

# **BIODATA**



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# **Annexure I**

# Awards, Distinctions, Prizes etc.

- 1. Awarded "Padma Shri" by President of India, 2016
- 2. Awarded the Excellence in Innovations for Health Care Improvement by NCD, Rajasthan for the year 2016.
- 3. Awarded the National Award for Science and Technology Communication from DST, Govt. of India for the year 2017.
- 4. Nomination to WOMEN in STROKE for the year 2022 by the WSA and WSO.
- 5. WINNER of the prestigious METRODORA Awards for women in science excellence award by the International Alliance of Patients Organizations (IAPO) for the year 2022.
- 6. Membership to The Indian Academy of Science Communication under the aegis of NCSTC, DST, Govt. of India, 2022.
- 7. Member SERB BOARD, DST, Govt. of India, 2022.
- 8. Faculty for the FLP, WSO, 2022.
- 9. Awarded AnandibaiJoshee oration by INSA, 2022.

## **Indian National Science Academy (INSA):**

10.Fellow of Indian National Science Academy (INSA), 2021

## National Academy of Sciences Allahabad (NASI):

- 11. Fellow of National Academy of Sciences, India, (F.N.A.Sc), 2015
- 12. Awarded the Mridula Kambhoj Oration by NASI in year 2017.

13.Awarded the V.P.SHARMA ORATION by the National Academy of Sciences Allahabad, 2021

# **National Academy of Medical Sciences (N.A.M.S):**

- 14. Awarded the membership to the National Academy of Medical Sciences (MNAMS), in March, 1999.
- 15. Awarded the Fellowship to the National Academy of Sciences, India 2007.
- 16.Awarded the "Vimla Virmani Oration" for outstanding work in the field of Neuro-rehabilitation for the year 1998-1999, by the National Academy of Medical Sciences.
- 11. Awarded the "Achanta Laxmipathy Oration" by the NAMS for the year 2006-2007.
- 12. Awarded the "Baldev Singh Oration" by National Academy of Medical Sciences for the year 2018.
- 13. Awarded Fellowship to Indian Academy of Neurology, 2017

#### **Other Orations:**

- 15. Awarded the **K. L. Wig Oration** by the DMA for the year 2012.
- 16. Awarded **Veera Raghava Reddy Oration** from NIMS, Hyderabad in 2015.
- 17. Awarded Endowment Oration by Andhra Medical College, 2015.
- 18. Awarded the **Prof. Kuppachhi Krishna Murthy Memorial Oration by APAPICON**, **Visakhapatnam for the year 2017**.
- 19. Dr. Muralidhar Rao oration by APNEUROCON, 2022
- 20.Awarded the IUSSTF project on Virtual Networked Center on "Homocysteine Lowering Stroke Patients in India: Strategic Planning", University of Iowa, USA.

# 21. Awarded the Fellowship to Royal College of Physicians (FRCP) in the year 2018.

#### M.B.B.S

#### 1982 - 84

- 22.DISTINCTION in Physiology, in 1982.
- 23.GOLD MEDAL for securing highest marks in Physiology, 1982.
- 24.DISTINCTION in Pathology, in 1984.
- 25. GOLD MEDAL for securing highest marks in Pathology, 1984.
- 26.DISTINCTION in ENT, 1984.
- 27.DISTINCTION in Social and Preventive Medicine, in 1984.

#### 1985

- 28.DISTINCTION in Surgery, in 1985.
- 29.GOLD MEDAL for securing highest marks in Surgery, 1985.
- 30. PRESIDENT'S MEDAL for standing UNIVERSITY FIRST in Final MBBS.
- 31.KISHAN DHAGE AWASTU JAR JUNG GOLD MEDAL for standing First in Medicine, year 1985.
- 32.Dr. T. LAXMINARAYANA GOLD MEDAL for standing First in Social and Preventive Medicine, year 1985.
- 33.Kum. M. JAYALAXMI Memorial GOLD MEDAL for standing University First among woman candidates for the year 1985.
- 34.BEST OUTGOING STUDENT MEDAL for the year 1985.
- 35.SIR AKBAR HYDARI GOLD MEDAL for securing highest marks in Final MBBS, year 1985.
- 36.Dr. DONNI PAD RAMNATH GOLD MEDAL for standing University First in Final MBBS, year 1985.
- 37.Dr. K. G. KIRLOSKAR GOLD MEDAL for securing highest marks in Final MBBS among woman candidates.
- 38.NAWAB RUSTUM JAR JUNG GOLD MEDAL for standing University First in Surgery, year 1985.
- 39.PFIZER GOLD MEDAL for being the Best Graduate, for the year 1985.

#### M.D. Medicine

40.KIRPAL KAUR GOLD MEDAL for being the BEST RESIDENT in Internal Medicine for the year 1988.

#### **D.M.** Neurology

41.MANOHAR LAL SONI PRIZE for being the best resident in Neurology for the year 1993.

# Annexure II

## Fellowships/Memberships of Professional Bodies:

- 1. Fellow of National Academy of Medical Sciences (FAMS)
- 2. Fellow of National Academy of Sciences, India, (F.N.A.Sc)
- 3. Fellow of Indian National Science Academy (INSA), 2021
- 3. Awarded Fellowship to Indian Academy of Neurology, 2017
- 4. Member of World Stroke Organization (WSO) -3221
- 5. Indian Stroke Association President for the year 2013-2014
- 6. Invited Member of the Geriatric Society of India
- 7. Delhi Neurological Association DNP-067
- 8. Member of the "Speciality Advisory Board" for "Neurology" by the NBE, Govt. of India.
- 9. Member, Task Force for PBSR and HBSR monitoring and mentoring; ICMR.
- 10. Member "Task Force Neurosciences" in DBT, Govt. of India
- 11. Member of the "Standing Committee" for the "CME Program Committee" for NAMS.
- 12. Member of the "Standing Committee" for the "Publication Advisory Committee" for NAMS.
- 13. Member "Task Force for Neurosciences" for ICMR, Govt. of India.
- 14. Member, Building Committee, NAMS, Govt. of India.
- 15. Member, FIST committee, DST, Govt. Of India
- 16.Member, Dean Committee, AIIMS
- 17. Member, Staff Council, AIIMS
- 18. Member, Drug Selection Committee, AIIMS
- 19. Member "Task Force for Translational Neurosciences", for ICMR, Govt. of India
- 20. Chairman of the PRC for Neurosciences Board for ICMR
- 21. Ex-Member "Scientific Advisory Board" for Thrombosis Research Institute Bangalore.
- 22. Member Expert Advisory Panel, for "Regenerative medicine and Toxicology" for Fellowship to NAMS.

- 23. Ex-Member of Institute Body" SCTIMS.
- 24. Ex-Member of "Governing Body" SCTIMS
- 25. Ex-Member of "Technical Advisory Committee", SCTIMS.
- 26. Mentor for the Neurology departments of Indira Gandhi Medical College Shimla and R.P. G Medical College Tanda, Govt. of Himachal Pradesh
- 27. Ex-Council Member for NAMS, elected 2014.
- 28. Ex-Member, Academic Committee, NIMHANS, Bangalore
- 28. Ex-Member, Selection Committee, NIMHANS, Bangalore
- **29.** Appointed as External Examiner for DM Neurology in SGPGI, Lucknow
- 30. Appointed as External Examiner for DM Neurology in GB Pant Hospital, New Delhi.
- 31. Appointed as External Expert for Initiation of DM Course in Gujarat University, Anand.
- 32. Appointed as External Examiner for DM Neurology, in VJ Medical College, Ahmedabad
- 33. Appointed as External Examiner for DNB Course in Neurology in NIMHANS Bangalore, NIMS Hyderabad, PGIMER Chandigarh.
- 34. Appointed as External Examiner for DM Neurology in NIMS Hyderabad, SCTIMS Thiruvananthapuram, PGIMER Chandigarh, DMC Ludhiana, BangurInstituteKolkata.
- 35. Appointed as External Examiner for PhD programs in KGMC Lucknow, NIMS Hyderabad, SGPGI Lucknow.
- 36.Member, Fellowship Scrutiny Committee, NASI, Allahabad, 2015.
- 37. External expert for Telestroke Guidelines Formulation, , ICMR.
- 38. Member, PAC committee for DST.
- 39. Ex-Member, PIRE committee, DST.
- 40. Member SEC, DGHS, Govt. Of India
- 41. External expert for DHR, Govt. Of India
- 42. Member, Task Force, SATYAM, DST, Govt. Of India
- 43. Member Task Force for NSCRT, DST, Govt. Of India, 2018.
- 44. Member Task Force for MSU for North-East, under ICMR.
- 45. Member, PMC, for Indo-Japan, ASHD Project, DBT.
- **46**. Member DST-FIST Subject Expert Committee , Govt of India
- 47. Member DST-BHC-PAC.CD
- 48. Chairperson, PRC -NCD division, ICMR
- 49. SEC for Neurology and Mental Health, DCGI, Govt. of India
- 50. Member Institute Body, PGIMER, Chandigarh.

