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EXCLUSIVE INTERVIEW

DR. KISHORE KUMAR

*Founder Chairman & Executive Director,
Cloudnine Group of Hospitals*

IN CONVERSATION

DR. MEGHA B

*Surgical Oncologist & Consultant
Breast Surgeon, Kauvery Hospital*

EXPERT INSIGHTS

DR. NEETHU PK

*Consultant & Associate Professor of
Gynaecological Oncology,
Amrita Institute of Medical Sciences*

India's Emerging Role in Women's Health and Wellness

From prevention to precision care, India is redefining women's healthcare through clinical excellence, advanced technology, compassionate care and patient-centred innovation.



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WOMEN AT THE HEART OF INDIA'S HEALTHCARE FUTURE



“India’s women’s health landscape is evolving through clinical excellence, innovation and compassionate care—strengthening the country’s potential as a trusted destination for women’s healthcare and medical tourism.”

Women’s health is no longer a conversation limited to motherhood or reproductive care. It is a lifelong continuum—spanning childhood, adolescence, fertility, pregnancy, menopause, bone health, mental well-being and healthy ageing. As healthcare systems increasingly recognise this broader perspective, India is emerging as an increasingly important destination for women seeking specialised, technology-enabled and compassionate care.

In this edition of *Medical Tourism Today*, we explore India’s Emerging Role in Women’s Health & Wellness—a landscape being shaped by clinical expertise, advanced technology, preventive healthcare and a growing emphasis on outcomes and patient experience.

Our Cover Story examines the growing importance of specialised, personalised and compassionate care. India’s expanding clinical expertise, advanced infrastructure and multidisciplinary capabilities are creating new opportunities for women seeking quality treatment, both within the country and from overseas.

An important voice in this conversation is Dr. Kishore Kumar, Founder Chairman and Executive Director, Cloudnine Group of Hospitals. With more than three decades of experience in maternal and neonatal healthcare, Dr. Kishore Kumar discusses why safe maternal and neonatal healthcare must remain central to India’s development. He shares perspectives on clinical excellence, measurable outcomes, fertility care, simulation-based training and the potential of artificial intelligence to improve maternal and neonatal outcomes.

Breast cancer is the main spotlight of this edition, reflecting the need to move from awareness to timely action. In our interview, Dr. Megha B, Surgical Oncologist and Consultant Breast Surgeon at Kauvery Hospital, emphasises that “Breast Cancer Should Not Be Feared in Silence.” She addresses common misconceptions and highlights why women should understand their normal breast health, recognise changes and seek professional evaluation

when concerns arise. The edition also examines warning signs, breast cancer during pregnancy and the growing importance of awareness among younger women.

Our Expert Insights section features Dr. Neethu P.K., Consultant and Associate Professor of Gynaecological Oncology at Amrita Institute of Medical Sciences, Kochi, who discusses the evolving landscape of gynaecological oncology. Her emphasis on prevention, precision and early detection reflects the direction of modern cancer care, while her views on technology underline the need to balance innovation with clinical judgement, empathy and patient trust.

The edition further explores women’s health as a lifelong continuum through expert contributions on pregnancy after 35, PCOS and fertility, prevention of hepatitis B transmission from mother to child, and bone health. Together, these stories broaden the conversation beyond individual conditions and highlight the importance of informed healthcare choices at every stage of a woman’s life.

As India strengthens its position in global healthcare and medical tourism, women’s health must be an integral part of that journey. Realising this potential will require more than advanced treatment—it calls for prevention, early intervention, transparent communication, continuity of care and a deeper understanding of the woman behind every patient.

This edition celebrates the progress being made while recognising the journey ahead. At its heart must be the woman herself—better informed, better supported and empowered to make confident decisions about her health. The future of women’s healthcare lies in ensuring that every woman has the knowledge, confidence and access to quality care she deserves.

We would be delighted to receive your feedback, comments and suggestions on this issue.

Happy Reading!

Shinto Kallattu
Editor & Publisher

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INDIA'S EMERGING ROLE IN WOMEN'S HEALTH AND WELLNESS

As women's healthcare moves towards more personalised, preventive and comprehensive care, India is emerging as a destination where specialist expertise, advanced medicine and compassionate care come together to address women's health needs across every stage of life.

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India Cannot Become a Developed Nation Without Safe Maternal and Childcare

DR. KISHORE KUMAR

Founder Chairman & Executive Director, Cloudnine Group of Hospitals



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INTERVIEW

Breast Cancer Should not be Feared in Silence: Know the Signs, Act Early

DR. MEGHA B

Surgical Oncologist and Consultant Breast Surgeon at Kauvery Hospital, Trichy

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The Future of Women's Cancer Care Begins with Prevention, Precision and Early Detection

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Kokilaben Dhirubhai Ambani Hospital Earns Global Recognition in World's Best Specialized Hospitals 2027

Kokilaben Dhirubhai Ambani Hospital & Medical Research Institute, Mumbai, has been recognised in the World's Best Specialized Hospitals 2027 list by Newsweek and Statista for excellence in Oncology and Obstetrics & Gynaecology. The recognition highlights the hospital's expertise in these two key areas of specialised healthcare.

The ranking assesses specialised healthcare institutions across 13 medical fields and recognises hospitals based on factors including international peer recognition, quality of care and patient-centred services. The latest recognition places Kokilaben Hospital's two specialties among leading centres evaluated at the global level.

The hospital's Centre for Cancer provides comprehensive care through dedicated clinics covering medical, surgical and radiation oncology, as well as



(Photo credit: facebook/kokilabenhospital)

chemotherapy. Its services include precision oncology, immunotherapy, targeted treatments, advanced radiation techniques and minimally invasive and robotic-assisted cancer procedures.

The Department of Gynaecology & Obstetrics offers care throughout the reproductive and maternity journey, from preconception counselling and

pregnancy management to childbirth and postpartum care. It also treats complex gynaecological conditions, including endometriosis and gynaecological cancers.

Dr. Santosh Shetty, CEO & Executive Director, Kokilaben Dhirubhai Ambani Hospital, said, "This global recognition from Newsweek and Statista for our Oncology and Obstetrics & Gynaecology departments is a proud milestone for our hospital. It reflects the clinical excellence, dedication and expertise of our teams, supported by advanced medical technology and a multidisciplinary approach to care. We are deeply grateful to the community for the trust and faith they have placed in us. We remain committed to advancing specialised healthcare and delivering the highest standards of compassionate, patient-centred care."



Artemis Shanti Hospital Raipur Achieves Surgical Milestone with Spleen-Preserving Pancreatic Surgery

A young patient with a pancreatic cystic lesion has undergone a specialised laparoscopic procedure at Artemis Shanti Hospital, Raipur, where surgeons successfully removed the affected part of the pancreas while preserving the spleen.

The surgery involved a spleen-preserving laparoscopic distal pancreatectomy to treat a pancreatic mucinous cystic neoplasm (MCN). The procedure was led by Dr. Ajit Mishra, Head of GI, HPB & Liver Transplant at the hospital,

highlighting the growing role of minimally invasive techniques in complex pancreatic care.

A distal pancreatectomy involves removing the body and tail of the pancreas affected by disease. When medically appropriate, retaining the spleen can offer important long-term health benefits, particularly for younger patients. The spleen supports immune function and helps the body defend itself against certain infections. Although removing it may be necessary in some cases, preserving the organ is a valuable option when the condition and surgical findings allow it without compromising patient safety.

The operation was performed laparoscopically, using small incisions instead of a large abdominal cut. For suitable patients, this technique can reduce surgical trauma and postoperative discom-

fort, shorten hospital stays and support faster recovery.

However, preserving the spleen during pancreatic surgery requires careful assessment and precise surgical skills. Doctors must evaluate the cyst, its location and its relationship with nearby structures while ensuring that the diseased pancreatic tissue is adequately removed and the spleen's blood supply remains intact.

The successful operation demonstrates the potential of advanced laparoscopic techniques to support effective treatment while preserving healthy organs in appropriately selected patients. Artemis Shanti Hospital's procedure also underscores the importance of individualised surgical planning, particularly for younger patients whose long-term health and quality of life remain key considerations.



(Photo credit: artemishospitals.com)

Apollo Hospitals Bengaluru Performs First Surgery in India Using Da Vinci 5 Robotic System

Apollo Hospitals Bengaluru has marked a significant milestone in robotic-assisted surgery by performing India's first surgery using the next-generation da Vinci 5 surgical system, developed by Intuitive, on 23 October 2026.

The introduction of the advanced platform strengthens the hospital's surgical capabilities, combining enhanced imaging, improved instrument control and technology designed to help surgeons better assess tissue pressure during procedures. The system is being used across five major specialties: cardiac surgery, cancer care, gynaecology, gastrointestinal surgery and urology.

A key feature of Da Vinci 5 is its Force Feedback technology, which enables surgeons to sense the pressure applied to body tissues when using compatible instruments. This adds tactile information to the visual guidance provided by the system, helping surgeons handle delicate tissues with greater awareness. The platform also features advanced 3D imaging, upgraded instrument controls and a redesigned con-



(Logo courtesy: apollohospitals.com)

sole aimed at improving surgeon comfort. With more than 150 technological enhancements, the system offers additional tools for monitoring tissue interaction and reviewing surgical video during procedures.

Despite these technological advances, the surgeon retains complete control throughout the operation. The robotic system assists with surgical movements but does not perform procedures independently.

Dr. Preetha Reddy, Vice Chairperson of Apollo Hospitals, said, "Being amongst the first hospital in India to introduce the da Vinci 5 reflects Apollo's continued commitment to advancing healthcare through sustained investment in medical technology. Its

introduction at Bannerghatta Road builds on our experience in robotic-assisted surgery and marks an important milestone in expanding our surgical capabilities. Our priority is to ensure that such advancements are supported by clinical expertise and rigorous training, with patient needs guiding every decision."

Dr. Suneeta Reddy, Managing Director of Apollo Hospitals, highlighted the potential role of Force Feedback in supporting surgical precision and decision-making.

"The introduction of Da Vinci 5 at Apollo Hospitals, Bannerghatta Road, brings advanced capabilities such as Force Feedback, which gives surgeons better sense of the pressure applied while handling instruments. This can support greater awareness during delicate surgical manoeuvres and informed decision-making during surgery. As healthcare evolves, our focus is on integrating such innovations into clinical practice responsibly, ensuring our teams are equipped to use them effectively for patient care."



Amaha Secures ₹100 Crore Funding to Expand Mental Health Clinics Across India

Mental healthcare provider Amaha is preparing to complete a ₹100-crore funding round to expand its clinical network and improve access to specialist treatment across India. The investment brings together existing backers Lightbox Ventures and Fireside Ventures, along with London-based Sandbox International Holdings Ltd. Other participants include Nithin Kamath through Rainmatter and the family offices of Shreyas Shibulal, Ashish Bharat Ram and Adarsh Jalan. The company has also secured ₹10 crore in debt financing from Alteria Capital.

Amaha plans to use the funds to open and expand hospitals and clinics in major Indian cities. The investment will also support the recruitment and development of clinical teams, technology upgrades and stronger systems for delivering high-quality mental healthcare. Amit Malik,

psychiatrist, founder and CEO of Amaha, said, "Our focus now is on deepening our clinical expertise and further building the infrastructure and systems needed to make evidence-based specialist mental healthcare accessible to more individuals and families across India, while maintaining high quality of treatment."

Established in 2016, Amaha offers a range of mental health services, including digital self-care tools, outpatient consultations and inpatient treatment. It currently operates nine centres across Bengaluru, Delhi-NCR and Mumbai. The planned fundraiser marks another step in Amaha's efforts to scale its mental healthcare operations. Its focus on expanding physical centres, strengthening clinical capabilities and investing in technology could help it serve more individuals and families across the country.

Max Healthcare Brings Next-Generation da Vinci 5 Surgical Robots to Delhi and Mumbai

Max Healthcare has introduced the da Vinci 5, one of the most advanced and integrated robotic surgical systems, at Max Super Speciality Hospital, Saket, New Delhi, and Nanavati Max Super Speciality Hospital, Mumbai. The development marks another step in the adoption of next-generation robotic technology in India's healthcare sector.

The healthcare provider highlighted the importance of combining technological innovation with clinical expertise, team preparedness and a continued focus on patient care while announcing the introduction of the system.

Developed by Intuitive, the da Vinci 5 platform incorporates several advanced features, including Force Feedback Technology, enhanced three-dimensional visualisation and increased computing capabilities. These technologies are designed to support surgeons dur-



ing procedures by providing additional feedback, improved visualisation and advanced tools in the operating room.

One of the system's key features is Force Feedback Technology, which provides information about the forces applied when surgical instruments interact with tissue. This can help surgeons better understand instrument-tissue interaction during procedures.

The platform's advanced 3D visualisation is designed to provide a detailed view of the surgical field, while its com-

puting capabilities support the system's broader technological functions. Together, these features are intended to enhance the tools available to surgical teams as they perform complex procedures.

The introduction of the da Vinci 5 also highlights the importance of preparing clinical teams to work with new technology. Effective implementation of robotic-assisted surgery requires appropriate training, surgical expertise and careful selection of patients who may benefit from the approach.

Max Healthcare has emphasised that technological progress must be accompanied by clinical preparedness and a commitment to improving patient care. The introduction of the da Vinci 5 reflects this approach, with the system intended to strengthen the capabilities available to surgeons.

(Photo courtesy: facebook/MaxHospitalsIndia)

India's First Breast Self-Examination Booth Launched at AIIMS Bhubaneswar

AIIMS Bhubaneswar has introduced a dedicated facility to encourage women to learn and practise breast self-examination, strengthening its breast cancer awareness efforts during October's Breast Cancer Awareness Month.

The portable Breast Self-Examination (BSE) booth was inaugurated at the institute's Department of Medical Oncology by Executive Director Ashutosh Biswas. According to the institute, it is the first booth of its kind in India specifically designed to facilitate breast self-examination.

The facility offers women a private setting where they can learn the correct steps of BSE. Simple instructions displayed inside the booth are designed to help users understand the examination process and become more familiar with changes that may require medical attention. Biswas stressed that detecting breast cancer at an early stage can signif-



icantly influence treatment outcomes. He also highlighted the importance of breast health awareness, regular self-examination and seeking medical advice promptly when unusual changes are noticed. The initiative is intended to address hesitation around breast self-examination and encourage women to take a more proactive approach to their breast health.

Sourav Kumar Mishra, Associate Professor, Department of Medical

Oncology, pointed to the increasing need for greater awareness and early diagnosis. The department has treated approximately 1,000 breast cancer patients since it was established four years ago, with nearly 100 patients currently visiting the department each month.

He also raised concerns about the number of patients arriving with advanced-stage breast cancer and the growing incidence of the disease among younger women.

(Photo courtesy: X/AIIMSBhubaneswar)



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Government Bans Reuse of Single-Use Medical Devices, Raising Hospital Consumable Costs

Hospitals across India could face higher consumable costs following a new government directive prohibiting the reuse of medical devices designed for single use.

The Directorate General of Health Services (DGHS), in an October 16, 2026 directive, asked states and Union Territories, the Drugs Controller General of India and the Central Government Health Scheme (CGHS) to ensure that single-use devices are used strictly as intended by manufacturers.

The directive targets the practice of cleaning, sterilising and reusing disposable devices used in specialties such as cardiology, nephrology, oncology, neurosurgery and cardiothoracic surgery. The government has cited patient safety concerns, noting that repeated use of such devices may increase the

risk of infection, malfunction and procedure-related complications. Reuse may also conflict with provisions under the Drugs and Cosmetics Act, 1940, and Medical Devices Rules, 2017.

For hospitals, the decision could mean increased procurement of costly catheters, guidewires, sheaths and other procedure-specific consumables. Cath labs, dialysis centres and operating rooms are likely to feel the impact most significantly.

The directive may also require hospitals to strengthen device tracking, documentation and biomedical-waste management. At the same time, increased demand for disposables could put pressure on treatment costs, making competitive procurement and cost-effective medical-device manufacturing increasingly important.



Fortis Hospital Bannerghatta Road Brings Together 3,000+ for Breast Cancer Awareness

More than 3,000 people came together in Bengaluru to promote breast cancer awareness at the 'Pinkstrong – 3K Walkathon' organised by Fortis Hospital, Bannerghatta Road on 25 October 2026. The initiative highlighted the importance of recognising warning signs, undergoing appropriate screening and seeking medical advice without delay.

The event saw participation from members of the community, breast cancer survivors and healthcare professionals. Kannada actress Ms. Milana Nagaraj also joined the initiative in support of the awareness campaign.

The three-kilometre walk started from the hospital and covered the route towards Hulimavu Lake before returning to the hospital. The programme also included a Zumba session and other community activities designed to encourage greater engagement around breast health.

Dr. C. Ramachandra, Principal Director – Surgical Oncology, Fortis Hospitals, Bengaluru, & Chairman – Surgical Oncology Council, Fortis India, said, “Breast cancer is increasingly affecting younger women in India, making awareness and early detection more important than ever. Women should be encouraged to understand their breast health and seek medical evaluation promptly if they notice changes such as a new lump, changes in breast shape or skin, or unusual nipple discharge. Screening recommendations depend on age, individual risk factors and clinical advice. Women experiencing symptoms should not delay evaluation while waiting for a routine screening appointment. Early detection can significantly improve treatment outcomes.”

Dr. Niti Raizada, Principal Director – Medical Oncology



(Photos courtesy: Facebook / FortisBLR)

gy and Hemato-Oncology, Fortis Hospitals, Bengaluru, said, “Breast cancer affects patients and families physically and emotionally. Alongside timely diagnosis and appropriate treatment, access to clear information and psychological and social support is important. Open conversations can help address stigma and misconceptions, allowing women to seek advice and discuss their concerns without hesitation. Treatment decisions should be individualised according to the diagnosis and the patient’s clinical needs.”

Mr. Gautham, Facility Director, Fortis Hospital, Bannerghatta Road, said, “Pinkstrong brought community members, survivors and healthcare professionals together around a shared public health concern. We thank all participants for contributing to the initiative and helping create space for conversations about breast health. The focus was on awareness, informed health decisions and support for people affected by breast cancer.”

KIMS Hospitals Introduces Tulsa-Pro for Targeted Prostate Cancer Treatment in Hyderabad

KIMS Hospitals in Hyderabad has introduced Tulsa-Pro, an advanced technology for treating prostate cancer. The facility is the first and only centre in India and South Asia to offer this treatment, according to an announcement by DSS Imagetech.

