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Preface

We would like to present, with great pleasure, the volume-12, Issue-4, April 2026, of a scholarly journal, *International Multispeciality Journal of Health*. This journal is part of the AD Publications series *in the field of Medical, Health and Pharmaceutical Research Development*, and is devoted to the gamut of Medical, Health and Pharmaceutical issues, from theoretical aspects to application-dependent studies and the validation of emerging technologies.

This journal was envisioned and founded to represent the growing needs of Medical, Health and Pharmaceutical as an emerging and increasingly vital field, now widely recognized as an integral part of scientific and technical statistics investigations. Its mission is to become a voice of the Medical, Health and Pharmaceutical community, addressing researchers and practitioners in below areas

Clinical Specialty and Super-specialty Medical Science:

It includes articles related to General Medicine, General Surgery, Gynecology & Obstetrics, Pediatrics, Anesthesia, Ophthalmology, Orthopedics, Otorhinolaryngology (ENT), Physical Medicine & Rehabilitation, Dermatology & Venereology, Psychiatry, Radio Diagnosis, Cardiology Medicine, Cardiothoracic Surgery, Neurology Medicine, Neurosurgery, Pediatric Surgery, Plastic Surgery, Gastroentrology, Gastrointestinal Surgery, Pulmonary Medicine, Immunology & Immunogenetics, Transfusion Medicine (Blood Bank), Hematology, Biomedical Engineering, Biophysics, Biostatistics, Biotechnology, Health Administration, Health Planning and Management, Hospital Management, Nephrology, Urology, Endocrinology, Reproductive Biology, Radiotherapy, Oncology and Geriatric Medicine.

Para-clinical Medical Science:

It includes articles related to Pathology, Microbiology, Forensic Medicine and Toxicology, Community Medicine and Pharmacology.

Basic Medical Science:

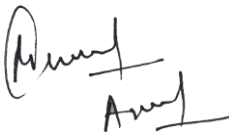
It includes articles related to Anatomy, Physiology and Biochemistry.

Spiritual Health Science:

It includes articles related to Yoga, Meditation, Pranayam and Chakra-healing.

Each article in this issue provides an example of a concrete industrial application or a case study of the presented methodology to amplify the impact of the contribution. We are very thankful to everybody within that community who supported the idea of creating a new Research with *IMJ Health*. We are certain

that this issue will be followed by many others, reporting new developments in the Medical, Health and Pharmaceutical Research Science field. This issue would not have been possible without the great support of the Reviewer, Editorial Board members and also with our Advisory Board Members, and we would like to express our sincere thanks to all of them. We would also like to express our gratitude to the editorial staff of AD Publications, who supported us at every stage of the project. It is our hope that this fine collection of articles will be a valuable resource for *IMJ Health* readers and will stimulate further research into the vibrant area of Medical, Health and Pharmaceutical Research.



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Dr. Mahesh Sharma is a Principle specialist General Surgery in Rajasthan State Government, India. He has been PMO of district hospitals for more than 15 years. He has gone abroad as observer of many of training related to his speciality. He has published and present many research paper in India as well as abroad.
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Independent Conceptualization of Gestational Surrogacy Following IVF: A Personal Historical Account (1985–1986)

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Abstract— *The development of in-vitro fertilization (IVF) in the late twentieth century opened new possibilities for treating infertility. Inspired by the birth of the first IVF baby in 1978, the author recollects conceiving the idea of gestational surrogacy in January 1985 during internship following MBBS training. The concept proposed that an embryo created through IVF from an infertile couple could be implanted into the uterus of another healthy woman willing to carry the pregnancy. The idea was later presented during the Eastern Zonal Conference of Obstetrics and Gynecology in September 1986. This article documents this personal historical account and reflects on how creative thinking in medicine may arise even during early stages of medical training. The author acknowledges that similar concepts may have emerged independently elsewhere during this period.*

Keywords— Gestational surrogacy, IVF, history of reproductive medicine, personal reflection, medical innovation.

