

ANCIAPP 2025

26th Annual National Conference of
Indian Association of Private Psychiatry



Evidence to Excellence: Enhancing Psychiatric Treatment Modalities



27th to 30th
November 2025

SOUVENIR BOOK



Hotel Indana Palace, Jodhpur (Rajasthan)

Preface

Dr. Achyut Trivedi

Organising Secretary,
ANCIAPP 2025



With immense joy and gratitude, I present the Souvenir of **ANCIAPP 2025**, held at the majestic **Hotel Indana Palace, Jodhpur**, from **27th to 30th November 2025**. This year's theme - **“Evidence to Excellence: Enhancing Psychiatric Treatment Modalities”**

reflects our shared commitment to advancing the future of mental healthcare.

This Souvenir is a reflection of the collective spirit, dedication, and hard work that shaped this conference. It stands as a testament to the passion and perseverance of everyone who contributed to making ANCIAPP 2025 a reality.

I would like to **thank the Organising Committee** for their steady support and sincere efforts throughout this journey. Their teamwork has been invaluable.

We remain deeply grateful to the **Indian Association of Private Psychiatry (IAPP)** for their constant guidance and encouragement.

My heartfelt thanks to our **Chief Guest** Dr. A S. Kiran Kumar , who kindly accepted our invitation during our personal visit to him. His presence adds immense value to this event.

I also extend warm appreciation to our **Partners**, whose collaboration and support helped us deliver a conference of high scientific and experiential standards.

Above all, I express my sincere gratitude to all our **delegates, faculty members, speakers, volunteers, and everyone involved** in the success of ANCIAPP 2025. Your contributions, enthusiasm, and participation give true meaning to this academic gathering.

As we welcome you to the vibrant Blue City of **Jodhpur**,

Padharo Sa - may this conference inspire learning, collaboration, and a journey from evidence to excellence.

Warm Regards

Dr. Achyut Trivedi

Organising Secretary,
ANCIAPP 2025

Message Hon' President, IAPP

Dr. Mrugesh Vaishnav

Hon. President, IAPP



26th Annual Conference of IAPP – Jodhpur

My dear colleagues, seniors, distinguished faculty, delegates, and friends,
It is my privilege to welcome you all to the 26th Annual Conference of the Indian Association of Private Psychiatry at the magnificent Indana Palace, Jodhpur—the Blue City that embodies heritage, harmony, and timeless Rajasthani hospitality.

Private psychiatrists today serve nearly **three-fourths** of all persons living with mental illness in India. Yet, we continue to face challenges—exclusion from PM-JAY, denial of insurance claims, public reliance on unscientific practices, and limited national mental-health allocation. It is our collective responsibility to ensure that private psychiatry becomes a visible, respected, and integral part of national mental-health policy. We must also continue advocating for psychiatry as a core subject in undergraduate medical education.

This year, we strengthened democratic functioning and academic vibrancy by forming **fifty-four committees, speciality sections, and task forces**. Our scientific calendar—from the Neuromodulation CME in Jodhpur to the Mid-Term CME at Bhopal, the Young Psychiatry Summit at Daman, and more than **thirty webinars**—kept the academic flame glowing.

The conference itself is a landmark, featuring:

- **Nine high-impact Guest Lectures** on global mental health, bipolar disorder, neuromodulation, negative symptoms, consultation-liaison psychiatry, conflict management, and more.
- **Twelve symposiums** covering digital psychiatry, addiction, MHCA 2017, climate change, spirituality, training future psychiatrists, MINDS Project, judiciary insights, child and geriatric psychiatry, and bridging evidence to practice.
- **Seven case discussions** on real-world clinical dilemmas including substance-use comorbidity, emergencies, treatment resistance, rare disorders, and ethical challenges.

- **Seven debates** addressing provocative and forward-looking themes—from AI vs psychiatry to psychotherapy's role in the biologic era, romantic consent, insurance-driven care, and schizophrenia & marriage.
- **Three practical workshops** on OCD, suicide management, and communication strategies.

We are proud to host **eleven international** and **over 120 national speakers**, making this one of the richest academic line-ups in IAPP history.

This year, we also initiated the tradition of honouring the **Legends of Psychiatry**—remembering Late Dr. N.K. Bohra, Dr. M.A.M. Khan, Dr. M.R. Jhanwar, and here in Jodhpur, felicitating Late Dr. V.K. Razdan, Dr. K.G. Thanvi, and the revered Dr. I.R.S. Reddy.

Our cultural celebrations—with performances by Kunal Ganjawala, Akansha Sharma, Srijita & Band, Raja Kiradoo's fusion, and the Osian desert safari—make this conference both an academic feast and a celebration of togetherness.

Challenges did come, storms did test us, but we built our nest stronger. Our democratic movement has grown, voices have joined, and today IAPP stands more **audible, visible, transparent, inclusive, and proudly democratic**.

My guiding principle remains simple: *There should be a difference in the world before you came and after you leave*. I stand with you not just as President, but as a foot soldier committed to serving this association.

With warm regards,

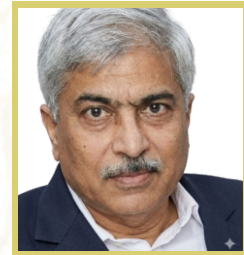
Jai Hind. Jai IAPP.

Message

Hon. Secretary General, IAPP

Dr. Arun V. Marwale

Hon. Secretary General
Indian Association of Private Psychiatry.



Dear Dr. Achyut Trivedi & All esteemed Delegates,

A Very Warm Welcome to 26th, Annual National conference of Private Psychiatry 2025 at jubilant Jodhpur. As secretary of this much anticipated annual convention, I extend my earnest greetings to all the delegates & faculties.

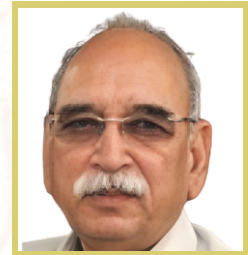
I also extend my appreciation to our honourable Chief Guest Padmashri Dr. A.S. Kiran Kumar, space scientist & former chairman ISRO India for their gracious presence at our prestigious event.

This Psychiatry conference targets to augment existing modalities of treatment to the state of achievable perfection with the aid of reliable evidence. I thank all the faculties who put their solemn toil to enlighten us on their proposed topics, also to the organising committee members who orchestrated this entire colloquy. I am also indebted to all the delegates for gracing this conference with your valuable presence. Hope you enjoy the Jaunty Jodhpur escapades with blend of pedagogy, food, friends & fun.

Message Organising Chairman

Dr. G. D. Koolwal

Organising Chairman,
ANCIAPP 2025



It is a matter of immense pride to present ANCIAPP 2025 in the historic and vibrant city of Jodhpur. This conference, centred on the theme 'Evidence to Excellence - Enhancing Psychiatric Treatment Modalities,' reflects our ongoing effort to blend scientific progress with compassionate clinical practice.

Over the past months, numerous individuals have contributed their time, expertise, and commitment to shaping this event. I extend my sincere appreciation to the Organising Committee for their dedicated planning and tireless efforts, which have been the backbone of this conference.

I gratefully acknowledge the guidance of the IAPP leadership and the wholehearted involvement of our faculty, delegates, partners, and supporting teams who have enriched this academic endeavour.

A conference becomes meaningful not only because of its sessions, but also because of the shared spirit of learning and unity. I hope this souvenir serves as a reminder of that collective journey.

My best wishes to each one of you for continued growth, meaningful collaborations, and excellence in the years ahead.

Warm Regards —————

Dr. G. D. Koolwal

Organising Chairman,
ANCIAPP 2025

Message Joint Organising Chairman

Dr. Shri Gopal Goyal

Department of Psychiatry (DIMHANS)

Professor

S.P. Medical College & AGH, Bikaner

Joint Organising Secretary



It is my pleasure to extend warm greetings on behalf of the organizing committee of the 26th Annual National Conference of the Indian Association of Private Psychiatry, scheduled from 27th to 30th November 2025.

This year's theme, "Evidence to Excellence – Enhancing Psychiatric Treatment Modalities," highlights the importance of grounding psychiatric practice in strong scientific evidence while striving for clinical excellence. The conference offers a meaningful platform to exchange knowledge, refine skills, and explore innovative approaches that connect research with real-world practice.

I am confident that the sessions, workshops, and discussions will motivate practitioners to adopt evidence-based interventions that enhance the quality of mental health care. I congratulate the organizing team for their dedication and wish the conference great success.

