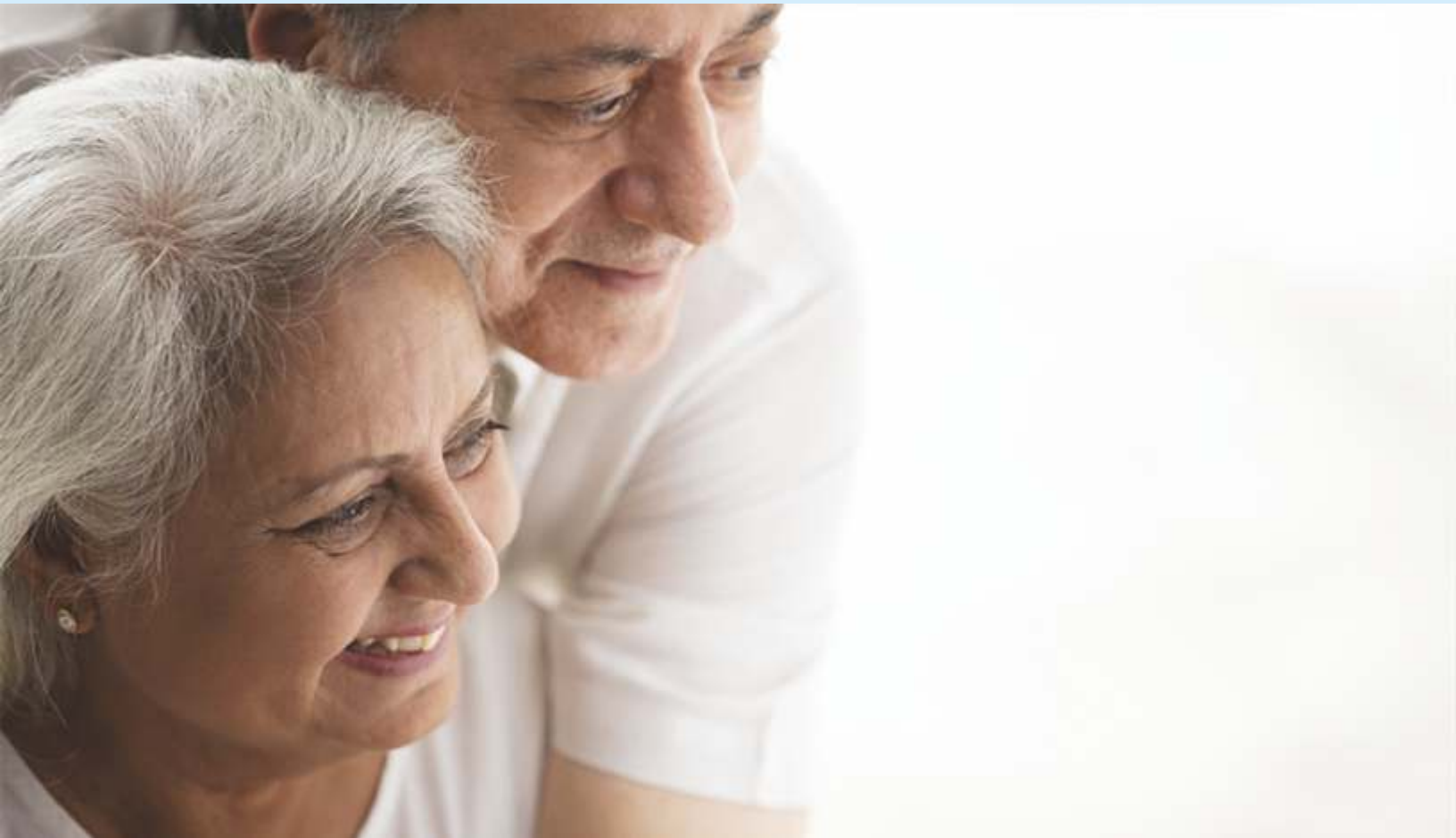


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**World Hospice and Palliative Care Day,  
12th October 2024**



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## Prologue



**Dr Sandeep Kumar**  
MS FRCS (Edinburgh) PhD (Wales)  
MMSc (Newcastle)

Editor-in-Chief  
**SOUTH ASIAN JOURNAL OF  
GERIATRIC MEDICINE, SURGERY,  
PALLIATIVE CARE & HOSPICE**

Consultant Surgeon,  
Scientist & Epidemiologist  
Professor & Founder Director  
AIIMS Bhopal  
Editor-in-Chief  
Indian Journal of Surgery

**A**fghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka are eight countries included in South Asia. All are low and middle income countries or developing countries and together constitute one-fourth of the World's population. All these are sovereign countries with independent own governance from the time of renaissance of countries getting independent from their colonial masters between 1940s and 50s.

South Asian countries established their health care systems and are signatories of Alma Ata declaration of Health for All 1978 and the 17 tenets of Sustainable Development Goal (SDG) of United Nations in 2015 with the aim of, "Peace and prosperity for people and the climate". SDG 3 pertains to good health and well-being of all the members of society.