Developed by Canada-based Pro-found Medical Corp, Tulsa-Pro uses targeted ultrasound energy to treat cancerous prostate tissue without surgical incisions or radiation. The technology is designed to provide a personalised treatment approach while minimising damage to surrounding healthy structures. The procedure enables doctors



(Photo credit: www.kimshospitals.com)

to visualise the prostate and nearby anatomical structures, precisely target affected tissue and monitor the treatment in real time. Ultrasound energy is delivered through the urethra, allowing physicians to focus on identified malignant areas. According to DSS

Imagetech Private Limited's Business Head, Medical Division, the technology's minimally invasive approach aims to support recovery and help eligible patients preserve urinary continence and erectile function. These potential benefits may help patients resume daily activities and maintain a better quality of life following treatment.

The introduction of Tulsa-Pro expands the range of technology-assisted options for prostate cancer care in India, offering eligible patients access to a targeted treatment approach. Individual suitability and expected outcomes will depend on clinical assessment.



Karnataka Hospitals to Disclose Medicine Purchase Prices and MRP on Bills from November 1, 2026

Hospitals across Karnataka will be required to disclose the purchase price and maximum retail price (MRP) of medicines on patient bills from November 1, under new measures aimed at improving transparency in healthcare costs. Announcing the decision in Bengaluru, Health and Family Welfare Minister U T Khader said hospitals must include both prices in their bills and display medicine price lists in prominent locations, particularly near registration counters. Khader expressed concern over the rising cost of healthcare, which

he partly attributed to the growing presence of foreign investors in the sector.

"According to my observation, after foreign investors have entered the healthcare market, the prices have gone up tremendously. We will discuss and see what best can be done."

The government is yet to finalise penalties for hospitals that fail to comply with the proposed requirements. "The punishment for violating the rules would be discussed," Khader said. Emphasising that the measures should not undermine the financial viability of pri-

vate hospitals, he added, "We do not intend to push the healthcare business into loss, but some stringent rules and regulations will have to be put in place."

The minister clarified that private hospitals would not be expected to match government hospital rates. Instead, pricing could reflect the facilities available and the level of treatment provided. "We are not expecting the pricing at private hospitals to be on par with the price set at government hospitals, but the rates could be fixed based on the amenities provided and the level of treatment at the hospital," Khader said.

Hospitals may also be asked to display the charges for major medical procedures on notice boards. Prices for other procedures could be maintained in a register for reference.

The Health Department plans to meet private hospital representatives soon to discuss and finalise the terms of the proposed measures.

The initiative is expected to help patients better understand medicine costs and hospital charges, while strengthening accountability in Karnataka's healthcare sector.



(Photo: AI-generated/MTT)

Paras Healthcare Unveils Major Expansion Plan, Targets 3,000 Beds with 800-Bed Addition



(Photo courtesy: paras-hospitals.com)

Paras Healthcare is stepping up its expansion strategy as rising patient demand and plans to strengthen its financial position shape its next phase of growth. The hospital operator intends to establish two new facilities in Haryana and Punjab, adding 800 beds to its existing network over the next 18–24 months.

The planned expansion will take the company's total operational capacity from approximately 2,200 beds to around 3,000. The new hospitals will include a 300-bed facility in New Gurugram and a 500-bed hospital in Ludhiana, Punjab.

Dharminder Kumar Nagar, Managing Director of Paras Healthcare, said, "We are very excited that not only have we built largest footprint in North India and East of India with 2,200 beds already operational amongst these facilities, we are excited to announce two more hospitals, which are quickly in the next 18 to 24 months becoming operational."

The expansion comes amid growing demand for healthcare services, particularly in Gurugram, where occupancy at the company's facility has exceeded 80%. The additional beds are expected to help accommodate more patients and ease capacity constraints as demand for hospital services increases.

Once the new facilities become operational, Paras Healthcare's bed capacity will rise by approximately 36% from its current level. The move is also expected to improve the company's ability to serve patients across its key markets in North and East India.

According to Nagar, investments made by the company in recent years are beginning to deliver results, placing the hospital operator at a significant stage in its growth journey. Higher utilisation of existing facilities, combined with the planned capacity addition, could support revenue growth as the company expands its hospital network. The combination of capacity expansion, rising patient demand and planned debt reduction is expected to shape Paras Healthcare's next phase of development.

Paras Healthcare's planned addition of 800 beds reflects its strategy to expand healthcare access while improving financial stability. The success of this strategy will depend on the timely commissioning of the new hospitals, patient demand and the company's ability to manage expansion costs while maintaining operational efficiency.

Aster CMI Hospital achieves India's first pediatric kidney transplant through donor swap between two families

Aster CMI Hospital has successfully carried out India's first reported pediatric ABO (A, B, AB and O blood group)-incompatible kidney transplant by enabling a two-way kidney donor swap and paired exchange between two families. As a result, a 15-year-old boy and a 21-year-old adult male, whose family donors had incompatible blood groups, underwent life-saving kidney transplants.

Aster CMI Hospital, Bengaluru carried out the complex procedure, reportedly the first such involving a child, using Alliance for Paired Donation (AP-KD) software to identify successful donor-recipient combinations.

Both young patients had relatives willing to donate a kidney, but neither donor could safely give directly because of blood-group mismatch. Aster used a kidney swap supported by matching software, so the two donors exchanged recipients, enabling both patients to receive a more compatible kidney. Kidney-paired donation (KPD) is specifically designed to overcome ABO blood-group and human leukocyte antigen (HLA) incompatibility in living donation. In this case, the teenager received a kidney from the 21-year-old's family donor and vice versa.



By using matching technology, Aster could assess multiple donor-recipient pairs simultaneously to identify the best compatible combinations for potential exchange. This method brings down the possibility of re-transplants for each patient and reduces the chances of infection afterwards. Crucially, this enables a safer return to normal life for both patients, post-transplant.

The kidney swap posed significant logistical challenges and required months of planning and coordination. The procedure involves four OTs (Operation theaters) functioning simultaneously with four anesthesiologists and four transplant surgical teams, supported by infectious disease teams.

BioStack Raises \$9.5 Million to Expand Healthcare Data Infrastructure

Healthcare technology startup BioStack has secured \$9.5 million in seed funding to expand its healthcare data infrastructure and accelerate product development. The round was led by Peak XV, Afore Capital, DCVC, Emerson Collective, SV Angel, Verdict Capital, Streamlined Ventures and Y Combinator. BioStack plans to use the funding to strengthen its operations in the US and international markets while expanding its engineering and research teams and advancing its technology platform.

The company is also building a healthcare data infrastructure network spanning the US, India, Brazil and Argentina. It currently provides access to more than 100 million de-identified patient records.

BioStack brings together clinical information from different healthcare systems and regions, including medical notes, laboratory results, imaging, medications, treatments and patient outcomes. The platform is designed to create a more connected view of a patient's

healthcare journey and support both clinical decision-making and medical research.

“Collecting every event linked to each patient enables a view of what happens at each stage of a patient's journey,” said Sanat Mishra, Co-founder and CEO of BioStack. “We’re building the infrastructure that connects all of the clinical information and makes it useful, both for clinicians making decisions today and for the researchers and AI developers building the future of medicine.”

The company also develops proprietary datasets using de-identified information collected through provider systems. By linking biological and clinical data with treatment histories and long-term outcomes, BioStack aims to help researchers study disease progression and understand how treatments influence patient outcomes over time.

Its growing datasets include several hundred thousand X-rays, MRI and CT scans, along with millions of telehealth



audio transcripts and other pathology and clinical records. BioStack says these combined datasets can support the development of AI tools designed to help clinicians assess treatment options and potential patient outcomes.

With hospital partnerships across the US, India, Brazil and Argentina, BioStack is working with diverse patient populations and healthcare systems as it expands its data network.

The company aims to strengthen the connection between real-world clinical care, medical research and AI development, potentially enabling faster and more informed advances in healthcare.



JOGI Ayurved Opens 50-Bed Multispeciality Hospital in Surat

A new healthcare facility in Surat aims to bring traditional Ayurvedic treatment, modern diagnostic support and preventive wellness services under one roof. JOGI Ayurved has launched a 50-bed multispeciality hospital spanning 1 lakh sq ft, positioning it as Gujarat's largest Ayurveda hospital.

Located near the ISKCON Temple in Jahangirpura, the hospital will serve patients from Surat, other parts of India and overseas. Digital consultations will extend access to patients in countries including the US, UK and Canada.

The hospital was inaugurated by Madhavpriyadasji Swami, President of Swaminarayan Gurukul Vishwavidya Pratishthanam (SGVP), Chharodi, and

Gujarat Health Minister Praful Pansheriya. Both dignitaries also toured the facility.

The hospital features more than 10 speciality outpatient departments (OPDs), offering consultations, Panchakarma therapies, inpatient care and wellness programmes. Additional services include physiotherapy, laboratory testing, personalised nutrition guidance, health coaching, selected Ayurvedic surgical procedures, online consultations and medicine delivery.

Its clinical specialities cover digestive disorders, skin and hair concerns, cardiology, gynaecology, ear, nose and throat (ENT) care, neurology, spine-related conditions and pain management.

Nilesh Jugal, founder of JOGI Ayurved, said, “Since we began in 2005, our aim has been to make Ayurveda accessible to more people in keeping with our philosophy of ‘Authentic Ayurved for Everyone’. The new hospital marks a next chapter in our journey, allowing us to offer more comprehensive care in a larger, purpose-built healthcare facility.”

Beyond clinical treatment, the hospital includes an interactive exhibition designed to introduce visitors to Ayurveda, disease prevention and healthier lifestyle practices.

Other attractions include AI-generated educational videos, Pakshastra demonstrations exploring the relationship between food and health, and Auskadh Vitran, which introduces visitors to Ayurvedic medicines and their role in traditional healthcare.

avant bkg hospitals Introduces Advanced AI-Powered HD IVUS Technology to Enhance Precision in Cardiac Care



(Photo courtesy: facebook/avantbkghospital)

Patients in Mysuru and nearby districts are set to gain access to more advanced cardiac treatment options following the introduction of next-generation Artificial Intelligence (AI)-enabled High-Definition Intravascular Ultrasound (HD IVUS) technology at avant bkg hospitals. The hospital has also announced plans to launch Minimally Invasive Cardiac Surgery (MICS) services.

On 23 October 2026, Mysuru-Kodagu MP Yaduveer Krishnadatta Chamaraja Wadiyar inaugurated the new technology at the hospital in the presence of senior medical professionals, including Dr. T.N. Balakrishna Gowda, Managing Director and Chief Orthopaedic Robotic Surgeon; Dr. J. Rajagopal, Director of Cardiology and Chief Interventional Cardiologist; and Dr. S.C. Madhuprakash, Director of Cardiothoracic and Vascular Surgery (CTVS) and Senior CTVS Surgeon.

Speaking at the launch, Yaduveer Wadiyar highlighted the importance of strengthening specialised healthcare facilities in Mysuru to reduce the need for patients to travel to major cities for complex treatments.

“The development of advanced healthcare facilities in Mysuru is an important step towards improving access to specialised treatment for people across the region. The introduction of technologies such as IVUS, alongside the development of minimally invasive

cardiac services enables patients from city and surrounding districts to access advanced heart treatments closer to home, without having to travel to larger metropolitan centres for many complex procedures.”

Dr. T.N. Balakrishna Gowda said the hospital aims to establish Mysuru as a destination for advanced medical treatment by combining modern technology, specialist expertise and comprehensive patient care.

“Our vision has always been to strengthen Mysuru as a destination for advanced medical care. Along with investing in modern technologies such as IVUS, our plans to introduce MICS reflect our commitment to expanding treatment options for eligible patients. By bringing together specialised clinical expertise, modern infrastructure and comprehensive care, we aim to make advanced healthcare more accessible to people in Mysuru and neighbouring districts.”

The newly introduced HD IVUS technology is designed to provide detailed images from inside coronary arteries, helping cardiologists assess blood vessel dimensions, plaque characteristics and the placement and expansion of stents during treatment.

Dr. J. Rajagopal emphasised that accurate assessment is particularly important when treating complex coronary artery disease.

“In interventional cardiology, preci-

sion is critical, particularly when treating complex coronary artery disease. IVUS gives us a detailed view from inside the blood vessel, assess the vessel’s internal dimensions, plaque characteristics and the position and expansion of stents and guide stent placement more accurately. This technology strengthens our ability to plan and perform complex angioplasties with greater confidence.”

By providing detailed information about the inside of blood vessels, IVUS can help specialists make better-informed decisions during angioplasty and stent implantation.

Alongside the technology launch, avant bkg hospitals announced plans to introduce MICS, which can enable selected heart operations through smaller incisions rather than conventional open surgical approaches.

Dr. S.C. Madhuprakash said cardiac treatment should be tailored to each patient’s condition, with options ranging from catheter-based procedures to specialised surgical interventions.

“Comprehensive cardiac care means offering patients the right treatment based on their individual condition — whether that involves a catheter-based intervention, valve repair or replacement, bypass surgery or another specialised surgical approach. The planned introduction of MICS will further expand the options we can consider for appropriately selected patients, with the aim of reducing surgical trauma where clinically suitable.”

Minimally invasive techniques may reduce surgical trauma and support recovery in eligible patients, depending on the procedure and individual clinical circumstances.

The introduction of AI-enabled HD IVUS and the planned expansion into minimally invasive cardiac surgery reflect avant bkg hospitals’ efforts to broaden access to specialised heart care in Mysuru. These developments could provide patients across the region with more treatment options closer to home.



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INTERVIEW

INDIA CANNOT BECOME A DEVELOPED NATION WITHOUT SAFE MATERNAL AND CHILDCARE

DR. KISHORE KUMAR



For more than three decades, **Dr. R. Kishore Kumar, Founder Chairman & Executive Director, Cloudnine Group of Hospitals**, has been a leading voice in advancing safer pregnancy, childbirth and neonatal care, with a sustained focus on improving outcomes for mothers and babies. His medical and leadership journey across four continents and diverse healthcare systems has shaped a global perspective on maternal mortality, premature births and neonatal care—a perspective that has profoundly influenced the evolution of Cloudnine and its approach to integrated mother-and-child healthcare.

In this exclusive interview with *Medical Tourism Today*, Dr. Kishore Kumar discusses why maternal and neonatal outcomes must remain central to India's healthcare ambitions.

He shares insights into Cloudnine's focus on clinical excellence and measurable outcomes, the growing role of artificial intelligence in predicting premature births and neonatal sepsis, advances in fertility care, and simulation-based training.

He also outlines his vision for a healthcare system in which India's progress is ultimately reflected in safer outcomes for mothers and newborns.

Q After building an international medical career across four continents, you returned to India to redefine maternal and neonatal healthcare through Cloudnine. What fundamental gap did you set out to address, and how has that vision evolved as Cloudnine has grown into a benchmark for integrated mother-and-child care in India?

A I left India in 1989–90 because neonatology had not yet evolved as a subspecialty for paediatricians in the country. After completing my training and spending nearly 16 years abroad, I witnessed the significant advances that had taken place in neonatology in Western countries, while India continued to experience a high burden of neonatal mortality, particularly among premature babies.

During my annual visits to India, I also saw mothers continuing to die during childbirth. It became clear to us that this situation needed to change fundamentally.

When we started Cloudnine in 2006, maternal mortality remained high. In the public sector, approximately 139 mothers died for every 100,000 deliveries, compared with 39 per 100,000 in the private sector. Premature babies, particularly those born before 28 weeks of gestation, also had limited access to spe-

cialised care, and many hospitals were not equipped to provide active treatment to them.

At the time, 28 weeks was considered the threshold of viability under the prevailing government regulations. This was broadly comparable to the position in Western countries several decades earlier. However, advances in technology and neonatal care had subsequently brought the threshold down to approximately 24 weeks in many developed healthcare systems.

Our objective was therefore twofold: to reduce maternal deaths during childbirth and improve the survival of premature babies. Importantly, by survival, I mean intact survival—survival without disability. That was the standard we set for ourselves, and I believe we have gone beyond that objective.

Q You have practised medicine across India, the United Kingdom, Australia and the United States before building Cloudnine. Which global healthcare practices have had the greatest influence on your leadership philosophy, and how have you adapted them to suit India's unique healthcare landscape?

A Each country where I trained and worked influenced me in a different way. My postgraduate training in India

taught me humility, empathy and compassion—qualities that are fundamental to healthcare.

The United Kingdom provided me with excellent clinical training as a paediatrician. It also exposed me to the medico-legal dimensions of medical practice. When I became a consultant in 1993–94, I attended invitation-only programmes conducted by Queen's Counsel, which helped us understand how the legal profession approaches healthcare and how clinicians should navigate the medico-legal environment.

Australia taught me the importance of maintaining a healthy balance between professional responsibilities and personal life, while my experience in the United States provided a different perspective on healthcare and professional practice.

My leadership philosophy is therefore an amalgamation of experiences across these healthcare systems. In addition, my Harvard MBA played an important role in shaping my development as a leader, particularly within the healthcare sector.

At Cloudnine, we incorporated several practices influenced by these international experiences. From the beginning, we established a rigorous audit system. Every one to two weeks, we reviewed multiple aspects of the patient



Dr. Kishore with Dalai Lama

journey—not only clinical care, but also how patients were received at the reception, waiting times, nursing care, medical care and what had worked well or required improvement.

Relevant stakeholders met regularly to review performance. Areas in which we performed particularly well were translated into protocols, while areas requiring improvement became learning objectives. This created a culture of continuous improvement, based on a simple principle: we should be better tomorrow than we are today.

Q Around the world, healthcare is increasingly measured by patient outcomes rather than the volume of services delivered. How does Cloudnine define clinical excellence, and which outcome measures best reflect the quality of care you strive to deliver?

A For neonatal and maternity care, one of the important international benchmarks we use is the Vermont Oxford Network (VON). It is an international network that evaluates the quality of care provided by hospitals delivering maternal and neonatal care, predominantly across the United States, Canada, the United Kingdom, Europe, Australia and New Zealand.

We are proud to be the only Asian chain of hospitals that is part of the Vermont Oxford Network. This allows

us to compare our outcomes with leading institutions internationally rather than evaluating ourselves solely against domestic benchmarks.

As a chain of hospitals, our maternal, infant and neonatal mortality indicators compare favourably with those of several European countries, including the United Kingdom. We also maintain our own internal benchmarks. Our objective has always been continuous improvement. Over the past 20 years, we have had six maternal deaths across our hospitals. During the first 10 years, we did not lose a single mother. Over the subsequent decade, six maternal deaths translated into approximately two maternal deaths per 100,000 deliveries.



