



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

GUJARAT MEDICAL JOURNAL

INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

Estd. On 2-3-1945

Office : A.M.A. House, 2nd Floor, Opp. H. K. College, Ashram Road, Ahmedabad-380 009.

Phone : (079) 2658 7370 E-mail : [imagesb@gmail.com](mailto:imagesb@gmail.com) Website : [www.imagesb.com](http://www.imagesb.com)

## OFFICE BEARERS

### PRESIDENT

Dr. Paresh M. Majmudar Vadodara  
(M) 98240 65895

### HON. STATE SECRETARY

Dr. Mehul J. Shah Ahmedabad  
(M) 98250 51162

### IMM. PAST PRESIDENT

Dr. Devendra R. Patel Ahmedabad  
(M) 98258 11425

### HON. JOINT SECRETARY

Dr. Shailendra N. Vora Ahmedabad

### VICE PRESIDENTS

Dr. Mehul N. Shelat Ahmedabad Zone  
Dr. Anil D. Patel Central Zone  
Dr. Rajiv D. Vyas South Zone  
Dr. Bhupesh K. Chavda Surat Zone  
Dr. Kailasben M. Parikh Vadodara Zone  
Dr. Bhavin B. Gami West Zone  
Dr. Amit Agravat Rajkot Zone

### HON. ZONAL JT. SECRETARIES

Dr. Nirav Modi Ahmedabad Zone  
Dr. Rajnikant Patel Central Zone  
Dr. Bijal Kapdia South Zone  
Dr. Surendra Prajapati Surat Zone  
Dr. Mahesh Bhatt Vadodara Zone  
Dr. Naresh Joshi West Zone  
Dr. Rashmikant Upadhyay Rajkot Zone

### HON. TREASURER

Dr. Tushar B. Patel Ahmedabad

### HON. ASST. SECRETARY

Dr. Bharat I. Patel Ahmedabad

### GUJARAT MEDICAL JOURNAL

Editor

Dr. Kamlesh B. Saini Ahmedabad

### SCIENTIFIC COMMITTEE

Hon. Secretary

Dr. Bhupendra M. Shah Himatnagar

### SOCIAL SECURITY SCHEME

Hon. Secretary

Dr. Jitendra B. Patel Ahmedabad

### COLLEGE OF G.P.

Director

Dr. Kirit C. Gadhavi Ahmedabad

### PROFESSIONAL PROTECTION SCHEME

Chairman

Dr. Bipin M. Patel Ahmedabad

### ACADEMY OF MEDICAL SPECIALITY

Chairman

Dr. Vidyut J. Desai Ahmedabad

### HEALTH SCHEME

Chairman

Dr. Navneet K. Patel Ahmedabad

### FAMILY WELFARE SCHEME

Hon. Secretary

Dr. Jitendra B. Patel Ahmedabad

### HOSPITAL BOARD OF INDIA

Chairman

Dr. Parth N. Patel Ahmedabad



### STATE PRESIDENT'S MESSAGE



Respected Seniors, Colleagues and Friends,

“UNITY IS THE STRENGTH OF ANY SOCIETY”

This is a well known fact ; but we are lacking in it's implementation; in our day to day practice. Let's pledge that we will start this New Year 2022 ; by showing our strength and unity in society. First step

towards this is; to strengthen our own IMA.

Our fraternity has done excellent job and great sacrifice in first and second wave of Covid-19 pandemic. We have shown our dedication by first taking Covid vaccine ; without any hesitations. Which has inculcated trust in vaccine amongst whole society and geared up vaccine drive. Government of Gujarat has appealed us ; to promote more & more vaccination to citizens of Gujarat & achieve 100% vaccination target for both doses of Covid-19. We appeal our members to display posters in waiting room of your clinic/hospital. Please take history of both doses of Covid vaccination from all patients and their relatives; who visits your clinical establishment . Also help them and encourage vaccination ; who are still hesitant to take vaccine due to fear or social or religious stigma.

Now a days, we are hearing about booster dose of Indian Covid vaccines. We at IMA believe that ; we should have enough data before deciding about booster dose. We should not be driven by world market or pharmaceutical pressure.

Recently we have seen upsurge in cases ; with new variantOMICRON of Covid-19. But there is sign of relief ; as we are receiving news from South Africa that; although this variant spreads very fast, it causes mild disease ; amongst majority . Severe cases are reported in few patients,



who have comorbidities; unvaccinated and in elderly populations. As we know ; now there are very few Covid restrictions; we have to be very cautious observe and full precaution with SMS. We should still avoid large gatherings. By enlarge vaccination and Covid precautions are the only things, which are effective means of preventing ourselves rather then suffering this disease.

Another important issue ; our fraternity is facing is ; of delay in PG Medical Admission. We appeal Government authority to bring amicable solutions from judiciary at earliest. MBBS students ; who have completed their internship in February/March 2021 are still waiting for their admission in PG. We are loosing a great opportunity to get more medical professionals in healthcare system. If Third wave strikes, we will be in trouble ; to get enough medical professionals in Govt/Private medical tertiary care centres.

As we know Clinical Establishment Act is passed in Gujarat Assembly it's rules are being discussed and going to be finalized soon. We had a several meeting with health secretary, MOHFW. We had strongly representated our concerns and they were very positive and have accepted most of our suggestions. Our approach is to Protect & Ensure survival of small healthcare units, which caters delivery of healthcare to more than 80% of our population.

Next month, 16 January, we are going to observe “**IMA Community Day**” in memory of our **Late Dr Ashok Kanodiya**. We appeal all branches of IMA GSB ; to organize “Community Activity” suitable to them on this day.

Stay Safe ; Stay Healthy!!

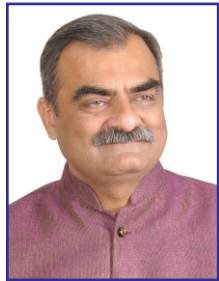
Long live IMA!!

Jay Hind!!

**Dr. Parash M. Majmudar**  
(President, G.S.B.,I.M.A.)



## HON. STATE SECRETARY'S MESSAGE



Dear Members

*"To laugh often and much;  
To win the respect of intelligent people;  
To earn the appreciation of honest critics;  
To appreciate and find beauty in others;  
To leave the world a bit better;  
To know that one life breathed easier because  
YOU lived here.  
This is to have succeeded."*

As time flies, it seems just another day when we took over the reins. But the roller coaster flow of events in medical practice has literally kept us on our toes. It may seem to be a healthy season, but the recent upsurge of cases and the evolution of variants in Coronavirus, has meant that the medical fraternity is always on tenterhooks.

Salutations to our profession and all those who practise it diligently that we as a society and the country as a whole breathe easier in these tough times.

Coming back to our objective, it is highly appreciable that the younger generation is very much inclined to render their services actively in the organization and be a part of the movement called Indian Medical Association. The past few days have seen a brisk increase in the number of memberships and congratulations to all branches of IMA who have performed brilliantly to ensure that our aphorism is successfully achieved.

The youth of today are the leaders and transformers of tomorrow. It is truly appreciable that so many of the Gen Z .., the young generation call themselves this, have shown an active interest in IMA and have registered themselves in huge numbers.

**A special mention for our Ahmedabad branch of IMA (AMA) which has registered the highest number of memberships i.e., more than 1700 in a short span of 15 days. It is for the first time in the history that such a feat has been achieved. Truly enviable and appreciable.**

IMA is literally in the forefront in assuring the safety and security of all its members. Hence IMA has launched various schemes which are of fundamental importance to the clinician. Therefore, a sincere request to be a member of all these schemes and utilize their services for your exclusive personal benefit.



An essential and integral project of the IMA – Aao Gaon Chale – is to bring holistic and integrated development of the villages in India. Since our country is rurally inclined, it becomes our moral responsibility to contribute our services for this unheralded yet ambitious project.

***"The journey of a thousand miles starts with a single step."***

15<sup>th</sup> January is observed as IMA Community Day every year, IMA GSB has decided that this year it will be observed on 16<sup>th</sup> January in memory of Late Dr. Ashok Kanodia Past Hon. State Secretary. A diligent and sprightly member of our association, he had dedicated his life for the care, upliftment and well-being of the diaspora in our society. The onus is on us now to carry this legacy ahead and serve the community to the fullest of our abilities.

The recent pandemic has thrown the spotlight on the medical fraternity and each and every doctor is in the limelight for some reason or other. The media, the society and the governing bodies as a whole are focussing all their attention on our humble profession. So, it becomes imperative for all of us to become more proactive and interactive with almost all our patients as well the general public as a whole. It is only through communication that we can solve a majority of issues that hamper our daily routine.

The young generation who are at the threshold of their graduation are being bombarded with all the cynicism with relation to medical profession as a whole. Thus it is very essential to channel up positive momentum amongst today's youth by the senior members of our profession. They should pitch in their efforts and prevent the brain drain that is seriously plaguing the youth of today and encourage more of the students to enrol for the medical profession.

It's that time of the year when the mistletoes glisten and people across the world celebrate the festival of giving and sharing. Many a happy moment has been drowned in the sorrow of a few sad turn of events. We sit back and reminisce on the topsy-turvy ride that the year has gone through. With a lot of questions unanswered, let us hope the New Year brings in a new ray of hope, positivity and beautiful wishes.

***"Our greatest weakness lies in giving up."***

***The most certain way to succeed is always to try one more time."***

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



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

27-11-2021 Meeting held regarding Clinical Establishment act at Gandhinagar, chaired by Shri Manoj Aggrawal, IAS, Additional Chief Secretary, Health and Family Welfare Dept., with Govt dignitaries and IMA GSB Doctors Dr. Mehul J. Shah, Hon. State Secretary, Dr. Bipinbhai M. Patel, Chairman, PPS, Dr. Monaben Desai, Dr. Bharat Gadhavi, Dr. Kartik & online Dr Pareshbhai Majmudar, President, IMA GSB, Dr Anilbhai Nayak, Dr Prafulbhai Desai, Dr Mahendrasinh Chauhan, Dr Nirmal Choraria and members, shared and discussed all the inputs regarding CE Act & Rules, in positive, productive and healthy environment.

