Telangana
THE HEART OF THE DECCAN









# 2024 HYDERABAD ISNSCCON

**8th 9th 10th & 11th FEBRUARY**

## 43RD ANNUAL CONFERENCE OF

## Indian Society of Nephrology Southern Chapter & 6th Chapter TSNCON

8th - 11th february 2024

Taramati Baradari Resort, Hyderabad

# SOUVENIR

**Organised by**

HYDERABAD NEPHROLOGY FORUM

INDIAN SOCIETY OF NEPHROLOGY SOUTHERN CHAPTER

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Indian Society of Nephrology 1970

ISN INTERNATIONAL SOCIETY OF NEPHROLOGY

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# MESSAGE FROM PRESIDENT, INTERNATIONAL SOCIETY OF NEPHROLOGY




## Dr Masaomi Nangaku

Division of Nephrology and Endocrinology,
Department of Hemodialysis and Apheresis


I extend my heartful congratulations to every member of the Indian Society of Nephrology - Southern Chapter for holding the 43rd Chapter of Indian Society of Nephrology - Southern Chapter at Hyderabad.

This is truly a remarkable achievement, and your dedication to advancing the field of nephrology is incredible.
This meeting serves as a platform for the exchange of updated knowledge, the sharing of groundbreaking research, and the fostering of collaborations among professionals in the field of nephrology. I want to emphasize the devotion by the core committee, represented by P. Soundarrajan, Chairman, and the organizing committee, represented by Manisha Sahay, Organizing chairperson, for establishing this wonderful program.

India is very significant for the ISN activities because India has the world largest population, India's significance on the global stage is multifaceted, ranging from economic contributions and technological advancements to cultural influence. India is crucial for addressing the complex challenges we are facing today. On behalf of the ISN, I would like to thank all the members of the Indian Society of Nephrology for their contribution to global kidney health.

Once again, congratulations on a highly successful ISNSCCON 2024. I look forward to working with each and every one of you and witnessing the continued growth and achievements of the Indian Society of Nephrology in the years to come.

**Dr Masaomi Nangaku**
President, International Society of Nephrology

# MESSAGE FROM PRESIDENT, ISRNM



## Dr Angela Wang

President, International Society of Renal Nutrition & Metabolism

I would like to bring about the key message on "Implementing Lifestyle Intervention for Kidney health'. There is a recent transformation in global kidney care with the availability of several novel therapies that have been proven to be effective in retarding chronic kidney disease progression. However, there remains significant challenges in equitable care and access to all these new medications in many parts of the world. To reduce the huge global burden of chronic kidney disease, it is vital that we, as nephrologists, take on a more proactive approach and extend our focus to early preventing kidney disease and maintaining kidney health. Regular albuminuria screening should be implemented in patients with diabetes and hypertension for early detection of at-risk population so for earlier intervention and is more cost-saving in the long run.

Lifestyle intervention and healthy dietary pattern play a crucial role in maintaining kidney health, and potentially reducing the huge global burden of non-communicable diseases and chronic kidney disease. However, we need to move away from building a negative culture and concept on enforcing dietary restriction on our patients but rather positively advocate the concept of a healthy dietary pattern that makes our patients feel good and live well with kidney disease and would also improve patients' morale and adherence. Improving health literacy and nutrition literacy are important aspects in kidney care. As kidney disease is a multisystem disease and interconnects with many other body organs, such as heart, blood vessels, brain, gut, liver and even our musculoskeletal system, managing kidney disease requires an integrated, multidisciplinary approach with input from many different healthcare stakeholders such as nurses, dietitians, pharmacists, allied health professionals, other specialists such as cardiologists, neurologists, as well as primary care physicians.

Most important of all, we need to educate our patients, improve health and nutrition literacy, raise their awareness of the importance of a healthy kidney diet, actively engage and empower them in their own kidney care and in maintaining their kidney health.

**Dr Angela Wang**
President, ISRNM
Chair, ISN Education working group
Nephrologist, Queen Mary Hospital
University of Hongkong

# MESSAGE FROM PRESIDENT, INDIAN SOCIETY OF NEPHROLOGY



## Dr Harbir Singh Kohli

President, Indian Society Of Nephrology

It's a privilege and honour to welcome you all at the 43rd annual conference of the Indian Society of Nephrology: Southern Chapter and 6th chapter TSNCON being hosted by Hyderabad Nephrology forum. ISN: Southern Chapter is a zestful & spirited one, almost all other chapters/zones wish to emulate Southern Chapter of ISN. All of us adulate Southern Chapter's meetings, as the annual meetings have an assortment of academic events.

To quote Swiss Physician & Alchemist Paracelsus "Medicine is not only a science; it is also an art. It deals with the very processes of life, which must be understood before guided" The present meeting being held in Hyderabad from 8th -11th Feb 2023 is this mix of science and art. A glimpse of Humanistic medical education will be there in its opening symposium honoring not only a Nephrology stalwart but also a noble human being Prof JCM Shastry. The scientific program will keep on showing amazing ingenuity, a hallmark of great meeting.I am pretty sure that the mettlesome trio of Drs Manisha, Manjusha and Swarnalatha aided by Drs Reddy & Karthik as organizing team is going to take care of all of you.

On behalf of Indian Society of Nephrology let me say సుస్వాగతం - Suswaagatham

**Dr Harbir Singh Kohli**
President, Indian Society of Nephrology
Professor and Head,
Department of Nephrology,
Post Graduate Institute of Medical Education & Research, Chandigarh

# MESSAGE FROM IMMEDIATE PAST PRESIDENT, INDIAN SOCIETY OF NEPHROLOGY



## Dr Sanjiv Gulati

Past Preaident, Indian Society of Nephrology

**Dear Friends,**

My greetings and warm welcome to all the attendees 43rdAnnual Conference of South Zone ISN at Hyderabad. Hyderabad boasts of a rich cultural and gastronomical heritage.

I consider it a great honor and privilege to have got a chance to serve as President, ISN. I would like to thank my teachers, colleagues, students and other well-wishers for making this possible. Over the last one year, I along with other members of the Governing Body have strived hard to put India on the World Nephrology map. You will be glad to know our bid for hosting the World Congress of Nephrology 2025 has been accepted and it has been a dream come true for many of us. This will help Indian Society of Nephrology to consolidate its position in the global nephrology arena. A meeting was also held with ASN and ANIO leadership in Philadelphia, on the sidelines of ASN, where several areas of collaboration in teaching, training and research were discussed. You will be happy to know that ASN has been generous to accept our request for free membership to 200 fellows per annum.

Several new initiatives were launched over the past one year with leadership coming from South Zone. Prof Gopalakrishnan, Chairman Scientific Committee ISN needs to be complimented for the excellent scientific programmes of ISNCON 2023 at Kolkata. A medicolegal committee was formed and we have negotiated an attractive group indemnity with 24 hours medicolegal support. A liaison committee was formed under leadership of Prof Georgi Abraham and a patient advocacy committee under Dr Sunder Shankaran. I am sure their hard work will bear fruits in times to come. The Young Nephrologist committee is doing a fabulous job. A social media committee under the leadership of Dr Arvind Canchi has been formed and a YouTube channel of ISN has been launched the aim to operationalize the last world kidney day of bridging the knowledge gap between the nephrologist and the common man and update them about new scientifically validated therapies and bustle existing myths and untested treatments.

There are several hurdles and challenges that remain and I seek your suggestions as well as cooperation in raising the status of Indian society of nephrology in national as well as international arena.

Hope you enjoy this academic fiesta at Hyderabad organized by Dr Praveen Etta and his team.

A lot has been done but a lot more needs to be done and I end on this note by Swami Vivekanand.

***"Arise, awake and stop not till the goal is reached"***

Thank you

**Dr Sanjeev Gulati**

MD, DNB, DM, FRCPC (Canada), FISN, FIAP, FISOT

Immediate Past President, Indian Society of Nephrology

Chairman, Nephrology and Kidney Transplant

Fortis group of Hospitals, NCR

# MESSAGE FROM HONORARY SECRETARY, INDIAN SOCIETY OF NEPHROLOGY



## Dr Shyam Bihari Bansal

Honarary Secretary, Indian Society of Nephrology

**Dear Organizing Team, ISNSCCON 2024,**

I trust this message finds you well. I would like to extend my warmest regards and support for this upcoming conference of South Zone, scheduled to take place in Hyderabad. The field of nephrology is continuously evolving, and conferences such as yours play a pivotal role in fostering collaboration, sharing knowledge, and advancing the collective expertise of our community. I recognize the effort and dedication that goes into organizing such conferences, and we are confident that the South Zone Annual Conference will be a resounding success, providing an enriching experience for all attendees. The exchange of ideas, research findings, and clinical experiences during these events contributes significantly to the growth of nephrology as a discipline.

As the Indian Society of Nephrology, we are committed to supporting and promoting initiatives that contribute to the advancement of nephrology. If there are ways in which we can assist you in ensuring the success of the South Zone Annual Conference, please do not hesitate to reach out. Whether it be through speaker recommendations, promotional efforts, or any other form of support, we are here to help.

I look forward to the success of the conference and the positive impact it will have on our shared mission of advancing nephrology in the region.

Best regards,

**Dr Shyam Bihari Bansal**

DM, FISN, FISOT, FASN, FRCP (London)
Secretary, Indian Society of Nephrology
Former Secretary, Delhi Nephrology Society
Executive member, Indian Society of Organ Transplantation
Director and Head, Department of Nephrology
Medanta - Medicity, Gurgaon

# MESSAGE FROM PRESIDENT, INDIAN SOCIETY OF NEPHROLOGY SOUTHERN CHAPTER



## Prof Dr P. Soundararajan

**Dear delegates,**

It is my utmost pleasure to extend a warm welcome to all of you at the Indian Society of Nephrology Southern Chapter Conference 2024 (ISNSCCON 2024). As the President of this esteemed conference, I am honored to invite you to join us for this momentous event.

Hosting the conference in Hyderabad post-pandemic is particularly fitting for two compelling reasons. Firstly, Hyderabad holds significance as the birthplace of Covaxin in the Genomic Valley, showcasing the city's contributions to the development of this vital vaccine. Secondly, despite the challenges posed by the pandemic, transplant centers in Hyderabad continued to operate and successfully performed kidney, liver, heart, and lung transplants, highlighting their resilience and dedication to patient care during these unprecedented times.

The conference has prepared an enriching scientific program encompassing a wide range of topics, including clinical practice, research advancements, patient management, and cutting-edge technologies. With keynote lectures, plenary sessions, symposia, workshops, and presentations, our program aims to broaden your horizons, enhance your skills, and equip you with the tools necessary to deliver exceptional care to your patients.

I encourage all delegates to seize this extraordinary opportunity. Immerse yourself in the scientific sessions, actively participate in discussions, and embrace the chance to learn, grow, and contribute to the advancement of Nephrology.
On behalf of the Indian Society of Nephrology Southern Chapter, I extend a warm welcome to each and every one of you. Let us come together, explore new frontiers, embrace innovation, and empower our lives through Nephrology.
Thank you, and I eagerly look forward to meeting you at ISNSCCON 2024.

*"Glorious Past is our lesson, Present is our Gift, Future is our dream for Academic Excellence"*

**Prof Dr P. Soundararajan**
President, Indian Society of Nephrology Southern Chapter

# MESSAGE FROM HONORARY SECRETARY, INDIAN SOCIETY OF NEPHROLOGY SOUTHERN CHAPTER



## Dr Sree Bhushan Raju

Honorary Secretary, Indian Society of Nephrology Southern Chapter

**Dear colleagues and friends,**

It is my pleasure to welcome you to the prestigious ISNSCCON conference to be held between 8th and 11th February 2024 at Hyderabad, hosted by "The Hyderabad Nephrology Forum (HNF). Hyderabad is the most happening city in our country known for pearls, biryani, and wonderful hospitality. I am sure that the organizers will make it more memorable.

The conference is going to be an academic feast for nephrologists across South India. As India is the emerging leader in the field of nephrology, we have made significant advances in research, treatment options, and patient care over the years. We are going to have several interesting topics, being dealt with by both national and international speakers. It is also an opportunity for young researchers to showcase their talent by presenting their precious work at the conference.

We are confident that this conference will provide an excellent opportunity for you to stay UpToDate on the latest nephrology concepts and facilitate networking with experts. We look forward to seeing you all at the conference.

**Dr Sree Bhushan Raju**
Honorary Secretary, Indian Society of Nephrology - Southern Chapter
Professor in Nephrology, NIMS, Hyderabad

# MESSAGE FROM ORGANIZING CHAIRMAN, ISNSCCON 2024



## Dr Manisha Sahay

Organizing Chairman, ISNSCCON 2024

As the organizing chairman for ISNSCCON 2024, it is my proud privilege to pen down a message for ISNSCON 2024 to be held at Hyderabad. I am sure the scientific committee will be coming out with a splendid scientific program, which would be practical and useful for practicing nephrologists. The essence of any conference is the free paper sessions which give opportunity to the researchers to present their work. Finding the right mentors is the buzz word and such meetings provide just that for our "Gen Next".
We will leave no stone unturned to make the conference a memorable one for many years to come.

Our team is planning a unique cultural program which promises to enthrall you and get you all – the "young" and "not so young" on their feet as the sun sets and the night falls. The mouthwatering Hyderabad cuisine is something to look forward to.

We are looking forward to welcoming you to the academic extravaganza at our beautiful city. Please attend in large numbers. We will do our best to ensure a comfortable and enrichingexperience during the conference.

*To come to the conference do not have qualms*
*We are there to welcome you with open arms*
*Let's interact, discuss, debate and share*
*May new ideas, knowledge and learning prosper*

**Dr (Prof) Manisha Sahay**
Organizing Chairman, ISNSCCON 2024
President - Hyderabad Nephrology Forum

# MESSAGE FROM ORGANISING SECRETARY, ISNSCCON 2024



## Dr Manjusha Yadla

Organizing Secretary, ISNSCCON 2024

It gives me immense pleasure to write welcome message for 43rd Chapter of ISN-Southern Chapter, to be conducted at Hyderabad between 8th -11th February, 2024. It is being hosted by Hyderabad Nephrology forum. Hyderabad is a blend of nizam culture, conservative society, advanced IT hubs, night life and the buzzling activity of a metro city. Hyderabad is also an amalgamation of nizam architectural style buildings with mesmerizing sky scrapers. The city is dashing ahead with enormous improvement in culture, connectivity, economics, lifestyle.

Further, Hyderabad is famous for pearls and the cuisine- Dum biriyani, apart from theeducational, technological opportunities. A cuisine of international fame and well acclaimed diverse restaurants welcome you all with open hands in all love and affection.

On the scientific front, we promise to bring a diverse potpourri of didactic talks, keynote lectures, orations, pre-congress workshop, panel discussions, debate, quiz, papers and poster sessions. We would have speakers of national and international repute, speaking to us on various aspects of Nephrology. We are sure you would be keen on learning, sharing, networking, connecting during the conference. We plan to have the special nights with cultural shows by the nephrologists at the venue itself. Hyderabad is also known for tourism with many sightseeing places including Salar Jung museum, Golconda fort and the new magnificent Assembly premises. For women, we have heavy shopping areas with lucrative prices starting at chudibazar, laad-bazar, night-bazar.

On behalf of Hyderabad Nephrology Forum, as Vice president of Forum and the Organizing secretary of the conference, I welcome everyone to be part of the amazing event being organized at Taramati Baradari Resort, Hyderabad! Come, stay and enjoy.
Empower and Enrich yourself.

Wish you all happy stay and happy conference!

**Dr Manjusha Yadla**
Organizing Secretary, ISNSCCON 2024
Vice President - Hyderabad Nephrology Forum

# MESSAGE FROM JOINT ORGANIZING SECRETARY, ISNSCCON 2024



## Dr Swarnalata Guditi

Joint Organizing Secretary, ISNSCCON 2024

**Dear Esteemed Colleagues and Distinguished Guests,**

I am delighted to extend a warm welcome to the 43rd annual conference of Indian society of nephrology southern chapter and 6th annual conference of TSNCON in the vibrant city of Hyderabad. As Joint Secretary to the conference and Secretary to the Hyderabad Nephrology Forum, it is an honor to present an enriching program featuring cutting-edge scientific content across diverse nephrology topics.

Our conference is not only a platform for the latest advancements in nephrology but also a showcase of exceptional research by residents. Additionally, we invite you to immerse yourself in the rich tapestry of local culture through special events, and indulge in the culinary delights of Hyderabadi cuisine.

Looking forward to an intellectually stimulating and culturally enriching experience at ISNSC 2024.

Best regards,

**Dr Swarnalatha**

Prof and Head Dept of Nephrology NIMS, Hyderabad

I/C Jeevavdan, Deceased donor transplantation program, Govt of Telangana

Joint Secretary, ISNSC Conference

Secretary, Hyderabad Nephrology Forum

# MESSAGE FROM JOINT ORGANIZING SECRETARY, ISNSCCON 2024



## Dr V Satti Reddy

Joint Organizing Secretary, ISNSCCON 2024

I am delighted to invite you to the 43rd ISN-Southern Chapter in Hyderabad, hosted by the Hyderabad Nephrology Forum from February 8th to 11th, 2024. Immerse yourself in Hyderabad's unique blend of tradition and modernity, featuring Nizam architecture, IT hubs, and a dynamic nightlife. The conference promises intellectually stimulating talks by national and international experts, covering diverse aspects of Nephrology. Join us for an exceptional event, where knowledge and cultural experiences converge in the heart of Hyderabad.

**Dr V Satti Reddy**
Chief Nephrologist, KIMS Hospitals

# MESSAGE FROM TREASURER, ISNSCCON 2024



## Dr Raja Karthik Kalidindi

Treasurer, ISNSCCON 2024

**Dear Esteemed Colleagues and Participants,**

Greetings!

It is with great pleasure that I extend my warmest regards to all of you. As the Treasurer of the much-anticipated South Zone Nephrology Conference, slated to be held in the vibrant city of Hyderabad, I am excited to connect with you all.

Our team has been diligently preparing to make this conference an intellectually stimulating and memorable experience for each attendee. Your participation and involvement in this event will contribute immensely to the exchange of knowledge and the advancement of nephrology in our region.

Hyderabad, known for its rich cultural heritage and warm hospitality, awaits your presence as we convene for the South Zone Nephrology Conference. Let us come together to share insights, build networks, and propel advancements in the field of nephrology.

**Dr Raja Karthik Kalidindi**
Additional Prof in Nephrology, NIMS hospital
Treasurer, HNF

# MESSAGE FROM EDITORS, ISNSCCON 2024 SOUVENIR



**Dr Praveen Kumar Etta**



**Dr Deepthi Ayanavelli**



**Dr Kajaree Giri**

**Dear Esteemed Colleagues and Distinguished Guests,**

It is with great pleasure that we extend a warm welcome to all the delegates of the Indian Society of Nephrology Southern Chapter Conference 2024 (ISNSCCON 2024). As the editor for the conference souvenir, we are thrilled to be a part of this momentous event, which will take place in the vibrant city of Hyderabad from the 8th to the 11th of February 2024.

The conference promises to be a gathering of the brightest minds and dedicated professionals in the field of nephrology. The conference will provide a platform for sharing knowledge, discussing advancements, and fostering collaborations that will undoubtedly contribute to the growth and progress of nephrology in South Indian region.

As we come together to explore the latest developments, research findings, and innovative practices in nephrology, let us also take a moment to appreciate the rich cultural tapestry of Hyderabad. Known for its historical significance, warm hospitality, and delectable cuisine, Hyderabad is the perfect backdrop for an intellectually stimulating and socially enriching conference.

I encourage each of you to actively participate, engage in meaningful discussions, and forge connections that will endure beyond the conference walls. The souvenir, under our editorial guidance, aims to capture the essence of ISNSCCON 2024, reflecting the brilliance of our collective endeavors in the realm of nephrology.

Once again, welcome to Hyderabad, and may ISNSCCON 2024 be a resounding success, leaving an indelible mark on our journey toward advancing nephrology.

Best Regards,

**Dr Praveen Kumar Etta**
**Dr Deepthi Ayanavelli**
**Dr Kajaree Giri**
Editors, ISNSCCON 2024 Souvenir

# INDIAN SOCIETY OF NEPHROLOGY
# SOUTHERN CHAPTER GOVERNING BODY

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**Dr. Manjusha Yadla**
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**Dr. Swarnalatha Guditi**
Joint Org. Secretary



**Dr. Satti Reddy**
Joint Org. Secretary



**Dr. Kalidindi Karthik**
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Dr. P.S.Vali



Dr. Raja Karthik Kalidindi



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Dr. Srikanth Gundlapalli



Dr. Praveen Kumar Etta



Dr. B. Vikram Kumar

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Dr. Kajaree Giri

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Dr. Siddharth Herur : Co Lead

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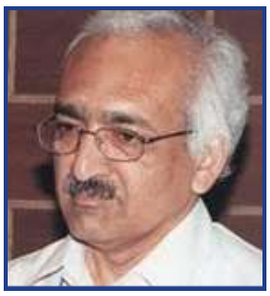
Dr. Karthik

Dr. Sujith Reddy

# PIONEERS IN NEPHROLOGY
# ISN SOUTHERN CHAPTER

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Prof Dr V Sivakumar


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Dr Neemani Satyanarayana


Dr Amanna


Dr BS Nehru


Dr SVL Narayana Rao


Prof Dr PN Jikki


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Dr S Padmanabhan


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Dr Rajeev Agarwal


Dr Ravindra Prabhu


Dr E Mahesh


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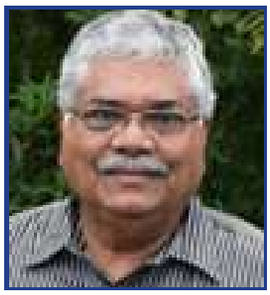
Dr R Manjunath

# PIONEERS IN NEPHROLOGY ISN SOUTHERN CHAPTER

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Dr TT Paul


Late Dr Ramadas Pisharody


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Dr A Vimala


Dr Rajaratnam Krishnan

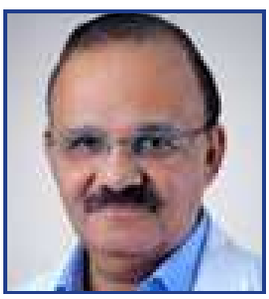

Dr Joseph K Joseph


Dr VN Unni


Late Dr H Lekha

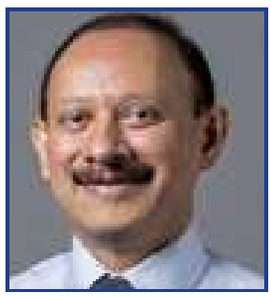

Dr KP Jayakumar


Dr Jacob George


Dr Abi Abraham


Dr M Sreelatha


Dr Usha Samuel


Dr Mammen John


Dr George Kurian

# KERALA



Dr Sajith Narayanan



Dr S Gomathy



Dr Satish Balan



Dr Iqbal



Dr Rajesh Nair



Dr Ranjit Narayan



Dr Vinod Babu Rajan



Dr Jyotish Gopinath

## TAMILNADU & PUDUCHERRY


Late Prof Dr P Koshy


Prof Dr K V Johny


Prof Dr MK Mani


Prof Dr MS Amaresan


Dr Meshach Kirubakaran


Prof Dr Chacko Korula Jacob


Prof Dr MA Muthusethupathi


Dr BR Nammalwar


Dr JH Balasingh

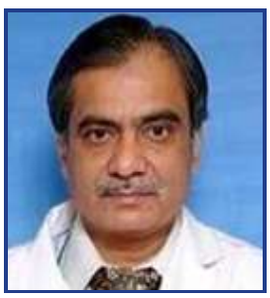

Dr Muthu Jayaraman


Dr Georgi Abraham


Dr P Soundara Pandian


Prof Dr V Tamilarasi


Prof Dr P Soundararajan


Dr KC Prakash


Dr CM Thiagarajan


Dr KS Ramalingam


Dr George T John


Prof Dr M Jayakumar


Dr Vijayakumar

# TAMILNADU & PUDUCHERRY


Dr Dinakaran


Dr Mohandas

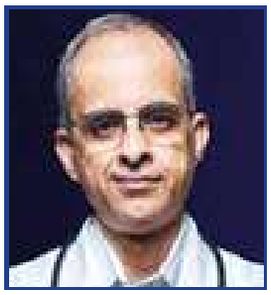

Dr Jones Ronald


Dr Rajan Ravichandran


Dr N Murugesan


Dr Vivek Pathak


Dr Rajeev Annigeri


Dr K Sampathkumar


Dr J Balasubramaniam


Dr R Bala Subramaniyam


Dr Santosh Varughese


Dr Edwin Fernando


Dr Giri Padhmanabhan


Dr N Gopalakrishnan


Dr N Chezhiyan


Dr Prabha Senguttuvan


Dr P Ramachandran


Dr P Ravichandran


Dr B Subba Rao


Dr V Chiranjeevi

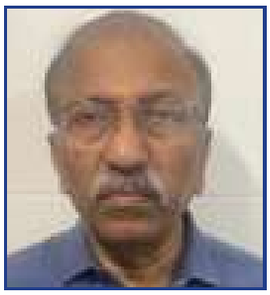
# TAMILNADU & PUDUCHERRY


Dr R Padmanabhan


Dr T Rajendran


Dr K Anitha Jeganathan


Dr Venu


Dr M Shanmugaperumal


Dr Sreejith Parameshwaran


Dr Suguna Rajendran


Dr D Divakar


Dr SE Dhanasekaran


Dr Satish M Rao


Dr S Sreedhar


Dr C Kedharnath


Dr Vinoi George David


Dr Suceena Alexander


Dr Priyamvada P S


Dr S Vel Aravind

# PIONEERS IN NEPHROLOGY - ISN SOUTHERN CHAPTER

## TELANGANA


Prof A Gopalkishen


Late Prof Dr JCM Shastry


Prof Dr Girish Narayan


Prof Dr Anuradha Raman


Prof Dr Neela Prasad


Prof Dr Dakshina murthy


Prof Dr Pradeep Deshpande


Late Dr Ram Bhoopal


Late Dr Rajmallaiah


Dr Aruna


Dr KS Nayak


Dr Somasekhar


Dr S Krishnan


Dr MV Rao


Dr Mehul Shah


Dr Sanjay Maitra


Dr Rajendra Prasad


Dr Rajasekhara Chakravarthy


Dr Tarun Kumar Saha


Dr Ratan Jha

# TELANGANA


Dr Sree Bhushan Raju


Dr Manisha Sahay


Dr Manjusha Yadla


Dr Swarnalata Guditi


Dr Kiranmai Ismail


Dr V Satti Reddy


Dr Gangadhar


Dr Sai Ram Reddy


Dr Kamal Kiran


Dr Hussaini Shaista


Dr Ramesh Chada


Dr Nageshwar Reddy


Dr Suresh babu


Dr Dhanalaxmi


Dr G Sridhar


Dr Rajaram


Dr PS Vali


Dr Raja Karthik Kalidindi


Dr Srikanth Gundlapalli


Dr Praveen Kumar Etta

# HYDERABAD NEPHROLOGY FORUM OFFICE BEARERS (TELANGANA STATE)



**Dr Manisha Sahay, President**
Professor and Head of the Department,
Osmania General Hospital



**Dr Manjusha Yadla, Vice President**
Professor & Head of Department,
Gandhi Hospital



**Dr Swarnalatha Guditi, Secretary**
Professor & Head of Department, NIMS



**Dr PS Vali, Joint secretary**
Senior Consultant Nephrologist, AINU



**Dr Raja Karthik Kalidindi, Treasurer**
Additional Professor of Nephrology, NIMS



**Dr Kiranmai Ismal**
Professor of Nephrology, Osmania
General Hospital



**Dr Srikanth Gundlapalli**
Senior Consultant Nephrologist, AINU



**Dr Praveen Kumar Etta**
Senior Consultant Nephrologist,
Gleneagles Global Hospital



**Dr B Vikram Kumar**
Associate Professor of Nephrology,
Gandhi Hospital

# ACTIVITIES OF HYDERABAD NEPHRO FORUM

It gives me immense pleasure to share the impactful activities of Hyderabad Nephrology Forum, which plays a pivotal role in advancing nephrology knowledge and practice in this region.

- **Annual TSNCON (Telangana state Nephrology Conference):** These conferences bring together eminent international as well as national faculty to nurture the young nephrologists of the region. They also provide platform to oral and poster presentations, debate and quiz.

- **Monthly HNF academic webinars –** physical and virtual: These sessions are instrumental in keeping the nephrology community up to date. Webinar on Genetics in kidney diseases was conducted on December 2023. A mock examination for final year nephrology students and interesting case discussions are regularly conducted to engage the trainee nephrologists.

- **Regular CME –** CME on extracorporeal therapies were held on 15th October.

- **Guest talks** from National and International faculty.

- **Practical workshops –** Workshop on transplant immunology was conducted on 16th July, 2023, workshop on peritoneal dialysis was conducted on 28th April.

- **Symposium** on renal transplant infections was conducted on 19th March.

- **Kidney Digest newsletter** helmed by eminent nephrologist Dr Praveen Kumar Etta, is published quarterly. It compiles articles on recent advances in nephrology, debates and activities of HNF.

- **HNF website** is regularly maintained where all the academic activities, achievements of nephrologists are updated from time to time.

- **HNF membership** is offered to all practicing and trainee nephrologists in the region.

- **Educational grants and financial support** is provided for thesis projects and clinical trials.

- **Mock practical exams and viva** are conducted with invited National faculty for final year students to strengthen their practical knowledge and exam skills.

- **World Kidney Day** celebrations in March- Webinars, kidney walk and awareness campaigns were conducted in several hospitals to spread awareness on kidney diseases in the community.

# MESSAGE FROM PRESIDENT, ANDHRA PRADESH SOCIETY OF NEPHROLOGY



## Dr P. N. Jikki

**Dear friends**

It gives me immense pleasure to know that the Telangana Society of Nephrology is hosting the annual conference of the Indian Society of Nephrology-Southern chapter -ISNSC from 8th to 11th February 2024 at Hyderabad.

As we all know, there has been intense research activities in field of Nephrology and paradigm shift in management of some kidney diseases. We are sure that this conference would provide a platform to discuss the developments in the field of Nephrology.

We extend our warm wishes and hearty congratulations to the organizing committee for grand success of the event.

We are looking forward to participate and witness the grand event.

With warm regards,
**Dr P. N. Jikki**
President AP Society of Nephrology

# MESSAGE FROM SECRETARY, ANDHRA PRADESH SOCIETY OF NEPHROLOGY



## Dr Chinta Ramakrishna

**Dear Esteemed Colleagues and Friends,**

I am thrilled to extend a warm welcome to all of you for the Southern Chapter of the Indian Society of Nephrology Conference, ISNSC 2024, scheduled for February 8-11th, 2024. As the Secretary of the Andhra Pradesh Society of Nephrology, I am honored to welcome this esteemed gathering of nephrology experts.

Reflecting on the journey of nephrology, which began modestly 60-70 years ago, we have witnessed a remarkable transformation in kidney care. From the early days of our specialty to the advanced landscape of 2024, we continue to evolve. It's inspiring to envision the future of nephrology shaped by personalization and precision medicine bolstered by AI and digital tools. This evolution provokes a thought-provoking question: How will the integration of technology, innovation, genomics, and omics continue to redefine kidney care and our approach to renal health?

ISNSC 2024 is a platform where such visionary ideas converge with practical knowledge. Here, we will explore the latest advancements in nephrology and cutting-edge research in renal medicine. The conference will provide a rich tapestry of scientific discussions, interactive workshops, and unparalleled networking opportunities, making it an ideal venue for both seasoned nephrologists and those beginning their careers.

Our agenda includes a diverse range of topics, covering the latest trends in kidney health, best practices in patient care, and innovative solutions to our challenges in kidney disease management. We will discuss the importance of universal access to quality dialysis and explore the expanding role of kidney transplantation in improving patient outcomes.

As we gather to share knowledge and experience, let's also use this opportunity to build connections that will enhance our professional networks and collaborations. Your participation and contributions are key to making ISNSC 2024 a milestone event in the field of nephrology.

I congratulate the Organising team and wish them to make this conference a great success. I eagerly look forward to welcoming you to ISNSC 2024. Let's embrace this opportunity to learn, inspire, and contribute to the ongoing evolution of nephrology.

Warm regards,

**Dr Chinta Ramakrishna**
Secretary
Andhra Pradesh Society of Nephrology

# ANDHRA PRADESH SOCIETY OF NEPHROLOGY

## OFFICE BEARERS



**Dr P. N. Jikki**
President



**Dr B.B. Phani Kumar**
Vice President



**Dr Chinta Ramakrishna**
Secretary



**Dr Y. Sai Vani**
Joint secretary



**Dr Avula Srinivas**
Treasurer



**Dr Badrinath**
Executive member



**Dr Sunnesh**
Executive member



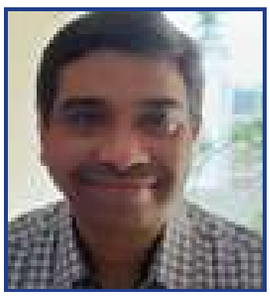
**Dr Varun Kumar**
Executive member



**Dr Saikumar**
Executive member



**Dr Pradeep**
Executive member



**Dr Kiran Mahesh**
Executive member

# ACTIVITIES OF ANDHRA PRADESH SOCIETY OF NEPHROLOGY

It gives me great pleasure to share the vibrant and impactful activities of the Andhra Pradesh Society of Nephrology (APSN), which has been instrumental in advancing nephrology knowledge and practice in the region.

- **Annual APSN Conferences:** Our annual conferences have become landmark events in the nephrology community. The APSN 2022 conference in November 2022 in Guntur and the more recent APSN 2023 in Visakhapatnam in September 2023 witnessed remarkable progress and participation, reflecting our commitment to fostering academic and clinical excellence in kidney care.

- **Monthly Academic Webinars:** To keep our members abreast with the latest developments in nephrology, we host monthly academic webinars featuring both national and international faculty. These sessions are instrumental in upskilling our community and promoting a culture of continuous learning and professional development.

- **World Kidney Day 2023 Celebrations:** In our efforts to inspire and engage future nephrologists, we conducted two significant events.

- **National Kidney Quest:** An online quiz competition that saw enthusiastic participation from approximately 400 nephrology. postgraduates nationwide. Winners were awarded certificates and prizes, recognizing their knowledge and passion for Nephrology.

- **Essay Competitions:** Focused on "The Evolving Role of AI in Nephrology" for nephrology postgraduates and "AKI in Pregnancy" for medicine graduates. These competitions were aimed at stimulating interest and discussion in key nephrology topics. Winners were honored with certificates and prize money.

- **Prof Dr Ravi Raju Oration Award:** We have instituted the "Prof Dr Ravi Raju Oration" to honor Prof Dr Ravi Raju's immense contributions to nephrology and advancing kidney health. This award is a testament to his dedication and impact in the field, inspiring current and future nephrologists to pursue excellence in kidney care. The activities of APSN reflect our dedication to enhancing nephrology education, research, and clinical practice. Our initiatives are designed to foster a deeper understanding of kidney health, encouraging innovation and excellence in patient care. We look forward to sharing more about our society's endeavors at the upcoming ISNSC 2024 and continuing our collaborative efforts to advance the field of nephrology.

Warm regards,

**Dr Chinta Rama Krishna**

Secretary, Andhra Pradesh Society of Nephrology

## PRESIDENT, NATPU



# Dr Edwin Fernando

It gives me great pleasure to write this note on the occasion of the 43rd Annual Conference of the Indian Society of Nephrology – Southern Chapter (ISN -SC) to be held at Hyderabad between 8-11th February 2024. This is an annual event that all of us from this part of the country look forward to. The ISN -SC has always maintained a very high degree of professionalism and is looked upon as top notch academic event of the country.

We can take pride that it is from our part of the world came the first hemodialysis and first live related kidney transplantation – CMC, Vellore. Free of cost Renal Transplantation and post transplant care originated from Tamilnadu where public hospitals have kept pace with the developments in the corporate sector both in terms of infrastructure and patient careand support.

Tamilnadu has been a leader in the field of deceased donor renal transplantation formulating its own guidelines and governmental orders. The TRANSTAN is playing a major role as ROTTO and SOTTO and regulating organ retrieval and allocation in the state.

The Nephrology team at Hyderabad is an apt mixture of seniors and juniors. They have spared no efforts to chalk out a meaningful scientific programme touching specially on areas that are a little away from Nephrology but essential to be aware of.

On my own behalf and all the members of NATPU ,I thank the organising team for putting together this meeting at an exotic locale. Iam sure the delegates are going to be enriched with the knowledge that will be dissipated and carry home unforgettable memories. Welcome to Hyderabad and happy learning!!

**Dr Edwin Fernando**
Professor of Nephrology
Govt Stanley Medical College
Chennai

## SECRETARY, NATPU



### Dr P. Giri

I am writing on behalf of the Secretary, Nephrology Association of Tamil Nadu & Puducherry (NATPU) to extend our warmest wishes to you and the entire organizing committee for the 43rd Annual Conference of the Indian Society of Nephrology Southern Chapter. It is with great enthusiasm and anticipation that we look forward to this significant event scheduled to take place in Hyderabad.

We commend your dedication and tireless efforts in orchestrating this conference, which undoubtedly plays a pivotal role in fostering collaboration, sharing knowledge, and advancing the field of nephrology in our region. The theme you have chosen for this year's conference, as well as the diverse array of speakers and topics, reflects a commitment to excellence and innovation that will undoubtedly contribute to the overall success of the event.

Conferences of this nature provide a unique platform for healthcare professionals, researchers, and experts to exchange ideas, present groundbreaking research, and engage in meaningful discussions.

Nephrology Association of Tamil Nadu & Puducherry, (NATPU) fully supports your mission to enhance the scientific discourse and elevate the standards of nephrological care in our community.

We are confident that the 43rd Annual Conference will be a resounding success, leaving a lasting impact on all attendees. May the conference be a source of inspiration, fostering new collaborations and partnerships that will further enrich our collective understanding of nephrology.

As you embark on this momentous occasion, please accept our best wishes for a smooth and seamless execution of the conference. May the coming days be filled with insightful presentations, fruitful discussions, and opportunities for networking and camaraderie.

Thank you for your dedication to advancing the field of nephrology, and we eagerly anticipate the positive outcomes that will emerge from this gathering. Please do not hesitate to reach out if there is anything we can do to support the success of the conference.

Wishing you and the entire organizing committee all the best for the 43rd Annual Conference in Hyderabad.

Sincerely,

**Dr. P. Giri,**
Secretary
Nephrology Association of Tamil Nadu & Puducherry (NATPU)

# TAMIL NADU & PUDUCHERRY (NATPU)

## OFFICE BEARERS



Dr M.S.Amaresan



Dr M.K.Mani



Dr M.A.Muthusethupathi



Dr B.R. Nammalwar



Dr M. Edwin Fernando



Dr P. Giri



Dr Muthu Jeyaram



Dr T. Dinakaran



Dr N. Chezhiyan

This association was started in 2013, with the aim to impart knowledge to PG students, with presentation, update sessions, and for sharing local talents within our members.

First president: Dr. Muthu Jayaraman

First Secretary: Dr. T Dinakaran

Senior Advisors: Dr.M.S.Amaresan, Dr.M.A.Muthusethupathi, Dr.M.K.Mani, Dr.Namallvar

Current President: Dr. Edwin Fernando

Current Secretary: Dr.P.Giri

Current membership stands at 179.

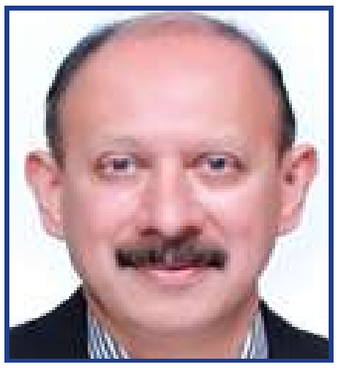
# ACTIVITIES OF NATPU

We conduct annual meetings and other CME programs and academic activities to update our knowledge and to know about recent advances.

Every year annual meet was held without fail, except during covid.
The last meet was held in Mahabalipuram, Chennai.

We donated from the NATPU fund, Laptop with LCD Projector, to3 govt. medical colleges.
Furniture's was donated to two Govt. Medical colleges.

## PRESIDENT, KERALA



### Dr Mammen John

It gives me immense pleasure to be part of Indian society of nephrology's southern chapter conference being held at Hyderabad. Nephrology is an ever-growing specialty. I am happy to note that many youngsters are taking it up and expanding it to their areas of interest. Like interventional nephrology, palliative nephrology critical nephrology to name a few.

Collecting experience and expertise will help us shape our paths ahead. May the deliberations be fruitful fostering new insights and creating positive outcomes.

Organizers, I hope have arranged sessions keeping in mind these specialised areas and I am sure we all going to be educated better in these areas. I wish the conference all success.

## SECRETARY, KERALA



### Dr Vinod Babu Raj

It gives me immense pleasure to write welcome message for 43rd Chapter of ISN-Southern Chapter, to be conducted at Hyderabad between 8th - 11th February, 2024. It is being hosted by Hyderabad Nephrology forum. The message from the Secretary of the Nephrology Association of Kerala echoes the sentiments of warmth and anticipation for the 43rd Chapter of ISN-Southern Chapter in Hyderabad. The emphasis remains on Hyderabad's cultural richness, scientific contributions, and unique offerings, ensuring attendees an enriching experience. The message extends a cordial invitation for all to partake in this esteemed event and immerse themselves in knowledge and cultural exchange. On the scientific front, we promise to bring a diverse potpourri of didactic talks, keynote lectures, orations, pre congress workshop, panel discussions, debate, quiz, papers and poster sessions. We would have speakers of national and international repute speaking to us on various aspects of Nephrology.

## OFFICE BEARERS

NAK was initially started in 1998 by the initiative of small group of senior members of nephrologist- Dr Thomas Mathew, Dr Kasi Visweswaran, Dr TT Paul, late Dr Ramdas Pisharody, late Dr Pathrose Mathai, Dr Georgy K Nainan and Prof Dr Vimala. At present we have total more than 250 (exact figure 273) members of qualified nephrologist practicing in Kerala. Out of these around 200 nephrologists are NAK members.



**Dr Mammen John**
President of NAK



**Dr John AG**
Vice president NAK



**Dr Vinod P Baburajan**
Secretary NAK



**Dr Lakshmynarayan GR**
Treasurer of NAK



**Dr Saroja Nair**
Past president - NAK



**Dr George Kurian**
Past secretary



**Dr Mohandas**
South Zone - Executive Member



**Dr Anil Mathew**
Mid Zone - Executive Member



**Dr Krishnadas T**
North Zone - Executive Member

# ACTIVITIES OF NEPHROLOGY ASSOCIATION OF KERALA

The purpose of NAK was to conduct annual gathering and personal interaction between family members apart from academic activities. NAK conducts good academic activities like midterm, annual meetings and mock examinations for DM/DNB students regularly for benefit of all members of the nephrology society. Nephrology is a fastest growing field in medicine, apart from general nephrology and dialysis practice, many newer things like interventional nephrology and advances in renal transplantation including ABO incompatible transplants are going on in last few years.

**NAK 2023 activities:**

1 ) Midterm meeting – March 2023 – Thrissur
The case presentations for pg students were also conducted during the meeting.

2) Renal transplantation programme in Kerala -NAK executive conducted a board meeting on organ transplantation programme in august 2023. The agenda of the meeting was to have a discussion on "how to improve cadaveric organ transplantation programme" in Kerala. Dr Biju Potttekatt Head of Dept of GES and HEPATOLOGY from JIPMER, the director of new organ transplant institute at calicut, came as a guest for this specially conducted NAK executive meeting.

3) Annual meeting - Sept 2023 – Quilon - Prof Dr Raj Kumar Sharma, one of the eminent personalities in Indian nephrology was the chief guest for NAKCON 2023.

4) Introduced the scientific journal for NAK.

5) Conducted for the first time in the history ofNAK – an Essay competition for PGstudents on the topics -. deceased donor renal transplantation – how to improve the scenario .The winner was presented with a cash prize of Rs 10000.

6) Intersified the membership drive for NAK – 37 new members were inducted in the year 2023.

7) The paper presentation and poster session was excellent during this year Annual conference and received total 48 papers for NAKCON 2023.

# MESSAGE FROM CONVENOR, NEPHROLOGY ASSOCIATION OF KARNATAKA



## Dr Limesh M

**Greetings from Nephrology Association of Karnataka (NAK):**

On behalf of NAK, we are extremely delighted to congratulate the organisers of ISN Southern Chapter 2024, To be held in Hyderabad: "City of Pearls". We are sure, that meeting with serve as a platform for delegates, students to enrich their knowledge with the recent advances in diagnostic and Therapeutic Nephrology. The meeting with provide an opportunity to Clinicians, Academicians, students to exchange valuable ideas and foster new collaborations.

We urge all our Nephrology Colleagues To consider Attending this conference. We also wish the organizing team: All the very best for the conference.

*The great aim of eduction is not knowledge but action.*

**Dr Limesh M**
Nephrology Association of Karnataka, Convener

# NEPHROLOGY ASSOCIATION OF KARNATAKA

## OFFICE BEARERS

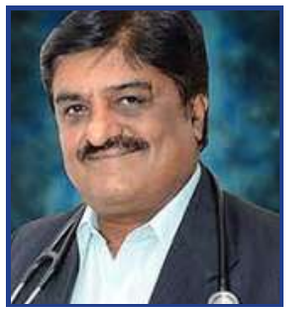
In the 1980s, a group of nephrologists in Karnataka came together informally to discuss challenging cases and enjoy a meal. This marked the inception of the Karnataka Nephrology Association (NAK). The credit for this idea goes to the late Sri Dr. NC Talwalkar, known as the father of Karnataka Nephrology. The association was formed with the intention of creating a platform for collaboration and knowledge sharing, without any political agenda. Since its establishment, the NAK has operated under the leadership of convenors who are chosen unanimously by all members. This approach ensures a united and cohesive association. Over the years, the NAK has earned a reputation as one of the best and most tightly-knit associations in the country.



**Dr Limesh M**



**Dr Anil Kumar B T**



**Dr Umesh**



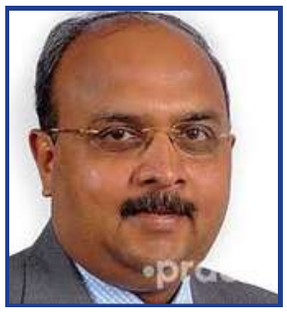
**Dr K. C. Gurudev**



**Dr G K Prakash**



**Dr KN Arunesh M**



**Dr Sanjeev Kumar**

# ACTIVITIES OF NEPHROLOGY ASSOCIATION OF KARNATAKA

The NAK, which initially began as an informal gathering of a few nephrologists three decades ago, has experienced remarkable growth and progress. It now proudly represents a membership of over two hundred nephrologists. This substantial expansion is a testament to the association's dedication, collaborative spirit, and commitment to advancing the field of nephrology in Karnataka.

