

SleepWatching India

Indian Society for Sleep Research (ISSR) Newsletter Issue 11

30/04/2020



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Message from President ISSR



Dear Friends,

The ISSR wishes you best of health amidst the COVID-19 pandemic. We all are passing through an unprecedented, unusually difficult time. But the best part of the lockdown is, we all are spending quality time with the family. Everybody is getting enough time and opportunity to sleep, although the sleep cycle may have been different. One thing you must have realised that simple rest does not take away your urge to sleep. The importance sleep in

health and in our daily life have been realised by all of us. It not only takes away all our worries, but also boost our immune system. It reminds me the following lines from Shakespeare which are answer to need of sleep during this pandemic. 'the innocent sleep, Sleep that knits up the ravell'd sleeve of care, the death of each day's life, sore labour's bath, balm of hurt minds, great nature's second course, chief nourisher in life's feast'.

Our academic programme, certification examinations and mega India Sleep Show have been postponed to September 2020.. We hope that with social distancing, personal and sleep hygiene, we will be able to stop the pandemic. I hope during this lock down you will enjoy reading our latest issue of SleepWatching India. I also take this opportunity to remind you to submit symposium proposal for ASRS Congress in Istanbul this November.

Sincerely yours,

Hrudananda Mallick
President, ISSR



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Newsletter Editor

Dr. Tripath Deep Singh



Hello Everyone,

I am happy to share with you the latest issue of ISSR newsletter. When I look back to Dec 2019, year 2020 looked to be packed with Sleep activities, conferences and workshops in India as well as abroad. But things changed in Feb 2020, with spread of CORONA virus and several countries imposing lock down a lot of sleep conferences and workshops either got postponed or cancelled. Please go through the **“Sleepy Calendar 2020”** for more details on cancelled or postponed events.

I changed the cover page of this newsletter in May 2019. I decided to have a photo of sleep related event/activity/things from India on the cover page. Each photo is associated with an interesting story, which you can read in the **“ISSR Newsletter Cover Page Stories”** section.

Dr. Pratibha has contributed to a new section in this issue on **“Sleep and Indian Mythology”**. This time we cover story about King Muchukunda.

Due to lockdown of India in response to CORONA virus infection, whole country has been confined to their homes and a lot of people are working from home. This is a big change from the way we use to work during normal times and people faced challenges with this lifestyle for their personal and professional lives affecting their and their families Sleep and eating schedules significantly. I interacted with few people in India to know how CORONA virus induced lockdown is affecting their sleep schedules. You can read about their experiences in **“Sleep, COVID-19 and Peoples experiences”** section. One common thing that everyone highlighted was bad sleep hygiene. Therefore, **“Tips for good sleep”** have been included in this issue.

I am thankful to **Dr. Deepak Shrivastava** for submitting a write up in these busy and troubled times. He has discussed in detail how COVID-19 situation affected the functioning of Sleep labs in US and what is being done for proper patient care in Sleep labs under these circumstances in US. You can read about it in **“COVID-19 and Sleep Medicine”** section.

I am thankful to Dr. Ritu Daga for agreeing to publish her poem on “Insomnia” in ISSR newsletter .you can read this poem in **“Sleep and Art”** section.

I hope the readers will find the information in this issue useful and interesting and I look forward for your valuable feedback to further improve/enhance the future issues. Put **“Sleepy Calendar 2020”** on your desks. Enjoy reading!!

Sleep Well. Sleep on Time.
Dr. Tripat Deep Singh

ISSR Activities

2017	2018	2019	2020
WSF Exam 11 June 2017 AIIMS Delhi, Online Exam	India Sleep 2018 Staging Together: National Sleep Medicine Course (NSMC) National Sleep Technology Course (NSTC) ISSR Annual Conference 21-23 Sep 2018	7-8 Sep 2019 NSMC, Chennai	National Sleep Technology Course (NSTC) Delhi: Date to be announced
National Sleep Medicine Course (NSMC) 21 Sep 2017, Goa	Advanced Sleep Technology Workshop 7 April 2018, AIIMS Delhi	14-19 April 2019, NSTC, AIIMS New Delhi	19-20 Sep: India Sleep Show, Taj Vivanta Hotel, Delhi
6 th National Sleep Technology Course (NSTC) 20 Sep 2017, Goa	IBSM exam for Sleep Technologist 22 Sep 2018	14 April 2019, IBSM exam for Sleep Technologist, AIIMS New Delhi	Sleep Technologist Certification Exam, Delhi: Date to be announced
IBSM exam for Sleep Technologist 11 June 2017 AIIMS Delhi	World Sleep Society Sleep Specialist Exam, 21 st Oct 2018	11 Aug 2019 World Sleep Society Sleep Specialist Exam	World Sleep Society Sleep Specialist Certification Exam, Delhi: Date to be announced
Silver Jubilee Congress of Indian Society for Sleep Research 22-23 Sep 2017, Goa			19-20 Sep: National Sleep Medicine Course (NSMC), Delhi
Started publication "Sleep Forensics"			