\* \* \* \* \*

### CONGRATULATIONS



**Dr. Anuja Desai**, Ophthalmologist at KD Hospital had an honour of receiving the Eye Health Heroes 2021 award from the International Agency for Prevention of Blindness (IAPB), London. An organisation based in London that promotes eye health globally. This year there were 81 winners worldwide in different categories, of which She was the only Indian doctor to be felicitated in the Change-makers category. VISION 2020/IAPB

\* \* \* \* \*

### 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.**



### NEW LIFE MEMBERS

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

We welcome our new members

L_M_No.	NAME	BRANCH
LM/30538	Dr. Mehta Rutvi Vinitbhai	Viramgam
LM/30539	Dr. Kanani Shivani Ashokbhai	Junagadh
LM/30540	Dr. Zalavadia Maulik Amrutlal	Junagadh
LM/30541	Dr. Patel Sandip Narayanbhai	Mehsana
LM/30542	Dr. Malivad Virendrasinh Laxmansinh	Himatnagar
LM/30543	Dr. Patel Mihir Ambalal	Mehsana
LM/30544	Dr. Patel Urvashi Amrutlal	Mehsana
LM/30545	Dr. Suthar Jigar Ashwinkumar	Himatnagar
LM/30546	Dr. Suthar Mamtaben Kanaiyalal	Himatnagar
LM/30547	Dr. Prajapati Milan Jitendrakumar	Mehsana
LM/30548	Dr. Mehta Vaibhav Pravinchandra	Anjar-Kutch
LM/30549	Dr. Velani Kuladip Chandrakant	Anjar-Kutch
LM/30550	Dr. Saliya Sagar Pravinbhai	Anjar-Kutch
LM/30551	Dr. Dabgar Archana Chandrakant	Anjar-Kutch
LM/30552	Dr. Patel Dhaval Rameshbhai	Palanpur
LM/30553	Dr. Patel Ritesh Maganbhai	Palanpur
LM/30554	Dr. Patel Vishank Harilal	Palanpur
LM/30555	Dr. Chaudhary Vashram Devjibhai	Palanpur
LM/30556	Dr. Makwana Parth Natvarbhai	Palanpur
LM/30557	Dr. Ven Bhavna Tejabhai	Palanpur
LM/30558	Dr. Kadia Tajna Atulkumrar	Palanpur
LM/30559	Dr. Zaloriya Vinod Mohanbhai	Palanpur
LM/30560	Dr. Kambad Dharmik Manjibhai	Mahuva
LM/30561	Dr. Prajapati Megha Sureshbhai	Himatnagar
LM/30562	Dr. Patel Gaurang Dineshbhai	Mehsana
LM/30563	Dr. Patel Jinal Rameshbhai	Mehsana
LM/30564	Dr. Patel Bipin Chandulal	Nakhtrana
LM/30565	Dr. Gandhi Jigar Ketankumar	Patan



## Report of CME on HIV care, support & treatment

Every year 1st December is observed as World AIDS DAY. In that context, a CME on "HIV care, support & treatment" was organised in collaboration with Gujarat State AIDS Control Society & Alliance India on 5-12-2021, 11.00 am to 1.00 pm at Hotel Sarovar Portico, Khanpur, Ahmedabad. All the relevant topics were nicely covered by the experts including Dr Rajesh Gopal, Additional project director, GSACS; Dr. Anup Amin, Joint Director, BSD\_GSACS; Dr Manoj Sevkani, infectious disease specialist; Dr Rajesh Patel, Joint Director, CST\_GSACS & Mr Mayur Solanki, State coordinator, Alliance India. It was very nice & informative. The program was also simultaneously broadcast online. Offline it was attended by 30 doctors. The event was Coordinated by Dr Tushar Patel.

\* \* \* \* \*

### OBITUARY

We send our sympathy & condolence to the bereaved family

Dr. Charania Sajjadali V. 30-09-2021 Mahuva  
Dr. Khamar Rameshchandra L. 05-11-2021 Mehsana

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

\* \* \* \* \*

### BRANCH ACTIVITY

#### GANDHIDHAM

21-11-2021 Free medical camp  
28-11-2021 Sports function. More than 200 participants in all sports.

#### KALOL

26-11-2021 "Scope of Neurosurgery in Kalol" by Dr. Kushal Shah.  
"Management of Acute Ischemic Stroke" by Dr. Jignesh Prajapati.



#### MEHSANA

20-11-2021 Organs Donation Public Awareness program in multispeciality hospital of Mehsana.  
24-11-2021 IMA Membership Drive by Mehsana Branch, at Nootan Medical College & Research Centre, Visnagar.  
30-11-2021 Pooja at newly purchased IMA Mehsana Hall, very spacious & ventilated for activities.  
04-12-2021 IMA Cricket Tournament.

#### MORBI

01-11-2021 Free Diagnostic Camp. Total 176 patients were benefited.  
19-11-2021 "Case presentation" by Dr. Vivek Jivani.  
"Comprehensive care of brain death patient for organ donation" by Dr. Amit Patel. Total 22 doctors were present.  
21-11-2021 Free Blood Sugar Camp. Total 12 diabetes patients were benefited.  
28-11-2021 Free diagnostic and operative camp. Total 280 patients seen and 7 patients were operated.  
30-11-2021 Talk to raise awareness about Corona Vaccination delivered & plan on Covid vaccination. Stamp on prescription.

#### NAVSARI

24-11-2021 "Nephrology" by Dr. Kamlesh Parikh, Renal Transplant Specialist, Vadodara.

#### PALITANA

07-11-2021 "Approach to head and neck Cancer" by Dr. Nirav Thadeshwar.  
"Thrombolysis in Stroke" by Dr. Manish Patni.  
"Approach to lower back pain" by Dr. Sandeep Solanki.

#### RAJKOT

22-11-2021 Membership Drive programme at PDU Medical College, Rajkot



# INDIAN MEDICAL ASSOCIATION

## GUJARAT STATE BRANCH

OFFICE : 2nd FLOOR, A.M.A. HOUSE, OPP. H. K. COLLEGE, ASHRAM ROAD, AHMEDABAD-380 009.  
Phone : (079) 2658 73 70 E-mail : imagsb@gmail.com Website : www.imagsb.com



**PRESIDENT :**  
**DR. PARESH M. MAJUMDAR** Vadodara  
Mobile : 98240 65895

**HON. STATE SECRETARY :**  
**DR. MEHUL J. SHAH** Ahmedabad  
Mobile : 98250 51162

**IMM. PAST PRESIDENT**  
DR. DEVENDRA R. PATEL Ahmedabad

**HON. TREASURER**  
DR. TUSHAR B. PATEL Ahmedabad

**VICE PRESIDENTS**  
DR. MEHUL N. SHELAT Ahmedabad  
DR. ANIL D. PATEL Central Zone  
DR. RAJIV D. VYAS South Zone  
DR. BHUPESH K. CHAVDA Surat Zone  
DR. KAILASBEN M. PARIKH Vadodara Zone  
DR. BHAVIN B. GAMI West Zone  
DR. AMIT AGRAVAT Rajkot Zone

**HON. JOINT SECRETARY**  
DR. SHAILENDRA N. VORA Ahmedabad

**HON. ASST. SECRETARY**  
DR. BHARAT I. PATEL Ahmedabad

**HON. ZONAL JT. SECRETARIES**  
DR. NIRAV MODI Ahmedabad  
DR. RAJNIKANT PATEL Central Zone  
DR. BIJAL KAPADIA South Zone  
DR. SURENDRA PRAJAPATI Surat Zone  
DR. MAHESH BHATT Vadodara Zone  
DR. NARESH JOSHI West Zone  
DR. RASHMIKANT UPADHYAY Rajkot Zone

**SCIENTIFIC COMMITTEE**  
Hon. Secretary  
DR. BHUPENDRA M. SHAH Himatnagar

**GUJARAT MEDICAL JOURNAL**  
Editor  
DR. KAMLESH B. SAINI Ahmedabad

**COLLEGE OF G.P.**  
Director  
DR. KIRIT C. GADHAVI Ahmedabad

**ACADEMY OF MEDICAL SPECIALITIES**  
Chairman  
DR. VIDYUT J. DESAI Ahmedabad

**SOCIAL SECURITY SCHEME**  
Hon. Secretary  
DR. JITENDRA B. PATEL Ahmedabad

**PROFESSIONAL PROTECTION SCHEME**  
Chairman  
DR. BIPIN M. PATEL Ahmedabad

**HEALTH SCHEME**  
Chairman  
DR. NAVNEET K. PATEL Ahmedabad

**FAMILY WELFARE SCHEME**  
Hon. Secretary  
DR. JITENDRA B. PATEL Ahmedabad

**HOSPITAL BOARD OF INDIA**  
Chairman  
DR. PARTH N. PATEL Ahmedabad

Ref No. \_\_\_\_\_ Date: 15-12-2021

To  
All Local branches Presidents / Secretaries,  
All State Working Committee Members.

Sub: To observe IMA Community Service Day (15th January) under the Banner of IMA Aao Gaon Chalen Programme in memory of Late Dr. Ashok D. Kanodia (Past. Hon. State Secretary, GSB IMA).

Dear Colleagues,

Season's greetings.


As cited in above subject, we request all Zones of GSB IMA to observe IMA Community Service Day on 16th January, Sunday. GSB Office has decided that Zonal Vice President & Zonal Joint Secretary will be coordinate & will take up responsibility to arrange community activities. You may organize activity like;


1. Health Checkup camp.
2. Blood Donation Camp.
3. Distribution of Blanket/Food/Grain Kit to needy person.
4. Any other community service of your choice.

