



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

GUJARAT MEDICAL JOURNAL

INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

Estd. On 2-3-1945

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## National President's Desk

### MY APPEAL



Season's Greetings

Appeal to all Local Branch Presidents / Hon. Secretaries.

- (1) PROACTIVE EFFORTS FOR MEMBERSHIP DRIVE.
- (2) ACTIVE IMPLEMENTATION OF "AAO GAON CHALEN" PROGRAMME BY ALL BRANCHES.
- (3) BLOOD DONATION CAMP BY ALL BRANCHES ON DOCTOR'S DAY - 1<sup>ST</sup> JULY 2014.
- (4) ACTIVE EFFORTS FOR STRENGTHENING OF YOUNG DOCTOR'S WING.
- (5) STRONG BONDING WITH SPECIALITY ORGANISATIONS.
- (6) "WELCOME THE GIRL CHILD..." DRIVE.

KINDLY COMPLY POSITIVELY.

*Jitendra B. Patel*

Dr. JITENDRA B. PATEL  
NATIONAL PRESIDENT, IMA



## STATE PRESIDENT'S MESSAGE



Dear friends,

After hectic celebration of Makar sankranti , now all of you have been adjusted in your routine life.

Makar Sankranti marks the transition of the Sun into the zodiac sign of Makara rashi (Capricorn) on its celestial path. The day is also believed to mark the arrival of spring in India. Makara Sankranti is a

solar event making one of the few Indian festivals which fall on the same date in the Gregorian Calender every year: 14 January, with some exceptions when the festival is celebrated on 13 or 15 January.

Makar Sankranti has an astrological significance, as the sun enters the Capricorn (Sanskrit: *Makara*) zodiac constellation on that day. Precession of the Earth's axis (called *ayanamsa*) causes Makara Sankranti to move over the ages. A thousand years ago, Makara Sankranti was on 31 December and is now on 14 January.

Makara Sankranti is a major harvest festival celebrated in various parts of India. Many Indians also conflate this festival with the Winter Solstice, and believe that the sun ends its southward journey (Sanskrit: *Dakshinayana*) at the Tropic of Capricorn, and starts moving northward (Sanskrit: *Uttarayaana*) towards the Tropic of Cancer, in the month of *Pausha* on this day in mid-January. Makara Sankranti commemorates the beginning of the harvest season and cessation of the northeast monsoon in South India. The movement of the Sun from one zodiac sign into another is called Sankranti and as the Sun moves into the Capricorn zodiac known as Makara in Sanskrit, this occasion is named as Makara Sankranti in the Indian context.

Makara Sankranti, apart from a harvest festival is also regarded as the beginning of an auspicious phase in Indian culture. It is said as the 'holy phase of transition'. It marks the end of an inauspicious phase which



according to the Hindu calendar begins around mid-December. It is believed that any auspicious and sacred ritual can be sanctified in any Hindu family, this day onwards. Scientifically, this day marks the beginning of warmer and longer days compared to the nights. In other words, Sankranti marks the termination of winter season and beginning of a new harvest or spring season.

I on behalf of IMA wish that this 'holy phase of transition' brings health, wealth and prosperity in your family.

**Friends, this month I want to draw your attention towards two diseases namely Polio and Leprosy.**

### Polio

Wild poliovirus has not been found in India since 13 January 2011 meaning that, from that date, India is no longer a country where polio is endemic. Three years of being polio free is a notable milestone for the country as a whole, but the success of the immunization and awareness campaign has had a wider impact – with this achievement, it is hoped that soon the entire South-East Asia Region can be considered certifiably free from polio.

Historically, India has been the largest endemic reservoir of polio in the world with between 50 000 to 100 000 paralytic polio cases occurring each year between 1978 and 1995. It has also been one of the main sources of polio importation for other countries. This achievement has been driven by the partnership between the Government of India, international organizations, local NGOs and other institutions. An extraordinary mobilization of health workers was necessary to reach this point. The outcome of this has been an improved vaccine delivery system, better trained health staff and high quality surveillance, monitoring and research mechanisms.

This does not mean that the virus cannot re-emerge within any of the countries or the Region. There is no room for complacency with ongoing polio vaccination work. High immunity levels must continue



in order to protect those in the Region and as newer, more comprehensive interventions are developed, these too need to be rolled out. Furthermore, whilst no new cases of wild polio have been recorded recently, the disease in different forms can be brought in to the Region via those who have contracted it in other parts of the world and then travel to South-East Asia.

*Poliovirus is transmitted mainly from person-to-person through the faecal-oral route and on average, depending on the serotype (poliovirus type 1, 2 or 3), a single case of paralytic polio represents 200 to 1000 silent infections surrounding the case.*

### Leprosy

Global overview:

Leprosy is caused by a slow-growing bacillus, *Mycobacterium leprae*. It is transmitted via droplets from the nose and mouth of untreated patients with severe disease. However, it is important to note that Leprosy is not a highly infectious disease. If left untreated, the disease can cause nerve damage, leading to muscle weakness and atrophy, and permanent disabilities.

Timely diagnosis and treatment of leprosy is the most effective way of preventing disabilities and is also effective to stop transmission.

Leprosy can be easily treated and completely cured with a 6–12-month course of multidrug therapy (MDT). MDT is available free of cost in all health facilities including those in the periphery.

166 445 Number of new leprosy cases detected during 2012

8 012 Number of Grade-2 disability among new cases detected during 2012

125 171 Registered cases (prevalence) at the end of 2012

The South-East Asia Region accounted for 71% of new cases detected worldwide in 2012 with 166 445 cases reported. From 16 countries reporting more than 1000 new cases, six countries are in the South-East



Asia Region, namely, Bangladesh, India, Indonesia, Myanmar, Nepal and Sri Lanka

The new case detection rate for 2012 is 9.08/100,000 population. Among new cases detected during the reporting year, 16,337 (9.82%) cases were children below 15 years of age; and 62,053 (37.28%) were women.

The total number of cases registered at the end of 2012 in all Member States of the Region was 125,171 accounted for registered prevalence rate of 0.68/10,000 population which was below the elimination rate of less than 1 per 10,000 population.

Status of India: (source: NLEP progress report for the year 2012-2013).

The year 2012-13 started with 0.83 lakh leprosy cases on record as on 1st April 2012, with PR 0.68/10,000.

Status of Gujarat: (source: NLEP progress report for the year 2012-2013).

New cases detected 9019. Prevalence rate 0.96/10000 population. New cases with Grade II deformity 256 (2.84%)

In South Gujarat, new cases of leprosy continue to be detected as this region is more prone to migration from other states. The humid climate in this region might also be attributed to the increase in cases of leprosy infections.

I urge all the members of IMA to give more focus on this two disease. As with the effort of all of you we have achieved significant mile stone. If we remain more vigilant, we can still achieve better result in Leprosy and can keep Polio out of our country.

Jai Hind.

Long Live IMA.

Yours Truly,

**Dr. Bipin M. Patel**  
(President, G.S.B., I.M.A.)



## HON. STATE SECRETARY'S MESSAGE



Dear Members,

Once again Happy New Year to you all.

As I have mentioned in my previous message, CHANGE is the only permanent thing in this world, rest of the things are temporary. Day in and day out we all face effects of global warming all over the world on atmosphere of earth. The same way, our medical fraternity is also facing continuous CHANGE. That change is corporatization of our fraternity.

Because of so many factors, we can see the numbers of corporate hospitals are increasing day by day. The factors are like increasing the cost of property, number of critical and complicated patients, rapidly changing technology, need of qualified staff round the clock, incoming government policies, demand of the patients and many more. In most of the metros like Mumbai, Delhi, Chennai, Bangalore, Hyderabad the medical practice happens in corporate hospitals. Most of these corporate are run by industrialists and businessmen. We doctors who were professional before some years are now working as employees of these corporate hospitals.

Nobody can prevent the CHANGE. Because that is universal law. So we all have to flow with the CHANGE in spite of resisting it to keep our dignity. Doctors have to get united and have their own corporate size hospitals to keep their dignified status intact.

The changing scenario has certainly changed the need of our practice. We at IMA, HQ this year decided to have different community activities on top priority. I particularly focus on raising the awareness about voluntary blood donation in public at large. As with the increasing number of trauma patients and other diseases where the need of blood products are increasing, there would be huge rise in the need of blood donors.

I request all the branch members to put some extra efforts for this activity and let us fulfill the demand of situation. We at GSB, need your valuable suggestions and concrete support to take this activity on next level.

Waiting for your active participation.

Yours Truly,

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



## CENTRAL COUNCIL MEETING

88<sup>th</sup> Annual National Medical Conference of IMA (IMACON-2013) was held at Rajahmundry, Andhra Pradesh on 27<sup>th</sup> & 28<sup>th</sup> December, 2013

Following members from our State attended the Conference / Meeting.

