



**STATE PRESIDENT  
AND  
HON. STATE SECRETARY'S  
MESSAGE**



Dear members,

Kindly accept our warm wishes on the auspicious occasion of our 65th Republic Day.

As you all know that INDIA became a Sovereign Democratic Republic Country on this day and the constitution of the country came into force. Our country is a symbol of great diversity in every form. Time flies faster but still we hold this unity close to our heart for last 65 years.

We wish feeling of oneness remains in the heart of every Indian in our journey to glorious future. Friends, we wish the same unity among our fraternity friends too. As you all know that nowadays, there is huge lack of patience and trust among people as a whole in each and every field. Tolerance has reduced drastically. It's the need of hour to come together and exhibit our unity.

Recently we have experienced very good outcome of such unity at different local branches of GSB. Our IMA HQ is very much prompt in representing various issues at appropriate platform and brought positive outcomes in those issues. IMA also run many different initiatives which we have already published.



Our request to all leaders of state and local branches to participate actively in few of the initiatives which inspire you. From GSB, we decided to work on "BLOOD DONATION DRIVE " throughout the state from time to time. As we all know about the shortage and ongoing demand of blood in treating various ailments. And it has been rising with the advancement of medical science and technology. It's our moral duty to create awareness among lay people about voluntary blood donation.

We request all leaders and members to work on this campaign by our own IMA GSB at your convenient time atleast once in a year. You may organize camps in association with other groups of people. We request you to inform us prior so that we may also become part of that camp and visit your branch & have interaction with our colleagues.

Friends, we do invite innovative ideas from our members, which we are committed to provide platform & take our association at newer height. You might have noticed few in recent issues of our bulletin. Come out and play the full blown game. Bring out your hidden talent and enjoy.

Awaiting eagerly.

Jay Hind, Jay IMA.

Thanking you all,

**Dr. Atul D. Pandya**  
(President, G.S.B., I.M.A.)

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

## LETS UNDERSTAND THE JOURNEY & EVOLUTION OF OUR NATIONAL FLAG

A line by Mahatma Gandhi:- "A flag is a necessity for all nations. Millions have died for it. It is no doubt a kind of idolatry which would be a sin to destroy. For, a flag represents an Ideal The unfurling of the Union Jack evokes in the English breast sentiments whose strength is difficult to measure. The Stars and Stripes mean a world to the Americans. The Star and the Crescent will call forth the best bravery in Islam."

"It will be necessary for us Indians Muslims, Christians Jews, Parsis, and all others to whom India is their home-to recognize a common flag to live and to die for."

Every free nation of the world has its own flag. It is a symbol of a free country. The National Flag of India was designed by Pingali Venkayyaand. In India, the term "tricolour" refers to the Indian national flag.

### EVOLUTION OF TRICOLOR

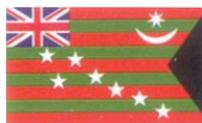
The first national flag in India is said to have been hoisted on August 7, 1906, in the Parsee Bagan Square (Green Park) in Calcutta now Kolkata.



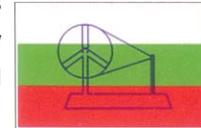
The second flag was hoisted in Paris by Madame Cama and her band of exiled revolutionaries in 1907. This flag was also exhibited at a socialist conference in Berlin.



The third flag went up in 1917 when our political struggle had taken a definite turn. Dr. Annie Besant and Lokmanya Bal Gangadhar Tilak hoisted it during the Home rule movement.



During the session of the All India Congress Committee which met at Bezwada in 1921 (now Vijayawada) an Andhra youth prepared a flag and took it to Gandhiji.



The year 1931 was a landmark in the history of the flag. This flag, the forbear of the present one, was saffron, white and green with Mahatma Gandhi's spinning wheel at the center. On July 22, 1947, the Constituent Assembly adopted it as Free India National Flag. After the advent of Independence, the colours and their significance remained the same. Only the Dharma Chakra of Emperor Asoka was adopted in place of the spinning wheel as the emblem on the flag.



### COLOURS OF THE FLAG:

The Indian National Flag is a horizontal tricolor standard with a band of deep saffron on the top, white in the middle and dark green at the bottom and with an Ashoka Chakra at its center. The ratio of the width of the flag to its length is 2:3 .

The Saffron color signifies the strength and courage of the country. The white middle band, signifies peace and truth with the a navy blue Ashoka Chakra having 24 spokes which represents the continuing progress of the nation and the importance of justice in life. The green color signifies the fertility and growth of the land.





# 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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## CENTRAL COUNCIL MEETING

The 90th Annual National Conference of I.M.A. IMACON-2015 was held at Hotel Le-Meridien, New Delhi on 27th & 28th December, 2015.

Following members from our state attended the conference / Meeting

1.	Dr. Jitendra B. Patel	Ahmedabad
2.	Dr. Chetan N. Patel	Vadodara
3.	Dr. Jitendra N. Patel	Ahmedabad
4.	Dr. Kirti M. Patel	Ahmedabad
5.	Dr. Mahendra B. Desai	Ahmedabad
6.	Dr. Yogendra S. Modi	Ahmedabad
7.	Dr. Shailendra S. Vora	Ahmedabad
8.	Dr. Ashok D. Kanodia	Ahmedabad
9.	Dr. Mansukh R. Kanani	Bhavnagar
10.	Dr. Bharat V. Trivedi	Bhavnagar
11.	Dr. V.T. Parmar	Bhavnagar
12.	Dr. Anil Nayak	Mehsana
13.	Dr. Rajendra H. Jain	Mehsana
14.	Dr. Praful R. Desai	Navsari
15.	Dr. Mahendra H. Chaudhary	Bardoli
16.	Dr. Rajiv D. Vyas	Bardoli
17.	Dr. Mahendra Chauhan	Surat

\* \* \* \* \*

## SARDAR VALLABHAI PATEL

A prominent leader of Indian National Congress, Sardar Vallabhai Patel played a leading role in India's struggle for independence. He took part in Satyagraha and while Mahatma Gandhi was in prison he led the Satyagraha in Nagpur.



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

27-12-2015 Dr. Atul D. Pandya; President IMA GSB attended meeting of Interactive discussion on Health Care policy in Gujarat at Ahmedabad.

\* \* \* \* \*

## CONGRATULATIONS

❖ **Dr. Ashok D. Kanodia; Hon. Secretary, Ahmedabad Medical Association, Ahmedabad**

For inauguration of 66th TB Seal sale campaign by H.E. the Governor of Gujarat Shri O.P. Kohliji on 2nd November, 2015.

❖ **Dr. O.P. Gupta, Ahmedabad**

Being felicitated for serving patients with endocrine disorder in India by Endocrine Society of India & ESICON 2015.

❖ **Pranjal; Daughter of Dr. Paresh M. Majmudar, Vadodara**

For participating in Repertory style; Senior Category Trio classical Katthhak Dance and securing First Position and given gold medal at 5th Cultural Olympiad of Performing Arts organized by Global Council of Art and Culture from 28 to 30 December, 2015 at Thailand.

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## OBITUARY

We send our sympathy & condolence to the bereaved family

Dr. Sheth Mahendra Dhirajlal	26-05-2015	Ahmedabad
Dr. Sheth Gira Mahendrabhai	05-06-2015	Ahmedabad
Dr. Pandya Hasmukhaben G.	04-10-2015	Ahmedabad
Dr. Shah Chandulal Fulchand	05-12-2015	Ahmedabad

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



## INDIAN MEDICAL ASSOCIATION GUJARAT STATE BRANCH

### The IMA Polio Vaccine Switch Awareness Campaign

Dear Colleague

A lot of progress has been made in the global efforts in achieving a polio-free world. The remaining two polio endemic countries are Afghanistan and Pakistan. But more needs to be done before polio can be eradicated from the world.

Replacing trivalent OPV with bivalent OPV is a significant step in polio eradication. The currently used OPV contains all three polio serotypes - type 1, 2 and 3 and its use has led to the eradication of wild poliovirus type 2. The switch from tOPV to bOPV removes the type 2 component (OPV2) from the vaccine. April being the 'low' season for poliovirus transmission in many countries with endemic polio or recent polio cases has been chosen as the target date for the switch to bOPV in all OPV using countries. The switch from trivalent to bivalent vaccine has to be globally synchronized to minimize the risk of new cVDPV type 2 emergence.

India has been polio-free for five years and the government also plans to switch to bOPV as part of the global polio eradication initiative.

April 25, 2016 has been designated as the National Switch Day, when tOPV would be completely withdrawn and replaced by bOPV in both routine immunization and polio campaigns. And, the country would be declared free of tOPV on 9th May, 2016, National Validation Day. tOPV would not be available after 1st April 2016. bOPV would be made available two weeks before the switch date in private market. But, it is not to be opened or used before the switch date.

We request all our members to join hands for global eradication of polio and support this initiative.

Please share this information with all your colleagues so that every member of the fraternity is aware of this very important information.

Let us work together to make our world, a polio-free world...

**Dr. Atul D. Pandya**  
(President, G.S.B., I.M.A.)

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



### Blood Donation Drive

- Liver Transplant Surgery- 35 units RBC + FFP
- Renal Transplant- 20 Units + Platelet + FFP
- Bypass Surgery- 4 Units + Platelets
- Knee Replacement Surgery- 2 Units
- Bone Marrow Transplant 10 Units + Platelet/SDP + FFP
- Thalassemia Patients Two Units per month.
- Haemophilia patients FFP
- ◆ **Ahmedabad & Gujarat is Established medical Hub of India.**
- Blood is not produced in factories.
- It's our Responsibility to create Awareness of Blood Donation.
- ◆ **Let's organize At least a Blood Donation Camp in our Clinic/Office/Hospital**

To organise Blood Donation Camp Pl. contact

**Dr. Jitendra N. Patel : 98253 25200**

**Dr. Atul D. Pandya**  
(President, G.S.B., I.M.A.)

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

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### BAHADHUR SHAH ZAFAR

Rani Lakshmi Bai's name shines in the list of Indian struggle for freedom . "Khoob ladi mardani wo to Jhansi wali Rani thi". Rani Lakshmi Bai led her troop, the largest women army till date, and fought the battle against the British.



## IMA GSB Young Doctors' Convention - Report

A first ever IMA GSB Young Doctors' Convention was organized by IMA GSB on 20th December and hosted by Ahmedabad Medical Association (AMA) in its premises. It was well attended by over 300 delegates from across the Gujarat State.

The program started with IMA prayer, recited by Dr. Vaibhav Sutariya and Flag Salutation by Dr. Rachit Patel.

Dr. Parth Desai, Chairman, IMA Young Doctors' Wing welcomed the honourable guests and delegates. He gave the idea behind having a Young Doctors' Wing in IMA and suggested that unity among young doctors' is must to face tough challenges posed by Clinical Establishment Act, PCPNDT act, Consumer Protection Act etc.