South Asian countries were in the epidemiologic transition phase where there was increased birth rate and increased death rate with low life expectancy. Most healthcare policies were targeting maternal child health, family planning and infectious diseases. In the past two decades the

epidemiological transition in these countries has witnessed low death rate and better longevity besides increase in non-communicable diseases and deaths due to injuries. Young lives are lost in civil and war injuries and road traffic accidents. Six to 10% of the total population in South Asian countries is now geriatric population. It is now realised that Geriatric Medicine, Palliative Care, Hospice providing comprehensive care for older adults is the need of the hour. The demand for specialised care, resource allocation, research, innovative cost benefit models and quality care for the social fabric of South Asian countries in the speciality of geriatric medicine is required.

Geriatric medicine and surgery focuses on preventing, diagnosing, and managing health issues in individuals aged 65 and older. Geriatricians address complex conditions, such as chronic diseases (diabetes, hypertension), cognitive decline (dementia, Alzheimer's), functional impairments (mobility, balance), multiple medications and social determinants for elder people like isolation, support, poverty etc. Geriatric care emphasizes





on comprehensive assessments, interdisciplinary teams of doctors, nurses, therapists etc. Patient-centered care and family support are paramount.

Palliative care provides relief from symptoms like pain, breathlessness and severe mental agony regardless of age or prognosis. Palliative care team manage symptoms like pain, nausea, breathlessness etc. The aim of palliative care is to improve quality of life, support patients and families and facilitate advance care. Palliative care is often provided alongside curative treatments.

Hospice care focuses on comfort and quality of life for individuals with terminal illnesses with long

and short term affordable institutional care. Hospice team provide pain and symptom management, emotional and spiritual support, assist with daily living tasks and support families and caregivers

Integration and Collaboration for seamless transition from home based geriatric medicine, outreach care, ambulatory or out-patient service to comprehensive palliative and hospice care is required for which new vistas, research in individual countries, fund allocation and resource management are required.

There are umpteenth opportunities and challenges on issues related to quality of life,

consent on 'do not resuscitate', overall dignity and patient autonomy which will be determined by policy makers. Back-up for long term and short term acute and critical care need to be established with infra-structure provision and gadgets. Work force for specialised care in geriatric medicine, geriatric surgery, palliative care and hospice professional have to be trained. Advocacy for sustainable models and reimbursement from health insurances are other areas to be dealt with.

Research and education on issues affecting the aging population, chronic diseases, palliative care, reducing the cost of hospitalisation and hospice care providing patient satisfaction is required. The South Asian Journal of Geriatric Medicine, Surgery, Palliative Care & Hospice is being started with the objective of advancing knowledge and best practices in this area.

## Message

PROF. SONIYA NITYANAND  
MD, Ph.D.  
VICE CHANCELLOR  
प्रो० सोनिया नित्यानंद  
उपकुलपति, किंग जार्ज मेडिकल  
कुलपति



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U.P. LUCKNOW  
किंग जार्ज चिकित्सा विश्वविद्यालय, 30500  
लखनऊ



It is a great pleasure to learn that *South Asian Journal of Geriatric Medicine, Surgery, Palliative Care & Hospice* is releasing an International Souvenir on the occasion of **World Hospice and Palliative Care Day on 12<sup>th</sup> October 2024**.

The Hospice Day is observed every year on second Saturday of October. It is a day dedicated to raising awareness about hospice and palliative care and promoting the right to quality care for people living with life-limiting or terminal illnesses. The day also highlights the importance of providing dignity, comfort, and support to individuals and their families during the end-of-life phase. This emphasized improving quality of life and involves a team-based approach comprising of doctors, nurses, social workers, chaplains, and volunteers.

In situations where illness is incurable, palliative care emphasized improving the quality of life through a holistic, team-based approach that includes doctors, nurses, social workers, chaplains, and volunteers, unfortunately, access to such care remains limited in many parts of the world. Therefore, it is crucial to ensure the availability of hospice care globally and to promote awareness about the critical role it plays in the well-being of terminally ill patients.

The launch of this international souvenir will undoubtedly provide a vital platform for medical professionals, researchers, and policymakers to come together and create innovative solutions to improve care for the elderly and terminally ill populations across South Asia.

I extend my heartfelt congratulations to the entire team dedicated to this noble cause and wish them all great success with the launch of the Souvenir.

  
(Prof. Soniya Nityanand)  
Vice Chancellor

## Message



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**PROF. NAIMA KHATOON**  
M.Phil, Ph.D. (Psychology)  
Vice-Chancellor

September 26<sup>th</sup>, 2024



I am delighted to learn that the "South Asian Journal of Geriatric Medicine, Surgery, Palliative Care & Hospice" has launched a souvenir commemorating World Hospice and Palliative Care Day on October 12. This day, marked globally, highlights the importance of compassionate care, and I am honored to be part of this noble initiative.

