional within the MBBS curriculum. The NMC's decision to remove respiratory medicine disregards the current and projected healthcare needs of the Indian population, and this oversight will likely compromise the competency of future healthcare providers. Reinstating respiratory medicine as a core department in MBBS programs is necessary to uphold educational standards, enhance patient care quality, and align with India's public health objectives.

We urge the NMC to reconsider and reinstate respiratory medicine in the MBBS curriculum, ensuring that future medical graduates are well-equipped to address the respiratory health challenges facing India.

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**Physical Medicine and Rehabilitation :**

Section 47.1.(b) of the Rights of Persons with Disabilities (PWD) Act, 2016, emphasizes the importance of human resource development in disability awareness and care, stating :

"47. Human resource development. - (1) Without prejudice to any function and power of the Rehabilitation Council of India constituted under the Rehabilitation Council of India Act, 1992 (34 of 1992), the appropriate Government shall endeavour to develop human resource for the purposes of this Act and to that end shall, - (b) induct disability as a component for all education courses for schools, colleges and University teachers, doctors, nurses, para-medical personnel, social welfare officers, rural development officers, ASHA workers, anganwadi workers, engineers, architects, other professionals and community workers."

In line with this mandate, Physical Medicine and Rehabilitation (PMR) should be an integral part of every MBBS medical college curriculum in India. By removing the PMR department from MBBS medical colleges, the UGMEB and NMC's decision contradicts the objectives set forth in the PWD Act, potentially undermining the development of healthcare professionals equipped to address the needs of people with disabilities.

# Introducing our New GB Members

## *Governing Body Member*

### DR. NITIN ABHYANKAR

MBBS, MD (Medicine) Mumbai
European Diploma in Adult Respiratory Medicine 2008

- Head of Department Pulmonary Medicine - Poona Hospital and Research Centre Pune
- Founder Member - ISCCM
- Life Member - IMA
- Life Member and Vice President- Indian Association of Bronchology
- Publications - 25 +

## *Governing Body Member*

### DR. SHIVANI SWAMI

MD (Respiratory Medicine), FCCP (USA)
Fellowship in Sleep Medicine
Fellowship in Interventional Pulmonology (UK)
Certified in Allergy & Immunology

- Currently working as Senior Consultant & Program Director- Respiratory & Sleep Medicine
- Member, Indian Chest Society- Governing Body
- Secretary, Southeast Asian Academy of Sleep Medicine
- Secretary, Sleep Education & Research Society.

## *Governing Body Member*

### DR. NITIN JAIN

- Currently working as Consultant and Director Intervention at Jain Chest Care Center.
- Joint Secretary - Thoracic Endoscopy Society.
- Governing Body Member - Indian Association for Bronchology.
- Joint State Secretary - NCCP.
- Governing Body Member - Indian Chest Society.
- He has organised various state and national conferences and presently doing NAPCON 2025 at Jaipur.

# New Affiliation Memberships in Indian Chest Society

The Indian Chest Society is committed to fostering a larger and more inclusive community. In line with this vision, the ICS proudly announced its Affiliate Membership program. This initiative extends a warm invitation to all nonmedical professionals within the fraternity who play pivotal roles in advancing Respiratory Medicine. Their contributions are valued equally, and this membership offers them the opportunity to be integral parts of the ICS family, contributing to its vibrant exchange of knowledge and expertise.

**Criteria for Affiliate Membership :**

1. Affiliate members can neither vote nor stand for elections to the Governing Body. However, they would have all other rights.
2. Affiliate members shall be nominated by a Life Member of the ICS.
3. Paramedics, Nurses, Technicians / Therapists, Basic Scientists with experience in Respiratory Medicine are eligible for Affiliate Membership.

**Even if you are not a doctor, you can now join the ICS Family and participate in our Academic programmes. We Welcome You!**

27th National Conference on
Pulmonary Diseases

# NAPCON 2025-JAIPUR

*under the aegis of the*

**Indian Chest Society**

**Date : 13th -16th November, 2025**
**Venue : Birla Auditorium, Statue Circle, Jaipur**

KHAMMA GHANI SA !!