*For more details on each activity please visit www.issr.in



SLEEPY CALENDAR 2020

January

20-23: SingHealth Duke NUS Sleep Centre-Phiips RPSGT Exam Preparation Course Singapore

February

10-11: Pediatric Sleep Scoring Workshop, Serdang Hospital KL Malaysia

20-23: Sleep Medicine Trends Florida US

22-23: 4TH International Sleep Update Delhi India

March

6-7: Myanmar Respiratory Society Conference Yangon, Myanmar

13: World Sleep Day

June

13-17: APSS Sleep Philadelphia US

August

SDSM Annual Conference Malaysia

Thailand Sleep Society Annual Conference

Singapore Sleep Conference

September

5-9: ERS Vienna Austria

19-20: National Sleep Medicine Course and India Sleep Show Delhi India

22-25: ESRS Seville Spain

October

9-11: ICSD SEAASM Kolkatta India

15-18: APSR Kyoto Japan

16-19: 3rd Congress of Asian Society of Sleep Medicine Beijing China

17-21: CHEST Chicago US

18-20: International Surgical Sleep Society meeting Brisbane Australia

21-24: International Pediatric Sleep Association (IPSA) Brisbane Australia

22-24: Sleep Downunder Brisbane Australia

Events Cancelled

ATS Sandiego US

SLEEPCON Chennai India

Events Postponed

SingHealth Duke NUS Sleep Centre-Phiips RPSGT Exam Preparation Course Singapore and Jakarta Indonesia

National Sleep Technology Course (NSTC) Delhi India

Annual Conference of IASSA Ahmedabad India

PSSM Annual Conference Philippines

Chest Congress Bologna Italy

Malaysian Thoracic Society Annual Conference KL Malaysia

Sleep Technologist Certification Exam by ISSR

World Sleep Society Sleep Specialist Exam by ISSR

SleepWatching India

Indian Society for Sleep Research (ISSR) Newsletter Issue 11 31/04/2020



April 2020 Issue 11

“Night Shelters” is a good initiative by Govt. to care for “Sleep” of homeless people.

In 2019, “Night Shelters” were started in Punjab and Haryana. Delhi started the same in 2015. These are night shelters for homeless people for them to Sleep during winter nights. You need to show an ID to get entry into these “Night Shelters” which has been an issue of debate.

In Delhi, now-a-days some of them are taking refuge in these “Night Shelters” during COVID-19 lockdown.

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Indian Society for Sleep Research (ISSR) Newsletter Issue 10 31/12/2019



Dec 2019 Issue 10

Sleep Medicine and Sleep gained attention of Clinical community after 1981 but Indian Railways have been taking care of travellers Sleep since 1951.

The Sleeper class (SL) is the most common coach on Indian Railways, with ten or more SL coaches attached to train rake, each coach with 9 bays. They are sleeping coaches with 6 (3+3) berths across the width 2 (1+1) lengthwise in every bay without air conditioning. They carry 72 passengers per coach. These coaches have been part of trains since 1951 when fans and lights were made mandatory for every coach.

SleepWatching India

Indian Society for Sleep Research (ISSR) Newsletter Issue 9 30/5/2019



May 2019 Issue 9

According to census of India 2001, there are 122 major languages and 1599 other languages in India.

I tried to find the word for Sleep in some of the major Indian languages, which resulted in the cover page pic for Issue 9.

Please feel free to submit the word for “Sleep” in any language that you see is missing in this pic.





Dr. Prathibha KM

Assistant Dean (UG Academics - I MBBS)
Associate Professor, Department of Physiology
Saveetha Medical College, Chennai

Myths and stories about all walks of life are an integral part of every Indian household. Despite the validity of the stories being doubtful, they open up an interesting treasure box of human beliefs. The following write-up is a collection of stories, deities and beliefs pertaining to sleep from the Hindu and Indian Mythology.

King Muchukunda:

Muchukunda was a ruler during the Satya Yuga who promised to save the deities from the demons. He fought sincerely for days and nights together sacrificing his sleep to protect the deities as promised. At the end of the war, he asked for a boon of sleep and the ability to turn anyone who disturbs his sleep to ashes. It is said that he slept across three Yugas. Finally, in the Dwapara Yuga, he was accidentally woken up by a king who mistook Muchukunda for Shri Krishna. The king who woke Muchukunda was burnt instantaneously and helped Muchukunda to wake up to the sight of the mighty Lord Krishna. Seeking Krishna's blessings, Muchukunda was awake and performed penances to attain Moksha eventually.