Dr. Shri Gopal Goyal 

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President - IAPP



Dr. Arun Marwale
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Dr. Amit Chougule



Dr. Indira Vinjamuri



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Hon' Dr. A.S Kiran Kumar

Chief Guest

Hon' Dr. Mrugesh Vaishnav

President, IAPP

Hon' Dr. Arun Marwale

Gen. Secretary, IAPP

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Dr. Chirag Parmar
Dr. Chittaranjan Andrade
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Dr. Debashis Ray
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Dr. I R Rajkumar
Dr. Indira Sharma
Dr. IRS Reddy



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Dr. Vivek Kirpekar





Scientific Programme

Day 01 / 27.11.2025 / Thursday

TIME	HALL A (RANG MAHAL-JAL MAHAL)	HALL B (HAWA MAHAL)	HALL C (MEWAR HALL)	HALL D (MARWAR HALL)
11:30 – 12:30 HRS	LUNCH (HOTEL INDANA INSIDE LAWN)			
12:30 – 16:45 HRS	WORKSHOP OBSESSIVE– COMPULSIVE DISORDER: FROM INSIGHT TO INNOVATION IN CLINICAL PRACTICE			
12:30 – 13:30 HRS	DR. JOSEPH ZOHAR, ISRAEL INSIGHT INTO OCD	CHAIR: DR. MRUGESH VAISHNAV CO-CHAIR: DR. ARUN MARWALE CO-CHAIR: DR. G.D KOOLWAL		
13:30 – 14:00 HRS	DR. LAVANYA SHARMA, KOLKATA ASSESSMENT OF OCD			
14:00 – 15:00 HRS	DR. JANARDHAN REDDY, NIMHANS COMORBIDITIES IN OCD			
15:00 – 15:15 HRS	TEA BREAK			
15:15 – 16:00 HRS	PROF. SHYAM SUNDAR, OCD CLINIC, NIMHANS BRAIN STIMULATION: CLINICAL APPLICATIONS IN EVERYDAY PRACTICE	CHAIR: DR. MALIPATIL VA CO-CHAIR : DR. ASHWANI KUMAR CO-CHAIR: P. VIJAYA KUMAR		
16:00 – 16:45 HRS	DR AJAY KUMAR, ADDL PROF. CLINICAL PSYCHOLOGY, NIMHANS DIGITAL MODES OF PSYCHOTHERAPY FOR OCD			



Day 01 / 27.11.2025 / Thursday

TIME	HALL A (RANG MAHAL-JAL MAHAL), HOTEL INDANA PALACE	HALL B (HAWA MAHAL)	HALL C (MEWAR HALL)	HALL D (MARWAR HALL)
16:45 – 17:30 HRS	DR. RAJNISH MAGO (USA) PRACTICAL MANAGEMENT OF COMMON SIDE EFFECTS OF PSYCHIATRIC MEDICATIONS CHAIR: DR. KURUVILLA THOMAS CO-CHAIR: DR. NARASIMHA REDDI KAMUJU	DR. SHIV GAUTAM CURRENT CHALLENGES OF GLOBAL MENTAL HEALTH CHAIR: DR. GSP RAJU CO - CHAIR: DR. DHARMENDRA KENDRE	DR. SAMEER PRAHARAJ BIPOLAR DISORDER IN TRANSITION: EMERGING THERAPIES FROM 2020 – 2025 CHAIR: DR. CHANDRA SEK HAR KAMMAMMETTU CO-CHAIR: DR.LAL CHAND SUNDA	DEBATE: POLYPHARMACY IS THE NEW NORM IN PSYCHIATRY DR. ARABIND BRAHMA – AGAINST. NOT THE NEW NORM DR. PRABHAT SOOD FOR, IS THE NEW NORM MODERATOR - DR. DILIP HAJARIWALA
18:00 – 19:15 HRS	INAUGURAL CEREMONY AT HALL A (RANG MAHAL-JAL MAHAL), HOTEL INDANA PALACE			
19:30 HRS ONWARD	EC DINNER AT HOTEL TAJ HARI MAHAL, JODHPUR			



Day 02 / 28.11.2025 / Friday

TIME	HALL A (RANG MAHAL-JAL MAHAL)	HALL B (HAWA MAHAL)	HALL C (MEWAR HALL)	HALL D (MARWAR HALL)
08:30– 09:30 HRS	PADMA SHRI DR. AS KIRAN KUMAR, FORMER ISRO CHAIRMAN AND CHIEF GUEST THE HUMAN MIND IN AN ERA OF SPACE AND ROBOTICS: INSIGHTS FOR PSYCHIATRY 40 MINS + 20 MINS Q&A. CHAIR: DR. ACHYUT TRIVEDI / CO-CHAIR: DR. MANMEET SINGH (WE REQUEST ALL THE ATTENDEES TO JOIN THE SESSION)			
09:30 - 10:15 HRS	“From Evidence to Excellence: A Paradigm Shift in Psychiatric Care” PRESIDENTIAL ADDRESS – DR. MRUGESH VAISHNAV CHAIR: DR. VENU JHANWAR CO-CHAIR: DR. T V ASHOKAN/ DR. IRS REDDY			
10:15 – 10:30 HRS	TEA BREAK			
10:30 – 12:00 HRS	PLENARY SYMPOSIUM: EVIDENCE TO EXCELLENCE: ENHANCING PSYCHIATRIC TREATMENT IN VIRTUAL MODALITIES CHAIR: DR. DAVINDER KUMAR ARORA CO-CHAIR: DR. ARAVIND KRISHNARAM VAITHIYAM DR. SURESH BADAMATH - BRIDGING GAPS WITH TECHNOLOGY: TELE-PSYCHITRY OPERATIONAL GUIDELINES PROF. NAVEEN KUMAR - TRANSFORMING CARE VIRTUALLY: EVIDENCE FROM TELEMEDICINE DR. MANJUNATHAN - FROM SERVICE TO SCREEN: MANOTHERAPY	DR. CHITTARANJAN ANDRADE KETAMINE IN YOUR CLINIC: THEORY AND PRACTICE WORKSHOP CHAIR: DR. R K LENIN SINGH CO-CHAIR: DR. RUPESH CHAUDHARY	CASE DISCUSSION-1 COMPLEX BIPOLAR DISORDER WITH COMORBID SUBSTANCE USE PRESENTER - DR. MANIK BHISE PANELISTS: DR. AJIT BHIDE DR. KAILASH JHALANI DR. VIJAY NAGECHA CHAIR: DR. SRIKUMAR MUKHERJEE CO-CHAIR: DR. MANMEET SINGH	CASE DISCUSSION-2 TREATMENT-RESISTANT DEPRESSION – BEYOND ECT AND RTMS PRESENTER – DR. AMARJEET POPLI PANELISTS: DR. GIRISH ZINZUVADIA DR. GAUTAM AMIN DR. SANJAY BAROT CHAIR: DR. HARISH BEDEKAR CO-CHAIR: DR. SHRI GOPAL GOYAL

