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**STATE PRESIDENT'S MESSAGE**

Respected Members,

Seasons Greetings..!!

Wishing you all Happy Independence Day !

May the flavors of festivals like Rakshabandhan; Janmashtami etc. Fill our life in this month !

As we know that the obsolete Drugs and Cosmetic act 1940 is being replaced by the proposed new Drugs; medical devices and cosmetics bill and comments from public and stakeholders was solicited.

Draft bill proposes new definitions for a clinical trial; over the counter drugs; manufacturers; medical devices; new drugs; bio-availability studies; investigational new drugs; and more .

The bill also seeks to regulate online pharmacies and medical devices. It imposes penalties such as imprisonment and compensation in case of injury or death during clinical trials for drugs.

As we are aware that atrocities against our fraternity has increased nowadays. I feel we should be very careful, have to follow all SOP'S, All local Branches should arrange Medico legal workshops, should make everyone more aware with all Medico legal problems. Everyone should document complete history with written consent for every procedures, Every local branch should have social media group with communication with police department. Only solution is Documentation, Honesty and unity. Be master in Medicolegal queries. All our dear friends know about Media impact now. Each and every patient will have smart phones, can record whole event in any given time and make it viral. Communication is very important after



seeing any patient. We should clearly explain what we are suspecting and what treatment we are giving, what are the adverse effects we expect from our treatment etc. Everything should be conveyed to our patients without hesitation. Please be frank and never hesitate for expert opinion or further investigations.

Last month we had meetings of various schemes run by IMA. Our all welfare schemes are very beneficial for members and family. We appeal all the members to be a member of all these beneficial schemes and encourage our colleagues and friends.

IMA GSB had organized state level Tennis tournament . It was a great successful event. Team IMA GSB congratulates all the winners and participants. Our sincere thanks to all who had worked hard to organize this event. Looking to success of this event; we are encouraged to do more such activities .

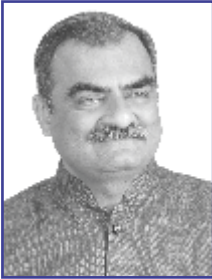
IMA Mehsana branch is publishing their members directory. We congratulate them. The past has taught us the importance of keeping friends and family close and nothing can be better than this handy information which serves beneficial in times of emergency or for routine work. We appeal Office Bearers of all the major branches of IMA; to take up this project of members directory .

During this seasons of monsoon; vector borne disease is rising. We request all the members to take utmost care of themselves and their family members and take all necessary precautions.

Take Care - Be safe !!

Jay Hind & Long Live IMA !!

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

**HON. STATE SECRETARY'S MESSAGE**

Dear Members,

It gives us great pride to note that we have successfully completed 75 years of independence. This day is marked by a strong sense of patriotism and nationalism across the country. The day also reflects our pride and solidarity in the country's diversity. It's the day when we put aside our cultural differences and come together as true Indians. The necessity for youth awareness arises from the fact that the nation's future rests on the youngsters and their power to influence the country.

Let us all take a pledge to make this day and the coming year all the more successful, fruitful and happier for all including our friends, family and foes.

These are turbulent times. There is an ongoing war to be dealt with, rising prices, inflation, unemployment and a multitude of issues are plaguing the society today. But there is always a silver lining in the dark clouds hovering above the world right now. We sincerely hope that every sunrise brings with it, new hopes, aspirations and expectations and help ease the affliction. As the Buddha says,

"When you can't control what's happening, challenge yourself to control the way you respond to what's happening. That's where your power is."

Today is the time of change. No two days are same nor are two minutes of your time. It is a fast-paced life and the speed at which the world is progressing is humungous. Technology and science have surpassed all boundaries. Innovations and inventions are being churned out dime a dozen. Isn't it very apt now that, we as doctors



also embrace the current trend and use the technology at hand to upgrade our fraternity and help it reach international levels?

The need of the hour is to embrace various new dictums like artificial intelligence, data analytics, medical coding, encryption, etc. We as the supreme intellect have to improvise and be positive to lead from the front into the future. Don't let procrastination become a habit.

August 12th is celebrated as International Youth Day. It is a day notified by the United Nations to draw attention to the problems and issues plaguing the youth of today. The youth are the future of the world and it becomes imperative for all of us to address their concerns on priority. Let's hope the fresh blood of youngsters infused into the medical fraternity makes us that much more tech savvy and innovative for a better tomorrow.

***"As long as you feel pain, you are still alive,
As long as you make mistakes, you are still human;
And as long as you keep trying, there still hope."***

It becomes very imperative for the present generation of practitioners to become more proactive and actively involve themselves in counselling and educating the patient as well as their kith and kin. This helps reduce the stress and clears the doubts in their minds. Obviously, it will lead to a decrease in the number of unwarranted legal implications compounding the medical practice of today.

***"Seek permission from your capabilities, seek a break from your frailties,
Seek interruption from your deterrents, seek affirmation from your parents,
Seek strength from your potentiality, seek blessings from the Almighty."***

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



Report of "IMA Gujarat State Branch Tennis Tournament"

First Gujarat state branch IMA Tennis tournament organised with very enthusiastic participation across the Gujarat, more than 100 doctors played the game with excellent performances, good discipline, and commitment, from young Dr. to 75yrs energetic Dr., and also with female doctors too... **Thanks to Pramesh Modi and Ace tennis Academy team and KD hospital** for overall support and making event grand success.

During two days of tournament approximately 250 matches were played. Amongst all participants with great discipline, sportsmanship and vigour. Female members also participated with great enthusiasm. Our respected senior members aged more than 60 also displayed great passion and fitness during tournament. Despite hot and humid environment matches were played from 6 am in morning to 9 pm in evening. Below are the results of tournament group wise.

Above 45-Singles :

Champion : Dr Nilesh Desai, M.D. Medicine, Ankleshwar

Runners Up : Dr Gaurang Kadam, M S D N B Urology, Ahmedabad

Above 45- Doubles :

Champion : Dr Nilesh Desai, MD Medicine, Ankleshwar with
Dr Suresh Iyer, MD Pathology, Surat

Runners Up : Dr Devaang Thakkar, MD Radilogy, Gandhinagar with
Dr Pritesh Shah, M.S Orthopedics, Ahmedabad

Below 45 - Singles :

Champion : Dr Nirav Trivedi, MS MCH Head and Neck Surgery, Mehsana

Runners Up : Dr Rashmin Sadrani, MS Orthopedics, Ahmedabad

Below 45- Doubles :

Champion : Dr Jayesh Gohel, MS, Associate Professor, Surgery,
GMERS, Himmatnagar

Dr Lalan Sutariya, MBBS, ESIC Hospital, Gandhinagar.