- 51. Member Institute Body, AIIMS, Rae Bareli.
- 52. Member, Building Committee, AIIMS, Rae Bareli.
- 53. Member, Governing Body, AIIMS, Rae Bareli.
- 54. Member, Governing Body, Ambedkar University, Mohali, Govt. of Punjab.
- 55. Chairman, Academic Committee, Ambedkar University, Govt. of Punjab.
- 56. Chairman, Standing Academic Committee, PGIMER, Chandigarh
- 57. Member, Standing Selection Committee, PGIMER, Chandigarh.
- 58. Chairman, Standing Selection Committee, AIIMS Raebareli.
- 59. Member of the Governing Body of All India Institute of Ayurveda (AIIA), Govt. of India, 2020.
- 60. Member SERB, DST, Govt of India, 2021.
- 61. Member, PAC International cooperation, Life sciences & Medical Biology, DST, Govt. of India, 2021.
- **62.** Member Expert Committee for NPCDCS, MOHFW
- 63. Member, Expert Group for Median Conduct Rules for RMPs under NMC, Govt. Of India.
- 64. Member, IMA Standing Committee for Stroke/Hypertension Control Initiative, 2022.
- 65. Member, Selection Board for recruitment to the post of Dean in ESIC PGIMERs/Medical Colleges/Dental Colleges
- 66. Member Executive Council Pandit Bhagwat Dayal Sharma University of Health Sciences, Rohtak. (2022-2024).

Member, Selection Committee, for Faculty for IIT Delhi.

- 67. Member, Executive Council, Pt. B.D.Sharma University of Health Sciences, Rohtak, Harvana.
- 68. Chairman, for the PRSGH set up by Ministry of Electronics and Information & Technology to steer the project on Design and Development of Depth of EEG based DoA monitoring system.
- 69. Member certification committee for <PwD students in IIT Delhi.
- 70. Member, Expert committee for PSUR/PMS for Human Vaccines from CDSCO, GCGI, Govt. of India, 2023.
- 62. Neurological Society of India (NSI) PA 40
- 63. Indian Epilepsy Association (IEA) LD 32
- 64. Indian Epilepsy Society (IES) LD-
- 65. Indian Academy of Neurology (IAN) LM 252

# **Annexure III:**

Significant contributions to Stroke Care Delivery systems in India.

### The STROKE ACTION PLAN FOR INDIA

# ON-GOING MAJOR NATIONAL PROJECTS UNDER THE AEGIS OF GOVT. OF INDIA

#### I. SMART INDIA PROGRAM

<u>SMART-India</u> App was created, with a primary purpose of providing a low-cost tele-stroke services of a neurologist and physiotherapist to physicians in district hospitals.

This project currently running amongst 22 district level hospitals across India is being spearheaded by me under the AIIMS-ICMR aegis, Govt. of India. This implementation research is designed to estimate the value and utility of using the

SMART APP device by the physicians in charge of the emergency services in acute stroke care.

#### II. <u>IMPETUS</u>

<u>IMPETUS</u> is an implementation research project that aims to investigate the feasibility of implementing a uniform stroke care pathway in medical colleges of India and improving stroke care. The study will be conducted in selected medical colleges across the country and is intended to examine the changes in a select set of stroke care related indicators over time within the sites exposed to the same implementation strategy.

#### III. <u>CARE-DAT</u>

CARE-DAT stands for Centre for Advanced Research and Excellence in Disability and Assistive Technology, was launched to study the role of assistive technologies in optimizing functional recovery post stroke with special emphasis on hand function and its validation of sustenance and long-term clinical impact.

This innovative research and development program is running between AIIMS (I am the PI and the over all coordinator) and Indian Institute of Technology, Biomedical Engineering division in Delhi to develop low cost assistive devices for stroke recovery and for "life after stroke".

One such innovation is the "robotic arm" which is now patented and will cost less than Rs. 1500 which is around 20 dollars!

#### I. Acute Stroke Care:

I have pioneered the work on "thrombolysis program in acute ischemic stroke in India. I initiated and implemented the country's first public sector acute stroke thrombolysis program in AIIMS, New Delhi in the year 2002. At that time, the international guidelines for stroke management had mandatory requirement of obtaining blood platelet count, PT and INR prior to administering IV rTPA(Alteplase). This made it impossible for any patient managing to arrive into the emergency triage within 3 hours of stroke onset since obtaining these investigations with in the extremely narrow therapeutic time window

was impossible. She redefined the relevance of these investigations prior to thrombolysis (which further delayed and increased cost of treatment) and due to her work, it is no longer mandatory to perform these tests if patients could be identified with appropriate clinical and radiological criteria. (Ref: Padma MV et al. Neurology India, 55(1): 46-49, 2007).

Subsequently, this protocol was adopted by most developing countries which have a resource crunch. Many public and private sector hospitals across India could implement the stroke treatment protocols with IV thrombolysis without the need for coagulations studies because of her experience.

In the year 2018, the international guidelines, including ASA/AHA have also adopted these same modifications. Currently, it is not mandatory to get these tests done before acute thrombolysis for stroke.

For my contribution to the field of stroke management in India, I have been the National Coordinator for the SITS-NEW registry, the SITE-SEARS registry, and has been on the board fort the National Commission on the Non – communicable Diseases, Diabetes and Stroke (NPCDCS) in designing National Stroke Registry, with the Public Health Foundation of India for designing programs for primary, secondary and tertiary care and prevention of stroke in the country.

I am the author of the National Stroke Guidelines for India from Ministry of Health and Family Welfare as well as for the Indian Stroke Association. The updated version of these guidelines from the Ministry of Health and Family Welfare has been published in January 2020.

I am the architect of the STWs (Standard Treatment Flow) for Stroke Management across the primary, secondary and tertiary care centers across India, published by ICMR.

I am the resource person for Government of India for the PBSR ( Population

Based Stroke Registry) and HBSR (Hospital Based Stroke Registry) from ICMR.

I am also the resource person and the expert for training and monitoring of the first of its kind MSU( Mobile Stroke Units) program for Stroke care in North East in India spearheaded by ICMR.

I have conducted with the support of NCD divisions of individual states, physician training programs in Himachal Pradesh (I am the official mentor for the development of Neurosciences in Himachal Pradesh), UP, Rajasthan, Punjab, Delhi, Kerala, Telangana, Tamil Nadu, Chattisgarh, West Bengal, Manipur, Assam, Orissa, Ladakh, Madhya Pradesh.

I have been the expert for Stroke Awareness Programs and dissemination of information amongst school children, colleges and lay public in the out reach areas of Ladakh and Himachal Pradesh under the aegis of DST, along with the KAP studies for which she has been awarded the National Award in category A from the Science and Technology Communications of Govt. of India.

I have been the architect of the novel Low Cost Innovative Establishment of Stroke Care Pathways across India. I established the Acute Stroke Treatment and stroke chain of survival algorithms across India using the no -cost WhattsapTelestroke Models.

I launched the H.P Telestroke Project in May 2014. This was without any added infrastructure requirement or any new man power. The district level hospitals equipped with CT facilities were in the network. The emergency services manned by physician/surgeons were given training with standard SOPS developed by me. Remote monitoring and help was provided through whattsap. Within one month of launching the first ever thrombolysis of an acute stroke patient was performed by an orthopedician on emergency duty in the district hospital. Till date more than 300 have been thrombolysed in the state in the district level hospitals now designated as primary stroke centers. This facility is available without in house neurologists.

I have published this data and currently, world over the low cost technique of using whatssap is being used in the developing countries in various ways in the stroke care pathways.

I have developed and launched successfully stroke physicians programs at the district level health delivery systems, involving the emergency physicians for acute stroke care protocols. Till date all district level hospitals in Himachal Pradesh and selected districts across different states in India are running this program.

Currently this program is active in states of Punjab, Rajasthan, Maharashtra, Gujarat, Telangana, Andhra, Kerala, Assam, and other states using the local state government help and with central monitoring. This includes both public and private sector hub and spoke models. From government sector, this program is now available promptly and free of cost to the traditionally underprivileged sections and to all irrespective of social and economic barriers across the country.

#### Refs:

- 1. Sudhir Sharma, **PadmaMV**, Amit Bhardwaj, Ashish Sharma, NishitSawal, Suresh Thakur. Telestroke in resource-poor developing country model. Neurology India Vol. 64(5):934-940; 2016
- 2. Padma MV, Paulin Sudhan, Dheeraj Khurana, Rohit Bhatia, Subash Kaul, P. N. Sylaja, MajazMoonis and Jeyaraj Durai Pandian. Telestroke a viable option to improve stroke care in India.International Journal of Stroke Special Issue: World Stroke Day Edition.vol9;A100;133-134;2014

Currently this model is well established and accepted by Government of India

and is being implemented in various states.

#### II. Stroke Units:

I have also launched successfully in several district hospitals, the Stroke Unit concept just by mo0difying the existing CCUs under the NCD program of Government of India. This has been done at no additional cost.

As President of Indian Stroke AssociationI launched the first ever Stroke Summer School where young physicians and neurologist are given the training and mandatory skills to initiate stroke services in their local clinical practice.

#### **III.** Work on Stem Cells in Stroke:

I have done pioneering work on stem cells therapy in chronic stroke from India. The following publications bear testimony to her work.