Note: Future issues will cover story on Kumbhakarna. In the previous issues of this newsletter, stories about Arjuna and Lakshmana have been covered.



In 2020, COVID-19 infection has caught everyone unaware and lockdown has been imposed in most countries across the globe. I talked to few people from different professions in India to understand how this situation is affecting their Sleep and Sleep patterns including their children and other family members. Some of the experiences are listed below.



Dr. Neeraj Kumar, Research Fellow JNU Delhi.

Being a Research Scholar, I am actively involved in my research program, planning and performing experiments. Before the lockdown I had a fairly regular routine, as far as sleep is concern. Since lockdown began my eating and sleeping schedule has become erratic. It has been difficult for me to adjust to a new daily schedule or lack of a schedule. I try to stay positive and try to finish my pending research articles or going through the latest research articles in my field of interest. But knowing the fact that next day I don't have to go work, has become an excuse for staying up late, which impair the quality and amount of sleep. This lockdown doesn't affect everyone in the same way. As for, my kid who has very active daily routine is now stuck in home, can't go to play ground which makes him restless, it is very hard to channelize energy, which generally end up staying late in night either watching TV or playing board games.



Dr. Gagneen Kaur, Nodal officer COVID-19, DRME Office, Punjab

Being a Nodal officer for COVID-19 situation for Punjab Govt, I have to compile the data regarding the COVID-19 situation in Punjab. This has impacted my Sleep pattern since most nights I have to stay late into the night collecting and compiling the data to get it ready for next day presentation. Many times I will watch movies late into the night waiting for the data to come but have to wake up early to reach office, thereby curtailing my Sleep time as well. I understand that this situation demands this sacrifice and is temporary and I hope that it will not affect my Sleep pattern in the long run. My daughter (9yrs) also has developed an erratic Sleep-Wake schedule.



Mr. Rakesh Kumar, Advocate Delhi and OSA patient

I am an OSA patient and using CPAP regularly. I am having a relaxed sleep at night, as there is no pressure of getting up early for household chores or for going to work. My screen time has increased and I am sleeping for 7-8hrs without having daytime sleepiness. My wife complains of increased noise from my CPAP machine.

My children (age: 14yrs and 7yrs) also stay awake late into the night and wake up only after 10am. They are sleeping for 11-12 hrs in night with no daytime naps.

DO YOU GET ENOUGH SLEEP?



1 IN 3

Adults don't get enough sleep.

Adults need 7+ hours of sleep per night.

7
OR MORE



Lack of sleep is linked to several chronic diseases and conditions, including:



DIABETES



HEART DISEASE



OBESITY



DEPRESSION

Tips for Good Sleep



Go to bed and get up at the same time each day, including weekends.



Keep bedrooms quiet, dark, and a comfortable temperature.



Remove electronic devices from the bedroom.



Avoid large meals, caffeine, and alcohol before bedtime.



Being active during the day can help you fall asleep at night.

Learn more about good sleep habits at www.cdc.gov/sleep

Tips for Healthy Sleep



Dr. Deepak Shrivastava

MD, FAASM, FACP, FCCP, RPSGT
University of New York and University of California,
Davis, US

Interview with Dr. Deepak Shrivastava on COVID-19 and Sleep Medicine

United States is in the acceleration phase of the COVID19 pandemic. The American Academy of Sleep Medicine (AASM) strongly urges all sleep clinicians to implement the following strategies for the time period recommended for physical distancing by current federal guidance, i.e., until at least April 30, 2020 or local prevailing conditions.

In-laboratory PSG, CPAP use and titration

Postpone and reschedule in-lab administration of positive airway pressure (PAP) therapy (i.e., PAP titration studies and split-night studies) except in emergencies, in which case, review the potential for aerosolization and ensure technologists use appropriate PPE. Avoid PAP use in the clinic setting due to the risk of aerosolization. Also, postpone and reschedule polysomnography (PSG) for children and adults except in emergencies.

For many patients who need in-lab PSG or PAP titration, their sleep studies can be delayed without placing their immediate health, safety or well-being at substantial risk. This decision depends on both the expertise of the clinician and the individual needs of the patient. Clinical judgment also is required to determine when sleep testing or in-person sleep care may be needed to address a medical urgency or emergency. *This recommendation gives sleep specialist flexibility of making a sound clinical decision based on risk and benefit assessment. Please remember, that PAP therapy can be started based of a clinical diagnosis made by history and physical examination, only if such examination is safe for both the patient and the providers. Current technology and a small body of clinical evidence allows for use of Auto-PAP with open settings of 4-20cm H2O.*

During this public health emergency, Medicare will cover PAP devices based on the clinician's assessment of the patient without requiring PSG or a home sleep apnea test (HSAT). However, CMS has not clarified what follow-up testing, if any, may be required after this public health emergency is over. *This recommendation may be considered in an emergent situation. A clinical example would be an obese ambulance driver who meets clinical criteria for obstructive sleep apnea or a patient with critical coronary artery disease or congestive cardiac failure who will not be able to tolerate nocturnal oxygen desaturations. Clinical sense prevails and thoroughly documented in patient records. Many other situations can be added to such scenario.*

Clinical sense, however will dictate that a complete sleep evaluation and diagnostic testing be completed once the emergent situation ceases and routine business resumes per local advisory.