## WAITING TO *Welcome you* @ JAIPUR

**Dr. K K Sharma**
Organising Chairman

**Dr. Nitin Jain**
Organising Secretary

**Dr. M. K. Gupta**
Co-Organising Secretary

**Dr. Aashish Kumar Singh**
Treasurer

For more information visit :
**www.napconjaipur25.com**

Conference Secretariat :
**Dr. Nitin Jain**
Organising Secretary
H28-32, Jain Chest Care Center, Near TB Hospital, Shastri Nagar,
Jaipur-302016 | Ph.: +91 99291 03288
Email : napconjaipur25@gmail.com

Official Conference Organisers
ADVAIT EVENTS & CONFERENCES
Mr. Anuj Sharma
Mob.: 8385867887

*Please follow the website for more details*

# Introducing ICS Sleep Certification Course

**Indian Chest Society's Commitment to Spread Great Academics Continues**

We are happy to announce that ICS is conducting an online **Sleep Certification Course** starting **21st May.**

This Sleep Certification course will consist of **10 online modules,** each focusing on individual important aspects of Sleep, taught and discussed by the great experts in the field.

At the end of these 10 modules, we will have **5 physical workshops -** 1 in each zone of the country with **HUGE amount of practical hands on training and interactive interesting case discussions.**

To get a certification of completion of this composite and enriching Academic activity - participants will have to **attend at least 8 out of 10 online modules LIVE** and **any 1 physical workshop** where they will be conferred the certificate of this Sleep course completion.

We are excited as we share the program of our Sleep Certification Course. Looking forward to your brilliant and active participation.

# GRAND SUCCESS OF ERS INDIA SUMMIT

The ERS India Summit 2025, a collaborative effort between the European Respiratory Society (ERS) and the Indian Chest Society (ICS), was a multicity Summit held at Mumbai, Delhi and Cochin on 7th, 9th and 11th February respectively. This Conference aimed to bridge the latest advancements in respiratory medicine between Europe and India, fostering knowledge exchange and collaboration among healthcare professionals of our country.

It was an extremely successful summit across all cities where we had a collective attendance of 1200+Delegates.We had eminent International Faculties like **Prof. Silke Ryan, Prof. James D. Chalmers, Prof. Judith Garcia Aymerich, Dr. Marc Miravitlles, Prof. Omar Usmani, Prof. Monika Gappa, Prof. Carlos Robalo Cordeiro, Prof. Hilary Pinnock and Prof. Nicolas Roche.** We had 130+ prominent Indian Faculty in the 3 locations combined.

The summit featured a comprehensive scientific program that addressed pressing issues in respiratory health. Key sessions included :

- **Symposia on Disease Prevention :** Discussions centered on strategies to prevent respiratory diseases, emphasizing early intervention and public health initiatives.
- **Year-End Review Sessions :** Our Expert Faculty provided overviews of significant developments in respiratory medicine over the past year, highlighting advancements in treatment and research.
- **Infectious Diseases of the Respiratory System :** Focused on emerging infectious threats and management protocols. This session was particularly relevant given global health concerns.
- **Pulmonary Rehabilitation for Chronic Lung Diseases :** We explored rehabilitation techniques aimed at improving the quality of life for patients with chronic respiratory conditions.
- **Clinical Conundrum with Real-Life Cases :** In this session interactive discussions on complex clinical cases provided practical insights into problem-solving in respiratory care.
- **Digital Innovations for Respiratory Health :** This session highlighted the role of technology in advancing respiratory diagnostics and patient management.

A notable highlight presentation of Indian Research by our young Pulmonologists and trainees. These posters were hand-picked and chosen by Indian faculty and then adjudged by a combined teamof ERS and ICS faculty. The best 2 pieces of work were then awarded appropriately.

We extend our heartfelt gratitude to all our delegates, both national and international faculty, and our sponsors for making this event a tremendous success. A special thanks to our Platinum Sponsor, CIPLA, as well as our other sponsors - Cedna Biotech, Schiller and Zuventus.

The ERS India Summit 2025 successfully achieved its objectives of promoting knowledge exchange and fostering collaboration in the field of respiratory medicine. The event's focus on current challenges, innovative solutions, and the integration of digital technologies positions it as a cornerstone for future advancements in respiratory health.

We request all our members to give us your feedback, post your suggestions so that we can deliver a much larger and better Summit next year.

