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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GUJARAT MEDICAL JOURNAL

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STATE PRESIDENT AND HON. STATE SECRETARY'S MESSAGE

Dear Colleagues

Swine Flu epidemic is now under control. This year highest number of patients have suffered with it as well as lost their life. As a medical practitioners, all of us have contributed to the best of our ability. All of you deserve appreciation for your active efforts in curbing this epidemic from Team IMA GSB.

On 11th& 12th April, we have attended the Central Working Committee meeting held at New Delhi. Many issues pertaining our field were discussed. Dr. Jayshreeben Mehta, President, Medical Council of India was present. She answered the queries of our members but the important message which she gave was each Medical Practitioner must follow the Ethics rules prevailing at this time. We have to improve our image in the society. Senior Advocate and Attorney, General of Govt. of India, Mr. Mukul Rastogi was also present. Many issues including Clinical Establishment Act, PC PNDT Act were discussed. He advised IMA how to proceed in such issues with Government. The Leadership of Indian Medical Association was successful in convincing about the concerns of members of IMA. According to him, the Medical Practitioner has all the right to practice the modern medicine and there should not be any laws which prevents it in doing so. He will help to facilitiate the meeting of IMA Leadership and Ministry of Health & Family Welfare. The issue of cross-pathy was also discussed.

Indian Medical Association is always working for its members. The Clinical Establishment Act was passed in parliament in 2010. Since then we are opposing it. IMA has tried its level best at all the fora to keep it on hold. What we require is "Unity" and Unity" and "Unity". Each Medical Practitioner must be a member of Indian Medial Association, and one has to utilize all his resources. The rules has been formed and each state will follow the same with modification in it as per requirement of the state. We have to see that in Gujarat also, when such rules will be finalized, they should be doctor friendly.

Indian Medical Association HQs has started many initiatives this year. Over and above the other continuous ongoing projects like "Aao Gaon Chalen", "Care for Elderly" and "Disaster Management". The Aao Gaon Chalen the flagship programme started at "Lakhvad", Dist. Mehsana under the leadership of our beloved leader Dr. Ketanbhai Desai is now a wing of Indian Medical Association. We appeal all the local branches to adopt at least one village. The details of the project are given in this bulletin. One such initiative is "Preventing Blindness in Diabetes". The national launching of this initiative was from Vadodara, Gujarat. Our National President Dr. Marthanda Pillai inaugurated the progarmme. We request all the branches to implement in their branches. The details have been given in this bulletin.

IMA's stand is clear regarding Ayush cannot prescribe the modern medicine drugs. Please read further regarding this issue in the bulletin.

Our members are not aware but please note that now TB is a notifiable disease. Each practitioner must report it to the concern authority. (on line reporting facility is available) Not reporting TB is a violation of MCI ethics regulation 7.14 and 5.2.

You cannot cross the sea merely by standing and staring at the water.

RABINDRANNATH TAGORE.

Friends, there are many issues which are worth discussing. Please discuss among yourself and give your suggestions / feedback. Please actively involve yourself and take part in IMA Activities. Will Rogers has said "Even if you are on the right Track, you will get run over if you just sit there". So we request our members to be an active member. Please give at least one hour per week to IMA. It is a time to ask what I can do for IMA rather than what IMA has done for me ? Think on this line and see the difference. Success will come automatically. Success is nothing but you having confidence in you and others having confidence in you.

Together we will achieve.

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

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

Good Thoughts are no better than good dreams, unless they be executed.

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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, 213th Central Working Committee Meeting was held on 11th & 12th, April 2015 at Radisson Blu Hotel, Dwarka, New Delhi.

Following members from our State attended the meeting.

1.	Dr. Jitendra B. Patel	Ahmedabad
2.	Dr. Chetan N. Patel	Vadodara
3.	Dr. Kirti M. Patel	Ahmedabad
4.	Dr. Jitendra N. Patel	Ahmedabad
5.	Dr. Mahendra B. Desai	Ahmedabad
6.	Dr. Yogendra S. Modi	Ahmedabad
7.	Dr. Bipin M. Patel	Ahmedabad
8.	Dr. Ashok D. Kanodia	Ahmedabad
9.	Dr. Mayank J. Bhatt	Vadodara
10.	Dr. Mansukh R. Kanani	Bhavnagar
11.	Dr. Bharat V. Trivedi	Bhavnagar
12.	Dr. Mahavirsinh M. Jadeja	Bhavnagar
13.	Dr. Jayesh K. Sheth	Mahuva
14.	Dr. Pragnesh C. Joshi	Surat
15.	Dr. Pravin G. Patel	Surat
16.	Dr. Praful R. Desai	Navsari
17.	Dr. Mahendra H. Chaudhari	Bardoli
18.	Dr. Jesang F. Chaudhari	Mehsana

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

21-03-2015	Dr. Chetan N. Patel, President and Dr. Jitendra N. Patel, Hon. State Secretary had meeting with Office Bearers and Local Leaders at Rajkot Branch.
21-03-2015	Dr. Chetan N. Patel, President and Dr. Jitendra N. Patel, Hon. State Secretary visited Jamnagar Branch for Launcing of Directory and Mobile Apps..
22-03-2015	Dr. Chetan N. Patel, President and Dr. Jitendra N. Patel, Hon. State Secretary attended meeting of President, Secretaries and Office Bearers at I.M.A. G.S.B. Premises, Ahmedabad.
05-04-2015	Dr. Chetan N. Patel, President and Dr. Jitendra N. Patel, Hon. State Secretary attended IMA-GSB Multi Disciplinary C.M.E. on Common Clinical Scenarios as part of the API DIAS at Hotel Gateway, Surat.
11-04-2015 12-04-2015	Dr. Chetan N. Patel, President and Dr. Jitendra N. Patel, Hon. State Secretary attended Central Working Committee meeting at Radisson Blu Hotel, Dwarka, New Delhi.

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DISCLAIMER

ATTENTION PLEASE !!!

IMA LOCAL BRANCHES

Election Notice of I.M.A. G.S.B. for the post of State President (West 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. G.S.B. for the post of State President (West 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 it's 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 continous 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.

College of General Practitioner, G.S.B. I.M.A

Vadodara Branch of Indian Medical Association had successfully organized C.M.E. programme in collaboration with the College of G.P. G.S.B. I.M.A. from 08-02-2015 to 15-02-2015 at Conference Hall, Kashiba Children Hospital, Karelibaug, Vadodara

The inauguration function was attended by Dr. Kirit C. Gadhavi, Director, College of G.P. and Late Dr. Lalit I. Nayak; Hon. Secretary I.M.A. college of G.P. and Dr. Paresh P. Golwala, Vice-President, Vadodara Zone, I.M.A. G.S.B. were present in inauguration function. The programme was well attended by 34 Doctors.

Dr. Kirit C. Gadhavi
Director

Dr. Vasant B. Patel
Hon. Joint Secretary

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DAYS TO BE OBSERVED

07th May	World Asthma Day
08th May	World Thalessemia Day
08th May	World Red Cross Day
12th May	International Nurses Day
15th May	International Family Day
30th May	World Anti Malaria Day
31st May	World No Tobacco Day

IMANATCON-2014

LAST REMINDER

To Delegates and R. C. Members

If you have not collected your kit of IMANATCON-2014 yet, then kindly collect it from AMA House, Ashram Road, Ahmedabad before 20-5-2015.

Please bring your ID Proof and receipt. Organizing Committee will not consider any kind of claim after 20-5-2015.

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Member's Information

Dear Members,

As you all know that in today's world, we all need quick & easy communication & data transfer from one place to another. And for that we should have precise destination address. We at GSB IMA have full details of very few members with us. So I request you all to fill up your full details on members information form which we have kept on our **website www.imagsb.com.** Also pass on this information during each of your programme & continuously insist all members until we have information of all members. Expecting your huge support as this is very crucial for our effective communication with all members.

Thank you.

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

NEW LIFE MEMBERS

I.M.A. GUJARAT STATE BRANCH

We welcome our new members

L_M_No.	NAME	BRANCH
LM/24283	Dr. Mavani Madhav Prakashbhai	Rajkot
LM/24284	Dr. Ghodasara Chirag Kanjibhai	Rajkot
LM/24285	Dr. Doshi Nisha Satishkumar	Rajkot
LM/24286	Dr. Sadatia Vishal Virajibhai	Rajkot
LM/24287	Dr. Sadatia Kruti Vishalkumar	Rajkot
LM/24288	Dr. Patel Minhaj Ilyasalibhai	Bharuch
LM/24289	Dr. Dalsania Miral Ishwarlal	Dhoraji
LM/24290	Dr. Patel Arati Somabhai	Patan
LM/24291	Dr. Kankhara Abhishek Atulbhai	Jamnagar
LM/24292	Dr. Patel Khushbu Bharatbhai	Unjha
LM/24293	Dr. Sanghavi Nishant Hitendra	Ahmedabad
LM/24294	Dr. Sanghavi Zankhana Nishant	Ahmedabad
LM/24295	Dr. Shah Jinen Mukeshbhai	Ahmedabad
LM/24296	Dr. Desai Kavin Mukeshbhai	Ahmedabad
LM/24297	Dr. Garg Pankaj Sattanchand	Ahmedabad
LM/24298	Dr. Jindal Savita	Ahmedabad
LM/24299	Dr. Mundhra Shashi Hariprasad	Ahmedabad
LM/24300	Dr. Mundhra Krati Shashikumar	Ahmedabad
LM/24301	Dr. Mistry Chetna Jayantibhai	Ahmedabad
LM/24302	Dr. Vakil Riddhi Ajaybhai	Ahmedabad
LM/24303	Dr. Solanki Bhavin Shantilal	Ahmedabad
LM/24304	Dr. Shah Vandan Natwarlal	Ahmedabad
LM/24305	Dr. Desai Rushi Dharmendrabhai	Ahmedabad
LM/24306	Dr. Shah Anand Girishbhai	Ahmedabad
LM/24307	Dr. Davda Bansi Kishorkumar	Ahmedabad
LM/24308	Dr. Panchal Haresh Jethalal	Ahmedabad
LM/24309	Dr. Shah Dhaval Pareshbhai	Ahmedabad
LM/24310	Dr. Shah Gunjan Dhavalbhai	Ahmedabad
LM/24311	Dr. Prajapati Chetan Jivaram	Ahmedabad
LM/24312	Dr. Patel Alpesh Madhubhai	Ahmedabad
LM/24313	Dr. Rafaliya Suhilkumar D.	Ahmedabad
LM/24314	Dr. Patel Nilofar Abdulmajid	Bharuch
LM/24315	Dr. Bamrotia Jitendra B.	Veraval
LM/24316	Dr. Mehta Sagar Chandrakant	Savarkundla

LM/24317	Dr. Chitroda Piyush Vinodbhai	Jamnagar
LM/24318	Dr. Patel Prakash Nagarbhai	Bhavnagar
LM/24319	Dr. Kalaria Tejas Rameshbhai	Vadodara
LM/24320	Dr. Desai Ankit Jitendrabhai	Vadodara
LM/24321	Dr. Mehta Sameer Kulbirbhai	Vadodara
LM/24322	Dr. Baid Chandresh Motilalbhai	Vadodara
LM/24323	Dr. Vaidya Vijay Narsidasbhai	Vadodara
LM/24324	Dr. Patel Krunal Jayantilal	Vadodara
LM/24325	Dr. Gohil Varun Jagdishbhai	Vadodara
LM/24326	Dr. Solanki Isha Sanjaybhai	Vadodara
LM/24327	Dr. Jawarkar Ashish Vilasbhai	Vadodara
LM/24328	Dr. Jawarkar Harsha Ashishbhai	Vadodara
LM/24329	Dr. Bhootra Ashish Radhakishan	Surat
LM/24330	Dr. Bhootra Harsha Ashishbhai	Surat
LM/24331	Dr. Oarmar Payal Sitarambhai	Surat
LM/24332	Dr. Gajipara Bhargav Manharbhai	Surat
LM/24333	Dr. Surahwardi Mohd.Taushif	Gandhidham
LM/24334	Dr. Savalia Kartik Pravinbhai	Ahmedabad
LM/24335	Dr. Katara Hitesh Manubhai	Ahmedabad
LM/24336	Dr. Panchal Milan Vinodbhai	Ahmedabad
LM/24337	Dr. Shah Gaurang Bipinchandra	Ahmedabad
LM/24338	Dr. Patel Nirmam Harshvadan	Ahmedabad
LM/24339	Dr. Christian Donald Shailendra	Ahmedabad
LM/24340	Dr. Vaghela Yogesh Manilal	Ahmedabad
LM/24341	Dr. Vaghela Mital Yogeshbhai	Ahmedabad
LM/24342	Dr. Shah Sidhdhant Rupakkumar	Ahmedabad
LM/24343	Dr. Patel Jaykumar Maheshbhai	Ahmedabad
LM/24344	Dr. Joshi Jignesh Bhupendrabhai	Ahmedabad
LM/24345	Dr. Banker Priyank Maheshbhai	Ahmedabad
LM/24346	Dr. Panchal Saurin Bharatkumar	Ahmedabad
LM/24347	Dr. Patel Harsh Rameshbhai	Ahmedabad
LM/24348	Dr. Patel Ankit Popatlal	Ahmedabad
LM/24349	Dr. Patel Sonali Maganbhai	Mandvi
LM/24350	Dr. Chaudhari Hemang Dhansukh	Mandvi
LM/24351	Dr. Modi Chirag Hasmukhlal	Anand
LM/24352	Dr. Bhambhani Vinod Rameshchandra	Veraval
LM/24353	Dr. Kalathia Vipul Trikambhai	Botad
LM/24354	Dr. Zaveri Valay Harshadbhai	Dahod
LM/24355	Dr. Bhrambhatt Kandarp J.	Palanpur
LM/24356	Dr. Barot Dilavarsinh Arvindbhai	Jamnagar