In today's rapidly changing world, geriatric medicine, palliative care, and hospice services discipline deserve to acquire a new resolve to remind us of our shared responsibility to care for the elderly and the terminally ill with dignity and respect, ensuring that their journey through the later stages of life is filled with comfort, care, and compassion. Your journal, focusing on these crucial aspects of healthcare, is set to play a significant role in educating and sensitizing the importance of care for our seniors.

Aligarh Muslim University has always believed in the power of academic discourse and research to serve humanity. I commend the journal's editorial team for their dedication to disseminating knowledge in the fields of geriatric and palliative care.

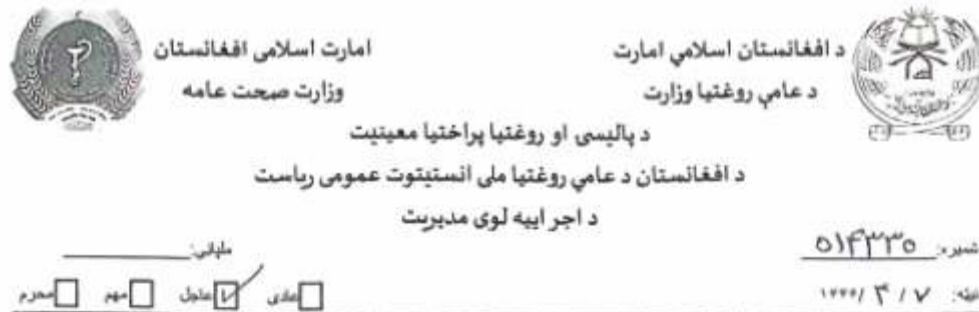
On behalf of Aligarh Muslim University, I extend my best wishes for the continued success of the South Asian Journal of Geriatric Medicine, Surgery, Palliative Care, and Hospice. I hope this souvenir, evidence of your dedication, will serve as a beacon of hope and inspiration, reminding us of the urgent need for medical innovations in caring for those who need it most.

My best wishes,

  
Prof. Naima Khatoon

## Message

from Honourable Minister of Public Health, Islamic Emirate of Afghanistan



ملی: \_\_\_\_\_  
محرر  مسم  عادل  عدلی

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

Date: October 9, 2024

From: Afghanistan National Public Health Institute, Ministry of Public Health, Kabul Afghanistan

To: South Asian Journal of Geriatric Medicine, Surgery, Palliative Care and Hospice

Dear Journal management team,

The Ministry of Public Health of Islamic Emirate of Afghanistan presents its compliments to the leadership and editorial board of the South Asian Journal of Geriatric Medicine, Surgery, Palliative Care and Hospice.

Rising quality of life and health expenditures are main factors in increased ageing among populations. Geriatric medicine, palliative care, and hospice are interdisciplinary measures focused on the relief of suffering and achieving the best possible quality of life for patients, elderly and their caregivers. The provision of hospice or palliative care in nursing facilities can improve the clinical care residents receive, reduce hospitalizations, and improve family members' perception of care with a special focus on dissemination of facts and information to the public.

Given the growing population, ongoing progress, and increased life expectancy in South Asian countries, the concepts of geriatrics, palliative care, surgery, and hospice are of paramount importance. Decades of conflict, instability, communicable diseases, noncommunicable diseases, emergencies, and drug abuse in Afghanistan has left the care for elderly, nursing homes, and palliative care unattended. Recent shifts in the government and an unexpected wave of migrations to other countries has also left thousands of elderly lonely with no caregivers. On the other hand, dearth of data, fact-based information, and research in this regard lacks in Afghan communities, causing low awareness and information gap among health staff and people.

The Ministry of Public Health of Islamic Emirate of Afghanistan welcomes and supports research projects, scientific information, publications, bilateral cooperation, awareness raising, and cooperation in geriatric care, palliative care, and hospice in Afghanistan and countries in South Asia. We will support the journal through use of its publications, and submission of manuscripts. The articles of this journal will assist health systems in evidence-based decision making.

We assure you of our highest consideration and cooperation.

Best Regards,

Taj Malook SAMIM, MD, MSC

General Director, Afghanistan National Public Health Institute

Minister of Public Health

Islamic Emirate of Afghanistan



د اړیکې شمېره: 0202109101

برېښنالیک: [amphic@mph.gov.af](mailto:amphic@mph.gov.af)

پته: پنځم منزل، د بانک خون لومړۍ سیمه، پانډو کابل، افغانستان



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Medical Sciences, Lucknow.

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AlpanaArts.in, Lucknow.