Chief Guest, Dr. Jitendrabhai B. Patel, Imm. Past National President (IMA HQs.) had delivered a very inspirational speech, stressing the importance of having good Doctors'- Patient relationship and ways to cope up with changing scenario of medical practice with great examples.

Guests of Honour Dr. Mansukh Kanani and Dr. Brijan Choksi in their vibrant speech emphasized to involve more and more Young Doctors' in IMA activities. They also stressed to organize blood donation and diagnostic camps and be prepared for relief work in natural calamities.

To prevent act of violence and damage/loss of property of medical professionals, a poster for public awareness of "Gujarat Medicare Service Person and Institutions, GUJ13ACT, 2012" was released by esteemed guests which can be kept in display at hospitals/clinics across Gujarat State.

Dr. Ashish Bhojak, Convener, IMA Young Doctors' Wing proposed hearty vote of thanks to all the esteemed guests present and also gave a brief idea about possible future activities of the wing.



In leaders' talk series Dr. Jitendra N. Patel, Dr. Ashok Kanodia, Dr. Chinmay Shah (Bhavnagar), Dr. Gaurang Patel, Dr. Parul Vadgama (Surat) and Dr. Chetan Parmar explained the importance of team work and unity for betterment of our medical fraternity and society at large. It was an interactive session which was well participated by the delegates.

Renowned faculties Dr. Mahendra Narwaria and Mr. Nandak Pandya delivered excellent talk which was very well received and appreciated by the delegates.

The program was conducted excellently by Dr. Viral Shah.

Overall it was a very memorable convention for all the participants which will be cherished for a long time to come.

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## MAHATMA GANDHI

Father of the Nation, Mohandas Karamchand Gandhi was an iconic personality, a believer in non-violence and a man with very strong morals and values. His countless contributions to the country includes his efforts towards easing poverty, expanding women rights, ending untouchability and above all, bringing Swaraj- Self-rule. At last on June 3, 1947, Viscount Louis Mountbatten, the last British Governor-General of India, declared that the British would leave the Indian subcontinent and on 15 August 1947, India was declared to be an independent nation by her first Prime Minister Pandit Jawaharlal Nehru.

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### NEW LIFE MEMBERS

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

We welcome our new members

L_M_No.	NAME	BRANCH
LM/24876	Dr. Patel Krishna Girdharlal	Rajkot
LM/24877	Dr. Prajapati Satish Narsinh	Patan
LM/24878	Dr. Patel Ankita Dineshbhai	Unjha
LM/24879	Dr. Shah Kinnari Sanilbhai	Palanpur
LM/24880	Dr. Patel Amol Chandrakantbhai	Dadra-Nagar
LM/24881	Dr. Parikh Komal Satishbhai	Dadra-Nagar
LM/24882	Dr. Raval Devashish Anilkumar	Visnagar
LM/24883	Dr. Dave Bhavesh Arunkumar	Gandhinagar
LM/24884	Dr. Dave Mamta Bhaveshbhai	Gandhinagar
LM/24885	Dr. Barot Jitesh Dipakkumar	Gandhinagar
LM/24886	Dr. Pujara Kushal Pravinchandra	Anand
LM/24887	Dr. Pujara Reshma Kushal	Anand
LM/24888	Dr. Patel Bhavin Jayantibhai	Vijapur
LM/24889	Dr. Nimavat Harita Jayantilal	Surat
LM/24890	Dr. Barad Aakash Shardulsinh	Surat
LM/24891	Dr. Vaidya Maulik Kaushikkumar	Navsari
LM/24892	Dr. Savariya Dinkar Rameshlal	Jamnagar
LM/24893	Dr. Kosamiya Virendrasinh H.	Vadodara
LM/24894	Dr. Dedhia Vishal Rameshbhai	Vadodara
LM/24895	Dr. Mankad Ankit Kumarbhai	Vadodara
LM/24896	Dr. Suthar Mrugesh Natvarbhai	Vadodara
LM/24897	Dr. Prajapati Ankit Vijaykumar	Vadodara
LM/24898	Dr. Vandanasetti Santosh	Vadodara
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LM/24904	Dr. Agrawal Aditya Kuldeepbhai	Vadodara
LM/24905	Dr. Agrawal Anuja Aditya	Vadodara
LM/24906	Dr. Patel Apurva Nalinkant	Vadodara
LM/24907	Dr. Vankar Bhavika Ambalal	Vadodara



LM/24908	Dr. Chaudhari Chetan Rameshbhai	Deesa
LM/24909	Dr. Sanjana Niraj Rameshbhai	Vapi
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LM/24944	Dr. Nagpal Kamal Manishbhai	Ahmedabad
LM/24945	Dr. Mehrotra Navneet S.	Ahmedabad



### COMMUNITY SERVICE

#### ANAND

- 09-12-2015 Solar Power: A New Era of energy independence attended by 50 IMA Members.
- 27-12-2015 CME on Cardiology & Oncology by Dr. Rutvik Trivedi, Dr. Kushal Pujara and Dr. Priyanka Shrivastava with varied topics and plenty of interaction.
- 29-12-2015 Stree Swasthya Samwad at JOL. 50 blankets were distributed.

#### BHAVNAGAR

- 17-10-2015 Felicitation of Dr. C.B. Tripathi and Dr. Narendra Paliwal for 1400 KM for health awareness, daily tamaku mukti activity, and every Sunday medical camp.
- 25-10-2015 National Blood Donor day. Organized drawing competition with subject of Blood Donation awareness.
- 31-10-2015 Blood Donation Camp. Total 70 Unit collections.
- 01-12-2015 World AIDS Day.
- 02-12-2015 Felicitation of senior IMA Members.
- 15-12-2015 Free Cardiac Screening camp. Phase 1- Initial screening Phase 2- Details investigation including TMT, Echo.
- 20 & 27-12-15 Collection of woolen cloths and other cloth for poor and needy people.
- 25-12-2015 Free distribution of concise book of Save your Kidney.

#### MEHSANA

- 10-01-2016 Kite festival celebration with family members.

#### MORBI

- 06-12-2015 "Sarva Rog Nidan Camp" Total 280 patients got benefit.
- 27-12-2015 "Aarogya Ni Aas Paas" "PUSTAK VIMOCHAN" for huge Health Awareness really.

#### NADIAD

- 06-12-2015 IMA Nadiad has organized Cycle Route: 10Km Walking Route: 5Km.



- 11-12-2015 Academic meeting with Dr. Ripal Shah regarding Current concept in management of RS and Clinical Vignettes (Cases in RA, Spondyloarthritis, Gout, Vasculitis).

#### NAVSARI

- 02-01-2016 CME on Spine Surgery. Total 47 doctors have attended the same.

#### PALANPUR

- 01-12-2015 World Aids Day. 50 patients were treated free of cost.
- 13-12-2015 Beti Janma Vadhamana Programme.

#### UNJHA

- 10-01-2015 A public awareness seminar on Diabetes, Hypertension & Heart Disease. Approx 500 people attended the seminar. Dr. Deepal Parekh, Dr. Hemang Baxi and Dr. Pulkit Patel were the speakers.

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### BRANCH ACTIVITY

#### AMRELI

- 02-01-2016 "Raising ear of IVF" by Dr. Sanjay Desai.
- 09-01-2016 "Valvular repair – minimal invasive way" by Dr. Anil Jain  
"CABG" by Dr. Rajan Modi

#### BHAVNAGAR

- 11-10-2015 "Tips for Preventing Cardiac disease." by Dr Anil Jain.
- 24-10-2015 "Solid Tumour & Specifically on early detection of breast cancer & treatment protocol with update guidelines." by Dr. Dr. Sandeep Shah  
"Lymphoma - includes early detection at blood cancer anemia & current treatment availability." by Dr. Sandeep Shah.
- 06-12-2015 "Palliative Care & Communication Skill" by Dr. Geeta Joshi.

#### IDAR

- 30-12-2015 "Acute Renal Failure" by Dr. Rupen Panchal.  
"T.B. Case Notification in RNTCP." by Dr. A. K. Patel.

**KALOL**

- 23-12-2015 "Diagnosis & Primary management of Common Cancers" by Dr. Akash Shah.  
"Role of Radiotherapy in Cancer" by Dr. Samarendra Das.
- 08-01-2016 "Recent advance in infertility management" by Dr. Himanshu Bavishi.  
"Third party assist reproduction" by Dr. Parth Bavishi.

**MORBI**

- 08-12-2015 "Cosmetic Dermatology tips and tricks" by Dr. Piyush Borkhatariya.  
"General Dermatology tips" by Dr. Jayesh Sanariya.
- 26-12-2015 "GERD and ACID-PEPTIC DISORDERS" by Dr. Chintan H. Kansagra.  
"Abdominal compartment syndrome" by Dr. Dipak Aghara.

**NADIAD**

- 02-12-2015 "Recent advance in Radiotherapy in Management of Cancer" by Dr. Rushi Panchal  
"New Initiatives" by Dr. Nirav Asarawala.  
"Recent Advances in Surgical Oncology" by Dr. Deepak Rautrey.

**PALANPUR**

- 17-12-2015 "How to approach a patient with joint pain" by Dr. Piyush R. Joshi.  
"How to Live a Balanced Life" by Dr. Pravin B. Patel.
- 23-12-2015 "An update on liver disease" by Dr. Hitesh Chavda.  
"Antibiotics in ICU" by Dr. Amrish Patel
- 29-12-2015 "Cardiology Ambulatory blood pressure monitoring and ECG quiz" by Dr. Abhishek Rajpopat  
"Obstructive airway disease 2015 prospective" by Dr. Varun Patel

**SAVARKUNDLA**

- 23-12-2015 "Common 4I problems in General practice" by Dr. Vimal B. Saradva.

**INDIAN MEDICAL ASSOCIATION****GUJARAT STATE BRANCH****GUJARAT MEDICAL JOURNAL**

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1. The size of Bulletin **Full Page 120 X 190 mm, Half Page 120 X 85 mm and Quarter Page 60 X 85 mm (Format : CDR,(CorelDraw) & JPG , Pdf).**
2. The size of Journal full page 190 X 250 mm, Half Page 190 X 125 mm and Quarter Page 85 X 125 mm **(Format : CDR,(CorelDraw) & JPG , Pdf).**
3. **5% Discount on yearly contract.** Please draw your Cheque/D.D. in favour of **"Gujarat Medical Journal"**.
4. Limited company & private hospital run by more than one doctor will be charged as non member.

N.B. : The Gujarat Medical Journal & Bulletins are circulated amongst 24000 members of I.M.A. Gujarat State Branch. The Journal is also posted to various teaching institutions of India and State Presidents / Secretaries of Medical Association. Non-member can subscribe on payment of Rs. 500/- for the year.



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

Nanpura - Surat : Mothers - Iron : 1500 tablets & Calcium : 1500 tablets were distributed & Vitamin A solution given to 40 children.

Rander - Surat : Mothers - Iron : 720, tablets were distributed & Vitamin A Solution was given to 32 Children.