Felicitation by Bill Clinton in Feb 2006

Even that figure remains unacceptable to us. We continue to examine every maternal death to identify opportunities for improvement. Interestingly, all six mothers had underlying cardiac problems. As a result, in consultation with our obstetricians, we developed a protocol to evaluate the hearts of high-risk mothers between 32 and 34 weeks of pregnancy. The objective is to identify and manage potential cardiac risks before they result in a maternal emergency.

This reflects our approach to clinical excellence: even when our outcomes compare favourably with global benchmarks, we continue to look for opportunities to improve them further.

Q As healthcare organisations scale, maintaining consistent quality becomes increasingly complex. As Cloudnine continues to expand, what governance frameworks, clinical protocols and leadership practices ensure consistent standards of care across every hospital in the network?

A Maintaining quality across a growing network was one of the most important challenges we faced. When Cloudnine was a single centre, people often asked whether the same standards could be maintained as we expanded.

When we had two or three centres, I personally visited the other hospitals twice a week to ensure that our standards were being followed. As the organisation expanded, we built a professional leadership structure capable of maintaining consistency at scale.

Today, our leadership team includes medical directors, an assistant medical director, a chief operating officer, a chief executive officer, a chief financial officer, a quality team and a learning and development function. Together, through our Executive Committee, we have established clinical and operational protocols that are implemented across new centres.

We also collect quality indicators regularly and compare them across all our hospitals every month. Each hospital conducts a monthly review meeting, where performance is assessed and compared with other centres, including our flagship hospital.

This creates a healthy form of internal competition. I am particularly proud that several of our newer centres have exceeded our expectations and, in some areas, are performing better than our flagship centre. That is a testament to the quality of the teams working across the organisation.

Protocols, quality measurement, regular reviews and strong clinical leadership are therefore central to maintaining consistency across the network.

Q India continues to face significant challenges in reducing neonatal mortality and improving maternal health outcomes. In your view, what policy reforms and healthcare investments are most urgently needed to accelerate progress over the next decade?

A We have been engaging with both central and state governments to explore how our expertise can contribute to improving maternal and neonatal healthcare. One of the most important changes required is greater accountability for healthcare outcomes across the public sector.

There is an important disparity in how accountability is applied across the healthcare system. In the private sector, doctors and hospitals can face multiple forms of legal action, including proceedings before medical councils, consumer courts, civil courts and criminal courts, as well as legal notices.

The public healthcare system operates under a different framework, and this creates a disparity in accountability.

My view is that quality of care and healthcare outcomes must be subject to accountability across both the public and private sectors. If a maternal death occurs in a private hospital, it often receives significant media attention. Similar outcomes in government hospitals may receive considerably less scrutiny.

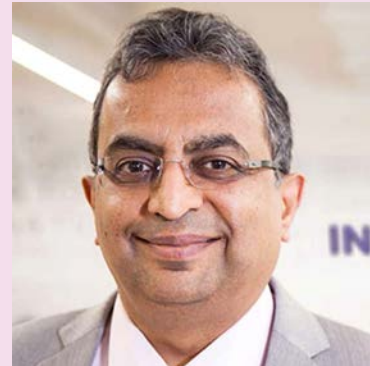
The issue is not simply about comparing deaths. It is about ensuring that the quality of healthcare is measured, monitored and improved consistently, regardless of whether the service is delivered by a public or private institution.

Unless healthcare systems are held accountable for outcomes, it will be difficult to make sustained progress in reducing maternal and neonatal mortality across the country.

Q Artificial intelligence, predictive analytics, remote monitoring and precision medicine are transforming healthcare globally. Which emerging technologies do you believe will fundamentally reshape maternal, fetal and neonatal medicine, and how is Cloudnine preparing for this transformation?

A We have invested significantly in artificial intelligence. AI is still a devel-

RAPID FIRE



Q One leadership principle you never compromise on?

A Mentorship. I strongly believe in mentoring young professionals and helping them become better leaders. We must strive to be role models for the next generation.

Q One breakthrough that will redefine maternal and neonatal healthcare over the next decade?

A Measurable outcomes. Maternal Mortality Rate, Infant Mortality Rate and Neonatal Mortality Rate will become increasingly important indicators of healthcare performance and will play a defining role in shaping the future of maternal and neonatal care.

Q One book every healthcare leader should read?

A *How Doctors Think* by Dr. Jerome Groopman. It offers valuable insight into the complexity of clinical thinking and how doctors process information and arrive at diagnoses. It provides a fascinating perspective on the human intelligence behind clinical decision-making.

Q The proudest milestone in Cloudnine's journey so far?

A It was when my father told me, "All these days, I used to say my son is in Australia, and people used to say my son is in UK and US. But now I proudly say, I am the father of Cloudnine, Dr. Kishore." That moment means more to me than any award.

Q Cloudnine in three words?

A Mother. Baby. Family.



Dr. Kishore with Sri Sri Ravishankar Guruji at the Cloudnine Bangalore, May 2007

oping field in healthcare, and it requires substantial time, data and effort before its full benefits can be realised. However, we have already seen promising results from two projects.

The first involved neonatal sepsis. A researcher associated with the Bill & Melinda Gates Foundation worked with our data for nearly four years to develop an algorithm capable of identifying babies at risk of neonatal sepsis at approximately 12 hours of age, compared with the conventional approach, in which a positive blood culture may take around 72 hours.

This has the potential to provide clinicians with an additional 60 hours in which to evaluate and treat babies at risk. The findings were subsequently published in a medical journal, and we hope this approach can eventually be replicated across other areas of healthcare.

The second project involved integrating AI with our hospital management system. In a pilot programme, the system was able to predict approximately 82% of women who were likely to deliver prematurely. By comparison, clinical consultants and obstetricians, even when provided with the available data, were able to predict approximately 26% of premature deliveries.

If these findings are validated and implemented at scale, AI could help us identify high-risk pregnancies much earlier. This would allow clinicians to intervene antenatally where possible and, when preterm delivery cannot be



Dr. Kishore releasing his book on Neonatal Nursing in NNF India Conference at Varanasi, Dec 2018

prevented, ensure that the mother and baby receive appropriate care in a timely manner.

I see AI as a technology that will augment clinicians rather than compete with them. Its purpose should be to help doctors make better decisions and ultimately improve patient outcomes.

Q Fertility challenges are rising globally due to changing lifestyles, delayed parenthood and environmental factors. How do you envision the future of reproductive medicine, and what innovations will be most critical in improving access and success rates?

A Fertility care needs to be approached differently from many other areas of medicine. When we started our ferti-

ty programme, we noticed an important difference between India and Western countries.

Women in India tend to seek fertility treatment at a younger age. In countries such as Australia, most women seeking fertility treatment are between 35 and 40 years of age. In India, social and family pressures often lead couples to seek treatment earlier, sometimes after only a relatively short period of trying to conceive. Consequently, many Indian women seeking fertility treatment are between 25 and 35 years old.

At the time, fertility success rates in many Indian centres were approximately 38-39%, whereas rates in Western countries were closer to 45-50%. This raised an important question: why should success rates be lower in India when the patient population is generally younger?

We found that clinical expertise was only one part of the equation. Doctors account for approximately 25% of fertility-treatment success, while around 75% is influenced by technical factors, including embryology, laboratory practices and the assessment of various risk factors.

We therefore invested heavily in embryology training. For the first 10 years of our fertility programme, we brought in an Australian embryology expert to train our embryology teams. Our success rates subsequently reached approximately 50-55%, compared with



Dr. Kishore Kumar being felicitated by ISAP, Oct 2016

the prevailing Indian average of around 38-39%.

We are now exploring how AI can further improve fertility treatment. One area of focus is identifying, at the beginning of treatment, women who are more likely to require procedures such as ICSI—intracytoplasmic sperm injection—rather than waiting several months to determine that conventional treatment has not worked.

The objective is to make fertility treatment more targeted, shorter and more cost-effective, while reducing the emotional and financial burden on couples.

Q What do you believe will be the biggest disruptions in maternal and child healthcare over the next decade, and how is Cloudnine positioning itself to lead rather than respond to these changes?

A One of the biggest changes is that expectations around maternal and neonatal safety have fundamentally evolved.

Historically, families often accepted that a mother might not survive childbirth or that a baby might not sur-



Dr. Kishore being felicitated by Aster Hospitals for his achievements in Maternal & Neonatal Care, Oct 2024

vive the birth process. Healthcare has changed that perception. We have made childbirth considerably safer and neonatal survival significantly better, and patients now expect a much higher standard of care.

As the quality of care at institutions such as Cloudnine has improved, patients have also begun demanding similar standards elsewhere. This is an important development because it is creating pressure for the broader healthcare system to improve.

In Karnataka, for example, Cloudnine has become associated with a particular standard of maternity and neonatal care, and this has contributed to efforts to upgrade neonatal intensive care and maternity facilities through public-private initiatives.

Over the next decade, maternal and neonatal care in India should become considerably safer. However, the country cannot consider itself fully developed simply because it has advanced technology, space programmes, robotics or artificial intelligence. Maternal Mortality Rate, Infant Mortality Rate and

Neonatal Mortality Rate must also come down significantly.

Improving these indicators must remain a national priority.

Q If you were advising policymakers on designing India's ideal maternal and child healthcare ecosystem for 2040, what three transformative changes would you recommend to create a healthier nation?

A The first requirement is round-the-clock availability of essential specialists in every maternity hospital. Obstetricians, anaesthetists and paediatricians must be available 24/7.

In an obstetric emergency, a baby may need to be delivered within minutes. If the required specialists are not immediately available and an emergency response is delayed by 30 minutes or an hour, the opportunity to save the mother or baby may be lost.

At Cloudnine, we therefore ensure that paediatricians, obstetricians and anaesthetists are available around the clock. We do not simply have "duty doctors"; we have dedicated duty paediatricians, duty obstetricians and duty anaesthetists. Our average response time for an emergency delivery is less than 12 minutes. This level of readiness should become the norm across India by 2040.

The second major requirement is simulation-based medical training.



Dr. Kishore with his family

The aviation industry dramatically improved safety after introducing simulation-based training. Healthcare can benefit in the same way. At Cloudnine, we conduct simulation training in obstetrics and neonatology, using mannequins and simulated emergencies to train clinicians to respond to situations such as obstructed labour, eclampsia, pre-eclampsia, neonatal seizures and neonatal resuscitation.

The objective is to allow clinicians to practise managing critical situations before they encounter them in real life. If the team does not perform adequately during simulation, the scenario demonstrates the potential consequences, allowing the team to learn and improve without putting a real patient at risk.

new healthcare verticals—or a combination of these?

A It will be a combination of all these areas. However, our primary objective is to make the standard of maternity and neonatal care more uniform across India.

Cloudnine has become associated with quality maternity and neonatal care, and many organisations have adopted aspects of our infrastructure. However, our objective is not simply to replicate infrastructure; it is to share the clinical standards, protocols and culture that underpin our model.

We want to contribute to improving maternal and neonatal care across both the public and private sectors. Achieving this will require significant engage-

ment in Uttarakhand or Jharkhand. This would create a healthy competitive environment in which hospitals and healthcare systems are encouraged to improve their performance continuously.

Q Finally, after building Cloudnine into a recognized healthcare institution, what is the one question about the future of healthcare that keeps you awake at night—and why do you believe the industry needs to start addressing it now?

A I believe the Indian healthcare system needs a significant reorientation.

When we were growing up, most families had a family doctor whom they consulted for common illnesses. Today, even relatively minor conditions often lead people directly to multispecialty hospitals. The concept of the family doctor has gradually weakened.

At the same time, we need much greater emphasis on preventive healthcare and public health. I believe the three pillars that require greater attention are primary healthcare, preventive healthcare and public healthcare.

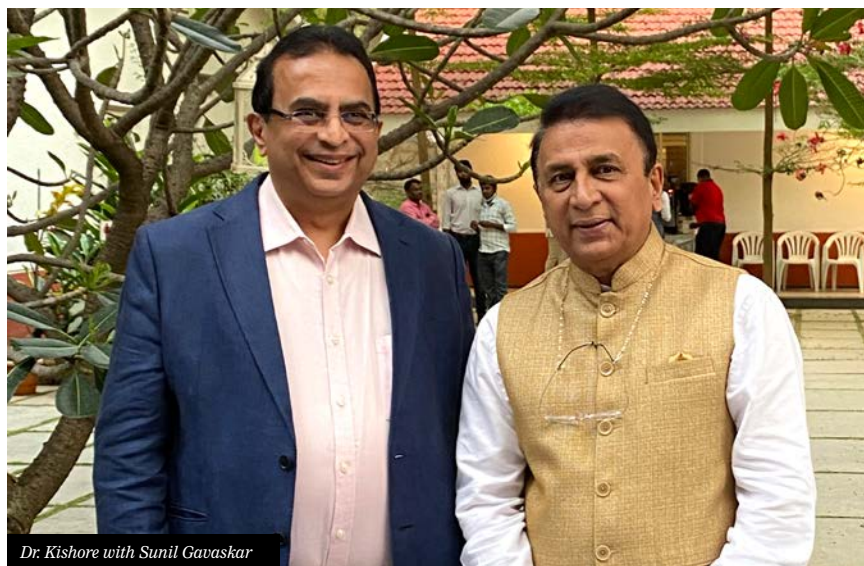
Primary healthcare should strengthen the role of family physicians in managing common illnesses and providing continuity of care. Preventive healthcare should focus on identifying and addressing health risks before they develop into conditions requiring tertiary care.

Public healthcare must also focus on educating communities about preventable diseases. Dengue is a good example. We continue to see significant illness and deaths from dengue, even though many cases can be prevented through better sanitation and public-health measures.

Similarly, the continued prevalence of typhoid reflects gaps in sanitation and public-health infrastructure.

Therefore, primary, preventive and public healthcare require greater focus, funding and education. We need to take the entire population along with us in improving health outcomes rather than relying primarily on tertiary-care hospitals when people become ill.

That broader transformation is essential if India is to build a truly effective and sustainable healthcare system. ●



Dr. Kishore with Sunil Gavaskar

We conduct these workshops as part of our annual Cool Topics in Perinatology Conference in the cities where we operate. Such simulation-based training should become accessible to doctors across India, including those in the public healthcare system.

The third requirement is to create systems that continuously measure and compare outcomes so that every institution has an incentive to improve.

Q What is the next major strategic chapter for Cloudnine? Are you looking primarily at geographic expansion, deeper clinical specialisation, digital health, international patients,

ment with the public healthcare system, investment of time and resources, and the development of common protocols that can be implemented across different healthcare settings.

Digitalisation will also play an important role.

We also need a national network for maternal and neonatal outcomes, similar in concept to the Vermont Oxford Network. Such a network could enable hospitals across different states to compare their outcomes and learn from one another.

For example, outcomes in Madhya Pradesh could be compared with those in Karnataka, Kerala, Uttar Pradesh,

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INDIA'S EMERGING ROLE IN WOMEN'S HEALTH & WELLNESS

As women across the world seek specialised, accessible and affordable healthcare, India is strengthening its position as a destination for advanced medical treatment. From fertility care and minimally invasive gynaecological surgery to breast health, cancer treatment and comprehensive maternal care, the country's evolving healthcare ecosystem presents significant opportunities—and important responsibilities—for the future of women's health.

By MTT Research Desk

Women's healthcare is evolving beyond the treatment of illness to encompass reproductive autonomy, preventive care, emotional well-being and healthy ageing. Across the world, women are seeking accessible, specialised and personalised medical services that combine clinical expertise with dignity and compassion.

India is increasingly contributing to this transformation through its expanding network of multispecialty hospitals, fertility centres, oncology institutions and specialised women's health facilities. The country provides access to a broad spectrum of medical services, experienced specialists across multiple disciplines and potentially competitive treatment costs. Dedicated international patient departments at some healthcare facilities also assist with consultations, appointments, accommodation and travel arrangements.

These capabilities create opportunities for women seeking specialised treatment, additional medical opinions or procedures that may be difficult to access or afford in their home countries. However, successful medical tourism requires more than affordability. Clinical quality, specialist credentials, patient safety, transparent pricing and continuity of care are equally important.

India's opportunity lies in integrating these elements to create a comprehensive approach to women's wellness—one that combines medical expertise with responsible, patient-centred healthcare.

Fertility and Reproductive Medicine: Expanding Possibilities

Fertility treatment combines medical innovation with deeply personal decisions about family planning. A wide range of services is available in India, including fertility assessments, ovulation induction, intrauterine insemination (IUI), in-vitro fertilisation (IVF), intracytoplasmic sperm injection (ICSI) and selected fertility preservation procedures.

Specialist centres also manage conditions such as polycystic ovary syndrome (PCOS), endometriosis and other causes of infertility. Advances in reproductive technology and laboratory capabilities have expanded treatment options for women and couples.

Access to specialist consultations, diagnostic services and assisted reproductive technologies contributes to the sector's appeal. Emotional well-being, psychological counselling and compassionate support are equally important in helping women navigate the stress, uncertainty and personal challenges associated with fertility treatment.

Fertility treatment requires particular attention to timing, individual medical needs and the possibility of repeated visits. Patients should understand the proposed treatment plan, applicable legal requirements and realistic expectations before beginning treatment.

Obstetrics and Gynaecology: Care at Every Life Stage

Obstetrics and gynaecology remains central to women's healthcare, cover-

ACCESS TO SPECIALIST EXPERTISE, MULTIDISCIPLINARY TREATMENT AND POTENTIALLY COMPETITIVE COSTS MAKE INDIA AN ATTRACTIVE OPTION FOR THOSE EXPLORING HEALTHCARE BEYOND THEIR HOME COUNTRIES

ing pregnancy, childbirth, postpartum recovery and disorders affecting the reproductive system.

Services available in India include preconception counselling, antenatal monitoring, high-risk pregnancy management, delivery services, minimally invasive surgery and treatment for conditions such as uterine fibroids and ovarian cysts.

Access to specialist gynaecological consultations and planned procedures is an important component of this healthcare landscape. Multidisciplinary facilities can also support the evaluation and management of complex conditions requiring input from different medical specialists.

Effective care combines clinical expertise with respectful maternity services, informed decision-making, privacy and continuity of treatment. Preg-



nancy and childbirth, however, involve time-sensitive and potentially unpredictable medical needs. Any travel for maternity care therefore requires careful planning, assessment of fitness to travel and clear arrangements for emergency care and follow-up.

Oncology: Advancing Women's Cancer Care

Breast, cervical, ovarian and uterine cancers remain major concerns in women's health. Early diagnosis and appropriate treatment are crucial to improving outcomes.

India has a growing network of cancer care facilities providing diagnostic imaging, pathology, surgical oncology, medical oncology and radiation oncology. Depending on the diagnosis, treatment may include surgery, chemotherapy, radiotherapy, hormone therapy, targeted medicines or immunotherapy.

