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



GUJARAT MEDICAL JOURNAL  
INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

Vol-20

DECEMBER-2025

Issue-12

## Happy New Year

# 2026



*Wishing You A New Year*

*“Every Sunrise Brings a New Chapter;  
Make yours inspiring in 2026.”*

**DR. ANIL D. PATEL**

President (Mehsana)

**DR. MEHUL J. SHAH**

Imm. Past President (Ahmedabad)

Estd. On 2-3-1945

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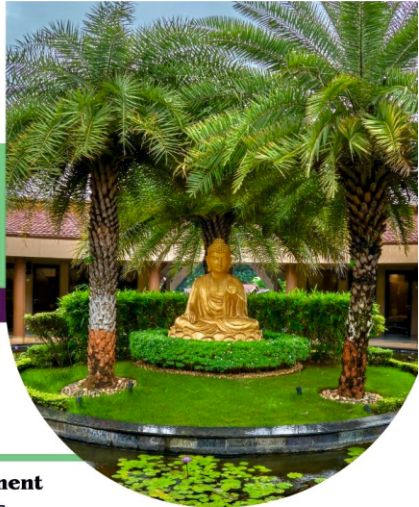
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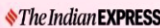
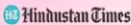


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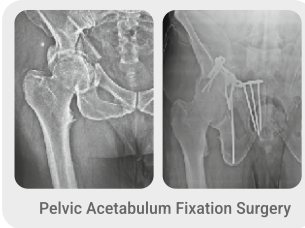
### DR. KARTIK D. PATEL

M.S. (ORTHO), F.A.J.R.I  
Consultant Hip - Pelvic - Acetabulum Surgeon  
Consultant Robotic Joint Replacement Surgeon

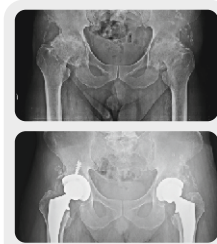


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**A. SHRIDHAR**  
BUILDING THOUGHTFULLY



## WHERE LIFE FINDS ITS BALANCE

*There comes a point in life when more no longer means better.*

When space matters more than scale.

When who you live among matters just as much as where you live.

In **Ahmedabad, Vaikunth Bungalows, a 4BHK Gated Community**, is quietly redefining what luxury living feels like. This is not a place that asks for attention. It earns it through calm, through intention, and through the way life unfolds within its walls.

Vaikunth is **designed for those who value stillness** in a fast-moving world. For families who seek privacy but not isolation. For individuals who understand that true luxury lies in balance.

### For the Mind

*From the moment you enter Vaikunth*, there is a sense of order that settles in. Wide internal streets, generous greens, and an unhurried layout create an environment that feels clear and composed.

Here, mornings begin slowly. A walk along landscaped pathways. A quiet exchange with a neighbour. Evenings return a sense of ease, as conversations gather at the clubhouse or in shared open spaces.

The community is intimate and intentional. Residents share similar values, similar rhythms, and a mutual respect for privacy. It is the kind of place where relationships form naturally, without effort or obligation.

**LIFE FEELS CONSIDERED.  
THE MIND FOLLOWS.**

### For the Body

*At Vaikunth, wellness is not defined by trends. It is woven into everyday life.*

Open green spaces invite movement. The swimming pool offers moments of release. Fitness and recreational areas encourage an active lifestyle that feels natural rather than prescribed. Children play freely in safe, open environments. Elders find spaces that are comfortable, calm, and welcoming.

Homes are filled with daylight and fresh air, with outdoor sit-outs, balconies, and terraces extending daily life beyond four walls.

**THE BODY RESPONDS  
TO THIS RHYTHM INSTINCTIVELY,  
SLOWING DOWN, BREATHING DEEPER,  
LIVING BETTER.**





## A. SHRIDHAR

BUILDING THOUGHTFULLY

### For the Soul

There is *something deeply reassuring about Vaikunth*. A sense of grounding that comes from thoughtful planning, Vastu-aligned homes, and a strong connection to nature.

Each bungalow carries its own identity, symbolised through the fingerprint motif that runs through the project. A reminder that no two lives are the same, and no two homes here need to be.

Moments of stillness are easy to find. A quiet evening on the terrace. A conversation under the trees. A sense of belonging that does not need to be explained. This is a place where homes hold meaning, not just memories.

### A Circle That Reflects You

Vaikunth naturally draws a certain kind of resident. Business owners. Professionals. Families who have reached a point where comfort matters more than display. It is a community built on shared understanding. Where success is understated. Where luxury feels personal. Where neighbours feel familiar, not intrusive. In a city as dynamic as Ahmedabad, Vaikunth offers something rare. A life in balance. A home that restores. A community that feels right.

**VAIKUNTH IS NOT ABOUT LIVING MORE.  
IT IS ABOUT LIVING BETTER.**

And my friends, To experience a space designed for the mind, body and soul, please call us on **+91 95104 44985**.

*Ajay Shridhar*

Dr. Ajay Shridhar





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# HIP PAIN

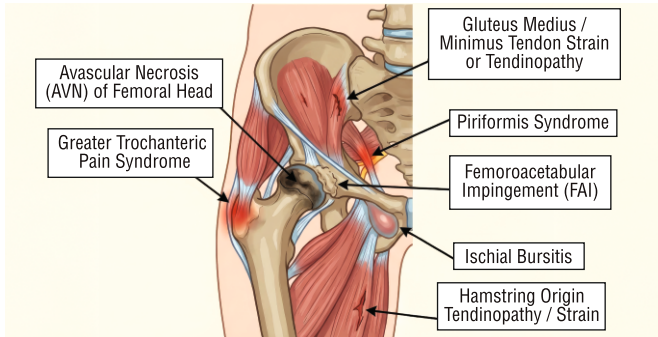
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## Our Team:



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Dr. Devansh Sheth



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Dr. Niti Shah



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## STATE PRESIDENT'S MESSAGE



Dear Esteemed Colleagues,

It is with great humility and a deep sense of responsibility that I extend my first message to you as the President of IMA Gujarat State Branch. I am truly honored by the trust and confidence you have placed in me.

IMA has always stood as the strongest voice of the medical fraternity, committed to ethical practice, professional excellence, and service to society. As we navigate an era of rapid medical advances, changing healthcare policies, and increasing challenges to our profession, unity and collective wisdom have never been more important.

The year holds special significance for all of us as we celebrate the historic 100th IMA NATCON Conference, a landmark event in the journey of the Indian Medical Association. This centenary conference stands as a testimony to a century of IMA's unwavering commitment to ethical medical practice, academic excellence, and service to the nation. The meticulous planning, remarkable academic content, and grand execution reflect the collective hard work of the IMA leadership and organizing teams across the country.

I am deeply thankful to the visionary leader **Dr. Ketan Desai Sir** for his constant inspiration, dynamic leadership and unwavering guidance. His foresight, wisdom, and lifelong commitment to the medical fraternity continue to motivate and inspire generations of doctors, including myself. I also express my sincere gratitude to Dr. Jitendra Patel, Dr. Kirtibhai Patel, Dr. Parimal Desai, Dr. Mahendrabhai Desai, Dr. Anil Nayak, Dr. Mahesh Patel, Dr. Dhaneshbhai Patel, Dr. Bipin Patel, Dr. Tushar Patel, and many others who supported me throughout my journey in IMA and to the presidency.



I would like to place on record my sincere appreciation for the tireless efforts and visionary leadership of our **National President, Dr. Anil Nayak**. His relentless hard work, dedication, and ability to unite the fraternity have been instrumental in making the 100th NATCON a memorable and meaningful success. Under his leadership, IMA has continued to strengthen its national presence while safeguarding the interests and dignity of the medical profession.

I also heartily congratulate Dr. Mehul Shah and Dr. Gargi Patel for their dedicated and impactful work as President and Hon. Secretary of IMA Gujarat. Many remarkable achievements were accomplished under their able leadership. As they pass the baton, I will strive to carry their legacy forward. My sincere thanks and congratulations to Dr. Mehul Shah and his entire IMA Gujarat team.

During my tenure, my focus will be on strengthening IMA Gujarat at the grassroots level, enhancing academic activities, promoting ethical and safe medical practice, and ensuring the well-being and security of doctors. I strongly believe that continuous medical education, leadership development, and effective communication among members will empower us to serve our patients better.

I also look forward to working closely with all local branches, senior mentors, and young doctors to foster a culture of inclusivity, innovation, and mutual respect. Together, we must uphold the dignity of our profession while adapting to the evolving healthcare landscape.

I sincerely seek your guidance, cooperation, and active participation in all IMA initiatives. Let us move forward with renewed energy, unity, and a shared commitment to excellence in healthcare.