Please send your activity report with photographs to GSB IMA office or Email: imagsb@gmail.com

Thanking you,

Yours Sincerely,

  
Dr. Parash M. Majmudar  
President

  
Dr. Kamlesh Saini  
Co-ordinator

  
Dr. Mehul J. Shah  
Hon. State Secretary



# INDIAN MEDICAL ASSOCIATION

## GUJARAT STATE BRANCH

OFFICE : 2nd FLOOR, A.M.A. HOUSE, OPP. H. K. COLLEGE, ASHRAM ROAD, AHMEDABAD-380 009.  
Phone : (079) 2658 73 70 E-mail : imagsb@gmail.com Website : www.imagsb.com



**PRESIDENT :**  
**DR. PARESH M. MAJUMDAR** Vadodara  
Mobile : 98240 65895

**HON. STATE SECRETARY :**  
**DR. MEHUL J. SHAH** Ahmedabad  
Mobile : 98250 51162

**IMM. PAST PRESIDENT**  
DR. DEVENDRA R. PATEL Ahmedabad

**HON. TREASURER**  
DR. TUSHAR B. PATEL Ahmedabad

**VICE PRESIDENTS**  
DR. MEHUL N. SHELAT Ahmedabad  
DR. ANIL D. PATEL Central Zone  
DR. RAJIV D. VYAS South Zone  
DR. BHUPESH K. CHAVDA Surat Zone  
DR. KAILASBEN M. PARIKH Vadodara Zone  
DR. BHAVIN B. GAMI West Zone  
DR. AMIT AGRAVAT Rajkot Zone

**HON. JOINT SECRETARY**  
DR. SHAILENDRA N. VORA Ahmedabad

**HON. ASST. SECRETARY**  
DR. BHARAT I. PATEL Ahmedabad

**HON. ZONAL JT. SECRETARIES**  
DR. NIRAV MODI Ahmedabad  
DR. RAJNIKANT PATEL Central Zone  
DR. BIJAL KAPADIA South Zone  
DR. SURENDRA PRAJAPATI Surat Zone  
DR. MAHESH BHATT Vadodara Zone  
DR. NARESH JOSHI West Zone  
DR. RASHMIKANT UPADHYAY Rajkot Zone

**SCIENTIFIC COMMITTEE**  
Hon. Secretary  
DR. BHUPENDRA M. SHAH Himatnagar

**GUJARAT MEDICAL JOURNAL**  
Editor  
DR. KAMLESH B. SAINI Ahmedabad

**COLLEGE OF G.P.**  
Director  
DR. KIRIT C. GADHAVI Ahmedabad

**ACADEMY OF MEDICAL SPECIALITIES**  
Chairman  
DR. VIDYUT J. DESAI Ahmedabad

**SOCIAL SECURITY SCHEME**  
Hon. Secretary  
DR. JITENDRA B. PATEL Ahmedabad

**PROFESSIONAL PROTECTION SCHEME**  
Chairman  
DR. BIPIN M. PATEL Ahmedabad

**HEALTH SCHEME**  
Chairman  
DR. NAVNEET K. PATEL Ahmedabad

**FAMILY WELFARE SCHEME**  
Hon. Secretary  
DR. JITENDRA B. PATEL Ahmedabad

**HOSPITAL BOARD OF INDIA**  
Chairman  
DR. PARTH N. PATEL Ahmedabad

Date: 20-12-2021

To  
Shri Narendra Modi Ji  
Hon'ble Prime Minister of India

**Sub: Consensus Statement of Members of Indian Medical Association (HQs) doctors regarding "EXCLUSION" of medical professionals from the Consumer Protection Act 2019 (CPA).**

Respected Sir,

The Consumer Protection Bill, 1986 was passed by both the Houses of Parliament and it received the assent of the President on 24th December 1986. It came on the Statutes Book as THE CONSUMER PROTECTION ACT, 1986 (68 of 1986). The Legislature while drafting the Bill, 1986 had specifically not included the services provided by the medical professionals in the term of services.

Accordingly, medical practitioners who belong to the medical profession are not covered under the Consumer Protection Act.

As per supreme court judgement in the case of "Indian Medical Association versus V P Shantha, AIR 1996 SC 550", Healthcare was included in CPA 1986 Act.

**Consumer Protection Act, 2019:** The Consumer Protection Bill, 2019 has been passed by both Houses of Parliament i.e. Lok Sabha (30th July 2019) and Rajya Sabha (6th August 2019). Thus, a new law on consumer protection has been enacted i.e. the Consumer Protection Act, 2019.

THE NEW ACT DOES NOT INCLUDED SERVICE RENDRED BY MEDICAL PROFESSIONALS.

SO NOW, IN THE NEW ACT OF 2019, THE TERMS "MEDICAL PROFESSION", "HEALTHCARE", "DOCTORS", ETC. ARE NOT MENTIONED.

**LEGISLATIVE INTENT:**


Even though, the landmark precedents as laid down by the Hon'ble Supreme Court of India cover the medical profession/healthcare under the purview of Consumer Protection Act, the Legislature never intended to cover the services rendered by the medical professionals under Consumer Protection Act. It is also to mention that medical professional services are not covered under GST.


**APPEAL:**

Indian Medical Association (HQs) Doctors' requests you to intervene so that the medical professionals are included in the "EXCLUSION" list of the services under Consumer Protection Act.

Thanks & Regards

Yours Sincerely,

  
Dr. Parash M. Majmudar  
President

  
Dr. Mehul J. Shah  
Hon. State Secretary



# Gujarat Medical Council

No.GMC/3/11822/21 of 2021

Tele-Fax: 079-22680534  
E.mail: [mail@gmcgujarat.org](mailto:mail@gmcgujarat.org)  
**REGISTERED**

1<sup>ST</sup> Floor, Old Nursing College  
Building, Nr. M. P. Shah Cancer  
Hospital, Civil Hospital Campus,  
Asarwa, AHMEDABAD-380016.

Date: 20-10-2021

To,  
**Foreign Medical Graduates,**  
Registered on MBBS Register,  
Gujarat Medical Council.

## NOTICE

All Foreign Medical Graduates, registered with this Medical Council, to take note that,

1. Degrees of medical qualification, Foreign Medical Graduates, obtained from medical institutions outside India are being given in different names like "M. D Physician", "Doctor of Medicines" etc. but these medical qualifications being **equivalent to M.B.B.S. (Medical Graduate) in India** they are registered as Medical Practitioner on the M.B.B.S. register by this Medical Council,
2. Hence, such FMG Medical Practitioners who are registered on MBBS register are required to mention the degree as such on their letter heads, rubber stamps, sign boards, etc. and not name of degrees which may create expressions that they are possessing some specialized qualification or higher degree than MBBS. Mentioning degrees in such manner is contrary to the provisions of the Gujarat Medical Council Act, 1967 and various other laws.
3. Necessary actions will be initiated by this Council against the concern **Foreign Medical Graduate registered Practitioners** and will be liable for the appropriate action under provisions of the Gujarat Medical Council Act, 1967, if any breach in this regard will come or brought on notice of the Council.

Yours Faithfully,

HON. REGISTRAR,  
GUJARAT MEDICAL COUNCIL



# Gujarat Medical Council

No.GMC/3/11822/21 of 2021

Tele-Fax: 079-22680534  
E.mail: [mail@gmcgujarat.org](mailto:mail@gmcgujarat.org)  
**REGISTERED**

1<sup>ST</sup> Floor, Old Nursing College  
Building, Nr. M. P. Shah Cancer  
Hospital, Civil Hospital Campus,  
Asarwa, AHMEDABAD-380016.

Date: 20-10-2021

To, Whomsoever it may Concerned,  
Medical Practitioners,  
Registered with Gujarat Medical Council.

## NOTICE

All Medical Practitioners, registered with this Medical Council, are informed with this notice that,

1. Any Medical Practitioner who possess **Additional and/or Special Qualification/Degree** other than MBBS wants to practice medicines in the State as specialist in accordance with that **Additional and/or Special Qualification/Degree**, requires compulsory registration of that Additional and/or Special Qualification/Degree.
2. Practicing medicines in the State as **specialist** by any Medical Practitioner **who is not duly registered** for that **Additional and/or Special Qualification/Degree**, in the Register kept for the same in the Council, will be liable for the action under provisions of the Gujarat Medical Council Act, 1967 and the Gujarat Medical Practitioners' Act, 1963.
3. **Practicing as specialist without the registration of that Additional and/or Special Qualification/Degree** is not only an offence but also an actionable misconduct as described in Section 22(1)(c) of the Gujarat Medical Council Act, 1967 and Indian. Medical Council.
4. As far as visiting consultants having **Additional and/or Special Qualification/Degree** and who are register with NMC or in their concern State Medical Council as specialist in accordance with that **Additional and/or Special Qualification/Degree** are not required for registration for their periodical visit, but if they practice for the long term in the Gujarat State they are also liable for the aforesaid registration. Whereas, Medical Practitioners having **Additional and/or Special Qualification/Degree** registered with other States but serving as Government/Private employees in Gujarat are required to get themselves registered for their **Additional and/or Special Qualification/Degree** with this Council.
5. Necessary actions will be initiated by this Council if any breach in this regard will come or brought on notice of the Council.

