

Womens CENTER



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**Does Your Child Complain
Of Excruciating Pain During
Menstrual Cycles?
Then, Don't Ignore**



**Printing Your
Nose Out!**



**Men also suffer from infertility
as much as women do**

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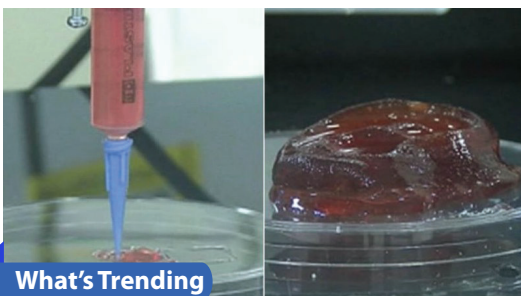
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What's Trending



Dear Sir,

It was gratifying to read an article on continued medical education (ICON 2015: An Astounding Success, January 2016 issue, Womens Center News). These days we find that not many hospitals are investing on CME. Investment in CME should not be seen as expenditure, but investment. Only hospitals, which employ doctors and other paramedical staff, who remain updated would be able to survive in this competitive market and make quality healthcare a reality. I wish Womens Center and its team all the very best.

K.Sahadevan
Kochi

Dear Sir,

The exclusive interview with Jayaram Govindarajan, Executive Director, Womens Center was very informative. It is always nice to see young people at the helm of affairs. Jayaram in the interview says that Womens Center is in the process of tying up with a Spanish Organisation to bring in Next Generation Sequencing (NGS) for embryos to India. God Speed to him and Womens Center.

K.R.Syamala
Chennai

From Editor's Desk



Dear Reader,

It gives us immense pleasure to present you with the third issue of Womens Center News. As usual, we have taken care to pack this issue with useful and informative articles.

There is an exclusive interview with Dr.Mirudhubashini Govindarajan, Womens Center Clinical Director where she takes on a number questions relating to fertility issues.

We decided to include this interview, because we believe that the society around us needs greater awareness on multiple issues pertaining to fertility.

Some of the questions asked to the doctor might appear rudimental. However, we are sure you will find those questions and answers appropriate looking through a layman's prism.

This issue also carries the story of Charulatha, a 16-year-old schoolgirl who was afflicted with juvenile cyst adenomyoma – a rare medical condition.

We thought of including this article, because, many parents take it lightly when girls starting from puberty complains about excruciating pain during their menstrual cycles.

Charulatha who underwent a minimally-invasive surgical procedure at our facility today is a happy girl, because she is free from the unbearable pains resulting from juvenile cyst adenomyoma.

The article, besides being educational in values, also stresses the medical expertise available at Womens Center in treating such rare disorders.

We are certain this feature would go a long way in creating greater awareness among parents who otherwise tend to dismiss the pain associated with menstrual cycle as normal.

As usual, we have also included Ask the Doctor and News in Capsule columns. We are certain you would find these too interesting and informative.

We would also like to thank everyone who congratulated us for the successful conduct of ICON 2015. On this occasion, we reiterate our commitment to continued medical education (CME).

For, we believe that continued education is of paramount importance in medical practice as it plays a vital role in ensuring quality and affordable healthcare to every health-seeker!

Yours,

Dr.Govindarajan
Editor-in-Chief

There is an exclusive interview with Dr.Mirudhubashini Govindarajan, Womens Center Clinical Director where she takes on a number questions relating to fertility issues



In a male-dominated society, everyone seems to be in a hurry to blame the woman and not her husband when the couple fails to achieve successful pregnancy. In this interview **Dr. Mirudhubashini Govindarajan**, Womens Center Clinical Director, argues it is time the society changed its mindset.

MEN ALSO SUFFER FROM INFERTILITY AS MUCH AS WOMEN DO

Q1: What causes infertility?

Infertility is not a disease or a single problem by itself; it's a manifestation of varied problems that can occur either in the male or female partner. A host of problems involving the general health, reproductive organs or even the gametes (egg or sperm) of either partner may be the underlying issue. The problem varies from couple to couple. The first step of dealing with subfertility is investigations to find out the basic issue.

