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

GUJARAT MEDICAL JOURNAL
INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH
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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.

(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.

Dr. JITENDRA B. PATEL
NATIONAL PRESIDENT, IMA

STATE PRESIDENT'S MESSAGE

Dear Friends,

Rain God is kind enough on Gujarat that after little delay he has arrived in our state, I pray that he should bless us with enough water.

One important and alarming thing happened in last few days that The Commercial Tax Department conducted investigations on prominent hospitals throughout the state from 30 June 2014 to 04 July 2014. This is a deep concern for healthcare industry of Gujarat.

The inquiries and investigations are aimed at levying VAT on the medicines, food and Oxygen provided for in-patient treatment.

IMA has taken serious note regarding the same and it condem's such action.

IMA has done meeting with many hospital management authority.

We had given memorandum to Government of Gujarat, Ministry of Health, Ministry of Finance and to Chief Minister's Office.

I wish that decision comes in public favour.

I also congratulate to our own member MLA (Viramgam) Dr. Tejeshreeben D. Patel who had raised issue in the Assembly in favour of Hospitals & Public at large.

Admission process has started for First M.B.B.S ., Post Graduation courses and Superspeciality courses , daughter's and son's of many our members will get admitted to various medical collages in various courses.

Let me deviate a little in my message for these studentds who are our future.

Dear Students,

Apart from president of IMA Gujarat , I am a teacher of Anaesthesiology at B. J. Medical College, Ahmedabad . I have message for you.

"There are some things that I feel very strongly about as a teacher that I want to share with you. After all, you are the most important person in this classroom. You are the reason we are here.

Our worst enemies are ignorance, indifference, and apathy. Learning is not something that is done by someone else to you or for you. Learning is not a spectator sport! It is very hard to determine what is important for you to learn. Give learning a chance, will you? Someone once said something that I very much agree with: The mind must be consulted in its own development. I pledge to work with you in your continuing development as a human being. Leave yourself open to consultation.

These are difficult times. We both know that. But I want you to know that I know how difficult it is to be growing up in today's world. Just tune in to the nightly news any evening and you know what I mean. The world is pretty complex these days. And your generation is having a harder time of things than perhaps any other generation during modern times. I know it. You feel it. I can do so very little to change the national or world situation…and I can't do much about your home environment. In those matters I have little control. But in classroom I can make all the difference in the world! That is, with your help I can. We can do a great deal together to help one another out. Let's be there for one another."

Long Live IMA.

Yours Truly,

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

HON. STATE SECRETARY'S MESSAGE

Dear Members,

At the outset, let me wish you all HAPPY MONSOON. I know that this year monsoon is not upto our expectation. But let nature behave in its own pattern as we can't do right now anything about it. But of course we all are responsible by one or other way in whatever is happening in nature. Whether we believe it or not but I personally strongly believe in it.

As you all know that Ahmedabad Medical Association & so Gujarat is hosting IMA NATIONAL CONFERENCE-2014 this year in the month of December after a gap of 25 years. And so it is the responsibility of all of us to organise it in a grand way. There is no need for you to have office bearer's label to actively participate in it. My request to all leaders at different parts of Gujarat to enrol maximum number of delegates & RC members from their region. Your valuable suggestions & active participation is always welcome.

My heartfelt congratulations to all branches of Gujarat who have organised BLOOD DONATION CAMP to celebrate DOCTOR'S DAY on 1st July as appealed by our National President Dr Jitendra B. Patel. I am least concerned with the outcome but really touched & moved by your commitment for the cause & IMA. I anticipate even more extended involvement of more & more branches in future whomever is leading on top.

RNTCP seminars are fantastically going on in full swing under the able leadership of Dr. Mahendrabhai Desai, Dr. Mansukh Kanani, Dr. Ashok Kanodia & Dr. Parth Desai in all corners of state. I appeal remaining branches to take advantage of this & be a part of social cause, TUBERCULOSIS CONTROL PROGRAMME.

My ongoing request to all members to come on the ground & play the game, enjoy it rather than watching it from the stands.

Thanking You,

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

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For Kind Attention Please

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

1. Sport Update
2. Politics Update
3. Humour
4. Movie Update
5. Finance Update
6. Recent advances in Medical Science
7. Use of Information Technology in Medicine.
8. Any other interesting matter which increase readership of our bulletin.

Members who are interested to write on any of the following should contact : **Dr. Jitendra Patel,** Hon. State Secretary, IMA-GSB on E-mail : drjitendrapatel11@yahoo.com M. : 098253 25200

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

27/06/2014	Dr. Bipin M. Patel; President, IMA GSB. And Dr. Jitendra N. Patel, Hon. State Secretary IMA GSB attended Blood Donation Camp organized by IMA Student Wing in collaboration with IMA GSB at Civil Hospital, Sola, Ahmedabad.
29/06/2014	Dr. Bipin M. Patel; President, IMA GSB attended PPS Zonal Seminar at Vadodara
01/07/2014	Dr. Bipin M. Patel; President, IMA GSB attended Doctor's Day celebration at New Delhi
19/07/2014	Dr. Bipin M. Patel; President, IMA GSB. And Dr. Jitendra N. Patel, Hon. State Secretary IMA GSB attended Workshop "Control of Tobacco" at Gandhinagar

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Doctor's Day Celebration

Indian Medical Association (HQs.) Doctor's Day Celebration organized by in collaboration IMA MEDACHIEVERS.COM AWARDS-2014 at New Delhi . DR. HARSH VARDHAN, Minister of Health and Family Welfare Department, Government of India was Cheif Guest on the 1st July 2014 in memory of Late Dr. B. C. Roy.

Following members attended above function.

1.	**Dr. Jitendra B. Patel**	**National President (HQs.)**
2.	**Dr. Bipin M. Patel**	**President (IMA GSB)**
3.	**Dr. Mrugesh Vaishnav**	**Ahmedabad**
4.	**Dr. Chandresh Jardosh**	**Surat**
5.	**Dr. Chinmay Shah**	**Bhavnagar**
6.	**Dr. Himanshu Thakkar**	**Rajkot**
7.	**Dr. Bhavesh Devani**	**Morbi**
8.	**Dr. Ganesh Vernekar**	**Dadranagar**
9.	**Re-presentative of Shalby Hospital, Ahmedabad**	

Member's Information

Dear Members,

As you all know that in today's world, we all need quick & easy communication & data transfer from one place to another. And for that we should have precise destination address. We at GSB IMA have full details of very few members with us. So I request you all to fill up your full details on members information form which we have kept on our website www.imagsb.com. Also pass on this information during each of your programme & continuously insist all members until we have information of all members. Expecting your huge support as this is very crucial for our effective communication with all members.

Thank you.

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

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OBITUARY

We send our sympathy & condolence to the bereaved family

Dr. Shailesh C. Patel

(25/06/1951 - 27/04/2014)

Age : 63 years

Qualification : M.D. (Path. & Bact.)

Name of Branch : Vadodara

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Dr. Babulal M. Shah	27/09/2013	Surat
Dr. Rajnikant H. Pandya	12/12/2013	Junagadh
Dr. Devendra C. Mahadik	09/03/2014	Surat
Dr. Babulal K. Patel	27/03/2014	Ahmedabad
Dr. Nanavaty Mahendra D.	11/05/2014	Vadodara
Dr. Yogendra R. Parikh	29/05/2014	Ahmedabad
Dr. Bharat J. Kinariwala	09/06/2014	Ahmedabad

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

NEW LIFE MEMBERS

I.M.A. GUJARAT STATE BRANCH

We welcome our new members

L_M_No.	NAME	BRANCH
LM/23621	Dr. Masakaputra Javed	Wankaner
LM/23622	Dr. Prajapati Dharmeshbhai K.	Palanpur
LM/23623	Dr. Patel Jignesh Devchandbhai	Palanpur
LM/23624	Dr. Patel Meena Jaigneshkumar	Palanpur
LM/23625	Dr. Trivedi Pratik Navinchandra	Jamnagar
LM/23626	Dr. Nimavat Khyati Arvindbhai	Jamnagar
LM/23627	Dr. Sorani Aswhin Mohanbhai	Rajkot
LM/23628	Dr. Patel Amit Pragjibhai	Rajkot
LM/23629	Dr. Unadkat Jatin Kiritbhai	Rajkot
LM/23630	Dr. Dharsandia Hardip K.	Rajkot
LM/23631	Dr. Gilder Hitesh Suryakant	Rajkot
LM/23632	Dr. Reval Bhumika Mansukhbhai	Rajkot
LM/23633	Dr. Tank Rakesh Virjibhai	Rajkot
LM/23634	Dr. Rathod Divyesh Pravinbhai	Rajkot
LM/23635	Dr. Sheth Krunal Mukeshbhai	Rajkot
LM/23636	Dr. Lakhani Roopa Jayantbhai	Rajkot
LM/23637	Dr. Patel Ruchi Sureshbhai	Rajkot
LM/23638	Dr. Patel Ketan Chinubhai	Patan
LM/23639	Dr. Patel Dharati Akshaykumar	Palanpur
LM/23640	Dr. Pamar Cecil Danielbhai	Gandhinagar
LM/23641	Dr. Upadhyay Chintan Manharlal	Gandhinagar
LM/23642	Dr. Shah Nisha Dilipbhai	Gandhinagar
LM/23643	Dr. Upadhyay Gunjan Pareshbhai	Gandhinagar
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LM/23646	Dr. Vaidya Rakesh Radharaman	Gandhinagar
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LM/23649	Dr. Shah Swar Sanjaybhai	Gandhinagar

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LM/23652	Dr. Jain Kavita Rameshbhai	Bardoli
LM/23653	Dr. Chaudhari Ganesh Bhulaji	Bardoli
LM/23654	Dr. Rajwadi Hemadri Rajnikant	Bardoli
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LM/23664	Dr. Goel Megha	Una(S)
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LM/23842	Dr. Patel Ushma Aashutoshbhai	Ahmedabad
LM/23843	Dr. Bhojak Naimish Rameshbhai	Ahmedabad
LM/23844	Dr. Kotaria Kalpesh Somabhai	Ahmedabad
LM/23845	Dr. Parikh Devang Pravinkumar	Ahmedabad
LM/23846	Dr. Patel Tirth Navinchandra	Ahmedabad
LM/23847	Dr. Prajapati Kartik A.	Ahmedabad
LM/23848	Dr. Prajapati Kartik B.	Ahmedabad
LM/23849	Dr. Vora Chitralekh Pranavbhai	Ahmedabad
LM/23850	Dr. Mistry Janak Hasmukhlal	Ahmedabad
LM/23851	Dr. Sahayata Mansi Vasantbhai	Ahmedabad
LM/23852	Dr. Sanghvi Kintan Jaykantbhai	Ahmedabad
LM/23853	Dr. Modi Ronak Rajendrakumar	Ahmedabad
LM/23854	Dr. Modi Krushna Gajanandbhai	Ahmedabad
LM/23855	Dr. Panchal Hemang Ashokbhai	Ahmedabad
LM/23856	Dr. Motisariya Ghanshyam V.	Surat
LM/23857	Dr. Patel Prashant Dhirubhai	Surat
LM/23858	Dr. Pansuriya Chetan Dhirajlal	Surat
LM/23859	Dr. Chandani Suryaprakash P.	Ahmedabad

