

RSSDI NEWS



**THE OFFICIAL BULLETIN OF
RESEARCH SOCIETY FOR THE
STUDY OF DIABETES IN INDIA
(RSSDI)**





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MESSAGE FROM THE RSSDI PRESIDENT

Dr. Anuj Maheshwari



Dear Colleagues,

On behalf of the Research Society for the Study of Diabetes in India (RSSDI), it gives me immense pleasure to address you in second edition of this monthly newsletter resumed last month. Hope you had good February with love in air with your kith & kins. My heartiest greetings to you all for festival of colours Holi. Hope your life shine with colours of love & contentment keeping you & your patients distressed & healthy. Ramadan month is starting when a big part of our population going to observe fasting in daytime a traditional way of intermittent fasting. We should be ready to help our patients those are participating and also should be ready to learn new lessons.

As we move forward, we must not forget to make RSSDI even more outcome-oriented, trainee-driven, and implementation-ready. Currently our priorities are

- “Guidelines to ground reality” translation—not just what to do, but how to do it in Indian clinics (tools, pathways, and simplified clinical algorithms).
- Structured skill-building for young doctors—hands-on workshops, chapter-level mentorship, and measurable learning outcomes, so that residents and early-career clinicians become confident, evidence-based diabetologists early in their careers.
- Research that matters locally—more chapter-supported projects, registries, and academic collaborations that answer India-specific questions (phenotypes, affordability, adherence, and rural access).
- Prevention and public-health impact at scale—expanding RSSDI's national campaigns such as the RSSDI 10×10 BP Challenge & Save the feet version 1 & 2.
- RSSDI Rural Outreach program is on priority so that we can our target of reaching out 100 villages across country to support them for Diabetes & comorbidities care. Prediabetes is a new challenge especially for our country which has more prevalence than diabetes but almost similar risk of cardiovascular diseases and macrovascular complications.

I also wish to share a clear, value-based vision wherever feasible, Research Retreat & state-level RSSDI conferences should increasingly be hosted in academic institutions (medical colleges/teaching hospitals), rather than hotels. It could be an strategic shift towards Cost savings, so more funds can be directed to research activities, scholarships, registries, student grants, outreach projects, and chapter academic programs. It can also ensure more participation from students and post graduates for their better training not only evidence based learning, clinical demonstrations, case-based teaching, and structured skill stations that academic campuses enable best. Recently Designed “Diabetes Distilled” program is more useful in that direction.

I look forward a vision for RSSDI where students learn better, clinicians practice better, research becomes more meaningful, and patients benefit sooner. Together we can reduce burden of Diabetes & its complications. Together we can keep the foundation of Healthy India, NCDs free India when we complete 100 years of our freedom.

With warm regards,

Prof. Anuj Maheshwari
MD, MACP

MESSAGE FROM THE RSSDI PRESIDENT ELECT

Dr. Sunil Gupta

It gives me immense pleasure to extend my warm greetings to all members, colleagues, and partners associated with our esteemed organization, the Research Society for the Study of Diabetes in India. The launch of this newsletter represents yet another meaningful step in strengthening our collective commitment toward advancing diabetes care, research, and education across our nation.

India continues to face an enormous and evolving challenge in the form of diabetes and its associated metabolic disorders. As clinicians, researchers, educators, and public health advocates, we carry a shared responsibility not only to treat but also to innovate, educate, and lead initiatives that can transform diabetes care in our country.

This newsletter will serve as an important academic platform for the dissemination of current knowledge, emerging research, clinical experiences, and practice updates. It will provide an opportunity for our members to exchange ideas, highlight scientific achievements, and share practical insights that can enrich day-to-day clinical practice.

In an era where medical science is advancing rapidly, collaboration and continuous learning remain the pillars of progress. I sincerely hope that this publication will inspire greater engagement among members, encourage young clinicians and researchers to contribute their work, and foster a culture of scientific curiosity and academic excellence.

I would like to congratulate the editorial team and all contributors who have worked diligently to bring this initiative to fruition. Their dedication reflects the vibrant academic spirit that defines our organization.

As we move forward, let us continue to strengthen our efforts toward evidence-based practice, innovative research, and meaningful outreach programs that can positively impact the lives of millions living with diabetes in India.

I wish this newsletter great success and look forward to its role in nurturing knowledge, collaboration, and progress in the field of diabetology.
With warm regards and best wishes,

Dr. Sunil Gupta President Elect, RSSDI



MESSAGE FROM THE RSSDI TREASURER

Dr. Pratap Jethwani

Dear Esteemed Members,

It is a privilege to address our vibrant community of over 13,000 healthcare & allied professionals with the common objective of betterment of people living with diabetes in our country. As the National Treasurer, I am heartened to see how your contributions are being channeled into transformative initiatives that redefine diabetes care in India. Our mission remains steadfast: to empower our members with cutting-edge knowledge while extending our impact to every patient.

We are currently witnessing a remarkable phase of academic and clinical expansion within the RSSDI. I would like to highlight several key pillars of our current efforts.

RSSDI Case Files & CGM Clinics: These platforms are bridging the gap between theory and practice, offering real-world insights and mastering the nuances of Continuous Glucose Monitoring to modernize patient management.

RSSDI Journal Club: Our recently launched Journal Club is a testament to our commitment to evidence-based medicine, ensuring we stay at the forefront of global research.

Educational Excellence: I encourage you to explore the diverse range of certified courses available on the RSSDI website, designed to sharpen your clinical expertise at your own pace.

As leaders in the healthcare, our responsibility extends beyond our clinics and I earnestly urge every member to spearhead Public Awareness Activities in your respective regions through community talks, screenings, or digital outreach programs. Your local influence is the most effective tool we have to combat the diabetes epidemic.

Your professional support ensures that RSSDI remains a beacon of hope and a powerhouse of innovation. Let us continue to work in synergy to make India a leader in comprehensive diabetes care.

Dr. Pratap Jethwani Treasurer, RSSDI



MESSAGE FROM THE **RSSDI Newsletter, Editorial Team**

February has been a month of vibrant academic engagement and renewed commitment within the community of the **Research Society for the Study of Diabetes in India (RSSDI)**. One of the most significant highlights was the recently concluded RSSDI **Research Retreat**, a platform that continues to nurture scientific curiosity and collaborative thinking among clinicians, researchers, and young investigators.