Runners Up : Dr Nirav Trivedi, MS, MCH, Head & Neck Surgery, Mehsana
Dr Akash Patel, MD Pediatrics, Mehsana.

Female

Champion : Dr. Hetal Vora, Ahmedabad.
Dr. Rupa Shah, Vadodara.

* * * * *

Few Reviews and Memories of our Esteemed Members who Participated in Event.

'It was a wonderful feast of tennis for 2 days though it was exhaustive, testing our limits. The event brought so many of our colleagues from all parts of Gujarat to Ahmedabad.

Nileshbhai requires a special kudos to visualize, conceptualize this tournament and execute it.

Thank you Dr Mehulbhai and his whole IMA team for the whole hearted support for the event. He was the last person to leave the venue today after the matches were completed. He was constantly trying to help with the logistics at the venue. Thank you Mehulbhai for all the support.

The team at ACE academy was excellent in managing the event. We missed to see Dimitrii play, maybe next time.

The whole tennis gang of Maninagar (Niravbhai, Manishbhai, Rajbhai, Pragneshbhai) deserve a special thanks for repeatedly visiting the venue for the logistics and draws for the event.

The whole team did a wonderful job. Thank you everyone for coming to Ahmedabad to make this tournament a success.'

- Dr Gaurang Kadam, Ahmedabad.

Congratulations to all winners. It was French Open experience in Ahmedabad, love the clay courts, enjoyed meeting old colleagues after a long time that too in a different field. Kudos to organizers.

Thanks all players and IMA for such a wonderful Tennis feast

Dr Chirag Joshi, Gandhinagar



Superb Arrangement by IMA. One of the Best Clay Court experience. Great Matches in this much Heat. All play with Good Sportsmanship.

Really enjoyed.

- Dr Lalan Sutarya, Gandhinagar

Thanks to all Organizers, IMA, Players, Ground Staff, Dear Friends, Colleagues for a wonderful tennis fiesta . Tennis for doctors has already moved to a different level in Gujarat

- Dr Suresh Iyer, Surat

It was fantastic tournament... enjoyed it. Special thanks to Dr. Mehulbhai, Dr. Manish and Dr. Nilesh for coordinating this entire event. Congratulations to all the winners and most inspirational personality of IMA Gujarat Tennis Group Dr. Pravin Trivedi who plays a fantastic tennis at the age of 75 year.

"Ye Dil mange more" such tournaments !. Meticulously planned & beautifully organized event. The exemplary feature of this tournament was sportsmanship & comradire amongst players & organizers. Congratulations to participants, winners & of course organizers.

- Dr Purav Thakkar, Ahmedabad

Report of AMACON-2022 "Annual Conference of Ahmedabad Medical Association "

An annual mega conference AMACON was organized on 19th June 2022 at J B Auditorium, Ahmedabad Management Association, There were 12 scientific lectures presented by experts of different specialities. All the lectures were very informative. Wordings from જગદ્ગુરુ શ્રી વલ્લભાચાર્ય વંશાવતંસ વૈષ્ણવાચાર્ય ગોસ્વામી શ્રી મધુસુદનલાલજી (શ્રી તિલકભાવાશ્રી) generated spiritual vibes at the event. The Conference was inaugurated by **Smt. Nimishaben Suthar**, Hon. Minister of State - Tribal Development Health & Family Welfare, Medical Education, Government of Gujarat. Parallel, Scientific Paper & Poster Presentation was arranged. 380 Post graduate students from various medical colleges presented their researches. The spouse programe was also wonderful & memorable. Total 570 delegates partipated in the conference.



NEWS CLIP

गांधीधामમાં ડોક્ટર્સ ડેની કરાઈ ઉજવણી

સિદ્ધિ મેળવનારા
૧૬ તબીબનું
કરાયેલું સન્માન



ગાંધીધામમાં તબીબી સંગઠન દ્વારા ડોક્ટર્સ ડેની કેક કાપી ઉજવણી કરાઈ. આ વેળાએ ઉપસ્થિત તસવીરમાં નજરે પડે છે.

ગાંધીધામ, તા. ૬ : અહીંના ઈન્ડિયન મેડિકલ એસોસિયેશનની (આઈ.એમ.આઈ.) શાખા દ્વારા ડોક્ટર્સ ડેની ઉત્ખંગભરે ઉજવણી કરાઈ હતી. કાર્યક્રમમાં ૧૬ તબીબને એવોર્ડ આપી સન્માનિત કરાયા હતા.

ગાંધીધામ બ્લોક બેંક ખાતે તબીબ દિવસની ઉજવણી કરાઈ હતી. પ્રારંભમાં આઈ.એમ.આઈ.ના પ્રમુખ ડૉ. ગબરી દ્વારા આરોગ્ય યજ્ઞ સંપન્ન કરાયાં હતાં, જેમાં તબીબો અને પરિવારના સભ્યો ઉપસ્થિત રહ્યા હતા.