Q2: Infertility appears to have become a common problem in our country. You views:

Subfertility is not an uncommon problem in any part of the world. It appears to affect about 15% or 1 in 8 of all couple. The causative factors though may vary from place to place. Infective disorders such as tuberculosis and disorders secondary to environmental factors are probably more common in India.

Q3: In a conservative society, when a couple fails to achieve pregnancy, the fingers are immediately pointed towards the woman. Is it right? Is infertility just a woman's problem?

This mindset has to change in our society. As a rough estimate, one third

of the problems are in female, one third in the male and one third on both sides. Therefore in at least half of the couple who have difficulty in conceiving, there is a problem in the male as well.

Q4: Now, it is clear men too can suffer from infertility problems. Can you detail what causes infertility among men?

In a man, subfertility can be secondary to a lot of factors. Medical problems such as diabetes, hypertension, high cholesterol levels and marked obesity can be contributing factors. Genetic

problems, environmental exposures secondary to smoking, alcoholism, pesticides, fertilizers and chemicals can also lead to subfertility. A male should be investigated as thoroughly as female to find out the root cause of these problems.

Q5: Does one's age have anything to do with infertility? If so, how age affects both the woman and man in achieving successful pregnancy?

Ageing is definitely one of the major problems we encounter today because of late marriages, career issues, etc. This can affect both men and women. The God-given gametes (egg/sperms) are in each human being from birth onwards. With advancing age, these cells tend to become abnormal. At age 40, eighty percent of a woman's oocytes are chromosomally abnormal. A similar change happens in men too.

Q6: Couples just two years into marriage and not achieving pregnancy run to fertility clinics seeking assistance. Is it right? How long the couples should try before calling on their doctors?

There can be no absolute time limit. If a couple have a specific problem such as totally irregular menstrual cycles or sexual problems, they should reach for help early. If there are no problems, they should try at least for 1-2 years before they reach for help. Young couple with no problem starting medical treatment for fertility within a few months of marriage is not right. At the same time, putting off treatment until an arbitrary older age (especially older couple) may lead to problems also.

Q7: How do the doctors find out if a woman and her partner have fertility problems?

The first step of medical

The first step of medical management is to find out the causative factor for the delay in conceiving. Investigations to assess their general health, the adequacy of gametes and genital tract are important before starting any medical treatment.

management is to find out the causative factor for the delay in conceiving. Investigations to assess their general health, the adequacy of gametes and genital tract are important before starting any medical treatment.

Q8: Sometimes, we find some fertility clinics offering IVF treatment to couples who are not so healthy and past 50 years. Is it okay to do that? In the event of a successful pregnancy, wouldn't failing health of parents and the huge parent-child age gap adversely affect the child's well-being?

The basic dictum that one has to remember in

medicine is "First of all – do no harm". Second dictum in fertility management is "To keep in mind the long term well being of the child". Creating a child with ART treatment should not be thought of if either the physical well being of a parent is in jeopardy or if the child cannot have a normal parenting while growing.

Q9: Does counselling play an important role in couples opting for IVF treatment? What counselling strategies Womens Center deploy and how effective are they?

Couples with infertility are highly stressed. This stress increases considerably when they





Recent advances at Womens Center have significantly enhanced the success rate, which include Sperm sorter techniques and PGD/PGS.

are facing complex treatments such as IVF. They need counselling at multiple levels. Counselling about the procedure is done by medical and embryology personnel. However, for the emotional aspect to be addressed, there is a need for properly trained professional counsellors. Womens Center has routine medical, embryology, paramedical, financial and professional psychological counseling for all its IVF patients.

10: How often is the Assisted Reproductive Technology (ART) successful? Some clinics claim 65 to 80 per cent success rate. Is it possible?

No fertility Unit in the world can claim to offer 65-80% pregnancy rates for all of their patients. The success for a particular couple is mainly dependent on the quality of their own eggs, sperms and the uterus itself. Many couples especially older ones have sub-optimal gametes or uterine environment. It is virtually impossible to achieve these rates when any or these factors are defective. These statements are often primarily promotional in nature and have to be dealt with as such.

Q11: What are the different types of ART? Are they available at Womens Center?

At Womens Center, we routinely perform various ART procedures which are consistently upgraded as per world norms.

