



RSSDI NEWS



THE OFFICIAL BULLETIN OF **RSSDI**



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MESSAGE FROM THE RSSDI PRESIDENT

Dr. Anuj Maheshwari



Dear Colleagues,

Festive Greetings from RSSDI for Mahavir Jayanti, Good Friday, Easter, Baisakhi, Puthandu (Tamil New Year), Vishu (Malayali New Year), Bohag Bihu (the New Year festival of Assam and the Northeast), and Akshaya Tritiya.

April in India is coming with tapestry of celebrations. These festivals embody our nation's rich multicultural heritage. Traditionally, they were marked by music, dance, and vibrant physical activity, serving as natural stress relief. Today, however, celebrations often center only on food, with limited activity—fueling risks of obesity, diabetes, and hypertension.

At RSSDI, we recognize the growing responsibility to promote diabetes prevention and management during such occasions. Our recent mass screening at the Maha Kumbh, Prayagraj 2025, demonstrated how religious gatherings can be transformed into powerful public health interventions. The findings revealed both the heavy burden of chronic diseases and the feasibility of large-scale screenings in complex settings.

Yet, the true success of such programs hinges on addressing the intricate interplay of travel-related health behaviors, medication adherence, and the necessity of sustained follow-up care. Future efforts must therefore focus on comprehensive, culturally sensitive interventions that balance immediate screening with long-term health management.

Historically, Indian traditions emphasized restraint: food was avoided during travel, intermittent fasting was routine, and meals were restricted to daylight hours. Perhaps there is wisdom in revisiting such practices.

Dear members, we would be delighted to learn from your experiences during Ramadan and Navratri, where fasting and feasting coexist, and invite you to share your insights through research papers at our forthcoming annual conference in Bengaluru.

RSSDI must not only encourage research but also ensure that it is pragmatic and population-specific. This year, the Prof. M.M.S. Ahuja Symposium will focus on glycemic variability, while the Prof. B.B. Tripathi Symposium will highlight nutrition for gut health—themes deeply relevant to religious communities where fasting and feasting intertwine and large gatherings can disrupt gut health on one hand and facilitate microbiome transmission with significant implications could be the other side of coin.

We invite you to share your research and experiences at the RSSDI Annual Conference 2026, Bengaluru, in the third week of November. Together, let us advance evidence-based, culturally sensitive strategies for healthier celebrations.

With warm regards,

Prof. Anuj Maheshwari
MD, MACP

MESSAGE FROM THE RSSDI SECRETARY GENERAL

Dr. Rakesh Parikh

Dear Members,

It is a pleasure to note the consistent quality and growing impact of our RSSDI Newsletter. The editorial team deserves sincere appreciation for curating relevant, timely, and engaging content that reflects both the academic strength and the vibrant activities across our fraternity. The newsletter is steadily evolving into a meaningful platform for knowledge exchange and member engagement.

As we continue our efforts to strengthen the organization, we are shortly launching the **RSSDI Member Reconnect Program**—an important initiative aimed at improving the accuracy and completeness of our membership database and, more importantly, rebuilding direct engagement with our members.

Through this program, we aim to:

- Verify and update contact details of members
- Identify members who may have relocated or are currently inactive
- Gather valuable feedback, suggestions, and expectations from members
- Strengthen communication and participation across all levels

This initiative will be driven with the support of volunteers from within our own community. I invite members to come forward and participate in this effort by volunteering to connect with a small group of colleagues from their city. Your contribution, even at a modest scale, will collectively make a significant difference to the strength and responsiveness of RSSDI.

I would also like to encourage all members to actively contribute to this newsletter. Your clinical experiences, research insights, perspectives, and activities from your regions are invaluable. The newsletter should reflect the diversity and depth of work being done across the country, and your participation is key to that vision.

Looking forward to your continued support and active involvement.

Dr. Rakesh Parikh Secretary- General, RSSDI



MESSAGE FROM THE RSSDI Newsletter, Editorial Team

Editor's Message – March Reflections & April Invitation

The momentum of this month was set by the **RSSDI Research Retreat held in Guwahati on February 28th and March 1st**—a truly enriching academic gathering that brought together some of the brightest minds in diabetology. The retreat stood out for its focused, in-depth discussions on research methodology, idea generation, and collaborative thinking. It created a fertile ground for clinicians and researchers to refine their scientific approach, strengthen study designs, and align their work with real-world clinical challenges in India. Such initiatives are instrumental in building a strong culture of evidence-based practice within RSSDI.

March has since carried forward this spirit of engagement, reflection, and progress. Across the country, we witnessed vibrant academic activity and a strong exchange of ideas within our chapters.

A key highlight was RSSDIUPCON 2026 in Ayodhya, which brought together an impressive gathering of clinicians, researchers, and young delegates. The comprehensive scientific program—covering pharmacotherapy, technology integration, and life-stage diabetes management—reflected the evolving depth of our field. Particularly heartening was the enthusiastic participation from postgraduate students and early-career clinicians, reinforcing our commitment to nurturing the next generation of diabetologists.

This month also underscored the growing importance of holistic and multidisciplinary care. Discussions around cardiovascular health, obesity, gastrointestinal links, and lifestyle medicine are now central to diabetes management. As clinicians, we are increasingly called upon to look beyond glycaemic control and address the broader metabolic ecosystem influencing our patients.

Equally encouraging has been the rise in academic contributions from our members. Abstract presentations, case-based discussions, and clinical audits are steadily strengthening the Indian evidence base—making our insights more relevant, contextual, and impactful.

As we move into April, we look forward to building on this collective momentum.

We warmly invite contributions for the upcoming issue of the RSSDI Newsletter. This platform is a shared space for learning, reflection, and collaboration. We encourage submissions in the form of:

- Interesting case studies and clinical experiences
- Chapter activity highlights
- Patient education initiatives and public health work
- Perspectives on emerging therapies and technologies

Let us continue to learn from one another, inspire each other, and collectively elevate the standards of diabetes care across India.