# Respect and Care for Our Elders



**Dr Abhishek Shukla**  
MD, FRCP (Edinburgh), FGS  
MSc. Clinical Geriatrics (I) Cardiff, UK

Executive Editor  
**SOUTH ASIAN JOURNAL OF  
GERIATRIC MEDICINE, SURGERY,  
PALLIATIVE CARE & HOSPICE**

Consultant Geriatric Physician  
& Palliative Care Specialist

Every year, on the second Saturday of October, the world comes together to observe World Hospice and Palliative Care Day. This day serves as an important reminder of the need to offer dignified, compassionate care for people facing life-limiting illnesses. Whether it's a person in the final stages of cancer, someone battling a chronic illness, or an elderly individual needing end-of-life care, hospice and palliative services provide crucial support that can ease pain, offer comfort, and help individuals live their remaining days with dignity.

The terms "hospice" and "palliative care" are often used interchangeably, but they serve different purposes at different stages of illness. Hospice care is focused on providing comfort when a patient is nearing the end of life, typically when curative treatments are no longer an option. It prioritizes the patient's comfort, addressing physical symptoms like pain and breathlessness while also offering emotional and spiritual support.

Palliative care, on the other hand, can begin much earlier in the course of an illness, even while patients are still pursuing treatments aimed at curing their disease. The goal is to relieve symptoms, manage pain, and

improve the quality of life not just for the patient, but for their families as well. Palliative care is a holistic approach that addresses the physical, psychological, and spiritual needs of patients.

In the modern medical world, we've made significant strides in treating and managing diseases. However, there remains a gap when it comes to treating the person, not just the illness. People facing terminal illnesses don't just need medical intervention; they need emotional, psychological, and even existential support to help them navigate what is often the most challenging part of their lives.

Hospice and palliative care services ensure that patients receive this kind of comprehensive care. They focus not only on reducing physical suffering but also on addressing emotional and spiritual concerns. Whether a patient is dealing with chronic pain, fear of death, or emotional distress due to their diagnosis, hospice and palliative care offer a support system that extends beyond the physical.

In a world where death and dying are often viewed with fear and avoidance, hospice care offers an alternative perspective: that even at the



end of life, there is dignity, there is care, and there is support. These services remind us that how we die matters just as much as how we live.

As the global population ages, the demand for hospice and palliative care services is rising. Access to palliative care is still uneven, with low- and middle-income countries facing the greatest challenges in providing these essential services.

In many parts of the world, there is a lack of awareness about hospice and palliative care, and in some cultures, death is still considered a taboo subject. This limits access to end-of-life care services and leaves many patients to suffer unnecessarily in their final days. World Hospice and Palliative Care Day serves as a call to action, encouraging governments, healthcare providers, and communities to work together to ensure that every individual has access to the care they need regardless of where they live.

At its core, hospice and palliative care are about compassion, and some of the most powerful stories come from those who have received such care. Whether it's a terminally ill cancer patient who finds relief from chronic pain, an elderly person with dementia

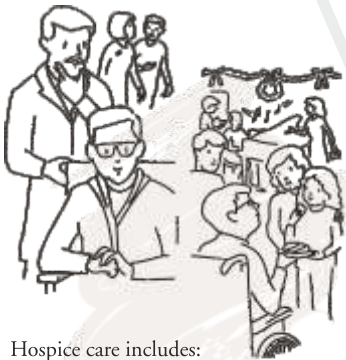


who finds peace in a comforting environment, or a family member who can finally breathe a little easier knowing their loved one is being cared for these stories underscore the immense value of palliative care.

As the world continues to age and the prevalence of chronic diseases rises, the need for hospice and palliative care will only become more urgent. To meet this need, it's essential to invest in training healthcare professionals, raising awareness, and removing the stigma associated with end-of-life care. Policies must be developed to ensure equitable access to palliative care, particularly in low-income regions where resources are scarce.

World Hospice and Palliative Care Day reminds us of our shared humanity. It calls on us to ensure that no one, regardless of age, illness, or socio-economic status, has to face the end of life alone or in unnecessary pain. It's a day to reaffirm the belief that everyone deserves to live and die with dignity. As we commemorate this day, let us reflect on the importance of building a future where hospice and palliative care are universally accessible, ensuring that every person can face the end of life with peace, comfort, and support.

# Let Us Know What Is Hospice



Hospice care includes:

- 1 To control the pain of the terminally ill
- 2 Care at home amidst their loved ones
- 3 Help patients to live life fully
- 4 Help the family and the caregivers



Hospice is a special place where terminally ill patient's physical, emotional, social and spiritual needs are taken care of, as they near the end of life's journey.



Family members are the important members of the Hospice team, too, since it is their needs that hospice seeks to serve.



Hospice serves the family as a unit. They help terminally ill patients to spend rest of their lives in comfort and help their families to cope up with the emotional pain.



Hospice provides care at patients home or at the inpatient facilities or combination of both the places

For Public Awareness, Courtesy:



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The skilled team of Hospice comprises of Coordinator, physicians, nurses, psychiatrist, psychologist, spiritual person, social worker, dietician, pharmacist, therapists, home care aides, volunteers.

alpna.design@gmail.com



# Announced the Proposed Journal to the World on the occasion of **International Day for Elder Persons** on 2nd October 2024 here at Lucknow, UP INDIA



On October 2nd, 2024, to celebrate International Day of Older Persons, we proudly hosted the soft launch of our journal in the presence of esteemed doctors, former judges, and senior citizens. The event marked a significant milestone in our journey, showcasing the collaborative efforts of the medical community.