- ▶▶ In Vitro Fertilization (IVF)
- ▶▶ Intra Cytoplasmic Sperm Injection (ICSI)
- ▶▶ Embryo co-culture
- ▶▶ Extended embryo culture – Blastocyst stage
- ▶▶ Embryo transfer
- ▶▶ Cryopreservation – Sperm, Oocytes, Embryos, Blastocyst
- ▶▶ Sperm DNA fragmentation
- ▶▶ Testicular biopsy sperm extraction / aspiration
- ▶▶ Donor oocyte / Sperm program
- ▶▶ Donor embryo program

Q12: What other latest technologies you have deployed at your center? How do they help the childless couples?

Recent advances at Womens Center have significantly enhanced the success rate, which include Sperm sorter techniques and PGD/PGS.

Sperm sorting assists us in choosing the “non-fragmented” sperm for the ICSI process. The developing embryo, in this case, has an improved chance of implementation and healthy child birth.

PGD & PGS are techniques which screen the embryos for any chromosomal abnormalities. Transferring “genetically normal” embryos increases the chances of implantation and reduces the risk of birth defects.

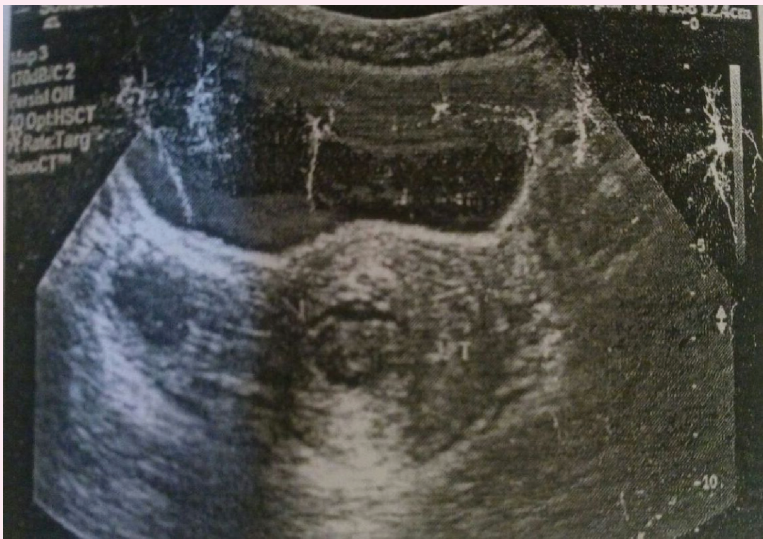


Does Your Child Complain Of Excruciating Pain During Menstrual Cycles? Then, Don't Ignore

When a child complains of unbearable pain soon after puberty, parents generally dismiss it as a normal phenomenon. But, remember the child may be suffering from juvenile cystic adenomyoma. In the absence of surgical intervention, the child could suffer from unexplainable pain with the return of every menstruation cycle.

When Charulatha attained puberty, her parents were overjoyed. For, it meant their daughter had grown into a healthy and normal child. So, when she complained of severe stomach pain after menstruating for the first time, they did not see anything abnormal.

"This pain is quite normal. There's nothing to worry as you would get used to this sort of thing as days pass by", they consoled their daughter. Like every innocent child, Charulatha too trusted her parents' comforting words.



However, unfortunate, one should say the attainment of puberty was only the beginning of a nightmarish period in Charulatha's life. For with every passing menstruation cycle the intensity of her pain only increased.

Suffering from excruciating pain, she rolled on the bed clutching her

Suffering from excruciating pain, she rolled on the bed clutching to her abdomen, screaming and yelling as tears rolled down from her eyes.

where Charulatha was subjected to an ultrasound-based imaging of the pelvis area. The uterus was found to be of normal size.