Yours Faithfully,

HON. REGISTRAR,  
GUJARAT MEDICAL COUNCIL



### 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 November 2021 in addition to their routine work. These are as under :

01-11-2021 to 30-11-2021 : Intra domestic house to house survey & Covid-19 Vaccination by the centers of Ahmedabad

Rander - Surat : Mothers : 1000 Iron Tablet, were distributed

Nanpur - Surat : Mothers : 500 Calcium Tablets,  
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 :

#### NOVEMBER 2021

No.	Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi (Jamalpur Ward)	958	325	1283
(2)	Behrampura (Sardarnagar Ward)	1466	376	1842
(3)	Bapunagar (Potalia Ward)	1228	233	1461
(4)	Dariyapur (Isanpur Ward)	1488	135	1623
(5)	Gomtipur (Saijpur Ward)	3036	443	3479
(6)	Khokhra (Amraiwadi Ward)	1853	85	1938
(7)	New Mental (Kubernagar Ward)	1169	52	1221
(8)	Raikhad (Stadium Ward)	503	78	581
(9)	Wadaj (Junawadaj Ward)	994	156	1150
(10)	Junagadh	—	—	—
(11)	Rander-Surat	—	—	—
(12)	Nanpura-Surat	—	—	—
(13)	Rajkot	1057	288	1345



#### NOVEMBER - 2021

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	20	—	33	9030	528
(2)	Behrampura (Sardarnagar Ward)	14	—	27	2400	1033
(3)	Bapunagar (Potalia Ward)	12	—	20	13386	226
(4)	Dariyapur (Isanpur Ward)	25	—	40	10400	766
(5)	Gomtipur (Saijpur Ward)	20	—	40	10400	418
(6)	Khokhra (Amraiwadi Ward)	36	—	37	5160	292
(7)	New Mental (Kubernagar Ward)	16	—	45	17925	646
(8)	Raikhad (Stadium Ward)	32	—	45	18180	735
(9)	Wadaj (Junawadaj Ward)	08	—	41	13000	2788
(10)	Junagadh	16	—	49	6500	216
(11)	Rander-Surat	21	—	27	960	44
(12)	Nanpura-Surat	07	—	07	690	10
(13)	Rajkot	04	01	26	5300	290





## PROFESSIONAL PROTECTION SCHEME; G.S.B. I.M.A.

“P. P. S. House”, Beside Sakar-V Building, Nr. Mithakhali Railway Crossing,  
Off Ashram Road, Navrangpura, Ahmedabad-380009.

Tele No. : 079-2658 8929 E-mail : ppsgsbima1@yahoo.in

Website : www.ppsgsbima.com

### Sub.: Organisation of Educative Zonal Seminar by

### Local Branch and Financial Assistance by P.P.S. GSB-IMA.

Professional Protection Scheme has arranged successfully Educational Seminars since many years. The last one was held at Ahmedabad Branch.

Looking to the success of these Seminars in educating and awakening our members in prevention and defence of litigations arising as a result of professional negligence or deficiency of service, PPS has decided to have two such Zonal Educative Seminars in each zone of Gujarat State Branch of I.M.A.

The subject of such Educational Programme shall be in relation to

1. Consumer Protection Act
2. Professional Negligence and Deficiency in service
3. Prevention and Defence of such litigation and other related Topics
4. Laws Governing the Medical Practice.

If any branch wishes to have such Zonal Seminar then please, apply to the P.P.S. Office through branch Secretary before 31<sup>st</sup> March.

**Dr. Bipin M. Patel**  
Chairman



## PROFESSIONAL PROTECTION SCHEME; G.S.B. I.M.A.

“P. P. S. House”, Beside Sakar-V Building, Nr. Mithakhali Railway Crossing,  
Off Ashram Road, Navrangpura, Ahmedabad-380009. Tele No. : 079-2658 8929

E-mail : ppsgsbima1@yahoo.in Website : www.ppsgsbima.com

Attention Please !! - ALL THE MEMBERS OF P.P.S.

### RENEWAL NOTICE : 2022-2023

For the FY 2022-23 Annual Membership Contribution will be as below:

MBBS : . 100/- Specialists : . 500/-

Office Time for Payment : 2-00 p.m. to 6-00 p.m.

LAST DATE OF PAYMENT 31-03-2022

Dear Member,

““For the FY 2022-23 annual membership contribution will be as below :  
MBBS- Rs. 100/- Specialists- Rs. 500/-.

For the subsequent years fee structure will be as per the committee's decision.

Thanking You - Professional Protection Scheme, GSB, IMA

Professional Protection Scheme has already sent a notice along with a Renewal Application form for renewing the membership before 31<sup>st</sup> March, 2022 for the year 2022-2023 "By Registered Post January 2022 to all the members.

We request you to draw kind attention towards the constitution of P.P.S.G.S.B.I.M.A.

**Clause 10/B :-** A member who does not pay the annual membership fee in advance – before 31<sup>st</sup> March (before the expiry of the indemnity cover) shall be discontinued without any notice.

**Clause 10/C :-** However if a discontinued member wants to revive his/her membership within one month of the expiry of the indemnity cover he/she shall pay annual membership fee only, but the indemnity covered shall be provided from the day of revival of the membership.”

**Clause 10/D :-** After one month if a member wants to rejoin the scheme, he/she shall be treated as a new member and he/she shall have to pay admission fees as well as annual membership fees.”

**N.B. : The Renewal Notice will be posted individually in the 1<sup>st</sup> week of January 2022.**

For Online : **Renewal**  
Please visit our  
**Website : www.ppsgsbima.com**

**Dr. Bipin M. Patel**  
Chairman



## Glaucoma Awareness Month in JANUARY !

### WHAT IS GLAUCOMA?

Glaucoma is a group of progressive diseases that affect the optic nerve. In most cases it is characterized by a rise in the intraocular pressure (IOP), although there are situations where the patient may have glaucoma despite a seemingly normal IOP. It is known as the “silent thief of vision” as it is usually not diagnosed in routine practice until it reaches an advanced stage. If left untreated, it may cause blindness. Glaucoma is the second leading cause of blindness in the world, according to the World Health Organization.

### What are the risk factors of Glaucoma?

1. Anyone from a newborn to a senior citizen can develop glaucoma, the risk varies for different age groups. Anyone above the age of 40 should get glaucoma screening done at least once a year.
2. Family history is the most important factor. A positive family history of glaucoma in 1st degree relatives increases the risk from four to nine times.
3. Patients with diabetes mellitus, hypertension and vascular diseases are at a higher risk of developing glaucoma.
4. Some literature also points towards high risk of glaucoma when doing pranayam or inverted head positions in yoga or with heavy weight lifting.

### DIAGNOSIS OF GLAUCOMA

#### What are the symptoms and signs of Glaucoma?

Most glaucomas have no discernible symptoms. There is no pain, no perceived loss of vision, and no redness in cases diagnosed as open angle glaucoma. When the disease is very advanced, then an individual may notice the loss of vision. Vision loss begins with peripheral or side vision. Patients may compensate for this unconsciously by turning the head to the side, and may not notice anything until central vision is affected. In cases identified as angle closure glaucoma, the patient may experience severe pain, redness of eye, blurred vision along with headache and nausea when there is an acute rise in IOP. This warrants immediate intervention.



### How is Glaucoma diagnosed?

The mainstay of glaucoma diagnosis is awareness and routine screening particularly if the patient has any of the above mentioned risk factors. Also some of the medications such as Topiramate, anti-psychotics and anti-cholinergics taken for other health issues are known to cause acute IOP spike hence a general physician needs to be aware of the same before prescribing them.

The best way to test for glaucoma is through a comprehensive eye exam with an ophthalmologist which includes evaluation of your angle (gonioscopy), and your optic nerve with dilation if appropriate. Additionally, a visual field test and optic nerve photograph or analysis may also be performed.

### GLAUCOMA TREATMENT

#### How is Glaucoma treated?

Glaucoma is not curable, and vision lost cannot be regained. With medication and/or surgery, it is possible to halt further loss of vision. Since glaucoma is a chronic condition, it must be monitored for life. Diagnosis is the first step to preserving your vision. One of the most important principles of glaucoma care is the treat the disease before the patient starts to notice the loss of vision. Taking your medication as prescribed to save your vision cannot be overemphasized.

#### What treatment modalities are available in Glaucoma?

Glaucoma treatment usually begins with eye drops. There are different classes of eye drops that can be given based on the IOP at presentation, level of optic nerve damage and patient compliance to eye drop usage and followup. Most early glaucoma patients remain stable with just eye drops. In some cases multiple eye drops need to be prescribed if the target IOP is not achieved. It is imperative that the patients understand that anti-glaucoma medications need to continue as long as your ophthalmologist advises to. Also, taking eye drops consistently (compliance) reduces the likelihood of pressure fluctuation (diurnal variation). Inconsistent use of drops will vary the IOP and has been scientifically proven to be detrimental to glaucoma.



Another modality of glaucoma treatment is lasers. There are different laser based treatments based on the type of glaucoma a patient has. The most commonly performed laser procedures are 1) Laser iridotomy, 2) Laser trabeculoplasty and 3) Cyclophotocoagulation. These can be done either as a primary intervention or in addition to eye drop use.

The surgical treatment of glaucoma includes 1) Filtering surgery - trabeculectomy, 2) Minimally invasive surgeries and 3) Aqueous shunts. The type of surgery that is best suited for a particular patient is based on many factors such as the type of glaucoma, target IOP, shape of the eye, prior eye surgeries, among other factors. Therefore it is best to discuss whether if a patient is a candidate for a particular type of surgery with the ophthalmologist.

#### **How frequent should a patient follow up?**

This varies based on the type and degree of glaucoma. This may range from every 3 months to every year in stable patients or more often if there are concerning findings. Counseling plays the most important role in glaucoma as a small subset of patients will eventually go blind due to it. It should be clearly explained that compliance and regular follow up are the key to preventing substantial glaucoma progression.

In India, glaucoma is the leading cause of irreversible blindness with at least 12 million people affected and nearly 1.2 million people blind from the disease.

#### **Medical management is divided in to 5 categories**

1. Prostaglandin analogues
2. Beta blockers
3. Alpha adrenergic agonists
4. Carbonic anhydrase inhibitors
5. Miotics / anticholinergics

Newer drugs in the category of Rho-Kinase inhibitors have been introduced recently



#### **Surgical treatment of glaucoma includes**

- 1) Filtering surgery - trabeculectomy. Since 1961 it has been quickly established as the gold standard of glaucoma surgery. Further variations in technique, the introduction of antimetabolites, collagen implants, releasable sutures, laser suture lysis and anti VEGFs (anti vascular endothelial growth factor) yielded even better results. As a result of the above, the success rate of modern trabeculectomy in experienced hands is estimated between 60 and 100%, depending on patient selection, definition of success and length of follow-up. Surgeons in India often perform early or even primary trabeculectomy owing to logistics of adherence to therapy, socio economic status or patients presenting at an advanced stage.
- 2) Aqueous shunts or Glaucoma Drainage Devices - These devices historically had been reserved for refractory glaucomas at high risk of failure with standard filtering surgery, mainly as a surgery of last resort. Glaucoma Drainage Devices have attained success rates ranging between 25 and 94%, most commonly above 60%, depending on the type of shunt used, however the high cost factor along with unique set of tube related complications with these devices have led to ophthalmologists preferring to use them only in refractory cases in India. The most commonly used devices are Ahmed valve and the non-valved Baerveldt implant.
- 3) Minimally invasive surgeries - these are the newer "blebless" surgeries which do not involve deep filtration techniques leading to lesser complications. There have been a multitude of devices developed in this category which have variable success rates in comparison to traditional approaches. MIGS or Non penetrating surgeries do not give the same success rate as trabeculectomy however they still produce acceptable or excellent long-term pressure reduction. Unfortunately, most of the published follow-up periods are short, being of the order of 1 year or less, and the definitions of success vary greatly.