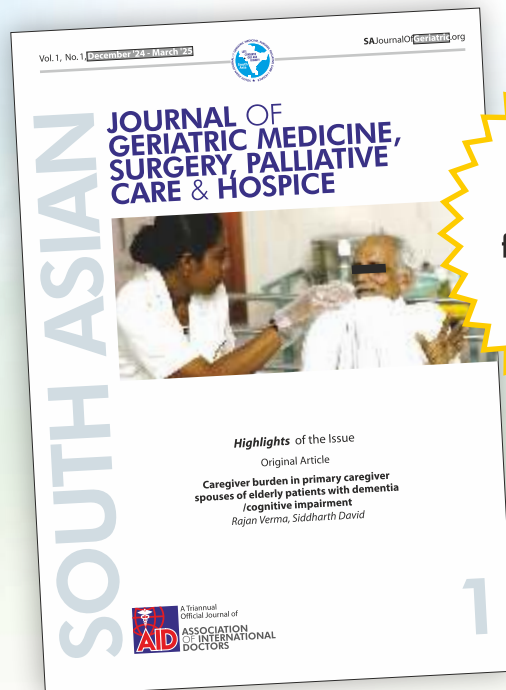
Prof RK Sharma, Nephrologist and the Former Director of SGPGIMS and Prof Sandeep Kumar, Surgeon and Founder of AIIMS, Bhopal graced the occasion as the Chief Guest and Guest of Honours respectively. The gathering was a testament to our commitment to advancing geriatric medicine, surgery, palliative care, and hospice through shared knowledge and expertise. The distinguished attendees enriched the occasion with their insights, setting a strong foundation for the journal's future endeavors.

All the leading newspapers were rife with our Announcement Ads.



## Proud to Announce SOUTH ASIAN JOURNAL OF GERIATRIC MEDICINE, SURGERY, PALLIATIVE CARE & HOSPICE

With a resolve to help disseminate cutting-edge research in geriatric care, surgery, palliative medicine, and hospice services, tailored to the unique cultural and medical contexts of South Asian countries



**Friends from  
Medical Fraternity  
are welcome to join  
the Editorial Board  
from across the world  
and contribute with  
their Research and  
knowledge**

This is a tentatively  
Conceived  
Sample Cover

In South Asia, the awareness and availability of specialized geriatric medicine and palliative care remain limited to less than 1% population, despite the rapidly aging population and growing need for compassionate geriatric and

end-of-life care. Recognizing this gap, our journal seeks to bridge the divide by introducing global best practices and evidence-based approaches from Western healthcare systems to South Asian medical professionals and scholars.



# JOURNAL CONCEPT

## 1. What is the journal's purpose? What unique niche will it fill?

The purpose of this journal is to establish a benchmark for excellence in the fields of Geriatric Medicine and Care, Palliative Medicine and Care, End-of-Life Care, Hospice Care, and Bereavement Services across South Asian countries. In regions where these specialties are still developing and striving to meet the advanced standards observed in Europe, our journal will serve as a critical platform for fostering uniformity and raising awareness. By bridging gaps in existing networks and bolstering support systems for the terminally ill, the disabled, and the aging population, our journal aims to catalyse the growth and evolution of these essential services in South Asia,

ultimately advancing care quality and enriching lives across the region

## 2. What is the administrative structure of the journal? Editorial board? Advisory board?

The administrative structure of the journal is meticulously designed to ensure excellence and comprehensive coverage across its focus areas. It includes the following key roles:

- Editor-in-Chief: 1
- Executive Editor 1
- Editor-in-Chief Emeritus: 1
- Managing Editor: 1
- Founding Director: 1
- Senior Associate Editors: 3

- Associate Editors: 4, specializing in:
  - Geriatric Care
  - Palliative Care
  - Geriatric Medicine
  - Palliative Medicine and Hospice
  - Integrative Medicine
- Feature Editors: 4  
 The plan is to include 1 or 2 representatives from each South Asian country to ensure broad regional representation and diverse perspectives.

## 3. Who is going to manage the journal if you become unable to do so?

In the event that I am unable to manage the journal, its oversight will be entrusted to a



dedicated group of esteemed doctors specializing in Geriatric Care, Palliative Care, Hospice Care, and End-of-Life Care. This team of experts is well-versed in the essential role that palliative care plays across a spectrum of illnesses, including not only cancer but also critical conditions such as cardiac, renal, and hepatic failure. Their comprehensive knowledge and experience will ensure the continued high standards and effective management of the journal, maintaining its commitment to advancing care and supporting the terminally ill across various health conditions.

