



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

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

Estd. On 2-3-1945

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GUJARAT MEDICAL JOURNAL

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



Dear Members,
Season's Greetings.

Hope all of you might enjoyed 'Holi', the festival of colours. May everyone's life is as colourful as Holi.

Most of the students are free from tension of school/board/university exams and in mood of vacation, wish them a wonderful vacation. Wish a great success to a students preparing for NEET.

On behalf of office bearer & members of Gujarat State Branch, IMA, we congratulate Dr. Anil Nayak, Past President, Gujarat State Branch, IMA for being appointed as a Incharge Vice Chancellor of Hemchandracharya North Gujarat University & Dr. Vijaybhai Deshani for being appointed as a Pro Vice Chancellor of Saurashtra University. We wish them a great success.

We congratulate the Ahmedabad, Vadodara and Surat branch, for successfully organising a Workshop on NABH as directed by Hospital Board of India, IMA HQ & Ahmedabad Branch for organising PPS Zonal Educative Seminar.

It is unfortunate that from 1947 till date HEALTH has never been on any political party manifesto nor any leader has taken up it seriously.

GDP on healthcare stands lowest. Even smaller countries have more GDP. This has resulted in poor healthcare structure in the country.

The health sector in India has never been given the priority it deserves, leading to grossly inadequate services at levels. The allocation of meager 1.1% of GDP for health services speaks volumes about the apathy of successive governments towards this most important determinant of social and economical progress of a nation. Health sector being one of the largest employer of the population and "the" largest employer of the female population certainly deserves more attention from policy makers.



Indian Medical Association, the national association proposes to launch a HEALTH FIRST initiative. The aim of the HEALTH FIRST initiative is to provide a holistic approach to health care sectors, having common man as focal point.

Through this initiative ,we wish to offer our services as a think-tank, support and pressure group to the government both at national and state level so as to bring health at the forefront on the agenda of political parties.

After exhaustive discussions and deliberations with multiple stake holders and experts ,Indian Medical Association have prepared a document of health issues which need urgent attention of the government & political parties.

Here are some of the points presented as "MAGNA CARTA FOR HEALTH" ie, the Health manifesto for our country-

- Increased public expenditure in Health Care.
- Universal Health Coverage through government funding
- Private Public Partnership facilitated by not for profit institutions.
- Emphasis on Primary Care and Rural Health Care
- Structured Universal three tier reference system.-- Primary, Secondary & Tertiary care
- No Criminalization of Medical Profession.
- Quality public funded medical education governed by autonomous democratic regulation.

Now the festival of democracy is everywhere in the country. Parliament election is going to be held between 11 April to 19 May and in Gujarat, it's on 23 April. Be a responsible citizen of India and use your wisdom and power to vote.

Hope forthcoming elected government will consider our MAGNA CARTA FOR HEALTH, and implemented seriously in the larger interest of the country.

Long live IMA.

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

Dr. Kamlesh B. Saini
(Hon. State Secy., G.S.B.,I.M.A.)



OBITUARY



Dr. Indravadan C. Shah

MBBS, F.C.G.P.

(07-02-1928 - 17-02-2019)

Service to Gujarat State Branch, IMA

- Hony. State Secretary 1992 to 1993
- President 1994-1995

Service to I.M.A. H.Q.

- Chairman - E.S.I.S. Committee of Indian Medical Association

Service to Ahmedabad Medical Association

- President 1976-1977
- Hon. Secretary for Three years
- Managing Committee Member, Hon. Library Secretary, Hon. Joint Secretary

Achievement in Public Life :

- He was Municipal Councillor, Ahmedabad Municipal Corporation
- He was Chairman – Hospital Committee, Ahmedabad Municipal Corporation
- Holding membership of various committees of Ahmedabad Municipal Corporation
- Member of working committee of Red Cross Society, Gujarat State.

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Dr. Alkesh I. Shah

(30-10-1966 - 23-12-2018)

Age : 52 year
 Qualification : M.S. (Orhto)
 Name of Branch : Nadiad



Dr. Balvantray G. Dave

(06-05-1932 - 04-01-2019)

Age : 87 year

Qualification : L.M.P.

