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

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IMA Flag Salutation

IMA Flag Salutation (Live to Serve)

Any meeting of IMA shall start with IMA Prayer.
One of the office bearers should lead the Prayer.

We, The members of the Indian Medical Association stand here to salute our National Flag.

Its honour and glory shall be our light and strength and its course shall be our course.

We pledge our allegiance to it and realizing our responsibilities as the accredited members of this national organisation,

We swear,

We will dedicate everything in our power to see it fly high in the comity of nations.

Jai Hind!

IMA Prayer

IMA Prayer(Live to Serve)

Any meeting of IMA shall start with IMA Prayer.

One of the office bearers should lead the Prayer.

MAY EVERYBODY BE HAPPY

MAY EVERY ONE OF US SEE TO IT

THAT NOBODY SUFFERS FROM ANY PAIN OR SORROW

I DO NOT ASK FOR CROWN NOR I WISH TO BE IN HEAVEN OR REBORN

I ONLY WANT TO ALLEVIATE THE SUFFERING OF THOSE PEOPLE

WHO ARE BURNING IN FIRE OF SORROW.

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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STATE PRESIDENT'S MESSAGE

માનું છું પ્રથમ શબ્દને તોલી લઈએ,
ક્ષણભરનું મિલન છે જરા બોલી લઈએ,
ઓછો છે સમય, આંખને વાચા આપી,
'આદિલ' આ મિલન કેફમાં ડોલી લઈએ.

મિત્રો,

આજે મારે પ્રમુખ સ્થાનેથી માત્ર અંતરની લાગણીઓ પ્રદર્શીત કરવી છે, અને સમાજના સ્વાસ્થ્ય ની ચિંતા કરતા વિષય માં આપ સર્વે મારી સાથે સહભાગી થાવ એવી અંતરથી પ્રાર્થના.

મારી પ્રથમ લાગણી એ છે કે **IMA-GSB** ની તમામ બ્રાંચ કાર્યક્રમની શરૂઆત **IMA Prayer** થી કરે, અને આ દિવ્ય પ્રાર્થના માત્ર કંઠસ્થ કે હૃદયસ્થ નહી આત્મસ્થ કરે અને જીવનમાં ઉતારે.

મિત્રો, મારી બીજી લાગણી એ છે કે તબીબી વ્યવસાય ને સમાજમાં ભગવાનની સમકક્ષ સ્થાન મળતુ રહ્યું છે અને આ આપણા વટવૃક્ષ સમા સીનીયર તબીબોના વાણી-વર્તણુક અને સમાજીક અભિગમ રૂપી તપને કારણે જ શક્ય બન્યુ છે, તો આપણે આપણા વડીલોની 'વડીલ વંદના' કરીએ, એ અન્વયે ૭૦ અથવા તેનાથી ઉપરના ડૉકટરોના સન્માન કાર્યક્રમ યોજી શકાય અથવા અન્ય કાર્યક્રમની શરૂઆત આ વડીલ વંદના થી થઈ શકે. જે બ્રાંચમાં વડીલ તબીબો ન હોય તો કોઈ મુઠી ઉચેરા સમાજના સર્વગ્રાહી માણસોનું પણ સન્માન કરી શકાય.

મિત્રો મારા છેલ્લા દશ વર્ષનું અવલોકન છે કે મેડીકલ કોલેજ કે અન્ય ઉચ્ચશિક્ષણ સંસ્થાના વિદ્યાર્થીઓ માં આત્મહત્યાનું પ્રમાણ ભયજનક રીતે વધ્યું છે આ આત્મહત્યા થતી માત્ર વ્યક્તિની ખોટ નથી પડતી પણ સમાજને બુધ્ધીજીવી યુવા ધનની મોટી ખોટ પડે છે. આ અંગે આવનારા દિવસોમાં સંપૂર્ણ વૈજ્ઞાનિક અભિગમથી કંઈક આ વિષયમાં નક્કર કરવાનો નીર્ધાર છે.

આપ સૌની વંદન સહ.....

ડૉ. અતુલ પંડ્યા
(પ્રમુખ, ગુજરાત બ્રાંચ)

HON. STATE SECRETARY'S MESSAGE

Dear Members,

At the outset My best wishes to all of you for the new year 2016.

I'm thankful to to all of you, all state council members and all seniors and my mentors at IMAGSB for electing me as Hon Secretary of this prestigious Association for 3rd consecutive year & putting trust on me.

On behalf of all members, I would like to congratulate Immediate Past President Dr Chetan Patel for successfully completing his tenure & achieving National Award as Best Adjudged State President for last year. I also congratulate IMA Vadodara Branch for excellent organization of GIMACON 2015. My best wishes to Newly elected President Dr Atul Pandya for his upcoming tenure.

Friends, as you all are very well aware about recently popular word "Intolerance ." But I have totally different views about it as far as medical fraternity concerns. We doctors are so much tolerant that inspite of so many issues and policies created by different health authorities which are obviously illogical and unjustified to our fraternity. And still we tolerate all those without any external resistance or opposition. At the same time at many places where I think we need to be tolerant, we exhibit intolerance. At this juncture, I humbly request all of you, that it's high time to get united to fight for our rights and against injustice toward our fraternity. Please please please, don't think that others will do & if I am not participating, there won't be any difference. It's a call from fraternity for our own future not anyone else.

We have organized Young Doctors' Convention at Ahmedabad for active involvement of new generation into activities of Association. As the scenario is changing very fast and we need to change ourselves accordingly.

I request all members to spare atleast 30-40 minutes a month to have a look at our monthly bulletin. You will come to know about our activities as well as through different advertisements, you may come to know so many newer things coming to world.

At the end, we need your constant support, guidance and feedback for successful administration of our beloved Association & monthly bulletin.

Jay Hind, Jay IMA.

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

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INDIAN MEDICAL ASSOCIATION

New Delhi (Hqs)

Dear Members,

The first meeting of "Inter-ministerial committee headed by Add. Secretary for health on issues raised by IMA" was held at Nirman Bhavan, New Delhi on 8th December 2015, where apart from IMA representatives, representatives of MCI, Joint Secretaries of departments of Health, home affairs, law ministry and consumer affairs ministry participated. The discussion went on for four hours.

IMA could very strongly put forward our demands to a convincing level on

1. **Central act for prevention of assault on doctors and health institutions**

   There was general agreement that when so many avenues for redressal of grievance of patients and relatives are available like consumer courts, civil courts, criminal courts, human rights commission, women's commission, MCI and others, taking law into one's own hand and assaulting medical men and their institutions cannot be tolerated. For the question as to the need for a central act, we could convince the committee that unless there is amendment to the CrPC and police manual through a central act, the state acts could still be weak and ineffective. A draft act on prevention of attack on doctors and clinical establishments was also submitted

2. **Capping of compensation**

   IMA put forward the view that capping is not a new concept, this is existing in countries like United States, UK, Australia and others. Even in India there is capping as far as compensation is concerned in sterilisation failures and related deaths, deaths due to natural calamities, plane crash/ train accidents, death occurring in the course of clinical trials etc. On many instances the compensation is awarded on emotional grounds, sometimes using multiplier method. Even the multiplier method used in MACT compensation cannot be applied on the medical field because the earning capacity of a patient definitely will be gradually less and less because of his illness, even his longevity of life will be affected; hence instead of multiplier method a calculation on the basis of diminishing earning capacity can only be used.

IMA also demanded that a legal audit has to be done just like medical audit is being done so that mistakes once committed by the judiciary is not being repeated

An arbitration in deciding the compensation will be a better solution in terms of deciding the quantum of compensation and faster justice (even in consumer commission, it takes years for a final verdict)

Although the provision for penalty for frivolous complaints exists, it is never awarded and amount also is very inadequate. The penalty amount should be proportionate to the claim.

3. BSc Community Health/ Posting of AYUSH Doctors in modern medicine institutions/Prescription of modern medicine drugs by other systems

IMA put forward the strong argument that the health parameters are better in countries where the ratio of total health workers including doctors to population is higher. In India, the proportion of doctors per population is higher than in most developing countries. But the total health manpower is less. This definitely points to the need to have more nurses, health workers and field staffs rather than doctors. So the government move to post AYUSH doctors in sub centres and PHCs will be counter-productive. The responsibility of the doctor at the primary health center is 70% preventive and only 30% curative. He is a team leader to oversee health awareness education, implementation of immunisation, sanitation, nutrition, personal hygiene etc. This cannot be done by AYUSH doctors who don't have exposure to modern medicine. Moreover the role of modern medical doctors cannot begin at community health centre or taluk hospital level. The best opportunity to prevent diseases and also early detection of disease for better cure is lost by this move. Hence IMA strongly put forward the view that posting AYUSH doctors at PHC and sub centres will be injurious to public health.

Many court verdicts are available which bans modern medicine drug prescription and practise of modern medicine by AYUSH doctors. Medical council of India Act also prevents doctors of other systems of medicine from prescribing modern medicine. A short course or bridge course to facilitate AYUSH doctors to prescribe modern medicine can only lead to more of iatrogenic complications.

4. PCPNDT Act

While IMA strongly support the government to punish doctors who do/aid/abet female foeticide, at the same time, IMA is equally strong in opposing award of same criminal punishment for non-compliance like mistakes in filling the forms, non-display of registration certificate, not keeping copy of the PCPNDT Act in the diagnostic centre etc. IMA could convince the committee that non compliance should only attract penalty.