The retreat offered stimulating discussions on research methodology, data interpretation, and emerging trends in diabetes care. What stood out was the enthusiasm of early-career physicians and postgraduate students who presented innovative ideas and research questions that hold promise for the future of diabetology in India. Such initiatives reaffirm RSSDI's commitment to fostering a strong culture of evidence-based practice and academic mentorship.

February also reminds us of the growing global concern surrounding obesity. As we approach **World Obesity Day on March 4**, members are encouraged to organize awareness activities, patient education programs, community outreach events, and academic discussions focusing on prevention and management of obesity—an important driver of metabolic disease.

I warmly invite RSSDI members across the country to share reports, photographs, and highlights of their academic meetings, camps, public awareness programs, and research initiatives. Selected contributions will be featured in upcoming issues of the RSSDI Newsletter, helping us celebrate the collective work of our vibrant professional community.

Together, through research, education, and outreach, we continue to advance the mission of improving diabetes care in India.

Dr. Lotika Purohit



**Dr. Lotika
Purohit**



**Dr. Anubha
Verma**



**Dr. Aarathi
Kannan**



**Dr. Bharat
Kukreja**



**Dr. Ajay
Singh**



**Dr. Shambo
Samajdar**



**Dr. Vinay
Dhandhanian**



**Dr. Vipul
Chavda**





Dr Aravinda Jagadeesha,
National Vice President, RSSDI

Insider Info : Know Your EC Member

1. Your journey with diabetes care?

I've had the privilege of pursuing my passion for diabetes care, starting with my MD in Internal Medicine from India. I further honed my skills in the UK, completing my prestigious MRCP and working in various hospitals. Returning to India in 2007, I've dedicated over 2 decades to this field, finding immense fulfilment in patients' progress. I'm also proud to be a Fellow of the Royal Colleges of Physicians of Edinburgh, London, and Glasgow.

2. What's your go-to hobby?

I'm passionate about sports, especially cricket - a cherished memory is playing for Pembrokeshire county in the UK

3. Hidden talent?

I love to dance and always try to explore new moves - it's my unique way of unwinding.

4. Professional Insights

1. Current role and passion project?

As Vice-President of RSSDI and Chairman of Dr Aravind's Diabetes Centre, my focus is on spreading diabetes awareness, particularly in rural India.

2. RSSDI's impact on your practice?

RSSDI has been instrumental in shaping my approach to diabetes care, providing invaluable guidelines and conferences that keep me updated on best practices.

3. Achievement you're proud of?

I'm proud of our team's work on the RSSDI guidelines for managing diabetes in older adults - it's a testament to collaborative excellence

5. Vision for RSSDI

1. How can we improve diabetes care in India?

By focusing on prevention, early detection, and patient education, and leveraging technology and community outreach, we can make a significant impact .

2. Your contribution to RSSDI's mission?

I'll continue working on policy advocacy and promoting best practices in diabetes care, driving positive change.

3. Message for RSSDI members?

Let's work together to make a difference in diabetes care in India - your contributions truly matter.

5th RSSDI Research Retreat 2026, Guwahati

Advancing the Frontiers of Diabetes Research

The **5th RSSDI Research Retreat**, held on **28th February and 1st March 2026 at Hotel Kiranshree Grand, Guwahati**, emerged as a landmark academic congregation dedicated to advancing diabetes research and clinical innovation in India. Organized by the **RSSDI Assam Chapter**, the retreat brought together leading diabetologists, clinician-scientists, academicians, and young researchers from across the country to deliberate on the rapidly evolving landscape of diabetes science and patient care.

The event witnessed an enthusiastic participation of **over 500 delegates**, reflecting the growing national interest in collaborative diabetes research. A remarkable **350+ research articles and more than 50 oral presentations** were showcased, highlighting the scientific vigor and research capacity of emerging and established investigators alike. The retreat provided an exceptional platform for scientific exchange, mentoring of young researchers, and the presentation of cutting-edge clinical and translational research.

Diverse Scientific Themes Driving the Retreat

The scientific program was meticulously curated to address critical challenges in diabetes management and to explore innovative research pathways. Sessions covered a wide spectrum of topics including **type 2 diabetes epidemiology, diabetic neuropathy, nephropathy, cardiovascular risk, obesity research, and the role of emerging pharmacological therapies.**

A number of presentations focused on **real-world data in diabetes management**, including studies evaluating the impact of **SGLT2 inhibitors, GLP-1 receptor agonists, and novel anti-obesity agents**, which are rapidly transforming therapeutic strategies in metabolic disease. Discussions on **Finerenone in diabetic kidney disease, metformin and vitamin B12, and hepatic benefits of GLP-1 receptor agonists** further emphasized the importance of evidence-based personalized treatment.

Another key highlight was the focus on **gestational diabetes and early life metabolic programming**, reflecting the increasing recognition of diabetes across the life course. Research presentations examined **early-onset type 2 diabetes, metabolic risk in young adults, and postpartum metabolic transitions**, areas that are particularly relevant in the Indian context.

Technology, Artificial Intelligence, and Future Diabetes Care

The retreat strongly emphasized the integration of **technology and artificial intelligence in diabetes research and clinical practice.** Dedicated sessions addressed **AI-assisted research design, scientific writing, and ethical publication practices**, demonstrating how digital tools can enhance research productivity and methodological rigor.

5th RSSDI Research Retreat 2026, Guwahati

Advancing the Frontiers of Diabetes Research

Emerging digital health innovations such as **app-based diabetes management systems, precision insulin therapy, and machine learning approaches for glycemic prediction** were also discussed. These sessions highlighted the potential of technology to bridge gaps in diabetes care, particularly in resource-limited settings.

Focus on Complications and Preventive Strategies

A substantial portion of the research presentations addressed **diabetes-related complications**, including **peripheral neuropathy, diabetic foot disease, retinopathy, and chronic kidney disease**. Several studies explored novel biomarkers, risk predictors, and early detection strategies aimed at reducing the long-term burden of complications.

Additionally, the retreat featured important discussions on **lifestyle interventions, structured physical activity, and obesity research priorities in India**. These sessions underscored the need for integrated approaches combining **clinical treatment, preventive strategies, and public health initiatives**.

Encouraging Young Investigators and Collaborative Research

One of the defining features of the retreat was its strong emphasis on nurturing **young investigators and clinician-scientists**. Through oral presentations, poster sessions, and research methodology workshops, the event encouraged young professionals to engage in meaningful research and develop skills in **study design, statistical analysis, and ethical publication practices**.

The retreat also emphasized the importance of **collaborative multicenter research**, recognizing that large-scale data generation is essential to address India's unique diabetes burden.