Day 02 / 28.11.2025 / Friday

TIME	HALL A (RANG MAHAL-JAL MAHAL)	HALL B (HAWA MAHAL)	HALL C (MEWAR HALL)	HALL D (MARWAR HALL)
12:00 - 12:45 HRS	PRESIDENT AWARD TO LEGENDS OF IAPP 1. DR. THANVI 2. DR. RAZDAN 3. DR. IRS REDDY CHAIR: DR. MRUGESH VAISHNAV CO-CHAIR: DR. ARUN MARWALE CO-CHAIR: DR. VIJAY NAGECHA	DR. VIPUL TYAGI PSYCHIATRY AND PERCEPTION: RE-BRANDING IS THE NEED OF THE HOUR CHAIR: DR. SAURABH MEHROTRA CO-CHAIR: DR. GANESH SHANKE	DR. A JAGADISH FROM RESISTANCE TO RESPONSE: EVOLVING APPROACHES TO NEGATIVE SYMPTOMS CHAIR: DR. ANIL KUMAR TAMBI CO-CHAIR: DR. A VENKATESHWARAN	
12:45 - 14:15 HRS	SYMPOSIUM: FROM EVIDENCE TO EXCELLENCE: EVOLVING FRONTIERS IN CHILD PSYCHIATRY CHAIR: DR. MADHUKAR CO-CHAIR: DR. DIPALI SIDHU 1. DR. DEEPANJALI DESHMUKH - EARLY IDENTIFICATION AND INTERVENTION IN NEURODEVELOPMENTAL DISORDERS 2. DR. ANKITA PRIYADARSHINI - CHILDHOOD ANXIETY AND DEPRESSION: TRANSLATING EVIDENCE INTO PRACTICE 3. DR. GULBAHAR SIDHU - DIGITAL MEDIA, TECHNOLOGY, AND MENTAL HEALTH IN CHILDREN	SYMPOSIUM: MHCA 2017: PRACTICAL IMPLICATIONS IN PRIVATE PSYCHIATRIC PRACTICE CHAIR: DR. VIDYADHAR MEEL CO-CHAIR: DR. SANJAY KUMAWAT DR. C L NARAYAN CONSENT, CAPACITY, AND DOCUMENTATION: THE NEW NORMS IN PRIVATE PSYCHIATRY DR. N N RAJU ADMISSION AND EMERGENCY CARE: NAVIGATING SECTIONS 89 & 94 IN PRIVATE SETTINGS DR. NIMESH DESAI DUTIES, LIABILITIES, AND SAFEGUARDS: ETHICAL AND LEGAL ACCOUNTABILITY IN PRIVATE PRACTICE	CASE DISCUSSION 3: PSYCHIATRIC EMERGENCIES IN MEDICAL-SURGICAL WARDS PRESENTER - DR DEBASHIS RAY PANELISTS: DR. BAKUL BUCH DR. MAHESH GOWDA DR. JEET NADAPARA CHAIR: DR. YUSUF ABDULLA MATCHESWALLA CO-CHAIR: DR. PRIYARANJAN AVINASH	SYMPOSIUM - GLOBAL WARMING: IMPACT ON MENTAL HEALTH 1. DR. RAM GHULAM RAZDAN 2. DR. GARV JANI (CLINICAL PSYCHOLOGIST) 3. DR. ANKIT RAGHUWANSHI (JUNIOR RESIDENT) CHAIR: DR. VOTTURU GANGADHAR CO-CHAIR: DR. VISHNUPANT LAXMANRAO GAWADE
14:15 - 14:30 HRS	LUNCH (HOTEL INDANA INSIDE LAWN)			

Day 02 / 28.11.2025 / Friday

TIME	HALL A (RANG MAHAL-JAL MAHAL)	HALL B (HAWA MAHAL)	HALL C (MEWAR HALL)	HALL D (MARWAR HALL)
14:30 - 15:00 HRS	AMIT BOHRA ORATION AWARD CHAIR: DR. SUNIL MITAL CO-CHAIR: DR. ANITA GAUTAM	AWARD PAPERS – VARANASI ANCIAPP AWARD CHAIR: DR. SHASHI RAI CO-CHAIR: DR. BHAGYA REDDY CO-CHAIR: DR. HIMAKER PADEPENKI	AWARD PAPERS – INDLA RAMA SUBBA REDDY AWARD CHAIR: DR. ROOP SIDANA CO-CHAIR: DR. G GOPALKRISHNAN CO-CHAIR: DR. RADHAKRISHNAN M P	SAMVEDNA WOMENS AWARD CHAIR: DR. PUNDALIK PAI KAKODE CO-CHAIR: DR. VILAS BHAIMULE CO-CHAIR: DR. PANKHURI MONGA
15:00 - 15:30 HRS	V K RAZDAN ORATION AWARD CHAIR: DR. RAJESH NAGPAL CO-CHAIR: DR. MANDEEP SINGH CO-CHAIR: DR. UDAY VINAYAK BENDALE			
15:30 - 16:15 HRS	DR. SUBODH DAVE – DEAN, RC PSYCH DR. INDIRA VINJAMURI – ASSOCIATE DEAN, RC PSYCH DR. AMIT CHOUGULE TRAINING THE NEXT GENERATION – RESIDENCY REFORMS AND CPD CHAIR: DR. IRS REDDY CO-CHAIR: DR. SURESH KUMAR M A. REDESIGNING RESIDENCY CURRICULA: BALANCING COMPETENCY, RESEARCH, AND HUMANISM	SYMPOSIUM - SEXUAL MEDICINE, ENDOCRINE DISORDERS, AND PSYCHIATRIC CARE DR. TSS RAO HORMONAL DYSREGULATION AND SEXUAL DYSFUNCTION DR. SANJAY PHADKE PSYCHIATRIC COMORBIDITIES IN ENDOCRINE DISORDERS DR. PARESH TRIVEDI INTEGRATIVE MANAGEMENT APPROACHES CHAIR: DR. SWAMINATH GOPAL RAO CO-CHAIR: DR. MS BHATIA	WORKSHOP: SUICIDE – DIAGNOSIS AND MANAGEMENT DR. P. KISHAN DIAGNOSIS OF SUICIDAL BEHAVIOR DR. GEORGE REDDY NON-PHARMACOLOGICAL INTERVENTIONS DR. VISHAL AKULA PHARMACOLOGICAL MANAGEMENT CHAIR: DR. N M PATIL CO-CHAIR: DR. SACHIN BS	DEBATE: PSYCHOTHERAPY HAS NO PLACE IN THE AGE OF BIOLOGICS FOR – DR. GOVIND KULKARNI AGAINST: DR. VIVEK KIRPEKAR MODERATOR: DR. VANI KULHALI

Day 02 / 28.11.2025 / Friday

TIME	HALL A (RANG MAHAL-JAL MAHAL)	HALL B (HAWA MAHAL)	HALL C (MEWAR HALL)	HALL D (MARWAR HALL)
16:15 - 17:00 HRS	B. INNOVATIONS IN TEACHING, MENTORSHIP, AND ASSESSMENT C. CONTINUING PROFESSIONAL DEVELOPMENT (CPD): LIFELONG LEARNING BEYOND RESIDENCY			DEBATE: IN 2030, AI WILL REPLACE THE PSYCHIATRIST – MYTH OR REALITY? IT'S A MYTH : DR. SHALABH JAIN IT'S A REALITY: DR. ANWESHAK DAS MODERATOR: DR. KSHIROD MISHRA
17:00 - 20:00 HRS	AGBM HALL A (RANG MAHAL-JAL MAHAL) & HYBRID, HOTEL INDANA PALACE			
20:00 HRS ONWARD	BANQUET DINNER AT THE UMMED JODHPUR PALACE RESORT & SPA			



Day 03 / 29.11.2025 / Saturday

TIME	HALL A (RANG MAHAL-JAL MAHAL)	HALL B (HAWA MAHAL)	HALL C (MEWAR HALL)	HALL D (MARWAR HALL)
08:00– 09:00 HRS	FREE PAPER PRESENTATION (60 MINUTES / 8 PAPERS)	FREE PAPER PRESENTATION (60 MINUTES / 7 PAPERS) CHAIR – DR. SAYANDIP GHOSH CO-CHAIR – DR. PALLAVI DHAKANE	FREE PAPER PRESENTATION (60 MINUTES / 7 PAPERS)	FREE PAPER PRESENTATION (60 MINUTES / 8 PAPERS)
Free Paper Presentations	The hidden toll of diplomacy : Mental health matters Dr. Rashi Agarwal	Synergistic Effects of Magnesium L-Threonate, Apigenin, and L-Theanine in Sleep Enhancement, Anx- iety Reduction, and Cognitive Support: A Narrative Review and Clinical Hypothesis Dr. Pankaj Singh	Cannabis Use and Benzodiazepine De- pendence: Clinical Implications from a Mixed-Methods Study Dr. Dheerendra Kumar Mishra	Catatonia in a Tertiary Psychiatric Setting: A Prospec- tive Study of Clin- ical Patterns and Early Treatment Results Dr. Deeba Nazir
	Impacts of Air Pollution on Child Neurodevelopment in Indian Metro Cities: A Systematic Review of Indian and International studies Dr. Gumuluru B V P Sarath Kumar	Vitamin K and Retinoic Acid Side Chain Combination: A New Neuroactive Vitamin K Analogue (Compound 7) for Neurodegenerative Disease Dr. Pankaj Singh	Gender differences in association of stressful life events and suicide: a cross sectional study in tertiary care center Dr.Swati C	Basics of AI Prompts for Psychiatrists: From Diagnosis to Treatment Dr. Madhu Vamsi Ganduri
	Serum Lithium Estimation: Methods and Principles Dr Ravindra Munoli	Do Obsessive-com- pulsive symptoms in schizophrenia predict lesser chance of return to community? A case series of patients with schizo-obses- sive disorder from a residential reha- bilitation setting Dr.Titir Surai	Prevalence and Pre- scription Trends of Antipsychotics in Non-Psychotic Psy- chiatric Conditions: A Cross-Sectional Study from North India Dr. Neelam Nainwani	Stress Levels in Female doctors married to Male doctors Dr . Sushilkumar Sompur Vasanthkumar