એવોર્ડના વિતરણ સમારંભમાં અતિથિપદે ડૉ. ભાવેશ આચાર્ય, ડૉ. ખાનચંદાણી, ડૉ. હાંતચંદાણી,

ડૉ. વી. એલ. મોરબિયા, ડૉ. રમેશ ગિરધાની હાજર રહ્યા હતા. કાર્યક્રમમાં જુદા-જુદા સેત્રમાં સિદ્ધિ હાંસલ કરનારા ડૉ. રાજેન્દ્ર શાહ, ડૉ. નરેશ જોષી, ડૉ. અમિત માહેશ્વરી, ડૉ. દિનેશ હરાણી, ડૉ. નીતિન ઠક્કર, ડૉ. હસમુખ કેલા, ડૉ. ભદ્રેશ લાણવાણી, ડૉ. જે. કે. આચર, ડૉ. ભાવિકા પત્રી, ડૉ. પેવત મહેતા, ડૉ. રાજેશ માહેશ્વરી, ડૉ. મનીષ યુગસમા, ડૉ. ચેતન વોરા, ડૉ. રાજેશ ખત્રી, ડૉ. રવજી મોરકિયા, ડૉ. વિકાસ અને ડૉ. શિલ્પા તોષનીવાલને

એવોર્ડ એનાયત કરાયાં હતાં. આઈ.એમ.આઈ.ના પ્રમુખ ડૉ. બળવત મઠનીએ પ્રાસંગિક ઉદ્બોધન આપ્યું હતું. કાર્યક્રમનું સંચાલન ડૉ. પુનમ ગુપ્તા અને ડૉ. શિલ્પા તોષનીવાલે કર્યું હતું. ડૉ. ચેતન વોરાએ શાપરી સાથે વક્તવ્ય આપ્યું હતું. આ વેળાએ ડૉ. હાંતચંદાણીના જન્મદિવસની ઉજવણી કરાઈ હતી. આ અવસરે તનિષ્ઠ જીવેક્ષક દ્વારા તબીબોને વિશેષ ભેટ અપાઈ હતી.

હિંમતનગર રેડક્રોસ સંસ્થામાં ડોક્ટર ડેની ઉજવણી



ફોટો : અમિત રાવલ

પાણપુર : હિંમતનગરની રેડક્રોસ સંસ્થામાં ડૉક્ટર ડેની ઉજવણી નિમિત્તે પ્લડ કેમ્, રોગ નિદાન કેમ્ (ડાયાબિટીસ અને અનેમીયા) તથા હાઈજીન કીટના વિતરણનો કાર્યક્રમ આઇ.એમ.એ. હિંમતનગરના સહયોગથી યોજાયો હતો. આઇ.એમ.એ. ડૉક્ટર વુમ્બસ વિંગ, સ્પાઉસ કલબના સભ્યો તથા રેડક્રોસનો સ્ટાફ પરિવાર ઉપસ્થિત રહ્યો હતો.



ડોક્ટર કે ના દિવસે આઈ એમએ દ્વારા રેડક્રોસમાં બ્લડ કેમ્પ-રોગ નિદાન કેમ્પ અને હાઇજીન કીટનું વિતરણ કરાયું



વૃદ્ધા વિદ્યા નાથુ, રાજકોટ : ૧ મી જુલાઈના રોજ આઈ.એમ.એ. દ્વારા રેડક્રોસમાં બ્લડ કેમ્પ-રોગ નિદાન કેમ્પ અને હાઇજીન કીટનું વિતરણ કરાયું. આ કાર્યક્રમમાં આઈ.એમ.એ.ના સભ્યો અને સ્ટાફના સહયોગે આ કાર્યક્રમનું આયોજન કરાયું હતું. આ કાર્યક્રમમાં આઈ.એમ.એ.ના સભ્યો અને સ્ટાફના સહયોગે આ કાર્યક્રમનું આયોજન કરાયું હતું. આ કાર્યક્રમમાં આઈ.એમ.એ.ના સભ્યો અને સ્ટાફના સહયોગે આ કાર્યક્રમનું આયોજન કરાયું હતું.

સંક્ષિપ્ત સમાચાર

ડોક્ટર કે નિમિત્તે કામરેજ યાર રસ્તા ખાતે રક્તદાન શિબિર યોજાયું

કામરેજ : ૧ મી જુલાઈના રોજ આઈ.એમ.એ. દ્વારા રેડક્રોસમાં બ્લડ કેમ્પ-રોગ નિદાન કેમ્પ અને હાઇજીન કીટનું વિતરણ કરાયું હતું. આ કાર્યક્રમમાં આઈ.એમ.એ.ના સભ્યો અને સ્ટાફના સહયોગે આ કાર્યક્રમનું આયોજન કરાયું હતું.



મેડિકલ એસો.એ યોગ દિવસ ઉજવ્યો

સુરત : ઉચ્ચત મેડિકલ એસોસિએશન, મેડિકલ કન્સલ્ટન્ટ એસોસિએશન અને ફેમિલી ફિઝિશિયન સંસ્થાના યોજાતા વિવિધ મેડિકલ એસોસિએશનને વિશ્વ યોગ દિવસની ઉજવણી કરી હતી.



ગૃહ મંત્રી હર્ષ સંઘવી સાથે આઈ.એમ.એના વિવિધ પ્રશ્નોની ચર્ચા



(સૌરાષ્ટ્ર કાંતી કાર્યાલય-રાજકોટ)
ગાંધીધામ, તા. ૨૧
એસ.પી. કચેરી ગાંધીધામ ખાતે ગૃહમંત્રી હર્ષ સંઘવી તેમજ વિધાનસભા અધ્યક્ષા ડો.નીમાબેન આધાર્ય અને સાંસદ વિનોદભાઈ ચાવડા સહિત તમામ પ્રેસિડેન્ટ ડોક્ટર બળવંત ગઢવીએ આઈએમએને લગતા તમામ પ્રશ્નોની રજૂઆત કરી અને હેતુઓમાં પર આપ્યો હતો. આ પ્રસંગે ડોક્ટરો મટે દર્દીઓની સારવાર ભયમુક્ત વાતાવરણ અને ભયમુક્ત હોસ્પિટલ સારવાર માટેની હિમાયત કરી તેના વિશે વિગતવાર ચર્ચા કરાઈ હતી જેના અનુસંધાનમાં મંત્રીએ જણાવ્યું હતું કે આ પ્રશ્ન શક્યનો છે અને સરકાર તેની વિચારણામાં છે તેમજ અન્ય પ્રશ્નોનું નિવારણ પણ યોગ્ય રીતે કરવામાં આવશે તેવી હેયાધારણા આપી હતી. આ સાથે ગૃહ મંત્રી નું સન્માન પણ કરવામાં આવ્યું હતું તેમજ ગૃહ મંત્રી આવતા મહિને ફરી પાછા આવશે તથા આ બાબતે આગળની કાર્યવાહી કરશે તેમ કહેતા હાજર સૌએ આનંદ વ્યક્ત કર્યો હતો. આ પ્રસંગે વિવિધ સંસ્થાઓના પ્રમુખ તેમજ સમાજ અગ્રણીઓ હાજર રહ્યા હતા. (૧૩)

