



I.M.A.G.S.B. NEWS BULLETIN

GUJARAT MEDICAL JOURNAL

INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

Estd. On 2-3-1945

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OFFICE BEARERS

PRESIDENT

Dr. Bipin M. Patel
(M) 98250 62381
Ahmedabad

HON. STATE SECRETARY

Dr. Jitendra N. Patel
(M) 98253 25200
Ahmedabad

IMM. PAST PRESIDENT

Dr. Pragnesh C. Joshi
(M) 98241 87892
Surat

HON. JOINT SECRETARY

Dr. Shailendra N. Vora
Ahmedabad

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GUJARAT MEDICAL JOURNAL

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Ahmedabad



National President's Desk

MY APPEAL



Season's Greetings

Appeal to all Local Branch Presidents / Hon. Secretaries.

- (1) PROACTIVE EFFORTS FOR MEMBERSHIP DRIVE.
- (2) ACTIVE IMPLEMENTATION OF "AAO GAON CHALEN" PROGRAMME BY ALL BRANCHES.
- (3) BLOOD DONATION CAMP BY ALL BRANCHES ON DOCTOR'S DAY - 1st JULY 2014.
- (4) ACTIVE EFFORTS FOR STRENGTHENING OF YOUNG DOCTOR'S WING.
- (5) STRONG BONDING WITH SPECIALITY ORGANISATIONS.
- (6) "WELCOME THE GIRL CHILD..." DRIVE.

KINDLY COMPLY POSITIVELY.

Jitendra B. Patel

Dr. JITENDRA B. PATEL
NATIONAL PRESIDENT, IMA



STATE PRESIDENT'S MESSAGE



Dear members,

Summer has started and day by day temperature will rise. This time I would like to draw your attention on important issues.

It is 2014, the sensex is zooming, economic growth is rising and India has become a success story! A country of more than one billion citizens, with almost

50% of them in the productive age group, should result in an energetic and vibrant India on its march toward development. India has the second largest pool of scientific and technical manpower in the world, and is today sought out in the global marketplace as an important stop for technical and software support and services. But can numbers truly be our strength when as many as 35% of Indians are illiterate, when 1 in 4 children are not enrolled in schools, and only 60% of those who enroll reach standard five? Though India has achieved a "green revolution" that brought self sufficiency in food and a similar "white revolution" in milk production, yet even today in India 300 women die every single day due to pregnancy and childbirth, and one out of nine children born dies before his first birthday.

Malnutrition is more common in India than in Sub-Saharan Africa. One in every three malnourished children in the world lives in India.

Malnutrition limits development and the capacity to learn. It also costs lives: about 50 per cent of all childhood deaths are attributed to malnutrition.

In India, around 46 per cent of all children below the age of three are too small for their age, 47 per cent are underweight and at least 16 per cent are wasted. Many of these children are severely malnourished.

Malnutrition in children is not affected by food intake alone; it is also influenced by access to health services, quality of care for the child and



pregnant mother as well as good hygiene practices. Girls are more at risk of malnutrition than boys because of their lower social status.

1 in 3 of the world's malnourished children lives in India

Malnutrition in early childhood has serious, long-term consequences because it impedes motor, sensory, cognitive, social and emotional development. Malnourished children are less likely to perform well in school and more likely to grow into malnourished adults, at greater risk of disease and early death. Around one-third of all adult women are underweight. Inadequate care of women and girls, especially during pregnancy, results in low- birthweight babies. Nearly 30 per cent of all newborns have a low birthweight, making them vulnerable to further malnutrition and disease.

Vitamin and mineral deficiencies also affect children's survival and development. Anaemia affects 74 per cent of children under the age of three, more than 90 per cent of adolescent girls and 50 per cent of women. Iodine deficiency, which reduces learning capacity by up to 13 per cent, is widespread because fewer than half of all households use iodised salt. Vitamin A deficiency, which causes blindness and increases morbidity and mortality among pre-schoolers, also remains a public-health problem.

India has its problems but as President APJ Abdul Kalam says "Nations consist of people and with their effort a nation can accomplish all it could ever want".

I urge all I.M.A. branches to work on these issues, so that our society becomes healthy.

Long live I.M.A.

Dr. Bipin M. Patel
(President, G.S.B., I.M.A.)



HON. STATE SECRETARY'S MESSAGE



Dear members,

At the outset wish you all good mood, health & spirit. Many of you might have planned for enjoying the vacation with family, friends or like minded groups. Wishing you all happy journey, good health & fruitful trip. Enjoy this relaxation & freedom the way you wish.

But mind well, freedom comes only when we fulfil our duties equally responsibly. Both goes hand in hand. And responsibilities are at different levels like; personal, family, professional, community, association, country, world, etc. Here, I would like to draw your attention particularly towards association.

As you all might be aware about celebrating blood donation event all over country by 1st July, I humbly request all leaders at different local branches & state leaders to start organising to celebrate this event with support of your members & other NGO's. You may always contact office for any kind of query.

Admissions of PG 1st year is already going on. My request to make them enrol by explaining the benefits of IMA membership & give thrust to membership drive as last date of discount is 30-6-14 & it is not going to be extended.

On behalf of all members, I would like to congratulate IMA Surat branch for organising mega event "LEGALCON" where more than 700 registrations were done. I would like to congratulate IMA Ankleshwar branch too for successfully organising PPS seminar for the first time at very good venue, stuff & presence. I have also witnessed the ongoing excellent community work by IMA Palanpur branch during my personal



visit over there. I am really impressed by the keen interest, involvement & unity of all local leaders in such a philanthropic activity for society & association. I also wish them success in their endeavour. Recently, AMA has successfully organised its consecutive 4th AMACON on 12th & 13th april. Kudos to the whole team.

Once again, my invitation to all interested members to contribute in our own bulletin to express your creative thoughts, views activities, write-ups, & what not of different topics of your interest which you think our members might love to read. You may have your own column on goingly on any subject, not necessarily medical only. Do you have it in you? Have you ever think of it? Grab the opportunity of your self expression & experience what you have inside. Let it flow. Anticipating for outburst of inflows from your side.

Thanking in anticipation. See you next month. Enjoy.

Yours Truly,

Dr. Jitendra N. Patel
(Hon. State Secy., G.S.B., I.M.A.)

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For Kind Attention Please

We would like to add following section in our News Bulletin like.....

1. Sport Update
2. Politics Update
3. Humour
4. Movie Update
5. Finance Update
6. Recent advances in Medical Science
7. Use of Information Technology in Medicine.
8. Any other interesting matter which increase readership of our bulletin.

Members who are interested to write on any of the following should

contact : **Dr. Jitendra Patel**, Hon. State Secretary, IMA-GSB on

E-mail : drjitendrapatel11@yahoo.com M. : 098253 25200



CENTRAL WORKING COMMITTEE MEETING

Indian Medical Association, 211th Central Working Committee Meeting was held on 13th, April 2014 at Pushkar, Rajasthan.

Following members from our State attended the meeting.

- | | | |
|-----|------------------------|-----------|
| 1. | Dr. Jitendra B. Patel | Ahmedabad |
| 2. | Dr. Bipin M. Patel | Ahmedabad |
| 3. | Dr. Pragnesh C. Joshi | Surat |
| 4. | Dr. Chetan N. Patel | Vadodara |
| 5. | Dr. Ashok D. Kanodia | Ahmedabad |
| 6. | Dr. Jitendra N. Patel | Ahmedabad |
| 7. | Dr. Bharat V. Trivedi | Bhavnagar |
| 8. | Dr. Kirti M. Patel | Ahmedabad |
| 9. | Dr. Suresh P. Amin | Vadodara |
| 10. | Dr. Anil J. Nayak | Mehsana |
| 11. | Dr. Praful R. Desai | Navsari |
| 12. | Dr. Mansukh R. Kanani | Bhavnagar |
| 13. | Dr. Babubhai J. Patel | Unjha |
| 14. | Dr. Yogendra S. Modi | Ahmedabad |
| 15. | Dr. V. T. Parmar | Bhavnagar |
| 16. | Dr. Ghanshyam L. Patel | Bhavnagar |
| 17. | Dr. Rajendra H. Jain | Mehsana |
| 18. | Dr. Girish Modi | Surat |



STATE PRESIDENT-HONY. SECY. & OFFICE BEARERS TOURS/VISIT

- | | |
|-------------|--|
| 16/03/2014 | Dr. Jitendra B. Patel; National President IMA HQs. Dr. Bipin M. Patel; President, Dr. Jitendra N. Patel; Hon. State Secretary, and Dr. Mahendra B. Desai, Technical Consultant, Unit-I, Dr. Ashok D. Kanodia, Unit Coordinator, Unit-I attended Annual Unit Workshop, Hotel Novotel, Ahmedabad |
| 22-23/03/14 | Dr. Bipin M. Patel; President, Dr. Pragnesh C. Joshi, Imm. Past President, Dr. Jitendra N. Patel; Hon. State Secretary, and Dr. Parth M. Desai, Technical Consultant, Unit-II, Dr. Mansukh R. Kanani, Unit Coordinator, Unit-II, Dr. Ashok D. Kanodia, Unit Coordinator, Unit-I attended Annual Unit Workshop, Sugati Resort, Diu. |
| 23/03/2014 | Dr. Bipin M. Patel; President, Dr. Jitendra N. Patel; Hon. State Secretary, attended CME Academy of Pediatrics organised by Veraval Branch & Installation Ceremony of new team, Rajkot branch. |
| 30/03/2014 | Dr. Jitendra B. Patel; National President IMA HQs. Dr. Bipin M. Patel; President, Dr. Jitendra N. Patel; Hon. State Secretary, and Dr. Dilip Vaidya; Director, P.P.S. IMA-GSB attended P.P.S. Zonal Education Seminar & "LEGALCON" at Surat |
| 06/04/2014 | Dr. Bipin M. Patel; President attended Installation ceremony of the new team of Ahmedabad Obstetrics & Gynecological Society (AOGS) at Ahmedabad. |
| 06/04/2014 | Dr. Jitendra N. Patel; Hon. State Secretary, attended P.P.S. Zonal Education Seminar at Ankleshwar branch. |
| 09/04/2014 | Dr. Jitendra N. Patel; Hon. State Secretary, attended Courtesy visit to IMA Palanpur branch. |



ATTENTION PLEASE !!!

IMA LOCAL BRANCHES

Election Notice of I.M.A. for the post of State President (Vadodara Zone) and Six Vice Presidents (One from each zone) has been posted to the Local Branch Secretaries.