NAK conducts every month-educational activity: Few of the activities in the last 8 months are as follows:

1) NAK and SOTTO Hosted Successfully a Seminar to Dispel Organ Donation Myths and Superstitions Hindering Life-Saving Donations Bengaluru: "A Gift Like No Other," on March 16, 2023.

2) Nephrology PG quiz was conducted and was attended by 40 pgs all over Karnataka.

3) The NAK meeting was held on 22nd June with the theme of "Insights of research across NAK".

4) Interesting cases presentation by Hubli Dharwad team.

5) NAK conducted CME on interventional Nephrology on 27 August. Dr NC Talwalkar Oration was given by Dr Aravind C.

6) Nephro-urology meeting and Cricket match was conducted by NAK.

7) Felicitation of Dialysis technicians across Karnataka was done and was attended by 120 dialysis technicians.

# INTERNATIONAL FACULTY, ISNSCCON 2024



**Dr Masaomi Nangaku**
Japan



**Dr Angela Yee-Moon Wang**
Hong Kong



**Dr Durga Anil K Kanigicherla**
UK



**Dr Sharma Prabhakar**
USA



**Dr Shafi Malik**
UK



**Dr A. Srinivas Murthy**
Kenya

HYDERABAD NEPHROLOGY FORUM

Telangana
THE HEART OF THE DECCAN

ISN
INTERNATIONAL SOCIETY OF NEPHROLOGY

2024
HYDERABAD
ISNSCCON
8th 9th 10th & 11th FEBRUARY



# 43rd ANNUAL CONFERENCE

## Indian Society of Nephrology Southern Chapter & 6th Chapter TSNCON

**Venue:** Kelka Auditorium Taramati Baradari Resort (Hall A)

## KIDNEY PATHOLOGY WORKSHOP

### MODERATORS:



**DR SWARNALATA GOWRISHANKAR**
Senior consultant
Department of Renal Pathology
Apollo Hospitals
Hyderabad



**DR RADHIKA KRISHNA PATIL**
Director and Consultant
Nephropathologist
Shri Balaji Diagnostics, Hyderabad
Vice president Basic Science (ISOT)

**FEBRUARY 8, 2024**

**09.30 AM - 03.30 PM**

**FOR FREE REGISTRATIONS CLICK HERE**

www.isnsccon2024.org

# KIDNEY PATHOLOGY WORKSHOP

**MODERATORS:**

**Dr. Swarnalata Gowrishankar, Dr. Radhika Krishna Patil**

## 08th February, 2024

| TIME | TOPIC | SPEAKERS | CHAIRPERSONS |
|---|---|---|---|
| 09:30 - 10:00 AM | Processing of a renal biopsy – LM & IF | Dr. Swarnalata Gowrishankar | Dr. Megha Uppin<br>Dr. Rajaram<br>Dr. Praveen Etta<br>Dr. Shyam Sundar |
| 10:00 – 10:15 AM | Processing of a renal biopsy – EM | Dr. Alok Sharma | Dr. Sridhar G<br>Dr. KS Nayak<br>Dr. Jaswant Ch<br>Dr. Arvind Reddy |
| 10:15 – 10:30 AM | Questions on processing | Dr. Swarnalata Gowrishankar | |
| 10:30 – 11:00 AM | **Tea break** | | |
| 11:00 AM – 11:30 PM | Histopathological spectrum of Glomerular diseases | Dr. Radhika Krishna Patil | Dr. Sudhakar G<br>Dr. Suresh Babu V<br>Dr. E. Ravi<br>Dr. Bhanu Prasad |
| 11:30 – 12:00 PM | Tubulointerstitial and Vascular diseases | Dr. Nigar Fathima | Dr. Anitha Swamy<br>Dr. Mehul Shah<br>Dr. Bhavya Dasara<br>Dr. Rama Enganti |
| 12:00 – 12:30 PM | Questions | Dr. Radhika K.Patil and Dr. Nigar Fathima | |
| 12:30 – 01:30 PM | **Lunch** | | |
| 01:30 – 02:00 PM | Quiz | Dr. Meenakshi Swain<br>Dr. Swapna Nuguri | |
| 02:00 – 03:00 PM | **Case discussions - 6 cases** | | |
| 02:00 – 02:20 PM(15+5min.) | Case 1 & 2 | Dr. Nayana Patil<br>Dr. Nishika Madireddy | Dr. Karthik<br>Dr. P S Vali |
| 02:20 – 02:40 PM(15+5min.) | Case 3 & 4 | Dr. Radhika Krishna Patil | Dr. Anuradha K<br>Dr. Jyothsna G |
| 02:40 – 03:00 PM(15+5min.) | Case 5 & 6 | Dr. V. Naga Sarika<br>Dr. Sumita Shrivastava | Dr. SSR Chandrashekhar<br>Dr. Shabana N |
| 03:00 – 03:30 PM | **Questions and Answers** | | |

HYDERABAD NEPHROLOGY FORUM

Telangana
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INTERNATIONAL SOCIETY OF NEPHROLOGY



2024
HYDERABAD
ISNSCCON
8th 9th 10th & 11th FEBRUARY

# 43rd Annual Conference

## Indian Society of Nephrology Southern Chapter &
## 6th Chapter TSNCON

**8th - 11th February, 2024**

Venue: Kelika Auditorium, Taramati Baradari Resort, Hyderabad

# Interventional Nephrology Workshop

## Date: 8th February 2024 I Time: 04:00 - 05:30 PM

## Hall: Kelika Auditorium

**Chair Persons**



**Dr Pradeep**
Consultant Interventional Radiologist



**Dr Ashwin Kumar Iyengar**
Consultant Nephrologist



**Dr Girish Reddy**
Consultant Interventional Nephrologist
INU, Bengaluru



**Dr Srikanth Gundlapalli**
Consultant Nephrologist

**Highlights**

- ★ Hands on experience of tunneled catheter insertion on Mannequin
- ★ Demonstration of novel PTA Balloon catheter - Chameleon
- ★ Live demo from INU, Bengaluru

Hurry Up 50 Seats Only

| Time | Topic |
|---|---|
| 4:00-4:15 PM | Basics of venous Anatomy |
| 4:15-4:45 PM | Insertion of tunneled dialysis catheter- technique demonstration on Mannequin |
| 4:45-5:15 PM | Securing access post angioplasty- the use of novel PTA Balloon catheter |
| 5:15-5:30 PM | Discussion |

More information Visit our website
**www.isnsccon2024.org**

# INTERVENTIONAL NEPHROLOGY WORKSHOP

## 08th February, 2024

| Time | Topic | | Chairperson |
|---|---|---|---|
| 04.00 PM- 04.15 PM | Basics of venous Anatomy | Live demo<br>Dr. Girish Reddy | Dr. Pradeep<br>Dr. Ashwin Kumar Iyengar<br>Dr. Srikanth Gundlapalli |
| 04.15 PM- 04.45 PM | Insertion of tunneled dialysis catheter- technique demonstration on Mannequin | | |
| 4.45 PM- 5.15 PM | Securing access post angioplasty- the use of novel PTA Balloon catheter | | |
| 5.15-5.30 PM | Discussion | | |
| 5:30-6:00 | Valedictory function | | |

HYDERABAD NEPHROLOGY FORUM

2024 HYDERABAD ISNSCCON

8th 9th 10th & 11th FEBRUARY

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ISN INTERNATIONAL SOCIETY OF NEPHROLOGY

# 43rd Annual Conference

## Indian Society of Nephrology Southern Chapter & 6th Chapter TSNCON

**8th - 11th February, 2024**

Venue: Kelka Auditorium, Taramati Baradari Resort, Hyderabad



Late Prof JCM Shastry

## JCM SHASTRY SYMPOSIUM

"EVOLUTION , EQUITY , EMPOWERMENT OF KIDNEY SERVICES: A CHAMPIONS CHALLENGE"

**Date: 09th February 2024 I Time: 09:00-11:00 AM**

## MODERATORS



Dr. Anuradha Raman



Dr. V. Siva kumar



Dr. KasiVisweswaran



Dr. Jayakumar .M



Dr. RaviBonu

## PANELISTS



**Dr. RavirajuTatipudi**
Andhra Pradesh



**Dr. SundarShankar**
Karnataka



**Dr. VimalaA**
Kerala



**Dr. SoundarRajan**
Tamilnadu



**Dr. GangadharTaduri**
Telangana



**Dr. A Srinivas Murthy**
Kenya

More information Visit our website

**www.isnsccon2024.org**

# JCM SHASTRY SYMPOSIUM

## 09th February, 2024

## Day 1

| Time | Topic | Speaker |
|---|---|---|
| 09:00-11:00 AM | JCM Shastry symposium : Evolution Equity Empowerment of Kidney services : A champions challenge : 20 min : 6 speakers | |
| **Time** | **Regional Perspective** | **(15 min each )=75 min** |
| 09:00-09:15 am | Andhra Pradesh | Dr. Ravi Raju T |
| 09:15-09:30 am | Karnataka | Dr. Sundar Sankaran |
| 09:30-09:45 am | Kerala | Dr. Vimala A |
| 09:45-10:00 am | Tamilnadu | Dr. P Soundar Rajan |
| 10:00-10:15 am | Telangana | Dr. Gangadhar |
| **Time** | **Global (LMIC)** | **15 min** |
| 10:15-10:30 am | Kenya | Dr. AS Murthy |
| 10:30-11:00 am | PANEL DISCUSSION | MODERATORS:<br>Dr. Anuradha Raman<br>Dr. Sivakumar V<br>Dr. Kasi Visweswaran<br>Dr. Jayakumar M<br>Dr. Ravishankar Bonu |

# SCIENTIFIC PROGRAMME

## 09th February, 2024

## Day 1

| Time | Topic | Speaker | Chairperson |
|---|---|---|---|
| 08:00-09:00 AM | **Free Paper Session I & II (HALL B & C)** | | |
| 11:00 - 11:40 AM | AKI Symposium | | |
| 11:00-11:20 AM | AKI-CKD Conundrum | Dr. Padmanabhan. S | Dr. Dhanalaxmi<br>Dr. VS Reddy<br>Dr. Prashant Dheerendra<br>Dr. TT Paul |
| 11:20-11:40 AM | Nutrition challenges in AKI | Dr. Sreelatha M | Dr. Chezhiyan<br>Dr. Ram Rapur<br>Dr. Pooja Prabhu<br>Dr. Jyothsna G |
| 11:40-12:30 PM | PANEL DISCUSSION:<br>Stepped care vs sequential therapy in HTN | Moderator:<br>Dr. Gireesh MS<br>Panellists:<br>Dr. Indumathi<br>Dr. Abi Abraham M<br>Dr. Prashant Kedalya<br>Dr. Deepak Kumar C<br>Dr. Varun Kumar B | |
| 12:30-01:10 PM | **LUNCH** | | |
| 12:30-01:10 PM | INDUSTRY SPONSORED: ZYDUS<br>HIF - PHIs Clinical Utility and Real World Experience | Dr. G sridhar | Dr. Sanjeev Kumar A Hiremath<br>Dr. M Venkateshwar Rao<br><br>Panel members :<br>Dr. Prashanth kedlaya<br>Dr. Swarnalatha G<br>Dr. Chinta v Ramakrishna<br>Dr. M Saravanan |
| 12:30-01:30 pm | **FREE PAPER SESSION III & IV (HALL B & C)** | | |
| 01:10-01:40 PM | **POSTER VIEWING (Near & Behind Tanisha Hall )** | | |
| 01:40-02:10 pm | CME -1 Incremental hemodialysis : How do we go about ? | Dr. Arun Thomas | Dr. Dakshina Murthy KV<br>Dr. Nagraj Nayak<br>Dr. K Ananth Rao<br>Dr. Krithika Mohan |

## 09th February, 2024

## Day 1

| Time | Topic | Speaker | Chairperson |
|---|---|---|---|
| 02:10-02:50 pm | PLENARY SESSION 1 : Oxygen biology in Kidney diseases | Dr. Masaomi Nangaku | Dr. Pradeep Deshpande<br>Dr. Darshan R angaswamy<br>Dr. Jaiju James Chakola<br>Dr. Rajanna Sreedhara |
| 02:50-03:30 pm | PLENARY SESSION 2 : Lifestyle intervention - a lifespan approach for kidney health | Dr. Angela wang | Dr. Anuradha Raman<br>Dr. Venu Gopal<br>Dr. Sireesha Gunnam<br>Dr. Jitu Kurian |
| 03:30-04:00 pm | **Update 1 : Obesity and Kidney transplantation in Donors - Challenges** | **Dr. Shafi Malik** | Dr. Kasi Vishweswaran<br>Dr. Ravi E<br>Dr. Ricken Mehta<br>Dr. Megha Saigal |
| 04:00-05:00 pm | **ISNSC Early Stage Investigator Award** | | Dr. Manisha Sahay<br>Dr. Edwin Feranando<br>Dr. Swaranalatha Gudithi<br>Dr. Nehru BS |
| | A Prospective Randomised Open Labelled Study on The Role Of Oral Sodium Bicarbonate in Patients With Chronic Kidney Disease (Stage 2, 3a and 3b) With Eubicarbonatemia | Dr. Krishnakumar M | |
| | A Prospective study on Spectrum of Renal Disease in Malignancy | Dr. Gladwin Jeemon | |
| | Does lung ultrasound guided ultrafiltration lead to better outcomes in Acute Kidney Injury requiring intermittent haemodialysis: A randomised control trial | Dr. Vidhya K Zachariah | |
| | Longterm Outcomes In Patients With SevereAcute Kidney Injury – A 7 Year Longitudinal Study | Dr. Kudithi Soundarya | |
| 05:00-05:30 pm | Update 2: CKM-Beyond CRS | Dr. Prabhakar Sharma | Dr. Ravi Raju<br>Dr. Jikki<br>Dr. Avula Srinivas<br>Dr. Sandhya Suresh |
| 05:30-06:00 pm | Guest Talk: 1 : Promising Peaks , Pending Paths : Journey of Anti PLA2R in MN | Dr. Anil Kumar Kanigicherla | Dr. Subbarao B<br>Dr. Vipin Kaverappa<br>Dr. P Nageshwar Reddy<br>Dr. Sonu Manuel |
| 06:00-06:30 pm | CME 2 : Are we Ignoring Nephro Pharmacology ? | Dr. P. KrishnamRaju | Dr. Hithaishi<br>Dr. Sanjay Maitra<br>Dr. Vijay Anand<br>Dr. John Abraham Tharayil |
| 6:30 PM ONWARDS | **INAUGURAL FUNCTION** | | |

## 10th February, 2024

## Day 2

| Time | Topic | Speaker | Chairperson |
|---|---|---|---|
| 08:00-09:00AM | **Free Paper Session V & VI (HALL B & C)** | | |
| 08:30-09:00 | Green Dialysis(HALL A) | Dr. P Ravichandran | Dr. Uttara Das<br>Dr. Shankar Prasad<br>Dr. Vikrant Reddy<br>**Dr Murugananth** |
| 09:00 - 09:40 AM | **Basics in Kidney theme** | | |
| 09:00-09:20 AM | Rapid correction of hyponatremia- should we be worried in 2024? | Dr. Anuradha Kavidi | Dr. G Prasad<br>Dr. Rajiv Agarwal<br>Dr. Ammanna<br>Dr. Arun Karat |
| 09:20-09:40 AM | Role of Tubulointerstium in CKD | Dr. Dinakaran | Dr. Limesh<br>Dr. Mahesh E<br>Dr. Vinod babu Murakonda<br>Dr Sushmitha Galla |
| 09:40-10:40 AM | PANEL DISCUSSION:<br>Climate and Kidney : Where does India Stand ? | **Moderator:**<br>Dr. Jayant Mathew<br>**Panellists:**<br>Dr. Satish Balan<br>Dr. Manjula Ramachandran<br>Dr. V. Suresh Babu<br>Dr. Bharathi<br>Dr. Rakesh Durai | |
| 10:40-11:10 am | UPDATE 3 : Advances in management of Lupus Nephritis | Dr. Manish Rathi | Dr. Thomas Mathew<br>Dr. George Kurian<br>Dr. Ganesh Srinivas Prasad<br>Dr. Vikraman |
| 11:10-11:25 AM | **TEA BREAK** | | |
| 11:25-12:25 PM | CPC<br>Clinical case discussant : Dr. Viswanath Siddini<br>Pathologist : Dr. Srinivas | Dr. Viswanath Siddini<br>Dr. Srinivas BH | Dr. Natarajan Gopalakrshnan<br>Dr. Arvind canchi<br>Dr. Sreedhara C G<br>Dr. Ravindra Prabhu |

# 10th February, 2024

## Day 2

| Time | Topic | Speaker | Chairperson |
|---|---|---|---|
| 12:25-01:00 PM | Debate: Pre transplant evaluation: Is Coronary angiogram a must ? | Pro: Dr. Abirami<br>Con: Dr. Ranjit Narayanan | Dr. Vinod Baburaj<br>Dr. Ravishankar Bonu<br>Dr. Kiran Kumar Mukku<br>Dr. Masthan Wali |
| 01:00-02:00 PM | **Lunch** | | |
| 01:00-02:00 PM | **INDUSTRY SYMPOSIUM by Nipro** | **Dr. Karthik Kaidindi**<br>**Dr. Gireesh MS** | **Dr. Rajasekhar Chakravarthy**<br>**Dr. Krishnan**<br>**Dr. Dhananjay**<br>**Dr. Santosh Ambekar** |
| 01:00-02.00 pm | **Free Paper Session VII & VIII (HALL B & C)** | | |
| 02:00-02:30 PM | **FRESENIUS Scientific session "CONVINCE trial outcomes and the importance of HDF in Indian patients"** | **Dr. Vishwanath Siddini** | **Dr. SaiRam Reddy**<br>**Dr. Dileep M Babu**<br>**Dr. Sreedhar Reddy**<br>**Dr. Kamal Kiran** |
| 02:00-02:30 PM | **POSTER VIEWING (Near & Behind Tanisha Hall )** | | |
| 02:30-03:30 PM | **CKD MBD -Beyond Calcium /Phosphorus : Symposium** | | |
| | CKD-MBD What has changed | **Moderator:**<br>Dr. Bala subramian T | |
| | Pathogenesis of CKD-MBD | Dr. D Prabhakar | |
| | Hyperparathyroidism: Biomarkers and Recognition | Dr. Jyothipriya J | |
| | Medical Management of Hyperparathyroidism | Dr. Pramod GR | |
| | Challenges in surgical management | Dr. Priyadarshini John | |
| 03:30-04:30 PM | **PATHROSE MATHAI MEMORIAL ORATION** | **Dr. Girish Narayan**<br>**Dr. Muthu Jayaraman** | **Dr. Soundararajan P**<br>**Dr. Sree Bhushan Raju**<br>**Dr. Manjusha Yadla**<br>**Dr. Shamas Vali** |
| 04:30-05:00 PM | **ISNSC Early Career Investigator Award** | | **Dr. Gurudev**<br>**Dr. Suceena Alexander**<br>**Dr. Manjunath S Shetty**<br>**Dr. Ramasubramanian** |
| | **Prevalence of chronic kidney disease among adults of Mankulam panchayat in Idukki district of Kerela state** | **Dr Cyril Jacob** | |
| | **Optimizing cost – efficiency and accessibility - A comprehensive analysis of technical aspects and outcomes of USG guided AV fistula interventions** | **Dr ET Arun Thomas** | |
| 05:00-05:30 PM | **CME 3: Embracing the Future: "Changing Kidney Disease Trajectory with Technology and AI Tools"** | **Dr. Chintha Ramakrishna** | **Dr. MS Muthusepthupathi**<br>**Dr. TK Saha**<br>**Dr. SVL NarayanRao**<br>**Dr. Kishore Kumar** |

## 10th February, 2024

**Day 2**

| Time | Topic | Speaker | Chairperson |
|---|---|---|---|
| 05:30-06:00 PM | GUEST TALK 2: Immune checkpoint inhibitors: A challenge to Nephrologist | Dr. Kristin George | Dr. Bhushan C shetty<br>Dr. JL Ranganadh<br>Dr. Sivakumar<br>Dr. MK Mohan Das |
| 06:00-06:30 PM | CME 4: Taming the wolf : Many facets of Pediatric lupus | Dr. Sowrabha Rajanna | Dr. Mehul Shaw<br>Dr. Vara Prasad<br>Dr. KP Jaya kumar<br>Dr. Shashikiran annvajhula |
| 06:30 PM Onwards | GENERAL BODY MEETING | | |

## 11th February,2024

**Day 3**

| Time | Topic | Speaker | Chairperson |
|---|---|---|---|
| 08:00-09:00 AM | Free Paper Session IX (HALL B) | | |
| 09:00 -09:40 AM | Glomerular diseases theme | | |
| 09:00-09:20 AM | Toxin induced glomerulonephritis | Dr. Sajeesh Sivadas | Dr. Bala Singh<br>Dr. Shaistha Hussaini<br>Dr. Raja karthik<br>Dr. Praveen Kumar Kolla |
| 09:20-09:40 AM | Understanding the pathogenesis of minimal change disease- a work in progress? | Dr. Sarfaraz Aslam | Dr. Ratan Jha<br>Dr. Rajaram<br>Dr. Ram Mohan Bhat<br>Dr. Krishna Patil |
| 09:40-10:40 AM | PANEL DISCUSSION: Palliative care nephrology | **Moderator:**<br>**Dr. Priyamvada**<br>**Panellists:**<br>**Dr. S Jayalakshmi**<br>**Dr. Kiranmai Ismal**<br>**Dr. Jaymeena**<br>**Dr. Mythri Shankar**<br>**Dr. Shivaramakrishna Gondi** | |
| 10:50-11:20 AM | Guest Talk 3: Incremental Peritoneal Dialysis | Dr. Sandeep Mahajan | Dr. Rajesh Nair<br>Dr. Praneet Ram<br>Dr. Srikanth Burri<br>Dr. Deepthi A |
| 11:20-11:40 AM | TEA BREAK | | |
| 11:40-12:40 PM | QUIZ SESSION | Dr. Sreejith Parameswaran | |
| 12:40-1:00 PM | CME 5 : Rural Nephrology and Role of digital literacy | Dr. Gangadhar T | Dr. Rajeev Annigeri<br>Dr. VV Sainaresh<br>Dr. Seerapani<br>Dr. Manoj Yalamudi |
| 01:00 PM Onwards | VALEDICTORY AND LUNCH | | |

# ORAL PRESENTATIONS

| S No | Abs_No | Name | Abs_Category | Title |
|---|---|---|---|---|
| 1 | Abs127 | Dr Raja S | AKI | Serum lactate as predictor of mortality in rat killer paste poisoning |
| 2 | Abs016 | Dr Anjaly V P | AKI | Clinical profile and outcome of pigment cast nephropathy in a tertiary care centre |
| 3 | Abs043 | Dr Vinayak Pradeep Chandan | AKI | A study on outcomes of acute kidney injury due to leptospirosis and neutrophil lymphocyte injury as a marker of severity in a tertiary care centre from south India. |
| 4 | Abs148 | Dr Raghuram Katragadda | AKI | Hemoperfusion as early approach in treating paraquat poisoning |
| 5 | | Dr Sai Vani | AKI | Aprospective study on cardiorenal syndromes and their outcomes in a tertiary care teaching hospital in rural India. |
| 6 | | Dr Santosh Pai | AKI | Proteomic identification of urinary – biomarkers of acute kidney injury (AKI) |
| 7 | Abs098 | Dr Insaf Kt | Transplantation | Efficacy of valgancyclovir prophylaxis in preventing cytomegalovirus infections among renal allograft recipients |
| 8 | Abs105 | Dr Praveen G | Transplantation | 10year outcomes of second renal transplant: a single center experience |
| 9 | Abs125 | Dr Chakravarthi T | Transplantation | Outcome of cadaveric renal transplantation: single centre experience |
| 10 | Abs142 | Dr Sridhara Mohanty | Transplantation | Prospective study of bk virus infection and nephropathy during first six months after kidney transplantation |
| 11 | Abs153 | Dr Nishad.N | Transplantation | A novel method to tackle post renal transplant lymphocele |
| 12 | Abs154 | Dr Laghima V N | Transplantation | Travails of the second sex |
| 13 | Abs168 | Dr Karthick Subash S | Transplantation | A retrospective analysis of the short-term and long-term outcomes of abo-incompatible kidney transplantation (aboikt) in south india |
| 14 | Abs018 | Dr Pooja Prakash Prabhu | AKI- Pregnancy | First trimester serum cystatin c level is a predictor of preeclampsia - a prospective study. [correlation between shrunken pore syndrome and preeclampsia] |

| S No | Abs_No | Name | Abs_Category | Title |
|---|---|---|---|---|
| 15 | Abs132 | Dr Prashanth N | AKI- Pregnancy | A study of clinical profile and outcome of pregnancy related acute kidney injury in a tertiary care centre in south india- a single centre experience |
| 16 | Abs081 | Dr Joseph Johny | AKI-Pregnancy | A retrospective study on the maternal, fetal and renal outcomes of viable pregnancies complicated by renal diseases |
| 17 | Abs046 | Dr Mithun Abraham Santhosh | Case Report/Series | Case series - bizarre clinical presentations of disorders of complement dysregulation |
| 18 | Abs152 | Dr Sruthi Haridas | Case Report/Series | A unique case of west nile virus infection-related glomerulonephritis |
| 19 | Abs093 | Dr Saicharan Ganesh Chitrak | Case Report/Series | Central venous stenosis- blocked highway, peripheral congestion- case series of 9 patients from a tertiary care centre |
| 20 | Abs134 | Dr Shubham Gopal Ahir | CKD | Study of platelet indices as a marker of cardiovascular risk in patients of chronic kidney disease |
| 21 | Abs012 | Dr Shantilata Singh | CKD | Prevalence of peripheral neuropathy in predialysis chronic kidney disease patients |
| 22 | Abs100 | Dr Siddanth Doddamane | CKD | Occurrence of chronic kidney disease-mineral bone disorders across stages 3-5 chronic kidney disease |
| 23 | Abs029 | Dr Prasanna Bhat | CKD | Observational analysis of acute pancreatitis in chonic kidney disease population at tertiary care centre |
| 24 | Abs181 | Dr Avin Alex | CKD | A community - based screening for chronic kidney disease in a block panchayat in central kerala |
| 25 | Abs158 | Dr Nisha A Khader | CKD | Long-term follow-up of chronic kidney disease in udupi district: assessing risk factors, progression, and mortality in a community<br>cohort |
| 26 | Abs120 | Dr Sudarshan Gowda S | Clinical Nephrology | Clinical profile of patients with moderate and severe hypercalcemia |
| 27 | Abs126 | Dr Vignesh K | Clinical Nephrology | "Renal insights: patterns and trends in kidney biopsies at a southern tamil nadu tertiary care hospital" |

| S No | Abs_No | Name | Abs_Category | Title |
|---|---|---|---|---|
| 28 | | Dr Sai Gangula | Clinical Nephrology | Clinical, microbiological profile and treatment outcomes of carbapenem-resistant urinary tract infections in a tertiary care hospital in south india |
| 29 | Abs123 | Dr Nidhin Rabi | Clinical Nephrology | Renal outcome in liver transplant recipients with microhematuria |
| 30 | Abs159 | Dr Kishor Kumar R | Infection And Kidney | Clinical profile and outcome emphysematous pyelonephritis from a tertiary care hospital at southern india. |
| 31 | | Dr Hima Bindu | Infection And Kidney | Clinical profile of acute severe pyelonephritis |
| 32 | Abs163 | Dr T. Sai Lakshmi Ananya | Infection And Kidney | A five - year experience of recurrent urinary tract infection in children aged 2 months to 18 years in an urban referral centre |
| 33 | Abs177 | Dr Sohil Sharda | Hemodialysis | A randomized control trial to study the efficacy of oral desidustat against darbepoetin alfa in treatment of anemia in ckd patients on haemodialysis: an alternative therapy |
| 34 | Abs124 | Dr Vigneshwar Munuswamy | Hemodialysis | Profile Of Inter-Dialytic Ambulatory Blood Pressure in Hemodialysis Patients and Correlation With 2d Echocardiography. |
| 35 | Abs133 | Dr Prashanth N | Hemodialysis | A study of factors affecting the dialysis recovery time(drt) in maintenance haemodialysis patients in a tertiary care centre in tamilnadu |
| 36 | Abs156 | Dr Jayaprakash K | Hemodialysis | Study of lipid abnormalities in maintenance haemodialysis in tertiary care centre |
| 37 | Abs184 | Dr Snigdha Bachalakuri | Hemodialysis | Comparision of quality of life in patients on twice vs thrice weekly maintenance hemodialysis using sf-36 questionnaire. |
| 38 | | Dr Dr Jayaram | Hemodialysis | A prospective study of pulmonary artery hypertension in kidney disease –stage v patients on maintenance hemodialysis and effect of high flux dialysis in patients with moderate and severe pulmonary hypertension |
| 39 | Abs038 | Dr K Anantha Rao | Hemodialysis | Hepatitis C Virus Genotype 1a Treatment in Dialysis Patients: Single Centre Retrospective Observational Study |
| 40 | Abs192 | Dr Selvin Sundar Raj M | Glomerular Disease | Pregnancy in women with lupus nephritis: a study on profile, long-term kidney outcomes, predictors of fetal and maternal outcomes from a South Indian prospective registry |

| S No | Abs_No | Name | Abs_Category | Title |
|---|---|---|---|---|
| 41 | Abs216 | Dr Chilaka Rajesh | Glomerular Disease | Retrospective analysis of use of mycophenolate mofetil therapy in retarding the progression of immunoglobulin a nephropathy (REMISSION IgA) |
| 42 | Abs026 | Dr Varsha Vipin | Glomerular Disease | Long-term outcome of patients with lupus nephritis: a study from a tertiary care centre in South India |
| 43 | Abs090 | Dr Dan Elizabeth Sunny | Glomerular Disease | To study the efficacy of targeted budesonide (IgAnef) treatment in IgA nephropathy-a single centre experience |
| 44 | | Dr Kajari Giri | Glomerular Disease | Steroid resistant nephrotic syndrome: exploring the clinical and genetic spectrum with long term outcomes |
| 45 | | Dr Srinidhi Viswanathan | Glomerular Diseases | C4d staining in IgA nephropathy and its correlation with MEST-C scoring |
| 46 | Abs233 | Dr Lavanya Gayatri A | DKD | Effect of finerenone on chronic kidney disease outcomes in type 2 diabetes- finerenone the real game changer? |
| 47 | Abs021 | Dr Chogle Ameya Sanjay | DKD | Flow mediated vasodilation and its correlation with glycemic control and estimated glomerular filtration rate in patients with diabetic kidney disease. |
| 48 | Abs035 | Dr Shilna M S | DKD | Study of prevalence, clinical profile and predictors for rapid progression of type 2 diabetic kidney disease |
| 49 | | Dr Shilpa A Devamare | DKD | A cross sectional study of renal sinus fat volume in patients with type 2 diabetes and its association with albuminuria, egfr and metabolic syndrome in these patients |
| 50 | Abs116 | Dr Karthik S | Interventional Nephrology | Tunneled central vein catheters in elderly patients on maintenance hemodialysis - single center experience |
| 51 | Abs051 | Dr Nidila Mohan | Interventional Nephrology | Early and intermediate outcomes of fistuloplasty: a single centre experience |
| 52 | Abs114 | Dr Vishnuvarthan R.S | Interventional Nephrology | Venoplasty assisted tunnelled cuffed catheter insertions |
| 53 | Abs139 | Dr Nilesh Charawande | Interventional Nephrology | USG guided right IJY tunneled cuffed catheter insertion in resource limited settings. |
| 54 | Abs173 | Dr Aravind Sarvepalli | Interventional Nephrology | Safety and adequacy of daycare percutaneous kidney biopsy versus biopsy with in hospital admission: a single centre experience |

# POSTER PRESENTATIONS

| id | abs_no | POS Categ-ory | Day | Time | Poster Slot | Name | Title |
|---|---|---|---|---|---|---|---|
| 1 | ABS002 | POS 001 | 9th February 2024 | 1:10 PM - 1:40PM | Poster Area 1 | Dr Shobhana Nayak Rao | Profile of newly recognized chronic kidney disease from a nephrology care under-resourced region in north eastern india- a preliminary study from a single center in assam. |
| 2 | ABS004 | POS 002 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Girish P Vakrani | Clinico-pathological outcome in focal segmental glomerulosclerosis (FSGS): a retrospective observational study |
| 3 | ABS005 | POS 003 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Deepa K P | Protein energy wasting in chronic kidney disease patients in a tertiary care centre in kerala |
| 4 | ABS006 | POS 004 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Saif Zil Kibriya | Coronary vasospasm. A rare side effect of tacrolimus in post kidney transplant recepient. |
| 5 | ABS007 | POS 005 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Ronak Jain G | Clinical profile, histopathology and outcomes of infection related glomerulonephritis in a tertiary care centre from south india- a prospective follow up study |
| 6 | ABS013 | POS 006 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Jay Kumar Sharma | Knowledge, attitude and use of erythropoiesis stimulating agents among nephrologists in India |
| 7 | ABS014 | POS 007 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Jay Kumar Sharma | Prevalence of osteoporosis in dialysis dependent CKD patients: a cross-sectional study from India |
| 8 | ABS015 | POS 008 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Monisha Simon | Renal transplant in a case of end stage kidney disease due to nephrocalcinosis: 2 case reports |
| 9 | ABS019 | POS 009 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Athish M N | A retrospective analysis of clinical & microbiological profile and outcomes of patients with acute pyelonephritis from a single tertiary care center in south india |
| 10 | ABS020 | POS 010 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Athish M N | A comparative study of findings of cect abdomen and renal biopsy in patients with snake bite related acute kidney disease |

| id | abs_no | POS Categ-ory | Day | Time | Poster Slot | Name | Title |
|---|---|---|---|---|---|---|---|
| 11 | ABS022 | POS 011 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Syeda Shaista M Hussaini | An unusual cause of rhabdomyolysis |
| 12 | ABS023 | POS 012 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr M. Veerapandian | A study on treatment outcome in lupus nephritis patients in a tertiary care centre |
| 13 | ABS025 | POS 013 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Dhiraj Wasnik | Mucormycosis - a deadly fungus in renal allograft recipient |
| 14 | ABS027 | POS 014 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Vandana Senan V R | Disseminated intravascular coagulation post renal transplant anti-thymocyte globulin be the trigger? |
| 15 | ABS028 | POS 015 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Karthikeyan M | Adverse renal effect of novel molecular oncologic targeted therapy |
| 16 | ABS031 | POS 016 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Supriyaa Sivakumar | The collapsing conundrum-is diabetes the delinquent |
| 17 | ABS033 | POS 017 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Vijaya Durairaj K | Monoclonal gammopathy of renal significance (MGRS) or multiple myeloma - a conundrum |
| 18 | ABS034 | POS 018 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Karthik S | Renal disease and endogenous endophthalmitis |
| 19 | ABS036 | POS 019 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Shilna M S | Correlation of neutrophil gelatinase associated lipocalin, a novel biomarker with proteinuria and stage of CKD in diabetic kidney disease |
| 20 | ABS037 | POS 020 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Joe Clinton X | Effective use of continuous renal replacement therapy (CRRT) for correction of severe life-threatening hypernatremia. |
| 21 | ABS039 | POS 021 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Prasanna Babu G | Multiple arterialthrombosis in nephrotic syndrome- clinical nephrology case report |
| 22 | ABS041 | POS 022 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Padmapriya.B | An unusual primary presentation of lupus nephritis |
| 23 | ABS042 | POS 023 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Keerthiga N | Case of membranous nephropathy with infection related glomerulonephritis |
| 24 | ABS044 | POS 024 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Deepika R | Lupus nephritis presenting as macrophage activation syndrome |

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| 25 | ABS047 | POS 025 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Aiswarya Kosaraju | Beyond the glomerulus with anca |
| 26 | ABS050 | POS 026 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Mithun J | Acute kidney injury, risk factors and outcome in neonates |
| 27 | ABS052 | POS 027 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Vigneshwaran S | Hemoperfusion in acute poisoning: a single centre experience |
| 28 | ABS053 | POS 028 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Midhun Ramesh | Parvovirus b19 in kidney transplant recipients - a single center study |
| 29 | ABS054 | POS 029 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Rohith Nayak | Intradialytic hypertension in patient's undergoing hemodialysis in tertiary care hospital |
| 30 | ABS055 | POS 030 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Sudharshan Karthikeyan | Accuracy of urine neutrophil gelatinase-associated lipocalin (ungal) in prediction of progression and death in acute kidney injury due to cardio-renal syndrome |
| 31 | ABS056 | POS 031 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Anish Kumar G | Post-renal transplant diabetes mellitus -"what is the pathogenesis? |
| 32 | ABS058 | POS 032 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Sanoj Meher | Prevalence of different types of stroke in patients of ckd with stroke in western odisha |
| 33 | ABS059 | POS 033 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Ravikiran S T | A rare case of isolated hepatic mucormycosis in a renal transplant recipient |
| 34 | ABS060 | POS 034 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Maria Tomy Prothasis | Study of comparison between different methods of calculating kt/v |
| 35 | ABS061 | POS 035 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Nirmal Naskar | Clinico-histopathological study of nephrotic syndrome in adult in western odisha |
| 36 | ABS062 | POS 036 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Sanoj Meher | Prevalence of different types of stroke in patients of ckd with stroke in western odisha |
| 37 | ABS063 | POS 037 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr S L Devika | Renal histopathological predictors in end stage kidney disease in anca assosciated vasculitis |
| 38 | ABS064 | POS 038 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Gundu Roja Sree | A rare case of strongyloidiasis hyperinfection in patient with lupus nephritis |

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| 39 | ABS065 | POS 039 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Saif Zil Kibriya | Efficacy of low dose streptokinase in late onset permanent tunneled catheter dysfunction a single centre prospective study |
| 40 | ABS066 | POS 040 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Prashant Kumar Dixit | A rare case of hereditary aa renal amyloidosis |
| 41 | ABS067 | POS 041 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Ramprasath R | A study on clinical profile of sexual dysfunction in male chronic kidney disease patients on maintenance hemodialysis |
| 42 | ABS068 | POS 042 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr D Devanath | Tb-iris in a post renal transplant patient- a case report |
| 43 | ABS069 | POS 043 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Vr.Krishnakumar | Unravelling membranous nephropathy: a clinical and pathological study from a tertiary care center in south india |
| 44 | ABS 072 | POS 044 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Gogineni Naga Tejaswi | Study of clinical and histopathological features of nondiabetic kidney disease in type2 diabetes patients - a single center study |
| 45 | ABS 073 | POS 045 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr S L Devika | Renal histopathological predictors of end stage renal disease in anca assosciated vasculitis |
| 46 | ABS 074 | POS 046 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Nisha Jose | A retrospective study on the clinco-pathological impact of renal biopsy findings on outcomes in patients with acute kidney injury. |
| 47 | ABS 075 | POS 047 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Athulya K K | Assessing the clinical efficacy of oral budesonide in patients with biopsy proven iga nephropathy: a single center experience |
| 48 | ABS 076 | POS 048 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Manoj P | Clinicopathological correlation of renal amyloidosis: a single centre experience |
| 49 | ABS 079 | POS 049 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Arshiya Sultana Syeda | A study of incidence of acute gastroenteritis-induced acute kidney injury requiring haemodialysis and its outcomes. |
| 50 | ABS 080 | POS 050 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Arshiya Sultana Syeda | Progression of ckd with respect to gfr by mdrd equation |

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| 51 | ABS 082 | POS 051 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Vignesh Jagannathan | An unusual complication of failed deflation of percutaneous transluminal angioplasty balloon in venoplasty assisted tunneled femoral catheter |
| 52 | ABS 084 | POS 052 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr N. Khamini | A rare case of histiocytic necrotizing lymphadenitis with membranous lupus nephritis |
| 53 | ABS 086 | POS 053 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Akshay V | Health related quality of life among patients on continuous ambulatory peritoneal dialysis using kidney disease quality of life-36 questionnaire and its association with dialysis adequacy in a tertiary care centre in kerala. |
| 54 | ABS 087 | POS 054 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Aniket Bhattacharjee | Comparative study of the outcomes of acute peritoneal dialysis and sustained low-efficiency dialysis in cardiorenal syndrome |
| 55 | ABS 088 | POS 055 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Kumaresan Ramanathan | Microrna modulation profile for coronary artery calcification in chronic kidney disease patients |
| 56 | ABS 089 | POS 056 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Shaik Razia | Case series of granulomatous interstitial nephritis |
| 57 | ABS 091 | POS 057 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Sarfaraz Aslam | Spontaneous subcapsular hematoma an early reversible cause of acute graft dysfunction : case series. |
| 58 | ABS 092 | POS 058 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Sarfaraz Aslam | Invasive fungal sinusitis mimicking as trigeminal neuropathy in post renal transplant patient: case report |
| 59 | ABS 094 | POS 059 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Ravikiran S T | A study on caregiver burden in hemodialysis patients in a tertiary care center |
| 60 | ABS 095 | POS 060 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 1 | Dr Prasoon Sebastian | Renal transplantation in the shadow of tuberculosis |
| 61 | ABS 096 | POS 061 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 2 | Dr Arghya Chakraborty | An unusual case of a young hypertensive |
| 62 | ABS 097 | POS 062 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 2 | Dr Priyabrata Das | Risk factors of chronic kidney disease : a case control study |
| 63 | ABS 099 | POS 063 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 2 | Dr Muthulakshmi S | Classic bartter syndrome:a rare cause of failure to thrive in a child |

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| 64 | ABS 101 | POS 064 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 2 | Dr Niranjan M | Profile of ckd mbd in patients of hemodialysis, hemodiafiltration, peritoneal dialysis in a tertiary care hospital. |
| 65 | ABS 102 | POS 065 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 2 | Dr Sudhir Kumar | Cytomegalovirus infection in systemic lupus erythematosus patient a case report. |
| 66 | ABS 103 | POS 066 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 2 | Dr Muralinath Vukkadala | Novel mirna-targeted transcription factors and hub genes in iga nephropathy |
| 67 | ABS 104 | POS 067 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 2 | Dr Praveen G | Hypertension in young male - a diagnostic dilemma |
| 68 | ABS 106 | POS 068 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 2 | Dr Niranjan M | Novel target antigens in membranous nephropathy and their association with clinicopathological profile and treatment outcomes a prospective observational study in tertiary care hospital. |
| 69 | ABS 107 | POS 069 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 2 | Dr Prasanna Babu G | Post transplant brain abscess - a transplant case report |
| 70 | ABS 108 | POS 070 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 2 | Dr Vamshi Dharan P | A rare case involving complement pathway dysfunction. |
| 71 | ABS 109 | POS 071 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 2 | Dr Yerasu Vishnuvardhan Reddy | Study on outcomes in patients with stroke based on their renal function |
| 72 | ABS 110 | POS 072 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 2 | Dr Vignesh Jagannathan | Conservative management versus minimally invasive urological intervention for treatment of acute non obstructive pyelonephritis |
| 73 | ABS 111 | POS 073 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 2 | Dr Vignesh Jagannathan | Femoral atrial tcc - the last life line |
| 74 | ABS 113 | POS 074 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 2 | Dr Vishnuvarthan R.S | An occult central vein stenosis |
| 75 | ABS 115 | POS 075 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 2 | Dr Akula Sowjanya | Infective endocarditis among ckd patients on maintainace hemodialysis in a tertiary care centre : observational study |
| 76 | ABS 119 | POS 076 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 2 | Dr Arnab Misra | Acute kidney injury in scrub typhus |

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| 77 | ABS 121 | POS 077 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 2 | Dr Harrini Devi | Is genetic analysis actually necessary in a developing country? Ã¢â‚¬â€œ analysis of spectrum of mutations in patients with nephrotic syndrome |
| 78 | ABS 122 | POS 078 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 2 | Dr Harrini Devi | Clinical profile, risk factors and outcomes of late onset acute antibody-mediated rejection in renal allograft recipients |
| 79 | ABS 128 | POS 079 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 2 | Dr Kumaresh | Prevalence of lupus nephritis in a tertiary care centre |
| 80 | ABS 129 | POS 080 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 2 | Dr Kumaresh | The great impersonator |
| 81 | ABS 130 | POS 081 | 9th February 2024 | 1:10 PM - 1:40 PM | Poster Area 2 | Dr Chakravarthi T | A study on serological and histopatholical profile of lupus nephritis |
| 82 | ABS 131 | POS 082 | 10th February 2024 | 02:00 PM- 02:30 PM | Poster Area 1 | Dr Saraswathy S | Ig a nephropathy-an experience from a tertiary care centre hospital in south india |
| 83 | ABS 135 | POS 083 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Shreyas Umesh Akki | Diffuse atherosclerosis not a hurdle for transplant anastomosis |
| 84 | ABS 136 | POS 084 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Sajmi Shaji | Geriatric assessment and quality of life of elderly patients(age >65 years) on hemodialysis from a teritiary care centre in south india |
| 85 | ABS 137 | POS 085 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Sai Sindhu Singh | Low-dose irinotecan as a non-immunosuppressant add-on therapy for membranous nephropathy |
| 86 | ABS 138 | POS 086 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Vishnuvarthan R.S | Another covid chaos |
| 87 | ABS 140 | POS 087 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Sairam B | Kidney disease with deposition of paproteins beyond myeloma kidney: a single centre experience |
| 88 | ABS 141 | POS 088 | 10th February 2024 | 02:00 PM- 02:30 PM | Poster Area 1 | Dr Mohammed Fahad Khan | Which one is the best? comparison of three treatment modalities in mgn |
| 89 | ABS 144 | POS 089 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Gohil Parixit Kiritkumar | Post transplant tma unravelling a mystery |
| 90 | ABS 145 | POS 090 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Sameer Jan G | Unusal presentation of tuberculosis in post renal transplant recepient. |