# Clinical Trials on Autologous Bone Marrow Derived Stem Cells Therapy in Chronic Stroke:

This research dealt with the safety and efficacy of intravenous autologous bone marrow derived mononuclear and culture expanded mesenchymal stem cells in stroke. Adult patients were recruited with the inclusion criteria as: 3 months to 2 years after stroke, power of hand muscles of at least 2; Brunnstrom stage 2-5; NIHSS of 4-15, conscious and cooperative. This was an unblinded, non randomized case control study. Patients were assessed for strength, tone (modified Ashworth), Fugel Meyer (FM) scale for upper limb, Edinburgh handedness inventory, modified Barthel Index (mBI) and functional MRI including DTI was performed at baseline, 8 and 24 weeks of stem cell infusion. Prior to stem cell therapy, patients were screened and educated about stem cells and bone marrow aspiration technique. Forty stroke patients were recruited with the above inclusion criteria. Twenty were given stem cells followed by 8 weeks of physiotherapy, serving as experimental/stem cell group and 20 patients were administered physiotherapy regime alone. 50 -60 million cells in 250 ml of saline

was infused intravenously over 2-3 hours. The baseline clinical and radiological scores between the experimental and control groups were statistically insignificant. The safety profile was normal with no mortality or cell related adverse reactions in stem cell patients. On comparison between experimental and control groups, ,mBI was statistically significant on follow up at 24 weeks (p = 0.05). Laterality Index (LI) of BA 4 and BA 6 was insignificant at 8 and 24 weeks follow up, as also in the FA ratio, fiber length and fiber number ratio between the two groups. An increased number of cluster activation in Brodmann areas BA 4, BA 6 was observed post stem cell infusion indicating neural plasticity. The study concluded that autologous intravenous stem cell therapy is safe and feasible. Stem cells may act as "scaffolds" for neural transplantation and may aid in repair mechanism.

#### **Publications:**

- Bhasin A, Padma MV, Bhatia R, Mohanty S, Kumaran, S.Stem cell therapy A clinical trial in Stroke. <u>Clinical Neurology and Neurosurgery. Nov 23 S0303 8467; 2012</u>. (E pub ahead of print). Citation index38
- 2. AshuBhasin, **Padma MV**, S. Senthil Kumaran , Sujata Mohanty Rohit Bhatia Sushmita Bose Shailesh Gaikwad Ajay Garg, Balram Airan .Autologous MesenchymalStemCells in Chronic Stroke *Cerebrovascular Diseases Extra*; *Vol.1(1)*: 93 104; 2011.Citation index 23
- 3. Bhasin A, Padma MV, Mohanty S, Kumaran SS, Bhatia R. Autologous intravenous stem cell therapy in chronic ischemic stroke. *Journal of Stem Cell and Regenerative Medicine*. 8(3): 181-189; 2012.

- **4.** Bhasin A, **Padma MV**, Kumaran SS, Bhatia R, Mohanty S. Neural interface of mirror therapy in chronic stroke; a functional imaging study. *Neurology India*; 60(2): 570 576; 2012. Citation index8.
- 5. AshuBhasin, Padma MV, Sujata Mohanty, S Vivekanandhan, Sakshi Sharma, Senthil Kumaran, Rohit Bhatia. Paracrine Mechanisms of Intravenous Bone Marrow Derived Mononuclear Stem Cells in Chronic Ischemic Stroke. Journal Of Cerebrovascular Disease, Vol6(3):107:119; 2016
- **6.** AshuBhasin, **Padma MV.** Safety and feasibility of autologous mesenchymal stem cells in chronic stroke. A four year follows up. Journal of Stem Cell & Regenerative Medicine.Vol.13(1):1-6;2017
- 7. M. Gourie Devi, Alka Sharma, Sujata Mohanty, Neeraj Jain, Kusum Verma, PadmaMV, Pramod Pal, H. S. Chabbra, Satish Khadilkar, Sudesh Prabhakar, Gagandeep Singh. Report: Stem Cell applications in neurological practice, an expert group consensus appraisal. Annals Of Indian Academy Of Neurology. Vol 19(3):367-373;2016
- **8. Padma MV**, Neha Kuthiala. Restorative Therapies after Stroke: Drugs, Devices, and Robotics. Annals of the National Academy of Medical Sciences (India) 2019;55(03):124-131 DOI: 10.1055/s-0039-1698495.

#### IV. Stroke Rehabilitation:

I have done immense work on low cost and high yield rehabilitative techniques to improve disability after stroke. In collaboration with IIT Delhi I have developed the robotic arm for post stroke paralyzed upper limb which is currently patented and is in the industry for full fledged commercial production.

#### I. CIMT and Electrical Stimulation in Chronic Stroke Rehabilitation:

The study was designed as a randomized clinical trial approved by the IRB at

AIIMS, New Delhi. Patients, aged 18-70 years, diagnosed with chronic ischemic stroke within 3 months -2 years of index event, with an MRC power grade > 2for wrist and hand muscles, and NIHSS of 4-20 were recruited from Stroke Clinic. Of 205 patients screened, 126 were recruited. Patients were assigned to the groups via alternate allocation to Neuromuscular Electrical Stimulation (NMES group = 63) and Constraint Induced Movement Therapy (CIMT group = 63). In the CIMT group, the unaffected arm was restrained for 4-6 hours a day and were instructed to practice active, assisted strengthening and motor control training with the affected arm. In NMES, wrist and finger extensors were stimulated with a pair of vacuum electrodes. The electric current had a pulse width of 250-300 microseconds and a frequency of 50 Hz with amplitude set at the minimum level required to initiate joint extension. The initial contraction period was 5 seconds and the initial rest period was 10 seconds. Both groups received 8 weeks of treatment on a daily basis and assessed at baseline, 2 and 4 months after therapy with mRS, BI, FMS and the Motor Assessment Scale. At 2 months follow up, there was no difference in between the two groups in the mRS (p=0.9), BI (p=0.2), FMA (p=0.3) and the MAS (p=1.0). However, the CIMT group performed better than the NMES groups in the mRS (p<0.001), BI (p< 0.001), FMS (p=0.03) and the MAS (p=0.02) at the 4 months follow up. CIMT works on the principle of reversing learned non-use. A subconscious effort to use the affected limb might have persisted while the subjects performed their daily activities at home. This may have played a role in the persistence of efficacy of CIMT over a longer period of time. In contrast, NMES is purely a hospital based intervention and may not have had a "carry-over" effect which was demonstrable in the CIMT group.

#### **Publication:**

1. Vishal Taimni, Aashrai SV Gudlavalleti, AshuBhasin, MV Padma Srivastava. Comparison of Constraint induced movement therapy and

neuromuscular electrical stimulation on clinical outcomes in chronic stroke. *Indian Journal of Physiotherapy and Occupational Therapy*. 2014.

**2. Padma MV**.Is it possible to facilitate neural plasticity for enhancing post chronic stroke recovery? *Neurology India. Vol.63 (3):310-1;2015*.

#### **II.** Mirror Therapy in Stroke Rehabilitation:

The aim of the study is to evaluate the effectiveness of mirror therapy by a computer assisted (laptop) webcam system in rehabilitating stroke patients. It also studied cortical re-organization when the patients were subjected to physiotherapy regime. Twenty chronic stroke patients (3 moths -2 years of index event), underwent clinical and radiological examination at baseline, 8 and 24 weeks. 10 healthy control subjects also had functional imaging for comparison. Blood oxygenation dependent (BOLD) data were acquired using the echo planar imaging (EPI) sequence using 1.5T MR scanner (Avanto; Siemens Medical Solutions, Erlangen, Germany) with a standard head coil. Block design with alternate baseline and activation cycles was used with a total of 90 whole brain EPI measurements (timed repetition (TR) = 4520 ms, timed echo (TE) = 44 ms, slices = 31, slice thickness = 4 mm). All patients received physiotherapy by the same therapist for the paretic limbs. The treatment regime was administered for 5 days in a week for 8 weeks for 60-90mminutes. The treatment incorporated bilateral hand exercises in such a way that the patient observed his unaffected hand on the laptop screen to the subject. This resulted in the facilitation and movement of the paretic hand. The mean FM scale score at 24 weeks was  $35.65 \pm$ 8.5 with statistically significant improvement between 8 and 24 weeks ( t= -8.929, p= 0.0001) and between baseline and 24 weeks (t= -16.37, p = 0.0001). The mean mBI at baseline and 8 weeks was  $46.95 \pm 10.04$  and  $58 \pm 9.3$ respectively (p< 0.05). Repeated measures of ANOVA were applied to calculate

the difference between 0 (baseline), 8 and 24 weeks which was found to be statistically significant. Increased number of cluster activation in the ipsilateral and contra-lateral hemisphere was observed. There was a consistent increase in the cluster activation of the motor and pre-motor Brodman areas post-therapy (P< 0.05). The observations in this study suggest that there was an increase it the activation of primary motor area BA 4 post-therapy explaining the "restitution" principle of neural plasticity. The treatment regimen in this study was based on the principles of virtual reality (VR) and motor imagery. A shift in the position of the BA 4, 6 was also observed suggesting that physiotherapy in the form of motor imagery promotes a focussed activation of the injured brain, augmenting recovery. The brain areas involved are pre-motor cortex, dorsolateral and pre-frontal cortex, and the primary hand motor area as evident by the results in this study.

#### **Publication:**

AshuBhasin, M.V.Padma Srivastava, R Bhatia, S Mohanty. Neural interface of mirror therapy in chronic stroke: a functional imaging study. Neurology India 2012; 60(12): 570 – 576.