Name of Branch : Ahmedabad

* * * * *

Dr. Kirit F. Shah 27-01-2019 Ahmedabad

Dr. Suketu R. Adeshara 05-02-2019 Ahmedabad

We send our sympathy & condolence to the bereaved family

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

* * * * *

CONGRATULATIONS

❖ Dr. Vinod C. Shah Surat

For being awarded "All Time Achievement Award in Public Health" by Times of India in "Times Health Icon-2019", Surat.

❖ Dr. Jayesh M. Vaghasiya Veraval

For being appointed as member The Board of Governors (BoG) of National Institute of Pharmaceutical Education & Research (NIPER) Ahmedabad

❖ Dr. Parul Vadgama Surat

For being awarded "Eminent Leader in Medical Fraternity" by Times of India in "Times Health Icon-2019", Surat.

❖ Dr. Mrugesh Vaishnav Ahmedabad

Installed as president of Indian Psychiatric Society by Governor of U.P. Hon. Shri Ram Naik.

❖ Dr. Sulay Kaushik Shah Ahmedabad

Has secured All India 32nd rank in NEET PG Exam 2019.



NEW LIFE MEMBERS

I.M.A. GUJARAT STATE BRANCH

We welcome our new members

L_M_No.	NAME	BRANCH
LM/28304	Dr. Virani Mehul Kalubhai	Keshod
LM/28305	Dr. Gajera Nidhi Parshottambhai	Keshod
LM/28306	Dr. Oza Abhishek Nareshkumar	Mehsana
LM/28307	Dr. Shah Harshil Pramodkumar	Ankleshwar
LM/28308	Dr. Diwan Nirav Jayeshkumar	Bharuch
LM/28309	Dr. Prajapati Hitesh Narendrakumar	Idar
LM/28310	Dr. Gheewala Himil Vijaykumar	Ankleshwar
LM/28311	Dr. Shah Aarmin Himeshbhai	Jamnagar
LM/28312	Dr. Gohil Tarang Ashokkumar	Jamnagar
LM/28313	Dr. Thakkar Nimesh Bharatkumar	Gandhinagar
LM/28314	Dr. Shah Ankit Dipakkumar	Gandhinagar
LM/28315	Dr. Shekhat Parth Kantilal	Gandhinagar
LM/28316	Dr. Shekhat Ayushi Parth	Gandhinagar
LM/28317	Dr. Dabhi Pankaj Ranabhai	Junagadh
LM/28318	Dr. Parmar Mahesh Prabhubhai	Junagadh
LM/28319	Dr. Sodhatar Maulik Harsukhlal	Junagadh
LM/28320	Dr. Shah Mansi Rajendrabhai	Junagadh
LM/28321	Dr. Joshi Chandni Dhavalkumar	Anand
LM/28322	Dr. Rana Hiren Sundarbhai	Bharuch
LM/28323	Dr. Patel Mukesh Ratansinhbhai	Patan
LM/28324	Dr. Solanki Hiren Rameshbhai	Patan
LM/28325	Dr. Patel Shrey Kiritbhai	Lunawada
LM/28326	Dr. Patel Pratik Bhupendrabhai	Lunawada
LM/28327	Dr. Chaudhary Priyanka Kajabhai	Tharad
LM/28328	Dr. Parmar Bhalabhai Parabatbhai	Tharad
LM/28329	Dr. Chaudhary Prakash Hemrajbhai	Tharad



