



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

GUJARAT MEDICAL JOURNAL

INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

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## STATE PRESIDENT'S MESSAGE



Dear IMA GSB Friends,

Seasons' Greetings. Wishing you Happy Gujarat Sthapana Din, Labour Day and Buddh Purnima.

On 18-03-2023, under chairmanship of Dr. Anil Nayak, a very useful, successful important meeting of State Working Committee was held at Diu. Problems of state level IMA were discussed and suggestions were gathered.

On 7-04-2023, on the occasion of "World Health Day", all branches of IMA-GSB celebrated "Samarpan Day" by organizing various health awareness programs and diagnostic camps.

On 15-16 April 2023, a large quorum successful meeting of Central Working committee was organized at Statue of Unity under the host ship of IMA-Gujarat State Branch. All state branches and major city branches were represented by over 450 members who remained present. Our patron, Dr. Ketan Desai remained present and gave us good guidance. IMA national president Dr. Shard Agrawal, Secretary General Dr. Anil Nayak and national past president and president elect also remained present.

Rajasthan Government recently introduced a half cooked and detrimental RTH (Right to Health) bill, which was strongly opposed by our fraternity. Under the able guidance of national IMA HQ, we all stood firm in support of our friends and colleagues of Rajasthan. And our protest was greatly successful, such that the Raj. Govt. had to make all demanded changes in the bill. Please read points-to-ponder about RTH bill in my this letter at the end.

### Right to Health Bill : Do we want to go to USA way?

On March 21, 2023 Rajasthan became the first state in India to pass the Right to Health (RTH) bill. The bill allows free access to out-patient and inpatient services in all government and selected private hospitals in the state. Ever since the bill was passed, the medical fraternity has been up in arms against it for right reasons. The doctors in Rajasthan finally ended



their 17-day strike over the Right to Health Bill after the state government agreed to their key demands including keeping unaided private hospitals outside the ambit of the proposed law.

Universal Health is a valuable concept. In ideal world, everyone who needs medical care should be able to receive the care, regardless of his paying capacity. It is up to the government to find a mechanism and methodology how this well meant policy can be implemented in their countries and states. Number of countries across the world have different models to ensure that lifesaving emergency medical care is easily available to its citizens but no country has done it punishing the doctors the way it is being considered in Rajasthan. Right to Health bill being introduced in Rajasthan has raised concerned amongst the medical community and hospitals.

US has enacted this law decades back, compelling their hospitals to treat anyone who walks into an Emergency Room (ER) – regardless of his health insurance status or ability to pay. Emergency treatment is free in all hospitals – including the private ones. For these free patients, the transfer in Ambulance is also free. This law is widely used by illegal immigrants in US. US citizens too claim to have no insurance, show up at the hospital and overuse Emergency Room Services as a short cut to avoid seeing doctors in OPD - with regular appointment and fees. This is a precarious situation for doctors and hospitals if this is done on a large scale.

This huge burden of patients on the ER has changed emergency medical responses by medical community, across USA. In US hospitals, senior doctors are not available for Emergencies or Accidents in the ER, out of hours. Junior doctors offer treatments and operate, even when seniors are needed in life-threatening situations. A wrong diagnosis done by the first response junior resident in ER, often carries through to IP admissions and to seniors. The treatment given can go wrong. It is a public knowledge that the 3rd leading cause of death in USA is Medical Negligence.

This one law in US has caused a massive damage to the hospital care. This “free treatment” has to be paid for by someone. So the cost of hospitalization has hugely increased to compensate and absorb this loss



due to free treatment given to non-paying patients. The burden fell on those who had medical insurance and were paying appropriately. The final consequence of this law was that Insurance premium rose significantly – as much as 8 - 10 times to what it was. Thus the actual cost of this “free” treatment was passed on to tax paying citizens.

USA is a high income country and so they are just able to manage. US spends about 18 % of their total (mega dollar) budget on health care. In India this number is only 2% (meagre rupees budget). Further, our tax paying base is also small and only 3% of citizens pay income tax. If the situation goes the US way, this bill can impact the health safety and insurance premiums of our citizens. If as a middle class family, you are now paying Rs. 10000 per year as a health insurance; this premium can potentially rise to Rs 1 lakh per year, just to secure your health.

Emergency drugs are also expensive. For example, the thrombolytic agents used for heart attack or brain stroke costs Rs 50000 per unit dose. How can the private hospitals offer such costly drugs free to everyone? With an ER over load on senior doctors in private hospitals, junior doctors will take major decisions, like in USA. Consequently, litigations against doctors and hospital will shoot up.

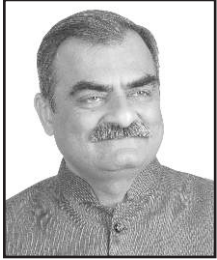
We should have a serious rethink on the way the situation is being handled in Rajasthan. USA today has the costliest health care systems in the world. We should not go the US way and make our health care system expensive and pass on this expenses to the ordinary tax payer of the country. All the stakeholders need to wake up and stop Rajasthan setting a wrong precedence of free for all health at the expense of private hospitals and doctors. It is good that government in Rajasthan has relented and has agreed to keep private hospitals out of this bill.

IMA, Jay Jay Garvi Gujarat, Jay Hind.

**Dr. Mahavirsinh M. Jadeja**  
President, G.S.B., I.M.A.



## HON. STATE SECRETARY'S MESSAGE



Dear Members,

**"I've learned that people will forget what you said,  
people will forget what you did,  
but people will never forget  
how you made them feel."**

**-Maya Angelou**

It was a premier and prestigious event and one that undoubtedly stood out as an iconic ceremony for the IMA-GSB. **"229th Central Working Committee Meeting-2023, SOU"**.

What a remarkable achievement we have accomplished together, with **Blessings of Dr Ketanbhai Desai Sir, under Leadership of Dr Anilbhai Nayak, Dr Maheshbhai Patel and GSB Mentors.**

I am absolutely thrilled to write to you and express my gratitude for your outstanding guidance and mentorship throughout the IMA CWC Meeting at the Statue of Unity.

Your unavering enthusiasm and unwavering support were critical in helping us create an unforgettable and successful event. At every stage of the process, your expertise, feedback, and advice were crucial in shaping the event and making it a huge success.

Your passion & commitment to excellence has been an endless source of inspiration for us, and we are deeply grateful for the opportunity to have worked under your guidance.

The event was a wonderful experience that will be remembered for a long time, and we couldn't have done it without your support and encouragement. It was a great opportunity for us to learn, grow, and gain new perspectives.

Thank you once again for all your hard work, guidance, and support throughout the journey. We are determined to uphold the high standards you have set for us and look forward to more opportunities to work together.

**The IMA CWC Meeting at the Statue of Unity was an absolute triumph, and it is all thanks to Young Organizers of the Gujarat SOU Team too.**

We cannot express enough our appreciation for the tremendous effort that you all put in to make this event a resounding success. Your cheerful, dynamic, and energetic spirit was truly contagious, and it made everyone feel



welcome and engaged.

From the very start of the planning process, your innovative and creative ideas, combined with your meticulous attention to detail, helped us to bring our vision to life. Your hard work in ensuring that every aspect of the event was seamless and enjoyable for all attendees was truly remarkable.

We are so proud to have been a part of this exciting journey with you, and we feel privileged to have worked alongside such a talented and passionate team of individuals. Your positive energy, dedication, and teamwork were simply amazing, and they played a huge part in making this event unforgettable.

Thank you all once again for your outstanding efforts, and we hope that you take great pride in your contribution to this historic event. It was truly an honor to work with such a fantastic team of people, and we look forward to future collaborations together.

**We also very thankful to IMA Ahmedabad, Vadodara, Rajkot, Jamnagar, Bhavnagar, Surat and Daman for their extraordinary and examplanory support to GSB for making this event unforgettable and memorable**

The networking opportunities that were provided gave all delegates a chance to interact and exchange ideas with our peers from different parts of the country, which was a great learning experience. The event was a testament to professionalism and dedication to excellence, and the hard work, attention to detail, and commitment to delivering a successful event did not go unnoticed. It was a truly unforgettable experience.

**"Success is not final; failure is not fatal:  
it is the courage to continue that counts."**

**- Winston Churchill**

Coming back to the daily humdrum of routine life, it would be a great achievement if **each branch of IMA adopted one particular village near its location under the ambitious "Aao Gaon Chalen" program.** Our expectation is to provide basic healthcare facility at the grass roots level and hence this initiative will go a long way in percolating all amenities available in medical science to the most rural parts of our state.

**Dr. Mehul J. Shah**  
Hon. State Secy., G.S.B., I.M.A.



## INDIAN MEDICAL ASSOCIATION

GUJARAT STATE BRANCH

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POSITION OF ADVT.	JOURNAL		BULLETIN	
	For Members ₹.	For Non-Members ₹.	For Members ₹.	For Non-Members ₹.
A Inside Full Page (Multi Colour)	19000-00	24000-00	13000-00	18000-00
	+ 3420-00	+ 4320-00	+ 2340-00	+ 3240-00
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- Limited company & private hospital run by more than one doctor will be charged as non member.
- Please send your advertisement before date of 15<sup>th</sup> every month.

**N.B.** : The Gujarat Medical Journal & Bulletins are circulated amongst 33,700 members of I.M.A. Gujarat State Branch. The Journal is also posted to various teaching institutions of India and State Presidents / Secretaries of Medical Association. Non-member can subscribe on payment of Rs. 500/- for the year.



## ATTENTION PLEASE !!!

### IMA LOCAL BRANCHES

Election of President and 7 Vice Presidents of Gujarat State Branch, I.M.A. for the year 2023-2024, has been posted to the Local Branch Secretaries.

#### RULES AND BYE-LAWS OF THE LOCAL BRANCHES :

- 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.
- 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.
- 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.
- 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.