LM/23860	Dr. Patel Hardik Jagdishbhai	Ahmedabad
LM/23861	Dr. Kardnai Sagar Mohanbhai	Ahmedabad
LM/23862	Dr. Karia Dhrupad Jagdishchand	Ahmedabad
LM/23863	Dr. Vanol Dharmesh Manubhai	Ahmedabad
LM/23864	Dr. Shah Jalpa Upendrabhai	Ahmedabad
LM/23865	Dr. Solanki Ruchik Bhagwatbhai	Ahmedabad
LM/23866	Dr. Patel Gaurang Jagdishchandra	Ahmedabad
LM/23867	Dr. Shah Parevee Dilipbhai	Ahmedabad
LM/23868	Dr. Ghughe Manish Vijaybhai	Jamnagar
LM/23869	Dr. Vaishnav Dhaivat Kalapirai	Ahmedabad
LM/23870	Dr. Patel Nisarg Hirenbhai	Ahmedabad
LM/23871	Dr. Patel Sagar Ghanshyambhai	Ahmedabad
LM/23872	Dr. Yadav Priyanka Rajendra	Ahmedabad
LM/23873	Dr. Shah Megha Malaybhai	Ahmedabad
LM/23874	Dr. Raval Helie Pankajbhai	Ahmedabad
LM/23875	Dr. Parekh Charmy Shaileshbhai	Ahmedabad
LM/23876	Dr. Bhatt Anand Dineshkumar	Ahmedabad
LM/23877	Dr. Thakkar Nitin Jasvantlal	Ahmedabad
LM/23878	Dr. Thakkar Shweta Nitinbhai	Ahmedabad
LM/23879	Dr. Pajapati Nisha Jivarmbhai	Ahmedabad
LM/23880	Dr. Dubal Jagnesh Chandrakant	Ahmedabad
LM/23881	Dr. Patel Chirag Dineshchandra	Ahmedabad
LM/23882	Dr. Gondalia Kinjal Ravjibhai	Ahmedabad
LM/23883	Dr. Thakkar Ankit Shantilal	Ahmedabad
LM/23884	Dr. Patel Pratik Narendrabhai	Ahmedabad
LM/23885	Dr. Patel Swati Pratikbhai	Ahmedabad
LM/23886	Dr. Ruparel Mohit Bhupendra	Ahmedabad
LM/23887	Dr. Rathod Dharmesh Bhavanbhai	Ahmedabad
LM/23888	Dr. Mod Kushang Kiritbhai	Ahmedabad
LM/23889	Dr. Lakhia Ketav Tusharbhai	Ahmedabad
LM/23890	Dr. Chauhan Mahesh Narottam	Ahmedabad
LM/23891	Dr. Prajapati Tejas Bholabhai	Ahmedabad
LM/23892	Dr. Bhatt Krutika Mekeshbhai	Ahmedabad
LM/23893	Dr. Pandya Rushi Nareshbhai	Ahmedabad
LM/23894	Dr. Savalia Abhishek Jaysukh	Ahmedabad

LM/23895	Dr. Savalia Garima Abhishek	Ahmedabad
LM/23896	Dr. Das Vimal Baijnath	Rapar
LM/23897	Dr. Shah Naimesh Atulbhai	Surat
LM/23898	Dr. Shah Kavita Naimeshbhai	Surat
LM/23899	Dr. Kumar Prayas Pradipbhai	Surat
LM/23900	Dr. Saraswala Mitali B.	Surat
LM/23901	Dr. Mehta Samir Mohanlal	Surat
LM/23902	Dr. Patel Bhavin Dhirubhai	Surat
LM/23903	Dr. Patel Ameekumari Bhavin	Surat
LM/23904	Dr. Patel Amit Maganlal	Surat
LM/23905	Dr. Kanani Dhara Narshibhai	Surat
LM/23906	Dr. Desai Karan Maheshbhai	Surat
LM/23907	Dr. Limdi Purvi Kamalnayanbhai	Surat
LM/23908	Dr. Patel Deep Harishkumar	Surat
LM/23909	Dr. Parikh Manan Nareshkumar	Surat
LM/23910	Dr. Patel Mihirkumar Manubhai	Surat

* * * * *

CONGRATULATIONS

GUJARAT STATE H.S.C. BOARD

Name : **MODH DEEP NIRANJANKUMAR**
Percentile Rank : 99.93% (A1)
Date of Birth : 19/12/1996
School : KAMESHWAR VIDHYALAY, AHMEDABAD
Hobby : CHESS, TENNIS
Line of Interest : COMPUTER SCIENCE & ENG. I.I.T. BOMBAY
Father Name : DR. MODH NIRANJANKUMAR
Mother Name : DR. MODH ABHABEN N.

Name : **SHAH DEEP MANISHBHAI**
Percentile Rank : 99.91 % (A1)
Date of Birth : 6/4/1997
School : C. N. VIDHYALA
Hobby : COMPUTER, READING
Line of Interest : MEDICAL
Father Name : DR. SHAH MANISH G.
Mother Name : DR. SHAH BIJALBEN M.

Name : **SHAH JINAL RONAKBHAI**
Percentile Rank : 99.85 % (A1)
Date of Birth : 20/10/1996
School : BAVIS GAM VIDYALAY, V.V. NAGAR, ANAND
Hobby : PAINTING, MAHENDI, RANGOLI, PHOTOGRAPHY
Line of Interest : MEDICAL
Father Name : DR. SHAH RONAKBHAI
Mother Name : DR. SHAH VANDANA R.

Name : **GOSAI AKAASH BHARATKUMAR**
Percentile Rank : 96.74% (A1)
Date of Birth : 23/11/1996
School : VIVIDH LAXMI VIDYAMANDIR, PALANPUR
Hobby : CRICKET, COMPUTER
Line of Interest : MEDICAL
Father Name : DR. GOSAI BHARATKUMAR D.
Mother Name : SMT. MEENABEN B. GOSAI

C.B.S.C. 12TH BOARD

Name : **AGRAWAL ADITYA RAJENDRA**
Percentile Rank : 99.6
Date of Birth : 30/06/1997
School : SCHOOL EXCELLENCE, GANDHINAGAR
Hobby : CRICKET, COMPUTER & READING
Line of Interest : MEDICAL
Father Name : DR. R. K. AGRAWAL
Mother Name : DR. MEETA R. AGRAWAL

Name : **GARG EKANSH N.**
Percentile Rank : 93.8 (A1)
Date of Birth : 30/01/1997
School : MODERN SR SEC. SCHOOL, KOTA (RAJ)
Hobby : SINGING, READING BOOKS, SWIMMING
Line of Interest : ENGINEERING
Father Name : DR. GARG N. K.
Mother Name : DR. GARG YAMINEE N.

* * * * *

❖ **Dr. Rajiv D. Vyas;** **Bardoli**

Being elected as President of Surat Obstetrics and Gynec Society for the year 2014-15.

COMMUNITY SERVICE

JAMNAGAR

06/07/2014 IMA Jamnagar branch had organised cultural and Felicitation programme on 6th July 2014, where achievers and toppers of 2013-14 were felicitated. Dr K M Acharya was felicitated for getting prestigious Padm shree award from Government of India. Hon. Minister Child & woman development and Higher education Smt. Vasuben Trivedi was present as a chief guest.

MORBI

01/06/2014 Free 'Sarva Rog' Diagnostic camp at Naklank Mandir. Total 600 patients were examined and free medicine was given to needy patient.

08/06/2014 Healthy body competition at Uma Kids School. Dr. Ankit Sinojia has examined 25 kids.

13/06/2014 Awareness lecture about vaccination among nursing students.

22/06/2014 Free Diagnostic camp of superspeciality branch i.e. spine & joint disease, cancer, infertility, cardiology and urology. Total 500 patients has been examined by super specialty doctors of Shalby

* * * * *

BRANCH ACTIVITY

JAMNAGAR

07/07/2014 "3D Healthcare" by Dr. Satish Gupta

JETPUR

04/06/2014 "Management of heart failure from guideline to practice" by Dr. Satyam Udhreja

"Update on thyroid" by Dr. Pankaj Patel

MORBI

06/06/2014 "Thrombosis in acuter stroke" by Dr. Mehul Patel

"Neurophysician & Complicated case of P. Vivax malaria" by Dr. Viral Gajipara

27/06/25014 "Management of DM" by Dr. T.K.M. Easwar

"Non Pharmacological management of DM" by Dr. Chirag Aghara

PALANPUR

10/04/2014 "Trigeminal Nearalgia micro vascular decompression" by Dr. Tushar Soni

"Recent Trends in Uro Oncology" by Dr. Hemang Bakshi

08/05/2014 "Management of ICU patients in resource restriction and Economical way" by Dr. Minesh Mehta

"Smart MDR organisms we can be smarter" by Dr. Surabhai Madan.

12/06/2014 "Interesting cases in infection disease" by Dr. Sanket Mankad

"Water & We" by Dr. Sunil R. Joshi

26/06/2014 "The truth about hair transplant and other commonly performed cosmetic surgeries" by Dr. Chintan Patel

"Hand surgery – An emerging superspeciality" by Dr. Chanda K. Anand

SAVARKUNDLA

18/06/2014 "Hypertension Update" by Dr. Vishal Poptani

* * * * *

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 June-2014 in addition to their routine work. These are as under :

01-06-2014 to 30-06-2014 : Intra domestic house to house survey by the centers of Ahmedabad

Nanpura - Surat : Vitamin 'A' Solution - 40 Children, Iron : 1000 tablets Calcium -1000 tablets were distributed.

Rander - Surat : Iron : 1000 tablets to Children Calcium -500 tablets were distributed.