Key Message

- The author recollects independently conceiving the concept of gestational surrogacy in January 1985 during internship, inspired by the early success of in-vitro fertilization.
- The idea of implanting an IVF-derived embryo into another woman's uterus was presented at the Eastern Zonal Conference of Obstetrics and Gynecology in September 1986.
- This personal historical reflection illustrates how innovative ideas in reproductive medicine can arise from clinical observation and curiosity, even during early training.

I. INTRODUCTION

Infertility and recurrent pregnancy loss have long posed significant emotional and medical challenges for many couples. Women suffering from congenital uterine anomalies, severe uterine disease, or repeated spontaneous abortions were often deprived of the opportunity for biological motherhood despite available treatments.

A major breakthrough occurred in 1978 with the birth of the first IVF baby, Louise Brown, which demonstrated that fertilization outside the human body was possible and could lead to a successful pregnancy [1]. This development marked a revolutionary moment in reproductive medicine and stimulated new thinking about possible solutions for infertility.

During my internship in January 1985, soon after learning about IVF technology, I began to consider whether embryos created through IVF could be implanted into the uterus of another healthy woman if the intended mother was unable to carry a pregnancy. This concept was conceived approximately seven years after the birth of the first IVF baby, when assisted reproductive technology was still in its early stages of development.

The concept described here represents a personal independent conceptualization of gestational surrogacy inspired by the emerging success of IVF during the formative years of assisted reproductive technology. Based on the author's available literature access at the time, no prior published description of this specific concept was identified, although the author acknowledges that similar ideas may have been discussed informally or presented at other academic forums during this period.

II. TIMELINE OF KEY DEVELOPMENTS

Year	Event
1978	Birth of the first IVF baby, Louise Brown, in England [1]
Early 1980s	Rapid development of assisted reproductive technologies
Jan-85	Author conceptualizes the possibility of implanting an IVF embryo into another woman's uterus
Sep-86	Concept presented at the Eastern Zonal Conference of Obstetrics and Gynecology, India
Mid-1980s	Early gestational surrogate pregnancies reported internationally
2010	Robert G. Edwards awarded the Nobel Prize for IVF development [2]

III. CONCEPT DEVELOPMENT

The idea emerged from observing the suffering of women who were unable to sustain pregnancy due to uterine factors such as congenital malformations, fibroids, or repeated miscarriages. I considered the possibility that an embryo formed from the gametes of the intended parents could be transferred into the uterus of another compatible woman who would carry the pregnancy on their behalf.

At that time, access to extensive literature on advanced reproductive technologies was limited. When the concept was informally discussed with senior postgraduate students in gynecology, it was initially met with skepticism and even ridicule. Nevertheless, the idea appeared logically consistent with the principles underlying IVF and therefore seemed worthy of academic discussion.

IV. PRESENTATION OF THE CONCEPT (1986)

Encouraged by scientific curiosity, I presented this concept during the Eastern Zonal Conference of the Obstetrics and Gynecology Society of India in September 1986. During the conference discussions, I raised the possibility of implanting a fertilized ovum into the uterus of a "foster mother" who would carry the pregnancy for the intended parents.

Clarification of presentation format: The concept was raised as a verbal comment during academic discussions at the conference. No written proceedings of this specific discussion have been located.