RULES AND BYE-LAWS OF THE LOCAL BRANCHES :

- (A) A Local Branch shall make its own Constitution to govern itself taking the Constitution of I.M.A. H.Q. and of the State Branch as the guideline. The Constitution, Rules and Bye-Laws of a Local Branch shall not infringe or contravene the provisions of Memorandum of Association Rules and Bye-Laws of I.M.A. Headquarters and / or of the State Branch.
- (B) The Constitution, Rules and Bye-Laws so framed by a Local Branch and submitted to the State Branch, shall be forwarded to the Headquarters for approval and ratification with the remarks of the State Branch thereon if any, and it should be implemented only when it has been approved and ratified by the Working Committee of the IMA H.Q.
- (C) Till such time as the Constitution of a Local Branch has been approved by the Headquarters, the said Local Branch shall follow Model set of Rules and Bye-Laws and guidelines prescribed by the headquarters and the State Branch for a Local Branch.
- (D) The Rules and Bye-Laws of the Indian Medical Association Headquarters shall apply in any matter not covered by the Rules and Bye-Laws of the State Branch or of a Local Branch already ratified by the Working Committee.



ATTENTION PLEASE !!!

IMA MEMBERS

Election Notice of I.M.A. for the post of State President (Vadodara Zone) and Six Vice Presidents (One from each zone) has been posted to the Local Branch Secretaries.

ELIGIBILITY OF OFFICE BEARERS :

- (A) State President shall be a Life Member of Association.
- (B) Vice President shall be from the same zone for which they have been proposed.
- (C) Hon. State Secretary, Hon. Jt. Secretary, Hon. Asst. Secretary and Hon. Treasurer candidates shall be from amongst the State H/Q.
- (D) Candidates for Zonal Posts shall be from amongst the eligible members of Local Branches from the same zone for which they have been proposed.
- (E) Eligibility of local branches for nominating the candidate for election of the State Branch.
 - 1) The local branch shall be an active branch not suspended or defunct.
 - 2) It shall have cleared its S.F.C. for the year by 15th April.
- (F) 1) **He/She must be a life member of I.M.A.**
 2) **He/She must have seven years continuous membership of I.M.A.**
 3) **He/She should have served G.S.B. I.M.A. as a Working Committee member for at least 3 years.**

In case of non receipt of valid nomination, any other life member can be considered for that particular post.

For further information, please contact your Local Branch Secretary.



NEW LIFE MEMBERS

I.M.A. GUJARAT STATE BRANCH

We welcome our new members

L_M_No.	NAME	BRANCH
LM/23275	Dr. Kanabar Hetal Natubhai	Junagadh
LM/23276	Dr. Solanki Surendrasingh B.	Navsari
LM/23277	Dr. Sudrasana Naresh B.	Talod
LM/23278	Dr. Kela Ankit Jayprakashbhai	Deesa
LM/23279	Dr. Kela Perna Ankitbhai	Deesa
LM/23280	Dr. Luhar Mehl Mananbhai	Surat
LM/23281	Dr. Patel Talpesh Vallabhbhai	Surat
LM/23282	Dr. Kalasariya Vinubhai J.	Rajula(J)
LM/23283	Dr. Shah Jayesh Hasmukhbhai	Rajula(J)
LM/23284	Dr. Baladania Mukesh Jerambhai	Rajula(J)
LM/23285	Dr. Gandhi Paulin Anilkumar	Ahmedabad
LM/23286	Dr. Prajapati Bhavik Anilbhai	Ahmedabad
LM/23287	Dr. Vakta Rohan Kiritbhai	Ahmedabad
LM/23288	Dr. Tailor Anand Sureshbhai	Ahmedabad
LM/23289	Dr. Patel Rita Lallubhai	Ahmedabad
LM/23290	Dr. Prajapati Ashwin Bhikhabhai	Ahmedabad
LM/23291	Dr. Jain Nitin Jinendrabhai	Ahmedabad
LM/23292	Dr. Jain Meenal Nitinbahi	Ahmedabad
LM/23293	Dr. Dave Purvi Rameshchandra	Ahmedabad
LM/23294	Dr. Gandhi Pooja Rutulbahi	Ahmedabad
LM/23295	Dr. Patel Ritesh Gunvantlal	Ahmedabad
LM/23296	Dr. Bhatt Hrutvij Rajendrabhai	Ahmedabad
LM/23297	Dr. Gandhi Rozil Jayeshbhai	Ahmedabad
LM/23298	Dr. Gandhi Aditi Rozilbhai	Ahmedabad
LM/23299	Dr. Shah Ritesh Prafulchandra	Ahmedabad
LM/23300	Dr. Kheradia Tarang Nareshchandra	Ahmedabad
LM/23301	Dr. Shah Kush Shaileshkumar	Ahmedabad
LM/23302	Dr. Parikh Gopaldas Dipakray	Ahmedabad
LM/23303	Dr. Parikh Loma Gopaldas	Ahmedabad



LM/23304	Dr. Patel Arpit Prahladbhai	Ahmedabad
LM/23305	Dr. Bhalodia Rushay Hareshbhai	Ahmedabad
LM/23306	Dr. Thanki Parth Narendrabhai	Khambhat
LM/23307	Dr. Narang Devendrakumar R.	Surat
LM/23308	Dr. Savalia Krushn Vitthalbhai	Surat
LM/23309	Dr. Patel Ketan Ramnikbhai	Surat
LM/23310	Dr. Chauhan Daxesh Chimanlal	Bharuch
LM/23311	Dr. Jain Vikash Rameshchandra	Rajkot
LM/23312	Dr. Makwana Gopee Ebhalbhai	Rajkot
LM/23313	Dr. Ramani Jasmin Bavsnjibhai	Rajkot
LM/23314	Dr. Babaria Khyati R.	Rajkot
LM/23315	Dr. Sutariya Rajkumar B.	Himatnagar
LM/23316	Dr. Vora Neha Satyenbhai	Vadodara
LM/23317	Dr. Mirza Mohammed Shaheed	Vadodara
LM/23318	Dr. Tanna Kajal Jitendrabhai	Vadodara
LM/23319	Dr. Patel Sweta Hasmukhbhai	Vadodara
LM/23320	Dr. Singh Umashankar B.	Vadodara
LM/23321	Dr. Parmar Jayvir Motisinhbhai	Bhavnagar
LM/23322	Dr. Sarvaiya Jatin Shashikant	Bhavnagar
LM/23323	Dr. Desani Chauham Amardasbhai	Bhavnagar
LM/23324	Dr. Patel Manglesh Govindbhai	Modasa
LM/23325	Dr. Chaudhari Naitikkumar R.	Vyara
LM/23326	Dr. Jain Mohit Jitubhai	Jetpur
LM/23327	Dr. Bhalodia Maulik Babulal	Junagadh
LM/23328	Dr. Pansuriya Himanshu G.	Surat
LM/23329	Dr. Chauhan Kunal Tejendrabhai	Surat
LM/23330	Dr. Sojitra Ashish Popatbhai	Surat
LM/23331	Dr. Patel Chintan Govindbhai	Modasa
LM/23332	Dr. Buddhdev Pratik Vinodray	Mahuva
LM/23333	Dr. Dholakia Dharak Chandreshbhai	Mahuva
LM/23334	Dr. Bhatia Ashish Marutiprasad	Godhra
LM/23335	Dr. Desai Jalpa Jayantilal	Godhra
LM/23336	Dr. Gandhi Harshit Nareshkumar	Godhra
LM/23337	Dr. Kothi Zuber Sulemanbhai	Godhra
LM/23338	Dr. Dave Jay Rajeshbhai	Ahmedabad



LM/23339	Dr. Raval Bhargav Durgaprasad	Ahmedabad
LM/23340	Dr. Raval Anupama Bhargav	Ahmedabad
LM/23341	Dr. Vyas Anupama Nathurambhai	Ahmedabad
LM/23342	Dr. Shah Hardik Mukeshbhai	Ahmedabad
LM/23343	Dr. Bavishi Parth Himanshubhai	Ahmedabad
LM/23344	Dr. Bavishi Janki Parth	Ahmedabad
LM/23345	Dr. Padmaraj Rakesh Y.	Ahmedabad
LM/23346	Dr. Rathod Pankaj Shantilal	Ahmedabad
LM/23347	Dr. Patel Yash Mayurbhai	Ahmedabad
LM/23348	Dr. Patel Zalak Yashbhai	Ahmedabad
LM/23349	Dr. Champaneri Himanshu A.	Ahmedabad
LM/23350	Dr. Patel Maitri Maitreybhai	Ahmedabad
LM/23351	Dr. Patel Vimal Chandulal	Ahmedabad
LM/23352	Dr. Thaker Shaunak Shaileshbhai	Ahmedabad
LM/23353	Dr. Shah Rujuta Prayagbhai	Ahmedabad
LM/23354	Dr. Parikh Urvi Dilipbhai	Ahmedabad
LM/23355	Dr. Amin Tarkik Kalidas	Ahmedabad
LM/23356	Dr. Joshi Jayshree Mayankbhai	Ahmedabad
LM/23357	Dr. Chaudhary Nipun Dipakbhai	Ahmedabad
LM/23358	Dr. Das Barnik Sukumar	Ahmedabad
LM/23359	Dr. Patel Ankitkumar Babubhai	Morbi
LM/23360	Dr. Malampara Babulal T.	Morbi
LM/23361	Dr. Kamani Bhavin Laljibhai	Rajkot
LM/23362	Dr. Pipaliya Bhumi Bharatbhai	Rajkot
LM/23363	Dr. Vaghani Gaurang Manajibhai	Rajkot
LM/23364	Dr. Chaudhari Mitesh Sevabhai	Vyara
LM/23365	Dr. Hirapara Pushpendra H.	Surat
LM/23366	Dr. Hirapara Nancy Pushpendra	Surat
LM/23367	Dr. Nicholas Shiney Tony	Surat
LM/23368	Dr. Patel Hitesh Narshibhai	Bhavnagar
LM/23369	Dr. Gupta Monalisa K.	Bhavnagar
LM/23370	Dr. Guwaliwala Chirag Rajeshbhai	Ankleshwar
LM/23371	Dr. Patel Dipak Gordhanbhai	Patan
LM/23372	Dr. Shah Jay Mugatray	Jamnagar
LM/23373	Dr. Gandhi Patik Dipakbhai	Gondal
LM/23374	Dr. Lalwala Deepa Jayeshkumar	Gondal
LM/23375	Dr. Patel Pranav Rambhai	Gandhinagar