Restrict home sleep apnea test (HSAT) services according to the parameters described below

Postpone and reschedule all non-emergency, in-person appointments; conduct visits via telemedicine. *Services like Zoom and simple telephone calls are allowed. Such appointments must be documented in the patient medical records.* For emergency or unavoidable in-person visits, maintain recommended standards for proper use of PPE and follow the CDC's transmission-based precautions. When sleep medicine services are postponed, maintain communication so that patients' access to the medical team and continuity of care are preserved, and loss to follow-up is minimized.

Use an HSAT delivery service.

Consider using single-use, fully disposable devices and/or components. If using reusable devices, the units must be cleaned and sanitized according to CDC or local disinfection standards. As an extra precaution during this public health emergency, it would be best to remove a reusable device from service for at least 72 hours in addition to disinfection before its next use. *This recommendation is based on current knowledge that SARS-CoV-2 can survive certain metal and plastic surfaces for up to 72 hours.* Ensure that patients do not have to leave their home to receive or return the device.

Provide patients with access to instructional brochures, video or telemedicine consultations to ensure proper set-up, as well as safe handling of the package upon arrival. *Remember that many courier personnel will handle the package and can potentially be asymptomatic carriers. Each package should be received as if it is contaminated and discarded accordingly.* Individuals responsible for cleaning reusable HSAT devices must wear appropriate PPE.

How to handle mail delivery system of HSAT in unavoidable situations

Some sleep laboratories are dispensing HSAT units through mail delivery to reduce patient contact, while others are suspending services for a limited time, with decisions made on a case-by-case basis. Exceptions may be required when there is an intolerable risk of acute adverse outcomes, such as an unavoidable emergency or safety-sensitive activity (e.g., emergency workers who report drowsiness while driving). If an HSAT is performed, some labs are waiting for at least 3 days before handling the equipment. Thorough manufacturers' cleaning instructions should be followed. Universal precautions should be followed by personnel handling recovered testing equipment.

Sleep laboratory personnel

Personnel who develop respiratory symptoms (e.g., fever, cough, shortness of breath) should be instructed not to report to work. Ensure that your sick

leave policies are flexible and consistent with public health guidance and that employees are aware of these policies. Ensure clear lines of communication on policy changes with staff. Encourage adequate rest and recovery periods for your health care workforce.

What if distilled water is not available in for humidifier use?

If distilled water is not available, alternatives for short-term use are purified bottled water (without added minerals) or tap water (preferably filtered). If these options are chosen, more rigorous humidifier cleaning is advised to prevent excess mineral buildup in the tub. Water that might not be treated or purified (well water, for example) should be avoided.

If a patient is suspected or confirmed to have COVID-19

Recommendation is to assess risks and benefits of continuing to use a PAP (CPAP/BPAP) device at home. There may be increased risk of transmission of COVID-19 to others in the environment if PAP is continued. Consider individuals residing in proximity to the patient, especially if they are at risk for severe infection. Dispersion of the virus with PAP is theoretically greater with than without PAP, but how much the risk to others changes specifically because of PAP therapy is not known. Viral particles may persist for some time depending on the type of surface. Persons at risk for infection from using PAP include co-habitants of the same dwelling. Additionally, whether it is possible for the patient to be re-infected from tubing, filters, and/or mask reuse is not known. *It implies that if patient cannot be isolated because of the space limitation like a small studio or one-bedroom apartment, consideration may be given to discontinuing the PAP therapy temporarily, until patient improves generally in 2-3 weeks in mild cases that are managed at home and do not need hospitalization. During this period, other measure to minimize episodes of sleep apnea may be considered as described below.*

The risk associated with stopping the PAP therapy

OSA is a chronic disorder, and the risk of stopping PAP for a limited period of time until the patient is no longer contagious may be manageable, depending on the severity of the disorder and symptoms. Without PAP, however, some patients may experience an increase in health risks in the short term, such as accidents, safety incidents, falls, or cardiovascular events. If such acute risks are identified, risk-mitigation strategies may be appropriate, such as advising the patient to stop driving, adhere to fall precautions, and consult with their treating physician to optimize medical management of background medical conditions.