Access to multidisciplinary cancer teams and a range of diagnostic and treatment services within established healthcare networks can be valuable when evaluating treatment options. The availability and suitability of specific therapies depend on the cancer type, stage, clinical assessment and individual circumstances. Successful cancer care requires multidisciplinary planning,

access to appropriate treatment and coordinated follow-up. Before travelling for treatment, patients should obtain a clear treatment plan, understand the expected duration of stay and discuss arrangements for continuing care at home. Treatment costs should be assessed alongside clinical suitability, the possibility of complications and the need for subsequent visits.

Breast Care: From Early Detection to Reconstruction

Breast healthcare encompasses preventive assessment, diagnostic services, cancer treatment and reconstructive surgery.

Services available in India include clinical examinations, mammography, ultrasound, biopsies and specialist consultations. Treatment for breast cancer may involve breast-conserving surgery, mastectomy, systemic therapies and radiotherapy, depending on the individual diagnosis. Reconstructive procedures may also be available following cancer surgery, subject to medical suitability and patient preference.

Access to diagnostic evaluation, specialist surgical opinions and reconstructive options can support informed treatment decisions. However, the timing of reconstruction, recovery requirements

and the potential need for additional treatment must be discussed before travel.

Obesity: Addressing a Growing Women's Health Challenge

Obesity is an important concern in women's healthcare, affecting reproductive health, pregnancy outcomes, cardiovascular health and long-term well-being. Genetic, hormonal, dietary and lifestyle factors can contribute to weight gain, while conditions such as polycystic ovary syndrome (PCOS) and menopause may influence weight regulation.

Excess weight can contribute to menstrual irregularities, fertility difficulties and pregnancy complications, including gestational diabetes and hypertensive disorders. It is also associated with an increased risk of type 2 diabetes and cardiovascular disease, although individual risks vary.

Effective management requires a personalised, evidence-based approach that may include nutritional counselling, physical activity, behavioural support and, when medically appropriate, prescription medication or bariatric surgery. India offers access to multidisciplinary care involving physicians, endocrinologists, dietitians and gynaecologists. Long-term success, however, depends on appropriate medical supervision, sustained follow-up and realistic treatment goals rather than quick fixes or unverified weight-loss products.



INDIA HAS AN OPPORTUNITY TO BECOME A TRUSTED DESTINATION FOR WOMEN'S HEALTHCARE BY COMBINING MEDICAL EXPERTISE, INNOVATION AND COMPASSIONATE CARE



Cosmetic and Plastic Surgery: Confidence Through Responsible Care

Cosmetic and plastic surgery contributes to women's wellness through aesthetic procedures and reconstructive treatments designed to restore appearance or function.

A range of procedures is available in India, including reconstructive breast surgery, scar revision, post-traumatic reconstruction, rhinoplasty and selected body-contouring procedures. Access to specialist surgeons and potentially competitive treatment costs contributes to the sector's appeal.

However, price should never be the primary determinant of treatment decisions. Patients should verify their surgeon's qualifications, hospital credentials, anaesthesia arrangements and postoperative support before proceeding. Major procedures may require extended recovery periods, and travelling too soon after surgery can increase medical risks.

Transparent pricing, realistic expectations and informed consent must take precedence over promotional claims or cost considerations. Responsible aesthetic medicine empowers women to make informed choices without compromising their safety or dignity.

Dental Care: An Essential Part of Women's Wellness

Oral health is closely connected to nutri-

tion, comfort, confidence and overall well-being. Hormonal changes during pregnancy and menopause may influence oral health, while untreated dental problems can affect daily functioning and quality of life.

Available dental services include preventive dentistry, restorative treatments, root canal procedures, periodontal care, orthodontics, dental implants and selected cosmetic procedures.

The availability of different treatments and potentially competitive prices makes dental care another component of India's broader healthcare offering. Treatment planning should account for the number of visits required, the quality of materials used and the need for long-term maintenance after returning home.

Putting Women at the Centre of Healthcare

India's emerging role in women's wellness reflects a wider movement towards comprehensive, personalised and compassionate healthcare. From fertility and reproductive medicine to obstetrics, oncology, breast care, obesity management, cardiovascular health, menstrual health, endometriosis, plastic surgery and dentistry, the country's medical capabilities offer opportunities to address diverse healthcare needs.

Access to specialist expertise, multidisciplinary treatment and potentially

competitive costs make India an attractive option for those exploring healthcare beyond their home countries. The availability of multiple medical services within established healthcare networks also enables patients to explore treatment options and seek specialist opinions. However, individual outcomes, costs and treatment suitability vary, making careful research and consultation essential before travelling.

Realising India's potential as a destination for women's healthcare requires more than expanding medical infrastructure. It calls for ethical clinical practice, transparent communication, appropriate quality standards, culturally sensitive patient support and dependable follow-up across borders. Preventive services for obesity and cardiovascular disease should receive attention alongside reproductive, maternal and cancer care, ensuring that women can access appropriate treatment at every stage of life.

Ultimately, India has an opportunity to become a trusted destination for women's healthcare by combining medical expertise, innovation and compassionate care. Realising this ambition will require high clinical standards, transparent practices and continuity of care, while keeping every woman's health, dignity and well-being at the centre. ●

Women's Health is a Lifelong Journey

Why Every Stage Deserves Attention and Care



Women's health evolves through every stage of life, bringing unique physical, hormonal and emotional changes. From childhood to healthy ageing, awareness, preventive care and timely medical guidance are essential. Understanding these changing needs empowers women to prioritise their well-being and embrace every phase of life with confidence and good health.



Aafrin Shabbir

Medical Director, Senior consultant and Diabetologist, Tambaram Medical Centre and CODE CLINIC, Chennai

Women's health is not defined by a single phase of life it's A Lifelong Journey From infancy to childhood into adolescence, And the beautiful reproductive phase, perimenopausal age followed by menopause & into healthy aging. Every step is unique, every stage causes emotional, social, hormonal & physical changes. A woman always places her health at last spot, or the last on their priority list they forget "First Me" or "I am a priority". Awareness, preventive care and timely medical consultation can help women recognise health concerns early and make informed choices throughout life.

Childhood: Building the Foundation for Lifelong Health

A time to establish healthy habits, adequate balanced nutritional support for growth & bone health as well as a friendly environment at home for a sound mental wellbeing. Regular physical activity, games of their choice and a regular healthy sleep pattern help build a healthy habit. Emotional wellbeing too plays a vital role for child mental health development. They observe and absorb what they see rather than listening to orders of the adults. So, parents are shaping the adult that child may become. Young girls should also be encouraged to speak confidently



mental health and reproductive health deserves attention at this group. Education on OCP, STDs, fertility and family planning are important at this stage. In late 20s and early 30s if they don't follow healthy lifestyle patterns, insulin resistant, weight gain, thyroid problem, SHTN, nutritional deficiency may set in. Due to these pregnancy related complications like GDM, PIH can complicate & make these individual prone to DM, CVD in later stage of their life.

The 40s: Perimenopause and the Need to Prioritise Yourself

Perimenopause Time to focus on yourself because this phase changes your emotional & physical state. Weight gain, physical activity, muscle mass, hormonal changes attribute to weight. Dyslipidemia, DM, SHTN sets in if not taken care. Cycles may be irregular, hot Dyslipidemia, Disturbances, mood swings, libido is common. Best place to work on yourself. Yoga, strength training and a healthy food habit and family support is important to overcome challenges in 40s. So, focus on 3 M's – Muscle, mental wellbeing and metabolism. Focus at 40 for health check-up.

The 50s: Menopause - A New Beginning

50s Menopause A new beginning End of reproductive age, decline in estragon causing changes in bone health and metabolic health. Calcium & Vit D supplements Regular cardio and resistant training is important on alternate days. Few changes like hot flashes, sleep problem are common like in 40s. Dry vagina is another common issue. Individual



WOMEN'S HEALTH SHOULD NEVER BE TREATED AS A SERIES OF ISOLATED EVENTS. IT IS A CONTINUUM –FROM CHILDHOOD AND ADOLESCENCE TO REPRODUCTIVE HEALTH, PERIMENOPAUSE, MENOPAUSE AND HEALTHY AGEING

management for each woman, differs from Individual to individual. Many do well with supplements and lifestyle modifications.

60s and Beyond: Ageing with Strength and Independence

As women grow older, maintaining muscle strength and mobility becomes increasingly important. Regular physical activity, strength exercises and adequate nutrition can support physical function. Preventive health checks and appropriate monitoring of conditions such as diabetes, hypertension, cardiovascular disease and cancers should also continue according to individual risk and medical advice. Staying socially connected is equally valuable. Meeting friends, participating in community or group activities and maintaining meaningful relationships can contribute to emotional well-being.

Make Yourself a Priority

Women's health should never be treated as a series of isolated events. It is a continuum—from childhood and adolescence to reproductive health, perimenopause, menopause and healthy ageing. A life-course approach recognises that experiences and health choices at one stage can influence health in later years.

Listen to your body. Ask questions. Get appropriate preventive health checks. Stay physically active. Eat well. Prioritise your mental health. Seek medical advice when something feels different or concerning. ●

about their needs and concerns. Creating an environment where they can ask questions without hesitation can help them develop into healthier and more confident adults.

Adolescence: A Period of Transformation

Adolescence Hormonal & physical changes appear, and menstruation begins at this age group. Irregular cycles, heavy flow, absence of menstruation, painful periods are concerns to be counselled & every female child should be educated on that. Disorders like anemia, thyroid, PCOS, eating disorders are common in this group. A diet adequate in protein, regular exercise and good sleep and menstrual hygiene education is a must.

The 20s and 30s: Investing in Future Health

Future health, career and family Life-style changes, healthy eating pattern,



Beyond the Lump:

Breast Cancer Warning Signs Every Woman Should Know

Not every breast cancer starts with a noticeable lump; experts explain other changes women should watch for and why persistent symptoms should not be ignored.



Dr. Ravikumar Wategaonkar
Consultant Medical Oncologist,
TGH Onco Life Cancer Centre, Talegaon

A lump in the breast is one of the most commonly recognised warning signs of breast cancer. However, doctors say it is not the only change women should be aware of. Changes in the nipple, breast shape, skin texture, or unusual discharge can also require medical evaluation. While most breast changes are not cancer, understanding the warning signs can help women seek timely medical advice.

What is breast cancer?

Breast cancer occurs when abnormal cells in the breast begin to grow uncontrollably and form a tumour. In some cases, these cancer cells can spread to nearby lymph nodes or other parts of the body. Early diagnosis can help doctors determine the appropriate treatment based on the type and stage of the cancer. Women often associate breast cancer only with a lump, but the disease can sometimes present

with other changes. A new change in the breast that is unusual for the individual and does not resolve should be evaluated. It is important not to panic because many breast changes are benign, but they should also not be ignored.

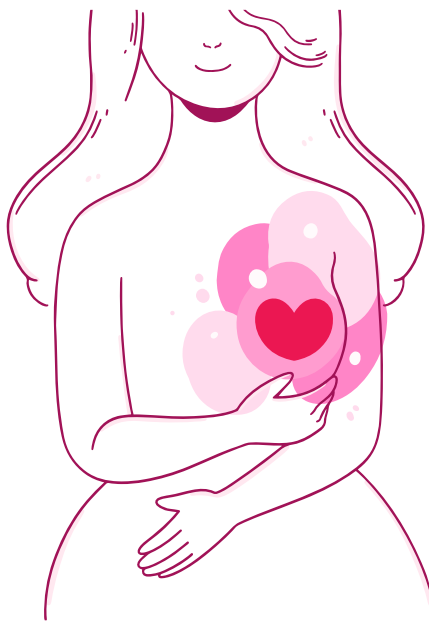
Breast cancer warning signs beyond a lump

- **Change in breast size or shape:** A noticeable or unexplained change in the size or shape of one breast should be assessed, particularly if it persists.
- **Nipple turning inward:** A newly inverted nipple, especially when it happens on one side, can sometimes be a warning sign and should be checked.
- **Unusual nipple discharge:** Discharge that occurs without squeezing the nipple, particularly bloody or clear discharge from one breast, needs medical evaluation.
- **Skin changes:** Redness, thickening, swelling, dimpling, or a texture resembling the skin of an orange can occur with breast conditions, including breast cancer.
- **Persistent breast pain:** Breast pain is common and is often linked to hormonal changes or benign conditions. However, persistent or unexplained pain, particularly when associated with another breast change, should be discussed with a doctor.
- **Change around the nipple:** Scaling, crusting, irritation, or a persistent change in the skin around the nipple should not be ignored.
- **Swelling in the underarm:** Breast cancer can sometimes involve lymph nodes under the arm, causing swelling or a lump in the underarm area.

Why should these changes not be ignored?

Not every unusual breast change means cancer. Cysts, infections, hormonal

BREAST CANCER CAN PRESENT DIFFERENTLY FROM ONE WOMAN TO ANOTHER. SOME WOMEN MAY NOTICE A LUMP, WHILE OTHERS MAY FIRST NOTICE A CHANGE IN THE NIPPLE, SKIN, OR BREAST SHAPE. WOMEN SHOULD BECOME FAMILIAR WITH HOW THEIR BREASTS NORMALLY LOOK AND FEEL



changes, and benign breast lumps can cause similar symptoms. However, trying to diagnose the cause at home or waiting for the symptom to disappear can delay appropriate evaluation.

Breast cancer can present differently from one woman to another. Some women may notice a lump, while others may first notice a change in the nipple, skin, or breast shape. Women should become familiar with how their breasts normally look and feel. If something changes and remains unusual, it is better to get it checked rather than assume it is harmless.

What happens if breast cancer is diagnosed late?

If breast cancer is detected at a later stage, it may have spread to lymph nodes or other organs. Treatment can then become more complex and may involve a combination of surgery, chemotherapy, radiation therapy, hormone therapy or targeted treatment, depending on the cancer type and stage.

What should women do?

- Know the normal appearance and feel of your breasts.
- Do not ignore a new or persistent change.
- Seek medical advice for unexplained nipple discharge or skin changes.
- Get a new breast lump or underarm swelling evaluated.
- Follow screening recommendations based on age and individual risk.
- Women with a strong family history should discuss their risk with a doctor.

Breast cancer awareness should go beyond looking for a lump. Changes in breast shape, nipple appearance, skin texture, discharge or underarm swelling can also be warning signs that deserve attention. Most breast changes are not cancer, but timely evaluation can help identify the cause and ensure that women receive appropriate care when needed. ●



INTERVIEW

BREAST CANCER SHOULD NOT BE FEARED IN SILENCE: KNOW THE SIGNS, ACT EARLY

*In an interview with Medical Tourism Today, **Dr. Megha B**, Surgical Oncologist and Consultant Breast Surgeon at Kauvery Hospital, Tennur, Trichy, shares expert insights into breast cancer awareness, early detection, individual risk assessment and advances in breast-conserving surgery. She also discusses the emerging role of artificial intelligence and robotic technologies in breast cancer care, emphasising the importance of timely diagnosis, personalised treatment and long-term breast health.*

Q Breast-related symptoms such as lumps, pain, nipple discharge and changes in breast appearance are common, but they can also cause considerable anxiety. Which symptoms or changes should women never ignore, and when should they consult a breast specialist?

A Most breast lumps and changes are benign. However, it is important to remember that a lump cannot be reliably classified as benign or malignant by touch alone. Although breast pain alone is rarely a sign of cancer, breast cancer does not always cause pain.

Women should consult a breast specialist, particularly if a change persists or does not settle after the menstrual cycle. They should also seek medical advice if they notice a new or persistent lump in the breast or armpit, especially if it is hard, increasing in size or associated with other changes. Other warning signs include an unexplained change in breast size or shape, new nipple inversion or a change in nipple direction, and spontaneous nipple discharge, particularly if it is clear or blood-stained and comes from one breast. Persistent crusting, scaling or other changes around the nipple should also be evaluated.

Skin changes such as dimpling, puckering, thickening, persistent redness or swelling, and an orange-peel appearance also warrant medical evaluation.

The key message for women is to recognise what is normal for their breasts and seek medical attention whenever they notice a new, unusual or persistent change.

Q Many women immediately associate a breast lump with cancer, while others may delay evaluation because they assume it is harmless. How do you assess a breast lump, and what role do clinical examination, imaging and image-guided biopsy play in reaching an accurate diagnosis?

A Assessing a breast lump requires a combination of clinical judgement, appropriate imaging and, when indicated, a biopsy. This approach is known

as triple assessment. During the clinical assessment, the doctor takes the patient's medical history and examines both breasts, the nipples, areolae, underarm areas and relevant lymph node regions. The doctor assesses the lump's location, size, consistency and mobility.

The choice of breast imaging depends on the woman's age, symptoms, breast density and clinical findings. An ultrasound and a mammogram are commonly used to evaluate a lump, while an MRI is reserved for selected situations. If the examination or imaging identifies a suspicious abnormality, tissue sampling may be recommended. This may involve fine-needle aspiration cytology (FNAC) or a core needle biopsy, also known as a true-cut biopsy.

Access to screening, diagnostic and treatment facilities is not the only consideration. Many women find it difficult or uncomfortable to discuss breast symptoms, particularly with male doctors. This is precisely why we have established a clinic at Maa Kauvery Breast Clinic, Trichy, that is staffed entirely by women experts. Patients can discuss all aspects of breast cancer in a supportive environment.

Q Early detection can significantly influence breast cancer treatment and outcomes. What should women know about breast screening, breast self-awareness and individual risk assessment, and how should screening approaches vary according to age, family history and personal risk factors?

A Early detection plays an important role in the timely treatment of breast cancer. However, women should understand that breast self-awareness, screening and diagnostic evaluation are three distinct aspects of breast health.

Breast self-awareness means becoming familiar with how one's breasts normally look and feel,

including their usual size, shape, texture and nipple appearance. This helps women recognise new or persistent changes without repeatedly examining their breasts or following a complicated self-examination technique.

Screening is intended for women who do not have symptoms. It aims to detect breast cancer before it becomes clinically apparent. Mammography is an established screening tool, but the appropriate starting age and screening interval depend on the woman's age, individual risk, breast density and other factors. Women should therefore discuss an appropriate screening plan with their breast specialist rather than follow a one-size-fits-all schedule.

Diagnostic evaluation, on the other hand, is undertaken when a woman has a breast symptom or when a screen-



Dr. Megha B, Surgical Oncologist and Consultant Breast Surgeon, Kauvery Hospital

ing test reveals an abnormality requiring further investigation. For example, a woman who notices a new lump, nipple discharge, changes in breast skin or a newly inverted nipple should consult a doctor, even if she is younger than the recommended screening age or has recently had a normal mammogram.