LM/23376	Dr. Patel Roshni Dilipkumar	Gandhinagar
LM/23377	Dr. Gondalia Chintan Mukesh	Gandhinagar
LM/23378	Dr. Champaneria Urvashi K.	Gandhinagar
LM/23379	Dr. Patel Janak Ashokbhai	Gandhinagar
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LM/23381	Dr. Silajiya Dharmesh A.	Gandhinagar
LM/23382	Dr. Gamit Vipul Babubhai	Vyara
LM/23383	Dr. Zala Amrutbhai Panabhai	Palanpur
LM/23384	Dr. Pipaliya Umiya Jadavbhai	Anand
LM/23385	Dr. Prajapati Snehal Rajnikant	Idar
LM/23386	Dr. Modi Gaurav Bharatkumar	Mehsana
LM/23387	Dr. Doshi Himank Mahavirbhai	Bhavnagar
LM/23388	Dr. Nagori Nidhi Narpal Raj	Bhavnagar
LM/23389	Dr. Doshi Dharmil Chandresh	Bhavnagar
LM/23390	Dr. Tejura Janki Anantbhai	Rajkot
LM/23391	Dr. Jojera Amit Sudagar Mal	Nadiad
LM/23392	Dr. Patel Anil Karshanbhai	Nadiad
LM/23393	Dr. Barot Mayur Jayantilalbhai	Vadodara
LM/23394	Dr. Mehta Kajal Sudhanshubhai	Vadodara
LM/23395	Dr. Prajapati Pankaj Gandabhai	Vadodara
LM/23396	Dr. Prajapati Hardik Govindbhai	Vadodara
LM/23397	Dr. Parmar Dinesh Gethabhai	Vadodara
LM/23398	Dr. Dinkar Mukesh Rumalsingh	Vadodara
LM/23399	Dr. Ninama Ravindra Arvindbhai	Vadodara
LM/23400	Dr. Shah Shaishav Satishkumar	Vadodara
LM/23401	Dr. Patel Vijaykumar Ramanbhai	Vadodara
LM/23402	Dr. Bahatia Amit Bhanubhai	Vadodara
LM/23403	Dr. Shah Kuntal Satishbhai	Vadodara
LM/23404	Dr. Shah Taral Kuntalbhai	Vadodara
LM/23405	Dr. Patel Shailesh Vitthalbhai	Vadodara
LM/23406	Dr. Patel Nita Shaileshbhai	Vadodara
LM/23407	Dr. Patel Vardhan Rameshchandra	Surat
LM/23408	Dr. Parekh Malay Navinchandra	Surat
LM/23409	Dr. Patel Vinodkumar Gandabhai	Surat
LM/23410	Dr. Doi Suraiya Khalidahmed	Himatnagar
LM/23411	Dr. Mali Sandip Devshibhai	Rapar



CONGRATULATIONS



Dr. H. P. Bhalodiya
(Joint Replacement Surgeon), Ahmedabad

Elected as a President of Indian Society & Hip & Knee surgeons for year 2014-15.

❖ **Dr. Kirit M. Vaidya;** **Ahmedabad**

Won first prize in both 50 meters and 100 meters back stroke swimming of Kankaria Carnival 2013, Senior Citizens Sport competition held on December, 2013

❖ **Dr. Narendra B. Raval;** **Ahmedabad**

Being awarded Late Dr. D.R. Patel memorial oration for the year 2014, for delivering medical oration on the subject 'Bronchial Asthma Past, Present & Future' held on 2nd March, 2014 at Ahmedabad by The Association of Chest Physicians of Gujarat.

❖ **Dr. Nathubhai Patel;** **Ahmedabad**

Getting Championship at Swimming competition (age group 80 and above) on 25th to 27th October, 2013 by Swimming Federation of India

❖ **Dr. Praful S. Shah;** **Savarkundla**

Congratulations to our member Dr. Praful S. Shah and his wife Smt. Indiraben Shah, who have started Sonal Foundation in Bhavnagar, Gujarat in 2006 to run a library at their home. They have also started library in Government Schools since 2006 to 2009, the Foundation has donated 20 lakh books to 7,015 primary schools. Each school got 400 books in Gujarati worth Rs. 8000 for this work. They have got their name in Limca Book of Record as National Record.

❖ **Jay K. Kharsadiya son of Dr. Kirit Kharsadiya** **Ahmedabad**

Stood first in Final M.B.B.S. part-II, Jan. 2014, Gujarat University exam.

❖ **Dr. Kala Ashok Shah;** **Ahmedabad**

Being awarded as "Tejaswini Mahila Award for 2014" by Durdarshan Kendra, Ahmedabad.



BLOOD DONATION

As we all know our National President **Dr Jitubhai B. Patel** has appealed all IMA members to organise blood donation camp at our place before **1st July Doctor's Day** & trying to create awareness & contribute in community work. We request all local branch president, secretaries & state leaders to lead at their respective areas & organise blood donation camps before 1st July & notify it to state office so we can publish the data on the eve of 1st July.

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OBITUARY



Dr. Ranjitsinh G. Mangrolia

(08/05/1938 - 21/01/2014)

Age : 76 years

Qualification : L.M.P.

Name of Branch : Surat

* * * * *

We send our sympathy & condolence to the bereaved family

Dr. Ratilal N. Adroja	07-01-2014	Ahmedabad
Dr. Rajendrakumar C. Patel	12-01-2014	Ahmedabad
Dr. Balvantrai P. Pandya	18-01-2014	Talaja
Dr. Chhganlal G. Desai	02-02-2014	Ahmedabad
Dr. Vijaybhai C. Shah	10-02-2014	Ahmedabad
Dr. Ramniklal A. Shah	22-02-2014	Ahmedabad

We pray almighty God that their soul may rest in eternal peace.



COMMUNITY SERVICE

AMRELI

23/02/2014 Workshop on Key to Stress Free Living

MODASA

09/02/2014 General Medical camp was organised at Village Rayan normal with following specialities Medicine, Surgery, Gynec, Orthopedic, Skin, Psychiatry with screening of routine blood investigation including Thyroid function test, Lipid profile and Bone marrow density Test.

28/02/2014 Blood donation camp organised for all IMA members at deaf and dumb school, Modasa.

05/02/2014 Knee replacement awareness Seminar organised for general population in association with Mevad orthopaedic hospital, Modasa.

16/03/2014 Paediatric cardiology camp organised by Dr. Vishal Changela (Ahmedabad & Karamsad)

MORBI

23/02/2014 "Sarvrog Nidan Camp" and eye disease camp and free distribution of medicines at Hariper (Maliya), organized by salt department of India in association with Dev Salt Worker Pvt. Ltd. And IMA Morbi Branch under project of Aao Gaon Chalen. Total 400 people were got benefitted.

02/03/2014 Free "Sarva Rog Diagnostic camp" at CHC. Total 254 patients had taken benefit

11/03/2014 "International Women day free Antenatal check up" check up of pregnant women of labour class people. Dr. Arvind Merja had given free service. Total 16 females had taken advantage and free medicine were distributed to them.

24/03/2014 Celebration of World TB Day by distributing 3000 pamphlet to create awareness among people residing in slum area.



24/03/2014 Celebration of World TB Day by arranging lecture of TB and DOTS programme for trainee nursing students and health workers at PHC. Dr. Bhavin Gami had taken lecture on TB.

28/03/2014 Multidiagnostic camp. Total 75 prisoners were examined by team of IMA Morbi Branch

SURAT

12/01/2014 Blood Donation and Free examination and free drug distribution camp was arranged with the help of IMA Social Committee and Unjha Mitramandal at Sanjivani Hospital Bhatar Road, Surat. 147 units of blood was collected and sent to Loksamarpan Blood Bank, Surat. Dr. Dhiren Patel was the motivator.

19/01/2014 A scientific seminar with Association of Physicians of India was arranged at City SMC Science Centre. Lectures on Chronic diseases were arranged. The speakers were the eminent super specialists faculties of Surat city. The programme was well attended with 260 members. GMC has granted 3 accreditation points.

09/02/2014 CME with API was held at 5 Star venue of Hotel Taj Gateway, Athwalines, Surat between 9-00 am to 5-00 pm. Various infective diseases were discussed during the day by well known speakers of Surat city. GMC has granted 3 accreditation points for the CME. 210 members attended the CME.

THANGADH

29/12/2013 Free medical camp for salt workers of desert of Kharaghoda. Total 635 patients examined and given free medicine. 50 obstetrics, 150 gynec, 200 paediatrics, 15 Neurosurgery and 200 general patients checked. 200 sarees, 300 shirts, 300 sweaters given freely to needy salt worker



BRANCH ACTIVITY

AHMEDABAD

- 04/04/2014 AMA Senior citizen club prog. BMD test for senior citizen
 05/04/2014 **मन चंद्रस्त तो तन चंद्रस्त**
 12/04/2014 4th AMACON-2014 at AMA
 13/04/2014 4YH AMACON-2014 programme at Ahmedabad Management Association.

AMRELI

- 08/03/2014 "IVF" by Dr. Gaurav Chavda
 "Surrogacy" by Dr. Alpaben Chavda

BHUJ

- 28/12/2013 "Invitro Fertilization step by step" by Dr. Pratixa Joshi
 26/01/2014 "Recent Advances in Cardiac Surgery, Exclusive information & innovation on Lamp" by Dr. Tushar Shah
 09/02/2014 "Progress in oncology" by Dr. Bhavin A. Shah
 "Chemotherapy" by Dr. Abhishek Kakroo
 "How to interpret CBC" by Dr. Parimal Sharda

DHORAJI

- 04/01/2014 "Cancer isn't cancer Myth and microconcepts" by Dr. Nirav Asarwala and Dr. Jignesh Meva
 01/02/2014 "GERD, COPD, Head injury & recent advances & its management" by Dr. Shailesh Jadav
 01/03/2014 "Recent advances in radiology" by Dr. Atul Jasani and Atul Hirane
 "Case based discussion of interesting case" by Dr. Paresh Padhra
 08/03/2014 "Approach to Acute Headache" by Dr. Mehul Patel

JETPUR

- 08/03/2014 "Recent management of benign prostatic hyperplasia" by Dr. Sushil Karia and "Role of USG in GIT patho" by Dr. Dipak Ramani



- 19/03/2014 "CV stroke : basic diagnosis and management" by Dr. Bipin Bhimani

"Management of snake bite" by Dr. M.C. Amipara

- 29/03/2014 "Co Morbid depression" by Dr. Prashant Dadhania
 "MX of backache" by Dr. Sagar Chudasama

KHAMBHAT

- 05/12/2013 "Prescription" by Dr. Ankur Raval
 02/01/2014 "Anger" by Dr. Manubhai Vardivale
 06/03/2014 "Myocardial infarction" by Dr. Ashvin Bhatt

MODASA

- 18/12/2013 "Endovascular Neurosurgery" by Dr. Kalpesh Shah
 "Recent Advances in paediatric orthopedics" by Dr. Kamlesh Devmurari
 "Upper GI Bleeding" by Dr. Chirag Shah
 12/02/2014 "What is new in pediatric surgery" by Dr. Aniruddh Shah
 "Common pediatrics surgical problems" by Dr. Amar Shah
 "Hypoglycemia and prevention of sepsis in New born" by Dr. Kamal Parikh
 "Foetal intervention" by Dr. Prashant Acharya
 12/03/2014 "Newer management guideline for hypertension and dyslipidaemia" by Dr. Urmil Shah
 "An approach to dyspnea" by Dr. Jitendra Kotadiya
 21/03/2014 "Stem Cell Therapy" by Dr. Anant Bagul.