Specialists like cardiologist, neurologist, emergency medicine doctors who use ultra sound should not be harassed and compelled to fill and maintain so many forms and registers which has to be done only by those who are doing obstetrical sonography

5. Clinical establishment act

IMA strongly demanded exclusion of single man clinic, family doctors and general practitioners from the purview of the CEA.

IMA quoted the recent NSS survey 2014 which pointed out that 40% of health care is being done by small and medium level hospitals. A promotive clause should be included in the act to sustain these hospitals even to the extent of having aided hospitals

IMA demanded that those hospitals which have entry level accreditation or above by NABH need only register under the act and need not undergo the entire accreditation process under the CEA

IMA demanded that clauses like stabilisation, having police personal in the district level committee, fixation and display of professional fees and procedural charges and the government itself coming out with treatment protocols, should be removed.

The representative of MCI strongly supported IMA's demands.

Team IMA anticipates a favourable outcome in a time bound manner on all these issues, but at the same time our preparedness for the national agitation at any time should continue

Regards

Dr. A.Marthanda Pillai
National President, IMA (HQs)

Dr. K. K.Aggarwal
Honorary Secretary General, IMA (HQs)

Dr. Atul D. Pandya
President, IMA-GSB

Dr. Jitendra N. Patel
Hon. State Secretary, IMA-GSB

NEW LIFE MEMBERS

I.M.A. GUJARAT STATE BRANCH

We welcome our new members

L_M_No.	NAME	BRANCH
LM/24842	Dr. Patel Dhruv Navinchandra	Unjha
LM/24843	Dr. Bhundya Sangeen Arvindbhai	Bhujkutch
LM/24844	Dr. Moga Ankit Hareshbhai	Amreli
LM/24845	Dr. Vala Devakiben Manubhai	Amreli
LM/24846	Dr. Madam Hamir Meramanbhai	Jamkhabhadia
LM/24847	Dr. Bhatt Ankita Samirbhai	Rajpipla
LM/24848	Dr. Bakrania Yagnesh Narendrabhai	Rajpipla
LM/24849	Dr. Patel Jayshree Pinakinbhai	Rajpipla
LM/24850	Dr. Shandilya Dharmendra	Rajpipla
LM/24851	Dr. Parikh Sonam Kushal	Surat
LM/24852	Dr. Mishra Ajay Jagatnarain	Surat
LM/24853	Dr. Mishra Dipti Ajaybhai	Surat
LM/24854	Dr. Dobariya Hasmukh Ravjibhai	Surat
LM/24855	Dr. Patel Rasesh Dineshchandra	Navsari
LM/24856	Dr. Patel Twinkle Hemantkumar	Navsari
LM/24857	Dr. Prajapati Chirag Baldevbhai	Mansa
LM/24858	Dr. Pokar Piyush Chnadubhai	Himatnagar
LM/24859	Dr. Chaudhari Sunil Dahyabhai	Mansa
LM/24860	Dr. Prajapati Hiren Babulal	Mansa
LM/24861	Dr. Prajapati Arpita Hirenbhai	Mansa
LM/24862	Dr. Patel Jignesh Prahladbhai	Bayad
LM/24863	Dr. Shah Madhavi Sanjivbhai	Valsad
LM/24864	Dr. Gohil Mehul Hamjibhai	Ahmedabad
LM/24865	Dr. Vaja Harish Muljibhai	Ahmedabad
LM/24866	Dr. Jain Anuj Girishbhai	Ahmedabad
LM/24867	Dr. Parikh Nisarg Pravinchandra	Ahmedabad
LM/24868	Dr. Parikh Sweta Nisarg	Ahmedabad
LM/24869	Dr. Chaudhari Bhoomika S.	Ahmedabad
LM/24870	Dr. Mehta Vipal Ambalal	Ahmedabad
LM/24871	Dr. Sutaria Vaibhav Natvarlal	Ahmedabad
LM/24872	Dr. Desai Anand Mahendrabhai	Ahmedabad
LM/24873	Dr. Desai Hemali Anandbhai	Ahmedabad
LM/24874	Dr. Joshi Piyush Narayanbhai	Ahmedabad
LM/24875	Dr. Joshi Vandana Piyushbhai	Ahmedabad

* * * * *

CONGRATULATIONS

- **Dr. O. P. Gupta ; Ahmedabad**

  Being awarded Indian College of Physicians (API) – Master Teacher award APA Honour for Excellence in Education field at Ahmedabad. Distinguished Services Award by RSSDI-2015 at Lucknow. Appointed as Honorary. Endocrinologist to the H.E. Shree O.P. Kohli , Hon'ble Governor of Gujarat.

- **Dr. Ashok M. Mehta : Vadodara**

  Has been elected as Member of the National Academy of Medical Sciences (India) in recognition of significant contribution for the advancement of Medical Sciences. He has been awarded the degree of MAMS for the same.

* * * * *

Office Bearers of Gujarat State Tuberculosis Association

2015-2016 & 2016-2017.

Chairman	:	**Dr. B.M. Soni**	Ahmedabad
Vice Chairman	:	**Dr. Mangalam V. Rathod**	Ahmedabad
	:	**Dr. Atul Pathakaji**	Ahmedabad
Hon. Secretary	:	**Dr. Ashok D. Kanodia**	Ahmedabad
Hon. Treasurer	:	**Dr. P. M. Parmar**	Ahmedabad

OBITUARY

We send our sympathy & condolence to the bereaved family

Dr. Shah Naresh Natvarlal	15-08-2015	Ahmedabad
Dr. Patel Pramilaben Maganbhai	28-09-2015	Ahmedabad

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

* * * * *

COMMUNITY SERVICE

AHMEDABAD

17-10-2015 Ladies Club Programme.

17-10-2015 AMA Senior Citizen Club Programme.

25-10-2015 RAS GARBA RANGAT at Sindur Party Plot.

31-10-2015 Ladies Club Programme.

04-11-2015 Ladies Club Programme.

09-11-2015 Dhanvantari Poojan Programme.

22-11-2015 Diwali Get together

01-12-2015 to

10-12-2015 Yoga Shibir

06-12-2015 National Healing Seminar – Cure is Possible.

13-12-2015 Seminar on Financial Awareness

13-12-2015 AMA Senior Citizen Club Programme.

13-12-2015 Medico's Listeners' Club Programme.

19-12-2015 Ladies Club Programme.

20-12-2015 IMA Young Doctors' Convention.

ANAND

10-10 &

11-10-2015 Leadership & Detox meet at Gurgaon.

13-10-2015 Made logo of Satyagraha & sent to the central IMA.

14-10-2015 Motivated all IMA Anand EC members for Satyagraha.

23-10-2015 Motivated all IMA Anand members for Satyagraha.

26-10-2015 Distributed rubber stamps and posters of Satyagraha to all members.

04-11-2015 Talk on Satyagraha at Nadiad IMA.

05-11-2015 Made video on Satyagraha.

06-11-2015 Sent pictures, slogans to IMA, National Headquarters.

07-11-2015 Article in local news papers regarding Satyagraha.

08-11-2015 Made an audio note for petition signing for Satyagraha.

Submitted memorandum to local MPs & MLAs regarding Satyagraha.

09-11-2015 Made video on signing the petitions for Satyagraha.

10-11-2015 Erected a Hoarding near Big Bazaar regarding Satyagraha.

Advertisement in Local News Papers about Satyagraha, National.

18-11-2015 Press Note in local News Papers regarding reason for postponement of Satyagraha.

JAMNAGAR

05-09-2015 Celebration Teacher's Day. To promote education and its advantages amongst village people.

20-09-2015 They Celebrated programme for Charity to Poor - Women's Wing IMA Jamnagar. A collection of non used clothes, shoes and household articles distributed.

02-10-2015 Gandhi Jayanti Celebration:

Swachhata Abhiyan. To promote cleanilness and hygiene amongst hospital people and community. The following events were carried out.

(a) Dustbin distribution.

(b) Waste management.

(c) Bio-waste education to hospital staff.

4/10/2015 Children Diagnostic and treatment Camp organized under the headship of Dr. Suresh Thaker – practicing paediatrician and Vice President IMA – Jamnagar.

11/10/2015 Free Ocular examination Camp.

Open House Panel Discussion.

Sensitization of Doctors on following topics :

(1) PCPNDT

(2) e Mamta

(3) SAM Children Management

13-10-2015 to

22-10-2015 MEGA NAVRATRI CELEBRATION. IMA-Jamnagar took the initiative to organize the 10 days mega navratri celebration for IMA family and friends.

04-11-2015 (1) IMA – Jamnagar representation in emergency meeting to implement policy and guidelines for safeguard against CCHF, Swine Flu, Dengue etc. Headed by the State Nodal Officer- Dr. Kamlesh Upadhdhya.

NADIAD

01-11-2015 Health & Fitness cycling activity for NMA members with their friends and family members around 21 km cycling ride was completed by 65 members. After the cycling ride, we had arranged one small talk on FRAX (Fracture risk Assessment score) assessment mobile application tool with 150 participants.

04-11-2015 There was a CME on cardiology at Bouleward resort. 82 doctors participated.

12-10-2015 We had a get together program for New Year at Red Cross building .

16-11-2015 We had conducted CAMP.

IMA Satyagrah project-For healthy India at Santram Mandir Nadiad. We have examined 250 patients.