Dr. Lotika Purohit



Dr. Anubha Verma



Dr. Aarathi Kannan



Dr. Bharat Kukreja



Dr. Ajay Singh



Dr. Shambo Samajdar



Dr. Vinay Dhandhania



Dr. Vipul Chavda



Dr N K Singh
National Vice President, RSSDI

Insider Info : Know Your EC Member

1. Your journey with diabetes care?

My father developed diabetes in 1977 and had severe recurrent hypoglycaemia with Glibenclamide. We were taught by his physician how to do Benedict test. Later he was shifted on Phenformin. This episode stimulated to become a diabetes care Physician. After coming in practice, I have done enormous awareness camps, wrote one of the best seller Hindi books on diabetes published by non-other than Prabhat Prakashan, shaped RSSDI Jharkhand and aspired for national research projects. I launched first Hindi website on diabetes way back in 2000 (www.dhrcindia.com)

2. What's your go-to hobby?

Travel, Literature , Vedic Science exploration, gardening

3. Hidden talent?

I think ,let it be hidden [Medical Journalism]

4. Professional Insights

1. Current role and passion project?

As vice Present responsibilities allotted, Working to frame RESEARCH to bring in forefront, impactful RSSDI Case FILES webinars, Editor-in Chief for RSSDI CASE BOOK, Working on RSSDI Atlas of images in diabetes after huge success of atlas on skin in diabetes

2. RSSDI's impact on your practice?

I shapes our vision, illuminates the working and bridges to main stream.

3. Achievement you're proud of?

World's largest academic platform on WhatsApp-CME INDIA, 12 groups over 11000 members, One of the best academics on X- @cmeindia1

5. Vision for RSSDI

1. How can we improve diabetes care in India?

Lessons from the past, understand limitations and practical solutions.

2. Your contribution to RSSDI's mission?

First time after RSSDI case discussion group, academics coming on forefront, RSSDI case Books are huge success, new innovations on Atlas series, membership drive, digital initiatives and core force in many RSSDI projects {I must be thankful to Dr Banshi Saboo and Dr Sanjay Agarwal for his visionary contribution in my journey}

3. Message for RSSDI members?

If your commitment is constant and vision is clear, no matter, you belong to a small place like me (Dhanbad), you can aspire for best.

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

Report of RSSDI Bihar Rural Outreach Programme

It gives us immense pleasure to inform you that in alignment with the national community outreach programme, RSSDI Bihar has organised its second community outreach programme on 7th February 2026 in gracious presence of our National President Dr. Anuj Maheshwari.

On 6th February 2026, on the occasion of the programme, we have also organised a CME, " DIABETES UPDATE" at Hotel Shree International ,Sitamarhi, Bihar. The CME was well attended by about 150 delegates including 20 faculties.They have generously participated in the CME and made it very interactive and informative.

We are privileged enough to have with us our national president , RSSDI, Dr(Prof.) Anuj Maheshwari, as the chief Guest for both the CME and the community outreach programme.

Dr.(prof.) Anuj Maheshwari has also delivered lectures on the topics " Circadian misalignment & Global Obesity trends " and "Community Outreach Program in India ; challenges & opportunities".

Zonal Member RSSDI, Dr. B.K.Singh, Senior member Dr. S.C.Jha, chairman Elect Dr. Shaibal Guha, Secretary Dr. Vijay Kumar, Convenor for the community outreach programme Dr. Naveen Kumar, GC member Dr. R.K.Modi, Past Treasurer Dr. Atul Kumar, Dr. Sudha Jha and few other senior members of Sitamarhi have participated as faculty in the CME.

Organising Secretary, Dr(Prof.) S.C.Jha, has presented his lecture on "Prescribing exercise in Type 2 DM".

Chairman elect, Dr. Shaibalguha, delivered a very lucid presentation on "Peri - operative management of Diabetes".

Chapter Secretary Dr. Vijay Kumar, have also delivered his presentation on "Transforming Diabetes treatment: Insulin therapy & cutting edge practices."

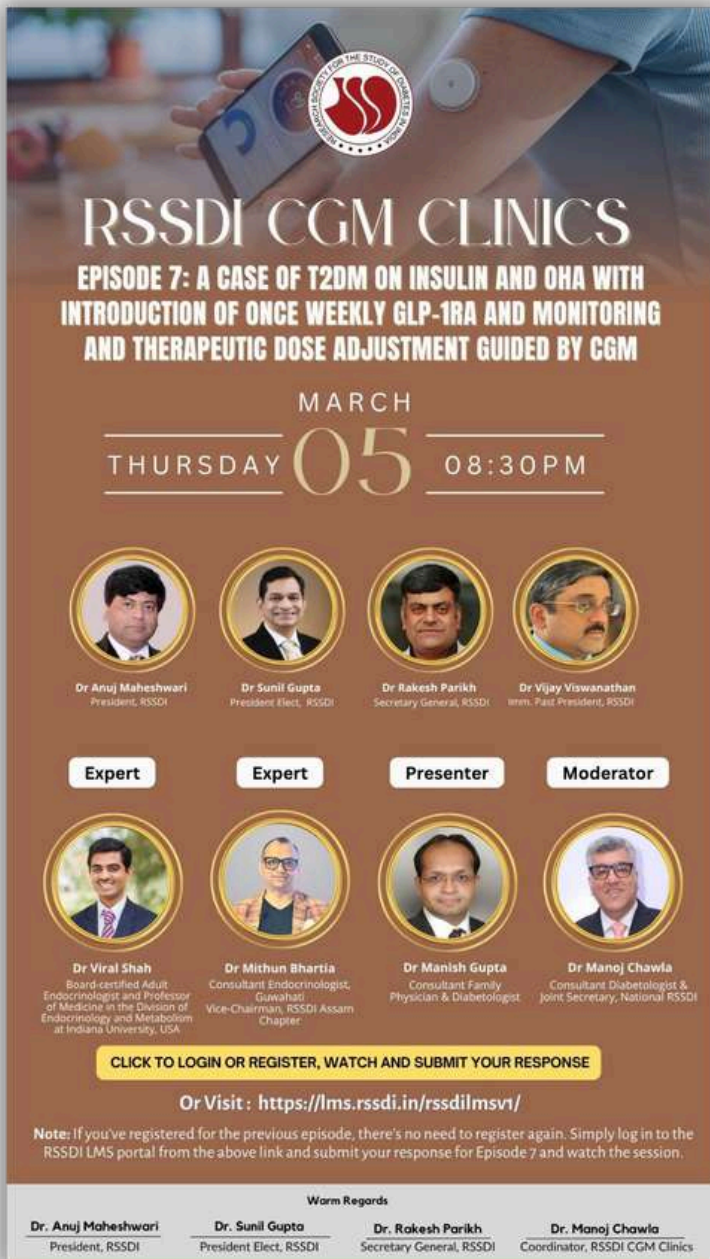
Report of RSSDI Bihar Rural Outreach Programme

RSSDI Bihar extends heartfelt thanks to the Chief Guest of the program, Dr.(Prof.) Anuj maheshwari, President , RSSDI for his gracious presence in the programme.