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| 91 | ABS 146 | POS 091 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Sameer Jan G | Rare presantion of cmv infection in post renal transplant |
| 92 | ABS 147 | POS 092 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Ayesha Tarannum | Clinicopathological outcome in patients presenting with rapid progressive renal failure at tertiary care centre |
| 93 | ABS 149 | POS 093 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Mohammed S Khan | Immunological challenges in a husband to wife donation ; a single centre experience. |
| 94 | ABS 150 | POS 094 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Nilesh Charawande | Rituximab in nell 1 positive membranous nephropathy |
| 95 | ABS 151 | POS 095 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Sruthi Haridas | A rare association of anti-gbm disease in systemic lupus erythematosus |
| 96 | ABS 155 | POS 096 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Arya Gireesh | Case report : one cause and two patterns of glomerular disease |
| 97 | ABS 157 | POS 097 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Chinmaya Prasad Mahapatra | Electrocardiography and electrolyte abnormalities in post hemodialyse chronic kidney diseses |
| 98 | ABS 160 | POS 098 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Mudaliar Kavitha Thirunavukarasau | Comparison of quality of life in chronic kidney disease stage - 5hd patients at the initiation and after 2 months on haemodialysis |
| 99 | ABS 161 | POS 099 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Rashmi Shivram | A study of the association of cyp3a5 genotyping and c0/d ratio in post renal transplant diabetes mellitus |
| 100 | ABS 162 | POS 100 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Rashmi Shivram | A study on the association of cyp3a5 genotyping and c0/d ratio in post renal transplant diabetes mellitus |
| 101 | ABS 164 | POS 101 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Kishor Kumar R | Asymptomatic bilateral hydroureteronephrosis with cystitis in a young female unusual presentation of lupus |
| 102 | ABS 165 | POS 102 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Vidyalakshimi | Senior loken syndrome - a case report |
| 103 | ABS 166 | POS 103 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Navya M | A very rare association of irgn with paand syndrome |
| 104 | ABS 167 | POS 104 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Chetna | Cranberry: adjuvant in recurrent urinary tract infections |

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| 105 | ABS 170 | POS 105 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Ankita Raisinghani | Histopathological insights- renal biopsy findings in patients of t2dm undergoing biopsy |
| 106 | ABS 171 | POS 106 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Avin Alex | Catastrophic multiple arterial thrombosis: a rare dreadful complication in nephrotic syndrome |
| 107 | ABS 172 | POS 107 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Georgi Abraham | A cross-sectional study of mental and physical health depression in underpriviledged mhd patients in a charity center |
| 108 | ABS 174 | POS 108 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Sorakayala Supriya | A unique case of fibrosing cholestatic hepatitis in a postrenal transplant recepient. |
| 109 | ABS 175 | POS 109 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Ka.Shahithya | Case series of rhabdomyolysis induced aki : understanding the nexus- our institutional experience |
| 110 | ABS 176 | POS 110 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Ka.Shahithya | Exploring the interplay between psoriasis and iga nephropathy: unraveling shared pathogenic mechanisms |
| 111 | ABS 178 | POS 111 | 10th February 2024 | 02:00 PM- 02:30 PM | Poster Area 1 | Dr Sohil Sharda | "To study the efficacy of oral desidustat against darbepoetin alfa in treatment of anemia in ckd patients on haemodialysis-an alternative therapy |
| 112 | ABS 179 | POS 112 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Sumathi Govindaraju | Spectrum of complications of end-stage kidney disease patients on maintenance hemodialysis warranting referral to a tertiary care centre and their outcomes |
| 113 | ABS 180 | POS 113 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Avin Alex | A case of podocyte infolding glomerulopathy |
| 114 | ABS 183 | POS 114 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Gopikumar Sekar | A study on gender difference in clinical presentation and outcome of lupus nephritis. |
| 115 | ABS 185 | POS 115 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Snigdha Bachalakuri | An interesting case of maintenance hemodialysis complicated with carcinoma pancreas with liver metastasis. |
| 116 | ABS 186 | POS 116 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Sn Sourabha | Central line associated blood stream infection (clabsi) in patients undergoing hemodialysis in a tertiary care centre |

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| 117 | ABS 187 | POS 117 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Gopika.G.N | Elderly patients on maintenance hemodialysis: a retrospective clinico-social assessment |
| 118 | ABS 188 | POS 118 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Bonthu Srinitha | Clinical profile and outcomes of acute intermittent peritoneal dialysis in critical care setup |
| 119 | ABS 191 | POS 119 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Bonthu Srinitha | Steroid resistant nephrotic syndrome with double positive mutation |
| 120 | ABS 193 | POS 120 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Harshal Khobragade | A study of serum anti pla2r antibody and glomerular pla2r deposition and their association with clinical characteristics in patients with membranous nephropathy |
| 121 | ABS 194 | POS 121 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Nidila Mohan | A rare case of cutaneous histoplasmosis in a renal allograft recipient |
| 122 | ABS 195 | POS 122 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Nayana Melath Babu | Changing trends in acute kidney injur : are we at 0/ 25?- a study from resource limited tertiary centre |
| 123 | ABS 196 | POS 123 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Bhushan C Shetty | Mercury induced renal autoimmunity an insight into its pathogenesis |
| 124 | ABS 197 | POS 124 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Bhushan C Shetty | A study of proportion, clinical profile and predictors of outcome of acute kidney injury due to tropical infectious diseases from south india |
| 125 | ABS 198 | POS 125 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Surendra N | To study the correlation of serum bone specific alkaline phosphatase with serum parathyroid hormone and serum total alkaline phosphatase level in patients undergoing haemodialysis |
| 126 | ABS 199 | POS 126 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Sohil Sharda | Outcome of tunneled cuffed catheter as haemodialysis access :a single centre experience in a tertiary care centre in north karnataka |
| 127 | ABS 200 | POS 127 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Harshavardhan Guptha | Title of the study assessment of serum fetuin-a levels and its correlation with cardiovascular events in patients on maintenance hemodialysis |
| 128 | ABS 201 | POS 128 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Nayana Melath Babu | Chronic kidney disease in family- case report |

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| 129 | ABS 202 | POS 129 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Prathehas Reddy | Clinical profile of patients with pyelonephritis and diabetes mellitus at tertiary care centre. |
| 130 | ABS 203 | POS 130 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Toopran Samatha | Outcomes and prediction of acute kidney injury using urinary ngal in patients of cirrhosis of liver |
| 131 | ABS 204 | POS 131 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr M. A. Baseer | Acute kidney injury in children with haematological malignancies |
| 132 | ABS 205 | POS 132 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Toopran Samatha | Profile and outcomes of praki treated with early crrt compared to hemodialysis |
| 133 | ABS 206 | POS 133 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Anusha L N | Clinico-microbiological profile and outcomes of carbapenem-resistant urinary tract infection in renal transplant recipients at a tertiary care hospital in south india |
| 134 | ABS 208 | POS 134 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Sadhana Prakash Madyalkar | Post-transplant erythrocytosis in renal transplant recipients: a retrospective cohort study in a tertiary care hospital from south india |
| 135 | ABS 209 | POS 135 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Suneetha Pulluru | To assess the effects of intradialytic exercises on quality of life of patients on haemodialysis |
| 136 | ABS 210 | POS 136 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Modugula Bhava Pragna | Complications and outcomes of continuous ambulatory peritoneal dialysis: insights from a tertiary care centre |
| 137 | ABS 211 | POS 137 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Lohitha Mallipeddi | Unveiling the hidden tapestry: exploring histological profiles and outcomes of infantile nephrotic syndrome a single-center study |
| 138 | ABS 212 | POS 138 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Lohitha Mallipeddi | Congenital nephrotic syndrome: case series |
| 139 | ABS 213 | POS 139 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Ankit Tiwari | Denevo secondary amyloidosis in post renal transplant patient |
| 140 | ABS 217 | POS 140 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr G. Giribabu | Prevalence and predictors of depression among hemodialysis patients in tertiary care hospital, a cross sectional study. |
| 141 | ABS 218 | POS 141 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 1 | Dr Lavanya Gayatri A | Tacrolimus associated refractory status epilepticus and pres in a renal allograft recipient |
| 142 | ABS 219 | POS 142 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr Md Samiul Akhtar | Short-term renal outcome in patients with community aquired acute kidney injury- a retrospective observational study from south india |

| id | abs_no | POS Category | Day | Time | Poster Slot | Name | Title |
|---|---|---|---|---|---|---|---|
| 143 | ABS 220 | POS 143 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr Md Samiul Akhtar | Understanding the reasons for dialysis patients refusing kidney transplant: an observational study from south india |
| 144 | ABS 221 | POS 144 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr Praveenkumar Natarajan | Spousal donor kindney transplants bridging the gap? |
| 145 | ABS 222 | POS 145 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr Parvathy S Pillai | An interesting case ofaki with rhabdomyolisis due to inborn error of metabolism |
| 146 | ABS 223 | POS 146 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr Vijetha Vaijapure | Comparison of outcome of acute peritoneal dialysis[pd] v/s continuous renal replacement therapy [crrt] in hemodynamically unstable patients requiring rrt |
| 147 | ABS 225 | POS 147 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr Suguna Kari | Organ procurement failure in a tertiary care centre: where does the fault lie? Lack of awareness or lack of motivation or lack of resources or lack of implementation |
| 148 | ABS 226 | POS 148 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr Dr Anand Chikmath | Cross sectional study of outcomes of tunnel cuffed catheters in haemodialysis patients in tertiary care hospital |
| 149 | ABS 228 | POS 149 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr Chiranjeevi Choudary | Gender disparities amonst patients with kidney disorders and renal replacement therapy |
| 150 | ABS 229 | POS 150 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr Omkumar Sp | Sarcoidosis with acute kidney injury : a case series |
| 151 | ABS 230 | POS 151 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr Kondal Rao | Outcomes of therapeutic plasma exchange in a tertiary care hospital |
| 152 | ABS 231 | POS 152 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr Sanket R Patel | Comparison of short term outcomes with standard dose mycophenolate mofetil-(sd mmf)(2 gm) vs low dose mycophenolate mofetil-(ld mmf)(<1.5gm) in renal transplant recipients |
| 153 | ABS 232 | POS 153 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr Vishnu Vardhan | Acute myocardial infarction in a case of nephrotic syndrome |
| 154 | ABS 234 | POS 154 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr Prathiba Parthasarathy | Tacrolimus trough drug ratio and its impact on graft function-Na retrospective study |

| id | abs_no | POS Category | Day | Time | Poster Slot | Name | Title |
|---|---|---|---|---|---|---|---|
| 155 | ABS 235 | POS 155 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr Mohammed Sajid Abdul Samad | Rare case of hzv encephaliltis post 6 months of renal transplant-successfully treated |
| 156 | ABS 236 | POS 156 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr Aparanathi Hitarthgiri R | Post-transplant de novo fsgs after oral bisphosphonate therapy |
| 157 | ABS 237 | POS 157 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr Haard Barot | Pnh and fsgs a rare case report - casual association or role in pathogenesis?? |
| 158 | ABS 238 | POS 158 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr Nayan Poddar | Crystal nephropathy and its varied presentations: an interesting case series |
| 159 | ABS 239 | POS 159 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr Gokul R | Effect of intravitreal anti vegf therapy on renal function of patients with diabetic retinopathy - a clinical experience |
| 160 | ABS 240 | POS 160 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr Anshul Dudani | A case of acute neuropathy in a patient of end stage renal disease on maintenance hemodialysis |
| 161 | ABS 241 | POS 161 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr V Sujana Sree | Renomegaly and aki as primary manifestation of nhl |
| 162 | ABS 242 | POS 162 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr Phadke Shweta Sunil | A rare case of post renal transplant hemochromatosis |
| 163 | ABS 243 | POS 163 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr Karthik Urala H A | Nephropathic infantile cystinosis in a 13-year-old girl |
| 164 | ABS 244 | POS 164 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr Karthik Urala H A | Chromoblastomycosis in a renal allograft recipient |
| 165 | ABS 245 | POS 165 | 10th February 2024 | 02:00 PM - 02:30 PM | Poster Area 2 | Dr Baluguri Abhinaya | A rare case of nodular iga nephropathy |

# ISNSCCON 2024 – ESI AWARD FINALISTS

| Topic | Investigator | Institute |
|---|---|---|
| A Prospective Randomised Open Label Study On The Role Of Oral Sodium Bicarbonate In Patients With Chronic Kidney Disease (Stage 2, 3a and 3b) With Eubicarbonatemia | Dr Krishnakumar M, Senior Resident | Calicut Medical College, Kerala |
| A Prospective study on Spectrum of Renal Disease in Malignancy | Dr Gladwin Jeemon Senior Resident | Lakeshore Hospital, Kochi. |
| Does lung ultrasound guided ultrafiltration lead to better outcomes in Acute Kidney Injury requiring intermittent haemodialysis: A randomized control trial. | Dr Vidhya K Zachariah, Senior Resident | Jawaharlal Institute of Post Graduate Medical Education and Research, Puducherry |
| Long Term Outcomes In Patients With Severe Acute Kidney Injury – A 7 Year Longitudinal Study | Dr Kudithi Soundarya, Senior resident | Gandhi Hospital, Secunderabad. |

# ISNSCCON 2024 – ECI AWARD FINALISTS

| Name | Designatons | Topic |
|---|---|---|
| Dr Cyril Jacob | Assistant Professor General Medicine<br>Government medical college, Kottayam | Prevalence of chronic kidney disease among adults of Mankulam panchayat in Idukki district of Kerala state |
| Dr Usha Samuel | Professor in Nephrology<br>Government Medical college, Ernakulam | |
| Dr E T Arun Thomas | Associate Professor of Nephrology Believers Church Medical CollegeThiruvalla, Kerala | Optimizing cost – efficiency and accessibility - A comprehensive analysis of technical aspects and outcomes of USG guided AV fistula interventions |
| Dr Shanad P | Assistant Professors of Nephrology Believers Church Medical CollegeThiruvalla, Kerala | |
| Dr Rajesh Joseph | | |
| Dr Geo Philip Joh | | |
| Dr Sneha Anna Joy | | |

# ISNSCCON 2024 - ESSAY PRIZE FINALISTS



**Dr K.V.Venkatasubramani**
2nd Year MD General Medicine
Madras Medical College



**Dr Mogalapu Sai Samhitha**
2nd year MD general medicine
Madras medical college, Chennai

# INCREMENTAL PERITONEAL DIALYSIS



**Dr Sandeep Mahajan**
Professor, Department of Nephrology
All India Institute of Medical Sciences, New Delhi

## Introduction

Incremental peritoneal dialysis (PD) is an evolving approach in the management of end-stage renal disease (ESRD), offering flexibility and personalized care to patients.It is a strategy of RRT that is based on the prescription of a lower dose ratherthan the standard full dose of peritoneal dialysis. The clearance goals are achieved through the combinationof residual kidney function (RKF) and peritoneal clearance. The dialysis prescription should be increased as theRKF declines.

This review explores the key aspects of incremental PD, including its definition, rationale, patient selection, technique, outcomes, and future perspectives.

## Definition

Incremental PD refers to a gradual and individualized initiation of peritoneal dialysis, allowing patients to adapt to the therapy at a pace that aligns with their clinical condition and comfort level. This contrasts with traditional approaches, where patients often start with full-dose therapy immediately upon initiation.The guidelines of theInternational Society for Peritoneal Dialysis publishedin 2020 exemplifies some IPD strategies: continuous ambulatory peritoneal dialysis (CAPD[PD])—less than four dwells daily, ,2 L dwell volumes and/or performed less than 7 days a week and (2) automated PD (APD)—performed ,7 days a week, dose of total daily volume ,10 L and/or without a long dwell.

## Rationale for Incremental PD

1. Physiological Adaptation: The human body needs time to adjust to changes in fluid and solute balance. Incremental PD acknowledges the importance of gradual adaptation to the increased dialytic load, minimizing the risk of complications.

2. Preservation of Residual Renal Function: Incremental initiation may help preserve residual renal function, a crucial factor associated with improved outcomes and reduced mortality in PD patients.

3. Patient-Centered Care: This approach promotes patient engagement and shared decision-making, as individuals actively participate in the treatment plan, leading to increased satisfaction and adherence.

## Patient Selection

1. Clinical Stability: Patients should be clinically stable without urgent indications for dialysis initiation. Incremental PD is suitable for those with preserved urine output and a gradual decline in renal function.

2. Patient Education: Adequate education about PD, including its benefits, risks, and lifestyle adjustments, is essential. Patients must understand the importance of active involvement in their care.

## Technique

1. Start with a Reduced Dose: Initiate PD with a reduced dwell volume and frequency, gradually increasing both based on individual tolerance and clinical response.

2. Monitoring and Adjustments: Regular monitoring of fluid status, biochemical markers, and patient symptoms is crucial. Adjustments in dialysis prescription should be made based on ongoing assessments.

## Outcomes

1. Preservation of Residual Renal Function: Studies suggest that incremental PD may contribute to the preservation of residual renal function, which is associated with improved quality of life and reduced mortality.

2. Fewer Peritoneal Membrane Alterations: By allowing a more gradual adaptation, incremental PD may result in fewer alterations to the peritoneal membrane, reducing the risk of complications such as ultrafiltration failure.

3. Patient Satisfaction: Incremental PD is associated with higher patient satisfaction due to its patient-centered approach and the ability to tailor the treatment to individual needs.

## Challenges and Considerations

1. Resource Allocation: Incremental PD may require additional resources for extended patient education, closer monitoring, and frequent clinical assessments.

2. Applicability in Urgent Situations: In cases where urgent dialysis initiation is required, incremental PD may not be the most suitable approach.

## Future Perspectives

1. Personalized Medicine: The future of incremental PD lies in further personalization, considering genetic, biochemical, and clinical factors to tailor the initiation and maintenance of PD uniquely for each patient.

2. Technological Advances: Integration of technology, such as remote monitoring and telemedicine, can enhance the management of incremental PD, allowing healthcare providers to closely monitor patients and make timely adjustments.

## Conclusion

Incremental peritoneal dialysis represents a paradigm shift in the initiation and management of PD, emphasizing a patient-centered and physiologically sound approach. As research continues to unravel the complexities of this method, incremental PD holds promise for optimizing outcomes and enhancing the overall experience for individuals with ESRD.

# HELLO KIDNEY: ARTIFICIAL INTELLIGENCE IN KIDNEY CARE




**Dr Chintha Ramakrishna**

Secretary, Andhra Pradesh
Society of Nephrology


### Embracing the Future: Changing the Kidney Disease Trajectory with Technology and AI Tools:

The global health landscape is facing a formidable challenge with the rising tide of Chronic Kidney Disease (CKD). Chronic Kidney Disease is a significant contributor to mortality and morbidity amongst non-communicable diseases despite impoverished healthcare expenditure. Chronic Kidney Disease is silent, devastating and costly. The existing health system finds multiple gaps and vast unmet needs in Kidney Disease, Dialysis and Kidney Transplantation. The Global Kidney Health Atlas (GKHA) acknowledges wide disparities in the availability of Kidney care delivery services, especially in LMIC countries. We urgently need affordable solutions to make quality kidney care accessible to a broader population for positive kidney outcomes.

### The Dawn of a Technological Era in Kidney Care

The past two decades have witnessed groundbreaking research and technological convergence, offering a beacon of hope. The widespread availability of smartphones, advancements in remote monitoring, wearable technology, Electronic Health Records (EHRs), big data, and potent computational power along with Point of Care Testing (POCT), digital health tools have created an ideal environment for revolutionising kidney care. These technological advancements, coupled with AI and Machine Learning algorithms, provide clinically actionable insights, making personalised kidney care more affordable and accessible.

### Artificial Intelligence: A Game-Changer in Kidney Disease Management

**CKD Surveillance and Risk Prediction:**

AI tools enhance CKD surveillance and risk prediction, allowing for better resource allocation, cost reduction, and improved patient outcomes.

**Enhanced Dialysis Care:**

Remote monitoring technology facilitates better management of dialysis patients, potentially improving survival rates.

**Optimising Kidney Transplantation:**
AI significantly contributes to deceased donor kidney allocation, graft rejection prediction, and optimisation of transplant immunosuppression, thereby improving graft survival rates.

**Revolutionizing Renal Pathology:**
AI in renal pathology augments the capabilities of pathologists, ensuring more reproducible diagnoses and reducing the need for specialist renal pathologists. This is crucial given the global scarcity and interobserver variation in this field.

**Predictive Models in Kidney Diseases:**
AI-powered predictive models are transforming the prognosis and management of diseases like Chronic Kidney Disease, IgA Nephropathy, Nephrotic Syndrome, and Lupus Nephritis, among others.

**HelloKidney.ai**
We have been working on creating health technology products which make health care accessible, affordable, and of high quality. HelloKidney.ai is a groundbreaking technology product working on a mission to change the trajectory of Kidney Disease with 1) **digital therapeutic solutions** to help manage patients with CKD and its risk factors with mobile App, remote monitoring, and wearable devices, 2) **Scaling up Kidney Care in Primary Health Care** to Screen Targeted people, Diagnose CKD with point-of-care testing (POCT) and navigate them with KDIGO guideline-directed treatment in digital health framework which makes CKD management at primary care accessible.

# MANAGEMENT IN LUPUS NEPHRITIS: IS IT TIME TO MOVE BEYONG SOC?




## Dr Manish Rathi

Professor, Department of Nephrology,
PGIMER, Chandigarh


Lupus nephritis (LN) is one of the severe and most common clinical manifestations of systemic lupus erythematosus (SLE). The clinical involvement may range from mild asymptomatic urinary abnormalities to a rapidly progressive renal failure. Before the advent of steroids, the prognosis of LN was very dismal. With the introduction of Cyclophosphamide and Mycophenolate mofetil, these drugs along with steroids have been the Standard of Care in the management of LN. Recent years have witnessed substantial progress in understanding the pathogenesis of lupus nephritis, leading to the development of novel treatment options that aim to improve outcomes and quality of life for affected individuals. Last few years have seen many new trials which were showing positive results beyond the SOC.

Advent of targeted therapies has revolutionized the approach to managing this condition. Belimumab, a monoclonal antibody that inhibits B-cell activating factor (BAFF), has shown promising results in clinical trials. By specifically targeting the overactive B-cells implicated in lupus nephritis, belimumab offers a more precise and potentially safer alternative to conventional immunosuppression. Recently published BLISS LN trial was a Phase III, randomized, double-blind, placebo-controlled study that enrolled participants with active LN. The trial evaluated the efficacy of belimumab in achieving a primary endpoint of renal response at 104 weeks, defined as a reduction in proteinuria and stabilization of kidney function. The trail showed an improved primary end point of renal response (PERR) with Belimumab over and above the SOC.

Voclosporin is a novel calcineurin inhibitor. The AURA-LV (Aurinia Urinary Protein Reduction Active Lupus With Voclosporin) trial evaluated the efficacy and safety of voclosporin in combination with SOC in the treatment of lupus nephritis. The results of this trial demonstrated that addition of Voclosporin, led to a statistically significant improvement in renal response compared to standard therapy alone. The trial also demonstrated a rapid tapering of steroids to be successful with the use of Voclosporin.

Obinutuzumab is a novel anti-CD20 therapy. The NOBILITY trial was a Phase II clinical trial designed to evaluate the safety and efficacy of Obinutuzumab in combination with SOCin patients with proliferative lupus nephritis. This trial again showed a positive response with the addition of Obinutuzumab.

Anifrolumab is a monoclonal antibody that targets the type I interferon receptor and is used in the treatment of systemic lupus erythematosus (SLE). The TULIP-LN trial investigated the efficacy and safety of Anifrolumab in patients with LN. The trial showed a sustained renal response upon higher (intensive) dosing Anifrolumab + MMF/Std.

In addition to these, there are various ongoing trials looking into various targeted therapies in the management of lupus nephritis and the results of these trials are awaited. Complement dysregulation plays a pivotal role in the pathogenesis of lupus nephritis. Eculizumab, a monoclonal antibody that inhibits complement component 5 (C5), has demonstrated efficacy in certain cases of lupus nephritis by preventing the formation of the membrane attack complex.

The recently published management guidelines by EULAR as well as by KDIGO have incorporated the use of both Belimumab as well as Voclosporin in addition with the SOC of MMF or cyclophosphamide in the management of lupus nephritis. These drugs can be used either in the first episode or during the relapse. These drugs also enable a rapid steroid taper.

In conclusion, the landscape of LN management is evolving rapidly, with newer options offering hope for improved outcomes and enhanced patient quality of life. These advancements underscore the importance of a multifaceted and individualized approach to managing this complex autoimmune condition.

# NUTRITION CHALLENGES IN AKI



**Dr M Sreelatha**
MD, DM, DNB, FISN, FASN, FRCP

Development of AKI in ICU pts leads to significant alterations in Protein, Carbohydrate & Lipid metabolism, causing a general disruption of the 'milieu interior'. AKI rarely is an isolated disease process. It is most often a complication of sepsis, trauma, or MOF in critically ill patients. So nutrient requirements differ widely between individual patients. The specific metabolic abnormalities include protein catabolism, hyperglycemia, and impaired lipolysis.

Malnutrition is highly prevalent among AKI patients. 40% of patients with AKI in the ICU have protein energy malnutrition. Malnutrition is an Important independent predictor of in-hospital mortality, complication rate, length of hospital stay. Hence nutritional support is an important cornerstone in supportive care. The cause of malnutrition in AKI is multifactorial like preexisting poor nutritional status, poor intake, associated comorbidities, hypercatabolic state, nutrient loss in the dialysate etc. Nutritional support in AKI is essential to alter the course & outcome of critical illness and reduce mortality. Nutritional support in AKI is very complex as the Individual needs differ, needs individual assessment, differ according to stage & severity of AKI, differ according to cause of AKI, depends on underlying catabolic state, and depends on preexisting nutritional status.

Nutritional screening is to be done by clinician or nursing staff within 24 hours of hospital admission. There are several nutritional screening tools, but none have been validated in AKI. Nutritional assessment is to be done at admission. History may not be available in AKI, various physical examination findings are not accurate in AKI, due to changes in vol status. Triceps skin fold thickness, Midarm circumference handgrip etc are limited by age, gender and edema. They reflect TBW, rather than alterations in body composition and standardization of anthropometric measurements in critically ill may be difficult. Body weight can not be a measure of malnutrition as the weight is influenced by fluid status and changes daily. So for calculations use actual body weight or ideal body weight. BMI is not reliable to assess nutrition in AKI and BMI less than 18.5 and more than 30 are predictors of increased mortality. Serum albumin, prealbumin, cholesterol are also used to assess the nutritional status in AKI. BCM and DEXA are not freely available and also not validated in AKI. The widely used assessment tools are Subjective global assessment (SGA) and Malnutrition inflammation score (MIS).

Energy requirement should be adjusted to resting energy expenditure, which is to be ideally measured by indirect calorimetry. REE can also be calculated using the Harris Benedict equation. KDIGO suggests achieving a total energy intake of 20–30 kcal/kg/d in patients with any stage of AKI. No difference in energy requirements in patients on KRT. Trophic feeding giving only 500 kcal/d during the 1st week is suggested, but no difference in the mortality in RCTs. Higher energy prescription is not recommended as it will not induce a more positive nitrogen balance, but association with more hyperglycemia, more hypertriglyceridemia and more positive fluid balance. Nitrogen balance is an important marker of protein breakdown. UNA (Urea nitrogen appearance) is a measure of the net rate of protein catabolism and PCR (protein catabolic rate) is a measure of net protein degradation. But these require complicated equations & calculations and they are reliable only if GFR >50 ml/mt. So these measures are not useful in clinical practice. Protein Hyper Catabolism Is the metabolic hallmark of AKI. Every increase in nitrogen balance by 1 gm/day improves survival by 21%. KDIGO suggest to avoid restriction of protein intake with the aim of preventing or delaying initiation of RRT. They suggest administering: 0.8–1.0 g/kg/d for non-catabolic AKI not on KRT,1.0–1.5 g/kg/d for AKI on KRT and 1.7 g/kg/d for CRRT/Hypercatabolic patients.

Carbohydrates provide a source of calories. It is recommended to provide carbohydrates 3-5 gm/kg/d in order to get 65% of total non-protein calories. Maintain serum glucose levels between 140 -180 mg/dl and a minimum of 50 g/day is required to avoid ketone production. Lipids provide a source of essential fatty acids and a concentrated source of calories, 30-35% of calorie should come from fat . recommended fat intake is 1.0 g/kg/d, stop Lipid when TG > 400 mg/dl. Newer lipids such as Smoflipid (SMOF) and Omegaven have recently become commercially available.

Electrolyte imbalances are common in AKI like K+, P, Mg which have to be taken care of. Micronutrients are to be provided in standard quantities. The route of nutritional supplementation should be enteral whenever possible and enteral feeding should be started in 24-48 hours. The RCTs have not shown any benefit of parenteral nutrition compared to enteral. Parenteral nutrition is recommended only if GIT cannot be utilized and should be started only after 1 week. There are no recommendations for intravenous amino acids, glutamine, or omega-3 polyunsaturated fatty acids.

# DR PATHROS MATTAI ORATION



## Dr Pathrose Mathai

Dr Pathrose Mathai, the first doctor to start dialysis in Kottayam, Kerala. Had his training in dialysis under Prof. P.Koshy, CMC Vellore. Had great interest in snake poisoning, rare poisonings and created treatment protocols, for the above which are followed even now. Had many publications about this subject. A great human being, helped and guided many younger colleagues.
I am honored to present this oration in his name.

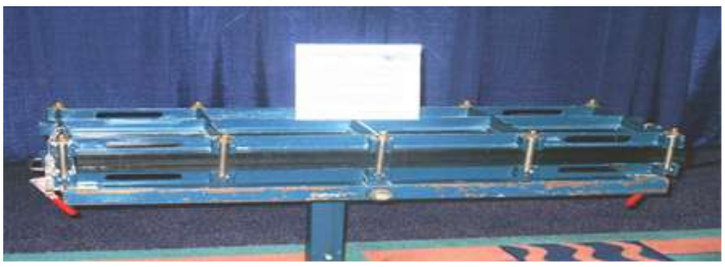
**My Perceptions of Nephrology In 45 Years, The Past, Present And Future.**

Some milestones during the first decade of MMC nephrology

- 1969 –Dr. Rabindranath came from Australia and started dialysis using the Lucas machine.
- The program was aborted.
- 1971 - Prof. M.S.A came from PGI with a DM degree, started the dept.
- 1973 – 74: Dialysis - PD and HD started
- Venky machine and kill dialysers used.
- 1978 DM course started. MCI disallowed
- 1979 New Specialty block inaugurated
- 1980 The 1st candidate passed out.
- 1981– SCISN founded.
- 1st conference conducted in Chennai

**My Perceptions**

**The Past – THE Beginning:** STARTED WITH, CLINICAL NEPHROLOGY, KIDNEY BIOPSY, DIALYSIS, RENAL TRANSPLANTATION AND PG COURSE. DIALYSIS WAS DONE WITH Kiil DIALYSERS, THE PRIMARY model, which HAS TO BE BUILT STERILIZED AND WASHED BEFORE USE WITH SALINE. IT WILL TAKE A DAY TO DO ONE DIALYSIS.



**KIIL DIALYSER**



**SCRIBNER'S SHUNT**

Kidney biopsy was done with vim Silverman's needle, crude one. The reports were vague and inconsistent.

The present – the bloom period: various dialysis modalities like home HD, nocturnal, daily hd, hemodiafiltration, incremental dialysis are regularly practiced. All came into day to day practice. Innovations like awak, wak and bionic kidneys are still under trial stage. The most useful current device is portable home dialysis machine and portable plex machine that helps in small centers to do plex or dialysis. The number of dialysis units have increased. In Tamil Nadu alone 156 dialysis units are run by state govt. With the advent of govt. insurance, access, CAPD, new catheters are available to most of the pts. Govt. insurance is a panacea to ESRD pts. Interventional nephrology is practiced to international standards. The adequacy of twice weekly dialysis was debated in many forums. The following study showed it is not inferior to thrice weekly dialysis. In fact it is preferred as incremental dialysis preserving residual renal function.

ASN KIDNEY WEEK 2023.

## COMPARISON OF TWICE WEEKLY HD WITH THRICE WEEKLY

| | eGFR | RKF | KT/V |
|---|---|---|---|
| Twice weekly HD with RKF Baseline | 7.9 | 10ml | 2.7 |
| 12 Months | 6.3 | 3ml | 0.86 |
| 24 Months | 5.7 | 2.7ml | 0.76 |
| 36 Months | 5 | 2.9ml | 0.86 |
| Thrice weekly with RKF baseline | 6.7 | 4.4ml | 1.34 |
| 12 Months | 6.3 | 3ml | 0.86 |
| 24 Months | 5.2 | 0.9ml | 0.25 |
| 36 Months | 5.3 | | |

**This study shows twice weekly dialysis is not inferior to thrice weekly dialysis**

**Survival on Dialysis**

NDT 2019- Survival On dialysis is variable.

One year mortality in Japan 6.7%, USA 21.7%

•But survival rates of people on dialysis have improved over the past decade and are expected to continue improving in the future.

•The modalities like Hemodiafiltration, nocturnal dialysis, Daily HD,Home dialysis showed improved survival and better QOL

**Transplant**

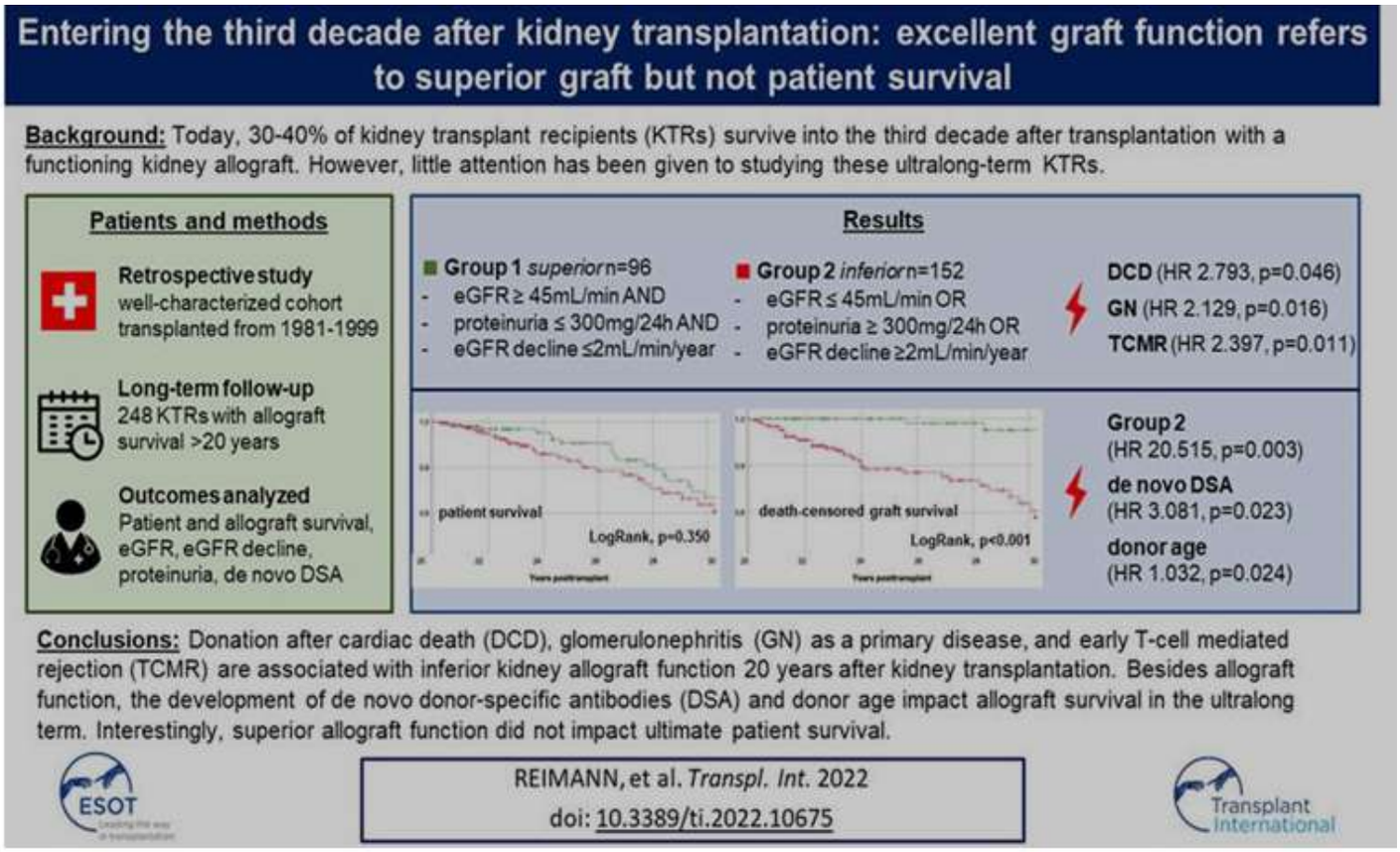
TREMENDOUS ADVANCES ARE SEEN.

**Donors**

Are Redefined As Lrd, Altruistic (?) Marginal And Diseased Donors Are Defined As Dd. Dcd, Marginal. Aboi Is Now Trending. Tx Immunology And Immunosuppression, Advanced To A New Level. Detectionof Newer Hla, Non Hla Antibodies And Their Role In Rejection- Tcmr, Abmr And Their Management Are On Par With International Level.

Survival Of Graft Increased Beyond Ten Years. Newer Drugs, Helped In Managing Sensitized Patients, Acute Rejection, Antibody Mediated Rejection, Tcmr Are Treated With Pex And New Drugs, With Great Improvement In The Outcome.

Large Number Of Tx Patients About (38%) Lived Extra Long Years; More Than 20 Years, This Diagram Shows The Facts Contributing To The Long Survival




**The Future;**

**Prevention – Beating the Kidney Disease**

**Four methods WERE RECOMMENDED**

•Prevention of kidney failure, including root causes such as other chronic diseases;

•Personalized medicine including genome and big data analyses, and

•Studies of rare diseases; patient-centered outcomes and quality of life, transplantation and home hemodialysis.

•Regenerative medicine including bio-artificial kidneys. In collaboration with the EKHA,

**By The Beating Kidney Disease initiative 2018**

Very lofty methods, but very difficult to implement.

The best way each one of us can implement prevention is shown by our Maha Guru DR.M.K.Mani by his work with kidney Help trust Programme His team did an annual domiciliary survey of the entire population of a village to pick up diabetes, hypertension, and renal disease by simple methods. Effective treatment given at home and periodically checked and compliance assured. He showed in 90%, HT brought down to 140/90, diabetes HbA1c was below 7% in 52%, further 25% decline from original level. Renal failure declined from 28/1000 to 11/1000, strokes from 10/1000 to 1.8, heart attacks from 9.1 to 2.8/ 1000. All with minimal cost. With little extra effort, if followed, we can also make a difference in

**Killing The Kidney Diseases**

**Dr MS Muthujayaraman**

**Former Professor of Nephrology, Tamil Nadu Medical Services**

# NOSTALGIC MEMORIES OF ISN SOUTHERN CHAPTER



**Dr Chakko Korula**

Jacob M.D, D.M, MNAMS (Neph) Consultant Nephrologist,
Annaswamymudaliar general hospital, Bangalore,
Former Professor and Head, Dept of Nephrology,
CMC Vellore Former President, Indian Society of Nephrology,
Former Chairman, Southern Chapter of Ind Soc of Nephrology

It is indeed a pleasure and a privilege for me to contribute this piece for the souvenir of the 43rd annual conference of the Indian Society of Nephrology Southern Chapter, being held in Hyderabad, from 8thto 11th of February 2024. The request for this has come from Dr. Manjusha Yadla and Dr. Praveen Kumar Etta.

I have been associated with this chapter since its inception in 1979. Due credit for the formation must be given to Prof M.S. Amaresan, who was instrumental in getting fourteen of us together, from the southern states of India to form this chapter. The first meeting was held in the seminar room of the Madras Medical College. There were two overseas speakers on this occasion, Prof Neil Kurtzman, long term editor of Seminars in Nephrology and his wife Prof Sandra Sabatini. The senior members of the Indian Society of Nephrology who were present at that meeting were Dr.K.S.Chugh, J.C.M.Shastry, Gopal Kishen, Thomas Mathew and of course the organizer M.S.Amaresan.

It is pertinent to note that by the mid1970s, the southern part of India had well established Nephrology services. It is a matter of great pride to our society, that the first two D.M Nephrology qualified individuals in India are from this part of the country, Prof Amaresan from Madras (Chennai) and Prof Thomas Mathew from Calicut (Kozhikode). Besides this, is an important fact, that both hemodialysis and successful kidney transplantation had already taken place at the Christian Medical College, Vellore. The first event was in 1962 and the second event was in 1971, both for the first time in the country.

The southern chapter was formed less than a decade after the formation of the parent body the Indian Society of Nephrology. Since then, the chapter has grown numerically, from the original fourteen to its present strength. At the time of its formation the southern chapter consisted of Andhra Pradesh, Karnataka, Tamil Nadu, Kerala and the union territory of Pondicherry. Andhra Pradesh has been bifurcated to form Andhra Pradesh and Telangana and Pondicherry has become Puducherry and obtained statehood.

The annual conferences of this chapter are well attended and have set high academic standards for paper as well as poster presentations. The pre-conference day for postgraduates is dedicated in memory of Dr. J.C.M. Shastry, A founder member of the chapter, a great teacher and a long-term faculty of the Christian Medical College Vellore. This tradition was established from the first time it was done at the Tiruchirappalli meeting.

Over the years we have had the privilege of hosting many distinguished overseas faculty at our annual meetings, including the late Dr. Robert (Bob) W.Schrier and his wife at the Mangalore meeting, Dr. and Mrs. Christopher Blagg, Dr. Timothy Mathew, to name some of them.

One of the truly unique features of this chapter is the non- controversial manner, in which our office bearers are selected/elected and the very civil way in which our general body meetings are conducted. I hope and pray that this tradition will continue forever.

I am confident that under the stewardship and guidance of the present office bearers, The Hyderabad meeting will continue the rich traditions of high-quality academics and wonderful social events. I wish all a wonderful meet.

I am attaching two photographs one of historical importance which many of the senior members will relate to.



The long flat structure near the bed is the Kiil dialyzer, this had to be assembled fresh before each session, two cuprophane membranes are kept between two polypropylene boards. Two such layers are then tightened to ensure it is air tight, and then it is sterilized with formalin, which needs to be washed out before dialysis. These Kiil boards have been replaced by the present hollow fiber dialyzers, with more biocompatible membranes. The bedside monitor showed dialysate flow, negative pressure, and pressure in the arterial and venous compartments. Heparin was infused through a separate pump. This is from the dialysis unit at CMC Vellore in the 1970s.



The second photograph is of the current dialysis unit at the same center with state-of-the-art equipment.

# FIVE DECADES JOURNEY OF A PIONEER IN NEPHROLOGY




## Dr MA Muthusethupathi

Formerly, Professor and Head, Dept of Nephrology,
Madras Medical College & Govt. General Hospital, Chennai


Generally, I do not approve of people talking about themselves. Just by chance, I have lived my professional life at a time when Nephrology established itself and evolved as a subspecialty in India. Subsequently, the growth and spread of Nephrology and other specialities all over the country have benefited an immense number of people and even saved many lives. It may be worthwhile recalling the steps in the evolution of the speciality of Nephrology as experienced by me since the 1970s, in the hope that such recapitulation of my experience as a Nephrologist will be of some interest to the younger generation.

During my studies at Stanley Medical College for MD General Medicine (1966-68), we were required to familiarize ourselves with a number of sub-specialities of Medicine. I remember with what great interest and fascination; I studied the Physiology and Pathophysiology of the Kidney. Two books I studied are worth mentioning in this connection 1. The Kidney – H.E.de Wardener; 2.From Fish toPhilosopher - Homer W Smith The intellectual fascination that I developed for the Kidneys and is workings still stays with me undiminished.

After my MD in General Medicine in 1968, I joined Tamil Nadu Government Medical Service as Assistant Professor of Medicine and was posted to Madurai, where I worked for 3 years and then was transferred to Thanjavur Medical College. When I was in Thanjavur, I was consulted by a young man for bilateral renal calculi. Because of my particular interest in kidney diseases, I investigated him for Renal Tubular Acidosis and to my great delight, the diagnosis was confirmed and he was started on Shohl's solution. Later the patient consulted Dr. Amaresan in Chennai, who had just returned from Chandigarh after his DM in Nephrology in 1972. After seeing the way the patient was investigated, he wrote to me asking if I could join him at the Nephrology Department, General Hospital, Chennai, which he was reorganizing. I was happy to continue the fascinating study of Nephrology and hence moved to GH Chennai. Dr. C.M.Thiagarajan, Dr, Muthu Jayaramanand Dr. Bellarmine also joined meat the Department of Nephrology. We did our best and performed Peritoneal Dialysis using a locally made catheter and hemodialysis using a Venky Tank system.

I then moved to PGI Chandigarh in 1975 for my DM Nephrology. I came under the great influence of Prof. Chugh who actually pioneered Nephrology Education in our country. PGI Chandigarh taught me the great importance of Pathology in understanding diseases. We were trained in Hemodialysis with an earlier model of HD machine as well as in the use of Kiil kidneys. These devices have to be rebuilt before each dialysis and checked for leaks. Vascular access was through Scribner shunts and Arterio-Venous Fistulae. Kidney Biopsy was regularly done using Vim Silverman needle. Tissues were studied by Light Microscopy. Immuno- florescence (IF) became available after one year and added interest in Kidney biopsy. One major drawback in those days was the great difficulty in estimating the kidney size and ruling out obstruction. We have to use high dose contrast for Intravenous Urogram in patients with renal failure too. Sometimes we have to resort to Retrograde pyelograms. These procedures resulted in infection as well as worsening of renal failure due to contrast media. The advent of Ultrasonography in renal medicine is a big boon which people like us could appreciate well.

Renal transplantations were also done in PGI using live related kidney donors. The cytotoxic crossmatch had to be done at Delhi only. Acute rejections were treated with Methylprednisolone as well as by irradiating the graft. One can easily understand the near hopelessness when allograft recipients develop complications, because of our lack of technical expertise and poor understanding of renal pathology.Despite the lack of facilities, a good number of patients were benefited by our care. Actually, we paid a lot of attention to the correction of fluid-electrolyte, acid-base disorders as they reflected certainty in an uncertain world.

Another aspect of PGI training is the clinico-pathologic conferences based on autopsies done at PGI. There were two CPCs every week and we were benefited by the discussions taking place. I remember well how the pathologists used to dominate the CPCs in most sessions. Yet another aspect of PGI training was the great emphasis of academic publications which we were required to write up. Dr. Chugh used to be very keen on such academic work with appropriate references. Nephrology PGI used to be the dominant contributor to Nephrology Research and Publications in India at that time.

After my DM Nephrology, I returned to Madras Medical College, Chennai in 1977. Shortly afterwards, I was transferred to Government Royapettah Hospital, Chennai, to organize the Nephrology Department there. I had a group of hardworking, dedicated Assistant Professors at GRH to establish a Dialysis Unit to perform Peritoneal and Hemodialysis. We evolved the strategy of immediate Peritoneal Dialysis to every patient with severe renal failure round the clock. Switching to Hemodialysis was done for those with established End Stage Renal Disease with potential related donors and those with severe acute renal failure.