LM/28330	Dr. Patel Sanjay Khetabhai	Tharad
LM/28331	Dr. Patel Nisarg Prakashbhai	Mehsana
LM/28332	Dr. Patel Jaimini Nisarg	Mehsana
LM/28333	Dr. Thakur Vishal Nagendrabhai	Vadodara
LM/28334	Dr. Patel Parimal Gopalbhai	Vadodara
LM/28335	Dr. Mehta Manan Mayurbhai	Vadodara
LM/28336	Dr. Patel Meet Ashokbhai	Vadodara
LM/28337	Dr. Dave Sukruti Tarakkumar	Vadodara
LM/28338	Dr. Kaneria Killolkumar Vallabhbhai	Vadodara
LM/28339	Dr. Khanpara Ekta Sureshbhai	Vadodara
LM/28340	Dr. Devna Surani Prabhubhai	Bhujkutch
LM/28341	Dr. Patel Bimal Dineshbhai	Bhujkutch
LM/28342	Dr. Chaudhary Ghisulal	Dadra-Nagar
LM/28343	Dr. Shetty Yashwin B.	Dadra-Nagar
LM/28344	Dr. Gehlot Amit Manojkumar	Deesa
LM/28345	Dr. Shah Shah Nawaz Fakiyoddin	Surat
LM/28346	Dr. Vaghasiya Mehul Gopalbhai	Surat
LM/28347	Dr. Paladiya Shailesh Shamjibhai	Surat
LM/28348	Dr. Raiyani Dharmesh Bharatbhai	Rajkot
LM/28349	Dr. Aghera Brijeshkumar Ramniklal	Rajkot
LM/28350	Dr. Pandit Darshan Rameshkumar	Rajkot
LM/28351	Dr. Jadeja Hardiksinh Harishchandrasinh	Rajkot
LM/28352	Dr. Marsonia Kerul Pravinchandra	Rajkot
LM/28353	Dr. Bera Bhavin Mahendrakumar	Rajkot
LM/28354	Dr. Mor Hiren Pravinchandra	Rajkot
LM/28355	Dr. Peshivadia Dhaval Gordhanbhai	Rajkot
LM/28356	Dr. Ghetia Happy Rasiklal	Rajkot
LM/28357	Dr. Tilva Bhavin Maheshbhai	Rajkot
LM/28358	Dr. Sapovadia Aditi Vasantrai	Rajkot
LM/28359	Dr. Makadia Maulik Mukeshbhai	Rajkot
LM/28360	Dr. Makadia Heena Maulikbhai	Rajkot



LM/28361	Dr. Saradava Achal Lalitkumar	Rajkot
LM/28362	Dr. Revdiwala Disha Jagdishchandra	Rajkot
LM/28363	Dr. Rathod Alka Shantilal	Himatnagar
LM/28364	Dr. Parmar Ajay Lakhamshibhai	Veraval
LM/28365	Dr. Bogam Kalyan M.	Dadra-Nagar
LM/28366	Dr. Naik Astha Piyushkumar	Valsad
LM/28367	Dr. Panchbhayia Fatmakhatun M.	Himatnagar
LM/28368	Dr. Kyada Anil Parasottambhai	Surat
LM/28369	Dr. Prajapati Kundan Parsottambhai	Deesa
LM/28370	Dr. Patel Harsh Sanjaykumar	Deesa
LM/28371	Dr. Daulti Anis Abdul Razzak	Godhra
LM/28372	Dr. Parikh Alay Jayeshbhai	Ahmedabad
LM/28373	Dr. Patel Vivek Natvarlal	Ahmedabad
LM/28374	Dr. Thakor Shaktisinh Babaji	Ahmedabad
LM/28375	Dr. Doshi Dhaval Arvindkumar	Ahmedabad
LM/28376	Dr. Prajapati Nishith Vishnubhai	Ahmedabad
LM/28377	Dr. Patel Jigar Vishnubhai	Ahmedabad
LM/28378	Dr. Pandor Pankaj Harilal	Ahmedabad
LM/28379	Dr. Iyer Anand	Ahmedabad
LM/28380	Dr. Gohil Malav Mukeshbhai	Ahmedabad
LM/28381	Dr. Sachdev Sulay Ashokkumar	Ahmedabad
LM/28382	Dr. Sachdev Ritu Sulay	Ahmedabad
LM/28383	Dr. Gandhi Ashay Shodhanbhai	Ahmedabad
LM/28384	Dr. Tiwari Kanupriya Narayan	Ahmedabad
LM/28385	Dr. Kothari Chitral Deepakbhai	Ahmedabad
LM/28386	Dr. Aghara Mahesh Dalpatbhai	Ahmedabad
LM/28387	Dr. Sirohiya Ankita Surendrakumar	Ahmedabad
LM/28388	Dr. Banker Kadam Harishbhai	Ahmedabad
LM/28389	Dr. Dave Nisheet Prakashbhai	Ahmedabad
LM/28390	Dr. Dave Kinjal Nisheet	Ahmedabad
LM/28391	Dr. Prajapati Himanshu Kantilal	Ahmedabad