LM/24357	Dr. Vaghela Gaurng Jayantibhai	Gandhinagar
LM/24358	Dr. Chandwani Haresh Rameshkumar	Gandhinagar
LM/24359	Dr. Dodia Hardik Mansukhlal	Amreli
LM/24360	Dr. Ninama Kishan Rasubhai	Vadodara
LM/24361	Dr. Nandy Dipayan Jayanta	Vadodara
LM/24362	Dr. Shah Vijita Kishorkumar	Vadodara
LM/24363	Dr. Patel Sonal Jashvantbhai	Vadodara
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LM/24365	Dr. Shah Harsh Rakeshbhai	Vadodara
LM/24366	Dr. Shah Arpan Sunilkumar	Vadodara
LM/24367	Dr. Patwa Pooja Mukeshchandra	Vadodara
LM/24368	Dr. Wadhwa Swati Dattubhai	Anand
LM/24369	Dr. Patel Tejaskumar Chinubhai	Unjha
LM/24370	Dr. Karena Zalak Vinaybhai	Rajkot
LM/24371	Dr. Chaudhari Upasana Mukeshbhai	Mehsana
LM/24372	Dr. Patel Bhavik Nitinbhai	Navsari
LM/24373	Dr. Patel Ketul Arvindbhai	Valsad
LM/24374	Dr. Patel Ankita Chandrakant	Valsad
LM/24375	Dr. Dodia Virendra Natvarsinh	Valsad
LM/24376	Dr. Patel Bhavesh Natvarlal	Valsad
LM/24377	Dr. Kurulkar Pallavi A.	Ahmedabad
LM/24378	Dr. Gandhi Sharmel Sanjaybhai	Ahmedabad
LM/24379	Dr. Gandhi Palak Sharmeelbhai	Ahmedabad
LM/24380	Dr. Shah Ankit Dilipkumar	Ahmedabad
LM/24381	Dr. Deka Saurav Sachinbhai	Ahmedabad
LM/24382	Dr. Parekh Parth Prakashbhai	Ahmedabad
LM/24383	Dr. Patel Chintan Bharatkumar	Ahmedabad
LM/24384	Dr. Oza Dharmang Dilipbhai	Ahmedabad
LM/24385	Dr. Patel Rachit Jayeshkumar	Ahmedabad
LM/24386	Dr. Patel Purvi Sureshkumar	Ahmedabad
LM/24387	Dr. Vasani Viral Madhubhai	Ahmedabad
LM/24388	Dr. Mansuri Uvesh Sabbirbhai	Ahmedabad
LM/24389	Dr. Patel Bhavik Prabhudasbhai	Ahmedabad
LM/24390	Dr. Sukhwani Kalpesh Suresh	Ahmedabad
LM/24391	Dr. Kaushik Leena Rohit	Ahmedabad
LM/24392	Dr. Kothari Vivek Rajkumar	Ahmedabad
LM/24393	Dr. Kothari Sweta Vivekbhai	Ahmedabad
LM/24394	Dr. Shah Vipulkumar Babubhai	Ahmedabad
LM/24395	Dr. Khatavakar Chidanand P.	Surat

CONGRATULATIONS

❖ **Dr. M. M. Prabhakar; Medical Superintendent, Civil Hospital, Ahmedabad**

Being awarded "Best Multi Speciality Hospital of Gujarat" the Healthcare Excellence Award 2014, on 21st January, 2015 at New Delhi.

❖ **Dr. Sharad Purohit ; Ahmedabad**

Being awarded for successfully completing the Reliance Sabarmati Marathon Amdavad 2015 organized by Ahmedabad Municipal Corporation, held on 15th February 2015 at Ahmedabad

❖ **Dr. O. P. Gupta ; Ahmedabad**

Being awarded Master Teacher Award in recognition and appreciation for the outstanding contribution towards the medical education on 20th February, 2015 by Academic wing of "The Association of Physicians of India"

❖ **Dr. Kiran Desai; Ahmedabad**

Being elected as President of Ahmedabad Obstetrics & Gynecological Society for the year 2015-2016

❖ **Dr. Anil Mehta; Ahmedabad**

Being elected as Hon. Secretary of Ahmedabad Obstetrics & Gynecological Society for the year 2015-2016

❖ **Dr. Anirudh Shah; Ahmedabad**

Being Senior Pediatric Surgeon of Gujarat, has been conferred the Prestigious Pediatric Endoscopic Surgeons of India (Chapter of India Association of Pediatric Surgeons) Oration and Award 2015 at the 10th Annual Conference of the Pediatric Endoscopic Surgeons of India in March 2015 at Jaipur, Rajasthan. He is the first pediatric surgeon of Gujarat and the 2nd in India to receive this honour.

OBITUARY

Dr. H. H. Sipai

(21/06/1946 - 16/11/2014)

Age : 68 years

Qualification : M.D. (Path. & Bact.)

Name of Branch : Jamnagar

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We send our sympathy & condolence to the bereaved family

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

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COMMUNITY SERVICE

MORBI

08-02-2015	Poly diagnostic camp for police staff. 250 patients were benefitted.
22-02-2015	"Aao Gaon Chalen" – Poly diagnostic camp at Tikkar village
28-02-2015	ENT, Dental and Nutrition and General check up camp at Vikas Vidyahalaya. Total 104 students benefited.
01-03-2015	"Aao Gaon Chalen" Poly diagnostic Camp, Blood Donation Camp and Drug Distribution free Camp. 140 bottles were collected and 1500 patients benefitted
07-03-2015	Women's Day. A lecture on Women Empowerment in town hall. 250 people were present.
30/03/2015	Patient education and treatment. Given education about iron deficiency. Prevention and Treatment. 200 people benefited.

PALANPUR

13-01-2015	Medical camp was organized at Sub Jail as a part of social service. 200 Prisoner patients treated 12 doctors have served to 200 prisoners & required medicines were distributed to them free of cost
16 to 18-1-15	Pulse Polio programme
24-01-2015	Marathon running programme
26-01-2015	Independence Day celebration at Merwada Primary School and distributed 350 compass boxes to students.

BRANCH ACTIVITY

AMRELI

20-02-2015	"Swine flu" by Dr. Kamlesh Upadhyay
28-02-2015	"Assessment if critically ill Patient " by Dr. Gopal Raval

IDAR

09-02-2015	"Evaluation & Recent modalities of treatment of Knee & Shoulder pain" by Dr. Pritesh J. Shah
	"Back pain – Understanding, Evaluation & Recent modalities of treatment" by Dr. Mayur G. Vala
20-03-2015	"Clinical Tips in neurology" by Dr. R.S. Bhatiya

JAMNAGAR

29-01-2015	"Current viral diseases H1N1, CCHF, Ebola, MERS-Cov"
14-02-2015	"Oncology" by Dr. Amit Jetani and Dr. Bhargav Trivedi
28-02-2015	Programme on Back pain and G.E.R.D.

KALOL

20-02-2015	"Introduction to present day spine surgery" by Dr. Viral B. shah
	"Intra operative nerve monitoring system" by Dr. Hrutvij Bhatt
	"Endoscopic spine surgery under local anesthesia" by Dr. Ritesh Patel
28-02-2015	"Update in radiation oncology, basic concept & recent advances" by Dr. Arpana Shukla
	"Recent update in chemo-therapy" by Dr. Ashish Kaushal
03-03-2015	"Recent advances in urology" by Dr. Dinesh D. Patel
	"A peep into pediatric Dentistry" by Dr. Anit Khatri

MORBI

06-02-2015	"Liver update" by Dr. Hitesh Chavda
	"Community acquired pneumonia" by Dr. Amrish Patel
13-02-2015	"Who and when is requried joint replacement?" by Dr. Bhavesh Sachde

"Common dermatological infections" by Dr. Chetan Lalseta

"Infertility Basics to recent" by Dr. Darshan Sureja

24-02-2015 "Infertility – Basics to recent" by Dr. Darshan Sureja

28-03-2015 "Interesting cases in gastrology and hepatology" by Dr. Gunjan Joshi

"S J syndrome" by Dr. Jayesh Sanariya

PALANPUR

08/01/15 "Medical Management of Back Pain and recent advances in surgical approach in Disc Prolapse" by Dr. Ajay Krishan and Dr. Denish Patel

PATAN

13-02-15 "Prevention and Management of Swine flu" by Dr. Kamlesh Upadhyay

SAVARKUNDLA

23-03-15 "Plastic surgery a problem saving specialtiy also an introduction & overview of cosmetic surgery, one of the fastest developing specialty" by Dr. Chintan Patel

VIRAMGAM

13-03-15 "Swine Flu" by Dr. A.K. Gajjar

"Urolithiasis" by Dr. Dinesh Pethani

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REPORT OF SWINE FLU

Following branches have arranged the awareness programme on Swine Flu as per the guide line given by Health and Family Welfare Department, Govt. of Gujarat

Palanpur	23-01-2015
Vadodara	08-02-2015
Idar	21-02-2015
Santrampur	13-03-2015

Many more branches of Indian Medical Association, Gujarat State Branch have arranged the seminar, but office is yet to receive the report.

INDIAN MEDICAL ASSOCIATION

GUJARAT STATE BRANCH
A.M.A. House, Opp. H.K. College, Ashram Road, Ahmedabad -380009
PHONE & FAX: (079) 265 87 370 Email: imagsb@gmail.com

Dear Branch Secretary

I hope that this circular finds you in the best of health and spirit. In continuation of my circular **A-11/HFC/LM/2015-2016**, further tabulated information is given below for the revision of fees effective from **1/4/2015.** Herewith I am sending the copy of I.M.A. H/Q fee schedule regarding revised fees.

ORDINARY MEMBERSHIP FEES

CATEGORY	HFC	GMJ	GSB	ADM.FEE	TOTAL TO BE SENT TO GSB.IMA
Annual Single:	391-00	25-00	10-00	20-00	446-00
Annual Couple:	586-00	38-00	20-00	30-00	674-00

Local branch share to be collected extra as per individual branch decision/resolution Kindly note that fees at old
Rates will be accepted up to **31/03/2015** only at State Office. Thereafter the new revised rates will be applicable.

LIFE MEMBERSHIP FEES

CATEGORY	TOTAL FEES	BR.SHAHRE	ADM.FEES INCLUDING GSB. IMA	TO BE SENT TO GSB. IMA
Single	8045-00	750-00	{ 20-00 }	Rs. 7295-00
Couple	12000-00	1190-00	{ 30.00 }	Rs. 10810-00

Kindly send fees of old annual member, which should reach this office before 30/4/2015. Membership Fees by a D.D. drawn in favour of G.S.B. I.M.A

I.M.A. COLLEGE OF GENERAL PRACTITIONERS

College of G.P Rs. 2000-00
Life Membership
Membership Fees along with Life Subscription of Family Medicine DD in favour of "IMA CGP HQ"
Payable at Chennai and send to us

Kindly send annual membership fees before **30/4/2015** so as to avoid deletion. The above increase of fee Rs. 50.00 in Life Member every year is computed as per the resolution passed in 41st State Council at Nadiad on 12/05/1989.

Yours Sincerely

(Dr. Jitendra N. Patel)
Hon. State Secretary

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 2015 in addition to their routine work. These are as under :

01-02-2015 to 31-03-2015 : Intra domestic house to house survey by the centers of Ahmedabad

22-02-2015 to 24-02-2015 : National Polio Round by the centers of Ahmedabad

Medical Camp (Khokhra) Dt. 4-2-2015 : Patient : 21, Dt.11-2-2015 : Patient : 34
Dt. 19-2-2015 : Patient : 30, Dt. 25-2-2015 : Patient : 28

Khokhra (Amraiwadi) General Medical Camp Dt. 4-3-15 - Shivanandnagar,
Dt. 21-3-2015 - Salam Quarters, Dt. 24-3-15 - Popatlal ni Chali.

Rander - Surat : Vitamin 'A' Solution - Mothers Iron :4140 tables & Calcium - 2550 tablets, were distributed.
Nanpura - Surat : Vitamin 'A' Solution - Mothers : Iron : 4000 tablets, Children : Iron-10500 Calcium -5650 tablets were distributed.

22-02-2015 to 25-02-2015 : National Polio Round by the centers of Rajkot

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

FEBRUARY-MARCH-2015

No.	Name of Center		New Case	Old Case	Total Case
(1)	Ambawadi	(Jamalpur Ward)	2967	1434	4401
(2)	Behrampura	(Sardarnagar Ward)	3805	825	4630
(3)	Bapunagar	(Potalia Ward)	5037	1539	6576
(4)	Dariyapur	(Isanpur Ward)	2834	535	3369
(5)	Gomtipur	(Saijpur Ward)	4996	1361	6357
(6)	Khokhra	(Amraiwadi Ward)	7038	1709	8747
(7)	New Mental	(Kubernagar Ward)	2416	349	2765
(8)	Raikhad	(Stadium Ward)	1698	671	2369
(9)	Wadaj	(Junawadaj Ward)	2663	594	3257
(10)	Khambhat		—	—	—
(11)	Junagadh		----	----	----
(12)	Rander-Surat		----	----	----
(13)	Nanpur-Surat		----	----	----
(14)	Rajkot		2296	839	3135

FEBRUARY-MARCH-2015

No.	Name of Center		Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi	(Jamalpur Ward)	59	—	84	28500	2226
(2)	Behrampura	(Sardarnagar Ward)	81	09	141	19900	2869
(3)	Bapunagar	(Potalia Ward)	88	01	134	18822	960
(4)	Dariyapur	(Isanpur Ward)	58	---	137	50750	6240
(5)	Gomtipur	(Saijpur Ward)	63	08	108	48175	1842
(6)	Khokhra	(Amraiwadi Ward)	86	08	107	26700	490
(7)	New Mental	(Kubernagar Ward)	60	02	161	13560	469
(8)	Raikhad	(Stadium Ward)	71	01	99	31048	3960
(9)	Wadaj	(Junawadaj Ward)	36	02	121	27500	3180
(10)	Khambhat		01	—	43	1880	71
(11)	Junagadh		66	—	117	—	486
(12)	Rander-Surat		85	—	116	3600	137
(13)	Nanpura-Surat		67	—	99	6850	300
(14)	Rajkot		85	02	153	1100	560

ATTENTION PLEASE !!