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

JUNE-2014

No.	Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi (Jamalpur Ward)	649	332	981
(2)	Behrampura (Sardarnagar Ward)	1111	284	1395
(3)	Bapunagar (Potalia Ward)	1479	504	1983
(4)	Dariyapur (Isanpur Ward)	725	105	830
(5)	Gomtipur (Saijpur Ward)	1427	431	1858
(6)	Khokhra (Amraiwadi Ward)	1736	463	2199
(7)	New Mental (Kubernagar Ward)	650	186	836
(8)	Raikhad (Stadium Ward)	308	636	944
(9)	Wadaj (Junawadaj Ward)	653	178	831
(10)	Khambhat	—	—	—
(11)	Junagadh	----	----	----
(12)	Rander-Surat	----	----	----
(13)	Nanpur-Surat	----	----	----
(14)	Rajkot	411	326	737

JUNE-2014

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms	Ocpills
(1)	Ambawadi (Jamalpur Ward)	33	—	64	11400	629
(2)	Behrampura (Sardarnagar Ward)	13	---	39	10500	1331
(3)	Bapunagar (Potalia Ward)	46	---	64	19152	89 P
(4)	Dariyapur (Isanpur Ward)	20	—	32	7700	322
(5)	Gomtipur (Saijpur Ward)	18	---	34	16525	641 P
(6)	Khokhra (Amraiwadi Ward)	23	---	63	5200	102
(7)	New Mental (Kubernagar Ward)	30	---	33	9390	289
(8)	Raikhad (Stadium Ward)	27	---	48	9090	876 P
(9)	Wadaj (Junawadaj Ward)	04	---	43	12500	1453
(10)	Khambhat	03	—	11	---	11
(11)	Junagadh	10	—	18	---	249
(12)	Rander-Surat	34	—	56	1200	40 P
(13)	Nanpura-Surat	24	—	76	2750	50 P
(14)	Rajkot	33	—	90	---	278

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/02014	Dr. Joshi Sadhana M	Ahmedabad
LM/10922	Dr. Kubavat Hasmukh Laldasbhai	Ahmedabad
LM/00783	Dr. Parmar Bharat H	Ahmedabad
LM/01523	Dr. Patel Mangalbhai J.	Ahmedabad
LM/08018	Dr. Shah Hasmukhlal C	Ahmedabad
LM/08019	Dr. Shah Nayantara H	Ahmedabad
LM/22285	Dr. Vyas Chirayu Prafulbhai	Ahmedabad
LM/22286	Dr. Vyas Rupa Chirayu	Ahmedabad
LM/01918	Dr. Patel Surendra D.	Anand
LM/13543	Dr. Nagarwala Mohammad H.	Bharuch
LM/16485	Dr. Goswami Shrinath Shantaram	Gandhidham
LM/16486	Dr. Goswami Sarita Shrinath	Gandhidham
LM/06981	Dr. Shah Rajendra M.	Gandhidham
LM/09098	Dr. Trivedi Pankaj S	Gandhinagar
LM/05154	Dr. Godhani Arvindkumar P.	Jamnagar
LM/02336	Dr. Maru Tarachand K.	Jamnagar
LM/19585	Dr. Patel Mitesh Ambalalbhai	Palanpur
LM/02270	Dr. Dave Yogesh J.	Porbandar
LM/03728	Dr. Parekh Bharat H.	Rajkot
LM/04357	Dr. Jain M L	Surat
LM/18858	Dr. Kansal Sandeep Vijendra	Surat
LM/18859	Dr. Agrawal Shraddha S.	Surat
LM/03554	Dr. Saxena Dinesh M.	Surat
LM/12936	Dr. Shah Paresh Bahendrabhai	Surat
LM/17308	Dr. Gupta Pankaj Laxminarayan	Tharad
LM/14650	Dr. Adesara Shyama Jaisingh	Vadodara
LM/01672	Dr. Jambusaria Bharatiben K.	Vadodara

INDIAN MEDICAL ASSOCIATION (HQS.)

(Registered under the Societies Act XXI of 1860)
Mutually Affiliated with the British & Nepal Medical Associations
I.M.A. House, Indraprastha Marg, New Delhi-110 002
Telephones : +91-11-2337 0009, 2337 0250, 2337 8680, 2337 0473, 2337 0492, 2337 8424
Fax : +91-11-23379470, 23370375, 23379178, Telegram : INMEDICI, New Delhi-110 002
Website: www.ima-india.org ; Email: inmedici@gmail.com

Dear Member of IMA,

This is in reference to a Judgment of the Hon'ble Supreme Court of India awarding an exceptionally high amount of around 6 crores as compensation and another 5 crores (approx.) as interest, to a US-based NRI in a case related to medical negligence.

IMA has written letters to Hon'ble President of India, Hon'ble Prime Minister of India, Hon'ble Health Minister, Hon'ble Law Minister and Hon'ble Home Minister of India and others and opposed such a high amount of compensation.

Now, I am happy to inform you that we are in receipt of a letter from MCI to the Secretary, Govt. of India, Ministry of Health & F.W. (Dept. of Health) and copy marked to us while acknowledging the steps taken by IMA in this regard, informing that the Executive Committee of MCI has forwarded the IMA proposals as under to the Govt. for their needful:-

1. Formation of a Medical Tribunal to examine the grievances and to fix compensation.
2. Formation of a corpus fund from contribution from patients, doctors and the Govt. e.g. Rs.5/- per case from patients, doctors and Govt./private hospital.
3. When there is a complaint of medical negligence, a Committee can fix the liability, if any, the recommend compensation which can be paid from the corpus fund.

Together we always achieve more.

Dr. Jitendra B. Patel
National President, IMA

Dr. Narendra Saini
Hony. Secretary General, IMA

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Fax : +91-11-23379470, 23370375, 23379178, Telegram : INMEDICI, New Delhi-110 002
Website: www.ima-india.org ; Email: inmedici@gmail.com

Dear Member of IMA,

As we are all well aware that there has been a substantial increase in cases of violence & assault on medical professionals, their staff and their Clinical Establishments. Such acts in the hospital premises also affects the medical services as well as other patients admitted in the hospital. These types of acts demoralized the doctors working in the hospital.

Realizing, the responsibility to safeguard the Doctor-Patient relationship, more than 15 State Governments have already enacted laws to prevent assault on medical professionals, their staff and their clinical establishments; Andhra Pradesh being the forerunner among them. Kudos to the great leadership of AP, IMA.

In this regard, we have written letters to the Hon'ble President of India, Hon'ble Prime Minister of India, Hon'ble Union Health Minister, Hon'ble Law Minister and Hon'ble Home Minister of India.

I am happy to attach a letter received from Medical Council of India addressed to the Secretary, Ministry of Health, Govt. of India and a copy marked to us, informing that the Ethics Committee of MCI while acknowledging the steps taken by IMA in this direction, has referred the matter to the Central Govt. to enact a Central Law in this regard.

This is yet another milestone achieved by IMA in this regard through our unity.

Dr. Jitendra B. Patel
National President, IMA

Dr. Narendra Saini
Hony. Secretary General, IMA

भारतीय आयुर्विज्ञान परिषद्
MEDICAL COUNCIL OF INDIA
पॉकेट – 14, सेक्टर – 8, द्वारका , नई दिल्ली – 110 077
Pocket – 14, Sector – 8, Dwarka, New Delhi – 110 077

Platinum Jubilee (1933 - 2008)

No. MCI — 211(2)(Gen.)/2013-EthicsI Date :

The Secretary
Government of India.
Ministry of Health & Family Welfare.
Nirman Bhavan,
New Delhi - 110108

Subject : - Demand for Central Law to prevent assault on medical professionals & their establishments-req.

Sir.

With reference to your letter No. V. 11025/38/2013-MEPI,dated 26/09/2013. I am directed to inform you that the above matter was considered by the Ethics Committee at its meetings held on 21st & 22nd February. 2014 and the following recommendation of the Ethics Committee was approved by the Executive Committee at its meeting held on 16th April, 2014:-

"The Ethics Committee considered a letter dated 26.08.2013 received from the Prime Minister's office alongwith a copy of letter dated 24.07.2013 address to the Hon'ble Prime Minister. The above letter has been received through Central Government vide letter dated 26.09.2013, whereby the IMA has brought out the issue to make a law at the Central Government level to prevent assault on medical professionals, their staff and their clinical establishment with proper provisions of penalties for the offenders.

The Ethics Committee also noted that 15 State Governments have already enacted laws to prevent assault on medical professionals. their staff and their clinical establishments; Andhra Pradesh being the forerunner among them.

The Ethics Committee recommends that Executive Committee may consider the same and referred the matter to Central Govt. to enact a central law in this regard."

Yours faithfully

(Ashok Kumar Harit)
Deputy Secretary
Date

Endst. No.: MCI — 211(2)(Gen.)/2013-Ethics/09702

Copy forwarded for information to Hony. Secretary General, Indian Medical Association (HQS.) I. M. A. House. Indraprastha Marg, New Delhi - 110002

(Ashok Kumar Harit)
Deputy Secretary

दूरभाष / Phone: +91-11-25367033, 25367035, 25367036 ● फैक्स / Fax: +91-11-25367024
ईमेल / E-mail : mci@bol.net.in , contact@mciindia.org ● वेबसाईट / Website : www.mciindia.org
D:\ethical4\Ethics Data\Ethics Committee Meeting\2014\Feburary 2014\Action Letter February, 2014.doc

Proforma for Nationwide Blood Donation Camp Report Card

Doctor's Day Blood donation Camp -
All over INDIA IMA Branches on 29th June, 2014