**N.B.** The Nominations must reach by Registered Post with Acknowledgment to the office of the Honorary State Secretary / Returning Officer, not later than **20th May**. Nominations received after date shall not be considered.



## ATTENTION PLEASE !!!

### IMA MEMBERS

**Election of President and 7 Vice Presidents of Gujarat State Branch, I.M.A. for the year 2023-2024, has been posted to the Local Branch Secretaries.**

#### ELIGIBILITY OF OFFICE BEARERS :

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



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National President	Immediate Past National President	Honorary Secretary General	Honorary Finance Secretary
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02-04-2023

To

His Excellency

Shri Kalraj Mishra ji

Honourable Governor of Rajasthan

Raj Bhawan, Jaipur

Respected sir,

Sub : The Rajasthan Right to Health Bill, 2023

The medical fraternity in Rajasthan is in turmoil. Right to Health has been a dream and demand of Indian Medical Association. A truncated version of such a historic initiative has left the doctors behind. Right to Health included in the directive principles of the constitution has been enunciated in a Bill unacceptable to the doctors of the state. Right to Health like right to education was to be operational on the Government of the day. It was never the responsibility of the private doctors and hospitals. It entailed substantial investment in Public Health infrastructure and Human Resources.

The current version is a surrogacy where the Government is passing on its responsibility to the doctors who practise independently and their institutions. Apart from the moral depravity such a legislation would end up in creating mayhem in the casualties and be an incitement to violence. The financial burden on the fragile institutions is likely to end in collapse of the private health care delivery system. We wish to point out that these private doctors and their institutions have played a vital role in several Health Care initiatives of the Government. We would humbly submit that the right to practise a profession or carry on a trade also flows from the Constitution.

Moreover several discrepancies and lack of clarity could be found in the current Bill passed by the Legislature in a hurry. The intent of the Government and its willingness to work with the private doctors and hospitals have not found appropriate expression in the Bill. A Right to Health Bill which ought to have been a celebration for the doctors has left them in the streets. The medical fraternity of the entire country is deeply concerned. In the given circumstances Indian Medical Association humbly appeals to you to return the Bill to the lawmakers for a reconsideration. We are obliged for your favourable indulgence in this issue involving the survival of autonomy and entrepreneurship of the medical profession.

Thanking you,

With kind regards,

Dr. Sharad Kumar Agarwal  
National President, IMA

Dr. Anilkumar J. Nayak  
Hony. Secretary General, IMA

Enclosure:

Inconsistencies in the Bill.



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### Note on palpable inconsistencies in the Rajasthan Right to Health Bill 2022

#### Bill No. 21 of 2022

On critical appraisal and perusal of the entire of the text of the Rajasthan Right to Health Bill 2022 (Bill No. 21 of 2022) which has total 20 Articles incorporated therein the following inconsistencies / inadequacies / contradictions are palpable.

- Under Section 2** the word 'emergency' is defined at Seriatim (a) as Accidental Emergency at (e) as emergency, at (g) as emergency obstetric care and at (f) as emergency care. This needs to be further read with 'First Aid' defined at Sr. No. (i) under section 2 of the Bill.

**"Accidental emergency"** is defined as 'means any unforeseen, unexpected or unintentional occurrence of an event which results in the risk of death or injury to any person and includes road, rail, water or air accident'. "Emergency" is defined as 'means accidental emergency, emergency due to snake bite/animal bite and any other emergency decided by State Health Authority'.

**"Emergency care"** is defined as 'means any reasonable measure to render first- aid, advise or assistance to an injured person of an accident or incident of crime or any other emergency'. "Emergency obstetric care" is defined as 'means to treat (and therefore save the life of) a woman experiencing a complication of pregnancy or childbirth'.

**"Firstaid"** is defined as 'means the immediate basic care given to an injured person of an accident or crash or incident of crime or any other emergency situation so as to stabilise his condition by any person including a medical professional before any decisive treatment; It is pertinent to note that the word emergency and emergency care have been defined under different definitions and specially in the definition of the word 'emergency care' 'any other emergency' is also included therein and similarly in the definition of First Aid 'the word any other 'emergency' is incorporated therein without any illustrative indication thereto.

These multiple definitions have resulted in broadening of the word 'emergency' with reference to its ambit and coverage and still it being open ended by using the phrase 'any other emergency' makes it unending, in as much as, it encompasses anything and everything under the rubric of emergent care, which is as good as covering from pin to piano.

- In Section 3 titled 'Rights to Health' at Clause (c) the words 'Health Care Provider, Establishment or facility, including private provider, establishment or facility is deleted, whereby the ambit therein does not encompass private health care provider including a



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private healthcare establishment. However, the definition of the word 'Health Care Establishment' included at seriatim (m) of Section 2 covers within its rubric 'Private Institution', which is for profit or not, which is inconsistent with the deletion in Section(3).

The operational meaning of the entire structuring is contradictory in as much as the definition of the word 'health care establishment' includes private institution as well as public healthcare establishment and therefore by the said yardstick the deletion of inclusion of private provider in Section 3(c) is superfluous. Hence it is imperative that the deletion under section 3(c) has to be reflected in definition of the word 'health care institution' by a corresponding deletion of the word 'Private Institution' Frankly speaking the word private institution as availed in definition at Section 2(m) is not defined anywhere in the Bill.

- In regard to the proviso to Section 3(c), which reads to the effect that "provided that after proper emergency care, stabilisation and transfer of patient, if patient does not pay '**requisite charges**', healthcare provider shall be entitled to receive **requisite fee and charges or proper reimbursement from State Govt. in prescribed manner as the case may be**."

The diversion in the said proviso is voluminously speaking. The reference to requisite charges is vague, undefined and may not have any commensuration with the nature of the emergency required to be dealt with. Realistically the prescription of requisite charges for an emergency in terms of its huge variance is not only difficulty but also handily discernible. Further the very proviso talks of reimbursement of requisite fee and charges or proper reimbursement from the State Government. Here proper reimbursement also is another dimension over and above requisite fee, which is an open contradiction in its own right. This is notwithstanding the fact that the modalities and other incidental correlates of the same are to be prescribed by the Rules which would be formulated by the State Government in terms of authority vested with it under section 17 of the Bill.

Dr. Sharad Kumar Agarwal  
National President, IMA

Dr. Anilkumar J. Nayak  
Hony. Secretary General, IMA

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Dear Friends,

Congratulations on the historic success of the medical agitation in Rajasthan.

The success of the agitation is not limited to getting the major demands of exempting private sector from the scope of RTH act accepted, getting assurance on single window to facilitate private institutions and extending the Fire NOC to five years but also in strengthening medical solidarity Nationwide.

Ever since the agitation began in Rajasthan, it did snowball to one of the biggest protests the country has ever witnessed. The crucial turn of events happened with the visit of National IMA team led by National President, Dr Sharad Agarwal and Chairman Action committee, Dr Vinay Aggarwal and Dr D R Rai on 25th March, which saw the escalation of protest to National level. The national protest day on 27th turned out to be historic with Drs in the entire nation wearing black badges and many branches submitting memorandum to district administration to forward to Rajasthan Government. There was mammoth participation in the Online virtual rally as well. A massive liaisoning effort was also made by National President and HSG during the MP's Meet organised by IMA in Delhi and also meeting with the senior Political leaders across party line in Delhi. Including Sh. Om Birla, Lok Sabha Speaker and Hon'ble Sh. Kalraj Misra Governor of Rajasthan and also developed personal contact with the chief minister of Rajasthan. These efforts also galvanised the national Media coverage.

This was followed up by extended action committee and States Presidents Secretaries meeting which drew detailed plans on spearheading the agitation nationwide. Meanwhile IMA expert committee made a draft of an ideal RTH bill too.

Based on all these deliberations National IMA called for national solidarity day on 4th April 2023, when the historic decision came that the demands by the medical fraternity were accepted.

While congratulating all Doctors in Rajasthan for this splendid victory we would also place on record the continuous guidance by our visionary leader Dr Ketan Desai Sir. Our sincere appreciation to all State branches of IMA, especially Rajasthan, all senior leaders of IMA and above all, all our members who were part of this great Solidarity.

While we've won the battle, the war for the rights of Medical Profession is still on and we request you to kindly support IMA with the same vigour and zeal in all our future endeavours.

Thank you

Jai Hind, Jai IMA

Dr Anilkumar J. Nayak  
Hony. Secretary General, IMA

Dr. Shitij Bali

Dr. Sreejith N Kumar

Hony Finance Secretary

Convenor Action Committee, IMA

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IMA/HSG/173/31

10.04.2023  
New Delhi

**COVID CASES ARE RISING, BUT DON'T PANIC-MAINTAIN HYGIENE**

As per data from Ministry of Health & Family Welfare, Government of India, on Sunday India recorded:

**5,357** Fresh Covid-19 Cases with 11 deaths and approx 1,57,894, Test done. The recovery rate is at 98.75 percent. Covid-19 related deaths are mostly reported in people above 60 years, and those with lifestyle diseases like diabetes etc.

The reasons behind the Covid surge in our country may be:

◆ **Relaxation of Covid-19 appropriate behaviour.**

Many people lowered their guard against coronavirus

◆ **Low testing rate.**

People with symptoms refused to get tested. This may have allowed the virus to spread undetected and infect more people.

The vaccination drive has developed a false sense of security, and so we lowered the guard against the infection.

◆ **Emergence of new variant.**

The virus that causes Covid, keeps mutating and leading to the birth of new strains such as XBB.1.16. This new variant is believed to be more transmissible as compared to the previous variants, luckily not so lethal.

According to leading epidemiologists and virologists, this new Covid variant XBB.1.16 could be the reason behind the increase in these cases.

People in high-risk groups – Pregnant ladies, those over the age of 60, those with chronic illnesses, and those with underlying health conditions, immunocompromised - face increased risk of severe illness and death from COVID-19. We need to protect them. Rising cases reflect corona has not gone, it is still around, and so we need to take precautions.