Depending on the clinical findings, the evaluation may include a clinical breast examination, diagnostic mammography, ultrasound or other imaging tests. If a suspicious abnormality is identified, a biopsy may be recommended to determine whether it is cancerous. Unlike screening, diagnostic evaluation is intended to investigate a specific symptom or finding and establish a diagnosis.



Q Family history is a major concern for many women. How much can a family history of breast cancer influence an individual's risk, and when should women consider genetic counselling or a more detailed assessment of their breast cancer risk?

A Family history is an important factor in assessing a woman's risk of breast cancer. However, the degree of risk varies according to the number of affected relatives, their relationship to the woman, their ages at diagnosis and whether cancers such as breast and ovarian cancer occur on the same side of the family. Both the mother's and the father's sides of the family are equally relevant because inherited cancer-predisposition variants can be passed down through either parent.

Women should discuss their family history with a doctor, particularly if

their mother, sister or daughter has had breast cancer; if relatives were diagnosed at a young age; if multiple family members have had breast or ovarian cancer; if breast cancer has affected both breasts; or if there is a history of male breast cancer or a known genetic mutation in the family. These patterns may indicate an increased likelihood of hereditary cancer susceptibility and the need for a more detailed assessment.

Genetic counselling may be considered when a woman's personal or family history suggests an inherited risk. BRCA1 and BRCA2 are among the best-known genes associated with hereditary breast cancer, although other genes may also be involved. Women identified as having an increased risk may need

an individualised screening and surveillance plan.

The most important message is that family history helps identify women who may need additional assessment, but having a family history does not mean that a woman will definitely develop the disease. Similarly, the absence of a family history does not mean that a woman is free from risk. In fact, more than 80% of women diagnosed with breast cancer have no known family history. A woman's individual risk depends on a combination of factors, including age, reproductive and hormonal history, lifestyle, previous breast conditions and genetic susceptibility.

Q You specialise in breast-conserving and oncoplastic breast surgery. How have these approaches transformed breast cancer surgery, and how do you

balance effective cancer removal with preservation of breast shape, appearance and quality of life?

A A breast cancer diagnosis does not necessarily mean that the entire breast must be removed. Breast-conserving and oncoplastic surgery have changed the way we approach breast cancer treatment by shifting the focus from simply removing the tumour to treating the cancer effectively while also considering the woman's long-term physical and emotional well-being.

The balance between effective cancer removal and preservation of appearance depends on several factors, including the tumour's size, stage and biology, the characteristics of the breast and the patient's preferences.

In breast-conserving surgery, the priority is always the safe removal of the cancer while preserving the breast and achieving a good cosmetic outcome wherever possible. Surgical planning must therefore be individualised rather than follow a one-size-fits-all approach.

Oncoplastic surgery goes beyond appearance alone. It allows surgeons to consider both cancer control and the physical outcome of surgery, with the aim of preserving breast shape, symmetry and the patient's quality of life.

The goal is to achieve the best possible balance between oncological safety, good cosmetic outcomes and the patient's overall well-being.

Q With AI and robotic technologies increasingly being explored in cancer care, how do you see them contributing to the future of breast cancer treatment? Could these technologies improve surgical precision, treatment planning, patient outcomes and recovery, and what are their current limitations in breast surgery?

A Artificial intelligence and robotic technologies have considerable potential to improve breast cancer care, from diagnosis and treatment planning to surgery and recovery. However, they serve different purposes: AI analyses information to support clinical decisions, while robotic systems assist surgeons in performing procedures.

Neither replaces the expertise and judgement of the treating team.

AI is already being used in breast imaging and is being explored in digital pathology, treatment planning and outcome prediction. It can help identify suspicious areas on mammograms, analyse tumour characteristics and integrate imaging, pathology and clinical information to support more personalised treatment decisions. In radiotherapy, AI can help clinicians plan treatment more efficiently and consistently. Its role in surgical planning, real-time guidance and the assessment of surgical margins is promising but still requires further validation.

Robotic surgery offers a different set of potential benefits. Three-dimensional visualisation, articulated instruments and improved access to difficult-to-reach areas may help surgeons perform selected procedures through smaller incisions. In breast cancer care, robotic techniques are being explored particularly in nipple-sparing mastectomy and breast reconstruction, where incision placement and cosmetic outcomes are important. For appropriately selected patients, these approaches may offer aesthetic advantages, although the extent of improvement in recovery and complication rates varies.

Q Even after successful treatment, many breast cancer survivors have questions about recurrence, follow-up, lifestyle and returning to normal life. What does comprehensive post-treatment surveillance involve, and what should survivors keep in mind for their long-term breast health?

A Completing treatment is not the end of care; it is the beginning of a new phase of health management. Follow-up should be individualised, symptoms should not be ignored, and survivors should feel empowered to discuss physical, emotional and lifestyle concerns with their healthcare team.

Women with a personal history of breast cancer may require an individualised surveillance plan, including appropriate breast imaging and regular medical follow-up. Long-term follow-up



DR. MEGHA B

Dr. Megha B is a Surgical Oncologist and Consultant Breast Surgeon at Kauvery Hospital, Trichy. She holds an MCh in Surgical Oncology from Kidwai Memorial Institute of Oncology, Bengaluru, an MS in General Surgery from Mysore Medical College & Research Institute, and an MBBS from Basaveshwara Medical College & Research Centre.

She has worked as a Senior Resident at Shimoga Institute of Medical Sciences and as an Assistant Professor at ESIC Medical College & Hospital, Rajajinagar, Bengaluru. She is also an Intuitive-certified robotic surgery first assistant, with experience in robotic-assisted surgery.

Dr. Megha has published research in diabetic wound care and facial reconstruction. She follows an evidence-based, research-oriented approach to patient care.

(Photo courtesy: youtube/KauveryHospital)

is important for monitoring breast health, identifying concerning changes and providing ongoing support. The goal is not merely to detect recurrence but also to help women live healthier, fuller lives after breast cancer.

Survivors should remain familiar with how their breasts normally look and feel and seek medical advice if they notice a new lump, changes in breast size or shape, nipple discharge, nipple inversion, skin dimpling, or persistent redness or swelling.

Lifestyle also remains important. Regular physical activity, maintaining a healthy weight, limiting or avoiding alcohol, avoiding tobacco and attending recommended follow-up appointments support overall health.

The key message is that breast health requires continued attention even after

successful treatment. An individualised follow-up plan, awareness of new symptoms and timely medical evaluation can help survivors manage their long-term health with greater confidence.

Q There are numerous myths and misconceptions surrounding breast cancer, including those related to lifestyle, breastfeeding, breast injuries, bras and other everyday factors. Which misconceptions would you most like to correct, and what is the most important message you would like every woman to remember about taking charge of her breast health?

A One of the most important misconceptions I would like to correct is the belief that a woman cannot develop breast cancer if there is no family history of the disease. This is not true. Many women diagnosed with breast cancer have no known family history, and the absence of a family history does not mean there is no risk.

Another misconception is that every breast lump is cancerous. Many breast lumps, particularly in younger women, are benign conditions such as fibroadenomas and cysts. However, a new or persistent lump should always be evaluated by a qualified healthcare professional rather than assumed to be harmless.

I would also like women to understand that breast cancer does not always cause pain. A painless lump or an unexplained change in breast shape, nipple appearance or skin texture should not be ignored. Similarly, having a risk factor does not mean that a woman will definitely develop cancer, and not having a known risk factor does not guarantee protection.

The most important message I would like every woman to remember is that breast awareness is not about fear; it is about knowing your body and knowing when to act. Become familiar with how your breasts normally look and feel, recognise new or persistent changes, seek timely medical advice and discuss an appropriate screening plan based on your age and individual risk. Early recognition, accurate diagnosis and appropriate treatment matter. ●



Dr. Kaishreen Khan

Consultant Obstetrician & Gynaecologist,
Motherhood Hospitals, Kharadi, Pune

Breast cancer diagnosed during pregnancy can be emotionally overwhelming, but timely evaluation and careful planning can help doctors treat the mother while monitoring the health and development of the baby.

Pregnancy brings several changes to a woman's breasts, including increased size, tenderness, and a feeling of fullness. These changes can sometimes make it difficult to identify an

unusual lump or other warning signs. Although breast cancer during pregnancy is uncommon, a persistent lump or suspicious breast change should not be ignored simply because a woman is pregnant.

Pregnancy naturally changes the breast tissue, so women may sometimes feel lumps or notice changes that are not cancer. However, a lump that persists, increases in size, or is associated with skin or nipple changes needs medical evaluation. We should not delay assessment just because the woman is pregnant.

How is breast cancer diagnosed during pregnancy?

If a woman develops a suspicious breast lump, doctors first assess the breast clinically and may recommend an ultrasound. Ultrasound can help distinguish between different types of breast changes and is commonly used during pregnancy. If the findings are concerning, a biopsy may be advised to

confirm the diagnosis. The results help doctors understand the type of breast cancer and decide the next steps. The treatment plan is usually discussed by a multidisciplinary team involving a gynaecologist, breast surgeon, medical oncologist and other specialists.

Treatment depends on the stage of pregnancy

Treatment cannot be the same for every pregnant woman diagnosed with breast cancer. Doctors consider the type and stage of cancer, the trimester of pregnancy and the mother's overall health.

Surgery can be performed during pregnancy when required, depending on the individual case. Some chemotherapy medicines may also be considered after the first trimester when medically appropriate. However, certain treatments, including hormonal therapy, some targeted therapies, and radiation therapy, are generally avoided during pregnancy and may be planned after delivery. The timing of every treatment

Breast Cancer During Pregnancy:

What Patients Need to Know



BREAST CANCER DURING PREGNANCY REQUIRES INDIVIDUALISED CARE, BUT PREGNANCY SHOULD NOT BECOME A REASON TO IGNORE A SUSPICIOUS BREAST CHANGE. EARLY EVALUATION, MULTIDISCIPLINARY TREATMENT, AND CAREFUL PREGNANCY MONITORING CAN HELP DOCTORS MAKE TIMELY DECISIONS FOR BOTH MOTHER AND BABY



has to be carefully discussed with the patient.

Why the trimester matters?

The stage of pregnancy plays an important role in treatment planning. During the first trimester, the baby's organs are developing rapidly, so doctors are particularly cautious about exposure to medicines that could affect fetal development.

As pregnancy progresses, treatment options may change. The oncology and obstetric teams work together to decide the safest approach while ensuring that cancer treatment is not unnecessarily delayed.

How is the baby monitored?

Pregnancy care becomes more closely coordinated when the mother is undergoing cancer treatment. Doctors may monitor fetal growth and development through regular ultrasound examinations and other assessments when required.

"The baby's growth and well-being need to be followed along with the mother's cancer treatment. We look at the gestational age, fetal growth, placen-

tal function, and the overall pregnancy before making decisions about follow-up and delivery. The aim is to ensure that both maternal treatment and pregnancy care are appropriately coordinated.

Can the pregnancy continue normally?

In many cases, pregnancy can continue while the mother receives carefully selected cancer treatment. However, the timing and mode of delivery depend on the mother's cancer treatment, gestational age, fetal condition and overall clinical situation.

The expert may also plan delivery around cancer treatment schedules. It is important that delivery planning is not done in isolation but discussed between the obstetric and oncology teams.

Warning signs women should not ignore:

Pregnant women should consult a doctor if they notice a breast lump that persists or grows, changes in breast size or shape, nipple inversion, unusual nipple discharge, skin dimpling, redness, thickening or swelling in the breast or underarm. These changes do not automatically mean cancer.

Pregnancy itself can cause several breast changes, but persistent or unusual symptoms should be assessed rather than assumed to be pregnancy-related.

Emotional support matters too

A cancer diagnosis during pregnancy can cause significant fear and anxiety. Women may worry about their own health, the baby's safety, and whether treatment will affect the pregnancy.

Women diagnosed with breast cancer during pregnancy should receive clear information and emotional support along with medical treatment. They should understand why a particular investigation or treatment is being recommended and how the pregnancy will be monitored. With coordinated care, doctors can plan treatment while keeping both maternal health and fetal well-being in focus.

Breast cancer during pregnancy requires individualised care, but pregnancy should not become a reason to ignore a suspicious breast change. Early evaluation, multidisciplinary treatment, and careful pregnancy monitoring can help doctors make timely decisions for both mother and baby. ●

BREAST CANCER IN YOUNGER WOMEN:

Why Awareness Cannot Wait Until Middle Age

Breast cancer can also affect younger women, making awareness of breast changes important even before routine screening age.



Dr. Akhila Bommareddy
Surgical Oncologist, TGH Onco Life
Cancer Centre, Talegaon

Breast cancer is associated with older women, but it can also occur in younger women. This is why doctors say women should not assume they are too young to develop breast cancer or ignore changes in their breasts simply because of their age. Knowing the warning signs and seeking medical advice early can help in timely diagnosis and treatment.

Breast cancer occurs when abnormal cells in the breast begin to grow in an uncontrolled way and form a tumour. It can start in different parts of the breast and may sometimes spread to other parts of the body if not detected and treated. Breast cancer is not limited to women in their 50s or 60s. Younger women can also develop the disease, and sometimes the symptoms may be mistaken for hormonal

changes or other harmless breast problems. Any new or unusual breast change that persists should be evaluated rather than being ignored because of age.

Why can breast cancer occur in younger women?

- **Family history:** Having close relatives with breast or certain other cancers can increase risk.
- **Genetic changes:** Inherited changes in genes such as BRCA1 and BRCA2 can increase the risk of breast and ovarian cancers.
- **Hormonal and reproductive factors:** Certain reproductive and hormonal factors can influence breast cancer risk.
- **Lifestyle factors:** Being overweight, physical inactivity, and alcohol con-



- **Previous radiation exposure:** Radiation treatment to the chest at a young age can increase the risk later in life.
- **Age:** Although risk generally increases with age, younger age does not completely rule out breast cancer.

Having one or more risk factors does not mean that a woman will definitely develop breast cancer. Some women develop breast cancer without any obvious risk factor.

What symptoms should younger women watch for?

Women should become familiar with how their breasts normally look and feel. Changes that need medical evaluation include:

- A new lump or thickening in the breast or underarm
- A change in breast size or shape
- Nipple turning inward
- Unusual nipple discharge, particularly if it is bloody
- Persistent pain or discomfort in one area
- Skin redness, thickening or a change in texture
- Dimpling or an appearance resembling the skin of an orange
- A change in the appearance of the nipple or surrounding skin

Not every breast lump or change is cancer. Conditions such as cysts and fibroadenomas can also cause lumps. However, a new or persistent change should be checked by a doctor.

Why awareness cannot wait until middle age

Younger women often have dense breast tissue, and some may dismiss a lump or other change as a hormonal issue. Delaying evaluation can mean that a concerning change is identified later. Women should not wait until they reach an older age to become aware of their breast health. If there is a persistent lump, nipple change, unusual discharge, or any other unexplained change, a clinical examination is important.

What complications can occur if breast cancer is diagnosed late?

If breast cancer is detected at a later stage, the disease may have spread beyond the breast to lymph nodes or other organs. Treatment may then become more complex and can involve a combination of surgery, chemotherapy, radiation therapy, hormonal therapy, or targeted treatment depending on the type and stage of cancer. Early evaluation does not mean every breast change will turn out to be cancer. It simply gives doctors an opportunity to identify the cause and start appropriate treatment when required.

What can younger women do?

- Know the normal appearance and feel of your breasts.
- Do not ignore a new or persistent breast change.
- Seek medical advice if you notice a suspicious lump or other warning sign.
- Women with a strong family history should discuss their individual risk with a doctor.
- Maintain a healthy weight and stay physically active.
- Follow screening advice based on individual risk and medical history rather than relying only on age.

Awareness, timely evaluation, and appropriate follow-up remain important at every age. ●



INTERVIEW

THE FUTURE OF WOMEN'S CANCER CARE BEGINS WITH **PREVENTION, PRECISION AND EARLY DETECTION**

DR. NEETHU P.K. ON ADVANCING GYNAECOLOGIC ONCOLOGY
THROUGH INNOVATION, PREVENTION AND COMPASSIONATE CARE

*Women's cancer care is entering a transformative era, driven by advances in early detection, precision medicine, robotic surgery and artificial intelligence. Yet, the greatest challenge remains ensuring that every woman has access to timely diagnosis, evidence-based treatment and compassionate care. In an exclusive interview with Medical Tourism Today, **Dr. Neethu P.K.**, Consultant and Associate Professor of Gynaecological Oncology at Amrita Institute of Medical Sciences, Kochi, discusses the evolving landscape of gynaecological oncology, the importance of prevention and early intervention, and how emerging technologies are reshaping treatment outcomes. She also shares her perspective on the challenges of equitable access to advanced cancer care and India's growing potential as a destination for specialised women's cancer treatment.*

Q Dr. Neethu, your journey has evolved from Obstetrics & Gynaecology to becoming a dedicated Gynaecologic Oncologist. What inspired this transition, and how has this specialization transformed your perspective on women's cancer care?

A My journey into gynaecologic oncology was driven by a deep sense of responsibility towards my patients. As an obstetrician and gynaecologist, I often cared for women until the moment they were diagnosed with cancer. At that point, I had to refer them to another specialist. Watching frightened patients and their families navigate such a life-changing diagnosis, knowing that I could no longer guide them through the rest of their journey, was emotionally difficult. I felt that they deserved continuity of care from a doctor who understood them, their fears, and their medical history.

I also believed that if I acquired the necessary expertise, I could offer comprehensive, evidence-based cancer care without compromise. This conviction motivated me to pursue formal super-specialty training through the highly competitive MCh programme in Gynaecologic Oncology. It was a conscious decision to dedicate my career to one of the most challenging yet rewarding fields in women's health.

The transition has transformed not only my surgical skills but also my entire perspective on cancer care. While surgery remains the cornerstone of treatment for many gynaecologic cancers, optimal care extends far beyond

the operating room. Modern oncology demands a thorough understanding of tumour biology, molecular diagnostics, precision medicine, systemic therapies, radiation oncology, genetics, fertility preservation, survivorship, and palliative care. It is a rapidly evolving field, with new evidence emerging continuously, requiring clinicians to critically evaluate and thoughtfully integrate advances into everyday practice.

Perhaps the greatest transformation has been in how I view each patient. Today, I see not just a disease to be treated, but a woman whose physical, emotional, reproductive, and psychological wellbeing must all be considered. My goal is not simply to cure cancer whenever possible, but to ensure that every woman receives compassionate, personalised, and evidence-based care throughout her journey—from diagnosis to

treatment, recovery, and long-term survivorship.