22-11-2015 Workshop on Research Methodology at DDMM heart hospital. Total 42 delegates had attended that CME.

We had children's day celebration program by NMA ladies wing at Red Cross hall

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

DECEMBER-2015 / MONTHLY NEWS

MEHSANA

01-11-2015 Celebration of 4th International Day of Radiology.

Celebration of 120th Day of Invention of X ray.

Dr. Bhujang Pai & Dr. Bipin Shah from Mumbai delivered the scientific deliberation focussing on Radiology in

1) ICU and ICCU 2) Paedatric &

3) Orthopaedic disciplines,

over and above General Radiology.

22-11-2015 Diwali Get Togather Family Event

MORBI

01-11-2015 Camp for Orthopaedic and Ophthalmology OPD by Dr. Sukalin and Dr. Krupa Sukalin Patel of Rotary Club. Total 144 patients got benefit.

08-11-2015 Camp under "Aao gao Chalen". Total 180 patients got benefit of orthopedic and ophthalmic opd service.

Camp of Orthopedic and Ophthalmology OPD by Dr. Sukalin and Dr. Krupa Sukalin Patel. Total 78 patients got benefit.

14-11-2015 Diabetes diagnostic camp at Jetpur PHC by IMA Morbi branch and Dr. Chirag Aghara. Total 80 patients got benefit.

22-11-2015 Diagnostic camp at Old Age Home (Vridhdhashram) by IMA Morbi branch and Dr. Chirag Aghara. Total 65 patients got benefit.

22-11-2015 Diwali Snehmilan programme for IMA Families.

NAVSARI

04-12-2015 CME on Vitamin D.

RADHANPUR

10-08-2015 Arrange camp for diabetic & Hypertension Screening. About more than 3 hundred cases attended, few cases detected were advised follow up & given diet instructions also.

BRANCH ACTIVITY

AHMEDABAD

17-10-2015 "Advances in Hip Replacement & Knee Replacement" by Dr. Dimple Parekh.

18-10-2015 "Child Psychiatry-Basic-Comprehensive Orientation" by Dr. Ratna Bilwani.

AMRELI

17-11-2015 "Rifaximin in IBD and He" by Dr. Venkal Krishnan H. Iyer

JAMNAGAR

27-09-2015 "Oncology" by Dr. Chetan Mehta and Dr. Bhargav Trivedi

"Management of Cancer of Oesophagus and Lung" by Dr. Rajesh Mistry.

"Carcinoma Breast" by Dr. Mandar Nadkarni.

"Robotic Surgery: The Science for Today and Tomorrow" by Dr. Yuvraj T.B.

11-10-2015 "Infectious Diseases & The Govt. Updates" by Dr. Nitin Rathod and Dr. Mezabeen Hirani.

"Influenza A - H1N1 Protocol" by Dr. S.S. Chaterjee

"Approach to fever patient" by Dr. B.T. Goswami

"Scenario of Influenza A – H1N1 in Jamnagar" by Dr. A.G. Bathvar

"State instruction for Influenza A – H1N1" by Dr. M.M. Lakhani

"Global update on Polio & the newer vaccines" by Dr. Vinay Kumar

"Dengue update" by Dr. A.G. Bathvar

JETPUR

07-10-2015 A speech on "Gastroesophageal Reflux Disease" by Dr. Chintan Kansagara.

04-11-2015 A speech on "Why N.T. Scan?" by Dr. Rita Hingarajiya.

A speech on "Fertility Surgery" by Dr. Pravin Kanani.

25-11-2015 A speech on "Hypoglycemia-A critical factor" by Dr. Vidyut Shah

A speech on "Time to do more in Type-2 Diabetes Mellitus" by Dr. J.K. Nanavati.

28-11-2015 A speech on "Update on Luekemia" by Dr. Amit Jetani.

02-12-2015 A speech on "Review of Canagliflozin (A novel SGLT2 inhibitor for Type-2 Diabetes Mellitus)" by Dr. T.K.M. Easwar.

MORBI

06-11-2015 "Current trends in management of Cancer patient" by Dr. Gaurang Modi

"ABPM - Ambulatory Blood Pressure Monitoring" by Dr. Rakesh Patel

* * * * *

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.

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

29-11-2015 to 01-12-2015 : Migratory Polio Round the centers of Ahmedabad

Rander - Surat : Mothers - Iron : 1680 tables distributed & Vitamin A solution was given to 16 children.

Nanpura - Surat : Mother - Iron : 2250, Children - Calcium : 1500 tablets were distributed & Vitamin A Solution was given to 40 Children.

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

NOVEMBER - 2015

No.	Name of Center		New Case	Old Case	Total Case
(1)	Ambawadi	(Jamalpur Ward)	1191	416	1607
(2)	Behrampura	(Sardarnagar Ward)	1766	492	2258
(3)	Bapunagar	(Potalia Ward)	1976	608	2584
(4)	Dariyapur	(Isanpur Ward)	1074	175	1249
(5)	Gomtipur	(Saijpur Ward)	1737	486	2223
(6)	Khokhra	(Amraiwadi Ward)	2642	603	3245
(7)	New Mental	(Kubernagar Ward)	764	179	943
(8)	Raikhad	(Stadium Ward)	441	217	658
(9)	Wadaj	(Junawadaj Ward)	1092	205	1297
(10)	Khambhat		—	—	—
(11)	Junagadh		----	----	----
(12)	Rander-Surat		----	----	----
(13)	Nanpur-Surat		----	----	----
(14)	Rajkot		601	327	928

NOVEMBER : 2015

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	32	—	48	15060	806P
(2)	Behrampura (Sardarnagar Ward)	15	---	50	10080	1299
(3)	Bapunagar (Potalia Ward)	36	—	62	14460	327P
(4)	Dariyapur (Isanpur Ward)	20	—	31	12550	1455P
(5)	Gomtipur (Saijpur Ward)	26	—	38	31375	1147P
(6)	Khokhra (Amraiwadi Ward)	28	---	47	12350	241
(7)	New Mental (Kubernagar Ward)	21	---	39	12810	419
(8)	Raikhad (Stadium Ward)	35	---	37	9702	1214
(9)	Wadaj (Junawadaj Ward)	17	—	85	16000	1748
(10)	Khambhat	----	—	----	----	----
(11)	Junagadh	24	—	22	3000	242
(12)	Rander-Surat	25	—	21	650	37P
(13)	Nanpura-Surat	22	—	58	2750	110P
(14)	Rajkot	23	01	55	550	286

IMA VADODARA GIMACON 2015 CONFRENCE REPORT

"Be positive, honest, plan long tern and follow your own path and you will be able to achieve your goal". This is what we have achievedat IMA Vadaodara.

Indian Medical Association, Vadodara branch is a very old branch established in 1939. At the Managing Committee Meeting held on 10th October 2014, it was unanimously decided to host the 67th Annual conference of Indian Medical Association, Gujarat State Branch at Vadodara. We know that to host a State Level Conference is an arduous task. Even then, the office bearers and all the members of Managing Committee were firm about it.

In the State Council Meeting held at Ahmedabad, our request to host the 67th Annual Conference was accepted. IMA Vadodara is thankful to all the State Council Members especially Hon. State Secretary Dr. Jitendra Patel.

At our General Body Meeting held on 20th November 2015, we selected Dr. Jagdish N. Patel as Chairman and Dr. PareshGolwala as Organizing Secretary. We also selected. Dr. Suresh P. Amin & Dr. Satish N Shah as Organizing Co-chairmen and Dr. PareshMajmudar and Dr. Atul Shah as Organizing Joint Secretaries. We have a veteran, past president of IMAGSB Dr. MayankBhatt with us as Chairperson, Reception Committee. The Chairmen, co-chairmen & members of various committees were selected according to their individual abilities & interest.

The Organizing Committees initially met once in a month, and then subsequently every Wednesday. All the decisions have been taken unanimously. In each meeting more than 50 members remained present. All the committees met as per their requirements. The detailed report was presented in Wednesday meeting. Subsequently, the things to do next were discussed and the responsibilities were distributed among members. Excellent atmosphere of fraternity prevailed.

The venue committee visited several places and finally decided upon Prof. C. C. Mehta Auditorium as the venue for the Conference. The venue was with a good A. C. hall, facility for business meeting, open space for exhibition stalls & dining area, and all that was required.

Fund raising was a major problem. I am happy to say that half of the conference budget is collected from IMA Vadodara's members either as Patrons, Reception Committee Members or Delegates, and simply being a contribution as donation or advertisement. So we have no hesitation to label GIMACON 2015 as "IMA VADODARA GIMACON 2015". Finance Committee has done a good work under the leadership of Dr.SunilManiar.

Our aim was to register maximum numbers as delegates, so the Registration Committee contacted all the IMA GSB local branch Presidents & Hon. Secretaries

as well as working committee members and Past Presidents of IMA GSB. Even MedicalCollege Teachers & students were contacted and encouraged to register for the conference. We could register total 713 registrations for the conference which include (50) Patron members and (150) Reception Committee members. To increase the registration for the conference, the announcement brochure was sent to all IMA members at Kheda, Anand, Bharuch, Vadodara, Narmada, Surat, Valsad, Navsari, Panchmahal, Dahod, etc. districts.