ગૃહ મંત્રી હર્ષ સંઘવી તેમજ વિધાનસભા અધ્યક્ષા ડો.નીમાબેન આધાર્ય અને સાંસદ વિનોદભાઈ ચાવડા સહિત તમામ પ્રેસિડેન્ટ ડોક્ટર બળવંત ગઢવીએ આઈએમએને લગતા તમામ પ્રશ્નોની રજૂઆત કરી અને હેતુઓમાં પર આપ્યો હતો. આ પ્રસંગે ડોક્ટરો મટે દર્દીઓની સારવાર ભયમુક્ત વાતાવરણ અને ભયમુક્ત હોસ્પિટલ સારવાર માટેની હિમાયત કરી તેના વિશે વિગતવાર ચર્ચા કરાઈ હતી જેના અનુસંધાનમાં મંત્રીએ જણાવ્યું હતું કે આ પ્રશ્ન શક્યનો છે અને સરકાર તેની વિચારણામાં છે તેમજ અન્ય પ્રશ્નોનું નિવારણ પણ યોગ્ય રીતે કરવામાં આવશે તેવી હેયાધારણા આપી હતી. આ સાથે ગૃહ મંત્રી નું સન્માન પણ કરવામાં આવ્યું હતું તેમજ ગૃહ મંત્રી આવતા મહિને ફરી પાછા આવશે તથા આ બાબતે આગળની કાર્યવાહી કરશે તેમ કહેતા હાજર સૌએ આનંદ વ્યક્ત કર્યો હતો. આ પ્રસંગે વિવિધ સંસ્થાઓના પ્રમુખ તેમજ સમાજ અગ્રણીઓ હાજર રહ્યા હતા. (૧૩)



Be a Member of HEALTH SCHEME

IMPORTANT INFORMATION FOR HEALTH SCHEME

Disease Group Covered Under The Scheme

(1) Coronary Heart Disease Group:-

Angioplasty, Bypass surgery & valvular heart diseases surgery & Permanent pace-maker implant.

(2) Kidney Disease Group:- Haemodialysis, Renal Transplant, Renal Angioplasty.

(3) Brain Tumors Group : Surgical, Radiotherapy and Chemotherapy required for the treatment of Brain Tumors.

(4) Cancer Disease Group :- Surgical, Radiotherapy and Chemotherapy required for the treatment of all the cancers (Except carcinoma in SITU). Locally active basal cell carcinoma.

(5) Joint Replacement Group: Surgery for Total knee and Total hip joints only.

N. B. : Member above the age of 40 years at the time of joining the scheme will get the benefit of Surgery for Total knee and Total hip joints replacement after completion of 7 years of joining the scheme.

(6) Brain Hemorrhage – confirmed by C T Brain or MRI, Carotid & Cerebral Angioplasty.

MEMBER / SPOUSE WILL GET BENEFIT ONLY AFTER COMPLETION OF ONE YEAR OF JOINING THE SCHEME.

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

03-07-2022 Dr. Kamelsh B. Saini, Editor, G.M.J. I.M.A. G.S.B. attended meeting regarding COVID-19 discussion under the chairmanship of Additional Chief Secretary of Health Department at Gandhinagar.

* * * * *

CONGRATULATIONS

❖ **Dr. Anil J. Nayak;** **Mehsana**

Being elected as a Executive Committee Member of Indian Nursing Council.

❖ **Dr. Shailesh Shah;** **Anand**

On being honored with "IMA Doctors Day Award-2022" by IMA (HQs) for dedicated Service to humanity.

❖ **Dr. Anuja Desai;** **Ahmedabad**

On being honored with "IMA Doctors Day Award-2022" by IMA (HQs) for dedicated Service to humanity.

❖ **Dr. Parth N. Patel;** **Ahmedabad**

For successfully summitting Kang Yatse 1 (21,000 Ft) the highest peak in Markha valley (Ladakh), as part of IndoAmerican expedition (first of this climbing season)

* * * * *

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NEW LIFE MEMBERS

I.M.A. GUJARAT STATE BRANCH

We welcome our new members

L M No. Branch	NAME	L M No. Branch	NAME
Vadodara		Surat	
LM/33226	Dr. Patel Nilesh Shantilal	LM/33249	Dr. Naik Pathik Sanjaybhai
LM/33227	Dr. Bhowmick Shreyasee	LM/33250	Dr. Patel Varun Rajendrabhai
LM/33228	Dr. Darji Prajesh Bharatkumar	LM/33251	Dr. Iyer Radhika Ganeshbhai
LM/33229	Dr. Mistry Bhavika Sureshbhai	Kalol-Ng	
LM/33230	Dr. Shah Harsh Sanjaybhai	LM/33252	Dr. Limbachiya Niraj Dasharathbhai
LM/33231	Dr. Shah Krina Harsh	Dahod	
LM/33232	Dr. Vadhel Amit Bipinchandra	LM/33253	Dr. Nayak Virbhadrasingh J.
LM/33233	Dr. Bathvar Aeshha Kiritkumar	LM/33254	Dr. Nayak Kinjal Pankajkumar
Jamnagar		Ahmedabad	
LM/33234	Dr. Shah Harsh Sudhirbhai	LM/33255	Dr. Vora Vishva Jinalkumar
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OBITUARY

We send our sympathy & condolence to the bereaved family

Dr. Suvarna H. Shah	10-11-2021	Ahmedabad
Dr. Shankerbhai S. Patel	07-03-2022	Ahmedabad
Dr. Ambalal A. Patel	30-05-2022	Mansa
Dr. Harshad H. Jhaveri	31-05-2022	Ahmedabad
Dr. Suresh A. Shah	01-06-2022	Ahmedabad
Dr. Jaishreeben V. Sojitra	02-06-2022	Gondal
Dr. Shirishbhai S. Patel	03-06-2022	Vadodara
Dr. Jayantkumar N. Desai	05-06-2022	Navsari
Dr. Mohansinh R. Kathavadia	12-06-2022	Surat

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

* * * * *

BRANCH ACTIVITY

ANAND

- 19-06-2022 CME on "Not fit of surgery": case based panel discussion on perioperative fitness from super specialist's point of view i.e. nephrologists, gastroenterologist, endocrinologist & cardiologist.
- 02-07-2022 Doctor's Day Celebration and felicitation of achievers.
- 09-07-2022 Mission pink Health Programme by Women Doctor's wing and free health checkup and hemoglobin testing. Total 53 adolescents girls were included.