LM/28392	Dr. Gevariya Brinda Sureshbhai	Ahmedabad
LM/28393	Dr. Panchal Shubham Sanjaybhai	Ahmedabad
LM/28394	Dr. Chaudhary Prathmesh Bhagwandas	Ahmedabad
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LM/28396	Dr. Bhabhor Sarala Jigneshbhai	Ahmedabad
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LM/28404	Dr. Rashmi Kumari	Ahmedabad
LM/28405	Dr. Pandya Anuj Satishbhai	Ahmedabad
LM/28406	Dr. Pandya Pooja Anuj	Ahmedabad
LM/28407	Dr. Baraiya Dhaval Arvindbhai	Upleta
LM/28408	Dr. Karmur Payal Palabhai	Upleta
LM/28409	Dr. Mehta Hardik Kamleshbhai	Porbandar

* * * * *

Attention : G.S.B. I.M.A. Members Essay Competition

GIMACON-2019

Subject :
"SWINE FLU"

The essay should be in three type copies double spacing on one side of the full-scrap paper. The author should not print his/her name & address on the essay but put up on separate piece of paper

Last Date for Submission at the GSB-IMA Office is 10/08/2019



BRANCH ACTIVITY

AHMEDABAD

- 02-01-2019 WALK FOR A CAUSE -Save the Girl Child – WALKATHON With AMA & FOGSI at River Front.
- 06-01-2019 AMA YOUNG FORUM Presents Carrier Seminar Chief Guest. Dr. Maheshbhai Patel Guest of Honour Dr. Parimalbhai Desai Prog. Co-ordinator - Dr. Mehul Shah
- 19-01-2019 THE GURU SPEAKS – Mr. Nandak Pandya – Corporate Mentor
- 22-01-2019 AMA – SENIOR CITIZEN CLUB program : Topic – A Changing social Scenerio : Blessings or Pity ? Moderator : Dr. Shilin Shukla.
- 26-01-2019 Flag Hoisting & Bharat Mata's Poojan
- 21-01-2019 to 29-01-2019 AMA – AOGS - PG LECTURE SERIES
- 03-02-2019 AMA KID'S CLUB – KID'S TALENT EVENING
Concept & Managed by Dr. Mona Desai
Kid's Club Co-ordinator – Dr. Deval Panchal
- 03-02-2019 MEGA HEALTH CHECK – UP CAMP at Pashupatinath Temple, Odhav – About 350 Patients checked. Program was grand success.
- 14-02-2019 AMA – Senior Citizen Club & AMA Kid's Club – celebrates Valentine Day with THALASSEMIA KIDS at Indian Red Cross Society, Paldi.
- 17-02-2019 Scientific Prog. Subject : Respiratory Update – Panel Discussion Panelists : Dr. Narendra Raval, Dr. Parthiv Mehta, Dr. Shweta Saraf, Moderators : Dr. Ankil Patel & Dr. Shwetang Jani
- 20-02-2019 to 28-02-2019 Sports Week - Table Tennis, Badminton, Carrom and Chess.
- 21-02-2019 AMA YOUTH FORUM – Career Seminar for UG & PG Medical Students at AMC MET Medical College. Co-ordinators : Dr.



- Diptiben Shah & Dr. Saumil Merchant Speakers : Dr. Ashok Nirvan & Ms Janet Turner.
- 22-02-2019 The Guru Speaks – Speaker – Dr. Panckaj Nagar – Astrology & Science.
- 03-03-2019 WORKSHOP FOR NABH SENSITIZATION at Silver Cloud Hotel, Chief Co-ordinator : Dr. J. D. Patel. Program was grand success.
- 03-03-2019 Health Check-Up Camp at Dakor. About 315 patients were checked. Dr. Kiritkumar C. Gadhavi, Dr. Mehul J. Shah & Dr. Sunil Chenwala gave their services for this camp.
- 10-03-2019 WOMAN'S DAY CELEBRATION – Ahmedabad Medical Association & Woman Doctors Wing.
- #### BHAVNAGAR
- 02-02-2019 Khadi inspiration walk – Fashion Show:- As a part of celebration of 150 birth anniversary of Mahatma Gandhiji, and for promotion of khadhi, Khadi Fashion Show organize by Dr. Kairavi Joshi president IMA Bhavnagar. As a project chair person and 110 society role models participated in it. This was a charity show and charity generated was used by inner wheel club Bhavnagar for woman empowerment by donating charkhas to needy women.
- 10-02-2019 HIC Training given to nursing staff & technicians handling swine flu ward..& Swine flu testing. Topics covered: Needle prick injury Personal protective equipment Hand washing Sterilization & disinfection.
- 12-02-2019 Government Medical College along with IMA organized Gandhi Olympiad quiz at Govt Medical College, Bhavnagar. Total 290 students appeared.
- 19-02-2019 Doctors from different associations gathered at IMA Hall, Bhavnagar for “ Shahidone Shradhdhanjali” and donated a good amount to “Shahid Sainik Parivar Sahay Trust”.