With warm regards,

**Dr. Anil D. Patel**  
President, G.S.B., I.M.A.



ડૉ. રતનકંવર એચ. ગઢવીચારણ  
Dr. Ratankanvar H. Gadhavicharan IAS



કમિશનર, આરોગ્ય (ગ્રામ્ય) અને  
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Commissioner of Health (Rural) &  
Mission Director  
National Health Mission, Gujarat

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2. Dean/ Superintendent, Medical College/ GMERS...All
3. Chief District Health Officer, District Panchayat.... All
4. Chief District Medical Officer, District Hospital.... All
5. Medical Officer of Health, Corporation ... All
6. State President, Indian Medical Association (IMA) – Gujarat State Branch
7. Superintendent, Sub District Hospital... All

**Subject: Mandatory and Timely Notification of All Epidemic-Prone and Outbreak-Prone Diseases.**

Strengthening public health surveillance is critical for early disease detection, rapid response, and prevention of public health emergencies. In recent months, several districts have reported delayed notification of epidemic prone diseases, which affects timely intervention. As per the **Epidemic Diseases Act, 1897, the Gujarat Clinical Establishments (Registration and Regulation) Act, 2021, and guidelines of the Integrated Disease Surveillance Programme (IDSP)**, it is mandatory for all public and private healthcare facilities, laboratories, and clinicians to report specific diseases within prescribed timelines.

Early notification is essential **to prevent morbidity, mortality, and potential outbreaks** by enabling swift public health action, contact tracing, sample collection, and containment measures.

### List of Diseases That Must Be Notified Immediately

The following categories of diseases must be notified **within 24 hours**:

#### A. Vaccine-Preventable Diseases (VPDs)

- Measles
- Rubella
- Diphtheria
- Pertussis
- Tetanus / Neonatal Tetanus
- Acute Flaccid Paralysis (AFP)
- Varicella- Chickenpox
- Mumps

**B. Water-Borne & Food-Borne Diseases**

- Acute Diarrheal Disease (ADD)
- Cholera
- Food Poisoning
- Typhoid
- Hepatitis A/E

**C. Vector-Borne Diseases (NVBDCP)**

- Dengue
- Malaria
- Chikungunya
- Japanese Encephalitis
- Kala-azar
- Lymphatic Filariasis
- Scrub Typhus
- Chandipura ( Acute Encephalitic Syndrome )
- Zika Virus Diseases
- Plague

**D. Zoonotic Diseases**

- Human Rabies
- Snake Bite
- Anthrax
- Brucellosis
- Avian Influenza
- CCHF
- Leptospirosis
- E. Respiratory Diseases
- Tuberculosis ( Nikshay Portal )
- Severe Acute Respiratory Infection (SARI)
- Influenza-like Illness (ILI)
- Influenza A (H1N1/H3N2)
- COVID-19

**F. Other Epidemic-Prone Conditions**

- Leprosy
- Meningitis/Encephalitis
- Fever with rash/bleeding
- Cluster of unknown illness
- Any unusual increase in cases
- Suspected public health emergency



### Mandatory Instructions

1. All government and private hospitals, clinics, laboratories, and IMA members must notify suspected, probable, and confirmed cases within 24 hours to the CDHO/MOH.
2. Sample collection must be ensured as per national guidelines for each disease.
3. Daily entry of all cases in the IHIP Portal is compulsory for all reporting units.
4. Any cluster of cases or unusual health event must be reported immediately (within 24 hours) to CDHO/MOH.
5. CDHO and MOH shall strictly monitor compliance among all public and private health facilities.

IMA Gujarat is requested to:

- Sensitize all private practitioners, hospitals, and laboratories regarding mandatory disease notification.
- Ensure their timely cooperation with district surveillance units to prevent morbidity, mortality, and potential outbreaks.

RDDs, CDHOs, and MOHs are instructed to provide IHIP/Nikshay Portal credentials to all concerned private hospitals and laboratories, and to ensure daily monitoring of disease entries in the IHIP Portal by all private and government health institutions. **This will also be reviewed in every monthly CDHO/MOH meeting.**

**Commissioner of Health (Rural)  
& Mission Director, NHM, Gujarat**

Copy with Compliments:

1. Principal Secretary, Health & family welfare, Gandhinagar
2. Commissioner of Health ( Urban ), Medical Education & Medical Service, Gandhinagar

Copy to :

1. **Municipal Commissioners, Corporation... All**
2. **District Collectors, Jilla Seva Sadan... All**
3. Director, NCDC, New Delhi
4. Additional Director – Public Health, Gandhinagar
5. Additional Director – Medical Education, Gandhinagar
6. Additional Director – Medical Service, Gandhinagar
7. Additional Director & Head, IDSP, NCDC, New Delhi
8. Chief Executive Officer, GMERS Gandhinagar
9. Epidemic Medical Officer, District Panchayat & Corporation ... All



## INDIAN MEDICAL ASSOCIATION (HQs.)

(Registered under the Societies Act XXI of 1860)  
Mutually Affiliated with the British & Nepal Medical Associations  
IIPA Building, Indraprastha Estate, Ring Road, Mahatma Gandhi Rd, New Delhi - 110002  
Telephones: +91-11-23370009, 23378680, 23378819 / +91- 9899116376  
Website: [www.ima-india.org](http://www.ima-india.org) ; Email: [hsg@ima-india.org](mailto:hsg@ima-india.org)



**National President**

**Dr. Dilip Bhanushali**

+91-9848041402

[dilipbhanushali60@gmail.com](mailto:dilipbhanushali60@gmail.com)

**Imm. Past National President**

**Dr. R V Asokan**

+91-9847061563

[rvasokan@gmail.com](mailto:rvasokan@gmail.com)

**Honorary Secretary General**

**Dr. Sarbari Dutta**

+91-9831006325

[drsarband@gmail.com](mailto:drsarband@gmail.com)

**Honorary Finance Secretary**

**Dr. Piyush Jain**

+91-9810316769

[dr.jainpiyush09@yahoo.co.in](mailto:dr.jainpiyush09@yahoo.co.in)

**Date : 08-12-2025**

### Press Release

The Indian Medical Association expresses deep concern over the continued absence of regulated working hours for doctors in India. In aviation, fatigue is formally recognised as a safety hazard, and strict duty hour regulations exist because a tired pilot is a risk to human life. Yet, in healthcare, where decisions also determine life and death fatigue is often dismissed as dedication, sacrifice, or professional expectation. This disparity is unacceptable, illogical, and unsafe.

Doctors across the country, particularly residents and junior doctors, are routinely made to work extremely long, round the clock and uninterrupted shifts, often extending 24–48 hours.

Recent events, including the widely discussed case at R.G. Kar Medical College, have highlighted issues of safety, long working hours, and systemic neglect of basic protection mechanisms for medical professionals. The incident triggered national concern and legal scrutiny, serving as a reminder of how vulnerable exhausted doctors can become physically, mentally, and socially when forced to work under unsafe conditions.

In spite of Hon'ble Supreme court's recommendations of 16 duty hours, CCTV Camera's, separate rest rooms for lady doctors etc. nothing has been done so far.

The Indian Medical Association firmly believes that patient safety and doctor safety are interconnected. No healthcare system can



function responsibly or ethically when its workforce is exhausted, unsupported, and deprived of humane working conditions. If regulated working hours are mandatory for pilots, to prevent fatigue-related errors, then India must ask: Why should the lives handled by doctors be treated differently?

Therefore, the Indian Medical Association demands the following:

- Implementation of nationally enforceable duty-hour limits for all medical trainees and practicing doctors.
- Mandatory rest periods between shifts and humane rotational schedules.
- Adequate staffing to prevent dependency on excessive overtime.
- Strong institutional and legal safeguards to ensure workplace safety for healthcare workers.

Doctors are committed to saving lives, but they deserve dignity, rest, and safety while doing so. Fatigue cannot continue to be glorified as sacrifice. It is time to recognise it as a systemic flaw that needs urgent correction.

The IMA calls upon the Government of India, the National Medical Commission, and all healthcare institutions to take immediate action to protect both doctors and patients through fair, standardized, and enforceable working-hour regulations.

**Dr. Dilip Bhanushali**  
National President, IMA

**Dr. Sarbari Dutta**  
Honorary Secretary General, IMA



## GUJARAT MEDICAL COUNCIL

O.W.No.GMC/NOTICE/SEPT-2025/44856/25

Dated : 17-09-2025

### PUBLIC NOTICE

It is hereby notified for the information of all concerned:

That for FMG (Foreign Medical Graduates), the degree awarded by foreign universities such as "MD (Physician)", "MD (Doctor of Medicine)", and the registration/license granted by NMC, MCI, or GMC under equivalent titles like "MD (Physician)" or "MD (Doctor of Medicine)" **is considered equivalent to MBBS in accordance with Regulation 2(f)** of the Screening Test Regulations, 2002.

However, it has been observed that some FMGs, despite this equivalence, are misrepresenting their qualifications/registration as being on par with "MD" and thereby misleading the general public.