Dr. Ketan D. Desai	Ahmedabad
Dr. Jitendra B. Patel	Ahmedabad
Dr. Jayshreeben Mehta	Vadodara
Dr. Bipin M. Patel	Ahmedabad
Dr. Praful R. Desai	Navsari
Dr. Kirti M. Patel	Ahmedabad
Dr. Yogendra S. Modi	Ahmedabad
Dr. Mahendra B. Desai	Ahmedabad
Dr. Anil J. Nayak	Mehsana
Dr. Pragnesh C. Joshi	Surat
Dr. Babubhai J. Patel	Unjha
Dr. Ashok D. Kanodia	Ahmedabad
Dr. Kirit C. Gadhavi	Ahmedabad
Dr. Sunil B. Chenwala	Ahmedabad
Dr. Harshad Patel	Ahmedabad
Dr. Anil D. Leuva	Ahmedabad
Dr. Lalit I. Nayak	Ahmedabad
Dr. Mahendra H. Chaudhary	Bardoli
Dr. Rajiv D. Vyas	Bardoli
Dr. V.T. Parmar	Bhavnagar
Dr. Kashyap C. Dave	Bhavnagar
Dr. P.P. Vagh	Bhavnagar
Dr. Kishor Solanki	Bhavnagar
Dr. H.S. Parmar	Surat
Dr. Chetan N. Patel	Vadodara
Dr. Smita C. Patel	Vadodara
Dr. Kailashben Parikh	Vadodara
Dr. R.S. Patidar	Vadodara
Dr. D.K. Sanghavi	Vadodara
Dr. Sumitra Sanghavi	Vadodara
Dr. I.C. Patel	Vadodara
Dr. Girish Modi	Surat
Dr. Vasant Patel	Patan
Dr. K.J. Ganatra	Bhuj



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

- 13/10/2013 Dr. Bipin M. Patel; President I.M.A. G.S.B. attended Installation & Cultural programme at Mehsana
- 23/10/2013 Dr. Bipin M. Patel; President I.M.A. G.S.B. attended Installation ceremony at Gandhinagar
- 26/11/2013 Dr. Bipin M. Patel; President I.M.A. G.S.B. attended School Health check up programme at Gandhinagar
- 27/11/2013 Dr. Bipin M. Patel; President I.M.A. G.S.B. attended get to gather programme and felicitation function at Visnagar
- 01/12/2013 Dr. Bipin M. Patel; President I.M.A. G.S.B., Dr. Bhupendra M. Shah; Vice President Central Zone, Dr. Ashok D. Kanodia, Convener, Family Planning Centre and Dr. Pradeep C. Bhavsar, Hon. Joint Secretary, Central Zone General Medical Camp for check up of inmates of Sahyog Kusthayagna Trust and Respiratory Disease camp for surrounding villages at Himatnagar.
- 03/12/2013 Dr. Bipin M. Patel; President I.M.A. G.S.B. attended conference on 'Healthy Gujarat - Agenda for Action' conference at Mahatama Mandir, Gandinagar
- 13/12/2013 Dr. Bipin M. Patel; President I.M.A. G.S.B. Dr. Kirit C. Gadhavi, Director, College of G.P., Dr. Devendra R. Patel; Treasurer I.M.A. G.S.B. and Dr. Harshad C. Patel; Hon. Joint Secretary G.M.J. attended Inauguration of renovated Annapurna Padmavati Hall, I.M.A. & also attended Medical camp at Gadhali organized by I.M.A. Bhavnagar Branch



### CONGRATULATIONS

- ❖ **Dr. Bhupendra M. Shah; Vice President, Central Zone, Himatnagar**  
Being co-opt in Medicine Branch by Hemchandracharya North Gujarat University, Patan
- ❖ **Shivam Nalin Patel, Son of Dr. Nalin Patel and Dr. Roopal Patel, Ahmedabad**  
Being youngest speaker were to address the mathematician of INDIA in 50<sup>th</sup> annual conference of mathematics on 14<sup>th</sup> November, 2013. He was also invited to Tata institute of Fundamental research, Mumbai by dean to appreciate his extensive research in Mathematics & Physics
- ❖ **Dr. Sushrut M. Patel; Ahmedabad**  
Being awarded and felicitate for his contribution in the field of Mathematics by Ahmedabad Ganit Mandal on November, 2013 at Ahmedabad
- ❖ **Dr. Vivek Shukla son of Dr. Vishwanath Shukla; Ahmedabad**  
Being has joined Fellowship in Neonatology at World renowned sick kind Hospital Toronto, Canada.
- ❖ **Dr. Dina Shah; Vadodara**  
Being for publication of her gazal collections "Tasbih" and hyku collection "Bijne Chamkare" on 19/10/2013. She is also author of "Terva Tahukya" and "Aayana Tole Valya"

### Corrigendum

#### Zonal representatives State Working Committee (2) from each zone and one from Kutch) Total-13

Dr. M.H. Dalwadi is zonal representative of Surat Zone instead of Dr. C.S. Jardosh. Please take note of this.




**NEW LIFE MEMBERS**
**I.M.A. GUJARAT STATE BRANCH**
**We welcome our new members**

L_M_No.	NAME	BRANCH
LM/23053	Dr. Shah Harshkumar Dilipkumar	Modasa
LM/23054	Dr. Shah Amit Pradhyuman	Gandhidham
LM/23055	Dr. Shah Sheetal Amitbhai	Gandhidham
LM/23056	Dr. Nayak Ashish Vitthaldas	Bhavnagar
LM/23057	Dr. Patel Vinodkumar Bhogilal	Bhavnagar
LM/23058	Dr. Patel Vijay Kantibhai	Gandhinagar
LM/23059	Dr. Bhagora Samir Bachubhai	Gandhinagar
LM/23060	Dr. Ninama Hemalata Vechatbhai	Gandhinagar
LM/23061	Dr. Israni Kaushalben D.	Gandhinagar
LM/23062	Dr. Nimavat Ajay Laldas	Gandhinagar
LM/23063	Dr. Patel Nihar Anilkumar	Gandhinagar
LM/23064	Dr. Shah Amit Maheshchandra	Gandhinagar
LM/23065	Dr. Rajat Rakesh Mansukhbhai	Gandhinagar
LM/23066	Dr. Dave Darshan Jitendrabhai	Gandhinagar
LM/23067	Dr. Vaishnani Vishal P.	Junagadh
LM/23068	Dr. Thacker Jigar Prabhulal	Anjar-Kutch
LM/23069	Dr. Mehta Dhvani Jayeshbhai	Surendranagar
LM/23070	Dr. Chavda Avani Bipinchandra	Surendranagar
LM/23071	Dr. Shrivastava Atul V.	Surendranagar
LM/23072	Dr. Srivastava Geetika	Surendranagar
LM/23073	Dr. Parwani Rohan Bhagwanbhai	Porbandar
LM/23074	Dr. Chavda Akhil Gordhanbhai	Porbandar
LM/23075	Dr. Choudhary Hemant Vinodbhai	Khedbrahma
LM/23076	Dr. Panchal Rupin Ishvarbhai	Vadodara
LM/23077	Dr. Contractor Jai Bhailalbhai	Vadodara
LM/23078	Dr. Parmar Yogeshkumar P.	Vadodara
LM/23079	Dr. Shah Nupur Mauleshbhai	Vadodara
LM/23080	Dr. Viswanathan Vivek	Vadodara
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LM/23087	Dr. Mishra Amrita Maheshbhai	Vadodara
LM/23088	Dr. Panchani Nirav Natvarlal	Vadodara



LM/23089	Dr. Bhanvadia Roopal Jamnadas	Vadodara
LM/23090	Dr. Nayak Suresh Radhakrishna	Vadodara
LM/23091	Dr. Bose Neeta	Vadodara
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LM/23095	Dr. Hadiya Dhiraj Vaghabhai	Surat
LM/23096	Dr. Mashru Ankur Pravinbhai	Surat
LM/23097	Dr. Chaudhari Nirmal Sumantray	Bharuch
LM/23098	Dr. Chaudhari Minaxi Nirmal	Bharuch
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LM/23147	Dr. Patel Vimalkumar Vithalbhai	Idar
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LM/23206	Dr. Gohil Jitendra Balubhai	Surat
LM/23207	Dr. Bhimani Jay Mukundbhai	Ankleshwar
LM/23208	Dr. Bhimani Swati Jay	Ankleshwar
LM/23209	Dr. Dindor Mukundray B.	Godhra
LM/23210	Dr. Makwana Anil Ratansinh	Godhra
LM/23211	Dr. Sharma Sandeep Harishanker	Godhra
LM/23212	Dr. Chaudhary Paras Nareshbhai	Godhra
LM/23213	Dr. Kataria Dipakkumar Manilal	Godhra
LM/23214	Dr. Taviyad Anil Mansukhlal	Godhra
LM/23215	Dr. Sheth Nishant Jayantilal	Godhra
LM/23216	Dr. Patel Bipinchandra Kushal	Godhra
LM/23217	Dr. Prajapati Janak Chimanlal	Godhra
LM/23218	Dr. Panchiwala Bhadrish J.	Godhra
LM/23219	Dr. Khan Mohammed Ashik	Godhra



## OBITUARY



### Dr. Mitesh N. Bhatt

M.S., General Surgery  
(11/09/1969 - 04/12/2013)

#### Experience

- Medical Director & Consultant Surgeon, K.P.Sanghvi Hospital, Surat
- Consultant Surgeon, Shrey Surgical Hospital, Surat
- Assistant Professor in Department of Surgery, Govt. Medical College, Surat

#### Various Positions held at IMA

- Hon. Secretary : I.M.A. Surat Branch
- Vice President : I.M.A. Surat Branch
- Zonal Director : P.P.S., I.M.A., G.S.B.
- Central Working Committee Member