On 7th February 2026, we have organised the second community outreach program of RSSDI Bihar, which has been inaugurated by Chief Guest, Dr. Anuj Maheshwari, President, RSSDI, at village, Chaturi Madhopur, Bajpatti, Sitamarhi, Bihar in presence of all the executive committee members of our chapter and other life members of RSSDI Bihar.

Here are few glimpses of the program.





RSSDI CGM CLINICS
EPISODE 7: A CASE OF T2DM ON INSULIN AND OHA WITH INTRODUCTION OF ONCE WEEKLY GLP-1RA AND MONITORING AND THERAPEUTIC DOSE ADJUSTMENT GUIDED BY CGM

MARCH
THURSDAY 05 08:30PM

Expert **Expert** **Presenter** **Moderator**

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. Viral Shah
Board-certified Adult Endocrinologist and Professor of Medicine in the Division of Endocrinology and Metabolism at Indiana University, USA

Dr. Mithun Bhartia
Consultant Endocrinologist, Guwahati
Vice-Chairman, RSSDI Assam Chapter

Dr. Manish Gupta
Consultant Family Physician & Diabetologist

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 7 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 34 : 27 YEAR OLD WITH RECURRENT EPISODES OF SWEATING AND GIDDINESS 3-4 HOURS AFTER FOOD INTAKE FOR ONE YEAR

Case Presentation

Dr. K.V.ELAMBIRAI D.DIAB
 Assistant Professor In Department Of Diabetology
 GKMCH, Salem

Panelists

Dr. G. Prakash
Senior Consultant Diabetologist, Salem Diabetes Foundation, Salem

Surgeon Captain (Colonel) Dr. Sambhu Dutta
Chief Consultant Internal Medicine and Intensive Care Medicine
And RCU at Stann's JM Hospital Vizag(AP)

Dr. Prabhat Agrawal
Professor of Medicine, S.N. Medical College, Agra

Dr. P. Dharmarajan
Director & Prof.HOD, Institute of Diabetology, Madras Medical College & Rajiv Gandhi Govt. Gen. Hospital, Chennai

Date & Time
18 MAR 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 7

RSSDI Case Files – Episode 34


During February, RSSDI conducted CGM Clinics Episode 7 on 05th March, focusing on the topic “A case of T2DM on Insulin and OHA with introduction of once weekly GLP-1RA and monitoring and therapeutic dose adjustment guided by CGM”. The session was presented by Dr. Manish Gupta and featured an expert panel comprising Dr. Viral Shah and Dr. Mithun Bhartia, 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 34 on 18th March, titled “27 year old with recurrent episodes of sweating and giddiness 3-4 hours after food intake for one year” The case was presented by Dr. K.V. Elambirai, with expert insights from Dr. G. Prakash, Surgeon Captain (Colonel) Dr. Sambhu Dutta, Dr. Prabhat Agrawal and Dr. P. Dharmarajan, under the convenership of Dr. Pratap Jethwani and Dr. N. K. Singh.

RSSDI Virtual Journal Club

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

EPISODE 3



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 March 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	IJDDC Article: Article: Uthayakumar, A. et al. Diagnostic utility and association of hemodynamic stress biomarkers with biomarkers of myocardial necrosis and plaque instability in type 2 diabetes with acute coronary syndrome: A case-control study. Int J Diabetes Dev Ctries 46, 125-133 (2026). https://doi.org/10.1007/s13410-025-01464-3	Dr Pugazhenthan Thangaraju, All India Institute of Medical Sciences (AIIMS), Raipur
9:15 PM	IJCMD Article: Article: Seshadri KG, et al. Editorial: Measuring Obesity: The Need for Simplicity. International Journal of Clinical Metabolism and Diabetes. 2026;0(0). doi:10.1177/30502071261418081	Dr Manoj Chawla, Lina Diabetes Care Mumbai Diabetes Research Centre, Mumbai
9:30 PM	Panelist: Dr Anuj Maheshwari, Dr Jothydev Kesavadev, Dr Rutul Goakalani, Dr M Shanmugavelu Moderator: Dr Khushboo Agarwal	

[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 - Episode 2

This month, RSSDI conducted its second Episode of "RSSDI Walk the Talk" series featuring **Dr BM Makkar**, Past President RSSDI with moderator **Dr Purvi Chawla**



RSSDI Diabetes Bytes 2.0

WALK THE TALK FROM RSSDI

Episode : 2



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. BM Makkar
Senior Diabetologist & Obesity
Specialist, New Delhi
Past 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

RSSDI Walk the Talk - Episode 3

This month, RSSDI conducted its third Episode of "RSSDI Walk the Talk" series featuring **Dr Anuj Maheshwari**, President RSSDI with moderator **Dr Purvi Chawla**



RSSDI Diabetes Bytes 2.0

WALK THE TALK FROM RSSDI

Episode - 3



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

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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

Activities Report : RSSDI Tamil Nadu Chapter

ACTIVITY:1

Dr.Bhavadharini, Secretary, Tamilnadu RSSDI, Conducted Insulin Workshop at the Erode College of Pharmacy. Students Attended: 300



ACTIVITY:2

Dr.Bhavadharini, Secretary, Tamilnadu RSSDI, conducting World Obesity Day at SRC Diabetes Care Center and also gave an awareness talk to the public on the importance of Diabetes Prevention. Beneficiaries: 100