**Dr. Anuja Desai (MS, FMRF)**  
**Dr. Parin Mehta (MS, FGNN)**  
KD Hospital



## Cervical Cancer Awareness Month in JANUARY !

✔ Get Screened ✔ Get Tested

### Overview of prevention and screening of cervical cancer

Cervical cancer still remains the most common cancer affecting the Indian women. India alone contributes 25.41% and 26.48% of the global burden of cervical cancer cases and mortality, respectively. Unlike most other cancers, cervical cancer can be prevented through screening by identifying and treating the precancerous lesions, any time during the course of its long natural history, thus preventing the potential progression to cervical carcinoma. Screening can reduce both the incidence and mortality of cervical cancer. In India, a large proportion of these cancer cases present in advance stages at the time of diagnosis, when cure is not possible. Screening for cervical cancer is essential as the women often do not experience symptoms until the disease has advanced. Women with preinvasive lesions have a five-year survival rate of nearly 100%. Detection of CIN or precancerous lesions such as carcinoma-in-situ leads to a virtual cure with the use of current methods of treatment. In the absence of screening, nearly 70% of cervical cancer patients in India present in stages III and IV. Nearly 20% of women with cervical cancer die within the first year of diagnosis and the 5-year relative survival rate is 50%.

### Risk factors and natural history of Cervical Precancers and Cancers

Persistent infection with high-risk types of HPV is the necessary but not sufficient cause of cervical cancer. Persistent infection with high-risk HPV types may lead to precursor lesions of the cervix, referred to as CIN, which is epithelial cellular change, where the ratio of the cell nucleus to the size of the cell is increased. CIN is graded as CIN1 (mild), CIN2 (moderate), or CIN3 (severe) depending on the proportion of the thickness of the epithelium showing mature, differentiated, and undifferentiated cells. CIN usually occurs in the transformation zone of the cervix near the squamocolumnar junction. Invasive cervical cancer develops from CIN – mild to moderate to severe CIN and then to cancer over a prolonged period of time, usually 7 to 20 years. Most mild CINs spontaneously regress, but some may progress to higher grade CIN. Moderate or severe CIN should be treated as it carries a much higher probability of



progressing to invasive cancer, although a proportion of such lesions also regress or persist. If women with CIN3 fail to receive treatment, then about 30% of them will progress to cervical cancer. Less than 50% of women who develop HPV infection will show persistence of the same HPV type 12 months later. The incidence of the spontaneous development of cervical cancer is about 1 per 200-300 women with HPV infection. In addition to infection with high-risk type HPV, early onset of sexual activity (younger than 18 years), multiple sexual partners, history of one or more sexually transmitted infections, such as Chlamydia infection or genital herpes or HIV, use of tobacco, having a partner whose former partner had cervical cancer, having suppressed immune function from, for example, HIV or the use of chemotherapeutic medications to treat cancer or women with transplanted organs and steroid medications, long-term use (5 or more years) of birth control pills, dietary deficiencies in vitamin A, folate (vitamin B9), beta-carotene, selenium, vitamin E, and vitamin C (scientific data are not entirely conclusive at this time), family history of cervical cancer, women who do not undergo screening, women who do not follow up with testing or treatment after an abnormal Pap or other screening test, as told by their healthcare provider, and women belonging to low socioeconomic status.

### Symptoms

Symptoms generally do not appear until abnormal cervical cells become cancerous and invade nearby tissue. The most common symptoms are copious foul-smelling vaginal discharge, abnormal bleeding or inter-menstrual bleeding, postcoital bleeding, postmenopausal bleeding or backache.

### Different Screening/Diagnostic tests to detect Cervical Precancers and Cancers

#### ◆ Cytology-based screening

The different types of cytology are as follows:

- Pap test with conventional cytology
- Pap test using liquid-based cytology
- Automated pap smears



### ◆ Visual examination of cervix

- a. Unaided visual inspection
- b. Visual inspection after application of acetic acid (VIA)
- c. VIA with magnification (VIAM)
- d. Visual inspection after application of Lugol's iodine (VILI)

### ◆ Colposcopy

### ◆ Human papillomavirus DNA test

WHO suggests using the following strategies for cervical cancer prevention:

- HPV DNA detection in a screen-and-treat approach starting at the age of 30 years with regular screening every 5 to 10 years

### Management of Cervical Precancers

Precancers are completely curable with appropriate treatment and regular follow-up. There is consensus agreement that cytology indicative of high-grade lesions (CIN2-3 or HSIL in the Bethesda system) should engender immediate referral for colposcopy and biopsy. The different modalities of managing precancers of the cervix are as follows:

#### Regular screening and follow-up

#### Cryotherapy

#### Loop electrosurgical excision procedure

#### Cervical conization

#### Laser ablation

### Recommendations for Cervical Cancer Prevention

Two ways of reducing the burden of cervical cancers. One is to detect and treat cervical precancers before they become true cancers, and the second is to prevent the development of precancers itself.

#### Regular screening and timely follow-up is necessary

According to American Cancer Society (ACS) guidelines, cervical cancer screening should ideally begin three years after the initiation of sexual intercourse. The women may be screened annually for the first three years, after which if three consecutive screening test results are normal, then once in two to three years screening suffices. The same recommendations apply



for women with subtotal hysterectomy. Women above 70 years with an intact cervix who have had three or more documented, consecutive, technically satisfactory normal cervical cytology tests and no abnormal or positive cytology tests within the 10-year period prior to age 70 years may elect to cease cervical cancer screening. Women who are immunocompromised (including HIV-positive women) should undergo screening twice in the first year after diagnosis of HIV infection and if the results are normal, then continue with annual screening. Other recommendations for prevention of cervical precancers and cancers are to avoid use of tobacco, practice safe sex, limit the number of sex partners, and choose a sex partner who has no other sex partners. Use of condoms consistently and correctly during sexual activity may offer some degree of protection. Condoms do not provide complete protection from HPV infection because this virus (unlike HIV) can spread by contact with any infected area of the body. Having a healthy diet and lifestyle and consuming diet rich in beta-carotene, vitamin C, and folate (vitamin B9) from fruits and vegetables is recommended. Vaccination with HPV, especially for women before sexual debut, is recommended whenever possible.

### Human papillomavirus vaccine

Currently, two vaccines, Cervarix manufactured by GSK and Gardasil manufactured by Merck, are available to protect women against HPV types 16 and 18, the oncogenic types responsible for about 70% of cervical cancers. One of these vaccines, Gardasil, also protects against HPV types 6 and 11 which causes genital warts. The vaccines are to be administered 0.5 ml intramuscularly in three doses over a period of six months (the schedule is 0, 2, and 6 months for Gardasil and 0, 1, and 6 months for Cervarix). The HPV vaccine is safe and effective, with no serious side effects.

Cervical cancer continues to be the single largest cancer among women in India. The goal of cervical screening is to identify and remove significant precancerous lesions in addition to preventing mortality from invasive cancer. The currently available vaccines do not protect against all cancer-causing types of HPV, so routine screening is still necessary.

#### Dr. Divyeshkumar Panchal

Gynec Oncologist & Endoscopic Surgeon

Associate Professor

GCS medical college & Hospital, Ahmedabad



## Medico-Legal

### A "Supreme Judgment" with manifold reliefs to Doctors and Hospital : Perhaps the year end gift for Doctors.

- a. Non availability of Operation Theatre is not a valid ground to hold Hospital Negligent :
- b. Non functioning of Machines and Equipments cannot be said to be Negligence.
- c. It is an incorrect assumption to say that, "since surgery was performed by a doctor, he alone would be responsible for different aspects of the treatment required and given to the patient".
- d. It is too much to expect from a doctor to remain on the bed side of the patient throughout his stay in the hospital.
- e. Every death of a patient cannot on the face of it be considered to be medical negligence.
- f. In spite of the treatment, if the patient had not survived, the doctors cannot be blamed as even the doctors with the best of their abilities cannot prevent the inevitable
- g. The doctor cannot be held liable for medical negligence by applying the doctrine of *res ipsa loquitur* for the reason that a patient has not favourably responded to a treatment given by a doctor or a surgery has failed.

Case Details : Before Hon. Supreme Court of India.

Bombay Hospital & Medical Research Centre (Appellants) Vs. Asha Jaiswal & Ors. (Complainants -Respondents)

[Civil Appeal Nos. 1658 & 2322 of 2010]

Before : Hon. HEMANT GUPTA & J. Hon. V. RAMASUBRAMANIAN JJs.