Day 03 / 29.11.2025 / Saturday

TIME	HALL A (RANG MAHAL-JAL MAHAL)	HALL B (HAWA MAHAL)	HALL C (MEWAR HALL)	HALL D (MARWAR HALL)
Free Paper Presentations	High Prevalence of Psychiatric Comorbidities among Opioid-Dependent Patients in Kashmir, India Dr. Iqra Rasheed Shah	"Prevalence of Anxiety and Depressive Disorder and the Role of Body Image and Self-Esteem in Women of the Menopausal Age Group Dr. Manisha Mandloi	Understanding Disenfranchised Grief Across Diverse Psychosocial Contexts Dr. Ashvin Chouhan	Changing trends in non-suicidal self-injury and suicide: Are we ready to tackle it? An Indian perspective Dr. Hemendra Singh
	Beneath the surface: The psychiatric undercurrents of late-onset epilepsy Dr. Koustubh Bagul	Scrolling into Stress: Social Media and Mental Health in Medical Students Dr. Ankit Raghuwanshi	A study of cognitive function deficits in patients with Alcohol Dependence Syndrome during abstinence Dr K Padma	Emerging Treatment and Therapy Approaches for Psychosexual Disorders Dr. Jishnu Bhattacharya
	The mediating role of sleep disturbances in mobile phone addiction and depression among general population Dr. Koustubh Bagul	Metabolic side effects of Amisulpride in psychiatric patients - A retrospective study Dr. Navitha N	Effect of three days vs five days accelerated intermittent theta burst stimulation in patients with depression: An Open label Randomised trial Dr. Surobhi Chatterjee	The Art of Prescribing in the Later Years: What Every Private Psychiatrist Should Know Dr. Debanjan Banerjee
	A Study of Nymphomania and its Relationship with Screen Time among Medical and Paramedical Students of Malwanchal University Dr. Aditya Guru	Peripheral Inflammatory Indices and Impulsivity in Borderline Personality Disorder: A Pilot Study Dr. Sunny Gidwani	Effectiveness of Mobile Phone Technology-Based Deaddiction Efforts Compared with Routine Psychiatry Care among Patients with Substance Use Disorders Dr. Hemant Shandilya	Pain in Neurodegenerative Disorders: Mechanisms and Management Approaches in Parkinson's Alzheimer's Disease Dr . Sushilkumar Sompur Vasanthkumar

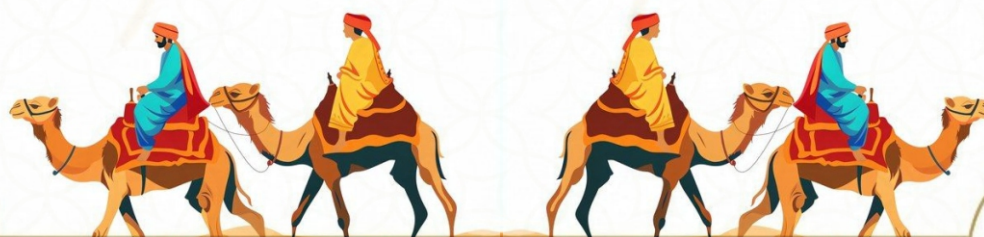
Day 03 / 29.11.2025 / Saturday

TIME	HALL A (RANG MAHAL-JAL MAHAL)	HALL B (HAWA MAHAL)	HALL C (MEWAR HALL)	HALL D (MARWAR HALL)
Free Paper Presentations	Antidepressants Use and Risk of Cardiovascular Outcomes in a Cohort of Patients Attending Psychiatric Disease Hospital Dr.Iqra Rasheed Shah			Central Sensitization in Chronic Pain Conditions: Mechanisms, Clinical Implications, and Treatment Strategies Dr . Sushilkumar Sompur Vasanthkumar
09:00 – 12:00 HRS	E-POSTER PRESENTATION AT PRE-FUNCTION AREA OF HALL A (RANG MAHAL-JAL MAHAL) JUDGES: DR. ANUKANT MITAL, DR. K R SRIDHARA			
09:00 - 09:45 HRS	DR. O P SINGH HANDLING CONFLICT IN PRIVATE PRACTICE CHAIR: DR. JAYANTA DAS CO-CHAIR: DR. NANDU MULMULE	CASE DISCUSSION-4: THE MIDNIGHT CRISIS CALL: ETHICAL, CLINICAL, AND LEGAL DILEMMAS FOR A PRIVATE PRACTITIONER WHEN A PATIENT THREATENS SUICIDE PRESENTER: DR. ABDUL MAJID	CASE DISCUSSION-5: FIRST-EPIISODE PSYCHOSIS – EARLY INTERVENTION CHALLENGES PRESENTER – DR. ARCHANA SINGH PANELISTS: DR. ABHAY MATKAR DR. RAJESH RASTOGI DR. RAMAKRISHNAN KRISHNAN CHAIR: DR. SANJEEV SAOJI CO-CHAIR: DR. RADHIKA REDDY VEMIREDDY	DEBATE: EVIDENCE-BASED MEDICINE IGNORES PATIENT NARRATIVES MODERATOR – DR. PRABIR PAUL FOR – DR. SHRADDHA JADHAV AGAINST – DR. DHRUV PARMAR
09:45 - 10:30 HRS	DR. NARESH NEBHINANI WRITING A RESEARCH PAPER THAT GETS PUBLISHED CHAIR: DR. DINESH N CO-CHAIR: DR. HARPHUL SINGH BISHNOI	PANELISTS: DR. ARUN MARWALE DR. TUSHAR JAGAWAT DR. RAJEEV JAIN CHAIR: DR. JUZER ALI CO-CHAIR: DR. THOTA MURALIMOCHAN		DEBATE: REDUCE AGE OF CONSENT FOR ROMANTIC RELATIONSHIP MODERATOR – DR. MAHENDRA DESAI FOR - DR. TSS RAO AGAINST - DR. INDIRA SHARMA
10:30 - 10:45 HRS	TEA BREAK			



Day 03 / 29.11.2025 / Saturday

TIME	HALL A (RANG MAHAL-JAL MAHAL)	HALL B (HAWA MAHAL)	HALL C (MEWAR HALL)	HALL D (MARWAR HALL)
10:45 - 11:30 HRS	SYMPOSIUM – ICMR MINDS PROJECT – 1 HOUR 30 MINS I. MENTAL HEALTH GOVERNMENT OFFICER – 15 MINS. II. DR. AJAY CHAUHAN – 20 MINS. III. DR. DIPTI BHATT – 20 MINS. IV. DR. CHIRAG PARMAR – 20 MINS. V. DR. AJAY CHAUHAN – 15 MINS. CHAIR: DR. SANJAY KUMAR SAHA CO-CHAIR: DR. AMAR SHINDE	SYMPOSIUM – DRUG ADDICTION IN INDIA — LESSONS FROM PUNJAB AND THE ROAD AHEAD A. WELCOME, INTRODUCTION THEME AND OBJECTIVES, OUTLINE THE FLOW OF SESSION DR. GURPARTAP SANDHU B. THE GROUND REALITY OF ADDICTION IN INDIA: FOCUS ON PUNJAB DR. RUPINDER KAPUR C. GOVERNMENT POLICIES AND RESPONSES: NATIONAL & PUNJAB-SPECIFIC DR. ASHWIN MOHAN D. CHARTING THE WAY FORWARD: SOLUTIONS AND INNOVATIONS DR. ASHISH SHARMA CHAIR: DR. GAUTAM SAHA CO-CHAIR: DR. PAVAN KUMAR KULKARNI	LECTURE: DR. VIDYADHAR WATVE CONSULTATION AND LIASON PSYCHIATRY- RENAL MEDICINE CHAIR: DR. ISAAC MOHAN CO-CHAIR: DR. DHANANJAY PATIL	CASE DISCUSSION-7: RARE BUT TREATABLE PSYCHIATRIC DISORDERS PRESENTER – DR. HEENA MERCHANT PANELISTS: DR. DHANANJAY ASHTURKAR DR. JAISUKH PARMAR DR. RAM GULAM RAZDAN CHAIR: DR. HEMENDRA SINGH CO-CHAIR: DR. SUMIT RANA