The office has received back News bulletins of the following members from Postal department with note as "Left", "Insufficient address" etc. The concerned member / friends are requested to inform the office immediately with change of address, L.M. No. & Local Branch.

L_M_No.	NAME	BRANCH
LM/02172	Dr. Ankleshwaria Sakinaben A.	Bharuch
LM/10241	Dr. Asnani Kaushal B.	Ahmedabad
LM/10242	Dr. Asnai Vimala Kaushal	Ahmedabad
LM/07821	Dr. Bansal Harkishan R.	Ahmedabad
LM/15187	Dr. Beji Jaison	Bharuch
LM/22450	Dr. Bhoi Suresh Hirabhai	Ahmedabad
LM/17898	Dr. Bhushan Yatin Keshavlal	Deesa
LM/21922	Dr. Chavda Amit Bhailalbhai	Rajkot
LM/10377	Dr. Gajjar Chetan Dhirajlal	Bhavnagar
LM/21158	Dr. Goswami Bheesham P.	Bhujkutch
LM/07112	Dr. Kaystha Suryakant B.	Vadodara
LM/05293	Dr. Mehta Bharat H.	Ahmedabad
LM/15663	Dr. Mehta Gaurav Jayendrabhai	Ahmedabad
LM/15664	Dr. Mehta Tejal Gauravbhai	Ahmedabad
LM/12196	Dr. Mehta Vijay Dineshchandra	Ahmedabad
LM/09051	Dr. Mehta Vijay U.	Surendranagar
LM/12320	Dr. Nayak Nilam Natvarlal	Kalol-Ng
LM/09443	Dr. Patel Mahendrakumar S	Mansa
LM/23634	Dr. Rathod Divyesh Pravinbhai	Rajkot
LM/09415	Dr. Sakria Sudhir B.	Gandhidham
LM/16305	Dr. Shah Parag Manharlal	Ahmedabad
LM/07660	Dr. Tripathi Varsha K.	Ahmedabad
LM/21936	Dr. Unadkat Mitul Chandrakant	Rajkot

* * * * *

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

GIMACON 2015

Subject : "Changing Scenario of Infections in India"

The essay should be in three typed copies double spacing on one side of the full-scap 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 31/8/2015

Report of P.P.S. ZONAL EDUCATIVE SEMINAR organized by Jasdan Branch

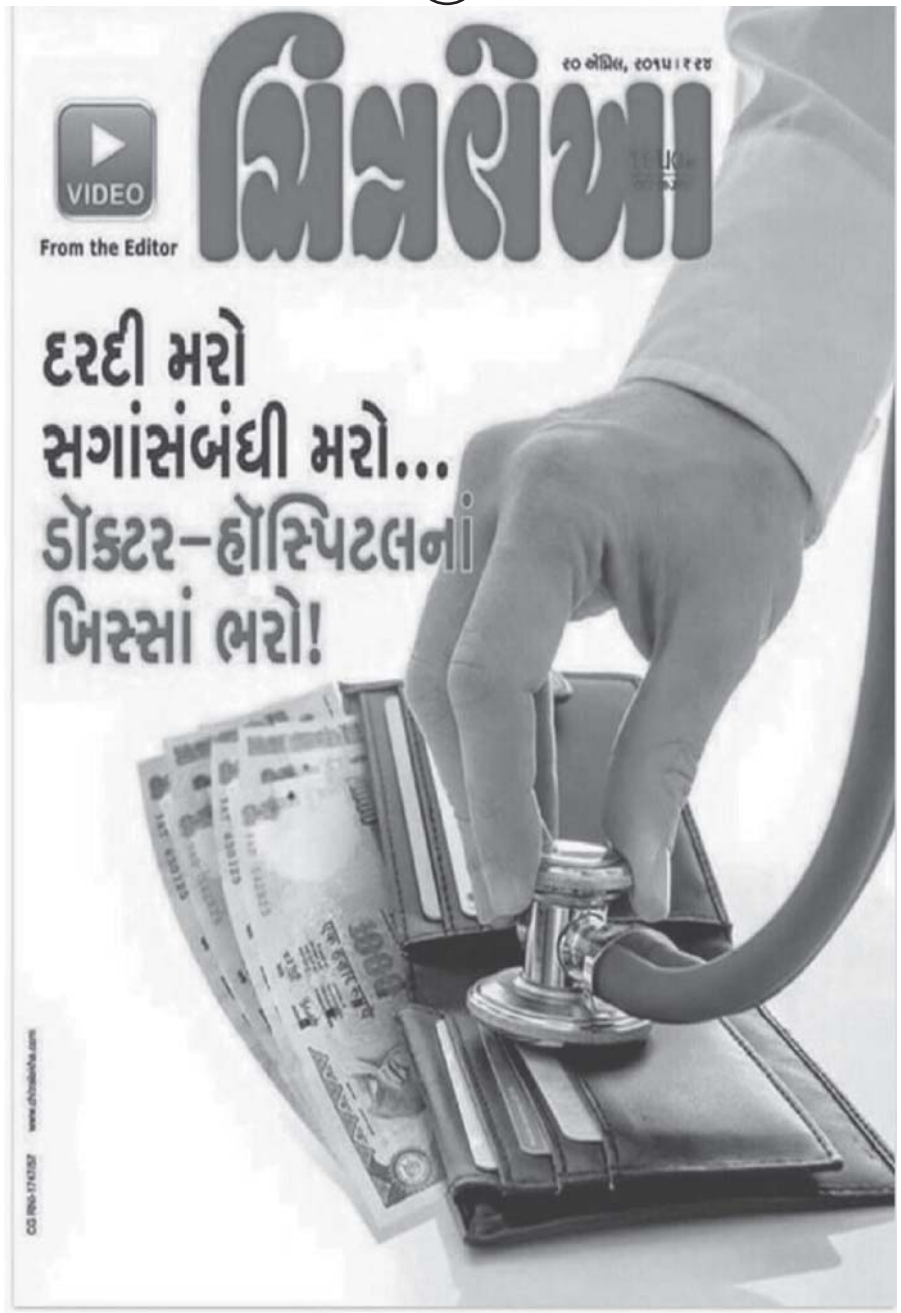
Jasdan branch of Gujarat State Branch, IMA in association with P.P.S. IMA GSB had organized West Zone P.P.S. Educational seminar on 22nd March 2015. Seminar started with auspicious lamp lighting and inauguration ceremony.

Dr. Bipinbhai Patel gave a very informative speech about medical practice and how to be safe in dealing with patients. Dr. Parthbhai Desai gave excellent information about P.P.S. Scheme, its functionaries and role of P.P.S in safeguarding the members of the scheme. Dr. Mansukhbhai Kanani & Dr. Bharatbhai Trivedi shared their knowledge and experiences about various facets of medical practice.

Dr. D. K. Shah, a learned speaker had given excellent and practical knowledge about safe medical practice and gave 10 commandments to avoid disputes between patients and doctors. Advocate Anilbhai Desai spoke about medical negligence.

Total 130 delegates were present during the seminar from different branches of West Zone. Seminar was followed by delightful lunch and trip to Ghelasomnath & Sanctuary visit.

Overall, the seminar was conducted in a very nicely and timely manner. We congratulate I.M.A Jasdan branch especially Dr. V.B Kasundra (President, I.M.A Jasdan branch) and Dr. Rajesh Pankhaniya (Hon. Secy, I.M.A Jasdan branch) for organizing the seminar excellently.



શું સમગ્ર તબીબી આલમ ખરેખર આવો છે ?

જો ના, તો આવો તબીબો જાગો અને જડબાતોડ જવાબ આપો.

અમે આ રીતે ઈ-મેઈલ કરેલ છે.

To Editor, Chitralekha,

We have been regular readers and admirers of Chitralekha for several years now.

But being doctors by profession, we have been very much disappointed by cover of your last issue.

You have great powers to sway public opinions through your medium of publication. We humbly wish to remind you that- "With great power, Comes greater responsibility."

We doctors accept and are aware of certain members indulging in malpractices. But is this true for all?

What do you achieve by making all people suspicious of all doctors? Whom does it help?

Trust forms the basis of a doctor patient relationship.

Breaking this trust in general is detrimental to both- doctors and patients.

The only purpose your cover pages may have served is to apparently make a story sensational enough to boost your sale. It may have achieved your purpose but at the cost of hurting all honest doctors.

As a protest, we doctors have decided to discontinue with our subscription of chitralekha. We are also going to urge our friends, relatives and patients to join our hands in this protest.

We sincerely hope you will see our point of view and request you to refrain from writing against doctors in general. We do not object against individual cases where you have proof.

Thank you,

A lot of Hurt doctors

E-mail : editor@chitralekha.com

Kindly Copy this matter from our Website

TUBERCULOSIS NOTIFICATION

Dear Members,

It is estimated that globally we are missing three million tuberculosis cases and out which estimated one million missing cases are from India.

Looking into the grave situation, Government of India has made mandatory to notify all the tuberculosis cases irrespective of whether being treated in the private or public set up since year 2012.

Under the auspices of IMA-GFATM-RNTCP-PPM-RCC Project, GSB IMA has been working very hard since the past one year to encourage our members for notifying all their tuberculosis patients to the concerned nodal officers.

It is a matter of great pleasure to share with you that in the last one year Gujarat has been the leading state to notify tuberculosis cases under the IMA-GFATM-RNTCP-PPM-RCC Project. This was possible due to combine efforts of all our members of GSB, IMA along with co-operation and hard-work of the concerned government officials.

Another feat which we achieved was that in a single month of March 2015, Gujarat State has notified more than 2500 tuberculosis cases. We congratulate all our members for the same and appeal to notify all your tuberculosis patients which would be a great help for the 'END TB STRATEGY' and a great service to the nation.

Dr. Chetan Patel	**Dr. Ashok Kanodia**	**Dr. Mahendra Desai**
(President, GSB IMA)	(Unit-I, Coordinator)	(Unit-I, Technical Consultant)
Dr. Jitendra Patel	**Dr. Mansukh Kanani**	**Dr. Parth Desai**
(Hon. Secretary, GSB IMA)	(Unit-II, Coordinator)	(Unit-II, Technical Consultant)

CONGRATULATIONS

Top 10 Tuberculosis Notifiers in Gujarat State

(March 2015)

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	141	Dr. Vinod Shah	Dr K. N. Sheladia
2.	P. S. M. C. Karamsad, Anand	073	Dr. Shailesh Shah	Dr. R. R. Fulmali
3.	Action Research in Community Health Rajpipla, Narmada	066	Dr. Umakant Sheth	Dr. S.A Arya
4.	Bhagyoday Surgical Hos. Godhra, Panchmahal	059	Dr. K..M Gandhi	Dr. P. N. Baruah
5.	Devbhoomi Heart And Medical Hospital Patan	045	Dr. Vasant Patel	Dr B. B. Goswami
6.	Sparsh Chest Disease Center, Ahmedabad	044	Dr. Jitendra Shah	Dr.Amit Begda
7.	Dr Ramesh Raval Dhrangadhra, Surendranagar	037	Dr. Dharmesh Acharya	Dr. P. K.Parmar
8.	Sarvajanik Hospital Surat	032	Dr. Vinod Shah	Dr K. N. Sheladia
9.	Gayatri Medical Hospital Deesa, Banaskantha	030	Dr. Sunil Acharya	Dr.B. B. Solanki
10.	Bhartiya Arogya Nidhi Patan	027	Dr. Vasant Patel	Dr B. B. Goswami

Standards for TB Care in India
(WHO Guidelines)

Standard 1 : Testing and screening for Pulmonary TB

Testing:

- Any person with symptoms and signs suggestive of TB including cough >2 weeks, fever >2 weeks, significant weight loss, haemoptysis etc. and any abnormality in chest radiograph must be evaluated for TB.
- Children with persistent fever and/or cough >2 weeks, loss of weight /no weight gain, and/or contact with pulmonary TB cases must be evaluated for TB.

Screening:

- People living with HIV (PLHIV), malnourished, diabetics, cancer patients, patients on immunosuppressant or maintenance steroid therapy, should be regularly screened for signs and symptoms suggestive of TB.
- Enhanced case finding should be undertaken in high risk populations such as health care workers, prisoners, slum dwellers, and certain occupational groups such as miners.

Standard 2 : Diagnostic technology

Microbiological confirmation on sputum:

- All patients (adults, adolescents, and children who are capable of producing sputum) with presumptive pulmonary TB should undergo quality-assured sputum test for rapid diagnosis of TB (with at least two samples, including one early morning sample for sputum smeer for AFB) for microbiological confirmation.

Chest X-Ray as screening tool :

- Where available, chest X-Ray should be used as a screening tool to increase the sensitivity of the diagnostic algorithm.

Serological tests:

- Serological tests are banned and not recommended for diagnosing tuberculosis.

Tuberculin Skin Test (TST) & Interferon Gamma Release Assay (IGRA)

- TST and IGRA are not recommended for the diagnosis of active tuberculosis. Standardised TST may be used as a complimentary test in children.
- CB-NAAT (cartridge-based nucleic-acid amplification test) is the preferred first diagnostic test in children and PLHIV.
- Validation of newer diagnostic tests:
- Effective mechanism should be developed to validate newer diagnostic tests.

Standard 3 : Testing for extra-pulmonary TB

- For all patients (adults, adolescents and children) with presumptive extra-pulmonary TB, appropriate specimens from the presumed sites of involvement must be obtained for microscopy/culture and drug sensitivity testing (DST)/CB-NAAT/molecular test/histo-pathological examination.

Standard 4 : Diagnosis of HIV co-infection in TB patients and Drug Resistant TB (DR-TB)

Diagnosis of HIV in TB patients:

- All diagnosed TB patients should be offered HIV counselling and testing.