# III. Study on role of intensive physiotherapy and rTMS on growth factors as biomarkers for stroke recovery:

This ongoing research examines the upregulation of growth factors (VEGF) after acute ischemic stroke and its correlation with clinical recovery as measured by stroke outcome scales. It also examines the effects of recurrent Transcranial Magnetic Stimulation (rTMS) (1Hz) and correlate the expression of VEGF in the groups receiving rTMS and physiotherapy versus the group receiving physiotherapy regime alone. Of the 87 patients enrolled in this on going study, 19 were randomized to receive rTMS and 16 sham rTMS. All received physiotherapy. rTMS group received total 750 pulses @ 110% motor threshold

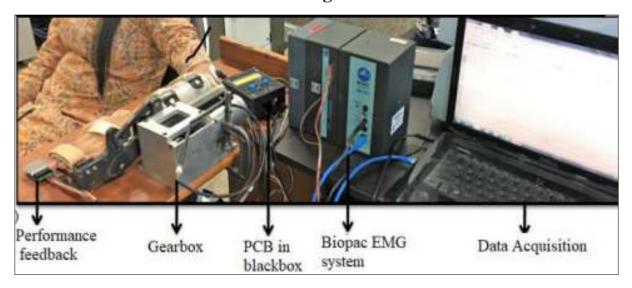
(MT) with inter train interval of 45 seconds. Total duration per session was for 45 minutes. Between group analysis showed statistically significant improvement in the Study group with NIHSS, mBI, FMA lower limb post rTMS (p< 0.05) as compared to control group. No significant improvement in rTMS parameters MT (p = 0.15), latency period (p=0.11) and MEP (p = 0.9) was observed between groups. Serum VEGF of 20 patients was found to be statistically significantly elevated in the study group with a mean of  $483.6\pm280.3$  pg/ml as compared to controls (p=0.04).

- H.Sharma, V.Y.Vishnu, N.Kumar, V.Sreenivas, M.R.Rajeswari, R.Bhatia, R.Sharma, Padma MV, Efficacy of Low-Frequency Repetitive Transcranial Magnetic Stimulation in Ischemic Stroke: A Double-Blind Randomized Controlled TrialArchives of Rehabilitation Research and Clinical TranslationVolume 2, Issue 1, March 2020, 100039 https://doi.org/10.1016/j.arrct.2020.100039
- 2. Bhasin A, **Padma MV**, Vivekanandhan S, Moganty R, Talwar T, Sharma S, Kuthiala N, Kumaran S, Bhatia R. Vascular Endothelial Growth Factor as Predictive Biomarker for Stroke Severity and Outcome; An Evaluation of a New Clinical Module in Acute Ischemic Stroke. Neurol India. 2019 Sep-Oct;67(5):1280-1285. doi: 10.4103/0028-3886.271241.
- IV. Robotic-hand exoskeleton, focusing especially on improving ADL through improving range of motion of wrist and MCP joints: Joint venture with IIT, Delhi. The robotic hand focused on synchronized movement:

# Robotic Exoskeleton for Wrist and Fingers Joint in Post-Stroke Neuro-Rehabilitation for Low-Resource Settings

Neha Singh, Megha Saini, Sneh Anand, Nand Kumar, M. V. Padma Srivastava, and Amit Mehndiratta®

# Robotic Exoskeleton for Wrist & Fingers Joint in Post-Stroke Neuro-Rehabilitation for Low-Resource Settings



SN Comprehensive Clinical Medicine https://doi.org/10.1007/s42399-019-00113-1

#### MEDICINE

Time-Frequency Analysis of Motor-Evoked Potential in Patients with Stroke vs Healthy Subjects: a Transcranial Magnetic Stimulation Study

Neha Singh <sup>1</sup> - Megha Saini <sup>1</sup> - Nand Kumar <sup>2</sup> - K. K. Deepak <sup>3</sup> - Sneh Anand <sup>1,4</sup> - M. V. Padma Srivastava <sup>5</sup> - Amit Mehndiratta <sup>1,4</sup>

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# Neural interface of mirror therapy in chronic stroke patients: A functional magnetic resonance imaging study

Ashu Bhasin, M. V. Padma Srivastava<sup>1</sup>, Senthil S. Kumaran<sup>1,2</sup>, Rohit Bhatia<sup>1</sup>, Sujata Mohanty<sup>2,3</sup>



Figure 1: Mirror therapy using web cam. Patient is right hemiparetic. The camera captures the motion of the unaffected upper limb (left) in a right hemiparetic subject. The left hand is observed as a mirror image as right hand (affected) on the laptop screen. The subject performs bilateral task with the visual feedback

#### My current work with the CARE facility sanctioned by ICMR:

Role of Assistive Technologies in Optimizing Functional Recovery Post Stroke with special emphasis on Hand Function;

Validation of sustenance and long-term clinical impact

- A. To optimize the robotic hand exoskeleton for upper limb (distal joints) rehabilitation in stroke patients.
- B. To design a piezoelectric hand glove (robotic glove) with machine interface for hand biomechanics and functional recovery.
- C. To optimize the protocol for non-invasive brain stimulation (tDCS) along with robotic glove for upper limb rehabilitation.
- D. To integrate internet of things (IOT) module for tele-rehabilitation monitoring in remote settings.
- E. Vertical I: Design and optimization of robotic exoskeleton & its clinical validation on large sample.
- F. Vertical II: Development and design of piezoelectric hand glove (robotic) followed by clinical testing
- G. Vertical III: To study the combined effect of transcranial direct current stimulation with piezoelectric hand glove on upper limb function.
- H. Vertical IV: Tele rehabilitation for ensuring compliance and sustainability
- Effect of Dual-Task Exercise in Conjunction With Fluoxetine & Transcranial Direct Current Stimulation (tDCS) On Postural Stability And Gait In Stroke Patients:

The motor impairment related to postural control and gait is very common in stroke patients. Due to impairment of postural stability and gait, stroke patients have difficulty in performing their activities of daily living. Various approaches to stroke rehabilitation have been studied to improve the walking ability of people with stroke. Previous studies and published literature on combination therapy in stroke can help in the development of new neurorehabilitation therapeutic tool for post stroke motor recovery. This study has been planned to see the effects of combination therapy of Fluoxetine, tDCS and Dual- task Training on post stroke impairments of posture and gait. The effectiveness of drug, device and exercise will be measured using various clinical and functional outcome scales. The result of current study may help in the development of new neurorehabilitation intervention to improve functional motor recovery of stroke patients in the country.

- Understanding and facilitation of neural plasticity for enhancing post stroke recovery using low-cost non-invasive brain stimulation techniques
- Elucidating the science of yoga as a therapeutic intervention in post stroke recovery: study of brain using the technique of magnetic resonance.

Inspite of the advances in understanding the pathophysiology and pathogenesis of stroke, there are unfortunately only limited number of options available in allopathic medicine to fight stroke. In this context, yoga as an adjunct therapeutic intervention will be advantageous because of its cost-effective nature and its known beneficial effects on mind and body. Not much work has been reported on use of yoga in stroke management in young patients. The current study will focus on yoga intervention in post stroke recovery. The science behind how yoga works in recovery will be evaluated using functional, biochemical and structural biomarkers. The technique used will be Magnetic Resonance (MR).

Studies will involve MR Imaging (MRI), functional MRI (fMRI) and MR Spectroscopy (MRS). Biochemical parameters will also be assessed.

# **Particulars of Teaching & ResearchExperience**

Sl. No.	Name of the Employer	Post held (whether temporary or substantively	Date of Joinin g	Date of leaving	Duration	Pay Scale
1	AIIMS	Assistant Professor	May 1993	May 1997	4 years	
2	AIIMS	Associate Professor	May 1997	May 2001	4 years	
3	AIIMS	Additional Professor	May 2001	September 2005	4 years 3 months	
4	AIIMS	Professor	Septemb er 2005	Till date	15 years and continuing	
5	AIIMS	HOD, Department of Neurology	February 2019	Till date	Continuing	
6	AIIMS	Chief, Neurosciences Center	February 2019	Till date	Continuing	

# **Annexure IV**

# RESEARCH

# Completed: ONLY AS PRINCIPAL INVESTIGATOR

S.No	Project Title	Source of	Year	Total Amount
1	Comparative Trial of Ayurvedic And Allopathic Treatment For Spasticity And Paralysis- A Randomized Controlled Study	Funding  Indian System of Medicine (ISM)  Ministry Health &FW	2000	Rs. 15 lacs
2	Evaluation of Temporal Lobe Epilepsy using C-11 –Flumazenil and18–F- FDG PET	Wallace Kettering Neurosciences CenterKettering, USA	2000	\$ 40,000.00
3	Retrospective Comparative Study of Human Glioma, Brain Tumors-PET data analysis of different tracers(18F-FDG; Methionine, Choline) In Brain tumors.	Department of NuclearMedicine, Kettering Medical Center, Kettering, USA.	2000	\$ 20,000.00
4	Open-label randomized trial to evaluate the efficiency of AYUSH-56 as add-on drug in intractable partialepilepsy.  Stroke Risk Factors and	MedicineMinistry of Health & FamilyWelfare	2002	Rs. 6 Lacs
5	SubtypesIn High Altitudes: A Prospective Study in Ladakh		2004	No funding
6.	An Open Label, Randomized, Parallel Group, Multicenter Study To Evaluate the Efficacy and Safety of Enoxaparin Versus Unfractionated Heparin in the prevention of Venous Thromboembolism In Patients Following Acute Ischemic Stroke.  Autologous Intra-arterial infusion	The PREVAIL study Aventis Pharma	2004	