GANDHIDHAM

- 05-06-2022 ZIMACON Conference, over 250 doctors have participated in this gathering.
- 05-06-2022 11-6-2022, 14-06-2022(2), 18-06-2022, 19-06-2022, 20-06-2022, 23-06-2022, 24-06-2022 & 26-06-2022
Blood Donation Camp at various places. Total 987 Units were collected.



12-06-2022 Thalassaemia Detection Camp was organised & total 102 samples were collected.

MEHSANA

22-06-2022 CME on “Unicondylar knee resurfacing” A way to preserve your natural knee” by Dr. Kalpesh Patel

“Case and discussion” Ventricular septal rupture” by Dr. Rahul Nathani.

25/26-6-2022 Dr. Nirav Trivedi & Dr. Akash Patel participated & won Singles Championship & Doubles Runner up in Tennis Tournament by IMA GSB in ACE Tennis Academy at Ahmedabad.

29-06-2022 Free eye checkup camp organised in collaboration with KD Hospital and IRCS, Mehsana as a part of Disha Project at Primary Health Centre, Linch. Were present during this camp. Total more than 550 patients eye check up was done and more than 80 free eye surgeries planned.

MORBI

08-06-2022 Workshop on Primary trauma Care by Dr. Vinod Kaila, Dr. Deep Chikhaliya, Dr. Sarad Raiyani, Dr. Urvi Raiyani, Dr. Mayur Jadwani and Dr. Prahlad Ughreja.

10-06-2022 CME on “Are rare diseases are really rare?” by Dr. Tushar Budgvani.

“Knee injury and role of arthroscopy” by Dr. Vishal Mangroliya.

12-06-2022 Free diagnostic camp. Total 350 patients were benefited.

14-06-2022 Meeting at collector office about Covid vaccination.

18-06-2022 “Common pediatric skin problems” by Dr. Priyanka Sutariya.

19-06-2022 Free diagnostic camp by Dr. Jayesh Sanariya.

24-06-2022 Talk about fungal infection by Dr. Vaishali Kashundra.

25-06-2022 “Pubertal issue in children” & “Adolescent Pcos, What’s New” by Dr. Chetan Dave.

26-06-2022 Derma interface 2022 – by State Conference.

Free diagnostic camp by Dr. Vijay L. Kanani.

**NADIAD**

19-06-2022 Talent evening & cultural events organized more than 125 NMA family member participates.

NAVSARI

03-07-2022 Doctor's Day Celebration with felicitated of senior members regarding their noble services and humanitarian work.

PALITANA

22-06-2022 CME on "Intensive care management of Cardiac Cases"

06-07-2022 Round table Discuss on food associated acid reflux and dyspepsia in diabetic patients.

10-07-2022 "Management of Dengue" by Dr. Amit Shah.

RAJKOT

03-06-2022 Mantavya Cyclothon is celebrated as a world bicycle day has peddled themselves to work with pledge to create awareness for Organ Donation in Society.

12-06-2022 CME on "Patient Blood Management in association with Life Blood Centre has emlighten the delegates various aspects of Blood Transfusion & it's management.

14-06-2022 Blood Donation Camp in association of Blood Donor's Association, more than 100 bottles were donated by doctors for poor patients of Civil Hospital.

SURAT

2/3-07-2022 Mega Blood Donation Camp. Total 955 units were collected at total 30 places.

VADODARA

2 & 7-5-2022 IMA MSN Youthcon 7.0 Annual Convention – An inter college UG Event. This festival was full of Sciencetific events, sports, Literature and Cultural Events. More than 800 students were present.

15-05-2022 A unique event on "Ab Bharat Par Bharosa", more than 250 doctors were present.



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GUJARAT STATE BRANCH**

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

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

These Centres performed various activities during the month of June - 2022 in addition to their routine work. These are as under :

01-06-2022 to 30-06-2022 : Intra domestic house to house survey
by the centers of Ahmedabad

19-06-2022 to 21-06-2022 : Migratory Polio
by the centers of Ahmedabad

Rander - Surat : 1000 Calcium Tablet were distributed

Nanpur - Surat : 2160 Calcium Tablet were distributed

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

JUNE 2022

No.	Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi (Jamalpur Ward)	762	375	1137
(2)	Behrampura (Sardarnagar Ward)	1486	481	1967
(3)	Bapunagar (Potalia Ward)	1715	571	2286
(4)	Dariyapur (Isanpur Ward)	1441	147	1588
(5)	Gomtipur (Saijpur Ward)	2635	415	3050
(6)	Khokhra (Amraiwadi Ward)	1539	171	1710
(7)	New Mental (Kubernagar Ward)	1304	350	1654
(8)	Raikhad (Stadium Ward)	754	102	856
(9)	Wadaj (Junawadaj Ward)	971	134	1105
(10)	Junagadh	----	----	----
(11)	Rander-Surat	----	----	----
(12)	Nanpura-Surat	----	----	----
(13)	Rajkot	992	853	1845



JUNE 2022

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	20	—	45	1800	332
(2)	Behrampura (Sardarnagar Ward)	03	—	11	1800	475
(3)	Bapunagar (Potalia Ward)	12	—	26	13248	282
(4)	Dariyapur (Isanpur Ward)	30	—	35	8625	391P
(5)	Gomtipur (Saijpur Ward)	11	—	35	12975	526
(6)	Khokhra (Amraiwadi Ward)	24	—	44	2940	299P
(7)	New Mental (Kubernagar Ward)	09	—	27	9400	569
(8)	Raikhad (Stadium Ward)	31	—	40	4158	626P
(9)	Wadaj (Junawadaj Ward)	06	—	39	12000	2930
(10)	Junagadh	19	—	39	8000	233
(11)	Rander-Surat	22	—	09	2345	30P
(12)	Nanpura-Surat	14	—	42	2640	65P
(13)	Rajkot	01	—	45	2310	280



INDIAN MEDICAL ASSOCIATION

GUJARAT STATE BRANCH

A.M.A. House, Opp. H.K. College, Ashram Road, Ahmedabad -380009

PHONE : (079) 265 87 370 Email: imagsb@gmail.com

Date: 2-2-2022

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/2022-2023**, further tabulated information is given below for the revision of fees effective from **1/4/2022**. Herewith I am sending the copy of I.M.A. H/Q fee schedule regarding revised fees.