Guwahati: Where Knowledge Meets Spiritual Heritage

Hosting the retreat in **Guwahati**, the gateway to Northeast India, added a unique cultural and spiritual dimension to the event. The city is home to the revered **Maa Kamakhya Temple**, one of the most sacred Shakti Peethas in India. According to ancient tradition, Maa Kamakhya symbolizes the **creative power of nature and the divine feminine energy that sustains life and regeneration**. For delegates attending the retreat, the spiritual aura of Maa Kamakhya served as a reminder that the pursuit of medical science and research ultimately aims to preserve life, restore health, and serve humanity.



5th RSSDI Research Retreat 2026, Guwahati

Advancing the Frontiers of Diabetes Research

A Collective Success

The successful execution of the **5th RSSDI Research Retreat** reflects the tireless efforts of the organizing team and the enthusiastic participation of the scientific community. The retreat not only showcased high-quality research but also strengthened the national network of diabetes researchers committed to addressing one of the most pressing health challenges of our time.

With the guidance of the **RSSDI Executive Body** and the continued dedication of clinicians and researchers across the country, the insights and collaborations emerging from this retreat will undoubtedly contribute to **new research directions, improved patient care, and a stronger scientific foundation for diabetes management in India.**



RSSDI Rural Outreach Village Adoption Program



- The Research Society for Study of Diabetes in India (RSSDI) Rural Outreach Village Adoption program aims to reduce the rising burden of diabetes, obesity, and hypertension in rural India by adopting 100+ villages for targeted screening, education, and, in collaboration with Rotary India, providing access to care. RSSDI doctors and state chapters conduct regular health screenings, train local healthcare staff, and promote healthy lifestyles to improve outcomes for undiagnosed or undertreated rural populations.
- **Village Adoption Goal:** RSSDI aimed to adopt 100 remote villages across India to provide, for example, diagnostic kits, glucometers, and BP apparatus to rural areas.
- **Targeted Screenings & Care:** Doctors conduct mass screenings, fill community-based assessment checklists (CBAC), and refer patients with non-communicable diseases (NCDs) to primary health centers.
- **Education and Prevention:** The program offers educational sessions to rural residents on dietary habits, exercise, and lifestyle changes to prevent complications.
- **Knowledge Transfer:** Acting as a knowledge partner, RSSDI trains local medical and paramedical staff to ensure sustainable, high-quality diabetes care in these villages.

Villages Adopted

- Thamaraiyakam Village near Chennai
- Vakkampatti Village, Dindukal District
- Vallimalai village, Vellore
- Safedabad, Kiwadi, Daniyalpur, Mubarakpur in Barabanki district, UP
- Bagsuma and ratanpura villages in dhanbad district of jharkhand
- Izarhatta, Benipur, Darbhanga, Bihar
- Bazpatti, Sitamarhi, Bihar
- Village TEMRI Near FUNDAHAR Raipur Chattisgarh
- Village Gharbara, Mizoram

KAUDGAON, PAITHAN, CHHATRAPATI SAMBHAJINAGAR

State in which activity was performed: Maharashtra

Village, District: Kaudgaon, Paithan, Chhatrapati Sambhajinagar

Date of Activity: 11 Jan 2026

Brief Report:

- Dr Mayura Kale and team screened around 210 patients. There were 50 patients who were already diagnosed with DM and 20 patients were newly diagnosed for DM.



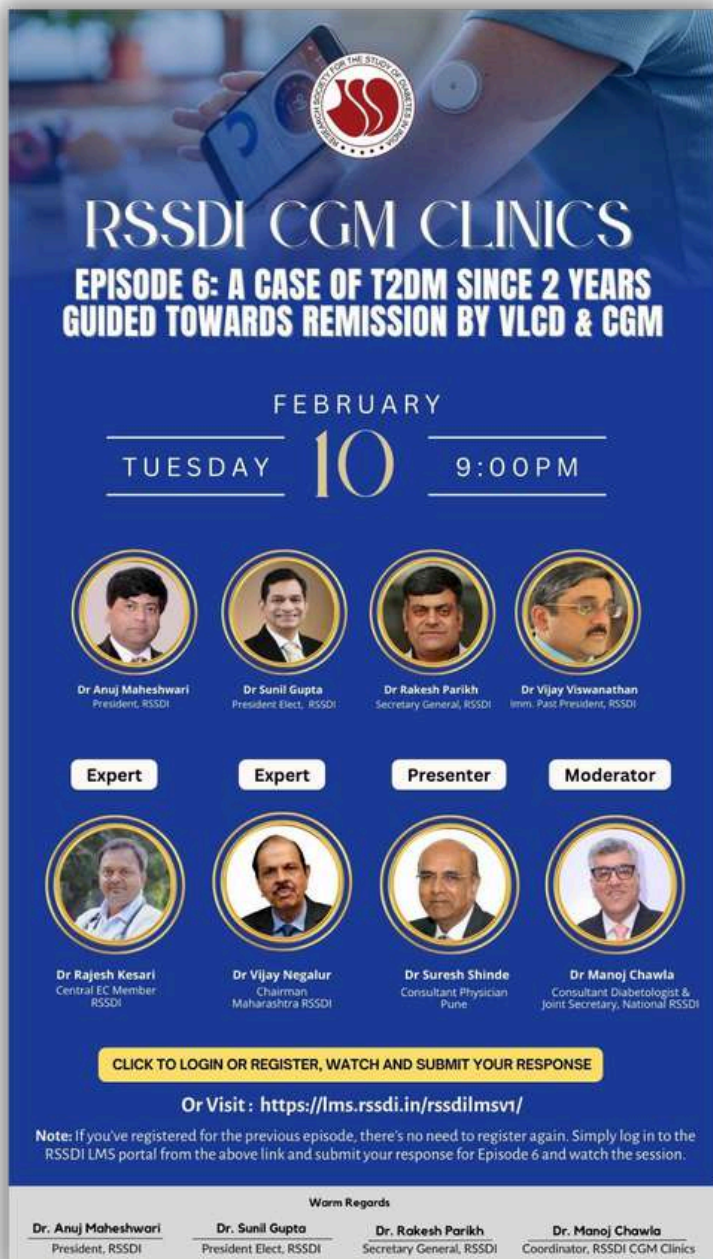
KUCHAMAN DISTRICT KUCHAMAN DIDWANA

State in which activity was performed: Rajasthan
Village, District: Kuchaman district Kuchaman Didwana
Date of Activity: 02 Feb 2026

Brief Report:

- More than 50 patients visited & screened then consultation to 21 patients 21.