**GANDHIDHAM**

- 02-02-2019 Camp At Suzlon Energy Ltd, Bhachau. 60 Units Were Collected.
- 10-02-2019 Shree Anjar Prajapati Social Group and Mahila Mandal. 55 Units were collected.
- 17-02-2019 Spiritual event "Medical Science and Spirituality" by Dr. Rahul Mehrotra. Event was attended by about 40 people.
- 21-02-2019 Thalesemia detection camp. Total 37 samples collected at Shinay Village at Vagad Raghuvanshi Parivar Samuh Lagna Programme.
- 22-02-2019 "Pain Management (international but not always Surgery)" by Dr. Sarita Goswami.
- 24-02-2019 ADIPUR, H.R. Gajwani College of education. 78 Units were collected.
Bengali Association. 36 Units Were Collected.
- 9 & 10-03-19 Doctors Cricket League.

JETPUR

- 22-02-2019 "Case based discussion in Gastroenterology" by Dr. Rishikesh Kalaria.
"Recent advances in Radiation and Surgical Oncology" by Dr. Vijay Kumar.
- 27-02-2019 "State of the Art Urology and Andrology 2019" by Dr. Sanjay Pande.
"Liver Transplant from a Physician Perspective" by Dr. Somnath Chattopadhyay.
- 07-03-2019 "Management of Recurrent Pre-term Delivery" by Dr. Rashmiben D. Mehta.
"Approach to Seasonal Flu and Role of Antiflu" by Dr. Sanjay P. Kyada.
- 07-03-2019 "Benefits of group practice" by Dr. K. K. Raval.
"Interesting cases of Hepatology" by Dr. Avval Sadikot.

**KALOL**

- 03-02-2019 A visit to Temple of Healing. More than 30 doctors have participated in the event.
- 12-02-2019 "Identification and Approach to patient with Epilepsy" by Dr. Priyank Shah.
"Management of Epilepsy" by Dr. Samir Patel. Total 26 doctors attended.

KAPADWANJ

- 15-03-2019 "Laparoscopic Hernia Repairs" by Dr. Sunilbhai Papat.

MEHSANA

- 13-02-2019 "Diet, Exercise & Medical Management of Obesity" by Dr. Shrikant Somani.
- 20-02-2019 "Role of Family Physician Management of Post Cardiac Surgery Patients" by Dr. Dhaval Naik.
"Infection in Diabetes Patients – Challenges for Physicians & Surgeons" by Dr. Surabhi Madan.
"Quiz" by Dr. Bihar V. Patel.
- 03-03-2019 IMA Mehsana has received prestigious Golden Cup in IMA Gujarat Volleyball Tournament in addition to IMA North Gujarat Cricket Tournament Golden Cup.
- 13-03-2019 Felicitation of the Dr. Anil J. Nayak for appointment as Vice Chancellor of Hemchandracharya North Gujarat University (HNGU) Patan.

MORBI

- 08-02-2019 "Non malignant problems of breast: A plastic Surgeon's perspective" by Dr. Chintan Patel.
"Recent advances in pain management" by Dr. Pratik Shah. Attended by 40 doctors.
- 22-02-2019 "Peripheral Vascular surgeries" by Dr. Tejas Karangiya.



“NOAC'S Novel Oral Anticoagulants in Non Valvular Atrial Fibrillation” by Dr. Ankur Thummar. Attended by 19 members.

24-02-2019 Free medical checkup camp with free consultation and medicines for paediatric Patients. Total 50 patients were present and free medicines were distributed.

03-03-2019 Annual Sports Day – 2019 and Family Gathering. Total 80 members were attended.

10-03-2019 Camp and community service for Police Department, Morbi District. The camp was attended by 300 people including Police Staff.

NADIAD

03-02-2019 “Advances in infertility” by Dr. Nayana Patel.

“Advances in Percutaneous cardiac interventions” by Dr. Rohan Parikh.

“Office practice of new born” by Dr. Biraj Thakkar. Total attendance 40 persons.