Judgment delivered on 30/11/2021

Judgment Link :

[https://main.sci.gov.in/supremecourt/2010/4109/4109\\_2010\\_11\\_1501\\_31713\\_Judgement\\_30-Nov-2021.pdf](https://main.sci.gov.in/supremecourt/2010/4109/4109_2010_11_1501_31713_Judgement_30-Nov-2021.pdf)



Facts in Short :

1. The present appeals were against an order passed by the National Consumer Disputes Redressal Commission on 06.01.2010 against the appellants i.e., Bombay Hospital and Dr. C. Anand Somaya, directing them to pay a sum of Rs. 14,18,491/- along with interest @ 9% p.a. from the date of filing of the complaint till the date of payment.
2. The Original Compliant was filed by the Respondents, i.e. the legal heirs of the deceased patient Mr. Dinesh Jaiswal, who was admitted in the said Hospital on 22.04.1998 and breathed his last on 12.06.1998, alleging Medical Negligence on Part of Doctors and Hospital resulting into death of the said patient .
3. The patient was admitted in the Hospital as an urgent case of Aorta Aneurism. The Doctor after DSA/CAT Scan and after other examination of the patient recorded that there were ischemic changes in both lower limbs and also noted an impending gangrene. thereafter by following SOP, a surgery was performed. The Operative notes mainly stated that "On inspection there was a huge aneurism on the lateral aspect on left side arising infra renal".
4. It is the case of the complainant that on 24.4.1998 at about 4 am, i.e. the night after surgery, the nurse who was attending the patient observed that the pulsation of the patient had become feeble and body temperature was low and the lower limbs had gone cold. The relatives were informed at about 7 a.m that the patient was unconscious, legs were cold with no pulsation. and the Doctor inspite of informing at 4 am, turned up by 9.30 am. The Doctors advised DSA test, but the machine was out of order, hence angiography was advised, but the patient had to wait for both the said procedures. *Digital subtraction angiography (DSA) is an examination that provides images of the lumen (inner surface) of the blood vessels including the arteries.*
5. It was mainly contended that the angiography conducted at 12.30 pm showed a block (clot) at the graft, but subsequent surgery for re-grafting started at 5.30 p.m, due to non availability of operation Theatre, but it was contended to be the Negligence on part of the Hospital and Doctors of not doing surgeries in time. Ultimately the patient did not respond to the treatment and passed away on 12.06.1998.



6. The main grievances of Complainants were summarised as under :

The Doctor had not examined the patient after surgery; (b) The patient was made to stand in queue for DSA test despite his critical condition whereafter the machine was found to be dysfunctional; (c) Angiography was performed after 8 hours of discovering that blood supply has stopped; (d) The Hospital delayed treatment by 12 hours as no operation theatre was available; (e) The Doctor did not attend the patient and left him in the care of inexperienced doctors; (f) Doctor failed to amputate legs on time on account of gangrene and did not try to treat the gangrene; and (g) The reliance on the principle of *res ipsa loquitur* to support the finding that it is a case of medical negligence.

Defence of Doctors :

It was contended by the Hospital that the patient was in the care of qualified doctors such as Dr. Nemish Shah, Dr. J. A. Pachore, Dr. A.L. Kripalani, Dr. Partha, Dr. H.S. Bindra and many others throughout his course of admission and no stone was left unturned to ascertain the complications and treat the same. Various specialist doctors were treating the patient and medicines/treatment was timely regulated and changed as and when required on a daily basis. Regular daily dialysis, dressing of wounds etc. were also done.

7. The Complainants filed a consumer case before the State commission, which allowed the complaint and the judgment was upheld by NCDRC too and hence the Appeal.

Held :

Their lordships while allowing the appeal of Hospital and Doctors, came heavily on the lower forums.

1. It was observed that "We do not find that the basis of finding the Doctor negligent in providing medical care is sustainable as there are both legal and factual errors in the findings recorded by the Commission. "

2. From the record itself it was held that the gangrene was not found to be impending after few days of admission to the Hospital but even before the patient was admitted.



**Non functioning of Machines and Equipments cannot be said to be Negligence .**

3. Further observations are of very much importance for Doctors and Hospitals. It was held that " the non-working of the DSA machine and consequent delay in performing the test cannot be said to be negligence on the part of the Doctor or the Hospital. The DSA machine is a large, expensive and complicated machine which unfortunately developed certain technical problem at the time when patient had to be tested. Any machine can become non-functional because of innumerable factors beyond the human control as the machines involve various mechanical, electrical and electronic components".

**Non availability of Operation Theatre is not a valid ground to hold Hospital Negligent :**

4. No fault can be attached to the Hospital if the operation theatres were occupied when the patient was taken for surgery. Operation theatres cannot be presumed to be available at all times. Therefore, non-availability of an emergency operation theatre during the period when surgeries were being performed on other patients is not a valid ground to hold the Hospital negligent in any manner.

5. Their Lordships also relied on the OT notes, wherein it was mentioned that a fresh graft was sutured in place after establishing the flow. It was noted that there was no movement in both the legs but had pin prick sensation and below mid-thigh, sensation was present on the lower limbs. Further, legs were warm till the ankles and the feet were cold. It was also reported that probably myonecrosis was playing more significant role in the weakness. The patient was put on dialysis thereafter.

6. It was never the case of the Complainants that the Doctors had no requisite skills. **In spite of the treatment, if the patient had not survived, the doctors cannot be blamed as even the doctors with the best of their abilities cannot prevent the inevitable.** The allegation of delay in treatment after the surgery seems to be baseless as the patient was being administered antibiotics like Metrogyl 400 and Piperacillin Injection which are used for treatment in gangrene.



7. Their lordships rejected the contention of the Complainants that "since surgery was performed by a doctor, he alone would be responsible for different aspects of the treatment required and given to the patient", **as an incorrect assumption.**

**It was also observed that, it is too much to expect from a doctor to remain on the bed side of the patient throughout his stay in the hospital.**

8. Their Lordships relied upon the celebrated judgment of Martin F. D'Souza v. Mohd. Ishfaq of Apex Court, wherein , it was observed that **the doctor cannot be held liable for medical negligence by applying the doctrine of *res ipsa loquitur*** (latin for : **the thing speaks for itself**) for the reason that a patient has not favourably responded to a treatment given by a doctor or a surgery has failed. There is a tendency to blame the doctor when a patient dies or suffers some mishap. This is an intolerant conduct of the family members to not accept the death in such cases.

It then referred to various judgments of Apex Court and lastly it relied upon the latest judgment Dr. Harish Kumar Khurana v. Joginder Singh & Others (2012) wherein it was observed that **"Every death of a patient cannot on the face of it be considered to be medical negligence."**

By above observations, the above appeals were allowed. However, Rs.5 lakhs which were deposited and withdrawn by Respondents from Court, were ordered to be treated as ex-gratia and not to be recovered back.

This is very important judgment indeed. Many facets of Medico-legal cases have been touched. No doubt for any one, to lost his/her dear one in the Hospital is irreversible and thanks to Court delay, the case finally ended in the year 2021, almost after 23 years . However, it is also equally true that it is wrong to start with the presumption that in case of every death, the Doctors are Negligent. One more aspect, the Hospital and Doctors seem to have been benefited from the proper record keeping. Always remember **"No record is no proof, Poor record is Poor proof"..**



**Kindly update your Digital Data for Effective & Fast Communication**



## INDIAN MEDICAL ASSOCIATION GUJARAT STATE BRANCH

Estd. On 2-3-1945

Office : A.M.A. House, 2nd Floor, Opp. H. K. College, Ashram Road, Ahmedabad-380 009.

Phone : (079) 2658 7370

E-mail : [imagsbdata@gmail.com](mailto:imagsbdata@gmail.com) Website : [www.imagsb.com](http://www.imagsb.com)

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Degree \_\_\_\_\_

Local Branch \_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_

GSB Membership No. \_\_\_\_\_

Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Birth Date \_\_\_\_\_

**Please Send this Detail on Whatapp No. & E-mail**

**Kindly save this Mobile for communication**



# 98795 87370

E-mail : [imagsbdata@gmail.com](mailto:imagsbdata@gmail.com)





**Be a Member**

**of**

- **ACADEMY OF MEDICAL SPECIALITY**
- **C.G.P. I.M.A. G.S.B.**
- **HEALTH SCHEME**
- **SOCIAL SECURITY SCHEME**
- **NATIONAL SOCIAL SECURITY SCHEME**
- **PROFESSIONAL PROTECTION SCHEME**
- **FAMILY WELFARE SCHEME**
- **HOSPITAL BOARD OF INDIA**



**In Loving Memory**

नैनं छिन्दन्ति शस्त्राणि नैनं दहति पावकः ।  
न चैनं क्लेदयन्त्यापो न शोषयति मारुतः ॥



**Dr. Ashok D. Kanodia**  
(15/12/1962 - 16/01/2017)

- Hon. Secretary – Ahmedabad Medical Association – 2015-2016, 2016-2017
- Hon. State Secretary – IMA Gujarat State Branch, - 2008-2009 & 2009-2010

*Those we love don't go away,  
they walk beside us everyday.  
Your principles guide us everyday  
and your life continues to light our path.*



**IMA Membership Drive Meeting, GMERS Medical College - Gandhinagar**



\* \* \* \* \*

**IMA Membership Drive Meeting, Jamnagar**



\* \* \* \* \*

**IMA Membership Drive Meeting, Nootan Medical College, Visnagar**



**IMA Membership Drive Meeting, PDU Medical College - Rajkot**



\* \* \* \* \*

**Dr.Bipinbhai Patel and Dr.Yogendra Modi Attending IMA Finance Standing Committee at New Delhi**



\* \* \* \* \*

**CME on HIV care, support & treatment GSB-IMA and GSACS**





Dialysis Unit, Rambaug Hospital Gandhidham Branch



\* \* \* \* \*

Medical Camp Gandhidham Branch



\* \* \* \* \*

CME Kalol Branch



Own New IMA Hall Pooja Mehsana Branch



\* \* \* \* \*

CME Mehsana Branch



\* \* \* \* \*

CME Palitana Branch





### Medical Camp Morbi Branch



### CME Morbi Branch



### CME Nadiad Branch



### I.M.A. NATIONAL SOCIAL SECURITY SCHEME

Office Phone : 079-26585430 Time : 2.30 to 6.00 pm

DFC 26 was circulated to all the members.