RSSDI CGM CLINICS
EPISODE 6: A CASE OF T2DM SINCE 2 YEARS GUIDED TOWARDS REMISSION BY VLCD & CGM

FEBRUARY
TUESDAY 10 9:00PM

Expert
 Dr. Anuj Maheshwari (President, RSSDI)
 Dr. Rajesh Kesari (Central EC Member, RSSDI)

Expert
 Dr. Sunil Gupta (President Elect, RSSDI)
 Dr. Vijay Negalur (Chairman, Maharashtra RSSDI)

Presenter
 Dr. Rakesh Parikh (Secretary General, RSSDI)
 Dr. Suresh Shinde (Consultant Physician, Pune)

Moderator
 Dr. Vijay Viswanathan (Imm. Past President, RSSDI)
 Dr. Manoj Chawla (Consultant Diabetologist & Joint Secretary, National RSSDI)

CLICK TO LOGIN OR REGISTER, WATCH AND SUBMIT YOUR RESPONSE

Or Visit: <https://lms.rssdi.in/rssdilmsv1/>

Note: If you've registered for the previous episode, there's no need to register again. Simply log in to the RSSDI LMS portal from the above link and submit your response for Episode 6 and watch the session.

Warm Regards
 Dr. Anuj Maheshwari (President, RSSDI)
 Dr. Sunil Gupta (President Elect, RSSDI)
 Dr. Rakesh Parikh (Secretary General, RSSDI)
 Dr. Manoj Chawla (Coordinator, RSSDI CGM Clinics)



RSSDI CASE FILES
EPISODE 33 : UNRECOGNIZED CARDIAC AUTONOMIC NEUROPATHY IN AN ELDERLY PATIENT WITH LONG-STANDING TYPE 2 DIABETES

Case Presentation
 Dr. Shambo Samrat Samajdar
 MD DM (Clinical Pharmacology)
 Consultant, Diabetes and Allergy-Asthma
 Therapeutics Specialty Clinic, Kolkata

Panelists

Dr. Manohar KN
 Lead Consultant Physician & Diabetologist
 Sparsh Hospital, Hennur, Bangalore
 EC Member RSSDI

Dr. Raveendran A V
 Specialist Internist Internal Medicine
 MBBS, MD
 Oman

Dr. Pravin Kalvit
 MD Med.
 Diabetologist
 icine
 Bilaspur, Chhattisgarh

Date & Time
23 FEB 2026
8:30 PM - 9:30 PM IST

RSSDI Case Files Convener
 Dr. Pratap Jethwani
 Dr. N. K. Singh

Click here to register for the Webinar

Dr. Anuj Maheshwari (President, RSSDI)
Dr. Rakesh Parikh (Secretary General, RSSDI)
Dr. Sunil Gupta (President Elect, RSSDI)
Dr. Vijay Viswanathan (Immediate Past President, RSSDI)
Dr. Banshi Sahoo (RSSDI Case Files Advisor)

Dr. Pratap Jethwani (Hon Treasurer & RSSDI Case Files Convener)
Dr. N. K. Singh (Vice President & RSSDI Case Files Convener)

RSSDI CGM Clinics – Episode 6

RSSDI Case Files – Episode 33

During February, RSSDI conducted CGM Clinics Episode 6 on 10th February, focusing on the topic “A case of T2DM since 2 years guided towards Remission by VLCD & CGM”. The session was presented by Dr. Suresh Shinde and featured an expert panel comprising Dr. Rajesh Kesari and Dr. Vijay Negalur, with Dr. Manoj Chawla as the moderator. The episode generated meaningful discussions and provided practical CGM-guided remission strategies.

RSSDI also hosted Case Files Episode 33 on 23rd February, titled “Unrecognized Cardiac Autonomic Neuropathy in an Elderly Patient With Long-Standing Type 2 Diabetes” The case was presented by Dr. Shambo Samrat Samajdar, with expert insights from Dr. Manohar KN, Dr. Raveendran A V, and Dr. Pravin Kalvit, under the convenership of Dr. Pratap Jethwani and Dr. N. K. Singh.

RSSDI Virtual Journal Club

This month, RSSDI conducted its second Virtual Journal Club on 25th February, hosted by International Journal of Diabetes in Developing Countries (IJDDC) & International Journal of Clinical Metabolism and Diabetes (IJCMD).



RSSDI VIRTUAL JOURNAL CLUB

Organized by: Research Society for the Study of Diabetes in India (RSSDI)

Hosted by:
International Journal of Diabetes in Developing Countries (IJDDC)
International Journal of Clinical Metabolism and Diabetes (IJCMD)

25th Feb 2026 (Wednesday) | 9:00 PM – 10:00 PM IST

Course Directors:
Dr Rajeev Chawla – Editor-in-Chief, IJDDC
Dr Krishna Seshadri – Editor-in-Chief, IJCMD

Agenda		
Time	Activity	Presenter
9:00 PM	IJCMD Article Presentation Article: Seshadri KG. Biased agonism in incretin-based therapies. Int J Clin Metab Diabetes. Link to read: https://journals.sagepub.com/doi/epub/10.1177/30502071251336542	Dr Sumalya Sen
9:15 PM	IJDDC Article Presentation Article: Chen, YM; et al. Association between new obesity index, weight adjusted waist circumference index, and type 2 diabetes. Int J Diabetes Dev Ctries. Link to read: https://link.springer.com/article/10.1007/s13410-025-01604-9#Abs1	Dr Vipul Gupta
9:30 PM	Panel Discussion: Selecting the Journal to Publish Panelists: Dr Vijay Viswanathan , Dr Rajeev Chawla, Dr Krishna Seshadri, Dr Arvind Gupta, Dr L. Sreenivasamurthy Moderator: Dr Shambo Samrat Samajdar	

[Click here to register for the Journal Club](#) →

WARM REGARDS

Dr. Anuj Maheshwari President, RSSDI	Dr. Sunil Gupta President-Elect, RSSDI	Dr. Rakesh Parikh Secretary General, RSSDI	Dr. Vijay Viswanathan Imm Past President, RSSDI	Dr. Shambo Samrat Samajdar Convener, RSSDI Journal Club
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RSSDI Walk the Talk

This month, RSSDI conducted its very first Episode of "RSSDI Walk the Talk" series featuring Dr Anuj Meshawari, President RSSDI with moderator Dr Purvi Chawla