Sr. No.	Name of the Branch	President	Secretary	Total No. of Blood bag collection
1	Ahmedabad	Dr. Vidyut J. Desai	Dr. Kamlesh B. Saini	496
2	Amreli	Dr. G.J. Gajera	Dr. Haresh Yadav	8
3	Anjar-Kutch	Dr. Rajesh P. Mevada	Dr. Rutvij Anjaria	28
4	Bhavnagar	Dr. Umang Desai	Dr. Chinmay J. Shah	500
5	Bilimora	Dr. Sukesh Gupta	Dr. Sapnesh Patel	54
6	Dabhoi	Dr. Kiran K. Shah	Dr. Vijay R. Sheth	52
7	Dahod	Dr. K.R. Damor	Dr. Ketan Patel	71
8	Dakor	Dr. Mukesh G. Bhatt	Dr. Ramesh R. Patel	56
9	Deesa	Dr. Manoj G. Amin	Dr. Mukundbhai Patel	25
10	Devgadh Baria	Dr. Ramesh Sheth	Dr. Shailesh Parmar	13
11	Gandhidham	Dr. Leon Andrade	Dr. Dr. Bhavin Khatri	36
12	Gandhidham, Anjar & Khedoi			103
13	Gandhinagar	Dr. Anil D. Chauhan	Dr. Dinesh Barot	50
14	Godhra	Dr. H.D. Nagar	Dr. Vimalbhai Patel	205
15	Halol (PMS)	Dr. Sanjay K. Shah	Dr. Nimesh R. Solanki	40
16	Himatnagar	Dr. Hitesh A. Patel	Dr. Amrut Patel	22
17	IMA Student Wing	Dr. Aayushi Chokshi		149
18	Jamnagar	Dr. Kirti B. Chudasama	Dr. Shamim Sheikh	263
19	Jasdan	Dr. V.B. Kasundra	Dr. Rajesh Pankhania	174
20	Jetpur	Dr. A.P. Undhad	Dr. R.S. Sidhpara	86
21	Kalol (PMS)	Dr. Vasudev C. Joshi	Dr. Harshad R. Machhi	61
22	Lunawada	Dr. Dilip Agrawal	Dr. Pravin Prajapati	88
23	Mehsana	Dr. Bharat B. Patel	Dr. Akaash K. Patel	55
24	Modasa	Dr. Bhavesh N. Patel	Dr. Vipul Patel	11
25	Morbi	Dr. R.M. Bhut	Dr. Bhavin Gami	49
26	Navsari	Dr. Rajesh Saxena	Dr. Vaibha Kapadia	33
27	Rajkot	Dr. Bhavesh Sachde	Dr. Chetan Lalseta	100
28	Savarkundla	Dr. Jitendra Pipaliya	Dr. Yogesh Patel	40
29	Surat	Dr. Dhiren C. Patel	Dr. Tony Nicholas	265
30	Thara	Dr. Natubhai Thakkar	Dr. Ghanshyam N. Patel	26
31	Umreth	Dr. Ramesh M. Gosai	Dr. Bhaskar Dave	42
32	Unjha	Dr. Amrutbhai Patel	Dr. Ramesh C. Patel	43
33	Vadodara	Dr. Mahesh Bhatt	Dr. Ravindra Nanavaty	71
34	Vadodara (Sumandeep)	Dr. Mahesh Bhatt	Dr. Ravindra Nanavaty	24
35	Valsad	Dr. Amit Shah	Dr. Kalpesh Joshi	86
36	Veraval Somnath	Dr. Nimisha Makhansa	Dr. Chandrakant L. Patel	9
37	Visnagar	Dr. Paresh U. Pandit	Dr. Mehul P. Pandya	110
				3544

IMA-GFATM-RNTCP-PPM-RCC-Project

Following branches have organized DTPs on Tuberculosis.

Sr.	Name of Branch	Date
1.	Surat	25-5-2014
2.	Kodinar	20-6-2014

Following branches have organized CME on Tuberculosis.

Sr.	Name of Branch	Date
1.	Gandhinagar	24-5-2014
2.	Surat	24-5-2014
3.	Amreli	31-5-2014
4.	Vadodara	14-6-2014
5.	Patan	19-6-2014
6.	Una	21-6-2014
7.	Ahmedabad	03-7-2014
8.	Ahmedabad	06-7-2014
9.	Ahmedabad	09-7-2014
10.	Ahmedabad	10-7-2014
11.	Ahmedabad	11-7-2014
12.	Anand	11-7-2014
13.	Vapi	11-7-2014
14.	Valsad	12-7-2014
15.	Vadodara	13-7-2014
16.	Ahmedabad	15-7-2014
17.	Idar	15-7-2014
18.	Ahmedabad	18-7-2014

CONGRATULATIONS

We are pleased to inform that with co-operation from all our GSB, IMA members Gujarat State has crossed the milestone of achieving more than 2000 Tuberculosis Notifications in the month of June 2014 only.

Kudos to all....!!!!!

Top 10 Tuberculosis Notifiers in Gujarat State (During June-2014

Sr. No.	Name of the Doctor/ Clinic/Laboratory Address/Branch/City	Number of Notifications	I.M.A. District Co-ordinators	D.T.O./ City T.B. Officer
1.	Parinbanu TB Clinic Hirabaug, Surat	188	Dr. Vinod C. Shah	Dr K. N. Sheladia
2.	Sundram Surgical Hospital Jhalod, Dahod	083	Dr. Alpesh Amin	Dr. P. R. Suthar
3.	Bhartiya Arogya Nidhi Patan	068	Dr. Vasant Patel	Dr B. B. Goswami
4.	Sagar Hospital Ahmedabad	067	Dr. Jitendra Shah	Dr.R.M.Leuva
5.	Dr. G.L Gondaliya Rajkot	057	Dr. Atul Pandya	Dr. S. G. Lakkad
6.	R.B Kothari Poly Diagnostic Centre & Hospital, Rajkot	050	Dr. Atul Pandya	Dr. S. G. Lakkad
7.	Shivam Critical Care Hospital Palanpur, Banaskantha	041	Dr. Sunil Acharya	Dr. B. B. Solanki
8.	Stavya Spine Hospital and Research Institute, Ahmedabad	038	Dr. Jitendra Shah	Dr. R. M. Leuva
9.	Patel Hospital Dhansura, Sabarkantha	035	Dr. Bhupendra Shah	Dr. A. K. Patel
10.	Dr. Vipul Malasana Morbi, Rajkot	032	Dr. Atul Pandya	Dr. S. G. Lakkad

Standards for TB Care in India
(WHO Guidelines)

Standard 1 : Testing and screening for Pulmonary TB

Testing:

- Any person with symptoms and signs suggestive of TB including cough >2 weeks, fever >2 weeks, significant weight loss, haemoptysis etc. and any abnormality in chest radiograph must be evaluated for TB.
- Children with persistent fever and/or cough >2 weeks, loss of weight /no weight gain, and/or contact with pulmonary TB cases must be evaluated for TB.

Screening:

- People living with HIV (PLHIV), malnourished, diabetics, cancer patients, patients on immunosuppressant or maintenance steroid therapy, should be regularly screened for signs and symptoms suggestive of TB.
- Enhanced case finding should be undertaken in high risk populations such as health care workers, prisoners, slum dwellers, and certain occupational groups such as miners.

Standard 2 : Diagnostic technology

Microbiological confirmation on sputum:

- All patients (adults, adolescents, and children who are capable of producing sputum) with presumptive pulmonary TB should undergo quality-assured sputum test for rapid diagnosis of TB (with at least two samples, including one early morning sample for sputum smeer for AFB) for microbiological confirmation.

Chest X-Ray as screening tool :

- Where available, chest X-Ray should be used as a screening tool to increase the sensitivity of the diagnostic algorithm.

Serological tests:

- Serological tests are banned and not recommended for diagnosing tuberculosis.

Tuberculin Skin Test (TST) & Interferon Gamma Release Assay (IGRA)

- TST and IGRA are not recommended for the diagnosis of active tuberculosis. Standardised TST may be used as a complimentary test in children.
- CB-NAAT (cartridge-based nucleic-acid amplification test) is the preferred first diagnostic test in children and PLHIV.
- Validation of newer diagnostic tests:
- Effective mechanism should be developed to validate newer diagnostic tests.

Standard 3 : Testing for extra-pulmonary TB

- For all patients (adults, adolescents and children) with presumptive extra-pulmonary TB, appropriate specimens from the presumed sites of involvement must be obtained for microscopy/culture and drug sensitivity testing (DST)/CB-NAAT/molecular test/histo-pathological examination.

Standard 4 : Diagnosis of HIV co-infection in TB patients and Drug Resistant TB (DR-TB)

Diagnosis of HIV in TB patients:

- All diagnosed TB patients should be offered HIV counselling and testing.

Diagnosis of multi-drug resistant TB (MDR-TB):

- Prompt and appropriate evaluation should be undertaken for patients with presumptive MDR-TB or Rifampicin (R) resistance in TB patients who have failed treatment with first line drugs, paediatric nonresponders, TB patients who are contacts of MDR-TB (or R resistance), TB patients who are found positive on any follow-up sputum smear examination during treatment with first line drugs, diagnosed TB patients with prior history of anti-TB treatment, TB patients with HIV co-infection and all presumptive TB cases among PLHIV. All such patients must be tested for drug resistance with available technology, a rapid molecular DST (as the first choice) or liquid / solid culture-DST (at least for R and if possible for Isoniazid (H); Ofloxacin (O) and Kanamycin (K), if R-resistant/MDR).

- Where ever available DST should be considered for offer to all diagnosed tuberculosis patients prior to star of treatment.

Diagnosis of Extensively Drug Resistant TB (XDR-TB):

- On detection of Rifampicin resistance alone or along with isoniazid resistance, patient must be offered sputum test for second line DST using RNTCP approved phenotypic or genotypic methods, wherever available.

Standard 5 : Probable TB

- Presumptive TB patients without microbiological confirmation (smear microscopy, culture and molecular diagnosis), but with strong clinical and other evidence (e.g. X-Ray, Fine Needle Aspiration Cytology (FNAC, histopathology) may be diagnosed as "Probable TB" and should be treated.
- For patients with presumptive TB found to be negative on rapid molecular test, an attempt should be made to obtain culture on an appropriate specimen.

Standard 6 : Paediatric TB

Diagnosis of paediatric TB patients:

- In all children with presumptive intra-thoracic TB, microbiological confirmation should be sought through examination of respiratory specimens (e.g. sputum by expectoration, gastric aspirate, gastric lavage, induced sputum, broncho-alveolar lavage or other appropriate specimens) with an quality assured diagnostic test, preferably CB-NAAT, smear microscopy or culture.

Diagnosis of probable paediatric TB patients:

- In the event of negative or unavailable microbiological results, a diagnosis of probable TB in children should be based on the presence of abnormalities consistent with TB on radiography, a history of exposure to pulmonary tuberculosis case, evidence of TB infection (positive TST) and clinical findings suggestive of TB.

Diagnosis of extra-pulmonary paediatric TB patients:

- For children with presumptive extra-pulmonary TB, appropriate specimens from the presumed sites of involvement should be obtained for rapid molecular test, microscopy, culture and DST, and histo-pathological examination.