COVID-19 is spreading in our community, **Stay Safe** by taking some simple precautions.

◆ People with symptoms such as Fever, Cough, Sore Throat, Headache, Body Ache, Loss of smell or Taste, Breathlessness should get tested for corona



## INDIAN MEDICAL ASSOCIATION (HQs.)

(Registered under the Societies Act XXI of 1860)  
Mutually Affiliated with the British & Nepal Medical Associations  
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- ◆ Coughing into a bent elbow or tissue. and throw away the tissue in a closed bin.
- ◆ Washing hands frequently. Wash all parts of your hands frequently (at least 20 seconds if using an alcohol-based hand rub, and at least 40 seconds with soap and water).
- ◆ Wearing a mask, especially in crowded places
- ◆ Avoid crowded places and poorly ventilated settings whenever possible. Ventilation is an important factor in preventing the virus that causes COVID-19 from spreading. Recirculated air from split air conditioning units, fans or any system that runs with a recirculation mode should be avoided where possible, unless in a single occupancy room with no one else present. If recirculation is unavoidable, increase outdoor air exchange by opening windows.
- ◆ Maintain physical distance of at least 1 meter. Avoid hugging, kissing, or shaking hands.
- ◆ Avoid spitting in public places.
- ◆ Get you self-vaccinated/Booster dose as per recommendation.
- ◆ **There is No role of Antibiotics.**
- ◆ There is NO evidence that regularly rinsing the nose with saline/antiseptic has protected people from infection with the coronavirus

**Don't panic. We have controlled it before; we will do it now also with your support**

Namaste.

*Issued in public interest by Indian Medical Association.*

**Dr. Sharad Kumar Agarwal**  
National President, IMA

**Dr. Anilkumar J Nay ak**  
Honorary Secretary General, IMA

**Dr. Narendra Saini**  
Chairman, IMA AMR Committee



## INDIAN MEDICAL ASSOCIATION

GUJARAT STATE BRANCH

A.M.A. House, Opp. H.K. College, Ashram Road, Ahmedabad -380009

PHONE : (079) 265 87 370 Email: imagsb@gmail.com

**Ref No. A-11/HFC/LM/2023-2024**

**Date: 1-3-2023**

**Subject:- Regarding GST on Membership Fee.**

**Dear Branch Secretary,**

Greetings from IMA, Gujarat State Branch.

We have received email from IMA HQs. on **14-2-2023** regarding **GST on Membership Fees**. We would like to inform you that the below are the important information, kindly go through the same and implement at the earliest:-

**1. GST on membership fee to be taken by Local Branches**

For Single Life Member - 12280 + 2210 (GST 18% ) = **Rs. 14490-00**

For Couple Life Member - 18151 + 3267 (GST 18% ) = **Rs. 21418-00**

**2. If the Local Branch does not have GST number, then sent the following amount to IMA GSB.**

For Single Life Member – 11450 + 2210 = Total **Rs. 13660-00**

For Couple Member – 16881 + 3267 = Total **Rs. 20148-00**

**3. If the Local Branch has GST number, then sent the challan copy of GST paid and following amount to IMA GSB.**

For Single Life Member - **Rs. 11450-00**

For Couple Life Member - **Rs. 16881-00**

Please send Membership Fees by a Cheque / DD. drawn in favour of  
**“ G.S.B. I.M.A.”.**

Yours Sincerely

**Dr. Mehul J. Shah**  
Hon. State Secretary





## 229<sup>th</sup> Central Working Committee Meeting-2023, Statue of Unity





### State Working Committee Meeting Diu



### Installation Ceremony IMA Rajkot Branch





**Black Protest Day**

**IMA Ahmedabad Branch**



**IMA Anand Branch**



**IMA Bhavnagar Branch**



**Black Protest Day**

**IMA Botad Branch**



**IMA Daman Branch**



**IMA Gandhidham Branch**



**IMA Idar Branch**





### Black Protest Day

#### IMA Mahuva Branch



#### IMA Palanpur Branch



#### IMA Rajkot Branch



#### IMA Surat Branch



### CME IMA Patan Branch



### CME IMA Kapadwanj Branch



### CME IMA Mehsana Branch





### Celebration of World Health Day

#### IMA Ahmedabad Branch



\* \* \* \* \*

#### IMA Anand Branch



### Celebration of World Health Day

#### IMA Bhavnagar Branch



\* \* \* \* \*

#### IMA Deesa Branch



\* \* \* \* \*

#### IMA Himmatnagar Branch





**Celebration of World Health Day**

**IMA Idar, Khedbrahma Branch**



**IMA Mahuva Branch**



**IMA Mehsana Branch**



**Celebration of World Health Day**

**IMA Palanpur Branch**



**IMA Rajkot Branch**



**IMA Surat Branch**





**World Down Syndrome Day IMA WDW Anand Branch**



\* \* \* \* \*

**CPR Training IMA Morbi Branch**



\* \* \* \* \*

**Skill Cell Programme IMA Devgad Baria Branch**



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સત્યમેવ જયતે

ડૉ. નિલમ પટેલ

અધિક નિયામક (આરોગ્ય)

કમિશ્નરશ્રી, આરોગ્ય, તબીબી સેવાઓ અને તબીબી શિક્ષણ અને સંશોધનની કચેરી, બ્લોક નં. ૫/૧, ડૉ. હવરાજ મહેતા ભવન, ગાંધીનગર - ૩૮૨ ૦૧૦, ગુજરાત.  
ફોન નં. ૦૭૯-૨૩૨૫૭૯૪૮ ફેક્સ નં. ૨૩૨૫૪૫૪૪  
Email: adir-hlt@gujarat.gov.in

પત્ર ક્રમાંક/નં- ઇપીસી /ગાઇડલાઇન્સ / IMA અને AMA/બાબત/૬૬૦૨-૦૫/ તા. ૧૨.૦૪.૨૦૨૩

પ્રતિ,

- પ્રમુખશ્રી, ઇન્ડિયન મેડીકલ એસોસિએશન, ગુજરાત બ્રાન્ચ.
- પ્રમુખશ્રી, અમદાવાદ મેડીકલ એસોસિએશન, અમદાવાદ.

વિષય: કોવિડ-૧૯ અન્વયે કલિનીકલ ગાઇડલાઇન્સ ફોર મેનેજમેન્ટ આપશ્રીના બુલેટીનમાં પ્રસિધ્ધ કરવા બાબત.

સંદર્ભ: અધિક મુખ્ય સચિવશ્રી(આરોગ્ય) ની અધ્યક્ષતામાં કોવિડ-૧૯ અંગે IMA અને AMA સાથે તા.૦૭/૦૪/૨૦૨૩ ના રોજ મીટીંગમાં થયેલ ચર્ચા અન્વયે.

ઉપરોક્ત વિષય અને સંદર્ભ પરત્વે જણાવવાનું કે તા.૦૭/૦૪/૨૦૨૩ ના રોજ અધિક મુખ્ય સચિવશ્રી(આરોગ્ય) ની અધ્યક્ષતામાં આપશ્રી સાથે મીટીંગનું આયોજન કરવામાં આવેલ હતું. જેમાં સરકારશ્રી તરફથી બહાર પાડવામાં આવતી કોવિડ-૧૯ અંગેની ગાઇડલાઇન અને જરૂરી માહિતી IMA અને AMA ના બુલેટીનમાં પ્રસિધ્ધ કરવા ઇચ્છા દર્શાવેલ હતી. જેથી કરીને ખાનગી તબીબોને પણ સરકારશ્રી તરફથી બહાર પાડવામાં આવતી નવી ગાઇડલાઇનથી માહિતગાર કરી શકાય. જે અન્વયે આપશ્રીના બુલેટીનમાં કોવિડ-૧૯ કલિનીકલ ગાઇડલાઇન્સ ફોર મેનેજમેન્ટ વિના મુલ્યે પ્રસિધ્ધ કરવા વિનંતી છે.

બિડાણ: કોવિડ-૧૯ કલિનીકલ ગાઇડલાઇન્સ ફોર મેનેજમેન્ટ

ડૉ. નિલમ પટેલ

અધિક નિયામક (જહેર આરોગ્ય)

નકલ સચિવનય રવાના:-

- અધિક મુખ્ય સચિવશ્રી, આરોગ્ય અને પરિવાર કલ્યાણ વિભાગ, સચિવાલય, ગાંધીનગર.
- અગ્ર સચિવશ્રી અને કમિશ્નરશ્રી, આરોગ્ય, તબીબી સેવાઓ અને તબીબી શિક્ષણ (આ.વિ), ગાંધીનગર.