RSSDI Diabetes Bytes 2.0

WALK THE TALK FROM RSSDI

Episode - 1



Dr Anuj Maheshwari
President, RSSDI



Dr Sunil Gupta
President Elect, RSSDI



Dr Rakesh Parikh
Secretary General, RSSDI



Dr Vijay Viswanathan
Imm. Past President, RSSDI



Prof. Dr. Anuj Maheshwari

Senior Diabetologist, Lucknow
President, National RSSDI



Dr. Purvi Chawla

Consultant Diabetologist &
Convenor, RSSDI Diabetes Bytes 2.0



**CLICK HERE TO WATCH THE PODCAST
OR SCAN THE QR CODE**

Warm Regards

Dr. Anuj Maheshwari
President, RSSDI

Dr. Sunil Gupta
President-Elect, RSSDI

Dr. Rakesh Parikh
Secretary General, RSSDI

Dr. Vijay Viswanathan
Imm Past President, RSSDI

Dr. Purvi Chawla
Convenor, RSSDI Diabetes Bytes 2.0

Run for Type 1 diabetes

On February 1st, 2026, RSSDI, in association with MDCF and Hiranandani Hospitals, Powai, Mumbai, hosted a successful walk/run event in collaboration with major diabetes associations of India, including Diabetes India, IDF-South East Asia, Udaan-For T1Diabetes, and JDF (Juvenile Diabetes Foundation). Over 300 participants, including many with Type 1 diabetes, came together to emphasize the importance of physical activity in diabetes management.

Notably, a team of 11 runners from Aurangabad, living with T1Diabetes, demonstrated that exercising with T1D is possible with the right approach. T1D champions Ms. Mehak Dhingra (New Delhi), Ms. Riddhi Modi (Mumbai), Mr. Dhir Sejpal (Mumbai), and Mr. Kamlesh Chitte (Aurangabad) lent their wholehearted participation and support.

RSSDI's President, Prof Anuj Maheshwari, General Secretary, Dr. Rakesh Parikh, Joint Secretary, Dr. Manoj Chawla, and Executive Committee members Dr. Sanjay Agarwal, Dr. Rajesh Kesari, Dr. Lotika Purohit, RSSDI Maharashtra chapter was represented by Dr. Sanhita Walawalkar, and Dr. Purvi Chawla they flagged off the event and participated enthusiastically. This collaborative effort underscores RSSDI's commitment to promoting awareness and action against diabetes in India.



MAHARSSDI 2026: A Landmark Convergence of Innovation and Care

20th Annual State Conference of the Maharashtra Chapter of the Research Society for the Study of Diabetes in India (MAHA RSSDI 2026), a prestigious three-day conference was conducted at The Orchid Hotel, Pune on 6th to 8th Feb 2026. It set a new benchmark in metabolic healthcare by blending rigorous science with visionary discussions. The event commenced on a spiritual and auspicious note with a soulful Ganesh Vandana. This conference had esteemed inauguration graced by IRS Dr. Nitin Waghmode, whose presence underscored the intersection of public service and healthcare excellence. A significant highlight of the ceremony was the formal felicitation of the newly elected Central Executive Committee (EC) members. These leaders, recently appointed for the 2026–2029 term, were recognised for their commitment to advancing diabetes research and education across India.

The evening reached its pinnacle with the presentation of three distinguished awards to stalwarts in the medical fraternity. Lifetime Achievement Award to Dr. P. K. Joshi, Pune Bhushan Award to Dr. Kakarani, and Guru Dronacharya Award to Dr. Vijay Panikar.

The scientific program featured a constellation of eminent speakers who delivered deep insights across various symposia. A major highlight was the high-octane debate on whether AI can replace clinicians, a session that balanced technological optimism with the irreplaceable value of human empathy. This forward-looking theme continued in the dedicated Workshops on AI in Diabetes, alongside practical, hands-on sessions covering Diabetic Foot management and the often-overlooked nuances of Male Sexual Dysfunction.

The conference excelled in its interactive formats, featuring:

- Thought-provoking panel discussions on the latest paradigms in Diabetes management.
- Clinical deep-dives into the complexities of Dyslipidemia.
- An engaging Quiz that tested the mettle of budding specialists.

Perhaps the most poignant segment was the Nari Shakti Symposium, held in memory of the late Dr. Benny Negalur. This unique session celebrated women's health by addressing critical gaps in muscle health, bone density, and cancer screening specifically for women living with diabetes.

MAHARSSDI 2026 successfully bridged the gap between traditional clinical wisdom and the digital future, leaving attendees empowered and inspired.



Nari Shakti Dr. Benny Negalur Memorial Session

13th RSSDI Rajasthan Annual Conference 2026 at Hanumangarh

The 13th Annual Conference of the Research Society for the Study of Diabetes in India – Rajasthan Chapter (RAJ RSSDI 2026) was successfully held on 28 February – 1 March 2026 at Rajvi Palace, Hanumangarh. The conference was organized under the leadership of Patrons Dr. Paras Jain and Dr. Brijesh Gaur, Organising Chairman Dr. S. S. Gett and Organising Secretary Dr. Aishwary Gupta.

Hon. Secretary of Rajasthan RSSDI, Dr. Puneet Saxena, informed that the conference witnessed enthusiastic participation from over 600 delegates, while nearly 100 national and state faculty members delivered lectures, keynote talks, and orations on recent advances in diabetes care. Workshops on insulin therapy and diabetic foot management were also conducted. Postgraduate students actively participated in oral paper and poster presentations. Public awareness programs were organized to educate people about diabetes, its complications, and preventive measures.

Dr. Pradyumn Sharma was installed as the Chairman of Rajasthan RSSDI, taking over from Past Chairman Dr. D. C. Sharma. Dr. Shailesh Lodha was unanimously elected as Chairman Elect. Dr. Girish Mathur received the Rajasthan RSSDI Legend Award and Prof. Naresh Bhu Oration, Dr. Prakash Keswani the Lifetime Achievement Award, Dr. Paras Jain the Social Activity Award, and Dr. G. D. Ramchandani the Distinguished Service Award. About 21 senior members were also felicitated, while Young Member Awards for Social Work were given to Dr. Dinesh Sharma and Dr. Suresh Yadav.



Activities Report : RSSDI West Bengal Chapter

As per guidelines set by **RSSDI for RROP** and as per the instructions of Governing council of RSSDI WB Chapter, RSSDI members visited Jaykrishnapur village of Mangalkote block in the district of Purba Burdwan in month of February for screening purposes.