\* \* \* \* \*

We send our sympathy & condolence to the bereaved family

Dr. Raimangia Ashish S.	30/03/2013	Dwarka
Dr. Pandya Dhnanjay M.	03/09/2013	Patan
Dr. Pandit Dilip M.	19/09/2013	Ahmedabad
Dr. Joshi Labhshanker K.	10/10/2013	Jamnagar
Dr. Trivedi Rameshbhai B.	19/10/2013	Ahmedabad
Dr. Parmar Vijaykumar v.	08/11/2013	Surat
Dr. Gondalia Ashok N.	09/12/2013	Junagadh
Dr. Delhiwala Manharlal J.	10/12/2013	Bhuj

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



## COMMUNITY SERVICE

### BHAVNAGAR

- 15/12/2013 Sarva Rog Nidan Camp at Gadhali, Dist Bhavnagar  
16/12/2013 Blood Camp at Gadhali, dist Bhavnagar

### MORBI

- 26/11/2013 General Health and Dental check up along with blood sugar level and E.C.G. camp (Free of cost) by Dr. Bhavin Gami, Dr. Rakesh Patel and Dr. Dhaval Patel. Total 60 elderly has been examined.
- 30/11/2013 Pulmonary function test (spirometry free of cost) camp. Total 40 patients has taken advantage
- 01/12/2013 Free Diagnostic and operative (50% rate) camp of circumcision in adult as part of preventive precaution of HIV & AIDS . Total 10000 pamphlet has been distributed for awareness and camp . total 10 patient total benefit
- 02/12/2013 Awareness lecture about HIV & AIDS by Dr. Jayesh Sanaria
- 13/12/2013 Awareness lecture about Importance of counseling & ANC in high risk pregnancy by Dr. Heena Mori & Neonatal Care by Dr. Paresh Detroja 40 doctor attended were present
- 15/12/2013 RBS & Blood group camp. 120 people took benefit
- 21/12/2013 General diagnostic camp. Total 80 patients has been examined by Dr. Jaydip kacharola, Dr. Ankit Sinojiya, Dr. Bhavin Gami free medicine was given to needy patients
- 29/12/2013 General diagnostic camp (Arogyamela under Aao Gaon Chalen). Total 350 patients took benefit.

### VALSAD

- 02/11/2013 IMA Valsad branch has published (4) help line numbers to get Information regarding availability of doctors of various branches during Diwali Vacation. Total 100 calls received from the people of Valsad & periphery.





### BRANCH ACTIVITY

#### AMRELI

- 23/11/2013 "Fact and Fiction about Cosmetic Surgery" by Dr. Chintan Patel
- "Advance in Hand Surgery" by Dr. Anand Chandak
- 29/11/2013 "Trigeminal Neuralgia – How to approach" by Dr. Nirav Sanghani
- "Traumatic Brain Injury – An update" by Dr. Kant Jogani.

#### BHUJ

- 19/10/2013 "Recent update in Cardiology" by Dr. Milan Chag and Doctor in exercises by Dr. Anis Chandrana
- 26/10/2013 "Management of Head Injuries" by Dr. Milind Vaidya

#### JETPUR

- 12/11/2013 "Basic of management on arthritic knee joint pain and total knee replacement" by Dr. Amit Agrawal and Maharshi Bhatt
- 18/12/2013 "Fever in ICU" by Dr. Mayank Thakkar
- "Backache" by Dr. Harshal Kalaria
- 28/12/2013 "Breathlessness" by Dr. Mehul Mitra
- "Management of Toxemia" by Dr. Ramesh Siddhapara

#### MORBI

- 14/12/2013 "Menopause" by Dr. Neela Mohile
- "Osteoporosis" by Dr. Amish Sanghavi
- 22/12/2013 "Recent advance in management of depression" by Dr. Vimal Somaiya,
- "Medically un explained symptom" by Dr. Chetan
- "Hansaliya & Socially unaccepted symptoms" by Dr. Vijay Nagecha

#### PALITANA

- 09/12/2013 "Asthma and its recent management" by Dr. A.R. Shah



#### RAJKOT

- 03/08/2013 "Blood Transfusion"
- "Antenatal Antibody Screening – A Step to Prevent Hemolytic Disease of New Born " by Dr. Prasun Bhattacharya
- "How to Prevent Bedside Transfusion Reactions" by Dr. R. P. Singh
- 08/09/2013 "Cardiac Surgery Update" by Narayana Hospital, Ahmedabad
- "Target Goals in Management of Acute Hearth Failure Syndrom" by Dr. Niraj Yadav
- "Minimally Invasive Cardiac Surgery" by Dr. Atul Maslekar
- "Surgical Management of Congenital Heart Disease" by Dr. Dhiren Dave
- GMC had granted two credit hours.
- 02/10/2013 "Half Day CME on Interventional Radiology" by Wockhardt Hospital, Rajkot
- "Where Interventional Radiology Helps"? by Dr. Vimal Someshwar
- Interventional Radiology in Hemorrhage by Dr. Vikas Jain

#### Wankaner

- 03/10/2013 "Do's & Don'ts in clinical practice" by Dr. Sankalp Vanzara
- "Primary treatment of Trauma" by Dr. Kaushik Patel
- 07/12/2013 "Recent Advances in radiology" by Dr. Paresh Padhara
- "Case Discussion & common day to day problems (Disease) & Radiology" by Dr. Atul Jasani, and Dr. Atul Hirani
- 05/01/2014 "Parents & Scholastic skill of children" by Dr. Nima Sitapara
- "Urological malformation and its management in children" by Dr. Amit Sitapara
- "Media Literacy for children and adolescents" by Dr. Nima Sitapara



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

Respected Members,

Indian Medical Association, Gujarat State Branch runs 9 Urban Health Centers in the different wards of Ahmedabad City.

These Centres performed various activities during the month of Nov. - Dec. 2013 in addition to their routine work. These are as under :

- 01-11-2013 to 31-12 -2013 : Intra domestic house to house survey by the centers of Ahmedabad  
 24-11-2013 to 26-11-2013 : Migrate Polio Round by the centers of Ahmedabad & Rajkot  
 25-11-2013 : School Health Programme started the centers of Ahmedabad & Rajkot  
 12-12-2013 (Wadaj) : General Medical Camp : Patient : 243  
 13-12-2013 (Dariyapur) : General Medical Camp : Patient : 245  
 18-12-2013 (Khokaraj) : General Medical Camp : Patient : 201  
 19-12-2013 (Ambawadi) : General Medical Camp : Patient : 77  
 19-12-2013 (Bapunagar) : General Medical Camp

Rander - Surat : Vitamin 'A' Solution - 31 Children, Iron : 5000 tables & Calcium - 3950 tablets, were distributed.

Nanpura - Surat : Vitamin 'A' Solution - 100 Children, Iron : 4000 tablets & Calcium - 4500 tablets, were distributed.

The total number of patients registered in the OPD & Family planning activities of Various Centers is as Follows : **NOVEMBER - DECEMBER-2013**

No.	Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi (Jamalpur Ward)	1939	1065	3004
(2)	Behrampura (Sardarnagar Ward)	1998	504	2502
(3)	Bapunagar (Potalia Ward)	3300	1485	4785
(4)	Dariyapur (Isanpur Ward)	1780	622	2402
(5)	Gomtipur (Saijpur Ward)	2937	890	3827
(6)	Khokhra (Amraiwadi Ward)	4218	1295	5513
(7)	New Mental (Kubernagar Ward)	1469	402	1871
(8)	Raikhad (Stadium Ward)	836	1175	2011
(9)	Wadaj (Junawadaj Ward)	1664	436	2100
(10)	Khambhat	---	---	---
(11)	Junagadh	----	----	----
(12)	Rander-Surat	----	----	----
(13)	Nanpur-Surat	----	----	----
(14)	Rajkot	999	881	1880



## NOVEMBER - DECEMBER-2013

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms	Ocpills
(1)	Ambawadi (Jamalpur Ward)	33	---	93	19410	1585 P
(2)	Behrampura (Sardarnagar Ward)	52	---	99	13500	2514
(3)	Bapunagar (Potalia Ward)	101	---	105	26820	101 P
(4)	Dariyapur (Isanpur Ward)	50	---	60	46950	1797 P
(5)	Gomtipur (Saijpur Ward)	70	---	93	4220	881 P
(6)	Khokhra (Amraiwadi Ward)	95	03	121	20250	330
(7)	New Mental (Kubernagar Ward)	55	01	80	21220	849 P
(8)	Raikhad (Stadium Ward)	55	---	97	37035	2410
(9)	Wadaj (Junawadaj Ward)	44	---	127	22500	2386
(10)	Khambhat	07	---	30	500	66
(11)	Junagadh	88	---	57	3500	482
(12)	Rander-Surat	40	---	98	2250	145 P
(13)	Nanpura-Surat	55	---	108	6500	----
(14)	Rajkot	65	04	142	400	405



## Report of the 14<sup>th</sup> Annual National Conference (ANC) of Indian Association of Private Psychiatrists (IAPP) hosted by IAPP, Gujarat State Branch.