A Press Conference was arranged on 26th November 2015 at Hotel Express with a aim to highlight our activities of the public awareness programmes& the theme for Annual Conference. Dr. J. B. Shah & Dr. R. S. Nanavati had meticulously planned the Press Conference. More than 30 press & media personnel were present. The news regarding the conference were very well taken & published for the next 3-4 days in almost all the dailies & local as well as national T. V. channels.

Scientific Programme is the main focus for any conference. The committee was headed by Dr. SatishPandya. The theme for the conference was chosen as "IMA for Healthy India" and the keynote address was delivered by Dr.Rajiv Bhatt of Vadodara. The members were spellbound for those 30 minutes. The lecture widened our vision. The other topics were selected keeping the heterogeneous specialities in mind. The speakers were invited from Bangaluru, Ahmedabad, Jamnagar, Surat, Anand, etc. Large number of doctors have attended the scientific sessions. All the speakers gave full justification to their subjects. Scientific programme very much appreciated by the delegates. Even now we get the request for the CD of the scienficprogramme. Congratulations to Dr. SatishPandya and his team.

The Conference started by hassle free Registration. The meticulous planning of Dr. VineetSancheti, Dr. Kamaljeet, Dr. VikkyAjwani under supervision of Dr. Paresh P. Golwala have been appreciated as the delegates registered without a queue.

The conference was inaugurated by Medical Council Of India President Dr. Jayshreeben Mehta, our chief guest, on 28th November 2015. Dr. Narayan Gaokar, Head UNICEF, Gandhinagar was the guest of honour and NationalVice President Dr. MansukhKanani was present. Dr. Chetan N Patel, President IMA Gujarat State Branch presided the function. The guests were honored by giving mementoes. Dr. Jitendra Patel, our beloved State Secretary gave the Annual report and announced the prestigious awards for their excellent services to the medical speciality& community at large. On this occasion, a souvenir was also released for which Dr. Vivek Jain & his team have taken a lot of pains. Dr. AtulPandya of Rajkot was ceremoniously installed at this function as the new president, IMA Gujarat State Branch. The whole Inauguration Function was masterly compered by Dr. PradeepSheth& Dr. DivyaParikh. With a vote of thanks by Organizing Secretary,Dr. PareshGolwala, the ceremony was concluded.

The conference started on 29th November 2015 with Dr. P. R. Trivedi oration. Dr. Jagdish Patel delivered this prestigious oration on Safety Issues in Medical Practice. Scientific talks were delivered by specialists in their respective fields. Dr. Narayan Gaokar, Dr. AnishChandarana& Dr. KamleshUpadhyai were simply the best. The panel discussion by Dr. GirishVaishanav, Dr. SatishPandya& Dr. Ashok Vaishnavi& Dr. V. C. Chauhan on Panel Discussion : Medical Ethics and Public Perceptions had active participation from all the delegates. The auditorium was full & at times it was difficult to get the seat.

On 28th November 2015, 7 p.m. onwards a gala banquet dinner was arranged for the delegates at Dr. Purandare Farm. The venue with huge green carpet lawn had excellent land scaping& decoration. The delegates enjoyed the dinner with, entertainment programme. Prizes were given by our president Dr.Chetan Patel to the lucky draw winners. This was the result of hard work Dr. ChetanVispute, Dr. Divyesh Shah & Dr. Tushar Shah's team.

Stall Committee under leadership of Dr. Sandeep Shah & Dr. SiddharthNayak did a good job. About 20 stalls were put up with good arrangements & facilities. The facility of Luggage room was very well appreciated by the delegates.

Delegates were very happy with the food served to them. The Catering Committee headed by Dr. Rakesh Shah& Dr. RavindraNanavati& his team did excellent job.

The conference hall was fully A.C. Delegates enjoyed the venue decoration & facilities which was done by Dr. Deepak Mehta & Dr. Yatish Shah. Audio Visual which is the heart of every conference was absolutely perfect with no disturbances. The credit goes to Dr. Yatin Mehta & his team. Likewise all the other committees did their work in excellent manner and made the conference a grand success.

On Sunday evening a short valedictory function was arranged. Dr. Chetan N Patel chaired the session with special vote of thanks given by Dr. Jagdish Patel, The Organizing Chairman and Dr. PareshGolwala, the Organizing Secretary. The prizes were distributed by them. All the delegates present, opined that this was a wonderful experience for them in all aspects – it the scientific progrmmes, kit, food, spouse programme, accommodation, transport, registration.

We parted with sweet take home memories. Everybody appreciated the hospitality & the facilities offered to them.

This was a wonderful experience for them, and the GIMACON 2015 was lively in all aspects.

In a joyous mood, the delegates had high tea and take away snacks for friends visiting from outside Vadodara.

- Dr. Paresh Golwala

Organizing Secretary

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/23876	Dr. Bhatt Anand Dineshkumar	Ahmedabad
LM/11240	Dr. Dusia Hari Ramchandbhai	Ahmedabad
LM/11241	Dr. Dusia Smita Haribhai	Ahmedabad
LM/03454	Dr. Goswami Nikul D.	Ahmedabad
LM/13129	Dr. Nagar Shilesh Kashirambhai	Ahmedabad
LM/10158	Dr. Pandya Nimish C	Ahmedabad
LM/21963	Dr. Saini Monika Prithvi	Ahmedabad
LM/05365	Dr. Shah Paresh B	Ahmedabad
LM/08846	Dr. Shah Unita Kiranbhai	Ahmedabad
LM/17963	Dr. Shukla Brijesh Bhupendra	Ahmedabad
LM/00770	Dr. Vora Hasmukh Babaldas	Ahmedabad
LM/08889	Dr. Patel Pritiben M.	Anand
LM/05801	Dr. Shah Pramodkumar L.	Anjar-Kutch
LM/23652	Dr. Jain Kavita Rameshbhai	Bardoli
LM/21748	Dr. Rajwadi Shilpa Ashwinbhai	Bhujkutch
LM/21048	Dr. Patel Ashok Lalubhai	Dadra-Nagar
LM/21049	Dr. Patel Dipanki Ashok	Dadra-Nagar
LM/12581	Dr. Vaghela Arvindsinh Jasubhai	Gandhinagar
LM/08084	Dr. Patel Pravinbhai K.	Himatnagar
LM/09753	Dr. Shah Rangam Chandulal	Himatnagar
LM/09754	Dr. Shah Bhavna Rangambhai	Himatnagar
LM/20898	Dr. Nimavat Jaykumar Harsukhlal	Jetpur
LM/00953	Dr. Pipalia K K	Junagadh
LM/21911	Dr. Kalariya Hiten Dineshbhai	Rajkot
LM/10372	Dr. Malli Dipak Purshottambhai	Rajkot
LM/07459	Dr. Mehta Hemant P.	Thangadh
LM/06658	Dr. Patel Prahladbhai T.	Unjha
LM/16295	Dr. Agarwal Nitin Sitarambhai	Vadodara
LM/16296	Dr. Agarwal Shomali Nitinbhai	Vadodara
LM/19793	Dr. Patel Manisha Ramanbhai	Vadodara

Disha - "The direction"-Readymade : Tips to Family-Work-Life Balance

Step-4 (Part – 1)

In 2015 – 16 & may be for a few more years, we as professionals are required to focus on customer service.

In the Part – 1, we will look at the role of an administrator in our hospitals as a helper. "Help" has several aspects & The receivers in this article are the employees & the patients. In the given circumstances, a skillful administrator guided by an excellent mentor will serve the purpose of customer delight.

The employees & the patients – when they experience being helped – 'cure' is done.

An Effective Helper

An effective helper may be said to be a professional who is able to facilitate a change in the beliefs, the feelings, the ideas, the thought process and the behaviour of an individual to bring about a positive, and result- oriented outcome of his/her circumstances or situations.

A great deal of research over the years indicates that a helper's personal and professional qualities can facilitate the helping process.

An effective helper should have essentially two kinds of attributes, namely,

- Personal Qualities
- Professional Qualities

1(a) Personal qualities

Personal qualities of an effective helper can be classified into three categories-

- Knowing oneself
- Understanding others
- Relating to others

Each of these categories includes several qualities.

- **Knowing Oneself**

Personal Qualities of an Effective Helper

- Relating to Others - Genuineness - Listening - Positive regard

- Knowing Oneself - Self –awareness - Positive mental health
- Critical Thinking - Understanding Others - Open mindedness

Sensitivity - Empathy - Objectivity

The first and foremost step in helping others effectively is to know yourself. This requires introspection and self-exploration. Knowing oneself involves self-awareness, positive mental health and critical thinking.

Self Awareness:- This process will enable you to become aware of your needs. In-other words, it will determine your motivation to be a helper.

It tells you-

- why you help others
- what you get in return
- whether it make You feel good

Self awareness will also help you to understand your feelings. You will be able to identify your strengths, weaknesses and skills to cope with these.

Self-awareness will contribute to safety and security of yourself as well as your staffs' and avoid personalization of a problem and the tendency to overreact.

Positive Mental Health:- The employee & the patient seeking your help is usually distraught and in a state of commotion. Consequently, each and every helping interaction will involve sharing of mild to intense emotional experiences. At these times, the positivity of the mental health of the helper is of immense importance. Helper serves as a model of healthy behaviour for the employee & the patient

Critical Thinking:- Critical thinking helps you to conceptualize, apply, analyze, synthesize and/or evaluate information gathered from observation, experience, reflection, reasoning or communication. It helps to provide clarity, accuracy and relevance to your thought processes. The development of critical thinking skills is a lifelong endeavour.