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

### NOVEMBER - 2015

No.	Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi (Jamalpur Ward)	1132	510	1642
(2)	Behrampura (Sardarnagar Ward)	1891	498	2389
(3)	Bapunagar (Potalia Ward)	1697	603	2300
(4)	Dariyapur (Isanpur Ward)	1143	247	1390
(5)	Gomtipur (Saijpur Ward)	1854	533	2387
(6)	Khokhra (Amraiwadi Ward)	2725	735	3460
(7)	New Mental (Kubernagar Ward)	811	195	1006
(8)	Raikhad (Stadium Ward)	429	201	630
(9)	Wadaj (Junawadaj Ward)	1179	246	1425
(10)	Khambhat	—	—	—
(11)	Junagadh	----	----	----
(12)	Rander-Surat	----	----	----
(13)	Nanpura-Surat	----	----	----
(14)	Rajkot	1023	582	1605



### DECEMBER : 2015

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	41	—	52	15450	870P
(2)	Behrampura (Sardarnagar Ward)	24	---	41	10900	1304
(3)	Bapunagar (Potalia Ward)	49	—	66	14360	320P
(4)	Dariyapur (Isanpur Ward)	45	—	40	13875	1503
(5)	Gomtipur (Saijpur Ward)	37	—	45	32200	1172
(6)	Khokhra (Amraiwadi Ward)	44	---	86	13150	279
(7)	New Mental (Kubernagar Ward)	47	---	45	14010	450
(8)	Raikhad (Stadium Ward)	36	---	63	9732	1210P
(9)	Wadaj (Junawadaj Ward)	33	—	93	15000	1765
(10)	Khambhat	----	—	----	----	----
(11)	Junagadh	40	—	50	5000	244
(12)	Rander-Surat	21	—	43	1750	78P
(13)	Nanpura-Surat	31	—	50	3250	110
(14)	Rajkot	70	01	46	350	287



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

“P. P. S. House”, Beside Sakar-V Building, Nr. Mithakhali Railway Crossing,  
Off Ashram Road, Navrangpura, Ahmedabad-380009.  
Tele. No. : 2658 89 29 E-mail : ppsgsbima1@yahoo.in

### Sub.: Organisation of Educative Zonal Seminar by Local Branch and Financial Assistance by P.P.S. GSB-IMA.

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

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

The subject of such Educational Programme shall be in relation to

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

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

**Dr. Bipin M. Patel**  
Managing Director



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

“P. P. S. House”, Beside Sakar-V Building, Nr. Mithakhali Railway Crossing,  
Off Ashram Road, Navrangpura, Ahmedabad-380009.  
Tele. No. : 2658 89 29 E-mail : ppsgsbima1@yahoo.in

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

Coverage :	Per Case	Aggregate Per Year
Up to 31-03-2016	₹ 10 lacs	₹ 21 lacs
From 01-04-2016	₹ 20 lacs	₹ 42 lacs

Dear Member,

Professional Protection Scheme has already sent a notice alongwith a Renewal Application form for renewing the membership before 31<sup>st</sup> March, 2016 for the year 2016-2017 "By Registered Post January 2016 to all the members.

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

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

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

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

**The member who has not sent the Renewal Application form duly filled in alongwith required amount is requested to send it immediately.**

**Dr. Bipin M. Patel**  
Managing Director



## 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. Bipin M. Patel, Managing Director, P.P.S.)

### Sub. : Renewal Notice : 2016-2017

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	87	Dr. Patel Malay	Ahmedabad
2	648	Dr. Sheth Suresh Ratilal	Ahmedabad
3	1410	Dr. Thakkar Prahlad Manilal	Ahmedabad
4	1436	Dr. Patel Bipin Narshibhai	Ahmedabad
5	1933	Dr. Kubavat Sureshchandra Narottambhai	Ahmedabad
6	1985	Dr. Soni Rajesh Kanubhai	Ahmedabad
7	2200	Dr. Shah Rajendra Hiralal	Ahmedabad
8	2249	Dr. Dalal Sunil Bhagwatbhai	Ahmedabad
9	2448	Dr. Panchal Jashbhai Chandubhai	Ahmedabad
10	2776	Dr. Shah Rita Pragnesh	Ahmedabad
11	3061	Dr. Shah Hetalkumar Gunvantlal	Ahmedabad
12	3157	Dr. Patel Sureshbhai Kadvabhai	Ahmedabad
13	3165	Dr. Patel Jagdishbhai Bhagabhai	Ahmedabad
14	3647	Dr. Vyas Nirav Virendrakumar	Ahmedabad
15	3652	Dr. Vyas Alpna Nirav	Ahmedabad
16	3801	Dr. Patani Mohammedakil Usmangani	Ahmedabad
17	3833	Dr. Panchal Bhupendra Mohanlal	Ahmedabad
18	4144	Dr. Parmar Nathalal Munjabhai	Ahmedabad
19	4221	Dr. Shah Dharmendra Jawaharbhahi	Ahmedabad
20	4933	Dr. Jotwani Prakash Rupchand	Ahmedabad
21	5010	Dr. Panchotiya Deven Kantilal	Ahmedabad
22	5012	Dr. Barot Sanjay Bhalchandra	Ahmedabad
23	5371	Dr. Acharya Harshad Chhaganlal	Ahmedabad
24	5372	Dr. Acharya Dipa Harshad	Ahmedabad
25	6134	Dr. Khumchandi Rajkumar Trikamlal	Ahmedabad
26	6135	Dr. Khumchandi Kalpana Rajkumar	Ahmedabad
27	7477	Dr. Panchal Navin Arvindkumar	Ahmedabad
28	7684	Dr. Soni Amrishkumar Rasiklal	Ahmedabad
29	7857	Dr. Yadav Anant Krishnagopal	Ahmedabad
30	7858	Dr. Yadav Shaila Anant	Ahmedabad



Sr. No.	P.P.S. No.	NAME	BRANCH / CITY
31	8041	Dr. Shah Ashokkumar Chimanlal	Ahmedabad
32	8672	Dr. Patel Rina Kantilal	Ahmedabad
33	8693	Dr. Shukla Brijeshkumar Bhupendrakumar	Ahmedabad
34	8726	Dr. Soni Manisha Amrishkumar	Ahmedabad
35	8754	Dr. Sojitra Hasmukh Kacharabhai	Ahmedabad
36	8824	Dr. Patel Jagdishkumar Virabhai	Ahmedabad
37	8943	Dr. Pillai Vinod Gopalkrishana	Ahmedabad
38	8970	Dr. Desai Ava Dipan	Ahmedabad
39	9094	Dr. Thakkar Neetu Yogesh	Ahmedabad
40	9118	Dr. Patel Divyang Chimanlal	Ahmedabad
41	9233	Dr. Patel Srujal Mulchandbhai	Ahmedabad
42	9333	Dr. Jeeyani Naynesh Mansukhbhai	Ahmedabad
43	9334	Dr. Jeeyani Hetal Nayneshkumar	Ahmedabad
44	9509	Dr. Rathi Manish Arjunbhai	Ahmedabad
45	9701	Dr. Patel Ankur Anilkumar	Ahmedabad
46	9720	Dr. Shah Arkesh Anilkumar	Ahmedabad
47	9966	Dr. Parikh Swati Nirav	Ahmedabad
48	9967	Dr. Parikh Nirav Bipinchandra	Ahmedabad
49	10066	Dr. Shah Mahendra Mohanlal	Ahmedabad
50	10209	Dr. Panchal Kishan Rajendrakumar	Ahmedabad
51	10309	Dr. Shah Mithun Satish	Ahmedabad
52	10349	Dr. Suthar Ashif Yusupbhai	Ahmedabad
53	10686	Dr. Thakkar Yogesh T.	Ahmedabad
54	10720	Dr. Gohil Dhanushya Govindbhai	Ahmedabad
55	10903	Dr. Patel Varun Rameshbhai	Ahmedabad
56	11028	Dr. Lunavia Ajitkumar Nathalal	Ahmedabad
57	11368	Dr. Thakor Dipak Rajeshbhai	Ahmedabad
58	11617	Dr. Sagar Rajendra Pravinkumar	Ahmedabad
59	11670	Dr. Patel Saurabh Jayantilal	Ahmedabad
60	11764	Dr. Nayak Jitendrakumar Narendraku.	Ahmedabad
61	12283	Dr. Vadodaria Gurpreet Kaur Sarju	Ahmedabad
62	12284	Dr. Vadodariya Saraju Bharatkumar	Ahmedabad
63	12385	Dr. Joshi Amitkumar Hasmukhlal	Ahmedabad
64	12493	Dr. Bhalgamiya Chetan Prabhudas	Ahmedabad
65	12588	Dr. Panchal Ajaykumar Jagdishbhai	Ahmedabad
66	12668	Dr. Pandav Namrata Kantibhai	Ahmedabad
67	12669	Dr. Vadodariya Jatinkumar Pravinchandra	Ahmedabad
68	12681	Dr. Joshi Niyanta Prarthan	Ahmedabad
69	12685	Dr. Delvadiya Miten Rameshbhai	Ahmedabad
70	12702	Dr. Asal Kalpesh Shamjibhai	Ahmedabad



Sr. No.	P.P.S. No.	NAME	BRANCH / CITY
71	12848	Dr. Suthar Kaushalkumar Virendrakumar	Ahmedabad
72	12937	Dr. Contractor Sandeep Virendrabhai	Ahmedabad
73	13042	Dr. Joshi Prathan Nishith	Ahmedabad
74	13170	Dr. Vaishnav Dhaivat Kalapirai	Ahmedabad
75	13208	Dr. Purohit Priyangi Bharatbhai	Ahmedabad
76	13225	Dr. Shah Sandip Prakashkumar	Ahmedabad
77	12819	Dr. Faldu Mithileshkumar Rameshbhai	Amreli
78	10540	Dr. Parmar Harendrasinh Bhulabhai	Amroli
79	7356	Dr. Gosai Ganeshbharati N.	Anand
80	11838	Dr. Patel Nimesh Himmatbhai	Anand
81	5140	Dr. Talati Nilesh Gokuldas	Ankleshwar
82	6276	Dr. Shah Haresh Ishwarlal	Ankleshwar
83	2208	Dr. Raval Usha Paresh	Baroda
84	4814	Dr. Kotak Ashish Navalbhai	Baroda
85	4834	Dr. Parikh Vihang Thakorabhai	Baroda
86	4835	Dr. Parikh Rita Vihang	Baroda
87	9494	Dr. Desai Sima Bipinchandra	Baroda
88	9676	Dr. Soni Ajaykumar Sharvankumar	Baroda
89	11762	Dr. Cheraya Gaurav Jagdish Chander	Baroda
90	12783	Dr. Patel Shishir Sudesh	Baroda
91	13070	Dr. Panchal Arpit Gaurang	Baroda
92	13437	Dr. Shah Rinku Pathik	Baroda
93	11883	Dr. Sagar Ameeta Prashantbhai	Bharuch
94	447	Dr. Patel Jayant Dahyabhai	Bhavnagar
95	2234	Dr. Munjapara Pravinchandra Ramniklal	Bhavnagar
96	3355	Dr. Desai Manhar Mavjibhai	Bhavnagar
97	11665	Dr. Ganatra Chintankumar Udesinh	Bhuj - Kutch
98	10780	Dr. Kothari Mehul Govindbhai	Dehgam
99	12656	Dr. Kothari Jay Narendrabhai	Gandhinagar
100	13117	Dr. Talpada Motibhai D.	Gandhinagar
101	11702	Dr. Jamali Firoz Mohammad Siddiq	Gariyadhar
102	5126	Dr. Patel Manharbhai Muljibhai	Halol
103	138	Dr. Joshi Ashok	Jamnagar
104	1532	Dr. Gupta Maya Bansidhar	Jamnagar
105	9458	Dr. Parmar Kaushik Anantray	Jamnagar
106	10516	Dr. Mankodi Jaydeep Prakashbhai	Jamnagar
107	12018	Dr. Gamara Paresh Nathubhai	Jetpur
108	1391	Dr. Nirmal Rajnikant Jamnadas	Junagadh
109	12299	Dr. Thanth Ashok Shamjibhai	Mahuva
110	8690	Dr. Mori Sandipkumar Govindbhai	Morbi