MORBI

- 01/02/2014 "Gynaec Oncology an Overview" by Dr. Kalpana Kothari
 "Too Late too Often" by Dr. D.G. Vijay



- 11/02/2014 "Management of Asthma beyond the prescription" by Dr. Abhay Javia
"Nutrition in ICU" by Dr. Bhumi Dave
- 31/03/2014 "Monitoring of patients on AKT" by Dr. Bhavin Gami
- PALANPUR**
- 16/01/2014 "Management of Gram Negative Infection in ICU" by Dr. Sanket Mankad
"Tips, tricks & advice for singers and their doctors" by Dr. Shamik Mehta
- 23/01/2014 "Gynaec Oncology an overview" by Dr. Kalpana Kothari
"Too Late too Often" by Dr. D.G. Vijay
- 06/02/2014 "Stroke, time is brain" by Dr. Malav Gadani
"Prognosis & treatment overview of common cancer's" by Dr. Rajul Jaiswal
- 13/02/2014 "Approach to HBs Ag Positive patents & concerns of Primary care physicians" by Dr. Chirag Shah
"Chronic Kidney Diseases & Transplant" by Dr. Siddharth Mavani
- 20/02/2014 "Management of common cancers, principles of Surgery, Chemotherapy & Radiotherapy" by Dr. Abhishek Kakroo
"Improving Results in Oncology What matters" by Dr. Somesh Chandra
- 27/02/2014 "Clinidipin in Hypertension" by Dr. Jayesh Prajapati
"Antiplatelets – anticoagulants" by Dr. Hashit Joshi
- 13/03/2014 "Life Style modification, diet exercises in ISCHEMIC HEART DISEASE" by Dr. Rasesh Pothiwala
"Introduction to Neurovascular intervention" by Dr. Sandip Modh

**PALITANA**

- 12/02/2014 "Alcoholic liver disorder" by Dr. Aiyar
"Advanced laparoscopic surgery" by Dr. Parthesh Joshi
- 07/03/2014 "Primary dental care and early detection of oral cancer" by Dr. Smita Parekh
- 11/03/2014 "Urolithiasis" by Dr. Nimit Oza
"Sherlock holmes approach to critical care" by Dr. Darshan Shukla

* * * * *

DISCLAIMER

Opinions in the various articles are those of the authors and do not reflect the views of Indian Medical Association, Gujarat State Branch. The appearance of advertisement is not a guarantee or endorsement of the product or the claims made for the product by the manufacturer.

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SMALL CREATURES BIG THERAT

People have attraction for big things rather than small.
People worry about big creatures rather than small.
People get frightened by wild animals like lion and tiger.
But they don't think about threat from small creatures.
Very few people die by attack of big creatures.
But a great number of people die by attack of small creatures.
These small creatures are mosquitoes like anophelis and aedes.
And also snails, ticks, bugs and files like sand fly and tsetse fly.
They are like terrorists putting bombs at public places.
They insert virus, bacteria and plasmodia in human bodies.
These insects are called vectors and their bite results in diseases.
Some examples are malaria, chikungunya, dengue and chaga' diseases.
Let us noew fight to stop destruction of health and life.
Let us observe cleanliness and avoid open collection of water.
That will decrease production of new terrorist vectors.
Use mosquitoes and insecticides to protect from vectors.
Due to vector borne disease 'WHO' says small creatures big threat.
Let us be united and fight firmly against this threat.

- Dr. Mukund Desai



Family Planning Centre, I.M.A. Gujarat State Branch

Respected Members,

Indian Medical Association, Gujarat State Branch runs 9 Urban Health Centers in the different wards of Ahmedabad City.

These Centres performed various activities during the month of February-March 2014 in addition to their routine work. These are as under :

23-02-2014 to 25-02-2014 : National Polio Round by the centers of Ahmedabad

12-02-2014 (Khokhra) : General Medical Camp Patient : 128

12-02-2014 (Dariyapur) : General Medical Camp Patient : 119

27-2-2014 (Jamalpur) : 63 patients examined and given free medicines.

01-03-2014 to 31-03-2014 : Intra domestic house to house survey by the centers of Ahmedabad

03-03-14 to 8-03-2014 : Special immunisations week

Rander - Surat : Vitamin 'A' Solution - 40 Children, Iron :4000 tables & Calcium - 4000 tablets, were distributed.

Nanpura - Surat : Vitamin 'A' Solution - 110 Children, Iron : 2500 tablets Calcium - 4000 tablets were distributed.

The total number of patients registered in the OPD & Family planning activities of Various Centers is as Follows :

FEBRUARY-MARCH-2014

No.	Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi (Jamalpur Ward)	1674	864	2538
(2)	Behrampura (Sardarnagar Ward)	1974	491	2465
(3)	Bapunagar (Potalia Ward)	3294	981	4275
(4)	Dariyapur (Isanpur Ward)	1784	515	2299
(5)	Gomtipur (Saijpur Ward)	2523	878	3401
(6)	Khokhra (Amraiwadi Ward)	4287	1203	5490
(7)	New Mental (Kubernagar Ward)	1634	477	2111
(8)	Raikhad (Stadium Ward)	805	1610	2415
(9)	Wadaj (Junawadaj Ward)	1964	513	2477
(10)	Khambhat	—	—	—
(11)	Junagadh	----	----	----
(12)	Rander-Surat	----	----	----
(13)	Nanpur-Surat	----	----	----
(14)	Rajkot	1092	812	1904



FEBRUARY-MARCH-2014

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms	Ocpills
(1)	Ambawadi (Jamalpur Ward)	92	—	120	13850	1828
(2)	Behrampura (Sardarnagar Ward)	59	03	93	14600	2631
(3)	Bapunagar (Potalia Ward)	42	02	68	16140	143
(4)	Dariyapur (Isanpur Ward)	118	—	140	52400	1850
(5)	Gomtipur (Saijpur Ward)	50	01	49	2100	987
(6)	Khokhra (Amraiwadi Ward)	45	02	83	8150	144
(7)	New Mental (Kubernagar Ward)	89	02	100	16420	693
(8)	Raikhad (Stadium Ward)	62	—	79	28266	2600
(9)	Wadaj (Junawadaj Ward)	27	—	108	29000	2607
(10)	Khambhat	09	—	38	500	93
(11)	Junagadh	65	—	116	—	484
(12)	Rander-Surat	94	—	130	1220	90
(13)	Nanpura-Surat	63	—	199	6250	—
(14)	Rajkot	40	—	156	400	200



IMA-GFATM-RNTCP-PPM-RCC Project

Tuberculosis is the leading cause of death due to infectious diseases in India. Unfortunately each year lakhs of patients suffer from this deadly disease and about 1 million cases are not notified to government officials. This a cause of grave concern as many of the patients stands untreated, lose to follow up and can get inadequate care which ultimately can lead to a more serious form of the disease i.e Multi-Drug Resistance TB. Realising the matter of urgency, Tuberculosis notification has been made mandatory by Government of India and now each and every practitioner has to compulsory notify TB cases to their respective Nodal Officers.

Notification gives an opportunity to support private sector for better practices in terms of Standard TB Care which include helping the patients to get right diagnosis, treatment, Follow up, Contact Tracing Chemoprophylaxis & facilitates social support systems. Complete and accurate data obtained from notification will allow continuous evaluation of the trend of the disease with better estimation of burden/impact.

Indian Medical Association, Gujarat State Branch also supports the initiative and is playing a pro-active role to improve the situation and urge its members to notify their each and every TB patients be it Microbiologically confirmed or even Clinically suspected TB case.

We had published the relevant information of Tuberculosis Notification in February 2014 News Bulletin. Over the last month or so there is a good response from our members regarding TB notification. Below is the list of Top 10 Tuberculosis Notifiers in Gujarat State from the period 25th February to 31st March 2014.

We congratulate the respective Doctors/Clinics /Laboratories for being in the Top 10 list and urge our other members to join in the initiative of reporting Tuberculosis patients to Nodal Officers.



CONGRATULATIONS

Top 10 Tuberculosis Notifiers in Gujarat State

(25th February to 31st March 2014)

Sr. No.	Name of the Doctor/ Clinic/Laboratory Address/Branch/City	Number of Notifications	I.M.A. District Co-ordinators	D.T.O./ City T.B. Officer
1.	Parinbanu TB Clinic Hirabaug, Surat	212	Dr. Vinod C. Shah	Dr K. N. Sheladia
2.	Sundram Surgical Hospital, Jhalod, Dahod	62	Dr. Alpesh Amin	Dr. P. R. Suthar
3.	Sadhna Kutir Hospital Surat	49	Dr. Vinod C. Shah	Dr. Jigna Patel
4.	Dr. G. L. Gondaliya Rajkot	43	Dr. Atul D. Pandya	Dr. S. G. Lakkad
5.	Sparsh Chest Disease Center, Ahmedabad	42	Dr. Jitendra Shah	Dr. R. M. Leuva
6.	Dr. V. H. Aghera Upleta, Rajkot	33	Dr. Atul D. Pandya	Dr. S. G. Lakkad
7.	Dr. Bhatt Pathology Laboratory, Rajkot	27	Dr. Atul D. Pandya	Dr. S. G. Lakkad
8.	Devbhoomi Heart & Medical Hospital, Patan	24	Dr. Vasant Patel	Dr. B. B. Goswami
9.	Karnavati Hospital Ahmedabad	20	Dr. Jitendra Shah	Dr. R. M. Leuva
10. (a)	Rajesh Hospital Mansa, Gandhinagar	19	Dr. Pradip Bhavsar	Dr. M. H. Solanki
10. (b)	Dr. S. D. Chapaniriya Surendranagar	19	Dr. Dharmesh B. Achayra	Dr. P. K. Parmar



P.P.S. ZONAL EDUCATIVE SEMINAR, Surat Branch

It is a matter of immense pleasure and privilege to declare that IMA Surat hosted a unique conference of its kind- IMA Legalcon 2014 (Zonal PPS IMA GSB Educative Seminar-Surat Zone) in association with The Surat Medical Consultants' Association (SMCA), Association of Physicians of Surat (APS) and Indian Medicolegal & Ethics Association (IMLEA) held on Sunday, 30th March, 2014 at The Gateway Hotel, Athwa Lines, Surat.

We are glad to announce that a capacity crowd of more than 700 delegates participated in this Mega Event of IMA Surat. This type of Legalcon was the first to happen in the history of IMA Surat.

As we all know that new vistas have opened up in all the fields of life and in Medical field, its development is phenomenal. In this era of high tech information, scientific lectures, CME, Panel discussions and Conferences help to reduce the gap between doctors and knowledge. Medico legal aspects are often neglected by the practicing doctors till they get into a legal muddle. This conference was a basic need of the day for practicing doctors so as to avoid unnecessary harassment and to safeguard from litigations. This conference provided a unique opportunity to academicians blended by empowering scientific updates, Sumptuous Lip Smacking Eateries and a Soothing Venue.

The discussions and deliberations during this conference brought out many practical and appreciable uniform medico legal outcomes and helped the audience to better understand the medico legal subject.

