

# Concerns, Expectations and Satisfaction of Medical Tourists Attending Tertiary Care Hospitals in New Delhi, India

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**Abstract:** Delhi, the capital of India, has large number of hospitals providing medical services to people of neighboring states and abroad. On one hand it generates revenue to government and on the other hand big profit to private hospitals. This demands constant improvement of quality of care to remain competitive with other medical tourism destinations. Assessment of concerns, expectation and satisfaction level of medical tourists about their medical treatment is an important issue, although subjective, but one of the important methods to improve the quality of medical services. There is evidence which suggests that care, which is less than satisfactory to the patients, is also less effective and may reflect a failure to answer patients' needs, their expectations, or acceptable standard of service. From this study it is concluded that medical tourists were found to be satisfied with services provided in tertiary care hospitals of Delhi. Yet to address their overall concerns and issues, health sector needs to take some steps such as developing/strengthening facilities for follow up, in each country from where medical tourists were coming.

## INTRODUCTION

Since ages people have been travelling to distant places for getting medical help. This was more common in a selected group of society. The upper social classes who sought spas, mineral baths, innovative therapies, and the fair climate, used to go for the Mediterranean as destinations to improve their health. In the early nineteenth century, when there were no restrictions on travel within Europe, people were travelling to the Swiss lakes, the Alps and special tuberculosis sanatoriums, where professional and often-specialized medical care was offered<sup>1-2</sup>.

Most recently, even the middle class started travelling from developed countries to those nations which have developed relatively better health care facilities, particularly to avoid treatment delays, prohibitive cost for life saving procedures, and high cost for elective surgeries.<sup>3</sup> This is due to the fact that in last two decades globalization and advancement in technologies throughout the world including India brought many reforms in management of medical conditions. Technological advancement improved the quality but at a very high cost, which resulted in many fold increase in the cost of medical treatment throughout the world<sup>4-6</sup>. Whereas in comparison to the Western world the cost of these services was still lower in the developing countries. These countries could provide health services at cheaper rates because of availability of cheaper skilled professionals, resources and infrastructure<sup>7-9</sup>.

Asian countries like Thailand, Singapore, India, South Korea and Malaysia are attracting 1.3 million medical tourists per year from all over the world, and this number is further increasing annually. The estimated worth of medical tourism in Asia alone would be "at least \$4 billion" by 2012. India attracted an estimated 100,000 medical tourists in 2005<sup>10-11</sup>. Confederation of Indian Industries (CII)-McKinsey report<sup>12</sup> states that the medical tourism market in India pegged a 30% growth in 2000. Medical tourism is likely to increase faster in the future as cost of medical care continues to increase.

Delhi, the capital of India, has large number of hospitals providing medical services to people of neighboring states and abroad. On one hand it generates revenue to government and on the other hand big profit to private hospitals. This demands constant improvement of quality of care to remain competitive with other medical tourism destinations. Assessment of concerns, expectation and satisfaction level of medical tourists about their medical treatment is an important issue, although subjective, but one of the important methods to improve the quality of medical services. There is evidence which suggests that care, which is less than satisfactory to the patients, is also less effective and may reflect a failure to answer patients' needs, their expectations, or

acceptable standard of service<sup>13</sup>. Hence, the present study was undertaken to determine the expectation, concerns and satisfaction of medical tourists visiting Delhi for medical care.

## MATERIAL AND METHODS

**Research Design:** The design of study was descriptive in nature.

**Study Area:** All tertiary Care private Hospitals of Modern system of Medicine located in Delhi those were registered with Directorate of Health Services, Government of National Capital Territory of Delhi.

**Study Population:** Medical Tourists of Allopathic tertiary care hospitals.

**Inclusion and Exclusion Criteria for Medical Tourists**

Patients who had come from foreign countries primarily for treatment and were in recovery phase were included for interview.

Medical Tourists with the following criteria were excluded:

- who had come primarily as a tourist and during their stay in India, fell ill and thus sought medical care;
- who were living in India because of their Indian assignment or job or working in Embassies in India and fell ill; and
- who were seriously ill and could not provide reliable information or admitted in intensive care unit.

