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## DR HRISHIKESH PAI'S TOTAL HEALTH & FITNESS CAMPAIGN DIRECTED TO WOMEN

The Mumbai Gynecological society is the premier and the largest Gynecological society of India. It has more than 2200 members. It was established in the year 1937. Leading and illustrious Gynecologists such as Dr. N. A. Purandare, Dr. B. N. Purandare, Dr. C. G. Saraiya, Dr. M D Adatia, Dr. N D. Dr. N. D. Motashaw, Dr. S. S. Thakur, Dr. C. L. Zaveri, Dr. D K Tank, Dr. R. D Pandit, Dr. Vasant Patwardhan, Dr Usha Saraiya, Dr Duru Shah, Dr. Nayana Dastur have been the previous presidents of this organization. Dr Hrishikesh Pai joined this honor roll and became the **Fifty Fifth President** of the society. Dr Pai is also the Present President of the Indian association of Gynecological Endoscopists, which is an all India body of Gynecologists who have been performing endoscopic surgery.

**Dr. Hrishikesh D. Pai has been in the field of IVF since 17 years.** He is attached to the Lilavati Hospital in Mumbai & Fortis la femme Hospital New Delhi **In September 2002, Dr Pai received the prestigious Rajiv Gandhi Rashtriya Ekta Award for yeomen work in the field of Infertility. In July 2004 Dr Pai received best doctor award on the occasion of Doctors Day Celebration from Indian Medical Association, Bombay west Suburban branch.**

During his tenure as Dr Hrishikesh Pai will be having numerous academic activities for the members of the society. These conferences will be attended by many leading National and International



*Dr. Hrishikesh Pai MD FCPS MSc was installed as the new President of the Mumbai Obstetrics and Gynecological Society at a function to be held on 23rd March at the Mayfair Rooms, Prabhadevi Mumbai.*

experts. This would enable the members to be updated with the latest in the field of Gynecology. This in turn can be put into practice for the betterment of the women's health of Mumbai. Dr Pai wants to emphasize on the Society's role as a socially proactive organization. He will be launching a total Health and Fitness campaign, directed to the Women of Mumbai. This campaign would involve preventive as well as curative aspects. The Society will tackle various health issues at regular intervals and also set up high caliber health screening and treatment camps all over the city. These camps would be held in the proper environment of individual hospitals of member Gynecologists all over the city and would be absolutely free of charge. In keeping with social responsibilities, Dr Pai will also be conducting public advocacy forums to make the citizens of Mumbai aware of gender discrimination, population explosion and contraception, anemia prevention and hygiene promotion, cancer screening and prevention, fertility and infertility issues and coming to terms with menopause.

with frozen embryos we thaw 3 to 4 embryos at a time and if these embryos withstand the freezing process we put them into the womb. If this fails to yield a pregnancy we try again with a few more frozen embryos. We do this till we either achieve a pregnancy or we finish with all the frozen embryos. In recent times with more efficient ways of freezing the pregnancy rates per freezing attempt has gone up to 30%. Thus with availability of an efficient freezing program the cumulative success rate (success rate in the first fresh cycle plus success rate in the subsequent frozen cycles has gone up to 80% for 3 attempts) with availability of good freezing the Gynecologist also tends to put lesser embryos back thus reducing the problems of twins and triplets.

### The process of IVF or ICSI

The process of IVF/ICSI involves production of many eggs which are subsequently fertilized in the incubator. This results in the formation of many embryos. Generally 1-3 embryos are put back into the womb. The remaining embryos are classified into good and bad embryos based on their appearance on the microscope. The good embryos are frozen and stored in liquid nitrogen containers. The bad embryos are discarded as they cannot withstand the freezing process if the patient does not become pregnant after transfer of the fresh first cycle embryos. These frozen good embryos can be thawed and replaced back into the womb with a very good chance of pregnancy. With transfer of three embryos many patients land up having twins and triplets. The multiple pregnancies have problems of miscarriage or premature babies. Hence many units worldwide are putting back one or two embryos instead of the standard practice of 3 embryos and freezing the rest of the extra good embryos.

Also every time one wants to try for a pregnancy

Having said this let us focus on the actual freezing process. There are two types of freezing namely slow freezing and vitrification. The slow freezing is the traditional method of freezing. It is in existence since the 1980s. In this the temperature of the embryo is slowly lowered down from room temperature down to minus 40 deg centigrade per minute and then the embryos are stored in liquid nitrogen gas whose temperature is minus 196. The problems with slow freezing are many. It needs a machine which takes upto nearly two hours to freeze embryos of one patient. Secondly it is not a very efficient system as many embryos are lost during the thawing process. This in turn hampers the pregnancy rate. It is also not very effective in freezing day 5 mature embryos called Blast cyst. A new method, more efficient in these aspects is the technique of vitrification.