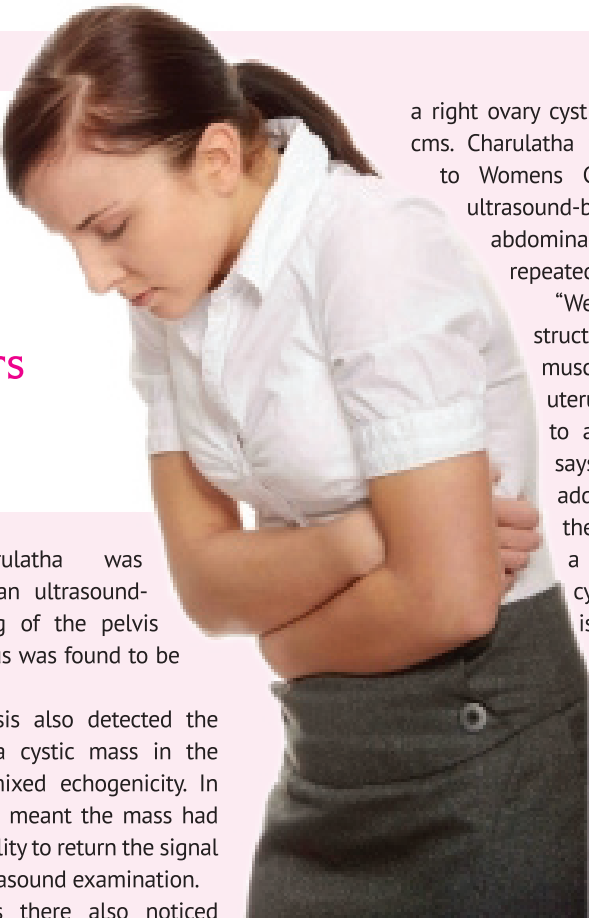
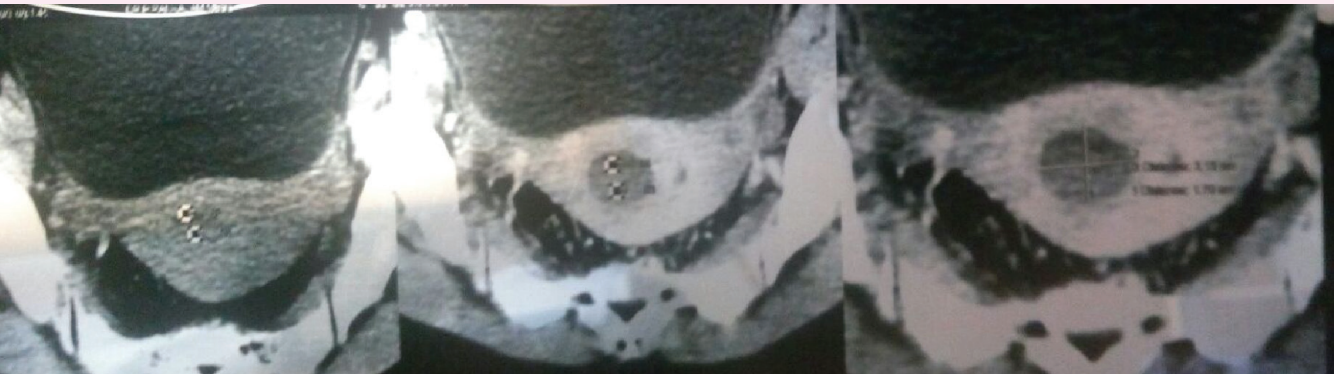
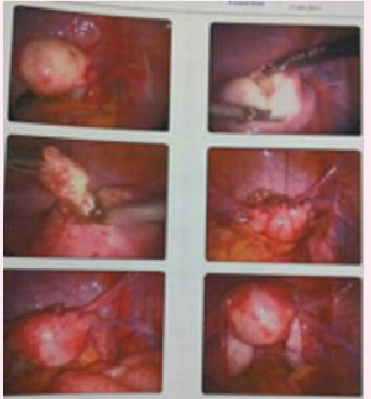
The diagnosis also detected the existence of a cystic mass in the uterus with mixed echogenicity. In other words, it meant the mass had only mixed ability to return the signal during the ultrasound examination.

The doctors there also noticed



abdomen, screaming and yelling as tears rolled down from her eyes. "The pain was such that everything I looked at was just a blur", Charulatha recalls those dark days which she tries to forget.

Her worried parents took her to a hospital in Madurai, their native,



a right ovary cyst in the size of 3x3 cms. Charulatha was later referred to Womens Center where the ultrasound-based trans-abdominal examination was repeated.

"We detected a cystic structure in the anterior muscular wall of the uterus, which measured to a size of 4x4 cm", says Dr. S. Vishranthi adding: "Cyst within the myometrium is a rare finding and cystic adenomyoma is one such disorder".