Activities Report : RSSDI Tamil Nadu Chapter

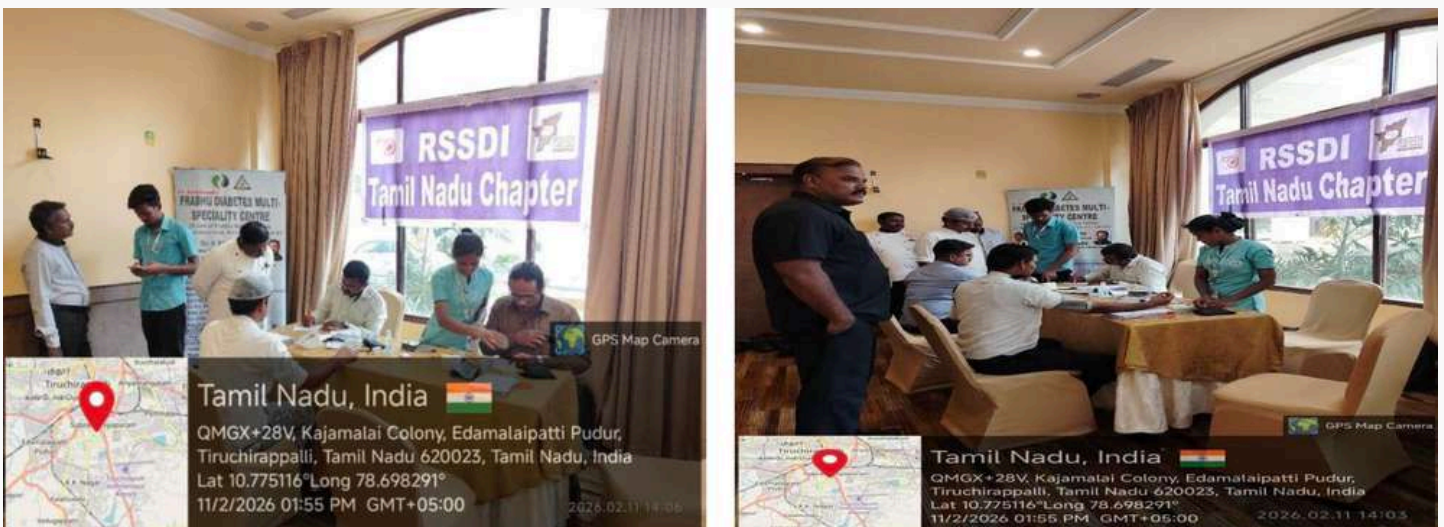
ACTIVITY:3

Dr.Bhavadharini, Secretary, Tamilnadu RSSDI, gave an Diabetes Awareness Talk on its primary prevention at SSM Group of College, Komarapalayam. Students Attended: 350



ACTIVITY:4

Dr.Ravindranath, Vice President, Tamilnadu RSSDI Conducted the Free Diabetes Camp at Kajamalai colony, Edamalaipatti, Trichy under the Tamilnadu RSSDI Banner. Beneficiaries: 150



Activities Report : RSSDI Tamil Nadu Chapter

ACTIVITY:5

Dr.Ravindranath, Vice President, Tamilnadu RSSDI Conducted the Free Diabetes Camp at PDMC, Trichy under RSSDI Banner. Free tests like Fibroscan and blood glucose test were done for all the patients who attended the camp. Beneficiaries: 175



ACTIVITY:6

Dr.Aarathy Kannan, District Coordinator & EC Member of Tamilnadu RSSDI, Conducted the Free Diabetes Camp at Victoria CBSE School for staff and parents and gave an awareness talk on Healthy Eating to Prevent Obesity in school students and to prevent NCD's. Beneficiaries: 200



Activities Report : ALEPHATA, Rural RSSDI Maharashtra Chapter

Type : Public Awareness | Date : 22 March 2026

A Patient Education Program was successfully conducted at Unique Hospital, Alephata, Maharashtra, India, focusing on spreading awareness about preventive healthcare at rural level

Program Highlights:

- **Speakers:** Dr. Vijay Neglur, Dr. Mayura Kale, Dr. Nikhil Nasikkar
- 107 attendees participated
- Conducted anthropometric and blood pressure assessments

Key Topics Covered:

- * Adolescent obesity and rising concerns
- * Village-level lifestyle interventions
- * Pregnancy and diabetes with early screening focus

The initiative reinforced the importance of awareness, early diagnosis, and sustainable lifestyle changes at rural level



15th Annual RSSDI UP Chapter Conference RSSDIUPCON 2026

The 15th Annual Conference of the Research Society for the Study of Diabetes in India (UP Chapter), RSSDIUPCON 2026, held on 14–15 March in Ayodhya, stood out as a dynamic confluence of academic rigor and collaborative exchange in diabetology. With over 1,250 participants—including 280 faculty and 800 delegates—the conference reflected the accelerating momentum toward evidence-based diabetes care in India.

The scientific program was robust and diverse, comprising 30 sessions and 120 presentations across plenaries, symposia, debates, workshops, and expert talks. Key deliberations focused on a life-stage approach to diabetes (youth, gestational, and geriatric), advances in pharmacotherapy, and the expanding role of technology, including CGM and insulin pumps. Preventive strategies, lifestyle interventions, and holistic management formed an integral part of the discourse. Research engagement was strong, with 55 abstract presentations, complemented by enthusiastic participation from postgraduate students through quizzes and paper sessions.

The pre-conference CME addressed critical intersections of diabetes with cardiovascular disease, gastrointestinal complications, hypertension, and gestational diabetes. The conference also fostered meaningful clinician–industry interaction, with over 45 healthcare companies showcasing emerging therapies and technologies.

The inauguration commenced with a formal welcome address, followed by the traditional lamp-lighting ceremony and thought-provoking speeches by eminent dignitaries, underscoring the rising burden of diabetes and the urgency for collective action. The ceremony was graced by Chief Guest Champat Rai, along with Dr. Gaurav Grover and Dr. Dinesh Singh Martolia, adding depth and distinction to the proceedings.

Complemented by cultural experiences, including Ram Mandir darshan and networking engagements, RSSDIUPCON 2026 seamlessly blended academic excellence with community bonding, reinforcing its significance as a key platform for advancing diabetes care.



RSSDI Chandigarh Chapter Conference

Academic Press Report

Scientific Program – Chandigarh UT Chapter of RSSDI

March 27, 2026 | PGIMER, Chandigarh

The Research Society for the Study of Diabetes in India, Chandigarh UT Chapter, successfully organized a focused scientific program on gestational diabetes mellitus (GDM) at the Lecture Theatre Complex, Postgraduate Institute of Medical Education and Research, on March 27, 2026. The event witnessed enthusiastic participation, with over 150 delegates comprising endocrinologists, obstetricians, physicians, and trainees.

The program was graced by Anuj Maheshwari, President, RSSDI, and Rakesh Parikh, Secretary, RSSDI, reflecting strong national academic leadership and engagement. The sessions centered on GDM, a topic of growing clinical importance given its rising prevalence and the multiple ongoing controversies surrounding its diagnosis and management.

The academic proceedings commenced with a welcome address by Dr. Ram Singh, followed by ceremonial lamp lighting. Dr. Anuj Maheshwari delivered an insightful talk on the management of GDM during antenatal care, highlighting evidence-based approaches to screening, glycemic targets, and optimizing maternal–fetal outcomes.

Dr. Rakesh Parikh subsequently addressed the pertinent clinical question, “AI in GDM”, providing a balanced perspective on early diagnosis, intervention thresholds, and long-term implications, while emphasizing areas where evidence remains evolving.