Sr. No.	P.P.S. No.	NAME	BRANCH / CITY
111	10494	Dr. Sanariya Jayeshkumar Amrutlal	Morbi
112	11640	Dr. Raiyani Hinaben Babulal	Morbi
113	11057	Dr. Shukla Ruchi Hemantbhai	Mumbai
114	12286	Dr. Nandurkar Rahul Diwakar Laxmanrao	Navsari
115	7370	Dr. Patel Nitinkumar Nathalal	Patan
116	741	Dr. Nayak Umesh Hargovindbhai	Rapar (Kuchhh)
117	2102	Dr. Ghetiya Vinodrai Hirjibhai	Rajkot
118	3588	Dr. Rupareliya Kiritkumar Dullabhai	Rajkot
119	8435	Dr. Sakariya Ajita Jamnadas	Rajkot
120	9866	Dr. Dekavadia Intekhabhusen Hajibhai	Rajkot
121	9877	Dr. Kayatra Mahendrakumar Jivabhai	Rajkot
122	11394	Dr. Ramavat Prashant Bhanuprasad	Rajkot
123	11450	Dr. Sutariya Kartik Ratanshibhai	Rajkot
124	11736	Dr. Rughani Sudhir Pravinbhai	Rajkot
125	11887	Dr. Patel Hiral Dhavalkumar	Rajkot
126	12753	Dr. Joshi Rachana Mukundrai	Rajkot
127	12754	Dr. Shukla Mayur Sureshchandra	Rajkot
128	12820	Dr. Sakhare Dhiraj Ramchandra	Rajkot
129	1068	Dr. Modi Rasiklal Amritlal	Sidhpur
130	252	Dr. Joshi Rohitkumar Mohanlal	Silvassa
131	2076	Dr. Tilavat Narendrakumar Dalpatram	Surat
132	4914	Dr. Agarwal Vipul Keshavaram	Surat
133	4915	Dr. Agarwal Sejal Vipul	Surat
134	5655	Dr. Pradhan Rajeev Rajendrasingh	Surat
135	5787	Dr. Gosai Renu Dinesh	Surat
136	5841	Dr. Patel Niraj Kashinath	Surat
137	7302	Dr. Patel Ashishkumar Ranchhodbhai	Surat
138	8131	Dr. Shah Sachin Arvind	Surat
139	9257	Dr. Bhatt Parul Mitesh	Surat
140	9873	Dr. Patel Dhavalkumar Hasmukhlal	Surat
141	10241	Dr. Mehta Pinkalkumar Maheshchandra	Surat
142	10392	Dr. Patel Smita Niraj	Surat
143	12492	Dr. Kacha Bhavesh Mansukhbhai	Surat
144	12513	Dr. Mashru Ankur Pravinbhai	Surat
145	12664	Dr. Patel Hasmukhbhai Chhaganbhai	Surat
146	964	Dr. Mehta Hemant Premshanker	Thangadh
147	8481	Dr. Patel Dashrathbhai Gopalbhai	Tharad
148	12971	Dr. Patel Hiren Kiritbhai	Unjha
149	9485	Dr. Soni Niranjan Motilal	Visnagar



## Disha - "The direction"-Readymade : Tips to A Hospital Administrator as an Effective Helper

### Step-5 (Part – 2 )

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

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

- Personal Qualities
- Professional Qualities

We have already looked at the personal qualities.

Let's look at the professional qualities.

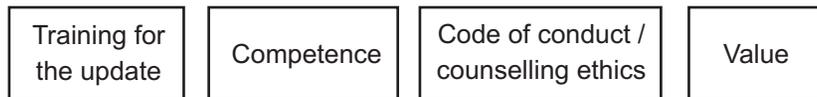
#### Professional Qualities

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

- Training for the update
- competency
- code of conduct
- values

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

#### Personal Qualities of an Effective Helper



#### Training for the update :-

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



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

#### Competence:-

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

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

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

#### Code of Conduct / Helping Ethics:-

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

**More than one administrator will be a common feature. So this is crucial.**

#### Values:-

Values are central and vital to any human endeavour. A helper is expected to have values like love, truthfulness, kindness, compassion, trust, tolerance, respect, helpfulness, peace etc.

The other relevant values are related to acceptance of individuals who are different and hence may have a different value system.

Above all these, there are two important aspects to develop.

#### (1) Understanding Others:-

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

However, it is true that the world is made up of people who are not only individuals but also unique. Their personalities too have undergone the same growing-up process, and Learning experiences have been integrated but the



net result may be quite different. As a helper, it is imperative for you to understand, appreciate and accept the existence of these differences. This is called, acknowledging diversities. Understanding others includes open mindedness, sensitivity, empathy, and objectivity. Try to understand and appreciate them.

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

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

## (2) Nurturing Critical Thinking:-

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

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

In my opinion,

Mostly the administrator takes care of the objectives of the hospital / organisation. But if he/she develop himself/herself as helper, it will be a boon to the environment as a whole.

Along with developing oneself, he/she will contribute to the surroundings. Won't that be fulfilling?

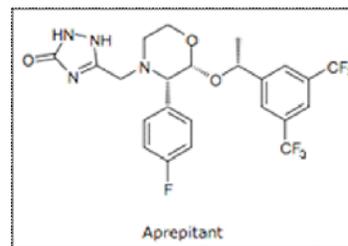
**Mr. Nandak Pandya**, Ahmedabad  
Author is Educational & Corporate Mentor

Feedback / comments : [imagsb@gmail.com](mailto:imagsb@gmail.com)



## MOLECULE OF THE MONTH Aprepitant

Chemotherapy can be a life-prolonging treatment for many cancer patients, but it is often associated with profound nausea and vomiting that is so distressing that patients may delay or decline treatment to avoid these side effects. Aprepitant is the first and only neurokinin-1 (NK-1) receptor antagonist available on the market for the prevention of acute and delayed chemotherapy-induced nausea and vomiting (CINV). Aprepitant is a substance P/neurokinin 1 (NK1) receptor [antagonist](#), an antiemetic agent



(C23H21F7N4O3)

### Mechanism of action:

Aprepitant is a selective high-affinity antagonist of human substance P/neurokinin 1 (NK1) receptors with little or no affinity for [serotonin](#) (5-HT<sub>3</sub>), [dopamine](#), and [corticosteroid](#) receptors. Aprepitant acts centrally at NK-1 receptors in vomiting centers within the central nervous system to block their activation by substance P released as an unwanted consequence of chemotherapy.

### Pharmacokinetics :

- Aprepitant is absorbed orally. Following oral administration at the dose range of 80-125 mg, the mean absolute oral bioavailability of aprepitant is approximately 60 to 65%. Aprepitant is greater than 95% bound to plasma proteins. The mean apparent volume of distribution at steady state ( $V_{dss}$ ) is approximately 70 L in humans.
- Aprepitant undergoes extensive metabolism. In vitro studies using human liver microsomes indicate that aprepitant is metabolized primarily by CYP3A4 with minor metabolism by CYP1A2 and CYP2C19. Metabolism is largely via oxidation.
- Aprepitant is eliminated primarily by metabolism; aprepitant is not renally excreted. Seven metabolites of aprepitant, which are only weakly active, have been identified in human plasma.



- The apparent plasma clearance of aprepitant ranged from approximately 62 to 90 mL/min. The apparent terminal half-life ranged from approximately 9 to 13 hours

#### Adverse drug reactions (ADRs):

Fatigue, constipation, diarrhea, asthenia, dyspepsia, abdominal pain, hiccups, blood cell count decreased, neutropenia, dehydration, increased in liver enzyme

#### Pregnancy & lactation :

There is no long term data available on use in pregnancy and lactation

#### Precautions and contraindications:

- Hypersensitivity to any component of the product
- Aprepitant should be used with caution with medicinal products, including chemotherapy agents that are primarily metabolized through CYP3A4
- Chronic continuous use for prevention of nausea and vomiting is not recommended because it has not been studied and because the drug interaction profile may change during chronic continuous use.
- Caution should be taken when aprepitant is administered in severe hepatic insufficiency

#### Drug Interaction:

- Coadministration with warfarin may reduce prothrombin time. In patients on chronic warfarin therapy, the INR should be closely monitored in the 2-week period, particularly at 7 to 10 days
- The efficacy of hormonal contraceptives during and for 28 days following the aprepitant may be reduced. Alternative or back-up methods of contraception should be used during treatment and for 1 month following the last dose of aprepitant
- Weak-to-moderate (dose-dependent) CYP3A4 inhibitor, aprepitant should not be used concurrently with pimozone, terfenadine, astemizole
- Aprepitant has been shown to induce the metabolism of S(-) warfarin and tolbutamide and Coadministration with these drugs or other drugs that are known to be metabolized by CYP2C9, such as phenytoin, may result in lower plasma concentrations of these drugs.
- Aprepitant increases the AUC of dexamethasone and oral dexamethasone doses should be reduced by approximately 50% when coadministered with aprepitant (125 mg/80 mg regimen)



- The IV methylprednisolone dose should be reduced by approximately 25%, and the oral methylprednisolone dose should be reduced by approximately 50% when coadministered with aprepitant (125 mg/80 mg regimen)

#### Indications:

##### 1. Prevention of Chemotherapy Induced Nausea and Vomiting (CINV) :

Patients 12 years of age and older and patients less than 12 years who weigh at least 30 kg for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high dose cisplatin nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC)

##### 2. Prevention of Postoperative Nausea and Vomiting (PONV)

- Limitations of Use: treatment of established nausea and vomiting.
- Chronic continuous administration is not recommended because it has not been studied, and because the drug interaction profile may change during chronic continuous use

#### Dosage schedule :

- Available as 125 mg & 80 mg capsules
- Aprepitant is given for 3 days along with corticosteroid and a 5-HT<sub>3</sub> antagonist. The recommended dose of aprepitant is 125 mg orally 1 hour prior to
- chemotherapy treatment (Day 1) and 80 mg orally once daily in the morning on Days 2 and 3 with or without food.
- Aprepitant (125 mg): 1 hour prior to chemotherapy treatment. 80 mg each on 2nd & 3rd day along with iv ondansetron + dexamethasone
- For the prevention of postoperative nausea and vomiting, patients should receive 40 mg of aprepitant within 3 hours prior to induction of anesthesia.