With the diagnosis set, the doctors at Womens Center planned to perform hystero-laparoscopy on the patient. Both the central canals were examined through hysteroscopy while the cervical canal and cavity appeared normal.

Laparoscopic examination, however, revealed a symmetrically enlarged uterus with a marked globular cyst on right side anterior wall while the left ovary was normal. "We injected diluted vasopressin into the swelling", says Dr. Vishranthi.

The medical team soon aspirated about 15 ml chocolate-coloured material using a needle. Further, a transverse incision was given on



We detected a cystic structure in the anterior muscular wall of the uterus, which measured to a size of 4x4 cm

Dr. S. Vishranthi
Consultant Gynaecologist and Endogynaecologist



I used to dread menstruation cycles earlier. The pain was such that everything I looked at was just a blur. Now, I don't have any fear thanks to Womens Center – Charulatha

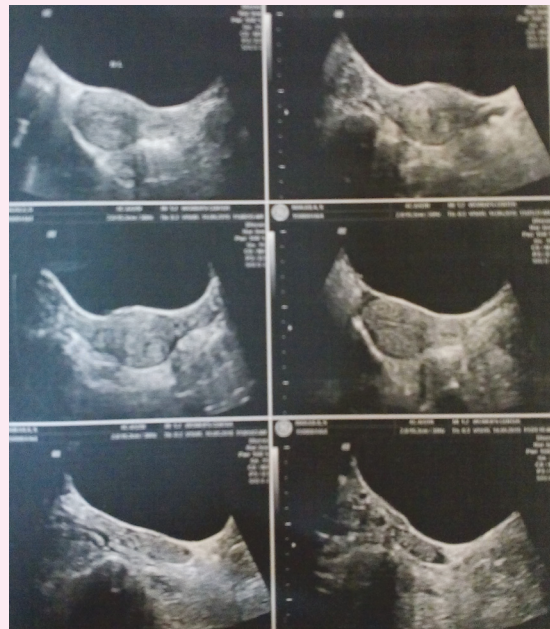


the anterior uterine surface and with a harmonic scalpel the remaining chocolate-coloured material was drained and cyst lining removed.

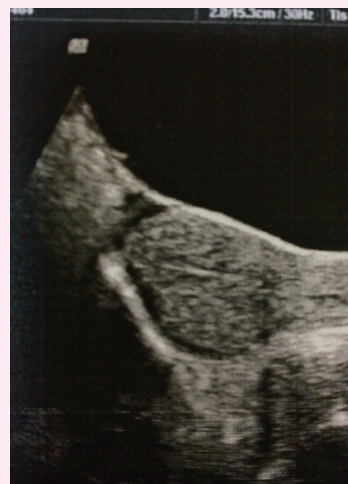
"There was no direct communication between the uterine cavity and the cyst. So, we didn't enter the uterine cavity. We performed right ovarian cystectomy closing the defect with v-loc sutures", Dr. Vishranthi explains.

The whole procedure went off without any complication and Charulatha was discharged the next day. Post-operatively, the patient was also given Gonadotropin-releasing hormone (GnRH) analogue for two months.

Subsequent examination of Charulatha proved that she did not experience dysmenorrhea (painful



menstruation) when the menstrual cycle returned. Says Charulatha: "I used to dread the menstruation cycle earlier. Now, I don't have any fear thanks to Womens Center."



NEWS IN CAPSULE



Oral contraceptive use doesn't lead to major birth defects



The use of oral contraceptive just before pregnancy is not associated with an increased risk

of major birth defects, says a study. "Women who have a breakthrough pregnancy during oral contraceptive use or even (those who) intentionally become pregnant within a few months of stopping oral contraceptive use (because) any exposure is unlikely to cause her fetus to develop a major birth defect," the researchers said.

To examine the association between oral contraceptive use around the time of conception, and into pregnancy, with major birth defects, the team of US and Danish researchers carried out a large prospective observational study. Findings from the study revealed no increased risk of any major birth defect associated with oral contraceptive exposure.

Insulin-producing cells grown in lab



Scientists have successfully converted human skin cells into functional pancreatic cells, a breakthrough that may lead to a personalised cell therapy for diabetics, ending the need for insulin jabs. The new cells produced insulin in response to changes in glucose levels, and when transplanted into mice, protected the animals from developing diabetes researchers said. The study will allow scientists to scale up pancreatic cell production and manufacture trillions of the target cells in a controlled manner.