Dr. Yashdeep Gupta presented a detailed session on the management of early GDM using a personalized approach, underscoring the need to tailor therapy based on individual metabolic profiles, risk stratification, and patient-specific factors.

The final session by Dr. Monica Gupta focused on controversies and consensus in GDM, synthesizing current guidelines with real-world clinical dilemmas, including diagnostic criteria, pharmacological management, and postpartum follow-up.



Dr Anuj Maheshwari felicitating individuals living with Type 1 Diabetes

8th Annual RSSDI Bihar Chapter Conference

The annual conference was a remarkable success, gathering numerous endocrinologists, diabetologists, researchers, and healthcare professionals. The conference started with assembly of all national and state faculties at Hotel Panache and a faculty dinner was organised to meet and greet the guest faculties.

Conference and Inaugural function: The conference started on 20.12.25 with registration of delegates and inauguration of the scientific program.

Scientific Sessions: Delegates and faculties participated actively and discussed several topics in various sessions covering topics such as advances in insulin therapy, continuous glucose monitoring systems, nutritional interventions in diabetes, and cardiovascular complications.

Poster Presentations, Diabetes Quiz and Panel Discussions: Young researchers showcased innovative findings, and interactive discussions were held on the future of diabetes care in Bihar.

Orations: This year Dr. H.K.Singh oration was started and Dr. Santosh Kumar Singh, past chairman RSSDI Bihar has been conferred the oration. Dr. M.Vishwanathan oration was delivered by Dr. Sunil Gupta, President Elect, RSSDI.

Special Lectures: Notable presentations included discussions on the role of technology in diabetes management and the unique challenges of diabetes in children, and GDM.

Inaugural Function: In the evening at the end of the scientific session, inaugural function of the conference started. Dr. Sunil Gupta, Chairman Elect, RSSDI, presided over the function as Chief Guest. Senior member of RSSDI Bihar, Past president, API and past Dean, ICP Dr.(Prof.) B.B.Thakur, Senior member of RSSDI Bihar, Past president, API and Dean, ICP Dr. (Prof.) Kamlesh Tewary, Senior member of RSSDI Bihar and Founder president of CCDSI Dr.(Prof.) A.N.Rai, were the guests of honour. The inauguration ceremony was attended by all the office bearers and National and state faculties of the conference and the delegates

A book Diabetes Update has also been released compiling the lectures of the guest faculties.

Change of Collar:

We are pleased to announce the formal transition of leadership within the RSSDI Bihar Chapter. Change of collars and medallion were exchanged between the outgoing Chairman, and his Incoming counterpart.

Outgoing Chairman - Dr. Supriyo Mukherjee

Incoming Chairman- Dr. Shaibal Guha.

8th Annual RSSDI Bihar Chapter Conference

The change of collar ceremony was conducted during the AGM and inaugural function, symbolizing the transfer of responsibilities and the continuation of our chapter's mission under new leadership. Dr. Supriyo Mukherjee has provided exemplary service, and we are confident that Dr. Shaibal Guha will continue to lead the chapter with dedication and vision.

Almost 110 faculties including 15 national faculties participated as invited faculty in the conference. To name a few of them are Dr. Sunil Gupta, President Elect, Dr. Ch. Vasanth Kumar, Dr. Sujoy Ghosh, Dr. Sanjay Agarwal, Dr. A.G. Unnikrishnan, Dr. Jayant panda, Dr. Varesh Nagrath, Dr. Anil Virmani, Dr. Viany Dhandhaniya, Dr. Ajay Patwari, Dr. Amit Dey, Dr. Ajoy Tiwari, Dr. Alope Gupta and many more.

During the inaugural function Chairman appreciation awards were given to Dr. Anand Shankar, Dr. Shaibal Guha, Dr. Atul Kumar, Dr. Vijay Kumar, Dr. Naveen Kumar for their distinguished work in the field of Diabetology and active participation in various organisational activities throughout the year.

Dr. Vijay Kumar, the organising secretary of the conference proposed the vote of thanks as a concluding remark of the inauguration function.

Summary :

The conference has set a positive tone for future endeavours, fostering a collaborative environment for advancing diabetes research and care. We extend our heartfelt gratitude to all the speakers, participants, and organizing committee members for their invaluable contributions. Thank you for your attention and support.



Madhya Pradesh Annual Conference

We are organising MP state conference @sanchi-vidisha on 3rd and 4th oct 2026 . For that a preconference CME cum business meeting was held at madhg resort vidisha attended by Chairman and Chairman elect Dr Sanjeev Gulati Dr Sachin Gupta Dr Rajesh Agrawal Dr Prashan and Dr Sandeep Aharvar. CME was on preserving b cell, retire obesity and adopt adiposity and osteoporosis. We are also regularly distributing free glucometers and till now 1100 glucometers eeee donated.



Members Musings

Unprecedented crisis and ESICON 2047- A DREAM

Rhizoctonia solani fungus have created havoc this year globally, destroying completely the crops of sugarcane, beetroot, corn and tapioca. Due to scarcity of sugar and glucose, their prices have soared sky high, just like the silver prices which shot up about two decades back in 2026. Indian sugar exports have plummeted, due to shutting down of sugar manufacturing units completely. One segment of the industry which is poised to bloom in this grim scenario seem to be the pharma industry, particularly the segment which is manufacturing SGLT 20 inhibitors. Pharma giants have already commissioned their newer units at Piddi on Aksai chin which was handed over to India 2 years ago. Government subsidy for urinary glucose manufacturing units has led to industrial production of natural non plant based glucose(NNPBG). Similarly, a massive production of various SGLT20 inhibitors is going on at war footing. Government has requested pharma industry, RSSDI, ESI and API to help in producing more and more glucose and sugar. A new cadre of “urine sugar educators” have started educating the masses to preserve the precious glucose from urine.

The newer Gliflozins have very quick onset of action and can reduce plasma glucose very rapidly by excreting massive glucose. What is perceived as a respite for humanity in this unprecedented crisis, is the fact that they are effective even in people without diabetes, producing a massive glycosuria which is dose dependant. Generally the urinary glucose load after consuming newer Gliflozins varies from a few grams to 350 gm/day, depending upon the degree of hyperglycaemia and genetics. Startups are competing to make a smallest machine which extracts powdered glucose from urine in minutes. A pocket sized foldable device (Urisweet®) which was launched recently has also received the award of the best innovation this year. People with diabetes can deposit a part(the one which is over and above their family requirements) of the home made glucose at a chemist shop and can get the diabetes related medication in exchange. This scheme has made life of many under privileged people comfortable. A pan India pastry outlet chain Sweet Urinwala(non-profit) is boasting that they are the pioneers in cakes and sweets made out of glucose extracted from pure human urine. They also display certificate stating no adulteration of non human urine glucose in their cakes, pastries and sweets.