#### Approved by CDSCO

- Aprepitant cap (80mg/125mg) For chemotherapy induced nausea & vomiting 30.08.06
- Aprepitant 40mg capsules (additional strength) for Prevention of postoperative nausea & vomiting (additional indication) on 24.04.07

Dr Prakruti Patel

Dr Anuradha Gandhi

Dr Chetna Desai

Coordinators, B. J. Medical College, Ahmedabad



# ENDING TUBERCULOSIS IN CHILDREN

## KEY FACTS



**1** MILLION  
children fell ill with  
TUBERCULOSIS  
(TB) in 2014



**400**  
children die  
each day  
from TB

## CHALLENGES IN REACHING CHILDREN WITH TB



**DIFFICULTIES IN  
TB DIAGNOSIS**  
lead to children often  
getting missed or  
overlooked



**TB TREATMENT NOT  
CHILD-FRIENDLY**  
leading to poor health  
outcomes and development  
of drug-resistance



**INCREASED  
COLLABORATION NEEDED**  
between actors in  
TB, HIV and maternal  
and child health



## ATTENTION PLEASE !!

The office has received back News bulletins of the following members from Postal department with note as "Left", "Insufficient address" etc. The concerned member / friends are requested to inform the office immediately with change of address, L.M. No. & Local Branch.

L_M_No.	NAME	BRANCH
LM/07348	Dr. Agrawat N.D.	Junagadh
LM/04937	Dr. Dhirwani Bhagwan L.	Ahmedabad
LM/24081	Dr. Fataniya Dipesh Kishorbhai	Ahmedabad
LM/24082	Dr. Fataniya Zarana Dipeshbhai	Ahmedabad
LM/10477	Dr. Joshi Hemant Natwarlal	Ahmedabad
LM/06463	Dr. Joshi M.V.	Bharuch
LM/06464	Dr. Joshi B.M.	Bharuch
LM/21957	Dr. Kacha Asruti Rasiklal	Bhavnagar
LM/00516	Dr. Kothari D R	Surendranagar
LM/16368	Dr. Mahetaliya Bhavin B.	Ahmedabad
LM/16369	Dr. Mehtalia Khyati B.	Ahmedabad
LM/24678	Dr. Mansuria David Ashokbhai	Jamnagar
LM/05702	Dr. Mehta R.H.	Mahuva
LM/23188	Dr. Mod Jaydevkumar Shivdan	Ahmedabad
LM/02419	Dr. Parikh Piyush N.	Ahmedabad
LM/02420	Dr. Parikh Geetaben P.	Ahmedabad
LM/17608	Dr. Patel Chintan Arvindbhai	Ahmedabad
LM/04045	Dr. Patel Ila G.	Ahmedabad
LM/08395	Dr. Patel Manilal K.	Ahmedabad
LM/11377	Dr. Patel Ratilal Dhanjibhai	Ahmedabad
LM/11272	Dr. Prajapati Jayesh Ambalal	Ahmedabad
LM/11273	Dr. Prajapati Bela Jayeshbhai	Ahmedabad
LM/21429	Dr. Shah Sandip Prakashkumar	Ahmedabad
LM/16620	Dr. Surani Himatlal Govindbhai	Anjar-Kutch
LM/00555	Dr. Vadhavani V.N.	Porbandar
LM/03913	Dr. Sheth Deepak B.	Rajkot
LM/03914	Dr. Sheth Jayshree D.	Rajkot
LM/24810	Dr. Trivedi Harsh Vijaykumar	Sidhpur
LM/02592	Dr. Surati Jawahar Harilal	Surat
LM/08241	Dr. Verma Shushamkar R	Vadodara
LM/08241	Dr. Verma Shushamkar R	Vadodara
LM/02952	Dr. Desai Narendra Thakorlal	Vijapur

**IMA NEWS****Is There any Bar/Restriction, by Any Law,  
Over Querist to Do Endorsement/Give Opinion on Products?**

A. In relation to the above question it is submitted that IMA is registered society of doctors with the following objectives:

1. To promote and advance medical; and allied sciences in all their different branches and to promote the improvement of public health and medical education in India.
2. To maintain the honor and dignity and to uphold the interest of the medical profession and to promote cooperation amongst the members thereof;
3. To work for the abolition of compartmentalism in medical education, medical services and registration in the country and thus to achieve equality among all members of the profession.

In accordance with the objects as stated above, IMA is empowered to do all such acts to promote and advance medical and allied sciences and to promote the improvement of public health.

It is further submitted that as per latest Judgment dated 17.11.14 of Hon'ble High Court Delhi by Justice Mr. Vibhu Bakhru, in WP (C) No. 8188/2010 titled as "IMA vs MCI", it is held that IMA does not come under MCI and the Rule in relation to Endorsement is not applicable to IMA. Thus there is no bar over IMA to do Endorsement. Further Income Tax appellant Tribunal in ITA No. 4291/Del/2012 also held that IMA can do endorsement and there is no bar to it.

Therefore, we are of the opinion that IMA can to endorsement as IMA is empowered to do in accordance with the objects of IMA.

It is opined accordingly.

[NITESH JAIN) Advocate

\* \* \* \* \*

**JIMA eBook**

The ebook of JIMA is being circulated to every member of IMA through email, apart from this link from IMA Website. (link: <http://www.ima-india.org/ima/left-side-bar.php?scid=347>)

**August-2015 to December-2015 issue of JIMA.**

**IMA ebook**

The ebook of IMA News is being circulated to every member of IMA through email, apart from this link from IMA Website. (link: <http://www.ima-india.org/ima/left-side-bar.php?scid=347>)

**June-2015 to December-2015 issue of JIMA.**

\* \* \* \* \*

**eMediNews and eIMA News**

In association with EMediNewS IMA News is being email to over 2 lakhs doctors on daily basis. from October-2015 it has become more interactive as EMediNexus.

\* \* \* \* \*

**NCERT Issue**

IMA raised an issue of paragraph written in NCERT 7th class book where they have shown Private Health Sector in a bad shape. IMA wrote to Shri Narendra Modi, Hon'ble Prime Minister of India with copy marked to Shri Pranab Mukherjee, Hon'ble President of India, Shri Mohd. Hamid Ansari, Hon'ble Vice President of India, Shri JP Nadda, Hon'ble Minister of H&FW, Smt Smriti Zubinlrani, Hon'ble Minister, Human Resources Development & Director, NCERT.

**Sub: WP (C) No.8706/2015 titled "Indian Medical Association (IMA) V/s Union of India & NCERT" before Delhi High Court, New Delhi**

This is to inform you that the matter titled as Indian Medical Association versus U01 (NCERT) was listed for hearing on 16.12.2015 before the Hon'ble High Court of Delhi. Mr. Rahul Gupta, Advocate appeared and argued the said matter on behalf of Indian Medical Association and had duly submitted before the Hon'ble Court that IMA has certain objections as mentioned in the affidavit filed on behalf of IMA. The counsel appearing on behalf of NCERT has given his consent for the changes as requested by IMA. The amended / revised text of the school book is attached herewith. In view of the said changes / amendments the above matter/case is disposed of.

\* \* \* \* \*

**RANI LAKSHMI BAI**

Rani Lakshmi Bai's name shines in the list of Indian struggle for freedom . "Khoob ladi mardani wo to Jhansi wali Rani thi". Rani Lakshmi Bai led her troop, the largest women army till date, and fought the battle against the British.

**MEDIQUIZ**

1. Retrolental fibrosis is adverse effect of \_\_\_\_\_
2. Indomethacin was used to medically treat \_\_\_\_\_
3. \_\_\_\_\_ is mark of Ca Ovary.
4. Reversal of sleep Rhythm occurs as precursor of \_\_\_\_\_
5. In case of fire in the building more mortality is caused by \_\_\_\_\_ than due to flames.
6. Flapping tremor of hand is also known as \_\_\_\_\_.
7. \_\_\_\_\_ is used as an ovulatory agent in women with anovulatory cycles
8. Circum oral paraesthesia may occur in \_\_\_\_\_
9. \_\_\_\_\_ test is done for early diagnosis of tetanus
10. \_\_\_\_\_ indicates hycalcemia
11. Drugs that may cause psychosis are \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
12. Tactile hallucination are felt in \_\_\_\_\_ overuse
13. Dose of plain insuline is \_\_\_\_\_
14. \_\_\_\_\_ is the surest sign of death
15. Commonly used drug causing itching is \_\_\_\_\_
16. \_\_\_\_\_ also causes yellow sclera apart from jaundice.
17. \_\_\_\_\_ inhalation is used to treat Cyanide poisoning.

Compiled by: **Dr. Aamod Tatu**  
Ahmedabad

**Answer Page No. 85**

# GIMACON-2015



# GIMACON-2015



## GIMACON-2015



## GIMACON-2015



# GIMAICON-2015



# GIMAICON-2015



## GIMACON-2015



## GIMACON-2015



**National Healing Seminar Ahmedabad Branch**



\* \* \* \* \*

**Ahmedabad Branch - Submitting Memorandum of IMA Demands to Mr. Shambhuprasad Tundiya (M.P.)**



**Dr. Shailendra Vora - Vice President - IMA(HQs) 2015-16**



\* \* \* \* \*

**Inauguration of 66th TB Seal Campaign at Rajbhavan, Gandhinagar**



**Aao Gaon Chalen Programme Anand Branch**



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**Felicitation of Senior members Bhavnagar Branch**



\* \* \* \* \*

**CME Anand Branch**



**CME Navsari Branch**



**CME Gandhinagar Branch**



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**Awareness Seminar Unjha Branch**



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**CME Nadiad Branch**



**Kite Festival Celebration Mehsana Branch**





## Medical Council of India Gave a Historical Judgment to Simplify the Entrance Test Procedure for MBBS

In order to decrease innumerable difficulties faced by prospective MBBS students, President of Medical Council of India, Dr. Ketan Desai had constituted a two man expert committee in April 2009

Prospective medical students sitting for MBBS examination each year face an array of problems, but the one that troubles them the most is the scattered and vague examination pattern of the for admission to the MBBS course. Even if they compromise on everything, ignore all the circumstances and prepare the best, some of them just can't succeed due to the multiple entrance tests.