Day 03 / 29.11.2025 / Saturday

TIME	HALL A (RANG MAHAL-JAL MAHAL)	HALL B (HAWA MAHAL)	HALL C (MEWAR HALL)	HALL D (MARWAR HALL)
11:30 - 12:15 HRS			SYMPOSIUM – FROM PATIENT HOOD TO PERSONHOOD TOWARDS HUMAN EXCELLENCE 1. INTRODUCTION OF TOPIC: DR. ABHAY KR DE: 15MIN 2. PRESENTATION OF REAL WORLD CASES OF HUMAN EXCELLENCE AND VISION FOR FUTURE GROWTH IN PSYCHIATRY: DR. UDAY CHOWDHURY: 20 MIN AUDIENCE INTERACTION: 10 MIN CHAIR – DR. ARNAB BANARJEE CO-CHAIR - DR. VIKRANT PATANKAR	
12:15 - 13:00 HRS	DR. VINAY LAKRA CLOZAPINE – FROM CONTROVERSY TO CLINICAL TRIUMPH CHAIR: DR. NARESH VADLAMANI CO-CHAIR: DR. A JAGADISH	DR. VINAY KUMAR BREAKING THE SILENCE: MEDIA AS A PARTNER IN MENTAL HEALTH AWARENESS CHAIR: DR. VIJAY NAGECHA CO-CHAIR: DR. ARABINDA BRAHMA	DR. VAIBHAV MATHUR INVASIVE NEUROMODULATION IN NEUROPSYCHIATRY – DEEP BRAIN STIMULATION (DBS) FOR MOVEMENT DISORDERS AND TARDIVE SYNDROMES CHAIR: DR. TOPHAN PATI CO-CHAIR: DR. RUMA BHATTACHARYA	DEBATE: INSURANCE-DRIVEN PSYCHIATRY IMPROVES STANDARDS OF CARE MODERATOR - DR. SUDAM MOGLE FOR - DR. C. PANNEER SELVAN AGAINST - DR. GUNAPALLI SURESH KUMAR
13:00 HRS ONWARDS	LUNCH AT VENUE AND TRANSFER TO OSIAN DESERT SAFARI			
15:30 - 17:30 HRS	QUIZ FINAL – DR. SHOBHIT GARG. 5 SELECTED TEAMS AFTER ONLINE ROUND."	15:30 - 16:15 HRS SESSION: A NEW ERA OF CLOZAPINE" (30 MINUTES SESSION + 15 MINUTES Q &A) SPEAKER: DR. SAGAR KARIA (MUMBAI) 16:15 - 17:00 HRS SESSION TO BE UPDATED		
19:00 HRS ONWARD	DESERT SAFARI, CULTURAL PROGRAM AND DINNER AT OSIAN CAMPS AND RESORT			

Day 04 / 30.11.2025 / Sunday

Hotel Taj Hari Mahal, Jodhpur

Important Note:

The Scientific Sessions on 30th November 2025 (Day 04) will be held Hotel Taj Hari Mahal, Jodhpur

TIME	HALL A	HALL B	HALL C	HALL D
08:00– 09:00 HRS	FREE PAPER	FREE PAPER	FREE PAPER	FREE PAPER
09:00 - 10:30 HRS	SYMPOSIUM FROM EVIDENCE TO EXCELLENCE: ADVANCES IN GERIATRIC PSYCHIATRY 1.DR. AKANKSHA SONAL LATE-LIFE DEPRESSION: FROM RESEARCH TO REAL-WORLD CARE 2.DR. RAVINDRA MUNOLI DEMENTIA CARE: INTEGRATING EVIDENCE-BASED INTERVENTIONS 3.DR. RAVI SONI PSYCHOPHARMACOLOGY IN THE ELDERLY: BALANCING EFFICACY AND SAFETY CHAIR: DR. SABRIN ROSS CO-CHAIR: DR. INDRAKUMAR	WORKSHOP ENHANCING PATIENT ENGAGEMENT: COMMUNICATION AND PSYCHOEDUCATION STRATEGIES 1.DR. JAYANTA DAS BUILDING THERAPEUTIC ALLIANCE: EFFECTIVE COMMUNICATION SKILLS FOR PRIVATE PRACTICE 2.DR. DEEPAK RAHEJA DELIVERING PSYCHOEDUCATION: SIMPLIFYING COMPLEX CONCEPTS FOR PATIENTS AND FAMILIES 3.DR. PRITAM CHANDAK MOTIVATING ADHERENCE: STRATEGIES TO IMPROVE TREATMENT COMPLIANCE AND LONG-TERM OUTCOMES CHAIR: DR. ABHAY MATKAR CO-CHAIR: DR. ASHWIN JHALANI	CASE DISCUSSION-8: ETHICAL & CLINICAL CHALLENGES IN INVOLUNTARY TREATMENT PRESENTER – DR. MANASWI GAUTAM PANELISTS: DR. MSVK RAJU DR. INDIRA SHARMA DR. BANSI SUWALKA CHAIR: DR. JAGDISH RAJ THAPPA CO-CHAIR: DR. ZAID AHMAD WANI	
10:30 - 10:45 HRS	TEA BREAK			



॥पद्मारे सा ॥

Day 04 / 30.11.2025 / Sunday

Hotel Taj Hari Mahal, Jodhpur

Important Note:

The Scientific Sessions on 30th November 2025 (Day 04) will be held Hotel Taj Hari Mahal, Jodhpur

TIME	HALL A	HALL B	HALL C	HALL D
10:45 - 11:30 HRS	SYMPOSIUM - BRIDGING MIND AND MEANING: SPIRITUAL SCIENCE MEETS MODERN NEUROPSYCHIATRY/ NEUROSCIENCE DR. SHRADDHA JADHAV, DR. SIDDHANT MATHUR & DR. PRINCE GARG	ACCEPTED SYMPOSIUM: EXCELLENCE IN IMPLEMENTATION: BRIDGING THE EVIDENCE-PRACTICE GAP IN PSYCHIATRY	DEBATE: SCHIZOPHRENIA AND MARRIAGE: RIGHT TO LOVE OR DUTY TO DISCLOSE? MODERATOR: DR. ARVIND BARAD FOR: DR. RAGHAV SHAH AGAINST: DR. MANISH MEEL	
11:30 - 12:15 HRS	A.THE NEUROBIOLOGY OF SPIRITUALITY: IMPLICATIONS FOR MENTAL HEALTH AND RESILIENCE B.MEANING, MIND, AND MENTAL ILLNESS: INTEGRATING EXISTENTIAL AND SPIRITUAL DIMENSIONS IN CLINICAL PSYCHIATRY C.SPIRITUAL INTERVENTIONS IN PSYCHIATRIC PRACTICE: FROM EVIDENCE TO APPLICATION CHAIR: DR. MEHBOOB RAZAK CO-CHAIR: DR. CAROLINE DESOUZA	DR. SHYAMANTA DAS DR. SIMANTA TALUKDAR DR. MAHESHWAR NATH TRIPATHI DR. HIMABRATA DAS CHAIR: DR. G S PALAKSHA CO-CHAIR: DR. VAIBHAV KUNWAR	MHCA2017 AND THE INDIAN JUDICIARY: COURTROOM INSIGHTS THROUGH ITS JUDGEMENTS DR. MANOJ KUMAR (IHBAS) DR. POULOMI BASU DR. AARUSHI CHAIR: DR. C RAMASUBRMANYAM CO-CHAIR: DR. SHERATH CHANDRA	
12:15 - 13:00 HRS	VALEDICTORY CEREMONY, AT HOTEL TAJ HARI MAHAL, JODHPUR			
13:00 HRS ONWARDS	LUNCH, AT HOTEL TAJ HARI MAHAL, JODHPUR			

IAPP AWARDS

AWARD CATEGORY

-  **Dr. Amit Bohra Oration Award**
-  **4th ANCIAPP Varanasi – IAPP Award**
-  **Dr. Indla Rama Subba Reddy – IAPP Award**
-  **Samvedana Women's' Award**
-  **Dr. V K Razdan Oration Award**
-  **Dr. Anil Kumar Dutt – IAPP Award**
-  **Best Case Conference – Certificate of Excellence IAPP Award**
-  **Best e-Poster Award – Open to all members of IAPP**
-  **Best Free Paper Presentation Award**







Articles & Souvenir Contributions

Painting By Dharmistha Goyal

Class- 6th

Sophia Senior Secondary School Bikaner



My Charcoal Pencil Sketch

Dr NK Khetarpaul

Hisar Haryana, Senior Citizen Registered Delegate
Registration Number of IAPP03-1611-11 K015AM



Incidental Finding of Acute Myeloid Leukemia in a Patient with Anxiety and Its Effects on Anxiety Symptoms

Background

Anxiety disorders often present with somatic symptoms such as fatigue, restlessness, and palpitations, which can overlap with or mask underlying medical illnesses. Occasionally, serious conditions like hematological malignancies are discovered incidentally during evaluation for anxiety.