	of hone manners stramel sells			
7	of bone marrow stromal cells (PMCs) for Static encephalonathy	DCT	2007	Do 22 lalaha
7.	(BMCs) for Static encephalopathy	DST	2007	Rs. 23 lakhs
	Normobaric Oxygen therapy in			
0	acute ischemic stroke: A pilot	ICMD	2007	Do 22 lalaha
8.	study in Indian patients.	ICMR	2007	Rs. 22 lakhs
	Stroke Survey and Incidence of			
	Recurrent Stroke After Coversyl	G 1:	2002.04	D 01.11
9.	Based Treatment in Indian	Serdia	2003-04	Rs. 2 lakhs
	Clinical Practice: The PROTECT			
10	study	ICMD	2010 2020	D. 01 066 626
10.	Effects of Non ionizing Electro	ICMR	2010-2020	Rs 21,966,626
	Magnetic field (EMF) on human			
4.4	heal.	Dom	2012 2017	D 42 10000
11.	Predicting functional Outcome	DST	2012-2015	Rs. 42,19000
	after acute Stroke: Evaluation of a			
	module of clinic-radiological			
	parameters and growth factors in			
10	Asian Indians.	DDT		D 16 15 600/
12.	INDO US collaborative Stroke	DBT		Rs. 16,15,600/-
	Registry and Infrastructure			
10	Development (N 1410)	ICMD	2012 2015	D- 20 00 100
13.	Study on role of intensive	ICMR	2012-2015	Rs. 38,88,108
	physiotherapy and TMS on			
	growth factors as biomarkers for			
1.4	stroke recovery.	DOT	2012 2016	D = 40.74.000
14.	Comparative trials of constrained	DST	2013-2016	Rs. 42,74,890
	induced movement therapy			
	(CIMT) and CIMT with transcranial magnetic			
	$\mathcal{E}$			
	stimulation(TMS) for patients with stroke measured on disability			
	outcome scales and functional			
	imaging			
15.	ATTEND Trial-Family led	National Health	2013-2016	Rs 16,15,000
13.	rehabilitation after stroke in India	and medical	2013-2010	13 10,13,000
	Temportunion arter stroke in mula	Research Council		
		Australia		
16.	Knowledge, Attitude And	DST	2014-2016	Rs. 29,10,000
100	Practices About Epilepsy And		2011 2010	13. 27,10,000
	Stroke In Ladakh: Training And			
	Dissemination Of Information To			
	Community, Teachers, School			
	Children And Paramedical Staff			
	Cimaren / ma i arametrar stari			

17.	Study of Paracrine Mechanisms of autologous Stem cells Transplantation in stroke using bio-functional markers (Mentor to the DST Inspire Faculty Awardee)	DST	2013-2018	Rs. 35,00,000
18.	Development of diagnostic grid for prediction of infarction in patients with tuberculous meningitis.	DST	2015-2019	Rs. 59,99,040
19	Randomized, double-blind evaluation in secondary stroke prevention comparing the efficacy and safety of the thrombin inhibitor dabigatranetexilate 110 or 150 mg (twice daily) versus acetylsalicylic acid (100 mg once daily) in patients with embolic stroke of undetermined source (ESUS 1160.189).	Boehringer Ingelheium Pvt Ltd	2016-2019	Rs 51,00,000
20	Effect of Dual-Task Exercise in Conjunction with Fluoxetine & Transcranial Direct Current Stimulation (tDCS) on Postural Stability and Gait in Stroke Patients."	ICMR	2017-2019	Rs 50,60,406
21	Mapping, Researching And Addressing The Gaps In Scientific Awareness & Amp; Health Practices Regarding Stroke In Hp: Applying Novel, Interactive/Demonstrative Science Communication	DST	2016- 2019	Rs 40,45,020
22	Effect Of Yoga On Physical, Physiological And Functional Health In Post Stroke Recovery: A RCT	DST	2017- 2019	Rs 43,23,840
23	Understanding and facilitation of neural plasticity for enhancing post stroke recovery using low cost non-invasive brain stimulation techniques	DHR	2017-2020	Rs 48,00,000/-

24	A 12 Week double blind,	NOVARTIS	2018-2019	Rs 90,815/-
	randomized multi-centric study			
	comparing the efficacy and safety			
	of once monthly subcutaneous			
	AMG 334 against placebo in adult			
	episodic migraine patients			
	(EMPOWER)			

#### ON-Going: As PRINCIPAL INVESTIGATOR:

25	Is Air Pollution and climate change a	DST	2018-	Rs59,11,164
	Stroke Risk Factor? with special		2022	
	reference to Stroke in Young Indians			
	and ischemic stroke subtypes: A multi –			
	center study			
26	The National Institute for Health	NIHR-	2018-	Rs42,00,000
	Research Global Health Research Group	UCLAN-UK	2022	
	on improving stroke care in India at The			
	University of Central			
	Lancashire.IMPROVIngStrokeCarEin			
	India (IMPROVISE).			
27	Improving stroke care in india-	NIHR-	2021-	Rs13,70,000
	Advancing the operations and network	UCLAN-UK	2022	
	(IMPROVISATION)			
28	EFC16035/PERSUS	SNOFI	2021-	Rs12,00,000(per
	EFC16045/HERCULES		2024	patient)

### **Recently Approved & Ongoing Projects (as Principal Investigator)**

1. Center For Advanced Research and Excellence (Care): Center for Neuro-assistive Technologies for Stroke Recovery

Collaborators: Biomedical Engineering Department, IIT Delhi

**Funding Agency:** ICMR. Rs. 5 crores

2. SMRUTI: Strategic Multimodal Intervention in at-risk Elderly Indians forPrevention of Dementia (SMRUTHI INDIA): A cohort multiple randomised controlled trial (cmRCT)" (Taskforce Multicentric project proposals in MRU/MHRU facilities).

**Funding Agency: ICMRRs. 5 crores** 

3. Smartphone based Telestroke Vs 'Stroke Physician' led Acute Stroke Management (SMART INDIA): A cluster randomized trial.

Funding Agency: DHR Rs. 2.5 crores

**4.** Genetics in Moya Moya disease: ICMR: Rs. 99 lakhs

**5.** Stem cells and paracrine effects in chronic stroke patients: ICMR: 90 lakhs

6. **ICGMND:** Chairman of the International Center for Genomic Medicine for Neuromuscular Diseases for AIIMS, India in a MOU with UCL, London, UK.

# **Annexure V**

# **PUBLICATIONS:**

## **Updated PUBLICATION LIST: Only INDEXED Journals**

#### **PUBLICATIONS:**

Sn	Publication	Impact	Citations
No.		factor	
	2023		
1	Lest we forget: Stroke due to Cysticercal arteritis	7.19	-
	Agarwal A, Garg D, Vishnu VY, Garg A, <b>Srivastava MVP</b>		
	Stroke. 2023; 54:e12-e13		
2	Clinical and radiological spectrum of anti-myelin	3.3	-
	oligodendrocyte glycoprotein (MOG) antibody encephalitis:		
	single-centre observational study		
	Salunkhe M, Gupta P, Singh RK, Tayade K, Goel V, Agarwal		
	A, Das A, Elavarasi A, Pandit AK, Vaibha D, Garg A,		
	Sebastian LJD, Bhatia R, Tripathi M, Gaikwad S, <b>Srivastava</b>		
	MVP		
	Neurological Sci 2023 Jul;44(7):2475-2489		
3	Importance of high-quality evidence regarding the use of	5.7	-
	Bacopa monnieri in Dementia		
	Agarwal A, Mishra B, Singhal A, Gupta A, Srivastava MVP,		
	Vishnu VY		
	Front Aging Neurosci 15:1134775		
4	Collateral circulation- evolving from time window to tissue	1.7	-
	window		
	Sharma A, Agarwal A, Vishnu VY, <b>Srivastava MVP</b>		
	Ann Ind Acad Neurol 2023 Jan-Feb;26(1):10-16		
5	Biosimilar Tenecteplase versus Alteplase in Acute Ischemic	1.7	1
	Stroke: A real world study		
	Mohan A, Komakula S, Murali S, Anand P, Shah D, Vishnu		
	VY, Pandit AK, Agarwal A, Vibha D, Singh MB, <b>Srivastava</b>		
	MVP, Bhatia R.		

	Ann Ind Acad Neurol 2023; 26:54-8		
6	Use of social media in stroke: A systematic review Garg D, Agarwal A, <b>Srivastava MVP</b> , Vishnu VY Ann Ind Acad Neurol 2023 May-Jun;26(3):206-212	1.7	-
7	Neuromuscular disease genetics in underrepresented populations: increasing data diversity Wilson LA, Macken WL, Perry LD, Record CJ, Schon KR, Frezatti RSS, Raga S, Naidu K, Koken OY, Polat I, Kapapa MM, Dominik N, Efthymiou S, Morsy H, Nel M, Fassad MR, Gao F, Patel K, Schoonen M, Bisschoff M, Vorster A, Jonvik H, Human R, Lubbe E, Nonyane M, Vengalil S, Nashi S, Srivastava K, Lemmers RJLF, Reyaz A, Mishra R, Topf A, Trainor CI, Steyn EC, Mahungu AC, van der Maarel SM, Narayanappa G, Nandeesh BN, WaSomwe S, Bearden DR, Kvalsund MP, Ramdharry GM, Oktay Y, Yis U, Topaloglu H, Sarkozy A, Bugiardini E, Henning F, Wilmshurst JM, Heckmann JM, McFarland R, Taylor RW, Smuts I, van der Westhuizen FH, Sobreira CFDR, Tomselli PJ, Marques W, Bhatia R, Dalal A, Srivastava MVP, Yareeda S, Nalini A, Vishnu VY, Thangaraj K, Straub V, Harvarth R, Chinnery PF, Pitceathly RDS, Muntoni F, Houlden H, Vandrovcova J, Reilly MM, Hanna MG. Brain. 2023 Jul 30:awad254	15.25	-
8	Social cognition in Parkinson's disease: A case-control study Siripurapu G, Verma D, Biswas D, Reghu A, Vishnoi A, Radhakrishnan DM, Elavarasi A, Gupta A, Vishnu VY, Singh MB, Bhatia R, Tripathi M, Srivastava AK, <b>Srivastava MVP</b> , Rajan R. Mov Disord Clin Pract. 2023 Jan 11;10(3):399-405	4	-
9	Escalate: Linezolid as an add on treatment in the intensive phase of tubercular meningitis: A randomized controlled trial Sahib A, Bhatia R, <b>Srivastava MVP</b> , Singh MB, Komakula S, Vishnu VY, Rajan R, Gupta A, Srivastava AK, Wig N, Vikram NK, Biswas A. Tuberculosis (Edinb). 2023 Jun 20:102351	2.9	1
10	COVID-19, vaccine, and Guillain-Barré syndrome: Association or causation Agarwal A, <b>Srivastava MVP</b> , Vishnu VY Ann Ind Acad Neurol. 2023 May-Jun; 26(3):223-224	1.7	-
11	Cervical artery dissection: An important cause of stroke in young Agarwal A, Srivastava MVP. Ann Ind Acad Neurol	1.7	-
12	Minimal clinically important difference (MCID) in patient-reported outcome measures for neurological conditions: review of concept and methods Misra B, Sudheer P, Agarwal A, <b>Srivastava MVP</b> , Nilima, Vishnu VY	1.7	-