Presidents of ESI, RSSDI and API are under tremendous pressure from the government to promote such NGOs by allowing them to participate and give them free stalls in the upcoming ESICON 2047. Recent instances of urine thefts from hospitals and pathology labs have forced the ministry to make urine theft a non bailable offence. Urine harvesting systems are being pushed by the state government to preserve urine at home to extract glucose. By 2050 we will be the largest exporter of urinary glucose and the confectionary items made by using NNPBG. Protesters across the country comprising people with diabetes and their families have raised a concern of a threat due to kidnapping and human trafficking for NNPBG.

Members Musings

Protesters across the country comprising people with diabetes and their families have raised a concern of a threat due to kidnapping and human trafficking for NNFBG. This stems from a recent report that indicated a sharp rise in incidences of holding diabetic people for ransom for NNFBG. The protestors feel that this threat is far greater than the threat of diabetes itself to their lives.

Prevalence of genitourinary mycotic infections has dramatically increased due to widespread use of Gliflozins in people with and without diabetes. Considering the massive load of circumcision, which is also contributed mainly by Gliflozins, ministry is planning for a 2 years diploma course in this surgery.

A gain of function mutation leading to excretion of large glucose crystals has been a blessing in disguise for these patients. They can directly get diamond shaped glucose crystals daily, particularly in the early morning sample. A freshly made glucose can be utilised by the family at morning tea. Preliminary results from a multicentric trial have shown a trend towards extremely high glucosuria in patients who were given IV infusion of SGLT 42 inhibitor. The study is likely to be terminated prematurely due to high incidence of new onset uroglucolithiasis in 25% of the study subjects. Data will be presented in ESICON-2047.

One pleasant outcome of this scenario is total disappearance of urination in open or on roadside. As people now always carry their devices like Myuri[®] or Urisweet[®] along with them so that not even a drop of the precious urine is wasted. Many pharma giants are planning to install Myuri[®] or Urisweet[®] vending machines outside malls and other public places under CSR. To mitigate the dearth of plant based glucose and sugar, let us join hands and to serve the mankind which is the need of the hour. Government is planning interest free loans for starting small plants which can process upto 1000 litres of urine per day, in the year 2047-48. The income from urine glucose business has already been declared tax free.

Dr Sailesh Lodha,

Chairman, Anamaya – Centre for Obesity, Diabetes & Endocrinology, Mahaveer Nagar, Tonk Road, Jaipur

Dr Ajay Shah,

Chairman, Grey Scale, Interventional & diagnostics Pvt Ltd, House of Doctors, Tonk Road, Jaipur

Journal Watch: GLP-1 Weight Loss Is Broadly Consistent Across Patient Subgroups—But Women Lose More Weight

Why this matters

As GLP-1 receptor agonists move from diabetes clinics into mainstream obesity and cardiometabolic practice, clinicians increasingly ask a practical question: who benefits most? This systematic review and meta-analysis suggests the answer is reassuringly simple for most bedside decisions: across age, race/ethnicity, baseline BMI, and baseline HbA1c, weight-loss efficacy appears broadly consistent. The one signal that stands out is sex—women lost more weight than men.

The study in one line

A systematic review/meta-analysis of 41 articles representing 64 RCTs found that GLP-1 RAs produced greater weight loss in women than in men, but showed no significant heterogeneity by age, race, ethnicity, baseline BMI, or HbA1c.

The headline numbers

From the pooled analyses shown in the paper's main figures:

- Sex: women had a mean weight reduction of 10.9% (95% CI 7.0% to 14.8%) versus 6.8% (95% CI 4.6% to 9.0%) in men across 6 trials and 19,906 patients
- Age: <65 years -1.98 kg vs ≥65 years -1.97 kg; no meaningful difference
- Race: White -8.42%, Black -7.57%, Asian -6.45%; no significant between-group heterogeneity
- Ethnicity: non-Hispanic/Latino -8.40% vs Hispanic/Latino -7.80%; again, no significant difference
- BMI: across multiple BMI stratifications, treatment effects were similar, with no compelling gradient favoring higher or lower baseline BMI
- HbA1c: low, medium, and high baseline HbA1c strata did not show materially different weight-loss responses

What physicians should do with this

This is a clinically useful “de-intensifier” of overcomplicated prescribing. The data do not support withholding or preferentially prioritizing GLP-1 RAs for weight loss on the basis of age, race/ethnicity, BMI, or HbA1c alone. For day-to-day practice, that means:

1. Don't over-interpret baseline phenotype.

A 68-year-old, a patient with BMI 31, and a patient with HbA1c at the higher end all appear just as eligible for meaningful weight reduction as other typical candidates in trial settings.

2. Set sex-specific expectations carefully.

Women may, on average, lose more weight than men, but this should guide counseling—not access. Men still derive clinically important benefit, just perhaps of lower magnitude on average.

Journal Watch: GLP-1 Weight Loss Is Broadly Consistent Across Patient Subgroups—But Women Lose More Weight

3. Base prescribing on the whole clinical picture.

The authors explicitly emphasize that treatment decisions should still hinge on the risk-benefit balance, patient goals, preferences, adverse effects, and cost—not subgroup averages alone.

Why this paper is impactful

This is not another “GLP-1s work” paper. It tackles a more important maturity-phase question: is the average trial effect hiding major subgroup differences? The answer appears to be mostly no. That is valuable because clinicians are now applying these drugs across obesity, diabetes, HFpEF, CKD, and high CV-risk populations, often in patients historically underrepresented in pivotal trials.

Practice pearl

A useful way to translate this paper into clinic language:

“For most patients, baseline age, race/ethnicity, BMI, and HbA1c should not be used as proxies for whether a GLP-1 RA will ‘work’ for weight loss. The most reproducible subgroup signal is that women tend to lose more weight than men.”

Important caveats

This is a strong synthesis, but not the final word.

- Nearly all trials were industry funded and most evaluated semaglutide or dulaglutide
- 43.8% of individually characterized RCTs had an overall high risk of bias, largely due to performance and attrition bias
- Subgroup reporting was uneven: BMI and HbA1c were commonly examined, but sex, race, and ethnicity were much less frequently analyzed
- BMI and HbA1c categories were not standardized across studies, forcing the authors to harmonize non-identical strata
- Searches ended in July 2024, so newer subgroup data may not be captured

Research agenda: where the field should go next

For researchers, this paper opens more doors than it closes.