06-02-2019 “Managing COPD: Recent Scenario” by Dr. Ashish Kadakiya.

“Approach to patients with first time seizure” by Dr. Mohit Shah.

14-02-2019 “Seasonal Influenza & Newly emerging viral diseases” by Dr. Kamlesh Upadhyay.

PALANPUR

22-11-2018 “Diabetes on Overview” by Dr. Surendra S. Gupta & Dr. Mayank Shah.

“Surgical aspect of Diabetes” by Dr. Vasant K. Ganatra.

27-11-2018 Workshop on Zika Virus.

31-12-2018 “Preoperative Management of Diabetes” by Dr. Ashish V. Joshi.



Family get to gather. More than 90 members had participated.

24-01-2019 “Overview of Live-Transplantation” by Dr. Saurabh Kapoor.

“Care of Critically CLD Chronic liver Disease Patients” by Dr. Biswarup Pal.

26-01-2019 IMA celebrated National Independent day.

15-02-2019 “Swine Flu” by Dr. Kamlesh Upadhyay.

2/3-03-2019 All Gujarat IMA Volley Ball Tournament (Shooting Ball).

07-03-2019 “Recent advance in Cardiac Surgery” by Dr. Dhaval Naik.

“Functional Angioplasty – FFR & OCT latest trends in cardiology” by Dr. Tejas V. Patel.

“Approach to fever & care based discussion” by Dr. Surbhi Madan.

PALITANA

28-02-2019 “Hair Transplant” by Dr. Shivang Joshi.

“Gen. Psychiatry” by Dr. Keyur Parmar.

Kind Attention !!!

This is to inform you that in the last Central Council Meeting held in Bengaluru on 27th & 28th December, 2018, where it was decided unanimously that from 1st April, 2019, no Annual member will be made and the annual membership fees will not be accepted by IMA HQs.



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 February-2019 in addition to their routine work. These are as under :

01-02-2019 to 28-02-2019 Intra domestic house to house survey by the centers of Ahmedabad

Rander - Surat : Mothers 3240 Iron Tablet, Calcium Tablet 2810 & Children 80 Vitamin A solution were distributed

Nanpur - Surat : Mothers 1460 Iron Tablet, Calcium Tablet 1000 & Children 21 Vitamin A solution were distributed

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

FEBRUARY - 2019

No.	Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi (Jamalpur Ward)	1501	895	2396
(2)	Behrampura (Sardarnagar Ward)	2178	522	2700
(3)	Bapunagar (Potalia Ward)	2781	564	3345
(4)	Dariyapur (Isanpur Ward)	2247	431	2678
(5)	Gomtipur (Saijpur Ward)	3273	727	4050
(6)	Khokhra (Amraiwadi Ward)	2682	576	3258
(7)	New Mental (Kubernagar Ward)	1638	329	1966
(8)	Raikhad (Stadium Ward)	1029	572	1601
(9)	Wadaj (Junawadaj Ward)	838	224	1062
(10)	Junagadh	—	—	—
(11)	Rander-Surat	---	---	---
(12)	Nanpura-Surat	---	---	---
(13)	Rajkot	906	512	1418



FEBRUARY - 2019

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	27	—	39	18600	870
(2)	Behrampura (Sardarnagar Ward)	07	—	42	10710	1343
(3)	Bapunagar (Potalia Ward)	22	—	46	13455	259
(4)	Dariyapur (Isanpur Ward)	39	—	50	12500	563
(5)	Gomtipur (Saijpur Ward)	33	—	67	16040	465
(6)	Khokhra (Amraiwadi Ward)	39	—	51	13800	277
(7)	New Mental (Kubernagar Ward)	41	—	14	16625	453
(8)	Raikhad (Stadium Ward)	39	—	49	6064	1225
(9)	Wadaj (Junawadaj Ward)	13	—	26	12000	2320
(10)	Junagadh	22	—	45	1840	240
(11)	Rander-Surat	31	—	65	280	76
(12)	Nanpura-Surat	20	—	44	1920	70
(13)	Rajkot	26	---	65	2100	285



RELIEF FUND - CRPF, PULWAMA

Following IMA Local Branches / Members has donated for Relief Fund for CRPF, Pulwama