V. DOCUMENTARY EVIDENCE

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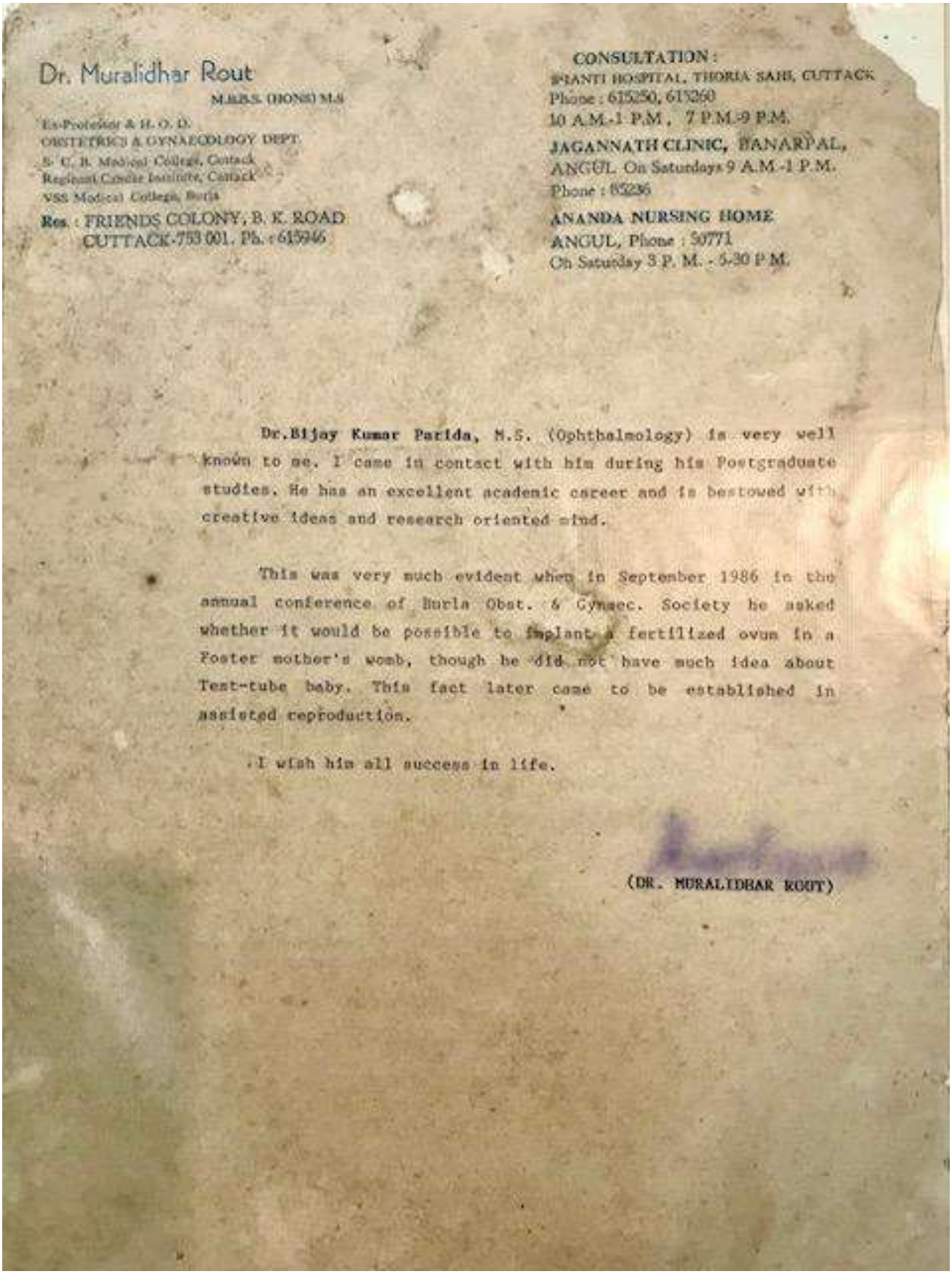
Dr.Bijay Kumar Parida, M.S. (Ophthalmology) is very well known to me. I came in contact with him during his Postgraduate studies. He has an excellent academic career and is bestowed with creative ideas and research oriented mind.

This was very much evident when in September 1986 in the annual conference of Burla Obst. & Gynaec. Society he asked whether it would be possible to implant a fertilized ovum in a Foster mother's womb, though he did not have much idea about Test-tube baby. This fact later came to be established in assisted reproduction.

I wish him all success in life.

(DR. MURALIDHAR ROUT)



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I wish him all success in life.

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FIGURE 1: Testimonial letter from Dr. Muralidhar Rout, Professor and Head of Obstetrics and Gynecology, acknowledging the author's discussion of embryo implantation into a foster mother's uterus during the Eastern Zonal Conference of Obstetrics and Gynecology, September 1986.