Seeing the complexity of the issue, Dr. Ketan Desai the then President MCI, in 2009, appointed a two-member committee. On looking deep into the matter, the committee released a detailed report, which said that there were more than 90 entrance examination tests that are conducted annually for admission to the MBBS course for nearly 300 medical colleges in the country. These entrance exams are held in accordance with the schedule of admissions prescribed by the Medical Council of India in terms of the pronouncement made by the Hon'ble Supreme Court. The major constraints that the report highlighted were of time, travel and affordability as well. In addition to this, numerous complaints were received of irregularities, manipulations and cheating etc.

Seeing the circumstances, the committee explicitly recommended that there should be a single/unitary National Eligibility Entrance Test to be conducted by a designated authority and the merit generated there from should be availed for all the admitting authorities to make admissions to the MBBS course on an Inter-se basis. This could be achieved by incorporating an appropriate amendment to the Indian Medical Council Act, 1956 on an urgent basis, including the issuance of an ordinance by the Government of India, so that the same could be affected from the subsequent academic session.

The Executive Committee of the Council approved the report in May 2009 and looking into the exigencies the same was circulated to all the members of the council and the approval was received by circulation in June 2009. Upon resultant adoption by the General Body of the Council, the same was made known to the Government of India, and also the University Grants Commission urging upon them the importance and necessity of prompt execution of the said decision through incorporation of an amendment to the Indian Medical Council Act, 1956 including through issuance of an appropriate ordinance by the Government of India. Dr. Ketan Desai who was the President of MCI at that point of time in 2009 mooted and steered this entire concept of National Eligibility Entrance Test.

It is widely perceived by a large section that one of the key reasons of suffering of Dr. Desai was his relentless persuasion to implement National Eligibility Entrance Test. However, the Government of India, on the said recommendations, took no action.

## Health Awareness Really Morbi Branch



\* \* \* \* \*

## "World Aids Day" Palanpur Branch



\* \* \* \* \*



In the meantime the Medical Council of India, was superseded by a Notification dated 15th May, 2010 by the Government of India, and was replaced by a nominated Board of Governors, who also did not venture in pursuing the said issue in any manner. In between a public interest litigation came to be filed before the Hon'ble Supreme Court who upon detailed hearing directed the Government of India, and the Medical Council of India to act on the said recommendation made by the Medical Council of India in 2009 promptly.

As a result of the same, the Government of India, on the recommendations of the Board of Governors notified National Eligibility Entrance Test through issuance of a regulation under section 33 of the Indian Medical Council Act, without making amendment to the Indian Medical Council Act, inspite of the same having been recommended the then Medical Council of India after a gap of 2 years.

The said regulation was challenged before the Hon'ble Supreme Court by the various private managements in the country and virtually every senior lawyer was engaged for opposing the same and the net result was the said regulation was quashed by the Hon'ble Supreme Court by a majority decision of 2:1 primarily on the ground that the Medical Council of India did not have the said authority and jurisdiction as the Indian Medical Council Act does not provide for the same.

Upon the said pronouncement, the Government of India, preferred a review petition which is pending consideration before the Hon'ble Supreme Court since last two years and no pursuance on the said count has been undertaken. Strangely enough the Board of Governors did not even prefer a review petition although the Medical Council of India, which was being run by the Board of Governors at the said point of time in the year 2013, notified the notification towards the National Eligibility Entrance Test.

The efforts of Dr. Ketan Desai has heard some fruits now as government recently agreed to implement the proposal of holding just one entrance test for MBBA, BDS and other medical courses.

The re-constituted Medical Council of India at its General Body Meeting held on 1st October, 2015 reiterated its earlier decision that a unitary single Common Entrance Test should be held by a designated competent authority for admission to MBBS Course through incorporating an appropriate amendment to section 33 of the Indian Medical Council Act, 1956, whereby MCI with the approval of Government of India, would be vested with the appropriate authority to notify 'Regulations' for the purposes of conduct of the said test. The said resolution was further broadened by bringing out that admission to postgraduate courses should be made on the basis of merit generated at the Common Entrance Test for postgraduate admissions.

It was further resolved that in view of the exigencies both the recommendations may be given effect by the Government of India, by urging Hon'ble President of India to issue an ordinance towards the same, if need be.



The resolution was not only unanimously adopted but the minutes thereof were confirmed in the meeting itself and the communication to the required effect has been sent to the Government of India, for the needful in larger public interest.

The Medical Council of India had initiated a great move by recommending it to health ministry. This will help all the prospective medical aspirants who put their sweat and blood in preparing for the examination. The renewed cohesiveness of the upcoming common entrance test will make preparing for one of the country's toughest examination a bit easier. Judging a candidate's capabilities on the basis of different examinations gets really difficult for the paper setters and the checkers. Additionally, the multiple examinations create a whole new set of difficulties for students, as some of them have to miss one exam for giving the other one, the time constraint. All these papers have a different pattern that tends to increase the existing burden of studies on an individual candidate. Once the common entrance test pattern is implemented, the students will be much relaxed and eased, as they won't have to pay for multiple coaching classes multiple entrance exams and multiple entrance forms. It will be akin to a new revolution and nothing less.

**Dr. K. K. Aggarwal**  
Courtesy : IMA NEWS



## Laws Applicable on A Quack

IPC Section 420. Cheating and dishonestly inducing delivery of property.—Whoever cheats- and thereby dishonestly induces the person deceived to deliver any property to any person, or to make, alter or destroy the whole or any part of a valuable security, or anything which is signed or sealed, and which is capable of being converted into a valuable security, shall be punished with imprisonment of either description for a term which may extend to seven years, and shall also be liable to fine.

IPC Section 468. Forgery for purpose of cheating.—Whoever commits forgery, intending that the I[document or electronic record forged] shall be used for the purpose of cheating, shall be punished with imprisonment of either description for a term which may extend to seven years, and shall also be liable to fine.

IPC Section: 471. Using as genuine a forged I[document or electronic record].—Whoever fraudulently or dishonestly uses as genuine any I[document or electronic record] which he knows or has reason to believe to be a forged I[document or electronic record], shall be punished in the same manner as if he had forged such I[document or electronic record].

192. Fabricating false evidence.—Whoever causes any circumstance to exist or I [makes any false entry in any book or record, or electronic record or makes any document or electronic record containing a false statement], intending that such circumstance, false entry or false statement may appear in evidence in a judicial proceeding, or in a proceeding taken by law before a public servant as such, or before an arbitrator, and that such circumstance, false entry or false statement, so appearing in evidence, may cause any person who in such proceeding is to form an opinion upon the evidence, to entertain an erroneous opinion touching any point material to the result of such proceeding, is said "to fabricate false evidence". Illustrations

- a. A, puts jewels into a box belonging to Z, with the intention that they may be found in that box, and that this circumstance may cause Z to be convicted of theft. A has fabricated false evidence.
- b. A makes a false entry in his shop-book for the purpose of using it as corroborative evidence in a Court of Justice. A has fabricated false evidence.
- c. A, with the intention of causing Z to be convicted of a criminal conspiracy, writes a letter in imitation of Z's handwriting, purporting to be addressed to an accomplice in such criminal conspiracy, and puts the letter in a place which he knows that the officers of the Police are likely to search. A has fabricated false evidence.

193. Punishment for false evidence.—Whoever intentionally gives false evidence in any stage of a judicial proceeding, or fabricates false evidence for the purpose of being used in any stage of a judicial proceeding, shall be punished with imprisonment of either description for a term which may extend to seven years, and shall also be liable to fine, and whoever intentionally gives or fabricates false evidence in any other case, shall be



punished with imprisonment of either description for a term which may extend to three years, and shall also be liable to fine. Explanation 1.—A trial before a Court-martial; I[\*\*\*] is a judicial proceeding. Explanation 2.—An investigation directed by law preliminary to a proceeding before a Court of Justice, is a stage of a judicial proceeding, though that investigation may not take place before a Court of Justice. Illustration A, in an enquiry before a Magistrate for the purpose of ascertaining whether Z ought to be committed for trial, makes on oath a statement which he knows to be false. As this enquiry is a stage of a judicial proceeding, A has given false evidence. Explanation 3.—An investigation directed by a Court of Justice according to law, and conducted under the authority of a Court of Justice, is a stage of a judicial proceeding, though that investigation may not take place before a Court of Justice. Illustration A, in any enquiry before an officer deputed by a Court of Justice to ascertain on the spot the boundaries of land, makes on oath a statement which he knows to be false. As this enquiry is a stage of a judicial proceeding. A has given false evidence.

IPC Section 419: Punishment for cheating by personation.—Whoever cheats by personation shall be punished with imprisonment of either description for a term which may extend to three years, or with fine, or with both.

416. Cheating by personation.—A person is said to "cheat by personation" if he cheats by pretending to be some other person, or by knowingly substituting one person for another, or representing that he or any other person is a person other than he or such other person really is. Explanation.—The offence is committed whether the individual personated is a real or imaginary person. Illustration

- a. A cheats by pretending to be a certain rich banker of the same name. A cheats by personation.
- b. A cheats by pretending to be B, a person who is deceased. A cheats by personation.

MCI Act 15: 3. Any person who acts in contravention of any provision of sub-section (2) shall be punished with imprisonment for a term which may extend to one year or with fine which may extend to one thousand rupees, or with both;

### 15. Right Of Persons Possessing Qualifications In The Schedules To Be Enrolled.

1. Subject to the other provisions contained in this Act, the medical qualifications included in the Schedules shall be sufficient qualification for enrolment on any State Medical Register.
2. Save as provided in section 25, no person other than a medical practitioner enrolled on a State Medical Register:-
  - a. Shall hold office as physician or surgeon or any other office (by whatever designation called) in Government or in any institution maintained by a local or other authority;



- b. Shall practice medicine in any State;
- c. Shall 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:
- d. Shall 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.

### 27. Privileges of Persons Who are Enrolled on The Indian Medical Register

Subject to the conditions and restrictions laid down in this Act, regarding medical practice by persons possessing certain recognised medical qualifications, every person whose name is for the time being borne on the Indian Medical Register shall be entitled according to his qualifications to practice as a medical practitioner in any part of India and to recover in due course of law in respect of such practice any expenses, charges in respect of medicaments or other appliances, or any fees to which he may be entitled.

Delhi Medical Council act: 26 Penalty for falsely claiming to be registered.—If any person whose name is not for the time being entered in the register, falsely represents that it is so entered, or uses in connection with his name or title any words or letters reasonably calculated to suggest that his name is so entered, he shall, on conviction, be punished with fine which may extend to five thousand rupees.

27. False assumption of Medical Practitioner or Practitioner under this Act to be an offence.—Any person who falsely assumes that he is a medical practitioner or practitioner as defined in Clause (7) of Section 2 and practises the modern scientific system of medicine, shall be punishable with rigorous imprisonment which may extend up to three years or with fine which may extend up to Rs. 20,000 or with both.