All FMGs registered with the Gujarat Medical Council are **directed to practice only as "M.B.B.S." doctors** (as recognized for equivalence in India). They **must mention only "M.B.B.S." as their qualification** in every professional context. This requirement is mandatory for signboards, prescriptions, visiting cards, letterheads, advertisements, and all other forms of public or professional representation. **Any projection of foreign titles such as "MD (Physician)" or "MD (Doctor of Medicine)" in India shall be treated as misrepresentation.**

All FMGs are hereby cautioned that **such misrepresentation amounts to professional and ethical misconduct.** As per Section 30(2) of the NMC Act, 2019, any violation of the above shall invite disciplinary action by the Council, after giving an opportunity of hearing to the concerned medical practitioner, which may include:

- **Suspension of MBBS registration for a period which may extend to six (06) months, or**
- **Imposition of monetary penalty which may extend to ₹1,00,000/- (Rupees One Lakh only), or**
- **Both, depending upon the severity of the misconduct.**

All stakeholders, including hospitals, institutions, and the general public, are advised to take note of the above.

*P. Patel.*

Registrar,  
Gujarat Medical Council,  
Ahmedabad.



## GUJARAT MEDICAL COUNCIL

O.W.No.GMC/NOTICE/SEPT-2025/44857/25

Dated: 17-09-2025

### PUBLIC NOTICE

It is hereby brought to the notice of all concerned that under **Section 34 (1) of the National Medical Commission Act, 2019 (No.30 of 2019) published in the official extra ordinary Gazette of Government of India in PART II - Section 1 on Thursday 8th August, 2019 by Ministry of Law and Justice (Legislative Department),**

(1) No person other than a person who is enrolled in the **Gujarat Medical Council State Register** or the **National Medical Commission's National Register**, as the case may be shall:

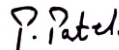
- (a) be allowed to practice medicine as a qualified medical practitioner in the state of Gujarat;
- (b) hold office as a physician or surgeon, or any other office, by whatever name called, which is meant to be held by a physician or surgeon in the state of Gujarat;
- (c) be entitled to sign or authenticate a medical or fitness certificate or any other certificate required by any law to be signed or authenticated by a duly qualified medical practitioner in the state of Gujarat;
- (d) be entitled to give evidence at any inquest or in any court of law as an expert under section 45 of the Indian Evidence Act, 1872 on any matter relating to medicine in the state of Gujarat;

(2) Any person who contravenes any of the provisions of this section without **registration of the Gujarat Medical Council** shall be **punished with:**

- **Imprisonment for a term which may extend to one year, or**
- **with fine which may extend to five lakh rupees, or**
- **with both.**

Therefore, all persons are hereby **mandated to ensure registration with the Gujarat Medical Council** before engaging in any medical practice in the State of Gujarat.

Strict compliance with the above is required.

  
Registrar,  
Gujarat Medical Council,  
Ahmedabad.

**COLLEGE OF GENERAL PRACTITIONER IMA-GSB****MEDI QUIZ - COMPETITION - QUIZ-11****MCQ 1**

**A 62-year-old man presents with progressive dyspnea, weight loss, and bone pain. Investigations show:**

- Hemoglobin: 7.9 g/dL
- ESR: markedly elevated
- Serum calcium: 11.8 mg/dL
- Serum creatinine: 2.3 mg/dL
- Peripheral smear: Rouleaux formation

**Which of the following laboratory findings is MOST specific for the underlying diagnosis?**

- (A) Increased serum alkaline phosphatase
- (B) Bence-Jones proteinuria
- (C) Decreased serum ferritin
- (D) Elevated reticulocyte count

**MCQ 2**

**A 36-year-old woman presents with recurrent pregnancy loss and livedo reticularis. She has a history of deep vein thrombosis.**

**Laboratory tests show:**

- Prolonged aPTT
- Normal platelet count
- aPTT does NOT correct on mixing study

**Which antibody is most likely responsible?**

- (A) Anti- $\beta$ 2 glycoprotein I antibody
- (B) Anti-double stranded DNA antibody
- (C) Anti-histone antibody
- (D) Anti-Smith antibody

**Medi quiz-10 answer**

**Case 1 : (B) Aortic dissection**

**Case 2 : (C) D Dimer if high clinical suspicion CT pulmonary angiography confirmatory**

**Case 3 : (B) Tallpeak T wave**

**Case 4 : (B) 4.5 hours**



## COLLEGE OF GENERAL PRACTITIONER IMA-GSB

### MEDI QUIZ - COMPETITION QUIZ - 10

#### List of participants with correct answers

No.	Name	City
1.	Dr. Paresh B. Mehta	Khedbrahma
2.	Dr. Rajesh Agrawal	Dakor
3.	Dr. Kamlesh Thakkar	Deesa
4.	Dr. R K Nayak	Kheralu
5.	Dr. Ak Gajjar	Viramgam
6.	Dr. Atul Tipnis	Bhavnagar
7.	Dr. Harshad Naik	Nadiad
8.	Dr. Saniya Shah	NHL
9.	Dr. Nirali Dave Makadia	Bhavnagar
10.	Dr. Dilip Patel	Viramgam
11.	Dr. Kishti Thakkar	Vadnagai
12.	Dr. Pathik D. Mistry	Gandhinagar
13.	Dr. Utkarsh Desai	Navsari
14.	Dr. Suryakant Patel	Bilimora
15.	DR. Ashvin Shah	Vadodara
16.	Dr. Atul N Patel	Ahmedabad
17.	Dr. Jay M Patel	Himmatnagar
18.	Dr. Amin Surani	Ankleshwar
19.	Dr. Pradip Joshi	Bhavnagar
20.	Dr. Satyam J Pancholi	Patan
21.	Dr. Keyur Patel	Himmatnagar
22.	Dr. Piyush Parikh	Bharuch
23.	Dr. Kanti Patel	Valsad
24.	Dr. Parthiv Doshi	Bharuch
25.	Dr. D K Gala MBBS	Bhuj
26.	Dr. Sunil Natvarlal Patel	Bhavnagar
27.	Dr. Rajendra shah	Ahmedabad

- Send your answers to whatsapp No +91 76985 54566 or before 12-01-2026
- Kindly mention your Name, Degree and City / Branch Name
- Don't keep disappearing messages on while sending reply
- Every month quiz will be published in GSB bulletin
- First three winners will be published in next bulletin
- Write only the option numbers as in A or B or C or D or E  
(Example : 1 - B, 2 - A, 3 - C. Please dont write the full answers.)
- Maximum correct answers during whole year will be felicitated

#### QUIZ MASTERS :

**Dr. Urman Dhruv**

Senior consultant physician

**Dr. Mahadev Desai**

Senior consultant physician

**Dr. Vipul Shah**

Infectious disease specialists

#### COORDINATOR :

**Dr. Kalpita Dave**

Ahmedabad

**Dr. Dhananjaysinh Gohil**

Ahmedabad



## OBITUARY

We send our sympathy & condolence to the bereaved family

Dr. Sureshchandra R. Mehta	10-08-2025	Khambhat
Dr. Natwarlal A. Dave	11-09-2025	Vadodara
Dr. Yeshwanti V. Shah	11-09-2025	Rajkot
Dr. Pramodchandra H. Patel	15-09-2025	Ahmedabad
Dr. Vipinchandra H. Shah	04-10-2025	Bhavnagar
Dr. Madhavlal M. Patel	05-10-2025	Ahmedabad
Dr. Shashiprabha K. Bagadiya	05-10-2025	Ahmedabad
Dr. Kantilal M. Kholia	05-10-2025	Surat
Dr. Jagdish B. Chandrani	06-10-2025	Botad
Dr. Ramesh G. Shah	07-10-2025	Ahmedabad
Dr. Divyakant D. Nanavati	08-10-2025	Junagadh
Dr. Ushakant S. Vora	22-10-2025	Savarkundla
Dr. Mahendrakumar P. Shah	25-10-2025	Ahmedabad
Dr. Himanshu S. Shah	04-11-2025	Ahmedabad

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

\* \* \* \* \*

### BRANCH ACTIVITY

#### AHMEDABAD

22-11-2025 (Antimicrobial Resistance) AMR Rally in Cavil Hospital Campus, Ahmedabad as a part of World AMR Awareness Week. Dr. Rakesh Joshi, Medical Superintendent, Civil Hospital, Ahmedabad and Dr. Minaxi Parikh, Dean, B.J. Medical College, Ahmedabad were gracious presence and active participation.

#### AMRELI

13-12-2025 CME on "technique and advancement in joint replacement surgery" by Dr. JatinVakhariya.  
"Advance neurosurgery, minimally invasive, maximally effective" by Dr. Parthjoshi.

**BHAVNAGAR**

13 to 17-10-25 CPR Awareness Week. Total 4 CPR training with Demonstration session.