Last date of payment is Dt. 10/01/2022

Following members have not yet paid the same.  
Send the DFC amount with penalty Rs.450/-

Sr. No.	NSSS NO.	NAME OF MEMBER	CITY
1	1620	Dr. Patel Mohanlal Khetabhai	Ahmedabad
2	1864	Dr. Shah Gaurang Vrindavan	Ahmedabad
3	2011	Dr. Chauhan Natwarsinh Pathubhai	Ahmedabad
4	2421	Dr. Thakrar Rajendra Amritlal	Ahmedabad
5	2422	Dr. Thakrar Kala Rajendra	Ahmedabad
6	2861	Dr. Bhatt Pragnesh M.	Ahmedabad
7	2902	Dr. Shah Upendra J.	Ahmedabad
8	3136	Dr. Patel Sidiksha B.	Ahmedabad
9	5424	Dr. Patel Kanubhai Kantilal	Ahmedabad
10	5484	Dr. Solanki Kiritkumar Premjibhai	Ahmedabad
11	5534	Dr. Sharma Sanjay P.	Ahmedabad
12	5885	Dr. Dileep Srinivasan	Ahmedabad
13	6235	Dr. Jesalpura Bhavesh Harshadray	Ahmedabad
14	6236	Dr. Jesalpura Nimisha Bhavesh	Ahmedabad
15	6918	Dr. Patel Vipulkumar Venidas	Ahmedabad
16	7037	Dr. Raval Rajendra Popatlal	Ahmedabad
17	7513	Dr. Patel Rajankumar Popatlal	Ahmedabad
18	8029	Dr. Patel Ilababen Bachubhai	Ahmedabad
19	8188	Dr. Chandak Sheetal Anand	Ahmedabad
20	8619	Dr. Vasavada Jasmin Chandrashekhar	Ahmedabad
21	9880	Dr. Patel Nitin Jasavantbhai	Ahmedabad
22	10343	Dr. Dabhi Bharat Jitendrabhai	Ahmedabad
23	11310	Dr. Suthar Kaushal Dashrathbhai	Ahmedabad
24	11311	Dr. Suthar Bhavna Kaushal	Ahmedabad
25	12040	Dr. Patel Vaibhavi Bhupendrakumar	Ahmedabad
26	12041	Dr. Mehta Vikram Pradipkumar	Ahmedabad
27	12048	Dr. Vhora Ailik Mahendrabhai	Ahmedabad
28	12578	Dr. Warman Anshul	Ahmedabad
29	12844	Dr. Anand Kaushal Maganbhai	Ahmedabad
30	12872	Dr. Patel Mitulkumar Ranchhodlal	Ahmedabad
31	13061	Dr. Shah Hemal Kiritkumar	Ahmedabad



32	13062	Dr. Vyas Kamal Bipinbhai	Ahmedabad
33	13175	Dr. Patel Manojkumar Gordhandas	Ahmedabad
34	13901	Dr. Patel Ashvinkumar Chelabhai	Ahmedabad
35	14250	Dr. Mistry Swati Birju	Ahmedabad
36	15198	Dr. Patel Harshadkumar Hargovinddas	Ahmedabad
37	15199	Dr. Patel Usha Harshadkumar	Ahmedabad
38	15985	Dr. Shah Naitik Ajay	Ahmedabad
39	16248	Dr. Thakre Nita Atul	Ahmedabad
40	16327	Dr. Joshi Amitkumar Hasmukhlal	Ahmedabad
41	16351	Dr. Patel Pooja Parin	Ahmedabad
42	16352	Dr. Patel Parin Deepakbhai	Ahmedabad
43	17129	Dr. Tank Ami Kantilal	Ahmedabad
44	17375	Dr. Patel Shreyeskumar	Ahmedabad
45	17613	Dr. Kapadia Rutul Sharadkumar	Ahmedabad
46	17972	Dr. Shah Himanshu Ashwinkumar	Ahmedabad
47	17973	Dr. Bamniya Jaishree Surendrakumar	Ahmedabad
48	18116	Dr. Aghara Maheshbhai Dalpatbhai	Ahmedabad
49	18117	Dr. Kothari Chitral Deepakbhai	Ahmedabad
50	18132	Dr. Solanki Pravin Khemchand	Ahmedabad
51	216	Dr. Patel Ambalal Ishvarlal	Anand
52	13178	Dr. Prajapati Dineshbhai Jagdishbhai	Anand
53	14404	Dr. Bhoi Suresh Hirabhai	Anand
54	18441	Dr. Prajapati Dipika Rajesh	Anand
55	6925	Dr. Prajapati Rajesh Nathubhai	Ankleshwar
56	3806	Dr. Parikh Sangeeta Rajesh	Baroda
57	5009	Dr. Khandelwal Pankaj Govindprasad	Baroda
58	5682	Dr. Iyer Venkata Subramaniam	Baroda
59	8635	Dr. Jesalpura Neha Jaimeen	Baroda
60	8874	Dr. Jadav Bhavana Hamirbhai	Baroda
61	10115	Dr. Shah Ashish Bhogilal	Baroda
62	12310	Dr. Shah Maulik Mahendrabhai	Baroda
63	13070	Dr. Parmar Kanubhai Punjabhai	Baroda
64	14461	Dr. Tamboli Dhaval Dinkarbhai	Baroda
65	16223	Dr. Thakore Vijay Mohansingh	Baroda
66	17280	Dr. Desai Kinjal Hareshbhai	Baroda
67	16483	Dr. Shah Palak Kumar Rajendrabhai	Bayad
68	16340	Dr. Patel Nikhilesh Kumar Rambhai	Bhachav
69	14389	Dr. Patel Pradipkumar Vasantbhai	Bharuch
70	17039	Dr. Parmar Keyur Nileshkumar	Bhavnagar
71	17040	Dr. Gohil Mayuri Rajendra Kumar	Bhavnagar



72	15718	Dr. Shah Monil Bharat Bhai	Bhuj Kutch
73	13277	Dr. Desai Vishal Kanaiyalal	Bhuj-Kutchh
74	18199	Dr. Patel Chetan Rajnikant	Dist - Patan
75	17200	Dr. Patel Chiragkumar Rameshchandra	Dist. Anand
76	16447	Dr. Vagahela Arvindsinh Jasubha	Gandhinagar
77	14622	Dr. Vaghela Haresh Mohanbhai	Gondal
78	17710	Dr. Gondaliya Falgun Gordhandas	Gondal
79	8000	Dr. Kariya Meghna Manharlal	Himmatnagar
80	8001	Dr. Patel Maheshkumar Chaturbhai	Himmatnagar
81	12340	Dr. Patel Nirav Pravinbhai	Himmatnagar
82	14021	Dr. Desai Mehulkumar Dineshchandra	Himmatnagar
83	17265	Dr. Madam Hamir Meramanbhai	Jamkhambhaliya
84	6639	Dr. Desai Sanjay Ratilal	Jam-Khambhaliya
85	6480	Dr. Devmurari Hasmukh Premdas	Jamnagar
86	12022	Dr. Porecha Purvi Mehul	Jamnagar
87	12023	Dr. Porecha Mehul Mahendrabhai	Jamnagar
88	16445	Dr. Madan Yogendra Govindlal	Jamnagar
89	16446	Dr. Madan Ashima Yogendra	Jamnagar
90	16561	Dr. Dudhagara Mahesh Jivarajbhai	Jamnagar
91	16562	Dr. Kodinaria Rutu Dhirajlal	Jamnagar
92	16694	Dr. Kacha Nirav Jentilal	Jamnagar
93	17831	Dr. Maniar Hiten R	Jamnagar
94	17929	Dr. Modi Niral Rameshbhai	Jamnagar
95	17120	Dr. Choksi Jay Rajnikant	Jetpur
96	1879	Dr. Gajera Rameshkumar Gordhanbhai	Junagadh
97	14736	Dr. Bhalodia Maulik Babulal	Junagadh
98	14907	Dr. Bhetariya Bharat Virabhai	Junagadh
99	17409	Dr. Bodar Nayan Lakhmanbhai	Khambhaliya
100	17667	Dr. Patel Krutik Yogeshbhai	Mansa -Dist.Gandhina
101	12519	Dr. Sutariya Shailesh Ramanlal	Mehsana
102	12667	Dr. Amin Dinesh Jivanlal	Mehsana
103	15737	Dr. Chaudhary Sandipkumar S.	Mehsana
104	15930	Dr. Patel Ankur Ramanbhai	Mehsana
105	16137	Dr. Chaudhary Sonal Sandipkumar	Mehsana
106	16614	Dr. Bagwan Latif	Mehsana
107	16686	Dr. Vataliya Dipakkumar Chandrakant	Nadiad
108	9511	Dr. Uttare Rajaram Dhula	Nadiad Tal.
109	17335	Dr. Darji Ramkrishna Dineshbhai	Palanpur
110	16698	Dr. Patel Kashyapkumar Govindbhai	Patan
111	8695	Dr. Patel Jigar Kashiram	Patan (N.G.)