This is the time we came across a group of patients admitted for severe acute renal failure with Jaundice following fever and myalgia. After being baffled initially regarding etiology, we proved both by microbiology and histology that Leptospirosis was responsible for AKI in those patients. We published a paper in the API establishing leptospirosis as a leading cause of AKI at that time. Subsequently more work was done on it and it became closer to my heart. Kidney biopsies were routinely done. We performed the First live related Kidney Transplant in a state government funded hospital free of cost at GRH in March 1981. Immunosuppressive drugs were also issued free of cost; the first CAPD was also performed in 1986.

Thus, I had the opportunity of establishing a full-fledged Nephrology Department with 12 beds, Dialysis unit with 3 HD machines and round the clock PD service for 2 cases every day. We continued to use Kiil kidney and Drake willock machine with AV shunts as vascular access initially and switched to use Hollow fiber kidney, Centry2 HD machines and AV fistulae as vascular access in mid 80's. The department had its own Laboratory with one Biochemist and a clinical pathologist. The outpatient services were rendered 5 days a week with one day exclusive for post-transplant follow up. Moreover, we evolved systematic and meticulous case records (Renal case record, Transplant recipient case record, Kidney donor case record, Hemo and Peritoneal case charts). The records were maintained by a Record clerk and a social worker. This helped us a lot to have the data and to have the statistical analysis of our clinical work. By then I could get my elevation to Reader and Professor of Nephrology.

By the end of 1986, I got my transfer to Nephrology department, MMC and GH, Chennai. where I could re-establish and expand the department. The department consisted of 50 bedded wards with a well-equipped Intensive renal care ward and Post transplant renal care ward. It had separate peritoneal and Hemodialysis units with Vascular access and procedure room, a wash and water treatment room, a fully developed Renal Biochemistry and clinical pathology rooms, a Renal record room and a renal photography room. A library cum conference and case discussion room served its purpose well on all days for regular scheduled teaching and learning programmes. Monthly interdepartmental (Rheumatology, Gastroenterology, Radiology, Microbiology, Pathology) meets were conducted as part of a teaching programme. Kidney biopsies were done using modern techniques and the histopathology interpreted excellently well with IF and Electron microscopy in research cases.

The kidney transplant programme was regularized to one to two transplants per week. It is noteworthy to state that MMC Nephrology is the one and only department in the public sector to offer the entire programme free of cost (Transplant surgery, post-transplant care with investigations and Immunosuppressive medicines) First deceased donor transplant was successfully done in 1996. Patient care, teaching, academics, research and administration could be well achieved with the help of my Assistant Professors, Postgraduates and Staff.

Leptospirosis continued to be the cause of acute kidney injury and more work turned to establishing a diagnostic lab in MMC. We collaborated with KIT Amsterdam and conducted a South Asian workshop for the diagnosis of Leptospirosis (SAWDIL 95} in the year 95, where delegates from Netherlands, West Indies, UK, Andamans and rest of India, we were enrolled members of the International Leptospirosis Society and were invited to its annual conference at Nantes (France). Our data on Leptospirosis was presented at the conference as a paper. We also co-founded Indian Society of Leptospirosis and participated periodically in its meets. Academic work was continuously challenging and more demanding. Our team could present 5 to 6 papers in each of the ISN, ISOT and the Southern chapter of ISN every year and could bag more medals,and prizes for the best papers presented both in Podium and Poster sessions. Simultaneous publications were also done in various National and International journals (Nephron). We founded the Nephrology to Alumni Association in 1997 (NEPHSIL).

Looking back, the road I traveled in Nephrology has been an extraordinarily interesting and rewarding experience since 1975. Stupendous changes have taken place in all aspects of Nephrology in this period. From lectures by chalk and talk to powerpoint presentations; OHP projections to PPT slides; Conferences of early years as group meets and discussions held in the hospital premises to convention auditorium with podium and poster sessions for for clinical Nephrology, Dialysis and Transplants; from X-ray to USG, CT, a MRI and Doppler; from Flame photometers to automated Analyzers; from Vim Silverman needle to Biopty Gun; from blind puncture to Ultrasound guided shoot; from Scribner shunt to AV fistula / AV graft; from Temporary vascular catheter to Perm Caths; from Rotating Kolff Kidney to Hollow fiber kidney; from ld Drake willock to Newer HD machines with digital displays and other advanced dialysis systems for hemofiltration.

I do hope that my experience in Nephrology for half a century will be of some interest to the young Nephrologists to-day. It is likely that my colleagues will have similar or more rewarding experiences.

*"A Remembrance of things past*
*in the sessions of sweet silent thought"*

# EXTRAORDINARY, INSPIRATIONAL WOMEN DOCTORS OF TAMILNADU




## Dr Muthu Jayaraman

Former Professor of Nephrology,
Tamil Nadu Medical Services


In my life journey as a woman doctor in Tamil Nadu, I met some extraordinary women doctors who are Passionate professionals, dedicated their entire life in patient care, and also involved in social, public services. They faced gender discrimination, suppression, insult and discouragement at every level, but they triumphed over the ordeals and odds, and succeeded in their mission. As a tribute, I present, these extraordinary women to the present generation of men and women doctors, who may not know them.

### Winner on call for four decades: Dr Kousalya Devi: "The Gandhi At Gandhigram"


Dr Kousalya Devi

The oldest 83yrs old, active, energetic Gynaecologist of Kasturba hospital of Gandhigram, Dindigul, still goes on night calls and does her myriad duties till midnight. After battling with breast cancer for two decades, her energy comes from being happily unmarried with single minded dedication for the cause she chose'. A proof that Gandhi still lives in INDIA.

From a 2-bed Gandhigram rural hospital, Dr.Kousalya Devi developed it into a 350-bed top referral hospital with all modern facilities to tackle any complications in OBG. It does 400 deliveries per month and 4000 tubectomies per year.

There was

- Great dip in maternal and fatal mortality rates,
- Improved acceptance of family planning from<1% to 34%,
- Fall in birth rate from 43% to28.1%,
- Increase in birth interval from 43 months to 50 months,

These services had a great impact on the health programs. It won state awards 14 times and 2 national awards. Replicated by the **FORD Foundation**, Gandhigram became **An International Model Village**, she introduced the path breaking recanalization procedure and modern fertility techniques. The Auxiliary Nurse Midwife training programme, The Argy Sevika course, started a nursing college, an adoption centre for abandoned children. The programmes are planned as per community needs. The village was transformed into a model village, self-sufficient in health care and hygiene.
'A toilet must be in every house' was opposed by the whole village as they were used to open-air defecation. After much education, now every house in Gandhigram has a latrine and the girls insist on toilets before marriage in their future home. To investigate infertility, she insisted that the husband and wife should come, which was not accepted initially. She was ably assisted by the founders and followers. Together they Established the Gandhigram University with schools and colleges and developed small-scale industries. The Artificial limb unit was started with the guidance of Dr.Sethi of the Jaipur foot fame, it is a phenomenal success in that village. She started a nursing college, an adoption centre for abandoned children. The Auxiliary Nurse Midwife training programme, The Argy Sevika course, the village transformed into a model village, self-sufficient in health care and hygiene.
This Maverick lady. simple and humble, raised the small village Gandhigram as the international model. **Many awards and accolades came her way including 'Padma Shree' which she refused to accept saying 'It is a Team work'.**
How else to call her but **"Gandhi of Gandhigram".**

**Dr TS Kanaka: The first woman Neurosurgeon of Asia, 'The Pride of India'**



**Dr TS Kanaka**

She was the third woman neurosurgeon in the whole world and the professor of neurosurgery at MMC Chennai. She volunteered and did Army Medical service during Indo China war for two years. She was the first neurosurgeon of India who did chronic electrode implantation in the brain 'The Deep Brain stimulation' and won a PhD also. She developed the indigenous Implants.

She has done pioneering research in stereotactic, functional and electrode implant surgery. At that time only three centers were doing this surgery in the world, Tokyo, Frankfurt and Madras. She got the international acclaim to MMC. Another area of her interest was Cerebral Palsy. She published numerous papers in national and international Journals.

Apart from her glorious accomplishments in neurology, she is well known for 'Blood Donation' she was listed in the 'limca book of records' for donating blood 139 times.

Her achievements elevated her as the President of Asian society of Neurosurgery. These achievements in spite of facing enormous discrimination as a woman she was refused admission to join MS surgery first, she wasn't allowed to attend emergencies. Her teacher said he is apprehensive to allow 'women, to touch scalpel'. The examiner from Bombay failed her 8 times. Her papers and researches were internationally acclaimed, but at National level suppressed by her peers. To top it all, she was suspended from service because she didn't notice the minister entering the ward, where she was immersed in patient care. She faced all the discrimination and insults with grit and determination. After retirement, she used all her pension money and property in starting a free clinic to take care of elderly and underprivileged, with free check-up etc.

***Hail her as the:***

- **Queen of Neurosurgery**
- **Record Holder in Blood Donation**
- **The Epitome of social service**

## Dr Kamla Isrel Vytilingam: Of Angry Tigers, Hungry Beasts and The Human Mind



**Dr Kamla Isrel Vytilingam**

The title given by Dr. Kamla Isrel Vytilingam (1901), The first woman cardiologist of TamilNadu to her autobiography. Established **the first cardiology department of TN in CMC vellore.**

Born to a Christian father in a Hindu family, witnessed the death of her mother in childbirth, for want of a woman doctor, whose last wish was 'she should become a doctor, and save women who are dying like her'. The stepmother and her relatives were totally against it and even stole her certificates.

When she was in school, Dr B Scudder visited and urged the girls to become doctors, she met her and told her predicament, Dr. Scudder, put her in her medical school and she graduated as LMP (Licensed Medical Practioner). Ever since Scudder became her mentor in every stage of her life. She joined as tutor in anatomy in Wellington medical school for women, Madras. she wanted to specialise in Medicine and chest diseases. When she applied for it, the professor of Medicine, MMC said she is not capable to do MD medicine; to his surprise she passed out as the best student of the batch. Her husband a great supporter to her sang "One can control the Tiger in the forest, quench the hunger of wild beast but no one can control the human mind".

She joined CMC as physician and wanted to specialise in cardiology. The then dean of CMC said' CMC has no place for women in speciality like cardiology or neurology.' 'IDA B.SCUDDER must be turning in her grave''. All men colleagues agreed. The cardio thoracic surgeon Dr. Reeve Beltz saw her passion and helped her train in Cardiology at John Hopkins Hospital USA by Dr. Helan Taussiq. She came back to CMC, started the first cardiology department of Tamil Nadu, with all the state-of-the-art facilities.

Starting with a LMP certificate, became a tutor in Anatomy, physician and a cardiologist with training in John Hopkins Hospital, established the first cardiology department of TN. Despite facing enormous discrimination, suppression throughout her life her achievements are outstanding at that period of time. The only reference about her is her autobiography. The most unsung woman achiever, Salute to her grit, knowledge and determination, for being, the first woman cardiologist establishing the first cardiology department in CMC of TN.

There are many more great women doctor achievers in TN, like Dr.Gnanasoundari, Dr. Sarada Menon, The first woman psychiatrist of India and The founder of Schizophrenia Research Foundation, DR.Shantha the director of Adyar Cancer Institute and others. The torch bearer of these achievers is DR. Muthulakshmi Reddy the founder of Adyar Cancer Institute Chennai, became a legislative member, abolished Devadasi System, child Marriage, and was called 'The Lawmaker'.

# NEPHROLOGY MENTORSHIP IN SOUTH INDIA




## Dr R Kasi Visweswaran

Sr Consultant in Nephrology,
Ananthapuri Hospitals and Research
institute, Trivandrum


**We, the Nephrology Physicians**

Greetings to all the delegates and the Organising team of ISNSCCON 2024, Hyderabad.
My mind runs back to the early 1980s, when a group of Nephrology Physicians from the southern part of India under the leadership of Prof. M.S. Amaresan started the Southern chapter with the inaugural meeting at Chennai. Thereafter, the venue for annual conferences has rotated to cities, major towns and even tourism centers all over Southern India. The membership was less than 35 by the mid 1980s. These conferences attracted many physicians in the region and the scientific content was tailored not only to update nephrology physicians but also to attract general physicians to the specialty. At least some of the present- day Nephrology Physicians will agree that the stimulus to opt for nephrology as their field for specialization and practice, was through their interaction with the faculty members during training and attending such conferences, I am one of them.

Having worked as a General Physician in a medical college hospital before branching off to Nephrology, I know, as many of you do, that a good nephrologist must be a Physician first and then only a Nephrologist. That is why, I have opted for the term 'Nephrology physician'. The spectrum of patients approaching a nephrologist is highly varied, and only a person with a good clinical background of Internal medicine can handle the cases.

Today, the field has expanded to include many sub-specialties. Basic research into certain tropical diseases can only be performed in the regions where the disease or illness is prevalent. I had the opportunity to interact with a few research centers in the West, doing research in tropical diseases like Malaria. None of the persons working there had ever seen a single case of Malaria! Leptospirosis is a common disease and during the mid to late 90s, we had the opportunity to see a vast number of cases presenting with all classical manifestations of Weil's syndrome. We could not proceed beyond identification of live Leptospira in the urine, in very few cases. The species-specific micro agglutination test was available only in the international leptospirosis reference center in Amsterdam. There is a need for establishing and developing such centers in India.

The amount of scientific material for research is vast and must be explored by youngsters. Naturally, the question "Why did you not do it during your time?" is bound to crop up. The only excuse I can offer on behalf of most of my colleagues of my generation is, that "we were involved in establishing clinical and training centers throughout the country and had barely any time or resources for such basic research activities". This argument cannot be an excuse hereafter, because two generations down the line, the total number of Nephrologists in the country has touched nearly 3000, opportunities are plenty and resources can be mobilized more easily these days.

To update oneself and catch up with the development in various fields, group discussions, lectures and seminars during these conferences help. Let us all benefit and catch up with the recent advances and foster mutual cooperation and friendship during ISNSCCON 2024 and in the years ahead.
With best wishes,

**Dr R Kasi Visweswaran**

# CLINICAL AND FIELD TRIALS IN NEPHROLOGY – NEED OF THE HOUR




## Dr N Gopalakrishnan


Current times are watershed moments for Nephrology, given the paradigm changes in the pathophysiological concepts of several kidney diseases and the emergence of newer vistas in therapeutic interventions.

There is a global concern on the humongous challenge posed by chronic kidney disease. On a rough estimate, about 850 million are afflicted with CKD world over and of them, about one third are in India and China alone.

The Acute Kidney Injury conundrum continues to increase in diversity and complexity with ever increasing etiologies and propensity to progress to CKD.

Glomerulopathies are just about to get re-classified based on the current conceptual insights and a host of newer therapeutic options are under scrutiny.

Though it is heartening to see the incredible expansion and reach of dialysis services in India, it is not without skepticism on the viability and quality, considering the mammoth dimensions of resources required to cater to such a vast number of patients.

In the kidney transplant scenario, the holy grail of inducing immune tolerance still remains elusive.

'Green Nephrology' is the talk of the day! We are cognizant of the mutually injurious impact of the 'environmental perturbations' and 'kidney care' (in particular, dialysis therapy) on each other.

In recent times, there has been a greater realization on the importance of 'preventive nephrology' than ever before. The scope and realm of preventive nephrology are yet to be defined.

Given these challenges and concerns, there is certainly an additional role to be played by the current Nephrology community, viz., research, pertaining to all components of kidney care.

Research is a very broad spectrum with analysis of single cases on the one end and multi-centric randomized controlled trials on the other end.
Research does not always mean the ones carried out in genetics and molecular biology, with sophisticated gadgets and high-end equipment. In fact, 'epidemiology' is the most powerful research tool. Population studies to estimate prevalence of chronic kidney disease, it's risk factors, epidemiological trend changes and regional variations are of paramount importance in understanding the magnitude of kidney disease and in developing mitigative strategies. Nephrologists have to move beyond the confines of renal units and indulge in 'field research' as well to estimate prevalence of kidney disease and its risk factors.

**Types and dimensions of Research**

**Case series** (retrospective and prospective) are important to understand the clinical profile and course of diseases.

**Cohort Studies**
More important than simple case series are the 'cohort' studies. Long term follow-up of patients with a particular disease would provide greater information on all the aspects of the disease. The classical example is – ICKD (Indian Chronic Kidney Disease) cohort study, initiated by Dr Vivekanand Jha, one of the largest CKD cohorts, internationally.
Long term follow-up of patients who have suffered Acute Kidney Injury (AKI) to study the propensity for CKD progression. DRAKI (Dialysis -Requiring AKI) Follow-up study – a multi-centric study, initiated by Madras Medical College is currently underway

**Clinical Trials:**
Conducting well-designed clinical trials to evaluate the safety and efficacy of new drugs and treatment modalities is an ongoing need. This includes trials for emerging therapies targeting inflammation, oxidative stress, and other pathways implicated in kidney diseases. Multi-centric trials are far more superior to single centre trials. Multi-centric trials are all the more needed when the study involves infrequent/rare diseases.

**Randomized controlled trials (RCTs)**
RCTs are rated as the top rung in the ladder of research. 'Double-blinding' would add further credence to RCTs. Currently, there is a great need for RCTs in Nephrology, since there are several gray areas in clinical nephrology. It is appropriate to reiterate the tremendous impact the CREDENCE trial has made in Nephrology practice. CREDENCE was the first ever RCT to study the reno-protective effect of SGLT-2i in diabetic nephropathy as the primary aim itself. And, the DAPA-CKD, proving the reno-protective effect of SGLT-2i in non-diabetic CKD also, was truly a landmark trial.

We, at MMC, conducted a RCT to find answers for a long-debated issue – efficacy of corticosteroids in Infection Related Glomerulonephritis (IRGN). Though fraught with the shortcomings of being a single centre study with inadequate sample size, the negative outcome of the trial has certainly placed a deterrent on the inappropriate use of steroids in IRGN. Incidentally, this happens to be the first ever RCT in IRGN!

**Following areas are in need of RCTs**
Steroids in IgA Nephropathy, (in the lines of TESTING trial)

Complement-based therapy in IgA Nephropathy (with emergence of newer insights on the role of lectin pathway of complement in IgAN)

Role of Rituximab in various glomerular diseases

Role of steroids in complementary medicine-related membranous nephropathy Steroids in Acute interstitial nephritis (AIN)

Plasmapheresis in thrombotic microangiopathy occurring in diverse clinical settings – pregnancy, snake bite, etc.,

Appropriate dosing of cyclophosphamide in lupus nephritis

Optimal dose of steroids (is methylprednisolone pulse needed at all?) in Anti-neutrophil cytoplasmic antibody disease

Appropriate treatment for diseases like PGNMID (Proliferative Glomerulonephritis with Monoclonal Immune Deposits)

Low-dose Rituximab in Indian patients, in diseases like Membranous nephropathy

Optimal dose of vaptans in Indian patients with autosomal dominant polycystic kidney disease (ADPKD)

Timing of initiation of hemodialysis – (Further validation of IDEAL study)

Incremental dialysis – in Indian patients

Minimisation of dialysate flow rate by manipulation of dialysate temperature

Is there any role at all for keto-analogues of amino acids in retardation of CKD?

Induction immunosuppression in low-immunologic risk kidney transplantation

Inter- speciality trials are essential to study the cardiac disease in CKD patients, onco-nephrology issues, kidney disease in chronic liver disease etc.

Pragmatic Clinical Trials

Pragmatic clinical trials in nephrology aim to evaluate interventions under conditions that closely resemble routine, real-life clinical practice. These trials often have broader inclusion criteria, allowing for a more representative study.

These trials are different from RCTs wherein a specific intervention is studied for its impact in controlled, optimal situations. Advantage of pragmatic trials is that the results can be generalized and can be applied in practice settings.

**Field Trials**
Field trials are quite few in Nephrology. There is a felt need for field trials. Prevalence of CKD in India itself requires better estimation. Recently, Madras Medical College completed the first-ever statewide study for estimating CKD prevalence among adults of Tamil Nadu.

It was a randomized cluster sample study (STEPS survey), jointly conducted by Institutes of Nephrology, Community Medicine and the Directorate of Public Health.

Such a study assumes that we get to know the true burden of CKD, which would help in better planning and executing kidney care strategies.

Field studies also have to focused in heat exposure, level of air pollution, water contamination, exposure to agrochemicals, etc., considering the alarming rising incidence of CKDu (chronic kidney disease of uncertain etiology)

Field studies are also needed for understanding disparities in kidney care in a geographical region, gap between the intended reach and the actual reach of kidney care programmes

**Registries:**
Registries in nephrology can play a key role in gathering and analyzing data related to kidney diseases and their management. These databases are essential for tracking patient outcomes, understanding the natural history of diseases and assessing the effectiveness of therapies. I wish the following registries are initiated by ISN, Southern Chapter.

Chronic Kidney disease Registry

To analyze etiology, factors impacting progression, complications and outcomes

Acute Kidney Injury Registry

To ascertain etiology, outcome, progression to CKD and to evaluate different modes of dialysis therapy (in severe AKI)

Glomerulonephritis Registry

To explore the profile of glomerulopathies, effectiveness of current therapies and to assess the utility of targeted therapies.

Dialysis Registries
To analyze the various aspects of dialysis therapy – adequacy, prescription patterns, vascular access, complications, intercurrent illnesses, hospitalization rates, out of pocket expenditure, caregiver burden, etc.,

Kidney Transplantation Registry

To focus on the immunosuppressive regimens, induction immunosuppression, rejection rates, infectious complications, non-adherence to immunosuppressives, metabolic disease / cardiovascular disease profile, factors determining long-term graft outcomes, etc.,

Rare Kidney Disease Registry

Such a registry is essential to assess the therapeutic options for rare diseases.

In summary, clinical trials in nephrology are instrumental in advancing medical knowledge, improving patient care, and enhancing the overall understanding of kidney diseases. They provide a systematic and evidence-based approach to developing and refining treatment strategies, ultimately benefiting patients and advancing the field of nephrology

# FOUR DECADES OF MY PROFESSIONAL JOURNEY IN NEPHROLOGY AT OSMANIA HOSPITAL, HYDERABAD




## Dr N Girish Narayen

Professor and head (Retired)
Department of Nephrology,
Osmania General hospital, Hyderabad


It is a great pleasure for me to take you through the journey of nephrology in government sector in the southern state of erstwhile Andhra Pradesh now Telangana. In early and mid 1970s awareness about nephrology as a speciality had just crept in the medical profession. In India its importance was recognized after the illness of Janta dal leader Sri Jay Prakash Narayan, who was undergoing treatment in PGI Chandigarh during the emergency period in mid seventies There were allegations in the media and press that his kidneys were damaged at PGI. He was shifted to Jaslok hospital Bombay where he was treated under senior nephrologist Dr M K Mani andunderwent dialysis .The importance of dialysis as life saving procedure was than recognized .

Those years there were very few centers in India where nephrology services were available . Some of them were at PGI Chandigarh, KEM hospital Bombay, CMC Vellore and AIIMS Delhi. Dr VN Waghray, Professor of medicine was the first person from Andhra Pradesh to go to Manchester in UK for fellowship in nephrology. Later Dr Gopal kishan after finishing his fellowship in UK, came back and started nephrology department in Osmania in 1978. Preliminary services including PD and hemodialysis were made available for the patients .When awareness about nephrology was increasing I also developed interest in the field. Whileworking as Assistant professor with Dr VN Waghray, he motivated me to proceed to PGI Chandigarh for DM ( Nephrology). One of our senior colleague Dr Ram Bhoopal was the first person from Andhra Pradesh to study DM (Nephrology) at PGI Chandigarh. In 1982, after coming back from PGI I joined Osmania hospitalas Assistant professor underprofessor Gopal Kishan. Dr Rajamalliah senior physician was already working in nephrology for many years and we had an excellent understanding and rapport while working in the department. As usual there were teething problems with lack of facilities in Government hospitals. The radiology and lab facilities were very poor and Ultrasound was not yet available. Dr Gopal kishan was able to convince the government the need for starting kidney transplant in Osmania. He managed to get sanction for 2 more posts of assistant professors in nephrology and Urology, funds for buying lab equipments, and sanction for qualified staff for establishing exclusive renal laboratory attached to nephrology department. This greatly helped in improving the patient care. For Tissue typing and Lymphocyte cross match the sample were drawn at 3am and taken by patients attendants by flight to Immunology lab in KEM hospital Bombay .The lab incharge Ms Contractor was very supportive and the test was done free of charge for patients of Osmania hospital. After lot of hard work and struggle, the first transplant was performed on 16th May 1982 by senior Urologist Dr.A.Ranganadh Rao ,Dr G Shamsunder Dr BV Rama Raju the and their team.Recipient was one Mr Ibrahim with his brother as donor. This was the first transplant performed in a government hospital in India and was done free of charge. I am happy to share informationthat the first transplant recipientis still alive 42 years after transplant and doing well .He ispossibly tthe longest surviving recipient in India.

After finishing her DNB course from CMC Vellore Dr Anuradha came back and joined the department as assistant professor.This further helped in improving the nephrology and transplant services. In 1994 after Dr.Gopal Kishan's retirement I took over as head of the department With excellent rapport and guidance from Dr Anuradha who was also promoted and working as professor, we were able to establish very good department and improve the academic activities. Over the next few years the number of transplants in Osmania gradually increased.Unfortunately the journey was never a smooth one and this department also had its share of misfortunes ,failed grafts ,complications and the entire team used to have a mental, psychological and moral breakdown while managing thetransplant patients in Osmania.

These events further strengthend our resolve to improve our services . Despite all the limitations it waschallenging but very satisfying period for the entire team . By 1992, the nephrology department was recognized for DMCourse in Nephrology . Dr. N. Satyanarayana from Rajahmundry was the first candidate who qualified in nephrology from Osmania .Subsequently manycandidates have completed their DM /DNB Course from Osmania and next few years the nephrology Department was considered as a good teaching centre for training in nephrology on par with anyother nephrology unit of the country. In fact all the students who appeared for DNB (nephrology) from Osmania passed the exam in first attempt. Three of them also secured "Gold medal" in DNB final exam . The academic activities were given top priority and students participated and presentedpapers in both national and international conferences. Some of their papers won awards during the conferences.Now under the able guidance of Dr.Manisha Sahay,Dr.Kiranmayi and their team , till this date the academic work in the department is continuing and is comparable to many other centres in India. It has been a long journey for the nephrology department ofOsmania which continues to offer excellent nephrology services for the patients suffering with various renal diseases . For over 10 yrs the Jeevandan program for the deceased donor transplant is also very active. Osmania hospital has the distinction of performing theliver,pancreas and kidney transplantation for various patients who required these procedures in government hospital. Now with many post graduates joining in the department, the quality of nephrology care has improved tremendously . Transplantation including the deceased donor and the live donor transplantation work has increased withavailability of Arogyasree , Pradhan Mantri Jan Arogya Yojana scheme and after the implementation of Jeevandan program, these schemes have provided much needed financial assistance for management of their various medical ailments. I wish that the progress madeover the last few decades continues and the patients derive further benefits and services that are offered by the nephrology department ofOsmania hospital.

# PRIDE OF TELANGANA STATE NEPHROLOGY



## Prof Dr Kaligotla Venkata Dakshinamurty

Senior Consultant of Nephrology, Mahatma Sri Ramchandra Centenary Memorial Hospital, Hyderabad,
Formerly Professor and Head of Departments of Nephrology, Sri VenkateswaraInstitute of Medical Sciences,Tirupati and
Nizam's Institute of Medical Sciences, Hyderabad, President, Peritoneal Dialysis Society of India,
Chairperson, Indian Society of Nephrology- Southern Chapter, Member of Governing council of Indian Society of Nephrology,
Registrar of SVIMS University, Tirupati, Member Governing Council of NIMS University, Hyderabad.

It gives me immense pleasure to invite you all to the 43rd annual conference of Indian Society of Nephrology- southern Chapter in Hyderabad, Telangana. A sumptuous feast of academic deliberations, cultural extravaganza, and unmatched hospitality of Telangana await you all in Hydearbad, the hub of diverse cultures of India that is Bharat, defense establishments, academic institutions, religious monuments and festivals, historical structures, information technology, ever expanding real estate sector both residential and commercial and not to forget the amalgamation of the culinary specifics of various regions.

Hyderabad , as the capital city of Telangana as well as the erstwhile united state of Andhra Pradesh stood at the forefront of development of nephrology services in the state, though presently various regional centers in Telangana are fast progressing in providing health care to patients with kidney disease.

Hemodialysis and live donor renal transplantation are established in early 1980s itself in Osmania Medical college and subsequently in Nizam's Institute of Medical Sciences (NIMS).

NIMS took the lead, in 1990s, in practicing Continuous Ambulatory Peritoneal Dialysis (CAPD) for patients with end stage renal disease and developed into one of the leading centers to provide CAPD. NIMS developed various insights in CAPDtreatment through its research activity and publications to improvethe patient care. Now CAPD is available in various government as well as corporate hospitals in Telangana state.

Organ harvesting from brain dead individuals and diceased donor kidney transplantation is developed in 1990s in Telangana state by the untiring efforts of NIMS and also with contribution from the MOHAN foundation. However after enacting the Human Organ Transplant Act (HOTA) by the government in early 21st century and subsequently under the auspices of "Jeevandan Program" the flagship program of Telangana government, which is running successfully with competence and integrity, Telangana state has become one of the forefront states in India, in the field of diceased donor organ transplantation. A total of 1174 organ harvestings from brain dead individuals and 1764 kidney transplantations were done in the state of Telangana since the inception of Jeevandan Program in the year 2013, with maximum donation ratio of 5.7 per million population in the year 2022, the highest in the country. Kidney transplant services including live related and diceased donor transplantation and postoperative lifelong immunosuppression are being provided free of cost to economically weaker sections by the government of Telangana.

Telangana government has adopted a Pubic Private Partnership (PPP) model to improve the quality and accessibility of health care services in the state. The government has partnered with various private hospitals, NGOs, and other stakeholders to provide services, such as dialysis, diagnostic tests, blood bank, ambulance services, and telemedicine. The PPP model has helped in reducing the burden on the public health system while enhancing the efficiency and effectiveness of health care delivery.

Maintenance hemodialysis is the main stay of healthcare of patients with end stage renal disease and it was made available in the government sector in 1990s itself in NIMS. Now free lifelong hemodialysis with a new dialyzer use in every session is provided in more than 100 government hospitals and empanelled private hospitals. More than 10,000 patients are provided free hemodialysis and are monitored by teaching institutions in hub and spoke model. The data are uploaded by the medical personnel of the spoke centers on daily basis for the incidental patients and on monthly basis for the regular hemodialysis patients. The data are reviewed, evaluated and analyzedby the nephrologist at the hub center to monitor the treatment. This policy has reduced distance needed to be travelled by the patient to reach the dialysis center to a mean of 5 kilometers and almost broughtthe dialysis to the doorstep of the patient in Telangana state. The patients are also under the close supervision of the nephrologist. It helps in the cost-effective utilization of available work force in resource limited settings. Fifty lakh dialysis sessions are provided and more than rupees hundred crore budget is allocated for providing free hemodialysis to patients, every year.

Implementation of various government health schemes is provided for the needy patients with a dedicated health budget of about rupees two hundred crores every year, especially through the Arogya Sri program. This program provides free corporate medical treatment up to rupees ten lakhs for every individual belonging to economically weaker sections in Telangana state.

At national level also, NIMS , the premier medical institute of state of Telangana , has pioneered the " Molecular Albumin Reabsorbent System (MARS) dialysis for patients with hepatocellular failure, in the year 2003, and also actively trained medical professionals from premier national institutes and corporate hospitals in the country in performing MARS dialysis.

Telangana state is always in the forefront of academic activities and dissemination of knowledge of Nephrology through Hyderabad Nephrology Forum (HNF). HNF , which was started about 27 years back by a few dedicated academically oriented nephrologists, has now grown into one of the largest state level nephrology associations in the country with more than two hundred nephrologists in Hyderabad and other districts of telangana. HNF is a very dynamic and vibrant body conducting regular monthly activities, webinars, workshops, guest lectures, mock examinations for Nephrology residents, and annual conferences in various cities in Telangana. HNF has varied and multifaceted activities such as – 1) research Committee for evaluating the research proposals and providing research grants to young nephrologists, 2) Kidney Digest, quarterly newsletter, showcasing various activities of the forum, 3)Regularly updated Website of the HNF to enlighten the activities of the forum, 4) Social Media committee, 5) Patient advocacy Club, 6)Fitness Club, 7)Career Development and Financial Planning Club for the budding Nephrologists.

Telangana state has excellent facilities for training in Nephrology with three major teaching institutes- Nizam's Institute of Medical Sciences, Osmania Medical College, Gandhi Medical College- having an intake of around thirty DM students, yearly. A good number of corporate hospitals undertake training of around twenty DNB students, every year. Nephrology training for both DM and DNB trainees is at par with the best centers at the national level, if not international level.

Once again, I warmly invite all the delegates to have a wonderful experience of scientific program, cultural extravaganza, culinary specialties of the region, and the Hyderabadi hospitality and to take home pleasant and fond memories of your stay.

# MY CONTRIBUTIONS TO NEPHROLOGY & TEACHING




## Dr Anuradha Raman

HOD and Sr Consultant
KIMS Sunshine Hospital, Hyd


It is with nostalgia, that I recall my journey in nephrology from 1978 till date, 45 years of some pleasant memories.

A chance govt posting introduced me to nephrology, a hitherto unknown specialty in A.P. The concept of keeping patients alive on dialysis triggered my interest to make my career in nephrology. I learnt the working of three old donated, manually operated machines & started dialysis after many sessions of dummy dialysis.

One session of dialysis would take a clear 10 hrs, what with the cardiologist doing femoral catheterisation under fluoroscopy with the scheldinger needle, followed by 8hrs dialysis on a Kiil dialyser, which we would build with new membrane. After each dialysis, pressure list and formalise it, ready for the use next day.

Two years of Nephrology training at the prestigious C.M.C Vellore made me a confident first nephrologist of Telangana, to take on any challenge in a govt. hospital.

Slowly and steadily, the dept. grew under the able leadership of Prof. A. Gopal Kishen, ably supported by Dr. Raj mallaiah, Dr. Girish & Myself.

The first live related renal transplant, free of cost was performed in Osmania hospital on 16th of May,1982. After the retirement of Prof. A. Gopal Kishen, Dr. Girish Narayan & I strived to make the department of nephrology OGH into a patient centric, academic oriented centre of excellence.

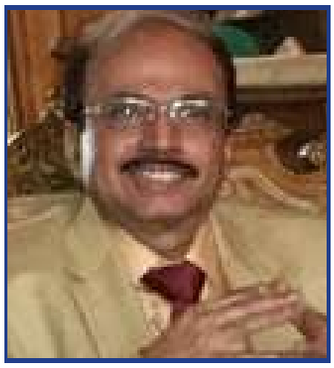
The D.M. Nephrology course was started in 1993. During my tenure, I have trained more than 30 nephrology post graduates & that all of them have established themselves very successfully speaks of the training they received, with 3 of them securing gold medal in nephrology at national level exam.

Post retirement, I have been associated with corporate hospitals & have seen the good & bad of both. I consider myself very fortunate that I have had the opportunity to start a department, nurture it into one of the most sought-after centres for nephrology training.
I also feel proud that one of our very own, Prof. Manisha Sahay, has taken the mantle on her shoulders & is doing excellent work to keep the nephrology flag of Osmania flying high.

On a personal note, I feel blessed that having the distinction of being the first lady nephrologist of Telangana, I have been the past president of Indian Society of Nephrology, have given many orations & guest lectures, have been an examiner for both D.M. & Dr.N.B. I have interacted with many stalwarts when they visited the dept & still continue my passion of teaching Nephrology every week to all the post graduated within & outside Hyderabad. I couldn't have asked for more.

As I reflect on my past & my contribution to Nephrology, I feel I still have a lot to do, given the time & if I am ever given another chance, I would love to go through the struggle once again, specialise in Nephrology, work in a govt hospital & contribute whatever I can for the Nephrology community & for patients afflicted with renal disease.

# EVOLUTION OF NEPHROLOGY IN TELANGANA AND ANDHRA PRADESH




## Dr Pradeep Deshpande

Professor & HOD, Kamineni Institute of Medical Sciences
Sr. Consultant Nephrology, Global HospitalsFormerly
Principal of Gandhi Medical College, President of Indian Society of Nephrology
Senate Member of Dr. NTR Health University, Governing Council Member of Indian Society of Organ Transplant,
Additional Director of Medical EducationMember of International Society of Nephrology,
Member of South East Asia Regional Board Int. Society of Nephrology


Darwin in 1859 wrote the essay on evolution of species. Evolution of Nephrology in combined state of Andhra Pradesh and subsequently Telangana and Andhra Pradesh went through many ordeals. Rather no one knew what is Nephrology as subject. Initially medicine professors looked after Nephrology cases. Dialysis was not existent till 1976, only intermittent P.D. was undertaken. Dr. Gopal Kishen was the first to give importance to Nephrology. Private set up was hardly existent.

These were days when massive doses Lasix like 200 mgs ampoules was the only treatment for CKD. Dr. Rambhoopal was the first DM nephrologist. Dr Girish Narayan, Dr. Anuradha, myself, Dr. Ravi Raju were sent on Deputation to PGI and Vellore. Water treatment plant was not existent. KIIL Dialyzer twin coil Drum dialyzer was the norm. Dialysis used to be difficult task. HLA typing was not available. We have sent blood of Donor and recipient by flight to Bombay. First Transplant was performed in 1981 in private set up in Institute of genetics. First Transplant in Government set up took place on 16th May1982. Recipient is doing well till date with only azathioprine and steroids as immunosuppressive agents.

DM program was started in Osmania Medical college in 1990 and in Gandhi and Vizag in2001.There was hardly one seat in each college till 2010, in-between Nizams institute got recognized for DM seat. DNB existed in few private institutes. I personally feel there are more seats in Hyderabad than required. Teaching and training get affected. Osmania hosted South zone conference in 1989. Subsequently Vizag hosted in 1994.Two states have hosted various Conference, CMES and workshops. International stalwarts like Ponticelli, Udall, Turner, Feehally and various others including Prasad Rao have visited Hyderabad. During last national conference at HICC hosted by Gandhi, there were 1500 delegates. Hospitality was never lacking.

Initial conferences were held for half day or one day. I had the privilege of attending 3rd conference at Vellore. There was a symposium and Dr. Gopal Kishan was to speak. He backed out at last moment. My then professor at Vellore asked me to speak on his behalf. I was just a student, but I did a reasonably good job. Dr. Amaresan held the fort and in national conference Prof. Chugh was dominant. In 2009, I along with Ravi Raju initiated the idea of free dialysis for poor and it was implemented by then Government in Gandhi, Osmania and Vizag. Now it has spread to many districts. There was a lot of opposition as private players were not in favors. If you look back as a Birds eye view, there were many hiccups. I have seen Prof. Chugh in knee deep water repairing old Drake Willock machine. I have also seen central proportionating machine for Dialysis machines. At times electrolytes used to be a problem. Arterio-venous shunts as vascular access was common.

# KIDNEY HEALTH INITIATIVES BY GOVERNMENT OF TELANGANA



**Dr Gangadhar Taduri**

Telangana state government has initiated various measures to provide comprehensive care for the patients with kidney diseases. Kidney health initiative of the state taking care or promotive, preventive, curative, rehabilitative and palliative components. Health care delivery was decentralized for providing kidney care in all parts of the state and for serving all the people. The existing 3 tire system of primary, secondary and tertiary care was further strengthened to 5 tire system with addition of one tire below the primary care that is palle dawakhana in rural & basti dawakhana in urban locations and addition of one tire above the tertiary care that is quaternary care that is Telangana institutes of medical sciences.

Kidney disease screening is included in the Telangana state health profile of the population with that early detection and early initiation of treatment being done at population level. Telangana Diagnostics were established in all 33 districts of the state which are functioning as Hubs for all the other health institutions in that district in a hub & spoke model. The TDs included all the kidney related tests for diagnosis and monitoring.NCD kit (Non-Communicable Disease Treatment Kit) a unique concept to provide the free monthly medications for patients with diabetes, hypertension, cardiovascular diseases, and kidney diseases which increased the compliance of the treatment. Specialist consultations were ensured with Telemedicine connectivity in a Hub & Spoke model, medical colleges functioning as Hubs and other non-teaching health facilities as spokes. Once a patient reaches the end stage kidney care which is dialysis & transplants are being provided free by the government hospitals. Hemodialysis centers established based on the disease burden and distance to travel. Quality of dialysis ensured with single use dialysis, tele dialysis monitoring and hub & spoke model with teaching institutes as hubs and peripheral dialysis centers as the spokes. Ten thousand dialysis patients are benefited and about 100 crore rupees are being budgeted every year for this initiative. Telangana is the first state to provide free & qualitative universal dialysis access to all the eligible patients in the state. First time in the country dialysis patients are being provided with monthly pension & free bus pass to support these patients on a long-term basis. Kidney transplantation both live related and cadaver are being provided free in government hospitals. Jeevandan program, which is a model program to strengthen the cadaver organ donations, is able to provide the organs to needy patients in a transparent way. Telangana state is the first to provide free lifelong post-transplant medications to ensure medication compliance. Nephrology education also strengthened by increase in the PG seats in existing colleges and starting PG courses in new colleges. Nephrology departments started in all the district medical colleges for providing comprehensive kidney care in a decentralized way at the districts. Allied health courses in kidney health like dialysis technology were started in all medical colleges to make the skilled health care personal for taking care of kidney diseases.

In summary Telangana state has initiated various health initiatives for providing the comprehensive kidney health care to the people of the state in fulfilling the equitable and universal health care delivery.

**Dr Gangadhar Taduri**
MD, DM, FRCP, FISN
Professor & Head (Unit1)
Department of Nephrology.
Worked as technical advisor to Ministry of Health, Medical & Family welfare &
Officer on special duty (Health) in Chief Minister Office, Telangana state government.

# HYDERABAD IS THE BIRTHPLACE FOR WIN – INDIA



**Dr Manisha Sahay**
Vice President, WIN-India

Prof. Vidya Acharya who was the first woman nephrologist in the country and the first woman president of the Indian Society of Nephrology first visualized an organisation for women nephrologists. Her vision finally took shape in 2021 when WIN India was registered and a formal inauguration was done by Dr Tamilisai Soundararajan, the first woman governor of Telangana state, on August 13,2021. Hyderabad has several distinctions of being the pearl city, the city of mouth-watering Biryani and Qurbani ka Meetha and the Hi-tech city and in 2021 Hyderabad added one more feather in its cap and became the birthplace of WIN-India. President of WIN, Dr Urmila Anand, Vice President, Dr Manisha Sahay, Secretary, Dr Manjusha Yadla and Treasurer, Dr Swarnalatha Guditi spared no efforts to get WIN-India up and running. Since its inception, WIN-India has grown by leaps and bounds and currently has a membership of more than 300 lady nephrologists across the country.

WIN-India has a website at www.winindia.org and also boasts of a newsletter-WINGS which stands for Women In Nephrology Gupshup. WIN also runs a journal named the Indian Journal of Kidney Diseases (IJKD). The central governing body comprises of President, Vice-President, Secretary, Treasurer and WIN leads. In addition to the National WIN, a number of states have initiated the setting up of their own WIN-India state chapters. In August 2022 WIN-India India organized its inaugural annual WIN-ICON conference at Hyderabad which had a galaxy of International and National faculty and also provided an opportunity for the budding young nephrologists to prove their mettle. The 2nd annual conference of WIN was held in Bangalore in August 2023 and received many accolades.

The International Society of Nephrology has been very supportive of WIN-India. A dedicated 1-hour symposium was allocated to WIN-India at the World Congress of Nephrology in 2022 and 2023. WIN also had its stall in WCN 2023 in Thailand as a part of the global nephrology village.
WIN-India has also participated during the World Kidney Day activities in 2022 and 2023 where not only the medical doctors but also the nurses, technicians, transplant coordinators, patients and the general public participated actively. WIN-India has a strong social media presence on multiple platforms, including Twitter, Instagram, and Facebook. WIN regularly conducts interactive discussions, known as #IWINChat on Twitter. WIN-India received the NephJC Social Justice Award in 2021.

WIN-India does regular webinars on diverse topics in which national and international faculty participate. These webinars also provide a platform for young nephrologists to present their work. It is also making efforts to set up a WIN registry and also has a publication group. The Mentor-Mentee program hosted by WIN helps provide great opportunities for networking and learning from experienced mentors. The development of an e-library, advocacy programs and public awareness programs are other initiatives planned for the future.

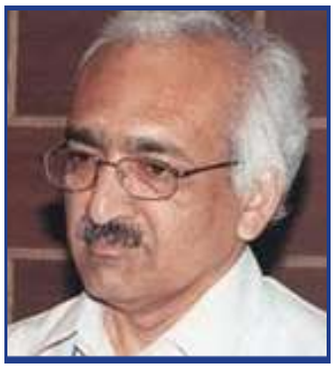
WIN-India is also planning to establish collaborations with other societies like Women in Endocrinology (WIE), Women in Cardiology (WINCARS) and others in order to have a holistic approach to various women-related issues. It intends to collaborate with policymakers to develop gender-sensitive guidelines for the care of women with kidney disease and also to develop a women-friendly environment at the workplace with facilities for feeding mothers and child care.

Taking a cue from WIN-India, the African Society of Nephrology has also established a women's wing called AFRAN.

WIN-India has achieved many milestones in its short lifespan. However, it does not believe in resting on its laurels but intends to move forward with full force to fulfil its mission to improve the care for women with kidney diseases and to provide growth opportunities to women nephrologists in India.
As Wayne Dyer put it

***"If you believe it'll work out, you'll see opportunities. If you don't believe it'll work out, you'll see obstacles."***

# FOUR DECADES OF MY JOURNEY IN THE PRACTICE OF PERITONEAL DIALYSIS "AN ODYSSEY OF ENLIGHTENMENT"



**Dr V. Sivakumar**
Professor, SVIMS

Nephrology as a specialty began in a few institutions of high repute during 1970-80 in our country and gained a status of importance in the management of kidney diseases including dialysis and transplantation. During the period of 1980-90, apart from medical management, availability of dialysis support centers was few and far, located at major cities to a great extent. The modalities of dialysis in practice were Acute Hemo and Peritoneal dialysis. The concept and availability of maintenance hemo and peritoneal dialysis facilities and transplantation were sparse. But as the time grew, the necessity and circumstances hastened the establishment of acute and maintenance dialysis and transplantation in public and private hospitals by early 2000. On this back ground, I put before my journey and progress in the understanding the principles and practice of Nephrology in general and Peritoneal dialysis in particular.