AIIMS/ ICMR-COVID-19 National Task Force/ Joint Monitoring Group (Dte.GHS)  
Ministry of Health & Family Welfare, Government of India  
CLINICAL GUIDANCE FOR MANAGEMENT OF ADULT COVID-19 PATIENTS  
Revised on 05/01/2023

Adult patient diagnosed with COVID-19

Mild disease	Moderate disease	Severe disease
Upper respiratory tract symptoms and/or fever WITHOUT shortness of breath or hypoxia	Any one of: 1. Respiratory rate $\geq$ 24/min, breathlessness 2. SpO <sub>2</sub> : 90% to $\leq$ 93% on room air	Any one of: 1. Respiratory rate $>$ 30/min, breathlessness 2. SpO <sub>2</sub> $<$ 90% on room air
Home Isolation & Care (Refer to relevant guideline)	ADMIT IN WARD	ADMIT IN HDU/ICU
<b>MUST DOs</b> <input checked="" type="checkbox"/> Physical distancing, indoor mask use, hand hygiene <input checked="" type="checkbox"/> Symptomatic management (hydration, anti-pyretics, anti-tussive) <input checked="" type="checkbox"/> Monitor temperature and oxygen saturation (by applying a SpO <sub>2</sub> probe to fingers) <input checked="" type="checkbox"/> Stay in contact with treating physician Seek immediate medical attention if: • Difficulty in breathing or SpO <sub>2</sub> $\leq$ 93% • High grade fever/severe cough, particularly if lasting for $>$ 5 days • A low threshold to be kept for those with any of the high-risk features*	<b>Oxygen Support:</b> • Target SpO <sub>2</sub> : 94-96% (88-92% in patients with COPD) • Preferred devices for oxygenation: non-rebreathing face mask • Awake prone encouraged in all patients requiring supplemental oxygen therapy (sequential position changes every 2 hours) <b>Anti-inflammatory or immunomodulatory therapy:</b> • Dexamethasone 6 mg/day or equivalent dose of methylprednisolone (32 mg in 4 divided doses) usually for 5 to 10 days or until discharge, whichever is earlier. • Patients may be initiated or switched to oral route if stable and/or improving • There is no evidence for benefit for systemic steroids in those NOT requiring oxygen supplementation, or on continuation after discharge • Anti-inflammatory or immunomodulatory therapy (such as steroids) can have risk of secondary infection such as invasive mucormycosis when used at higher dose or for longer than required <b>Anticoagulation:</b> • Prophylactic dose of unfractionated heparin or Low Molecular Weight Heparin (weight based e.g., enoxaparin 0.5mg/kg per day SC). There should be no contraindication or high risk of bleeding <b>Monitoring:</b> • Clinical Monitoring: Respiratory rate, Hemodynamic instability, Change in oxygen requirement • Serial CXR: HRCT chest to be done ONLY if there is worsening • Lab monitoring: CRP, D-dimer, blood sugar 48 to 72 hrly; CBC, KFT, LFT 24 to 48 hrly	<b>Respiratory &amp; Cardiovascular Support:</b> • Consider use of NIV (Helmet or face mask interface depending on availability) in patients with increasing oxygen requirement, if work of breathing is LOW • Consider use of HFNC in patients with increasing oxygen requirement • Incubation should be prioritized in patients with high work of breathing /if NIV is not tolerated • Use institutional protocol for ventilatory management when required • Need for vasopressors to be considered based on clinical situation <b>Anti-inflammatory or immunomodulatory therapy:</b> • Dexamethasone 6 mg/day or equivalent dose of methylprednisolone (32 mg in 4 divided doses) usually for 5 to 10 days or until discharge, whichever is earlier. No evidence for benefit in higher doses. • Anti-inflammatory or immunomodulatory therapy (such as steroids) can have risk of secondary infection such as invasive mucormycosis when used at higher dose or for longer than required <b>Anticoagulation:</b> • Prophylactic dose of unfractionated heparin or Low Molecular Weight Heparin (weight based e.g., enoxaparin 0.5mg/kg per day SC). There should be no contraindication or high risk of bleeding <b>Supportive measures:</b> • Maintain euvoemia (if available, use dynamic measures for assessing fluid responsiveness) • If sepsis/septic shock: manage as per existing protocol and local antibiogram <b>Monitoring:</b> • Clinical Monitoring: Work of breathing, Hemodynamic instability, Change in oxygen requirement • Serial CXR: HRCT chest to be done ONLY if there is worsening • Lab monitoring: CRP, D-dimer, blood sugar 48 to 72 hrly; CBC, KFT, LFT 24 to 48 hrly
<b>*High-risk for severe disease or mortality</b> <input checked="" type="checkbox"/> Age $>$ 60 years <input checked="" type="checkbox"/> Cardiovascular disease and CAD <input checked="" type="checkbox"/> Diabetes mellitus and other immunocompromised states (such as HIV) <input checked="" type="checkbox"/> Active tuberculosis <input checked="" type="checkbox"/> Chronic lung/kidney/liver disease <input checked="" type="checkbox"/> Cerebrovascular disease <input checked="" type="checkbox"/> Obesity <input checked="" type="checkbox"/> Unvaccinated • Antibiotics should not be used unless there is clinical suspicion of bacterial infection • Possibility of coinfection of COVID-19 with other endemic infections must be considered • Systemic corticosteroids are not indicated in mild disease	<b>DO NOT USE IN COVID-19</b> • Lopinavir-ritonavir • Hydroxychloroquine • Ivermectin • Neutralizing monoclonal antibody • Convalescent plasma • Molnupiravir • Favipiravir • Azithromycin • Doxycycline	
	<b>Additionally in moderate or severe disease at high risk of progression</b> Consider Remdesivir for up to 5 days (200 mg IV on day 1 followed by 100 mg IV OD for next 4 days) • To be started within 10 days of onset of symptoms, in those having moderate to severe disease with high risk of progression (requiring supplemental oxygen), but who are NOT on IMV or ECMO • No evidence of benefit for treatment more than 5 days • NOT to be used in patients who are NOT on oxygen support or in home setting • Monitor for RFT and LFT (remdesivir not recommended if eGFR $<$ 30 ml/min/m <sup>2</sup> ; AST/ALT $>$ 5 times UNL) (not an absolute contraindication)	<b>Additionally in rapidly progressing moderate or severe disease</b> Consider Tocilizumab preferably within 24-48 hours of onset of severe disease/ ICU admission [4 to 6 mg/kg (400 mg in 60 kg adult) in 100 ml NS over 1 hour] if the following conditions are met: • Rapidly progressing COVID-19 not responding adequately to steroids and needing oxygen supplementation or IMV • Preferably to be given with steroids • Significantly raised inflammatory markers (CRP and/or IL-6) • Rule out active TB, fungal, systemic bacterial infection • Long term follow up for secondary infections (such as reactivation of TB, flaring of Herpes)
	After clinical improvement, discharge as per revised discharge criteria	





NEWS CLIP

રાજસ્થાનના 'રાઈટ ટુ હેલ્થ' બિલના વિરોધમાં ગુજરાતના ૩૬ હજારથી વધુ ડોક્ટરો આજે 'બ્લેક ડે' મનાવશે

અમદાવાદ, રવિવાર
રાજસ્થાન સરકાર દ્વારા પસાર કરવામાં આવેલા 'રાઈટ ટુ હેલ્થ' બિલના વિરોધમાં ગુજરાતના ૩૬ હજારથી વધુ ડોક્ટરોએ આજે 'બ્લેક ડે' મનાવશે. રાજસ્થાનમાં પસાર થયેલું રાઈટ ટુ હેલ્થ બિલ પાનગી હોસ્પિટલો માટે ગળ ટૂંપા સમાન : ડોક્ટરો...

બાયડના તબીબો દ્વારા કાળ પટ્ટી ધારણ કરી વિરોધ કર્યો



બાયડ, તા. ૨૦
રાજસ્થાન સરકાર દ્વારા લાવવામાં આવેલા કાયદો રાઈટ ટુ હેલ્થના વિરોધમાં બાયડના આઈ.એમ.એ ના તબીબો ડૉ.સુનિલભાઈ શાહ, ડૉ.કુનિકભાઈ શાહ સહિત દ્વારા પ્રાંત કચેરીમાં આવેલ નવ આયુષ્ય ઇન્ક્યુબેશન સંસ્થાના સચારવા સુમારેથી તબીબ દ્વારા કમ્પ્લેટીંગ રૂમમાં કાળી પટ્ટી પહેરી હતી.

બોટાદમાં રાજસ્થાન સરકારના બિલનો વિરોધ: IMAનો સરકારના રાઈટ ટુ હેલ્થ બિલનો બોટાદમાં વિરોધ, બિલ મુજબ પાનગી હોસ્પિટલમાં નિ:શુલ્ક સારવાર કરાવી શકાશે



બોટાદ જિલ્લામાં ઈન્ડિયન મેડિકલ એસોસિએશન દ્વારા આજે બોટાદ કલેક્ટર કચેરી ખાતે પહોંચી આવેલ નવ આયુષ્ય ઇન્ક્યુબેશન સંસ્થાના સચારવા સુમારેથી તબીબ દ્વારા કમ્પ્લેટીંગ રૂમમાં કાળી પટ્ટી પહેરી હતી.

આપવામાં આવ્યું હતું. રાજસ્થાન સરકારના આ બિલને લઈ પાનગી હોસ્પિટલના ડોક્ટરોને પોતાની હોસ્પિટલો બંધ કરવી પડે તેવી હાલત સર્જવાની ભીતિ ડોક્ટરો સેવી રહ્યા છે.



બોટાદ જિલ્લા ઈન્ડિયન મેડિકલ એસોસિએશનના પ્રમુખ તુષાર રોજેશરા દ્વારા રાજસ્થાન સરકારના આ બિલને લઈ આવેલ નવ આયુષ્ય ઇન્ક્યુબેશન સંસ્થાના સચારવા સુમારેથી તબીબ દ્વારા કમ્પ્લેટીંગ રૂમમાં કાળી પટ્ટી પહેરી હતી.



સવારે ચા, સાંજે...અહિલા ૧૭ સોમવાર તા.૨૦-૩-૨૦૨૩

IMARAJKOTNA JE HVAR DOKTARO JEDAYA
રાજસ્થાન સરકારના રાઈટ ટુ હેલ્થ વીલ સંદર્ભે આજે સમગ્ર ભારતના ડોક્ટરોએ 'બ્લેક ડે' રાખ્યો : ભારે વિરોધ

રાજકોટ સહિત સમગ્ર ભારતમાં ડીપ્ટીકટ ઓથોરિટીને આવેલ નવ આપાયા : આજે રાત્રે ૮ વાગે રાષ્ટ્રીય કક્ષાની ઓનલાઇન મીટીંગ



રાજકોટ સહિત સમગ્ર ભારતમાં ડીપ્ટીકટ ઓથોરિટીને આવેલ નવ આપાયા : આજે રાત્રે ૮ વાગે રાષ્ટ્રીય કક્ષાની ઓનલાઇન મીટીંગ. રાજકોટ સહિત સમગ્ર ભારતમાં ડીપ્ટીકટ ઓથોરિટીને આવેલ નવ આપાયા : આજે રાત્રે ૮ વાગે રાષ્ટ્રીય કક્ષાની ઓનલાઇન મીટીંગ.