**Period of Data Collection:** The data was collected from the month of August 2008 to October 2008.

**Sampling Procedure:** Out of total 34 private tertiary-care hospitals, registered with Directorate of Health Services, Government of National Capital Territory of Delhi. A convenient sample of 14 hospitals was picked up by random selection. During survey of these 14 hospitals, only 8 hospitals were found to be providing health care services to medical tourists. Two hospitals out of eight didn't give permission to conduct this study in their hospitals. Hence present study was accomplished only in 6 hospitals. Among these 6 hospitals, 49 medical tourists qualified as per inclusion criteria. To collect the information from the medical tourist, a pre-tested interview schedule was used. Individual responses were recorded after obtaining a written consent from each medical tourist before starting the interview. In case of difficulty in getting information due to language problem help of interpreter, appointed by the concerned hospital or the attendant of the patient was taken. Out of 49 medical tourists, only 44 could be interviewed because 5 medical tourists didn't give their consent for interviews.

## ANALYSIS

Collected data was analyzed using the software Statistical Package of Social Science (SPSS) version 16.0.

## RESULTS

Forty-four among 49 medical tourists agreed to be the part of this study. Thus the response rate was 89.8%. Among the 44 medical tourists 26 (59.1%) were male and 18 (40.9%) were female. The average age was 45.3 years ( $\pm 13.7$ SD) with the range between 18 years and 80 years. Of the total 44 medical tourists interviewed, 17 (38.6%) were from the SAARC countries, 12 (27.3%) were from African countries, 5 (11.4%) were from USA & Canada, 2 (4.5%) were from Gulf countries and 8 (18.2%) were from other countries that include Iraq, Dubai, Russia, and Myanmar. (Table 1) They were admitted to various in-patients departments of the selected hospitals i.e. Gastroenterology (25%), Urology (15.9%), Cardiology (13.6%), Orthopedics (11.4%), Gynecology (4.5%), Hematology (2.3%), Nephrology (2.3%), General Surgery (2.3%) and Ophthalmology (2.3%).

**Table 1:** Background characteristic of Medical tourists visited to New Delhi.

CHARACTERISTICS		N=44 (%)
Sex	Male	26 (59.1)
	Female	18 (40.9)
Age	Mean Year + SD)	45.3 (+13.7)
Country or Regions	SAARC	17 (38.6)
	Africa	12 (27.3)
	USA and Canada	5 (11.4)
	Gulf	2 (4.5)
	Others	8 (18.2)

## EXPECTATION OF MEDICAL TOURISTS

All the 44 medical tourists had come with the expectation that they would be getting good quality of care. Majority of patients (90.9%) had expectation that they would be receiving good hospitality. This expectation was 100% among medical tourist from Africa, Gulf, USA and Canada, while this expectation was 87.5% and 82.4% respectively among medical tourists of other countries and SAARC regions. Out of 44 medical tourists, 72.7% expected skilled medical care. This expectation was high in medical tourists of SAARC (88.2%), USA & Canada (80%) but that was not a major concern for Gulf and Africa. Only 18.2% of medical tourists had expectations of less cost of treatment than their own countries. This expectation was high in medical tourists who had come from USA and Canada but not of Africa, SAARC, Gulf and Other countries (Table 2).

**Table 2:** Expectations of Medical Tourists

Expectations	Country/Region of medical tourists					Total N=44 (%)
	SAARC n=17 (%)	Africa n=12 (%)	Gulf n=2 (%)	USA & Canada N=5 (%)	Others N=8 (%)	
Good Quality of care	17 (100)	12 (100)	2 (100)	5 (100)	8 (100)	44 (100)
Good Hospitality	14 (82.4)	12 (100)	2 (100)	5 (100)	7 (87.5)	40 (90.9)
Skilled Care	15 (88.2)	7 (58.3)	0	4 (80)	6 (75)	32 (72.7)
Less Cost	1 (5.9)	1 (8.3)	0	4 (80)	2 (25)	8 (18.2)

## CONCERNS OF MEDICAL TOURISTS

Out of 44 medical tourists who came to various hospitals for their treatments, 61.4% had concern of follow up of medical care after going back to their home countries, 27.3% were concerned about skills of doctors, 25% were concerned about their personal safety, 20.5% had concerns for the qualification of doctors and 11.4% had concerns about risk of post-operative infections. All medical tourists from Gulf Countries reported concern of follow up care

and 75% by African medical tourists. But it was not a concern from USA and Canada. Other concerns were not major for medical tourists in all the countries/regions. Overall 54.5% of medical tourists felt that they were legally protected. This is major area of concern because 45.5% of medical tourists were not feeling protected in case of any complication during or after treatment. One of the patients from USA stated that whether the hospital is having any standard operating protocol (Table 3).