One health camp was done in the school premises of Jaykrishnapur Primary school. Honourable Pradhan of Majigram GP was present to inaugurate the camp and he encouraged the villagers as well as RSSDI team. The team consisted of Prof. Soumik Datta, Prof Netai Pramanik, Dr Satyapriya Seth, Dr Raghul B, Dr Soumik Sarkar, Dr Yousuf, Dr Annesha Mondal. Mrs Priyanka Chatterjee Mukherjee, Nutritionist and an expert in Public health management.

Total 173 person had been screened and out of them 20 persons were found diabetic. Two out of these 20 persons were newly detected diabetes. Only four persons among known 18 diabetic persons were found to have CBG levels within acceptable range. Rest of the people had least interest in drug adherence. Almost 90 % of the diabetes population had little awareness about the impact of this disease. The team members tried to apprise them about benefits of regular medication and monitoring. Apart from increasing diabetes awareness, blood pressure check and neuropathy screening by VPT machine was done. Awareness about foot care was specially emphasized. Huge number of people remain outside the catchment of health setup despite their knowledge that they are living with diabetes. One issue may be worth-mentioning that almost 60 percent of participants came with a dermatology issue.

One technical person had been provisionally selected to act as local coordinator as per guidelines of RROP. He may be appointed subject to approval of Governing council.



5th RSSDI Jharkhand Chapter Annual Conference

5th Rssdi jharkhand chapter conference was held at the holy town of deoghar, popularly called as baba baidyanath dham, one of the famous jyotirlinga. It was held from 9 th January to 11 th January 2026 at a beautiful conference venue Maihar garden attended by many national and regional Rssdi office bearers and a good registration of around 400 delegates from jharkhand and nearby states. The conference was inaugurated in presence of national president rssdi dr Anuj Maheshwari, dr Sunil Gupta president elect, dr Sanjay Agarwal past secretary general, national treasurer dr Pratap jethwani, vice president Dr n k Singh and dr arvind jagdish, national EC member dr b k Singh, dr Rajesh keshri, Dr Anil Virmani, dr jayant panda.

Secretary and chairman of bihar rssdi and faculty members from various other states and different parts of jharkhand attended the conference. Notable among them were dr Nitin Kapoor from Vellore, dr shiv Kumar from Mumbai, dr Laxmi nagendra from Mysore, dr Mohsin Aslam, dr Vinod mittal and surajdeep sengupta from delhi, dr Bijay patni and dr hridesh from Kolkata.

First day of conference was held in AIIMS deoghar auditorium inaugurated by director prof., dr Nitin gangane. Type 1 conclave is a special feature of jharkhand rssdi where type 1 DM patients are called along with their parents . They interact amongst themselves about problems and solutions related with diabetes. They were given smart watches, glucometer to make life and Diabetes easier to manage. They were counselled by Dr Rajesh HOD medicine department of AIIMS and addressed by local MLA of deoghar mr paswan ji. The faculty had easy darshan of baba baidyanath with help of young and dynamic DC of deoghar who was present as chief guest during inauguration. Local organising committee dr gauri shankar, organising secretary dr r n prasad, organising chairman, dr tiwari, chairman reception committee dr Ajay chabbra chairman scientific committee, dr vinay state chairman, dr Ajay patwari state secretary contributed in making program a successful event.



Article of Journal Review

Can Diet Composition Tilt the Odds of Diabetes Remission? Insights from the FAIR Trial

In the era of diabetes remission, weight loss is powerful—but is all weight loss equal?

A randomized controlled trial published in *Diabetes Research and Clinical Practice* (Schuppelius et al., 2026) examined whether type 2 diabetes (T2D) duration and macronutrient composition of a very low-calorie diet (VLCD) influence remission outcomes .

Fifty-two adults with overweight/obesity and non-insulin-treated T2D were assigned to a 3-month VLCD (600–800 kcal/day), with antidiabetic medications discontinued. Participants had either short (≤ 4 years) or long (≥ 8 years) diabetes duration.

Key Findings

- Overall remission (fasting plasma glucose < 126 mg/dL) was achieved in 72% of participants .
- Remission was significantly higher in those with shorter diabetes duration (82% vs 50%, $p=0.026$) .
- Strikingly, remission differed by diet composition: the higher-protein, higher-fiber, lower-carbohydrate formula achieved 91% remission vs 56% with the comparator ($p=0.008$) despite similar weight loss .
- Baseline predictors of success included lower fasting glucose and higher C-peptide levels, suggesting preserved beta-cell reserve .
- Weight loss averaged ~ 15 kg across groups, predominantly from fat mass. Importantly, remission was achievable even in long-duration T2D—though at lower rates.

Why This Matters for India

India faces a growing burden of early-onset and long-duration T2D. The FAIR study reinforces two critical messages for clinical practice:

1. Act early—shorter diabetes duration improves remission probability.
2. Diet quality matters—within energy restriction, higher protein and fiber may enhance glycemic recovery beyond weight loss alone.

For RSSDI members, this study nudges us toward more personalized remission strategies—factoring in beta-cell reserve, duration of diabetes, and perhaps, smarter macronutrient design.

Remission is not a miracle. It is metabolic opportunity—best seized early, and perhaps, more intelligently composed.

Reference: Schuppelius B, Lalama E, Zhang J, Ruether K, Csanalosi M, Kabisch S, Christ A, Latz E, Kraenkel N, Pivovarova-Ramich O, Mai K, Pfeiffer AFH. Remission of type 2 diabetes depends on time since diagnosis and low-calorie diet composition: Results of a randomized controlled trial in individuals with overweight and obesity. *Diabetes Res Clin Pract.* 2026 Mar;233:113159. doi: 10.1016/j.diabres.2026.113159.

Q1. A 29-year-old man with newly diagnosed type 1 diabetes is keen to start on diabetes technology immediately. His BMI is 23, A1C is 10.2%, and he has no comorbidities. He lives in a rural area with limited in-person endocrinology access but has internet connectivity. Which of the following is the most evidence-based approach to initiating technology in this patient?

- a** Initiate real-time CGM and provide asynchronous online tutorials, deferring pump therapy until education is available
- b** Begin automated insulin delivery within 21 days of diagnosis, combined with virtual training on alarm settings and glucose targets
- c** Recommend 3-month delay for pump therapy to allow beta-cell stabilization and antibody testing
- d** Use over-the-counter CGM initially due to accessibility, followed by AID if poor control persists
- e** Start with professional CGM under endocrinology guidance and evaluate eligibility for AID systems later

Q2. A 67-year-old male with type 2 diabetes for 16 years presents for evaluation. He has stage 3b chronic kidney disease (eGFR 32 mL/min/1.73m²), treated hypertension, and a prior history of a left toe amputation. On exam, he has a prominent hammer toe deformity, dry skin with callus formation, weak dorsalis pedis pulses, and complete loss of monofilament sensation on both feet. He reports no current pain or ulcers and wears standard walking shoes. He lives alone and reports difficulty inspecting the bottoms of his feet daily. What is the most appropriate intervention to reduce his risk of future limb-threatening complications?