- **Understanding Others:-** As a helper, your ability to understand others depends on your sensitivity, empathy open-mindedness and objectivity.

Sensitivity:- Sensitivity means to understand the expressed as well as unexpressed and underlying thoughts and feelings of your The employee & the patient from his/her verbal and non-verbal behaviour in an unbiased way without mixing your own judgments and interpretations.

Empathy:- Empathy is putting yourself in the shoes of the employee & the patient Through empathy, you will be able to understand the feelings of The employee & the patient. His/her frustrations, anger, helplessness, indifference, fear and all other such emotions will become more apparent when you empathize with your The employee & the patient.

Open Mindedness:- This essentially means absence of preconceived ideas. It only means that your own values or beliefs will not interfere in your acceptance of the values, beliefs or ideas of your The employee & the patient. Thus, open-mindedness serves two purposes. It

- Allows you to deal with a wide range of different personalities.
- Allows free and fair communication, which is the bedrock of the helping process.

Objectivity:- It means the ability of dispassionate observance of The employee & the patient. Behaviour and the changes taking place in the employee & the patient.

Relating to others:- This is the third aspect of personal quality needed in a helping. It is essentially determined by your genuineness, ability to listen and having a positive regard when dealing with others.

Genuineness:- Genuineness means that the helper is aware of and exhibiting his/her real feelings towards The employee & the patient and is not putting on an act or phony behaviours. It means consistency in the helper's thoughts, feelings & actions which helps The employee & the patient perceive the helper as a responsible, reliable and dependable person and whether s/he is responding to The employee & the patient problem in a positive and non-threatening manner. The employee & the patient may reveal intimate details that may be private and personal and this may affect the outcome of the helping.

Listening:- Listening is an important quality of an effective helper. The most important thing you need to know as a helper is to listen to the employee & the patient in a non-judgmental way. Your goal is to provide space to the employee & the patient, i.e. provide the employee & the patient with opportunities to be able to experience and express their emotions openly.

The best way to encourage your student to open up is to be there with them, listen humbly through nods etc., rephrasing and summarising to show that you are listening.

Positive Regard:- an effective helper should be unpretentious, warm and cordial rather than reserved and officious.

The journey towards attaining perfection, as an effective helper, is continuous and lifelong. This cannot happen if there is lack of positive regard for each other.

With the expertise the community of doctors have, the support functions' being excellent is even more essential.

It really gets the administration visibly functioning with excellence!

Striving for excellence is the key for the administrator!!

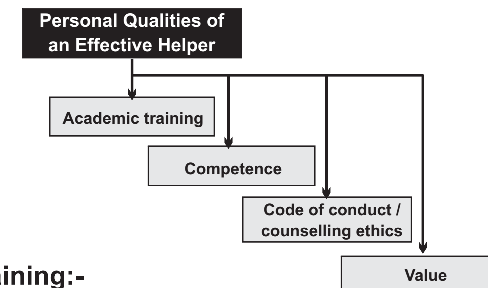
(See you on Part – II)

1b) Professional Qualities

It has now been well established that the need of professional helping is here to stay and can only be addressed by training appropriate individuals with organised and structured curriculum. This will ensure –

- academic training
- competency
- code of conduct
- values

Thus, the professional qualities of a helper include the above mentioned factors. Let us understand them further.



Academic Training:-

A multi- disciplinary input forms the foundation of the discipline, which becomes the baseline of the academic curriculum. A person who is willing to undergo academic learning in order to become an effective helper needs to go through a programme, including a basic understanding of elements of general psychology, child development, personality and learning theories, social psychology, abnormal psychology and helping theories.

Besides the theory, helping also involves Practical skills. There are several processes like interviewing, the skills of listening, conflict reduction, concretising concepts, so on and so forth.

Competence:- Competence is earned through hard work and discipline. It involves understanding, insight, analysis, synthesis, evaluation and appraisal. It is a lifelong pursuit and like any other scientific discipline, it is based on a large body of knowledge, which is forever increasing and hence needs constant updating.

Helping effectiveness will depend upon whether you possess necessary information, knowledge and skills to render the help. Competence which will distinguish you as a helper (effective helper) from a mere well-meaning friend.

Studies show that the respect that the student feels towards the helper and the outcome of the interaction is directly and proportionately related to the 'competence' of the helper.

Code of Conduct / Helping Ethics:-

A helper has to abide by a set of code, which is inherent for the practice of the profession. This is the 'code of Conduct'. An explicit code of professional ethics is outlined by different helper organizations. Similarly, the helper should always exhibit a positive regard and respect towards a fellow professional. Public display of professional rivalry and one-upmanship invariably brings bad name to the profession and is disastrous to the reputation of the members.

Values:-

Values are central and vital to any human endeavour. A helper is expected to have values like love, truthfulness, kindness, compassion, trust, tolerance, respect, helpfulness, peace etc. The other relevant values are related to acceptance of individuals who are different and hence may have a different value system.

- **Developing a Teacher Educator as an Effective Helper:-**

2a) Knowing Yourself:-

Your life experiences will already have provided you with a great deal of knowledge about yourself. However, this knowledge has been passive and dormant. Now you need to develop an active mindfulness to perceive your multidimensional self. You are obviously the centre of your universe.

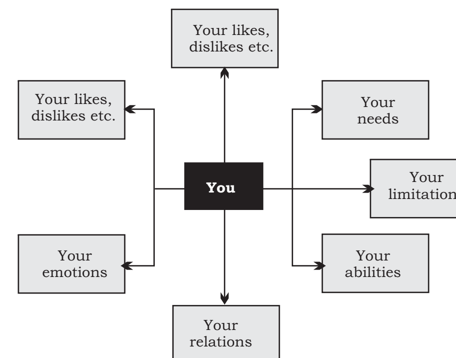


Fig. 2.1 : Exploration of Multidimensional Self

Strengths : Qualities / attributes which will be helpful to me as an effective helper.	**Weaknesses :** Qualities / attributes which need to be modified to enable me to fulfil my role as an effective helper.
1. 2. 3.	1. 2. 3.
Threats : Aspects of the helping situation which find frightening/ disabling, which make me feel out of control, nervour or less able to perform well	**Opportunities :** Aspects of the situation, which will help me to be the sort of helper that I wish to become.
1. 2. 3.	1. 2. 3.

Helper needs to understand the personal attributes or qualities, and the professional attributes that s/he should have to make this interaction fruitful.

2b) Understanding Others:-

Most of you have developed into adulthood through experiences gathered patiently since birth.

However, it is true that the world is made up of people who are not only individuals but also unique. Their personalities too have undergone the same growing-up process, and Learning experiences have been integrated but the net result may be quite different. As a helper, it is imperative for you to understand, appreciate and accept the existence of these differences. This is called, acknowledging diversities. Understanding others includes open mindedness, sensitivity, empathy, and objectivity. Try to understand and appreciate them.

Skills	You have	Need practise	Need to be developed
1. Dealing with conflict 2. Flexibility to adapt 3. Not being too directive 4. Taking a genuine interest 5. Arriving at mutually benefitting goals. 6. Empathy 7. Independent thinking 8. Being able to accept others			

The above activity will help you to get an insight into the skills that you already have and the ones you need to develop and further practise in order understand people better and relate to them effectively.

2c) Observance of Ethics:-

There are many aspects in professional Ethics, some of which are obvious and well stated while others are hidden or nascent. Throughout your career as A teacher too, you may, have faced ethical dilemmas related To being just and fair in your dealings with your students and may have been often Challenged with situations which raise ethical dilemmas requiting justice.

2d) Nurturing Critical Thinking:-

As an effective helper, you will be required to solve many problems, which your student confronts you with. Critical thinking is a training in a scientific way for problem solving . To solve problems effectively, they have to be evaluated dispassionately, viewed from various angles, analysed and then discussed with the student to arrive at a decision. Critical thinking will equip you to undertake this task effectively.

It essentially reduces the effect of biases and prejudices that may adversely affect out decision making. The student is helped to arrive at a solution after weighing pluses, minuses and other creative options.

2e) Interpersonal Communication:-

The effective helper can only be successful if s/he is able to establish a two-way active communication with the student. It is a process of give and take.

There are certain essential elements of interpersonal communication such as the art of listening The art of listening is as important an attribute as the craft of talking . The Listening has to be active, i.e. there has to be a feedback to the student which may be verbal or non-verbal to ensure that

the student feels that his/her talks are being listened to'. Thus, he will be encouraged to express more.

Another important element is the trust on which interpersonal relationship is based. The trust is in the form of a belief that the communication between the student and the helper is confidential; it differentiates itself from any other casual talk of gossip. Trust also means that the student can depend on you. Another essential element is that any effective interpersonal communication should have a logical progression towards some goals and is not an aimless rambling.

Effective interpersonal communication also needs to be empathetic; it has to take into account the psychological situation in which the student is present. Interpersonal communication between the helper and the student should necessarily reflect the sincerity of purpose which is the bedrock of any helping process.

The ideal effective helper may be too perfect for attainment in reality. It is just a beacon towards which you have to progress. Some aspects will come readily' and naturally, and some aspects can be acquired. It is only by working for it that you will metamorphose into an effective helper and will be successful in playing the role of diversity & innovation.