**Table 3:** Concerns of Medical tourists

Concerns	Country/Region of medical tourists						
	SAARC n=17 (%)	Africa n=12 (%)	Gulf n=2 (%)	USA & Canada N=5 (%)	Others N=8 (%)	Total N=44 (%)	
Follow up	1 (6.7)	9 (75)	2 (100)	0	5 (62.5)	27 (61.4)	
Skill of Doctor	2 (11.8)	5 (41.7)	2 (100)	1 (20)	2 (25)	12 (27.3)	
Personal Safety/Security	3 (17.6)	4 (33.3)	1 (50)	1 (20)	2 (25)	11 (25)	
Qualification of Doctors	2 (11.8)	4 (33.3)	1 (50)	1 (20)	1 (12.5)	9 (20.5)	
Infection during treatment	0	2 (16.7)	1 (50)	1 (20)	1 (12.5)	5 (11.4)	
Post-op infection	Operated	1 (5.9)	1 (8.3)	1 (50)	1 (20)	1 (12.5)	5 (11.4)
	Not Operated	1 (5.9)	4 (33.3)	0	2 (40)	0	7 (15.9)
Behavior of Staff	2 (11.8)	2 (16.7)	0	2 (40)	0	5 (11.4)	
HIV/AIDS risk	1 (5.9)	2 (16.7)	0	1 (20)	1 (12.5)	5 (11.4)	
Behavior of Doctors	1 (5.9)	2 (16.7)	0	1 (20)	1 (12.5)	4 (9.1)	
Infection during visit	0	1 (8.3)	0	1 (20)	1 (12.5)	3 (6.8)	
Legal Safeguard	7 (41.2)	10 (83.3)	1 (50)	1 (20)	5 (62.5)	24 (54.5)	
Standard Operating Procedure	0	0	0	1 (20)	0	1 (2.3)	

**Cost Concerns of Medical tourists:** When the cost of treatment as compare to their own country was asked 68% of the medical tourists stated that it was in excess here. Only 15.9% of them stated that it was less than their own country and they were from USA/ Canada (100%), SAARC (5.9%) and other countries (12.5%). Cost estimates were given in advance in 34 (72.2%) out of the 44 medical tourists, but cost was more than estimated in 32.3% of the medical tourists and only 26.4% it was same as estimated. In rest of 41.1% of medical tourists the final payment of bill was less than estimated. This was found more with patients of USA/Canada (Table 4).

**Table 4:** Issues of Cost of treatment according to medical tourists

Cost	Country/Region of medical tourists					Total N=44 (%)
	SAARC n=17 (%)	Africa n=12 (%)	Gulf n=2 (%)	USA & Canada N=5 (%)	Others N=8 (%)	
<b>Cost of treatment in comparison of their country</b>						
Excessive	14 (82.3)	10 (83.4)	1 (50)	0	5 (62.5)	30 (68.2)
Same	2 (11.8)	1 (8.3)	0	0	1 (12.5)	4 (9.1)
Less	1 (5.9)	0	0	5 (100)	1 (12.5)	7 (15.9)
Don't Know/ Paid by Govt	0	1 (8.3)	1 (50)	0	1 (12.5)	3 (6.8)
<b>Was estimated cost in advance informed</b>						
Yes	15 (88.2)	8 (66.7)	1 (50)	0	1 (12.5)	3 (6.8)
<b>Final Cost in comparison to estimated</b>						
More	5 (29.4)	4 (33.3)	0	1 (20)	1 (12.5)	11 (32.2)
Same	4 (23.5)	2 (16.7)	1 (50)	1 (20)	1 (12.5)	9 (26.4)
Less	6 (35.3)	2 (16.7)	0	3 (60)	3 (37.5)	14 (41.1)