First, the sex signal needs mechanistic clarification. The authors point to plausible explanations including estrogen interaction, pharmacokinetics, and lower median body weight in women, but this remains hypothesis-generating rather than resolved biology.

Second, the field needs better subgroup science, not just more subgroup tables. Future trials should prespecify heterogeneity analyses, use standardized strata, and move beyond post hoc descriptive subgrouping.

Journal Watch: GLP-1 Weight Loss Is Broadly Consistent Across Patient Subgroups—But Women Lose More Weight

Third, external validity matters. The authors note that real-world weight loss is often more modest than in RCTs, so subgroup consistency in trial settings must be tested in routine care, where adherence, discontinuation, dose escalation, access, and cost pressures are very different.

Fourth, these subgroup findings should be extended to other outcomes and indications: diabetes control, cardiovascular outcomes, kidney outcomes, and symptom/function endpoints in HFpEF—not weight loss alone.

Bottom line

This is a high-value paper for both clinicians and investigators. It suggests that GLP-1 RA weight-loss efficacy is remarkably stable across many clinically relevant patient subgroups, with female sex emerging as the main characteristic associated with greater response. For clinicians, that supports broader confidence in prescribing. For researchers, it sharpens the next question from “Do GLP-1 RAs work?” to “Why do some patients—especially by sex—respond differently, and can we predict that prospectively?”

Source article: Alexander GC, Xiao X, Dilek S, et al. Heterogeneity of Treatment Effects of Glucagon-Like Peptide-1 Receptor Agonists for Weight Loss in Adults: A Systematic Review and Meta-Analysis. *JAMA Intern Med.* 2026 Mar 2:e258222. doi: 10.1001/jamainternmed.2025.8222.



Quiz

Evidence-based lipid management decision in high-risk diabetes, CKD, and ASCVD using updated ADA guidelines recommendations.

Q1. A 45-year-old man with newly diagnosed type 2 diabetes is started on metformin. He follows a strict ketogenic diet for weight loss. HbA1c is 72 mmol/mol (8.7%). The clinician plans to initiate an SGLT-2 inhibitor.

What is the most appropriate next step?

- a** Start SGLT-2 inhibitor immediately along with metformin
- b** Start SGLT-2 inhibitor and advise increased carbohydrate intake
- c** Delay SGLT-2 inhibitor until dietary modification
- d** Add GLP-1 receptor agonist instead of SGLT-2 inhibitor
- e** Start insulin therapy

Q2. A 78-year-old woman with type 2 diabetes presents for follow-up.

Current medications:

Metformin (modified release, low dose – poorly tolerated at higher doses)

Comorbidities:

- Frailty with recurrent falls
- Stage 3 CKD (eGFR 38 mL/min/1.73 m²)
- Mild cognitive impairment

Lives alone

HbA1c: 64 mmol/mol (8.0%)

She reports occasional dizziness and difficulty managing complex medication regimens.

What is the most appropriate next step in pharmacological management?

- a** Add SGLT-2 inhibitor
- b** Add GLP-1 receptor agonist
- c** Add DPP-4 inhibitor
- d** Add sulfonylurea
- e** Start basal-bolus insulin

Prepared by :
Dr. Shambo Samajdar



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





RSSDI Charitable & Community Outreach Activities led by RSSDI Members



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.



MEERUT, UP

Type : Public Awareness | Date : 06 March 2026

Public awareness programs on occasion of world obesity day
Enrolled upto 70 patients in this



BODINAYAKANUR, TN

Type : Public Awareness | Date : 8 March 2026

Conducted yoga camp on the occasion of international women's day by R D DHARMARAJ DIABETIC AND GENERAL HOSPITAL BODI. Around 400 members participated and did yoga and we created awareness regarding lifestyle diseases like Diabetes hypertension obesity and how yoga will be helpful. Also gave awareness how to prevent the Diabetes in the future generations, and the importance of physical activities..



FREE CAMP

Type : Free Camp | Date : 15 March 2026

Free camp doing sugar/HBA1C/LIPID PROFILE /THYROID PROFILE /LFT/MICRAL /fundus and vision /Fibrosan



DHENKANAL, ODISHA

Type : Public Awareness | Date : 17 March 2026

Empowering a healthier future, we launched initiatives to raise awareness about obesity, diabetes, and metabolic disorders, marking World Obesity Day at LIONS INTERNATIONAL SCHOOL, Hindol Road, Dhenkanal, Odisha. By promoting RSSDI guidelines for managing obesity and insulin therapy in Type 1 Diabetes Mellitus, we educated students on the importance of healthy living. A drawing competition for over 120 students sparked creativity and encouraged young voices, with promising young talents receiving recognition and rewards.



MUMBAI, MAHARASHTRA

Type : Free Camp | Date : 25 March 2026

As a member of RSSDI (Mumbai city, Maharashtra), a commitment to community health, a camp was held on 25/3/2026 in Qureshi Nagar, Bandra West. Targeting grassroots-level workers, the event combined critical health screenings—including blood tests (BSF, HbA1c) and DEXA scans—with an informative session on diabetes awareness and prevention, alongside an informative session on Arthritis





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

VOLUNTEERS NEEDED

RSSDI Member **ReConnect** Initiative

Why this matters?

- Build a reliable members' database
- Ensure better communication
- Support smooth conduct of elections
- Announcements of academic activities

Invitation to Join

As a Volunteer, You Will:

- Connect with up to **10 members** from your area
- Verify and update their **contact details**
- Help strengthen their **engagement with RSSDI**



Scan the QR Code to Register or click below link:
<https://forms.gle/JzgyjZ4h5YUBKhxp6>

Join Us!

Warm Regards

Dr. Anuj Maheshwari
President, RSSDI

Dr. Sunil Gupta
President Elect, RSSDI

Dr. Rakesh Parikh
Secretary General, RSSDI

Dr. Rutul Goklani
Coordinator, Member Connect Program

Q1. A 45-year-old man with newly diagnosed type 2 diabetes is started on metformin. He follows a strict ketogenic diet for weight loss. HbA1c is 72 mmol/mol (8.7%).

The clinician plans to initiate an SGLT-2 inhibitor. What is the most appropriate next step?