RTH બીલ અંતર્ગત ઇમરજન્સી કેસમાં પ્રાઇવેટ હોસ્પિટલોએ દેકેને ફી સારવાર આપવાના મુદ્દા બાબતે સંઘર્ષ

તબીબોએ અધિક કલેક્ટરને આવેલ નવ આયુષ્ય રાઈટ ટુ હેલ્થ બિલ-૨૦૨૩ પરત ખેંચે

તબીબોએ અધિક કલેક્ટરને આવેલ નવ આયુષ્ય રાઈટ ટુ હેલ્થ બિલ-૨૦૨૩ પરત ખેંચે. રાજસ્થાન સરકાર દ્વારા પસાર કરવામાં આવેલા 'રાઈટ ટુ હેલ્થ' બિલના વિરોધમાં તબીબોએ અધિક કલેક્ટરને આવેલ નવ આયુષ્ય રાઈટ ટુ હેલ્થ બિલ-૨૦૨૩ પરત ખેંચે.

તબીબોએ અધિક કલેક્ટરને આવેલ નવ આયુષ્ય રાઈટ ટુ હેલ્થ બિલ-૨૦૨૩ પરત ખેંચે

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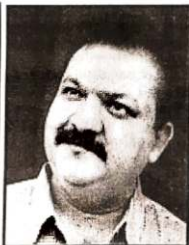


# પ્રથમવાર એક ગુજરાતી તબીબ મહત્વના પદ પર નિભાયા આઈ.એમ.એ. દિલ્હીના સેક્રેટરી પદે ડૉ.અનિલ નાયકની બિનહરીફ વરણી

(હમન્યુઝ) પાટણ દેરાની પ્રતિષ્ઠિત તબીબી સંસ્થા ઈન્ડિયન મેડિકલ એસોસિએશન - આઈએમએના સેક્રેટરી પદે પાટણ યુનિવર્સિટીના પુર્વ કુલપતિ અને ધારુપર મેડિકલ કોલેજના ડિન ડૉ.અનિલ નાયકની બિનહરીફ વરણી કરાઈ છે.

૯૬ વર્ષના ઇતિહાસમાં પહેલીવાર ગુજરાતી ડૉક્ટર આ મહત્વની જગ્યાએ પસંદગી પામતાં સમગ્ર ગુજરાતના તબીબોની છાતી ગજ ગજ ફૂલી ઉઠી છે.

ઉત્તરપ્રદેશના પ્રયાગરાજ (અહલાદા)માં તારીખ ૨૮મી ઈન્ડિયન મેડિકલ એસોસિએશનના સેક્રેટરીપદની ચુંટણી યોજાઈ હતી, જેમાં મહેસાણાના સૌમિય મોટર



ઓથોપોલિટિક સર્જન અને હેમચંદ્રાચાર્ય ઉત્તર ગુજરાત યુનિવર્સિટી પાટણમાં પુર્વ કા.કુલપતિ ડૉ.અનિલ નાયકની બિનહરીફ વરણી થતાં તેમણે આ પદ

સંભાળીને પોતાની કામગીરી શરૂ કરી દીધી છે.

અને ઉદ્દેશનીય છે કે, ડૉ.અનિલ નાયક મહેસાણાના વારિષ્ઠ ઓથોપોલિટિક સર્જન છે અને તેમની રાહબરીમાં અચાર સુધીમાં લાખો દર્દીઓની સારવાર કરવામાં આવી છે. આ સાથે જ તેઓ ઓથોપોલિટિક સર્જન એસોસિએશન ઓફ ગુજરાત (ઉત્તર ગુજરાત એન)ના પ્રભાવી તરીકે પણ કાર્યરત છે.

ડૉ. અનિલ નાયકની આઈએમએ ના સેક્રેટરી તરીકે બિનહરીફ વરણીને સોને આઘાટી છે. પાટણ યુનિવર્સિટી પરિષદમાં પણ તેમની આ નિષ્ઠાવિધી પુરાણી લાગણી પ્રસરી છે.

## પદ છે ગુજરાત: IMA ના 96 વર્ષના ઇતિહાસમાં પહેલીવાર ગુજરાતી ડૉક્ટર સેક્રેટરીપદે 'એક્ટિવ'



તબીબોની સુસા ઇષ્ટવરત તેમના દ્વારા અભલા અભિભવ સરકાર સુદ પહોંચાવવાના કામને અપ એસોસિયેટ તબીબોની 'પીઝીટી' ન હઈ 'પાય અ પોલીસી' સ્વતંત્રતા ન મુખ્યવેદના પર અ

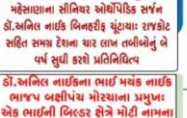
તિષ્ઠિત ગણાતાં એના સરપ્રીષ્ટ પદ ઉપર 'રાષ્ટ્રકોટ સહિત સમગ્ર રાજ્યના આઈએમએ પર અધિનતંત્રની વર્ષા: 'સમગ્ર સમાચાર' નિલ નાયક વ્યક્ત કર્યાં આગમી 'ગોલ'

## ઉત્તરપ્રદેશના પ્રયાગરાજ (અહલાદા)માં ઓથોપોલિટિક સર્જનની ચુંટણીમાં મહેસાણાના સૌમિય ઓથોપોલિટિક સર્જન ડૉ.અનિલ નાયક બિનહરીફ વરણીમાં રાષ્ટ્રકોટ સહિત સમગ્ર રાજ્યના આઈએમએ પર અધિનતંત્રની વર્ષા: 'સમગ્ર સમાચાર' નિલ નાયક વ્યક્ત કર્યાં આગમી 'ગોલ'



ડૉ.અનિલ નાયકની આઈએમએ ના સેક્રેટરી તરીકે બિનહરીફ વરણીને સોને આઘાટી છે. પાટણ યુનિવર્સિટી પરિષદમાં પણ તેમની આ નિષ્ઠાવિધી પુરાણી લાગણી પ્રસરી છે.

## ઉત્તરપ્રદેશના પ્રયાગરાજ (અહલાદા)માં ઓથોપોલિટિક સર્જનની ચુંટણીમાં મહેસાણાના સૌમિય ઓથોપોલિટિક સર્જન ડૉ.અનિલ નાયક બિનહરીફ વરણીમાં રાષ્ટ્રકોટ સહિત સમગ્ર રાજ્યના આઈએમએ પર અધિનતંત્રની વર્ષા: 'સમગ્ર સમાચાર' નિલ નાયક વ્યક્ત કર્યાં આગમી 'ગોલ'



ડૉ.અનિલ નાયકની આઈએમએ ના સેક્રેટરી તરીકે બિનહરીફ વરણીને સોને આઘાટી છે. પાટણ યુનિવર્સિટી પરિષદમાં પણ તેમની આ નિષ્ઠાવિધી પુરાણી લાગણી પ્રસરી છે.

# હૃદયની ગતિવિધિને નજરઅંદાજ કરીને વધુ કસરત કરો તો અચાનક મોત થઈ શકે

કે. દરમિયાન પી-એક્ટિવિટી ઓથોપોલિટિક સર્જન સહીત સમગ્ર રાજ્યના આઈએમએ પર અધિનતંત્રની વર્ષા: 'સમગ્ર સમાચાર' નિલ નાયક વ્યક્ત કર્યાં આગમી 'ગોલ'

1000 ઇંચોનું મુશવેલ ભાવ 900 ઇંચોનું મુશવેલ ભાવ રૂ. 830/- 1000 ગ્રામ ઇંચા = 93 ગ્રામ પ્રોટીન

આઈએમએ ના 96 વર્ષના ઇતિહાસમાં પહેલીવાર ગુજરાતી ડૉક્ટર સેક્રેટરીપદે 'એક્ટિવ' વરણી થઈ છે. આ મહત્વની જગ્યાએ પસંદગી પામવાને કારણે ગુજરાતના તબીબોની છાતી ગજ ગજ ફૂલી ઉઠી છે.

આઈએમએ ના 96 વર્ષના ઇતિહાસમાં પહેલીવાર ગુજરાતી ડૉક્ટર સેક્રેટરીપદે 'એક્ટિવ' વરણી થઈ છે. આ મહત્વની જગ્યાએ પસંદગી પામવાને કારણે ગુજરાતના તબીબોની છાતી ગજ ગજ ફૂલી ઉઠી છે.

આઈએમએ ના 96 વર્ષના ઇતિહાસમાં પહેલીવાર ગુજરાતી ડૉક્ટર સેક્રેટરીપદે 'એક્ટિવ' વરણી થઈ છે. આ મહત્વની જગ્યાએ પસંદગી પામવાને કારણે ગુજરાતના તબીબોની છાતી ગજ ગજ ફૂલી ઉઠી છે.

આઈએમએ ના 96 વર્ષના ઇતિહાસમાં પહેલીવાર ગુજરાતી ડૉક્ટર સેક્રેટરીપદે 'એક્ટિવ' વરણી થઈ છે. આ મહત્વની જગ્યાએ પસંદગી પામવાને કારણે ગુજરાતના તબીબોની છાતી ગજ ગજ ફૂલી ઉઠી છે.