Explanation,—Under this section, punishment (can be awarded only to medical practitioners as defined in Section 2(7) of this Act and no punishment may be awarded to any one practicing Veterinary medicine or Veterinary surgery or Homoeopathic or the Ayurvedic or the Siddha or the Unani System of Medicine or those holding BAMS or BIMS degree.

### The Pharmacy Act, 1948

42. Dispensing by unregistered persons. -

1. On or after such date as the State Government may by notification in the Official Gazette appoint in this behalf, no person other than a registered pharmacist shall compound, prepare, mix, or dispense any medicine on the prescription of a medical practitioner<sup>67</sup> [\*\*\*]; Provided that this sub-section shall not apply to the dispensing by a medical practitioner of medicine for his own patients, or with the general or special sanction of the State Government, for the patients of another medical practitioner.<sup>68</sup> [Provided further that where no such date is appointed by the Government of a State, this sub-section shall take effect in that State on the



expiry of a period of<sup>69</sup>[eight years] from the commencement of the pharmacy (Amendment) Act, 1976.]

2. Whoever contravenes the provisions of sub-section (1) shall be punishable with imprisonment for a term which may extend to six months, or with fine not exceeding one thousand rupees or with both.
3. Cognizance of an offence punishable under this section shall not be taken except upon complaint made by<sup>70</sup> [order of the State Government or any officer authorised in this behalf by the State Government or by order of the Executive Committee of the State Council]:

Clause (iii) of Rule 2(ee) of the Drugs and Cosmetics Rules, 1945

(ee) "Registered medical practitioner" means a person—

- I. holding a qualification granted by an authority specified or notified under section 3 of the Indian Medical Degrees Act, 1916 (7 of 1916), or specified in the Schedules to the Indian Medical Council Act, 1956 (102 of 1956); or
- ii. registered or eligible for registration in a medical register of a State meant for the registration of persons practicing the modern scientific system of medicines [excluding the Homoeopathic system of medicine]; or
- iii. registered in a medical registers [other than a register for the registration of Homoeopathic practitioners] of a State, who although not falling within sub-clause (i) or sub-clause (ii) is declared by a general or special order made by the State Government in this behalf as a person practicing the modern scientific system of medicine for the purposes of this Act; or
- iv. registered or eligible for registration in the register of dentists for a State under the Dentists Act, 1948 (16 of 1948); or
- v. who is engaged in the practice of veterinary medicine and who possesses qualifications approved by the State Government;]

IPC 417: Punishment for cheating: Whoever cheats shall be punished with imprisonment of either description for a term which may extend to one year, or with fine. or with both.

IPC 418: Cheating with knowledge that wrongful loss may ensue to person whose interest offender is bound to protect:

Whoever cheats with the knowledge that he is likely thereby to cause wrongful loss to a person whose interest in the transaction to which the cheating relates, he was found, either by law, or by a legal contract, to protect, shall be punished with imprisonment of either description for a term which may extend to three years, or with fine, or with both.

### Section 23 in The Indian Penal Code

23. "Wrongful gain".—"Wrongful gain" is gain by unlawful means of property to which the person gaining is not legally entitled. "Wrongful loss".—"Wrongful loss" is the loss



by unlawful means of property to which the person losing it is legally entitled. Gaining wrongfully, losing wrongfully.—A person is said to gain wrongfully when such person retains wrongfully, as well as when such person acquires wrongfully. A person is said to lose wrongfully when such person is wrongfully kept out of any property, as well as when such person is wrongfully deprived of property.

24. "Dishonestly".—Whoever does anything with the intention of causing wrongful gain to one person .or wrongful loss to another person, is said to do that thing "dishonestly".

25. "Fraudulently".—A person is said to do a thing fraudulently if he does that thing with intent to defraud but not otherwise.

44. "Injury".—The word "injury" denotes any harm whatever illegally caused to any person, in body, mind, reputation or property.

269. Negligent act likely to spread infection of disease dangerous to life.—Whoever unlawfully or negligently does any act which is, and which he knows or has reason to believe to be, likely to spread the infection of any disease dangerous to life, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine, or with both.

270. Malignant act likely to spread infection of disease dangerous to life.—Whoever malignantly does any act which is, and which he knows or has reason to believe to be, likely to spread the infection of any disease dangerous to life, shall be punished with imprisonment of either description for a term which may extend to two years, or with fine, or with both.

336. Act endangering life or personal safety of others.—Whoever does any act so rashly or negligently as to endanger human life or the personal safety of others, shall be punished with imprisonment of either description for a term which may extend to three months, or with fine which may extend to two hundred and fifty rupees, or with both.

337. Causing hurt by act endangering life or personal safety of others.—Whoever causes hurt to any person by doing any act so rashly or negligently as to endanger human life, or the personal safety of others, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine which may extend to five hundred rupees, or with both.

338. Causing grievous hurt by act endangering life or personal safety of others.—Whoever causes grievous hurt to any person by doing any act so rashly or negligently as to endanger human life, or the personal safety of others, shall be punished with imprisonment of either description for a term which may extend to two years, or with fine which may extend to one thousand rupees, or with both.

#### **The Drugs and Cosmetics Act,**

1940: 24. Persons bound to disclose place where drugs or cosmetics are manufactured



or kept.—Every person for the time being in charge of any premises whereon any drug 1[or cosmetic] is being manufactured or is kept for sale or distribution shall, on being required by any Inspector so to do, be legally bound to disclose to the Inspector the place where the drug 1[or cosmetic] is being manufactured or is kept, as the case may be.

#### **The Drugs and Cosmetics Act, 1940:**

[27A Penalty for manufacture, sale, etc., of cosmetics in contravention of this Chapter.—Whoever himself or by any other person on his behalf manufactures for sale or for distribution, or sells, or stocks or exhibits or offers for sale 136

- i. Any cosmetic deemed to be spurious under section 17D or adulterated under section 17E shall be punishable with imprisonment for a term which may extend to three years and with fine which shall not be less than fifty thousand rupees or three times to value of the cosmetics confiscated, whichever is more;
- ii. Any cosmetic other than a cosmetic referred to in clause (i) in contravention of any provisions of this Chapter or any rule made thereunder shall be punishable with imprisonment for a term which may extend to one year or with fine which may extend to twenty thousand rupees, or with both.]

#### **The Indian Medical Degrees Act, 1916 6.**

Penalty for falsely assuming or using medical titles.—Whoever voluntarily and falsely assumes, or uses any title or description or any addition to his name implying that he holds a degree, diploma, licence or certificate conferred, granted or issued by any authority referred to in section 3, or recognised by the General Council of Medical Education of the United Kingdom, or that he is qualified to practise western medical science, shall be punishable with fine which may extend to two hundred and fifty rupees, or, if he subsequently commits, and is convicted of, an offence punishable under this section, with fine which may extend to five hundred rupees: Provided that nothing in this section shall apply to the use by any person of any title, description, or addition which, prior to the commencement of this Act, he used in virtue of any degree, diploma, licence or certificate conferred upon, or granted, or issued to him.

#### **Cognizance of offence**

7. No Court shall take cognizance of an offence punishable under this Act, except upon complaint made by order of the 3(State Government) or upon complaint made, with the previous sanction of the 3(State Government) by a Council of Medical Registration established by an enactment for the time being in force in 5(the State)

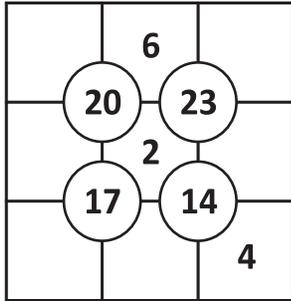
Courtesy : IMA NEWS



## Games Corner

Dr. Chandresh Jardosh  
Surat

### Chhota Sudoku



"Place the numbers 1 to 9 in the spaces so that the number in each circle is equal to the sum of the four surrounding spaces."

### 7 BR OK EN Words

By using following keys, join the broken words & find out the 7 different words related to Electric.

Key	Words
5 Letters	2
6 Letters	2
7 Letters	2
10 Letters	1

RE	GE	NN	PE	ECT	CO
CA	RC	CO	CH	CO	
OR	AM	UIT	SS	CI	
AR	MP	ILS	BLE	RE	

### Sudoku

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

The objective of sudoku is to enter a digit from 1 through 9 in each cell, in such a way that:  
Each horizontal row contains each digit exactly once  
Each vertical column contains each digit exactly once  
Each 3 by 3 square contains each digit exactly once



### KEN KEN PUZZLE

15x			10+		40x
2÷	2÷		6x		
	6+			4	8+
2-	4		30x		
	3-			8+	
15+			1-		

- Write down 1 to 6 in each row and each column in such a way they come only once, in each row and column.
- The heavily-outlined groups of squares in each grid are called "cages." In the upper-left corner of each cage, there is a "target number" and maths operation (+, -, x, ÷).
- Fill in each square of a cage with a number. The numbers in a cage must combine—in any order, using only that cage's maths operation—to form that cage's target number.
- The number written in the cage of one square, will be the answer for the cage.
- Important: You may not repeat a number in any row or column. You can repeat a number within a cage, as long as those repeated numbers are not in the same row or column.

FOR EXAMPLE

3+		6x	
1	2	1	2 3

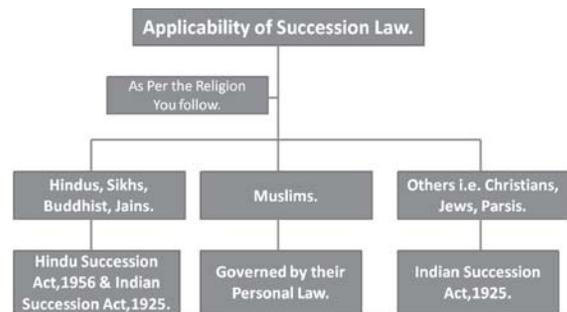
Answer Page No. 81



## Write Will to keep family peaceful and happy

The disputes in Indian families is growing over property distribution due to the absence of a sound succession planning. Indians believe that at some point of time when they will get older they will discuss this with their legal heirs informally and after their death everything will settle in a smooth fashion. There will be no legal disputes and everyone will cooperate and sacrifice for others if required. But, the fact of the matter is the disputes and fights over wealth within a family can be traced even in our scriptures specially Ramayana and Mahabharata. Hence, it is very important to have a formal succession planning. For that one needs to understand applicability of succession laws in India.