Standard 7 : Treatment with first-line regimen

Treatment of New TB patients:

- All new patients should receive an internationally accepted first-line treatment regimen for new patients. The initial phase should consist of two months of Isoniazid (H), Rifampicin (R), Pyrazinamide (Z), and Ethambutol (E). The continuation phase should consist of three drugs (Isoniazid, Rifampicin and Ethambutol) given for at least four months.

Extension of continuation phase:

- The duration of continuation phase may be extended by three to six months in special situations like bone & joint TB, spinal TB with neurological involvement and neuro-tuberculosis.

Drug dosages:

- The patients should be given dosages of the drugs depending upon body weight in weight bands

Bio-availability of drugs:

- The bioavailability of the drug should be ensured for every batch, especially if fixed dose combinations. (FDCs) are used, by procuring and prescribing from a quality-assured source.

Dosage frequency:

- All patients should be given daily regimen under direct observation. However, the country programme may consider daily or intermittent regimen for treatment of TB depending on the available resources and operational considerations as both are effective provided all doses are directly observed.
- All paediatric and HIV infected TB patients should be given daily regimen under direct observation.

Drug formulations:

- Fixed dose combinations (FDCs) of four drugs (Isoniazid, Rifampicin, Pyrazinamide, and Ethambutol), and three drugs (Isoniazid, Rifampicin and Ethambutol) and two drugs (Isoniazid and Rifampicin) are recommended.

Previously treated TB patients:

- After MDR-TB (or R resistance) is ruled out by a quality assured test, TB patients returning after lost to follow up or relapse from their first treatment course or new TB patients failing with first treatment course may receive the retreatment regimen containing first-line drugs: 2HREZS/1HREZ/5HRE

Standard 8 : Monitoring treatment response

Follow up sputum microscopy:

- Response to therapy in patients with pulmonary tuberculosis, new as well as retreatment cases, should be monitored by follow-up sputum microscopy (one specimen) at the time of completion of the intensive phase of treatment and at the end of treatment.

Extension of intensive phase:

The extension of the intensive phase is not recommended.

Offer DST in follow up sputum positive cases:

- If the sputum smear is positive in follow-up at any time during treatment, a rapid molecular DST (as the first choice) or culture-DST (at least for R and if possible for Isoniazid (H); Ofloxacin (O) and Kanamycin (K), if R-resistant/MDR) should be performed as laboratory facilities become available.

Response to treatment in extra-pulmonary TB:

- In patients with extra-pulmonary tuberculosis, the treatment response is best assessed clinically. The help of radiological and other relevant investigations may also be taken.

Response to treatment in children:

- In children, who are unable to produce sputum the response to treatment may be assessed clinically. The help of radiological and other relevant investigations may also be taken.

Long-term follow up:

- After completion of treatment the patients should be followed up with clinical and/or sputum examination at the end of six months and 12 months.

Standard 9 : Drug Resistant TB management

Treatment of M/XDR-TB (or R resistant TB):

- Patients with tuberculosis caused by drug-resistant organisms (especially M/XDRor only R resistance or with O or K resistance), microbiologically confirmed by quality assured test, should be treated with specialized regimens containing quality assured second-line anti-tuberculosis drugs.

Model of care for drug resistant TB:

- Patients with MDR-TB should be treated using mainly ambulatory care rather than models of care based principally on hospitalization. If required, a short period of initial hospitalisation is recommended.

Regimen for MDR / R-Resistant TB cases:

- The regimen chosen for MDR-TB may be standardized and/or based on microbiologically confirmed drug susceptibility patterns. At least four drugs (second line) to which the organisms are susceptible, or presumed susceptible, should be used. Most importantly the regimen should include at least a later-generation Fluoroquinolone (such as high dose Levofloxacin) and a parenteral agent (such as Kanamycin or Amikacin), and may include Pyrazinamide, Ethambutol, Ethionamide (or Prothionamide), and either Cycloserine or PAS (Paminosalicylic acid) if Cycloserine cannot be used.

Regimen for MDR patients with Ofloxacin and/or Kanamycin resistance detected early:

- Treatment regimen may be suitably modified in case of Ofloxacin and/or Kanamycin resistance at the initiation of MDR-TB treatment or during early intensive phase, preferably not later than four to six weeks.

Surgery in MDR/XDR TB patients:

- All patients of MDR/XDR-TB should be evaluated for surgery at the initiation of treatment and/or during follow up.

Treatment Duration in MDR TB patients:

- Till newer effective drugs are available with proven efficacy with shorter duration of MDR-TB treatment; total treatment should be given for at least 24 months in patients newly diagnosed with MDRTB

(i.e. not previously treated for MDR-TB) with recommended intensiv phase of treatment being six to nine months. The total duration may be modified according to the patient's response to therapy.

Specialist consultation in M/XDR TB patients:

- Consultation with a specialist experienced in treatment of patients with MDR/XDR tuberculosis should be obtained, whenever possible.

Ensuring adherence in M/XDR TB patients:

- Patient support systems, including direct observation of treatment, are required to ensure adherence. It should be ensured that the patient consumes all the dosages of the drugs.

Single sample follow-up culture in M/XDR TB patients:

- The use of sputum culture (1 sample) is recommended for monitoring of patients with MDR-TB during treatment.

Second line DST during treatment of MDR TB:

- During the course of MDR TB treatment, if the sputum culture is found to be positive at 6 months or later, the most recent culture isolate should be subjected to DST for second-line drugs (at least O and K) to decide on further course of action. DST to other drugs namely Moxifloxacin, Amikacin and Capreomycin may also be done if laboratory facilities are available to guide treatment.

Regimen for MDR patients with Ofloxacin and/or Kanamycin resistance detected later:

- The patients with MDR-TB found to be resistant to at least Ofloxacin and/or Kanamycin during the later stage of MDR TB treatment must be treated with a suitable regimen for XDR TB using second line drugs including Group 5 drugs such as Amoxicillin Clavulanate,Clarithromycin, Clofazimine, Linezolid, Thioacetazone, Imipenum to which the organisms are known or presumed to be susceptible.

New drugs:

- New drugs need to be considered for inclusion in regimens whenever scientific evidence for their efficacy and safety becomes available as per the national policy for newer antimicrobials. Appropriate regulatory mechanisms for distribution control need to be ensured.

Standard 10: Addressing TB with HIV infection and other comorbid conditions

Treatment of HIV infected TB patients:

- TB patients living with HIV should receive the same duration of TB treatment with daily regimen as HIV negative TB patients.

Anti-retroviral & Co-trimoxazole prophylactic therapy in HIV infected TB patients:

- Antiretroviral therapy must be offered to all patients with HIV and TB as well as drug-resistant TB requiring second-line anti-tuberculosis drugs, irrespective of CD4 cell-count, as early as possible (within the first eight weeks) following initiation of anti-tuberculosis treatment. Appropriate arrangements for access to antiretroviral drugs should be made for patients. However, initiation of treatment for tuberculosis should not be delayed. Patients with TB and HIV infection should also receive Co-trimoxazole as prophylaxis for other infections.

Isoniazid preventive therapy in HIV patients without active TB:

- People living with HIV should be screened for TB using four symptom complex (current cough or, fever or weight loss or night sweats) at HIV care settings and those with any of these symptoms should be evaluated for ruling out active TB. All asymptomatic patients in whom active TB is ruled out, Isoniazid Preventive Therapy (IPT) should be offered to them for six months or longer.

Standard 11 : Treatment adherence

Patient centered approach for adherence:

- Both to assess and foster adherence, a patient-centered approach to administration of drug treatment, based on the patient's needs and mutual respect between the patient and the provider, should be developed for all patients.

Measures for treatment adherence:

- Supervision and support should be individualized and should draw on the full range of recommended interventions and available support services, including patient counselling and education. A

central element of the patient centred strategy is the use of measures to assess and promote adherence to the treatment regimen and to address poor adherence when it occurs. These measures should be tailored to the individual patient's circumstances based on details of the patient's clinical and social history and be mutually acceptable to the patient and the provider.

Trained treatment supporter for treatment adherence:

- Such measures may include identification and training of a treatment supporter (for tuberculosis and, if appropriate, for HIV, Diabetes Mellitus etc.) who is acceptable, accessible and accountable to the patient and to the health system.

Use of Information Communication Technology (ICT) to promote treatment literacy and adherence:

- Optimal use of ICT should be done to promote treatment literacy and adherence

Standard 12 : Public health responsibility

- Any practitioner treating a patient for tuberculosis is assuming an important public health responsibility to prevent on-going transmission of the infection and the development of drug resistance.
- To fulfil this responsibility the practitioner must not only prescribe an appropriate regimen, but when necessary, also utilize local public health services / community health services, and other agencies including NGOs to assess the adherence of the patient and to address poor adherence when it occurs.

Standard 13 : Notification of TB cases

- All health establishments must report all TB cases and their treatment outcomes to public health authorities (District Nodal Officer for Notification).
- Proper feedback need to be ensured to all healthcare providers who refer cases to public health system on the outcome of the patients which they had referred.

Standard 14 : Maintain records for all TB patients

- A written record of all medications given, bacteriologic response, adverse reactions and clinical outcome should be maintained for all patients.

Standard 15 : Contact investigation

- All providers of care for patients with tuberculosis should ensure all household contacts and other persons who are in close contact with TB patients are screened for TB
- In case of pediatric TB patients, reverse contact tracing for search of any active TB case in the household of the child must be undertaken.

Standard 16 : Isoniazid Prophylactic therapy

- Children <6 years of age who are close contacts of a TB patient, after excluding active TB, should be treated with isoniazid for a minimum period of 6 months and should be closely monitored for TB symptoms.

Standard 17 : Airborne infection control

- Airborne infection control should be an integral part of all health care facility infection control strategy.

Standard 18 : Quality assurance (QA) systems

18a QA for diagnostic tests:

- All health care providers should ensure that all diagnostic tests used for diagnosis of TB are quality assured.

18b QA for anti-TB drugs:

- Quality assurance system should ensure that all anti-TB drugs used in the country are subjected to stringent quality assurance mechanisms at all levels.

Standard 19 : Panchayati Raj Institutions

- Panchayati Raj Institutions and elected representatives have an important role to share the public health responsibility for TB control with the healthcare providers, patients and the community.

Standard 20 : Health education

- Every TB symptomatic should be properly counselled by the healthcare provider.
- TB patients and their family members should get proper counselling and health education at every contact with healthcare system

Standard 21 : Deaths audit among TB patients

- Death among TB patients should be audited by a competent authority.