# 'હુ'ની 75મી વર્ષગાંઠ નિમિત્તે યોજાયેલા કાર્યક્રમમાં ઈન્ડિયન-અમદાવાદ મેડિકલ એસોસિએશનની ચેતવણી 7 કલાકથી ઓછી ઊંઘ તો હૃદયરોગનું જોખમ 3 ગણું વધુ

કોરોના પછી હૃદયરોગથી એકાએક મૃત્યુનું રેશિયો વધ્યો, હૃદયના દર્દીમાંથી 88 ટકાના મૃત્યુ ઘટનાં જ થાય છે. 2020 સુધી ભારત હૃદયરોગથી મૃત્યુમાં નંબર વન બનવાની ચેતવણી

4 માસમાં 100 મહેતામાં હૃદયના 53 હજાર દર્દી



વર્ષ	ઓછી ઊંઘ	સખા	લોકોનું સંખ્યા	લોકોનું સંખ્યા
2019	2,73,131	34,203	21,695	5,223
2020	1,57,747	24,306	13,616	3,267
2021	2,24,688	35,235	21,065	5,221
2022	2,77,572	40,662	26,728	6,127
મીલન-23	52,596	7,907	5,108	1,128

આઈએમએ ના 96 વર્ષના ઇતિહાસમાં પહેલીવાર ગુજરાતી ડૉક્ટર સેક્રેટરીપદે 'એક્ટિવ' વરણી થઈ છે. આ મહત્વની જગ્યાએ પસંદગી પામવાને કારણે ગુજરાતના તબીબોની છાતી ગજ ગજ ફૂલી ઉઠી છે.

## માનવમિત્ર માટે સમાચાર manavmitra.com

# AMA દ્વારા CPR વર્કશોપ અને હેલ્થ ટોક સેમીનારનું આયોજન : કાર્ડિયાક રિસુસિટેશનની ઘણાના જીવન બચાવી શકાય

ભારતમાં ફક્ત બે ટકા લોકોને સીપીઆર પદ્ધતિ આવડે છે : દર વર્ષે એક મેડિકલ ચેકઅપનો રિપોર્ટ કરાવવાનો સંકલ્પ લેવો જોઈએ : સાત કલાકની સાઉન્ડ સ્લીપ જરૂરી , ૮% મૃત્યુ સ્વીપ ડીસ ઓર્ડરથી થાય છે : ડૉ.ચિરાગ દોશી રાષ્ટ્રના સ્વાસ્થ્ય અને સાઈનિંગ હેલ્થ માટે મીણબત્તી પ્રગટાવી સંદેશ : ડૉ.ગાર્ગી પટેલ



આઈએમએ ના 96 વર્ષના ઇતિહાસમાં પહેલીવાર ગુજરાતી ડૉક્ટર સેક્રેટરીપદે 'એક્ટિવ' વરણી થઈ છે. આ મહત્વની જગ્યાએ પસંદગી પામવાને કારણે ગુજરાતના તબીબોની છાતી ગજ ગજ ફૂલી ઉઠી છે.

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## દિપ સે દિપ પ્રગટાવી લોકોના સ્વાસ્થ્યની કામતા કરશે મેડિકલ એસોસિએશન

સમગ્ર રાજ્યમાં લોકોના સ્વાસ્થ્ય માટે સમાચાર દિપ સે દિપ પ્રગટાવી લોકોના સ્વાસ્થ્યની કામતા કરશે મેડિકલ એસોસિએશન

Samarpan Divas World Health Day 7th April 2023 | Time: 7PM Shining Health, Light a lamp/candle for the health of people of India



**NATIONAL CONSUMER DISPUTES REDRESSAL COMMISSION NEW DELHI**

**FIRST APPEAL NO. 463 OF 2018**

(Against the Order dated 01/02/2018 in Complaint No. 54/2017 of the State Commission Chhattisgarh)

1. DR. HULESH MANDLE, M.D.  
GAGAN DIAGNOSTIC & MEDICAL RESERARCH  
CENTRE (P) LTD AMRAPALI SOCIETY GATE NEAR  
COLORS MALL PACHPEDI NAKA  
RAIPUR 492901 ..... Appellant(s)
- Versus
1. NEERAJ KUMAR  
S/O. SATYENDRA KUMAR R/O. JAIHIND CHOWK  
LDHIPARA CHOWK PANDRI  
RAIPUR  
CHHATTISGARH ..... Respondent(s)

**BEFORE:**

**HON'BLE DR. S.M. KANTIKAR, PRESIDING MEMBER**

**For the Appellant**

**For the Respondent :**

**Dated : 16 Feb 2023**

**ORDER**

*Appeared at the time of arguments:*

- For the Appellant Mr. Fanish Kr. Rai, Advocate  
Mr. Gaurav Sahdev, Advocate
- For the Respondent : In person

**Pronounced on: 16th February 2023**

**ORDER**

- The instant Appeal has been filed under Section 17 of the Consumer Protection Act, 1986 (the 'Act 1986') by the Appellant, Dr. Hulesh Mandle (the 'OP') against the Order dated 01.02.2018 passed by the Chhattisgarh State Consumer Disputes Redressal Commission, Pandri, Raipur (the 'State Commission') in CC/2017/54, whereby the State Commission partly allowed the Complaint.
- Brief facts to dispose of this Appeal are that the Respondent (the 'Complainant') underwent ultrasonography (USG) for abdominal pain on 12.05.2015. It was



performed at BSR Pathology Lab and reported that the left kidney of the Complainant was having calculus (stone). The doctors at Avanti Hospital prescribed medicines, but he did not get the relief. Thereafter, he went to Ramkrishna Care Hospitals and on 19.05.2015, USG of abdomen was performed by the OP, who reported no stone or any abnormality in both kidneys. The pain further persisted, therefore, the Complainant went to Vidya Hospital Kidney Centre, Raipur. The USG was performed at Apollo Diagnostic Centre at Raipur, which reported the presence of stone. Being aggrieved by the wrong report given by the OP, the Complainant filed a Consumer Complaint before the State Commission and prayed for Rs. 25 lakh as a compensation under different heads.

- The OP did not appear before the State Commission and was proceeded against ex-parte.
- The State Commission, considering the averments of the Complaint and based on the evidence adduced by the Complainant, partly allowed the Complaint and directed the OP to pay Rs. 50,000/- as compensation alongwith interest @ 9% p.a. and Rs. 5,000/- as litigation cost.
- Being aggrieved, the OP filed the present Appeal before this Commission.
- Heard the learned Counsel for the OP and the Complainant in person. Perused the material on record.
- The short delay of 12 days in filing the Appeal is condoned.
- The learned counsel for the OP submitted that the OP had left his job in the Ramkrishna Hospital much before the date of filing of the Consumer Complaint, therefore the notice could not be served upon him. The State Commission wrongly proceeded ex-parte against him. The allegations in the Complaint are vague, made to extract money from the OP even after he had left the hospital and was employed elsewhere. The OP performed USG as per protocol and merely because there is difference in opinion or interpretation among medical professionals, negligence cannot be conjectured or surmised. He further argued that the possibility of misinterpretation by the other doctors cannot be ruled out. The reporting depends upon the type of machine and software according to technological advancement. The State Commission ought to have sought independent opinion on all USG films, rather than deciding the case based on one-sided submissions of the Complainant when the OP was not present and was unheard.
- The Complainant reiterated his allegations and submitted that it was gross negligence on the part of the OP, who gave a wrong USG report.
- Perused the impugned Order of the State Commission, wherein it has *inter alia* been observed as below:
 

“13. The Sonography Report of BSR Diagnostics Centre, Raipur was given by Dr. R.N. Verma, M.D. Consultant Radiologist on 12.05.2015, the report was



given by Vidya Hospital & Kidney Centre on 20.05.2015 and the report was given by the O.P. on 19.05.2015. The reports dated 12.05.2015 and 20.05.2015 were given by two different hospitals and the presence of stone in left kidney of the complainant, is confirmed by the above reports. The sonography report dated 19.05.2015 issued by the O.P. did not show presence of calculus / stone in the left kidney of the complainant. Looking to the reports of BSR Diagnostics Centre and Vidya Hospital & Kidney Centre, the report issued by O.P. is erroneous and certainly the O.P. has committed negligence while conducting sonography of the complainant. These two reports show presence of stone in the left kidney of the complainant. The report issued by the O.P. did not show presence of stone in the left kidney of the complainant. In these circumstances, it can safely be presumed that the complainant has suffered mental agony, therefore, the complainant is entitled to get compensation from the O.P.”

11. The three USG reports on record have been perused. It is noted that:
  - (a) USG done at BSR Pathology, Raipur dated 12.05.2015 showed “**Left Renal Stone**”. And the X-Ray KUB was “No Left Renal Stone”.
  - (b) USG done at Ramkrishna Hospital, Raipur dated 19.05.2015, reported by OP that no obvious abnormality “**No Left Renal Stone**”.
  - (c) USG done at Apollo Diagnostic Centre, Raipur dated 21.05.2015 showed “**Left Lower Ureter Stone**”
12. Medical literature and standard textbooks on Radiology have been gone through. The USG of renal stone detection involves different misinterpretations, as for example:
  - (a) Few calcifications along the corticomedullary junction appear as stone and a few sonologist mention it as renal stone;
  - (b) Prominent vascular markings along the renal calyx appear as white spots in USG imaging and may be misinterpreted as renal stone;
  - (c) Sometimes few prominent mucosa with fatty tissue within renal pelvicalyceal system appears as white spots in USG imaging and may be misinterpreted as renal stone;
  - (d) Renal Stone can disappear earlier which depends on the type of material within e.g. calcium is dominant it disappear within hours or days.
  - (e) Renal stones can appear earlier which depends on the type of material within e.g. calcium granules can appear within hours or days.
  - (f) Renal abdominal pain has many causes not only renal stone is responsible for that always.
13. It is pertinent to note that the OP was wrongly proceeded against ex-parte before the State Commission, even though the service of the notice upon him was not effected since the OP had by that time already left the hospital. The cause of



action arose on 21.05.2015, when the last USG was conducted, but the Complaint was filed before the State Commission on 01.07.2017, which was beyond the two-year limitation period prescribed under Section 24A(1) of the Act, 1986. The Complainant did not file any application for condonation of delay. As such sufficient cause to condone the delay under Section 24(A)(2) was not shown at all. Despite this, the State Commission went ahead to entertain the Complaint without attempting to see whether the same was within limitation or beyond. A mere perusal of the prayer clause of the Complaint shows that on the face of it itself an exaggerated claim was made without any justification given.