- a** Educate the patient on daily mirror-based self-foot inspection and continue routine annual foot exams
- b** Refer to a vascular surgeon for assessment and consider aspirin to reduce amputation risk

- c** Prescribe pregabalin and supportive shoes to manage neuropathy and reduce fall risk
- d** Refer to an interprofessional foot care team and initiate specialized therapeutic footwear
- e** Initiate a GLP-1 receptor agonist to reduce the risk of major adverse limb events and improve glycemia

Q3. A 14-year-old Indian girl from an urban low-income household presents with 3 months of polyuria, fatigue, and 4 kg weight loss. Her BMI is at the 85th percentile. Examination reveals acanthosis nigricans, no goiter, and Tanner stage III puberty. Her random blood glucose is 310 mg/dL, A1C is 10.1%, and urine shows moderate ketonuria. C-peptide is 1.1 ng/mL, and GAD65 is weakly positive. There's a strong family history of young-onset diabetes. Based on the likely phenotype, what is the most appropriate initial therapy for this patient?

- a** Begin basal insulin and metformin due to likely hybrid (double) diabetes presentation
- b** Start metformin alone with structured lifestyle therapy, as insulin may worsen compliance
- c** Use GLP-1 receptor agonist to target obesity and glycemia, with metformin as add-on
- d** Delay insulin initiation and repeat autoantibody testing to confirm type 1 diagnosis
- e** Initiate full basal-bolus insulin therapy with carbohydrate counting education

Prepared by :
Dr. Shambo Samajdar



Please find the answers and explanations at the end of this newsletter.



RSSDI Empanels Seven Leading ABDM-Compliant Clinic Management System (CMS) Solutions to Digitise Diabetes Cares Across RSSDI Network

Adoption of a robust Clinic Management System (CMS) is critical for clinicians to effectively leverage digital technologies in delivering high-quality diabetes care. However, selecting the right CMS can often be a challenging decision for many practitioners. RSSDI–Koita Centre for Digital Diabetology (RSSDI-KCDD) has followed a structured, phased, and transparent approach to support RSSDI members in this journey. We are pleased to announce the empanelment of seven CMS solutions (in alphabetical order):

RSSDI Empanelled Clinic Management Systems (CMS)		
 <i>"Improving Healthcare Together"</i> eClinical India Pvt. Ltd.	 EkaCare - Orbi Health Pvt. Ltd.	 HealthPlix Technologies Pvt. Ltd.
 MocDoc - Yro Systems Pvt. Ltd.	 OneGlance Software Serv. Pvt. Ltd.	 Plus91 Technologies Pvt. Ltd.
 TatvaCare - Digicare Health Solutions Pvt. Ltd.		

The final companies were reviewed by senior RSSDI leadership, including **Dr Anuj Maheshwari, Dr Rakesh Parikh, Dr Manoj Chawla, Dr Sanjay Agarwal, Dr Rajesh Kesari, and Dr Amit Gupta**, along with digital health expert **Mr Angshuman Sarkar**. The CMS empanelment effort was also supported by a strong CMS committee including RSSDI members - **Dr Deep Dutta, Dr Manoj Chawla, Dr Om Lakhani, Dr Sreenivasa Murthy** along with digital health experts - **Mr Angshuman Sarkar and Mr Harshal Sawant**. The **international consulting firm PwC** supported RSSDI and RSSDI-KCDD team in the overall CMS empanelment process.

Under our arrangement, the empanelled CMS solutions will adhere to and get certified for NABH Standards for Clinical Management Systems with the NABH Standards for CMS - Diabetes. The development of these NABH standards has been supported by RSSDI and are consistent with RSSDI's Diabetes guidelines. The empanelled CMS vendors will also offer special RSSDI-specific discounts to RSSDI members, and provide priority support.

This empanelment represents a significant milestone in advancing standardized, digitally enabled diabetes care across India. RSSDI members will now have access to diabetes-focused, standards-aligned CMS platforms at preferential pricing—enabling longitudinal patient care, data-driven decision-making, and research-ready digital infrastructure.

RSSDI-KCDD is proud to share that this is the **first structured national initiative of its kind** aimed at accelerating systematic CMS adoption in diabetology practice across India.



RSSDI Charitable & Community Outreach Activities led by RSSDI Members



JATIA, KAHILIPARA

Type : Free Camp | Date : 02 Feb 2026

A free health screening camp in Jatia, Kahilipara where 61 persons were checked blood pressure, weight, RBS, uric acid, lipid profile, hba1c tests along with free consultation and diet counselling was done !



TALEGAON, RURAL MAHARASHTRA

Type : Public Awareness | Date : 19 Feb 2026

We are glad to present *RSSDI* Charitable Rural Outreach & Public Awareness Camp in *TALEGAON - Rural Maharashtra* On the occasion of *छत्रपती शिवाजी महाराज* Jayanti 🙏🇮🇳

- Organized by *ApH*
(Alis Plus Health)
- Incharge Physician -
Dr. Ali - Shah N. F.
- Assistant Physician -
Dr. Emmanuel Rathod

- Diabetes Awareness & Education for Young Children.
- Lifestyle advice & the concept of Prevention.
- Identification of Risk Factors in young adults.

📍 *Location* - Shree Parshwapradnyalay dnyan Sanskar mandir -
Talegon Maharashtra, India





DHENKANAL, ODISHA

Type : Public Awareness | Date : 9 Feb 2026

We at Dhenkanal, a rural district of odisha on February 9th conducted a friendly cricket tournament in which we educate patients about proper use of insulin, how to measure blood sugar level correctly in glucometer. Motivate them to overcome social stigma about insulin and not to follow any social media information blindly without the help of their doctors.



DHENKANAL, ODISHA

**Type : Educational activity for PWD/Paramedics |
Date : 21 Feb 2026**

We on 21st feb at a rural block odapada of Dhenkanal district Odisha conducted an educational awareness among nurses, paramedics and patients how to manage hypoglycaemia, how to overcome stigma of injection and how to aware diabetic patients for the upcoming Ramzan.