Diagnosis of multi-drug resistant TB (MDR-TB):

- Prompt and appropriate evaluation should be undertaken for patients with presumptive MDR-TB or Rifampicin (R) resistance in TB patients who have failed treatment with first line drugs, paediatric nonresponders, TB patients who are contacts of MDR-TB (or R resistance), TB patients who are found positive on any follow-up sputum smear examination during treatment with first line drugs, diagnosed TB patients with prior history of anti-TB treatment, TB patients with HIV co-infection and all presumptive TB cases among PLHIV. All such patients must be tested for drug resistance with available technology, a rapid molecular DST (as the first choice) or liquid / solid culture-DST (at least for R and if possible for Isoniazid (H); Ofloxacin (O) and Kanamycin (K), if R-resistant/MDR).

- Where ever available DST should be considered for offer to all diagnosed tuberculosis patients prior to star of treatment.

Diagnosis of Extensively Drug Resistant TB (XDR-TB):

- On detection of Rifampicin resistance alone or along with isoniazid resistance, patient must be offered sputum test for second line DST using RNTCP approved phenotypic or genotypic methods, wherever available.

Standard 5 : Probable TB

- Presumptive TB patients without microbiological confirmation (smear microscopy, culture and molecular diagnosis), but with strong clinical and other evidence (e.g. X-Ray, Fine Needle Aspiration Cytology (FNAC, histopathology) may be diagnosed as "Probable TB" and should be treated.
- For patients with presumptive TB found to be negative on rapid molecular test, an attempt should be made to obtain culture on an appropriate specimen.

Standard 6 : Paediatric TB

Diagnosis of paediatric TB patients:

- In all children with presumptive intra-thoracic TB, microbiological confirmation should be sought through examination of respiratory specimens (e.g. sputum by expectoration, gastric aspirate, gastric lavage, induced sputum, broncho-alveolar lavage or other appropriate specimens) with an quality assured diagnostic test, preferably CB-NAAT, smear microscopy or culture.

Diagnosis of probable paediatric TB patients:

- In the event of negative or unavailable microbiological results, a diagnosis of probable TB in children should be based on the presence of abnormalities consistent with TB on radiography, a history of exposure to pulmonary tuberculosis case, evidence of TB infection (positive TST) and clinical findings suggestive of TB.

Diagnosis of extra-pulmonary paediatric TB patients:

- For children with presumptive extra-pulmonary TB, appropriate specimens from the presumed sites of involvement should be obtained for rapid molecular test, microscopy, culture and DST, and histo-pathological examination.

Standard 7 : Treatment with first-line regimen

Treatment of New TB patients:

- All new patients should receive an internationally accepted first-line treatment regimen for new patients. The initial phase should consist of two months of Isoniazid (H), Rifampicin (R), Pyrazinamide (Z), and Ethambutol (E). The continuation phase should consist of three drugs (Isoniazid, Rifampicin and Ethambutol) given for at least four months.

Extension of continuation phase:

- The duration of continuation phase may be extended by three to six months in special situations like bone & joint TB, spinal TB with neurological involvement and neuro-tuberculosis.

Drug dosages:

- The patients should be given dosages of the drugs depending upon body weight in weight bands

Bio-availability of drugs:

- The bioavailability of the drug should be ensured for every batch, especially if fixed dose combinations. (FDCs) are used, by procuring and prescribing from a quality-assured source.

Dosage frequency:

- All patients should be given daily regimen under direct observation. However, the country programme may consider daily or intermittent regimen for treatment of TB depending on the available resources and operational considerations as both are effective provided all doses are directly observed.
- All paediatric and HIV infected TB patients should be given daily regimen under direct observation.

Drug formulations:

- Fixed dose combinations (FDCs) of four drugs (Isoniazid, Rifampicin, Pyrazinamide, and Ethambutol), and three drugs (Isoniazid, Rifampicin and Ethambutol) and two drugs (Isoniazid and Rifampicin) are recommended.

Previously treated TB patients:

- After MDR-TB (or R resistance) is ruled out by a quality assured test, TB patients returning after lost to follow up or relapse from their first treatment course or new TB patients failing with first treatment course may receive the retreatment regimen containing first-line drugs: 2HREZS/1HREZ/5HRE

Standard 8 : Monitoring treatment response

Follow up sputum microscopy:

- Response to therapy in patients with pulmonary tuberculosis, new as well as retreatment cases, should be monitored by follow-up sputum microscopy (one specimen) at the time of completion of the intensive phase of treatment and at the end of treatment.

Extension of intensive phase:

The extension of the intensive phase is not recommended.

Offer DST in follow up sputum positive cases:

- If the sputum smear is positive in follow-up at any time during treatment, a rapid molecular DST (as the first choice) or culture-DST (at least for R and if possible for Isoniazid (H); Ofloxacin (O) and Kanamycin (K), if R-resistant/MDR) should be performed as laboratory facilities become available.

Response to treatment in extra-pulmonary TB:

- In patients with extra-pulmonary tuberculosis, the treatment response is best assessed clinically. The help of radiological and other relevant investigations may also be taken.

Response to treatment in children:

- In children, who are unable to produce sputum the response to treatment may be assessed clinically. The help of radiological and other relevant investigations may also be taken.

Long-term follow up:

- After completion of treatment the patients should be followed up with clinical and/or sputum examination at the end of six months and 12 months.

Standard 9 : Drug Resistant TB management

Treatment of M/XDR-TB (or R resistant TB):

- Patients with tuberculosis caused by drug-resistant organisms (especially M/XDRor only R resistance or with O or K resistance), microbiologically confirmed by quality assured test, should be treated with specialized regimens containing quality assured second-line anti-tuberculosis drugs.

Model of care for drug resistant TB:

- Patients with MDR-TB should be treated using mainly ambulatory care rather than models of care based principally on hospitalization. If required, a short period of initial hospitalisation is recommended.

Regimen for MDR / R-Resistant TB cases:

- The regimen chosen for MDR-TB may be standardized and/or based on microbiologically confirmed drug susceptibility patterns. At least four drugs (second line) to which the organisms are susceptible, or presumed susceptible, should be used. Most importantly the regimen should include at least a later-generation Fluoroquinolone (such as high dose Levofloxacin) and a parenteral agent (such as Kanamycin or Amikacin), and may include Pyrazinamide, Ethambutol, Ethionamide (or Prothionamide), and either Cycloserine or PAS (Paminosalicylic acid) if Cycloserine cannot be used.

Regimen for MDR patients with Ofloxacin and/or Kanamycin resistance detected early:

- Treatment regimen may be suitably modified in case of Ofloxacin and/or Kanamycin resistance at the initiation of MDR-TB treatment or during early intensive phase, preferably not later than four to six weeks.

Surgery in MDR/XDR TB patients:

- All patients of MDR/XDR-TB should be evaluated for surgery at the initiation of treatment and/or during follow up.

Treatment Duration in MDR TB patients:

- Till newer effective drugs are available with proven efficacy with shorter duration of MDR-TB treatment; total treatment should be given for at least 24 months in patients newly diagnosed with MDRTB (i.e. not previously treated for MDR-TB) with recommended

intensiv phase of treatment being six to nine months. The total duration may be modified according to the patient's response to therapy.

Specialist consultation in M/XDR TB patients:

- Consultation with a specialist experienced in treatment of patients with MDR/XDR tuberculosis should be obtained, whenever possible.

Ensuring adherence in M/XDR TB patients:

- Patient support systems, including direct observation of treatment, are required to ensure adherence. It should be ensured that the patient consumes all the dosages of the drugs.

Single sample follow-up culture in M/XDR TB patients:

- The use of sputum culture (1 sample) is recommended for monitoring of patients with MDR-TB during treatment.

Second line DST during treatment of MDR TB:

- During the course of MDR TB treatment, if the sputum culture is found to be positive at 6 months or later, the most recent culture isolate should be subjected to DST for second-line drugs (at least O and K) to decide on further course of action. DST to other drugs namely Moxifloxacin, Amikacin and Capreomycin may also be done if laboratory facilities are available to guide treatment.

Regimen for MDR patients with Ofloxacin and/or Kanamycin resistance detected later:

- The patients with MDR-TB found to be resistant to at least Ofloxacin and/or Kanamycin during the later stage of MDR TB treatment must be treated with a suitable regimen for XDR TB using second line drugs including Group 5 drugs such as Amoxicillin Clavulanate,Clarithromycin, Clofazimine, Linezolid, Thioacetazone, Imipenum to which the organisms are known or presumed to be susceptible.

New drugs:

- New drugs need to be considered for inclusion in regimens whenever scientific evidence for their efficacy and safety becomes available as per the national policy for newer antimicrobials. Appropriate regulatory mechanisms for distribution control need to be ensured.

Standard 10: Addressing TB with HIV infection and other comorbid conditions

Treatment of HIV infected TB patients:

- TB patients living with HIV should receive the same duration of TB treatment with daily regimen as HIV negative TB patients.

Anti-retroviral & Co-trimoxazole prophylactic therapy in HIV infected TB patients:

- Antiretroviral therapy must be offered to all patients with HIV and TB as well as drug-resistant TB requiring second-line anti-tuberculosis drugs, irrespective of CD4 cell-count, as early as possible (within the first eight weeks) following initiation of anti-tuberculosis treatment. Appropriate arrangements for access to antiretroviral drugs should be made for patients. However, initiation of treatment for tuberculosis should not be delayed. Patients with TB and HIV infection should also receive Co-trimoxazole as prophylaxis for other infections.

Isoniazid preventive therapy in HIV patients without active TB:

- People living with HIV should be screened for TB using four symptom complex (current cough or, fever or weight loss or night sweats) at HIV care settings and those with any of these symptoms should be evaluated for ruling out active TB. All asymptomatic patients in whom active TB is ruled out, Isoniazid Preventive Therapy (IPT) should be offered to them for six months or longer.

Standard 11 : Treatment adherence

Patient centered approach for adherence:

- Both to assess and foster adherence, a patient-centered approach to administration of drug treatment, based on the patient's needs and mutual respect between the patient and the provider, should be developed for all patients.

Measures for treatment adherence:

- Supervision and support should be individualized and should draw on the full range of recommended interventions and available support services, including patient counselling and education. A

central element of the patient centred strategy is the use of measures to assess and promote adherence to the treatment regimen and to address poor adherence when it occurs. These measures should be tailored to the individual patient's circumstances based on details of the patient's clinical and social history and be mutually acceptable to the patient and the provider.

Trained treatment supporter for treatment adherence:

- Such measures may include identification and training of a treatment supporter (for tuberculosis and, if appropriate, for HIV, Diabetes Mellitus etc.) who is acceptable, accessible and accountable to the patient and to the health system.

Use of Information Communication Technology (ICT) to promote treatment literacy and adherence:

- Optimal use of ICT should be done to promote treatment literacy and adherence

Standard 12 : Public health responsibility

- Any practitioner treating a patient for tuberculosis is assuming an important public health responsibility to prevent on-going transmission of the infection and the development of drug resistance.
- To fulfil this responsibility the practitioner must not only prescribe an appropriate regimen, but when necessary, also utilize local public health services / community health services, and other agencies including NGOs to assess the adherence of the patient and to address poor adherence when it occurs.

Standard 13 : Notification of TB cases

- All health establishments must report all TB cases and their treatment outcomes to public health authorities (District Nodal Officer for Notification).
- Proper feedback need to be ensured to all healthcare providers who refer cases to public health system on the outcome of the patients which they had referred.

Standard 14 : Maintain records for all TB patients

- A written record of all medications given, bacteriologic response, adverse reactions and clinical outcome should be maintained for all patients.

Standard 15 : Contact investigation

- All providers of care for patients with tuberculosis should ensure all household contacts and other persons who are in close contact with TB patients are screened for TB
- In case of pediatric TB patients, reverse contact tracing for search of any active TB case in the household of the child must be undertaken.

Standard 16 : Isoniazid Prophylactic therapy

- Children <6 years of age who are close contacts of a TB patient, after excluding active TB, should be treated with isoniazid for a minimum period of 6 months and should be closely monitored for TB symptoms.

Standard 17 : Airborne infection control

- Airborne infection control should be an integral part of all health care facility infection control strategy.

Standard 18 : Quality assurance (QA) systems

18a QA for diagnostic tests:

- All health care providers should ensure that all diagnostic tests used for diagnosis of TB are quality assured.

18b QA for anti-TB drugs:

- Quality assurance system should ensure that all anti-TB drugs used in the country are subjected to stringent quality assurance mechanisms at all levels.

Standard 19 : Panchayati Raj Institutions

- Panchayati Raj Institutions and elected representatives have an important role to share the public health responsibility for TB control with the healthcare providers, patients and the community.

Standard 20 : Health education

- Every TB symptomatic should be properly counselled by the healthcare provider.
- TB patients and their family members should get proper counselling and health education at every contact with healthcare system

Standard 21 : Deaths audit among TB patients

- Death among TB patients should be audited by a competent authority.

Standard 22 : Information on TB prevention and care seeking

- All individuals especially women, children, elderly, differently abled, other vulnerable groups and those at increased risk should receive information related to TB prevention and care seeking.

Standard 23 : Free and quality services

- All patients, especially those in vulnerable population groups, accessing a provider where TB services are available should be offered free or affordable quality assured diagnostic and treatment services which should be provided at locations and times so as to minimize workday or school disruptions and maximize access.

Standard 24 : Respect, confidentiality and sensitivity

- All people seeking or receiving care for TB should be received with dignity and managed with promptness, confidentiality and gender sensitivity. Ensure that infection control procedures do not stigmatise TB patients.

Standard 25 : Care and support through social welfare programmes

- Patient support system should endeavour to derive synergies between various social welfare support systems to mitigate out of pocket expenses such as transport and wage loss incurred by people affected by TB for the purpose of diagnosis and treatment.

Standard 26 : Addressing counselling and other needs

- Persons affected by TB should be counselled at every opportunity, to address information gaps and to enable informed decision making. Counselling should address issues such as treatment adherence, adverse drug reactions, prognosis and physical, financial, psycho-social and nutritional needs.

Mandatory Tuberculosis Notification in India

This is a giant step towards furthering TB care and control in our top priority country world-wide. It has many implications especially when it comes to the coordination with the non-state sector. GoI is to be highly congratulated for having addressed this major issue. WHO at all three levels stands ready to support implementation of the new policy.