	Ann Ind Acad Neurol June 12, 2023		
13	Ifosfamide-induced extrapyramidal neurotoxicity with	_	_
13	COVID-19.		
	Nagpal C, Agarwal A, Venkateswarna V, Soni KD,		
	Srivastava MVP, Trikha A.		
	Annal of Movement disorders; 2023.		
14	Intracranial abscess unmasking pulmonary AVF due to	1.6	-
	clandestine hepatopulmonary syndrome		
	Mishra B, Agarwal A, Gupta A, Garg A, Vishnu VY, Rajan		
	R, Singh MB, Bhatia R, <b>Srivastava MVP</b>		
	Neurology India; Feb 20, 2023.		
15	Post stroke rehabilitation of distal upper limb with new	4.9	2
	perspective technologies: Virtual reality and repetitive		
	transcranial magnetic stimulation – a mini review.		
	Banduni O, Saini M, Singh N, Nath D, Kumarana SS, Kumar		
	N, Srivastava MVP, Mehnidiratta A.		
1.0	Journal of Clinical Medicine 12, 2944. 2023.	40	~
16	Family planning considerations in patients with multiple	48	5
	sclerosis		
	Krysko KM, Dobson R, Alroughani R, Amato MP, Bove R,		
	Ciplea AI, Fragoso Y, Houtchens M, Jokubaitis VG, Magyari M, Abdelnasser A, <b>Srivastava MVP</b> , Thiel S, Tintore M,		
	Vukusic S, Hellwig K.		
	Lancet Neurol. 2023 Apr;22(4):350-6		
17	Early neurological deterioration in acute ischemic stroke	0.39	_
17	Sharma A, Pandit AK, Mishra B, Srivastava MVP,	0.57	
	Srivastava AK, Vishnu VY, Singh RK.		
	Ir J Med Sci. 2023 Aug 10.		
	2022	1	
18	Publication of neurology trials registered with Clinical Trial	3.9	-
	Registry of India: A cross-sectional study		
	Mishra B, Agarwal A, Nilima, <b>Srivastava MVP</b> , Vishnu VY		
	Acta Neurol Scand. 2022 Nov;146(5):475-484		
19	Primary CNS vasculitis (PCNSV): A cohort study	4.9	4
	Agarwal A, Sharma J, <b>Srivastava MVP</b> , Sharma MC, Bhatia		
	R, Dash D, Goyal V, Srivastava AK, Tripathi M, Suri V,		
	Singh MB, Agarwal S, Sarkar C, Joseph L, Singh MM, Suri		
	A, Singh RK, Vibha D, Pandit AK, Rajan R, Gupta A,		
	Elavarasi A, Radhakrishnan DM, Das A, Gaikwad S, Tandon V, Doddamani R, Upadhyay A, Garg A, Vishnu VY.		
	Scientific Reports (2022) 12:13494		
20	Citicoline in acute ischemic stroke: A randomized controlled	3.75	3
	trial (CAISR)	3.13	5
	Agarwal A, Vishnu VY, Sharma J, Bhatia R, Garg A,		
	Dwivedi S, Upadhyay A, Goyal V, Singh MB, Gupta A,		
	Rajan R, Srivastava MVP		
	PLoS ONE 17(5): e0269224		
21	Chronic neuropsychiatric sequelae of SARS-CoV-2: Protocol	16.6	3
	and methods from the Alzheimer's Association Global		
	Consortium		

	De Erausquin GA, Snyder H, Brugha TS, Seshadri S, Carrillo M, Sagar R, Huany Y, Newton C, Tartaglia C, Teunissen C, Hakanson K, Akiyemi R, Prasad K, D'Avossa G, Gonzalez-Aleman G, Hosseini A, Vavougios GD, Sachdev P, Bankart J, Mors NPO, Lipton R, Katz M, Fox PT, Katshu MZ, Iyengar MS, Weinstein G, Sohrabi HR, Jenkins R, Stein DJ, Hugon J, Mavreas V, Blangero J, Cruchaga C, Krishna M, Wadoo O, Becerra R, Zwir I, Longstreth WT, Kroenenberg G, Edison P, Mukaetova-Ladinska E, Staufenberg E, Figueredo-Aguiar M, Yecora A, Vaca F, Zamponi HP, Re VL, Majid A, Sundarkumar J, Gonzalez HM, Geerlings MI, Skoog I, Salmoiraghi A, Boneschi FM, Patel VN, Santos JM, Arroyo GR, Moreno AC, Felix P, Gallo C, Arai H, Yamada M Iwatsubo T, Sharma M, Chakraborty N, Ferrecico C, Akena D, Brayne C, Maestre G, Blangero SW, Brusco LI, Siddharth P, Hughes TM, Zunga AR, Kambeitz J, Laza AR, Allen N, Panos S, Merrill D, Ibanez A, Tsuang D, Valishvili N, Shrestha S, Wang S, Srivastava MVP, Anstey KJ, Ravindradanath V, Blennow K, Mullins P, Lojek E, Pria A, Mosley TH, Gowland P, Girard TD, Bowtell R, Vahidy FS. Alzheimers Dement (NY). 2022 Sep 22;8(1):e12348		
22	Cyclophophamide therapy as an adjunct in refractory post- tubercular arachnoiditis Goyal V, Elavarasi A, Kumar A, Samal P, Garg A, Shukla G, Vishnu VY, Singh MB, <b>Srivastava MVP</b> Indian J Tuberc. 2022 Jul;69(3):325-333	1.57	-
23	Bacopa monnieri in the treatment of dementia due to Alzheimer's disease: A systematic review of randomised controlled trials Basheer A, Agarwal A, Misra B, Gupta A, <b>Srivastava MVP</b> ,Kirubakran R, Vishnu VY. Interact J Med Res 2022 May 25	2	3
24	Diffuse cysticercosis- Should we treat? George J, Goel V, Agarwal A, Vishnu VY, Garg A, Srivastava MVP. Tropical Doctor. March 2022.	0.6	1
25	Outcome measures in dementia and mild cognitive impairment trials Garg D, Gupta A, Agarwal A, Mishra B, <b>Srivastava MVP</b> , Basheer A, Vishnu VY Brain Sci. 2022, 12, 922	3.3	2
26	Publication of neurology trials registered with Clinical Trial Registry of India: A cross-sectional study Mishra B, Agarwal A, Nilima, <b>Srivastava MVP</b> , Vishnu VY Acta Neurol Scand. 2022 Nov;146(5):475-484	3.9	-
27	Mucormycosis in COVID-19 patients: A case-control study Pandit AK, Tangri P, Misra S, <b>Srivastava MVP</b> , Bhatnagar S, Thakkar A, Sikka K, Panda S, Vishnu VY, Singh RK, Das A, Radhakrishnan DM, Srivastava AK, Rajeshwari S, Trikha	4.5	6

	A, Agarwal A, Rajan R, Upadhyay V, Satish P, Singh A,		
	Kairo A.		
	Micro-organisms 2022 Jun; 10(6):1209		
28	Myelin Oligodendrocyte Glycoprotein (MOG) Antibody	1.7	-
	Syndrome and Seizures: A Diagnostic Clue		
	Agarwal A, Gupta P, Sharma A, Gupta A, Garg A, Rajan R,		
	Vishnu VY, Bhatia R, Singh MB, Goyal V, Srivastava MVP.		
	Ann Ind Acad Neurol 2022 Jan-Feb;25(1):163-67		
29	Patients with neurological illnesses and their experience	1.7	-
	during lockdown: A tele-interview-based study		
	Gupta P, Mishra B, Sudheer P, Bhatia R, Singh MB,		
	Srivastava MVP, Tripathi M, Srivastava AK, Prasad K,		
	Vibha D, Vishnu VY, Rajan R, Pandit AK, Singh RK, Gupta		
	A, Elavarasi A, Das A, Divya MR, Ramanujam B, Agarwal		
	A		
20	Ann Ind Acad Neurol 2022 Jan-Feb;25(1):76-81	1.7	1
30	MTHFR deficiency: A potentially treatable cause of adult	1.7	1
	onset Hereditary spastic paraparesis		
	Sudheer P, Agarwal A, Garg A, <b>Srivastava MVP</b> , Vishnu		
	VY.		
21	Ann Ind Acad Neurol 2022 Mar-Apr;25(2):300-01	1.7	
31	Diabetic amyotrophy (Bruns Garland syndrome): A narrative	1.7	-
	review		
	Agarwal A, Srivastava MVP, Vishnu VY		
32	Ann Ind Acad Neurol 2022 Sep-Oct; 25(5): 841-844	1.7	
32	Impact of tele-neuromuscular clinic on the accessibility of care for patients with inherited neuromuscular disorders	1./	-
	during COVID-19 pandemic in India		
	Reyaz A, Agarwal A, <b>Srivastava MVP</b> , Bhatia R, Shariff A,		
	Rajan R, Gupta A, Singh MB, Vishnu VY.		
	Ann Ind Acad Neurol. 2022 May-Jun;25(3):505-07		
33	Cerebral venous thrombosis as a complication of Plasmodium	1.7	1
33	vivax malaria: A report of 2 cases	1.7	1
	Agarwal A, Murali S, Warrier A, Thomas A, Antil Y, Chadha		
	A, Vishnu VY, <b>Srivastava MVP.</b>		
	Ann Indian Acad Neurol. 2022 May-Jun;25(3):549-51		
34	Comparison of disease profiles and three-month outcomes of	1.7	-
	patients with neurological disorders with and without	= * *	
	COVID-19: An ambispective study		
	Pillai KS, Vibha D, Gupta P, Sudheer P, Mishra S, Oinam RS,		
	Mohan A, Tayade K, <b>Srivastava MVP</b> , Tripathi M,		
	Srivastava AK, Bhatia R, Rajan R, Pandit AK, Singh RK,		
	Elavarasi A, Agarwal A, Gupta A, Das A, Radhakrishnan		
	DM, Ramanujam B, Soni KD, Aggarwal R, Wig N, Trikha A.		
	Ann Indian Acad Neurol. 2022 Mar-Apr;25(2):218-23		
35	Brivaracetam induced encephalopathy: Why mend something	1.7	-
	which isn't broken?		
	Agarwal A, George J, Anand M, Tahir A, Vishnu VY, Singh		
	MB, Srivastava MVP.		
	Ann Ind Acad Neurol. Volume 25, Issue 4, July-August 2022,		