Standard 22 : Information on TB prevention and care seeking

- All individuals especially women, children, elderly, differently abled, other vulnerable groups and those at increased risk should receive information related to TB prevention and care seeking.

Standard 23 : Free and quality services

- All patients, especially those in vulnerable population groups, accessing a provider where TB services are available should be offered free or affordable quality assured diagnostic and treatment services which should be provided at locations and times so as to minimize workday or school disruptions and maximize access.

Standard 24 : Respect, confidentiality and sensitivity

- All people seeking or receiving care for TB should be received with dignity and managed with promptness, confidentiality and gender sensitivity. Ensure that infection control procedures do not stigmatise TB patients.

Standard 25 : Care and support through social welfare programmes

- Patient support system should endeavour to derive synergies between various social welfare support systems to mitigate out of pocket expenses such as transport and wage loss incurred by people affected by TB for the purpose of diagnosis and treatment.

Standard 26 : Addressing counselling and other needs

- Persons affected by TB should be counselled at every opportunity, to address information gaps and to enable informed decision making. Counselling should address issues such as treatment adherence, adverse drug reactions, prognosis and physical, financial, psycho-social and nutritional needs.

INDIAN MEDICAL ASSOCIATION

GUJARAT STATE BRANCH
A.M.A. House, Opp. H.K. College, Ashram Road, Ahmedabad -380009
PHONE & FAX: (079) 265 87 370 Email: imagsb@gmail.com

Dear Branch Secretary

I hope that this circular finds you in the best of health and spirit. In continuation of my circular **A-11/HFC/LM/2014-2015**, further tabulated information is given below for the revision of fees effective from **1/7/2014.** Herewith I am sending the copy of I.M.A. H/Q fee schedule regarding revised fees.

ORDINARY MEMBERSHIP FEES

CATEGORY	HFC	GMJ	GSB	ADM.FEE	TOTAL TO BE SENT TO GSB.IMA
Annual Single:	391-00	25-00	10-00	20-00	446-00
Annual Couple:	586-00	38-00	20-00	30-00	674–00

Local branch share to be collected extra as per individual branch decision/resolution Kindly note that fees at old
Rates will be accepted up to **30/06/2014** only at State Office. Thereafter the new revised rates will be applicable.

LIFE MEMBERSHIP FEES

CATEGORY	TOTAL FEES	BR.SHAHRE	ADM.FEES INCLUDING GSB. IMA	TO BE SENT TO GSB. IMA
Single	7995-00	740-00	{ 20-00 }	Rs. 7255-00
Couple	11950-00	1180-00	{ 30.00 }	Rs. 10770–00

Kindly send fees of old annual member, which should reach this office before 30/4/2014. Membership Fees by a D.D. drawn in favour of G.S.B. I.M.A

I.M.A. COLLEGE OF GENERAL PRACTITIONERS

College of G.P Rs. 2000-00
Life Membership
Membership Fees along with Life Subscription of Family Medicine DD in favour of "IMA CGP HQ"
Payable at Chennai and send to us

Kindly send annual membership fees before **30/4/2014** so as to avoid deletion. The above increase of fee Rs. 50.00 in Life Member every year is computed as per the resolution passed in 41st State Council at Nadiad on 12/05/1989.

Yours Sincerely

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

IMA NATCON 2014

89th National Conference of INDIAN MEDICAL ASSOCIATION

27th & 28th December, 2014

It is proud achievement of Ahmedabad & Ahmedabad Medical Association as after the gap of 25 years, Ahmedabad is hosting the 89th National Conference of Indian Medical Association, 'IMA NATCON 2014' on 27th & 28th December, 2014. On 26th December, 2014 there will be preconference workshops at various places. Detail will be published in due course.

Conference Details

Date	:	**27th & 28th December, 2014**
Venue	:	**Gujarat University Convention Centre** Nr. Helmet Circle, Drive-in Road, Ahmedabad.
Pre Conf. Workshop	:	26th December, 2014
Venue	:	will be declared in due course

Salient features of conference are,

1. Eminent National & International faculty as speakers.
2. Multiple Preconference Workshops on various different topics.
3. Scientific Papers and Posters are invited from Resident Doctors.
4. AMA has applied for GMC accredition.
5. Entertainment Programme with Gala dinner.
6. Programmes for spouse & accompanying persons.
7. Lucky draw & many more.

- Kindly register yourself as earliest and encourage others for registration.
- You can download registration form from imagsb.com Website or get from AMA Office.

IMA NATCON 2014
89th National Conference of INDIAN MEDICAL ASSOCIATION
27th & 28th December, 2014

HOSTED BY : AHMEDABAD MEDICAL ASSOCIATION

REGISTRATION FORM

To :
Conference Secretariat :
Dr. Kamlesh B. Saini / Dr. Jitendra N. Patel / Dr. Dilip Gadhavi
AMA HOUSE, First Floor, Opp. H.K Arts College,
Ashram Road, Ahmedabad - 380009.
Ph.: 079-26588775 (2.00 pm to 6.00pm)
Email : imanatcon2014@gmail.com

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Please Fill in BLOCK LETTERS

Name : .....

Membership Detail LM/AM No.: .....

Branch ..... State .....

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Member CWC / CC .....Branch : ..... State : .....

No. of the accompanying person (s) : .....

Please attach Photocopy of your Govt. approved Photo ID / Driving Licence.

Delegate Fees	Up to 31-10-2014	From 1-11-2014 to 20-12-2014	Spot Reg.	No. of Person	Total
R. C. Member	₹ 5,000/-	₹ 5,000/-	_		
IMA Member, Spouse & Other Family Member	₹ 2,000/- each	₹ 2,500/- each	₹ 3,000/- each		
Non IMA Member, Spouse & Accompanying Person	₹ 2,500/- each	₹ 3,000/- each	₹ 3,500/- each		
				Total	

Please find enclosed herewith a Demand Draft / Cheque No.: .....
dated ..... for INR .....
drawn on (name of bank) ..... City .....
in favour of "IMANATCON 2014" payable at Ahmedabad.
Date : .....
Place : .....

.....
Signature

IMA NATCON-2014

Gujarat State Branch IMA & Ahmedabad Medical Association are privileged to host IMA National Conference on 27th & 28th December-2014 at Ahmedabad.

We are thankful to the following members for registering as Reception Committee (R.C.) members.

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IMA NATCON 2014

89th National Conference of INDIAN MEDICAL ASSOCIATION 27th & 28th December, 2014

Hosted By : AHMEDABAD MEDICAL ASSOCIATION

AMA House, First Floor, Opp. H. K. Arts College, Ashram Road, Ahmedabad-380009.
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Organising Chairman

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* * * * *

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- Former Vice President, I.M.A. Gujarat (Mehsana)

PLATINUM PATRONS IMA NATCON-2014

NOVA IVI FERTILITY

Nova IVI Fertility ,
Pulse Women's Hospital

DR. MANISH BANKER M.D. (Ob. & Gy.)

- Director - Nova IVI Fertility
- Director - Pulse Women's Hospital
- Past President - Indian Society for Assisted Reproduction [ISAR]
- Chairperson, Scientific Committee, IFFS 2016 (Ahmedabad)

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89th National Conference of

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Hosted By : AHMEDABAD MEDICAL ASSOCIATION

IMA MEDACHIEVERS.COM AWARDS-2014 NEW DELHI

GASTRO ENTEROLOGY SEMINAR Gandhinagar

* * * * *

CME on TUBERCULOSIS Ahmedabad

BLOOD DONATION CAMP L. G. HOSPITAL, MANINAGAR, AHMEDABAD

* * * * *

IMA STUDENT'S WING, AHMEDABAD

AMRELI BRANCH

* * * * *

BHAVNAGAR BRANCH

BLOOD DONATION CAMP GANDHIDHAM BRANCH

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HALOL BRANCH

HIMATNAGAR BRANCH

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JAMNAGAR BRANCH

JETPUR BRANCH

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MEHSANA BRANCH

MORBI BRANCH

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Discussion - VAT Enforcement Procedures on hospitals in Gujarat

Voluntary Marrow Donor & Blood Stem Cell Donation

Give someone a tomorrow *pledge your marrow today*

Marrow Donor Registry-India

Every year more than 3000 people from all races, ethnic communities & socio economic backgrounds are diagnosed with life threatening blood diseases, such as Leukemia, Thalassemia and Aplastic anemia. These patients could be cured with a marrow transplant, but they need matching donors. Many may find matching donors within their family. Many others will need to search for an unrelated donor.

What Is marrow Donor Registry-India (MDR-I) ?

It is a database of HLA-tested, voluntary, Stem Cell/Marrow donors, to facilitate identification of suitable matches for patients suffering from life threatening blood diseases searching for a matched donor. It identifies unrelated donors for patients in need of a marrow/stem cell transplant, having no family member with a suitable tissue match.

Why A Marrow Donor Registry ?

Globally several registries of volunteer marrow donors have been set up especially in USA, UK, France, Australia, etc. Unfortunately India is lagging far behind in this field & does not have a functional Registry to provide a reasonable chance of a successful match for an unrelated donor transplant. We need a voluntary donor pool of at least 1,00,000 donors registered and typed to enable a global search of donors of our ethnic/racial type. This would help not only Indian patients but also those from Sri Lanka, Pakistan, Nepal & other South Asian populations.

How will MDRI work ? Role of MDRI ?

MDRI will match volunteer stem cell donors with patients, arrange collections & transportation of stem cell & manage patient support & research programs. It will enable through its database, a global search for matching Marrow & Peripheral Stem Cells. It will have the assistance & support of international centers & existing registries in various countries-a network of donor centers, recruitment groups, collection centers, apheresis, Transplant centers & laboratories.

Who Can register ?

Volunteer donor must be between the age of 18 and 45 years and in good

health with no history of cancer, diabetes, heart disease or heart attack. He must not be over weight or at risk for contracting AIDS or the HIV virus. These guidelines are established to protect both the donor & patient.

Joining the Registry

Joining the registry is a simple matter of taking blood test and answering some questions about you health. The lab will determine your tissue type, which is then entered into the database. This makes a lot of difference since at any time there are more than 3000 patients searching for a match.

How You Can Help? Procedure for registration.

You May enroll as a potential marrow/blood stem cell donor. When you do so, a series of questions will be asked about your health status. These questions are designed to protect you as well as to ensure that your blood would be safe to use for stem cell transplant & if found eligible, a small sample of your blood will be drawn to test for transmissible diseases and for tissue typing. Your tissue type would be included in the database of potential donors.