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 **31-3-2022** 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	12230-00	820-00	{20.00}	Rs. 11410-00
Couple	18101-00	1260-00	{30.00}	Rs. 16841-00

Membership Fees by a Cheque / D.D. drawn in favour of **“I.M.A. G.S.B.”**.

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.

I.M.A. COLLEGE OF GENERAL PRACTITIONERS

College of G.P Life Membership Membership Fees along with Life Subscription of Family Medicine DD in favour of “ <u>IMACGPHQ</u> ” Payable at Chennai and send to us	Rs. 2000-00
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Yours Sincerely

(Dr. Mehul J. Shah)
Hon. State Secretary



Congratulation !!!

IMA Doctor's Day Award, IMA (H.Qs)



Executive Committee Member of Indian Nursing Council





IMA Gujarat State Branch Tennis Tournament





AMACON-2022 Ahmedabad Medical Association





Installation Ceremony Rajkot Branch



* * * * *

CME Rajkot Branch



* * * * *

Mission Pink Health Programme WDW Anand Branch





Free Eye Checkup Camp, Linch Village Mehsana Branch





Doctor's Day Celebration Blood Donation Camp Surat Branch





Doctor's Day Celebration Blood Donation Camp Bhavnagar Branch



* * * * *

Blood Donation Camp Rajkot Branch



* * * * *

Doctor's Day Celebration Gandhidham Branch





Doctor's Day Celebration Navsari Branch



* * * * *

CME Anand Branch



* * * * *

CME Bhavnagar Branch





CME Palitana Branch



CME Vadodara Branch



* * * * *

Annual Convention IMA MSN Vadodara Branch





International Yoga Day Celebration WDW Anand Branch



* * * * *

Yoga Shibir Rajkot Branch



* * * * *

Yoga Shibir Surat Branch





DIABETIC FOOT

INTRODUCTION

Diabetes mellitus is a serious chronic disease. The global prevalence of diabetes is estimated at over 200 million. This figure has been predicted to reach 333 million by 2025 because of longer life expectancy, sedentary lifestyle, and changing dietary patterns. In India, the estimated number of patients with diabetes is 74 million while 35 million are patients with pre diabetes. This means that India has approximately 100 million people with diabetes. Although many serious complications, such as kidney failure or blindness, can affect individuals with diabetes, it is the complications of the foot that take the greatest toll. Foot problems are a threat to every person with diabetes. Worldwide, more than a million lower limb amputations are performed each year as a consequence of diabetes, which means that in every twenty seconds a lower limb is lost to diabetes somewhere in the world. In India every year approximately 200,000 higher level amputations are done for diabetes-related foot complications. This figure is unacceptably high. The treatment and subsequent care of people with diabetic foot problems have a significant impact on healthcare budgets and a potentially devastating effect on the lives of affected individuals and their family members, particularly in developing countries like India.

Of all lower extremity amputations, 40–70% is related to diabetes. In most studies, the incidence of lower leg amputation is estimated to be 5–25/100,000 inhabitants/ year: among people with diabetes the number is 6–8/1000. Lower extremity amputations are usually preceded by a foot ulcer in people with diabetes. The most important factors related to the development of these ulcers are peripheral neuropathy, foot deformities, minor foot trauma, and peripheral vascular disease. The spectrum of foot lesions varies in different regions of the world due to differences in socioeconomic conditions, standards of foot care, and quality of footwear.

Foot complications are one of the most serious and costly complications of diabetes. However, through a care strategy that combines prevention, the multidisciplinary treatment of foot ulcers, appropriate organization, close



monitoring, and the education of people with diabetes and healthcare professionals, it is possible to reduce amputation rates by 49–85%. Most of the foot ulcers in Asia are of neuropathic origin. Such neuropathic ulcers are usually possible to heal.

Death around the time of the amputation occurs in up to 10% of cases. Death rates increase over the 5 years following amputation: 30% of patients die within 1 year, 50% die within 3 years, and 70% die within 5 years. In developing countries, these figures tend to be even higher because many people seek medical attention only when their foot problem is so far advanced that their limbs and their lives are threatened.

Diabetic foot complications result in huge costs for both society and people living with diabetes. Foot problems use 12–15% of the healthcare resources for diabetes. In developing countries, the latter figure may be as high as 40%. In some developing countries, foot problems may account for up to 40% of available resources. In India every hospitalization for foot ulcer infection costs Rs 50,000.

However, reliable and population-based studies are not available in India especially for operated patients.

Therefore, it is of utmost importance to prevent the ulcers and if they do occur then to treat these ulcers very effectively.

ETIOLOGY

Hyperglycemia is the root cause for foot problems. But it is not the only cause. There is a triad of problems namely, neuropathy, ischemia and injury. Diabetic peripheral neuropathy is a very common cause in around 70% to 80% of patients. Neuropathy itself is due to diabetes of longer duration. Peripheral ischemia (PAD) is usually present in 20 to 30% of patients. Over and above these two, injury precipitates a crisis. Injury can be external injuries like shoe bite, nail injury, thermal injury. Internal injury is because of deformed feet and bony architecture of feet again due to neuropathy. Dryness of skin of the foot invites fissures which if gets infected gives trouble. Unprotected walk, improper footwear adds to the problem. Alcohol, tobacco and smoking exaggerate neuropathy and ischemia. Improper nail trimming, lack of foot hygiene (web space cleaning), help in infection to set in.



BIOMECHANICS OF FOOT

There are different types of forces which work on foot while walking. Shear forces and tangential forces (vertical and horizontal) work on foot while walking and standing. Repetitive stress is known to cause foot injury. The metabolism in diabetes changes the mechanical behavior of skin, collagen and adipose tissue which is responsible for foot problems. Gait analysis and planter pressure measurement devices help to anticipate foot areas at risk for ulceration.