INDIA'S FIRST

# ERS INDIA SUMMIT | 2025

In association with Indian Chest Society

## WAS A MEGA SUCCESS!

**3 Locations**
**Mumbai, Delhi & Cochin**

Engaging **1200+** Chest Physicians across country

**+2400** Drs watched the Cochin event online today via LIVE Telecast

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| MUMBAI | 400+ | Delegates attended | 50+ | National and International Faculty | 30+ | Scientific Sessions | 08+ | Poster Presentations |
| DELHI | 450+ | Delegates attended | 55+ | National and International Faculty | 32+ | Scientific Sessions | 13+ | Poster Presentations |
| COCHIN | 350+ | Delegates attended | 40+ | National and International Faculty | 28+ | Scientific Sessions | 10+ | Poster Presentations |


A landmark event etched to elevate
**Respiratory care in India!**

Platinum Sponsor
**Cipla**

# NAPCON Pune - The Legendary Success !!

The National Conference of our Indian Chest Society - NAPCON Pune organised from 23rd January to 26th January, was a thunderous success, bringing together the best minds in pulmonology from across our country. Held in Pune, this Four-day extravaganza was a testament to our ICS's commitment to advancing the field of Respiratory Medicine. With a **record-breaking attendance of 3312 delegates,** NAPCON Pune was truly an academic fiesta that showcased the latest developments and advances in Pulmonology.

It is important to note that this grand conference NAPCON Pune was **planned and executed** in a short span of **just 10 weeks** and hats off to the entire organising committee **led by Dr. Nitin Abhyankar, Dr. Amita Nene, Dr. Mahendra Kawedia, Dr. Mahavir Modi** and the **entire Team Maharashtra** for this spectacular show.

We are most grateful to **Dr. G. C. Khilnani, Dr. Raja Dhar** and the entire **Governing Body of the Indian Chest Society** for their constant guidance and help and to all **our ICS members** and our pulmonology friends for their strong support and precious solidarity which has helped our NAPCON Pune become a stupendous success.

The **state of the art scientific program** was the highlight of the conference, featuring a stellar faculty of distinguished pulmonologists from across our country. The deliberations covered a wide range of topics, from cutting-edge research in Respiratory Medicine to practical approaches to managing complex cases. The sessions were designed to cater to the needs of both seasoned practitioners and young researchers, providing a platform for knowledge sharing and exchange.

The conference featured a mix of plenary sessions, symposia, panel discussions, workshops, and free paper sessions, offering delegates a comprehensive overview of the latest advancements in pulmonology. The faculty shared their expertise and experiences, providing valuable insights into the diagnosis, management, and prevention of respiratory diseases. The discussions were lively and engaging, with delegates actively participating and sharing their own perspectives.

The highlight of NAPCON Pune was that all the 5 halls were absolutely **jam packed and houseful** with keen delegates **right from the very first session at 9 am till the very last session** on all the days including the last day. It was overwhelming to see **delegates standing** and still attending the jam packed sessions to listen to the brilliant faculty. In current days where to make delegates sit inside the halls is a huge challenge, it was most heartwarming to have keen, interested delegates sit inside halls filling them to their maximum capacity and enrich their knowledge and engage in fruitful question-answers and discussions

**Brilliant hands on Workshops**

All the 13 workshops at the NAPCON Pune were houseful and a resounding success with a record breaking attendance of **1012 delegates** who most enthusiastically participated in the state of the art workshops and got fantastic hands on training from the most eminent faculty.

The enthusiasm and excitement of all the 1012 delegates was infectious and their wonderful feedback was most overwhelming

NAPCON Pune had a humongous number of 565 abstracts that were submitted, each of which was of excellent quality and the eagerness, zeal and confidence of the young presenters was most heartening. All these 565 abstracts that were presented at NAPCON Pune will be **published in a special issue of Lung India** which will be released in June this year.

NAPCON 2025 was not just about academics; it was also a celebration of fellowship and camaraderie. The conference provided ample opportunities for delegates to network, share experiences, and build new connections. The **inauguration ceremony** of NAPCON Pune was grand and again record-breaking with **more than 1500 attendees** and the social events, including the gala dinners and cultural programs, were a huge hit, allowing delegates to unwind and enjoy each other's company.