A testimonial letter from Dr. Muralidhar Rout, Professor and Head of Obstetrics and Gynecology, acknowledges that during the Eastern Zonal Conference of Obstetrics and Gynecology in September 1986 the author raised the possibility of implanting a fertilized ovum into the uterus of a foster mother. The letter further notes that the concept later became established in assisted reproductive technology. A copy of this letter is included as documentary evidence supporting that this concept was discussed during the conference.

VI. HISTORICAL AND CONCEPTUAL DISTINCTION

It is important to distinguish gestational surrogacy from traditional surrogacy. In traditional arrangements, the surrogate mother provides the ovum and is genetically related to the child. In contrast, gestational surrogacy involves implantation of an embryo created through IVF using the gametes of the intended parents or donors, so that the surrogate carries the pregnancy without genetic relationship to the child [3].

The concept described by the author in 1985 corresponds to this latter form (gestational surrogacy), which became scientifically feasible only after the development of IVF. The term "surrogate" itself originates from the Latin word *surrogatus*, meaning "appointed to act in place of another," but modern gestational surrogacy required the technological foundation of IVF.

VII. EVOLUTION OF SURROGACY IN REPRODUCTIVE MEDICINE

Following the early years of IVF research, assisted reproductive technology evolved rapidly. Important milestones include:

Year	Milestone
1978	Birth of Louise Brown, the first successful IVF baby (United Kingdom) [1]
Mid-1980s	Early reports of gestational surrogate pregnancies following IVF
1986	The "Baby M" case in the United States raised legal and ethical debates about surrogacy [4]
2010	Robert G. Edwards received the Nobel Prize in Physiology or Medicine for IVF development [2]

VIII. DISCUSSION

Surrogacy refers to a reproductive arrangement in which a woman carries a pregnancy on behalf of another individual or couple who will become the legal parents of the child. In gestational surrogacy, the embryo is created through IVF using the gametes of the intended parents or donors and is transferred into the uterus of the surrogate mother [3].

Such arrangements are considered in situations where pregnancy is impossible or medically risky for the intended mother, including cases of congenital uterine anomalies, hysterectomy, or medical conditions that make pregnancy dangerous.

8.1 Limitations of This Historical Account:

The author acknowledges the following limitations of this personal reflection:

1. **No systematic literature search** was conducted at the time of conceptualization or during the preparation of this manuscript to determine whether similar concepts had been published elsewhere between 1978 and 1985.
2. **This account documents a personal independent conceptualization** but does not claim global priority. Multiple independent discoveries of the same concept are common in science and medicine.
3. **Conceptualization without implementation** has different historical weight than published research or clinical application. This manuscript does not claim that the author performed or attempted any surrogacy procedures.
4. **No written conference proceedings** have been located to independently verify the 1986 presentation beyond the testimonial letter.

8.2 Significance of This Reflection:

Despite these limitations, this personal account may be of interest to readers for several reasons:

- It documents how a young physician in India, with limited access to international literature, independently arrived at a concept that later became clinically important.
- It illustrates the rapid spread of IVF-inspired thinking following the 1978 breakthrough.
- It provides a case study in medical creativity during early training.

IX. CONCLUSION

Medical innovation often arises from curiosity, observation, and compassion for patients facing difficult conditions. The experience described here illustrates how a young medical intern, inspired by the early successes of IVF, could imagine the possibility of gestational surrogacy during the early developmental phase of assisted reproductive technology.

The author recollects independently conceiving this concept in January 1985 and presenting it in an academic forum during the Eastern Zonal Conference of Obstetrics and Gynecology in September 1986. This reflection highlights that creative thinking in medicine is not limited by seniority or geography and that important ideas may originate from simple clinical reflections and a desire to alleviate human suffering.

Historical reflections such as this remind us that important medical ideas may originate from simple clinical observations and compassionate thinking toward patients suffering from infertility.

ACKNOWLEDGMENTS

The author expresses gratitude to Dr. Muralidhar Rout, Professor and Head of Obstetrics and Gynecology, for his encouragement and for documenting the discussion of this concept during the 1986 conference. The author also thanks the reviewers for their constructive comments on earlier versions of this manuscript.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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