Q Could you explain the major types of gynaecologic cancers? Which cancers are most common, what organs do they affect, and what are the early warning signs that women should never ignore?

A Gynaecologic cancers are cancers that arise in the female reproductive organs. The five major types are cervical, ovarian, endometrial (uterine), vulvar and vaginal cancers. While each has distinct risk factors and treatment approaches, they share one important principle—early diagnosis offers the best chance of successful treatment.

Cervical cancer affects the cervix, the lower part of the uterus. It is one of the most preventable cancers because of HPV vaccination and regular cer-



vical screening. Women should never ignore bleeding after intercourse, bleeding between menstrual periods, bleeding after menopause, or persistent foul-smelling vaginal discharge.

Ovarian cancer broadly includes malignancies arising from the ovary, fallopian tube and primary peritoneal surfaces, which are often managed within the same oncologic framework. Unlike cervical cancer, its symptoms are often subtle and nonspecific. Persistent abdominal bloating, pelvic discomfort, early satiety, unexplained abdominal enlargement, or frequent urination lasting for several weeks should prompt medical evaluation.

Endometrial cancer arises from the lining of the uterus and is now becoming increasingly common. Fortunately, it often presents with an early warning sign. Any postmenopausal bleeding warrants prompt medical evaluation. Women who have unusually heavy, prolonged or irregular menstrual bleeding should also seek medical attention.

Vulvar and vaginal cancers are less common but should not be overlooked. Persistent itching, a lump, a non-healing ulcer, skin changes, or unexplained bleeding or discharge warrant examination by a gynaecologist.

It is important to remember that these symptoms are far more commonly caused by non-cancerous conditions.

However, if they persist or recur, they should never be ignored. Equally important is consulting the right specialist. Women with persistent gynaecological symptoms should seek evaluation by a gynaecologist rather than continuing to attribute their symptoms to ageing, menopause, gastric problems, or urinary infections. Reaching the right healthcare professional early can significantly shorten the time to diagnosis and treatment.

My message to women is simple: know your body, pay attention to persistent changes, and don't delay seeking expert advice. Early diagnosis starts with awareness and timely evaluation, and these remain our strongest tools in improving outcomes.

Q Gynaecologic cancers are often diagnosed at advanced stages. What are the biggest challenges you see today in achieving early diagnosis?

A Although we have made remarkable advances in diagnosis and treatment, many women continue to present with advanced gynaecologic cancers. The reasons are often complex and extend far beyond the disease itself.

One of the most striking observations in my practice is that I rarely meet women who say they had absolutely no warning signs. More commonly, I hear expressions of regret: "I thought it was

just menopause," "I assumed it was a gastric problem," "I kept hoping it would go away." These missed opportunities are heartbreaking because many gynaecologic cancers do give us a chance to detect them earlier if symptoms are recognised and evaluated promptly.

Several factors contribute to this delay. Many symptoms, particularly those of ovarian cancer, are vague and easily mistaken for common gastrointestinal or urinary problems. Women are often busy caring for their families and tend to prioritise everyone else's health over their own. Fear of a cancer diagnosis, embarrassment, social stigma, financial concerns, and limited awareness about warning signs can all lead to postponing medical consultation. In some cases, patients seek care from multiple healthcare providers before reaching a gynaecologist, further delaying diagnosis.

At the same time, we should remember that not every delayed diagnosis is the patient's fault. Some gynaecologic cancers are biologically aggressive and may progress rapidly despite appropriate medical attention. Our healthcare systems also need to make specialist care, organised screening programmes, and timely diagnostic services more accessible.

On the other hand, I occasionally see women whose cancers are detected during routine screening or early evaluation before significant symptoms develop. Although the diagnosis is often unexpected and emotionally overwhelming, early detection usually offers more treatment options and better outcomes. Even then, accepting a cancer diagnosis is never easy, which reminds us that emotional support is as important as medical treatment.

Ultimately, improving early diagnosis is a shared responsibility. As healthcare professionals, we must educate women, encourage appropriate screening, and maintain a high index of suspicion when warning signs are present. Women, in turn, should seek timely medical evaluation when warning signs arise. Every opportunity to diagnose cancer earlier is an opportunity to save lives and preserve quality of life.



Q Cervical cancer remains one of the most preventable cancers. What role do HPV vaccination and organized screening programs play in India's fight against cervical cancer?

A Cervical cancer is unique among major cancers because we have highly effective tools for both prevention and early detection. Nearly all cases are caused by persistent infection with high-risk types of the Human Papillomavirus (HPV). This gives us a tremendous opportunity to intervene before cancer develops. HPV vaccination and organised cervical screening together form the cornerstone of cervical cancer prevention and have the potential to save thousands of lives every year.

HPV vaccination is the first line of defence against cervical cancer. It is most effective when administered before exposure to the virus, ideally during early adolescence. The currently available vaccines provide excellent protection against the HPV types responsible for the majority of cervical cancers. Countries that have achieved high vaccination coverage have already reported substantial reductions in HPV infections, precancerous cervical lesions, and, more recently, cervical cancer itself. These results demonstrate that cervical cancer is no longer an inevitable disease—it is increasingly becoming a preventable one.

India has recently taken a historic step by launching a nationwide HPV vaccination programme. The Government of India now offers a free single-dose HPV vaccine to eligible 14-year-old girls through the public health system. This landmark initiative represents one of the most significant advances in women's preventive healthcare in our country. If implemented with high coverage and sustained public awareness, it has the potential to dramatically reduce the burden of cervical cancer for future generations.

However, vaccination alone is not sufficient. The vaccine does not protect against every cancer-causing HPV type, nor does it treat existing HPV infections. Therefore, regular cervical screening remains equally important.



Screening enables us to identify precancerous changes in the cervix long before they progress to invasive cancer, allowing timely treatment and preventing cancer from developing. As screening evolves from conventional cytology to HPV-based screening with risk-based management, we have an opportunity to identify women at greatest risk and intervene at the earliest possible stage.

The World Health Organization has outlined an ambitious yet achievable strategy to eliminate cervical cancer as a public health problem through its 90-70-90 targets: vaccinating 90% of girls against HPV by the age of 15 years, screening 70% of women with a high-performance test by the ages of 35 and 45 years, and ensuring that 90% of women diagnosed with precancer or cervical cancer receive appropriate treatment. Achieving these goals will require collaboration between governments, healthcare professionals, educators, communities, and women themselves.

As gynaecologic oncologists, we are privileged to treat women with cervical cancer, but our greatest success will be when fewer women need our treatment at all. My hope is that future genera-

tions will be protected through effective vaccination and organised screening, allowing cervical cancer to become a rare disease rather than a common tragedy. The greatest success in cervical cancer care will not be measured by the number of cancers we treat, but by the number we prevent.

Q Many women delay seeking medical attention due to fear, stigma, or lack of awareness. What message would you like to share to encourage women to prioritize regular screening and early consultation?

A Fear is a natural response when we think about cancer, but fear should never become a barrier to seeking help. In my experience, women do not simply need to be told to come early—they need accurate information, reassurance, and the confidence to take that first step. When women understand their symptoms, know what to expect during an evaluation, and realise that not every abnormal symptom means cancer, they are much more likely to seek timely medical attention.

One of the greatest misconceptions is that a cancer diagnosis automatical-

ly means a poor outcome. That is no longer true. Many gynaecologic cancers are highly treatable, particularly when diagnosed early. Cervical cancer is largely preventable through HPV vaccination and screening, endometrial cancer often presents with early warning signs such as postmenopausal bleeding, and even ovarian cancer has significantly improved outcomes when managed promptly by specialist multidisciplinary teams.

I also encourage women not to ignore symptoms because they are busy caring for others. Women often place the needs of their families before their own health. Looking after yourself is not selfish—it is one of the most important responsibilities you have, because your family depends on your wellbeing.

Equally important is seeking advice from the right healthcare professional. Persistent abnormal bleeding, pelvic pain, abdominal bloating, or other gynaecological symptoms deserve evaluation by a gynaecologist. Reaching the appropriate specialist early can shorten the time to diagnosis and ensure that treatment, if needed, begins without unnecessary delay.

Finally, I want every woman to know that she does not have to face this journey alone. Behind every patient is a team of doctors, nurses, counsellors, and family members working together to support her. Asking questions, expressing fears, and seeking reassurance are signs of strength, not weakness. Knowledge empowers women to make informed decisions, and timely action gives us the greatest opportunity to prevent disease, detect cancer early, and achieve the best possible outcomes.

Q Could you outline the typical treatment journey for a woman diagnosed with gynaecologic cancer? From the first symptoms and diagnosis to staging, treatment planning, surgery, chemotherapy, radiation therapy, follow-up care, and survivorship, what should patients and their families expect at each stage?

A A diagnosis of gynaecologic cancer can be overwhelming. Patients and their

families are suddenly faced with unfamiliar medical terms, multiple treatment options, and difficult decisions. One of the most important messages I would like every woman to know is that she does not have to navigate this journey alone. Modern gynaecologic cancer care is a carefully coordinated, multidisciplinary process designed to provide the right treatment, at the right time, for the right patient.

The journey begins with an accurate diagnosis and careful staging of the disease using clinical examination, imaging, pathology, and, where appropriate, molecular and genetic testing. Treatment is highly individualised. The type and stage of cancer, the patient's age,

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fertility wishes, general health, genetic profile, and personal preferences all play an important role in determining the best treatment strategy.

This is where the role of a gynaecologic oncologist becomes particularly important. Gynaecologic oncology is a distinct superspecialty integrating complex pelvic and abdominal cancer surgery with an understanding of systemic therapy, radiation oncology, pathology, genetics, fertility preservation, survivorship and palliative care. This broad training allows the gynaecologic oncologist to coordinate the overall treatment pathway while working closely with the multidisciplinary team.

While different specialists contribute at different stages of treatment, the gynaecologic oncologist often remains the constant point of contact throughout the patient's cancer journey. We help patients understand their diagnosis, discuss the available treatment options, explain the benefits and risks of each approach, coordinate multidisciplinary care, and ensure that every decision is made in the patient's best interest. This continuity of care not only improves coordination but also provides reassurance to women and their families during one of the most challenging periods of their lives.

Treatment itself varies according to the type and stage of cancer. For some women, surgery is the first and most important treatment. Others may benefit from chemotherapy before surgery, combined chemoradiation, targeted therapies, immunotherapy, or a combination of these approaches. Advances in molecular diagnostics and precision medicine are allowing us to personalise treatment more than ever before, improving outcomes while minimising unnecessary treatment whenever possible.

However, the cancer journey does not end when the last operation, chemotherapy cycle, or radiation session is completed. Regular follow-up is an essential part of comprehensive cancer care. These visits provide an opportunity to address menopausal, sexual, and psychosocial health concerns and support women as they return to their daily lives. Regular follow-up allows us to monitor recovery, manage long-term treatment effects and identify symptoms or signs suggestive of recurrence, so that appropriate evaluation and further treatment can be considered when indicated.

Today, survivorship has become an integral part of oncology. Our goal is not merely to help women survive cancer, but to help them live well after cancer—with the best possible quality of life, physical health, emotional wellbeing, and confidence.

Above all, I want every woman diagnosed with a gynaecologic cancer to

know that she is not facing this journey alone. My role is not simply to perform an operation or recommend a treatment. It is to serve as a guide, an advocate, and a constant partner throughout her cancer journey—from diagnosis to treatment, survivorship, and, whenever necessary, recurrence or palliative care. The greatest reassurance we can offer our patients is that every decision is made with compassion, evidence, and a commitment to achieving the best possible outcome for that individual woman.

Q Artificial Intelligence, digital pathology, and precision medicine are transforming oncology. Which emerging technologies do you believe will have the greatest impact on gynaecologic cancer care over the next decade?

A Artificial Intelligence (AI), digital pathology, and precision medicine are redefining the future of cancer care. However, I believe their greatest contribution will not be in replacing clinicians, but in empowering us to make faster, more accurate, and more personalised decisions. The future of gynaecologic oncology lies in combining technological innovation with clinical expertise, evidence-based medicine, and compassionate patient care.

One of the most exciting applications of AI is in early detection and diagnosis. AI-assisted interpretation of cervical screening tests, colposcopy images, radiological imaging, and digital pathology has the potential to improve diagnostic accuracy, reduce inter-observer variability, and identify subtle abnormalities that may otherwise be overlooked. In countries like India, where specialist expertise is unevenly distributed, AI could also help bridge gaps in access by supporting clinicians in remote and resource-limited settings. Importantly, AI should function as a clinical decision-support tool rather than an independent decision-maker.

The second major advance is precision medicine. We are moving away from treating cancers solely according to their organ of origin towards understanding their unique molecular and

genetic characteristics. Appropriate molecular profiling, biomarker testing and, in selected patients, comprehensive genomic testing are already helping us identify women who are most likely to benefit from targeted therapies and immunotherapy while avoiding unnecessary treatments. Over the next decade, treatment strategies will become increasingly personalised, improving outcomes while reducing toxicity and preserving quality of life.

The third area is advanced surgical innovation. Robotics, fluorescence-guided surgery, three-dimensional imaging, image-guided navigation, and AI-assisted surgical technologies have the potential to enhance precision, improve safety, and support surgical training. However, technology should never replace sound surgical judgement. The success of any operation will continue

to depend on appropriate patient selection, meticulous surgical technique, adherence to oncological principles, and the experience of the multidisciplinary team.

AI also has enormous potential in analysing large volumes of healthcare data. By integrating clinical information, imaging, pathology, genomics, and treatment outcomes, AI may help predict prognosis, estimate treatment response, identify women at increased risk of recurrence, and personalise surveillance strategies after treatment. It can also support population health by identifying women at greatest risk, improving participation in screening programmes, and helping healthcare systems allocate limited resources more effectively.

For India, these advances present both an opportunity and a responsibility.



ity. Our country has exceptional clinical expertise, a large and diverse patient population, and rapidly expanding digital health infrastructure. This places us in a unique position not only to adopt these technologies but also to contribute to their development. AI algorithms and precision medicine tools should be developed and validated using Indian and other diverse populations to minimise bias and ensure that they are accurate, equitable, and relevant to the patients we serve. I also hope to see greater investment in indigenous research, digital pathology, genomics, and AI-driven innovations that address healthcare challenges unique to our population.

At the same time, technological progress must be accompanied by thoughtful governance. As AI becomes increasingly integrated into clinical practice, important ethical and legal questions arise. If an AI-assisted recommendation contributes to a diagnostic or treatment error, where does responsibility lie—with the treating clinician, the hospital, the software developer, or the healthcare system? How should liability be allocated? How will professional indemnity and insurance frameworks evolve to accommodate AI-assisted healthcare? These are important grey areas that require robust regulatory oversight, transparent validation of AI systems, and clear medicolegal frameworks before widespread adoption. Until these questions are adequately addressed, AI should remain an aid to clinical decision-making rather than an autonomous authority.

Despite these remarkable technological advances, one principle will never change. Medicine is built on trust. AI can process enormous amounts of information and recognise patterns beyond human capability, but it cannot replace empathy, clinical judgement, ethical reasoning, or the nuanced conversations that occur between a doctor and a patient facing a life-changing diagnosis. The future of gynaecologic oncology will not be defined by artificial intelligence alone, but by how wisely we integrate human intelligence with techno-

logical innovation to deliver safer, more precise, equitable, and compassionate cancer care.

Q India is rapidly emerging as a preferred destination for international patients seeking cancer treatment. What strengths make India particularly attractive for women requiring gynaecologic oncology care?

A India has emerged as an important destination for gynaecologic oncology not simply because treatment is cost-effective, but because many centres now provide comprehensive, evidence-based cancer care comparable to leading institutions around the world. International patients today seek expertise, safety, multidisciplinary care, advanced technology, and personalised treatment, and these are areas in which India has made remarkable progress.

One of India's greatest strengths is its highly trained specialists. Gynaecologic oncology in India is a recognised superspecialty, and many specialists undergo a rigorous three-year MCh (Magister Chirurgiae) programme after completing postgraduate training in Obstetrics and Gynaecology. This structured training encompasses advanced oncologic surgery, principles of chemotherapy and radiation oncology, pathology, multidisciplinary cancer management, research methodology, and the completion of a thesis. Many specialists further enhance their expertise through national and international fellowships in robotic surgery, minimally invasive surgery, and other advanced oncologic techniques. This combination of structured superspecialty training, academic research, and continued professional development equips Indian gynaecologic oncologists to deliver comprehensive care across the entire spectrum of women's cancers.

Another major strength is the extensive clinical experience gained in high-volume tertiary referral centres. Indian specialists routinely manage a broad range of common, uncommon, and highly complex gynaecologic cancers. This large clinical volume allows surgeons and multidisciplinary teams

to refine their technical expertise, clinical judgement, and decision-making while adhering to internationally accepted evidence-based treatment protocols.

Modern gynaecologic oncology in India is delivered through multidisciplinary tumour boards, where gynaecologic oncologists work closely with medical oncologists, radiation oncologists, radiologists, pathologists, genetic counsellors, fertility specialists, palliative care physicians, and specialised nursing teams. This collaborative model ensures that every patient receives an individualised treatment plan based on the best available evidence.

India has also embraced many of the latest advances in cancer care. Advanced minimally invasive and robotic surgery, molecular diagnostics, genetic counselling and testing, precision oncology, targeted therapies, immunotherapy, and specialised procedures such as HIPEC and PIPAC are available in several centres for appropriately selected patients. These technologies allow us to personalise treatment while improving surgical recovery and maintaining excellent oncological outcomes.

At the same time, it is important to acknowledge the realities of healthcare economics. While our surgical expertise, multidisciplinary care, and technological capabilities are comparable with leading centres internationally, access to some of the newest targeted therapies and immunotherapies remains limited for many patients because of their high cost. As biosimilars, generic formulations, and more affordable innovations become available, we hope these treatments will become accessible to a much larger population. I also believe India has the talent, patient volume, and academic capability to contribute significantly to global research, clinical trials, and the development of innovative yet affordable therapies tailored to our population.

Another important advantage is value. India offers high-quality specialist cancer care at substantially lower costs than in many developed countries, often with shorter waiting times and comprehensive cancer care services. For many

international patients, this means they can access timely, high-quality treatment without compromising standards of care.

Ultimately, patients do not travel across countries simply for technology or affordability. They travel for trust, expertise, and the confidence that every decision will be made in their best interests. I believe India's greatest strength lies in its combination of rigorous specialist training, extensive clinical experience, advanced technology, and compassionate, patient-centred practice. As we continue to invest in research and innovation, India is well positioned not only to deliver world-class gynaecologic oncology care but also to contribute meaningfully to the future of women's cancer care worldwide.