Frequently Asked Questions

(Tuberculosis notification in India)

1. What is TB notification?

Reporting about information on diagnosis &/or treatment of Tuberculosis cases to the nodal Public Health Authority (for this purpose) or officials designated by them for this purpose.

2. Who is expected to notify TB cases?

Every healthcare providers meaning clinical establishments run or managed by the Government (including local authorities), private or NGO sectors and/or individual practitioners.

3. Are the public sector health facilities expected to notify the TB cases?

Yes. All Tuberculosis cases diagnosed &/or treated; whether under DOTS strategy or not.

4. To whom TB cases should be notified?

Nodal Public Health Authority (for this purpose) or officials designated by them for this purpose. State/UT & district-wise contact details are available on www.tbcindia.nic.in

5. **When TB cases can be notified?**

On diagnosis or initiation of anti-TB treatment of a Tuberculosis case. Such reporting to the nodal public health authority to be done at least on monthly basis

6. How TB cases can be notified?

- Hard copy by post, courier or by hand to the nodal officer

- Soft copy by email from persons / institutes authorized for this purpose to the nodal officer
- Using authorized mobile numbers by phone call, IVRS or SMS *
- Uploading of information directly on to the Nikshay portal http://nikshay.gov.in*
- Direct online information transmission from newer diagnostic machines like CB- NAAT or MGIT etc. *
- Will be available in future

7. Why should private health facilities notify TB?

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.

8. **How do I know the contact details of the nodal officer for TB notification in my area?**

The list of Nodal Officers is available on http://tbcindia.nic.in/.

In States/UTs or districts where the bilateral understanding is established between the Health Establishments and the local public health authorities for convenient local TB notification, the information on TB Notification can be submitted to the local public health authorities (e.g. Medical Officer of the Primary Health Center) as designated by the district nodal authority for TB notification. However, this should be done only in consultation with the concerned district nodal officer for TB notification.

In case, health care provider is not aware about the contact details of the nodal officer for TB Notification in the district the same may be obtained from the respective District TB Officer / State TB Officer for the updated contact.

9. **What do I do when I am unable to contact the nodal officer for TB Notification?**

You may contact respective District TB Officer / State TB Officer. In case of any grievances, the same may be sent to tbnotification@tbcindia.nic.in & issues regarding electronic reporting data update may be sent to helpdesk.nikshay@tbcindia. nic.in mentioning the name and complete address of the individual and the health care facility.

10. I am a medical practitioner but I neither diagnose nor treat TB cases. Do I still have to submit the TB notification report to the nodal officer?

Health establishments and medical practitioners not routinely diagnosing / treating TB patients may give an undertaking regarding the same while agreeing to submit the information in future, in case they diagnose or treat any TB case.

11. What is a TB case?

Microbiologically-confirmed TB case – Patient diagnosed with at least one sputum specimen positive for acid fast bacilli, or Culture-positive for Mycobacterium tuberculosis, or RNTCP-approved Rapid Diagnostic molecular test positive for tuberculosis

OR

Clinical TB case – Patient diagnosed clinically as tuberculosis, without microbiologic confirmation and initiated on anti-TB drugs.

12. What are the different types of TB cases?

New TB case – Patient who has never been treated with anti-TB drugs or has been treated with anti-TB drugs for less than one month from any source

Recurrent TB case – Patient who has been treated for tuberculosis in the past and been declared successfully treated (cured/treatment completed) at the end of their treatment regimen.

Treatment change – Patient returning after interruption, and patients put on a new treatment regimen and due to failure of the current treatment regimen.

13. How Site of disease can be defined for TB cases?

Pulmonary TB case – Patient with TB of the lungs (with or without involvement of anyextra-pulmonary locations).

Extra-pulmonary TB case – Patient with TB of any organ other than the lungs, such as pleura, lymph notes, intestines, genito-urinary tract, skin, bones and joints, meninges of the brain, etc, diagnosed with microbiological, histological, radiological, or strong clinical evidence.

14. Which TB diagnostics are endorsed by RNTCP?

Smear Microscopy (for AFB) using Zeil-Nelson Staining or Fluorescence stains and examination under direct or indirect microscopy with or without LED.

Culture for MTB on Solid(Lowenstein Jansen) media or Liquid media (Middle Brook) using manual, semi-automatic or automatic machines e.g. Bactec, MGIT etc.

Rapid diagnostic molecular test for MTB using conventional PCR based Line Probe Assay for MTB complex or Real-time PCR based Nucleic Acid Amplification Test (NAAT) for MTB complex e.g. GeneXpert

Note: Diagnosis of TB based on radiology (e.g. X-ray) will be termed as clinical TB

15. What can be the Rifampicin resistance status of TB patient?

Rifampicin resistant – Patient with a drug susceptibility test result from a RNTCP- certified laboratory or WRD (WHO approved Rapid Diagnostic) drug susceptibility test report showing resistance to rifampicin.

Rifampicin sensitive – Patient with a drug susceptibility test result from a RNTCP- certified laboratory or WRD (WHO approved Rapid Diagnostic) drug susceptibility test report showing sensitivity to rifampicin.

Not available – Patient without a drug susceptibility test result from a RNTCP certified laboratory

16. What if, I do not notify a TB case?

As per MCI code of Ethics – Rules & regulations 2002, Chapter 7, Point 7.7, a registered medical practitioner giving incorrect information on his name and authority about Notification amounts to misconduct and such a medical practitioner is liable for deregistration.

17. How can I share the information about TB patient, as it is a professional secret between a doctor and his patient and needs to be kept confidential?

As per MCI code of Ethics – Rules & regulations 2002, Chapter 7, Point 7.14, it is the duty of the registered medical to divulge this information to the authorized notification official as regards communicable and notifiable diseases. It further states that in case of communicable / notifiable diseases, concerned public health authorities should be informed immediately.

18 .Is there a provision for punitive / legal action if I do not notify TB cases in Constitution / MCI rules?

Yes.

19. How will the TB notification information be used by the National Programme / Government?

For undertaking Public Health measures like contact tracing of infectious cases, counseling support for treatment adherence and follow-up. Also, the surveillance system will be helpful in estimating the burden of TB disease in the country.

20. What if I notify a TB case and later on I found it not to be TB?

Information on such rare cases may be intimated to the nodal officer for TB notification

21. What will happen to the TB cases I have notified?

Support system for treatment initiation, adherence, follow-up, default retrieval, contact tracing will be extended to such patients by public health staff. Though patient may opt to seek care from providers outside national TB control programme

22. Is a medical practitioner starting treatment of a TB patient expected to notify the case even if already notified by a Laboratory?

Yes. As the public health measures are additive.

Reporting Format

Monthly Report

Period of reporting. From ...../..... / To ...../..... /

Name of the health facility / practitioner / Laboratory: .....

Registration Number ..... Telephone (with STD)..... Mobile number.....

Complete Address. .....

Sr. No.	Name of TB Patient ID of patient	Age (yrs)	Sex (M/F/O)	GoI issued identification number (Aadhaar, etc.) if available	Complete residential address	Patient Phone Number	Date of TB Diagnosis	Date of TB treatment initation

Signature ..... Date .....

2 Pin Code, father name, Centre referred, date of sample collection, DST results

" AAO GAON CHALEN" (Gujarat State)

[The revised structured & Uniform Progamme]

The ambitious project of IMA's Aao Gaon Chalen was launched by Shri Shankarsinh Vaghela, then Union Minister of Textile, Govt. of India at village Lakhavad in Mehsana Dist., Gujarat on 08th August 2004 in presence Shri Oscar Fernandes, then State Minister of Statistics & Planning, Govt. of India. Dr. Ketan Desai informed that under this project each, IMA Local Branch would adopt a village where promotive health camp, will be organized every month.

This programme has completed 10 years. Many local branches have adopted the village and organized many camps in the village. Few branches are still continuing the programme and doing regular activities.

We propose the programme to be more uniform & structured throughout India.

After independence the country has project seen enormous progress. In the field of health also many diseases have been eradicated. But, the ground realities of rural health still continue to be as awful as in the pre-independence era.

The health infrastructure in the village either does not function or does not exist at all. With whole hearted dedication IMA has initiative multi-disciplinary national wide rural health project – Aao Gaon Chalen (Let us go to the Villages).

The project will not only sensitize the medical fraternity to village health problems, but it will also serve the poor and build a positive image of the profession in the minds of the people. The project will bring various health and related agencies together to care for the needy and deserving population of the villages – "the soul of India". Let us join hands to make this project not only a success but a landmark in the history of IMA – "Aao Gaon Chalen"!

* Identify the village based on the need assessment of the area. (Please see that there is no or very minimum medical / health facility)
* Constitute a 3 member implementation committee at branch level.
* Draw a schedule of activities you propose to be undertaken.

The suggested activities for each month are

* Mega Camp
* Blood Donation Camp
* Gynec – Hb estination + Iront Folic Acid to all women
* Pediatric - Tab. Albendazole to all children
* Ophthalmic Distribution of Spec
  Cataract Detection
* Orthopedic Bone Density
* Skin / ENT Camp
* Physician - ECG & Blood Sugar Estimation
* Surgery
* Dental

[Each local branch can add other diagnostic / therapeutic activities as per their choice]

Give more weightage on preventive aspects. Please observe various days as designated

Visit the adopted village at least once a month. During each visit have a team of 2-3 family practitioners and a consultant of different speciality by rotation.

Provide Health booklet to each villager with number. This will help to keep the record of the health for that particular villager. Try to ensure that each villager turn up for check up even if there is no health problem. This will help us to detect new cases of Hypertension, Diabetes etc. Distribute medicines to the needy patients. Give free follow up consultation at your clinic / hospital after 7-15 days if required.

Finance : A. Try to create separate fund from Donations. Utilize only interest.

B. Every year make some provision / budget for this project as you do for other activities.

The most important aspect of the project is that we can very well start the new initiatives / programmes like IMA welcome the Girl Child Project, Prevention of Blindness due to Diabetes, Safe Sound Initiative, Campaign on Malnutrition etc along with this.

REPORT

Each local branch who has adopted a village will report to the State co-ordinator. The State co-ordinator will compile the data and report to National Chairman of AaoGaonChalen project.

Each local branch will also report the activity regularly to local M.P., M.L.A. & District Collector.

The Format for reporting

Name of Local Branch _____ under _____ State

Name of Local Branch Coordinator,

Phone No. _____

Mobile No. _____

E-mail _____

State Coordinator

Phone No. _____

Mobile No. _____

E-mail _____

Name of Village adopted

Name of Sarpanch

Address of Sarpanch

Name of District

Population of the village

Activities carried out

No. of patients by each family practitioner & Consultant

Social Activities

Schedule of activities for next month

Signature of Local Branch Secretary Signature of Local Branch Coordinator

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

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

'EVE'-WOMEN'S CONFERENCE--21/6/2015

Our WOMAN DOCTORS WING (WDW) of Ahmedabad Medical Association is Organising a most Interesting and Informative One Day WOMEN'S CONFERENCE under the auspicies of GSB-IMA. Our aim is to discuss and 'touch' the most important and sensitive issues of woman's life which she might encounter in her day to day routine . We are sure after attending this conference she would have a better vision of her life style. The topics to be discussed are as under:-

1. **Awareness of women-**
   Speaker : Female Commissioner of Police-Zone-2 Ahd,city.
2. **Planning Your Finances-**
   Speaker : Mrs. Aruna-Financial expert
3. **Modern Technology and Women**
4. **Obesity -let's overcome it :-**
   Speaker- Dr. Mahendra Narwaria (obesity specialist -Beriatic Surg.)
5. **'Balance sheet' of Women's Revolution-**
   Speaker- Dr. Hansal Bhachech- M.D.Pyschiatrics
6. **Modernisation without Westernisation-**
   Speaker-Sadhvi Rutumbaraji

The details of the conference are as under :

Date :- 21st JUNE -2015--SUNDAY

Time :- 9-30 am to 4:00 pm

Venue :- AHMEDABAD MANAGEMENT ASSOCIATION HALL J. B. Auditorium, ATIRA, Ahmedabad.

Registration Fees - Rs 200/- per person (Breakfast, lunch & High Tea included) Kit will be given to each delegate.

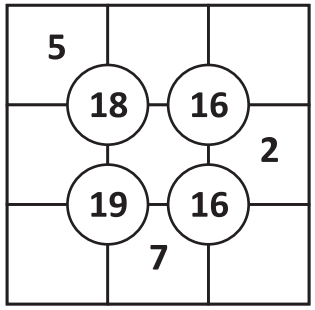
If cheque is to be issued -> In favour of **'AMA WOMAN DOCTORS WING'**
We are inviting all Female doctors plus all the females who are not doctors but are willing to attend this conference (above 18 years.)

FOR ANY QUERIES KINDLY CONTACT-
DR. MONA DESAI M.D.(PED.)
(M) 09825016769 Email:- drmonaped@yahoo.co.in

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 & find out the 7 different animals.

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

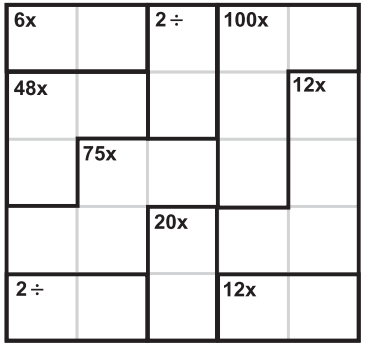
EEP	MBS	BB	MO
RSE	ON	LI	GS
NK	RA	SH	LA
PI	EY	HO	ITS

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



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

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.91

Central Working Committee Meeting IMA (HQs), New Delhi

State Working Committee Meeting, Vadodara

Presidents & Secretaries Meeting Ahmedabad

P.P.S. Zonal Educative Seminar Jasdan Branch

P.P.S. Zonal Educative Seminar Patan Branch

Annual National Review Workshop, IMA-GFATM-RNTCP-PPM-RCC PROJECT, NCR, Delhi

* * * * *

"Aao Gaon Chalen" Programme Ahmedabad Medical Association

Joint Monitoring Mission Team Meeting, (IMA-GFATM-RNTCP-PPM-RCC PROJECT, Gujarat State Branch)

* * * * *

CME organized by C.G.P.I.M.A.G.S.B. & Vadodara Branch

IMA –GSB initiative- Preventing Diabetic Blindness

- IMA Gujarat State branch undertakes an **initiative to create awareness** about blindness due to diabetes. The aim of this initiative is to stimulate screening ecosystem for Diabetic Retinopathy (DR) by increasing the demand side of supply chain. The initiative is **NOT** a diagnosis and treatment service.