Using positional therapy or an oral appliance (if the patient already has one), limiting the use of alcohol and sedating medications, and addressing nasal congestion may also be effective for some patients.

If these short-term risk mitigation strategies are insufficient, and a decision is made to continue PAP in a patient who has confirmed COVID-19, or is suspected of having COVID-19, the patient should be advised to maintain strict quarantine and consider strategies for protecting household contacts. *The decision of whether to continue or stop PAP therapy should be based on whether the risk vs. benefit assessment favors continued therapy.*

How to manage excessive daytime sleepiness and potential sleep apnea patients?

For the short-term, patient education should be offered regarding risk-mitigation strategies to avoid adverse consequences of untreated sleep apnea. This includes, in particular, the acute risk of fall-asleep crashes. *This important situation requires patient and their family's cooperation and patient must not drive or operate heavy machinery if they experience excessive sleepiness while engaging in such activity.* Patients should be advised to pursue non-PAP therapies, including positional therapy; limit the use of alcohol and sedating medications; control nasal congestion; and continue efforts at weight management.

In United States most sleep laboratories are closed during the pandemic and not bringing patients in for testing. Most sleep specialists have resorted to telemedicine both by secure methods, commercial services like Zoom that provide HIPPA compliant audio-visual access for a small fee and even telephone interviews. CMS has provided specific CPT codes for each of the above-mentioned services.

Resources: *AASM offers many resources that can be accessed for continued education and guidance regarding business of sleep and COVID19.*

<https://aasm.org/covid-19-resources/clinical-conversations/>

Other educational videos recorded by the author as public service announcement can be found on YouTube channel by searching key words: Julia Worrall

This article has been complied with materials made available by American Academy of Sleep Medicine. The content and format are modified and annotations are made by the author in *Italics* throughout the text. The annotations are sole responsibility of the author and are not intended to be validated by AASM whatsoever.

Sleep and Art

Time to relax, but unable to Sleep,
My mind in Turmoil, I cry and weep.

Tossing and Turning, Cursing Night,
Dear Insomnia, you are prickly heat,
My nights are no more sweet.

My days bothering, want to flee,
Dear Insomnia you need some treat,
I need Sleep, I need Sleep.

Dr. Ritu Daga

Dr. Ritu Daga is a Homeopathic Doctor and currently working as Sleep Technologist in Sleep Lab in Jaipur, India.



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

RISHIKESH

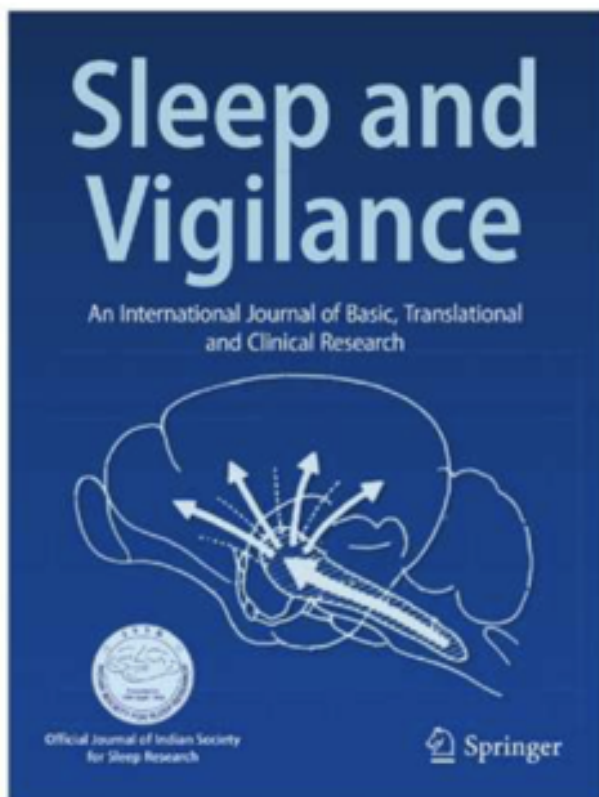
Starts Fellowship Program in Sleep Medicine.
Eligibility: MD (Medicine, Psychiatry, Physiology,
Pulmonology)
Duration: 2 yr



Starts BSc Sleep Lab Technician Course
Duration: 3 yrs

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<http://www.aiimsrishikesh.edu.in>
or call us directly with your questions.
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ISSR Journal

A global podium for biomedical and clinical researchers to present and discuss their work

Covers research on the nature and definitions of sleep, as well as sleep medicine and disorders and more