Womens Center: Championing the cause of women's health

There cannot be a healthy family or a society in the absence of healthy women. As a matter of fact, the health of a woman is her total well-being.

During the last decade, we have witnessed renewed political commitment and sustained awareness campaigns stressing the importance of women's health.

However, two individuals, Dr. K.S. Govindarajan and Dr. Mirudhubashini Govindarajan thought about women's health from a holistic point of view some 30 years back.

It was this thought that resulted in the conception and implementation of

Womens Center which caters exclusively to the comprehensive healthcare needs of women.

There are various ways to support the welfare of women and ensure their social and cultural uplift. Providing total healthcare is one such.

Womens Center which has completed 33 years of its yeomen services to women in the society today is an institution of one-of-its-kind in the country.

A pioneer in women's health with many firsts to its credit, Womens Center has grown into a large institution of international repute.

Equipped with infrastructural

facilities and other required resources including the most sophisticated medical equipment, it is no wonder Womens Center is able to provide healthcare to its patients on par with international standards.

Womens Center is committed to international quality and best medical administrative practices in the delivery of its specialised services.

Being the undisputed leader in women's healthcare solutions, the center is present in Chennai, Salem, Tiruchirappalli and Tuticorin besides Coimbatore.

The first infertility center in the country to obtain ISO 9001-2008 certification for its test tube laboratory services Womens Center today is manned by over 100 medical and paramedical experts.

Besides reaching total healthcare solutions to women, the center is also guided by the philosophy of economic and social empowerment of women.

It has been in the forefront of empowering women, particularly those living in the rural areas, by giving them access to basic healthcare.

Keeping this in mind, Womens Center recruits volunteers from the villages for a week-long maternal and child welfare training course.

Supported by philanthropic agencies and local administration Womens Center imparts training to women from rural villages by taking care of all the expenses involved.

For, as Dr. Govindarajan, managing director, Womens Center puts it educating women not only leads to the education of the entire family but also improves the quality of the entire social fabric.

WOMENS CENTER OFFERS

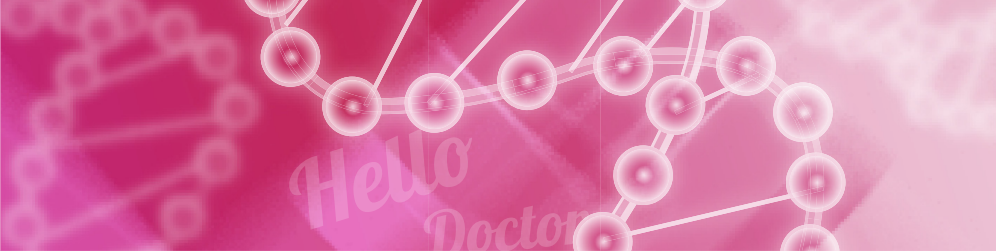
- ▶▶ Comprehensive Infertility Evaluation including SCSA® Analysis
- ▶▶ Testicular Sperm Extraction (TESE)
- ▶▶ Intra-Uterine Insemination
- ▶▶ In-Vitro Fertilisation (IVF)
- ▶▶ Intra Cytoplasmic Sperm Injection (ICSI)
- ▶▶ Assisted Hatching
- ▶▶ Sperm Banking
- ▶▶ Embryo Freezing & Frozen Embryo Transfers
- ▶▶ Blastocyst Culture & Transfer
- ▶▶ Donor Insemination
- ▶▶ Egg Donation
- ▶▶ Embryo Donation
- ▶▶ Surrogacy

A FEW OTHER SPECIALTIES

- ▶▶ Adolescent Care
- ▶▶ High-risk Pregnancy Care
- ▶▶ New-born Care
- ▶▶ Dedicated NICU
- ▶▶ Cancer Screening
- ▶▶ Menopause Management
- ▶▶ Comprehensive Health Screening
- ▶▶ MRgFUS-guided fibroids & adenomyosis management



Clinical Director
Dr. Mirudhubashini Govindarajan,
FRCS - Canada



Q

I'm a 26-year-old woman. I'm married and two months into my pregnancy now. My husband insists on having sex every day. But, I don't know whether it is safe to have sex during pregnancy. I'm scared but my husband says it is okay to have sex. Is he right? Please advise.