Facts already known :

- Epidemiological data shows that Blindness by Diabetes is a public health problem
- Various studies indicate that this blindness is preventable/ delayable
  - The essential elements for blindness prevention/deferment are,

1. **Promotive health** – reducing diabetes itself- by lifestyle modification
2. **Preventing Retinopathy**- by best control of Diabetes, Hypertension, Anaemia, Lipids .
3. **Screening for Retinopathy**-

All existing & newly detected diabetics should be screened for retinopathy at the time of diagnosis of diabetes and **every year** thereafter

Methods of screening:

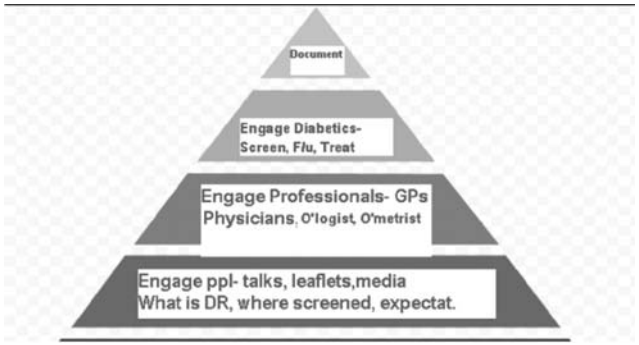
a) Best way is Dilated indirect Ophthalmoscopy + Slit Lamp examination by an Ophthalmologist oriented in retinopathy or a Retina expert . –it does'nt have to be a retina expert always.

b) Where such Ophthalmologists are not available or less in number, a fundus photograph taken by a camera device by an optometrist or a trained technician and transmitted to Ophthalmologist for interpretation. A flourescein angiography/ OCT is not necessary.

4. **Treating sight threatening retinopathy by preventive LASER**

This is done **when visual acuity is yet normal** but retinopathy is threatening to damage it. It can be done by retina expert or an ophthalmologist oriented in doing such LASER. It may be necessary to keep reviewing the eye more often , do more LASER periodically and use Flourescein Angiography or OCT as deemed necessary by the treating doctor

- Unfortunately due to lack of awareness, patients present when vision is affected/lost by Macular oedema, Macular ischaemia, vitreous hemorrhage , Retinal Detachment, Optic Neuropathy etc. **Engaging people such that they demand for being screened may be more fruitful than efforts to find them.**



- For engaging people, an Android based application is under way and will be detailed separately.
- For engaging professionals, following can be undertaken with immediate effect as follows.

Engage Professionals:

IMA GSB / Local branches carry the " Facts Already Known" (as above) and the following awareness messages for practitioners in their monthly bulletin repeatedly. A poster for waiting room display is available on request.

- **Awareness message for Non ophthalmologists (GP, Physicians, Diabetologists, etc)**

a) Counsel for healthy life style, avoidance of obesity, alcohol, smoking

b) Get aging & at risk people screened for Diabetes(DM) , Hypertension(HT), Anaemia, dyslipedimia etc.

c) Ensure all diabetics/hypertensives are well controlled (HbA1C<7; Systolic<150)and are being monitored for retinopathy yearly and other end organ health as recommended.

d) Screening for DR does'nt always need a retina expert or flourescein angiography

e) Display awareness message /poster about diabetes & blindness in your waiting area.

- **Awareness Message for Ophthalmologists / Retina Experts**
  a) Do at least undilated fundoscopy in ALL patients coming to you. You may be the first one to pick up a diabetic!
  b) Look for retinopathy in ALL diabetics coming to you for whatever problem by DILATED FUNDUS EXAMINATION and monitor them yearly (if no retinopathy) or as needed.
  c) Treat/Refer sight threatening stage and continue to monitor.
  d) Insist /encourage for good control of DM/HT, avoidance of obesity, smoking, alcohol
  e) Indoctrinate general ophthalmologists to correctly stage retinopathy thro' skill transfer.
- **Awareness Message for Pathology Labs**
  a) Print the message " If you have diabetes, get your eyes tested for Retinopathy" in all your blood sugar reports as a standard foot note.

Local branches organize talks/discussions / QA sessions on this topic in their monthly meetings or CME programs.

Local branches can carry information of Doctors /Hospitals in Govt./ NGO / private sectors who offer screening &/or LASER services so that their members can be informed of referral points.

Engage People: To spread awareness about importance of healthy life style to prevent diabetes, to get tested for diabetes , to get diabetics undergo retina checkup, to encourage undergoing preventive LASER when vision is normal, to help them to monitor their condition &, in the process, to get some idea of number of Diabetics and those with retinopathy , IMA GSB undertakes the following across the state (and perhaps country).

Step 1:

To design easily accessible and effective smart-phone application.

Application interacts with patient regarding their various diabetes parameters.

Salient features of application could be

- Easily downloadable on any smart-phone. Alternatively data can be uploaded on web site by any doctor or institution or the patient where smart phone is not feasible.
- Requires one-time registration (free) to create patient's unique record.
- On regular intervals, Patients can input/upload their findings (proposed Performa follows).

- Date:_____
- FBS:_____ Home Test Lab Test
- PPBS:_____ Home Test Lab Test
- RBS:_____ Home Test Lab Test
- Urine Sugar:_____ Home Test Lab Test
- S. Creatinine: _____
- Bl. Urea: _____
- Retinopathy: _____ Ophthalmologist Screening Device

- Data gets logged in encrypted form and graph/charts/analysis made as per standard guidelines.
- Application generates reminders/messages to patients as per protocol programmed.
- Application can broadcast awareness messages to all registered users at regular intervals.
- Users can opt-out for messages/reminder services.
- Data is stored in secured and encrypted hosting environment, accessible through authorized channel only. (Not an open-access database).

Step 2:

Creating awareness about existence of such application.

- Application is supported and promoted in public health benefit by various authorities e.g. IMA GSB, IMA National, Govt. , AIOS etc.
- All medical practitioners can inform patients to use this application.
- Social media/news media support to create general awareness about such app.

ROLE OF OTHER STAKE HOLDERS

1) NGOs / Service clubs/ Senior Citizens Forum / Diabetic Associations/
   a) Arrange group discussions , Q/A sessions with help of local Ophthalmologists
   b) Print leaflets & distribute in local communities for spreading awareness. The leaflets should in short convey the possibility of risk to vision in a diabetic, controlling diabetes ,hypertension etc well, importance of monitoring for retinopathy, getting treatment when indicated even if vision is good. This should be done in local language , in simple wordings and with some graphics.

2) Government

a) Run an advt. campaign on TV/Radio to increase awareness about blindness due to diabetes, importance of good control of DM & HT, regular screening for retinopathy and preventive LASER treatment at a stage when patient is still having good vision.

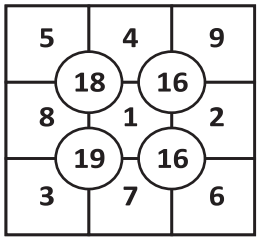
b) If possible, instruct pharmaceuticals/ device makers to print " Check your eyes for Retinopathy" in product literature of all antidiabetic drugs and/or boxes of insulin, glucometers /strips

3) Diagnosis, treatment, follow ups, further treatment etc is an ongoing process and would shape up by demand supply equations . But availability and adoption of a cost effective ,standard and sustainable Electronic Health Record system will go a long way in sizing up various morbidities & plan their care.

Please give your comments, suggestions, queries to
Dr. Pradeep Sheth, M.S.; F.R.F :
M: 9428173029 Email : imagsb@gmail.com
Chairman - IMA –GSB Initiative in preventing Diabetic blindness

Answers

Chhota Sudoku



7 BR OK EN Words

1 PIGS
2 LION
3 HORSE
4 LAMBS
5 SHEEP
6 MONKEY
7 RABBITS

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

6x 2	3	2÷ 1	100x 4	5
48x 3	4	2	5	12x 1
4	75x 5	3	1	2
5	1	20x 4	2	3
2÷ 1	2	5	12x 3	4

Ayush cannot prescribe modern medicine drugs

Background note on Government Stand

1. Central Government is envisaging starting one year course for AYUSH doctors and allowing them to practice modern medicine. IMA attended a meeting convened by the Secretary, Ministry of Health and Family Welfare, Govt. of India on 22nd January, 2015 in his office at 6.00 P.M.

2. **Mainstreaming of AYUSH doctors: Back Ground Note by the ministry**

The Doctor Population Ratio as per WHO norms should be 1:1000, in India it is 1:1674. Thus, there is overall shortage of doctors in the country which is more pronounced in rural areas. As per MCI, the total number of doctors in India as on 30.09.2014 is 9.32 lakhs. There are 6,86319 AYUSH practitioners in the country out of which 4,46,051 are ASU doctors.

Section 15 of the Indian Medical Council Act, 1956 states that no person other than a medical practitioner enrolled on a State Medical Register shall practice medicine in any State. Any person who acts in contravention of this shall be punished with imprisonment of 1 year or fine of Rs 1,000 or both.

In the case of Dr. Mukhtiyar Chand us State of Punjab, the Hon'ble Supreme Court held that practice of modern system of medicine by ISM qualified professionals is possible provided such professionals are enrolled in the State Medical Register for practitioners of modern medicine maintained by the State medical Council. The respective State Government can notify and give recognition to qualifications eligible for registration in the State medical Register.

The Ministry requested all the State governments vide letters dated 29th May,2013 and reminders dated 20th Novembers, 2013 and 19th March,2014 to consider amending their respective State laws relating to registration of practitioners of modern scientific medicine and provide an enabling provision to allow the enrolment of an ISM professional in the State medical Register maintained for registration of the practitioners of modern medicine by the respective State Medical Councils. Comments were received from some of the States, which are as follows:

S.No.	State/UT	Comments
I.	Kerala	Govt. of Kerala doesn't face any shortage of doctors of modern medicine for posting in PHCs as a large number of medical graduates will be passing out from the colleges in the state in the next few years.
II.	Daman & Diu and Dadra & Nagar Haveli	There is no State/UT Medical Council and, hence, no enrolment of practitioners of modern medicine.
III.	Goa	They strongly opposed the matter.
IV.	Rajasthan	Initiating registration of AYUSH doctors in State medical Register will complicate matters and will dilute the efforts of brining them into the mainstream.

Under NRHM, services of AYUSH practitioners are utilized for providing essential new-born care services, managing common childhood illness, counseling on family planning methods and most importantly, they render their services as Skilled Birth Attendants (SBA).

Department of AYUSH in consultation with National Board of Examination (NBE) prepared one year curriculum, for bridge course to provide competency to ISM doctors to practice modern medicines in a limited way in rural areas. Ministry requested the MCI to vet the draft curriculum; MCI has vehemently opposed the move.

A meeting was convened to discuss the introduction of a bridge course for AYUSH Doctors on 10th September, 2014 in which it was decided that a bridge course may be prepared keeping in consideration the course curriculum of B.Sc.(CH). It was agreed that a 9 months course (6 months regular and 3 months internship) duration may be developed for this purpose.

Department of AYUSH vides their D.O. letter dated 23.09.2014 made the following objections:

a) The proposal to allow ASU doctors to only dispense and not prescribe modern medicines is not agreeable to them.

b) It will make ASU doctors subservient to Allopathic doctors.

c) The decision to develop a Bridge Course of 9 months on the lines of B.Sc. (CH) is a unilateral stand of DoHFW.

Now, on 10th November, 2014, Department of AYUSH has been made a separate Ministry with Sh. Shripad Naik, Minister of State (Independent Charge).

Discussion and IMA Point of view

Government wants that Ayush Graduates with a bridging course should be

1. entitled to practice and prescribe Modern Medicine Drugs

2. Also be entitled to be included in the State Register as registered medical practitioner upon incorporation of necessary enabling provisions in the governing State Act, in the light of pronouncement made by the Hon'ble Supreme Court in Muktiyarchand case.

3. Rajya Sabha Question on Ayush practicing modern medicine

AYUSH practitioners prescribing allopathic medicines: Rajya Sabha, information given by the Minister for Health & Family Welfare, Dr. Anbumani Ramadoss in a written reply to a question in the Rajya Sabha.

The matter regarding qualified practitioners of Ayurveda, Unani, Siddha and Homoeopathy systems prescribing allopathic medicines has been examined in depth by the Hon'ble Supreme Court of India in Civil Appeal No.89 of 1987 Dr. Mukhtiar Chand & Others versus State of Punjab & Others.

Representations have been received from time to time on this matter and accordingly Department of AYUSH entrusted the study of the contemporary acts on medical practice in the light of judgement of Hon'ble Supreme Court in 1987 Dr. Mukhtiar Chand & Others versus State of Punjab & Others and other similar judgements. Drugs can be sold and supplied by a Pharmacist or a Druggist only on a prescription of a Registered Medical Practitioner and who can also store them for treatment of patients.

According to Section 2 (ee) of the Drugs and Cosmetics Rules, 1995, Registered Medical Practitioner means a person -

(i) holding a qualification granted by an authority specified or notified under Section 3 of the Indian Medical Degrees Act, 1916 (7 of 1916), or specified in the Schedules to the Indian Medical Council Act, 1956 (102 of 1956); or

(ii) registered or eligible for registration in a medical register of a State meant for the registration of persons practicing the modern scientific system of medicine (excluding the Homoeopathy system of medicine); or

(iii) registered in a medical register (other than a register for the registration of Homoeopathic practitioners) of a State, who although not falling within sub-clause (i) or sub-clause (ii) is declared by a general or special order made by the State Government in this behalf as a person practicing the modern scientific system of medicine for the purposes of this Act.