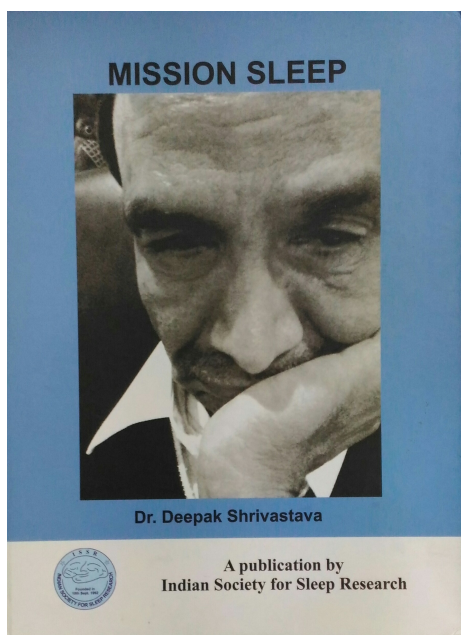
Published in collaboration and with editorial support from the Indian Society for Sleep Research (ISSR)

This journal is a forum for biomedical and clinical researchers to present research articles, case reports, clinical investigations, review articles and short communications. Covers sleep at the molecular and genetic level, imaging, medical topics and more.

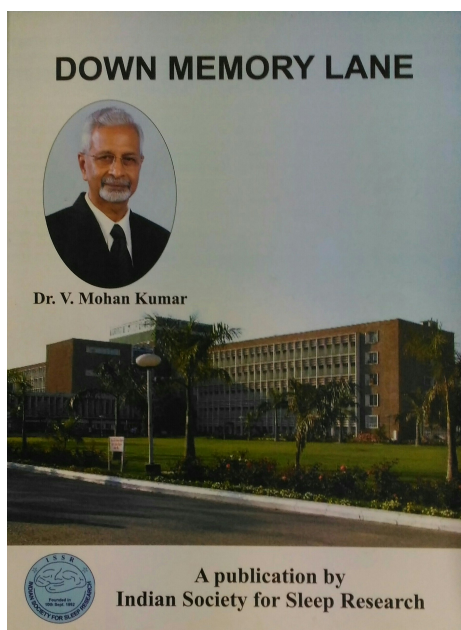
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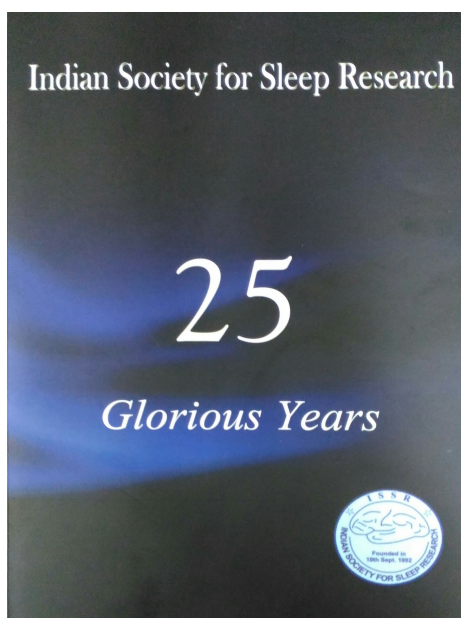
Books by ISSR



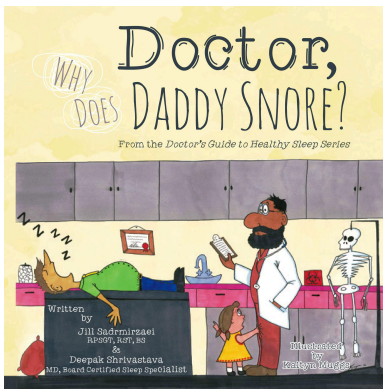
The book is ISSR tribute to Dr. Deepak Shrivastava's contributions to the field of Sleep Medicine and his active role in the development of Sleep Medicine in India. The book was released during the ISSR 25yr celebration Conference in Goa in SEP 2017.



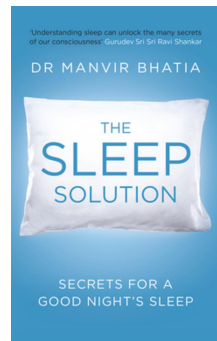
The book is ISSR tribute to DR. V. Mohan Kumar for his contributions to the field of Sleep Science and its development in India. The book was released during the ISSR 25yr celebration Conference in Goa in Sep 2017.



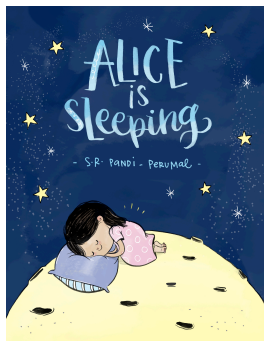
This book is a compilation of the ISSR achievements in 25yrs since its inception. The book was released during the ISSR 25yr celebration Conference in Goa in Sep 2017.