"Rungli Rungliot" (Thus far and No further- as expressed in the hills of Darjeeling) After a long innings of about one and half decades of medical education, passing through various stages of medical training in our country, I obtained my DM and DNB qualifications in Nephrology in 1988-89 and began my journey in Nephrology, working in various reputed institutions for about a decade( Osmania General hospital Hyderabad, King George hospital, Visakhapatnam, Govt. General hospital Guntur, Sri Satya Sai Inst. of higher medical sciences, Puttaparthi) with an understanding that lot had been studied and practically nothing left in terms of qualification and skills to acquire, for a routine day to day practice.

"Plus Ultra" (further beyond as expressed in French) Patients trust us, and that comes with the responsibility to do everything we can to ensure the systems they depend on give them a chance to live their best lives-Lauren A. Underwood.

As has been said, that necessity is the mother of invention, and the time had come in my life with a need to be trained in chronic peritoneal dialysis (CPD) to enhance my skills to provide state of the art medical care for Chronic Kidney Disease (CKD) patients. I pursued with my efforts in obtaining fellowship training under the guidance of Professor D.G. Oreopoulos at Toronto University, Canada. This was a great opportunity not only in learning science and art of practice of CPD, but also the humane approach in the patient management under his guidance. This helped me to serve the needy in providing a holistic care.

"Ferns and bamboos" (ref4)
I have been working in Sri Venkateswara Institute of Medical Sciences (SVIMS), Tirupati from 2001 till this date as a professor in Nephrology, and we have in place a provision for acute and maintenance dialysis in HD and PD ever since. It is said that unlike ferns, bamboo seeds take years to develop into shoots, but once they cross the hibernation, they grow bushy and tall to unimaginable heights. Similar was our experience with our maintenance dialysis programmes (HD and PD). Lo and behold! Both the programmes overcame the initial lull and developed into respectable programmes with high numbers. Presently our programme is extending support to over seven hundred (700) patients in MHD and over one hundred and fifty (150) patients in CPD programmes. It is indeed a heartwarming experience to support over thirty (30) children on CPD and a few grand elderly on periodic institutional CPD programme.

"Ubuntu" (I am because we are, as expressed in African)
It has been a great opportunity to be associated with friendly and hearty colleagues in the initiation and progress of Chronic Peritoneal Dialysis programme over two decades here. But for the friendly cooperation of our unit's staff at various levels, our progress would not have been possible to this reality. It reminds me the exhortation of Desmond Tutu, a Nobel winner in peace, reiterating the quality of "Ubuntu" gives people resilience, enabling them to survive and emerge successfully. Peritoneal dialysis as a procedure Acute peritoneal dialysis has been accepted and established in the practice of Nephrology and Critical care. Universal availability, easy to perform with minimal supports and financial viability are some of the advantages associated with the procedure per se. From several scientific publications it is understood that the usage of Chronic PD has become widespread owing to its appreciable cost and comparable survival benefits with improved quality of life.

Thus CPD has become an alternative to MHD. Bello,A.K. et.al, explained in a recent publication the potential advantages of PD : lower cost, simpler technique, fewer dietary restrictions, greater feasibility of use in remote communities, lesser need for trained staff, greater ability to travel, better quality of life, possible better survival, in the first few years better preservation of residual kidney function, better outcomes following subsequent kidney transplantation, delayed need for vascular access (specially in children), reduced need of erythropoiesis-stimulating agents, lower risk of blood-borne viral infections, greater treatment satisfaction and fewer challenges during natural disaster.

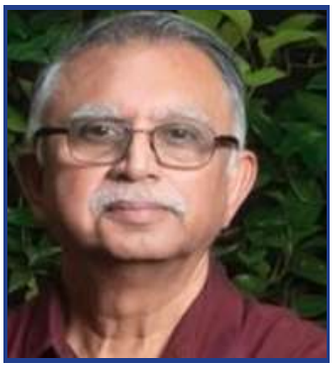
"Summum bonum" (greatest good as expressed in Latin)
Long ago I read a small write up: What is that" unnameable" which states, the angels asked the God if there was anything in the world stronger than rocks? Yes, answered the God; stronger than rocks is iron, for iron can break rock. Anything strongerthan iron? Ask the angels, the Lord answered "Fire", for iron is melted in fire. Anything stronger than fire? -yes, "Water" for fire is quenched by water. Anything stronger than water? Yes," compassionate loving heart". Talent wins the game but team work and intelligence with loving heart wins the championship. This has been our team work ethic, practiced by one and all in rendering service towards the patients and care givers in our unit.

This may be appropriate to bring to our notice again and again what my teacher, Professor D.G.Oreopoulos had discussed in a write up on Humane medicine: when a person becomes sick, he expects that the individual to whom he turns for help (e.g., doctor or nurse) will care about his problems, will show a genuine concern for his worries and fears, and will spend time with him that the patient will be convinced he is indeed being cared for. I am convinced that we can stress the humane aspects of our profession without deprecating or neglecting the role of technology. In doing so, we will offer to our patient a reassuring blend of humanity and modern medical technology and to ourselves one of the great satisfactions in life-namely, coming close to another human being (Ref 7).

During the four decades of my participation in PD programme, having seen my teacher who devoted his life and spirit in nurturing the programme, the realization dawned on me that, though it is not only a patient oriented programme, but also a great academic and enlightening programme, meaning that there is a give and take in this exercise in the form of service and satisfaction as said " what goes around comes around". We have adapted a continuing medical education, imparting the knowledge through clinical and practical demonstrations to nurses, dialysis technicians, medical graduates, post graduates and nephrology trainees. Several scientific articles on different aspects were brought out as publications in various national and international journals.

Mahatma Gandhi said "the best way to find yourself is to lose yourself in the service of others. Though I understood the meaningvery superficially, of what had been said, the real meaning in the ethereal terms came to my realization only when I saw in my teacher, losing himself (puttinghis heart and soul-the inner self "Anima" in his work) while attending towards his patients needs. This made me to understand what" Enlightenment" means in service towards the patients. Knowledge comes, but wisdom lingers-Alfred Tennyson.

# THE PAST AND CURRENT STATUS OF KIDNEY TRANSPLANTATION IN SOUTH INDIA



**Prof Dr Georgi Abraham**

The science of organ transplantation has made major advances in improving the quality and quantity of life to majority of the recipients. Transplantation is not a destination, not something you achieve and stop, we are all not fitness trainees. Wewant to build “a better tomorrow” for the recipient families, friends and care taking professionals. Skill development for shaping a promising future for the young recipients and medicalteam requires constant and sustainable efforts. Uncertainties exist while taking a patient for transplantation with regard to outcome. Confronting and solving problems related to transplantation is painful and requires the collective efforts of many individuals.

India with a population of 1400 million people with diverse socioeconomic status, cultural habits, different food practices and literacy rate of 77% faces enormous challenges as 14.97% of population are below poverty line, with a high prevalence of CKD (17.2% Lancet 2016). DD transplantation at 0.7/million per population is grossly inadequate to meet the demands suggesting a critical gap. Both Telangana and Tamil Nadu in spite of being in the forefront of DD, a higher need exist for organs which can be met by live donation. The powerful model of KPD created by IKDRC at Ahmedabadthrough the effortsof Prof. VivekKute and his colleagues is brilliant. We need to learnand emulate from this model for the future.

Rather than blindly adopting developed countries norms, we need to work out cost -effective methodsof using immunosuppressive drugsand management of graft dysfunction. We hardly follow the complete immunological workup of either the live or DD transplantation in terms of HLA matching as the facilities are not available in 2 tier and 3 tier towns. Monitoring of immunotherapy (Immune meter) is hardly available for current transplant programme which will have a major impact on the outcome. Over 550 transplant centers in India should work like a well-oiled machine with the motto of “One nation One people One programme principle”.

All our programmes of DD transplant should follow the examples set by Prof. Gopalakrishnan and his team in honoring the courage and commitment of the DD familiesand saluting them.

The young and middle level nephrologist should look at peers who are incredible role models and should be recognized for their endless efforts in providing a platform for our proud country India.



**Figure:** Honoring The DD by Health Minister Ma Subramanian and Prof. Gopalakrishnan

# UDDANAM NEPHROPATHY- AN EPIDEMIOLOGICAL CHALLENGE



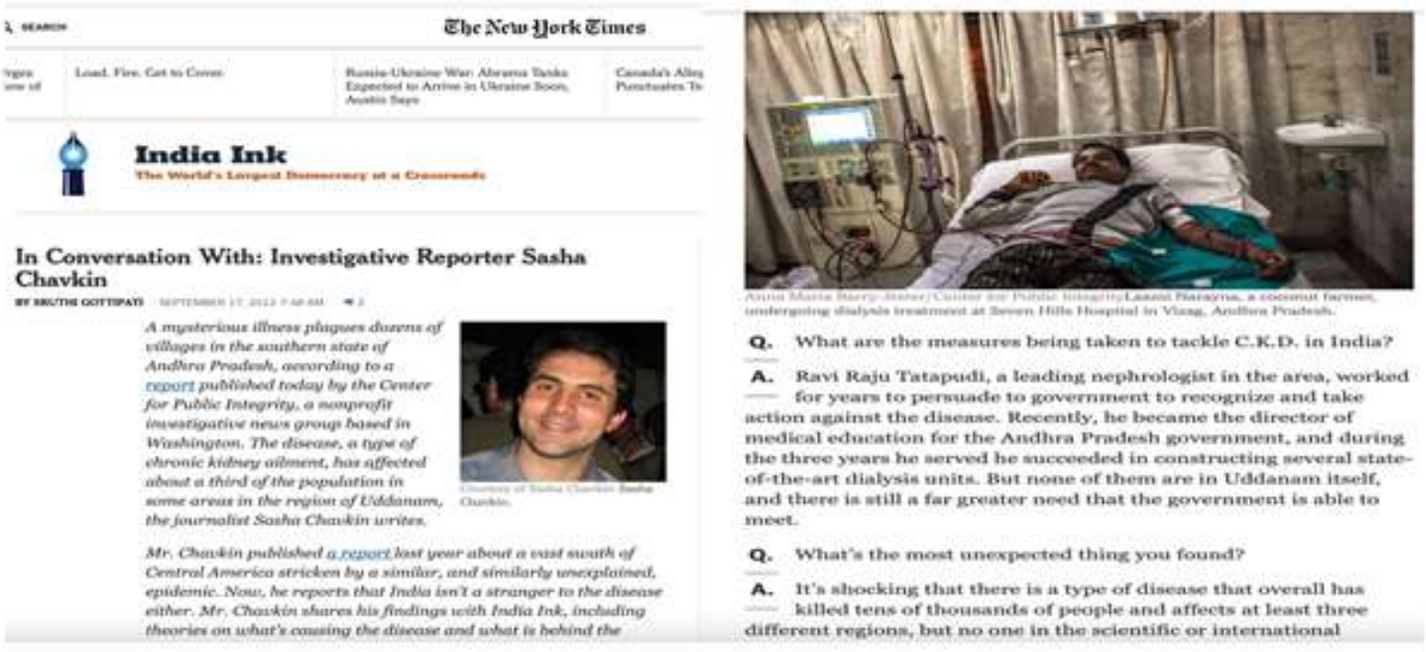
**Prof Dr Ravi Raju Tatapudi**

Chronic Kidney Disease is a progressive condition that affects around 10% of population worldwide and it emerged as one of the most prominent causes of morbidity and mortality in 21st century.

The newly emerged chronic kidney disease of unknown etiology (CKDu) claimed thousands of lives in several tropical agricultural communities all over the world during the last three decades. CKDu is a form of kidney disease without any known risk factors such as hypertension, diabetes, glomerulonephritis, or genetic kidney disease. Several CKDu hot spots were identified across the world, and it is recognized as a global health problem. This entity was documented in Central American countries and Sri Lanka in 1990s.

In late 1990s, we noticed that many patients of chronic kidney disease coming to Nephrology Department in King George Hospital were from north coastal mandals of Srikakulam, popularly known as Uddanam. These mandals got the name Uddanam because of the abundant lush green cashew groves and coconut gardens (Udyana Vanam) in this region. Lot of people in these mandals work in the fields as agricultural laborers. We got interested in this problem and wanted to see whether the prevalence of CKD in Uddanam is high and if so, is it similar to CKD of unknown etiology, described in various hot spots of CKD in central America and Sri Lanka. With the help of local people, we conducted medical camps in north coastal Srikakulam mandals and collected blood and urine samples for analysis. We found that around 25-30% of blood samples had high levels of creatinine and large number of urine samples had significant protein. More medical camps in north coastal mandals and further data revealed that CKD was prevalent in Uddanam mandals.





The New York Times

India Ink

The World's Largest Democracy at a Crossroads

In Conversation With: Investigative Reporter Sasha Chavkin

BY SRUTHI GOTTIPATI

*A mysterious illness plagues dozens of villages in the southern state of Andhra Pradesh, according to a report published today by the Center for Public Integrity, a nonprofit investigative news group based in Washington. The disease, a type of chronic kidney ailment, has affected about a third of the population in some areas in the region of Uddanam, the journalist Sasha Chavkin writes.*

*Mr. Chavkin published a report last year about a vast swath of Central America stricken by a similar, and similarly unexplained, epidemic. Now, he reports that India isn't a stranger to the disease either. Mr. Chavkin shares his findings with India Ink, including theories on what's causing the disease and what is behind the*

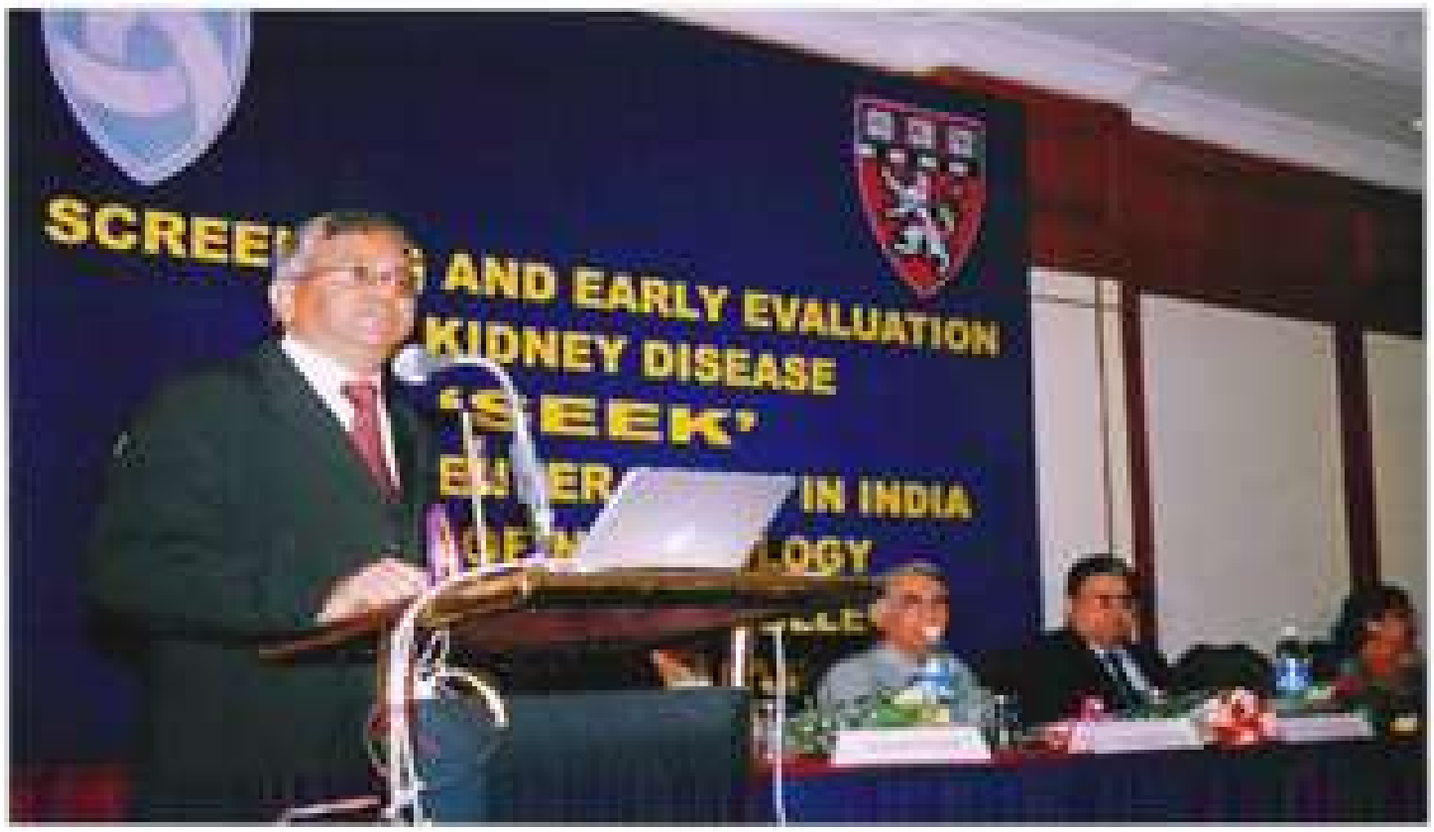
Q. What are the measures being taken to tackle C.K.D. in India?

A. Ravi Raju Tatapudi, a leading nephrologist in the area, worked for years to persuade to government to recognize and take action against the disease. Recently, he became the director of medical education for the Andhra Pradesh government, and during the three years he served he succeeded in constructing several state-of-the-art dialysis units. But none of them are in Uddanam itself, and there is still a far greater need that the government is able to meet.

Q. What's the most unexpected thing you found?

A. It's shocking that there is a type of disease that overall has killed tens of thousands of people and affects at least three different regions, but no one in the scientific or international

Soon, this problem in Uddanam was widely publicized in press. I had to send Data to Government in response to questions in Assembly and Parliament (late 1990s and early 2000s). District health authorities reported that around 15-20 thousand people died of CKD, during past 10 years in Uddanam alone, an alarmingly high figure.



Convinced about the magnitude of the problem and unique nature of the disease, we launched SEEK (Screening and Early Evaluation of Kidney disease) Program with the help of Dr Ajay Singh an internationally renowned Nephrologist from Harvard Medical School, in 2005. Across India, 6120 subjects were screened in 12 cities, including north coastal AP. CKD prevalence of 41.7% was observed in samples from Visakhapatnam possibly because we included subjects from Uddanam. SEEK is the first cross-sectional prevalence study of CKD in entire Indian population and was published in BMC Nephrology.

Later during my tenure as President of Indian Society of Nephrology in 2011, we brought out Indian CKD Registry for the first time, documenting demographics, and etiologic spectrum of CKD in India. CKD of unknown etiology emerged as the second most common cause of CKD in this study.

At the same time there was lot of interest in regional nephropathies of uncertain etiology in diverse regions across the world and International Society of Nephrology invited me to present CKDu of Srikakulam in the symposium at World congress of Nephrology (WCN) at Hong Kong in 2013. I named this entity as Uddanam Nephropathy and brought it to the notice of international community of Nephrologists and since then it is referred to, with this name.

People were suffering from this devastating illness because of lack of treatment facilities. Hemodialysis was not widely available in the state and India. Free Hemodialysis was unheard of in 2009. I could convince the then CM Dr.Y.S. Rajasekhara Reddy, to start free stand-alone HD centers across the combined AP and we started 12 such centers across the state including Srikakulam. Good quality Hemodialysis was delivered to thousands of poor people who otherwise would have lost their lives because of non-availability of HD. HD centers became very popular and more centers were started later. This model was emulated by other states in India subsequently.



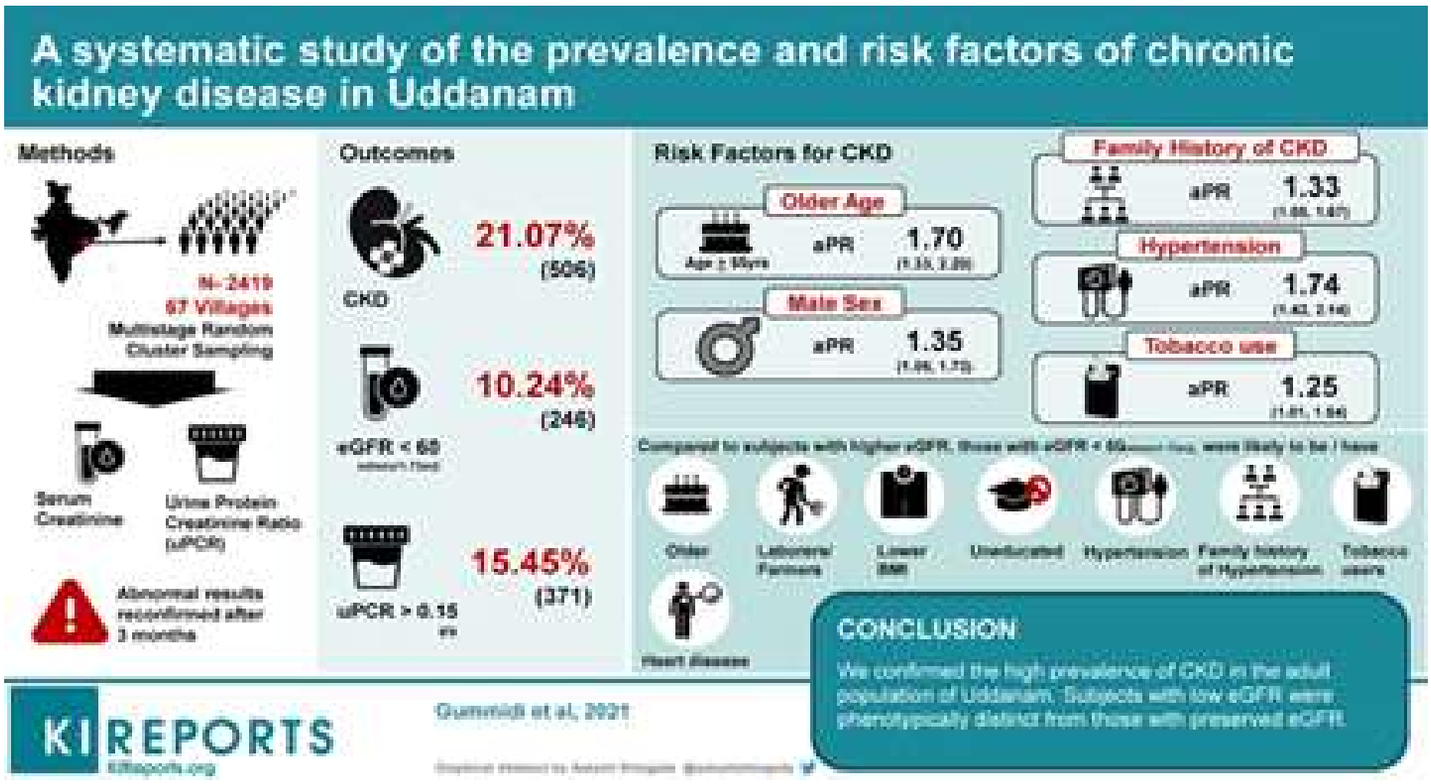
We continued our research on CKDu and conducted a first ever systematic survey of the population of Uddanam mandals with the help of the department of our Social and Preventive Medicine. We published the epidemiological survey results in 2019, in KI reports, the first publication on Prevalence of CKDu in Uddanam. During the period when I was VC of UHS, we screened one lakh people of Uddanam for CKD, the largest screening program for CKD, conducted anywhere in the world.





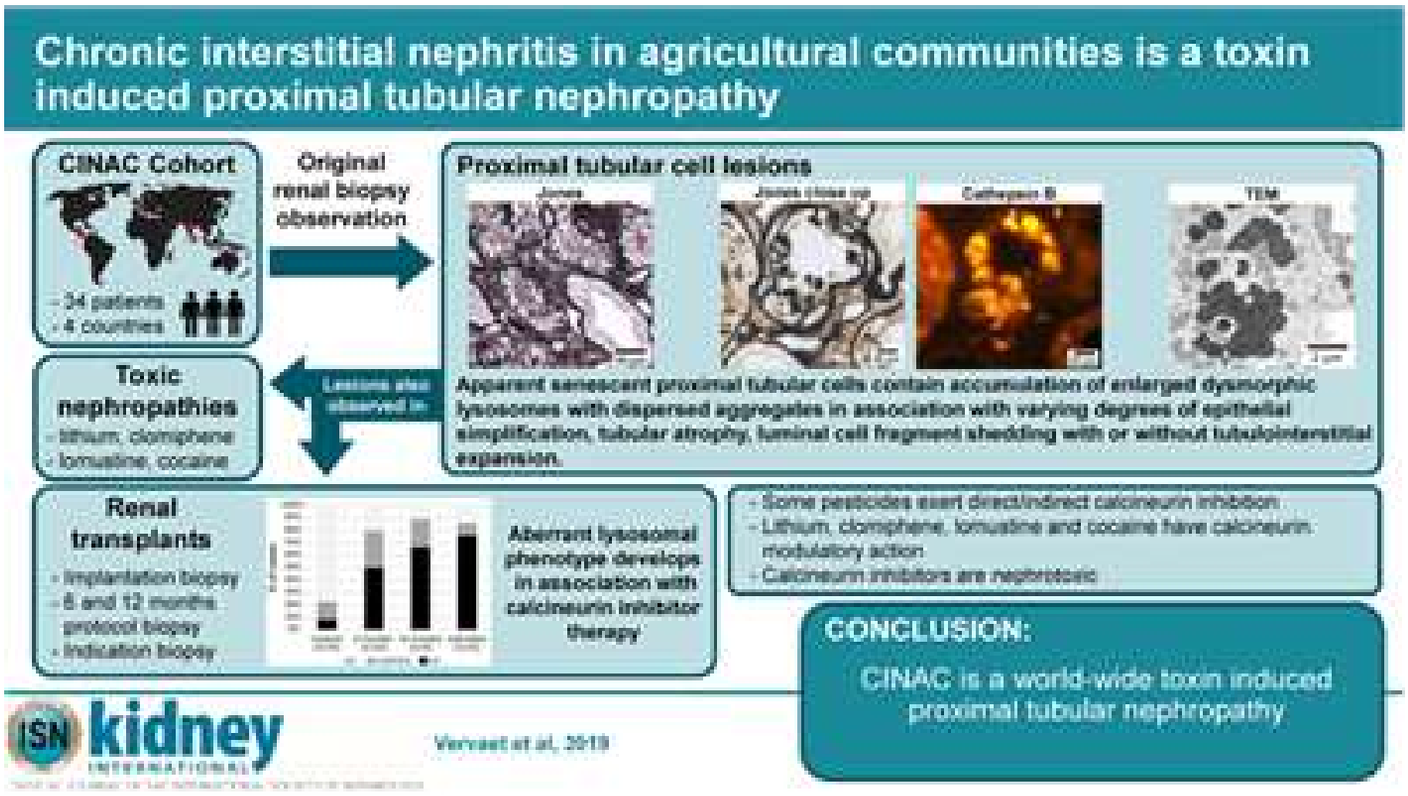



In this study, demographic anthropometric data, urinary protein creatinine ratio, serum creatinine, and blood glucose and Glomerular filtration rate (eGFR) were measured in the selected population. Mean eGFR of subjects was 94.3 ±33.4. Low eGFR (less than 60ml/min/ 1.73 m2) was seen in 307 (13.98%) patients with a mean eGFR of 34.8 ± 16.6. Prevalence of subjects having low eGFR and with significant proteinuria (CKD) was 18.23%. Major risk factors such as Diabetes, chronic Hypertension and significant proteinuria were absent in 73% of patients with CKD, showing that they were suffering from "CKD of Unknown Etiology." Thus, we have conclusively shown the high prevalence of CKDu in Uddanam.



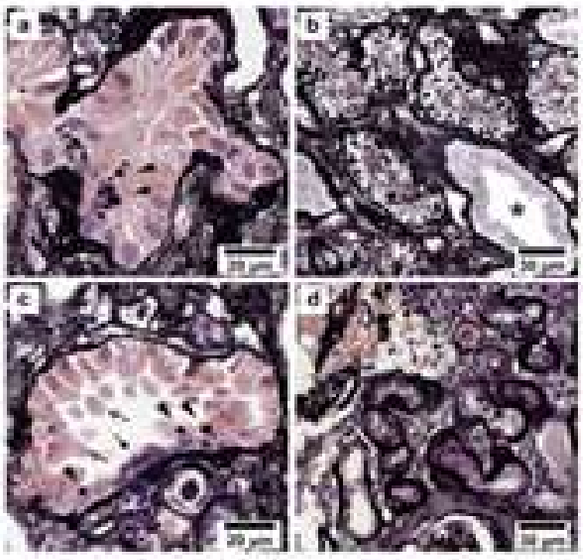

We postulated that high level of silica and other heavy metals in water, prolonged dehydration, heat stress, NSAID use, herbal medicines and high pesticide use as causative factors. Unfortunately, no etiologic factor/factors could be confirmed. When we analyzed drinking water in Uddanam for various substances we found high levels of Silica. As Silica is known to produce Chronic Interstitial Kidney Disease, we postulated Silica as a possible cause of CKDu. Etiology of CKDu still remains an enigma despite best efforts by our team as well as by other researchers.

We obtained Kidney biopsies in a few cases of CKDu and confirmed it as Chronic tubulo Interstitial Nephritis. Marc E.De Broe studied our biopsy specimen along with biopsies of patients from Sri Lanka, El Salvador, and France. He identified a unique constellation of large dysmorphic Lysosomes with electron-dense aggregates in proximal tubule cells. This is compelling evidence that CKDu is caused by a toxic substance. Research was published in Kidney International.






**Histopathology of the PT epithelium in patients with CINAC**



Histopathological phenotypes of granule-containing proximal tubular epithelia observed on Jones-stained tissue sections.

Proximal epithelium with conserved epithelial height, focally containing enlarged argyrophyllic granules (arrowheads; a).

Asterisks depict atrophic tubuli, containing many enlarged granules, with thickened basement membranes in fibrotic area (b).

The black asterisk identifies an unaffected distal tubule. Affected tubuli demonstrating enlarged granules (arrowheads), flattened atrophic epithelial cells with loss of brush border (solid arrow), and apical blebbing and cell fragment shedding (open arrows; c).

Prominent atrophy of tubules with enlarged granules, thickened basement membranes and expanded interstitial compartment (d).

CKDu is a large public health threat causing financial burden to the individuals as well as to Government. There is a need for further studies to find out its etiology. Urinary biomarkers, analysis of water, soil and food for various toxins known to produce kidney damage, genetic studies and renal biopsy studies in early disease may give insight into the hither to unknown etiology. Interestingly, etiology of CKDu in other hot spots of the world is still unknown despite research for the past two decades.

We found hotspots of CKDu in Chhattisgarh State and Prakasam district of AP, in our ICMR funded studies done during 2020-22.
We are continuing studies in Uddanam with the support of the Government of AP and ICMR and in collaboration with International Researchers to solve the mystery of Uddanam Nephropathy and hope to find a solution to prevent CKDu and end the misery of Uddanam.
Our Efforts are bearing Fruits.



# INTERVENTIONAL NEPHROLOGY (IN) FOR BRIDGING THE GAPS




**Dr J. Balasubramaniam**

Senior Consultant Nephrologist
Kidney Care Centre, Tirunelveli


Why should Nephrologists be interventionists?
Interventions have been always part of a Nephrologist's day to day practice for a long rime. Nephrologists were routinely creating vascular accesses. With changing times, many of these interventions have become lost arts over the years. Scarcity of nephrology hands, advent of competing co specialists, lack of training opportunities, unset boundaries and issues of accreditation are some of the reasons for this predicament. Few of us, making a rather small fringe group, continued to practice interventions. They were rather 'outliers' who were looked at as a crazy bunch by others, until sometime ago.
Now the need has risen and the concept of 'Interventional Nephrology" is fast catching up, especially among young nephrologists. Recent interests in cathlab based interventions related to AV Fistula, Renal artery stenosis, Central vein stenosis and catheter based renal denervation for uncontrolled hypertension, have opened new vistas.

Being in charge of planning and designing renal replacement therapy for his patients, with his unique clinical perspective and better understanding of the needs of the situation, the nephrologist is ideally suited for performing vascular access related procedures himself. This approach would minimize delays, decrease hospitalizations and decrease the use of temporary catheters, thereby decrease costs and increase patient convenience3.
The driving force to take up interventions differs from centre to centre, depending on the geographical location, available infra-structure, number of nephrologists and their work load. With more nephrologists passing out and good number of them willing to go to smaller towns and centres, the need for interventional nephrology is being realized all the more now.
More than all these, interventional nephrology has a great role in filling up many of the gaps in health care delivery.

### Bridging the Gaps in Healthcare: Building Bridges to a Healthier World

Healthcare disparities are a persistent challenge across the globe, with unequal access to quality care impacting millions of lives. These gaps manifest in various forms, from geographical barriers and financial constraints to infrastructure and technical availability. This issue is best exemplified in a country like ours, where bridging these gaps requires a multifaceted approach that addresses the root causes and implements innovative solutions.

### Understanding the Divide:

The healthcare gaps originate from a range of disparities, including:

- Geographical access: Rural communities often lack sufficient healthcare facilities and qualified professionals, leading to travel burdens and delayed diagnoses.
- Financial barriers: High healthcare costs and inadequate insurance coverage can prevent individuals from seeking necessary medical attention.
- Attitude, perception difference: Older vs younger physicians, academic vs real world practitioners.

### Gaps are inevitable in a country like India. It's a country of paradoxes.

India would be the world's most populous nation soon.
Has the 4th highest number of billionaires in the world and also has the poorest of the poor.
Has some of the brightest minds of the world and also houses most illiterates.
People are highly spiritual and accommodative at the same capable to cause chaos periodically by getting intolerant.

**There are Paradoxes in Healthcare to-**
**Health parameters –**
Low life expectancy, High Infant mortality, High Maternal mortality, and Low Health spending per capita, Yet we flourish in medical tourism & education.

**Cost of healthcare varies drastically between rural and urban health care**

- Government Insurance Reimbursements, as low as
- Dialysis - Rs. 1000/-
- AVF - Rs. 1000/-
- Transplant - Rs. 300,000/-

**But the Greatest Paradox is,**
**We don't crib or complain, We are happy.**
**That's probably our Greatest Virtue!**

In 1992, when I finished my nephrology training, options were aplenty and wide open. When I chose to go back to Tirunelveli, which looked a safe haven for a non-adventurous person like me, little did I realize that I would be encountering large 'gaps' which could dash the enthusiasm of any aspiring physician who is rearing to test all the skills learnt.

There were enough and more patients to be helped and treated. But, it was quite depressing to just diagnose renal failure and letting them know of the options - which they cannot access or afford. Less than 20 % would venture to travel out and less than 5% would come back well treated. Silently I went about learning and practicing various procedures out of sheer necessity. I didn't even know that there was an entity called 'Interventional Nephrology'. So, it was with great hesitation and fear of rebuke, did I present my data on AVF in the ISN / World Congress in Berlin during 1998. I titled it 'AVF creation by Nephrologist – a necessity in rural Indian practice'. It was a big relief when it was selected as best paper in dialysis section and given podium presentation. I think we have come a long way since then.

**Interventional Nephrology in developing countries:** Is not about finding more space for Nephrologists to practice but about finding solutions for the poor mass who have no access to treatment for renal diseases Interventional Nephrology has potential role in filling up the gaps and lessening the paradoxes in developing countries.

1. Bridge the Gaps in health care availability and accessibility. IN empowers young nephrologists to go to smaller centres to give access to renal care to hitherto unserved population Centres.

2. Bridging the affordability divide – IN can cut costs by avoiding multiple specialists.

3. Bridge the Gaps between the nephrologists from metros and smaller towns. In facilitates practice of all aspects of renal care in smaller centres, giving equal platform for all.

4. In extends the reach of renal care, generating meaningful data from wider area to help bridge the data gap.

5. In gives access to diagnostic and therapeutic tools like USG, Echo, Cathlab, OT, whereby better insights and innovations are being produced than by radiologists and surgeons, filling some of the existing knowledge gaps.

6. Bridging the gaps in access to training opportunities. Willingness to train Nephrologists in IN by radiologists and surgeons was hard to come by. We have reached a stage where training Fellows in IN is better done by nephrologists themselves.

7. Gaps in accreditation for legal purposes are being looked into seriously and soon we will be able to work it out.

8. Gaps in setting boundaries between specialities and define how far we can go are some issues yet to be sorted out. A pragmatic approach is to be taken to curb over enthusiasm which can be counter- productive, pushing us into disrepute.

***Let us encourage and let Interventional Nephrology grow***
***Let us build bridges, not walls.***

# CHALLENGES OF PRIVATE PRACTICE IN NEPHROLOGY- A PRACTITIONER'S PERSPECTIVE




Dr Amanna



Dr SVL Narayana Rao



Dr Ravi Sankar


An estimated 10% prevalence of CKD, ever increasing therapeutic interventions and abuse of various drugs has raised the demand for nephrology services. Majority of patients prefer an independent practitioner for diseases requiring long term OP follow up. Thus, private practice is poised to be an instant success but not without challenges.

**Institutes vs practice:** Complexity of the delivered therapeutics in individual practice differs substantially from institutes. One should know the limits, while trying to stretch the boundaries always. Knowledge alone may not be sufficient to do certain therapies.

Publications, academic growth, working with latest tools and methods are intrinsic attributes of institutional work. Private practitioners need to reconcile to the fact. Selecting therapies and patients is a real challenge.

**Adapting institutional practice** to individual care is not a smooth ride. Each passing year is adding new tests, molecules and methods. Newer things need not always be better, but they are always costlier. Selecting the right one for a given patient is no small job. Low purchasing power and unwillingness to spend at the periphery are facts.

**Selecting a place of practice** is really a tough decision. Personal life and professional growth often operate on trade off principles. Cities and district headquarters offer decent support systems but are crowded. Finding uncovered pockets there is helpful. Taluk headquarters often do not have greater avenues for personal life and professional support, but are likely to help kick start practice. It depends on one's aptitude and life ambition to decide which to select.

**Support from other departments:** Nephrologists need collaborations with many other branches of medicine. Garnering their support is sometimes challenging.

**Team building:** Acquiring and retaining qualified and trained members for ICU, Lab, Office, OP, Dialysis, pharmacy, nursing and sanitation is no small task. Regular training to impart knowledge and value systems tests the time and abilities of the doctor. Sensitizing the entire team to empathetically deal with renal patients is the real challenge. Renal patients' requirements are different.

**Diagnostics:** Establishing and running a lab is a testing issue. Quality control needs dedicated attention. It is a costly affair to begin with. Kits with short shelf-life prove loss making when the initial load is low. Sourcing the quality kits at competitive prices and auditing their usage decides the profitability. Since the practitioner is expected to start the lab with non-medical staff, maintenance of QC becomes an additional burden.

**Dialysis facility** Installation as well as maintenance of dialysis is a big challenge. Scales of economy do not operate in dialysis. Increasing numbers will increase only burden not profits. Water shortage in summer increases the cost of dialysis. Management of water quality is no child's play. As the widespread availability of govt sponsored dialysis facilities are catering to MHD, a new center would find it difficult to run dialysis only on AKIs.

**Insurance schemes:** Majority of the population is covered by some form of insurance. For any treatment program requiring admission patients are more likely to choose an empaneled hospital.State run programs that have bundled entire nephrology into few meagerly compensated packages are ubiquitous. They act as entry barriers for the beginner to start his own admission/ dialysis facilities.

**Pharmacy:** Losses can be huge if it is not properly managed. Many have burnt their fingers in pharmacy only

**ICU:** Perennial preparedness, socially and medically, to deal with unexpected emergencies, more so of an admitted 'stable' patient comes only with experience.

**Transplantation services offer:** the feeling of self-actualization for a nephrologist. Logistics and many social issues make it a real challenge.

**Writing on the wall:** Cloud based pharmacies and lab tests are increasing their penetration. They strategically offer unimaginable discounts. This would pose a great challenge. Govt regulations are increasingly suffocating small units. Corporate hospitals and rural practitioners' nexus is only increasing. Increasing tendency for physical assaults and litigation is a Damocles sword for a branch like nephrology.

**Challenges to personal integrity:** Rush for quick money, malevolent practice-improving schemes, losing touch with academics, getting into unhealthy lifestyles are some of the attractive roads. Not falling prey to them is a perennial challenge.

**For a fresh nephrology graduate:** the challenges may appear discouraging. Working for some time with a senior practitioner, in all the segments of the hospital, like an IAS trainee working from a village post, will make things clear.

# SUCCESS STORY OF JEEVANDAN DECEASED TRANSPLANT PROGRAMME IN TELANGANA STATE




## Dr Swarnalata Guditi

Prof and Head Dept of Nephrology NIMS, Hyderabad
I/C Jeevavdan, Deceased donor transplantation program, Govt of Telangana
Joint Secretary,ISNSCCON 2024Secretary, Hyderabad Nephrology Forum


Organ transplant is the best modality of therapy for patients with end-stage organ failure (ESOF). There has been a gross disparity between availability of organ donors and prevalence of ESOF patients requiring solid organ transplantation. There had been changing trends in the solid organ transplantation over the past few decades with constant efforts by the central government through establishment of National Organ and Tissue Transplantation Program (NOTTO) and various states government programs.1

Jeevandan is a deceased donor transplantation program of government of Telangana initiated in the year 2010 with the G,O Ms No. 184.2 It has three divisions: Nodal office at NIMS to look into administration, Osmania general hospital for the training of transplant counselors and Gandhi Hospital of awareness activities. Deceased donor program has seen a exponential growth in the state of Telangana after the establishment of Jeevandan. There is 4 times increase in the deceased donation with 41 and 200 brain dead donors in the year 2013 and 2023 respectively and total 1362 deceased donations in 11 years with 3786 solid organ transplantation since its inception ( table 1). Similar trend was seen in India which touched mark 1000 in the year 2023 from 340 in the year 2013 with total deceased donation of 7514 (Table 2). Telangana state alone has contribute an average of 18.12 % deceased denotations to the national pool with maximum of 29.34% in the year 2021. The maximum organ donation rate of Telangana is 5.54 pmp in the year 2023, thedeceased donation rate of the country being 0.65pmp.3.

| Year | Deceased Donations | Transplantation | | | | | Total |
|---|---|---|---|---|---|---|---|
| | | Kidney | Liver | Heart | Lungs | Pancreas | |
| 2013 | 41 | 76 | 36 | 2 | 3 | 2 | 119 |
| 2014 | 51 | 90 | 52 | 1 | 0 | 1 | 144 |
| 2015 | 89 | 150 | 90 | 10 | 1 | 0 | 251 |
| 2016 | 106 | 182 | 101 | 14 | 2 | 4 | 303 |
| 2017 | 150 | 221 | 138 | 32 | 2 | 1 | 394 |
| 2018 | 160 | 243 | 151 | 22 | 6 | 1 | 423 |
| 2019 | 134 | 193 | 125 | 17 | 9 | 1 | 345 |
| 2020 | 75 | 97 | 70 | 14 | 20 | 0 | 201 |
| 2021 | 162 | 228 | 139 | 26 | 83 | 2 | 478 |
| 2022 | 194 | 263 | 171 | 30 | 66 | 0 | 530 |
| 2023 | 200 | 287 | 173 | 15 | 75 | 02 | 441 |
| 2024 | 16 | 26 | 16 | 1 | 3 | 0 | 46 |
| **Total** | **1378** | **2056** | **1262** | **185** | **269** | **14** | **3786** |

**Table -1: Deceased donation and solid organ transplantations**

| Year | Deceased donations India | Deceased donation Telangana | % contribution from Telangana state |
|---|---|---|---|
| **2013** | 340 | 41 | 12.01 |
| **2014** | 408 | 51 | 13.23 |
| **2015** | 666 | 89 | 13.36 |
| **2016** | 930 | 106 | 11.39 |
| **2017** | 773 | 150 | 19.30 |
| **2018** | 875 | 160 | 18.28 |
| **2019** | 715 | 134 | 18.74 |
| **2020** | 351 | 75 | 21.13 |
| **2021** | 552 | 162 | 29.34 |
| **2022** | 904 | 194 | 21.4 |
| **2023** | 1000 | 200 | 20 |
| **Total** | 7514 | 1362 | 18.12 |

**Table -2: Trends in deceased donations in India and Telangana**

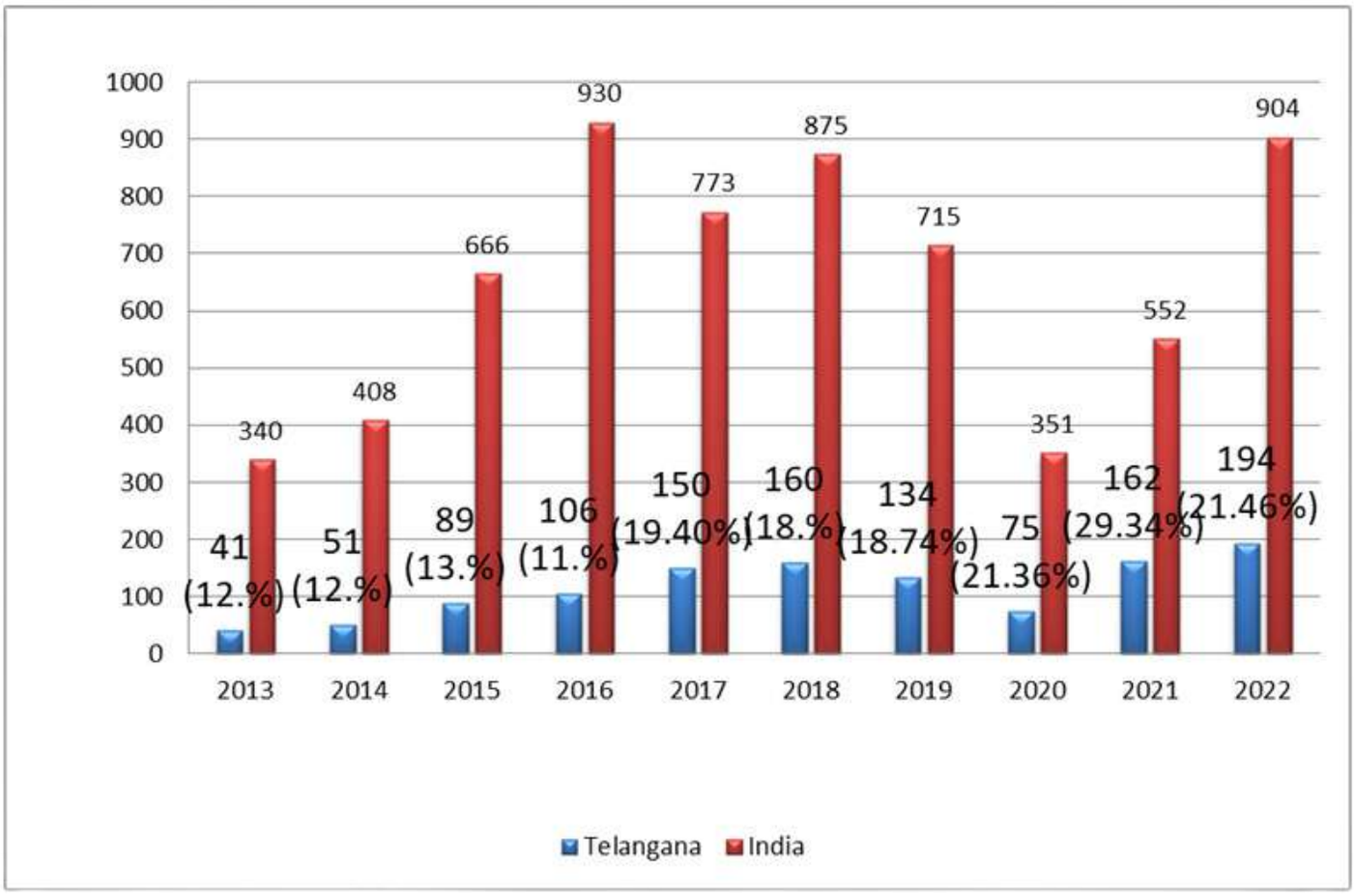



**Figure 1 : Trends of Deceased donation in India and Telangana state**

The success of Telangana model "Jeevandan" is due to various reasons; active state government participation, dedicated online portal - Jeevandan.gov.in, uniform online registration process across the entire state, maintaining centralized registry, waitlist based on scientific score and existence of organ specific online allocation policy. The Jeevandan portal was awarded " India best - 2015 smart governance " bySkoch group and Award of excellence CSI SIG e Goverence award 2018-19( Figure 2)

Other reasons of Jeevandan success being active public advocacy programs including the additional of the concept of brain death and organ donation in secondary school curriculum, continues training session on brain death certification and optimization of potential donor for medical professions and regular coordinator training programs. Annual certificate course is being organized by Osmaina general Hospital under Jeevandan program, intake of 100 candidate withspecialized course curriculumdesigned for transplant coordinators and an exit examination. About 400 candidates have been trained under Jeevandan program. (Figure 3).