DHANBAD, JHARKHAND

Type : Free Camp | Date : 21 Feb 2026

A Diabetes retinopathy screening camp was organised at an old age home named Ramashram in govindpur, district Dhanbad of state Jharkhand on 21st February 2026. Dr seema patwari consultant ophthalmologist under the banner of RSSDI jharkhand conducted a camp for diabetic retinopathy screening. Among the 30 patients screened many had cataract, one was having ARMD and 5 patients had different stages of Diabetes retinopathy. They were counselled for better glycemic control, dietary advice, yoga and regular medicine uptake. The administration which is taken care by rotary club of dhanbad was advised to bring them for follow up to regular clinic for further management. The old age home inmates were also promised for a Diabetes camp as soon as possible. They were also provided with eye drops as per requirement.



DHANBAD, JHARKHAND

Type : Free Camp | Date : 24 Feb 2026

A fibroscan camp was conducted at jharkhand diabetes and eye centre joraphatak road, dhanbad jharkhand on 24 February 2026 under the banner of RSSDI jharkhand chapter in the guidance of dr Ajay patwari. 25 Diabetes patients and 15 non diabetic attenders were screened. 20 diabetes patients had fatty liver of different grades and among them some had fibrosis. Non diabetic attenders also had various grades of fatty liver. They were counselled regarding dietary advice, weight reduction, physical activity.





54th RSSDI 2026

19-22 NOVEMBER Bengaluru

ANNUAL CONFERENCE OF THE RESEARCH SOCIETY
FOR THE STUDY OF DIABETES IN INDIA (RSSDI)

Venue:
Clarks Exotica, Bengaluru

Call for Abstract Submission

Last Date: 30th June 2026

We are delighted to invite you to submit your abstract for the **54th Annual Conference of RSSDI 2026**, scheduled to be held in Bangalore, Karnataka, from **19th to 22nd November 2026** at Clarks Exotica Bengaluru.

[Click here to submit your abstract](#)

Or Scan the QR code
or visit the link below directly

www.rssdi.in/abstract2026/



Dr. Anuj Maheshwari
President
National RSSDI



Dr. Sunil Gupta
Scientific Chair, RSSDI 2026
National President Elect, RSSDI



Dr. Rakesh Parikh
Secretary General
National RSSDI



Dr. K M Prasanna Kumar
Org. Chairperson
RSSDI 2026



Dr. L Sreenivasa Murthy
Org. Secretary
RSSDI 2026

Q1. A 29-year-old man with newly diagnosed type 1 diabetes is keen to start on diabetes technology immediately. His BMI is 23, A1C is 10.2%, and he has no comorbidities. He lives in a rural area with limited in-person endocrinology access but has internet connectivity. Which of the following is the most evidence-based approach to initiating technology in this patient?

Correct Answer: B

Rationale: A multicenter RCT showed that AID initiated within 21 days of diagnosis in type 1 diabetes significantly improved TIR (~10% increase) and A1C over 12 months. Remote/virtual training is acceptable and effective. OTC CGMs lack alarms and do not integrate with insulin delivery. Delaying AID initiation or requiring antibody/C-peptide testing is not supported by evidence. Access to education should not delay optimal therapy.

Q2. A 67-year-old male with type 2 diabetes for 16 years presents for evaluation. He has stage 3b chronic kidney disease (eGFR 32 mL/min/1.73m²), treated hypertension, and a prior history of a left toe amputation. On exam, he has a prominent hammer toe deformity, dry skin with callus formation, weak dorsalis pedis pulses, and complete loss of monofilament sensation on both feet. He reports no current pain or ulcers and wears standard walking shoes. He lives alone and reports difficulty inspecting the bottoms of his feet daily. What is the most appropriate intervention to reduce his risk of future limb-threatening complications?

Correct Answer: D

Rationale: This patient is at markedly elevated risk for diabetic foot complications due to the convergence of multiple risk factors, including complete loss of protective sensation (LOPS), a history of amputation, a structural foot deformity (hammer toe), compromised vascular supply, and stage 3b chronic kidney disease. These factors together amplify the likelihood of ulceration, delayed wound healing, and eventual limb loss. Among the available interventions, referral to a multidisciplinary foot care team and initiation of specialized therapeutic footwear is the most evidence-based and urgent action. This strategy addresses biomechanical stress through offloading, supports early detection of pre-ulcerative lesions, and enables tailored vascular, neurologic, and orthopedic input—collectively reducing the risk of recurrence and major amputation. Other options either miss the structural and functional issues (A, C, E) or are reserved for cases with overt ischemia (B), making them inadequate or premature in this clinical context.

Quiz

Answer Key

Q3. A 14-year-old Indian girl from an urban low-income household presents with 3 months of polyuria, fatigue, and 4 kg weight loss. Her BMI is at the 85th percentile. Examination reveals acanthosis nigricans, no goiter, and Tanner stage III puberty. Her random blood glucose is 310 mg/dL, A1C is 10.1%, and urine shows moderate ketonuria. C-peptide is 1.1 ng/mL, and GAD65 is weakly positive. There's a strong family history of young-onset diabetes. Based on the likely phenotype, what is the most appropriate initial therapy for this patient?

Correct Answer: A

Rationale: India has seen a rising incidence of phenotypically ambiguous diabetes in youth, particularly in overweight/obese adolescents with features of both type 1 and type 2 diabetes. This patient exhibits hallmarks of insulin resistance (acanthosis, family history, pubertal insulin resistance) alongside mild ketosis and GAD65 positivity, which suggest double diabetes—a hybrid state increasingly recognized in South Asian adolescents. C-peptide >1 ng/mL indicates residual β -cell function, so starting metformin addresses insulin resistance, while basal insulin is crucial to suppress ketosis and glucotoxicity during the early phase. This dual approach avoids overtreatment while reducing risks of ketoacidosis, and aligns with real-world constraints in Indian settings, where access to CGM and advanced insulin delivery may be limited. Monotherapy or delayed insulin increases the risk of metabolic decompensation. GLP-1 agents are still largely inaccessible or unapproved for youth in India, and intensive MDI may not be necessary initially unless acidosis or severe catabolism is present.



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GET FEATURED IN THE RSSDI NEWSLETTER

Showcase Your Charitable & Community Outreach Activities

RSSDI invites its members to submit details of their charitable and community outreach initiatives carried out during the month of **March**, for feature in the March issue of the RSSDI Newsletter.



Submit details by scanning the QR code **OR**

[Click Here](#)

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