Procedure of Harvesting Stem Cells

(Please read the following carefully)

1. Once HLA match is found and you have consented for donation your stem cells will be Harvested/Collected from the peripheral blood by Venepunture, somewhat similar to the process of Blood Donation.
2. However, your blood will flow into a computerized cell separator machine called "Apheresis Machine" automatically.

At the time of registration

At the time of registration, your stem cell will NOT be collected. We will only take 3 small vials of Blood sample for preliminary testing.

If you are fortunate to be a match

If and when you are found a match with a serious patient with Blood Cancer, your stem cells will not be obtained by any Bone Marrow puncture, they are collected from the peripheral blood by venepunture, somewhat similar to Blood or Platlet Donation.

For this simplified procedure, we have to **mobilise your stem cells** into the peripheral blood by giving you growth factor injection once daily for 5-6 days prior to the donation procedure. The stem cells collection is done in the Blood Bank only once and the procedure takes about 3-4 hours.

What happens after you register ?

When a search request comes in, your tissue type in the registry is compared with the tissue type of patients in need of a transplant. If you are identified as a preliminary matched donor for a particular patient, additional tests are done to determine if the tissue types of the donor & patient are perfectly matched for a transplant. If you are found to be the best available match for a patient, you may be asked to donate blood stem cells for BMT.

Bond of Commitment

Joining MDRI registry involves a commitment of time.

You may be motivated to join the registry by the story of a loved one or someone in your community who needs a transplant. If you join the Registry, however it means you may be asked to donate to any ethnic origin, anywhere in the World. Patients are counting on volunteers to be both willing and available if they are identified as a potential match. Please discuss this with your family before registering with us.

Joining the Registry is voluntary. You may change your mind at any point of time. But please do notify your decision to MDRI office immediately.

The Donor does not need to pay anything during registration.

Commitment of involvement

You may be called immediately to donate stem cells or marrow, but in the meantime you can do something active to provide hope and help to save lives. Consider giving blood or platelets, if you are able. Transplant patients rely on these blood products. Volunteer your time and talents at MDRI. Be a part of the recruitment group. Tell your friends and family about the need for life saving donors.

What do I get in Return ?

"The satisfaction, that I gave someone a second chance to life without wanting anything in return". This is what a donor said after giving his stem cells for a leukemia patient. How many of us get a chance to give life to another person ?

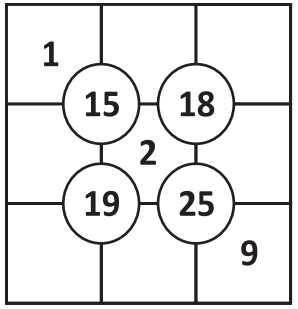
Donor/Patient Communication

Although you donate marrow or PBSC anonymously, you may have the option to communicate with the recipient. Whether or not you ever get to meet your recipient, you will always know you had the privilege of giving another person a second change.

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 T V Channels Name

Key	Words
4 Letters	1
6 Letters	3
8 Letters	2
9 Letters	1

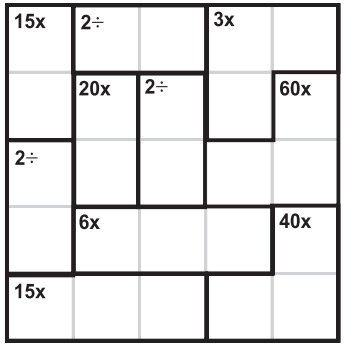
LO	FO	US	JT	HA	PL
AR	RA	ERY	CO	FO	OV
OD	NY	AK	DI	SO	ST
SC	SA		AA	RS	OD

Sudoku

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

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

KEN KEN PUZZLE

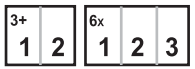


1 write down 1 to 5 in each row and each column in such a way they come only once, in each row and column.

2 The heavily-outlined groups of squares in each grid are called "cages." In the upper-left corner of each cage, there is a "target number" and a math operation (+, –, x, ÷).

3 Fill in each square of a cage with a number. The numbers in a cage must combine—in any order, using only that cage's math operation—to form that cage's target number.

FOR EXAMPLE



4 The number written in the cage of one square, will be the answer for the cage.

5 Important: You may not repeat a number in any row or column. You can repeat a number within a cage, as long as those repeated numbers are not in the same row or column.

P.N.D.T. ACT & DOCTORS

Facts regarding Female feticide and Sonography:

It is an age old problem of Hindu society due to Hindu Mythology and thinking.

'Female feticide '- is a really challenging issue and also worrisome because reduction in number of females in society has created serious problems in society and will create more serious problems in future. So it has to be tackled seriously. But the way government authorities are tackling it under the P.N.D.T. act – considering the Sonography and Sonologists as sole culprits - is a more dangerous thing.

- Even before the invent of sonography there was a cruel custom of killing the new born girl child- so called 'Dudh Piti Karana' in our country.
- In most developed countries like USA & U.K. and in most underdeveloped countries where the human rights of women are at lowest level like Pakistan & Afghanistan - Sonography machines are used since last many years but no such act like P.N.D.T- restricting the use of sonography inhumanly is required till date.
- No Sonologist/ Radiologist invites or compels any patient for Sex determination and no Gynecologist compels any patient for female feticide. A radiologist/ sonologist's clinic is not a government office that people have to go for a particular work to that office only without option and have to satisfy their demand to complete your work successfully e.g. - to get ration card you have to go to a particular Mamlatdar office of your area, to get your property registered you have to go to a particular registering authority of that area. On the other hand for medical problem a patient can go for diagnosis and treatment to any doctor of his choice.
- All the above facts indicates that the real cause of female feticide is not the 'Use of Sonography machines' but it is the mentality and demand of society particularly Hindu Community that has created the problem. It is really a social problem, not the problem of Sonography. The real primary culprits are not the Sonologists and Gynecologists but are the parents of that female fetus.
- Sonography is the best invention of 20th century in the history of human health. It is the cheapest and easily available modality for diagnosis of many diseases of human being and animals also. It is helpful in diagnosis of diseases of Liver, Gallbladder, Pancreas, Kidneys, Spleen, Uterus Ovaries and Intestines. It is also used in the diagnosis of diseases of breasts, eyes, bones and joints, muscles, thyroid, infant brain, fertility disorders of female and male, heart diseases etc. It is also useful as a guidance tool to take biopsy

from internal organs of body to diagnose cancer. It is used to remove pus collection from internal organs of body. It is widely used in diagnosis of cancer of breast and uterus in female and prostate in male. It is used to detect congenital anomalies of intrauterine fetus, to know the age of fetus, probable date of delivery, fetal growth in uterus, fetal position in uterus, number of fetuses in uterus, cardiac activity of fetus etc. So, the sex determination of intrauterine fetus is only a misuse of sonography making a small percentage of total sonography examinations. But the law makers and regulators have unthoughtfully restricted use of sonography in diagnosis of all the above diseases which is not at all fare in vast interest of people at large.

- On the other hand, the government officers regulating the P.N.D.T. act and the Female activists think that the Sonography and Sonologists are primary culprits for female feticide which is totally wrong. They are trying to restrict the use of Sonography by various unjustifiable amendments in law which are against the fundamental right of patients and doctors.
- If we consider it logical and fare to restrict sonography examinations and keep strict record of them by every clinic/ hospital because of fear of sex determination and female feticide then there should be strict record keeping of sales and daily use of kerosene and kitchen knives by every house wife, as kerosene is used to burn many ladies daily and kitchen knives are used to murder many persons daily in our country. We should also restrict and ban vehicles running on the roads as many people are dying due to road accidents done by irrational drivers daily.
- Some Sonologist and Gynecologists are only helping these parents to get rid of their unwanted female fetuses and these doctors are secondary culprits. I cannot deny totally the responsibility of these doctors for worsening the sex ratio.

Implications of present provisions of P.N.D.T. act.

- Suppose an old person gets a fracture of hip joint or paralysis and after some treatment at hospital he/she is advised to take rest at home. If he gets some pain or problem in his abdomen and sonography is advised by a doctor visiting at his home to diagnose his pain or problem, he has to be shifted to Sonography Centre or Hospital where sonography facility is available even if there are chances of damage to healing process of his fracture or damage to his body parts during transportation. Because under present PNDT act Portable sonography is totally banned at home even in serious condition of these old patients. Sonography is not allowed at home for male patients or old female patients also where there is no chance of pregnancy or sex determination.
- Suppose a patient is admitted in I.C.U. or I.C.C.U with serious illness and is

unconscious or on oxygen therapy or on ventilator with many tubes, I.V. fluid lines & catheters in his body. If sonography examination is required for this patient for any abdominal pathology or to see condition of his kidneys, Liver, Heart or to detect abnormal fluid collection in his body cavities and if sonography machine is not there in ICU/ ICCU centre or if Radiologist of that ICU/ ICCU centre is not available due to any reason , no other radiologist can do this patient's sonography on his portable sonography machine or even on stationary machine of that ICU/ ICCU under provisions of present PNDT act. This patient has to be shifted with oxygen and ventilator (which is not possible) to another Radiologist's clinic for sonography or in vehicle of another Radiologist equipped with portable sonography machine where machine and vehicle both should have been registered by P.N.D.T. authorities. In fact no present day four wheeler vehicle is fit for comfortable sonography examination of patient. Second this vehicle should be supplied with AC power supply as sonography machines require AC power supply. A radiologist cannot afford to buy such costly vehicle just for few portable emergency sonography examinations as routine portable sonography is banned in vehicle. Again if this vehicle gets accident or is put in garage for servicing, then this radiologist cannot use his vehicle or another rental vehicle to carry his portable sonography machine to do sonography examination of serious patient. Even if this patient is male or non pregnant old woman or child, sonography cannot be done at his bedside according to present PNDT act. This is totally inhuman.

Secondly, if there is fear of sex determination in ICU/ ICCU of hospital then it is also possible to do sex determination in vehicle carrying portable sonography machine. There is no meaning of this rule to do portable sonography in registered vehicle only. It is harassment for indoor serious patients denying their right to get sonography done at their bedside.