Barefoot as well as in shoe pressure measuring devices use different sensor. Flexibility of foot joints and motor neuropathy affecting different muscle groups alters the bio-mechanics of foot. Duration of force and amount of force have different effect on pressure injuries.

Excessive tissue pressure on walking creates temporary tissue anoxia which is the cause of ulceration in insensate foot. Deformed foot and abnormal bony prominences are predisposing factors for localized high pressure.

CLASSIFICATION OF DIABETIC FOOT

There are many classification systems and still more and more people are trying to make classification in a better way to plan for a treatment.

- 1) Wagner Meggitt classification
- 2) Depth-ischemic classification
- 3) University of Texas classification

CLINICAL EXAMINATION

We should systematically examine the feet by sitting at the foot end of the patient.

Examination of ulcer and probe to bone test are very important.

Skin, web spaces, nail, foot temperature, pulsation and sensation should be examined.

Sensation can be examined by 10gm monofilament, 128mhz tuning fork and biothesiometer. Pulsations can be clinically palpated or assessed with hand held Doppler. Hot and cold temperature perception can be checked by biothesiometer.



Examination of footwear can give us idea about shape, pressure areas, and alignment of foot bones.

Movements of interphalangeal joint, metatarso phalangeal joint and subtalar joint should be assessed and documented because limited joint mobility is very important for foot ulceration.

INVESTIGATIONS

In addition to routine hematological examination we should specifically see for renal function, hepatic function and cardiac function. Anemia, raised creatinine, poor liver function and poor cardiac function, all together have effect on behavior and prognosis of diabetic foot infection. Patients with clinical non-palpable or doubtfully palpable pulsation should be subjected to color Doppler, angiography, or CT angiography as per the need. Comparative x ray of both feet in AP/LAT direction and especially in standing position can help to diagnose early changes in charcot feet.

Pressure plate analysis and gait analysis are very important to diagnose abnormal pressure areas of foot which are predisposed to callosity and ulceration. CT scan and MRI are very good investigations to see bony architecture (CT scan) and infection and soft tissue (MRI) involvement.

Pus, tissue or bone should always be taken for culture and sensitivity for selecting antibiotics. Blood culture can be taken for seriously ill patients.

INFECTIONS

Paronychia, web space infections, infection in heel fissures, septic arthritis are common infections. Penetrating injury takes infection deeper and in multiple transverse planes. It is very common to see infection under callosity. Osteomyelitis is very common in chronic wounds. Spread of infection along the tendon sheath is notorious and with the movement of surrounding joints infection may spread from toe to leg through nearby tendons. Infection near tendoachilles insertion may spread via tendoachilles to the knee. "Heel never heals" is a dictum and it is really difficult to cure heel infections.

Charcot foot/neuroarthropathy is late and a very difficult complication of diabetes. Swollen foot and leg with raised local temperature and bounding pulse with or without local signs of inflammation is to be suspected as charcot



foot. There may or may not be history of trauma. X ray can show fragmentation, fracture, subluxation of midfoot bones. Early diagnosis and early off loading can prevent leg amputation.



Infected Charcot Foot

Necrotising Fasciitis
(Pre-Operative)

Post Operative

Sometimes we need to do CT scan and MRI to differentiate between septic foot and neuroarthropathic foot.

Necrotising fasciitis is a very serious infection. During monsoon rapid spread of fulminating infection is very common. During winter fissure infection and limb threatening heel infection are noticed.

TREATMENT

A) Conservative and surgical

Many patients are benefited with conservative treatment in early stages. Presence of pus needs adequate surgical debridement. Compartment exploration, removal of dead, necrotic or ischemic tissues and excision of infected tendon from healthy area are basic requirement for debridement.

PAD and infection help each other and more proximal amputations are required. Endovascular intervention is always prior requirement in managing infected ischemic limbs.

Amputations of different type, plastic & reconstructive surgery, endovascular surgery are other modalities of surgical treatment.

B) Dressing and other modalities of treatment

Silver and foam dressings are excellent dressings for outdoor patients to reduce frequency of visits. Vacuum dressing can save many legs. We have collagen based dressings and growth factor containing dressings for early granulation and epithelization. Chemical debriders are very useful desloughing agents. Whirlpool, pulse lavage, versajet and ultrasonic debrider are good



mechanical debridors. HBOT and local oxygen therapy are good for early healing. Laser therapy and electro therapy are other mode of treatment. Compression dressings are helpful to reduce edema and encourage healing.



Foam Dressing



Local Oxygen Device (Natrox)

C) Offloading and Immobilization

Infection, ulcer and wounds crossing a joint or containing movable muscle and in their territory needs immobilization to restrict spread of infection and allow better healing.

Planter ulcers in insensate feet (feet which cannot protect themselves from trauma) need offloading with different devices. The devices can be felted foam, plaster cast, air cast, moulded insoles, silicone devises and outsole modifications of footwear, TCC (total contact cast) etc. Footwears are better advised after the wound heals rather than advising in presence of wound. TCC is a gold standard treatment for ulcer healing.



Off-Loading with Felted Foam

Nowadays there is an era of offloading surgical procedure like tendon transfer, osteotomy, exostectomy, keller's arthroplasty, tendoachilles lengthning, metatarsal head excision, gastro soleus recession.

Charcot foot is a complex surgery and multiple nail, plate and screw fixation is done by an expert foot and ankle surgeon. Multiple arthrodesis and maintainance of plntigrade foot are key factors in charcot foot surgery.



Pressure Plate



TCC



Forefoot Orthowedge Footwear



Heelwedge Footwear



Silicon Ring for Toe Tip Offloading



Silicon Toe Separator

CONCLUSION

Over and above better control of diabetes, poor cardiac and renal function plays a major role in prognosis.

Diabetic foot problem is a challenging socio-economical problem. Patients with foot problem cannot be advised to walk for control of diabetes. Education and understanding of biomechanics of foot is very difficult but very important. Post operative specialized footwear is essential for preventing callosities and recurrent ulceration. Early diagnosis and treatment of a charcot foot can save many feet. Rehabilitation of an amputee needs special consideration. Orthotist and prosthetist plays a major role in diabetic foot management.

Dr Vibhakar R. Vachhrajani,
Diabetic Foot & Wound Management Surgeon,
Rajkot.