#### 4. What standards will you use to judge articles for inclusion?

Articles submitted to the journal will be judged based on the following criteria:

1. **Scientific Rigor and Originality:** Original research or insights with robust methodologies and novel contributions to Geriatric Medicine, Palliative Care, Hospice Care, and End-of-Life Care.
2. **Clinical Relevance:** Addressing significant issues and impacting clinical practice in the care of elderly and terminally ill patients.
3. **Ethical Standards:** Adherence to ethical guidelines, including patient consent, plagiarism and privacy, with full disclosure of conflicts of interest.
4. **Quality of Writing:** Clear, well-organized, and well-presented work that meets the journal's formatting

guidelines.

5. **Evidence-Based Practice:** Reliance on solid evidence and data to support conclusions.
6. **Innovation and Impact:** Innovative approaches that address current gaps and advance the field.
7. **Regional Relevance:** Pertinence to the context of South Asian countries and their specific challenges.

These criteria ensure the publication of high-quality, impactful research in the journal.

#### 5. Who will do copy editing and proofreading?

Copy editing and proofreading will be handled by:

1. In-House Editorial Staff: Specialists in formatting and style.
2. External Copy Editors: Experts in relevant fields for additional review.
3. Associate Editors: Providing subject-specific editing.

#### 6. What is the format of the journal? Print, online, or both?

The journal will be available in both print and online formats. This dual format ensures wide accessibility, allowing readers to engage with the content through their preferred medium.

#### 7. Is the journal going to be Open Access, available only by subscription, or a combination?

It will be open access

#### 8. Where is the journal going to be hosted/printed?

Is there a Memorandum of Agreement (or Memorandum of Understanding) that spells out expectations for the journal and the host/printer?

The journal is the triannual official international publication of the Association of International Doctors. It will be hosted and printed by Alpana Arts Publications under the supervision of Shri Sunil Lal. A Memorandum of Agreement (MoA) will be established to outline the expectations and responsibilities of both the journal and Alpana Arts Publications. This agreement will ensure clarity in operations, adherence to quality standards, and effective collaboration between all parties involved.

#### 9. Who will obtain the journal's ISSN from the Library of Congress' ISSN website?

The ISSN for the journal has already been applied for, with the application ID 67524, dated 16.09.2024. The process of obtaining and finalizing the ISSN will be managed by the editorial team or the administrative staff responsible for the journal's publication and registration. This ensures that the journal is officially recognized and indexed appropriately.

#### 10. What are the terms for the journal's publication agreements with authors?

The terms for the journal's



publication agreements with authors typically include:

1. **Copyright Transfer:** Authors agree to transfer copyright of their work to the journal upon acceptance, allowing the journal to publish and distribute the article.
2. **Licensing:** Authors grant the journal a license to use, reproduce, and distribute their work. This may include options for open access or subscription-based access, depending on the journal's policies.
3. **Originality and Exclusivity:** Authors confirm that the submitted work is original, not under consideration elsewhere, and not previously published. They also agree to notify the journal if the work is accepted or published elsewhere.
4. **Ethical Compliance:** Authors must comply with ethical standards, including obtaining necessary approvals for research involving human or animal subjects and disclosing any conflicts of interest.
5. **Peer Review:** Authors agree to participate in the peer review process, including responding to reviewers' comments and making necessary revisions.
6. **Proofreading and Final Approval:** Authors are responsible for reviewing proofs and approving the final version of their article before publication.
7. **Publication Fees:** If applicable, authors may need to pay publication fees or article processing

charges (APCs), which will be outlined in the journal's policies.

### 11. How will the journal be funded initially? How will funding for the journal be sustained?

The initial funding for the journal will come from a combination of public donations, contributions from pharmaceutical companies, and support from philanthropic organizations. To sustain funding for the journal in the long term, the following strategies will be employed:

1. **Continued Donations:** Ongoing support from public donors and philanthropic organizations.
2. **Partnerships and Sponsorships:** Long-term partnerships with pharmaceutical companies and other relevant industries.
3. **Subscription and Advertising Revenue:** Income generated from subscriptions, advertising, and other revenue streams.
4. **Grants and Endowments:**

Seeking grants and endowments from research and academic institutions.

### 12. How will you recruit peer reviewers?

**Expert Database:** Building and maintaining a database of experts in Geriatric Medicine, Palliative Care, and related fields. This will include academics, clinicians, and researchers with relevant experience.

**Professional Networks:** Leveraging professional networks and associations, including the Association of International Doctors, to identify and invite qualified reviewers.

**Call for Reviewers:** Issuing a call for reviewers through the journal's website, social media, and academic conferences to attract interested and qualified individuals.

**Invitations to Experts:** Directly inviting well-known experts and researchers in the relevant fields to serve as reviewers. Notable so far consented Editorial Board member detail is given on the page No 7. The list shall grow further.