## PERCEPTION REGARDING THE QUALITY OF SERVICES

**Reception services and Admission procedure:** Reception services included provision of information at reception counter, courteousness of staff and promptness in service for any query were scored 4.27 (SD $\pm$ 1.04), 4.16 (SD $\pm$ 1.05), 4.18 (SD $\pm$ 1.14) respectively that indicates very good to excellent grading for these services by the patients. Mean scores for admission procedures that included waiting time for admission and shifting to room were 3.95 (SD $\pm$ 1.25) and 4.09 (SD $\pm$ 1.11) respectively (Table 5).

Average time taken in admission procedure was 15 minutes with the range from 0 minute to 48 hours. When patients' responses were split according to time interval then it was found that

70.5% of the patients were admitted within 30 minutes time. Only in 2 cases the duration was more than 12 hours. Majority had given good and very

good scores except in some cases where grading was poor for time taken in admission (Table 5).

**Waiting Time for Consultation:** Waiting time for consultation was on an average of 10 minutes with wide range. In two cases they had to wait for more than 12 hours (Table 5).

**Time spent during ward rounds:** Time spent by consultant on each patient during the ward round was on an average of 7.5 minutes (Range from 2 minutes to 60 minutes) (Table 5).

**Perception about medical service: A) Consultant:** According to the average scores given by Medical Tourists the Communication skills of the treating consultant were excellent (4.45; SD±0.73). The consultant's visiting regularity for ward rounds had been rated as 4.39 (SD±0.86).

Similarly the means score for treatment satisfaction and behavior of consultant were 4.59 (SD±0.69) each (Table 5).

**B) Resident Doctors:** The resident doctors of the hospitals were scored for their regularity in visits, promptness of attending calls, their communication and attitude towards patients. The mean scores were 4.48 (SD±0.73), 4.50 (SD±0.73), and 4.45 (SD±0.73) respectively. All scores were graded excellent (Table 5).

**Perception about Nurses:** The nurses of the hospitals were scored for their promptness in attending calls, their behavior, punctuality in giving medicines to the patients and skills and efficiency in their work. The scores were as 4.34 (SD±0.80), 4.27 (SD±0.97), 4.34 (SD±0.91) and 4.39 (SD±0.81) respectively. The mean score value lie between very good and excellent. (Table 5).

**Perception about rooms, toilets, electricity laundry and food Services:** The cleanliness of rooms and toilets, electrical maintenance of room, interior of room and laundry services were graded as 4.36 (SD±0.81), 4.34 (SD±0.96), 4.23 (SD±0.98) and 4.45 (SD±0.79) respectively. Food quality was scored as 3.57 (SD±1.40) and timeliness of food services and food service etiquettes were graded as 4.14 (SD±0.90) and 4.25 (SD±0.84), however food taste was given less score of 2.89 (SD±1.55) indicates that quality based on taste was not rated high (Table 5).

## OVERALL RATING OF THE HOSPITAL SERVICES BY MEDICAL TOURISTS

The scoring given by medical tourists for overall performance of hospital

**Table 5:** Perception of medical tourists about the quality of hospital services\*

Perception about quality of services	Mean	SD	Range
Reception information services	4.27	1.042	1-5
Courteous Staff at reception	4.16	1.055	1-5
Promptness	4.18	1.147	1-5
Admission procedure waiting time	3.95	1.257	1-5
Shifting to room	3.95	1.257	1-5
Communication with Consultant	4.45	0.730	2-5
Visit regularity	4.39	0.868	2-5
Treatment Satisfaction	4.59	0.693	3-5
RD Visit regularity	4.48	0.731	3-5
RD Promptness	4.50	0.731	3-5
RD Communication & Attitude	4.55	0.730	2-5
NS Promptness in attn calls	4.27	0.973	1-5
NS Punctuality in giving medicine	4.34	0.914	1-5
NS Skill & Efficiency	4.39	0.813	2-5
NS Behavior	4.34	0.805	2-5
Room & Toilet Cleanliness	4.36	0.810	2-5
Room electrical maintenance	4.34	0.963	1-5
Interior of room	4.23	0.985	1-5
Laundry services	4.45	0.791	2-5
Food Taste	2.89	1.558	1-5
Food Quality	3.57	1.404	1-5
Food Service Timeliness	4.14	0.905	2-5
Service Etiquettes	4.25	0.839	3-5
Overall performance of hospital	4.48	0.698	3-5