The exhibition hall was abuzz with activity, featuring a wide range of pharmaceutical companies, medical device manufacturers, and healthcare organizations showcasing their latest products and services. This provided delegates with a unique opportunity to stay updated on the latest developments in respiratory medicine and interact with industry experts.

The cultural program was the highlight of the conference, featuring a mesmerizing display of Indian classical music and dance. The performances were a testament to the rich cultural heritage of India and added a touch of elegance to the conference. There was a very unique and a special program in 1 of the gala dinners called **'Pulmos Got Talent'** where our very talented pulmonologists showcased their multifaceted personality and talents beyond pulmonology on stage in way of a solo song, duet song, dance, mimicry, rap or a stand up comedy. It was most heartwarming to witness these beautiful non-medical aspects of our friends which we otherwise never get to see and the continuouscheers, loud claps, whistles and 'once more' requests from the fellow pulmonologists from the audience were most overwhelming.

**To Summarize…**

NAPCON Pune organised in just 10 weeks was a legendary success, exceeding expectations in every way. The conference was a testament to the power of collaboration and knowledge sharing, bringing together the best minds in pulmonology to advance the field and improve patient outcomes. As the Indian Chest Society looks to the future, **NAPCON Pune will be remembered as a historical and a landmark event** that set the stage for further growth and innovation in respiratory medicine.

The entire organizing committee, the entire Team Maharashtra and the ICS Governing Body deserve the **BIGGEST applause** for their tireless efforts in making NAPCON Pune a reality and a thunderous success. Their dedication and hard work have paid off, and the conference will be remembered for decades to come as a milestone event in the field of pulmonology.

#NAPCON Pune ROCKED#
#Long Live ICS#

**Highlights of NAPCON Pune**

| |
|---|
| 1. Planned and executed in just 10 weeks |
| 2. Record-breaking 3312 delegates |
| 3. 1012 delegates in the 13 workshops |
| 4. Houseful halls all through with delegates standing |
| 5. 565 scientific abstracts submitted |
| 6. These 565 abstracts will be published in a special issue of Lung India to be released in June'25 |
| 7. More than 1500 attendees in the inauguration |
| 8. Very engaging, super successful, Houseful PG Quiz |
| 9. Very popular and super-hit Pulmos Got Talent show |
| 10. Perfect blend of Brilliant Academics with Camaraderie, happy bonding and goodwill |


APCON
maxiflo


laxy S24 Ultra
January 2025 12:12 pm

# ICS Endorsements

## Free Lung Health Camp, Tamil Nadu

On the occasion of World Asthma Day, this awareness and screening programme on Asthma was organised by Pulmonologists and eminent doctors in association with the management of Joy Sharon Nursery and Primary School, Sawyerpuram, Thoothukudi District, Tamil Nadu. With the intention to provide access to free lung health check up and generate awareness on ASTHMA, among the people of the Thoothukudi District, the camp was initiated on May 7th 2024 (Tuesday). Services rendered in the Camp included Registration, Checking of vitals, Clinical examination, Peak flow test, Spirometry and Counselling sessions. With the gracious permission from the State TB officer, Teynampet, Chennai, Dr. Asha Frederik, the Thoothukudi district TB officer, Dr. Sundaralingam carried X-Ray for the public. Dr. Raja Dhar, Honorary Secretary of ICS delivered his speech from Kolkata explaining the trigger factors, prevention aspects and management of Asthma. The Guest of honor, Dr. C. Ponraj addressed the public in Tamil briefly about the various aspects of asthma.

## ASTHMACON 2024

The Indian Academy of Pediatrics (IAP) and Calcutta Metropolis Academy of Pediatrics jointly hosted ASTHMACON 2024 at Calcutta Medical College Hospital today. This conference aimed to share expert experiences on preventing and treating asthma in children, with a focus on the latest advancements. The conference discussed new treatments for childhood asthma, emphasizing the importance of inhaler therapy and SMART (Single Maintenance and Reliever Therapy) in severe cases. Dr. Atanu Bhadra highlighted the organization's efforts to raise awareness about asthma in schools, training them in inhaler use and encouraging the presence of First Ted boxes in every school to control asthma attacks.