**GANDHIDHAM**

12 & 15-10-25 Blood donation Camp. Total 1041 units of blood were collected.

**GANDHINAGAR**

21-11-2025 CME on “Antimicrobial Resistance: A Call to Action” by Dr. Shashi Mundra.

**KALOL**

21-11-2025 CME on “Addiction Unmasked: Recognize early respond Early” by Dr. Hardik Patel.  
“Approach to Headache – Case base discussion” by Dr. Jignesh Prajapati.

**MEHSANA**

04-11-2025 CME on “Carotid and Intracranial Stenting” and an Interesting Case Discussion” by Dr. Hiren F. Patel.

18-11-2025 Debate Competition. Approximate 30 IMA members were present.

26-11-2025 “AaogaonChalen”. A health awareness programme by six dedicated doctors: Dr. Ketan Chaudhary, Dr. Dipesh Chaudhari, Dr. Gaurang Patel, Dr. Nihar Patel, Dr. Kaushal Modi and Dr. Neel Patel.

03-12-2025 CME on “Semaglutide's Legacy: A Benchmark in Obesity Management Against Newer Agonists” (With engaging case discussions) by Dr. Om J. Lakhani

**MORBI**

01-10-2025 Blood Donation Camp. More than 35 members were donated blood for the noble cause.

World Urticariya day: to raise awareness among general people. Dr. Vaishali Kasundra and Dr. Chandni Likahiya on urticaria and its treatment aspects.

03-10-2025 Blood Donation camp. Approximately 06 bags were collected.



- 06-10-2025 Blood Donation Camp. Approximately 23 bags were collected.
- 10-10-2025 CME on "Treatment advances in Head & Neck Cancer and Role of Radiotherapy in Head & Neck Cancer" by Dr. Samir Batham. World Mental Health Week celebration.
- 12-10-2025 Free diagnostic Camp. 50% discount was given on investigations. Many patients took advantage of the camp. Mental Health Assessment camp. Total 42 girls were benefited.
- 13-10-2025 Mental Health Assessment camp. Total 40 boys were benefited.
- 14-10-2025 Blood Donation Camp. Approximately 130 bags were collected. Free Blood Sugar Camp by Dr. Prakash Vidja. 60 people were benefited.
- 15-10-2025 Cine seminar on Psychiatric movie. 92 students had participated.
- 20-10-2025 Blood Donation Camp. Approximately 40 bags were collected.
- 01-10 to 26-10-2025 Special Blood Donation Drives. Total 40 Blood Donation Camp. Total 370 bags of blood were collected.

#### **NAVSARI**

- 24-11-2025 CME on "Colorectal Disease" by Dr. Bhavin Bhuva and Dr. Jignesh Chovatiya.

#### **PALITANA**

- 04-11-2025 CME on "Role of Plastic Surgery in Diabetic foot" by Dr. Chitan Patel.
- 12-11-2025 "Kidney Stone, Past, Present & Future" by Dr. Chirag Shah.

#### **SURAT**

- 04-11-2025 MSN organised 'SAHAS', a programme to teach female medical students.

#### **VADNAGAR**

- 31-08-2025 CME on "Neurosurgery & Critical Care" by Dr. Ketan Patel and Dr. Rakesh Panchal. Total 200+ doctors were present. Lecture on Suicide Prevention. Total 200+ medical & nursing students and faculty members were present.

#### **VERAVAL**

- 03-11-2025 Installation Ceremony of New Team.
- 16-12-2025 CME on "Minimal Invasive Surgery Coordinated" by Dr. Hard Vasavada.



## 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 -38 00 09.

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

(Reported by Dr. Bipin M.Patel, Chairman, P.P.S.)

### Sub. : ANNUAL REPORT : 2024 -2025

The office has received back the Annual Report of the following members with postal remarks as 'left' or 'Not Known'. The concerned members are requested to notify immediately change of their addresses.

Sr. No.	P.P.S. No.	NAME	BRANCH / CITY
1	4403	Dr. Anandani Deepti Narendra	Ahmedabad
2	13199	Dr. Bansal Anil Ramkumar	Ahmedabad
3	16009	Dr. Barot Ankur Miteshkumar	Ahmedabad
4	15253	Dr. Chandarana Uttam Hasmukhbhai	Ahmedabad
5	9027	Dr. Doshi Paras Vinodchandra	Ahmedabad
6	1891	Dr. Gandhi Jayshri Kanubhai	Ahmedabad
7	1890	Dr. Gandhi Kanubhai Ramjibhai	Ahmedabad
8	14950	Dr. Jain Khushbu Suresh	Ahmedabad
9	9054	Dr. Mehta Vikram Pradipkumar	Ahmedabad
10	16574	Dr. Mistry Rutviz Rajendra	Ahmedabad
11	12744	Dr. Parikh Devendra Ghanshyam	Ahmedabad
12	12745	Dr. Parikh Kusuma Devendra	Ahmedabad
13	11824	Dr. Parmar Chaitaiee Rajendra	Ahmedabad
14	13969	Dr. Patel Sandarb Piyushkumar	Ahmedabad
15	7067	Dr. Pethani Dilip Kanubhai	Ahmedabad
16	7068	Dr. Pethani Neha Dilipbhai	Ahmedabad
17	12441	Dr. Prajapati Nirav Dineshbhai	Ahmedabad
18	15767	Dr. Ribadiya Nirav Chaturbhai	Ahmedabad
19	17028	Dr. Shah Bonny Surendrabhai	Ahmedabad
20	13764	Dr. Shah Hetavi Arth	Ahmedabad
21	2546	Dr. Shah Hina Kalpesh	Ahmedabad
22	16851	Dr. Shah Jaydeep Hemantbhai	Ahmedabad
23	17145	Dr. Shah Kush Pareshbhai	Ahmedabad
24	18980	Dr. Shah Malhar Jaydeep	Ahmedabad
25	12604	Dr. Shah Nija Sanket	Ahmedabad
26	8300	Dr. Shah Pratik Maheshkumar	Ahmedabad
27	17024	Dr. Sharma Shitanshuushekar M	Ahmedabad



28	3545	Dr. Surana Gyanchand Sohanlal	Ahmedabad
29	8990	Dr. Surati Pranavbhai Narendrakumar	Ahmedabad
30	14058	Dr. Vakani Nirav Dilipbhai	Ahmedabad
31	12458	Dr. Vakta Rohan Kiritbhai	Ahmedabad
32	9229	Dr. Vasaiya Jayeshkumar Gulabsingh	Ahmedabad
33	14047	Dr. Vora Hetal Dharmesh	Ahmedabad
34	2892	Dr. Shah Sunilkumar Parmanandbhai	Bayad
35	17705	Dr. Baladhiya Pareshkumar Lavjibhai	Bhavnagar
36	16887	Dr. Gohil Devangkumar Ashwinbhai	Bhavnagar
37	14528	Dr. Parmar Keyur Nileshkumar	Bhavnagar
38	19376	Dr. Gorani Jaydip Ramniklal	Bhuj
39	9033	Dr. Memon Ashraf Abdulrazak	Bhuj
40	2095	Dr. Patel Mahadev Shivabhai	Bhuj
41	17662	Dr. Sureja Kelvinkumar Bhagvanjibhai	Bhuj
42	9889	Dr. Thacker Mandakinee Ambalal	Bhuj
43	12275	Dr. Khatri Maushad Harun	Bhuj - Kutch
44	15236	Dr. Siroya Surkumar Shankerbhai	Dhanera
45	9040	Dr. Mehta Jignesh Hasmukhraj	Gandhidham
46	17088	Dr. Parikh Pooja Yogesh	Gandhidham
47	2698	Dr. Pandit Mukul Dattatreya	Gandhinagar
48	6159	Dr. Patel Devendrakumar Revabhai	Gandhinagar
49	14015	Dr. Rathod Kalpeshkumar Balvantsinh	Gandhinagar
50	1777	Dr. Shah Asim Vinodbhai	Gandhinagar
51	499	Dr. Shah Girishkumar Mohanlal	Gandhinagar
52	18344	Dr. Trivedi Prerak Rajeshkumar	Gandhinagar
53	12691	Dr. Upadhyay Gunjan Pareshkumar	Gandhinagar
54	15817	Dr. Chauhan Priyesh Shivram	Harij
55	11321	Dr. Bhadarka Devraj Dharnantbhai	Junagadh
56	12628	Dr. Borkhatariya Piyush Bhadabhai	Junagadh
57	19799	Dr. Karmur Arajn Vajashibhai	Junagadh
58	7010	Dr. Rajani Mehboobali Barkatali	Junagadh
59	1938	Dr. Thakkar Ratilal Kuberdas	Junagadh
60	19805	Dr. Vaghamsi Deepti Hareshbhai	Junagadh
61	12661	Dr. Vaishnani Vishal Parsotambhai	Junagadh
62	5261	Dr. Acharya Nirukt Chittranjan	Kalao N.g.
63	17799	Dr. Thakkar Minal Sunil	Khambhalia
64	17798	Dr. Thakkar Sunil Rajikant	Khambhalia
65	9826	Dr. Bhavsar Parag Chandrakant	Mehsana
66	3107	Dr. Khandelwal Mahesh Radheshyam	Mehsana
67	4258	Dr. Nimbalkar Pankaj Bhavrao	Mehsana