21<sup>st</sup>-24<sup>th</sup> November 2013, will be recorded in the history of IAPP, Gujarat State Branch as the most eventful days. It was on these days that 14<sup>th</sup> Annual National Conference (ANC) of Indian Association of Private Psychiatrists (IAPP) was hosted by IAPP, Gujarat State Branch after 30 long years. The conference was organized at Cambay Grand hotel, Ahmedabad.

Total number of delegates for the conference was astonishingly high. Around 700 delegates from various parts of the country attended the conference and witnessed an extravagant mix of science and entertainment for the four days. Scientific content and quality of the conference was exemplary with more than 25 interactive lectures and symposiums and around 20 award orations, papers and posters were presented. Even on the last day it was hard to find empty seats in the scientific sessions stands testimony to the fact that the sessions were highly gripping and appreciated by one and all. They were very interactive and generated lot of Questions and Answers, giving rise to collective wisdom and ultimately enriching one's knowledge of the subject.

There were expert psychiatrists from across the country attending the conference. For the benefit of public at large a very innovative concept was planned by the organizers of a public awareness program, 'Mansik Arogya Jan Jagruti Abhiyan' at Bhai Kaka hall. Different speakers from across the country participated in it. The program proved to be very informative for the jam-packed audience in the hall.

The inauguration of the conference was done by none other than our Ex- Health Minister Mr. Jaynarayanbhai Vyas and Dr. Kiribhai Solanki (Member of Parliament). Organizing chairman, Dr. Hitendra Gandhi welcomed all the delegates and thanked them for being a part of this conference. All dignitaries applauded the efforts put in by office bearers, especially the efforts by Organizing Chairman Dr. Hitendra Gandhi and Organizing Secretary Dr. Lakshman Dutt. Attending delegates echoed in



one voice that this was 'THE BEST' IAPP conference they have attended ever and that became a reality due to one man's dream, Dr. Lakshman Dutt. He was rightly given a standing ovation by the august audience present in the auditorium.

Over and above the scientific discussions, the delegates were soaked in the cultural fiesta organized one at Rajwadu and other at Chokhi Dhani. It was not just entertaining but was enthralling in its true sense. People danced and sang to the tunes of artists. All the delegates appreciated the culture of Gujarat especially its vibrancy and colorfulness. Overall it gave a relaxing break from brain storming sessions of the conference.

Lastly the conference ended with the valedictory function. Office bearers of IAPP appreciated the warm hosting done by Gujarat State Branch, IAPP and felicitated all the active members and volunteers who left no stone unturned to make sure that the conference was a huge success and be a remembrance to all the delegates for years to come.

\* \* \* \* \*



**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**



## IMA strongly opposes the approval of B.Sc. (Community Health) course by the Union Cabinet

Some sections of the Media have reported that the Union Cabinet has given its approval of B.Sc. (Community Health) course by on Wednesday, November 13, 2013.

According to these reports, the Bachelor of Science (Community Health) course will create a cadre of Community Health workers belonging to rural areas who will be posted at sub-centres, functioning under the Ministry of Health and Family Welfare to provide basic Allopathic health care after studying a three-year course on basic anatomy and diagnosis & treatment of basic ailment. As per the Media reports, the emphasis on training will be on conducting normal deliveries, pre-and antenatal care, handling diarrhoea, pneumonia, vaccination, providing tuberculosis treatment and treatment of fevers and skin infections.

IMA has written letters to member of Parliamentary Standing Committee on Health and Family Welfare and Medico-Parliamentarians expressing the strong objections of IMA in this regard and have also issued a Press Release for the same objecting to prescribing treatment by these health workers.

As community health workers they should be trained for preventing diseases, creating awareness among public about national health programs and collecting data for different diseases. Even Indian Medical Council Act does not allow anyone except graduates in modern system of medicine to prescribe allopathic drugs. Earlier MCI has also expressed its inability to create such a course.

IMA strongly opposes this proposal as it will create two tiers of medical professionals - one for rural and other for urban population. It is pertinent to note that even the Parliament Standing Committee on Health and Family welfare has rejected this proposal.

By ensuring the implementation of this proposal, Govt. is trying to play with the lives of rural people by giving inferior quality health care as compared to their urban folk.

We have called upon the Government to stop treating rural population as second class citizens of the country and work out other methods as suggested by us from time to time including increase in number of medical colleges and Graduate & Post graduate seats in the rural and sub-urban areas.



## IMA Agreement with Punjab National Bank Housing Finance Ltd

Dear Member,

IMA has come to an agreement with Punjab National Bank Housing Finance Ltd (PNBHFL), in the month of December 2013. The following would be the advantages/benefits which PNBHFL would provide to the member of IMA.

### **Product Offering:**

Home Loan / Loan against Property / Commercial Property Purchase / office space for clinic / Construction Loan / Plot Loan / Balance Transfer with top-up additional loan facility.

### **Service Offering:**

- a) Special underwriting programs to work out higher eligibility for Doctors
- b) Personalized Doorstep Service with dedicated Relationship Manager
- c) Home loans available up to 80% of the property value for loans upto 75 lac and 75% for loan amount more than 75 lac and 60% for property value for Loan against Property
- d) No foreclosure or prepayment charges in case of floating rate of interest
- e) Special 10 Years Fixed Rate scheme program to save you from ups and downs of the economy
- f) Balance Transfer available with top up/additional loan facility
- g) High standards of Ethics, Transparency and Integrity.
- h) **15% discount on applicable processing fee for the next 1 year for IMA Members**

### **Further to this, IMA members can also get special rates on PNBHFL deposit offers:**

- ♦ 9.88% \* return on 12 months fixed deposit scheme also
- ♦ 15.30%\* return on 10 years fixed deposit scheme
- ♦ Loan Against Deposit also available up to 75% of deposit amount.
- \* Rates of Interest may vary from time to time as per PNBHFL policy.

**You can contact the followings in the Punjab National Bank Housing Finance Ltd for your queries.**

**Centralized Contact No. : Toll Free : 1800 120 8800**

**SMS PNBHFL to 56677 • E-mail : loans@pnbhfl.com**



## TB NOTIFICATION

Tuberculosis is a major public health problem in India. Early diagnosis and complete treatment of TB is the corner-stone of TB prevention and control strategy. India's Revised National TB Control program(RNTCP) provides quality assured diagnostic and treatment services to all the TB patients including necessary supportive mechanisms for ensuring treatment adherence and completion.

The country has a huge private sector and it is growing at enormous pace. Private sector predominates in health care and TB treatment. Extremely large quantities of anti-TB drugs are utilized in the private sector. Prescribing practices among some of the private providers with inappropriate and inadequate regimens and unsupervised treatment adherence continues, which leads to treatment Interruptions. In addition there is unrestricted access to first and second line TB drugs without prescription, which leads to subsequent drug resistance.

A large number of patients due to non adherence, incomplete, inadequate treatment leading to M/XDR TB, mitigating all the efforts of the program to prevent emergence and spread of drug resistance. If the TB patients diagnosed and treated under all sectors are reported to public health authorities, then the impending epidemic of M/XDR TB can only be prevented to a large extent by this intervention. In order to ensure proper TB diagnosis and case management, reduce TB transmission and address the problems of emergence of spread of Drug Resistant-TB, it is essential to have complete information of all TB cases. **Therefore, Govt of India declared Tuberculosis a Notifiable disease on 7th May 2012, by an executive order. All public and private health providers shall notify TB cases diagnosed and/or treated by them to the nodal officers for TB notification.**

Notification gives an opportunity to support private sector for following standardized practices in terms of Standard TB Care It helps the patients to get right diagnosis, treatment, Follow up, contact tracing, Chemoprophylaxis & facilitates social support systems. In addition complete and accurate data obtained from notification will allow continuous evaluation of the trend of the disease with better estimation of burden/impact.



### Objectives:

- ♦ To establish Tuberculosis surveillance system in the country
- ♦ To ensure proper TB diagnosis and case management and further accelerate reduction of TB transmission
- ♦ To extend mechanisms of TB treatment adherence and contact tracing to patients treated by all health care providers
- ♦ To mitigate the impending Drug resistant TB epidemic in the country

### Minimum information required for TB notification:

1. TB Case name
2. Age
3. Sex
4. Govt-issued personal unique identification number (Aadhaar, Driving license etc)
5. Detailed address of TB case with pin code
6. Phone number
7. Basis of diagnosis: Microbiologically-confirmed TB case / Clinical TB case
8. Patient category: New! Recurrent TB case /Treatment change
9. Site of disease: Pulmonary / Extra-pulmonary only
10. Rifampicin resistance: Resistant / sensitive / no available (& other drug resistance pattern laboratories)

### Basis of diagnosis:

1. Microbiologically-confirmed TB case - Patient diagnosed with at least one sputum specimen positive for acid fast bacilli, or Culture-positive for Mycobacterium tuberculosis, or RNTCP-approved Rapid Diagnostic molecular test positive for tuberculosis
- OR
2. Clinical TB case - Patient diagnosed clinically as tuberculosis, without microbiologic confirmation and initiated on anti-TB drugs.





### Patient type:

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

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

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

### Site of disease

**Pulmonary TB case** - Patient with TB of the lungs (with or without involvement of any extra-pulmonary locations).

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

### Rifampicin resistance:

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

**Rifampicin sensitive**-Patient with a drug susceptibility test result from a RNTCP-certified laboratory or WRD drug susceptibility test report showing sensitivity to rifampicin.