# Sri Lanka College of Pulmonologists & ICS Joint Programme

The Sri Lanka College of Pulmonologists in collaboration with the Indian Chest Society organised a 4 hour Long Academic programme on the occasion of the World Asthma Day 2024 on 6th May 2024. It was held physically at the Cl in MARC Auditorium, National Hospital of Sri Lanka and also broadcasted Live for the audience of both nations.

This programme marked the first of our collaborative efforts with the Sri Lanka College of Pulmonologists and saw eminent faculties from both nations that include Dr. Indranil Halder and Dr. Paramez Ayyapath from India and Dr. Neranjan Dissanayake, Dr. Damith Rodrigo, Dr. Ruwanthi Jayasekara and others from Sri Lanka.

## AIRWAYS 2025

The Bagchi School of Public Health was delighted to host AIRWAYS 2025 : From Population Health to Personalized Medicine, a one-day symposium held on March 5, 2025, at Ahmedabad University. Featuring distinguished national and international experts in respiratory medicine, the event addressed pressing challenges in the field - from asthma and COPD to tuberculosis, silicosis, and interstitial lung diseases. The symposium brought together leading voices to explore the intersections of clinical practice, environmental health, and public health research. The program included talks by Dr. Paige Lacy, Dr. Surinder Jindal, Dr. D. J. Christopher, Dr. Raja Dhar, Dr. Saibal Moitra, Dr. Mihir Rupani and Dr. Isabella Annesi-Maesano. With active engagement from clinicians, researchers, and students, AIRWAYS 2025 provided a vibrant platform for cross-disciplinary exchange and collaborative dialogue on advancing respiratory health. The symposium in association with the Indian Chest Society set the stage for future collaborations in research and clinical practice.

# ICS Webinars

| Sr. No. | Webinar Topic | Date | YouTube Links |
|---|---|---|---|
| 1 | Novel Strategies to improve ARDS Survival | 6th December 2023 | |
| 2 | Targetting the unknown Enemy, Newer Antibiotics & Multiplex PCRR | 13th December 2023 | https://youtu.be/R4bZzj_7RxA |
| 3 | Hypersensitivity Pneumonitis | 27th December 2023 | https://youtu.be/IrLMW50FfCI |
| 4 | Mechanical Ventilation - Tips and Tricks | 10th January 2024 | https://youtu.be/7fydYzxW9Mw |
| 5 | ABPA - State of the Art | 17th January 2024 | https://youtu.be/N3Ma5llYTpE |
| 6 | MTS-ICS Asthma | 20th January 2024 | |
| 7 | Mechanical Ventilation - Ventilatory Graphs and Troubleshooting | 24th January 2024 | https://youtu.be/maFM9ZJJzkQ |
| 8 | Sarcoidosis - The Great Mimic | 31st January 2024 | https://youtu.be/_tlxzbok-9M |
| 9 | Pulmonary Embolism - The Silent Killer | 7th February 2024 | https://youtu.be/_pF6dfeEJiw |
| 10 | Masterclass on Lung Oscillometry | 14th February 2024 | https://youtu.be/1jYissi3VxI |
| 11 | Idiopathic Pulmonary Fibrosis | 21st February 2024 | https://youtu.be/ql-StO5_RFM |
| 12 | Ventilator Weaning | 28th February 2024 | https://youtu.be/7UNjOyKLX90 |
| 13 | TOPD - the Unknown Enemy | 13th March 2024 | https://youtu.be/UxckTDB5g1k |
| 14 | Expanding Diagnostic horizons in TB and viral infections | 20th March 2024 | https://youtu.be/g76aDFqPmwQ |
| 15 | TB Diagnostics - State of the Art | 22nd March 2024 | https://youtu.be/78naE6p00_4 |
| 16 | Tracheostomy - Improving the Outcomes | 27th March 2024 | https://youtu.be/EWUWtA6oIOk |
| 17 | Imaging in Airways - All that you need to know | 29th March 2024 | https://youtu.be/fnnfeSVwy8E |
| 18 | NSIP & OP - The Best Approach | 03rd April 2024 | https://youtu.be/M0MNrtPhNlg |
| 19 | Non-invasive Ventilation - Tips & Tricks | 10th April 2024 | https://youtu.be/i-Fz0vngS9k |
| 20 | Bronchiectasis - No Longer an Orphan Disease | 17th April 2024 | https://youtu.be/1cArdtCdn4g |
| 21 | MGIT-DST TB Guardianship Certification Program | 24th April 2024 | https://youtu.be/Fylb-xhLsQM |