Case Summary

A 34-year-old female with a history of generalized anxiety disorder presented with worsening fatigue and palpitations. Initial assessment suggested progression of anxiety symptoms; however, routine blood investigations revealed anemia, leukocytosis, and thrombocytopenia. Further evaluation confirmed the diagnosis of Acute Myeloid Leukemia (AML).

Findings

The incidental diagnosis of AML led to a significant escalation in anxiety symptoms, followed by adjustment-related distress and depressive features. Integrated management by psychiatry and oncology teams—combining pharmacotherapy, counseling, and psycho-oncological support—helped stabilize her psychological state during chemotherapy.

Conclusion

This case highlights the importance of thorough medical evaluation in psychiatric presentations and underscores the bidirectional relationship between physical illness and mental health. Early identification of organic causes in anxiety patients is essential for accurate diagnosis and holistic care.

शुक्रिया

ज़िंदगी एक पतझड़ के पेड़ की जैसी है, हर दिन एक-एक पत्ता टूटता है, गिरता है और वापस नहीं आता.
या ज़िंदगी उस समंदर की तरह है, जो किनारों से टकरा के वापस चली जाती है.
या फिर बादल, बारिश की बूंदों से वापस नहीं मिल पाती है.
तो क्या बिछड़ के ये निराश हो जाती है?

पेड़ तो शुक्रगुज़ार हैं, उन पत्तों का, जो कुछ पल ठहरे, उसे सजाया।
किनारों ने उफनती लहरों को स्थिर बनाया।
बादल तो बिछड़े, पर खुश थे, उनकी इस बिछड़न से धरती की प्यास बुझी!
फिर इंसान क्यों नहीं होते शुक्रगुज़ार?

मैं करती हूँ शुक्रिया अदा,
उन पलों की, उन यादों की, उन वादों की, हर उस व्यक्ति की,
जो जाते-जाते मेरा एक हिस्सा ले गए!
पर बदले में दे गए कितना कुछ...

किसी ने प्यार करने का तरीका सिखाया,
किसी ने जज्बातों को ग़ज़ल बनाया,
किसी ने दे दिया लिखने का हुनर, किसी ने हर हाल में जीना सिखाया।
कोई मिला तो गाने की उम्मीद मिली, कोई गया छोड़ कर तो खुद को मैं मिल गई!

मैं शुक्रगुज़ार हूँ,
हर नई सुबह की, उस सफर की, उन रास्तों की, दूसरों के चेहरों के खुशी की, ज़िंदगी के हर रंग की, मां-
बाप के संग की!
मेरा तो मुझमें कुछ भी नहीं....
फिर क्यों इतराना, क्यों खुद को उच्च का समझना, क्यों दूसरों को निचा दिखाना, क्यों किसी के दर्द की
वजह बनना.
जो मैं हूँ, मेरा मुझमें कुछ भी नहीं!

हां मैं शुक्रगुज़ार हूँ,
इस धरती की, विलीन होना है उस मिट्टी में, जिसने मुझे बनाया.
मैं शुक्रगुज़ार हूँ इस मिट्टी की।

पहले कभी थी मैं नासमझ, निरर्थक, भटकी हुई,
अब जो मैं ये बदली हूँ,
मैं शुक्रगुज़ार हूँ खुद की!!

डॉ. अनामिका रानी
(जूनियर रेजिडेंट)
मनोचिकित्सा विभाग
पी.बी.एम हॉस्पिटल बीकानेर।

Digital Frontiers in Psychiatry: Emerging Technologies Transforming care

Dr. Shri Gopal Goyal

Department of Psychiatry (DIMHANS)
Professor
S.P. Medical College & AGH, Bikaner
Joint Organising Secretary

Dr. Anamika rani

Junior Resident
Department of Psychiatry (DIMHANS)
S.P Medical college & AGH, Bikaner

Introduction:

Mental health has become one of the most pressing challenges of our time. Psychiatric disorders such as depression, anxiety, schizophrenia, and dementia represent a significant global burden. The World Health Organization (WHO) estimates that one in eight people worldwide live with a mental health condition, often leading to long-term disability and poor quality of life¹. Conventional treatments—pharmacotherapy and psychotherapy—remain the cornerstone of psychiatric care, but they are not always sufficient.

Psychiatry is undergoing a paradigm shift with the rapid integration of emerging technologies into clinical practice. Traditional approaches to diagnosing and treating psychiatric disorders, though effective, are often limited by subjectivity, accessibility barriers, and delayed interventions, treatment resistance, side effects. Recent technological advancements hold the potential to revolutionize mental health care by enabling objective assessment, personalized therapy, and continuous monitoring. This article highlights key innovations—neurostimulation techniques, digital therapeutics, artificial intelligence (AI)-driven diagnostics, and virtual reality (VR)—that are shaping the future of psychiatric treatment.

Emerging Technologies

1. Neurostimulation Therapies

Non-invasive brain stimulation techniques such as transcranial direct current stimulation (tDCS), transcranial magnetic stimulation (TMS), and deep brain stimulation (DBS) are gaining prominence. Evidence suggests their efficacy in **treatment-resistant depression, obsessive-compulsive disorder, and cognitive impairment in Alzheimer's disease**^{2,3}.

2. Digital Therapeutics and Mobile Health (mHealth)

Smartphone applications and wearable devices provide continuous symptom monitoring, medication reminders, and cognitive-behavioural interventions^{4,5}.

These tools enhance accessibility, especially in low-resource settings, while promoting patient engagement and self-care in **depression, anxiety, bipolar, psychosis, substance use disorder, Attention-Deficit Hyperactivity disorder (ADHD)**⁶.

3. Artificial Intelligence and Big Data

AI-driven tools, Chatbots (Apple's Siri or Amazon's Alexa) assist in early detection of psychiatric disorders through speech analysis, facial recognition, and predictive analytics. Machine learning models are being developed to personalize treatment plans and predict relapse risk, supporting precision psychiatry⁷.

Chatbot interface have become a key feature of many commercially available mental health apps. Across two recent systematic reviews, 24 studies investigating chatbots for health care were identified. Of the 11 trials targeting mental health problems, most were for **depression**, with a smaller number targeting **anxiety, schizophrenia, post-traumatic stress disorder (PTSD), and autism spectrum disorder**.

4. Virtual and Augmented Reality

VR-based exposure therapy has shown success in treating **phobias, post-traumatic stress disorder (PTSD), and social anxiety**. Augmented reality platforms are being tested for social skills training in autism spectrum disorder.

Techologies Shaping PSYCHIATRY

1. Depression & Anxiety

Technology has emerged as a valuable tool in addressing depression and anxiety by providing accessible, affordable, and innovative solutions for mental health care.

A recent large- scale meta- analysis of 66 randomized controlled trials explored the efficacy of smartphone apps cross clinical and non-clinical populations. For depressive symptoms, this meta-analysis found that apps outperformed control conditions, also helpful in generalized anxiety and social anxiety symptoms⁸.

Mobile applications and online platforms— (Wysa, Amaha, Mindpeers, Lisners) —offer guided medication, cognitive behavioural therapy (CBT) exercises, mood tracking, and stress management techniques that individuals can use anytime, reducing barriers to seeking help. Telepsychiatry and virtual counselling have made it possible for people to connect with mental health professionals without the stigma or logistical challenges of in-person visits. **“Never Alone” program** by AIIMS-Delhi⁹, provides screening, counselling, and follow-up care, aiming to reduce stigma and support students nationwide.

2. Major Mood Disorders

A recent systematic review and meta-analysis concerning the efficacy of digital interventions in bipolar disorder found positive effects on both depressive and manic symptoms¹⁰.

Technology plays a significant role in the management of mood disorders by offering tools for early detection, self-monitoring, and treatment support. Mobile applications— (Moodfit, Worrywatch, MoodTools, eMoods Bipolar Mood Tracker) —and wearable devices allow individuals to track mood changes, sleep patterns, and daily activities, which can help identify early warning signs of depressive or manic episodes. Artificial intelligence and machine learning are also being integrated to predict relapse risks and personalize interventions. rTMS and TES offers non-invasive treatments for drug-resistant mood disorders, focusing on specific brain circuits.

The fact that bipolar disorder and major depressive disorder are characterized by episodic fluctuations in mood and behaviour may suggest that these technologies which provide fine-grained monitoring and real-time treatment may improve outcomes, either by fostering early identification of deterioration and by providing means for flexible and timely treatment interventions.