68	13821	Dr. Kanzaria Ishan Nandlal	Morbi
69	18220	Dr. Patel Zalakkumar Kardambhai	Palanpur
70	5323	Dr. Patel Jitendrakumar Parsasottambhai	Patan N.g.
71	9268	Dr. Shah Umesh Jivanlal	Patan N.g.
72	1619	Dr. Raythatha Madhukar Kalyanjibhai	Savarkundla
73	7084	Dr. Chauhan Mahendrasinh Daulatsinh	Surat
74	9290	Dr. Desai Kuldeep Krishnamurari	Surat
75	9289	Dr. Desai Niyati Kuldeep	Surat
76	6127	Dr. Patel (bera) Hareesh Arjanbhai	Surat
77	11089	Dr. Patel Bhavesh Bhikhubhai	Surat
78	14285	Dr. Rajdev Bhaumesh Mukesh	Surat
79	16159	Dr. Shah Gopal Krisnakant	Surat
80	8953	Dr. Vaghasia Sarojben Kantilal	Surat
81	8373	Dr. Bathla Harshbala Vikas	Surendra Nagar
82	8372	Dr. Bathla Vikas Kanwal Kishor	Surendra Nagar
83	13960	Dr. Gami Gambharsing Chandubhai	Surendra Nagar
84	17121	Dr. Karia Shyam Pradipkumar	Surendra Nagar
85	15157	Dr. Nathwani Parth Mansukhlal	Surendra Nagar
86	15357	Dr. Vestian Deep Harishkumar	Surendra Nagar
87	14747	Dr. Bhatt Chintan Jagdish	Vadodara
88	7151	Dr. Davel Pallavi Malhar	Vadodara
89	12682	Dr. Gupta Deepesh Bhagwandas	Vadodara
90	7804	Dr. Katwala Dilip Rasiklal	Vadodara
91	17534	Dr. Mahajan Sanket Kaushikkumar	Vadodara
92	17690	Dr. Parmar Nileshkkumar Rameshbhai	Vadodara
93	15356	Dr. Patel Bhumi Dipen	Vadodara
94	15820	Dr. Patel Dipen Ramjibhai	Vadodara
95	16059	Dr. Patel Himani Ramjibhai	Vadodara
96	5625	Dr. Patel Mital Nirav	Vadodara
97	5624	Dr. Patel Nirav Bholabhai	Vadodara
98	6671	Dr. Patel Niravkumar Pravinchndra	Vadodara
99	10316	Dr. Rawal Harisingh Jaisingh	Vadodara
10	15264	Dr. Shah Nirav Govindbhai	Vadodara
101	17533	Dr. Singla Priyanka Ram Paul Singla	Vadodara
102	12388	Dr. Thakkar Tejas Chandrakant	Vadodara
103	1286	Dr. Patel Indravadan Ramchandra	Valsad
104	8218	Dr. Joshi Aparna Sachin	Vapi
105	19131	Dr. Ajudiya Anurag Dhirajlal	Veraval
106	15454	Dr. Mori Bhavsinh Babubhai	Veraval
107	11041	Dr. Shah Ashvinkumar Sararchand	Viramgam



**NATIONAL CONSUMER DISPUTES REDRESSAL COMMISSION  
NEW DELHI**

**REVISION PETITION NO. NC/RP/1523/2014  
(Against the Order dated 20th December 2013 in Appeal 4768/2010  
of the State Consumer  
Disputes Redressal Commission Karnataka)**

COLACO HOSPITAL  
PRESENT ADDRESS -  
REP. BY ITS MANAGING TRUSTEE,  
BENDURWELL, KARNATAKA, KANKANADY,  
MANGALORE, BAGALKOTE, KARNATAKA

.....Petitioner(s)

**Versus**

ARVIN KOTIAN & 5 ORS. ....

.....Respondent(s)

**BEFORE:**

**HON'BLE MR. JUSTICE A. P. SAHI, PRESIDENT  
HON'BLE MR. BHARATKUMAR PANDYA, MEMBER**

**FOR THE PETITIONER:**

MR MANISH TIWARI, ADV MR RANJIT KOHAN, ADV

**FOR THE RESPONDENT:**

MR ANANTHA NARAYAN M G, ADV FOR R-1 NONE FOR R-2 TO 4 MR MAIBAM N  
SINGH, ADV FOR R-5

**DATED: 12/09/2025**

**ORDER**

Heard Mr. Manish Tiwari, learned counsel for the petitioner hospital; Mr. Anantha Narayana M.G., learned counsel for the complainant/respondent no.1; and Mr. Maibam N. Singh, learned counsel for the respondent no.5. No one has appeared for the respondents no. 2 to 4.

A spinal surgery was performed on 14.06.2007 at the petitioner hospital by the respondent no.2 Dr. Arjun Shetty, who is a Neurosurgeon. The Consultant Neurologist was the respondent no.3. While performing the surgery a metallic screw was utilized and a minute fragment of the said screw seems to have scraped during the performance of the surgery that got lodged somewhere around the area of surgery. The fact that such a metallic object was left behind, and was a result of the process during the surgery, came to be discovered later on by the complainant/respondent no.1 when he had some complications and, on having enquired into the matter and having obtained some details, filed Complaint Case No. 19 of 2009 before the Dakshina Kannada District Consumer Disputes Redressal



Commission, Mangalore, Karnataka (hereinafter referred to as the District Commission).

The petitioner hospital was arrayed as opposite party no.1 in the complaint. The surgeon Dr. Arjun Shetty was arrayed as opposite party no.2 and the other doctors as opposite parties no. 3, 4 and 5 and the United India Insurance Company Limited (hereinafter referred to as the Insurance Company) as opposite party no.6.

The District Commission through an elaborate order dated 29.10.2010 held the surgeon to be liable for negligence on a clear finding that the piece of metal that was left behind during the process of surgery was an act of gross negligence and accordingly allowed the complaint against the surgeon directing that the surgeon would be liable to pay a sum of Rs.15.00 Lakhs together with interest @ 9% from the date of the complaint till the date of payment. Since the surgeon was covered by an insurance risk coverage by the Insurance Company under a policy, the indemnification was allowed accordingly calling upon the Insurance Company to make the payment. A litigation cost of Rs.2000/- was also imposed. The other doctors arrayed were absolved and the complaint was dismissed against them.

However, while allowing the complaint, the petitioner hospital was also held liable for having not intimated the complainant/respondent no.1 about the said lapse in the procedure and it was further held by the District Commission that the hospital had issued a discharge summary cryptically without mentioning the aforesaid lapse which stood admitted in view of the evidence on record and the admissions made by the doctors themselves. It was also held that the operation notes had not been provided and that the complainant/respondent no.1 had to file applications under the Right to Information Act and it was much later on that when the complainant/respondent no.1 went to his work in Dubai, he experienced pain, where-after he got himself examined and the radiological reports confirmed the lodging of the splinter metal in his body that was deliberately not informed by the hospital. Accordingly, the hospital was also held liable and was directed to pay a sum of Rs.5.00 Lakhs together with interest as indicated therein.

This finding of fact on the basis of evidence by the District Commission was challenged in appeals by the petitioner hospital, by the concerned Neurosurgeon as well as by the Insurance Company before the SCDRC Karnataka (hereinafter referred to as the State Commission) in First Appeals No.4768 of 2010, First Appeal No. 5084 of 2010 and First Appeal No.1066 of 2011. All the three appeals were taken up together by the State Commission and after having considered the submissions raised it was held that the negligence was clearly established on the basis of evidence on record and consequently the order of the District Commission did not require any interference, where-upon the appeals were accordingly dismissed and the order passed by the District Commission was confirmed.

Thereafter neither the Insurance Company nor the Neurosurgeon have preferred any revision petition and it is only the petitioner hospital which has



come up assailing the said order of the District Commission, affirmed in appeals vide order dated 20.12.2013.

An interim order was passed at the stage of admission to the following effect on 29.04.2014:

“As per report of the Registry, no cross revision has been filed in this case by respondents no.2 and 6.

Heard.

Subject to petitioner’s remitting a sum of Rs.10,000/- (Rupees Ten Thousand only) by way of demand draft to respondent no.1/complainant, since he is a resident of Mangalore (Karnataka), being traveling and allied expenses, issue notice of the main petition as well as stay application to all the respondents for 3.12.2014.