14. The OP is a qualified Radiologist, having post graduate degree, MD (Radiology), and having extensive experience in performing USG of abdomen. There are certain limitations in USG. Sometimes the renal calculi are not visible due to intestinal gases shadows in the abdomen, sometimes stones even pass out through urine. Even the best of Radiologists cannot be better than the machine used for the USG, he cannot improve on the technical soundness or advancement of the machine available at his command. The more advanced a machine, the more precise is its report. However, not every hospital can afford the latest state of the art machines. And the Radiologist has to function with the machine available to him. Pertinently, an advanced Apollo Diagnostic possesses USG 730 (GE) Machine having Advanced Live 4-D Voluson, which has more precision and accuracy, was used in the USG cited at (c) in para 11 above, in which left lower ureter stone was detected.
15. The State Commission appears to have hastily arrived at its findings of medical negligence on the part of the OP, without examining to the requisite depth, the limitations and technicalities of USG, and without taking independent expert opinion on the subject where experts in the field could have thrown light from standard medical literature and brought forth limitations of the level of advancement of the machine used for imaging. As such its appraisal cannot sustain.

On the basis of the entire material on record and the critique made hereinabove no negligence is attributable to the OP Dr. Hulesh Mandle.

It is apparent that the instant Complaint was filed by the Complaint with wrong current address of the OP, beyond limitation, with highly inflated claim. The same, being bereft of any substance, being frivolous and vexatious, merits dismissal with cost of Rs. 10,000/- contemplated for such Complaints under Section 26 of the Act, 1986, to be deposited in the Consumer Legal Aid Account of the State Commission within six weeks from this Order.

The impugned Order of the State Commission is set aside. The Appeal succeeds.

**DR. S.M. KANTIKAR**  
**PRESIDING MEMBER**



## “Asthma Care for All”

Now as we are going to celebrate world Asthma Day (on May 2, 2023) which is organized by the Global Initiative for Asthma (GINA); WHO collaboration. GINA has chosen “**Asthma Care for All**” as the slogan theme for the world Asthma Day. GINA publishes guidelines for the management of Asthma and which is considered as Gold Standard in the management of Asthma.

The classic sign and symptoms of Asthma are intermittent dyspnea, cough and wheezing. Although typical of Asthma, these symptoms are nonspecific, making it sometimes difficult to distinguish Asthma from other respiratory diseases. The definitive diagnosis of Asthma includes history, physical examination, Pulmonary Function Testing and other laboratory evaluations. Asthma may develop at any age. While it is a common disease in childhood, many children experience a remission of Asthma symptoms around the time of puberty; with potential recurrence years later. Adolescents and adults, who present with “new” symptoms may have a history of Asthma symptoms or diagnosis in childhood. However, some studies suggest that Asthma is late onset in around half of the adult with Asthma. As symptoms of Asthma are very similar to many cardiac diseases.

### Certain history features lessen the probability of Asthma

- Lack of improvement following antiasthmatic medications and lack of dramatic improvement with a course of oral glucocorticoids.
- Onset of symptoms after age of 50, We have to look for other respiratory disease like Interstitial Lung Disease and Cardiovascular disease.
- Concomitant symptoms such as chest pain, light headedness, syncope or palpitations suggest an alternative diagnosis such as pulmonary vascular disease, cardiomyopathy and early coronary artery disease.

### Evaluation in suspected Asthma

**Spirometry:** In which a maximal inhalation is followed by a rapid and forceful complete exhalation into a spirometer. Reduction in ratio of Force Expiratory



Volume in one second to Forced Vital Capacity is diagnostic of airflow obstruction and it is usually classified as Mild, Moderate and Severe category. Acute reversibility of airway obstruction is tested by administering 2 to 4 puffs of a short acting bronchodilator like Salbutamol.

**Peak flow meter:** Peak expiratory flow rate is measured during a brief, forceful exhalation using simple and inexpensive device at home. Patient can record it by own without anybody's assistance and can keep a record, which is useful for understanding control of Asthma.

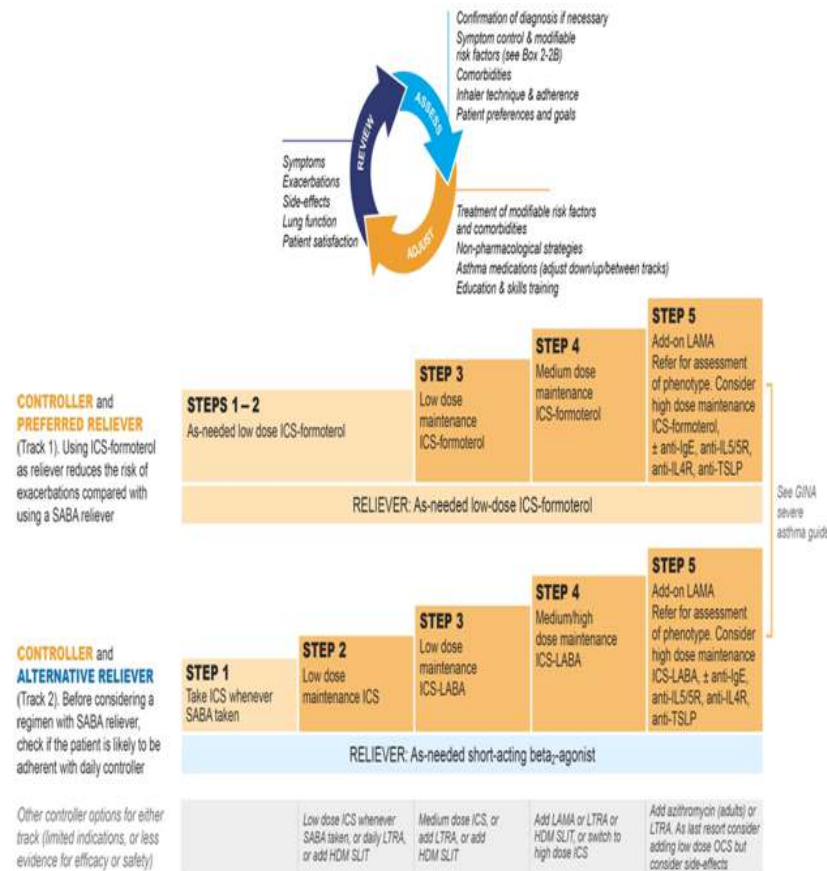
**FENO:** The measurement of nitric oxide in a patient's breath can aid in the diagnosis of Asthma in combination with other tests, but a normal level does not exclude Asthma. The test is based on the observation that eosinophilic airway inflammation associated with asthma leads to up regulation of nitric oxide synthesis in respiratory mucosa, which in turn generates increased amount of nitric oxide gas in the exhaled breath. The concentration of nitric oxide (FENO) in the exhaled breath of some persons with asthma is elevated above the levels found in normal individuals. An elevated FENO ( $\geq 40$ -50 parts per billion) can help “rule in” Asthma.

**Impulse oscillometry:** Impulse oscillometry is a noninvasive and rapid technique requiring only passive cooperation by the patient. Pressure oscillations are applied at the mouth to measure pulmonary resistance and reactance. It is employed by health care professionals to help diagnose pediatric pulmonary disease such as asthma and cystic fibrosis; assess therapeutic responses; and measure airway resistance during provocation testing.

**Test for Allergy:** Allergy tests are not useful for the diagnosis of Asthma, but they can be helpful to confirm sensitivity to suspected allergic triggers of respiratory symptoms and to guide ongoing management of Asthma. The Allergic testing is done in moderate to severe Asthma patients who remain uncontrolled despite conventional therapy. Other useful blood tests are Total Ig E level, Ig E specific to particular allergen and Ig E specific to Aspergillus.



## GINA guideline for the management of Asthma



### Severe Asthma Management

Despite optimum treatment some of the patients continue to be symptomatic. Severe Asthma that is uncontrolled despite adherence with maximal optimized therapy and treatment of contributory factor or that worsens when high dose treatment is decreased.

There are several new biological agents are introduced particularly for severe or uncontrolled asthma at step 5 of Asthma management guidelines. A biologics is a medication made from the cells of a living organism such as bacteria or vice that is then modified to target specific



molecules in human. For Asthma the target are antibodies, inflammatory molecules biologics work to disrupt the pathways that lead to inflammation that causes Asthma symptoms.

**Anti Ig E therapy: Omalizumab** (Humanized monoclonal anti Ig E antibody) is indicated as add on therapy to improve Asthma control in adult and adolescent patients with severe persistent allergic symptoms.

**Anti IL -4/IL-13 Therapies: Dupilumab** is indicated as add on maintenance therapy for severe Asthma with type 2 inflammation in adults and adolescents aged 12 years older who are inadequately control with high dose corticosteroid. The dosage is 600mg initially followed by 300mg every fortnight.

**Anti IL 5 Therapy: Mapolizimab** which is recommended in severe asthma with eosinophilia is commercially available. Other Anti IL 5 biological molecules are **Reslizumab** and **Benralizumab**.

### Goals of Asthma Treatment

The goal of asthma treatment ate to reduce impairment from symptoms, attenuate the risk of adverse outcomes associated with asthma (eg, hospitalizations, loss of lung function), and minimize adverse effects from asthma medications. Patients education plays a crucial roal in asthma control and quality of life.

**Dr. Nitesh K Shah**

Senior consultant pulmonologist  
Ahmedabad

\* \* \* \* \*

**DISCLAIMER**

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



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

02-04-2023 Dr. Anil J. Nayak, Hon. Secretary General IMA HQ, Dr. Mahavirsinh M. Jadeja, President, IMA-GSB, Dr. Bipin M. Patel, Chairman PPS. IMA GSB, Dr. M.R. Kanani, Past President IMA GSB, Dr. Atul D. Pandya, Past National Vice President IMA HQs and Past President IMA GSB and Dr. Kamlesh B. Saini, Editor, GMJ IMA GSB were present regarding Installation Ceremony with leaders of IMA HQs and IMA Gujarat State Branch at Rajkot.