112	8696	Dr. Patel Shilpa Jigar	Patan (N.G.)
113	15277	Dr. Majithia Paras Sharadbhai	Porbandar
114	15608	Dr. Chitroda Piyushkumar Vinodbhai	Porbandar
115	5133	Dr. Joshipura Sureshbhai P.	Rajkot
116	11838	Dr. Padhara Pareshkumar Vinodrai	Rajkot
117	11912	Dr. Bhatt Charmy Kinjal	Rajkot
118	13078	Dr. Hathi Ujjwal Chandrakant	Rajkot
119	13079	Dr. Hathi Ushma Ujjwal	Rajkot
120	14189	Dr. Gaadhe Jitendra Laxmanbhai	Rajkot
121	16118	Dr. Akola Hiren Babubhai	Rajkot
122	16949	Dr. Garala Vishal Jivanlal	Rajkot
123	16045	Dr. Banugaria Shailesh Jayantilal	Rajkot.
124	4855	Dr. Dudhat Nandlal Shambhubhai	Surat
125	4856	Dr. Dudhat Smitaben Nandlal	Surat
126	5231	Dr. Vasadia Vijaysing Amarsing	Surat
127	12381	Dr. Dhameliya Arvindbhai Makabhai	Surat
128	12575	Dr. Avaiya Shambhubhai Popatbhai	Surat
129	13171	Dr. Bhalvani Chirag	Surat
130	14032	Dr. Shah Nirav Hasmukhlal	Surat
131	14033	Dr. Shah Ashwiniben Nirav	Surat
132	15029	Dr. Gandhi Saurin Pradip	Surat
133	15186	Dr. Mehta Rushabh Bharatkumar	Surat
134	15421	Dr. Jariwala Rajan Maheshchandra	Surat
135	16046	Dr. Passwala Ojas Vijaykumar	Surat
136	16134	Dr. Dhaduk Dharmeshkumar H.	Surat
137	16163	Dr. Shah Kirit Chhanalal	Surat
138	16899	Dr. Nanavati Saurabh Pradipbhai	Surat
139	17341	Dr. Shah Biren Maheshchandra	Surat
140	18463	Dr. Goti Ashishkumar Ghanshyambhai	Surat
141	15353	Dr. Patel Kirankumar Somabhai	Unjha- Dist. Meh
142	4556	Dr. Shah Rupal Manishbhai	Vadodara
143	4557	Dr. Shah Manish Bipinbhai	Vadodara
144	8300	Dr. Jesalpura Jaimeen Pravinkumar	Vadodara
145	10214	Dr. Dighe Milind Prasanna	Vadodara
146	11057	Dr. Parikh Gautam Kumar Balavantray	Valsad
147	17278	Dr. Tandel Chetankumar Jayantilal	Valsad-Dist
148	18520	Dr. Andy Shobha Rajeev Pandey	Vapi

**So please send your Cheque / Draft at Ahmedabad office directly.**

**Dr. Kirti M. Patel**  
Chairman

**Dr. Yogendra S. Modi**  
Hony. Secretary



## HEALTH SCHEME; I.M.A. G.S.B.

**Office Phone : 079-26585430 Time : 2.30 to 6.00 pm**

**AFAC 23 was circulated to all the members.**

**Last date of payment is Dt. 10/01/2022**

**Following members have not yet paid the same.**

**Send the AFAC amount with penalty Rs.350/-**

Sr. No.	HS NO.	NAME OF MEMBER	CITY
1	28	Dr. Gaglani Harsukhlal Jivraj	Ahmedabad
2	61	Dr. Patel Yatin Vishnubhai	Ahmedabad
3	325	Dr. Shah Ushaben Rameshchandra	Ahmedabad
4	531	Dr. Zaveri Gautam Ratilal	Ahmedabad
5	601	Dr. Shah Anil Vasantlal	Ahmedabad
6	661	Dr. Chauhan Natwarsinh Pathubhai	Ahmedabad
7	688	Dr. Kheskani Manohar B.	Ahmedabad
8	880	Dr. Modi Sudhir Chimanlal	Ahmedabad
9	884	Dr. Ghasura Nazirmohmed D.	Ahmedabad
10	1447	Dr. Patel Maheshkumar Chhotalal	Ahmedabad
11	2008	Dr. Shah Dilip Jayantilal	Ahmedabad
12	2042	Dr. Patel Vinay Amratlal	Ahmedabad
13	2112	Dr. Agrawal Rajendrababu Kanaiyalal	Ahmedabad
14	2506	Dr. Singh Shailendra Bhrigunath	Ahmedabad
15	2528	Dr. Bhatt Mehul Niranjan	Ahmedabad
16	2648	Dr. Joshi Rohit Naranjibhai	Ahmedabad
17	3024	Dr. Shah Rupesh Rajanikant	Ahmedabad
18	3305	Dr. Sharda Pratish Sispal	Ahmedabad
19	3415	Dr. Shah Shailendra Ramniklal	Ahmedabad
20	3602	Dr. Anand Kaushal Maganbhai	Ahmedabad
21	3785	Dr. Kadam Gaurang Vasanttrao	Ahmedabad
22	3787	Dr. Ruparelia Neel Naresh	Ahmedabad
23	4070	Dr. Patel Sureshkumar Joitaram	Ahmedabad
24	4366	Dr. Thakkar Pramesh Rohitbhai	Ahmedabad
25	4378	Dr. Patel Janak Mukundbhai	Ahmedabad
26	4582	Dr. Patel Gaurangkumar J.	Ahmedabad
27	4679	Dr. Dangi Ashwin Rasiklal	Ahmedabad
28	4815	Dr. Patel Kalpeshkumar Chandubhai	Ahmedabad
29	4841	Dr. Solanki Shialendrakumar Jayantilal	Ahmedabad
30	4999	Dr. Shah Himanshu Ashwinkumar	Ahmedabad
31	5107	Dr. Prajapati Rajesh Kanjibhai	Anand
32	1545	Dr. Vyas Upendra Vasanttrao	Bardoli.
33	3733	Dr. Shah Tushar Arvindbhai	Baroda
34	4292	Dr. Rana Himanshu Mulchandbhai	Baroda
35	74	Dr. Patel Ishwarbhai Ambalal	Anand
36	4086	Dr. Trivedi Brijesh Anilkumar	Bharuch
37	4120	Dr. Patel Pradipkumar Vasantbhai	Bharuch



38	452	Mrs. Thacker Ushaben Amritlal	Bhuj-Kutch
39	104	Dr. Shah Kanubhai R.	Chhotaudepur
40	2440	Dr. Sathwara Umeshkumar Nanalal	Dahod
41	2914	Dr. Kumar Arun	Dharangadhara
42	67	Dr. Vachharajani Nalin Durgaram	Gandhidham
43	419	Dr. Mehta Dharendra Champaklal	Jamnagar
44	3875	Dr. Parmar Dipakkumar Sumanlal	Jamnagar
45	2113	Dr. Gohil Sajubha A.	Jamnagar Dist.
46	1196	Dr. Chokshi Rajnikant Chunilal	Jetpur
47	4866	Dr. Choksi Jay Rajnikant	Jetpur
48	257	Dr. Jasani Sarojben Jaysukhlal	Junagadh
49	1754	Dr. Gajera Ramesh Gordhanbhai	Junagadh
50	1974	Dr. Mavani Dharmendra Babulal	Junagadh
51	4504	Dr. Vachhani Anand Bhovanbhai	Junagadh
52	4816	Dr. Chhatrala Naitik Maganlal	Junagadh
53	275	Dr. Doshi Snehlata Sureshchandra	Kalol -Ng
54	2332	Dr. Ladumor Dhanji Chakurbhai	Mahuva
55	3402	Dr. Patel Priyanshu Chimanlal	Mehsana
56	3497	Dr. Sutariya Shailesh Ramanlal	Mehsana
57	3993	Dr. Patel Niket Sureshbhai	Mehsana
58	4394	Dr. Parmar Dipakkumar Vitthalbhai	Mehsana
59	5066	Dr. Patel Tejaskumar Dashrathbhai	Mehsana
60	525	Dr. Parikh Kanchanalal Chimanlal	Nadiad
61	2398	Dr. Uttare Rajaram Dhula	Nadiad
62	3296	Dr. Patel Dharmishthaben Hiteshkumar	Nadiad
63	3403	Dr. Parmar Dilipsinh Laxmanbhai	Nadiad
64	868	Dr. Shah Dhiraj S.	Palanpur
65	4427	Dr. Patel Maganlal Ranchhodbhai	Palanpur
66	4842	Dr. Patel Hemaben Parsotambhai	Santrampur
67	597	Dr. Oza Virambhai Jesangbhai	Patan
68	1990	Dr. Modi Lalitchandra Manilal	Patan (N.G.)
69	526	Dr. Kotadia Manharlal Kantilal	Petlad
70	3854	Dr. Vadher Jitensinh Arjanbhai	Porbandar
71	4182	Dr. Odedara Ram Virambhai	Porbandar
72	961	Dr. Gajera Jitendra Ambalal	Rajkot
72	1347	Dr. Joshipura Sureshbhai Padmakant	Rajkot
74	3896	Dr. Kachhadia Mehul Bipin	Rajkot
75	113	Dr. Santdasani Hasaram D.	Sidhpur
76	3570	Dr. Shah Rajeshkumar Dhanraj	Silvasa -Via-Vapi
77	230	Dr. Shah Chandrakant Dalichand	Surat
78	857	Dr. Pandya Kumud Manharlal	Surat
79	1084	Dr. Patrawala Azim Abdul Raheman	Surat
80	1297	Dr. Parmar Mayur Virjibhai	Surat
81	1547	Dr. Patel Bharat Kalyanbhai	Surat
82	2636	Dr. Shah Neepa Manharlal	Surat
83	3158	Dr. Mangukiya Karamshibhai Mohanbhai	Surat
84	3233	Dr. Kothiya Prafulkumar Maganbhai	Surat



85	3254	Dr. Choksi Nirav Bamkimbhai	Surat
86	3450	Dr. Dhameliya Arvindbhai Makabhai	Surat
87	4385	Dr. Parmar Shailesh Kumar Bhagwanbhai	Surat
88	4477	Dr. Vadgama Parul Kishorkant	Surat
89	4863	Dr. Sisodiya Kiritkumar Jesabhai	Surat
90	5114	Dr. Goti Ashishkumar Ghanshyambhai	Surat
91	669	Dr. Pandya Madhusudan Maheshbhai	Talaja
92	126	Dr. Shah Bhogilal F.	Tintoi
93	5133	Dr. Bharai Sapna Raviraj	Upleta
94	570	Dr. Trivedi Pravin Mathurdas	Vadodara
95	2098	Dr. Patel Gunjan Arvindbhai	Vadodara
96	4647	Dr. Desai Tarun Vinod	Vadodara
97	5099	Dr. Vasava Hiteshbhai Rameshbhai	Vadodara
98	254	Dr. Shah Satish Hirachand	Vapi
99	1359	Dr. Nimbark Hareshkumar Dilshukhrai	Veraval
100	497	Dr. Joshi Yogeshkumar Gordhandas	Visnagar

So please send your Cheque / Draft at Ahmedabad office directly.

**Dr. Abhay S. Dikshit**  
Hon.Secretary

**Dr. Navnit K. Patel**  
Chairman

\* \* \* \* \*