**Not available** - Patient without a drug susceptibility test result from a RNTCP-certified laboratory or WRD drug susceptibility test report.

### List of RNTCP endorsed TB diagnostics:

#### Smear Microscopy (for AFB)

- Sputum smear stained with Zeil-Nelson Staining or
- Fluorescence stains and examined under direct or indirect microscopy with or without LED.



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

**Rapid diagnostic molecular test** : - Conventional PCR based Line Probe Assay for MTB complex or Real-time PCR based Nucleic Acid Amplification Test (NAAT) for MTB complex e.g. Gene Xpert

**[Sputum Smear Microscopy (for AFB)]**: Sputum smear stained with Zeil-Nelson Staining or Fluorescence stains and examined under direct or indirect microscopy. Sputum Culture: Sputum culture on solid (Lowenstein Jansen) media or liquid media (Middle Brook) using manual, semi-automatic or automatic machines e.g. Bactec , MGIT etc.

**Rapid diagnostic molecular test**: Line Probe Assay for MTB or Nucleic Acid Amplification Test (CB-NAAT)

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

### Registration of the Health establishments for TB notification:

For operational simplicity, the types of Health establishments will be divided into three categories

1. Laboratories
2. Private practitioner / Clinic (single)
3. Hospital/ Clinic / Nursing Home (multi)

Laboratories will include those Health Establishments carrying out any of the RNTCP endorsed TB diagnostics

Private practitioner / Clinic (single) will include any Health Establishments where TB cases are diagnosed or treated clinical / radiological and the medical services are provided by single medical practitioner

Hospital/ Clinical Nursing Home (multi-practitioners) will include any Health Establishments where TB cases are treated or diagnosed clinically / radiological & medical services are provided by more than one practitioner.

Each of the Health Establishment will be registered for TB Notification by submitting a simple registration form mentioning the details of the



establishment. This registration form can be availed from the nodal officer for TB Notification in the district or can be downloaded from <http://tbcindia.nic.in>.

**Mechanisms for TB notification:**

Submission of hard copy of the TB to the Nodal Officer for TB notification:-

- ♦ by post
- ♦ by courier
- ♦ by hand

**Responsibility of the district level nodal officer:**

- ♦ Disseminate information regarding TB Notification to all Health Establishments in the district and the professional bodies like IMA
- ♦ Provide the formats for TB Notification and Health establishment registration form for TB Notification to all Health Establishments in the districts
- ♦ Ensure that each Health Establishment submitting registration form or submitting its first TB Notification report (whichever is earlier) are visited / their details are confirmed within two weeks from submission
- ♦ Ensure that all Health Establishments in the districts are registered for TB Notification and they are given the Unique ID
- ♦ Maintain the list of Health Establishments with details and IDs
- ♦ Ensure that all Health Establishments in the district notify TB cases on timely manner
- ♦ Capacity building of the local Medical Officers and health staff to undertake public health action for the TB cases notified
- ♦ Ensure that all TB cases notified by all the Health establishments are entered in the Nikshay portal not later than two weeks from submission of the report
- ♦ Routinely review the progress in TB notification by all Health Establishments in the district



**Monthly Report**

**TB Notification**

**Period of reporting. From .....** / .....

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

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

Complete Address: .....

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

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



## A REPORT ON "HEALTHY GUJARAT - AGENDA FOR ACTION"

A conference on "Healthy Gujarat Agenda for Action" was held in the serene atmosphere of Gandhinagar, The capital of Gujarat at Mahatma Mandir on 3rd December, 2013 by Health & Family Welfare Department, Government of Gujarat, Gandhinagar.

In the inaugural session, Prayer was followed by lighting the lamp by the dignitaries. Additional Chief Secretary (Medical Services & Medical Education) welcomed the invited guests, followed by an audio visual film depicting various achievements of Government of Gujarat with the efforts of Health & Family Welfare Department.

Then came the much awaited address by Hon'ble Chief Minister Shri Narendra Modi. This was followed by a speech by Shri Nitinbhai Patel, Minister for Health & Family Welfare, Government of Gujarat. He gave a detailed report on various health related projects and talked about the various government schemes for the benefit of the people at large and how these schemes brought about the upliftment of the health states of the people of Gujarat.

He, inspite of his ill-health and a vision for a better & "Healthy Gujarat" addressed the August gathering of Doctors of Gujarat on various health related to health which can be achieved by the joint efforts of all the departments and the public private partnership. He urged everyone present there to do brain storming and achieve the goals by 2019-150 years of Mahatma Gandhi by having a road map.

He stressed upon the following aspects :

1. He insisted upon a meeting by all the doctors once a month in various areas so that the trend of a particular disease can be known and remedial steps taken by the relevant department.
2. Having a "Dada-Dadi Meeting" so that the benefits of knowledge and experience pass to the young generation in regards to various issues during pregnancy & child birth and their influence on the family can be utilized for the betterment of the society.
3. Having program in the schools where doctors can address the health related issues and give tips for the prevention of the diseases to the children.
4. Take support of doctors of other pathics (?) to combat & conquer Malnutrition and childhood Diarrhea in children.

Our Hon'ble Chief Minister discussed various other health related issues close to his heart and dream of the "Healthy Gujarat" by having co-ordination & co-operation from each one of the members of the society. Let us all carry forward his noble message and do utmost possible for "Healthy Gujarat". According to him, one hour spent by each of us for the society in various educative programmes will bear fruits in the coming future & will save our 100 hours.





# IMA CENTRAL COUNCIL MEETING



# & IMA NATIONAL CONFERENCE



DR. GANNI BHASKARA RAO

DR. KETAN DESAI

DR. N. APPA RAO

DR. JITENDRA PATEL



DR. ANIL NAYAK

DR. M. B. DESAI

DR. BIPIN PATEL



DR. KIRTI PATEL

DR. M. H. CHAUDHARI

DR. KIRTI GHADHAVI





IMA CENTRAL COUNCIL MEETING



IMA NATIONAL CONFERENCE



NATIONAL PRESIDENT, IMA : DR. JITENDRA PATEL



DR. K. VIJAYA KUMAR



DR. NARENDRA SAINI



PRESIDENT, MCI : DR. JAYSHREEBEN MEHTA



DR. PRAFUL DESAI



DR. GANNI BHASKARA RAO



NATIONAL PRESIDENT, IMA : DR. JITENDRA PATEL





### Felicitation of Dr. Bipin M. Patel by Visnagar Branch



DR. BIPIN M. PATEL

DR. PRADIP SANDESARA

\*\*\*\*\*

### General Medical Camp Himatnagar Branch



DR. PRAKASH JOSHI

DR. BIPIN PATEL

DR. BHUPENDRA M. SHAH

DR. ASHOK KANODIA



### Healthy Gujarat - Agenda for Action conference held on December 3 2013 at Mahatma Mandir Gandhinagar



\*\*\*\*\*

### CME and Installation Ceremony of New Team Gandhinagar Branch



DR. ASHOK KANODIA

DR. ANIL CHAUHAN

DR. BIPIN PATEL

DR. DINESH BAROT

\*\*\*\*\*



## I.M.A. (H.Q.) AWARD WINNERS

**I.M.A. President Appreciation  
Award For Best Adjudged  
President of State Branch**



**Dr. Pragnesh C. Joshi**  
(Surat)

**I.M.A. Dr. C. S. Thakar  
Award**



**Dr. Himanshu J. Thakker**  
(Rajkot)

**I.M.A. Doctors' Day  
Celebration Award**



**Dr. Digant D. Shastri**  
(Surat)

**I.M.A. Best Local Branch  
Rotating Trophy of Gujarat State  
Branch (For Major Branch > 500)**



**Dr. Chinmay J. Shah**  
(Bhavnagar)

**I.M.A. AMS Award for Best Paper  
Presented at the Annual National  
Seminar of IMA AMS (3 Prizes)**



**Dr. S. S. Deepak**  
(Ahmedabad)



## **DISTRESS OF MEDICAL PROFESSION FACING TODAY THROUGH CONSUMER PROTECTION ACT:**

Practice of medicine is as old as existence of human race and medical science is as complex as human biology. Medical profession is the noblest of all other professions and the doctor is considered as savior of human life. Prime object of medical profession is to render service to humanity. Reward or financial consideration is subordinate consideration for this professional.

The adjudicating process with regard to medical professional liability either in civil or criminal court or consumer forum is made on the premise of common law principles relating to negligence. With the decision in 'Indian Medical Association- vs V.P.Shanta' [(1995) 6 SCC 651 bringing the doctors in the ambit of Section 2 (1) (o) of the Consumer Protection Act, there has been spurt in litigation concerning medical professional, created by a section of over ambitious communal activists.

Increasing attacks on the medical practitioners and hospitals by the disgruntled relatives of patients, often misinformed by the movie scenes and inspired by local politicians assuming heroism, have become a matter of serious concern for this once highly respected profession and also to the authorities. Majority of cases filed alleging medical negligence are decided by holding that it is not willful act by the medical practitioner. Even then such cases of negligence have crossed the acceptable limits in recent times. It is causing panic situation and mental trauma to the doctors.