Active participation of police and forensic in medico regal case has also boosted the deceased donor program. Each and every donor family is honored by the government annually on organ donation day (figure 4). All solid organ transplants are being covered under government insurance (Aarogya sree scheme) with no out of pocket expenditure for patients below poverty line.

Jeevandan has received several accolades; revived best performing state in the year 2018 by NOTTO (Figure 5), state with maximum number of transplantation in the year 2023 by NOTTO (Figure 6), best performing state in the year 2023 by ROTTO ( Figure 7). Excellence award in organ donation organization in the the year 2023 by HAYAT, Nation organ donation organization UAE at Dubai ( Figure 8).

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**Figure 2: India best - 2015 smart governance and Award of excellence for Jeevandan portal**



**Figure 3: Transplant coordinator certificate training program**




**Figure 4: Donor families honored on organ donation day**







**Figure 5 : Award from NOTTO 2018**




**Figure 6: Award from NOTTO 2023**




**Figure 7: Award from ROTTO 2023**




**Figure 8; Award of excellence from Organ transplantation Organization and Ministry of Health, UAE**

# NEPHROLOGY IN THE SoMe (SOCIAL MEDIA) ERA: CONNECTING, SHARING, AND ADVANCING HEALTHCARE



**Dr PS Vali**
Senior Consultant Nephrologist
Asian Institute of Nephrology & Urology
Dilsukhnagar, Hyderabad

The advent of social media (SoMe) has revolutionized the way healthcare information is disseminated and consumed. Nephrology, like other medical specialties, has witnessed a significant impact on patient care, professional networking, and educational outreach due to SoMe platforms. This article critically analyses the role of SoMe in nephrology, emphasizing its benefits and challenges while providing a perspective on its future implications.

**Twitter:**
Twitter, a digital micro-blogging platform, supports concise, educational content sharing with its 280-character limit per tweet. Ideal for bite-sized learning, it's widely used in medicine for education and networking. "Tweetorials," or tweet series on a specific theme, offer in-depth, accessible learning. Hashtags, like #NephPearls, categorize and simplify finding relevant nephrology content. They're essential for online journal clubs and conference discussions, with popular ones maximizing visibility. Twitter's polling feature adds an interactive, gamified aspect to learning. Additionally, @AskRenal, a crowdsourced Twitter bot, uses #askrenal to quickly respond to renal science queries. The platform's real-time interface fosters instant, dynamic discussions, making it a key tool for live scientific dialogues and online journal clubs.

**Blogs:**
Blogs in nephrology provide dynamic, easily accessible educational content. Unlike static websites, they display posts in reverse chronological order with a search feature for quick content retrieval. The American Journal of Kidney Diseases (AJKD) blog, supported by AJKD, stands out for converting journal content into engaging formats, including the Atlas of Renal Pathology with detailed histopathology discussions. The Renal Fellow Network (RFN), a unique peer-reviewed platform run by nephrology fellows and faculty advisors, aims to spark interest in nephrology. It offers concise posts on various clinical topics and partnered with the American Society of Nephrology (ASN) in 2018 for wider outreach. Another notable blog, the Kidney Reports Community, excels in presenting educational nephrology content in a visually appealing manner.

**Podcasts:**
Podcasts in nephrology offer downloadable themed audio content. The ASN podcast features expert interviews on nephrology advancements. The National Kidney Foundation's "Life as a Nephrologist" podcast explores the career's appeal. “Freely Filtered” summarizes Nephrology Journal Club discussions bi-monthly. Other notable nephrology podcasts include “Kidney 360”, “Channel Your Enthusiasm”, and “Kidney Essentials”.

**YouTube**:
YouTube, a massive video-on-demand platform, hosts diverse nephrology educational content. Despite its vast user base and content, only a small fraction of nephrology videos, like those from “Nephrology on Demand” and the GlomCon channel, offer high-quality patient education. A study found only 17% of peritoneal dialysis videos reliable. There's a call for a specialized scholarly section and patient-centric videos in local languages.

**NephSIM:**
NephSIM, launched in 2018, is a mobile-optimized educational simulator for case-based nephrology teaching. It presents real-life cases through differential diagnosis and management discussions. A survey showed 96% of users enjoyed NephSIM and planned ongoing use.

**NephMadness:**
NephMadness is a gamification initiative in nephrology, using a virtual competition where 32 concepts vie in a single-elimination contest, modeled after college basketball playoffs. It engages participants in learning about nephrology advancements through social media and podcasts, and has become an annual FOAMed community event, attracting over a thousand participants for fun-based learning.

# WORK-LIFE – FITNESS BALANCE: TRIUMPHS OF AN IRONMAN TRIATHLON NEPHROLOGIST



**Dr Ashwinikumar Aiyengar**

Indeed, I am honoured to being a part of the ISN SZ 2024 community and it gives me great pleasure to put forth and pen down a few of my views and ideas. I would feel humbled if even an iota of this writeup would be of use to our brethren.

I find it important to discuss and learn about and practice an optimal work-life-fitness balance, the nature of our profession being so demanding wherein work takes top priority and everything else takes a remote backseat.Maintaining a healthy work-life-fitness balance can be challenging, especially when dealing withbusy professional schedules. However, with careful planning and commitment, it is possible to integrate fitness into routine without sacrificing work or personal life.

**Here are some strategies which could help maintain a balance:**

1. Schedule Regular Exercise Sessions:

Treat exercise as any other important appointment. Block out specific times in the calendar for workouts and commit to them as we would to a procedure or consultation appointment.

2. Choose Efficient Workouts:

Opt for workouts that maximize time and efficiency. High-intensity interval training (HIIT), circuit training, or short, intense cardio sessions can provide significant benefits in a shorter amount of time compared to longer, steady-state workouts.

3. Incorporate Exercise into Daily Routine:

Look for opportunities to sneak in physical activity throughout the day. This could include taking the stairs instead of the elevator, going for a walk during the lunch break, or doing bodyweight exercises while watching TV in the evening.

4. Prioritize Sleep:

Adequate sleep is crucial for both physical and mental well-being. It is a good idea to aim for 6 to 8 hours of quality sleep each night to ensure energy and focus to tackle the day's professional responsibilities and workouts. Let us not forget that quality sleep is the best stimulant of anabolism.

5. Plan and Prepare Meals:

Plan your meals in advance to ensure fuellingthe body with nutritious foods that support the day's requirement and fitness goals. Meal prepping can save time during busy weekdays and help you avoid unhealthy food choices when short on time. Of course, adhering to mealtimes goes beyond doubt.

6. Set Boundaries:
Establish clear boundaries between work and personal time to prevent burnout and ensurededicated time for fitness and relaxation. Ideal to avoid checking work texts, emails or taking work calls during your personal time whenever possible (surely, we all understand that this might get difficult sometimes).

7. Practice Mindfulness and Stress Management:
Incorporating relaxation techniques such as meditation, deep breathing exercises or yoga into one's daily routine helps manage stress and improve overall well-being. Taking time to recharge mentally can enhance productivity at work (and the home front) and motivation for fitness.

8. Be Flexible and Realistic:
There will be days when work demands may be unsatiable, and one may not be able to stick to the usual diet-home-fitness routine. Be flexible and adapt to it without feeling guilty and try to compensate on an easier day.

9. Find Activities You Enjoy:
Choosing physical activities that one genuinely enjoys, whether it is dancing, hiking, cycling, or playing a sport, it is easier to stay motivated and consistent with the fitness routine one loves.

10. Seek Support:
Never hesitate to seek support from colleagues, friends, or family members. Having a supportive network can provide encouragement, accountability, and even workout buddies to help stay on track with work as well as fitness goals.

So, regular exercise is not just a hobby but a necessity for holistic well-being. Incorporating workouts into daily life is crucial for physical health, mental clarity, and stress management. Whether it is a morning run, lunchtime yoga session, or cycling to work, finding opportunities to integrate exercise seamlessly into your routine is key. Let us view exercise as an investment in ourselves. By prioritizing fitness, one tends to enhance productivity, creativity, and overall well-being,positively impacting both professional and personal lives.

By implementing few strategies and making a conscious effort to prioritize physical and mental well-being alongside professional responsibilities, one can achieve a more balanced and fulfilling lifestyle. Let us remember that consistency and perseverance are key, and small, sustainable changes can lead to significant improvements over time.

Dr. Ashwinikumar Aiyangar
Nephrologist, Apollo Hospitals, Secunderabad

Dr. Ashwinikumar Aiyangar is a triathlete (Full Ironman Finisher) and endurance cyclist, swimmer and long-distancerunner apart from being passionate in clinical practice and teaching.



# ACHIEVEMENTS OF HYDERABAD NEPHROLOGY FORUM

**Telangana** was awarded as the state with highest deceased donations by NOTTO at Delhi in the presence of State and Central ministers on 3rd Aug 2023 on the occasion of National Organ Donation Day.

**Telangana** got the best SOTTO award from Regional Organ and Tissue Transplant Organization (ROTTO), Chennai, on 23rd September 2023

**Prof Dr Pradeep Deshpande** was Organising Secretary/ Chairman for

- Annual Conference of Indian Society of Nephrology (ISNCON 2011, Hyderabad)
- Indian Society of Nephrology Southern Chapter conference - (ISNSC 2007, Hyderabad)
- Indian Society of Hemodialysis conference (ISHDCON 2017, Hyderabad)
- International Society of Nephrology - Continuing Medical Education (ISN.CME 2018)

**Dr KS Nayak** was awarded with

- Life Time Achievement Award – 2014 by Peritoneal Dialysis Society of India (PDSI)
- JCM Shastry Memorial Oration' at the 50th Annual Conference of the Indian Society of Nephrology, Chandigarh, November 2019
- Guru Dronacharya Award' by Avatar Foundation in August 2022
- Georgi Abraham Oration' 10th APC-ISPD 2023, New Delhi, September 2023
- Is the Chair: Communications and Media Committee-ISPD
- Is the President Elect-International Society of Blood Purification
- Is part of Translational Studies- Pre-Clinical Animal Sudies (Vascular access and AlloHD): Feasibility of Allo-Hemodialysis: ASN 2021

**Dr Rajasekara Chakravarthi**

- He is a member of the AKIN and ADQI (2011, Dublin) (2016, Asiago).
- He is appointed as faculty of the KDIGO working group on AKI - 2019.
- He has been organizing AKI and CRRT conferences and works shops since 2004.

**Dr Manisha Sahay**

- Chair, CME committee, International Society of Nephrology, 2024 onwards
- Deputy Chair, CME committee, International Society of Nephrology, 2022-2024
- Editor in Chief, Indian Journal of transplantation (IJT) 2016-2022
- Council Member, International Society of Nephrology (ISN) 2017-2021
- Chair, South Asia Regional Board, International Society of Nephrology 2019-2021
- KDIGO Guidelines Anemia Working group member
- APSN DKD guidelines working group member

**Dr Manjusha Yadla**

- Deputy Chair, SoMe team, International Society of Nephrology
- Executive Member, International Society of Nephrology

**Dr Swarnalata Guditi**

- **Chair, South-Asian Regional Board, International Society of Nephrology**
- **TTS Championship Award**

**Dr SreeBhushan Raju: Professor of Nephrology at NIMS, is currently the Honorary Secretary for Southern Chapter of Indian Society of Nephrology**

**Dr Radhika Patil** got elected as Vice President (Basic Sciences) for ISOT and took her charges from October 2023

# ACHIEVEMENTS OF ANDHRA PRADESH SOCIETY OF NEPHROLOGY

**Dr SIVA KUMAR VISHNUBHOTLA**

- Has been Director SVIMS
- Got an award for publishing the maximum number of papers in IJN. The award was presented to him in ISN, Kolkata on 14th December 2023.
- International award from Japanese society for dialysis therapy, June 2007
- Sandipani Rishi Gnyanpeeth Sanman for contribution to nephrology – from Institute of kidney diseases and research center, Ahmedabad, Gujarat – December 2007
- Vidya Acharya oration, Indian Society of Nephrology 2015
- ISN-Bayer award 2023, Indian society of Nephrology
- Past President, Southern Chapter, ISN, 2016
- Past President, Indian Society of Peritoneal Dialysis, 2017

**Dr Ravi Raju**

- Has been DME of combined AP and VC of Dr NTR University of health sciences
- Has been President ISN
- Received Dronacharya award at AVATAR 2017, Sardar Vallababhai Patel memorial award – NBE 2021, Rajbhavan award of Telangana state, Ugadhi puraskar award,
- Received Lifetime achievement award ISN-2020
- Presently Pro-Chancellor of Apollo university

**Dr PN Jikki** is the President of Andhra Pradesh Society of Nephrology and President WIN-AP

# ACHIEVEMENTS OF NATPU

**DR Amaresan**
First qualified Nephrologist, DM in south India

**DR M.A. Muthu Sethupathi**
Started first renal transplant programme in a Government Medial college Hospital in Tamil Nadu

**DR C.M. Thiyagarajan**
Transplant nephrologist of Tamil Nadu

**DR N. Gopala Krishnan**
Director, Department of Nephrology, MMC Chennai, publications
Member secretary, TRANSTAN (Transplant Authority of Tamil Nadu)

**DR Vivek Pathak**
Performed maximum number of incompatible Renal Transplants in Tamil Nadu

**DR Vel Aravind**
Renal Transplant Surgeon and Nephrologist

**DR George Abhraham**
Founder Tanker foundation
Founder President Peritoneal dialysis society of India 1997
President ISOT 2022 – 2023
Recipient of International distinguished Medal in Nephrology NKF, USA 2003
First Recipient of DG Oreopoulos
Lifetime achievement award by ISPD 2012
Roscoe Robinson Award by ISN 2015
ISN Gardiner Award from His excellency Maithripala Siresena President of Srilanka 2017.

**Dr Chakko Korula Jacob**

- Underwent Nephrology training at the Christian Medical College, Vellore, subsequently advanced training at the University of Alberta Canada, and at the Queen Elizabeth Hospital in South Australia.
- Was faculty at the Christian Medical College Vellore till superannuation in 2006, retired as Professor and Head of Nephrology at Vellore. Later worked as a specialist in Brunei.
- Over 100 publications in peer reviewed journals. Contributed chapters to several textbooks of Nephrology.
- Have been invited speaker to World Congress of Nephrology, Congress on dialysis in developing countries, and national and regional chapter meetings in India.
- Orations at West Zone, Southern chapter, Ind Soc of Neph, and ISOT. Awarded FISOT as well as life time achievement of Ind Soc of Neph.
- Past chairman of southern chapter and president of Ind Soc of Neph. Total 47 years in field of Nephrology, Dialysis and Transplantation

**Dr Muthujayaraman**

- Founder Member of Southern Chapter of Indian Society of Nephrology.
- 'Scribner Award' By Former president Honorable A.J.AbdulKalam 2010.
- "Nanda Deepam Award" On World Women's Day in 2012.
- "Pro.Sam. GP. Moses Award" by API , Chennai2012
- "Life time Achievement Award" from DR.MGR. Medical University, Chennai.
- "Life time Achievement award from Association of "Women In Nephrology –India" 2022
- Dronachariar Award 2023

# ACHIEVEMENTS OF NEPHROLOGY ASSOCIATION OF KERALA

**Dr R. Kasi Visweswaran**

- Professor of Nephrology, Medical College, KOTTAYAM (1992-1998)
- Professor of Nephrology, Medical College, Trivandrum (1998-2001)
- Vice Principal, Medical College, Trivandrum (2000 - 2001)
- Consultant in Nephrology, Ananthapuri Hospitals and Research Institute, Trivandrum
- Dr. JCM Shastry memorial oration of INDIAN society of Nephrology, Trivandrum (2010)
- Dr. S.C Dash Oration of Indian Academy of Nephrology Oct 2019
- Dr. Pathros Matthai memorial oration of Southern Chapter of Indian Society of Nephrology Feb. 2023
- Former President, Indian Society of Nephrology. (2003-04)
- Founder President, Nephrology Association of Kerala
- Chairman, Southern chapter of Indian Society of Nephrology.

**Dr A Vimala:**

- Best Teacher Award, KGMCTA, 2004 T.K Raman Oration Award, 2005 Nuclear Medicine Oration Award, 2004 Lifetime Achievement Award, WIN India, 2022 Dronacharya Award, 2023 Woman Empowerment Award 2023.

Dhronocharya award to Dr T T Paul, Dr Chacko Vargheese, Dr Vimala madam, Dr V N Unni.

Best Doctor award - 2023 to Dr Gomathy from state govt- Medical education category

In NAKCON 2023 – AWARDS for "Excellence in Nephrology" were presented to Senior Nephrologists who all are actively involved in developing nephrology in Kerala.
Dr Thomas Mathew.
Dr Kasi Viswesaran
Dr T T Paul
Dr Jacob Varghese
Dr Georgy K Nainan
Dr Jayaraj.P.M
Dr Rajarathnam
Dr Vimala A
Dr Joseph K Joseph
Dr V N Unni

# ACHIEVEMENTS OF NEPHROLOGY ASSOCIATION OF KARNATAKA

The story of Nephrology always begins with story of Dialysis. For the record it should be mentioned that the First Dialysis in India was done at CMC Vellore in 1962 and first successful kidney Transplant was also done in CMC Vellore in 1971.

**Time line of Dialysis in Karnataka**

- First Dialysis Machine (Drum Machine) Procured by Mysore State Government in 1962.
- CRRT 1989 Dr Brian Periera& Lloyd Vincent in 1985 Nephrology unit under Prof Joseph Antony Urologist was started and Dr Sundar appointed as Lecturer!!.
- THE ASN (American Society of Nephrology) has more Nephrologists of Indian Origin than ISN (Indian SN)!!.
- Dr KD Phadke came from USA in 1985 joined late Dr Talwalkar in BKF and helped him to build BKF and also start Karnataka' s first Pediatric Nephrology services. He can be considered has father of Karnataka's Pediatric Nephrology and he later joined the St John's Medical college one of the finest centers of Excellence for Children s Kidney care and training many young Pediatric Nephrologists with fellowships and DM program. Dr Phadke was also helpful in helping us do Pediatric Transplants in the state.
- Late Dr NC Talwalkar considered the father of Karnataka Nephrology was trained in Bombay KEM hospital under India's Pioneer Lady Nephrologist Prof VN Acharya.
- Dr Talwalkar came to Bangalore in 1979 to set up the Bangalore Kidney Foundation and with the support of Padma Bhushan Dr MK Mani (who was based in Mumbai at Jaslok Hospital and Dr Mani made Nephrology a household name in India as he was treating Lok Nayak Jayaprakash Narayan).
- The Early period from 1979 to 1990 was a path breaking period for Nephrology in Karnataka as there were less than handful of Nephrologists and some of the Nephrologists who helped set up Renal units during that period have moved abroad (Dr N S Srinivasa, Dr KA Shivakumar, Dr Brian Pereira, Dr KS Ramprasad, Dr Balaji, Dr Ramkumar, Dr Jaishankar, Dr Domnic Raj etc.)
- The kidney Transplant program was started in 1983 in Bangalore at Lakeside Hospital by Dr Talwalkar and the surgeons who were part of program from Bangalore were Dr Dilip Javali and Dr Ajit Huilgol.
- Later surgeons like Dr Dilip Dhanpal, Dr Dilip Patil came to Bangalore to run transplant program.
- In Mysore Dr KC Gurudev after his training in Chennai under Dr MK Mani started the dialysis program and with the help of Dr Madappa the Urologist did the first transplant in Karnataka outside Bangalore in Mysore.
- In 1991 Dr Sudarshan Ballal after his training in prestigious centers in USA returned home to start the Nephrology unit at the Manipal Hospital in Bangalore.
- The young Nephrologists of the state of the future of Renal care in the state and we can expect great things from this group who are all part of Nephrology Association of Karnataka NAK. The NAK was founded by a handful of Nephrologists by Late Dr Talwalkar, Dr Sundar, Dr Phadke, Dr Balaji (Now in Australia), Dr Ramprasad, Dr Siddaraju and Dr SJ Singh (Wg Cdr Retd). Currently the NAK is being run by Prof KC Gurudev and Dr Girish of MS Ramaiah Medical College.

# LOVING TRIBUTE TO THE DECEASED



## Prof Dr JCM Shastry

Prof. Jandhyala Chandramouliswara sastry, famously and fondly known as JCMS, was born on 10th June 1936 in Tenali, Andhra Pradesh, India. His parents were Rao Bahadur Rao Saheb J. S. Swamy Sastry and Lakshmikanthamma. His early education was at Tenali Taluk High school, Hindu College and Andhra Christian College, Guntur. He graduated in M.B.B.S. from Bangalore Medical College, and M.D. in General Medicine from All India Institute of Medical Sciences, New Delhi. Later, he joined Christian Medical College and Hospital, Vellore in 1970 and served till superannuation in June 1996. He worked initially in the General Medicine department and later in the Nephrology Department from the date of its inception in January 1971. He retired from CMC service as professor and head of department of Nephrology. He was the first DM postgraduate in Nephrology from CMC, Vellore. He, as the professor, trained many nephrologists who have become eminent teachers and consultants of nephrology in their own right. He was a beacon and role model for his students who adore him, feel proud to be his wards and try to emulate him in the profession and life. As a physician, he was empathetic and dedicated to the care of patients under his care for whom he was the God incarnation in human form. As a person he was very humane, humble and a thorough gentleman. He always had a good word for everyone. He published in national and international journals extensively and a very sought-after speaker in the national and international conferences of nephrology. He was one of the founder members and subsequently, the president of the Indian Society of Nephrology and President of the Indian Society of Organ Transplantation and the Chairman of the Southern Chapter of Indian Society of Nephrology.

Following his superannuation from CMC hospital, Vellore, he started Department of Nephrology at Kamineni Hospital, L.B. Nagar, Hyderabad in year 1997. And in his new innings he made several benchmarks in the practice of nephrology, dialysis and renal transplantation. Many young physicians were fortunate to be trained under him in the DNB program and he was of immense support to the nephrology family of the region.

He left his mortal body on 20 April 2005 in Hyderabad. His life partner was srimati Anupama, and they have a daughter Shailaja, a corporate lawyer and a son Srikanth, a fashion designer.

The Indian Society of Nephrology has instituted an Oration on his name. It is awarded each year to a senior Indian nephrologist who has contributed significantly to the practice and/or teaching of Nephrology in India.

Prof. JCM Sastry was one of the pioneers of Nephrology in India, well respected for his knowledge and work.

**Dr KV Dakshina Murty**
Senior Consultant, Apollo Hospital, Hyderabad
Former HOD Nephrology, NIMS

# LOVING TRIBUTE TO THE DECEASED



## Prof Dr KS Siddaraj

It is with deep sorrow that we remember our dear friend, Prof. Kodihalli Shankarappa Siddaraj, who left us on 20th September 2020. Born on 2nd July 1947 in Kodihalli, Tumkur district, Karnataka, he was a trailblazer in the field of Nephrology. Dr. Siddaraj's journey in the medical world began with exceptional academic achievements. He completed his MBBS from Bellary Medical College and soon became the first Member of the National Academy of Medical Sciences (MNAMS) in Medicine from Karnataka. His passion for Nephrology led him to pursue a specialized course in DM Nephrology from the prestigious Postgraduate Institute of Medical Education and Research (PGIMER) in Chandigarh, where he became the first from Karnataka to achieve this distinction. As he embarked on his career, Dr. Siddaraj's dedication to Nephrology became evident. He played a pivotal role in establishing the Nephrology unit at Victoria Hospital in Bangalore, which laid the foundation for kidney care in the state. His commitment to public service and patient care made him the first Government Nephrologist in Karnataka. His visionary leadership and ability to inspire others resulted in the growth of the field, benefitting numerous patients and medical professionals alike. A highly respected teacher, Dr. Siddaraj served as the Professor and Head of the Department of Medicine at Bangalore Medical College. His exceptional teaching methods and mentorship skills endeared him to his students and colleagues. Throughout his career, he continued to guide and support fellow medical practitioners, nurturing the next generation of nephrologists. Prior to retirement Dr. Siddaraj assumed the role of Superintendent at the renowned Government Victoria Hospital in Bangalore. Despite retiring from administrative duties, his passion for patient care and medicine remained undiminished. He continued to practice Medicine and Nephrology, selflessly dedicating his time and expertise to helping numerous patients with kidney-related ailments.

Beyond his clinical achievements, Dr. Siddaraj was an ardent advocate for the advancement of Nephrology in India. He co-founded the Nephrology Association of Karnataka, a platform that promoted knowledge-sharing, research, and development in the field. Dr. Siddaraj actively participated in various academic programs, workshops, and conferences, contributing significantly to the growth of Nephrology in the region. In addition to his professional commitments, Dr. Siddaraj was a warm-hearted and compassionate individual. He was known for his gentle nature, always willing to lend a helping hand and offer sage advice. He stood as a pillar of support for colleagues during challenging times, providing unwavering encouragement and guidance. The year 2020 brought unprecedented challenges with the outbreak of the Covid-19 pandemic. Dr. Siddaraj, being on the frontline as a medical practitioner, bravely faced the pandemic's uncertainties. Despite taking all necessary precautions, he contracted the virus. In the face of adversity, he fought valiantly, displaying immense strength and determination. Sadly, on 20th September 2020, we bid farewell to this gentle giant, leaving an irreplaceable void in our society and in the hearts of his loving family. Prof. Siddaraj's legacy extends beyond his professional accomplishments. He was a devoted family man, and his love and care for his wife, Manjula, and their two daughters, Rashmi and Swetha, knew no bounds. Settled abroad, they continue to cherish the memories of a loving husband and a caring father who played an integral role in their lives. In his leisure time, Dr. Siddaraj found solace in gardening, nurturing the beauty of nature and finding joy in its wonders. He took great delight in playing with his little granddaughter, Ira, who brought immense happiness into his life. The loss of Prof. Siddaraj is felt deeply by all who knew him, both professionally and personally. We not only mourn the departure of an exceptional colleague, but we also grieve the loss of a mentor, a thoughtful friend, a caring husband, a devoted father, and a doting grandfather. The impact of his work and the memories he created will forever remain etched in our hearts. On behalf of the Nephrology Association of Karnataka and the Indian Society of Nephrology, we extend our heartfelt condolences to Dr. Siddaraj's family. May the Almighty grant them the strength and courage to bear this profound irreplaceable loss. As we bid farewell to this illustrious soul, may his noble contributions to the medical field continue to inspire and guide future generations of nephrologists. Om Shanti Om Shanti!

**Dr Sundar Sankaran MD DNB**

# LOVING TRIBUTE TO THE DECEASED



## Prof Dr Ramadas Pisharody

A Tribute to Dr. Ramdas Pisharody: The Visionary Who Revolutionized Nephrology in Kerala - Remembering the life and Legacy of a Medical Luminary of Kerala, and indeed India

We lost one of our most esteemed members, Dr. Ramdas Pisharody in 2017, former principal medical college, Trivandrum. He also headed the Department of Nephrology at Trivandrum and Calicut Medical Colleges, Dr. Pisharody was a leader whose contributions transformed the landscape of nephrology.

On a personal note, having known Dr. Pisharody as a colleague and friend, my association with him started very early as 1972 in Govt Medical college, Trivandrum. He was academically brilliant and the best outgoing student during his M.D & D.M Nephrology at Chandigarh. I was always struck by his humility and kindness towards people. His ability to connect with people from all walks of life, his gentle humor, and his unwavering commitment to his principles were qualities that set him apart.

Dr. Pisharody's most notable contribution was as a pioneer of Deceased Donor Transplantation in Kerala. His relentless pursuit of this initiative provided a new life for many patients and also brought about a paradigm shift in organ donation in the region. He worked tirelessly to create awareness and build a system for organ transplantation that stands as a testament to his vision.

Under his guidance, KNOS became a model of efficiency ensuring that organ donation became a transparent, and ethical process.

Beyond his medical expertise, Dr. Pisharody was also an accomplished statistician and epidemiologist. His analytical perspective to his research, enabled him to contribute significantly to the field's knowledge. As an educator and mentor, he was revered for his ability to simplify complex concepts, making them accessible to aspiring doctors, nurses, and medical students to pursue their profession with diligence, ethics, and empathy.
Dr. Pisharody's tenure as the Principal of Trivandrum Medical College was marked by significant advancements in both academic and infrastructural aspects. Just like Mrithasanjeeveni project, Super specialty block was also his brain child.

Dr. Pisharody believed in a holistic approach to medicine. To him, a patient was not just a case to be treated but a life to be cared for in entirety.

The impact of Dr. Pisharody's work extends beyond the medical achievements. His contributions to healthcare in Kerala have left an indelible mark that will benefit countless individuals for years to come.

As we mourn the loss of Dr. Ramdas Pisharody, it is also a time to reflect on his legacy. His life's work challenges us to uphold the highest standards of medical ethics, and to continue innovating for the betterment of humanity. The path he has carved in nephrology and organ transplantation will serve as a guiding light for future generations of medical professionals.

Dr. Ramdas Pisharody's departure leaves a void in the hearts of those who knew him and in the field of medicine. However, his legacy will continue to inspire and guide us. Dr. Pisharody, you are deeply missed, but your teachings, your values, and your contributions will live on forever.

**Dr Vimala**
Sr. Consultant Nephrology, Cosmopolitan Hospitals & Govindan's Hospital, TVM, Kerala
Former Vice Principal & HOD Nephrology (Medical College, Kottayam)

# LOVING TRIBUTE TO THE DECEASED



## Prof Dr Rajmallaiah

Dr. Rajmallaiah was born on 6th December 1938. He was an alumnus of Osmania Medical College, Osmania University. After his graduation, he completed post-graduation in General Medicine from Osmania Medical College. He worked as an Assistant Professor thereafter and received a WHO fellowship in the United Kingdom to acquire further knowledge. After his return, he was posted in Nephrology as an Assistant Professor and he acquired professional knowledge in the field of nephrology having dedicated himself to the subject. He worked under Professor A Gopalkishen.

The first kidney transplant in the government setup took place on 16th May 1982. He was part of the transplant team. I had the privilege of working alongside him for a long time and after his retirement from government service, on 31st December 1996, I took over from him as the Professor and HOD of Nephrology at Gandhi Hospital.

He was a founder member of the Hyderabad Nephrology Forum and attended all the meetings regularly. We used to have guest speakers from abroad as well as from various parts of India. His devotion to the subject of Nephrology was complete and he showed keen interest in the activities and developments in Nephrology. In the initial days when Nephrology was in the budding stages in the state and even hemodialysis and peritoneal dialysis were scarce, he can be considered to have laid the groundwork for the future nephrologists.

Last 10 years of his life, he suffered from cord compression and renal problems and was almost bedridden for a long time. I used to visit him regularly. In the last stage he was against aggressive treatment for his disease. He breathed his last on 14th February 2022.

He was a nice person with good interpersonal relationships and kindhearted nature. He leaves behind his wife, two children and grandchildren. Nephrology forum sincerely appreciates his contributions.

We pray that his soul rests in peace.

**Dr. Pradeep Deshpande**
Prof & HOD, Kamineni Institute of Medical Sciences
Sr. Consultant Nephrology, Global Hospitals, Hyderabad

# ISNSC NEPHROLOGISTS DIRECTORY

## TELANGANA

| Sl.NO | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 1 | Anitha | AIIMS Bibinagar | 97048 72892 | anitha.nephro@aiimsbibinagar.edu.in |
| 2 | Sai Ram Reddy | AIG Gachibowli | 99892 99896 | sairamkethireddy@gmail.com |
| 3 | Sujith Reddy.R | AIG Gachibowli | 97015 05550 | jeet.0311@gmail.com |
| 3 | Niharika Mulpuri | AIG Gachibowli | | DR.NIHARIKAM@AIGHOSPITALS.COM |
| 4 | Rekha | AIG Gachibowli | 99128 88888 | knrekha@yahoo.com |
| 5 | M.V.Rao | AINU Banjara Hills | 98480 45960 | mulpuru1962@gmail.com |
| 6 | Srikanth.G | AINU Banjara Hills | 94406 16000 | srikanthnephro@gmail.com |
| 7 | Sujeeth Reddy.B | AINU Banjara Hills | 96861 09777 | sujeethbande@gmail.com |
| 8 | Kranthi Kumar.K | AINU Gachibowli | 99087 61700 | drkranthi@ainuindia.com |
| 9 | Varun Mamidi | AINU Gachibowli | 98406 21933 | mamidi.varun@gmail.com |
| 10 | Sharmas Vali. P | AINU Madhapur | 93973 99953 | nephron365@gmail.com |
| 11 | Srikanth.B | AINU Madhapur | 90000 12798 | drsri99@gmail.com |
| 12 | Rajendra Prasad.Ch | AINU Secunderabad | 98850 31770 | chrprasad@yahoo.co.in |
| 13 | Yogesh Gaur | AINU Secunderabad | 80051 66892 | |
| 14 | Dakshina Murty. K. V. | Apollo hospitals | 98481 34206 | Kvdm1954@gmail.com |
| 15 | Soma Sekhar.M | Apollo hospitals | 93913 84659 | mssekhar_58@rediffmail.com<br>platinum@apollo247.com |
| 16 | Krishnan. S | Apollo hospitals | 98480 21301 | poojakrish54@yahoo.com |
| 17 | Sanjay Maitra | Apollo hospitals | 98494 20202 | drsanjaymaitra60@gmail.com |
| 18 | Mehul Shah | Apollo hospitals | 98490 38369 | mehulashah@hotmail.com |
| 19 | Ravi Andrews | Apollo hospitals | 98490 75972 | |
| 20 | Ashwin Kumar. P | Apollo hospitals | 94410 12035 | nephroaswini@gmail.com |
| 21 | Ashwini Kumar Iyengar | Apollo hospitals | 89787 00070 | drashwin@yahoo.com |
| 22 | Partha Saradhi | Apollo hospitals | 94402 28049 | drparthanephro@gmail.com |
| 23 | Bhanu Prasad.K | Apollo hospitals | 96429 39298 | BHANUKMC@YAHOO.CO.IN |
| 24 | Satya Narayana | Apollo hospitals | 98441 81188 | satyaaishoregarre@gmail.com |
| 25 | Vamshi Priya.M | Apollo hospitals | 62819 41569 | VAMSEPRIYA@YAHOO.CO.IN |
| 26 | Himadipti | Arete Hospitals Gachibowli | 99495 81533 | drhimadeepti@gmail.com |

| Sl.NO | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 27 | Sudhakar. B | Aster Prime Hospital | 92465 42123 | drbsudhakar@yahoo.com |
| 28 | Hussaini Shaista | Care Hospitals | 98485 76814 | SHAISTAMHUSSAIN@GMAIL.COM |
| 29 | Ratan Jha | Care Hospitals | 98480 27683 | RTNJHA@YAHOO.COM |
| 30 | Suresh Kumar. G | Care Hospitals | 98855 43368 | sureshgouthami@gmail.com |
| 31 | Vikranth Reddy.P | Care Hospitals | 98491 22585 | vikranthreddy@yahoo.com |
| 32 | Santosh.H | Care Hospitals | 85018 07057 | santoshhedau@gmail.com |
| 33 | Md.Rizwan | Care Hospitals | 79010 88350 | DRRIZWANKM@GMAIL.COM |
| 34 | Rangantah.J.Al | Care Hospitals | 98859 17711 | drjrnath@yahoo.co.in |
| 35 | Aruna.R | C.C. Shroff | 98480 41892 | comanduri@gmail.com |
| 36 | Gopaluni. S | Citizen Hospital | 99633 53209 | drpanigopaluni@gmail.com |
| 37 | Arvind Reddy | Citizen Hospital | 99852 50085 | |
| 38 | Dhanunjaya. Kl | Continental Hospital | 94486 10812 | mmcdhanu@gmail.com |
| 39 | Srinivas. M | Continental Hospital | | |
| 40 | Ramesh Vasa | Deccan Hospital | 98854 06456 | NEPDR20@GMAIL.COM |
| 41 | Syed Guffron | Deccan Hospital | 99490 88490 | GHUFRANSYED2@GMAIL.COM |
| 42 | Dhana Lakshmi. V | ESIC Hospital | 98667 39000 | dhanalakshmi.g@gmail.com |
| 43 | Deepthi. A | ESIC Hospital | 88973 63333 | DEEPTHI0909@GMAIL.COM |
| 44 | Lalithambika Devi | ESIC Hospital | 91820 81783 | LALITHA.BEZAWADA@YAHOO.IN |
| 45 | Gangadhar | Esra Hospital | 99483 61617 | gangadhar3@yahoo.com |
| 46 | Manjusha. Y | Gandhi Hospital | 98481 85044 | manjuyadla@gmail.com |
| 47 | Sreekanth. B | Gandhi Hospital | 91601 11125 | sreedoc2000@gmail.com |
| 48 | Vikram Kumar. B | Gandhi Hospital | 99892 90234 | drvkrmkumar@gmail.com |
| 49 | Srinivas. P | Gandhi Hospital | 9866587285 | swathivasu194@gmail.com |
| 50 | Pradeep Deshpande | Global Hospital | 98480 51889 | |
| 51 | Jaswanth. C | Holistic Hospital | 94402 00622 | c.jaswanth@gmail.com |
| 52 | Chandra Sekhar. S.S | Holistic Hospital | 90140 09567 | hyderabadnephrologist@gmail.com |
| 53 | K.G. Raja Ram | Hyderabad Kidney & Laparoscopic Centre | 93910 12591 | -NA- |
| 54 | Santosh Kumar.A | Kamineni Hospital | 92469 02225 | |
| 55 | Sarath Kumar Reddy.K | Karimnagar | 98662 43534 | drsharathreddy@yahoo.co.in |
| 56 | Sandeep.P | Karimnagar | 94904 48186 | drpeddisandeep@gmail.com |

| Sl.NO | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 57 | Rana Fatima | Karimnagar | 99484 47103 | asadranaf@yahoo.co.in |
| 58 | Ramchander.T | Karimnagar | 90325 48075 | chanduxlnt@gmail.com |
| 59 | Raga Deepthi.B | Karimnagar | 70936 35546 | dr.rgdpth@gmail.com |
| 60 | Chandini.K | Karimnagar | 91006 36649 | chandinikotha89@gmail.com |
| 61 | Manoj Yalamudi | Khammam | 99898 88666 | manoj.yalamudi@gmail.com |
| 62 | Vinod Babu. M | Khammam | 63021 11178 | DRVINODMURAKONDA.NEPHROLOGY@GMAIL.COM |
| 63 | Venu | Khammam | 96521 17383 | venugopaldoc1@gmail.com |
| 64 | Krishna Prasad | Khammam | 94913 35120 | DAMERACHARLA@GMAIL.COM |
| 65 | Sahariah. S | KIMS Secunderabad | 98480 31118 | drssariah@gmail.com |
| 66 | Satti Reddy.V | KIMS Secunderabad | 98486 27321 | drvsreddynephrology@gmail.com |
| 67 | Sreedhar Reddy | KIMS Secunderabad | 98666 71019 | shridhareddy@gmail.com |
| 68 | Ravi.E | KIMS Secunderabad | 90525 43222 | dr.e.ravi@gmail.com |
| 69 | Diwakar Naidu | KIMS Secunderabad | 92915 79597 | gajjalanaidu@yahoo.co.in |
| 70 | Susmitha | KIMS Secunderabad | 80962 55839 | Drsusmitha.nephro@gmail.com |
| 71 | Ashwini Dutt | KIMS Secunderabad | | aswinidutt10@gmail.com |
| 72 | Shyam Sunder Rao. C | KIMS kondapur | 99660 29327 | drshyamsmc99@gmail.com |
| 73 | Rahul. P | KIMS kondapur | 77999 35500 | patibandlarahul@gmail.com |
| 74 | Srinayan. K | KIMS kondapur | 88791 11395 | prsrinayan@gmail.com |
| 75 | Sashidhar. C | Mahavir Hospital | 96520 13437 | NEPHROSAS@YAHOO.CO.IN |
| 76 | Shankar. A. G. | Mahbubnagar | 80988 42845 | asgovind131@gmail.com |
| 77 | Suryanarayana. M | Malla Reddy Hospital | 81423 65549 | |
| 78 | Sangeeta Lakshmi.B | Malla Reddy Hospital | 99636 83848 | SANGEE.DOCTOR@GMAIL.COM |
| 79 | Bhavya. D | Mamatha Hospital | 90328 13821 | bhavyad3@gmail.com |
| 80 | Rakesh. C | Mancherial | 81210 70720 | raki720@gmail.com |
| 81 | Rakesh. A | Chandrapur | 81213 26324 | rakeshkumarambati@gmail.com |
| 82 | Shravani | Mancherial | 63031 77650 | shravanimuske@gmail.com |
| 83 | Srinivas Rao. B | Matrix | 92468 76241 | |
| 84 | Kiran Kumar. M | Medicover.B | 94402 19082 | drkiran.nephro@gmail.com |
| 85 | Gopal Kishan. A | Medicover.M | 98660 63899 | |
| 86 | Kamal Kiran. M | Medicover.M | 99121 10717 | |

| Sl.NO | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 87 | Ravi Kiran | Nalgonda | 99485 44299 | ravikiran936@yahoo.com |
| 88 | K.Sri Krishna Chaitanya | Nalgonda | 98857 50311 | CHAITU7MEDICOS@GMAIL.COM |
| 89 | Sree Bhushan Raju.D | NIMS | 98484 92951 | sreebhushan@hotmail.com |
| 90 | Gangadhar.T | NIMS | 94949 40008 | gangadhar3@yahoo.com |
| 91 | Swarnalatha.G | NIMS | 72078 79375 | swarnamalli@hotmail.com |
| 92 | Karthik Raja | NIMS | 98489 56644 | kalidindikarthik@gmail.com |
| 93 | Vijay Chander | NIMS | 81429 69485 | vijaychander.bukka@gmail.com |
| 94 | Ravi Teja. M | NIMS | 9885454614 | |
| 95 | Rama Priya | NIMS | 95736 13625 | DR_RAMAPRIYA2009@YAHOO.CO.IN |
| 96 | Srinivas.K | NIMS | 94905 96888 | srinivas.kinjarapu@gmail.com |
| 97 | Phani Sri | NIMS | 77609 60055 | alaparthi.phanisri@gmail.com |
| 98 | Siddharth | NIMS | 72047 98166 | siddhu.bmcri@gmail.com |
| 99 | Mukesh. G | NIMS | 91375 81375 | |
| 100 | Tushar Bahadur | NIMS | 9673585163 | tusharbah@gmail.com |
| 101 | Hari Krishna Reddy | Nizamabad | 91771 50841 | hkrmogili@gmail.com |
| 102 | Md.Mosin | Nizamabad | 81234 76672 | mohsin662@gmail.com |
| 103 | Sridhar Nimmagadda | Nizamabad | 98665 74944 | sridhar.kmc@gmail.com |
| 104 | Manoj Anant.D | Nizamabad | 97959 79790 | dhanorkermanoj@gmail.com |
| 105 | Karthik G S | OliveHospital | 85006 68878 | drkarthik05@gmail.com |
| 106 | Shabana Nazneem | Osmania Medical college | 99123 60306 | drshabananephro@gmail.com |
| 107 | Manisha Sahay | Osmania Medical college | 98490 97507 | drmanishasahay@gmail.com |
| 108 | Kiran Mai | Osmania Medical college | 98490 73438 | kiranmaiismal@yahoo.com |
| 109 | Rama.E | Osmania Medical college | 98482 45633 | ramaenganti@gmail.com |
| 110 | Anuradha.K | Osmania Medical college | 97033 51789 | anukrsna123@gmail.com |
| 111 | Saikanth. K | Osmania Medical college | 97040 89991 | kunjisaikanth@gmail.com |
| 112 | Jyothi Priyadarshini | Osmania Medical college | 98852 32207 | drpriyajohn86@gmail.com |

| Sl.NO | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 113 | Md.Nazma | Owaisi Hospital | 76590 39546 | najju.2k3@gmail.com |
| 114 | Kishore Kumar. A | Pace Hospital Gachibowli | 93923 48792 | ariga.kishore@gmail.com |
| 115 | Vaishnavi.P | Preethi Urology & Kidney Hospital | 91006 66242 | drvaishnavi.neph@gmail.com |
| 116 | Satya Prasad | Rainbow Hospital | 77990 00361 | |
| 117 | Pratima Verma | Rainbow Hospital | 83743 41771 | |
| 118 | Sridhar. G | Star Hospital Banjara Hills | 98853 76705 | |
| 119 | Rama Shankar | Star Hospital Banjara Hills | 90328 38650 | ramashankerjella@yahoo.com |
| 120 | Sandeep Reddy. Y | Star Hospital Banjara Hills | 98482 94593 | - |
| 121 | Jyothsna. G | Star Hospital Banjara Hills | 99638 84644 | jyothsna.guttikonda@gmail.com |
| 122 | Anuradha Raman | Sunshine hospital Secunderabad | 98496 53553 | ramananu48@gmail.com ramananu@yahoo.com |
| 123 | Rajeev | Sunshine Hospital Secunderabad | 98499 90127 | |
| 124 | Krishna Patil | Sunshine Hospital Hitech City | 95945 59308 | kpatil1008@gmail.com |
| 125 | Anil Kumar V | Suryapet | 94406 37437 | anilcv4u@gmail.com |
| 126 | Pavan Kumar Rao | Tx Hospital | 98492 06433 | pavannavva@yahoo.com |
| 127 | S. V. Subramanyam | Tx Hospital | 98853 56899 | |
| 128 | Hari Prasad | Tx Hospital | 80081 74549 | palakurthyhariprasad@gmail.com |
| 129 | Praveen Kumar Etta | Gleneagles Global Hospital | 94540 35398 | drpraveen85@gmail.com |
| 130 | Archana. D | Vijaya Health Care | 99490 69197 | drarchanadaftardar24@gmail.com |
| 131 | Nayak. K. S. | Virinchi Hospital | 98480 14555 | dksnayak@gmail.com |
| 132 | Naveen Kumar. M | Virinchi Hospital | 95929 18764 | naveenkumar.medi@gmail.com |
| 133 | Naveen. A | Virinchi Hospital | 98453 20970 | drnaveena88@gmail.com |
| 134 | Venkat Ramana | Warangal | 99492 00115 | mangalapallivr@yahoo.com |
| 135 | Praveen Reddy.P | Warangal | 98858 02390 | dr_praveen80@yahoo.com |
| 136 | Malleshwar.B | Warangal | 99482 15513 | malleshwarbottu@gmail.com |
| 137 | Kumara Swamy.P | Warangal | 97053 13154 | Kumaraswamy.poosa@gmail.com |
| 138 | Sravan Kumar.J | Warangal | 98554 31813 | drsravanjogu@gmail.com |

| Sl.N0 | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 139 | Ramesh Chada | MGM Hospital Warangal | 94400 52141 | |
| 140 | Rajasekara Chakravarthi. M | Yashoda Hospital Gachibowli | 93910 59322 | rajasekarac@gmail.com |
| 141 | Vijay Varma.P | Yashoda Hospital Gachibowli | 96115 55888 | pvijayvarmaa@gmail.com |
| 142 | Mahesh Kota | Yashoda Hospital Gachibowli | 97005 02390 | mahesh9700502390@gmail.com |
| 143 | Sashi Kiran.A | Yashoda Hospital Malakpet | 98489 73176 | sashikiran.nephro@gmail.com |
| 144 | Sudhakar.G | Yashoda Hospital Malakpet | 78931 85678 | gyogasudha@yahoo.com |
| 145 | Tarun Kumar Saha | Yashoda hospital Secunderabad | 98499 95426 | drtksaha1@gmail.com |
| 146 | Suresh Babu.V | Yashoda Hospital Secunderabad | 98493 04805 | |
| 147 | Pranith Ram | Yashoda Hospital Secunderabad | 70429 37687 | pranithramaiims@gmail.com |
| 148 | Vamsi Krishna.N | Yashoda Hospital Secunderabad | 96525 98198 | |
| 149 | Girish Narayan | Yashoda Hospital Secunderabad | 98490 08188 | girishnarayan@rediffmail.com |
| 150 | Nageshwar Reddy.P | Yashoda Hospital secunderabad | 95023 02730 | pnraddy@gmail.com |
| 151 | Dilip M.Babu | Yashoda Hospital secunderabad | 90521 12220 | drdilipmbabu@gmail.com |
| 152 | Arun Ponna | Yashoda Hospital Secunderabad | 90106 69988 | arunponna@gmail.com |