*Ms.KMP,
Rajiv Gandhi Nagar, Coimbatore*

Answer

Sexual activity is not forbidden during pregnancy. However, your comfort level will have to be taken into consideration. It can give rise to uterine contractions in some women. There may be a medical advice to avoid it in situations such as threatened abortion, bleeding, preterm labour, etc.



Q

I'm a 45-year-old married woman. I've two grown up sons. For the last few months, I have been experiencing excruciating stomach pain almost every day. I've been taking pain killers but so far I have not consulted any doctor. My periods are irregular and the intensity of the pain increases during menstruation period. Should I consult a doctor? Please advise.

*Ms.NT,
Vadapalani, Chennai*

Answer

It is absolutely necessary for you to have a medical consultation and necessary investigation. "Excruciating pain" should not be considered as normal even if it is associated with your periods. Yearly examinations should be done for all menopausal women - this becomes mandatory if you are symptomatic.



Q

I'm a 26-year-old unmarried woman. I'm good looking, fair and healthy with a proper BMI. But, my problem is that my breasts too small. The problem becomes noticeable, when I wear tight outfits. My friends tease me and say that no man would fall in love with me or marry me because my breasts are not large. I've been taking healthy food but it has not

helped in the enlargement of the breasts. Is there anyway, I can get my breast enlarged? If yes where should I visit and what would be the financial impact?

*Ms.ATJ,
Tatabad, Coimbatore*

Answer

Large breasts need not be considered as a marker for either good looks or normal life. Smaller breasts are absolutely compatible with normal sexual life and normal breast feeding later. You just have to choose the right attire to accentuate your positive features.



Q

I'm a 49-year-old married woman with three grown-up children. Of late, my periods have become irregular. For the last few months, I have been going through a lot of mental trauma during periods. I feel lonely and get easily angry and detest the presence of my husband. I don't know how to explain this situation. But, I become normal once the menstruation period ends. Am I suffering from some psychological problems? Please help with an appropriate reply since my relationship with my husband has come under strains like never before.

*Ms.BSL,
Begumpet, Hyderabad*

Answer

You are probably going through what is generally called a "mid-life crisis." It is usually secondary to hormonal changes and other changes in your life such as medical problems, children leaving home, change in the social situations, etc. It is best to have a check up at Institutions that deal with such problems - menopause clinics. The Management may consist of appropriate medications, if necessary, exercises, diet counseling and professional emotional counseling, etc.

Q

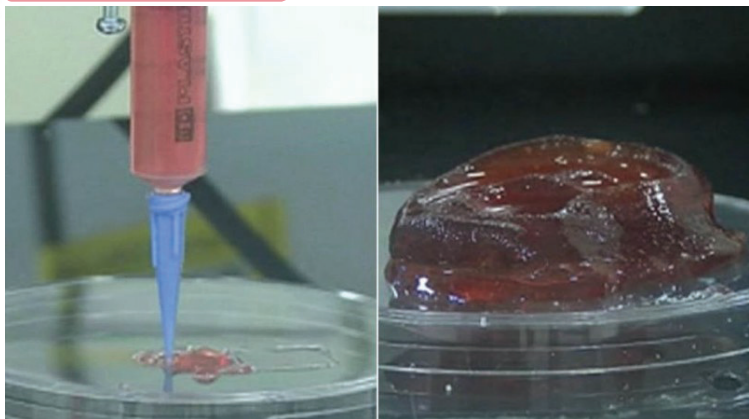
I'm a 24-year-old IT professional. I'm single now and expecting to get married next year. I've been smoking about 10 cigarettes a day for the last two years. Occasionally, I also drink. My friends tell me that smoking and drinking can have an adverse effect on the foetus when I get pregnant. Is it true? Would reducing the number of cigarettes help? Please help.

*Ms. AGK,
Bangalore,*

Answer

A lot of trendy habits that we pick up at a certain stage of our life may turn out to be our nightmare in the future. It is absolutely important for you to quit smoking entirely, not only for the sake of a future pregnancy, but for your own future well-being. Alcohol during pregnancy can also produce abnormalities called "Foetal Alcohol Syndrome" and is better to be avoided. But again, it is just not a future pregnancy, but the adverse effect on you that you should be aware of.