Q For international patients considering treatment in India, what factors should they evaluate when selecting a hospital and specialist for gynaecologic cancer care?

A Choosing where to receive cancer treatment is one of the most important decisions a patient and her family will make. While modern technology and hospital infrastructure are important, I believe the expertise of the treating team should remain the primary consideration.

The first step is to identify a specialist with formal training and substantial experience in gynaecologic oncology. Patients should look for a gynaecologic oncologist who has dedicated super-specialty training—such as an MCh in Gynaecologic Oncology or an internationally recognised equivalent—and who routinely manages the full spectrum of gynaecologic cancers. Cancer surgery differs significantly from routine gynaecological surgery, and outcomes are closely linked to specialist training, surgical expertise, and experience.

The hospital itself should have a well-established multidisciplinary cancer programme. Optimal care requires close collaboration between gynaecologic oncologists, medical oncologists, radiation oncologists, radiologists, pathologists, anaesthesiologists, intensivists,

genetic counsellors, specialised nursing teams, rehabilitation services, psycho-oncology, fertility specialists where appropriate, and palliative care experts. Regular multidisciplinary tumour board discussions ensure that every patient receives an individualised, evidence-based treatment plan.

Patients should also consider whether the centre has experience in managing their specific type of cancer. The needs of a woman with early-stage cervical cancer differ greatly from those of a patient with advanced ovarian cancer requiring extensive cytoreductive surgery or specialised procedures such as HIPEC. High-volume centres with experience in complex gynaecologic cancers are often better equipped to manage challenging situations and unexpected complications.

Equally important is communication. Patients should feel comfortable asking questions about their diagnosis, treatment options, expected outcomes, possible complications, fertility preservation where relevant, and quality of life after treatment. A good specialist welcomes informed discussions, explains the reasoning behind recommendations, and ensures that patients and their families are active partners in decision-making.

International patients should also consider practical aspects such as assistance with travel, accommodation, medical documentation, language support, coordination with doctors in their home country, and a clear follow-up plan after they return home. Cancer care does not end at hospital discharge. Effective communication between the treating team in India and healthcare providers in the patient's home country helps ensure continuity of care, timely surveillance, and prompt management should any concerns arise later.

Finally, I would encourage patients not to choose a hospital based solely on advertising, social media presence, or cost. The right choice is one that combines specialist expertise, evidence-based treatment, transparent communication, patient safety, and compassionate support. Technology is valuable, but it is the experience, judgement, and commitment of the treating team that ultimately make the greatest difference to patient outcomes.



Q Finally, what is your vision for the future of women's cancer care in India, and what message would you like to share with healthcare professionals, policymakers, patients, and women around the world?

A The future of women's cancer care is both exciting and promising. We are entering an era where prevention, precision medicine, molecular diagnostics, artificial intelligence, and advanced surgical technologies are transforming the way we understand and treat gynaecologic cancers. However, I believe that the greatest success of the next decade will not be measured by the complexity of the treatments we deliver, but by the number of cancers we prevent, detect early, and cure.

My vision is to see a fundamental shift from reactive cancer care to proactive women's health. Prevention must become the cornerstone of our strategy. Universal HPV vaccination, organised cervical screening programmes, greater public awareness, healthier lifestyles, and timely access to specialist care have the potential to dramatically reduce the burden of cervical cancer and improve outcomes across all gynaecologic cancers. At the same time, greater awareness of hereditary cancer syndromes and wider adoption of genetic counselling and genetic testing will allow us to identify women and families at increased risk, enabling personalised surveillance, preventive strategies, and earlier intervention.

The future also lies in precision oncology. We are moving beyond treating cancers based solely on their site of origin towards understanding their molecular and genetic characteristics. Appropriate molecular profiling, biomarker testing and, in selected patients, comprehensive genomic testing will continue to improve outcomes while reducing unnecessary treatment and toxicity. Every woman deserves treatment that is tailored not only to her disease but also to her individual circumstances, values, and goals.

India has an extraordinary opportunity to become a global leader in women's cancer care. We have outstanding clinicians, rigorous superspecialty training programmes, large and diverse patient populations, and growing expertise in robotics, minimally invasive surgery, molecular diagnostics, and multidisciplinary oncology. I hope to see greater investment in indigenous research, genomics, artificial intelligence, clinical trials, drug development, and affordable innovations so that India contributes not only to delivering world-class care but also to generating the evidence and technologies that shape the future of global oncology.

As we embrace innovation, we must also ensure that it remains ethical, equitable, and accessible. Advanced diagnostics, targeted therapies, immunotherapy, and AI should not become

privileges available only to a few. Our responsibility is to make scientific progress meaningful for every woman, irrespective of where she lives or her financial circumstances. Technology should enhance clinical judgement, not replace it, and every innovation must ultimately serve the best interests of the patient.

To healthcare professionals, I would say that our greatest responsibility is to remain lifelong learners. Oncology continues to evolve at an extraordinary pace, and we must continually update our knowledge while never losing sight of the compassion that defines our profession. To policymakers, I would urge continued investment in prevention, organised screening programmes, HPV vaccination, cancer registries, specialist training, research, and equitable access to modern cancer care. To my colleagues in research, I hope we continue to generate high-quality evidence that addresses the needs of our own population while contributing to global scientific progress.

Most importantly, to women everywhere, I want to say this: know your body, do not ignore persistent symptoms, participate in recommended screening programmes, consider HPV vaccination where appropriate, and never hesitate to seek expert medical advice. A diagnosis of cancer is not the end of hope. With early diagnosis, evidence-based treatment, and continuing advances in medicine, more women than ever before are surviving and living well after cancer.

Ultimately, the future of gynaecologic oncology will not be defined by artificial intelligence, robotics, or the newest medicines alone. It will be defined by our ability to combine scientific excellence with compassion, prevention with innovation, and personalised medicine with equitable access. The greatest achievement of our generation will not be the number of cancers we treat, but the number of women whose lives are changed because cancer was prevented, detected earlier, or managed with dignity, precision, and hope. ●



DR. NEETHU P.K.

Dr. Neethu P. K. is a Consultant and Associate Professor in the Department of Gynaecological Oncology at Amrita Institute of Medical Sciences, Kochi. She has over 15 years of experience in women's healthcare, including more than six years of international clinical practice in the UAE. She holds MRCOG and FRCOG qualifications from the Royal College of Obstetricians and Gynaecologists (UK), along with an MCh in Gynaecological Oncology. Her clinical expertise encompasses the diagnosis and management of gynaecological cancers, including ovarian, cervical, uterine, vulvar and vaginal cancers. She specialises in robotic and minimally invasive surgery, cytoreductive surgery with HIPEC and PIPAC, advanced colposcopy, hysteroscopy, preventive oncology and cancer screening. She has also completed European-accredited training and credentialing in robotic surgery.

An accomplished clinician, academic and researcher, Dr. Neethu mentors postgraduate trainees and contributes to oncological research and scientific publications. Her academic achievements include a distinction in the ESGO Examination in Gynaecological Oncology in 2023 and the Best in Session ePoster Presentation award at the RCOG World Congress 2022 for her research titled *"Concordance of the Scoring Algorithms and Surgical Outcome in Epithelial Ovarian Cancer."* She also received the second prize in the Y-GOG free paper session at the East Zone Gynae Onco PG CME in 2019 and was named Best Outgoing Student in the MCh Gynaecological Oncology examination in 2021. Through surgical innovation, medical education and evidence-based practice, she remains committed to advancing the quality of care for women with gynaecological cancers.

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PREGNANCY AFTER 35

BEYOND THE HIGH-RISK LABEL



Dr. Nikath Nasreen
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For many women today, motherhood is no longer confined to their twenties. With increasing educational opportunities, career aspirations, financial planning, and advances in fertility treatments, more women are choosing to have children after the age of 35. As maternal age continues to rise, advances in modern obstetric care have transformed how these pregnancies are managed, making healthy maternal and newborn outcomes more achievable than ever before.

Not long ago, a pregnancy after the age of 35 was almost automatically labelled as "high risk." Today, that perception has changed significantly. While advancing maternal age does require closer medical attention, it no longer defines the entire pregnancy. With remarkable advances in obstetric care, better screening methods, and individualized pregnancy management, most women above 35 can experience healthy pregnancies and welcome healthy babies.

The most important message is that pregnancy after 35 is not abnormal. It simply requires thoughtful planning, regular monitoring, and care that is tailored to the individual rather than age alone. Every pregnancy is unique, and age is only one of several factors that influence outcomes. As women grow older, certain medical conditions such as high blood pressure, diabetes, thyroid disorders, and obesity become more common. These conditions may increase the chances of pregnancy-related complications such as gestational diabetes, pre-eclampsia, preterm birth, or the need for a caesarean delivery. There is also a gradual decline in egg quality with age, increasing the risk of miscarriage and chromosomal abnormalities such as Down syndrome.

Fortunately, modern obstetrics has evolved tremendously over the past two decades. The journey now begins even before conception. Pre-pregnancy counselling helps identify and optimize medical conditions, review medications, recommend folic acid supplementation, and encourage healthy lifestyle changes. This significantly improves pregnancy outcomes.

Another important change in modern obstetrics is the move towards personalized pregnancy care. Rather than treating every pregnancy after 35 in the same way, modern obstetric care considers the woman's overall health, previous pregnancies, family history, lifestyle, and individual risk factors. This enables investigations, monitoring, and treatment plans to be tailored to each mother's individual needs, improving both maternal and fetal outcomes.

Once pregnancy is confirmed, regular antenatal check-ups play a crucial role. Expectant mothers today benefit from advanced ultrasound technology, improved blood tests, and highly accurate screening methods that were not available to previous generations. First-trimester screening and non-invasive prenatal testing (NIPT) can identify the risk of chromosomal abnormalities early in pregnancy, helping parents make informed decisions early in pregnancy.

Ultrasound examinations have also become more sophisticated. Early scans confirm the baby's growth and heart-beat, while detailed anomaly scans assess the baby's organs and development. Doppler studies help evaluate blood flow to the baby and placenta, enabling doctors to detect problems before they become serious.

Pregnancy care has also become increasingly multidisciplinary. Depending on individual needs, obstetricians may work alongside physicians, endocrinologists, fetal medicine specialists, anaesthetists, neonatologists, and nutritionists to ensure comprehensive care throughout pregnancy and childbirth.



This collaborative approach has significantly enhanced safety for both mother and baby.

Women at higher risk of pre-eclampsia may receive low-dose aspirin during pregnancy based on current guidelines. Careful monitoring of blood pressure, blood sugar, and fetal growth helps detect complications early, allowing timely intervention. Advances in diabetes management, fetal monitoring, neonatal intensive care, and anaesthesia have further improved both maternal and newborn outcomes.

Equally important is emotional well-being. Women who conceive after years of infertility or fertility treatment often experience increased anxiety throughout pregnancy. Good obstetric care includes reassurance, counselling, and addressing emotional concerns, not just medical issues.

Healthy lifestyle choices continue to make a significant difference. Along with regular medical care, eating a balanced diet, maintaining an appropriate weight, staying physically active as advised by the doctor, getting adequate sleep, avoiding smoking and alcohol, and attending all scheduled antenatal visits contribute significantly to a healthy pregnancy. Many women wonder whether they will automatically require a caesarean section after 35. Not necessarily. The mode of delivery depends on the health of the mother, the baby's condition, and the progress of labour rather than age alone. Many women above 35 have completely normal vaginal deliveries.

Today, pregnancy after 35 is no longer viewed with the uncertainty it once was. With early registration, regular antenatal care, evidence-based medical management, and timely intervention whenever required, the vast majority of women can enjoy healthy pregnancies and healthy babies.

Age is only one part of the story. Good preparation, informed decision-making, and receiving the right care at the right time are what truly make the difference. With the support of modern obstetric care, pregnancy after 35 can be every bit as fulfilling and rewarding as any other stage of motherhood. ●



Can Hepatitis B Be Prevented From Mother to Child?

What Pregnant Women Should Know



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Hepatitis B is a viral infection that affects the liver and can cause both short-term and long-term illness. During pregnancy, one important concern is whether the infection can pass from the mother to her baby, particularly around the time of birth.

The good news is that mother-to-child transmission of hepatitis B can be prevented in most cases when the infection is identified early and the mother and newborn receive appropriate care. Testing during pregnancy, assessing the mother's viral load and timely vaccination of the newborn are central to prevention.

This is particularly relevant in India, where hepatitis B remains a significant public health concern. WHO estimates

that around 40 million people in India are living with chronic hepatitis B infection.

Why is hepatitis B a concern during pregnancy?

Hepatitis B does not always cause noticeable symptoms. A woman may therefore have the infection without knowing it.

The virus can be passed from mother to baby around the time of childbirth. The risk is higher when the mother has a high level of hepatitis B virus (HBV) in her blood.

The age at which infection occurs also matters. Babies and young children who acquire hepatitis B are much more likely to develop chronic infection than adults who become infected. Chronic hepatitis B can remain silent for years but may

eventually cause liver damage, cirrhosis or liver cancer. This makes preventing infection during the newborn period particularly important.

Testing during pregnancy is the starting point

Every pregnant woman should discuss hepatitis B screening with her doctor. The initial test is usually a blood test for hepatitis B surface antigen (HBsAg).

WHO recommends that pregnant women are tested for HBsAg at least once and as early as possible during pregnancy. Early identification gives the healthcare team time to assess the infection and plan care for both mother and baby. A positive result does not mean that a woman cannot have a healthy pregnancy. It means that further evaluation is needed.

Depending on the individual situation, the doctor may recommend:

- HBV DNA or viral load testing
- Hepatitis B e-antigen (HBeAg) testing
- Liver function tests
- Assessment of liver health
- Other tests based on medical history

These investigations help determine how active the infection is and whether the mother needs treatment for her own health or antiviral prophylaxis to reduce the risk of transmission to the baby.

What happens if the mother tests positive?

If a pregnant woman is found to have hepatitis B, the next step is to assess both her own health and the risk of passing the virus to the baby.

One important factor is the HBV DNA level, which indicates the amount of virus in the blood.

WHO recommends that HBsAg-positive pregnant women with an HBV DNA level of 200,000 IU/mL or higher receive tenofovir prophylaxis from around the 28th week of pregnancy until at least delivery, in addition to the baby's vaccination, to reduce the risk of mother-to-child transmission.

Tenofovir disoproxil fumarate is the preferred antiviral in WHO guidance because of its effectiveness and



high barrier to resistance. Available evidence has also supported its use during pregnancy for prevention of hepatitis B transmission.

However, not every pregnant woman with hepatitis B will need antiviral medication. The decision depends on viral load, liver health, previous treatment and other clinical factors. Some women may require long-term treatment for their own liver health, while others may only need monitoring.

What if HBV DNA testing is not available?

Access to HBV DNA testing can vary between healthcare facilities.

Where HBV DNA testing is not available, WHO recommends that HBeAg testing can be used as an alternative to help identify pregnant women who may benefit from antiviral prophylaxis. HBV DNA remains the preferred reference test when available.

This is particularly relevant in settings where access to specialised testing may be limited. Improving access to screening and appropriate follow-up is an important part of reducing hepatitis B transmission.

The newborn's first vaccine dose is critical

The baby's vaccination is a key part of preventing infection. WHO recommends that all babies receive their first hepatitis B vaccine dose as soon as possible

after birth, preferably within 24 hours. Additional doses are then given to complete the primary vaccination series.

The timely birth dose is particularly important because it protects against infection acquired around birth and during early childhood. WHO reports that timely vaccination followed by completion of the recommended series provides very high protection against hepatitis B. For this reason, parents should discuss the newborn vaccination plan with the paediatrician or delivery team before childbirth, particularly when the mother is known to have hepatitis B.

Does the baby need HBIG?

Hepatitis B immunoglobulin (HBIG) can provide additional short-term protection to a newborn exposed to hepatitis B. Its use and availability can vary between healthcare settings. WHO identifies the timely birth dose of hepatitis B vaccine as the key intervention and recognises that HBIG may provide additional protection where it is available.

A mother who has tested positive should therefore inform the maternity and newborn care team before delivery so that the appropriate preventive measures can be planned.

Does hepatitis B mean a Caesarean delivery is needed?

Hepatitis B infection alone does not mean that a woman needs a Caesarean delivery.

There is insufficient consistent evidence to recommend Caesarean delivery solely to prevent hepatitis B transmission. The decision about the mode of delivery should be based on the mother's and baby's obstetric needs.

The focus should remain on identifying the infection, assessing the mother's condition and ensuring that the newborn receives timely preventive care.

Can a mother with hepatitis B breastfeed?

Hepatitis B infection does not generally mean that breastfeeding has to be avoided. Once the newborn receives the recommended hepatitis B preventive measures, breastfeeding can generally continue. Breast milk itself is not considered an important route of hepatitis B transmission.

ate treatment. Women who receive tenofovir during pregnancy should also discuss the plan for continuing or stopping treatment with their doctor. Stopping antiviral therapy without medical advice can sometimes lead to a flare of hepatitis B-related liver inflammation.

Follow-up after delivery should therefore be planned rather than ending once the baby is born.

What about the baby's follow-up?

The baby should complete the recommended hepatitis B vaccination schedule.

Depending on the mother's infection status and the preventive measures given at birth, the paediatrician may also recommend blood testing later in infancy to check whether the baby has been infected and whether adequate protec-

fluids. It is not spread through ordinary activities such as sharing food, hugging or sitting together.

What pregnant women should remember

A hepatitis B diagnosis during pregnancy can cause concern, but it does not mean that the baby will definitely become infected.

The important steps are:

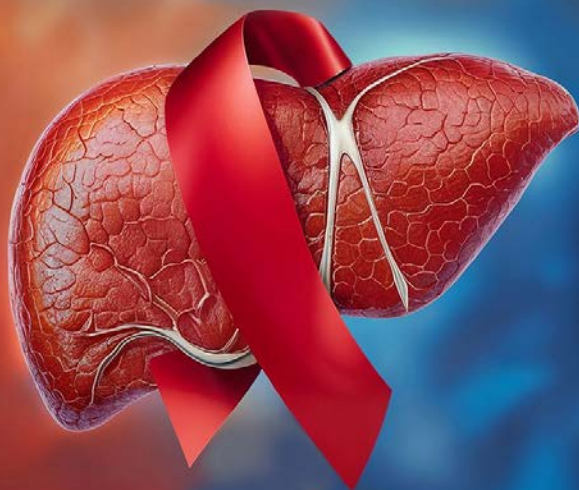
- Get tested for hepatitis B early in pregnancy.
- If the result is positive, undergo the recommended assessment, including viral load testing where available.
- Discuss antiviral prophylaxis if the HBV DNA level is high.
- Inform the delivery and newborn care team about the diagnosis.
- Make sure the baby receives the hepatitis B vaccine as soon as possible after birth, preferably within 24 hours.
- Complete the baby's vaccination schedule.
- Follow up for the mother's liver health after delivery.
- Ask the doctor whether the baby's follow-up testing is required.
- Encourage susceptible household and sexual contacts to get tested and vaccinated.