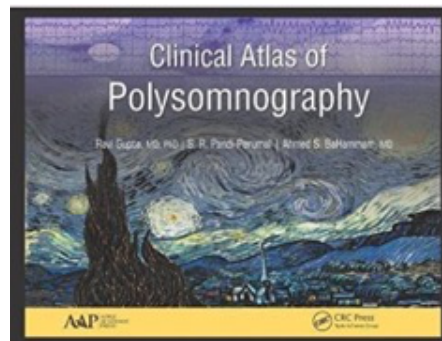
Author: Dr. Deepak Shrivastava



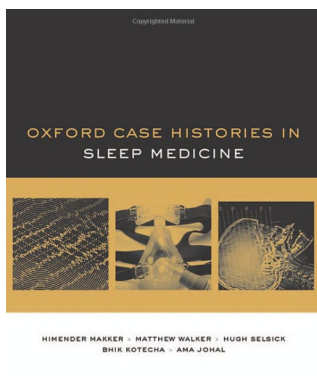
Author: Dr. Manvir Bhatia



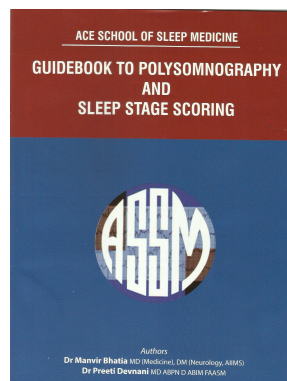
Author: S. R. Pandi-Perumal



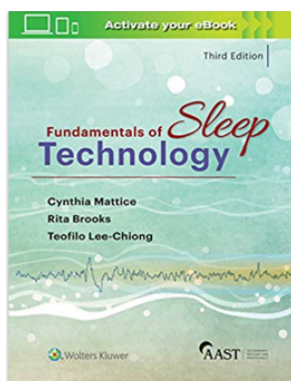
Authors: Dr. Ravi Gupta, S. R. Pandi-Perumal, Ahmed S Bahammam



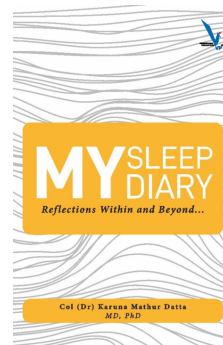
Author: Dr. Himender Makker



Dr. Manvir Bhatia and Dr. Preeti Devnani



Associate Editor: Dr. Tripat Deep Singh



Author: Lt. Col. Karuna Datta

Books by ISSR Members

National Sleep Medicine Course (NSMC) History (2006-2019)