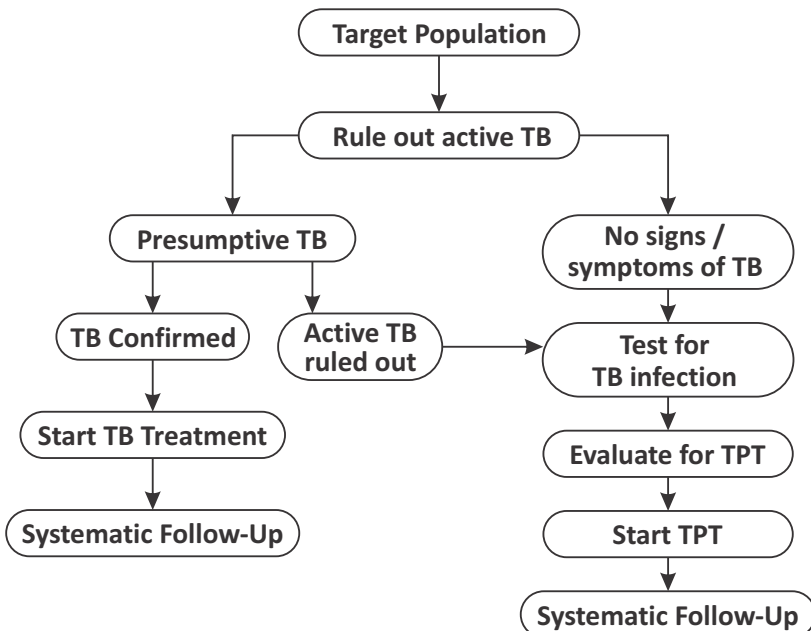


Programmatic Management of Tuberculosis Preventive Treatment (TPT)

Overview of TB infection:

- 5–10% of infected will develop TB disease over the course of their lives, usually within the first 2 years after initial infection.
- 75% of people who develop TB disease after contact with a patient of active TB are estimated to do so within one year of TB diagnosis of the index patient and 97% within two years.
- Risk of developing TB disease after TPT decreases by approximately 60% and the reduction can be up to 90% among people living with HIV (PLHIV).
- Prevention of TB disease by treatment of TBI is a critical component of the National Strategic Plan 2017-25 for Ending TB (NSP) in India by 2025.
- Scaling up TPT would be key to hasten the decline in rate of TB incidence from 2.5% at present to 10% required annually.

Cascade of TB case finding and TPT:





Cascade of TB case finding and TPT:

Diagnosis of **TB Infection**: Currently recommended and available tests for TBI-

1. Tuberculin Skin Test (TST) and

2. Interferon- Gamma Release Assay (IGRA)

- A positive test result by either of the two methods available is not by itself a reliable indicator that the person will progress to TB disease as the possibility of false positive results cannot be ruled out.
- Conversely, a negative test result does not rule out TBI, given the possibility of a false-negative test result among at-risk groups, such as young children or among those recently infected.
- IGRA is more specific test as compared to TST even in BCG vaccinated individuals.

Target Population	Strategy	TPT Regimen
<ul style="list-style-type: none"> • People living with HIV(+ART) • Adults and Children >12 months • Infants <12 months with HIV in contact with active TB • House Hold Contact (HHC) below 5 years of pulmonary* TB patients. 	TPT to all after ruling out active TB disease	<ul style="list-style-type: none"> • 6- months daily isoniazid (6H) • 3-month weekly Isoniazid & Rifapentine (3HP) in persons older than 2 years.
HHC 5 years and above of pulmonary* TB patients [#]	TPT among TBI positive [#] after ruling out TB disease.	<ul style="list-style-type: none"> • 3-month weekly Isoniazid & Rifapentine (3HP) • 6-months daily isoniazid (6H)
Individuals who are: <ul style="list-style-type: none"> • On immunosuppressive therapy • having silicosis • on anti-TNF treatment • on dialysis • preparing for organ or • hematologic transplantation 	TPT among TBI positive [#] after ruling out TB disease.	<ul style="list-style-type: none"> • 3-month weekly Isoniazid & Rifapentine (3HP) • 6-months daily isoniazid (6H)

[#]Chest X Ray (CXR) and TBI testing would be offered wherever available, but TPT must not be deferred in their absence

**TPT: Target Population, Strategy and Regimen (for Drug Sensitive TBI):****TPT regimen and dosages for Contacts of DR-TB index patients:**

1. Six months of daily levofloxacin (6Lfx) for contacts of R resistant FQ sensitive patients
2. Four months of rifampicin daily (4R) for contacts of H resistant R sensitive patients.
3. 6H can be considered as the TPT regimen option for contacts of index patients with RR-TB with FQ and H sensitive, after ruling out active TB in them.

Note: regimen decision based on resistance and drug dosage to be adjusted based on age and weight.

Contraindications for TPT:

- Active TB disease
- Acute or chronic hepatitis
- Concurrent use of other hepatotoxic medications (such as nevirapine)
- Regular and heavy alcohol consumption
- Peripheral neuropathy
- Allergy or known hypersensitivity to any drugs being considered for TPT

TPT and Private Sector Engagement:

- A patient notified in the private sector must receive all services as a patient in the public sector does.
- As part of public health action, contact tracing of private sector patients must be conducted, and TPT should be initiated for eligible contacts after ruling out active TB.
- Linkages must be well established between the private sector health facility and the local public health authorities at the TU/District level to ensure smooth flow of information and services for the benefit of the patient.
- Services that cannot directly be provided by the public sector, if any, should be purchased from Private Sector Service Providers, to ensure minimal out-of-pocket expenditure.
- Access to Nikshay ID, recording & reporting formats, IEC materials, drugs and incentives for private providers must be ensured.
- Responsibility of establishing linkages with the private sector should be clearly established by the local public health authorities- a coordinated effort of all State/ District PPM coordinators, DR-TB coordinators, STS, TB-HV, and staff from PPSA (if present) is needed.

Dr. Mitesh Patel, MD (PSM) & Dr Parimal Patel MD (PSM)

Reference: The Guidelines on Programmatic Management of TB Preventive Treatment (PMTPT) in India (2021).



A.M.A. & G.S.B., I.M.A. GUEST HOUSE

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