Prevention is possible

Mother-to-child transmission of hepatitis B is not inevitable. The greatest opportunity to prevent it comes from identifying the infection during pregnancy and ensuring that the mother and newborn receive appropriate care at the right time.

For India, strengthening antenatal screening, access to HBV testing, appropriate maternal antiviral prophylaxis and timely newborn vaccination can help reduce new childhood infections.

For an expectant mother, the message is simple: know your hepatitis B status, discuss the result with your doctor and make sure the newborn vaccination is planned before delivery. With timely care, the risk of passing hepatitis B from mother to child can be greatly reduced. ●



However, women should discuss breastfeeding with their doctor if they have cracked or bleeding nipples or any other concerns.

The mother needs follow-up after delivery too

Preventing transmission to the baby is only one part of hepatitis B care. The mother also needs appropriate follow-up.

Women who test positive for HBsAg may need periodic assessment of liver health and HBV activity. Some may require long-term treatment, while others may be monitored without immedi-

tive antibodies have developed. Parents should maintain a record of the baby's vaccine doses and attend the recommended follow-up appointments.

Other family members may need testing

When hepatitis B is diagnosed during pregnancy, it is also important to consider the health of close family members.

The woman's spouse or partner and household contacts may be advised to undergo hepatitis B testing. Those who are not infected and are not immune can be vaccinated. Hepatitis B spreads through infected blood and certain body

PCOS/PMOS and Fertility are Not Synonymous:

Why Treatment Shouldn't Begin and End With Pregnancy Planning



Dr. Varsha Agarwal

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- Excess facial or body hair
- Thinning of scalp hair
- Weight gain or difficulty managing weight in some women
- Difficulty conceiving
- Changes in blood sugar or other metabolic health markers

What complications can PCOS/PMOS cause?

The effects of PCOS/PMOS can extend beyond the reproductive system. Women with PCOS/PMOS have a higher risk of metabolic problems such as insulin resistance, impaired glucose regulation and type 2 diabetes. Blood pressure and cardiovascular risk factors may also need to be monitored. PCOS/PMOS has also been associated with sleep problems, including obstructive sleep apnoea, particularly in women with certain risk factors. Anxiety, depression, body-image concerns and reduced quality of life are also important aspects of PCOS/PMOS care and should not be overlooked. Irregular or absent periods over a prolonged period can also affect the lining of the uterus. Although the absolute risk of endometrial cancer remains low, appropriate management of prolonged menstrual irregularity is important.

PCOS/PMOS and fertility: What is the connection?

PCOS/PMOS is one of the common causes of ovulation problems. When ovulation does not occur regularly, it can become more difficult to predict the fertile window and conceive naturally. However, having PCOS/PMOS does not mean that a woman cannot become pregnant. Many women with PCOS/PMOS conceive naturally, while others may need medical support to help them ovulate.

It is also important not to assume that every fertility problem in a woman with PCOS/PMOS is caused by PCOS/PMOS alone. Age, sperm health, fallopi-

an tube problems and other reproductive factors can also affect the chances of pregnancy. Therefore, a complete fertility assessment is important when a couple is having difficulty conceiving.

Why should PCOS/PMOS treatment go beyond fertility?

One of the biggest misconceptions about PCOS/PMOS is that treatment is necessary only when a woman wants to become pregnant. A woman who is not planning pregnancy may still need treatment for irregular periods, acne, excess hair or other hormonal symptoms. She may also need monitoring of blood sugar, blood pressure and other metabolic risk factors. Lifestyle management is an important part of PCOS/PMOS care. Regular physical activity, a balanced and sustainable diet, adequate sleep and prevention of excess weight gain can support overall health. Importantly, there is no single diet or exercise programme that is considered the best for every woman with PCOS/PMOS. The approach should be practical, sustainable and suited to the individual. Medications may also be used depending on the woman's symptoms and health goals. Hormonal contraceptives can help manage irregular periods and symptoms related to excess androgens in appropriate women, while metformin may have a role, particularly when metabolic problems are present. Treatment should always be selected after medical evaluation rather than based on a one-size-fits-all approach. For women planning pregnancy, treatment may shift towards optimising preconception health and improving ovulation. Blood pressure, blood sugar, nutrition, physical activity, sleep and mental health should also be addressed before conception.

Early diagnosis, regular monitoring, healthy lifestyle habits and personalised treatment can help women manage symptoms and reduce potential health risks over time. ●

Polycystic ovary syndrome (PCOS/PMOS) is a common hormonal condition that affects women, particularly during the reproductive years. It can interfere with the normal process of ovulation and is associated with higher levels or effects of male hormones called androgens. PCOS/PMOS can present differently in different women. Some may mainly experience irregular periods, while others may have acne, excess facial or body hair, hair thinning, weight-related concerns or difficulty conceiving. This variation is one reason why treatment needs to be individualised. There is no single cause of PCOS/PMOS. It is considered a complex condition involving genetic, hormonal and metabolic factors. Insulin resistance is an important feature in many women with PCOS/PMOS and can contribute to hormonal imbalance and problems with ovulation. Family history and individual hormonal and metabolic factors may also contribute to the development of the condition.

What are the symptoms of PCOS/PMOS?

- Irregular, infrequent or absent periods
- Difficulty with regular ovulation
- Acne or oily skin

Arthritis in Women:

Why Hormonal Changes Can Affect Joint Health



Dr. Sujit Kadrekar
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From menstruation and pregnancy to menopause, hormonal fluctuations can influence inflammation, bone health, and joint comfort. An expert explains why women may experience joint pain at different stages of life and when they should seek medical advice.

Joint pain and stiffness are often associated with ageing, but women may experience changes in joint health at different stages of life. Hormones, particularly oestrogen, play a role in regulating inflammation, maintaining bone health and supporting several tissues in the body. Changes in hormone levels may therefore influence joint symptoms and the risk of certain musculoskeletal conditions.

However, not all joint pain in women is caused by hormonal changes. Conditions such as osteoarthritis, rheumatoid arthritis, and injuries can also contribute to discomfort and require appropriate evaluation.

This is why hormonal changes affect joint health

Estrogen influences immune function, inflammatory responses, and bone metabolism. Fluctuations in this hormone during the menstrual cycle may contribute to changes in pain sensitiv-



ity or joint discomfort in some women. During pregnancy, hormonal changes and increased body weight can place additional stress on the hips, knees and back. The transition to menopause is particularly important because declining oestrogen levels can affect bone density and may be associated with joint pain, stiffness and muscle discomfort. Women may notice symptoms in their hands, knees, hips or shoulders. However, these symptoms do not necessarily indicate arthritis, and persistent pain should not be attributed to menopause without assessment.

Why are women more prone to certain types of arthritis?

Women are more likely than men to develop rheumatoid arthritis, an autoimmune condition in which the immune system attacks the lining of the joints, causing inflammation, pain and swelling. Hormonal and immune-system differences may contribute to this variation, although the exact relationship is complex.

Osteoarthritis, which involves the breakdown of joint cartilage, also becomes increasingly common with age.

Changes in body composition, reduced muscle strength, previous injuries, and increased mechanical stress on joints can contribute to its development. After menopause, declining bone density can additionally increase the risk of osteoporosis, a condition that weakens bones but is different from arthritis.

Tips for women to protect their joints

Regular physical activity, including walking, strength training and low-impact exercises, helps maintain muscle strength and joint mobility. Maintaining a healthy weight can reduce pressure on weight-bearing joints, while a balanced diet containing adequate protein, calcium and vitamin D supports bone and muscle health.

Women should not ignore persistent joint pain, swelling, prolonged morning stiffness or difficulty performing daily activities. Early evaluation can help identify inflammatory arthritis and other conditions before the damage occurs. Treatment depends on the underlying cause and may include physiotherapy, medication. So, women, get going and protect your joints. ●

Why Women Face a Higher Risk of Osteoporosis:

Understanding the Role of Hormones, Ageing and Bone Health



Dr. Rakesh Rajput

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Osteoporosis is often called a silent disease, and with good reason. Bones weaken slowly and usually without any warning, until a small fall or an ordinary movement leads to a fracture. Men can develop it too, but women are at considerably higher risk, especially around and after menopause. To see why, we need to look beyond age alone and consider how hormones, bone structure and lifestyle interact.

Bone is not a fixed frame. It is living tissue that is constantly being remodelled, with old bone broken down and new bone laid down in its place. In early adulthood, the two processes keep pace with each other. With age, that balance shifts. Women also tend to reach a lower peak bone mass than men, so they start out with a smaller reserve of strength.

Oestrogen is one of the most important factors, because it helps protect bone density. It keeps the cells that break down bone in check. When oestrogen levels fall sharply at menopause,

bone loss speeds up, and it is often fastest in the first few years afterwards. Bones become more porous and more likely to fracture. Younger women are not immune either: premature menopause, or a long disruption of hormonal function, can also affect bone health.

Hormones are only part of the story, though. Low calcium and vitamin D, too little protein, a sedentary routine, smoking and heavy drinking all weaken bone further. Some medical conditions, and long-term use of medicines such as glucocorticoids, raise the risk as well.

**BONE HEALTH IS A
LIFELONG INVESTMENT,
NOT SOMETHING TO
THINK ABOUT ONLY
AFTER A FRACTURE**

In India, gaps in nutrition and limited awareness of bone-density testing often make early detection harder.

What worries me most is that osteoporosis frequently goes undiagnosed until a fracture happens. Breaks of the hip, spine or wrist can bring lasting pain, reduced mobility and a loss of independence. A spinal fracture can even pass unnoticed, showing up only as gradual loss of height, a stooped posture or recurring back pain.

Prevention needs to start well before significant bone loss sets in. Enough calcium and vitamin D, adequate protein, regular weight-bearing and strengthening exercise, and staying away from tobacco all help protect bone. Women approaching menopause, particularly those with other risk factors, should talk to a doctor about their own risk. Depending on age, medical history and fracture risk, a bone mineral density test may be advised.

Osteoporosis should never be accepted as an unavoidable part of being a woman or growing older. Bone health is a lifelong investment, not something to think about only after a fracture. Spotting the risks early and acting on them can help women keep their mobility, independence and quality of life as the years go by. ●



Royal Care Centre of Excellence in Medical Tourism

Delivering World-Class Healthcare with Global Hospitality — From Flight to Flight

As medical tourism continues to reshape the global healthcare landscape, international patients are increasingly seeking hospitals that combine advanced clinical expertise with personalized, end-to-end care. In India, Royal Care Super Speciality Hospital, Coimbatore, has emerged as one such destination through its Royal Care Centre of Excellence in Medical Tourism (RCCEMT). Built on the philosophy of "From Flight to Flight," the Centre offers a seamless patient journey that integrates world-class medical care, international quality standards, and compassionate hospitality for patients travelling from across the globe.

By Dr. Krishna Kishor, M.S, DNB & Dr. SN Manohar, MD.



Healthcare is no longer confined by geographical boundaries. Every year, millions of patients travel across continents in search of advanced medical treatments, internationally accredited hospitals, shorter waiting times, and affordable healthcare solutions. This growing movement has transformed medical tourism into one of the world's fastest-growing healthcare sectors, where patients increasingly seek not only clinical excellence but also seamless, personalized care throughout their treatment journey.

India has emerged as one of the world's leading destinations for medical value travel, earning global recognition for its highly skilled specialists, advanced medical

technologies, internationally accredited hospitals, and cost-effective treatment options. While these strengths continue to attract international patients, exceptional patient experience has become an equally important factor in choosing a healthcare destination.

At the forefront of this evolution is the **Royal Care Centre of Excellence in Medical Tourism (RCCEMT)** at **Royal Care Super Speciality Hospital, Coimbatore**. More than an international patient department, RCCEMT is a dedicated centre that delivers comprehensive healthcare solutions for overseas patients, Non-Resident Indians (NRIs), expatriates, and High-Net-Worth Individuals (HNIs). Guided by its

philosophy of "Our Care is From Flight to Flight," the Centre manages every stage of the patient's journey—from the initial online consultation through treatment, recovery, and follow-up after returning home.

A New Standard in International Patient Care

Today's medical travellers expect far more than affordable treatment. They seek internationally benchmarked clinical care, transparent communication, personalized attention, efficient coordination, and continuity of care beyond hospital discharge.

Recognizing these evolving expectations, RCCEMT has developed a patient-centric model that integrates advanced medicine with global hospitality. Dedicated international patient coordinators serve as a single point of contact, facilitating communication between patients, families, and clinical teams while ensuring that every aspect of the treatment journey is carefully coordinated. This streamlined approach allows patients to focus entirely on their recovery.

Welcoming patients from Asia, Africa, the Middle East, and other regions, the Centre has contributed to positioning Coimbatore as an emerging destination for international healthcare.

Built on Trust, Quality and Clinical Excellence

Royal Care's international healthcare programme is founded on globally recognized quality standards. The hospital is accredited by the Joint Commission International (JCI) and the National Accreditation Board for Hospitals & Healthcare Providers (NABH), reflecting its commitment to patient safety, infection prevention, clinical governance, and continuous quality improvement. The hospital is also progressing towards Global Healthcare Accreditation (GHA), further strengthening its focus on delivering outstanding experiences for international patients.

These accreditations assure patients that they receive healthcare comparable to leading international institutions while benefiting from India's renowned medical expertise and affordability.

Centres of Excellence under One Roof

One of Royal Care's greatest strengths is its multidisciplinary approach, where specialists collaborate to develop personalized treatment plans tailored to each patient's medical condition.

The hospital offers advanced care across a wide range of specialties, including Cardiology and Cardiac Surgery, Oncology, Orthopaedics and Joint Replacement, Neurosciences, Gastroenterology, Urology, Nephrology, Critical Care, Robotic and Minimally Invasive Surgery, Emergency Medicine, and Advanced Diagnostic Services. This comprehensive clinical expertise enables patients to receive consultations, investigations, treatment, surgery, rehabilitation, and follow-up care within a single integrated healthcare ecosystem.

Supported by modern diagnostic infrastructure and advanced medical technology, this collaborative model con-



tributes to accurate diagnosis, minimally invasive procedures, faster recovery, and improved clinical outcomes.

Every Journey Begins Before the Flight

Patient care at RCCEMT begins long before arrival in India.

Medical records are evaluated by specialists to recommend the most appropriate treatment pathway. Virtual consultations enable patients and their families to discuss diagnoses, treatment options, expected outcomes, and travel planning directly with consultants before making informed decisions.

Following clinical evaluation, detailed treatment estimates are provided to ensure financial transparency. The Centre also assists with medical invitation letters, medical visa documentation, visa guidance, and extensions whenever required.

Once travel is confirmed, RCCEMT coordinates airport reception, accommodation, local transportation, and support for accompanying family members, ensuring a smooth and reassuring arrival experience.

Hospitality that Complements Clinical Care

Royal Care believes that exceptional healthcare extends beyond medical treatment. International patients benefit from priority registration, expedited admissions, concierge assistance, multilingual interpretation services, documentation support, and guidance with local arrangements.

Special attention is given to cultural preferences, dietary requirements, and religious needs, helping patients feel comfortable, respected, and supported throughout their stay. This thoughtful combination of compassionate healthcare and personalized hospitality distinguishes RCCEMT's approach to international patient services.



Excellence in Clinical Care and Patient Safety

Clinical excellence remains the foundation of Royal Care's international healthcare programme. Multidisciplinary teams follow evidence-based protocols to deliver personalised treatment supported by internationally accepted standards of care.

Equally important is the hospital's experienced nursing workforce, whose compassionate, patient-centred approach contributes significantly to positive patient experiences and successful clinical outcomes.

Comprehensive infection prevention measures, medication safety systems, surgical safety protocols, continuous quality monitoring, and robust clinical governance ensure consistently safe, reliable, and high-quality healthcare.

Care Beyond Hospital Walls

Recovery does not end with hospital discharge.

Patients requiring additional recuperation can stay in partner hotels such as Le Méridien and Merlis, or in serviced apartments at Royal Nesto, conveniently located adjacent to the hospital. These facilities provide a comfortable environment for recovery alongside accompanying family members.

After returning home, patients continue to receive follow-up support through teleconsultations, digital medical records, medication guidance, recovery monitoring, and coordination with their local physicians, ensuring continuity of care and long-term clinical success.

Delivering Global Healthcare with Greater Value

India's reputation as a leading medical tourism destination is built on its ability to provide internationally comparable healthcare at significantly lower costs than many developed countries.

Royal Care reflects this value proposition by combining highly experienced specialists, advanced technology, internationally accredited quality standards, and efficient clinical

pathways that minimise waiting periods while maintaining excellent patient outcomes. For international patients, this translates into timely, high-quality, and affordable healthcare.

Why Coimbatore is Emerging as a Medical Tourism Destination

Royal Care's location further strengthens its appeal. Coimbatore has evolved into one of South India's leading healthcare hubs, offering excellent international connectivity, modern infrastructure, affordable accommodation, a pleasant climate, and a safe environment for patients and their families.

Its combination of advanced healthcare facilities and welcoming atmosphere makes the city an increasingly attractive destination for medical travellers seeking

both clinical excellence and a comfortable recovery experience.

Looking Towards the Future

As medical tourism continues to evolve, Royal Care is investing in technologies and partnerships that will further enhance international patient care. The

Centre plans to strengthen AI-enabled patient navigation, expand telemedicine services, integrate digital health records, increase multilingual support, develop personalized preventive health programmes, and deepen collaborations with international insurers, healthcare facilitators, and referral partners worldwide.

These initiatives reflect Royal Care's long-term vision of becoming one of South Asia's most trusted destinations for international healthcare.

More Than a Hospital—A Global Healthcare Partner

The Royal Care Centre of Excellence in Medical Tourism represents a modern model of international healthcare, where advanced clinical expertise, globally recognized quality standards, compassionate caregiving, and personalized patient support come together to create an exceptional healthcare experience.

By seamlessly integrating world-class medicine with comprehensive end-to-end patient services, RCCEMT has established itself as more than a healthcare provider—it is a trusted partner for patients travelling across borders in search of safe, ethical, and high-quality treatment.

As India continues to strengthen its position as a global medical tourism destination, Royal Care remains committed to delivering its promise of "From Flight to Flight," ensuring that every patient receives outstanding care before arrival, throughout treatment, and long after returning home. ●





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