Service of medical practitioner to the society is indispensable. Doctors exercise great skill and competence in rendering his service to patient. At the same time, the medical practitioner is to comply with legal standards and often we come across conflict between legal accountability and professional discretion of the doctors which result unrest among doctors. The law felt to be an inexact science, one cannot predict with certainty an outcome of many cases. It depends on the particular facts and circumstances of each case. However the broad an general legal principles relating to medical negligence need to be understood.

Medical profession necessitates certain amount of discretion for the doctors to effectively discharge the duty. Treatment rendered by medical practitioner calls for application of skill and knowledge in advancing and guiding the patient. Application of skill and knowledge by medical practitioner should not



be misunderstood that the doctor gives guarantee to achieve a particular result. Doctor does not undertake that he will positively cure a patient but he will assure to exercise his best possible degree of skill while treating the patients. What all he undertakes is use of a fair, reasonable and competent degree of skill. We must not forget that the doctors operate in an area to the extent of their training and also where factors are within their control, they are helpless as success is a result of attending circumstances which are not only complex in nature and also uncertain.

There may be few cases where an exceptionally brilliant doctor performs an operation or prescribes a treatment which has never been tried before to save the life of a patient when no known method of treatment is available. If the patient dies or suffers some serious harm, should the doctor be held liable? In our opinion, he should not. Science advances by experimentation, but experiments sometimes end in failure, eg, the operation on the Iranian twin sisters who were joined at head since birth, or the first heart transplant by Dr. Barnard in South Africa. Of course, here the law tells the doctor to explain the situation to the patient and take his written consent usually done, yet sometimes forgotten.

It is for the doctors to decide with reference to the conditions of the patient, nature of illness, and the prevailing established practices, how much information regarding risks and consequences should be given to the patients, and how they should be couched, having the best interests of the patient. A doctor cannot be held negligent either in regard to diagnosis or treatment or in disclosing the risks involved in a particular surgical procedure or treatment, if the doctor has acted with normal care, in accordance with a recognized practices accepted as per proper by a responsible body of medical men skilled in that particular field, even though there may be a body of opinion that takes a contrary view. Where there is more than other recognized school of established medical practice, it is not negligence for a doctor to follow any one of those practices, in preference to the others.

Recently the supreme court in Martin F.D'Souza vs Mohd. Ishfaq reported in 1 (2009) CPJ 32 (SC) directed that whenever a complaint is received against a doctor or hospital by the consumer for a or by the criminal court, then, before issuing notice to the doctor or hospital against whom the complaint was made, the consumer forum or criminal court should first refer the matter to a competent doctor or committee of doctors, specialized in the field relating to which the medical negligence is attributed, and only after that doctor or





committee reports that there is a prima facie case of medical negligence, should notice be then issued to the concerned doctor or hospital.

This is necessary to avoid harassment to doctors who may not be ultimately found to be negligent. It further warned the police officials not to arrest or harass doctors unless the facts clearly come within the parameters laid down in Jakob Mathews case (supra), otherwise the police men will themselves have to face legal action. Various legal controlled devices and international conventions aim at the safety of patients but not at the cost of professional discretion. Professional discretion safeguards the interest of both doctors and patients. But both for such discretions, the doctor will not venture to take certain amount of risk in the interest of patients for legal accountability. At times, doctors may refrain from rendering service to patient which may assume fatal proportion. For example, if doctors refuse to conduct an emergency operation, the patient may die.

Allegation of medical negligence is a serious issue and it is for the person who makes claim against the doctor to prove the negligence of the doctor by way of evidence. Consumer forum decides the case of medical negligence based on evidence placed on record. Consumer forum cannot constitute itself into an expert body and contradict the statement of doctor unless there is something contrary on the record by way of expert opinion. In order to decide whether negligence is established in any particular case, the alleged act, omission or course of conduct that is the subject of complaint must be judged not by ideal standards or in the abstract but against the background of circumstances in which the treatment in question was administered. A medical practitioner, if to the conclusion whether the patient proved medical negligence of the doctor.

We come across filing of frivolous and vexatious complaints in consumer forum against the doctors. The mere elimination of court fee opened flood gates for filing complaints alleging medical negligence. The decision in Martin D'Souza requiring the consumer forum to seek the opinion of doctors or committee of doctors before admitting complaint filed alleging medical negligence curtailed admission of several frivolous complaints. However, as the decision was overruled by the decision in V.Krishna Rao vs Nikhil hospital reported in (2010) 5 SCC 513. There is need for review of decision in V.Krishna Rao (supra)

It is settled position of law that general law yields to special law. Medical council of India act 1956 enacted with the object inter alia, with the registration of persons possessing requisite qualifications as practitioners in allopathic

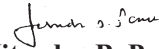


system as also recognition of medical qualifications and examinations by universities or medical institutions in India. In IMA case, the supreme court rejected contention that medical practitioners being governed by the disciplinary provisions of the Indian medical council act and code of medical ethics cannot be brought within the ambit of provision of the consumer protection act. The accepted legal position thus is that medical practitioners can be sued in contract or tort on the ground that they have failed to exercise reasonable skill and care.

As the Indian medical council act does not provide resolving the dispute between the patient and medical practitioner, the provisions of the consumer protection act are invoked by the patient in the light of ratio laid down in VP Shantha (supra). Indian medical council act is a special enactment and if suitable amendment is made to its provision to provide for resolution of dispute between doctor and patient, consumer protection act will not have any application to the dispute relating to medical negligence. The Indian medical council act being a special law and provided with its own mechanism for deciding the disputes will have overriding effect on the consumer protection act. The doctors being specially skilled thereof would decide the cases involving medical negligence in more efficacious manner than consumer forum consisting of members other than a medical practitioner.

To sum up, one should ponder over the ways and means to effectively adjudicate the cases pertaining to medical negligence by

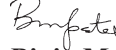
1. Review of decision in V.Krishna Rao (supra) and confirm the protection given to the doctors in Martin D'Souza
2. Amend section to (1) (0) of consumer protection act omitting rendition of service by medical practitioner from the ambit of the act
3. Amend the provisions of Indian medical council act providing for settlement of disputes between the doctors and patients.
4. If not resolved public can seek legal remedy through Civil Courts.

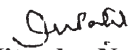
  
**Dr. Jitendra B. Patel**  
 National President, IMA

**Dr. Narendra Saini**  
 Hony. Secretary General, IMA

**Dr. N. Appa Rao**

Chairman, Nationwide Fight against Consumer Forum

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

  
**Dr. Jitendra N. Patel**  
 Hony. State Secretary, I.M.A. G.S.B.



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

"P.P.S. House", Beside Sakar-V, Nr. Mithakhali Railway Crossing,  
Off. Ashram Road, Navrangpura, Ahmedabad-380009. Tele. 2658 89 29

(Reported by Dr. Dilip C. Vaidya, Managing Director, P.P.S.)

#### Sub. : Renewal Notice : 2014-2015

The Office has received back the renewal notices of the following members with postal remarks as 'left' or 'Not Known'. The concerned members are requested to notify immediately change of their addresses to the P.P.S. Office.

Sr. No.	P.P.S. No.	NAME	BRANCH / CITY
1	8472	Dr. Ayyappan Thangavel	Ahmedabad
2	7864	Dr. Bansal Anil Ramkumar	Ahmedabad
3	2955	Dr. Chalishazar Urmil Kirtikant	Ahmedabad
4	5238	Dr. Chandrana Anish Harjivandas	Ahmedabad
5	4260	Dr. Chaudhari Ashaben Keshubhai	Ahmedabad
6	961	Dr. Chhaya Rekha Piyush	Ahmedabad
7	6351	Dr. Delawal Jignesh Atulbhai	Ahmedabad
8	8970	Dr. Desai Ava Dipan	Ahmedabad
9	1569	Dr. Desai Ramesh Jashbhai	Ahmedabad
10	1568	Dr. Desai Rohini Ramesh	Ahmedabad
11	5775	Dr. Desai Yatin Rajendra	Ahmedabad
12	7611	Dr. Dubey Sanjaykumar J.	Ahmedabad
13	3864	Dr. Jhala Amit Chandrakant	Ahmedabad
14	1741	Dr. Jhala Chandrakant Ishwarlal	Ahmedabad
15	1545	Dr. Khamar Bakulesh Mafatlal	Ahmedabad
16	6287	Dr. Kothari Pankaj Mansukhlal	Ahmedabad
17	894	Dr. Mishra Nagendranath Shripati	Ahmedabad
18	4934	Dr. Naik Bipin Ranjitrai	Ahmedabad
19	2448	Dr. Panchal Jashbhai Chandubhai	Ahmedabad
20	1427	Dr. Parekh Mrudul H	Ahmedabad
21	365	Dr. Parikh Pravinchandra Chandulal	Ahmedabad
22	3801	Dr. Patani Mohammedakil Usmangani	Ahmedabad
23	1972	Dr. Patel Atul Gordhandas	Ahmedabad
24	1461	Dr. Patel Bhikhabhai Ishwarlal	Ahmedabad
25	3954	Dr. Patel Divyang Thakorabhai	Ahmedabad