- According to present P.N.D.T. act a Radiologist/ (Sonologist) registered at particular registered sonography centre can only do sonography there. No other Radiologist/ (Sonologist) who is not registered for that centre can do sonography at that centre. Suppose a registered Radiologist of that centre gets ill or he has to go out of city for unavoidable social reasons, then even in emergency cases no other radiologist can do sonography at that centre without prior registration with P.N.D.T. authorities. This is totally inhuman and unfair.
- Medical Council of India has introduced credit point system for renewal of registration of medical Practioners working in private as well as government sector in our country. Every Allopathic doctor has to collect 30 credit points every year by attending C.M.Es. or conferences to update his knowledge. A full three day state or national conference offers 8 to 9 credit points. So a

doctor (Including Radiologist / Sonologist) has to attend many State/ National conferences during a year to get credit points required for renewal of his registration of M.C.I. and for updating his knowledge of medical field. According to present P.N.D.T. act, if a Radiologist goes to attend a conference, no one can do sonography work for him at his clinic or at trust or private hospitals where he is registered to do sonography. This causes problems for the patients of his clinic & those hospitals for diagnosis of their diseases as well as economic loss to radiologist and hospitals where he is registered for working.

- According to amendment of 4th June 2012 in P.N.D.T. act (presently stayed by Delhi High court) a Radiologist/Sonologist can do sonography at only two places. Suppose about 15 to 20 Radiologists (Sonologists) of the city are going to attend a State or National Conference, who will do the Sonography of serious patients of those hospitals where they are registered? Because no other unregistered Radiologist can do sonography there as per Present PNDT act and its recent amendment which is more dangerous. Many patients will die due to lack of proper diagnosis due to non availability of sonography test for them.
- According to recent amendment of 4th June 2012 in PNDT act registration fee for Sonography machines is increased from Rs. 3000/- to Rs. 25000/- and from Rs. 4000/ - to Rs. 33000/-. This is totally unfair. Doctors have to pay many other fees & taxes to run their clinics & hospitals like 1. Income tax 2. Professional tax 3. Professional tax of employees 3. X-ray Machine registration (AERB) and renewal charges 4. Clinic/ Hospital property tax of municipal corporation 5. Clinic/ Hospital registration and renewal charge of Local governing authorities 6. Registration and renewal charge of Pollution control board. 7. Charges of medical waste disposal 8. Registration charge of Provident fund authorities. 9. Registration charge of T.P.A of insurance company for cashless service to patients 10. Registration charges for lifts/ elevators and many others. So this increase is totally unnecessary and unjustifiable. If government at all want to restrict sonography centers in private sector by increasing this registration fee, then I suggest kindly totally ban sonography in private sector and allow it to be done in government hospitals and clinics only.
- Sonography machines are costly electronic machines with prices ranging from Rs. 3 Lacs to 50 Lacs. Due to electronic components, wear and tear of machines are very common. Machine selling companies are taking high charges of service contract and repairing due to monopoly business. No part of particular machine is available in open market. We have to bye the parts of machine from authorized dealer of the machine manufacturing company. They are charging in thousands and lac. Many times repair is done even after months. So at that time heavy economic burden has to be faced by

Radiologist (Sonologist).

According to present PNDT act, that Sonologist, whose machine is out of order, cannot bring another sonography machine at his clinic/ hospital for temporary use during the breakdown period from a doctor friend who has spare sonography unit or even machine repairing company cannot put spare unit at sonologist's clinic till repairing of his machine. This is not at all fare. A Sonologist should be allowed to bring spare machine at his clinic/ hospital from another clinic/ hospital or from repairing company on temporary basis to compensate economic loss.

Why female feticide is going on even after strict PNDT act?

- Mentality of people for preference of at least one male child cannot be changes in a day. It will take many years.
- Every new law made by government or Supreme court in good faith is being converted in to new source of corruption by government authorities who are in charge of implementing this law in our country. i.e. Ban on liqour in Gujarat state, Pollution control act, Various laws for driving a vehicle including helmet wearing and seat belts, PNDT act etc.
- Real culprits of female feticide- the parents of the female fetus– are hardly punished under PNDT act as compared to Radiologist and Gynecologists. When many parents will be punished under PNDT act and it will be published in media by government, then the number of sex determination and female feticide will reduce dramatically.
- Most of the sex determination and female feticide centers are doing their activity probably with knowledge of District authorities (i.e. D.H.O.) and many D.H.O. are probably regularly collecting money as bribe from these centers. This is probably the most important cause of non stoppage of female feticide. When pressure is increasing on this D.H.O. to take action to improve sex ratio in their area, they are harassing innocent Sonologists particularly by showing minor mistakes in PNDT record form 'F'. They give notices to innocent doctors and many times even seal their machines to show the number of cases to higher authorities. Rather than taking action on real culprits by doing sting operation at female feticide centers, they are harassing Sonologists in the name of incomplete recoding of 'F' forms. Some D.H.O or their office staff demands extra money from the Sonologist to grant registration or renewal of registration of sonography centre in addition to prescribed high registration fee.
- In states like Gujarat and Madhya Pradesh there is a law that only that person can be elected in local self government body (Gram Panchayat, Taluka Panchayat, District panchayat) who has maximum two children. If an elected person becomes father of third child, he automatically becomes

disqualified from his post and is removed from that local self government body. So many of the persons who want to make political carrier, after one female child will try to get second male child because they cannot take risk of third child. So they try every where and by any mean for sex determination and female feticide.

How can we Stop/Redude rate of Female Feticide with out Harrassing innocent doctors & with Rational use of Sonography ?

- Sonography examination can only be allowed to be done by Radiologist (Sonologist) and Gynecologist with post graduate degree/ Diploma/ D.N.B degrees only.
- No doctor with only M.B.B.S. degree and training of sonography for some months or years should be allowed to do sonography
- No non-allopathic doctor with diploma, graduate or post graduate degree should be allowed to do sonography of any type.
- Centers and hospitals run by or owned by non –allopathic doctors should not be allowed to get registration of Sonography centre or medical termination of pregnancy. No qualified allopathic Radiologist (Sonologist) or Gynecologist should be allowed to visit these centers for sonography examination or for any type of gynecological or obstetrical operation including medical termination of pregnancy. Charitable trust hospitals run by non-allopathic doctors should be included in this rule. No portable sonography should be allowed at this type of centers in any case.
- Rather than giving more stress on preventing sex determination by sonography, more stress should be given to prevent female feticide by medical termination of pregnancy.
- Rather than giving more stress on record keeping and submission of 'F' forms, more stress should be given on sting operations targeting doctors doing sex determination by sonography and doing fetal feticide by M.T.P.
- Large number of advertisements should be given in electronic and press media regarding provisions of punishment and penalties for parents caught for sex determination and female feticide.
- Postal address of Central Supervisory Board and State Supervisory Board of P.N.D.T. act should be regularly published in T.V. media , so that people can directly send information in writing regarding centers doing sex determination and female feticide because many times local authorities are not interested in taking action against these centers due to many reasons. Local people are always aware of this type of centers.
- Law of Gujarat and Madhya Pradesh states allowing maximum two children to hold post at local elected self government bodies should be removed or number of female children should not be included while counting the number

of children for implementation of this law.

- Condition of Law and order should be improved in country to prevent sexual assaults on ladies and to prevent torture and homicide of females due to social reasons. Government should restrict expenses done on marriage of female and take strict action on dowry demand so that no parent will consider a female child as an economic and security burden on family.
- Government should ban over the counter sale (without written prescription of Gynecologist) of pregnancy termination pills from medical stores.

Changes Required in P.N.D.T. act to stop difficulties faced by innocent doctors and public at large to utilize sonography for diagnosis of patients' diseases in best possible ways

- Two Practicing Radiologists (Sonologists) should be made permanent member of Central supervisory Board, State supervisory boards and District supervisory boards rather than only making them invited members as Radiologist is most concerned doctor in P.N.D.T. act.
- Registration fee for Sonography and other centers under P.N.D.T. act should be kept minimum as increase in fee ultimately goes on the pockets of patients and secondly a doctor who has to pay higher, unjustifiable fee for registration and renewal may try to compensate by doing sex determination. A thought of increasing registration fee to reduce the number of sonography centers is totally inhuman and against natural justice.
- There should be graded penalty for various types of offences under P.N.D.T. act rather than sealing the machine for minor fault like incomplete filling of form 'F'
- Submission of filled 'F' forms of sonography examinations to the D.H.O. office should be kept every three monthly with period of 15 days for submission, as some places of sonography centers may be very remote from district head quarters and many times during first 5 days of months, the Sonologist may not be present in his clinic/ hospital due to social reasons or attending conferences out side his city/ town.
- Echocardiography and MRI centers without Sonography facilities should be excluded from PNDT registration after taking affidavit from them that they will not conduct any obstetric examination.
- In the event of break down of a sonography machine of a Sonologist , he should be allowed to bring a spare machine at his clinic/ centre from his colleague doctor or repairing company for temporary use (till repair of his machine) by just written information to PNDT district authority. No separate registration or permission should be required for that.
- In short term(up to 30 days) absence of Sonologist from his registered

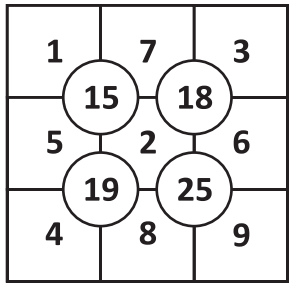
clinic/ centre/ other hospital where he is working- another qualified Sonologist should be allowed to do sonography for him at his working places without any prior permission of District PNDT authority but with written information to PNDT authority only.

- No vehicle registration should be required for emergency portable sonography, only Portable sonography machine should be registered with a qualified Radiologist/ Sonologist' centre.
- Portable sonography should be allowed only when advised by qualified post graduate allopathic doctor of hospital/ ICU/ ICCU. No registration should be required under PNDT act for that hospital/ICU/ ICCU where Radiologist visits for emergency portable sonography from outside with his own machine. If emergency portable obstetrics sonography is required then 'F' form should be filled by Radiologist doing sonography mentioning the place of portable sonography examination done and that 'F' form should be submitted to district authority with other 'F 'forms of his own clinic/ centre.

Dr. Navin D. Patel, M.D. (Radiology)
SURAT (Gujarat)

Answers

Chhota Sudoku



7 BR OK EN Words

1 SONY
2 COLORS
3 SAHARA
4 AAJTAK
5 STARPLUS
6 FOOD FOOD
7 DISCOVERY

Sudoku

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

KEN KEN PUZZLE

15x 5	2÷ 2	4	3x 3	1
3	20x 5	2÷ 2	1	60x 4
2÷ 2	4	1	5	3
4	6x 1	3	2	40x 5
15x 1	3	5	4	2

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GUJARAT STATE BRANCH

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