Techologies Shaping PSYCHIATRY

3. Psychosis/Schizophrenia

Many believe that technologies might worsen the symptoms if get used in psychotic patients, while the reality is quite opposite. People with psychosis/ schizophrenia are interested and eager to use innovative tools to possibly augment their care and ultimate recovery. Adverse events related to paranoia are nearly non-existent.

A systematic review¹¹ by Chivilgina O, Wangmo T, Elger BS et al. was conducted in selected populations with small samples ($N < 100$), showed promising results with psychotic disorders and identified 17 active monitoring apps. App use duration ranged from 1 week to 14 months, with self-assessment prompts ranging from multiple times per day to weekly.

Digital cognitive remediation programs and virtual reality-based therapies are being developed to improve cognitive functioning, social skills, and daily living abilities. **Disha & Saksham** (AIIMS, Delhi + IIT-Delhi)¹² specifically made to help those newly diagnosed with schizophrenia and other severe psychotic disorders. They provide information on illness, disease course, side-effects of treatments, management, etc., in English and Hindi.

4. Eating disorders

The interest in app technologies for eating disorders is growing, either as a standalone intervention or an adjunct to traditional treatment services. Tailored reminders and motivational messages to practice key therapeutic skills helping increase patient's motivation and adherence to the treatment program.

Online therapy platforms and telepsychiatry make specialized care available to patients who may otherwise face barriers such as stigma, distance, or lack of trained professionals. Evidence-based digital programs also deliver cognitive behavioral therapy (CBT) modules tailored for eating disorders, focusing on body image, self-esteem, and coping strategies¹³. Wearable devices and AI-driven tools can monitor physical health indicators like weight changes, heart rate, or activity levels, enabling timely clinical intervention. Additionally, moderated online support groups create safe spaces for sharing experiences and reducing feelings of isolation.

Apps like— (iCALL Psychosocial Helpline, LiveAgain India Mental Wellness, SoulUp) —accounts increment in monthly active users according to a recent review.

Technologies Shaping PSYCHIATRY

5. Substance Use Disorders

Technology offers multiple promising aids in the treatment of substance use disorders, helping overcome barriers of access, stigma, and continuity of care. Telehealth enables patients to have remote counselling sessions, medication management, and follow-ups with addiction specialists without needing frequent clinic visits¹⁴.

Digital health interventions— (Sober grid, SaaS-based counselling platforms, Quit genius, I Am Sober, Punjab's "One Stop Integrated Programme")—incorporate evidence-based methods like cognitive behavioral therapy (CBT), motivational interviewing, exertion of contingency management, craving-tracking, and relapse prevention tools.

emote biometric monitoring, like devices that monitor breath alcohol levels or other wearable sensors, can provide feedback and help clinicians and patients detect early warning signs of relapse. AI chatbots and virtual agents are also being developed to offer 24/7 emotional support, motivational coaching, psychoeducation, and personalized recovery plans, offering a supplementary resource especially useful between therapy sessions.

6. Child and Adolescent mental health

Technology is supporting child and adolescent mental health by making care more accessible, engaging, and youth-friendly.

Mobile applications and online platforms— (Tele-MANAS, Sukhsandesh, Pod Adventures, Setu app by IIT Kharagpur) —provide age-appropriate tools for managing stress, anxiety, and mood difficulties through games, interactive exercises, and guided therapy modules. Telepsychiatry and virtual counselling sessions help children and adolescents, especially in underserved areas, connect with mental health professionals without the barriers of travel or stigma¹⁵. Digital classrooms and e-learning platforms also integrate social-emotional learning programs to build resilience and coping skills. Wearables and smartphone apps allow parents and clinicians to track sleep, activity, and mood, enabling early identification of concerns. Furthermore, moderated online peer support communities create safe spaces where young people can share experiences and reduce feelings of isolation.

Other Mental health apps currently available in India:

Techologies Shaping PSYCHIATRY

- For immediate, free, and institutional support ☑ Try Tele-MANAS or manas.
- For AI-assisted self-help (with therapist options) ☑ Wysa, Amaha, BetterLYF
- Looking for emotional support / community ☑ YourDOST, Now&Me, CalmSpace
- Into holistic wellness with yoga/meditation ☑ Shyft (Mindhouse), Headspace
- For specific demographics or workplace settings ☑ Consider Zest, Evolve, Minded, or Trijog
- For crisis support ☑ Reach out to Vandrevalla Foundation or AASRA

Challenges and Drawbacks:

- Privacy and Data Security – Sensitive mental health data collected by apps and AI tools is vulnerable to breaches, misuse, and inadequate safeguards.
- Ethical Concerns with AI – Algorithmic bias, lack of transparency, and over-reliance on automated decisions raise questions about accountability and informed consent.
- Limited Clinical Validation – Many tools lack rigorous evidence from clinical trials, making their effectiveness and safety uncertain.
- Digital Divide – Barriers such as poor internet access, low digital literacy, and high costs limit availability, especially in rural and low-income populations.
- Risk of Misdiagnosis – Automated assessments may overlook the complexity of psychiatric disorders, leading to inaccurate or inappropriate recommendations.
- Reduced Human Interaction – Overuse of digital tools can weaken the therapeutic relationship and reduce empathy-based care.
- Regulatory Challenges – Absence of clear legal frameworks complicates issues of liability, licensing, and cross-border telepsychiatry.
- Potential Misuse – Unsupervised use of mental health apps may encourage self-diagnosis or delay professional help.

So, despite the promise, these technologies raise concerns about privacy, data security, ethical use of AI, and equitable access. Regulatory frameworks and clinical validation are crucial before widespread adoption. Continued interdisciplinary collaboration among psychiatrists, neuroscientists, engineers, and policymakers will be essential to ensure safe, effective, and equitable integration of these advancements into mental health care. Nevertheless, with continued research and collaboration, these technologies have the potential to transform psychiatric care into a more personalised, accessible and effective system for all.

Applying the QPR Model of suicide Prevention in the Rajasthani context: Lessons From Clinical Practice

Dr. Harful Singh
(Professor & Head)

Dr. Mahendra Kumar
(Senior Resident)

Dr. Aditi Mahajan
(Junior Resident)
Department of Psychiatry, S.P.
Medical College,
Bikaner, Rajasthan

Introduction

Suicide remains a major yet preventable public health problem in India. As per the National Crime Records Bureau (NCRB) 2022 data, Rajasthan shows a rising trend in suicide, especially among youth and farmers. Cultural beliefs in fate (“jo likha hai so hoga”), stoicism, and stigma around mental illness often delay help-seeking.

The QPR model—Question, Persuade, Refer, developed by Dr. Paul Quinnett, works like CPR for mental health emergencies. It trains people to identify warning signs, engage with empathy, and refer individuals to care. In Rajasthan's diverse and hierarchical culture, QPR must be applied sensitively, respecting local values and communication styles. The following cases show how QPR can be adapted in real-life practice.

Case 1: The Farmer in Debt

A 45-year-old farmer attempted suicide by pesticide ingestion due to repeated crop failure and mounting debt. He said, “Ab jeene ka koi fayda nahi.”

Q—Question: The health worker gently asked, “Kya aapne kabhi socha hai khud ko nuksan pahuchane ka?” –a respectful, direct question that encouraged him to open up about suicidal thoughts.

P—Persuade: The health worker validated his distress– “Main samajh sakta hoon kitni mushkil hogi, par hal mil sakta hai”–and persuaded him to seek help.

R—Refer: He was referred to the district psychiatry unit, diagnosed with adjustment disorder, and given brief therapy and problem-solving counseling.

Learning: In rural Rajasthan, empathetic questioning in local dialect helps overcome stigma and encourages honest disclosure among farmers.

Case 2: The Adolescent Girl with Academic Stress

A 17-year-old girl texted a friend that she “wanted to end it all” after scoring poorly in exams. Her parents dismissed it as “drama.”

Q-Question: A QPR-trained school counselor privately asked if she had thought about dying. The girl nodded, relieved that her distress was acknowledged.

P-Persuade: The counselor reassured her that failure doesn't define worth and persuaded her to talk with her parents.

R-Refer: She was referred to a mental-health clinic, diagnosed with a Depressive Episode, and started on psychotherapy.

Learning: Direct yet compassionate questioning helps break the silence surrounding exam-related stress and prevents crises.

Case 3: The Woman Facing Domestic Violence

A 32-year-old woman from rural area, facing abuse, presented with depression and wrist cuts. Her family dismissed her suffering as “normal marital issues.”