26	640	Dr. Patel Harjivan Gangaram	Ahmedabad
27	4529	Dr. Patel Kamleshkumar Jayantilal	Ahmedabad
28	4511	Dr. Patel Kiritbhai Jayantilal	Ahmedabad
29	3005	Dr. Patel Mahesh Narandas	Ahmedabad
30	1680	Dr. Patel Navinchandra Somabhai	Ahmedabad
31	5485	Dr. Patel Rajeshkumar Ramehchandra	Ahmedabad
32	2501	Dr. Patel Ramila Bipinbhai	Ahmedabad
33	2541	Dr. Shah Deepak Mahipatral	Ahmedabad
34	4221	Dr. Shah Dharmendra Jawaharabhai	Ahmedabad
35	5638	Dr. Shah Dhiren Naroottamdas	Ahmedabad
36	1694	Dr. Shah Hasmukh Chotalal	Ahmedabad
37	5698	Dr. Shah Kamlesh Navinchandra	Ahmedabad
38	1695	Dr. Shah Nayantara Hasmukh	Ahmedabad
39	508	Dr. Shah Raghubhai Pravinkant	Ahmedabad
40	5444	Dr. Sharma Trivadhya Chandrikaparakash	Ahmedabad
41	1486	Dr. Trivedi Harsukhbhai Mahipatram	Ahmedabad
42	1485	Dr. Trivedi Saruben Harsukhbhai	Ahmedabad
43	7937	Dr. Vania Harenkumar Paujabhai	Ahmedabad
44	7029	Dr. Wadhwa Naresh Radhakrishna	Ahmedabad
45	439	Dr. Zaveri Virbala Keshavlal	Ahmedabad
46	3443	Dr. Joshi Rameshchandra Devidas	Anand
47	4038	Dr. Patel Dipakkumar Bhailalbhai	Anand
48	6205	Dr. Chaudasama Manish Pragji	Anjar - Kutch
49	5396	Dr. Charyulu Sreenivassa Maddali T.	Ankleshwar
50	428	Dr. Khoja Nashir Jusabali	Ankleshwar
51	3639	Dr. Parekh Nitin Kantilal	Ankleshwar
52	5329	Dr. Parikh Harish Bhogilal	Ankleshwar
53	113	Dr. Shah Chandrakant O.	Ankleshwar
54	6276	Dr. Shah Hareish Ishwarlal	Ankleshwar
55	4818	Dr. Merchant Sudhir Shantilal	Baroda
56	4700	Dr. Nayak Jigna Naranbhai	Baroda
57	4994	Dr. Parikh Dipak Rasiklal	Baroda
58	6409	Dr. Patel Ami Vivek	Baroda
59	5503	Dr. Patel Nimishkumar Mohanlal	Baroda
60	6410	Dr. Patel Vivek Narendra	Baroda
61	6738	Dr. Shah Ochhavlal Hiralal	Baroda





62	9898	Dr. Shah Prashant Nareshkumar	Baroda
63	591	Dr. Doshi Vinod Chimanlal	Bavla
64	3031	Dr. Patel Hareshkumar Mansukhbhai	Bavla
65	6658	Dr. Gadhavi Nareshkumar Harisinh	Bharuch
66	3228	Dr. Joshi Gaurang Rasiklal	Bharuch
67	6512	Dr. Sharma Deepa R.K.	Bharuch
68	6806	Dr. Fadia Bharat Harnath	Bhavnagar
69	3685	Dr. Patel Anilkumar Parshottambhai	Bhavnagar
70	4659	Dr. Patel Kantilal Shankerbhai	Bhavnagar
71	6609	Dr. Ravisahab Sanjiv Ranchhodas	Bhavnagar
72	4764	Dr. Shah Pankaj Amratlal	Bhavnagar
73	2932	Dr. Sheth Kishor Harshadray	Bhavnagar
74	7229	Dr. Menat Jashwantbhai Lalabhai	Bhiloda
75	1575	Dr. Babu Habibbhai Adambhai	Chaklasi
76	5324	Dr. Sahani Indra Singh Jaswantsingh	Dahod
77	5339	Dr. Mukherjee Satyabrata Lokenath	Deesa
78	1199	Dr. Raval Rasiklal Amrutlal	Deesa
79	9527	Dr. Balat Vishal Khimajibhai	Dhanera B.K.
80	7897	Dr. Kour Prasad Prabhakar	Gandhidham
81	7898	Dr. Mour Jyoti Prasad	Gandhidham
82	7846	Dr. Sonpura Ashokkumar Shivrambhai	Gandhidham
83	5108	Dr. Patel Vikram Bhikhubhai	Gandhinagar
84	5286	Dr. Shah Kartikkumar Rameshchandra	Ghoghamba
85	4540	Dr. Sharma Santoshkumar Basantlal	Godhra
86	4218	Dr. Mehta Sunil Ramniklal	Jamnagar
87	1578	Dr. Chhatrala Gopaldas Govinbhai	Junagadh
88	10486	Dr. Joriya Hitesh Vashrambhai	Junagadh
89	8597	Dr. Kuvad Govind Bhanabhai	Junagadh
90	5577	Dr. Mehta Delip Umedlal	Junagadh
91	4144	Dr. Parmar Nathalal Munjabhai	Junagadh
92	10438	Dr. Patel Vishalkumar Dhirajlal	Junagadh
93	925	Dr. Doshi Pankaj Manilal	Kalol N.G.
94	3252	Dr. Jambudi Rajnikant Dahyalal	Kalol N.G.
95	1047	Dr. Patel Natvarlal Keshavlal	Kalol N.G.
96	2283	Dr. Sharma Narendrakumar N.	Khambhat



97	6007	Dr. Patel Vipulkumar Mohanlal	Kukarwada
98	939	Dr. Sadhwani Gokulnath Moranomal	Kutch
99	2634	Dr. Naik Satyavan Kanayalal	Mansa
100	2677	Dr. Rajput Udayan Babubhai	Mansa
101	4598	Dr. Parikh Sudha Manilal	Mehsana
102	2597	Dr. Patel Sanjaykumar Shankerlal	Mehsana
103	3553	Dr. Chawda Apoorva Hargovinddas	Nadiad
104	10777	Dr. Sahitya Vijay Arjandas	Nadiad
105	10776	Dr. Sathiya Purvi Vijay	Nadiad
106	4725	Dr. Soni Shailesh Mahendrabhai	Nadiad
107	4033	Dr. Gandhi Bharatkumar Thakorlal	Navsari
108	2850	Dr. Joshi Jayantkumar Kanaiyalal	Palitana
109	10450	Dr. Patel Nileshkumar Revabhai	Patan
110	5400	Dr. Patel Vipinchandra Gordhanbhai	Petlad
111	6730	Dr. Chhaya Vrajeshchandra A.	Rajkot
112	11181	Dr. Dave Mittal Bhaskar	Rajkot
113	11182	Dr. Dave Urmi Mittal	Rajkot
114	4039	Dr. Dholakia Devangi Paresh	Rajkot
115	10516	Dr. Mankodi Jaydeep Prakashbhai	Rajkot
116	3389	Dr. Mehta Dipti Jayesh	Rajkot
117	5820	Dr. Tolia Deepak Tarachand	Rajkot
118	216	Dr. Bhagat Babubhai T.	Surat
119	10775	Dr. Harariwala Rupali Akash	Surat
120	10265	Dr. Rampurwala Murtuza Mansurbhai	Surat
121	4046	Dr. Shah Vasanten Mugatlal	Surat
122	10302	Dr. Vaghela Viratsinh Balbhadrasinh	Surat
123	1102	Dr. Patel Chandulal Dhanjibhai	Talaja
124	5013	Dr. Raithatha Nitin Shantilal	V. Vidhyanagar
125	6153	Dr. Arora Rajshree Anupam	Vadodara
126	4823	Dr. Dave Nayookh Ramesh	Vadodara
127	5316	Dr. Patel Maheshkumar Babubhai	Vadodara
128	6740	Dr. Vaghela Kritagnasinh Nrupendrasinh	Vadodara
129	6807	Dr. Zinzuvadiah Girish Kanakray	Vadodara
130	258	Dr. Xavier Albert D'sa	Valsad



## Recommendations from committee formed by W.C. GSB IMA

### Introduction :

Dr. Babubhai J. Patel P.P. GSBIMA on 22 July 2013 had written a letter to President and Honorary Secretary to initiate thought process regarding single doctor proprietor ship hospital / clinic to be included in P.P.S. contents of letter were discussed and deliberated in the working comm. meeting on 11-08-13 A committee of following members was formed to deliberate points and issues raised and to workout a feasibility report about inclusion of single doctor proprietorship hospitals / clinics in P.P.S.

1. President and Hon. Secretary by virtue of post Ex. officio
2. Dr. Babubhai J. Patel P.P. GSBIMA
3. Dr. Praful Desai "
4. Dr. Vinod Shah "
5. Dr. M. R. Kanani "
6. Dr. Chetan Patel Vice Pres. GSBIMA
7. Dr. Rajendra Jain S.W.C. & CWC Memb.
8. Dr. Shilesh Shah

A meeting of above committee was held on 08-09-13 at GSBIMA Office Ahmedabad under Chairmanship of Dr. Pragnesh Joshi Presi. GSBIMA to discuss above issue. Committee discussed various points and deliberated at length and recommended following points to be presented in state W.C. & State Council Meetings at Surat.