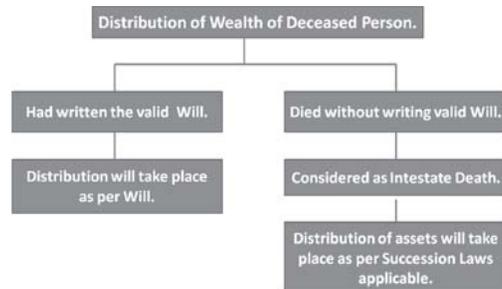
### Applicability of Succession Laws in India:



As shown in above projection, in India succession laws are applied as per the religion of the person and there is no uniformed succession act which is applied to everyone. Hindus, Sikhs, Buddhist and Jains are covered under Hindu Succession Act, 1956 and Indian Succession Act, 1925. Whereas, the Muslims are governed by their Personal Law. Other religions like Christians, Jews and Parsees are covered under Indian Succession Act, 1925. So this shows that in India Succession laws are more complex than other countries.

### How the wealth will be distributed to legal heirs on once death ?

As per Indian Succession Act, in India distribution of wealth to legal heirs depends upon whether the person who died had written the Will or not. Following chart will clarify the things.

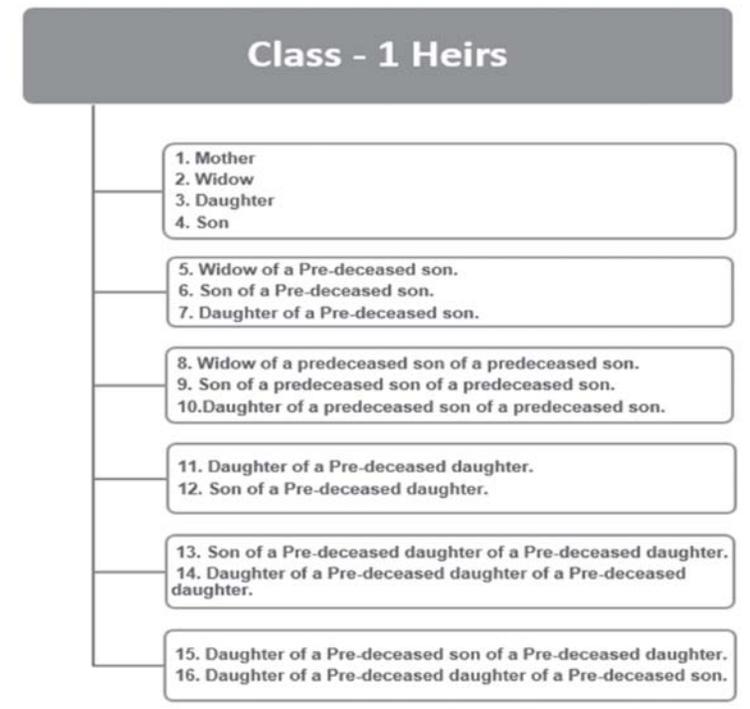


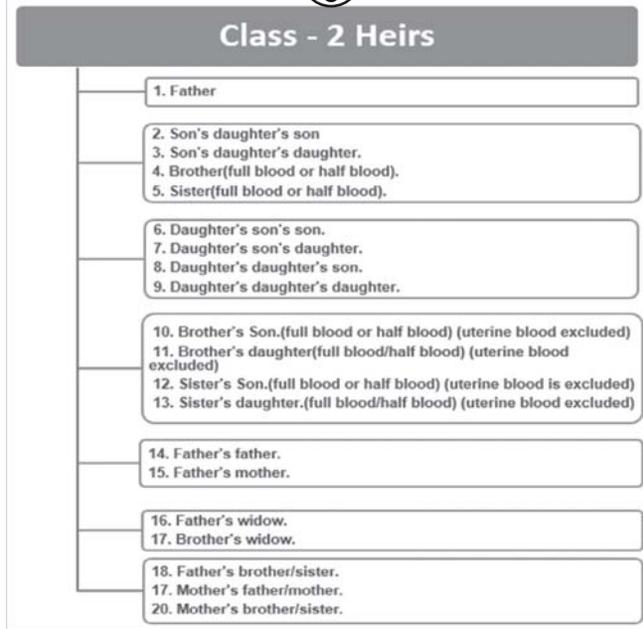
So from above chart it is clearly understood that succession planning depends upon whether the deceased person had written the Will or not. In case of the person who had written valid Will, the distribution will take place according to his Will but for those who died without writing a valid Will, technically in the eyes of law they are considered to have died intestate and distribution of their wealth will take place not as per their wish but as per applicability of succession laws. This is very important because a person works very hard in his life time and accumulates lots of assets which are distributed as per the provisions of law if he dies intestate.

Let us now see how wealth is distributed if a person of Hindu religion dies without writing valid will.

### For a Hindu Male:

Generally we believe that if Male person with Hindu religion dies his wealth is directly transferred to wife. This is a wrong belief, for this, Hindu Succession Act, 1956 has given a list of class 1 and class 2 relatives. If a Hindu Male dies intestate then his wealth should be first distributed to class 1 relatives equally in the following hierarchy. If there are no class 1 relatives then it should be distributed to class 2 relatives. Following is the list of class 1 and class 2 relatives.





**What if Both Class 1 & Class 2 Heirs are Missing?**

In the absence of heirs of Class 1 and Class 2, the property is passed to the agnates and cognates of the deceased in succession. Between agnates and cognates, agnates are preferred over cognates.

**Agnates:** Agnate means a person related to wholly through males either by blood or by adoption. The agnatic relation may be a male or a female. One's father's brother, or father's brother's son or father's son's son or father's son's daughter are agnates. So the final relationship may be male or female but it must be through males. The relationship can also be in ascending or descending line.

**Cognates:** Cognates means a person related not wholly through males. Where a person is related to the deceased through one or more females, he or she is called a cognate. Thus son's daughter's son or daughter, sister's son or daughter, mother's brother's son, etc. are cognates. Here also the final relationship may be male or female but there is at least one female in that line of relationship.

Note that if there are more than one Widow's , then they get one share only and then divide it between themselves and a person immediate family will also be considered as one unit only.

In above discussion we saw the consequences of intestate death of a Hindu Male. Now let us see the same for a Hindu Female.

**If Hindu Female Dies Without writing a valid Will ?**

If a Hindu Female dies without writing a valid will then her own wealth will be



distributed as under;

1. Firstly, upon the son and daughters and the husband.
2. Secondly, upon the heirs of the husband.
3. Thirdly, upon the mother and father.
4. Fourthly, upon heirs of the father.
5. Lastly upon heirs of the mother.

**Property acquired from Husband:** If the women has acquired any property from her Husband, in that case the first right will be of the heirs of her husband, in case of absence of his sons or daughters.

**Property acquired from Father or Mother** If the women has acquired any property from his Father or Mother, in that case the first right will be of the heirs of her father and not husband, in case of absence of his sons or daughters.

**Conclusion:**

It is clearly evident that one should give importance to formal Succession Planning for smooth distribution of his hard earned wealth to his legal heirs as per his wish and for that he should write a clear and simple "WILL" because in absence of the valid Will his/her hard earned wealth will be distributed as per the provisions of law. Further, when there is no clear Will, it can lead to a situation where there can be disputes between family and it can take few years to resolve so it is very much advisable to ensure our clients have a proper Will in place.

**Prakash Lohana, CFP<sup>CM</sup>, CPFA**  
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**Feedback / comments : [imagsb@gmail.com](mailto:imagsb@gmail.com)**

**Answers**

**Chhota Sudoku**

3	6	8
20	23	7
9	2	7
17	14	4
5	1	4

**7 BR OK EN Words**

- 1 CABLE
- 2 COILS
- 3 AMPERE
- 4 CHARGE
- 5 CIRCUIT
- 6 CONNECT
- 7 COMPRESSOR

**Sudoku**

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

**KEN KEN PUZZLE**

<sup>15x</sup> 3	1	5	<sup>10+</sup> 4	6	<sup>40x</sup> 2
<sup>2x</sup> 2	<sup>2x</sup> 3	6	<sup>8x</sup> 1	5	4
1	<sup>6+</sup> 2	3	6	<sup>4</sup> 4	<sup>8+</sup> 5
<sup>2-</sup> 6	<sup>4</sup> 4	1	<sup>30x</sup> 5	2	3
4	<sup>3-</sup> 5	2	3	<sup>8+</sup> 1	6
<sup>15+</sup> 5	6	4	<sup>1-</sup> 2	3	1


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**ANSWER :**

- |                       |  |                           |
|-----------------------|--|---------------------------|
| 1. O2 Toxicity        | 2. PDA                                       | 3. CA 120                 |
| 4. Hepatic Coma       | 5. Suffocation                               | 6. Asterixis              |
| 7. Clomiphene Citrate | 8. Hypocalcemia                              | 9. Spatula                |
| 10. Chvostek's sign   | 11. INH, Fluroquinolones, Steroids, atropine |                           |
| 12. Cocanie           | 13. 0.5units/kg                              | 14. Putrefication of body |
| 15. Chloroquine       | 16. Mepacrine                                | 17. Amyl Nitrate          |



## Information

### **Government doctors now being tried under NHRC for medical negligence**

An interstate (Maharashtra, Gujarat, and Rajasthan) public hearing was held over two days on January 6-7, 2016 in collaboration with Jan Swasthya Abhiyan and the National Human Rights Commission (NHRC), with representation from the Ministry of Health and Family Welfare.

During its first day 88/106 cases were taken up, and compensation of Rs. 4.25 lakhs was issued in five cases relating to medical negligence, delay of treatment, incorrect HIV testing reports, lack of consent for private referral, and absence of doctors at a PHC resulting in denial of availability of services.

State Governments have been asked to conduct inquiries in a number of cases.

The second day featured NGOs grievances on public healthcare program implementation, and deliberations ensued on the role of State Medical Councils in patient rights and grievance redressal were made.

Chapter 3 (12 A) of the Human Rights Act (HRA) 1993 States the NHRC shall: ‘inquire, suo motu or on a petition presented to it by a victim or any person on his behalf [or on a direction or order of any court], into complaint of (i) violation of human rights or abetment thereof; or (ii) negligence in the prevention of such violation, by a public servant.’”

The clear distinction is public servant – every doctor in government is a public servant, as per Indian Penal Code (IPC) Section 21.

The Indian Medical Association wants an amendment of the Indian Medical Council Act 15 (3) such that more power is given to the State Medical Councils to investigate all cases of medical negligence with power to refer to the Consumer Protection Act (CPA) or NHRC. Such cases should not be tried simultaneously in different courts.

In summary, the Western Region public hearing has made a bold precedent for dealing of medical negligence and other such cases. Careful consideration of its impact and the role of State Medical Councils is required to make redressal more streamlined for all stakeholders involved – consumers, regulators, and medical service providers.

### **INTEGRATED BASIC MEDICAL SCIENCES QUIZ :**

It gives us immense pleasure to invite students and faculty for participation at the 4th INTEGRATED BASIC MEDICAL SCIENCES QUIZ to be held on - 19th March 2016 at 10 AM to 1-00 PM organized jointly with AMCMET Medical College , LG Hospital Maninagar Ahmedabad pin 380008.

Those consultants who are interested in being quiz master, kindly contact to Dr.Janardan Bhatt : [ijabms@gmail.com](mailto:ijabms@gmail.com)