Hon'ble Supreme Court upheld the validity of Rule 2 (ee) (iii) as well as the notifications issued by various State Governments there under allowing Ayurveda, Siddha, Unani and Homoeopathy practitioners to prescribe allopathic medicines.

In view of the above judgment, Ayurveda, Siddha, Unani and Homoeopathy practitioners can prescribe allopathic medicines under Rule 2 (ee) (iii) only in those States where they are authorized to do so by a general or special order made by the concerned State Government in that regard. Practitioners of Indian Medicine holding the degrees in integrated courses can also prescribe allopathic medicines if any State act in the State in which they are practicing recognizes their qualification as sufficient for registration in the State Medical Register. KR/SK/95 – RS :

http://pib.nic.in/newsite/erelease.aspx?relid=30117, 20th August 2007

IMA Stand

- **In the agenda item No. A-2 (a) : MENACE OF QUACKERY** , the issue was discussed in the 75th Meeting of the Central Council of IMA held on December 27-28 December, 2014 on Govt. Sponsored Quackery. It was discussed that the Maharashtra Govt. has promulgated an Ordinance permitting AYUSH doctors to practice modern medicine. It was decided that IMA should publicize this as a social evil, malpractice and should take it as a very serious issue. At the same time IMA, along with MCI, should give stringent directions to hospitals and doctors not to appoint AYUSH doctors as RMO / Assistants and strong action taken against those violating the directions".
- Following MCI Code of Medical Ethics and Regulations 2002 dis-allow such practices

1. “7.9 Performing or enabling unqualified person to perform an abortion or any illegal operation for which there is no medical, surgical or psychological indication”. The regulations clearly prohibits taking assistance from any un qualified person for surgery, especially abortions.
2. "7.10 A registered medical practitioner shall not issue certificates of efficiency in modern medicine to unqualified or non-medical person”: The regulation again clearly talks about that any allopathic doctor shall not appoint any non-allopathic doctor for any allopathic services. As appointing him/her, would amount to issuing a certificate of efficiency in modern medicine.
3. “2.4 The Patient must not be neglected: A physician is free to choose whom he will serve. He should, however, respond to any request for his assistance in an emergency. Once having undertaken a case, the physician should not neglect the patient, nor should he withdraw from the case without giving adequate notice to the patient and his family. Provisionally or fully registered medical practitioner shall not willfully commit an act of negligence that may deprive his patient or patients from necessary medical care”: The regulation clearly talks about that if there is any emergency, we have to take care of our patients ourselves. We cannot pass on this responsibility to a unqualified persons.
4. “7.20 A Physician shall not claim to be specialist unless he has a special qualification in that branch”: The above regulation clarifies that because Ayush Doctors do not have special qualification in allopathy they cannot be treated as allopathic practitioner.
5. “7.19 A Physician shall not use touts or agents for procuring patients”: As this regulation we should not use touts or agents for procuring patients. Any non allopathic doctor, if assist us in procuring patients, the same will be a violation of the above clause.
6. “7.18 In the case of running of a nursing home by a physician and employing assistants to help him / her, the ultimate responsibility rests on the physician.”: This regulation clearly mentions that if any MBBS doctor, appoints any Ayush Doctor, the responsibility will be of an MBBS doctor and not that of Ayush Doctor.
7. The Maharashtra FDA has recently issued guidelines regarding prescription where it clearly mentions that another doctor cannot sign on the prescription paper of treating doctor.

Provisions in Indian Medical Council Act, 1956

1. Section 2 (f) defines the word 'medicine' as 'medicine means modern scientific medicine in all its branches and includes surgery and obstetrics but does not include veterinary medicine and surgery'.
2. Section 2(a) defines the word 'approved institution' as 'a hospital, health centre or other such institution recognized by a University as an institution in which a person may undergo the training, if any, required by his course of study, before the award of any medical qualification to him'.
3. Section 2 (d) defines the word 'Indian Medical Register' as 'Indian medical registers means the medical register maintained by the council'.
4. Section 2 (h) defines the word 'recognized medical qualification' as 'recognized medical qualification means any of the medical qualifications included in the schedules'.
5. Section 2 (j) defines the word 'State Medical Council' which reads 'State Medical Council means a medical council constituted under any law for the time being in force in any State regulating the registration of practitioners of medicine'.
6. Section 2 (k) defines State Medical register' as 'State Medical Registers means a register maintained under any law for the time being in force in any state regulating the registration of practitioners of medicine'.
7. Section 11 of the concerned Act deals with the 'recognition of medical qualifications granted by Universities or medical institutions in India' and that 'MBBS qualification recognized by the Medical Council of India with reference to a concerned institution and examining University thereto duly incorporated in schedule A amounts to the registering medical qualification for the purposes of enrolment in the appropriate register maintained by a State medical council or the Medical Council of India as the case may be'.
8. Section 15 of the Act, deals with 'Right of person possessing qualifications in the schedules to be enrolled' and section 15(2)(d) clearly prescribes that “no person other than a medical practitioner enrolled on a State Medical Register shall practice medicine in any State”.
9. Vide provision included at section 21 the council is duty bound to maintain Indian Medical Register in a prescribed manner which shall contain the names of all persons who are for the time being enrolled in any State Medical register and who possess any of the recognized medical

qualifications. The said provision has to be harmoniously read with the provisions incorporated at section23 of the very Act, which deals with 'registration in the Indian Medical Register and mandates that the Registrar of the council may, on receipt of the report or registration of a person in a State Medical Register or on application made in the prescribed manner by any such person, enter his name in the Indian Medical register, provided that the registrar is satisfied that the person concerned possessed a recognized medical qualification'.

10. Resultantly, section 27 of the Act, provides for the 'privileges of the persons who are enrolled in the Indian medical register' to the effect 'that every person whose name is for the time being borne on the Indian medical register shall be entitled according to his qualifications to practice as a medical practitioner in any part of India and to recover in due course of law in respect of such practice any expenses, charges in respect of medicaments or other appliances, or any fees to which he may be entitled'.

11. Modern medicine can be practiced exclusively by a person who possess recognized medical qualifications included in the appropriate schedule appended to the Indian Medical Council Act and is duly registered with a concerned State Medical Council and resultantly is included in the State Medical Register in terms of the explicit embargo as has been brought out in Section 15(2)(b) of the IMC Act, 1956. The said position has been fortified in several pronouncements made by the various judicial forums including the one brought out in Poonam Varma Vs. Ashwin Patel case by the Hon'ble Supreme Court in 1992.

12. The entitlement of the Ayush Graduates in the State medical register will have another problem. Who shall govern the disciplinary jurisdiction on them in regard to enforcement of ethical conduct and practice as contemplated in the code of medical ethics which is applicable to every registered medical practitioner possessing registering medical qualification in modern medicine.

Supreme Court and CPA Judgments that Ayush Doctors cannot prescribe allopathic drugs

1. NATIONAL CONSUMER DISPUTES REDRESSAL COMMISSION NEW DELHI ORIGINAL PETITION NO.214 OF 1997, " When a patient is admitted in a hospital, it is done with the belief that the treatment given in

the hospital is being given by qualified doctors under the Indian Medical Council Act, 1956. It is not within the knowledge of the relatives of the patient that the patient is being treated by a Unani Specialist. We hold that it is clear deficiency in service and negligence by the hospital for leaving the patient in the hands of Unani doctor.

" As laid down by Apex Court in the above case (Jacob Mathew case) , we feel it is high time that hospital authorities realize that the practice of employing non-medical practitioners such as Doctors specialized in Unani system and who do not possess the required skill and competence to give allopathic treatment and to let an emergency patient be treated in their hands is a gross negligence.We do not wish to attribute negligence on the part of Dr. Rehan alone while the patient was in his charge in terms of directing to pay compensation but solely on the hospital authorities for leaving the patient in his complete care knowing he is not qualified to treat such cases."

"Supreme Court came down heavily in cases where Homeopathic Doctors treated the patients with allopathic medicines. In Poonam Verma Vs. Ashwin Patel and Others (1996) 4 SCC 332 where a doctor holding Diploma in Homeopathic Medicine and Surgery (DHMS) and registered under Bombay Homeopathic Practitioners Act, caused the death of a patient due to administration of Allopathic medicine, the Supreme Court held him being not qualified to practice Allopathy, was a quake or pretender to the medical knowledge and skill as a charlatan and hence guilty of negligence per se. The facts being similar in this case, we hold that there is total negligence in treating the deceased patient."

"Thus, we feel that an amount of Rs.7,50,000/- would be appropriate amount of compensation in face of peculiar facts and circumstances. "

2. Dr. Mukhtiar Chand & Ors. Vs.State Of Punjab & Ors., decided by the Supreme Court on 08/10/1998, reported as AIR 1999, SC 468, (1998 (7) SCC 579) K.T. Thomas, Syed Shah Mohammed Quadri," A harmonious reading of Section 15 of 1956 Act and Section 17 of 1970 Act leads to the conclusion that there is no scope for a person enrolled on the State Register of Indian medicine or Central Register of Indian Medicine to practise modern scientific medicine in any of its branches unless that person is also enrolled on a State Medical Register within the meaning of 1956 Act."

FIRST MBBS SYLLABUS

he Medical Council of India is the apex regulatory body for regulating the medical education in India. The council has prescribed minimum teaching curricula for getting **MBBS degree** in country. All medical colleges of India have to follow these minimum guidelines. The minimum guideline is as follow:

The course of *MBBS is five and half years* including one year of internship. The first year consists of one year teaching basic science subjects – Anatomy, Physiology and Bio-chemistry with some learning of Community Medicine.

Second year consists of para-clinical subjects – Microbiology, Pathology, Pharmacology and Forensic Medicine with Community Medicine.

Third year is divided in two parts. Part I is of one year with subjects to be appear for exam are ophthalmology, ENT and Community Medicine. Part II is again of one year with subjects to be appear in exam are Medicine, Surgery, Obstetrics and Gynecology and Pediatrics.

Thus once student clear all four years with all subjects named, he/she is eligible for internship. Subject wise and yearwise details are as follow:

First year – It starts with admission around July – August of give year. The first two semesters or term consist of first year. The first two semesters (approximately 240 teaching days) will be occupied in the phase I (pre-clinical) subjects and introduction to a broader understanding of the perspectives of medical education leading to delivery of health care.

1. **Anatomy**

Goal: The broad goal of the teaching of undergraduate students in Anatomy aims at providing comprehensive knowledge of the gross and microscopic structure and development of human body to provide a basis for understanding the clinical correlation of organs or structures involved and the anatomical basis for the disease presentations.

The subject deals with the structure of human body. The curriculum for subject is as follow:

1. General Anatomy
2. Regional Anatomy
   - a. - Upper limb
   - b. - Lower limb
   - c. - Abdomend. - Thorax
   - e. - Head Face Neck
   - f. - Spinal Cord & Brain

3. Micro-Anatomy I - General Histology
   II - Systemic Histology
4. Developmental Anatomy I - General Embryology
   II - Systemic Embryology
5. Genetics
6. Radiological Anatomy, USG, CT, MRI
7. Surface Anatomy, Living & Marking

Anatomy books recommended

1) Gray's Anatomy
2) Sahana's Human Anatomy
3) Chouraia's Human Anatomy 3 volumes
4) Cunningham's manual of Practical Anatomy
5) Regional Anatomy by R. J. Last
6) Human Histology by Inderbir Singh
7) Atlas of Human Histology- DIFORE
8) Surgical Anatomy- McGregor
9) Histolgoy- by ham,
10) Human Embryology – Inderbir Singh,
11) Medical Embryology – Langman,
12) Surface Anatomy & Radiology – Halim Das,
13) General Anatomy by – Chowrisia
14) Text book of Neuroanatomy – Inderbir Singh
15) Central Nervous System – Podar Bhagat
16) Clinical anatomy for medical students – Richard Snell
17) Sociology and Health – Niraj Pandit, B. I Publication, NewDelhi

2.**PHYSIOLOGY**

Goal: The broad goal of the teaching of undergraduate students in physiology aims at providing the student comprehensive knowledge of the normal functions of the organ systems of the body to facilitate an understanding of the physiological basis of health and diseases.

Curriculum

A) GENERAL PHYSIOLOGY.

B) HEMATOLOGY

C) NERVE

D) MUSCLE

E) RESPIRATORY PHYSIOLOGY

F) CARDIOVASCULAR PHYSIOLOGY

G) RENAL PHYSIOLOGY

H) BODY TEMPERATURE REGULATION

I) ALIMENTARY SYSTEM

J) NUTRITION

K) ENDOCRINE SYSTEM

L) REPRODUCTIVE PHYSIOLOGY

M) SPECIAL SENSES : Eye, Ear, Taste, Smell,

N) CENTRAL NERVOUS SYSTEM

Physiology books recommended

1) Textbooks of Physiology :

Guyton - Textbook of Physiology

Ganong - Review of Medical Physiology

S. Wright - Applied Physiology

2) Reference Books :

Best and Taylor - Physiological basis of medical practice

Berne & levy. - Principles of Physiology

3. **Biochemistry**

Goal :-

The broad goal of the teaching of undergraduate students in biochemistry is to make them understand the scientific basis of the life processes at the molecular level and to orient them towards the application of the knowledge acquired in solving clinical problems.