In the meanwhile, operation of the impugned order passed against qua the petitioner only shall remain stayed subject to the petitioner’s depositing Rs.2.5 lakh with the District Forum. On receipt of the same, District Forum shall invest the same in a Nationalized Bank in a Fixed Deposit initially for a period of one year and will be renewed from time to time until the matter is finally disposed of.

In case petitioner fails to comply the above directions within the specified period, the ex parte stay granted in favour of the petitioner shall stand vacated automatically without any further orders.

Dasti.”

The revision petition was finally heard on 29.03.2017 and orders were reserved but on 17.05.2017 this Commission directed the production of the operative notes as also the records of the lower Fora. The case could not be taken up and came to be adjourned whereafter the Covid intervened. Accordingly, the case stood adjourned thereafter. The case was deferred on several occasions for various reasons, including adjournments sought by the learned counsel, and ultimately it was dismissed for non-prosecution on 09.05.2024. Miscellaneous Application No. 388 of 2024 praying for restoration was filed on which notices were issued and it was finally allowed on 05.11.2024, where-upon the matter has been listed for final hearing once again.

As noted above, we have heard learned counsel for the parties at length, except the respondents no. 2 to 4, who for all obvious reasons have not appeared as there is no liability against them.

The contention of Mr. Tiwari, learned counsel for the petitioner hospital, is that the hospital is a charitable institution and therefore was not liable for any deficiency, inasmuch as the services offered by the hospital were to the doctors with no other facility on the part of the hospital. It is also submitted that the District Commission has already recorded a finding that even the surgical



instruments that were utilized by the doctor during the surgery were not supplied by the hospital and belonged to the doctor alone. Thus, any negligence by the doctor while performing the surgery cannot be saddled as a deficiency against the hospital.

He further submits that all documents have been provided to the complainant/respondent no.1 and in fact there is no evidence so as to draw any inference of deficiency against the hospital. The contention is that the District Commission committed an error by holding the hospital to be liable and its confirmation by the State Commission is also unjustified.

Learned counsel for the complainant/respondent no.1 however urged that the deficiency regarding non-supply of the documents as also a deficit discharge summary without mentioning the negligence of the doctors is by itself a deficiency in service. It is therefore urged that this finding of fact cannot be reversed in the exercise of revisional jurisdiction in the absence of any perversity or non-consideration of relevant evidence.

We have gone through the order of the District Commission extensively as also the findings recorded by it and we find that the fact that the information regarding the presence of a metallic object that was left behind during surgery was not mentioned in the discharge summary that was admittedly issued by the petitioner hospital. The discharge summary is cryptic and without any indication of the fact of the presence of the metallic object which stood admitted and was left inside the body of the patient. The hospital had the custody of the operation notes and there can be no two opinion that the said notes did indicate the presence of a cut-piece surgical instrument inside the body. Not only this, the patient had been taken inside the operation theatre for the second time and it was the evidence of the doctor before the District Commission that he had informed the complainant/respondent no.1 about the presence of the metal inside the body immediately after the operation with an assurance that it will not have any side effect. It is therefore evident that the fact of the presence of the metallic object stood admitted by the surgeon being present in the body of the complainant / respondent no.1 and its mention in the operation notes which were in the custody of the petitioner / hospital. The petitioner hospital has been unable to give any explanation as to why the said fact was omitted from being mentioned in the discharge summary of the hospital.

In our opinion, the District Commission was fully justified in drawing an adverse inference against the petitioner hospital on that count. The negligence of the petitioner hospital in providing a discharge summary which was clearly incomplete and which withheld a material fact affecting the health of the complainant/respondent no.1 was therefore a gross negligence. Not only this, the operation notes were also provided after an attempt was made under the Right to Information Act. This also, in our opinion, was a deficiency on which the District



Commission has rightly arrived at a correct conclusion. The findings of the District Commission have been therefore appropriately confirmed in appeals and these findings of fact do not suffer from any perversity or non-consideration of relevant material.

On the aforesaid issue we find support from the pronouncement of this Commission in the case of *Deepati v. Shori Hospital*, 2020 SCC OnLine NCDRC 145, where the issue of non-supply of the documents was considered and it was held that the same also amounts to a deficiency and this Commission imposed a cost of Rs.1,00,000/- in that case. Paragraphs 17 to 21 of the said decision are extracted herein under:

**“17.** Before parting with this order, the another grouse of the Complainants that the OP-1 hospital did not supply the detailed discharge summary and medical record to enable the doctors at Fortis Hospital to treat the patient more effectively. We note from the pleadings of the OP-1 hospital that detailed in-patient record was not given. Only referral slip was given and held the oral conversations between the doctors. We have perused the discharge summary of OP-1 hospital issued on its letterhead. It contains all the details like diagnosis, investigations and surgical treatment. It is evident that the patient was referred to PGI; Chandigarh wherein the doctors after going through the details in referral note, further referred him to Fortis Hospital due to non-availability of ventilators. Thus in our view the instant detailed discharge note was sufficient for management of emergency at Fortis hospital. Moreover, in case of need the Doctor at referral hospital (in the instant case Fortis Hospital) shall call for treatment record from the previous hospital or Doctor.

**18.** It is pertinent to note that nearly for 2½ years the OP-1 hospital did not file the medical record before the District Forum, till the evidence of Complainants' was completed including examination of Dr. S.M. Bose. The Complaint was filed in May 2003 and the medical record (Ex.R1) was produced at the time of OP's evidence in Aug/Sep 2005. The learned counsel for the Complainants relied upon the decisions of this Commission in RP/2605/2012 titled *Dr. N.J. Karnavat v. Patel Ishwarlal Mangalal* decided on 07.10.2014 and FA/387/2010 titled *K. Kotaiah Iras v. Dr. T. Anjaiah* which held the hospital liable for the non-issuance of medical record. In our considered view it was not sufficient that a referral slip was given or that there was oral conversation between the treating doctors of referring hospital and second hospital. It should be borne in mind that the referring hospital is duty bound to provide complete medical record to the second (referral) hospital. The OP-1 hospital failed



to supply entire medical record despite request at the time of discharge and then after death of patient. It was the deficiency in service of OP-1 hospital which is also contrary to Art.1.3 & 7.2 of MCI Regulations/rules 2002. The Art 1.3.2 of the Regulation is reproduced below:

“If any request is made for medical records either by the patients/authorized attendant or legal authorities involved, the same may be duly acknowledged and documents shall be issued within the period of 72 hours.”

**19.** The medical record is a vital document and property of patient. It is mandatory for hospital/doctor to issue it to the patient/attendant on request. Thus, non-issuance of medical record was deficiency in service, and the OP-1 hospital is liable to that extent only.

**20.** As discussed (supra) there was no medical negligence in the instant case, but non-issuance of medical record was deficiency in service of OP-1. In our view, the deficiency was not fatal and not attributed to the cause of death of critically ill patient. The patient was in OP-1 hospital for 1 ½ days and thereafter 12 days in Fortis Hospital. The doctors at both the hospitals made their all efforts, but patient could not survive. Merely because a patient has not favorably responded or surgery has failed, the doctor cannot be held straightway liable for medical negligence. Similar view had been taken by Hon'ble Supreme Court in a number of cases in which medical negligence by the treating doctors/hospitals have been alleged.

**21.** Based on the forgoing discussion in the given facts and the entire material on record before us, it is not feasible to attribute negligence on the OP-1 hospital and doctors OP-2 & 3. However, as discussed supra (para 13,14 and 15) the OPs are held liable for deficiency in service in not providing the Medical Record of the patient specifically when the attendants of patient had demanded it and the Regulations of Medical Council of India provide for it. Accordingly, the OP-hospital is directed to pay lump sum of Rs. 100000/- to the Petitioners within six weeks from today, failing which the amount shall carry 10% interest till its realization. The Insurance Cos. shall comply the order promptly, if the OP Hospital availed the Insurance Cover.” Consequently, keeping in view the nature of the revisional jurisdiction available to this

Commission, we find no reason to exercise our jurisdiction under Section 21(b) of the Consumer Protection Act, 1986. The revision petition lacks merit and is accordingly dismissed.