1.	IMA Morbi Branch		133200-00
2.	IMA Gondal Branch		100011-00
3.	IMA Bhujkutch Branch		83421-00
4.	IMA Palitana Branch		71000-00
4.	IMA Una Branch		51000-00
5.	IMA Jamkhambhalia Branch		25000-00
6.	IMA Khedbrahma Branch		11000-00
		* * * * *	
1.	Dr. B.N. Patel	Ahmedabad	25000-00
2.	Dr. Darshan B. Patel	Ahmedabad	25000-00
3.	Dr. R.N. Patel	Ahmedabad	25000-00
4.	Dr. Shreedevi Patel	Ahmedabad	25000-00
5.	Dr. Nandan B. Patel	Ahmedabad	25000-00
6.	Dr. Jitendra B. Patel	Ahmedabad	11111-00
7.	Dr. Rahul Prajapati	Ahmedabad	5000-00
8.	Dr. Samir S. Patel	Ahmedabad	5000-00
9.	Dr. Dhaval M. Shah	Ahmedabad	3000-00
10.	Dr. Shailendra N. Vora	Ahmedabad	2100-00
11.	Dr. Bankim Bhansali	Ahmedabad	2000-00
12.	Dr. Mahendra Acharya	Ahmedabad	1000-00
13.	Dr. Kartik N. Trivedi	Ahmedabad	1000-00
14.	Dr. Dhiren Banzara	Amreli	1000-00
15.	Dr. Ramesh V. Patel	Anand	11000-00
16.	Dr. Rajesh R. Patel	Anand	4000-00
17.	Dr. Himanshu Desai	Anand	1100-00
18.	Dr. A.J. Gandhi	Bardoli	5000-00
19.	Dr. Laxmi A. Gandhi	Bardoli	5000-00
20.	Dr. M.J. Vithlani	Barwala	10000-00
21.	Healing Touch Mult Spe. Hospital	Bharuch	3000-00
22.	Dr. K.K. Shah	Dabhoi	10000-00
23.	Dr. Vijay Sheth	Dabhoi	5001-00
24.	Dr. Mehul D. Modh	Deesa	1000-00
25.	Dr. Jayant Tatu	Gandhinagar	5000-00
26.	Dr. Rajesh Parikh	Kalol	20000-00
27.	Dr. K.K. Shah	Kapadwanj	5000-00



28.	Dr. Anil D. Patel	Mehsana	5000-00
29.	Dr. Uttambhai H. Patel	Mehsana	5000-00
30.	Dr. Bharat Kalia	Morbi	11000-00
31.	Dr. Dinesh Patel	Morbi	11000-00
32.	Dr. R.M. Bhut	Morbi	11000-00
33.	Dr. Tejas Koradiya	Morbi	11000-00
34.	Dr. D.M. Kagathara	Morbi	7500-00
35.	Dr. Satish Patel	Morbi	7500-00
36.	Dr. Amit K. Ghuley	Morbi	5500-00
37.	Dr. Amit Gami	Morbi	5000-00
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45.	Dr. Ketan Aghera	Morbi	5000-00
46.	Dr. Rakesh R. Patel	Morbi	5000-00
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50.	Dr. N.J. Babariya	Morbi	5000-00
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52.	Dr. Chirag Aghara	Morbi	3000-00
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57.	Dr. Dharmesh Maniar	Morbi	2500-00
58.	Dr. Dilip Tanna	Morbi	2000-00
59.	Dr. M.M. Pethapara	Morbi	2000-00
60.	Dr. Alpesh Rankja	Morbi	1100-00
61.	Dr. Dilip Chauhan	Morbi	1100-00
62.	Dr. Hitesh Kanzaria	Morbi	1100-00
63.	Dr. Pratimaben Shah	Morbi	1000-00
64.	Dr. Mahinath Mishra	Mundra	3000-00
65.	Dr. Bipin H. Gandhi	Navsari	1000-00
66.	Dr. Ghanshyam D. Jagani	Rajkot	5000-00
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69.	Dr. Jitendra B. Vadera	Savarkundla	5000-00
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71.	Dr. B.K. Patel	Savarkundla	2000-00
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80.	Dr. D.C. Patel	Valsad	10000-00
81.	Dr. Laxmansinh Solanki	Valsad	10000-00
82.	Dr. Sandeep S. Desai	Valsad	10000-00
83.	Dr. Subhodh Kapadia	Valsad	10000-00
84.	Dr. Deepak Kakade	Valsad	5000-00
85.	Dr. Dhanjibhai Patel	Valsad	5000-00
86.	Dr. Dilip Patel	Valsad	5000-00
87.	Dr. Girish Patel	Valsad	5000-00
88.	Dr. K.N. Patel	Valsad	5000-00
89.	Dr. Kalpesh Joshi	Valsad	5000-00
90.	Dr. Piyush H. Patel	Valsad	5000-00
91.	Dr. Rajesh Patel	Valsad	5000-00
92.	Dr. Satya Naik	Valsad	5000-00
93.	Dr. Sunil Choksi	Valsad	5000-00
94.	Dr. Vijay Khatri	Valsad	5000-00
95.	Dr. Lochan Shastri	Valsad	4000-00
96.	Dr. Ajit Tandel	Valsad	2500-00
97.	Dr. Babubhai C. Patel	Valsad	2500-00
98.	Dr. Kirit Ankleshwaria	Valsad	2500-00
99.	Dr. Kirit Patel	Valsad	2500-00
100.	Dr. Prathmesh Desai	Valsad	2500-00
101.	Dr. Satyajit Ray	Valsad	2500-00
102.	Dr. Suresh Mody	Valsad	2500-00
103.	Dr. Varsha Patel	Valsad	2500-00
104.	Dr. Jitendra B. Patel	Valsad	1000-00
105.	Dr. Vinu Patel	Valsad	1000-00
106.	Dr. Vipul Pastagia	Valsad	1000-00
107.	Dr. Nitin Barot	Vijapur	5000-00
108.	Dr. Manubhai Patel	Idar	2000-00
108.	Aurav Dhar		1100-00