Following Members Were present

- |                       |                          |
|-----------------------|--------------------------|
| 1. Dr. Pragnesh Joshi | 2. Dr. Babubhai J. Patel |
| 3. Dr. Lalit Nayak    | 4. Dr. Chetan Patel      |
| 5. Dr. M. R. Kanani   | 6. Dr. Shailesh Shah     |

Recommendations :

1. There is a need and scope as well to give Indemnity coverage for hospitals owned by P.P.S. members, both single proprietor ship and partnership based.
2. A New scheme shall be launched for members of P.P.S.GABIMA for hospital indemnity coverage.
3. Scheme should be named P.P.S. Linked Hospital indemnity protection scheme of G.S.B.I.M.A.
4. Constitution of the scheme shall be formulated from present P.P.S. GSBIMA Kerala State P.P.S. linked Hospital Protection Scheme and General Insurance company guidelines, rules and regulations.
5. Owner of the hospital must be a member of P.P.S. GSBIMA in case of single doctor proprietorship clinic or nursing home or hospital.



6. All owner of the hospital in case of partnership owned hospitals must be members of P.P.S.
7. All doctors working or visiting in hospital must be members of P.P.S.
8. A MOU or contract shall be signed between scheme and hospital which should give all the names of partner doctors of hospital
9. Indemnity coverage will be not given to hospital if opponent's name is not present in list of names of partners of the hospital.

### Explanation :-

If a hospital has given names of X, Y, and Z as partners in M.O.U. and complain is lodged against hospital and some one 'd' who is visiting or working in that hospital, Then hospital will not get indemnity coverage. If hospital wants to get indemnity coverage of 'd' then 'ds' name should be in the list of partners, even if 'd' is visiting or working as an employee in that hospital.

10. No act of negligence of the Hospital shall be covered if complain of negligence is against any one whose name is not in the MOU of that hospital. It is further clarified that in given hospital if anybody is employed or visiting as a doctor whose name is not in MOU of that hospital then no coverage shall be given to that hospital.

11. Minimum 1000 members should be enrolled before scheme can be operational. Every partner will be considered as separate member for this calculation.
  12. Indemnity coverage will be same as PPS GSBIMA.
  13. One time admission fee shall be Rs. 2000 per partner mentioned in MOU.
  14. Annual premium shall be Rs. 500 per partner mentioned in MOU.
  15. P.P.S. shall provide necessary infrastructure facilities.
  16. Payment of compensation.
    - If only member or partner is held responsible P.P.S. will pay even if complaint is against hospital.
    - If both hospital and member or partner are held responsible PPS and new scheme will pay 50% each.
    - If only hospital is held responsible, new scheme will pay. scheme shall provide legal aid to all opponents. Every opponent must be partner of hospital in M.O.U.
- We committee member request you to put forward these recommendations in appropriate platforms for wide discussions and deliberations for the larger interests of all IMA members.

Thanking you  
Committee Members



### GUEST HOUSE OF IMA LIST

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



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



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



State Branch	IMA Branch with Address	Contact Person & Contract Detail	Tariff & Meals - Yes / No
<b>Rajasthan</b>	<b>Ajmer</b> Branch, Informat of L.N. Hospital, Ajmer	<b>Dr. H.S. DUA</b> (M) 9414300220, Mr. Lajpat Raj ( M ) 9782946739	2 Rooms @ Rs. 600/- ( for 24 Hours ) ( cooler )
	<b>Kota</b> Branch, MBS Hosptial Campus ; Nayapura, Kota	M : 0941479558 Rs. 600/- for 24 Hours ( 2 Rooms )	1 AC double bedded Room @ Rs. 600/- , 1 non AC room @ 400/-
<b>Tamil Nadu</b>	<b>State HQ</b> Branch, Sindur Gardens, 423 Kilpauk Garden Road, kilpauk, <b>Chennai -10</b>	<b>Dr. N. Muthurajan</b> (M) 9444224754, 0944733792, Mr. Mani - 044 - 26443055, Fax :- 22395004, E :- <a href="mailto:imatamilnadu@yahoo.co.in">imatamilnadu@yahoo.co.in</a>	Pallar ( AC Single bedded ) RS. 500/- ( without bath attached ) Kaveri -Double Bedded: Rs. 600/- Nilgiris - Triple bedded: Rs. 900/-
	<b>IMA TN State HQs. Building</b> Doctors colony, Via. Bharathi Nr. 1st Main Road, off. Mudichur rd, Tamba ram West, Chennai - 45	<b>Dr. Balasubramaniam,</b> M: 094440070465, <b>Dr. Karunanidhi M</b> - 09444261385, Office 044-29000324, 29000325, Email :- <a href="mailto:egpima@gmail.com">egpima@gmail.com</a>	7 AC deluxe Room @ Rs. 800/- per day
	<b>TN State PPLSSS Chetpet Building,</b> H. NO 11 & 12, Sankara Heritage Apts, Super Tank Road, Chetpet, Chennai - 31	<b>Dr. K. Thangamuthu</b> M - 9443151164, Tel :- 044-28361866 Email:- <a href="mailto:pplsssofimatn@gmail.com">pplsssofimatn@gmail.com</a>	5 AC Double bedded Room: @ Rs. 1000/- IMA PPLSSSS Member 900/- Single - 700 (IMA PPLSSS Member - 600
	<b>IMA PPLSSS - Tenyampet</b> Old No. 501, New NO. 626, Opp. To State Bus Terminal, Anna Salai (Mount Road ) , Teynampet , Chennai - 6000018	<b>Dr. K. Thangamuthu</b> M - 9443151164, Tel :- 044-28361866 Email:- <a href="mailto:pplsssofimatn@gmail.com">pplsssofimatn@gmail.com</a>	11 Double Bedded Rooms . Rs. 1500/- per day per room
	<b>Salem</b> Branch, 12, Sardha College Road, New Fivr Road, Salme - 636004	<b>Mr. Parameswaran</b> 9789517833, Tel.: 0427-2448033	3 Double bedded@ Rs. 500/- yes
<b>UP</b>	<b>Allahbad</b> Branch, 29, Stanley Road, Allahbad	TEL .: 0532-26000909, 2607513, Email :- <a href="mailto:ama@sancharnet.in">ama@sancharnet.in</a>	
	<b>Banaras</b> Branch, I MA house, IMA Building, C-7/31, Chetganj, Varansai - 221001	<b>Dr. Alok C Bhardwaj,</b> <b>Mr. Madhu Pathak,</b> Tel.:- 0542-2403194, Fax :- 0542-2403194	3 AC double bedded Rooms @ Rs. 600/ 1 Dormitory of 6 Beds @ Rs. 100/- per bed per day
	<b>Bereilly</b> Branch IMA Bhawan 110, Civil Lines, Bareilly	<b>Mr. Sunil Karan</b> ( M ) 9410498049, Tel.: 0581-2511716, 2511259	4 AC Rooms double @ rs. 1000/- per days + 10.30 Tax, No.
	<b>Lucknow</b> Branch, IMA Bhawan, No. 1, River Bank Colony;, Lucknow	<b>Dr. A M Khan</b> : 9415409188, 415409188, Mr. Anil Yadav, Tel : 0522-2626440: Fax : 0522-2626440	2 AC Double Bedded Rooms @ 500/-1 big Rooms @ Rs. 600 / (for IMA members 400/- ) no.



State Branch	IMA Branch with Address	Contact Person & Contract Detail	Tariff & Meals - Yes / No
West Bengal	<b>IMA Bengal State Branch,</b> IMA House, 1, 1/3 <b>Dr. Biresh Guha</b> Street, Kolkata - 700 017	<b>Dr. Amitabha Bhattacharya</b> M: 9339768287 Tel.: 033-22810758, 22873252 Fax : 033-22810758, 22893729 E : imabengalstate@yahoo.co.in	1 AC Dormatary for 6, NO.
	<b>IMA HQs. At KOLKATA,</b> <b>JIMA Building 53, Creek Row,</b> Kolkata 700014	<b>Mr. A S Das</b> Tel : 033-222257010,22360573 extn. 26, Fax - 22366437 M:- 9432960446 Email :- j_ima@vsnl.net	AC Rooms : Single bed Deluxe ( 1 ) : 750/- day - delux double bedded ( 1 ) : 650/- bed / day double bedded ( 1 ) : 550/- bed/day - Triple Bedded ( 4 ) : 550- /bed / day Non AC, - Dormitory ( 5 beds ) -350/- / bed/ day incl. bed tea@breakfast
	<b>Krishnanagar Branch 9 ,</b> Church Road, Krishnanagar, Nadia.	<b>Dr. A K Malik</b> ( M ) 9434105232 <b>Mr. Akhoy Biswas</b> (M) 9434335297	2 AC double Bedded Rooms @ Rs. 250/- per bed per day
	<b>Malda Branch,</b> R K Mission Road, Malda - 732101	Hony. Secretary : 943.4040368 <b>Mr. Brindavan Rao</b>	1 double bedded non AC Rooms @ Rs. 250/- per day
Uttaranchal	<b>Dehradun Branch 47,</b> Ballapur Road, Dehradun.	<b>Dr. Umang Sahai</b> M - 9359873284 <b>Dr. D.D. Choudhary</b> M - 9897296200 <b>Dr. Bhim S Pandhi</b> M - 9837070913	1 A C double bedded room

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