.....  
**A. P. SAHI**  
**PRESIDENT**

.....  
**BHARATKUMAR PANDYA**  
**MEMBER**



## News Clips



અમદાવાદ 18-12-2025

### 27-28મીએ ઓલ ઈન્ડિયા મેડિકલ કોન્ફરન્સ લોકોને સારી અને સસ્તી દવા મળે તે માટે તબીબો ચર્ચા કરશે

ભાસ્કર ન્યૂઝ ડેસ્ક

શહેરમાં ઈન્ડિયન મેડિકલ એસોસિએશનની 100મી નેશનલ કોન્ફરન્સ યોજાશે. આઈએમએએ ગુજરાત અને અમદાવાદ શાખાના સહયોગથી 27 અને 28 ડિસેમ્બરે ક્લબ ઓ 7માં યોજાનારી કોન્ફરન્સમાં દેશવિદેશમાંથી 5 હજારથી વધુ ડોક્ટર અને વિવિધ શેરના 35 જેટલા નિષ્ણાત તબીબો અને ડેકલરી યુવા અને અભ્યાસ કરતા ડોક્ટરોને માર્ગદર્શન આપશે. કોન્ફરન્સના આયોજક અધ્યક્ષ ડૉ. જિતેન્દ્ર પટેલ તેમજ સેક્રેટરી ડૉ. મેહુલ શાહ જણાવ્યું કે આ કોન્ફરન્સ દરમિયાન લોકોને સારી અને સસ્તી તબીબ સુવિધા ઉપલબ્ધ

### સર્વાઈકલ કેન્સર માટે અભિયાન ચલાવશે

આઈએમએ દ્વારા જનજાગૃતિ કાર્યક્રમોના ભાગરૂપે મહિલાઓ અને ટીકરીઓને લેવું સર્વાઈકલ કેન્સર અટકાવવા માટે અભિયાન ચલાવશે. આ માટે એસોસિએશને વિશેષ ફંડ એકત્ર કરી એયપીવી વેક્સિનની કંપનીમાંથી જ ખરીદી કરી મહિલાઓ અને ટીકરીઓને નિ:શુલ્ક આપવામાં આવશે. કરાવવા સાથે લોકોને વિવિધ રોગની માહિતી તેમની ભાષામાં મળે તે માટે માહિતી પુસ્તિકા પણ ઉપલબ્ધ કરાવાશે. જાહેર આરોગ્ય અઘતન ટેકનોલોજી સમિતિના મુખ્ય મુદ્દાઓ હશે.

## City to host 100th edition of IMA's nat'l conference

More than 5,000 delegates are expected to attend health conference on Dec 27-28

Ahmedabad Mirror Bureau  
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The Indian Medical Association (IMA) is set to organise the 100th edition of its National Conference, NATCON 2025, in Ahmedabad on December 27 and 28. The event is being hosted jointly by the Gujarat Medical Association and Ahmedabad Medical Association. The two-day conference will bring together over 5,000 national and international



al delegates, focusing on public health, advanced medical technologies and knowledge sharing. The summit aims to provide a platform for doctors and healthcare professionals to update their medical knowledge and discuss key public health issues.

Dr Jitendra Patel, organising chairman, shared details about the conference. Dr Anil Nayak, the incoming IMA president and the eighth president from Gujarat, will also be present at the conference.

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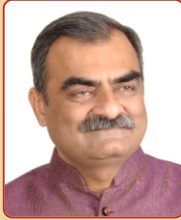


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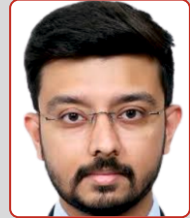
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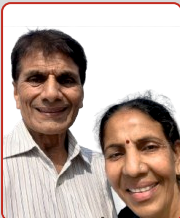
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Medical Kit Distribution



\* \* \* \* \*

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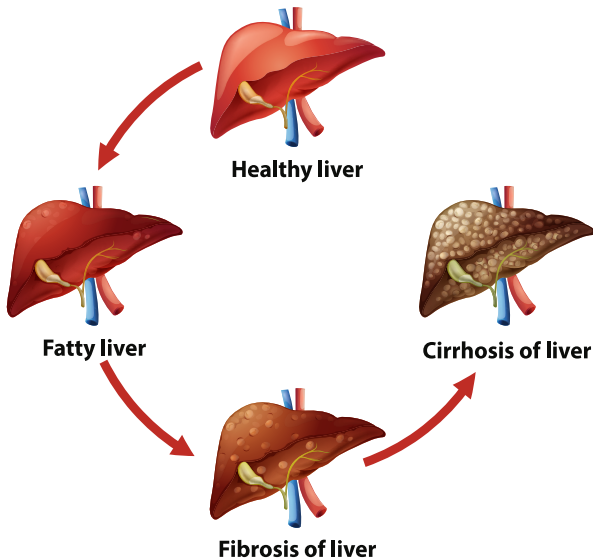
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At Oncowell Cancer Hospital, Located in Ahmedabad, Oncowell is a premier, patient-centered cancer treatment center specializing in Medical Oncology, offering a full spectrum of diagnostic and therapeutic services under one roof.

## OUR EXPERT DOCTORS



**Dr. Akash Patel**

DM Medical Oncologist & Haematologist  
MSKCC Fellow in Immunotherapy  
Founder & Director,  
OncoWell Cancer Hospital, Ahmedabad



**Dr. Jaikumar Patel**

DM Medical Oncology & Pediatric Oncology  
Consultant – OncoWell Cancer Hospital,  
Ahmedabad

## Field of Expertise

- Solid Malignancies(Breast, Head & Neck, Lung, Gastrointestinal)
- Pediatric Cancers
- Blood Disorders
- Hematological Malignancies

## Scope of Services

- Chemotherapy
- Immunotherapy
- Bone Marrow Evaluation & Biopsy
- Preventive Oncology
- Genetic Testing
- Dietary & Second Opinion Counselling
- Precision & Genetic Oncology
- Targeted Therapy
- Biological Therapy
- Supportive Care
- Palliative Care
- Cancer Vaccination



Oncowell ,  
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Onco Wellness Foundation



**Divine  
Breast Clinic**  
An initiative by Divine Diagnostic Hub



**Dr. Nupur Patel**  
Interventional Breast Radiologist  
Director-Divine Breast Clinic &  
Divine Diagnostic Hub  
National Fellow Breast Imaging

# 1<sup>st</sup> Dedicated Breast Imaging & Intervention Centre

“One-Stop Diagnostic Breast Clinic For All Breast Related Concerns.”

## Imaging Services

- › Digital Mammography
- › Ultrasonography (USG) of Breast
- › MRI Breast / MR Mammography / MR Ductography
- › Elastography for Breast

## Breast Interventions

- › USG Guided Core Needle Breast Biopsy
- › Vacuum Assisted Breast Biopsy(VABB)
- › USG Guided Diagnostic / Therapeutic VABB
- › Stereotactic VABB
- › MRI Guided VABB
- › FNAC of Axillary Node
- › Wire Localization
- › Clip Placement



## — VABB- Vacuum Assisted Breast Biopsy —

### The New Cutting-Edge Technology

#### 1<sup>st</sup> Smart Biopsy System

- A state-of-the-art biopsy system with high accuracy, large specimen retrieval, and superior comfort for patients.
- It can replace surgical excision in many benign breast lumps such as Fibroadenoma, Papilloma and many more.....

**Benefits: Painless | Stitch-less | Scar-less**



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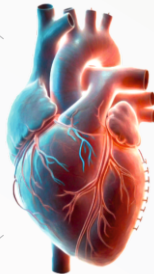
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- ✓ Pediatric Orthopaedic Surgery
- ✓ Orthopaedic Oncology Surgery



### Team of Experts

- **JOINT REPLACEMENT & ARTHROSCOPY:** Dr K.C. Mehta | Dr Nalin Patel | Dr Darshan Bachani • **ORTHOAEDICS & TRAUMA:** Dr Pranav Shah | Dr Neil Rohra • **ORTHO SHOULDER SURGERY:** Dr Tirth Vyas • **FOOT & ANKLE:** Dr Harsh Vyas
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We welcome our new members

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## HOW I DO –PVT, Pregnancy- PART – 18

(All the articles published in past are available at [www.shyamhemonclinic.com/blog/](http://www.shyamhemonclinic.com/blog/))



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**Question:** In last part, we covered additional important points related to DVT of specific sites 1. Distal leg i.e. calf DVT has very low risk of pulmonary embolism. These patients can be observed with monitoring, especially if no other major risk factors for DVT. 70% would progress to proximal DVT however. But 30% can be spared anticoagulation and its risk. 2. Upper extremity DVT treated same as leg proximal DVT nowadays. 3. CVTS cerebral venous sinus thrombosis fortunately, most people have excellent neurological recovery, if treated in time. Requires about 3-6 months of anticoagulation only. Very high homocysteine is a risk factor in India, likely due to B12 or folic acid deficiency as the most common cause. 4. Mesenteric vein thrombosis to rule out myeloproliferative neoplasm in these cases, even if cbc is normal. Lifelong anticoagulation is advisable, even if no risk factor is found.

Very interesting to note the differences in management of specific sites. Especially intriguing was cerebral vein thrombosis. This requires only 3-6 months of anticoagulation, while proximal leg vein thrombosis with no risk factor, you advise anticoagulation for so much longer, frequently years. Any other site that we should discuss?

**Answer:** Yes. Portal vein thrombosis is another interesting, intriguing site. In our practice, PVT is seen in mainly 3 scenarios. 1. Associated with HCC i.e. hepatocellular carcinoma. In higher stages, portal vein is involved with either right or left portal vein and then main portal vein in more advance stage. This however is primarily tumor thrombus, hence we don't consider anticoagulation here. Nowadays we increasingly consider Radiotherapy just for portal vein thrombus in such cases. To open the vein, by clearing tumor.