# ANDHRA PRADESH

| Sl.NO | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 1 | Shiva Kumar V | SVIMS, TIRUPATI | 9493547712 | Vshivkumar@yahoo.com |
| 2 | Satyanarayana Raju.P.V.V | Kakinada Specialty Hospital | 9848137163 | raju_p1954@yahoo.com |
| 3 | Nemani.S | Nemani Hospital, Rajahmundry | 9849483430 | nemani@gmail.com |
| 4 | Amarendra M.V | SVIMS, TIRUPATI | 8639959183 | raja.amarendra@gmail.com |
| 5 | Ammanna. N | Arun Kidney Center, Vijayawada | 9177782929 | ammanna_40@yahoo.co.in |
| 6 | Anantha Rao K | Kims Hospital, Kurnool | 99106091913 | ananthrao740@gmail.com |
| 7 | Anitha Y.V.S | | 7416453523 | dryvsanita@gmail.com |
| 8 | Anil Kumar Pato.S | Apollo, Vizag | 9849030081 | patroanil@yahoo.com |
| 9 | Aparna | Surya Hospital, Kadapa | 9441256762 | draparna123@gmail.com |
| 10 | Ashok Varma B | Ashok Kidney Care, Bhimavaram | 9949999544 | Ashok9949999544@gmail.com |
| 11 | Anand Babu K | Inodaya Hospital, Kkd | 9849148140 ,7981653528 | kempanand@gmail.com |
| 12 | Anvesh | Vijaya Super Speciality Hospital, Vijayawada | 8332858057 | anvesh07@gmail.com |
| 13 | Aslam Md | Khaja Kidney Care Centre, Guntur | 8330958025 | draslam63222@gmail.com |
| 14 | Badrinath.V | KIMS Saveera Hospital, Anantapur | 9902050867 | drcoolbadri4u@gmail.com |
| 15 | Bharagv Bhimavarapu | Bhargav Kidney Care, Vijayawada | 8551944551 | dr.bhargav.zeal@gmail.com |
| 16 | Bharathi K | Arun Kidney Centre, Vijayawada | 9701804137 | Bharathi.ndl@gmail.com |
| 17 | Bhaskara Rao.B | Medicover Hospital & Vizag | 9966611996, 9133444523 | bachi369@gmail.com |
| 18 | B.N.R Ramesh | Shatayu, Rajahmundry | 9705735157 | dr.bnrramesh@gmail.com |
| 19 | Chakravarthy A.K | Apollo Hospital, Nellore | 9912244221 | drannadata@yahoo.com |
| 20 | Chowdary B | Vignesh Hospital, Vijayawada | 9866772772 | chowdarybodepudi@rediffmail.com |
| 21 | Chaitanya Vemuri | The Gajuwaka Hospital, Vizag | 8790166777 | drcvemuri@gmail. com |
| 22 | DLP Saikumar | Ramesh Hospitals, Guntur | 8299280277 | saikum37@gmail.com |

| Sl.NO | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 23 | Gireesh Reddy G | Nellore | 9840992939 | grireeshreddy9@gmail.com |
| 24 | Gurugubalti Ranga Rao | GSN Hospital, Srikakulam | 9966745156 | ranga.amc2002@gmail.com |
| 25 | Harikrishna.M | Aayush Hospitals, Vijayawada | 9989633359 | harikris.marri@gmail.com |
| 26 | Hithaishi. C | Manasa Kidney Foundation, Tirupati | 9676670222 | drhithaishi@yahoo.co.in |
| 27 | Hareesh.M.V.K | Anantapur | 9494388698 | hareeshmvk@gmail.com |
| 28 | Jikki P.N | Kurnool General Hospital, Kurnool | 9440291781 | drjikki01@gmail.com |
| 29 | Kalyan Chakravarthy K | Pinnacle Hospital, Vizag | 9440232627, 9440252627 | dr.chakravarthykolli@gmail.com, kalyankolli@aol.in |
| 30 | Keerthi Reddy | Holistic Hospital, Kadapa | 7981489339 | |
| 31 | Khandavalli Pradeep | Delta Hospital, Rajahmundry | 8332857570, 8919059257 | pradeep250888@gmail.com |
| 32 | Korla Vidya Sagar | Medicover, Srikakulam | 9491191631 | drvidyasagarkorla@gmail.com |
| 33 | Krishnam Raju Penmatsa | NRI Hospital & Vizag | 9949211222 ,9398412221 | Krishna_doctor1@yahoo.com vasugan@hotmail.com |
| 34 | Lakshmi Prasanthi.U | Bhimavaram Hospitals, Bhimavaram | 9100356666 | prasanthi.doc@gmail.com |
| 35 | Madhav Desai | Simhapuri Hospital, Nellore | 8142211234 | drdesaimadhav.neph@gmail.com |
| 36 | Mastan Valli Bodanapu | KIMS Hospital, Nellore | 9885431404 | drvali40@yahoo.com |
| 37 | Mahesh.R.K | Icon KIMS Hospital, Vizag | 9959786079 | drkmahesh@gmail. com ,drkiranmahesh@gmail.com |
| 38 | M.S.N. Murthy | Gitam Hospital, Vizag | 9619623838 | murty@doctor.com |
| 39 | Narayan Rao S.V.L | Aravind Kidney Center, Nellore | 9989277667 | Svl_2007@rediffmail.com |
| 40 | Naveen Kumar | SVIMS, Tirupati | 9949175218 | naveenkoppara@gmail.com |
| 41 | N.Praveen Kumar | Lalitha Hospital, Guntur | 8333857035 | drpraveen587@gmail.com |
| 42 | Naga Jyothi | Tirupati | 9030623324 | jyothi9suresh@gmail.com |
| 43 | Neeharika.J | Sentini Hospitals, Vijayawada | 9160942500 | |

| Sl.NO | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 44 | Nehru.B. S | NRI Hospital & Vizag | #ERROR! | nehrubm@yahoo.co.in |
| 45 | Pavani S | Sri Krishna Hospital, Tirupati | 9441052675 | pavani_chandra@yahoo.com |
| 46 | Praveen.R | KIMS, Amalapuram | 9618521719 | revu418@gmail.com |
| 47 | Praveenkumar K | Narayana Hospital, Nellore | 9948171072 | drkolla2002@yahoo.co.in |
| 48 | Phani Kumar.B.B | Visakha Hospital & Vizag | 9848369637 | doctorbali@rediffmail.com |
| 49 | Praveen Sana | Trust Hospital, Kakinada | 8500104488 | praveensana@gmail.com |
| 50 | Rakesh Yarlagadda | Sriram Nursing Home | 9908731234 | rakesh611@yahoo.co.in |
| 51 | Ragavendra Sadineni | Narayana Medical College, Nellore | 7382678768 | raghavendrasadineni@gmail.com |
| 52 | Ram R | SVIMS , Tirupati | 9493547803 | ram_5_1999@yahoo.com |
| 53 | Ramakrishna Ch | Vedanta Hospital, Guntur | 9701504777 | rknephro@gmail.com |
| 54 | Ramakrishna P | Swaroopa Hospital, Vijayawada | 8008191236 | drpaladugu@yahoo.co.in |
| 55 | Ramesh Chandra.V | Andhra Medical Hospital, Vizag | 919440147781, 9951000160 | rameshchandravyasam@gmail.com |
| 56 | Ramesh Y | Ramesh Hospitals, Vijayawada | 9966689096 | rameshyelanati@gmail.com |
| 57 | Ratnaprabha D | Waltair Kidney Center, Vizag | 9949483823 | ratnaprabhadadala@gmail.com |
| 58 | Ravikumar M | Elite Hospital, Tirupati | 7780260924 | mitta.ravikumar@yahoo.com |
| 59 | Ravikumar M | Padma Chandra Hospital, Kurnool | 9866333668 | ravimonline@gmail.com |
| 60 | Ravinder P | Siddhartha Hospital | 9866410028 | ravinderpa@yahoo.com |
| 61 | Ravishankar S | Sentini Hospitals, Vijayawada | 9441942733 | rash0712@gmail.com |
| 62 | Radhika.V | Latha Super Speciality Hospital, Vijayawada | 9849656152 | |
| 63 | Ram Naveen.P.S | Medicover Hospital & Vizag | 9949056147 | psriramnaveen@yahoo.co.in |
| 64 | Ranganadha Rao | Medicover, Srikakulam | 8700801942 | raoranganadh@gmail.com |
| 65 | Ravi Sankar.M.S | Seven Hills Hospital, Vizag | 9866202945 | vedsriya@gmail.com |

| Sl.N0 | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 66 | Ravi Shankar.Y | Ravi Chaitanya Kidney Centre, Rajahmundry | 9393105281 | drravisankar@gmail.com |
| 67 | Sai Atluri | Kamineni Hospital , Vijayawada | 9305333777 | saichundru@gmail.com |
| 68 | Sai Vani | Vani Nephrocare , KURNOOL | 9493881553 | drsaivani@gmail.com |
| 69 | Saikrishna M.V | Sunrise Hospital, Vijayawada | 9848148967 | krishnamvs@yahoo.com |
| 70 | Sailaja | Kurnool General Hospital, Kurnool | 9494640485 | sailajadr147@gmail.com |
| 71 | Sarat Jyotsna.P | KIMS, Srikakulam | 9440343532 | drsaratjyotsna@gmail.com |
| 72 | Saratbabu. G | Vijaya Super Speciality Hospital, Vijayawada | 9441844477 | gada.sharath@yahoo.co.in |
| 73 | Sashidhar. G | Global Hospital, Vijayawada | 9963266564 | Gsasidhar47@gmail.com |
| 74 | Satish Reddy | Suraksha Hospital, Kadapa | 9490439483 | satishpramoda@gmail.com |
| 75 | Sireesha. G | NRI Hospital, Chinakakani | 9441462292 | sireeshagunnam@gmail.com |
| 76 | Siva Nagendra Reddy. A | Shiva Kidney Center, GUNTUR | 8519912999 | drshivanagendra@gmai.com |
| 77 | Sivaramakrishna G | Anjani Hospitals, Guntur | 9490808156 | drsivarama@yahoo.com |
| 78 | Somayajulu D.V.S | Trust Hospital, Kakinada | 9704652406 | dvsjulu@yahoo.com |
| 79 | Sravan Kumar K | Varma Hospitals, Bhimavaram | 8500704449 | ksra17@yahoo.co.in |
| 80 | Sreehari A | Aneesh Kidney Centre, Ongole | 9440407848 | angirekula_sree@yahoo.co.in |
| 81 | Sreedhar Sharma | Kurnool Medical College | | drsreedharnephro@gmail.com |
| 82 | Sri Krishna Chaitanya Kancharla | | 9885750311 | chaitu7medicos@gmail.com |
| 83 | Sridhar A.V.S.N | Manipal Hospitals, Vijayawada | 9550207981 | sridharnephro@gmail.com |
| 84 | Sridhar Reddy S | Sangamitra Hospitals, Ongole | 9494481585 | drsridharreddy@yahoo.com |
| 85 | Srilatha V | NRI Hospital, Chinakakani | 8886802888 | Annapurnanephro@gmail.com |

| Sl.NO | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 90 | Srinivasulu.J.N | RK Omni Hospital, Vizag | 9247197340 | naga.srinivaslu@gmail.com |
| 91 | Sunil Kumar K | Srilakshmi Hospital, Guntur | 9849383976 | sunilkilari@gmail.com |
| 92 | Sunnesh Reddy A | Apollo Hospital, Nellore | 9052233888 | sunnyanapalli@gmail.com |
| 93 | Surendra Babu M | KIMS Hospital, Anantapur | 8919315376 | drsurendrababuneph@gmail.com |
| 94 | Surendra Kumar P | Simhapuri Hospital, Nellore | 7680063666 | drpsurendra@gmail.com |
| 95 | Sureshkumar Reddy M | Diya Kidney Care, Nellore | 8004904366 | dr.mvskreddy@gmail.com |
| 96 | Sai Harisha K | - | 8500774689 | harishah@gmail.com, harishah43@gmail.com |
| 97 | Sai Naresh.V.V | - | 8978889779 ,8008177878 | snvellanki@yahoo.com |
| 98 | Sai Sandeep K | Pradhama Hospital, Vizag | 9502358477 | sai.sundeep.1990@gmail.com |
| 99 | Sarat Chandra .V | Vijayawada | 9603912124 | drsarat4u@gmail.com |
| 100 | Saritha | Kamineni Hospital, Vijayawada | 8277082271 | suryadevara477@gmail.com |
| 101 | Sasanka.P | Sagar Kidney Care, Rajahmundry | 9989913555 | sasanka1982@gmail.com |
| 102 | Shyam A | - | 9492577766 | |
| 103 | Sivaparvathi | Manasa Kidney Foundation, Tirupati | 9493547803 | mrs.raviprakash@gmail.com |
| 104 | Srinivas Velagala | Medicover Hospital & Vizag | #ERROR! | velagala2008@yahoo.co.in |
| 105 | Sudhakar Venturi | Kims, Rajahmundry | 7093789333 | venturi74@aol.com |
| 106 | Thejo Krishna P | Medical Specialities Hospital | 9441785212 | drthejokrishna@gmail.com |
| 107 | Vani D | Guntur | 8374759369 | drvani16.ramesh@gmail.com |
| 108 | Varalakshmi | Karthika Ent Kidney Hospital, Guntur | 9177777248 | varalakshmiboreddy@gmail.com |
| 109 | Varaprasad K | Narayana Hospital, Nellore | 9849180797 | kvnephro@gmail.com |
| 110 | Varunkumar Bandi | Pinnamaneni Hospitals, Vijayawada | 7708396309 | varun.vims@gmail.com |
| 111 | Venkata Viswanath Moturu | Ramesh Hospital, Guntur | 9900259019 | viswanath.moturu@gmail.com |

| Sl.NO | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 112 | Venkataramana Reddy T | KIMS Hospital, Ongole | 9390464364 | dr.tvrreddy@yahoo.com |
| 113 | Venkat Lakkireddy | Vishwa Bharathi Hospital, Kurnool | 9133779090 | drreddyvenkat@gmail.com |
| 114 | Vamseedhar.P.S | Apollo, VIZAG | 9246620193 , 9948122120 | vamsinephro@gmail.com |
| 115 | Vamsi Krishna Makkena | Kommineni Super Speciality Hospitals | 8056257088 | vamsimakkena999@gmail.com |
| 116 | Venu Gopal A.V | Care Hospital & Vizag | 9885370125 ,9705301119 | drvenuvenkat@yahoo.com |
| 117 | Vital Chundru | American Kidney Institute, Vijayawada | 9305333777 | chundru@gmail.com |
| 118 | Manoj Umare | Kurnool Medical College | 8521085334 | drmanoju@gmail.com |
| 119 | Suresh Reddy | Kurnool Medical College | 9885957006 | suresh.medico@gmail.com |
| 120 | Ayappa.A | ASRAM Hospital, Eluru. | | ayyappa9.amaravadi@gmail.com |
| 121 | Jaya krishnamurthy | | | jaya122678@gmail.com |
| 122 | Anil Kumar Chetlapalli | Medicover Hospital, Kakinada | 9985788966 | chanilkumar2007@gmail.com |
| 123 | B.Naga Alekhya | Rainbow Superspecialty Hospital | 9515890045 | bommualekhya@gmail.com |
| 124 | Naveen Reddy A | Sri Krishna Hospital; Ongole | 9845320970 | drnaveena88@gmail.com |
| 125 | Naga Sudheer Kumar.M | Blossoms Children Hospital | 9885598146 | reddysudheer7@gmail.com |
| 126 | Spandana Vuyyuru | Sentini Hospital | 9985614875 | spandana.vuyyuru@yahoo.co.in |
| 127 | Y. Haritha | Sanjeevi Hospital | 9791129102 | drharitham@gmail.com |
| 128 | A. Sandeep | Aswani Hospital | 9791519242 | drsandeepmmhrc@gmail.com |
| 129 | G Prasad | Professor& HOD Andhra Medical College and King George Hospital, Vizag | 9848238292 | drgullipalli123@gmail.com |
| | Ravi Raju.T | Apollo, Vizag | 9848194345 | drraviraju_t@apollohospitals.com |

# TAMIL NADU

| Sl.NO | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 1 | M.K.Mani | Chennai | 044-28296464 | manirama@eth.net |
| 2 | M.A Muthusethupathi | Chennai | 9444033434 | drmsp@yahoo.com |
| 3 | M.S.Amaresan | Chennai | 9840267601 | amarmktrust@gmail.com |
| 4 | B.R Nammalvar | Chennai | 9444082613 | brnammalwar@yahoo.co.in |
| 5 | Muthu Jayraman | Chennai | 9841025205 | muthu1941@gmail.com |
| 6 | Tamilarasi.V. | Vellore | 9443007358 | v.tamilarasi@gmail.com |
| 7 | Sampathkumar.K. | Madurai | 9994872250 | drksampath@gmail.com |
| 8 | Jones Ronald.P. | Salem | 9842756468, 9894356468 | drjonesnephro@gmail.com |
| 9 | Thiagarajan.S.P. | Coimbatore | 9842263963 | drspthiagu@gmail.com |
| 10 | Anitha Jeganathan.K. | Chennai | 9940583552 | anitha_877@yahoo.co.in |
| 11 | Ramachandran.P. | Coimbatore | 9443350336 | ramasara@gmail.com |
| 12 | V.Ramasubramanian | Tirunelveli | 9842139383 | drramsnefro@gmail.com |
| 13 | J.H.Bala Singh | Chennai | 9444164968 | johebala@gmail.com |
| 14 | R.Padmanabhan | Chennai | 9444933511 | rustaqdr@yahoo.co.in |
| 15 | T.Rajendran | Thanjavur | 9840180236 | drtrajendran2012@ gmail.com |
| 16 | C.Kedarnath | Chennai | 8056147344 | ckedhar@yahoo.com |
| 17 | P.Giri | Trichy | 9842499190 | kpgiri@gmail.com, kpgiri@yahoo.com |
| 18 | V.Kannan | Erode | 9442572237 | kannanvneph@gmail.com |
| 19 | S.Padmanabhan | Bangalore | 9739973953 | padmanabhan_subr@yahoo.com |
| 20 | S.Sreedhar | Chennai | 9444012894 | sreedharsailapathy@hotmail.com, shreyasree@yahoo.com |
| 21 | P.Soundararajan | Chennai | 9840173202 | srajan_51@hotmail.com |
| 22 | P.Sampath Kumar | Chennai | 9445504527 | drsampas@gmail.com |
| 23 | Balasubramaniam.J | Tirunelveli | 9843058005 | kidneycarecentre@gmail.com |
| 24 | Georgi Abraham | Chennai | 9841420992 | abraham_georgi@yahoo.com |
| 25 | L.Senthil Nayagam | Thanjavur | 9442611752 | lsnayagam@yahoo.co.in |
| 26 | B.Subba Rao | Chennai | 8939526822 | subbaraobudithi@gmail.com |
| 27 | S.E.Dhanasegaran | Chennai | 9841069970 | dhanush52@yahoo.com |
| 28 | N.Chezhiyan N | Coimbatore | 9842259010 | drnchezhiyan@gmail.com |
| 29 | V.Chiranjeevi | Chennai | 9444100833 | vcneph@yahoo.co.in |
| 30 | R.M.Hemanath | Madurai | 9834161294 | srirhani@yahoo.com |

| Sl.NO | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 31 | M.Jayakumar | Chennai | 9841046401 | mjk_mmc@yahoo.co.in |
| 32 | N.Gopalakrishnan | Chennai | 9444085404 | srigola751@yahoo.com |
| 33 | R.Vijayakumar | Chennai | 9840054228 | drrvk1@yahoo.com |
| 34 | M.Vijayakumar | Chennai | | doctormvk@gmail.com |
| 35 | T.Dhinakaran | Madurai | 9843063919 | doctdhina@gmail.com |
| 36 | M.Sivakumar | Madurai | 9443393611 | nephshiva@gmail.com |
| 37 | G.Venu | Coimbatore | 9842292157 | venugurusamy@yahoo.co.uk |
| 38 | Dr Goutham Seralathan | Karur | 9865896196 | sgoutham@yahoo.com |
| 39 | K.Premanand | Coimbatore | 9843130603 | drpremanand@yahoo.com |
| 40 | N.Balakrishnan | Coimbatore | 9442234646 | nbkrishna2002@yahoo.co.in |
| 41 | Prabaharan.A. | Coimbatore | 9842220403 | prabaharan_nephro@yahoo.co.in |
| 42 | Balraj.M. | Ramnathapuram | 9842290243 | balrajmthsm21@gmail.com |
| 43 | Narayanan.K. | Pondicherry | 8754038971 | drnana@gmail.com |
| 44 | Gopalakrishnan.R. | Trichy | 9443129066 | gopal.kidney@gmail.com |
| 45 | Ganesan.V.M. | Salem | 9940018077 | vmganesan@gmail.com |
| 46 | Sivakumar.K.G. | Salem | 9443271109 | drkgsk@yahoo.co.in |
| 47 | Murugesan.N. | Pondicherry | 9842353322 | isnsc2010@gmail.com |
| 48 | Ganesh Prasad.N.K. | Chennai | 9444723868 | viggy5dear@gmail.com |
| 49 | Kumar.K. | Pondicherry | 9443098224 | kkumarmd@yahoo.co.in |
| 50 | Krishnakumar.S. | Chennai | 9840242217 | krishmahalakshmi@hotmail.com |
| 51 | Chandrasekaran.V. | Chennai | 9444034736 | Luxcee99@hotmail.com |
| 52 | Rajagopalan.S. | Chennai | 9840753357 | karasri@yahoo.com |
| 53 | Kandasamy.S. | Coimbatore | 9842156257 | kandyna@yahoo.co.in |
| 54 | Ram Prabahar | Chennai | 9840453292 | nephroram@gmail.com |
| 55 | Shanmugaperumal.M. | Madurai | 9842199910 | leelasp10@gmail.com |
| 56 | Sriramulu Dorairaj | Madurai | 9486141868 | gowrisriram@hotmail.com |
| 57 | Balamurugan.S. | Madurai | 9840867889 | drbalamurugans@gmail.com |
| 58 | Venkatraman.R. | Chennai | 9444411046 | nephrogrh@gmail.com |
| 59 | P. Soundarapandian, | Madurai | 9443382830 | drpspandian@gmail.com |
| 60 | Priyamvada Ps | Pondicherry | 7598566984 | priyamvadaps@gmail.com, priyamvadaps@rediffmail.com |
| 61 | N.Mohandas | Thanjavur | 9843059919 | mohandas562@gmail.com |

| Sl.NO | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 62 | V.Karthikeyan | Salem | 9843091333 | drkarthiknephro@gmail.com |
| 63 | K.Abirami | Salem | 7598103512 | krishnan.abirami@gmail.com |
| 64 | R.Geetha | Chennai | 9952073473 | rgeethatrust@gmail.com |
| 65 | M.Edwin Fernando | Chennai | 9841018717 | nephroeddy@gmail.com |
| 66 | P.Nagarajan | Salem | 9444135560 | naganudhali@yahoo.com |
| 67 | Hari Janakiraman | Salem | 9566506666 | drhari@salemgopi.com |
| 68 | Ilangovan Veerappan | Pondicherry | 8754025648 | ilangovanv@gmail.com |
| 69 | Sathiyan Sivanandam | Chennai | 9840454632 | sathiyan.sivanandam@gmail.com |
| 70 | Sivakumar.N | Chennai | 9840017930 | siva.renal@gmail.com |
| 71 | Jayakumar.S | Chennai | 9841375774 | arvinjai@yahoo.co.in |
| 72 | Ilango.S | Chennai | 9444144438 | drs.ilango@yahoo.com |
| 73 | Ravichandran.P | Chennai | 9840031038 | ravirekha@hotmail.com |
| 74 | Saritha Vinod Dasari | Chennai | 9841445897 | saritadasari@hotmail.com |
| 75 | Balaraman.V | Chennai | 9444031891 | balammc87@hotmail.com |
| 76 | Ramprasad.E | Chennai | 9894120150 | ramprasadnephro@gmail.com |
| 77 | Balasubramanian.S | Chennai | 9840534220 | nephbala@yahoo.com |
| 78 | Srinivasa Prasad.N.D | Chennai | 9443690859 | s.prasad77@yahoo.co.in |
| 79 | Balasubramaniyan.T | Chennai | 9840062496 | nefrobala@gmail.com |
| 80 | Sivalingam.M | Chennai | 9443761886 | drmsivalingam@gmail.com |
| 81 | Rajeev Annigeri | Chennai | 9840073880 | drrajeevannigeri@hotmail.com |
| 82 | Malathy.N | Chennai | 9840394114 | drnmalathy@yahoo.co.in |
| 83 | Balasubramaniyam.R | Chennai | 9843066640 | rbskidneydr@gmail.com |
| 84 | Sangeetha.G | Chennai | 9843086986 | sangeethaperungo@gmail.com |
| 85 | Sudha.E | Chennai | 9444137062 | docsudha80@yahoo.co.in |
| 86 | Gopal Rabindranath | Pondicherry | 9345454386 | rabindrg@hotmail.com |
| 87 | Vasudevan Chelliah | Chennai | 9443905288 | vasudevanc30@gmail.com |
| 88 | Ezhilarasi.A | Chennai | 9840236557 | draezhilarasii@yahoo.com |
| 89 | Basu Gopal | Vellore | 9443687094 | drbasug@gmail.com |
| 90 | Venkataramanan.K | Vellore | 7402181740 | drramanan_md@yahoo.co.in |
| 91 | Vel Aravind.S | Trichy | 9626636000 | velarvind69@gmail.com |
| 92 | Yogesh.V | Thanjavur | 9443236075 | kidneyspecalist@yahoo.com |
| 93 | Jaisuresh.K | Trichy | 9655240709 | drjaisuresh@gmail.com |

| Sl.N0 | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 94 | Abeesh.P | Chennai | 9597902284 | abeesh1980@gmail.com |
| 95 | Indhumathi.E | Chennai | 9444462746 | drindhusrmc@yahoo.com |
| 96 | Vinod Kumar Choudhary | Chennai | 9698456789 | drvinod2007@gmail.com |
| 97 | Subramanian.J | Tuticorin | 9442162224 | drsubbij@yahoo.com |
| 98 | Arun Prasath.P | Madurai | 9894053551 | arunprasathpln@gmail.com |
| 99 | Satish.M.Rao | Chennai | 9840041212 | satsud@gmail.com |
| 100 | S Kandasamy | Trichy | 9442358633 | sknephro@gmail.com |
| 81 | Rajeev Annigeri | Chennai | 9840073880 | drrajeevannigeri@hotmail.com |
| 82 | Malathy.N | Chennai | 9840394114 | drnmalathy@yahoo.co.in |
| 83 | Balasubramaniyam.R | Chennai | 9843066640 | rbskidneydr@gmail.com |
| 84 | Sangeetha.G | Chennai | 9843086986 | sangeethaperungo@gmail.com |
| 85 | Sudha.E | Chennai | 9444137062 | docsudha80@yahoo.co.in |
| 86 | Gopal Rabindranath | Pondicherry | 9345454386 | rabindrg@hotmail.com |
| 87 | Vasudevan Chelliah | Chennai | 9443905288 | vasudevanc30@gmail.com |
| 88 | Ezhilarasi.A | Chennai | 9840236557 | draezhilarasii@yahoo.com |
| 89 | Basu Gopal | Vellore | 9443687094 | drbasug@gmail.com |
| 90 | Venkataramanan.K | Vellore | 7402181740 | drramanan_md@yahoo.co.in |
| 91 | Vel Aravind.S | Trichy | 9626636000 | velarvind69@gmail.com |
| 92 | Yogesh.V | Thanjavur | 9443236075 | kidneyspecalist@yahoo.com |
| 93 | Jaisuresh.K | Trichy | 9655240709 | drjaisuresh@gmail.com |
| 94 | Abeesh.P | Chennai | 9597902284 | abeesh1980@gmail.com |
| 95 | Indhumathi.E | Chennai | 9444462746 | drindhusrmc@yahoo.com |
| 96 | Vinod Kumar Choudhary | Chennai | 9698456789 | drvinod2007@gmail.com |
| 97 | Subramanian.J | Tuticorin | 9442162224 | drsubbij@yahoo.com |
| 98 | Arun Prasath.P | Madurai | 9894053551 | arunprasathpln@gmail.com |
| 99 | Satish.M.Rao | Chennai | 9840041212 | satsud@gmail.com |
| 100 | S Kandasamy | Trichy | 9442358633 | sknephro@gmail.com |
| 101 | Venkatesh Rajkumar.S | Chennai | 9940281538 | venkydr_82@yahoo.com |
| 102 | Sreejith Parameswaran | Pondicherry | 9489148338 | sreejith.parameswaran@gmail.com |
| 103 | Gandhi Mohan.R | Coimbatore | 9884281808 | gandhimohanmddm@gmail.com |
| 104 | Nagarajan.M | Kanchipuram | 9884126717 | drnagamd78@yahoo.co.in |

| Sl.N0 | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 105 | Kannan Bhaba.V | Tirunelveli | 9443158422 | vk_bhaba@rediffmail.com |
| 106 | Andrew Deepak Rajiv | Madurai | 7708346338 | rajiv_andrew@yahoo.in |
| 107 | Damodaran Pachaiappan | Coimbatore | 9500433088 | daranpach@gmail.com |
| 108 | Senthilkumar.P.K | Tirunelveli | 9442626106 | itspkspks@yahoo.co.in |
| 109 | Kamarajan.M | Theni | 9442839304 | drkamarajan@rediffmail.com |
| 110 | Subrahmanian.Sp.S | Trichy | 8489525365 | spssubrahmanian@yahoo.co.in |
| 111 | Dhanapriya.J | Chennai | 9840953366 | priyamdhana@gmail.com |
| 112 | Arul.R | Madurai | 9443038303 | arul752000@yahoo.co.in<br>arulnephrology@gmail.com |
| 113 | Kalaivani Ganesan | Chennai | 9047022844 | dr.kalai8283@gmail.com |
| 114 | Yuvaraja.K | Coimbatore | 9629647777 | dr.yuva87@gmail.com |
| 115 | Sukanya Govindan | Chennai | | |
| 116 | Srivastava | Chennai | 9449723669 | Srivatsa.a1@gmail.com |
| 117 | Arun Varghese.T | Nagercoil | 9443803486 | test2@yaahoo.com |
| 118 | Palanirajan.S | Madurai | 7339069092 | |
| 119 | Vikram Sagar.T.V | Madurai | 7708820463 | thimma.vikram@gmail.com |
| 120 | Navinath.M | Chennai | 8447284097 | navinaiims@gmail.com |
| 121 | Suganathan | Chennai | 9840442650 | |
| 122 | Suguna | Chennai | 9840061597 | |
| 123 | P. Shrijjaa | Erode | 9445796200 | shri_mbbs2k@yahoo.com |
| 124 | Divakar.D | Chennai | 9840758778 | |
| 125 | Prakash.A | Trichy | 9962207118 | |
| 126 | Mahendravarman.L | Chennai | 9003687424 | LMAHENDRAVARMAN@GMAIL.COM |
| 127 | Prem Geovanni | Madurai | 9566644442 | premgeovanni&gmail.com |
| 128 | A T Maasila. | Vellore | 9965926599,<br>9976648580 | siruneeragamvellore@gmail.com. |
| 129 | Ganesh Aravind.S | Trichy | 7200211170, 9176379710 | sganesharavind@gmail.com |
| 130 | S Bhaskaran | Chennai | 9841045546 | bhprem@hotmail.com |
| 131 | Nithya Ameen | Chennai | 9566499074 | mrsnithyaameen@gmail.com |
| 132 | Jayalakshmi.S | Chennai | 9176252755 | vetrikuzhal@gmail.com |
| 133 | Muruganath.S | Chennai | 8508286164 | drmuruga97@gmail.com |
| 134 | S Manokaran | Karur | 8939624181 | manonephro@gmail.com |

| Sl.N0 | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 135 | Gowtham Seralathan | Coimbatore | 9865896196 | drvrenalclinic@gmail.com |
| 136 | T Rajarajan | Trichy | 6374225274 | dr_raja_rajan@yahoo.co.in |
| 137 | Jaganathan.P | mayiladuthurai | 9786689138 | jaganathan111982@gmail.com |
| 138 | Suganya | Chennai | 9840109117 | |
| 139 | K Thirumal Valavan. | Chennai | 94885 16911 | thirumalvalavan97@gmail.com |
| 140 | Rajasekar.D | Chennai | 9840677135 | |
| 141 | Saravanakumar.K | Sivagangai | 9442231220 | Saravan.md&gmail.com |
| 142 | Lenikumar Joseph | Nagercoil | 8301075513 | Dr.Lenikumar@gmail.com |
| 143 | C Padmakumar | Nagercoil | 9443163899 | kumarneema@gmail.com |
| 144 | Ezhil Nilavan.S | Vellore | 9443068880 | drezhilnilavan80@gmail.com |
| 145 | Ninoo George | Nagercoil | 9962107649 | |
| 146 | Vinoj.A | Nagercoil | 9894776406 | |
| 147 | Ramakrishnan.M | Nagercoil | 9944090922 | |
| 148 | Jayaprakash.V | chennai | 9884991168 | jayaprakash2k@gmail.com |
| 149 | Rajakumar.V | Thanjavur | 9677066220 | drrajamd78@gmail.com |
| 150 | Vaishnavi | Chennai | 9585996484 | |
| 151 | Ranjanee.M | Chennai | 8197667110 | drranjanee_m@apollohospitals.com |
| 152 | Balamurugan.B | Chennai | 9840160025 | bala_kmc@hotmail.com |
| 153 | V.Ramkumar | Salem | 9994449400, 8592026432 | drramnephrologist@yahoo.com |
| 154 | Thirumavalavan.S | Chennai | 7299935712 | sthirumal15@gmail.com |
| 155 | Chandrasekaran.K | Ariyalur | 7010261299 | |
| 156 | Ashok.R | Chennai | 9611625695 | cyber88bob@gmail.com |
| 157 | Santosh Varughese | Vellore | 9442380267 | santosh.vellore@gmail.com |
| 158 | Ajay Rathoon | Chennai | 9941656464 | |
| 159 | Sridhar Babu | Chennai | 9994842945 | sridhar.nephrology@gmail.com |
| 160 | Suganya.M | Chennai | 9840590538 | drmsuganya@gmail.com |
| 161 | Venkatram.M | Pondicherry | 9042846842 | venkatrammurugesan@gmail.com |
| 162 | Sakthi Selvakumar | TRICHY | 7010534570 | sakthus@gmail.com |
| 163 | S.Sujit | Chennai | 9445423456 | nephrosuji@yahoo.co.in |
| 164 | Sanjeev V Nair | Chennai | 9840649846 | docsvn@gmail.com |

| Sl.N0 | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 165 | Jayanivash Jayam | Chennai | 9940653303 | drjayanivash@yahoo.in |
| 166 | Shakthi Kumar C | Erode | 9566830843 | chinnushak27@gmail.com |
| 167 | Balamurugan M | Dindigul | 9677845584 | muruganbala006@gmail.com |
| 168 | Jafrine Nishanth P | Dindigul | 8015679207 | drjaff80@gmail.com |
| 169 | Kiruthika.S | Tirupur | 9994618854 | kirtikasomu@gmail.com |
| 170 | Rajan Ravichandran | Chennai | 9840375892 | ravidoc55@yahoo.co.in |
| 171 | J Dolphin Solomon | Madurai | 9042178582 | solomonmbbs2@gmail.com |
| 172 | Dr Shiva Kumar Ammayappan | Tirunelveli | 9544745888 | shiv.dr.0508@gmail.com |
| 173 | Myvizhiselvi Murugan | Trichy | 9962127844 | myvizhi.mmc@gmail.com |
| 174 | K.Badri Srinivasan | Tirunelveli | 8438488206 | badri.siyengar@gmail.com |
| 175 | Kawaskar | Villupuram | 9994633628 | drgavaskar@gmail.com |
| 176 | Kaaviya R | Salem | 9487527068 | r.kaaviya89@gmail.com |
| 177 | Annamalai V C | Vellore | 9894926188 | vcannamalai@gmail.com |
| 178 | Rudreshwar | Salem | 9003616172 | rudreshwaripad@gmail.com |
| 179 | Shanmugasundaram A | Chennai | 9894559208 | sddrshan@gmail.com |
| 180 | G Nithya | Madurai | 8939740828 | nithyag4@gmail.com |
| 181 | B Karthikeyan | Chennai | 9094045206 | karthiprakash1986@gmail.com |
| 182 | Dr K Senthilkumar | Kanchipuram | 8056659065 | senthilvand@gmail.com |
| 183 | D Shivakumar | Chennai | 9380090973 | dshiva1978@gmail.com |
| 184 | Satya Sagar Kalidoss | Pondicherry | 8220108831 | sathyasagar007@gmail.com |
| 185 | Subashri | Tuticorin | 9952028846 | subashrimohan@gmail.com |
| 186 | T. Yashwanth Raj | Chennai | 9043610038 | yashwanthrj@gmail.com |
| 187 | T Chakravarthy | Coimbatore | 9791687482 | chakravarthy608@gmail.com |
| 188 | Sabarinath S | coimbatore | 9894081333 | sabarivenus@gmail.com |
| 189 | Vijay Thanraj | Thoothukudi | 9840920204 | vijaythanaraj@gmail.com |
| 190 | Gobikrishnan M | Coimbatore | 7736673044 | krishnan_gobi@yahoo.com |
| 191 | Sheik Sulthan Alavudeen N | Chennai | 9994262377 | dr.sheikalavudeen@gmail.com |
| 192 | Murali Krishna M M | Pondicherry | 9489692231 | krish2max@gmail.com |
| 193 | Vasanth Ganesan | Coimbatore | 9952423119 | gvasanth@gmail.com |
| 194 | Harshavardhan Ts | Chennai | 9884594815 | ts_harshavardhan@yahoo.com |
| 195 | M Seenivasan | Salem | 9442664954 | aniseenivasan@gmail.com |

| Sl.N0 | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 196 | N.Prahlad | Chennai | 9884990019 | prahlad.nageswaran@gmail.com |
| 197 | Krishna Chaitanya Gunda | CHENNAI | 9840469295 | chaitanyakaren@gmail.com |
| 198 | Sakthi Rajan R | chennai | 9444126080 | draatral@gmail.com |
| 199 | V Shanmuganathan | Madurai | 9894184864 | drvsnathan85@gmail.com |
| 200 | Maria Alex Babu J | Nagercoil | 8585959859 | alexbabu12@gmail.com |
| 201 | Ramaswami Sethuraman | | 9600900078 | ramaswami.sethuraman@gmail.com |
| 202 | I. Niranjan Raja | Pondicherry | 9789955194 | niranjan_raja@hotmail.com |
| 203 | Venkatesh Natarajan | Chennai | 9940024337 | drvrenalclinic@gmail.com |
| 204 | Dinesh | Chennai | 9442546717 | |
| 205 | Kishore Kumar | Salem | 8012365041 | kishku88@gmail.com |
| 206 | Dr M Saravanan | Chennai | 9677116339 | saravananm.dr@gmail.com |
| 207 | G.Balaji | Trichy | 9944348532 | balajidoc98@gmail.com |
| 208 | Dr Ganesha S | Coimbatore | 9047238650 | ganidoc@gmail.com |
| 209 | S Thirumurugan | Cuddalore | 9443576940 | drsthiru@gmail.com |
| 211 | R P Senthil Kumar | | 9444272306 | senthilsona@yahoo.co.in |
| 212 | B Karthikeyan | Tenkasi | 9715607099 | drbkarthikeyanstanley@gmail.com |
| 213 | Hemachandran | Cuddalore | 7667519804 | hemachandarr@gmail.com |
| 214 | R Krishna | Kovilpatti | 8870742741 | krishna.kriz11@gmail.com |
| 215 | Sivashankar M | Pondicherry | 9791559986 | drsivasankar1984@gmail.com |
| 216 | P Vathsalyan | Madurai | 9629862759 | vathsalyan07@gmail.com |
| 217 | Nisha Jose | Vellore | 8098588558 | josenisha2000@gmail.com |
| 218 | R Saravanan | Madurai | 9994163511 | drsarankapv@gmail.com |
| 219 | Krishna Kumar V | Coimbatore | 9742344835 | krisdoc.77@gmail.com |
| 220 | Sandhya Suresh | | 9381093878 | sandymmc@gmail.com |
| 221 | K S Ramalingam | Coimbatore | 9843045454 | ksramalingam@yahoo.com |
| 222 | Dr V Vivek | Chennai | 9884229495 | viveksuchi@yahoo.com |
| 223 | Suceena Alexander | Vellore | 9894519136 | suceena@gmail.com |
| 224 | Manoranjan | TVL | | drmanorajan1969@gmail.com |
| 225 | Anila Abraham Kurien | CHENNAI | 9840903889 | anila_abraham08@yahoo.com |
| 226 | T.Jayaprakash | Ranipet | 7598125572 | dr.jp11391@gmail.com |