We were extremely honoured to have blessings from our dedicated and committed National *IMA president*, **Dr. Jitendra B. Patel** during this event.

"Things Do not Happen Accidentally, You have to Earn them." These were the Words and blessings of National IMA President.

We also take this opportunity to congratulate IMA Gujarat state branch especially **Dr. Bipin Patel (President, IMA GSB) and**



Dr. Jitendra N. Patel (Hon. State Secretary, IMA GSB) for their presence and active participation in the conference.

We all know that the IMA Gujarat state branch has introduced various beneficial and fruitful Schemes to guard the welfare & interest of the members by launching various schemes and PPS about which **Dr. Dilip Vaidya** explained it lucidly and precisely. This scheme protects the members of IMA and helps them out in case of harassment, litigation etc. which may arise during the process of their professional practice. It also promotes Social Service Activities such as to provide Medical Aid to the poor and needy, to undertake family welfare programmes, to organize blood donation camps, to conduct Medical Education & First Aid classes, to organize AIDS Awareness programmes etc.

Hon. Shri Rakesh Asthana (IPS), CP, Surat, expressed his views on this occasion and shared experiences about the profession of police and doctors. He emphasized that serving patients and saving mankind is a real humanity.

This conference truly gave a big boost to all our IMA members and encouraged us to go for many such conferences in future. Last but not the least, it were the tiresome efforts of the Core Committee & IMA EC committee, along with the guidance from Stalwarts of IMA Surat, IMA GSB and PPS IMA who worked day in and day out to achieve grand success of this conference.

Lastly, I would like to quote- "Gratitude unlocks the fullness of life. It turns Denial into Acceptance, Chaos into Order, Confusion into Clarity. It can turn a Meal into a Feast, a House into a Home, a Stranger into a Friend."

Thanking You,

Regards,

Dr. Dhiren C. Patel
President

Dr. Tony Nicholas
Hon. Secretary

Dr. Narendra Jariwala
P.P.S. Zonal Representative



COLLEGE OF GENERAL PRACTITIONER G.S.B. I.M.A.

(Reported by Dr. Kirit C. Gadhavi; Director, Dr. Lalit I. Nayak; Hon. Secretary, Dr. Vasant Patel; Hon. Jt. Secretary)

To,

Presidents / Secretaries of All Local Branches

Dear Sir,

Greeting from College of G.P. I.M.A. G.S.B.

We request you to organise C.M.E. programme in your branch. Rules, Condition & guideline for organising programme are as follows.

- Financial Assistance of Rs. 50-00 per member attending the seminar maximum upto Rs. 5000-00 will be provided to the organising local branch.
- The C.M.E. shall be "C.G.P. G.S.B. I.M.A." and name of local branch.

Following is the list of few topics of C.M.E. which are practical & important for the benefit of our members.

List of Topics for C.M.E.

- Recent trend in treatment of Hypertension
- D/D of (common) viral fever
- Management of type II Diabetes
- Diarrhea in Pediatric Practice
- Common skin condition in Family Practice
- Vertigo
- E.N.T. problems in Family Practice
- Time management in Family Practice
- Important of record keeping in Medical Practice
- Certification in Family Practice
- Account keeping in Family Practice

Please apply to "Director, C.G.P. G.S.B. I.M.A." for C.M.E. programme through Branch Secretary



About over branch : Palanpur

આઈ.એમ.એ પાલનપુર સંચાલિત શ્રી ચંદુલાલ મોહનલાલ મહેતા આરોગ્યધામખાતે ચેરીટેબલ ટ્રસ્ટના નેજા હેઠળ સંચાલિત દર્દી સેવાઓ. સ્વાસ્થ્ય સંબંધિ સામાજિક સેવાઓ., સંદર્ભ એક ઝલક.....

શ્રી ચંદુલાલ મોહનલાલ આરોગ્યધામપાલનપુર ખાતે નજીવા ચાર્જથી ફિઝિયોથેરાપિની સેવાઓ નિષ્ણાતો દ્વારા આપવામાં આવે છે. તેનો ઉદ્દેશ્ય ગરીબ, મધ્યમવર્ગ તવંગર તમામવર્ગના દર્દીઓને ન્યુનતમદરે ફિઝિયોથેરાપિની સેવાઓ ઉપરાંત. દર્દીઓને રહેવા માટેની પણ સેવાઓ પુરી પાડવામાં આવે છે.

સદર ટ્રસ્ટ સાર્વજનિક ટ્રસ્ટ તરીકે સને ૧૯૭૫માં ચેરીટી કમિશ્નર મહેસાણાનાનોંધણી દાખલા ઈ-૧૬૪ તા. ૨૮-૦૪-૧૯૭૫ અન્વયે નોંધાયેલ છે.

ઈન્ડિયન મેડીકલ એશોસિએશન, પાલનપુર બ્રાન્ચ સ્ટેટ લેવેલે અમદાવાદ તથા રાષ્ટ્રીય લેવેલે નવી દિલ્હીની હેડક્વાર્ટર કચેરીનો ભાગ છે. વર્ષ ૧૯૭૯-૮૧ માં સદર સંસ્થા ખાતે આરોગ્યધામમાટેની ૨૨ રૂમો, પ્રાર્થના હોલ તેમજ ૧૫૦૦ચો. ફુટના હોલનું દાતાઓના દાનથી નિર્માણ થયું ત્યારથી આરોગ્યધામખાતે, પાલનપુરની સરકારી, અર્ધસરકારી પ્રાઈવેટ હોસ્પિટલ/દવાખાના ખાતે બહારથી સારવાર અર્થે આવતા દર્દી તેમજ તેમના સગા સ્નેહીઓને માત્ર રૂ. ૩૦/- તથા. રૂ. ૫૦/- સ્પે રૂમપ્રતિ દિવસના નજીવા દરે રહેવા માટેની પ્રાથમિક તથા જરૂરી તમામસુવિધાઓ સાથે રૂમ, ગાદલા, વાસણો, સ્ટવ સહિતની તમામસગવડો વિનામુલ્યે સેવાની દ્રષ્ટિએ પુરી પાડવામાં આવે છે.

વિશેષમાં સદર સંસ્થા દ્વારા સમાજ ઉપયોગ, લોકહિતકારી પ્રવૃત્તિ પણ કરવામાં આવે છે. તેમજ જરૂરી જણાયે જરૂરી સાથ સહકાર પણ પુરો પાડવામાં આવે છે. જેવી કે ના.સરકારીશ્રીની રસીકરણ ઝુંબેશ કાર્યક્રમમાં સાથ સહકાર પુરો પાડવો, જીલ્લા અંધત્વ નિયંત્રણ સમિતિના સભ્ય પદે કાર્યરત રહી અંધત્વના કાર્યક્રમમાં જરૂરી સાથ સહકાર આપવો, તેમજ સંસ્થા ખાતે વિકલાંગ બાળકો માટેના મેડીકલ કેમ્પનું આયોજન કરવું વિ.વિ.,

વિશેષમાં જેલના કેદીઓ માટે તેમજ ઝુંપડપટ્ટી જેવા પછાત વિસ્તારમાં વસતા નબળી પરિસ્થિતિના લોકો માટે મેડીકલ કેમ્પનું આયોજન કરવું વિગેરે તદઉપરાંત જેવીકે એઈડ્સના રોગો વિશે તથા સાસ(કીલર ન્યુમોનીયા) વિશે જન જાગૃતિ,

સાયન્સમાં ભણતા બાળકોને માનસિક સ્વસ્થતા જાળવવાની ટ્રેનીંગ જેવા જન સુખાકારી ના કાર્યક્રમો પણ સમયાંતરે ગોઠવવા માં આવે છે. તદઉપરાંત સેવાભાઈ એન.જી.ઓ. સંસ્થાના પ્રજાહિતના કાર્યક્રમોમાં પણ જરૂરી સાથ-સહકાર આપીએ છીએ.

ફિઝિયોથેરાપિ વિભાગ

(૧) હાલમાં ત્રણ ફૂલ ટાઈમ ક્વોલીટીઈડ ફીઝિયોથેરાપીસ્ટ ડોક્ટર્સ સવારથી સાંજ સુધી સેવા આપે છે.

(૨) તદઉપરાંત ૮ અધિનસ્થ કર્મચારી સેવાઓ આપે છે.

(૩) ફિઝિયોથેરાપિ વિભાગ ૩ યુનિટ ધરાવે છે. જેમાં દરરોજના ૭૦ થી ૮૦ જેટલા દર્દી સારવાર લે છે. તે પૈકી ૨૦ થી ૨૫ જેટલા બાળકો સારવાર લે છે.

PHYSIOTHERAPY ADDS YEARS TO LIFE AND LIFE TO YEAR

જન સેવા પ્રભુ સેવા

ડૉ. મોહિત પી. અગ્રવાલ, સેક્રેટરી

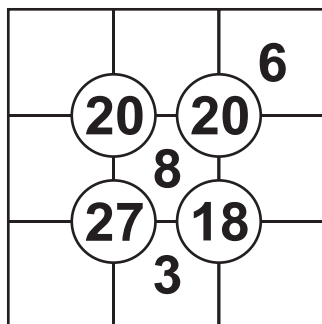
ડૉ. શોધન બી.શેઠ, પ્રમુખ



Games Corner

Dr. Chandresh Jardosh
Surat

Chhota Sudoku



"Place the numbers 1 to 9 in the spaces so that the number in each circle is equal to the sum of the four surrounding spaces."

7 BR OK EN Words

By using following keys, join the broken words & make the names of 7 things generally seen in any clinic.

Key	Words
4 Letters	1
5 Letters	3
6 Letters	2
7 Letters	1

HA	CU	BL	LE	AIN
ER	BE	ST	ONE	
TA	FI	RT	MM	
OOL	PH	NCH	ET	

Sudoku

	9	7			8			4
		8	6		9			
								7
				3		7		6
3								
7		9		5				
				6				
		6	3		4	1		
5			7			4	6	

The objective of sudoku is to enter a digit from 1 through 9 in each cell, in such a way that:
 Each horizontal row contains each digit exactly once
 Each vertical column contains each digit exactly once
 Each 3 by 3 square contains each digit exactly once



KEN KEN PUZZLE

2	60X	10X	1	12x
15X	2 ÷	20X		15x
		2 ÷		
	1	24X		

1 write down 1 to 5 in each row and each column in such a way they come only once, in each row and column.

2 The heavily-outlined groups of squares in each grid are called "cages." In the upper-left corner of each cage, there is a "target number" and a math operation (+, -, x, ÷).

3 Fill in each square of a cage with a number. The numbers in a cage must combine—in any order, using only that cage's math operation—to form that cage's target number.

FOR EXAMPLE

3+	1	2	6x	1	2	3
----	---	---	----	---	---	---

4 The number written in the cage of one square, will be the answer for the cage.

5 Important: You may not repeat a number in any row or column. You can repeat a number within a cage, as long as those repeated numbers are not in the same row or column.