\*Source: "Satisfaction Levels of International Patients Seeking Medical Care From Tertiary Care Hospitals In New Delhi, India" International Medical Travel Journal, 2010.

was 4.48 (SD±0.69) on 5-point Likert's scale. The 4.48 score implies that overall performance of the hospitals were in between very good and excellent, indicates that they were quiet satisfied with the performance.

## SUGGESTIONS OF MEDICAL TOURISTS

Patients were requested to provide their suggestions to improve medical services in the hospitals.

Various suggestions given were: single window services, improvement in cleanliness and furnishing of rooms, English speaking ward boys and cleaning staff, provisions to expedite the visa process in the hospital itself, provision of transport facilities from the airport to hospital for picking and dropping the patients, advertisement about the hospital on website and photographs of inside of hospital a marketing office should be made available in their country so that more patients can be benefited from medical tourism.

## DISCUSSION

India is one of the top destinations for medical tourists from all parts of the world including developed and developing nations. The present study was conducted in private tertiary care hospitals of Delhi and response rate of medical tourists was 89.7%. That can be considered very high response rate implying to high patient satisfaction according to an analysis of 210 studies where a high response rate was associated with high satisfaction levels of patients by Sitzia & Wood (1998).<sup>14</sup> Findings of the current study indicated that majority of medical tourists expected good hospitality and skilled medical care but at a lesser cost. This expectation was high in patients from SAARC, USA & Canada but was not a major concern of patients coming from Gulf and Africa. That was because of their concern for good quality of medical care which was not available in their own country. These findings were similar to the views expressed in The Economist.<sup>15</sup> This is well known fact that high quality of services are available in USA and Canada and major reason for patients from these counties coming to India is for availing quality treatment at lesser cost. In the present study small proportion of medical tourists expected less cost of treatment in comparison to their home countries. Incidentally number of such patients was more from USA and Canada. Similar to this finding many researchers had expressed that lesser cost is a motivating factor for patient's engagement in medical tourism.<sup>6</sup>

Except patients from USA and Canada, one of their major concerns (61.4%) particularly among patients from Gulf and Africa was their follow up after going back to their home countries according to the study. Similar concerns were also expressed by many reporters.<sup>21-23</sup> This was due to non-availability of specialists and liaison groups in their own countries. However, such facilities are available in USA and Canada. Patients were also concerned about skills of doctors and their qualifications, personal safety and risk of post-operative infections. Graves N et al (2008) had stated similar concerns of the patients particularly after undergoing surgeries.<sup>24</sup>

Medical tourist's satisfaction for the services is an essential indicator of quality of health care delivery. Many factors of satisfactions such as reception services with courteous staff, promptness to attend any query, admission procedure, waiting time, nursing staff promptness to attend calls, interior of rooms and room electricity maintenance were graded excellent and very good. However, there is need of improvement in the food quality and food taste. The overall satisfaction level of the current study was consistent with the findings of medical tourism survey 2008 done in UK<sup>25</sup>, revealed that the patients who traveled abroad for treatment were very much satisfied (74%) or quite satisfied (16%) and 96% of all respondents would recommend it to their friends or relatives.

## CONCLUSION

From this study it is concluded that medical tourists were found to be satisfied with services provided in tertiary care hospitals of Delhi. Yet to address their

overall concerns and issues, health sector needs to take some steps such as developing/ strengthening facilities for follow up, in each country from where medical tourists were coming.

However, further research is needed not only to confirm or refute assumption regarding the areas such as legal safeguards, security, food, language etc. Compulsory accreditation of hospitals would improve overall quality of services and performance that can be further advertised and published through reputed national and International journals.

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