### 13. How will you solicit content?

1. **Call for Papers:** Issuing a formal call for papers on the journal's website, through email newsletters, and on social media platforms to invite submissions from researchers, clinicians, and academics in the relevant fields.
2. **Academic Conferences:** Announcing the journal and soliciting content at

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relevant academic and professional conferences to reach potential contributors

3. **Networking:** Leveraging professional networks and associations, such as the Association of International Doctors, to encourage submissions and gather content from a wide range of experts.
4. **Direct Invitations:** Contacting known researchers and experts directly to invite them to submit their work or contribute special articles and reviews.
5. **Special Issues:** Developing themed special issues on current and relevant topics to attract focused and high-quality submissions.
6. **Collaborations:** Partnering with academic institutions, research centers, and

professional organizations to promote the journal and solicit content from their networks.

#### 14. How will you advertise your journal?

1. **Website and Social Media:** Creating a journal website and actively using social media platforms (Twitter, LinkedIn, Facebook, Instagram) to share updates, calls for papers, and highlights of published articles.
2. **Email Newsletters:** Distributing regular newsletters to a curated mailing list of professionals, academics, and potential contributors, featuring updates, upcoming issues, and submission deadlines.
3. **Academic Conferences:** Promoting the journal at relevant conferences and

seminars through posters, flyers, and oral announcements to attract submissions and increase awareness.

4. **Professional Networks:** Engaging with professional associations and networks related to Geriatric Medicine, Palliative Care, and related fields to spread the word about the journal.
5. **Collaborations and Partnership:** Partnering with academic institutions, research organizations, and healthcare providers to promote the journal and reach their networks.
6. **Press Releases and Media:** Issuing press releases and seeking media coverage in relevant academic and industry publications to enhance visibility and credibility.



### South Asia

- Afghanistan
- Bangladesh
- Bhutan
- India
- Nepal
- Maldives
- Pakistan
- Sri Lanka

Recently, the **World Health Organization (WHO)** has emphasized the urgent need to transform care and support systems for older people. On the UN International Day of Older Persons 2024, WHO has recognized the rapid aging of populations in South Asia and the diverse health issues older people face, such as noncommunicable diseases, mental health concerns including dementia, and injuries due to declining functional ability.

WHO has emphasized the need for stronger, more integrated care systems to ensure that older people can access the health services they need without financial hardship. This is part of the broader UN Decade of Healthy Ageing (2021-2030), aiming to improve the quality of life for older individuals in the region.



Submit your Original Research, Review Articles, Short reports or Letters, Case Studies, Methodologies to the **South Asian Journal of Geriatric Medicine, Surgery, Palliative Care & Hospice.**

## Call for Abstracts and Articles

We are pleased to announce a call for abstracts and full articles for consideration in the forthcoming issue of the South Asian Journal of Geriatric Medicine, Surgery, Palliative Care & Hospice. We invite esteemed researchers, scholars, and practitioners to submit their original work that contributes to the advancement of knowledge in Geriatric Medicine, Surgery, Palliative Care & Hospice

### Submission Guidelines:

**Abstracts:** Authors are requested to submit a concise abstract (150-300 words) outlining the purpose, methodology, key findings, and conclusions of their research.

**Full Articles:** Articles should adhere to our formatting guidelines. Detailed submission instructions are available on our website at <https://sajournalofgeriatric.org/>

### Submission Process:

Submissions may be made via email to [sajournalofgeriatric@gmail.com](mailto:sajournalofgeriatric@gmail.com) or through our online submission system at <https://sajournalofgeriatric.org/>

### Benefits of Contributing:

**Enhanced Visibility:** Your research will be disseminated to a wide audience within Geriatric Medicine, Surgery, Palliative Care & Hospice.

**Rigorous Peer Review:** All submissions will undergo a thorough peer review process to ensure the highest quality of publication.

**Professional Networking:** Authors will have the opportunity to connect with fellow professionals and researchers in their field.

We look forward to receiving your contributions and to fostering the advancement of knowledge in our community.

**For inquiries, please contact us at** [sajournalofgeriatric@gmail.com](mailto:sajournalofgeriatric@gmail.com)



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## Vaccinate for protection that lasts<sup>2\*</sup>

Now Available!



# SHINGRIX

HERPES ZOSTER VACCINE  
(RECOMBINANT, ADJUVANTED)



### For prevention of Herpes zoster and post-herpetic neuralgia in adults >50 years of age

#### References:

1. GlaxoSmithKline, SHINGRIX European public assessment report, Annex I: Summary of product characteristics. EMA; [update October 2021; accessed August 2022]. 2. Stezova A, Diez-Domingo J, Al Shawaifi K, et al; on behalf of Zoster-049 Study Group. Long-term protection against herpes zoster (HZ) by the adjuvanted recombinant zoster vaccine (RZV): interim efficacy, immunogenicity, and safety results up to 10 years after initial vaccination [draft manuscript]. Open Forum Infect Dis. 2022 Aug;1-19.  
\*Shingrix does not protect 100% individuals vaccinated. Median follow up of 3.1-4 years in ZOE 50/70.