# KERALA

| Sl.NO | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 1 | M Thomas Mathew | Mavelil,Kottaram Road,Kozhikode-673006 | 9447065099 | drmtmathew@hotmail.com |
| 2 | R Kasi Visweswaran | Ananthapuri Hospitals And Research Institute, Chacka, NH Bypass, Trivandrum - 695024 | 9895088896 | rkasivis@yahoo.com |
| 3 | Vimala A | Ambika Bhavan,Sastha Nagar,Karamana Tvm, Trivandrum-695504 | 9446524717 | vimala50@gmail.com |
| 4 | Ramdas Pisharody | Bn.82, Geetham Microwave Ln., Bapuji Nagar, Trivandrum | 9847064842 | ramdaspisharody@gmail.com |
| 5 | Saroja Nair | India Hospital Trust, Mela Thampanoor, Trivandrum-695001 | 9447770093 | drsarojnair@yahoo.co.in |
| 6 | Satish Balan | Kimshealth Trivandrum | 9447165591 | balansatish@gmail.com |
| 7 | Jacob George | Dept Of Nephrology,Sk Hospital,Trivandrum | 9447143992 | drjacobgeo@rediffmail.com |
| 8 | K P Prakasan | | | |
| 9 | M.K Mohandas | Trivandrum Medical College, Medical College,Trivandrum-695011 | 9447090778 | mohandasnephro@gmail.com |
| 10 | Binu Upendran | Lourdes Hospital, Pachalam, Ernakulam, Kochi -682012 | 9946723829 | binupendra@gmail.com |
| 11 | Susan Uthup | Sat Hospital Medical College, Trivandrum-695011 | 9447309239 | uthupsusan5@gmail.com |
| 12 | Jojo K Pullockara | Aster Medicity, Kuttisahib Rd. South Chittoor, Cochin-682027 | 9447014040 | jojokp2005@gmail.com |
| 13 | Pathrose Mathai | | | |
| 14 | Usha Samuel | Professor, Department Of Nephrology, Govt Medical College, Ernakulam- 683503 | 8547197580 | dr_ushasamuel@yahoo.com |
| 15 | K P Jayakumar | Govt.Medical College Gandhinagar Kottayam, Kottayam-686008 | 9447053794 | drkpjk@gmail.com |
| 16 | Gomathy.S | Prof And Head, Department Of Nephrology, Government Td Medical College, Alappuzha | 9447000258 | komysankaran@gmail.com |
| 17 | Georgy K Nainan | Cochin Kidney Centre, S A Road , Cochin-682016 | 9447032426 | drgknonline@gmail.com |
| 18 | Babu Francis | Lisie Hospital, Kaloor, Ernakulam, Cochin-682016 | 9847088876 | dr.babufrancis@gmail.com |
| 19 | Abi Abraham M | Lakeshore Hospital, NH-47 ByPass , Maradu, Ernakulam , Cochin -682304 | 9895075655 | dr.abiabraham@gmail.com |

| Sl.NO | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 20 | V N Unni | Aster Medicity, Kuttisahib Rd. South Chittoor, Cochin-682027 | 9847049857 | unnivn1@gmail.com |
| 21 | Joseph K Joseph | Little Flower Hospital,Angamaly,Ernakulam, Cochin -683572 | 9349452141 | drjosephkjoseph@gmail.com |
| 22 | Vinu Thomas | Alackapally House, 28/533(5),Opp.Tdsc Aquatic Complex, Near Aswini Hospital, Thrissur-680020 | 9447038787 | vinut6@gmail.com |
| 23 | P.M Jayaraj | Aishwarya, Tc - 38/1412, Poothole, Thrissur - 68004 | 9447000134 | java75@gmail.com |
| 24 | T.T Paul | Westfort Hospital ,C Achutha Menon Road,Thrissur -680004 | 9895033516 | ttpaul@gmail.com |
| 25 | Rajesh R | Amrita Institute Of Medical Science, Amrita Lane, Ponekkara Post, Ernakulam, Kochi -682041 | 9495105812 | drrajeshr70@gmail.com |
| 26 | Sajith Narayanan | Mims Hospital, Govindapuram, Kozhikode-673008 | 9847249896 | sajdoc@hotmail.com |
| 27 | K M Murali | | | |
| 28 | M Sreelatha | Professor & Hod , Dept Of Nephrology, Govt Medical College, Kozhikode | 9446338109 | drcbabu@gmail.com |
| 29 | Ranjit Narayanan | Iqraa International Hospital And Research Center, Calicut, And Aster Mims, Kottakkal | 9446517629 | ranjitnarayanan.gmail.com |
| 30 | Jyotish C Gopinathan | Villa 7, Fern Hill, Zealots Golden Terrace, Poovagal, Guruvappan College Po, Kozhikode 673014 | 9633580352 | jyothish.gopinathan@gmail.com |
| 31 | Biju K Gopinath | Associate Prof. Of Nephrology, Govt. Medical College, Thrissur - 680596 | 9447167698 | bijukgopinath@me.com |
| 32 | Rajaratnam Krishnan | A-68,Javahar Nagar,Eranhipalam P O ,Kozhikode-673006 | 9447171642 | knrajn@gmail.com |
| 33 | Geetha M Nair | P R S Hospital, Killipalam, Trivandrum-695002 | 9447059834 | malugeetha@gmail.com |
| 34 | Beena Unnikrishnan | House 32, Tagore Gardens, Kumarapuram, Trivandrum | 9947777615 | beena.unnikrishnan@gmail.com |
| 35 | Anand S | | | |
| 36 | Nizar A Ahammed | | | |

| Sl.N0 | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 37 | Manju Thampi | Nims Medicity, Aralumoodu, Neyyattinkara Thiruvananthapuram, Trivandrum-695121 | 9847101301 | drmanjuthampi@yahoo.co.in |
| 38 | V.P Sathyanathan | Souparnika, Konchery Road, M G Kavu P.O, Thrissur-680581 | 9447134677 | vpsathyan@gmail.com |
| 39 | Krishna kumar | | | |
| 40 | P J Mani | | | |
| 41 | Reuben George | | | |
| 42 | Bijoy Antony | Mammoottil Pariyaram Medical College P O, Kannur, Kannur-670503 | 8281321093 | bijoyant@gmail.com |
| 43 | Suresh G A | Caritas Hospital, Caritas Jn, Kottayam, Kottayam-686016 | 9447764381 | gopinathsuresh@rediffmail.com |
| 44 | Chacko Varghese | Gg Hospital, Murinjapalam , Medical College Po, Trivandrum-695011 | 9847729090 | chackovarghesedr@yahoo.com |
| 45 | George Kurian | Amrita Institute Of Medical Science, Amrita Lane, Ponekkara Post, Ernakulam, Kochi -682041 | 9447793625 | drgeorgek@yahoo.com |
| 46 | Jose Paul | Lisie Hospital, Kaloor, Ernakulam, Cochin-682016 | 9947975306 | binujpin@gmail.com |
| 47 | Sunil George | Elavanal Manoor,Behind Telephone Exchange,Cheayur P O,Kozhikode-673017 | 9847004233 | drsunilgeo@yahoo.com |
| 48 | Mammen M John | Medical Trust Hospital, M.G Road,, Ernakulam, Cochin-682016 | 9895834722 | drmj28@gmail.com |
| 49 | Reena Thomas | Kottaparambu, Keezhekunhu,Kottayam-686002 | 9744924714 | reenanephro@gmail.com |
| 50 | Sandeep Varma | Cosmopolitan Hospital(P)Ltd Pattom, Trivandrum | 9447740803 | drsandeepvarma@yahoo.com |
| 51 | Lizy Thomas | | | |
| 52 | Mohammed Iqbal P H | Medical Trust Hospital, M.G Road,, Ernakulam, Cochin-682016 | 9895834709 | iqbalpoovath@yahoo.com |
| 53 | Pradeep | | | |
| 54 | T P Noushad | 49,Skyline Meadows, Civil Station P O, Kozhikode-673101 | 9446024937 | drtpnoushad@yahoo.co.in |
| 55 | Jayant Thomas Mathew | Senior Consultant Nephrologist, Welcare Hospital, Cochin, | 9349741578 | jaymatz88@hotmail.com |

| Sl.NO | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 56 | Ronnie | | | |
| 57 | Martin T Kurian | | | |
| 58 | Deepak S | | | |
| 59 | Jayakumar E K | Kousthubham,West Manassery, P O, Manassery,Kozhikode-673602 | 9447232900 | dr.jayakumarek@gmail.com |
| 60 | Priyamvada | | | |
| 61 | Sreepa P G | Dr Nair's Hospital, Residency Road, Asramam,Kollam-691002 | 9349799428 | palliyilsreepapg@gmail.com |
| 62 | Sebastian Abraham | Govt.Medical College Gandhinagar Kottayam, Kottayam-686008 | 9447306884 | smalayil2003@yahoo.com |
| 63 | Anil Mathew | Amrita Institute Of Medical Science, Amrita Lane, Ponekkara Post, Ernakulam, Kochi -682041 | 9847275475 | dranilm2002@gmail.com |
| 64 | John C Varghese | | | |
| 65 | Lakshminarayana G R | E.M S Memorial Co-Operative Hospital, Perinthalmanna, Malappuram, Malappuram-679322 | 9495161833 | drlng23@gmail.com |
| 66 | Satish S | Malankara Orthodox Syrian Medical College , Kolenchery , Ernakulam, Cochin-682311 | 9562044222 | drsatish17@gmail.com |
| 67 | Manju Kamal | Little Flower Hospital,Angamaly,Ernakulam, Cochin -683572 | 9645086959 | manjukamal@yahoo.com |
| 68 | Arun C | Arunjyoti, Chakkumpuram Lane, Naikanal, Thrissur-680001 | 9495130972 | draruncheart@gmail.com |
| 69 | John A.G | Jubilee Mission Hospital, Thrissur-Palakkad Road, Thrissur-680005 | 9846033557 | rohanjohn.34@gmail.com |
| 70 | Vinod P Baburajan | Elite Mission Hospital,Koorkenchery, Po:Thrissur-68007 | 9495851353 | chinthavinod04@gmail.com |
| 71 | Biju M V | Dm Wayanad Institute Of Medical Sciences, Naseera Nagar, Meppadi, Wayanad-673577 | 9447844877 | bijumek@gmail.com |
| 72 | Sajeev Kumar K.S | Trivandrum Medical College, Medical College,Trivandrum-695011 | 9446318811 | sajeevphy@yahoo.co.in |

| Sl.NO | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 73 | Noble Gracious S.S | Trivandrum Medical College, Medical College,Trivandrum-695011 | 9446990313 | noblegracious@hotmail.com |
| 74 | Praveen Muralidharan | Tc-1907(1), Craf35 Udayagiri Compound, Chervaikkal, Sreekariyam, Trivandrum-695017 | 9746215474 | praveen.muralidharan@gmail.com |
| 75 | Manjula Ramachandran | Senior Consultant Nephrologist, Mar Sleeva Medicity, Pala | 9446096014 | ajayjyothi@rediffmail |
| 76 | Sreedas Gopalakrishnan | Travancore Medical College Hospital ,Medicity, Nh. Bypass Road, Umayanalloor, Kollam-691589 | 9847886888 | sreedasg@hotmail.com |
| 77 | Jose Thomas | Rajagiri Hospital,Aluva,Cochin-683112 | 9447008858 | drjoseputhoor@yahoo.com |
| 78 | K V Johny | 12 B, Uparika, Mahika,Thevara, Cochin-682013 | 9995602938 | kvjohny62@gmail.com |
| 79 | Kishor S Dharan | Malankara Orthodox Syrian Medical College , Kolenchery , Ernakulam, Cochin-682311 | 9446228535 | kishoresd@yahoo.com |
| 80 | Benil Hafeeq K P | Iqraa Hospital,Malaparamba, Kozhikode-673009 | 9846090874 | benilhafeeq@gmail.com |
| 81 | Praveen Namboodiri | Shankar's Hospital, Qs Road ,Kollam-691001 | 9847286096 | praveen_namboodiri@yahoo.com |
| 82 | Jayameena | Gangotri,33/625213, Chevayur P O,Kozhikode-673017 | 9495407742 | jayameena@yahoo.co.in |
| 83 | Joseph Vinu P A | Holy Cross Super Speciality Hospital,Kottayam | 9447289416 | josephvinu@gmail.com |
| 84 | Feroz Aziz | Mims Hospital, Govindapuram, Kozhikode-673016 | 9446519919 | ferozaziz@gmail.com |
| 85 | Ismail N A | Mims Hospital, Govindapuram, Kozhikode-673017 | 9496428535 | drismailna@gmail.com |
| 86 | Lekha Hrishikesan | Ananthapuri Hospitals And Research Institute, Chacka, Nh Bypass, Trivandrum - 695024 | 9947559900 | lekhahrishikesan@gmail.com |
| 87 | Raghunath M. | Associate Prof. Of Nephrology, Amala Institute Of Medical Sciences, Amala Nagar ,Thrissur - 680555 | 9847065688 | raghumullapilli@gmail.com |
| 88 | Roshin Joseph Pakalomattom | Moulana Hospital, Perinthalmanna, Malappuram-679322 | 9447343412 | roshinjph@gmail.com |
| 89 | Aneeb Raj V P | Government Medical College. Thrissur | 9496134349 | aneeb.vp@gmail.com |

| Sl.NO | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 90 | Krishnadas T | District Hospital ,Palakkad-678001 | 9447962425 | drkd78@rediffmail.com |
| 91 | Shyam Shankar Varma | 7/356, Shanthi Bhavanam, Olarikkaka, Pullazhi P.O,Thrissur -680012 | 9495971379 | shyamvarmas@gmail.com |
| 92 | Swaraj Sathyan | Mes Medical College Hospital , Palachode P O, Malaparamba, Angadipuram, Malappuram-679338 | 9645401659 | swarajsathyan@yahoo.co.in |
| 93 | Reghunath K V | E.M S Memorial Co-Operative Hospital, Perinthalmanna, Malappuram, Malappuram-679323 | 8281354659 | kv_raghunath571@yahoo.co.in |
| 94 | Bipi P K | Aster Medicity, Kuttisahib Rd. South Chittoor, Cochin-682027 | 9497483312 | bipi.pk@gmail.com |
| 95 | Binoj Panekkatil | Govt. Medical College, Calicut, Kozhikode | 9809955936 | binojpanekkattil86@gmail.com |
| 96 | Shanmuga Raj | Thangam Hospital, Palakkad | | |
| 97 | Leena Jose | Rajeev Gandhi Co-Op Hospital, Palakkad | 8586068496 | dr.leena.j19@gmail.com |
| 98 | Aniket Kamble | Avitis Hospital, Nenmara, Palakkad | 9970745509 | draniketnephro@gmail.com |
| 99 | Rajesh Joseph | Believers Church Medical College , Thiruvalla, Pathanamthitta, Mavelikara | 9496543848 | doctorrajjoseph@yahoo.co.in |
| 100 | Arun Thomas E T | Believers Church Medical College, Thiruvalla | 9497391396 | etarunthomas@gmail.com |
| 101 | Satheesh Balakrishnan | Pushpagiri Medical College, Thiruvalla-689101 | 9497634957 | drsatheesh_b@yahoo.co.in |
| 102 | Sangeeth Kumar | Tiruvalla Medical Mission Hospital , Thiruvalla | 9496332813 | sangeetkr86@gmail.com |
| 103 | Bidhun Kuriakose Paulose | Mbmm Hospital, Kothaman Galam, Cochin | 9747303610 | bindhuk@gmail.com |
| 104 | Bibin Johny | Sunrise Hospital, Kakkanad, Cochin-682030 | 8593813131 | bibin.meera@gmail.com |
| 105 | Sangeetha R | Nandanam, Kra,8a, Anayara, Trivandram | 9446476777 | drsangeethar@gmail.com |
| 106 | Sreeja S Nair | Consultant Nephrologist, Cosmopolitan, Hospitals(P)Ltd. Pattom,Trivandrum-695004 | 9447148813 | sreejasnair82@gmail.com |
| 107 | Sreejesh B | Sut Hospital, Pattom, Trivandrum-695004 | 9495792517 | drbsreejesh@gmail.com |

| Sl.N0 | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 108 | Sreejith M G | Senior Resi. Govt. Medical College,Thiruvananthapuram,Trivandrum | 9400962905 | mgsjieh@gmail.com |
| 109 | Vineetha N S | Trivandrum Medical College, Medical College,Trivandrum-695011 | 9447583271 | nsvineetha@yahoo.com |
| 110 | Hanock Unni Samuel | Trivandrum | 9400864173 | hanockunnisamuel@gmail.com |
| 111 | Ranjani Ravi | Cosmopolitan Hospital Thiruvananthapuram | 8281030117 | drranjaniravi@gmail.com |
| 112 | Sonu Manuel | Consultant Nephrologist , St Mary's Hospital , Thodupuzha, Kerala, Idukki | 8547286845 | sonumanuel88@gmail.com |
| 113 | Nishad Ravindran | Holy Family Hospital | 7733882808 | nishadravi@gmail.com |
| 114 | Harish Prabhu | Abroad At Present, Previously Was At Prs Hospital | | |
| 115 | Azeen Ahamad | Abroad At Present, Previously Was At Aster Medicity, Kochi | | |
| 116 | Sameer Sinulabdeen | Palm View, Kallattumukku, Manacaud, Trivandrum | 9446997987 | sameeremc@gmail.com |
| 117 | Renjith Simil Joseph | Medical College Hospital, Trivandrum | 9497366248 | renjithsimil@gmail.com |
| 118 | Sabarinath C | Tc,79, 2691,8, Ampaprasa Dam Anayara , Trivandrum | 9446200919 | drsabarinathc@gamil.com |
| 119 | Rakesh S Nair | Medical College Hospital, Trivandrum | 9946234736 | rsnair1984@gmail.com |
| 120 | Mohammed Safeer M. | Sk Hospital, Edappazhinji, Pangode, Trivandrum 695011 | 9947477394 | drsafeermd@yahoo.co.in |
| 121 | Liji R | Aswathy, Tc 18/1907, Shree Hills, Thirumala, Trivandrum | 9447807500 | ajeshliji@gmail.com |
| 122 | Lissy Thomas | Kerala Institute Of Medical Science, Pb No. - 1 Anayara, Trivandrum - 695029 | 9946025717 | ithomas1828@yahoo.com |
| 123 | Jigy Joseph | Gokulam Medical College, Venjaramoodu, Trivandrum | 9447506487 | jigyjoseph@gmail.com |
| 124 | Jaya Prakash Nath | Tc-13/1614, Revathy Bhavan, Near Federal Bank, Kumarapuram, Medical College, Trivandrum - 695011 | 9961166475 | jpnath2008@gmail.com |
| 125 | Hareesh K.G | Medical College Hospital, Trivandrum | 9947997305 | drhareeshkg@gmail.com |
| 126 | Devi S.Sruthi | 11f, Block B.Sreedhanya Homes, Kallampilly, Trivandrum | 9895315315 | devisru@gmail.com |

| Sl.N0 | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 127 | Binoy Philip | Muthoot HealthCare Pvt.Ltd.M Kozhencherry , Trivandrum | 9496345830 | bin05drphy@gmail.com |
| 128 | Anif K.K | 16j, Artech Lake Gardens Venpalavattom, Trivandrum | 9544812202 | doctorkk@yahoo.com |
| 129 | Anto George | Sayoojyam Viraly, Uchakada P.O, Trivandrum 695506 | 7034946285 | dr.antog@gmail.com |
| 130 | G. Ranjith Menon | Westfort Hospital ,Thrissur | 9946119129 | drranjamenon@yahoo.co.in |
| 131 | Geo Philip John | Believers Church Medical College , Thiruvalla, Pathanamthitta, Mavelikara | 9447454555 | degeophilipjohn@gmail.com |
| 132 | Sarfaraz Aslam | 18/865/1, Taj Manzil, Minar Lane, Calicut Road, Perthalmanna, Malappuram-679322 | 9656783498 | sarfaraz.doc@gmail.com |
| 133 | Thushara A | Malabar Hospitals, Eranjipalam, Kozhikode-673101 | 9745016155 | drthushararajesh@gmail.com |
| 134 | Venugopal S | 33/6008-B, Rohini Vilas, Iringada Palli Road,Chevayur P O, Kozhikode-673017 | 9400309228 | drvinugs@gmail.com |
| 135 | Hijaz P T | Gmc, Calicut | 9809126934 | hijazptkpm@yahoo.co.in |
| 136 | Ganeshan V M | Kims, Al-Shifa Hospital, Perinthalmanna, Malappuram-679322 | 9497714812 | vmganeshan@gmail.com |
| 137 | Smitha Vijayan | Consultant Nephrologist, Nirmala Hospital, Marikunnu, Kozhikode | 9447835571 | tutbab@yahoo.com |
| 138 | Pradeep P.R | Dept. Nephrology, Govt. Medical College, Kozhikode-673008 | 9544467446 | drdeepuvr@gmail.com |
| 139 | Unnikrishnan Ramachandran V | Government Medical College Kottayam | 9400379064 | drunnikrishnan.rv@gmail.com |
| 140 | Varadha Aravindhan | Govt.Medical College Gandhinagar Kottayam, Kottayam-686008 | 9447307918 | varada.aravindan@gmail.com |
| 141 | Harikrishnan M | Bharath Hospital, Kottayam | 9496332623 | hkrishnan777@gmail.com |
| 142 | Abraham Tharakan Pr | Medical Center, Kottayam | | |
| 143 | Shabeer M | Medical College Kottayam | 9895433428 | shabeermz@gmail.com |
| 144 | Remi George Thomas | Meditrina Hospital Kollam | 7550047600 | remigeorge.thomas@gmail.com |
| 145 | Ajish John | Caritas Hospital, Caritas Jn, Kottayam, Kottayam-686016 | 9447975436 | ajishjohnvtk@gmail.com |

| Sl.NO | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 146 | Arun Thomas E T | Believers Church Medical College, Thiruvalla | 9497391396 | etarunthomas@gmail.com |
| 147 | Binoy Thomas | Caritas Hospital, Caritas Jn, Kottayam, Kottayam-686016 | 9446850262 | binoychil@yahoo.co.in |
| 148 | Cyril Jacob Kurian | Medical College Kottayam | 9497392251 | cyriljkurian@gmail.com |
| 149 | Rajesh P.K | Pariyaram Medical College, Pariyaram TO.Kannur-670503 | 9567908186 | rajeshpkunnath@gmail.com |
| 150 | Tom Jose K | Indira Gandhi Co-Op Hospital, Thalassery | 9599460473 | tomkakkanattu@gmail.com |
| 151 | Mithun Ramesh J | Baby Memorial Hospital, Chala Bypass Kannur Kerala | 9539384447 | dr.midhunramesh@gmail.com |
| 152 | Akhil P R | Co-Op Hospital, Thalassery | 9496366604 | drakhilpr16@gmail.com |
| 153 | Sarang Vijayan | Kannur - Pariyaram | 9745937464 | drsarangvijayan@gmail.com |
| 154 | Adelene Teena Manual | Bethel Thoppil Kadavu, Kollam-691012 | 9745526600 | drteenamaunal@gmail.com |
| 155 | Dipin S | Snims, Manjaly, Aluva, Ernakulam | 9496466221 | dipins1234@gmail.com |
| 156 | Vinod Kumar K | Aster Medicity, Kuttisahib Rd. South Chittoor, Cochin-682027 | 8606084448 | drvinodkumark17@gmail.com |
| 157 | Zachariah Paul | Amrita Institute Of Medical Science, Amrita Lane, Ponekkara Post, Ernakulam, Kochi -682041 | 9895089123 | zachpaul@rediffmail.com |
| 158 | Vishnudev Urs | Aster Medicity, Kuttisahib Rd. South Chittoor, Cochin-682027 | | |
| 159 | Arun Ka | Govt Medical College, Kochi | | |
| 160 | Rejit Prabhu | Sunrise Hospital, Kakkanad, Cochin-682030 | 9446565137 | renjeetraaghav@yahoo.co.in |
| 161 | Sandheep Sreedharan | Amrita Institute Of Medical Science, Amrita Lane, Ponekkara Post, Ernakulam, Kochi -682041 | 9847010108 | sandcho@gmail.com |
| 162 | Sandeep V. Shinoy | General Hospital, Road, Next To Post Office, Ernakulam Cochin-682011 | 8893367218 | drsvshenoy2007@yahoo.co.in |
| 163 | Punnose Thomas P | Lourdes Hospital, Pachalam, Ernakulam, Kochi -682012 | 949698701 | drpunooset@yahoo.com |
| 164 | Sooraj Y S | Polakulath Narayanan Renai Medicity, Kochi,Cochin-682016 | 9633177608 | drsooraj@gmail.com |
| 165 | Jayasurya R | Pvs Memorial Hospital, Kaloor, Cochin -682017 | NA | drsuryatvm@gmail.com |
| 166 | Jithin S. Kumar | Lakeshore Hospital, NH-47 ByPass , Maradu, Ernakulam , Cochin -682304 | 9846418442 | jith_a7@yahoo.com |
| 167 | Vilesh | | | |
| 168 | Deepu Sabu George | 36, Noel Garden Nature, Infopark Road, Kakkanad, Kochi 682030 | | |

# KARNATAKA

| Sl.NO | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 1 | Sandeep G Huilgol | Bagalkot | 9611517633 | drsandeephuilgol@gmail.com |
| 2 | Chirag G | Bagalkot | 9663898021 | drchirag@gmail.com |
| 3 | M Anoop | Bangalore | 9845629311 | anoopmgowda@gmail.com |
| 4 | G K Prakash | Bangalore | 9945178776 | drgkp_ssbj@gmail.com |
| 5 | Arun Kumar K N | Bangalore | 9844056001 | knarun.dr@yahoo.com |
| 6 | Sanjay S | Bangalore | 9901996755 | drsanjaysrinivas@yahoo.co.in |
| 7 | E Mahesh | Bangalore | 9980091019 | kaushal.job2017@gmail.com |
| 8 | Gireesh M S | Bangalore | 9916488899 | gireesh_ms@yahoo.com |
| 9 | Vidyashankar P | Bangalore | 9972799557 | drvidyashankar@gmail.com |
| 10 | Gireesh Namgondlu | Bangalore | 9880825431 | girishnamagondlu@gmail.com |
| 11 | Venkata Ramana Raju | Bangalore | 9611434611 | drsvraju@gmail.com |
| 12 | Shakuntala Modi | Bangalore | 9880159771 | modi.ssbj@gmail.com |
| 13 | Sunil R | Bangalore | 9986633848 | drsunilrg@gmail.com |
| 14 | Raghavendra D | Bangalore | 8050366007 | docraghavendra@gmail.com |
| 15 | Naveen Nayak | Bangalore | 9972936496 | naveenmnayak@hotmail.com |
| 16 | Basanth Kumar | Bangalore | 9560405623 | drbasanthkumar@gmail.com |
| 17 | Dinesh M | Bangalore | 9945308162 | doctor.dhinu@gmail.com |
| 18 | Shashank Shetty | Bangalore | 9632143543 | drshashank.shetty@asterhospital.com |
| 19 | Ravindranath S | Bangalore | 9945179777 | drravindra@yahoo.co.in |
| 20 | Deepak Kumar C | Bangalore | 9986475474 | drchitrallie@gmail.com |
| 21 | Rama Chandra | Bangalore | 9611127270 | ramachandra2001@gmail.com |
| 22 | Rajshekar S | Bangalore | 9731265007 | raj03m0678@yahoo.com |
| 23 | Harsha Kumar Hn | Bangalore | 9914208806 | harsha.hn@gmail.com |
| 24 | Chandrashekhar A | Bangalore | 9886540011 | |
| 25 | Satish M M | Bangalore | 9900223332 | |
| 26 | Paratha Shetty | Bangalore | 7022833506 | |
| 27 | Ricken T Mehta | Bangalore | 9535613165 | ricken.mehta@yahoo.co.in |
| 28 | Santhosh S | Bangalore | 9591011125 | drsanthosh33@gmail.com |
| 29 | Manjanna E | Bangalore | 9845156338 | manjuannahima@gmail.com |
| 30 | Walter Antony | Bangalore | 9740750426 | dr_walter@yahoo.com |
| 31 | Sreeharsha Kurram | Bangalore | 8105320984 | sriharsha.gmc@gmail.com |
| 32 | Santhosh K Devadas | Bangalore | 9036939296 | dasanthoshkumar28@gmail.com |
| 33 | Srivastava | Bangalore | 9449723669 | srivasta.a@gmail.com |
| 34 | C Arvind | Bangalore | 9448042891 | canchi88@hotmail.com |

| Sl.N0 | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 35 | S Renuka | Bangalore | 9886299215 | renuka.nephro@gmail.com |
| 36 | Sanjeev Kumar Hiremat | Bangalore | 9844137996 | drsanjeevk_sagarcare@yahoo.co.in |
| 37 | Sanjay Rampure | Bangalore | 9845849020 | rampuresanjay@yahoo.co.in |
| 38 | Jyothi Hebbur Ramachandra | Bangalore | 9686678131 | jyothihr@doctors.org.uk |
| 39 | Dilip Rangarajan | Bangalore | 9845204226 | dr.dilip@nuhospitals.com |
| 40 | Santhosh Kumar S | Bangalore | 9449684779 | sankumar_2002@rediffmail.com |
| 41 | Ramesh M R | Bangalore | 9449496392 | dr.m.r.ramesh29@gmail.com |
| 42 | Mallikarjun H M | Bangalore | 9845322337 | drmallikarjun17@gmail.com |
| 43 | Prashanth G K | Bangalore | 9845369060 | drgkprash@yahoo.com |
| 44 | Ramanjeet Singh Akaal | Bangalore | 9650609927 | akalramanjit@gmail.com |
| 45 | K Veerbhadra Gupta | Bangalore | 9448132374 | drgupta@gmail.com |
| 46 | Anil Vasudevan | Bangalore | | |
| 47 | Arpana Iyenger | Bangalore | 9880372660 | bagiarpan@yahoo.co.in |
| 48 | Padmanabhan S | Bangalore | 9739973953 | |
| 49 | Vinod Kumar K | Bangalore | 8606084448 | VINOD.K@ASTERHOSPITAL.COM |
| 50 | Anantharam Jairam | Bangalore | 8130233005 | wingcomjairam@gmail.com |
| 51 | Shashank S Dhareshwar | Bangalore | 8130233005 | shashank.s.d@gmail.com |
| 52 | Sambit Sundaray | Bangalore | 8412846614 | sambitsundaray@gmail.com |
| 53 | Suma Raju | Bangalore | 8971789922 | sumaraju12@gmail.com |
| 54 | Gokulnath M T | Bangalore | 9845105068 | gokul_neph@yahoo.co.in |
| 55 | Ashish Pareikh | Bangalore | 9972742767 | aashishparekh@gmail.com |
| 56 | Prashant C Direndra | Bangalore | 7760118844 | drcdprashanth@yahoo.com |
| 57 | Krishna Reddy | Bangalore | 8008094845 | krisreddy_1234@yahoo.co.in |
| 58 | Umesh L | Bangalore | 9008920055 | umeshl@hotmail.com |
| 59 | Leelavathi V | Bangalore | 9480390763 | leelavathi.v@gmail.com |
| 60 | Kishan A | Bangalore | 9482305695 | drkishan81@gmail.com |
| 61 | Mythri E | Bangalore | 9591095164 | drmythrim@yahoo.co.in |
| 62 | V.Deepashree | Bangalore | 9901455007 | deepashree07@gmail.com |
| 63 | C G Sreedhara | Bangalore | 9535246939 | drsreedharcg@gmail.com |
| 64 | Deepesh | Bangalore | 9880400079 | drdeeeshv79@yahoo.com |
| 65 | Babitha A R | Bangalore | 9900123482 | babihem2005@yahoo.com |
| 66 | Rohan Augustine | Bangalore | 9845255074 | drrohan1996@rediffmail.com |
| 67 | Vishwanath S | Bangalore | 9845174866 | siddinivishwanath@hotmail.com |

| Sl.NO | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 68 | SKishore Babu | Bangalore | 9845043274 | drkishore60@gmail.com |
| 69 | Ravi Jangamani | Bangalore | 9844682818 | ravijangamani@gmail.com |
| 70 | S. Sundar | Bangalore | 9844042642 | sundar_s1955@yahoo.co.uk |
| 71 | Shilpa Shetty | Bangalore | 9845253130 | shilpashetty99@yahoo.co.in |
| 71 | M Anoop | Bangalore | 9845629311 | anoopmgowda@gmail.com |
| 72 | Girish G Reddy | Bangalore | 9840992939 | girishreddy@mallayahospitals.net |
| 73 | AAnita | Bangalore | 9741543017 | |
| 74 | Kristin George | Bangalore | 9560639489 | kristingeorge33@gmail.com |
| 75 | Mohammed Fahad Khan | Bangalore | 9535616806 | mphammed.fahad@manipalhospitals.com |
| 76 | Pallavi Patri | Bangalore | | |
| 77 | Hari Prasad | Bangalore | 9814969960 | |
| 78 | Akila | Bangalore | 9739868225 | |
| 79 | Arun Kumar N | Bangalore | 8589039708 | dreamfullofcream@gmail.com |
| 80 | Renuka Prasad | Bangalore | 8056077232 | drrenukaprasadys@gmail.com |
| 81 | Md Akil | Bangalore | 8870917051 | |
| 82 | Shyam Sundar | Bangalore | 9952464266 | |
| 83 | Ritesh R Vernekar | Belgaum | 9449061633 | drvernekar@gmail.com |
| 84 | Ravi Sarvi | Belgaum | 9611556583 | rsarci@yahoo.com |
| 85 | MallikarjunKhanpetS | Belgaum | 9448092537 | drmallikarjunk@hotmail.com |
| 86 | Anwar P | Bellary | 9886242575 | anwarmd@yahoo.co.in |
| 87 | Ravi Ranganath | Bellary | 7829163010 | drravi1979@gmail.com |
| 88 | Shashikanth M | Bellary | 9886266563 | drshashim.8887@gmail.com |
| 89 | Shivan Gowda Patil | Bijapur-Kt | 8095826739 | drsrpatilgmed@yahoo.co.in |
| 90 | Raveendra M Madraki | Bijapur-Kt | 7259447111 | drmadraki@gmail.com |
| 91 | Sandeep Patil | Bijapur-Kt | 8884004777 | drsandeeppatil@gmail.com |
| 92 | Navin Pattanshetti | Bijapur-Kt | 9538231279 | NAVINPATTANSHETTI@GMAIL.COM |
| 93 | Monica | Bijapur-Kt | 9833349132 | |
| 94 | Krishna Kishore | Bommasandra | 9980900555 | krishna.kishore.dr@nhhospitals.org |
| 95 | Ramamohan Sripad Bhat | Bommasandra | 9731285588 | docrambhat@yahoo.com |
| 96 | Nithin Kumar Hegde | Bommasandra | 9845482655 | nithinkhegde@yahoo.co.in |
| 97 | Estiyaque Ahmed | Bommasandra | 9980100841 | ishthi@yahoo.co.in |
| 98 | Jaison George | Bommasandra | 7760791608 | jaisongeorge001@gmail.com |
| 99 | Rajesh Kiran K V | Bommasandra | 9008298500 | rajeshkirankv@gmail.com |

| Sl.NO | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 100 | Limesh M | Bommasandra | 9663889093 | limesh.m.dr@narayanahealth.org |
| 101 | Ganesh Srinivasa Prasad P | Bommasandra | 7736624838 | linnaec2010@gmail.com |
| 102 | Vinod Nagesh | Bommasandra | 8872275888 | vinodngaesh@gmail.com |
| 103 | Sandeep E | Chitradurga | 9886195556 | drsandeep1@gmail.com |
| 104 | Prakash D | Chitradurga | 9483658188 | drprakashd1818@gmail.com |
| 105 | Aravind Patil B S | Chitradurga | 8254869009 | Arvi2407@gmail.com |
| 106 | Pramod G R | Davangere | 8471902526 | drpramod4u@gmail.com |
| 106 | Mohan R | Davangere | 9611765009 | drmohanr@yahoo.com |
| 107 | S.S Swakar | Davangere | 9448042941 | sssawakar@rediffmail.com |
| 108 | Rajeev Agarwal | Davangere | 9342238516 | drrajeev_agarwal99@yahoo.com |
| 109 | Murali M | Davangere | 8095179269 | |
| 110 | Nagaraj Naik | Dharwad | 8123764245 | drnagarajnaik@gmail.com |
| 111 | Athul Desai | Dharwad | 9916100249 | dratildesaisdm@yahoo.co.in |
| 112 | Manjunath R | Dharwad | 8400054869 | DOC.R.MANJUNATH@GMAIL.COM |
| 113 | Sanjay Patil D | Dharwad | 9845216672 | sanjaypatild22@gmail.com |
| 114 | Mahesh B | Dharwad | 7829082264 | DRBENNIKOL@YAHOO.CO.IN |
| 115 | Manjunath Doshetty | Gulbarga - Kt | 9632422711 | manju.doshetty@gmail.com |
| 116 | Vivek Patil | Gulbarga - Kt | 9008479111 | vivekpatil78@yahoo.com |
| 117 | Anil Mudda | Gulbarga - Kt | 9844993865 | anilmudda@gmail.com |
| 118 | Sachin R Jeevanagi | Gulbarga - Kt | 8147560809 | sachinrj2001@gmail.com |
| 119 | Rajshekar D Kerure | Gulbarga - Kt | 7259223133 | Kerur@gmail.com |
| 120 | Shivputra Ghanti | Gulbarga - Kt | 9739710047 | shivputra.ghanti@gmail.com |
| 121 | Azhar Moid | Gulbarga - Kt | 9945332101 | Azhar.moid@gmail.com |
| 122 | Poornima | Gulbarga - Kt | 8310163394 | |
| 123 | Harsha Hb | Hassan | 7975022742 | Harshahanumaiah@gmail.com |
| 124 | Pavan M | Hassan | 9591141913 | dr_pavanm@yahoo.co.in |
| 125 | Madhusudan H | Hassan | 9901731945 | hcmadhusudhan14@gmail.com |
| 126 | Sai Sameera | Hosur | 7981794529 | nsaisameera@gmail.com |
| 127 | Venkatesh Moger | Hubli | 9945188965 | venkydoc15572@gmail.com |
| 128 | Mahabaleshwar Mayya H | Hubli | 9481011650 | drmayya@gmail.com |
| 129 | Chetan M | Hubli | 7795493334 | drchetanm@gmail.com |
| 130 | M R Patil | Hubli | 9741376267 | patil.2009@yahoo.com |
| 131 | Kirthi Nagesh Naik | Karwar | 8382655069 | nagesh_kirthi84@gmail.com |
| 132 | Raghuram Bhat | Karwar | 8618607720 | Raghurambhat.r@gmail.com |

| Sl.NO | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 133 | Anil Kumar B.T. | Kengeri | 9916950554 | ANILBUSKAL@YAHOO.CO.IN |
| 134 | Manjunath S | Kengeri | 9844268423 | manjunath_s2k4@yahoo.co.in |
| 135 | Rajeev E N | Kengeri | 9844775561 | rajiv.en@gmail.com |
| 136 | Prakash M S | Kengeri | 9620522686 | prakashmarasandra@gmail.com |
| 137 | Nithin J | Kengeri | 9845933439 | drnithinj@gmail.com |
| 138 | Ashwin S P | Mangalore | 7259606569 | sp.ashwin87@gmail.com |
| 139 | Pradeep Shenoy M | Mangalore | 9844546066 | mpradeepshenoynepro@gmail.com |
| 140 | Pradeep Kumar Shenoy | Mangalore | 9686139059 | cpkshnoy300@yahoo.co.in |
| 141 | Prashanth Kumar | Mangalore | 9880119954 | kpkadri@yahoo.co.in |
| 142 | Pradeep Kj | Mangalore | 8904878487 | pradeepkj@yahoo.com |
| 143 | Manjunath Kulkarni | Mangalore | 7795069393 | drmjkulkarni@gmail.com |
| 144 | Sushanth Kumar B | Mangalore | 9980089001 | Drsushanthnephro@yahoo.co.in |
| 145 | Santhosh PaiBH | Mangalore | 9449471243 | drbhspai22@yahoo.co.in |
| 146 | Ashok Bhat | Mangalore | 9343349397 | |
| 147 | Mayur Prabhu | Mangalore | 9740360720 | drprabhunephro@yahoo.co.in |
| 148 | Amith D Souza | Mangalore | 9448857192 | liondsouza@gmail.com |
| 149 | Ragavendra Nayak | Mangalore | 9535307296 | doctor.raghavendra@gmail.com |
| 150 | Janardhan Kamat | Mangalore | 9980440177 | jrkamath@yahoo.com |
| 151 | Haisam Abdul Kader | Mangalore | 9663892590 | drhaisam007@gmail.com |
| 152 | Ashwini Kamath | Mangalore | 9739550033 | drashwinikamath21@gmail.com |
| 153 | Bhushan Shetty | Mangalore | 8088746863 | shettycbhushan@gmail.com |
| 154 | Vinay M V | Manipal | 9968720456 | vinay.mv@manipal.edu |
| 155 | Mohan V B | Manipal | | |
| 156 | Shankar Prasad | Manipal | 9739905443 | shankermmcmed@yahoo.com |
| 157 | Megha Pai | Manipal | 9483928237 | |
| 158 | Indu Rao | Manipal | 9914204224 | indurrao@yahoo.co.in |
| 159 | Dharshan R | Manipal | 8722767484 | dharshanr25@gmail.com |
| 160 | Ravindra Prabhu | Manipal | 9448107771 | ravindra.prabhu@manipal.edu |
| 161 | Srinivas Shenoy | Manipal | 9844374705 | drsrinivasshenoy@gmail.com |
| 162 | Srinivas Nalloor | Mysore | 9986121717 | nallooris@yahoo.com |
| 163 | Vipin Kaverappa PT | Mysore | 8884225252 | drvipin@gmail.com |
| 164 | Praveen C | Mysore | 9013818840 | |
| 165 | Vikas Shettar | Mysore | 8762782502 | drvikasshettar98@gmail.com |
| 166 | P. Shrinivasan | Mysore | 9945239111 | drpsv@rediffmail.com |

| Sl.N0 | Name | Hospital | Phone number | Email id |
|---|---|---|---|---|
| 167 | Manjunath S Shetty | Mysore | 9880739069 | drmanjunathsshetty@yahoo.com |
| 168 | Niranjan M.R. | Mysore | 9448672501 | drniranjan.mr@gmail.com |
| 169 | Himamani N | Mysore | 9945277089 | himamani@gmail.com |
| 170 | Sourabha Rajanna | Mysore | 7892516009 | sourabha.rajanna@gmail.com |
| 171 | Aniketh Prabhakar | Mysore | 8088363883 | anikethprabhakar@gmail.com |
| 172 | Yashavantha Kumar Ky | Mysore | 9635193845 | yashavantha.kumarky.dr@narayanahealth.org |
| 173 | Shashikiran Kb | Mysore | 9964427600 | kbshashikivan@gmail.com |
| 174 | Vijay | Mysore | 9742143388 | |
| 175 | Tanaji Kalyankar | Raichur | 8532233003 | drtrans@rediffmail.com |
| 176 | Ravi Patel G N | Shimoga | 9448655000 | gnravipatel@yahoo.com |
| 177 | Ravi K R | Shimoga | 9198808260 | ravi_karidhi@yahoo.in |
| 178 | Anupama Y J | Shimoga | 9740290610 | dr.anupamayj@gmail.com |
| 179 | Deepak C L | Shimoga | 9916207061 | dr_deepakcl@yahoo.co.in |
| 180 | Dayanand A S | Shimoga | 9886136181 | docdaya7777@yahoo.co.in |
| 181 | Mohamed Imran | Shimoga | 8106956964 | dr.mdimranvims@gmail.com |
| 182 | Prasanna N | Tumkur | 9448088010 | prasannanarsingdr@gmail.com |
| 183 | Yeshwanth Gangaiah | Tumkur | 9886258575 | y_gangaiah@yahoo.co.in |
| 184 | Kushal DP | Tumkur | 9535035110 | drkushal07@gmail.com |
| 185 | Manoharan B | White Field | 9845178932 | umamanoy2k@yahoo.co.in |
| 186 | Venu Madhav Reddy | White Field | 7259308042 | venumadhav.reddy@sakraworldhospital.com |
| 187 | Sushma Rani Raja | White Field | 9980755975 | drsusmarani@hotmail.com |
| 188 | B Ravi Shankar | White Field | 9741603993 | ravibonu@yahoo.co.in |
| 189 | Topoti Mukherjee | | 9538811972 | drtopoti@gmail.com |
| 190 | Vishnu Vardhan | | 8697166456 | vishnubagur712@gmail.com |
| 191 | Garima Agarwal | | 9810979898 | drgarima.agarwal@gmail.com |
| 192 | Girish P Vakrani | | 98458663995 | Girijakr03@gmail.com |
| 193 | Rashmi A | | 9740068952 | |

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## ANDHRA PRADESH SOCIETY OF NEPHROLOGY






# PHOTO GALLERY

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# PHOTO GALLERY

## TAMILNADU & PUDUCHERRY (NATPU)








# PHOTO GALLERY

## HYDERABAD NEPHROLOGY FORUM












# PLACES TO VISIT IN HYDERABAD



**Charminar**

The iconic four-towered structure stands at the heart of Hyderabad, symbolizing the city's rich heritage and vibrant culture. A visit here offers a glimpse into the bustling bazaar life and intricate Islamic architecture.



**Golconda Fort**

This majestic fortification is a testament to Hyderabad's medieval grandeur. Perched on a hill, it provides panoramic views of the city and hosts a captivating sound and light show in the evenings.




**Ramoji Film City**

Holding the title of the world's largest film studio complex, this wonderland offers entertainment for all ages. From enchanting film sets to thrilling rides and shows, it's a must-visit for movie buffs and families alike.



**Hussain Sagar Lake**

A tranquil oasis in the city, known for its monolithic Buddha statue situated in the middle of the lake. The surrounding parks and water sports make it a perfect spot for relaxation and leisure.



**Salar Jung Museum**

Home to one of the largest one-man collections of antiques in the world, this museum showcases artifacts that capture the essence of diverse civilizations and eras, a treasure trove for history enthusiasts.



**Birla Mandir**

This serene white marble temple, dedicated to Lord Venkateshwara, stands atop Kala Pahad and merges South Indian, Rajasthani, and Utkala temple architectures, offering a peaceful retreat with a stunning view of the cityscape

# TELANGANA TOURISM

**Telangana Tourism**

Hyderabad is the capital and largest city of the South Indian state of Telangana. It was ruled by the Qutub Shahis, Mughals and the Nizams which shaped its history. The city is noted for its monuments which includes the masterpiece of Charminar and the fort of Golconda. There are a multitude of masjids, temples, churches and bazaars in the city. Hyderabad is known as The City of Pearls, as once it was the only global centre for trade of large diamonds, emeralds and natural pearls. The following is a list of tourist attractions in Hyderabad.

**Historical monuments**

- Charminar
- Mecca Masjid
- Golconda Fort
- Qutb Shahi Tombs
- Paigah Tombs
- Spanish Mosque
- Hayat Bakshi Mosque

**Palaces**

- Falaknuma Palace
- Chowmahalla Palace
- Asman Garh Palace
- Taramati Baradari
- Purani Haveli
- King Kothi Palace
- Bella Vista

**Religious places**

- Makkah Masjid
- Charminar
- Shahi Masjid
- Birla Mandir
- Sanghi Temple
- Chilkur Balaji Temple
- Jagannath Temple
- Sri Lakshminarasimha Swamy Temple
- Wargal Saraswati Temple
- Spanish Mosque
- Dargah Yousufain
- Pahadi Shareef
- Khairtabad Mosque
- Toli Masjid

**Museums and planetarium**

- Dr. B. R. Ambedkar Statue
- Salar Jung Museum
- City Museum
- Telangana State Archaeology Museum
- Surendrapuri
- Birla Science Museum
- Birla Planetarium
- Purani Haveli
- Chowmahalla Palace

**Lakes of Hyderabad**

- Hussain Sagar
- Osman Sagar, Gandipet Lake
- Durgam Cheruvu
- Himayat Sagar
- Shamirpet Lake
- Rukn ud Daula Lake
- Khajaguda Talab

**Parks and gardens**

- NTR Gardens
- Indira Park
- Kotla Vijayabhaskara Reddy Botanical Gardens
- Lumbini Park
- Lotus Pond
- Mahavir Harina Vanasthali National Park
- Public Gardens
- Nehru Zoological Park
- Mrugavani National Park
- KBR National Park

**Others**

- Ramoji Film City
- Ravindra Bharati
- Necklace road
- Wonderla Amusement Park
- Snow World
- Laad Bazaar
- Hyderabad Pearls
- Shilparamam
- Keesara
- Rachakonda
- Treasure Island
- Sudha Cars Museum


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