Mr. Nandak Pandya, Ahmedabad
Author is Educational & Corporate Mentor
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MOLECULE OF THE MONTH
Bedaquiline

Tuberculosis is amongst the most common infectious disease whose scenario has worsened due to spread of multi drug resistance tuberculosis (MDR-TB) and extensive drug resistance tuberculosis (XDR-TB).No new drug has come in the market for the last 40 years for the treatment of tuberculosis. Bedaquiline is a a diarylquinoline antimycobacterial drug indicated as part of combination therapy in the treatment of adults (≥ 18 years) with pulmonary multi drug resistant tuberculosis (MDR TB).

Mechanism of action:

Bedaquiline acts by inhibiting bacterial adenosine triphosphate (ATP) synthase enzyme. ATP synthase is an essential enzyme for the production for energy in all the living organism. ATP synthase enzyme consists of two complexes hydrophilic F1 and membrane embedded F0.The hydrophobic f bedaquiline binds to the c- subunit of F0 complex and interferes with its rotator movement leading to inadequate synthesis of ATP.

- This compound has shown high activity against both sensitive as well as resistant mycobacterium.
- It is effective against replicating as well as dormant organisms.

Since its mechanism differs from those of other available antimycobacterial drugs, it has the capacity to retain activity against some M. tuberculosis isolates that are resistant to other drugs and hence may provide an important treatment option for patients with multidrug-resistant pulmonary tuberculosis when an effective multidrug treatment regimen cannot otherwise be constructed.

Pharmacokinetics :

It is well absorbed orally and 99.9% protein bound. Its maximum plasma concentration is achieved in 4 to 6 hrs. It is metabolized primarily by the cytochrome P450 isoenzyme 3A4 (CYP3A4) to a less-active N-monodesmethyl metabolite. Bedaquiline itself is unlikely to cause drug–drug interactions specially with, first- and second-line anti-TB drugs (rifampicin, rifapentine, isoniazid, pyrazinamide, ethambutol, kanamycin, ofloxacin and cycloserine), commonly used antiretroviral agents (lopinavir/ritonavir, nevirapine and efavirenz) and a potent CYP3A inhibitor (ketoconazole). There is a potential for drug–drug interactions during coadministration of bedaquiline with CYP3A inducers or inhibitors due to the activity of any such co-administered drugs. Coadministration of bedaquiline and moderate or strong CYP3A4 inhibitors (e.g. ciprofloxacin, erythromycin, fluconazole, clarithromycin, ketoconazole and ritonavir) used systemically for >14 consecutive days should be avoided. The effective half-life following multiple-dose

administration of bedaquiline is only ~ 24 h. It is mainly excreted through faecal route (75 to 85%).

Adverse drug reactions (ADRs):

Nausea, diarrhea, bilateral hearing impairment, viral infections, pain, acne and non cardiac chest pain, hepatotoxicity

Additive or synergistic QT prolongation was observed when bedaquiline was coadministered with other drugs that prolong the QT interval. It is therefore recommended that ECG should be closely monitored when bedaquiline is used with other QT-prolonging drugs, including fluoroquinolones, macrolide antibiotics and the antimycobacterial drug clofazimine.

Pregnancy & lactation :

- Avoid use during pregnancy unless the benefit outweighs the risks.
- Decision should be made to discontinue breastfeeding or to discontinue the drug, taking into account the importance of the drug to the mother

Precautions and contraindications:

Drug Interaction:

1. Coadministered with other drugs that prolong the QT interval.
2. Coadministration of bedaquiline and moderate or strong CYP3A4 inhibitors (e.g. ciprofloxacin, erythromycin, fluconazole, clarithromycin, ketoconazole and ritonavir) used systemically for >14 consecutive days should be avoided.

Indications:

Bedaquiline is the new anti-tubercular approved by USA Food and Drug Administration's accelerated approval program for MDR-TB patients, when no other drug is available. Experts are concerned about long-term safety, which will be clearer after phase 3 trial. Recently, India has also decided to make bedaquiline available for drug resistant TB on experimental basis.

Dosage schedule :

The recommended dosage in combination therapy is 400mg orally once daily for first 2 weeks followed by 200 mg orally three times per week (with atleast 48 hours between doses) for 22 weeks. Total duration is 24 weeks.

Approved by CDSCO on 14/1/2015 in adults (≥ 18 years), as part of Combination therapy of pulmonary tuberculosis due to multidrug resistant Mycobacterium tuberculosis when an effective treatment regimen cannot otherwise be provided.

Dr Prakruti Patel **Dr Anuradha Gandhi** **Dr Chetna Desai**
Coordinators, B. J. Medical College, Ahmedabad

6 Simple Tips to Start Marketing Your Medical Practice

Post by Admin

India has the largest number of medical colleges in the world, churning out 30,000 doctors and 18,000 specialists per year1. A new medical practice setup is the most common choice for most physicians. The challenge of attracting patients commences right at the outset of this noble profession. Increasing competition and standard of living necessitates that the so called "waiting period" be reduced to a minimum. Thus arises the need for an efficient and sound marketing method for a new medical setup.

A general practitioner sees numerous cases of different diagnosis and age groups daily and the marketing happens usually by the word of mouth. In India, as the local general practitioner doubles up as the family physician, entire families sign up for treatment and there is rarely ever a dearth of patients or need for advertising. However, a specialist's practice is largely composed of referrals and less of walk-in patients. Hence, marketing is necessary to increase the awareness among the general public.

For successful marketing, a physician needs to be aware of the demographics of his potential clientele, i.e. population age groups, disease prevalence, socio economic status, religious mindset, and sociocultural aspects. Once this is clear, a well planned marketing plan has to be put in place. Following are 6 ways to effectively market a new medical practice.

Online Marketing

A physician has to see that he maintains a website3 or a blog, which enables him to be in touch with the masses beyond the immediate locality. Good medical information, auxiliary management and several articles regarding prevention of diseases need to be posted to attract more readers. Detailed information about the doctor, his education and licenses, facilities offered, contact information should be readily available on the web page.

Creating a Brand

To create a niche for your practice that distinguishes you from a city thickly populated with doctors, it helps to create an individual brand consisting of logos, website and published materials. This is a sure shot way to ensure that your practice has a place of its own amidst the masses.

Networking

Regularly writing medical columns in newspapers, small magazines, giving speeches in religious or medical societies, etc will ensure marketing across a wide

area of patients. TV interviews regarding specific disease conditions and management can help a physician connect effectively in a small time to a much larger population.

Relationship with other doctors

Maintaining sound relations with other doctors4 is a vital component for a successful marketing plan for a new practice. This ensures referrals from them, which forms the crux of a bustling medical practice. This can be done by becoming a member of medical organisations and active participation in medical camps.

Patient satisfaction

A good clinical set-up, with good interiors and ambience will give patients a good feel which is vital to your practice. Receptionists should be encouraged to be polite and receptive to the needs of the patients for e.g. sending reminders of their appointments or rescheduling appointments. Make cost effective health plans to attract committed patients.

Constant Improvement

Strive to constantly improve, by taking feedback from the clinic staff and patients. Patients should be encouraged to give their feedback periodically via email or as reviews regarding treatment satisfaction.

Time spent in formulating a good marketing technique is worth it and is the need of the hour for a new medical practice, to ensure a steady flow of patients.

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Contributed by **: Dr. Rachita Narsaria, MD**

डी वी सदानंद गौड़ा
D.V. Sadananda Gowda

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कानून एवं न्याय
भारत सरकार
MINISTER
LAW AND JUSTICE
GOVERNMENT OF INDIA

D.O. No.MLJ/2015-2302

-2 DEC 2015

Dear Shri Nadda ji,

I am enclosing for appropriate action the letter dated 10th November, 2015 received from Shri Praveen Rashtrapal, Member of Parliament, enclosing a Memorandum from Ahmedabad Medical Association.

With regards,

Yours sincerely,

Sd/-

(D.V. Sadananda Gowda)

Shri Jagat Prakash Nadda,
Minister of Health & Family Welfare,
Nirman Bhawan,
New Delhi – 110 108.

Copy to Shri Praveen Rashtrapal, Member of Parliament, 93-94, South Avenue, New Delhi – 110 011.

7/12

(D.V. Sadananda Gowda)

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Diagnostic Camp   Radhanpur Branch

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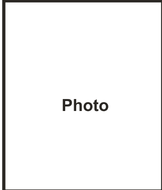
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Surrogacy, Its Procedure, Laws and Perspectives

WHAT IS SURROGACY?

Surrogacy is defined as when another woman carries and gives birth to a baby for the couple who want to have a child. In other words, it is a method of assisted reproduction wherein a woman is being paid to become pregnant for giving birth to a child to whom she has no genetic link.

There is no involvement of vaginal intercourse between the intended parents and the surrogate mother in the entire surrogacy program. The procedure is carried out by the doctors by mixing the sperm and egg collected from the genetic parents in a laboratory through a procedure called in vitro fertilization.

The resulting embryo created from the genetic parents is then implanted into the uterus of the surrogate mother. The surrogate mother always carries the baby inside her with an intention of giving the baby after birth to the intended parents. Thus the baby born to a surrogate mother is genetically related to the biological parents.

How does Surrogacy Work? In some cases, a woman is not able to carry a pregnancy due to some medical conditions like uterine cancer, infections in uterus, endometriosis or other issues.