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|---|---|---|---|
| 22 | CTD-ILD All that you need to know | 8th May 2024 | https://youtu.be/L1GkvSyrNms |
| 23 | Difficult to treat Asthma - The Best Approach | 15th May 2024 | https://youtu.be/rQ6qND164yo |
| 24 | TB Guardianship Certification Program - Navigating Complexity : Special Cases in TB Diagnosis and Management | 5th June 2024 | https://youtu.be/oK9AfQGhEmY |
| 25 | Occupational ILD & Drug Induced ILD - The Best Approach | 12th June 2024 | https://youtu.be/_xyPg5Ej-cM |
| 26 | True Severe Asthma - Diagnosis and Treatment Options | 19th June 2024 | https://youtu.be/79o71fLRtpk |
| 27 | Thoracic Ultrasound Masterclass | 26th June 2024 | https://youtu.be/HfuFNxEYolQ |
| 28 | Tech it Easy - Digital innovations in Lung Health Management | 03rd July 2024 | https://youtu.be/gOCBMHFl8Fc |
| 29 | Oxygen Therapy - From A to Z | 10th July 2024 | https://youtu.be/zlxfP3ztj2c |
| 30 | COPD Management in 2024 - State of the Art | 17th July 2024 | https://youtu.be/X9K_x39bxIA |
| 31 | Progressive Pulmonary Fibrosis - The Best Approach | 24th July 2024 | https://youtu.be/1NoFPfUkxag |
| 32 | Ventilator Associated Pneumonia - Improving the Outcomes | 31st July 2024 | https://youtu.be/521P3t7f5Eg |
| 33 | Asthma COPD Overlap - All That You Need To Know | 14th August 2024 | https://youtu.be/EB--w2ORPFs |
| 34 | Shingles Prevention in COPD & Asthma | 21st August 2024 | https://youtu.be/aujT4NKmUNI |
| 35 | AIP, LIP, DIP, RD-ILD & PPFE from A to Z | 28th August 2024 | https://youtu.be/uhIxPSSPpK0 |
| 36 | Newer Concepts in COPD Management | 03rd September 2024 | https://youtu.be/7oBUKw04v-U |
| 37 | Phenotyping Bronchiectasis - Revolutionizing Management | 18th September 2024 | https://youtu.be/XFTLdOQ1Id4 |
| 38 | Cystic ILDs: The Best Approach | 25th September 2024 | https://youtu.be/KjbS8ZGRgYs |
| 39 | Viral Pneumonias and Complications | 09th October 2024 | https://youtu.be/ZDTSSFzXGQc |
| 40 | COPD and the Heart - the Notorious Nexus | 16th October 2024 | https://youtu.be/wlvHTxihccY |

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| 41 | Lung Transplant - All That You Need To Know | 27th November 2024 | https://youtu.be/ZDMzfb7qXqc |
| 42 | COPD GOLD 2025 - What You Need To Know | 4th December 2024 | https://youtu.be/kSLhv5zPPfM |
| 43 | Fungal Infections in ICU | 11th December 2024 | https://youtu.be/yGUdDGPd7Ko |
| 44 | Single Inhaler Triple Therapy : The Best Way Forward | 18th December 2024 | https://youtu.be/lkN8EWmC_PM |
| 45 | Approach to a patient with ILD | 26th February 2025 | https://youtu.be/lHNkOKpDhnc |
| 46 | ARDS in 2025 - What is New | 12th March 2025 | https://youtu.be/am3udyln8B0 |
| 47 | RA ILD - From A-Z | 19th March 2025 | https://youtu.be/34-rwYhpwVs |
| 48 | Progressive Pulmonary Fibrosis - The Best Approach | 26th March 2025 | https://youtu.be/rldqVYxw9ys |
| 49 | Management of DRTB | 28th March 2025 | https://youtu.be/feRRKJM2LXk |