Answer Page No. :



Be a Member

of

- ACADEMY OF MEDICAL SPECIALITY
- C.G.P. I.M.A. G.S.B.
- HEALTH SCHEME
- SOCIAL SECURITY SCHEME
- NATIONAL SOCIAL SECURITY SCHEME
- PROFESSIONAL PROTECTION SCHEME



Prehypertension and Change in Life Style Project

211thCWC meeting, held at Ajmer, on 13 April 2014, approves Proposed Gujarat Project on prehypertension and life style

The proposal was made from Vadodara branch of IMA Gujarat state. We thank national president Dr. Jitendra Patel, Hon Head Quarter secretary general, national vice president Dr. K. K. Agarwal, Dr N. Saini, Dr. Bipin Patel Sate President and Dr. Jitendra Patel Hon state secretary Gujarat State

The initial proposal will undergo changes as we gather experience

The current proposal in nut shell is

- IMA HQ along with State branches adopts this as national blood pressure awareness and needed life style modification project with Public partnership.
- The proposal was in agenda papers on P 166 as agenda C-29
- Dr. Suresh Amin will be the chairman of the project with Dr. K. K. Agarwal and Dr. Chetan Patel are as convener and co convener
- The local branches actually work on this project
- Vadodara IMA branch start this and report the feasibility and initial progress in 6 weeks. If two or three additional branches adopt this then it will have an added weight-age
- The proposal has possibility of involving almost all branch members
- In the first phase blood pressure is measured by using digital home monitors
- There will be 4 groups of people (1) normal pressure (2) Those have systolic pressure of 140 mm and above and who do not know they have high blood pressure (3) Those who have blood pressure above 140 mm systolic and who take treatment (4) Prehypertensives - Those who have systolic blood pressure between 120 and 139 mm.
- Every year about 30 % of prehypertensives are likely to migrate to hypertension group
- This migration as well as regular hypertensives can be helped by life style changes –exercises such as brisk walking, salt restriction and yoga type attitude change



- We involve organized sectors as our partners in the project
- There are many organized sectors** and they use for their own people.
- Examples of such sectors or social group, our hospitals, school teachers, police people, parent teacher associations, social groups, societies, industries, police, student wings etc. Each of IMA member identifies such group and will help in monitoring.
- We train their people in correct usage of using of home monitor BP instruments
- We design a standard IMA report card – it will be ready soon and this report card is to same all across nation.
- The report card is usable for data entry for one year
- IMA branch keeps tab of work
- Hypertensives, prehypertensives get reminder by SMS to re-measure, life style etc. This is the crux of the matter REMINDER by SMS
- By end of one year we try and follow up all hypertensives – prehypertensives and get a measurable data. Assessing our work and based on that we learn to improve
- Depending on local feasibility one can extend the project to diabetes too.

Work expected from our Partners**

- *They identify two or three persons from their own organization They are our coordinators*
- *They buy digital BP home monitor. It costs about About Rs 1000. It is their property. Periodic service we from IMA will try and arrange this.*
- *They identify two or three persons who are taught correct handling of home BP/Glucometer*
- *They (the partners) fix times and dates on which they will measure BP and inform us*
- *They record it on IMA report card. Short notes on life style modification are given*



- They also keep records in a ledger
- They give us names and phone number of all participants along with observed systolic BP of that day
- Every 3 months this is repeated. But the participants have to come with original report card

How local branch of IMA will work.

- Try and involve as many members (individually or in group) as possible
- Each member try to find partners in the project
- Each member monitor their partner
- A central simple data bank is maintained. This is at first as hard copy and later on soft copy
- IMA identifies who are hypertensives and prehypertensives
- They are regularly sent reminders of recheck by SMS which may also include some life style messages too.
- Later IMA local branch will send reports to state branch as well as HQ
- IMA local branch identifies BP vendors and keep a rolling stock of 20 machines
- IMA makes arrangement for training at multifocal
- IMA keeps a stock of standard report forms and gives to partners. (may be at cost)
- IMA members will urge its members to give some 20-25 % concession for consultation to hypertensives / prehypertensives patient – if they have our report card and they come for consult on BP. The choice of doctor is of patient and the choice of concession is IMA member
- IMA role is to identify prehypertensives patients and propagate changes needed for healthy life style .

Dr Suresh Amin, MD. IFCAP
Vadodara



No. IDSP/ IMA/ private reporting unit Commissionerate of Health, Medical Services & Medical Education (HS)
2nd Floor, Block No. 5,
Dr. Jivraj Mehta Bhavan,
Gandhinagar – 382010
Date : /03/2014

Dear Dr...

Subject :- Regarding increase the private reporting units under IDSP.

Dear sir/madam,

Integrated Disease Surveillance Programme (IDSP) is a decentralised disease surveillance project, initiated by the Government of India in November 2004. It aims to generate and detect early warning signals of impending outbreaks and help to initiate an effective response in a timely manner to minimize the impact of outbreaks. Analysis of weekly surveillance data on regular basis, providing feedback to reporting units and early & timely initiation of appropriate actions by reporting units has led to containment of diseases ultimately reducing mortality and morbidity.

In Gujarat, 50-60% of people seek health care from private hospitals and private laboratories for the disease diagnosis and treatment. So involvement of all private units (Presumptive and Laboratory) under IDSP can increase the actual cases on weekly basis, thus preventing impending outbreaks and help to initiate an effective response in a timely manner. So we request you to encourage the involvement of private units under IDSP and also conduct Seminars/workshops to increase the involvement of these private units under IDSP, to improve the health outcomes in Gujarat.

Thanking you,

Dr. R

To,

Dr. Bipin M Patel

The Hon President

Indian Medical Association,

Gujarat State Branch

A.M.A House, 2nd Floor, Opp H. K. College

Ashram Road, Ahmedabad-380009



MEDICAL NEWS

News Around The Globe

- Daily iron supplementation can improve physical performance in women of reproductive age, reports a new literature review. The findings further justify the prevention and treatment of iron deficiencies among women. The researchers noted that iron supplementation boosted maximal exercise, as confirmed by increases in maximal oxygen consumption and also improved submaximal exercise performance, as confirmed by reductions in heart rate. The research was published online April 9 in the Journal of Nutrition.
- A new study presented at the 16th International Congress on Infectious Diseases has stated that archival biopsies from head and neck cancer patients can confirm frequent infection with highly oncogenic human papillomavirus (HPV), especially HPV18. HPV was detected most frequently in cancers of the oral cavity, followed by cancers in the oropharynx and cancers in the hypopharynx.
- Patients with obstructive sleep apnea (OSA) have more than two-fold increased risk of developing osteoporosis as compared to patients without OSA, even after adjusting for age, comorbid conditions, income, and geographic location, reports a population-based study conducted in Taiwan. The findings were published online April 15 in the Journal of Clinical Endocrinology and Metabolism.
- Women with chronic hypertension have a 7.7 times increased risk of preeclampsia compared with the general pregnancy population, and are also more likely to experience adverse neonatal outcomes including preterm delivery, birth weight <2500g, and perinatal death, reports a new systematic literature review and meta-analysis. These results were published online April 15 in BMJ.

Supreme Court Recognizes Transgender as the Third Legal Gender

In a landmark judgment delivered on April 15, 2014, the Supreme Court for the first time recognized eunuchs or transgenders as the third legal gender. Earlier, they were forced to write male or female against their gender as reported in the TOI.

Management of transgender patients requires great care and sensitivity. Now a third category of gender would now need to be added to patient charts or



forms in hospitals, or clinics making it more comfortable for transgender patients. This translates into more inclusive health care and gives them access to comprehensive and safe health care without gender discrimination or rejection.

What does the term transgender mean? Transgenderism is the discrepancy between one's own experience of gender identity and the physical body. There is a wide range of severity of transgenderism. The most extreme form is transsexualism, the condition in which a person with apparently normal somatic sexual differentiation of one gender is convinced that he or she is actually a member of the opposite sex.

The initial assessment of a patient for transsexualism is based on psychodiagnostic instruments and is generally done by a mental health professional. The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) and International Classification of Diseases 10 (ICD-10) have issued guidelines for the diagnosis of these disorders.

The Standards of Care defined by the World Professional Association for Transgender Health (WPATH) serve as guidelines to clinicians to meet the healthcare needs of transgender people.

The current ICD criteria for transsexualism include:

- The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatments.
- The presence of the transsexual identity persistently for at least two years.
- The absence of another mental disorder or a genetic, intersex, or chromosomal abnormality.

The diagnosis of transsexualism must first be made before considering hormone and surgical reassignment therapy.³ It is also essential to identify any comorbid psychiatric diagnosis that may require treatment before considering hormone therapy.

While India now recognizes the transgender community as a third gender, the ruling only applies to transgender people and not gays, lesbians or bisexuals. In December, the Supreme Court reversed a 2009 court order that decriminalized homosexuality, reinstating a ban on gay sex.

- Dr. Jignesh C. Shah, M.D., Gynec
Nava Wadaj, Ahmedabad.



SCIENTIFIC UPDATE

3D-4D Sonography & HD live..... A Tool for this millennium



Recent technological breakthroughs in development of diagnostic ultrasound have surpassed all expectations. At the same time these new development in technologies are so rapid & numerous, so that there is confusion about their work & use. Development is faster & professional milieu also moving rapidly so that we also have to run faster & faster just to keep the external environment in focus. We are advancing rapidly, but because our surrounding is changing at a similar rate, we do not seem to be moving at all. The dramatic changes brought about by the advent of color Doppler, power Doppler, 3D ,4D & more recently HD live surface rendering with fetoscopy evaluation in imaging are undeniable.

3D-4D & HD live sonography has become a valuable medical imaging modality in recent years. It combines the advantages of 3D-4D data acquisition, as known from other tomographic imaging technologies such as computed tomography (CT scan), magnetic resonance imaging (MRI) and positron emission tomography (PET) with the unique feature of ultrasound technology, a non- invasive, non-radiation & inexpensive method with an excellent imaging capability for soft tissues.

3D-4D & HD live **sonography**, in a relatively short period of time, evolved from crude laboratory experiments to its present level of sophistication. Useful clinical application has already been reported from almost all sections of clinical medicine.

Advantages of 3D, 4D & HD live sonography in obstetrics & gynecology.

Imaging of previously inaccessible planes.

Improved demonstration of complex anatomy in gynecological pathology & fetal complex malformation.

More standardized investigation offering an improved tool for second opinion in tertiary care center.

Low inter & intra-observer variability.

More accurate measurement, especially in irregular shaped organs, Pelvic pathology & ovarian masses



Facial curvature & its anomalies assessment are easier with this technology (cleft lip, Micrognathia, proboscis, & many dysmorphic features).

More accurate guidance of interventional procedure using Multiplanar and rendered image.

More accurate placement of the needle and/or catheter during an invasive procedure.

Automation for fetal biometry assessment& for Sono NT & IT assessment.

Mapping of multifetal pregnancy for fetal reduction in the era of IVF & advance ART .