- A. Start SGLT-2 inhibitor immediately along with metformin
- B. Start SGLT-2 inhibitor and advise increased carbohydrate intake
- C. Delay SGLT-2 inhibitor until dietary modification
- D. Add GLP-1 receptor agonist instead of SGLT-2 inhibitor
- E. Start insulin therapy

Correct Answer: C

Rationale: Very low carbohydrate / ketogenic diets increase risk of euglycaemic DKA with SGLT-2 inhibitors

Must:

Assess DKA risk before initiation

Address modifiable risks (e.g., diet) BEFORE starting therapy

Thus:

SGLT-2 inhibitors should be delayed until diet is modified

Why others are wrong:

A: Unsafe → ignores DKA risk

B: Not enough—risk mitigation must precede drug initiation

D: GLP-1 RA is reasonable but question asks for best next step regarding planned therapy

E: No specific indication for insulin here

Recognition of euglycaemic DKA risk + pre-treatment risk stratification

Q2. A 78-year-old woman with type 2 diabetes presents for follow-up.

Current medications:

Metformin (modified release, low dose – poorly tolerated at higher doses)

Comorbidities:

- Frailty with recurrent falls

- Stage 3 CKD (eGFR 38 mL/min/1.73 m²)

- Mild cognitive impairment

Lives alone

HbA1c: 64 mmol/mol (8.0%)

She reports occasional dizziness and difficulty managing complex medication regimens.

What is the most appropriate next step in pharmacological management?

- A. Add SGLT-2 inhibitor
- B. Add GLP-1 receptor agonist
- C. Add DPP-4 inhibitor
- D. Add sulfonylurea
- E. Start basal-bolus insulin

Quiz Answer Key

Correct Answer: C

Rationale: This is not a glycaemia-first case; the dominant clinical driver is frailty with recurrent falls and cognitive impairment, which fundamentally shifts management priorities. According to NICE guidance, treatment in such patients should focus on minimizing hypoglycaemia risk, reducing treatment burden, and avoiding complications related to polypharmacy, rather than aggressively lowering HbA1c. Therefore, decision-making must be individualized and safety-oriented.

In frail individuals, NICE recommends using simpler and safer agents with a low risk of hypoglycaemia, and specifically suggests DPP-4 inhibitors as a preferred add-on therapy due to their favorable safety profile. Applying this principle requires careful elimination of seemingly appropriate options.

Although SGLT-2 inhibitors are generally beneficial in chronic kidney disease and heart failure, their use in frail patients is limited by the increased risk of volume depletion, hypotension, and falls, making them potentially inappropriate in this context. This represents a classic exam trap where standard CKD-based management is overridden by frailty considerations. GLP-1 receptor agonists, while advantageous for weight loss and cardiovascular protection, are less suitable here due to their injectable nature, gastrointestinal side effects, and increased treatment complexity, all of which can worsen frailty-related vulnerability.

Sulfonylureas are particularly hazardous in this patient because they carry a high risk of hypoglycaemia, which is further amplified by the presence of CKD, falls, and cognitive impairment, and are therefore strongly avoided. Similarly, insulin therapy introduces complexity, requires reliable self-management, and significantly increases hypoglycaemia risk, making it unsuitable for a patient with cognitive decline and functional limitations.

In contrast, DPP-4 inhibitors provide the best balance of efficacy and safety, as they are oral, simple to administer, have minimal hypoglycaemia risk, and are safe in CKD, making them the most appropriate choice in this scenario.

This question tests the ability to override rigid algorithm-based thinking with patient-centered clinical judgment, emphasizing that in complex cases, frailty takes precedence over CKD, which in turn outweighs strict glycaemic targets. A key exam pearl is that in frail elderly patients, clinicians should favor DPP-4 inhibitors, while avoiding sulfonylureas (due to hypoglycaemia), insulin (due to complexity), and SGLT-2 inhibitors in selected cases (due to dehydration and fall risk).

Tribute to Padma Shri Prof. (Dr.) Mani Kumar Chhetri (23 May 1920 – 5 April 2026)



Prof Dr Mani Kumar Chhetri
May 23, 1920 - April 5, 2026

The Research Society for the Study of Diabetes in India (RSSDI) express their profound grief on the passing of Padma Shri Prof. (Dr.) Mani Kumar Chhetri, an eminent physician, visionary teacher, and one of the founding members of RSSDI, who left us last night at the age of 106 years.

With his demise, Indian medicine has lost one of its most respected pioneers whose remarkable life spanned more than a century of scientific progress, academic excellence, and compassionate patient care.

Born on 23rd May 1920 in Darjeeling, Prof. (Dr.) Chhetri completed his MBBS and MD from the University of Calcutta and later obtained the MRCP. His long and distinguished association with the Institute of Post Graduate Medical Education & Research (IPGME&R) and SSKM Hospital in Kolkata remains an enduring part of his legacy.

At a time when endocrine disorders were still poorly understood and therapeutic options were limited, Prof. Chhetri demonstrated remarkable foresight in recognising the need for an integrated approach to hormonal diseases. His vision of bringing related disciplines together contributed significantly to the development of a structured endocrinology service within the institution, laying an important foundation for the growth of endocrinology in the region.

Beyond his institutional contributions, Prof. Chhetri played a pivotal role in nurturing the academic and research culture surrounding diabetes and metabolic diseases in India as a founding member of RSSDI. His humility, clinical brilliance, and invaluable recollections of earlier eras of medicine made him a revered mentor and a living bridge between generations of physicians.

Prof. (Dr) Chhetri's long and meaningful life stands as a testament to dedication, intellectual curiosity, and unwavering commitment to patient care. His legacy will continue to inspire physicians, endocrinologists, and students for generations to come.

The Research Society for the Study of Diabetes in India (RSSDI) pays heartfelt tribute to this towering figure of Indian medicine and extend their deepest condolences to his family, colleagues, and countless students.

May his noble soul rest in peace.

**With deepest respect and gratitude,
Research Society for the Study of Diabetes in India (RSSDI)**

National Executive Committee 2026



Dr. Anuj Maheshwari
President



Dr. Vijay Viswanathan
Imm Past President



Dr. Sunil Gupta
President Elect



Dr. Rakesh Parikh
Secretary General



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EC Member (East)



Dr. Sanjay K Bhadada
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EC Member (North-East)



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EC Member (South)



Dr. Lotika Purohit
EC Member (West)



Dr. Amit Gupta
Co-Opted



Dr. Jayanta Panda
Co-Opted



Dr. Rutul Gokalani
Co-Opted



Dr. Sanjay Agarwal
Co-Opted



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 **April**, for feature in the April issue of the RSSDI Newsletter.



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

[Click Here](#)

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