# ICS Travel Grants Calender

| Sr. No. | Type of Conference | No. of Grants | Amounts Sanctioned | Last date for Receiving Applications (Every Year) | Results on or Before (Every Year) | Documents Required |
|---|---|---|---|---|---|---|
| 1 | ATS USA | TWO | Rs. 1,00,000/- | 15th FEB | 28th FEB | ***Before -***<br>1. Acceptance Certificate from ATS<br>2. Resume<br>3. Covering letter signed by the HOD<br>4. Age Proof<br>***After -***<br>1. Certificate of Attendance<br>2. Poster/Paper Presentation Letter from ATS<br>3. Receipt of travel tickets |
| 2 | ERS EUROPE | SEVEN | Rs. 75,000/- | 15th JUNE | 30th JUNE | ***Before -***<br>1. ERS Application<br>2. Application forwarded by HOD<br>3. Resume<br>4. Selection Letter from ERS<br>5. Age Proof<br>***After -***<br>1. Certificate of Attendance<br>2. Poster/Paper Presentation Letter from ERS EUROPE<br>3. Receipt of travel tickets |
| 3 | CHEST ACCP USA | TWO | Rs. 1,00,000/- | 30th JUNE | 15th JULY | ***Before -***<br>1. CHEST ACCP Application<br>2. Application forwarded by HOD<br>3. Resume<br>4. Selection Letter from ACCP<br>5. Age Proof<br>***After -***<br>1. Certificate of Attendance<br>2. Poster/Paper Presentation Letter from CHEST ACCP USA<br>3. Receipt of travel tickets |
| 4 | Internation -al Workshop on Lung Health | TWO | Rs. 75,000/- | 15th November | 15th December | ***Before -***<br>1. IWLH Application<br>2. Application forwarded by HOD<br>3. Resume<br>4. Selection Letter from IWLH<br>5. Age Proof<br>***After -***<br>1. Certificate of Attendance<br>2. Poster/Paper Presentation Letter from IWLH<br>3. Receipt of travel tickets |

**Please note that dates of submitting applications may vary due to unprecedented times.*
**Keep in touch with us at icsofficeexecutive@gmail.com.*

# Travel Grant Winners

## ERS INDIA SUMMIT

Congratulations to all our young Chest Physicians who have been awarded the ICS Travel Grant to the ERS Congress at Vienna, Austria from 7- IIth September 2024.

We congratulate the following 9 recipients :

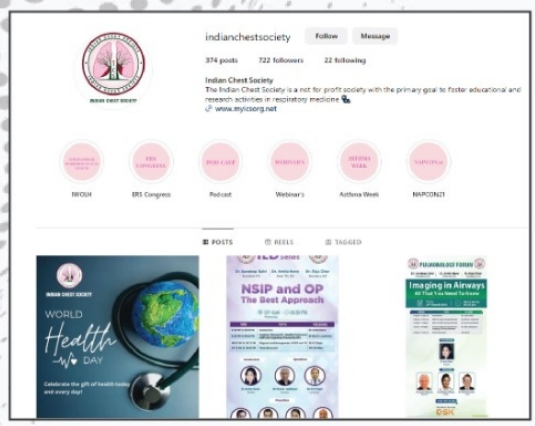
Dr. Akhil Paul, Kerala.
Dr. Anshu Priya, Mumbai.
Dr. Tanay Sinha, Mumbai.
Dr. Abhinav Bhosle, Gujarat.
Dr. Aakanksha Sarda, Raipur.
Dr. Vijay Kumar, Varanasi.
Dr. Karmay Shah, Mumbai.
Dr. Prachi Gupta, Delhi.
Dr. Komal Shah, Gujarat.

# IWLH 2025

Congratulations to our young Chest Physician **Dr Jonnalagadda V S Aswith Chowdary** from Delhi, who has been awarded the 2025 ICS Travel Grant to the XII International Workshop on Lung Health held from 16-18 January in Lisbon, Portugal.