Printing your nose out!

Cartilage growing to rebuild body parts 'within three years'

South West Wales

Patients needing surgery to reconstruct body parts such as noses and ears could soon have treatment using cartilage which has been grown in a lab.

The process involves growing someone's cells in an incubator and then mixing them with a liquid which is 3D printed into the jelly-like shape needed.

It is then put back in an incubator to grow again until it is ready.

Researchers in Swansea hope to be among the first in the world to start using it on humans within three years.

"In simple terms, we're trying to grow new tissue using human cells," said Prof Iain Whitaker, consultant plastic surgeon at the Welsh Centre for Burns and Plastic Surgery at Morriston Hospital.

"We're trying to print biological structures using human cells, and provide the right environment and the right timing so it can grow into tissue that we can eventually put into a human."

"It would be to reconstruct lost body parts such as part of the nose or the ear and ultimately large body parts including bone, muscle and vessels."

The team of surgeons is working with scientists and engineers who have built a 3D printer specifically for this work.

"The good news in the future is, if our research is successful, within two months you'd be able to recreate a body part which was not there without having to resort to taking it from another part of the body which would cause another defect or scar elsewhere," he added.

How the process works

Cells are taken from a tiny sample of cartilage during the initial operation and grown in an incubator over several weeks

The shape of the missing body part is scanned and fed into a computer

It is then 3D printed using a special liquid formula combined with the live cells to form the jelly-like structure

Reagents are added to strengthen the structure

It is put into an incubator with a flow of nutrients to supply the cells with food so they can grow and produce their own cartilage

The structure will then be tested to see if it is strong enough to be eventually implanted into patients



Laughter Therapy



"Doctors at a hospital in Brooklyn, New York have gone on strike. Hospital officials say they will find out what the Doctors' demands are as soon as they can get a pharmacist over there to read the picket signs!"



Doctor: Nurse, how is that little girl doing who swallowed ten quarters last night?
Nurse: No change yet.

The seven-year old girl told her mom, "A boy in my class asked me to play doctor."
"Oh, dear," the mother nervously sighed. "What happened, honey?"
"Nothing, he made me wait 45 minutes and then double-billed the insurance company."

WOMENS CENTER

Academic Calendar - 2016



Womens Center Certified Training Courses

FOGSI certified courses

Hysteroscopy

Duration - 3 days

Apr - 21, 22, 23
Jun - 23, 24, 25
Aug - 18, 19, 20
Oct - 20, 21, 22
Dec - 15, 16, 17

IUI

Duration - 3 days

Jan - 21, 22, 23
Mar - 17, 18, 19
May - 19, 20, 21
Jul - 21, 22, 23
Sep - 22, 23, 24
Nov - 17, 18, 19

Colposcopy

Duration - 3 days

Feb - 15, 16, 17
Apr - 18, 19, 20
Jun - 20, 21, 22
Aug - 16, 17, 18
Oct - 17, 18, 19
Dec - 12, 13, 14

Infertility

Duration :
7 days (Basic)
14 days (Advanced)
2 days (IUI & Stimulation protocol)
Jan, Mar, May, Jul, Sep, Nov
3rd Week

Endoscopy

Duration :
7 days (Basic)
14 days (Advanced)
Apr, Jun, Aug, Oct, Dec
3rd Week

Colposcopy

Duration :
2 days (Basic)
3 days (Advanced)
Feb, Apr, Jun, Aug, Oct, Dec
3rd Week

ISAR Embryology Training Courses

Embryologists

Duration - 12 months
Eligibility - Science Post Graduates/
Medical Graduates

IVF Technologists

Duration - 8 months
Eligibility - Science Graduates

Contact Ms. Ammu

for dates, availability & booking

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Dr. MGR Medical University Fellowship Courses

Reproductive Medicine

Duration - 2 years
Eligibility - MS/MD/DNB (OG)

Maternal Fetal Medicine

Duration - 2 years
Eligibility - MS/MD/DNB (OG)

Neonatal Intensive Care

Duration - 1 year
Eligibility - MS/MD/DNB (Paed)

Endo - Gynecology

Duration - 1 year
Eligibility - MS/MD/DNB (OG)

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