With the rapid advancement in medical science particularly in the field of assisted reproduction, surrogacy offers a solution to these women to have a child. When couples embark on a surrogacy journey, they choose another woman, in medical terminology known as gestational carrier who will carry the pregnancy on their behalf by using the gametes of genetic parents.

Childless couples have to sign the agreement with the surrogate for carrying the baby to term which is facilitated by the agency or a fertility clinic.

The first and the foremost procedure in the surrogacy is the screening of the surrogate mother and they are examined to diagnose for any disease or other genetic disorders at the fertility clinic.

The gestational carrier or a surrogate mother chosen by the fertility clinic for intended parents has ability and a healthy uterus to carry the child to term.

Prospective parents pay for the accommodation, healthcare and food for their surrogate as part of the surrogacy package.

After the embryo transfer, the fertility clinics provide best accommodation for all surrogates mothers where they start living with other surrogates till delivery.

They are being provided all the essential facilities including kitchen, washroom, TV, bedroom etc and their families are also allowed to visit them.

Surrogacy in India The concept of surrogacy in India is not new. Commercial surrogacy was made legal in early 2002 and since then thousands of couples have

become parents and enjoy the joy of parenthood with the help of surrogate mothers.

Due to the English speaking environment and affordable services, surrogacy services offered by the fertility clinics attract the willing clients.

Foreign couples who have been coming to India had helped to boost the economy of hoteliers and other tourism players.

During the surrogacy program, these childless couples used to stay at hotels and visit tourist places such as Taj Mahal, which resulted enormous benefits for the large number of people associated with the Fertility-Tourism.

Surrogacy Laws around the world Surrogacy arrangements are allowed in most countries in the world today and are considered to be legal and this is the reason, surrogacy in India was promoted well by most of the recognized centers. In US, surrogacy is allowed in almost 19 states and it is legal to pay for women for the surrogacy arrangements. All children born via surrogacy in the US are eligible for a US passport, regardless of the citizenship of their parents. Surrogacy arrangements are also allowed in the UK laws under reasonable expenses.

Ukraine is a surrogacy friendly country in Europe. Commercial surrogacy is legal in Russia and legal aspects of surrogacy are stipulated by the Family Code of the Russian Federation and the Russian Law on the Population Healthcare.

For couples with fertility issues, surrogacy is a viable option to create a family in many parts of the world.

Regulation is the need of the hour A more holistic legislation addressing this cutting edge field is the need of the hour. Government of India has drafted legislation in 2010 and finally framed an Assisted Reproductive Technology regulation draft bill 2014. The Union government is now set to table in Parliament the ART (Regulation) Bill 2014. Centre has recently said surrogacy would be altruistic and not commercial, and limited to "infertile Indian married couples and not to foreigners. The proposed law needs proper discussion and debate in the context of legal, social and medical aspects. Surrogacy and Assisted Reproductive Technologies (ART) offer solutions to infertility.

There has been a growing demand of ART services as the infertility rates are growing the globalized world. Many women give are career-oriented and wish to have a child later with using IVF in the later years. If they are unable to conceive with IVF they then consider for surrogacy to have a child. Overall, surrogacy emerges to be a positive experience for surrogate mothers.

Women who make a decision to embark upon surrogacy often have accomplished a family of their own and feel they wish to help a couple who would not otherwise be able to become parents

Dr Rita Bakshi
Chairperson, International Fertility Centre

Courtesy : IMA NEWS

The Proposed ART Regulation Bill

Millions of infertile couples are being gifted by a child through efforts of many clinicians and scientists. This work has been acknowledged in the western hemisphere. The Nobel Prize for science has been awarded to pioneers in this field. Today it seems necessary to pass a bill to regulate such clinicians and their facilities in India. The bill clearly highlights the duties and responsibilities of ART clinics which is essential, however the tone of the bill seems biased against them. Here are certain suggestions before the bill is accepted in this form.

Chapter 1 and 2: Constitution of the Board and Authorities to Regulate

- The Chairperson and other senior members of National and State Board and Registries must have significant exposure to the clinical or embryological aspect of ART. Any person with pure Biomedical Sciences and no ART experience will be incapable of heading or taking decisions on behalf ART bodies and organizations.
- A Vice Chairperson should be nominated. The working of the board in the absence of Chairperson should be entrusted to the vice chairperson and not to the senior-most member as there may be more capable members equipped to handle the same.
- The aim of the board/registry should not be to obstruct work of ART clinics but to help them function more efficiently.

Chapter 3: Procedure for Registration and Complaints

- Fair hearing and appeal time must be given to all doctors and ART clinics in case of complaints.
- A doctor/ clinic cannot be assumed to be guilty till proven otherwise. This clause is in very poor spirit against the medical fraternity. This is not the case in other medical or surgical fields and so should not be in ART. The board must ensure adequate protection of doctors and clinics and prevent unnecessary harassment. Fertility clinics and doctors must be protected against nonpayment, false identity of couples and misbehavior from patients.

Chapter 4: Duties and Responsibilities of ART Clinics and Banks

- The formation of ART Banks has to be clearer regarding who heads it and is responsible. It should be a person with adequate experience of ART, who is able to take care of all medical and other aspects of the donor and surrogate.
- Surrogacy must be allowed for recurrent implantation failures also.
- `Age restrictions should be reconsidered. For e.g., a 21-year-old premature ovarian failure and a 56-year-old man may want ART. Prohibiting this is imposition on personal liberty.
- Total number of positive cases along with clinical pregnancy and take home must be reported. Board must have a system to ensure that supplied data is authentic (like HFEA in UK)

Chapter 5: Sourcing, storage and handling of gametes, embryos and surrogates

- Known donation must be allowed as is allowed elsewhere in the world. Couple may

want to retain some genetic linkage and prohibiting this would be imposition on legitimate personal choice.

- Embryo donation of surplus embryos must be allowed if consented to by the couple. This is acceptable universally. This gives a chance of many couples to get a child at low cost and must be encouraged. Total number of patients to whom it should be transferred should be restricted as is for sperm and egg donor.
- Oocyte donor must be allowed to donate more than once as is prevalent all over the world.
- We can retrieve as many oocytes as the follicles and there is no rationale of restricting number. However attempt always should be to minimize hyperstimulation and keep stimulation as safe as possible.
- Death of donor or surrogate cannot be assumed to be due to negligence. It has to be proven, like is with any death in any other circumstance.
- If couple wants to continue to store the embryos beyond 5 years or donate it to any other infertile couple, it should be allowed.

Chapter 7: Rights and duties of patients, donors, surrogates

- The Board/ Registry must ensure proper functioning of banks. The amount promised to donor/surrogate must be duly given.
- The surrogate must be allowed twice.
- It has to be seen whether insurers are willing to ensure for complications like diabetes and hypertension.
- Surrogacy for foreigners must be allowed. By not allowing we are only given chance to Eastern European and American markets to flourish. This will be a very wrong economic decision for the country. There is absolutely no reason why this should not be allowed. Checks and counter checks can be put in place but banning is a very regressive step.
- Bank should not be obliged to fight legal battle free of charge on behalf of surrogate or her husband if they have not fulfilled their obligations.

Chapter 10: Miscellaneous

- For any conflict or dispute, appropriate hearing and appeal must be allowed.
- he provision for search and seizure of documents etc. is a harsh step. The bill is meant for doctors who are one of the most respected members of the community. They cannot be treated as culprits. They should be given fair hearing like any person in a democratic society. The doctors should be free to practice what is correct under the code of MCI.
- Legal proceeding should be allowed against centre, state or board by any citizen if deemed appropriate under democratic rules of the country.
- All funds with the board/registry must undergo proper audit.
- (No suggestion is meant to offend the Government or anybody intentionally)

Courtesy : IMA NEWS

Dr. Kaberi Banerjee, New Delhi

Metabolic syndrome

Introduction

Metabolic syndrome is a cluster of metabolic risk factors that come together in a single individual. These metabolic factors include insulin resistance, abnormal adipose deposition and function, hypertension, lipid abnormalities, and an increased risk for blood clotting. Affected individuals are most often overweight or obese.

Metabolic syndrome is considered to be a risk factor for cardiovascular diseases and type 2 diabetes that arises due to insulin resistance and an abnormal function and pattern of body fat. Insulin resistance refers to the diminished ability of cells to respond to the action of insulin in promoting the transport of the sugar glucose, from blood into muscles and other tissues.

Definition

Based on the guidelines from the National Heart, Lung, and Blood Institute (NHLBI) and the American Heart Association (AHA), any three of the following traits in the same individual meet the criteria for the metabolic syndrome:

1. **Abdominal obesity:** a waist circumference of 102 cm (40 in) or more in men and 88 cm (35 inches) or more in women. For Indians, the cut-off values are ≥ 90 cm (35 in) in men or ≥ 80 cm (32 in) in women
2. **Serum triglycerides** 150 mg/dl or above.
3. **HDL cholesterol** 40mg/dl or lower in men and 50mg/dl or lower in women.
4. **Blood pressure** of 130/85 or more.
5. **Fasting blood glucose** of 100 mg/dl or above.

Incidence

Metabolic syndrome is quite common. Approximately 20% of the population in the India has metabolic syndrome.

Etiology

As is true with many medical conditions, genetics and the environment both play important roles in the development of the metabolic syndrome.

Genetic factors influence each individual component of the syndrome, and the syndrome itself. A family history that includes type 2 diabetes, hypertension, and early heart disease greatly increases the chance that an individual will develop the metabolic syndrome.