Q-Question: The nurse gently asked, “Aapne kabhi marne ke baare me socha tha?” She broke down and admitted saving pesticide for a future attempt.

P-Persuade: The nurse explained that help was available and persuaded her to seek safety through social services.

R-Refer: She was referred to psychiatry services and connected with an NGO shelter.

Learning: In patriarchal contexts, women often express suicidal intent indirectly. QPR empowers frontline workers to identify risk with compassion and link women to protection and care.

Discussion

Cultural Barriers and Adaptation

In Rajasthan, suicide is taboo and seen as sinful. The belief that asking about it “plants the idea” is false. QPR promotes open, respectful dialogue using gentle phrases like “Mann bahut udaas lagta hai kya?” to reduce fear and stigma.

Persuasion in a Collectivist Culture

Linking persuasion to family, faith, and duty- such as “Bhagwan ne har insaan ko kisi kaam ke liye bheja hai”-helps restore hope and strengthens motivation to live.

Referral Pathways

With few mental-health services outside cities, referrals can include PHC staff, ASHAs, helplines like KIRAN (1800-599-0019), Tele-MANAS (14416) or supportive community members. Even brief connections can prevent suicide.

Role of Non-Specialists

QPR empowers teachers, police, and health workers as gatekeepers. Integrating it into District Mental Health Programs can improve early detection and timely help.

Gender and Socio-Economic Sensitivity

Women in abusive homes, unemployed youth, and farmers under debt are at higher risk. QPR should pair emotional support with practical help like legal or financial aid.

Practical Adaptation

Culturally empathetic questioning- “Aapko kabhi aisa lagta hai ki zindagi se ladte-ladte thak gaye ho?”-encourages openness. Training community gatekeepers can extend suicide prevention across Rajasthan's diverse settings.

Conclusion

When culturally adapted, QPR aligns naturally with Rajasthan's collectivist and faith-based ethos. Asking with empathy, persuading with genuine concern, and ensuring appropriate referral can transform crises into recovery. Suicide prevention in Rajasthan requires both psychiatric expertise and cultural understanding. Training even one teacher, nurse, or farmer in QPR principles can spark a chain of prevention across communities. Just as CPR revives the heart, QPR-spoken in the language of compassion and culture-can save lives in moments of despair.

Culture-Bound Syndromes in Rajasthan: Clinical Reflections through Case Vignettes

Dr. Harful Singh
(Professor & Head)

Dr. Mahendra Kumar
(Senior Resident)

Dr. Mamta Repaswal
(Junior Resident)
Department of Psychiatry, S.P.
Medical College,
Bikaner, Rajasthan

Introduction

Culture shapes how people perceive, express, and manage psychological distress. In Rajasthan – known for its oral traditions, joint families, and spiritual beliefs – many psychiatric symptoms are often viewed through cultural explanations. Folk healers, rituals, and supernatural beliefs play a central role in the community's understanding of illness. Many conditions observed in this cultural setting represent localized expressions of universal psychiatric phenomena. The following vignettes highlight how cultural context in Rajasthan shapes psychopathology and treatment-seeking behavior.

Case Vignettes

1. Gilhari (Lizard) Syndrome:

A 32-year-old woman developed anxiety after feeling a crawling sensation, believing a lizard had entered her body (gilhari ghus gayi). Traditional remedies failed; reassurance and anxiolytics led to recovery. This reflected a somatic delusion or acute anxiety reaction.

2. Dhat Syndrome:

A 24-year-old unmarried man complained of weakness and guilt over semen loss. Psychoeducation and SSRIs led to improvement. Dhat Syndrome represents a culturally rooted sexual neurosis based on beliefs linking semen to vitality.

3. Nazar Lagna (Evil Eye):

A 9-year-old boy became irritable and refused food after attending a wedding. Family believed he was affected by nazar lag gayi and performed a chili-burning ritual; symptoms resolved. This episode reflected transient anxiety relieved by a culturally sanctioned placebo act.

4. Bhut-Pret (Spirit Possession):

A 35-year-old woman exhibited screaming and trance-like episodes, claiming possession by a deceased relative. Linked to marital stress, she improved with supportive therapy and anxiolytics. Clinically, this was Dissociative Trance Disorder (ICD-10 F44.3), interpreted culturally as bhut chadhna.

5. Jadu-Tona (Black Magic):

A 42-year-old farmer developed persecutory delusions that a neighbor used jadu-tona to harm him. He had auditory hallucinations and poor appetite. Diagnosed with schizophrenia, he improved with risperidone. His delusions reflected culturally congruent magical beliefs.

6. Sarp-Dosh (Snake Curse):

A 28-year-old woman experienced nightmares of snakes and guilt over a family incident involving a killed cobra. Diagnosed with specific phobia, she improved with desensitization and culturally sensitive reassurance. Her fear was reinforced by the belief in sarp-dosh (serpent curse).

7. Pipal-Pyari (Tree Spirit):

A 30-year-old unmarried woman heard a female voice from a pipal tree calling her nightly. Diagnosed with psychotic disorder with religious delusions, she improved on antipsychotics and psychoeducation, though the family maintained partial spiritual interpretation.

Discussion

These cases highlight the deep integration of culture and psychopathology in Rajasthan. Common emotional themes—fear, guilt, and loss of control—manifest through culturally meaningful idioms like animal invasion, spirit possession, or black magic. Community validation and ritual relief sustain such syndromes, blurring boundaries between cultural expression and clinical pathology.

Sociocultural factors such as strong religiosity, patriarchal norms, and low mental-health literacy contribute to prevalence. Women often show dissociative or conversion symptoms, while men present guilt-related sexual concerns like Dhat Syndrome. Effective management requires empathy, collaboration with traditional healers, and gradual psychoeducation rather than confrontation.

Urbanization and media exposure are reshaping these beliefs, creating hybrid explanations that merge biomedical and spiritual reasoning. Rajasthan thus offers a dynamic view of evolving cultural psychiatry.

Conclusion

Culture-bound syndromes in Rajasthan – gilhari ghus gayi, dhat nash, nazar lagna, bhut chadhna, jadu-tona, sarp-dosh, pipal-pyari-represent culturally meaningful expressions of distress. This means that rather than being random or irrational, these syndromes provide socially acceptable ways for individuals to communicate inner turmoil, guilt, fear, or interpersonal conflict within familiar cultural frameworks. Recognizing these idioms enables psychiatrists to interpret symptoms within their cultural context, bridging traditional and biomedical perspectives. Such understanding enhances culturally competent mental health care and enriches the practice of Indian psychiatry.

The background features a light beige mandala with a central sunburst and floral patterns. A faint profile of a person's head is visible behind the text. The entire design is enclosed in a gold-colored border with ornate, swirling corner decorations.

ANCIAPP 2025- EVENTS



ANCIAPP 2025

26th Annual National Conference of
Indian Association of Private Psychiatry

Theme : "Evidence to Excellence: Enhancing Psychiatric Treatment Modalities"

Dates: 27th to 30th November 2025

Venue: Hotel Indana Palace, Jodhpur (Rajasthan)

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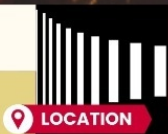
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Acknowledgments & Vote of Thanks

Dr. Achyut Trivedi

Organising Secretary,
ANCIAPP 2025



It is with heartfelt gratitude that I extend my warmest thanks to everyone who has contributed to the success of this conference.

My sincere appreciation to the President, Secretary, and all esteemed office bearers of IAPP for their constant guidance and unwavering support throughout our journey.

I am deeply thankful to our partners, distinguished faculty, speakers, delegates, and the entire Organising Committee. Your dedication, cooperation, and shared commitment have shaped this conference with care and purpose.

A special note of gratitude to our volunteers, operations team, hospitality staff, technical crew, and all associated hotels - along with every individual who worked with dedication -to ensure comfort, coordination, and seamless arrangements for our delegates.

To each person - on stage or behind the scenes - your sincere efforts have helped bring this vision to life, and for that, I offer my deepest thanks.

This conference will be remembered for the standard of excellence it set.

We hope the bonds formed and insights shared here continue to strengthen our collective mission.

Thank You



ANCIAPP 2025

CONFERENCE SECRETARIAT

DR. ACHYUT TRIVEDI (Organising Secretary)

Address: Pandit Krishan Chandra Memorial Neuroscience Centre

2-KA-5, Pawanpuri, Near Nagrechiji Temple, Bikaner, Rajasthan – 334001

Mob: +91 93522 13845 | Email: info@iappraj2025.com

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