#### Safety Information:

Shingrix Safety Information The most frequently reported adverse reactions were pain at the injection site (68.1% overall/dose; 3.6% severe/dose), myalgia (32.9% overall/dose; 2.0% severe/dose), fatigue (32.2% overall/dose; 3.0% severe/dose) and headache (26.3% overall/dose; 1.9% severe/dose). Most of these reactions were not long-lasting (median duration of 2 to 3 days). Reactions reported as severe lasted 1 to 2 days.

For the use only of a Registered Medical Practitioner or a Hospital or a Laboratory

**SHINGRIX** Herpes Zoster Vaccine (recombinant, adjuvanted)

**ACTIVE INGREDIENT:** Each 0.5 ml dose of reconstituted vaccine contains Varicella Zoster Virus glycoprotein E antigen 90 mcg adjuvanted with AS01B suspension containing plant extract *Guilajaja saponaria* Molina fraction 21 (GS-21) 50 mcg, 3-O-desacyl-4'-monophosphoryl lipid A Ph. Eur. from *Salmonella Minnesota* 50 mcg. **INDICATION:** prevention of herpes zoster (HZ) and post-herpetic neuralgia (PHN), in adults 50 years of age or older when administered in two doses of 0.5 ml each two months apart. **DOSAGE AND ADMINISTRATION: Posology:** Primary vaccination schedule consists of two doses of 0.5 ml each: an initial dose followed by second dose 2 months later. If flexibility is necessary, second dose can be given between 2 and 5 months after first dose. Need for booster dose has not been established. Can be given with same schedule in those previously vaccinated with live attenuated HZ vaccine. Not indicated for prevention of primary varicella infection (chickenpox). **Paediatric Population:** Safety and efficacy in children and adolescents not established. **Method of Administration:** For intramuscular injection only, preferably in deltoid muscle. **CONTRA-INDICATIONS:** Hypersensitivity to active substances or to any of excipients. **SPECIAL WARNINGS and SPECIAL PRECAUTIONS: Prior to immunization:** Appropriate medical treatment and supervision be available in case of anaphylactic event. Postpone vaccination in subjects suffering from acute severe febrile illness. However, minor infection should not result in deferral. Protective immune response may not be elicited in all vaccinees. Vaccine is for prophylactic use only, not intended for treatment of established clinical disease. Do not administer intravascularly or intracranially. Subcutaneous route not recommended as may lead to an increase in transient local reactions. Give with caution to individuals with thrombocytopenia or any coagulation disorder as bleeding may occur following intramuscular injection. Syncope can occur as psychogenic response to needle injection. This can be accompanied by neurological signs such as transient visual disturbance, paraesthesia and tonic-clonic limb movements during recovery. Ensure procedure to avoid injury from fainting. No safety, immunogenicity or efficacy data for replacing a dose of SHINGRIX with a dose of another HZ vaccine. Limited data to support use in individuals with history of HZ and in frail individuals including those with multiple comorbidities. Evaluate risk-benefit on individual basis. **Systemic immunosuppressive medications and immunodeficiency:** Limited data available of safety and immunogenicity in immunocompromised subjects with human immunodeficiency virus (HIV) or haematopoietic stem cell transplant (HSCT). Use in other immunosuppressive or immunodeficient conditions under investigation. Adequate immune response may not be elicited in these individuals. Carefully consider potential benefits and risks for use in immunocompromised persons. **Interaction with other medicinal products and other forms of interaction:** Can be given concomitantly with unadjuvanted inactivated seasonal influenza vaccine, 23-valent pneumococcal polysaccharide vaccine (PPV23) or reduced antigen diphtheria-tetanus-acellular pertussis vaccine (dTpa). Administer concomitant vaccines at different injection sites. **Adverse reactions of fever and shivering** were more frequent when co-administered with PPV23. **Pregnancy and Lactation:** No data from use of SHINGRIX in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryonal/foetal development, parturition or post-natal development. Preferable to avoid SHINGRIX during pregnancy. Effect on breast-fed infants of administration to mothers has not been studied. Unknown whether SHINGRIX is excreted in human milk. Animal studies do not indicate direct or indirect effects with respect to fertility in males or females. **ADVERSE EFFECTS:** Safety profile presented based on pooled analysis of data generated in placebo-controlled clinical studies on 5,857 adults 50-69 years of age and 8,758 adults ≥ 70 years of age and from post-marketing surveillance data. **Very common (≥1/10):** injection site reactions (such as pain, redness, swelling), fatigue, chills, fever, headache, gastrointestinal symptoms (including nausea, vomiting, diarrhoea and/or abdominal pain), myalgia. **Common (≥1/100 to <1/10):** injection site pruritus, malaise. **Uncommon (≥1/1,000 to <1/100):** lymphadenopathy, arthralgia. **Rare (≥1/10,000 to <1/1,000):** hypersensitivity reactions including rash, urticaria, angioedema

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**GSK** GlaxoSmithKline Pharmaceuticals Limited, Dr. Annie Besant Road, Worli, Mumbai 400 030 (India).

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