Environmental issues such as low activity level, sedentary lifestyle, and progressive weight gain also contribute significantly to the risk of developing the metabolic syndrome.

Metabolic syndrome is present in about 5% of people with normal body weight, 22% of those who are overweight and 60% of those considered obese.

Pathophysiology

Metabolic syndrome is thought to be caused by adipose tissue dysfunction and insulin resistance. Dysfunctional adipose tissue also plays an important role in the pathogenesis of obesity related insulin resistance. Both adipose cell enlargement and infiltration of macrophages into adipose tissue result in the release of proinflammatory cytokines and promote insulin resistance.

Insulin resistance appears to be the primary mediator of metabolic syndrome. Insulin promotes glucose uptake in muscle, fat, and liver cells and can influence lipolysis and the production of glucose by hepatocytes. These abnormalities, in turn, may result from obesity with related increases in free fatty acid levels.

The distribution of adipose tissue appears to affect its role in metabolic syndrome. Fat that is visceral or intra-abdominal correlates with inflammation, whereas subcutaneous fat does not. Omental fat is more resistant to insulin and may result in a higher concentration of toxic free fatty acids in the portal circulation. Abdominal fat is known to produce potentially harmful levels of cytokines, such as tumor necrosis factor, adiponectin, leptin, resistin, and plasminogen activator inhibitor.

Target organ damage occurs through multiple mechanisms in metabolic syndrome. The individual diseases leading to metabolic syndrome produce adverse clinical consequences. For example, hypertension in metabolic syndrome causes left ventricular hypertrophy, progressive peripheral arterial disease, and renal dysfunction. However, the cumulative risk for metabolic syndrome appears to cause microvascular dysfunction, which further amplifies insulin resistance and promotes hypertension.

Metabolic syndrome promotes coronary heart disease through several mechanisms. It increases the thrombogenicity of circulating blood, in part by raising plasminogen activator type 1 and adipokine levels, and it causes endothelial dysfunction. Metabolic syndrome may also increase arterial stiffness , oxidative stress.

Complications

Cardiovascular System -

- Coronary heart disease,
- Atrial fibrillation,
- Heart failure,
- Venothromboembolic disease.

Central Nervous System-

- Ischemic stroke ,
- Neuropathy

Alimentary System-

- Nonalcoholic fatty liver disease,
- Cancers of the colon, gallbladder

Respiratory System

- Obstructive Sleep Apnea.

Miscellaneous-

- Breast cancer ,
- Psoriasis ,
- Preeclampsia

Treatment for metabolic syndrome

A - Lifestyle modification

It is the preferred treatment of metabolic syndrome. Weight reduction usually requires a healthy diet and exercise. Smoking cessation is an important component of treatment.

Diet :- Best healthy diet is Mediterranean diet

Healthier fats

The focus of the Mediterranean diet isn't on limiting total fat consumption, but rather on choosing healthier types of fat. The Mediterranean diet discourages saturated fats and hydrogenated oils (trans-fats), both of which contribute to heart disease.

The Mediterranean diet features olive oil as the primary source of fat. Olive oil is mainly monounsaturated fat — a type of fat that can help reduce low-density lipoprotein (LDL) cholesterol levels when used in place of saturated or trans fats. "Extra-virgin" and "virgin" olive oils (the least processed forms) also contain the highest levels of protective plant compounds that provide antioxidant effects.

Canola oil and some nuts contain the beneficial linolenic acid (a type of omega-3 fatty acid) in addition to healthy unsaturated fat. Omega-3 fatty acids lower triglycerides, decrease blood clotting, and are associated with decreased incidence of sudden heart attacks . Fatty fish such as mackerel, lake trout,

herring, sardines, albacore tuna and salmon are rich sources of omega-3 fatty acids. Fish is eaten on a regular basis in the Mediterranean diet.

Nuts

Nuts are high in fat, but most of the fat is healthy. Because nuts are high in calories, they should not be eaten in large amounts — generally no more than a handful a day.

Fruits & vegetables

Fruits, vegetables are antioxidant-rich.

Whole grains

Whole grain contain good amount of fiber. Amount of unhealthy trans-fats is very low.

Wine in moderation

Alcohol in moderation has been associated with a reduced risk of heart disease in some research studies. The Mediterranean diet typically includes a moderate amount of wine, usually red wine. This means no more than 5 ounces (148 milliliters) of wine daily for women of all ages and men older than age 65 and no more than 10 ounces (296 milliliters) of wine daily for younger men. More than this may increase the risk of health problems, including increased risk of certain types of cancer.

The Mediterranean diet emphasizes:

- Eating primarily plant-based foods, such as fruits and vegetables, whole grains, legumes and nuts
- Replacing butter with healthy fats, such as olive oil
- Using herbs and spices instead of salt to flavor foods
- Limiting red meat to no more than a few times a month
- Eating fish and poultry at least twice a week
- Drinking red wine in moderation (optional)

Exercise

Exercise is thought to be an important intervention, and the current recommendation is for patients to perform regular moderate-intensity physical activity for at least 30 minutes continuously at least 5 days per week (ideally, 7 days per week). There is a beneficial effect of exercise on blood pressure, cholesterol levels, and insulin sensitivity, regardless of whether weight loss is achieved or not.

B - Pharmacologic Therapy

Hypertension

A lower risk of stroke and cardiovascular events are seen when systolic blood pressure levels are less than 140 mm Hg and diastolic blood pressure is less than 90 mm Hg. In patients who have hypertension with diabetes or renal disease, the blood pressure goal is less than 130/80 mm Hg.

ACE inhibitors are drug of choice .They prevent the conversion of angiotensin I to angiotensin II, a potent vasoconstrictor, and lower aldosterone secretion. They are effective and well-tolerated drugs with no adverse effects on plasma lipid levels or glucose tolerance. They prevent the progression of diabetic nephropathy and other forms of glomerulopathies but appear to be less effective in black patients than in white patients.

Diabetes

Metformin is drug of choice. It reduces hepatic glucose output, decreases intestinal absorption of glucose, and increases glucose uptake in the peripheral tissues (muscle and adipocytes). It is a major drug for use in patients who are obese and have type 2 diabetes. Metformin enhances weight reduction and improves lipid profile and vascular integrity. Individualize treatment with monotherapy or in combination with insulin or sulfonylureas.

Dyslipidemia

Statin therapy is recommended in patients with high LDL-cholesterol. Statin is an HMG-CoA reductase inhibitor that inhibits the rate-limiting step in cholesterol biosynthesis by competitively inhibiting HMG-CoA reductase.

Niacin may be used in patients with low HDL cholesterol ,if exercise fails to increase it.

Fenofibrate is useful in reduction of triglycerides. Fenofibrate increases VLDL catabolism by enhancing synthesis of lipoprotein lipase, fatty acid oxidation, and elimination of triglyceride-rich particles. This results in decreased triglyceride levels by 30-60%.

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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.

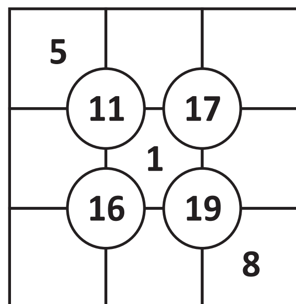
Yours Sincerely

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

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 words related to Bank.

Key	Words
4 Letters	1
5 Letters	2
7 Letters	2
8 Letters	1
9 Letters	1

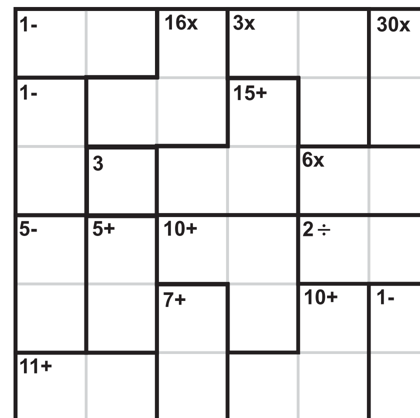
NEY	DR	VI	OV	MO
GE	CO	AN	GA	QU
RT	EUE	NGS	AFT	TER
SA	LO	ER	MO	UN

Sudoku

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

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 6 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 maths 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 maths operation—to form that cage’s target number.
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.

FOR EXAMPLE

3+ 1 2   6x 1 2 3

Answer Page No. 105

For Kind Attention Please

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

1. Sports 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 above subject should contact : **Dr. Jitendra Patel,** Hon. State Secretary, IMA-GSB on

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I.M.A.G.S.B. NEWS BULLETIN DECEMBER-2015 / MONTHLY NEWS

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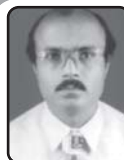

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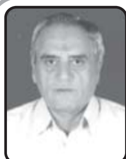

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Answers

Chhota Sudoku

5	3	7
2	1	6
9	4	8

Circles: 11, 17, 16, 19

7 BR OK EN Words

1 LOAN
2 MONEY
3 GUEUE
4 SAVINGS
5 COUNTER
6 MORTGAGE
7 OVERDRAFT

Sudoku

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

KEN KEN PUZZLE

1- 4	5	16x 2	3x 1	3	30x 6
1- 3	2	4	15+ 6	1	5
2	3 3	5	4	6x 6	1
5- 6	5+ 1	10+ 3	5	2 ÷ 4	2
1	4	7+ 6	2	10+ 5	1- 3
11+ 5	6	1	3	2	4

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