2006- Dr. H.N. Mallick, AIIMS New Delhi



2009- Dr. Manvir Bhatia, Sir Ganga Ram Hospital, New Delhi



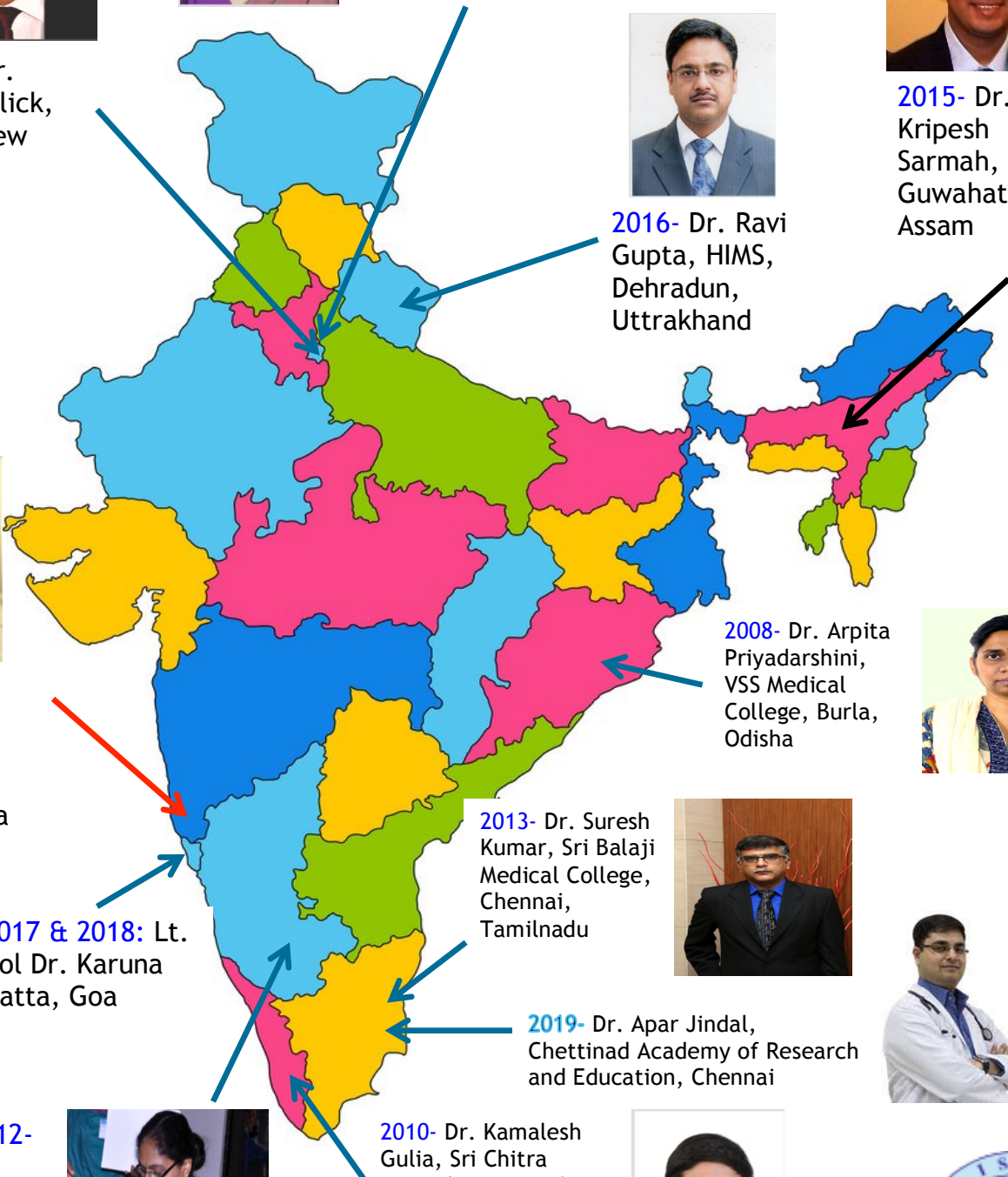
2015- Dr. Kripesh Sarmah, Guwahati, Assam



2016- Dr. Ravi Gupta, HIMS, Dehradun, Uttarakhand



2011- Dr. Preeti Devnani, Mumbai, Maharashtra

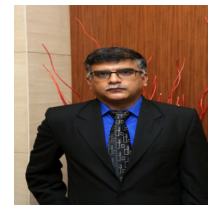


2017 & 2018: Lt. Col Dr. Karuna Datta, Goa

2008- Dr. Arpita Priyadarshini, VSS Medical College, Burla, Odisha



2013- Dr. Suresh Kumar, Sri Balaji Medical College, Chennai, Tamilnadu



2019- Dr. Apar Jindal, Chettinad Academy of Research and Education, Chennai



2007 & 2012- Dr. Bindu Kutty, NIMHANS Bangalore, Karnataka



2010- Dr. Kamalesh Gulia, Sri Chitra Tirunal Institute for Medical Sciences and Technology, Thiruvananthapuram, Kerala



ISSR Membership

The Indian Society of Sleep Research (ISSR) works to protect sleep health and promote high quality patient care. These goals are dependent on the support of the professionals working in the field. Membership with the ISSR funds the activities executed for the benefit of all who practice sleep medicine or conduct sleep research.

The ISSR works to improve sleep health through advocacy, education, and strategic research and practice standards.

The Society will have Life members, Regular members and Corresponding members. In addition to membership the Life time members will receive subscription to-

1. Journal of Sleep and Biological Rhythm
2. "Sleep and Vigilance" Journal
3. Sleep Medicine Journal
4. ISSR News letter
5. ISSR Literature Updates

We encourage you to become member of ISSR and members to renew their membership so that we have your support in continuation of the field of Sleep Medicine.

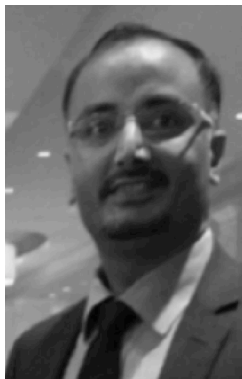
For more details on membership please visit www.issr.in

Professional Sleep Societies and Web links

American Academy of Sleep Medicine (AASM)
American Association of Sleep Technologist (AAST)
American Board of Sleep Medicine (ABSM)
European Sleep Research Society (ESRS)
Australasian Sleep Association
Asian Sleep Research Society (ASRS)
Indian Sleep Disorder Association (ISDA)
Indian Society for Sleep Research (ISSR)
Indian Association of Surgeons for Sleep Apnea (IASSA)
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www.seaasm.org
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www.worldsleepsociety.org
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Letter to the Editor:
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Our readers are invited to write to the editor regarding their views on the published material and also to contribute interesting content or updates in the field.

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