Curriculum

1 Molecular and functional organization of a cell and its sub-cellular components.

2. Chemistry of enzymes and their clinical applications.

3. Chemistry and metabolism of proteins and related disorders.

4. Chemistry and metabolism of purines and pyrimidines and related disorders.

5. Chemistry and functions of DNA and RNA , Genetic code ; Protein biosynthesis &.regulation (Lac-operon)

6. The principles of genetic engineering and their applications in medicine.

7. Chemistry and Metabolism of haemoglobin.

8. Biological oxidation.

9. Molecular concept of body defence and their applications in medicine.

10. Vitamins and Nutrition.

11. Chemistry and metabolism of carbohydrates and related disorders.

12. Chemistry and metabolism of lipids and related disorders.

13. Mineral metabolism: Water and electrolyte balance & imbalance.

14. Acid base balance and imbalance.

15. Integration of various aspects of metabolism and their regulatory pathways. Starvation metabolism.

16. Mechanism of hormone action.

17. Environmental biochemistry.

18. Liver function tests, Kidney function tests, Thyroid function tests

19. Detoxification mechanisms.

20. Biochemical basis of cancer and carcinogenesis.

21. Radioisotopes.

22. Investigation techniques : (LCD-Topics) Colorimeter, Electrophoresis, Chromatography & Flame photometer.

Biochemistry books recommended

1. Medical Biochemistry - U.Satyanarayan.

2. Biochemistry for Medical students by D.M.Vasudevan & Shree Kumari.

3. Medical Biochemistry by M.N. Chatterjea and Rana Shinde.

4. Text Book of Medical Biochemistry by Ramakrishnan, Prasannan & Rajan.

5. Medical Biochemistry by Debajyoti Das.

6. Biochemistry by A.C.Deb.

REFERENCE BOOKS:

1. Harper's Biochemistry.

2. Medical Biochemistry by N.V.Bhagwan.

3. Biochemistry by L.Stryer.

4. Biochemistry by Orten & Neuhans.

In the first year, students learn small portion of subject community Medicine. The topics are covered like Concept of health, Nutrition and Sociology and Health. These are the basic concept of community medicine.

GUEST HOUSE OF IMA LIST

State Branch	IMA Branch with Address	Contact Person & Contract Detail	Tariff & Meals - Yes / No
Anadhra Pradesh	**Bhimavaram** Branch, IMA Building, Mothupallivari Street, Bhimavaram West Godawari - 534201	**Dr. M Venketramna** (M) 9491014817 Mr. I.S. Prasad Fax : 08816- 234231	1 AC double bedded Room @ Rs. 500/- per day yes
	Hyderebad Branch, IMA Building, Near Esamia Bazar, Hyderbad	**Dr. Raju Ch. Srinivas** M : 09490172569 TEL:- (040) 24656378 FAX : (040) 24738197 E-: hydcityvima@yahoo.co.uk	Single A/C. RS. 400/- Double A/C - Rs. 600/- (12 Rooms) Double A/C. RS. 500/- (8 Rooms) No.
	Kakinada Branch, IMA Road, Kakinada, East Godavari Mehabudabad- 506101 , Warangal	**Dr. Y K Chaturvedi** (M) 9848162300, 0884-2361323 E-: imakakinada@yahoo.com	2 AC Suits @ Rs. 800/- per Day (for doctors @ 500/- per day)
	Nellor Branch, Saraswathi Nagar, Opp. Ratan School, Nellore : 5240003	**Dr. Y Krishna Mohan Rao,** 0861- 2329420	
	Tirupathi Branch,29, Housing Board Colony, Alipiri Barpeta - 781315	0877-3959546	
Assam	**Barpeta** Road Branch Tourist lauge Bareta Road, Barpeta - 781315	**Dr. Kankan Goswami** M : 9435025239	5 non AC Rooms @ Rs. 400/- per room (per day)
	Tezpur Branch I MA House, Tezpur- 784001	**Dr. H K Borah,** M : 9435081697	4 A/c. Rooms @ Rs. 750 /- per room
	Tinsukia Branch chinarapatti, Nr. SBI Main Br. Tinsukia - 786125	**Dr. Phanindra Saikia,** M : 09435134550	2 non AC double bedded rooms @ Rs. 250 per Rooms
Bihar	**Patna** Branch, IMA Building Dr. A k nsinha Path South East of Gandhi Maidan: Patna - 800004.	**Dr. Manvendra :** M : (Dr. Thakur) 9334114657, Tel : 0612-2321542 Fax : 0612-2321542 Email : info@imabihar.org	6 non A/C. Rooms @ rs. 150/- & 3 Rooms (AC will be installed shortly)
	Samastipur Branch , Satish Chander Sarkar Bhawan, Opp. KHE inter college, Kashipur, Samastipur - 848101	M : 09431245533 (Dr. D S singh : 06274-224094)	4 double non AC Rooms @ Rs. 250/- per person
Chandigarh	**Chandigarh** Branch IMA house., sector - 35, chandigrah	**Mr. Ramswarup** Tel >; 0172-2602595 ; Fax : 0172-2602595 Email : singh_zora@yahoo.co.in	A/C room Rs. 600/- Cooler Rs. 350/- Noon A/C. RS. 350
Delhi	IMA H.Q.s. IMA House Indraprastha Marg. Delhi - 110002	TEL.: 011-23370009,8819, 8680, 0473, 0492,8424, Fax 23379470, 23370375 Email:- imabuilding@gmail.com	A.C. Super Delux - Rs. 2080/- per day for two persons. A.C. Delux - Rs. 787/- per Day per person in shared dormitory

State Branch	IMA Branch with Address	Contact Person & Contract Detail	Tariff & Meals - Yes / No
Gujarat	**AHMEDABAD** Branch 2nd Floor, AMA House Opp. H k college Ashram road, Ahmedabad - 380 009	**Dr. Jitendra N. Patel** (M) 09825325200, Tel/Fax.: 079-26587370 Email.: imagsb@youtele.com imagsb@gmail.com	**5 AC Rooms @Rs. 800/- 1 AC room @Rs. 500/- 1 non A.C. Dormitory Rs. 300/- extra bed @ Rs. 100/-**
Karnataka	**Karnataka** Branch, IMA House, Nr. IMA Circle, A V Road - bangalore - 560018	**Mr. Puttuswamy,** Hon State Secretary : 9008828303; 080-26800409 : 080-26703255 Email : imaksb@bsnl.in	10 non A/C Single Bed Rooms @ Rs. 250/- , 6 non AC Double Bedded Rooms @ rs. 400/- 1 A C Deluxe @ Rs. 700/- , 1 Suite @ Rs. 800/- extra Bed : 150/- yes
	Tumkur Branch IMA House, Town Hall Circle , Tamkur - 572101	**Dr. Prashant** (M) 9632222233 , 0816-2254938	1 Single Bed Rooms @ rs. 200/- 1 Double Bedded @ rs. 300/-
	Shimoga Branch Mc. Gann Hospital Compound, Shimoga	Hon. Secretary : 9448421951 08182-224622 : doc_vishwanath@hotmail.com	
	Chitradurga Branch opp. Dist. Hospital chitradurga - 577501	Hon Secretary : 9972328698 08194-228485	single Bed Rs. 50/- Double Bed rs. 100
	Arsikere Branch, IMA House , B/h. Sai natha Temple, J C Hospital Compound Arsikere - 573103	(M) : 9448997377 hareeshkv@yahoo.com Chancheku@gmail.com	single Bed Rs. 100 /-
Kerala	**Thiruvananthapuram** Branch, IMA State Headquaters, Ananyara. Thiruvananthpuram - 695029	**DR.J R Nair :-** 9447154066 TEL. 0471-2741144, Fax :- (0471) 2741155, Email:- imaksb@yahoo.co.in	AC Double bedded room @Rs. 1200/- for non IMA Member & IMA Member from other state and Rs. 800/- for IMA Members. 4 bedded Rooms Rs. 1600 for IMA Members and Rs. 2400 for Non IMA Members and RS. 2400 for IMA Members from other states.
	Kottarakara Branch, Ima House, Bubby Kottarakara Road P.O. Kotarakaro, Dist. Kollam	**DR. Radhamony** M: 9447801337 Tel : 0474-2454066, 2060777: Fax 0474-2454066, rradhymoney@yahoo.co.in	Can be arragned In some other private hotel
Maharasthra	**Mumbai** Branch IMA CHOWK, 16 keshav rao ""Khadye Marghaji Ali Mumbai - 4000034	**Mrs. Jyotsna,** Tel :- (022) 23543255, Fax : (022) 23545510 ima_mumbai@rediffmail.com; mumbai@mtnl.net.in	Rs. 500/- (1 room) No.
	Mumbai West Branch, J R Mhtre Marg JVPD Scheme, behind Chandan Cinema juhu, Mumbai 400049	**Ms. Aparna :** Tel :- 022-26206517, 65235579, 26254368, imamumbaiwest@yahoo.com	2 Rooms Rs. @ Rs. 1275/- + 10.30 %, 2 Rooms @ Rs. 1200/- + 10.30 % No.

State Branch	IMA Branch with Address	Contact Person & Contract Detail	Tariff & Meals - Yes / No
	Nagpur Branch, IMA house North Ambbazari Road, Nagpur - 440010	Te; : - (0712) 2550777. 2522421 Fax :- 0712-2550777 E :- imacon2007@gmail.com	AC RS. 340/- NO.
MP	**Indore** Branch, IMA Bhawan, Dr S K Mukharji IMA, Parisar M.O.G. Lines Indore - 452002	**Dr. Shekhar D Rao.** (M) 09826060629. Tel : 0731-2787988, E :- imasecretaryindore@gmail.com	Non A C Double bedded room @ Rs. 650 /- No.
	Jabalpur Branch , IMA House , wright town, jabalpur - 482001	**Dr. L S Bais** : 9425159767, Tel .:- 0761-2404940, 4005715, Fax: 4005715	I double bedded ! Hour bedded room @ RS. 150/- /Bed / day no.
	Ratlam Branch, Subhedara IMA House Rajendra ngr. Ratlam	**Dr. Ghate :** 9425103800: 07412-231737 Email : pkghate@yahoo.com	6 Single bedded @ Rs. 200/- day No.
	Gwalior Branch IMA House - 32 Gndhi Enclave Behind Hotel Sita, Manor, Gwalior	**Dr. Ashwini Bhatnagar :** 9827062860 Email : ima_gwaliro@yahoo.in	1 AC double bed @ Rs. 500/-
Orissa	**Berhampur** IMA Berhampur M K C G Medical College Campus Berhampur - 760004, Orissa	Hony Secretary M: 9643706627 Tel : (0680) 2283848 E - kkpl1000@hotmail.com	All AC Rooms with color TV & Geyser Facility. Room 301, 302 & 303 RS. :- 400/ Room 304 & 305 RS. :- 500/-
	Bhubaneswar BHUBANESWAR IMA INSTITUTE, 656 & 781 GANGA NAGAR UNIT - 6 Bhubandeswar, Orissa	**Dr. Sarojo Kumar Sahu** (for Hall Mob :- 9437002424 **Mr. Umakanta** (For Room) ph:- 0674-239008 Mob : 9237014514 imabahubaneshwar@gmail.com sahudrasaroj@yaho.co.in	* Auditorium 250 Capacity * Executive Conf Room of 50 Capacity six Rooms 1. Two A/C Double Rooms . 2. Two A/C Three Bed Rooms 3. One A/C Four Bed Room All are A/C. Fixed with LCD, Round the Clock water and Electricity Backup Tariff raning from Rs. 800/- to Rs. 1400/- per day Only 1 km from Bhuneswar Airport And 3 km From Railway Station
	IMA State Hqr., **Cuttack** IMA House, Medical Road, Ranihat, Cuttack - 753007, Orissa	Office Tel. : (0671) 2121225 /2413060 Mob. : 8763349498 Email : imaorissa@gmail.com	All AC Rooms with LCD TV, Geyser Facility. round the clock water and Electricity backup Facility 1 suite : 1,000/- 3 Double bed Rooms : 500 /- 1 Triple bed Rooms : 750 /- Conference Hall 100 Capacity Rs. 3000/- (For 6 hour only) Meals shall be provided on request from local market

State Branch	IMA Branch with Address	Contact Person & Contract Detail	Tariff & Meals - Yes / No
Rajasthan	**Ajmer** Branch, Informat of L.N. Hospital, Ajmer	**Dr. H.S. DUA** (M) 9414300220, Mr. Lajpat Raj (M) 9782946739	2 Rooms @ Rs. 600/- (for 24 Hours) (cooler)
	Kota Branch, MBS Hosptial Campus ; Nayapura, Kota	M : 0941479558 Rs. 600/- for 24 Hours (2 Rooms)	1 AC double bedded Room @ Rs. 600/- , 1 non AC room @ 400/-
Tamil Nadu	**State HQ** Branch, Sindur Gardens, 423 Kilpauk Garden Road, kilpauk, **Chennai -10**	**Dr. N. Muthurajan** (M) 9444224754, 0944733792, Mr. Mani - 044 - 26443055, Fax :- 22395004, E :- imatamilnadu@yahoo.co.in	Pallar (AC Single bedded) RS. 500/- (without bath attached) Kaveri -Double Bedded: Rs. 600/- Nilgiris - Triple bedded: Rs. 900/-
	IMA TN State HQs. Building Doctors colony, Via. Bharathi Nr. 1st Main Road, off. Mudichur rd, Tamba ram West, Chennai - 45	**Dr. Balasubramanianm,** M: 094440070465, **Dr. Karunanidhi** M - 09444261385, Office 044-29000324, 29000325, Email :- egpima@gmail.com	7 AC deluxe Room @ Rs. 800/- per day
	TN State PPLSSS Chetpet Building, H. NO 11 & 12, Sankara Heritage Apts, Super Tank Road, Chetpet, Chennai - 31	**Dr. K. Thangamuthu** M - 9443151164, Tel :- 044-28361866 Email:- pplsssofimatn@gmail.com	5 AC Double bedded Room: @ Rs. 1000/- IMA PPLSSSS Member 900/- Single - 700 (IMA PPLSSS Member - 600
	IMA PPLSSS - Tenyampet Old No. 501, New NO. 626, Opp. To State Bus Termianal, Anna Salai (Mount Road) , Teynampet , Chennai - 6000018	**Dr. K. Thangamuthu** M - 9443151164, Tel :- 044-28361866 Email:- pplsssofimatn@gmail.com	11 Double Bedded Rooms . Rs. 1500/- per day per room
	Salem Branch, 12, Sardha College Road, New Fivr Road, Salme - 6360004	**Mr. Parameswaran** 9789517833, Tel.: 0427-2448033	3 Double bedded@ Rs. 500/- yes
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

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

Photo

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 _____