Clinical applications of 3D-4D USG in gynecology.

By Vocal software the volumes of endometrial cavity, uterus, and lesion in myometrium like adenomyosis & Leiomyoma is possible & more accurate than other method available.

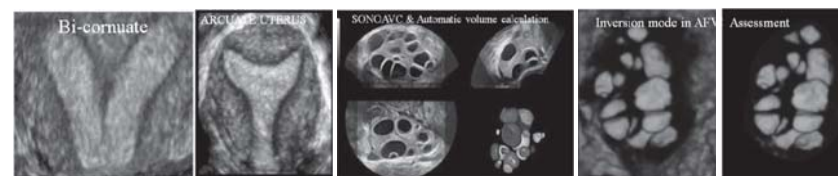
Uterine congenital anomalies & 3D –SH (Sono –Hysteroscopy)

The important advantages of ultrasound over other methods are its non-invasiveness, safety and simplicity. 2D –B-mode by TV scan helpful to find out almost 100% of problems of these congenital anomalies however distinction between the different types of anomalies is often impossible. Over here we can utilize 3D-4D for this differentiation.

Infertility & 3DUS: -

Follicular volume measurements are important in managing infertility patients safely & effectively. Optimal follicular volumes for oocyte recovery, fertilization, and cleavage are desired & 3D ultrasound can be accurately used for cycle monitoring without hormonal estimation. 3D allows for accurate measurement of irregularly shaped follicles, which are often distorted by adjacent follicles.

Volume measurement of stimulated ovary coincides with serum E2 level in predicting OHSS before giving HCG.





Detailed assessment of uterine cavity & myometrium is important in the conditions of uterine congenital malformations, endometrial pathology like synechiae, polyps, hyperplasia, carcinoma & uterine myomas. This tool is more powerful in comparison to MRI, HSG & 2D because it multiplanar view & end numbers of multiple section.

Coronal view assessment is possible & due to that at a time we can see both cornual end & cervix.

In carcinoma staging, infiltration & assessment of the therapy response is possible.

Myomas: 3D-4D gives precise relationships between uterine cavity, presence of it & size of lesion. Encroachments by Myomas to endometrial cavity can be precisely assessed so that it helps in the decision of surgery, as well as assessment of medical therapy for the same.

3D -4D USG with SH graphy having several advantages over HSG alone. It gives accurate information about lesion in cavity,

In 2D HSG distention of cavity is for longer time & so it is painful while in 3D-HSG distention of uterine cavity is momentary & due to that it is not uncomfortable. It is noninvasive also, but in uterine synechiae contrast like Echovist or saline 3D-SH graphy is more helpful.

Pelvic tumors & pathology like ovarian cyst, TO masses, Carcinomas & Vascular tumors are in comparison to 2D well evaluated by 3D-4D - Glass body & inversion mode software. The use of contrast agent in 3D power Doppler sonography appears to improve the sensitivity for differentiating benign from malignant ovarian lesion.

Obstetric applications of 3D-4D HD live Sonography

3D-4D is best utilized for prenatal diagnosis, not only because it gives us third plane which is not available in 2D, but it also gives a tomographic approach (TUI) & 3D surface view. Benefits are as mention in below mention table.

3D-4D Sonoembryology of first trimester: Fetoscopy evaluation of in utero fetus with newer technology HD live

Assessment of anomalies, Nuchal translucency, Yolk sac evaluation, embryonic vascularity.

The assessment of normal & abnormal fetal anatomy.

The normal and abnormal fetal face

3D USG markers of chromosomal anomalies



3D-4D SonoNT at 11-13W6D GA with automation.

3D color & power imaging in prenatal diagnosis.

3D-4D fetal echocardiography & STIC & VCAD application.

3D power Doppler in placental & umbilical cord abnormalities.

Fetal brain assessment by 3D -4D & TUI.

3D-4D neonatal neurosonography.

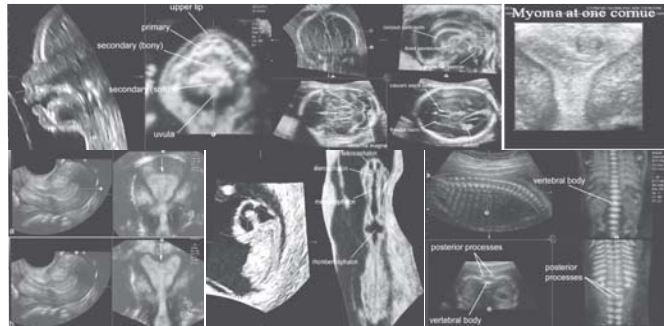
Volume Computer Aided Diagnosis™ (**VCAD**) in Obstetrical Sonography

Unfavorable structures adjacent to region of interest like placenta, cord, limbs or uterine wall can be easily removed by electronic scalpel (**Magic cut**). Foetal inner organs can be evaluated by making multiple slices on TUI & VCI planes. In early pregnancy loss assessment volume of G.S & yolk sac will be helpful to predict problems of it.

3D-4D USG has the potential to provide improved visualization of the fetal face anatomy, including lips, nose, chin and eyes. Some of the facial abnormalities like cleft lip/palate, facial dysmorphism, dysplastic ears and Micrognathia were 3D-USG is superior to 2D-USG.

Advanced Volume Contrast Imaging (VCI) and Omni view in obstetric & gynaecologic ultrasound:

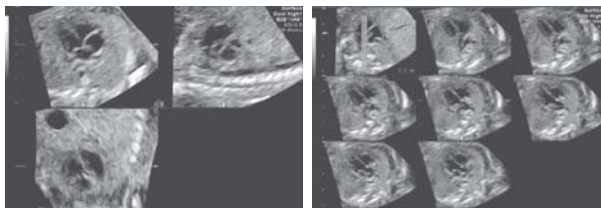
One of the greatest appeals of three-dimensional (3D) ultrasound is the possibility to analyze a stored volume using multiple section planes. The advantage is that, on one hand, these scanning planes can be directed with absolute precision, on the other hand, it is possible to reconstruct virtual planes that are physically impossible to visualize directly. The use of this approach in the investigation of uterus & fetal anatomy has been described in many publications. While performing a multiplanar analysis of a volume it is frequently convenient to employ Volume Contrast Imaging (VCI) (GE Healthcare) an application that consists in displaying a slice of variable thickness. One of the main purposes of this technique is to decrease ultrasound artifacts. By superimposing and adding different layers of tissue, speckles and noise pixels that are generated at random, are reduced or eliminated, while anatomical structures are enhanced. This result in an image that displays less noise pixels & has greater contrast resolution. The images tend to be smoother and the contrast resolution is certainly enhanced. Hard palate & intracranial anatomy & spine evaluation by VCI



Advanced VCI with Omni view is a promising improvement in 3D-4D USG. Although the potential is large, we have identified several areas of OB & Gy USG in which it is particularly convenient: evaluation of the uterus, of the fetal brain, spine and face. We have suggested some modalities of use but of course this tool is extremely flexible and probably most sonologists will develop individual approaches. VCAD –Volume Aided Diagnosis: F. REICHAERTSEDER, P. FALKENSAMMER, & GE Healthcare

An Automated Approach to Visualize Standard Views of the Fetal Heart.

VCAD is an automated tool that helps to generate standard views of the fetal heart. This technology can display all the 2D planes, which comply with the recommended standard screening exam of the fetal heart. This process includes identification of the 4-chamber, left outflow tract and right outflow tract view of the fetal heart as well as the position of the stomach within the abdomen. VCAD is a first step to automatically generate ultrasound views of a complex organ, such as the fetal heart, and the technology can be expanded to other views or other organs.



Limitations of 3D-USG:-

Distortion of a measured object during acquisition by motion or pressure.

Distortion of the transducer.

Motion during acquisition (breathing, pulsation, movement).



Reconstruction mistakes.

Size & borders of the measured object.

Increased time necessary for processing (Post processing time on workstation).

Reduced portability of some systems.

Still industry is trying to improve in these systems. Technical developments, such as improvements in focusing & digital beam formation, will provide better image quality. Reduction of motion artifacts will be achieved by much more rapid data acquisition. Finally, education & training are most important for spread of any technique.

Further developments: -

Clinical applications of 3D-4D sonography continue to expand, while its clinical acceptance & use will be determined by the availability & ease of use of the equipment. Future area of investigation in 3D-4D & HD live includes 3D color/power Doppler analysis of neovascularization patterns in gynecological tumors & early placental Vasculopathy in pregnancy.

What 3D,4D & HD live USG available with improvement in the frame rate due to which now we have a real-time 3D i.e. 4D & HD live with fetoscopy evaluation of in utero fetus ,which only available at tertiary centers(**recently at our center latest version has been installed first time in India(i.e.Voluson E8 BT 013.5)** which can be connected to primary centers by networking capabilities, transferring a volume data set to specialist in tertiary care centers where it can be interpreted on-line, as the necessary images are available in the volume.

Interactive visualization technology allows clear recognition of the anatomy by both caregivers and consumers. It is expected that development of the new technology will soon enable improved & expanded patient care.

Ultrasonography is an operator dependent imaging modality, with the quality of the final image dependent in part on the manual skills of the operator performing the ultrasound examination. This inherent limitation of ultrasonography has resulted in lack of consistency, standardization & reproducibility of images especially when compared to other imaging modalities, such as CT & MRI. In obstetrical USG limitation of technology is compounded by a constantly moving target; the fetus, which adds a technical difficulty to the examination. Several studies have documented that efficacy of obstetrical ultrasonography, is dependent on the expertise of the operator & a significant difference has been reported between tertiary and non-tertiary centers in the detection of fetal abnormalities.

- Dr B. I. Patel, M.D. Gynec, FICMU

Subhash Bridge, Ahmedabad.



UNDERSTANDING DISASTER

Disasters do not affect only health & well being of people, but large number of people are displaced, killed or injured. Considerable economic harm is also common. Disasters cause great harm to the existing infrastructure and threaten the future of sustainable development. Disasters are not confined to a particular part of the world, they can strike at any time at any place. Statistics gathered since 1969 show a rise in the number of people affected by disasters. Since there is little evidence that the actual events causing disasters are increasing in either intensity or frequency, it can be concluded that vulnerability to disaster is growing. The Tsunami in Asia and Africa (26th December 2004) killed over 2,00,000 people and left millions homeless and traumatized. The hurricanes Rita and Katrina in United States of America killed more than 1200 lives and displaced over 1 million. The massive earthquake that struck Kashmir (8th October, 2005) killed at least 73,000 and left more than 3.3 million people homeless.

United Nations General Assembly, in 1989, declared the decade 1990-2000 as the international decade for Natural Disaster Reduction with the objective to reduce loss of life and properties and restrict socio-economic damage through continuous action, especially in developing countries. Ninety percent of the natural disasters and ninety five percent of the total disaster related deaths worldwide occur in developing countries in which India is the second largest sufferer.