2. Chronic portal vein thrombosis, mostly with cavernoma formation (venous collaterals forming a cluster around blocked vein). Once collaterals are formed, it means thrombus is old and will not resolve with anticoagulation. Such patients present to us either as incidental finding or due to effects of hypersplenism (low cbc or large spleen related symptoms, variceal bleed). These patients require work up for underlying cause, especially to rule out myeloproliferative neoplasm or other major risk factors for thrombosis. If there is a risk factor, anticoagulation is considered. However one has to balance risk of bleeding if varices or low platelet due to hypersplenism. In practice, these patients are generally not given anticoagulation.

3. Acute portal vein thrombosis. Fortunately, these are fairly uncommon. But are an emergency like any other DVT. Requires anticoagulation, same concepts as other DVT. And evaluation for underlying risk factor. Same as mesenteric vein thrombosis, look for myeloproliferative neoplasm even if cbc is normal. And for cirrhosis, PNH paroxysmal nocturnal hemoglobinuria, apart from the standard list of risk factors. g. APLA.

**Que:** What about DVT during pregnancy? How to manage during pregnancy, labor, breastfeeding?

**Ans:** A very important and a wide topic. But key points are: 1. DVT that develops during pregnancy or postpartum period, is managed with anticoagulation upto about 3-6 months post pregnancy. 2. LMWH is preferred during pregnancy, especially first trimester. Second and third trimester, warfarin can be given. **No role for DOAC** during pregnancy or breastfeeding. If cost is an issue, UFH (old heparin) can be used subcutaneous. Also, near delivery time, LMWH or warfarin is stopped, and UFH is preferred. As it has shorter half life and can be rapidly reversed with protamine if required in case of bleeding. Consider monitoring anti Xa activity few times to ensure optimum anticoagulation, much more so in obese pregnant patients. 3. For those who had been on anticoagulation and became pregnant, immediately stop warfarin or DOAC. And switch to LMWH or UFH. 4. Post delivery, one can restart LMWH or UFH about 6-12 hours after delivery depending on bleeding risk, and normal versus C section delivery. 5. During breastfeeding, DOAC are not used. LMWH, UFH, Warfarin are safe. 6. An extremely important point specific to pregnancy is to avoid use of Epidural anesthesia as far as possible. If it is used, a very careful planning is required with regard to timing of when to stop and restart anticoagulation. A very significant risk of spinal hematoma and resultant paraplegia is there if epidural catheter is placed while patient is even partially anticoagulated. Warfarin effect takes about 5 days to clear. LMWH about 24 hours. Keeping patients off anticoagulation for long may not be advisable, for patients at high risk for recurrent thromboembolism. 7. For patients with prosthetic heart valve, or some patients with APLA, and few other patients, warfarin is preferred. For such patients, decision making is very complex. And requires detailed counseling and patient involvement to decide type of anticoagulation. Warfarin is preferred here **for maternal safety**, but first trimester warfarin means higher chance of fetal abnormality. As doctors however our preference is maternal safety first. 8. For those who have a history of DVT but not requiring anticoagulation now, or have a strong risk factor, such as APLA, and now become pregnant. They require prophylaxis, preferably with LMWH. If cost is an issue, then UFH. Dose depends on weight. But generally standard enoxaparin 0.4 ml subcutaneous is used. For lower risk patients, this may not be given throughout pregnancy, but at least 3<sup>rd</sup> trimester, and postpartum six weeks. Postpartum is the highest risk period.

December 14-2025 **Dr Chirag A. Shah**; M.D. Oncology/Hematology (USA), 9998084001. Diplomate American Board of Oncology and Hematology. Ahmedabad. [drchiragashah@gmail.com](mailto:drchiragashah@gmail.com) [www.shyamhemonclinic.com](http://www.shyamhemonclinic.com)



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## The Kidney Tumor in children - Wilms Tumor

- Specific type of kidney cancer seen exclusively in children.
- Also called as nephroblastoma
- Almost commonly affects children between ages of 3 to 5 years.
- As a Pediatric Oncologist Wilms tumor is one of the most common cancer I see.
- 
- **How to diagnose**

To diagnose Wilms tumor, a doctor needs to do:

- **A detailed medical exam.**
- **Blood and urine tests.**
- **Imaging tests like ultrasound, CT scans**

The stage of the cancer helps with deciding treatment.

### Symptoms

Wilms tumor mostly occurs in just one kidney. But it can sometimes be in both kidneys at the same time.

Symptoms seen in children with Wilms tumor include:

- A mass in the stomach area that can be felt.
- Swelling in the stomach area.
- Pain in the stomach area.
- Fever.
- Blood in the urine.
- Low red blood cell level, also known as anemia.
- High blood pressure.

### Survival rates

Most children with this disease can be cured. Overall cure rates in the western world are more than 90%.

### Challenges in our country

In our country the outcomes and survival is much less than developed countries due to late presentation, larger size at presentation, higher stage and more bulky disease at presentation and poor and inconsistent access to treatment.

### Treatment

Treatment for Wilms tumor usually involves surgery and chemotherapy. It sometimes includes radiation therapy.

### Surgery

Treatment for Wilms tumor may begin with surgery to remove all or part of a kidney. Surgery also confirms the diagnosis. The tissue removed during surgery is sent to a lab to learn whether it's cancerous and what type of cancer is in the tumor.

Surgery for Wilms tumor may include one of the following:

- **Removing part of the kidney.**
- **Removing the kidney and surrounding tissue.**

### Chemotherapy

Almost all patients with Wilms Tumor need treatment with chemotherapy. The protocol and duration of treatment depends on the stage of disease, histology and degree of resection. Children tolerate the chemotherapy very well.

If given before surgery, chemotherapy can shrink tumors and make them easier to remove. After surgery, it can kill cancer cells that are left in the body.

### Radiation therapy

Higher stage Wilms tumor need radiotherapy to the primary site ( abdomen) and to the site of metastasis.



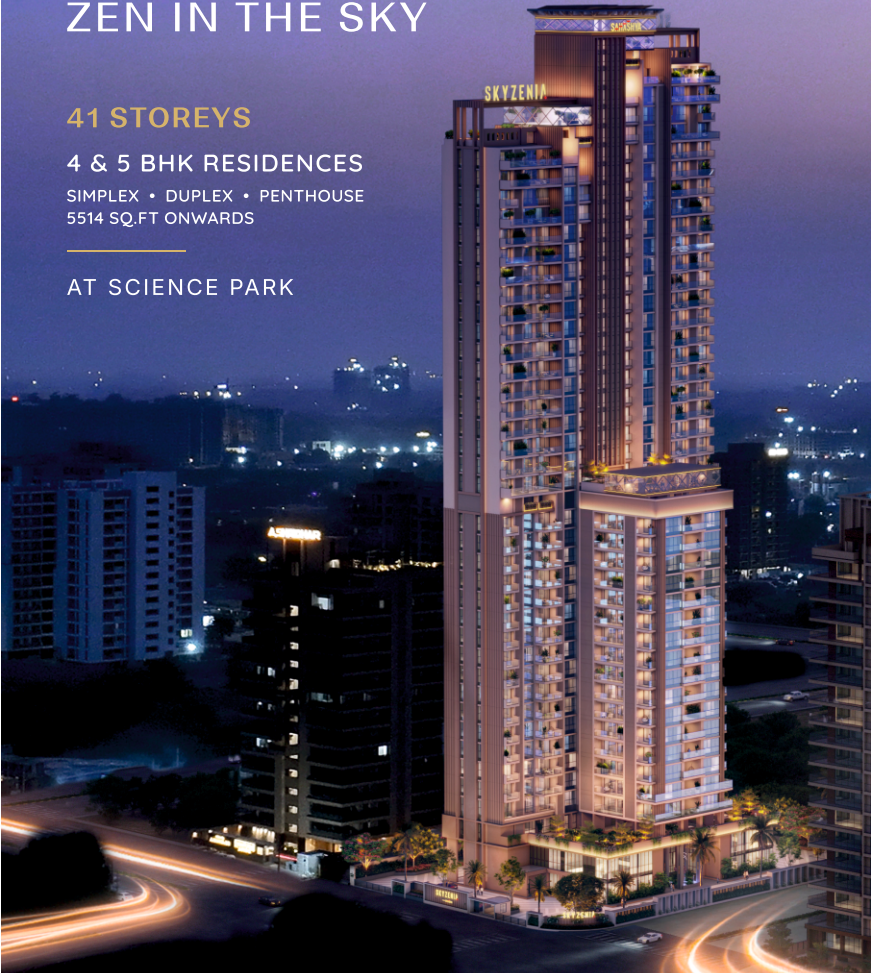
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