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301	Congentia.	0.19	_
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362	Idiopathic lateral sinus thrombosis – A case report.	0.19	_
302	Srivastava MVP, Jain S, Maheshwari MC.	0.17	
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	43: 219; 1995.		
363	Fibrodysplasia Ossificans Progressiva – A case report with	0.19	2
	review of literature.	0.17	
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364	Cerebral function in a relatively young subset of NIDDM	4.08	4
	patients.		
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	MVP.		
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365	Effect of Gabapentin on the EEG of patients with refractory	2.99	7
	partial seizures.		
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366	Usefulness and limitations of modified Boston Diagnostic	1.66	
300	Aphasia Evaluation (Bhatnagar) in Hindi speaking subjects	1.00	
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	Neurol India. 1995 Jan-March;43(1):55-56.		
367	Isolated manifesting carrier of Duchenne Muscular Dystrophy	1.66	1
	– A case report.		
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	Neurology India, Vol.43(1): 40-42; 1995.		
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368	Albendazole in single CT ring lesions in epilepsy.	8.8	124
	Srivastava MVP, Behari M, Mishra NK, Ahuja GK.		
260	Neurology, Vol. 44: No. 7: 1344-1346; 1994.	0.10	
369	Dopa-Resposive Dystonia.  Srivastava MVP, Behari M, Ahuja GK.	0.19	-
	Journal Of The Association Physicians Of India (JAPI), Vol.		
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370	Antiphospholipid syndrome – A case report.	0.19	
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272	1992	0.10	2
372	Dystrophin test in differential diagnosis of childhood	0.19	2
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373	Distinction of Duchenne from Emery-Dreifuss muscular	1.66	2
	dystrophy by Dystrophin assessment.	-	
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Total Publications: 373

Total Citation Index: 8327

I10 Index: 144

H Index: 58

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- 2. **M.V.Padma Srivastava,**M.M.Mehndiratta (Eds). Frontiers in Stroke- present and future. 2004
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- **50. Srivastava MVP,** Sathish P, Agarwal A. Mechanical thrombectomy in Acute Ischemic Stroke. Selected Reviews. Advances in Neurotherapeutics: Practice Pearls, 119-28Bharti Printers, 2023
- 51. Srivastava MVP, Agarwal A. Important/ Landmark stroke trials between June 2018 to

# **Annexure VI**

## **Editorial Board:**

- 1. NAMS
- 2. Stroke International
- 3. API Text book of Medicine Sectional Editor for Neurology
- 4. Guest Editor Advances and Potential New Treatments in stroke management Stroke Research and Treatment Hindawi Pub.
- 5. Guest Editor, Frontiers in Neurology.
- 6. Neurology India
- 7. Guest Editor Frontiers in Neurology

### **Reviewer:**

- 1. Neurology India
- 2. JAPI
- 3. Clinical Neurology and Neurosurgery
- 4. Annals of Neurosciences
- 5. Cytotherapy
- 6. Archives of Medical Sciences
- 7. Child Neurology and Neurosurgery
- 8. Frontiers of Neurosciences
- 9. Indian Thoracic Journal
- 10.Indian Heart Journal
- 11. Indian Journal of Post Graduate Medicine
- 12. Asian Journal of Neurosciences.

- 13. Neurology Asia
- 14. Archives of Internal Medicine
- 15. Cerebrovascular Diseases
- 16. Journal of International Medical Research
- 17. Indian Journal of Research in Homeopathy
- 18. Archives of Medicine and Health Sciences
- 19. The National Medical Journal of India
- 20. Journal of Medical Evidence
- 21. Journal of Medicine in Scientific Research
- 22. The International Journal of Mycobacteriology
- 23.Indian Journal of Pharmacology
- 24. Tropical Parasitology
- 25. Annals of Indian Academy of Neurology
- 26.Indian Journal of Pubic Health
- 27. Neurology India
- 28.APIK Journal of Internal Medicine
- 29. Journal of Global Infectious Diseases
- 30.Brain Circulation

## **Annexure VII**

## **Public Service:**

I am the founding member of the team of medical experts who give outpatient services to people of Ladakh, on an annual basis. I have been running the Neurology outpatient services in the district hospital of Leh, Ladakh (remote rural area in the mountains regions in the Zanskar range of Himalayas) for the last fourteen years.

I had organized annual public awareness programs called the BRAIN-STORM events. These included a walk by school children, flagged off by the Vice-president of India at the India Gate along with press conferences and public lectures on common brain diseases. Hand outs of information were distributed. Competitions are also held for school children in the fields of painting, elocution and essay writing on common themes of stroke, epilepsy and life style modifications for a healthy living.

I have given regularly interviews on both print and electronic media in the Healthy India, Health Show, Total Health and other programs for dissemination of information regarding various neurological diseases.

## **Stroke-WEEKfor aStroke-FREE India**



MALINGASWAM

BOARD ROOM

3pm - 5pm

AWARENESS EVENT

J.L.N. AUDITORIUM

3pm - 5pm

Our stroke week spanned from the 25<sup>th</sup> of October 2021 culminating with the main event on the 29<sup>th</sup> of October 2021. These are the highlights:

"LEARN THE ART" at 6TH FLOOR

SEMINAR HALL

COMPETITION ON

"HOW TO MAKE

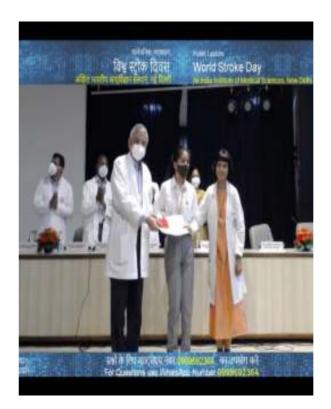
MY COUNTRY

STROKE FREE"



25th of October, 2021: We sent out an invite for essays from students from class 8-11, on the topic "How will I make my country stroke free?".

Interviewing the winners of the essay contest



Awarding prizes to winners of the essay contest

# **Launch of "SMART-INDIA" programme**





**SMART-India** App was created, with a primary purpose of providing a low-cost tele-stroke services of a neurologist and physiotherapist to physicians in district hospitals

## **Launch of "CARE-DAT" programme**





<u>CARE-DAT</u> which stands for Centre for Advanced Research and Excellence in Disability and Assistive Technology, was launched to study the role of assistive technologies in optimizing functional recovery post stroke with special emphasis on hand function and its validation of sustenance and long-term clinical impact.

## **Launch of "IMPETUS" programme**



<u>IMPETUS</u> is an implementation research project that aims to investigate the feasibility of implementing a uniform stroke care pathway in medical colleges of India and improving stroke care. The study will be conducted in selected medical colleges across the country and is intended to examine the changes in a select set of stroke care related indicators over time within the sites exposed to the same implementation strategy.

Stroke awareness lectures and a panel discussion on most often asked questions on stroke and its management, which was conducted in the local language and mostly pictorial for easier understanding.



Teaching the audience #Minutes-saves-lives

# **Annexure VIII**

# Organization of conferences and International Experience:

- 1. Organized the first IUSSTF meeting on Stroke Update between Stroke Neurologists from USA and India, December 2005.
- 2. Organized the Annual International Conference of Indian Stroke Association: 2010 as the Organizing Secretary
- 3. Organized the First Stroke Summer in Mashobra, Shimla under the aegis of ISA in the year 2013
- 4. Organized the Annual National Conference on Tropical Neurology (TROPICON) in the year 2015
- 5. Co Chair, Scientific Committee for the World Stroke Conference, 2016.
- 6. Organized the IUSSTF Meeting on Establishing Low Cost Stroke Delivery Systems in India with the visiting Stroke and Emergency Physicians from USA in December 2017.