\* \* \* \* \*

### OBITUARY

We send our sympathy & condolence to the bereaved family

Dr. Patel Shamin V.	23-12-2022	Gandhinagar
Dr. Shah Aruna A.	03-01-2023	Ahmedabad
Dr. Dave Nila H.	31-01-2023	Ahmedabad
Dr. Patel Zaverbhai M.	04-02-2023	Ahmedabad
Dr. Babar Veerendra H.	05-02-2023	Vadodara

We pray almighty God that their souls rest in eternal peace.

\* \* \* \* \*

### Attention Advertisers

- \* You are requested to send your matter for advertisement in I.M.A.G.S.B. New Bulletin before **15th of Every month.**
- \* Your advertisement matter has to be **ready to print format or at least matter** has to be in printed form.
- \* In case of hand written matter, publisher will not be responsible for any kind of printing error.



### NEW LIFE MEMBERS

#### I.M.A. GUJARAT STATE BRANCH

We welcome our new members

L_M_No.	NAME	BRANCH
LM/33969	Dr. Patel Tejas Jagdishbhai	Anand
LM/33970	Dr. Prabhakaran Anusha M.C.	Anand
LM/33971	Dr. Patel Jeet Janakbhai	Bilimora
LM/33972	Dr. Patel Nilay Nitinkumar	Navsari
LM/33973	Dr. Patel Vikas Ramanbhai	Navsari
LM/33974	Dr. Patel Bhoomika Mulchandbhai	Navsari
LM/33975	Dr. Pambhar Vivek Narendrabhai	Rajkot
LM/33976	Dr. Doshi Dharmil Vipulbhai	Rajkot
LM/33977	Dr. Goswami Rudra Ketanbhrathi	Rajkot
LM/33978	Dr. Patel Nehal Raghubhai	Rajkot
LM/33979	Dr. Sirja Nirav Arvindbhai	Rajkot
LM/33980	Dr. Dhindora Pooja Kirtikumar	Rajkot
LM/33981	Dr. Ladani Pranav Harsukhbhai	Rajkot
LM/33982	Dr. Tajpara Binaka Santilal	Rajkot
LM/33983	Dr. Kaliya Mehul Gopalbhai	Rajkot
LM/33984	Dr. Rathod Mittal Chaturbhai	Rajkot
LM/33985	Dr. Pathak Chaitali Ranajitkumar	Anand
LM/33986	Dr. Patel Tejasvi Milap Kumar	Vadodara
LM/33987	Dr. Bansal Akanksha Mukeshbhai	Vadodara
LM/33988	Dr. Rathwa Sanjay Somsingbhai	Vadodara
LM/33989	Dr. Rathwa Pratiksha Kanubhai	Vadodara
LM/33990	Dr. Desai Archan Hiteshbhai	Vadodara
LM/33991	Dr. Shah Kesha Chetanbhai	Vadodara
LM/33992	Dr. Patidar Anup Mohanbhai	Ankleshwar
LM/33993	Dr. Memon Vasim Iqbal	Ankleshwar



### BRANCH ACTIVITY

#### AMRELI

- 12-04-2023 CME on "Diabetes and CKD" by Dr. Mayur Makasna.  
"Approach to Thyroid dysfunction" by Dr. Sagar Barasara.

#### BHAVNAGAR

- 07-04-2023 World Health day (Samarpan Divas) did different activities for Public Health Awareness and tribute to all Corona Warriors and seminar on Staff Training for bio medical waste management.

#### DEESA

- 10-03-2023 CME on "Discussion was Thyroid disorders and Pregnancy perspectives" by Dr. Sandeep Agrawal.
- 24-03-2023 World TB Day. TB Treatment Awareness by means of play cards and slogans on bicycle with Two Group of cyclists for joining and helping for spreading awareness on Tuberculosis.
- 07-04-2023 World Health Day.  
CPR Training with hands on training practically by all present there.

#### DEVGADHBARIA

- 25-02-2023 Organised International Sickle Cell Conference for doctors and patients.  
"Fundamental Learning of Sickle Hemoglobin" by Dr. Graham Serjeant.  
"Approach to a Case of Sickle Cell" by Dr. Jyotish Patel.

#### GANDHIDHAM

- 12-02-2023 Thalesemia Detection Camp. Total 124 sample were collected in association with Red cross and Rotary Club.
- 04-03 to 24-03-2023 Blood Donation Camp. Total 512 Units were collected.



#### KAPADWANJ

- 12-03-2023 CME on "Recent advances in Cancer Patient Management" by Dr. Nahush Tahiani and Dr. Supreet Bhatt.
- 28-03-2023 "Interesting cases in critical care" by Dr. Yogesh Vaghela and Dr. Hitesh Patel.

#### MEHSANA

- 22-03-2023 CME on the occasion of World Tuberculosis Day talk by Dr. Anuj Parmar.  
"Role of BAL in sputum negative TB" by Dr. Nihar Patel.  
More than 100 doctors were attended the CME.
- 07-04-2023 World Health day. A walkathon of 5kms in Public Health Awareness and observed the day as "IMA Samarpan Divas. More than 100 doctors had participated with IMA Banners.
- 12-04-2023 "Antiplatelet therapy in clinical practice" by Dr. Gaurang Patel.  
"Vadaver organ transplant and brain death" by Dr. Maulik Patel.

#### MORBI

- 03-03-2023 CME on "Pneumonia in Children and RS Infection in OPD Practice" by Dr. Ramesh Bajania.
- 05-03-2023 Free sugar and ECG medical check up camp. Total 54 patients were benefited.  
Health awareness lecture by Dr. Bhavesh Parmar. Total 85 peoples were attended.
- 10-03-2023 "What next when Oral ovulogen fails" by Dr. Rita Hingrajia and Dr. Kinjal Kanani.  
"Updates in paediatric Surgery" by Dr. Amit Sitapara.





- 15-03-2023 School Health Checkup camp. Total 120 students were benefitted.
- 19-03-2023 Free Health Checkup camp. Total 56 patients were benefitted,
- 23-03-2023 Seminar on menopause and its management by IMA Morbi and Dr. Hemaben Aghara. Total 260 peoples were benefitted.
- 29-03-2023 Resuscitation seminar. Total 150 people were benefitted.

#### **PALANPUR**

- 06-03-2023 CME on “Compression only Life Support Seminar and hands on thriving for factory workers in ishedu oil mill” by Dr. Jignesh D. Patel.
- 07-04-2023 World Health Day.

#### **PALITANA**

- 12-03-2023 CME on “ Neuro Intervention for CV Stroke, recent development” by Dr. Vitdhal Rangarajan and Dr. Akash Shridharani.

#### **RAJKOT**

- 07-04-2023 Celebration of Samarpan Divasd – World Health day.
- 12-04-2023 Felicitation programme of Dr. Sharad kumar Agarwal, National President IMA HQs., Dr. Shitij Bali, Hon. Finance Secretary, IMA HQs., Dr. Anand Prakash, Hon. Joint Secretary, IMA HQs. and Dr. Pradeep Singh, Vice chairman, IMA Standing Committee.



## **INDIAN MEDICAL ASSOCIATION**

### **GUJARAT STATE BRANCH**

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- ◆ **National Social Security Scheme**
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- ◆ **Health Scheme**
- ◆ **C.G.P. I.M.A. G.S.B.**
- ◆ **Academy of Medical Speciality**
- ◆ **Hospital Board of India**



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

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 March-2023 in addition to their routine work. These are as under :

01-03-2023 to 31-03-2023 : Intra domestic house to house survey  
by the centers of Ahmedabad

Rander - Surat : Children 40 Vitamin A solution were distributed

Nanpur - Surat : Mothers : 800 Iron Tablet,  
Children 20 Vitamin A solution were distributed

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

#### MARCH 2023

No.	Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi (Jamalpur Ward)	1220	425	1645
(2)	Behrampura (Sardarnagar Ward)	1615	1363	2978
(3)	Bapunagar (Potalia Ward)	3256	537	3823
(4)	Dariyapur (Isanpur Ward)	2570	581	3151
(5)	Gomtipur (Saijpur Ward)	3061	432	3493
(6)	Khokhra (Amraiwadi Ward)	2722	372	3094
(7)	New Mental (Kubernagar Ward)	1839	286	2238
(8)	Raikhad (Stadium Ward)	610	183	793
(9)	Wadaj (Junawadaj Ward)	1587	187	1774
(10)	Junagadh	-	-	-
(11)	Rander-Surat	-	-	-
(12)	Nanpura-Surat	-	-	-
(13)	Rajkot	0	0	0



#### MARCH 2023

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	36	—	47	25500 Nos.	711 Pkt.
(2)	Behrampura (Sardarnagar Ward)	19	—	35	8050 Nos.	1318 Nos.
(3)	Bapunagar (Potalia Ward)	17	—	32	12903	306
(4)	Dariyapur (Isanpur Ward)	27	—	60	16575 Nos.	760 Pkt.
(5)	Gomtipur (Saijpur Ward)	10	—	25	9225 Nos.	625
(6)	Khokhra (Amraiwadi Ward)	36	—	46	2980 Nos.	2950 Pkt.
(7)	New Mental (Kubernagar Ward)	04	—	34	21270	729
(8)	Raikhad (Stadium Ward)	33	—	45	9000	712
(9)	Wadaj (Junawadaj Ward)	09	—	22	7000	3050
(10)	Junagadh	16	—	41	6700 Nos.	171
(11)	Rander-Surat	13	—	37	2110 Nos.	16 Pkt.
(12)	Nanpura-Surat	03	—	47	915 Nos.	56 Pkt.
(13)	Rajkot	0	0	0	0	0



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Effective & Fast Communication**



**INDIAN MEDICAL ASSOCIATION  
GUJARAT STATE BRANCH**

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