India is a highly disaster prone country in Asia-Pacific region. The disasters are common in several parts of the country. India with diverse topographic and climatological conditions has 70% of the cultivable land prone to drought, 60% of land area prone to Earthquake, 12% to floods and 8000 km. Coastal line prone to Cyclones. Overall 85% of the land area is vulnerable to number of natural hazards and 22 states are categorized as multihazard states.

Though disasters can not be stopped, we can reduce its effects with better understanding and remain prepared for that. For understanding disaster it is important to understand the meaning of various concepts, definitions, trends and practices.

WHAT IS A DISASTER ?

The term disaster owes its origin to the French word "Desastre" which is a combination of two words "des" meaning bad and "astre" meaning star. Thus,



the term refers to "Bad" or Evil star. Disaster can be defined as below.

Any occurrence that causes damage, ecological disruption, loss of human life or deterioration of health & Health services on a scale sufficient to warrant an extraordinary response from outside the affected community or area is called DISASTER.

Some of the recent disasters include super Cyclone in Orissa in 1999, the Earthquake in Gujarat in 2001, Tsunami in Coastal regions of South India in 2004, floods in Mumbai in 2005.

KEY ELEMENTS OF A DISASTER

Disasters result from combination of hazards, conditions of vulnerability and insufficient capacity to reduce the potential negative consequences of risk.

(I) HAZARD :-

A potentially damaging physical event, phenomenon or human activity, which may cause the loss of life or injury, property damage, social and economic disruption or environment degradation

e.g. Earthquakes, Flood, Industrial gas leakage.

Based on causes, hazards are classified into the following categories

- (i) Natural
- (ii) Technological
- (iii) Environmental

(i) Natural Hazards

Natural processes or phenomena occurring in the biosphere that may constitute a damaging event.

Natural hazards can be classified according to their origins.

- (1) Hydro-meteorological Hazards :-
Natural processes or phenomena of atmospheric hydrological or oceanographic nature.
e.g. Floods, Cyclones, Drought, Avalanches.
- (2) Geological Hazard :-
Natural earth processes or phenomena that include processes of endogenous origin or tectonic origin



e.g. Earthquake, Tsunami, Volcanic activity and emissions.

(3) Biological Hazards :-

Processes of organic origins or those conveyed by biological vectors.

e.g. Outbreaks of epidemic diseases.

(ii) **Technological Hazards**

Danger originating from technological or industrial accidents, dangerous procedures, infrastructures failures or certain human activities.

e.g. Industrial Pollution, Nuclear Accidents, Aviation Accidents, Radiological Accidents.

(iii) **Environmental Degradation**

Processes induced by human behaviors and activities that damage the natural resource base adversely and after natural processes or ecosystems.

e.g. Climate change, sea-level rise, Ozone depletion, wild land fire, deforestation.

(II) **VULNERABILITY :-**

It is the condition determined by physical, social, economic and environmental factors or processes, which increase the susceptibility of a community to the impact of hazards.

e.g. During the Gujarat Earthquake (2001) people living in the old city of Bhuj with narrow roads, unsafe high-rise buildings faced more injuries and loss of life, than those living in the suburbs.

Indicators of vulnerability are poverty, population explosion, unemployment, increasing migrant flows, illiteracy.

III) **CAPACITY :-**

Capacity is the combinations of all the strengths and resources available within a community, society or organization that can reduce the level of risk, or the effects of a disaster.

Capacity may also be described as capability.

e.g. After the floods in Vadodara district (Gujarat) in 2005, it was seen that villages with existing "Disaster Management Teams" responded to the floods well in time, by rescuing people to pre-identified safe areas.



Two concepts are widely used in Disaster Management within the framework of 'CAPACITY'.

(i) **Coping Capacity :-**

The manner in which people and organizations use existing resources to achieve various benefits during unusual, abnormal and adverse conditions of a disaster.

e.g. Set up of Community kitchen in temples and schools after disaster.

(ii) **Resilience :-**

The capacity of a system, community or society to resist or to change in order that it may obtain an acceptable level in functioning and structure.

e.g. After Gujarat Earthquake (2001), local communities began clearing the debris and reconstructing their houses even before external help came from government or other organizations.

(IV) **RISK :-**

It is the probability of harmful consequences or expected losses resulting from interactions between natural or human induced hazards and vulnerable conditions.

Risk = Hazard x Vulnerability

DISASTER RISK

Disaster risk is the probability of harmful consequences or expected loss of lives, people injured, property, and environment damaged resulting from interactions between natural or human induced hazards and vulnerable conditions.

e.g. An earthquake hazard of the same magnitude in a sparsely populated village of Rajasthan and in the densely populated city of Delhi will cause different levels of damage to human lives, property and economic activities.

WHEN DOES A HAZARD LEAD TO A DISASTER

A disaster occurs when the impact of a hazard on a section of society exceeds the capacity to prevent or cope with it.

e.g. If an earthquake strikes a desert uninhabited by human being, it would not cause direct and immediate damage to the society and thus would not be



termed as a disaster. The earthquakes that struck Bhuj in 2001 and killed more than 14,000 people become a disaster owing to its immediate impact on the society.

TYPES OF DISASTERS

The disasters can be classified by many ways like speed, origin, cause etc.

Broadly it can be divided into three categories. Few examples of each category are also enlisted.

Natural Events

Avalanches	Cyclone	Droughts
Earthquakes	Floods	Tsunamis
Hurricanes	Volcanic Eruptions	Wildland fires

Technological Events

Aviation Accidents	Nuclear accidents
Railway accidents	Radiological accidents
Transportation accidents	

Human Events

Bombing	Biological agents
Riots	Terrorism

For every citizen of India, it is advisable to have some knowledge regarding Disaster, Disaster Management and Disaster Risk Management Programme, Disaster Reduction Programme. This is the first article on Disaster & Disaster Management which will be helpful to the society at large.

Source / Acknowledgement

1. Training module for Non Governmental organizations on Disaster risk management – Govt. Of India and UNDP India.
2. Manual on Disaster Management – Indian Medical Association.

Dr. Chetan N. Patel
Chairman
IMA HQ DMC



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* * * * *

Answers

Chhota Sudoku

1	4	6
7	8	2
9	3	5

7 BR OK EN Words

- 1 FILE
- 2 BENCH
- 3 STOOL
- 4 PHONE
- 5 TABLET
- 6 HAMMER
- 7 CURTAIN

Sudoku

2	9	7	5	1	8	6	3	4
4	3	8	6	7	9	2	1	5
6	1	5	4	2	3	9	8	7
8	5	4	1	3	2	7	9	6
3	6	1	9	4	7	5	2	8
7	2	9	8	5	6	3	4	1
1	4	3	2	6	5	8	7	9
9	7	6	3	8	4	1	5	2
5	8	2	7	9	1	4	6	3

KEN KEN PUZZLE

2	60X	10X	1	12x
2	3	5	1	4
4	5	2	3	1
15X	2÷	20X	5	15x
1	2	4	5	3
3	4	2÷	2	5
	1	1		
5	1	24X	4	2
		3		



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UP	Allahbad Branch, 29, Stanley Road, Allahbad	TEL. : 0532-26000909, 2607513, Email :- ama@sancharnet.in	
	Banaras Branch, I MA house, IMA Building, C-7/31, Chetganj, Varansai - 221001	Dr. Alok C Bhardwaj, Mr. Madhu Pathak, Tel.:- 0542-2403194, Fax :- 0542-2403194	3 AC double bedded Rooms @ Rs. 600/ 1 Dormitory of 6 Beds @ Rs. 100/- per bed per day
	Bereilly Branch IMA Bhawan 110, Civil Lines, Bareilly	Mr. Sunil Karan (M) 9410498049, Tel.: 0581-2511716, 2511259	4 AC Rooms double @ rs. 1000/- per days + 10.30 Tax, No.
	Lucknow Branch, IMA Bhawan, No. 1, River Bank Colony:, Lucknow	Dr. A M Khan : 9415409188, 415409188, Mr. Anil Yadav, Tel : 0522-2626440: Fax : 0522-2626440	2 AC Double Bedded Rooms @ 500/-1 big Rooms @ Rs. 600 / (for IMA members 400/-) no.



State Branch	IMA Branch with Address	Contact Person & Contract Detail	Tariff & Meals - Yes / No
West Bengal	IMA Bengal State Branch, IMA House, 1, 1/3 Dr. Biresh Guha Street, Kolkata - 700 017	Dr. Amitabha Bhattacharya M: 9339768287 Tel.: 033-22810758, 22873252 Fax : 033-22810758, 22893729 E : imabengalstate@yahoo.co.in	1 AC Dormatary for 6, NO.
	IMA HQs. At KOLKATA, JIMA Building 53, Creek Row, Kolkata 700014	Mr. A S Das Tel : 033-222257010,22360573 extn. 26, Fax - 22366437 M:- 9432960446 Email :- j_ima@vsnl.net	AC Rooms : Single bed Deluxe (1) : 750/- day - delux double bedded (1) : 650/- bed / day double bedded (1) : 550/- bed/day - Triple Bedded (4) : 550- /bed / day Non AC, - Dormitory (5 beds) -350/- / bed/ day incl. bed tea@breakfast
	Krishnanagar Branch 9 , Church Road, Krishnanagar, Nadia.	Dr. A+C43 K Basu Malik (M) 9434105232 Mr. Akhoy Biswas (M) 9434335297	2 AC double Bedded Rooms @ Rs. 250/- per bed per day
	Malda Branch, R K Mission Road, Malda - 732101	Hony. Secretary : 943.4040368 Mr. Brindavan Rao	1 double bedded non AC Rooms @ Rs. 250/- per day
Uttaranchal	Dehradun Branch 47, Ballapur Road, Dehradun.	Dr. Umang Sahai M - 9359873284 Dr. D.D. Choudhary M - 9897296200 Dr. Bhim S Pandhi M - 9837070913	1 A C double bedded room

Attention - I.M.A. Members; Essay Competition

GIMACON 2014

Subject : Psychosocial disorder in Adolescence

The essay should be in three typed copies double spacing on one side of the full-scrap paper. The author should not print his/her name & address on the essay but put up on a separate piece of paper.

Last Date for Submission at the State Office is 31/8/2014



**Kindly update your following data on our
Website : www.imagsb.com and submit**

INDIAN MEDICAL ASSOCIATION

GUJARAT STATE BRANCH

2nd Floor, AMA House, Opp. H. K. Collge, Ashram Road,
Ahmedabad-380009. Fax /

Phone : 079-2658 7370 E-mail : imagsb@youtele.com

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BIO-DATA FORM DIRECTORY OF I.M.A. GUJARAT STATE BRANCH MEMBER

LMGUJ :

IMA HQ No.

Name of the Member : _____

Branch : _____

City : _____

Address (Resi.) _____

Telephone No. _____

Address (Clinic/Hospital) _____

Telephone No. _____

Mobile : _____

Email : _____ Fax : _____

Blood Group _____

Signature _____