# ICS Social Media

## ICS SOCIAL MEDIA




**/ indianchestsociety**

| | |
|---|---|
| Posts | : 411 |
| Followers | : 987 |
| Following | : 21 |


**/ Indian Chest Society**

| | |
|---|---|
| Posts | : 374 |
| Followers | : 3.3K |
| Likes | : 2.8K |


**/ ICSNagpur**

| | |
|---|---|
| Posts | : 374 |
| Followers | : 650 |
| Following | : 105 |

# Indian Chest Society Membership Benefits

1. Dual Membership of Indian Chest Society (ICS) and European Respiratory Society (ERS).
2. Access to online content on ERS website like Journals, Monographs, Breath Magazine, etc.
3. Receive lifelong printed copies of Lung India (An Indexed Publication) - six times a year.
4. Receive lifelong printed copies of Respire, the ICS Newsletter, three times a year.
5. A chance to get various ICS Travel Grants (ACCP, ERS, ATS), Short Term Fellowships and training, research Fellowships.
6. Discounted ICS Membership rates for CME / Conferences.
7. Discounted ICS Membership rates for ERS Conference.
8. Opportunity to participate in ICS research activities / Indian Registries for respiratory diseases and contribute to building robust data for the nation.
9. Participate in the ICS Kothari Young Researcher (PG) Award Session at NAPCON every year.
10. Can apply for the FIC - Fellowship of Indian Chest Society Awarded at Annual Conference.
11. Take part in the ICS Leadership Election conducted via e-voting.
12. Apply for various Awards, Fellowships, Orations given by the ICS at NAPCON.
13. Avail reduced registration fee for members at Annual ICS Conference.
14. Participate in the Annual General body and be a part of the decision making process of ICS.
15. Become a part of the electoral process of ICS e-voting rights to all life members.
16. Opportunity to become an office bearer of this prestigious society.
17. Enhancing knowledge by attending workshops and events under the ICS Banner

***Like and follow us on***

18. Association / Networking with Top Notch Doctors and Academicians in the field of Respiratory Industry.
19. Avail exclusive deals for ICS Members for International Conferences & other Medical Events.
20. ICS has exclusive tie up with Lung Health Organisation for travel grants, Rising Star programme and discount for their Lung Health Workshops.
21. Avail ICS-ERS Clinical and Research Fellowship ranging from 1-6 months.
22. Benefit of Short Term Fellowship in various Centre of Excellence within India in Interventional Pulmonology, Critical Care, Sleep Medicine, etc.
23. Ever increasing tie up with international societies with ACCP BTS on the anvil.

You can become our member online by going to www.myicsorg.net
filling in your details and making an online payment. It's hassle free and gets completed in less than 5 mins. Go green and become an ICS member online today !!!

## ICS Goals and Objectives

1. Promoting research and academic activities.
2. Organising periodic academic meetings and conferences at international, national, zonal and local level and to bring together periodically, the medical fraternity interested in Respiratory Medicine, at a common meeting point.
3. Organising periodic patient awareness and educational programmes to promote understanding about the important respiratory diseases.
4. To assist in creating technical manpower required to handle various diagnostic and therapeutic equipments related to Respiratory Medicine.
5. To assist in creating trained medical manpower required to handle various patient related activities.

# ICS National Leadership (2024-25)

**Dr. J. K. Samaria**
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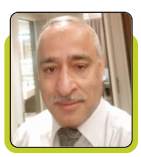

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# RESPIRE QUIZ
## (January - April 2025)

Benefits of Pulmonary Rehabilitation includes increases in all of the following except -

1. Quality of Life
2. Exercise Tolerance
3. Medical Resource Utilisation
4. Independence

**Please send correct answers to Dr. Neeraj Gupta**
**at E-mail : drneerajajmer@yahoo.com and cc to icsofficeexecutive@gmail.com**
**First three correct winners stand a chance to feature in the next issue of Respire Quiz Section**

### Correct response for RESPIRE (September - Decembre 2023)

A group of 12 people in the Southern New England costal area had shellfish in their lunch along with Alcohol. They were in the costal area to witness Red Tide.

Within 30 minutes, few of them started tingling of lips, tongue, face and neck. Three of them further developed muscular paralysis and respiratory difficulty after 10-12 hours.

The most probable causative agent is -

1. Brevetoxin
2. Paraquat
3. Methyl isocyanate
4. Organophosphate

**Correct Answer :** Option 1 Brevetoxin

### *Congratulations to RESPIRE Quiz Winner for the issue (January - April 2024)*

**Dr. Gyanshankar Mishra**
*MBBS, MD, DNB, MNAMS, FNCCP(I)*
*Associate Professor, Respiratory Medicine*
*Indira Gandh Government Medical College, Nagpur*