- 7. Organized the NAMS Conference on update on Dementias and the very First Teleconference linking six tertiary hospitals in December 2017.
- 8. Member, Scientific Committee for ESO-WSO, held in Nov, 2020.
- 9. Organizing Chairman for the AIIMS-PGI Annual First Virtual conference in November 2020.
- 10.Organizing Chairman of the First HYBRID Stroke Summer School under aegis of ISA and World Stroke Organization in the month of August 2021.
- 11. Organizing Chairman of the AOCN-IAN conference held in Nov. 2022.
- 12. Faculty for the FLP for WSO, 2022.

### **VISITING PROFESSOR:**

- 1. Department of Neurology, UMASS, Boston, USA
- 2. Department of Neurology, Foot Hills Hospital, Calgary, Canada.
- 3. Department of Neurology, UCLAN, UK.
- 4. Department of Neurology, University of Cincinnati, Ohio, USA.

### **International Training:**

In Wallace – Kettering Hospital, Neurosciences and Nuclear Medicine in projects: Epilepsy and flumazenil PET and FDG-PET in gliomas. (Years 2000- 2002)

Observership in Stroke Program:

- 1. Department of Neurology, MGH, Boston, USA.
- 2. Department of Neurology, Beth Israel Deaconess Center, Boston, USA.

### **IUSSTF Programs:**

1. Organized the Joint venture meetings on Stroke Care and Stroke Delivery Systems in India with the Stroke Neurologists and Physicians from USA. (

- University of Cincinnati, December 2017; UCSF in 2005)
- 2. Member for the Task Force on organizing the Indo-US Joint conference in Bio Medical Sciences in the years 2009 and 2011.
- 3. PI for the Virtual Center for Stroke in Young between MGH, Boston and AIIMS, India.
- 4. PI for the Virtual Center for Homocysteine Trials for Lowering Stroke Risk between University of Iowa and AIIMS, India.

# **Annexure IX**

# **Administrative Experience**

- 1. Unit Head for Neurology: 2013 2019: Six years
- 2. Head of Department of Neurology: From Feb. 2019 onwards
- 3. Chief, of Neurosciences Center, AIIMS: From Feb. 2019 onwards
- 4. Member of Institute Body of SCTIMST: From 2015 to 2019: For FIVE years
- 5. Member of Governing Body of SCTIMST: From 2015 to 2019: FIVE years
- 6. Member of Institute Body of PGIMER Chandigarh: From Jan. 2020 onwards
- 7. Member of Institute Body of AIIMS, Rae Bareli: Jan 2020 onwards
- 8. Member of Governing Body of AIIMS, Rae Bareli: Jan 2020 onwards
- 9. Member of Governing Body of Ambedkar Institute of Medical Sciences under Govt. of Punjab from Jan 2020 onwards
- 10. Member of Academic Committee of NIMHANS: 2015 2019: FIVE years
- 11. Member of Standing Selection Committee of NIMHANS: 2015 2019:

### **FIVE** years

- 12. Member of the "Speciality Advisory Board" for "Neurology" by the NBE, Govt. of India
- 13. Member "Task Force Neurosciences" in DBT, Govt. of India
- **14. Member Expert Advisory Panel**, for "Regenerative medicine and Toxicology" for Fellowship to NAMS.
- 15. Member Expert Advisory Panel for starting Fellowship in Neurointerventions from NBE.
- 16. Member of "Technical Advisory Committee", SCTIMS
- 17. Mentor for the Neurology departments of Indira Gandhi Medical College Shimla and R.P. G Medical College Tanda, Govt. of Himachal Pradesh
- 18. Ex-Council Member for NAMS, elected 2014.
- 19. Ex-Member, Academic Committee, NIMHANS, Bangalore
- 20. Member of CME Committee, NAMS, from 2019
- 21. Member, Academic Committee, NAMS, from 2019
- 22. Member, Fellowship Scrutiny Committee, NASI, Allahabad, 2015.
- 23. External expert for PBSR and HBSR, ICMR.
- 24. Member, PAC committee for DST.
- 25. Ex-Member, PIRE committee, DST.
- 26. Member SEC, DGHS, Govt. Of India
- 27. External expert for DHR, Govt. Of India
- 28. Member, Task Force, SATYAM, DST, Govt. Of India
- 29. Member Task Force for NSCRT, DST, Govt. Of India, 2018.
- 30. Member Task Force for MSU for North-East, under ICMR.
- 31. Member SERB, DST, Govt of India, 2021.
- 32. Member, PAC International cooperation, Life sciences & Medical Biology, DST, Govt. of India, 2021.
- 33. Member Expert Committee for NPCDCS, MOHFW

- 34.Member, Expert Group for Median Conduct Rules for RMPs under NMC, Govt. Of India.
- 35.Member, IMA Standing Committee for Stroke/Hypertension Control Initiative, 2022.
- 36.Member, Selection Board for recruitment to the post of Dean in ESIC PGIMERs/Medical Colleges/Dental Colleges
- 37.Member Executive Council Pandit Bhagwat Dayal Sharma University of Health Sciences, Rohtak. (2022-2024).
- 38. Member, Selection Committee, for Faculty for IIT Delhi.
- 39. Member, SERB BOARD. From 2022

## **Annexure X**

## **COVID- WORK:**

In the years 2020-2021, under my stewardship, the Neurosciences Center continued to scale newer heights in the domains of patient care, research and training. Thesemonths were notable for the initiation of the TELE OPD services for follow up and new patients amidst the COVID-19 crisis. Started in March end 2020, till date nearly 8000 patients have benefited from this service and two major research projects on this service substantiated the immense satisfaction by the patients and care givers. (published). Department of Neurology was the first department in AIIMS to initiate this service. Two major publications on CONSENSUS statements on Management of STROKE and Management of Multiple Sclerosis and other primary demyelinating disorders for India, were published by the department of Neurology. We were also the first to conduct virtual DM exit exam and published the blue print which was then adopted and followed across the country. The action was also acknowledged by the API of India.

We also established the International Genomics Center for Neuromuscular Disorders in collaboration with UCL, London. The first virtual AIIMS-PGI Neurology Update was successfully held with a viewership across the world and we also initiated Neurology Twitter and Neurology You tube for purely academic purpose which would benefit medicine and neurology residents across the country and the world.

We studied extensively the clinical aspects of COVID-BRAIN relationship, and published our experience and expertise in dealing with such new challenges in diagnosis and management.

### **Publications related to COVID:**

1.Anu Gupta, Venugopalan Y Vishnu, Mamta B Singh, Rohit Bhatia, Roopa Rajan, Deepti Vibha, Arunmozhimaran Elavarasi, Divya Radhakrishnan, Ayush Agarwal, Bhargavi Ramanujam, Animesh Das, Rajesh K Singh, Awadh K Pandit, Achal Srivastava, Manjari Tripathi, Kameshwar Prasad2, **MV Padma Srivastava**.Managing Non-COVID acute neurology amidst the pandemic: Challenges and work in progress.Ann Indian Acad Neurol Jan-Feb 2021;24(1):11-14. doi: 10.4103/aian.AIAN\_999\_20.1 0.77

2. M V Padma Srivastava, Venugopalan Y Vishnu, Awadh Kishor Pandit.	-	7.914
Mucormycosis Epidemic and Stroke in India During the COVID-19 Pandemic.		
Stroke2021 Oct;52(10):e622-e623.doi: 10.1161/STROKEAHA.121.036626.		
3.Rohit Bhatia, P.N. Sylaja, M.V. Padma Srivastava, Snigdha Komakula,	0	3.115
Thomas Iype, Rajsrinivas Parthasarathy, Dheeraj Khurana, Vibhor Pardasani,		
Vijaya Pamidimukkala, S. Kumaravelu, Jeyaraj Pandian, Suman Kushwaha,		
Debashish Chowdhury, Salil Gupta, Srijithesh P. Rajendran, Rajshekar Reddy,		
Jayanta Roy, Arvind Sharma, Vivek Nambiar, Nirendra Kumar Rai, Ashish Datt		
Upadhyay, Sathish Parkipandla, Mamta Bhushan Singh, Deepti Vibha,		
Venugopalan Y. Vishnu, Roopa Rajan, Anu Gupta, Awadh Kishore Pandit,		
Ayush Agarwal, Shailesh B. Gaikwad, Ajay Garg, Leve Joseph, Sapna Erat		
Sreedharan, Sritheja Reddy, Krishna Sreela, Dileep Ramachandran, Githin		
Benoy George, Praveen Panicker, M.K. Suresh, Vipul Gupta, Sucharita Ray,		
Vikas Suri, Chirag Ahuja, Kamal Kajal, Vivek Lal, Rakesh K. Singh, Harsh		
Oza, Hiral Halani, Srinivasareddy Sanivarapu, Rajeshwar Sahonta, Ashish		
Duggal, Prashant Dixit, Girish Baburao Kulkarni, A.V.R. Taallapalli, Mamta		
Parmar, Vamsi Chalasani, Manshi Kashyap, Biswamohan Misra, Sudheer		
Pachipala, P.M. Yogeesh, Manish Salunkhe, Pranjal Gupta, J Neurol Sci. 2021		
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during pandemic and the pre pandemic period: COVID-Stroke Study Group		
(CSSG) India Published online 2021 Jul 16. doi: 10.1016/j.jns.2021.117583		

PMCID: PMC8282445 PMID: 34375915		
4. Roopa Rajan, Divya M Radhakrishnan, Achal K Srivastava, Venugopalan Y	5	0.77
Vishnu, Anu Gupta, Ahamadulla Shariff, MV Padma Srivastava. Conduct of		
virtual neurology DM final examination during COVID-19 pandemic year.		
.AIAN. 2020(23):4;429-432.		
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