Report of Professional Protection Scheme Zonal Educative Seminar

On dated 17-03-2019 Ahmedabad Medical Association & P.P.Scheme I.M.A. has organized P.P.S. Zonal Educational Seminar at President Hotel, Ahmedabad.

Seminar was Inaugurated by President I.M.A.,G.S.B. Dr. S. S. Vaishya, Managing Director Dr. Bipinbhai Patel, National Leader Dr. MahendraDesai, program co-ordinator Dr. Yogendra Modi, Dr. Shailendra Vora, Joint Secretary GSB IMA, President A.M.A. Dr. Mehul Shelat, Hon. Secretary A.M.A. Dr. Kiritkumar C. Gadhavi.

Dr. President Dr. S. S. Vaishya gave inaugural speech &

Dr. Bipinbhai Patel gave details about Professional Protection Scheme.

Speakers, Dr. Sunil Mehta, Mr. Sunil Chhabaria & Dr. Nilay Brahmachari highlighted over Professional Negligency & Patient Negligency.

While Dr. Parth Desai, Dr. R. S. Bhise gave knowledge over Medico Legal case – Death in Hospital. Mr. Ashok Chudgar gave his view on C.P.A.

About 70 delegates remain present & seminar end with fruitful question answer session.

* * * * * DISCLAIMER

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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/23124	Dr. Bhargava Pradeep	Ahmedabad
LM/17230	Dr. Pandya Kartik M.	Ahmedabad
LM/28292	Dr. Patel Mitul Chandrakantbhai	Ahmedabad
LM/12250	Dr. Ramnani Sandhya Rajkumar	Ahmedabad
LM/08459	Dr. Parikh Tushar R.	Anand
LM/11562	Dr. Dhodia Maganbhai Vajirbhai	Dadra-Nagar
LM/10363	Dr. Makwana Himanshu D.	Gandhidham
LM/11010	Dr. Thakkar Nitin B	Gandhidham
LM/23868	Dr. Ghuge Manish Vijaybhai	Jamnagar
LM/16621	Dr. Gadhavi Ashvin Vishnubhai	Khedbrahma
LM/08074	Dr. Mer Dineshchandra L.	Limbdi
LM/20812	Dr. Kalasva Ramesh Nursibhai	Lunawada
LM/03360	Dr. Trivedi Bipin Bhanubhai	Mandvi-Kutch
LM/18981	Dr. Patel Jayesh Narottambhai	Mehsana
LM/05818	Dr. Shah Lalit Nathalal	Mehsana
LM/09193	Dr. Modi Ajay B.	Navsari
LM/14947	Dr. Patel Jagruti Nitinbhai	Navsari
LM/20405	Dr. Kareliya Prakash Pravinbhai	Rajkot
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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: 18-2-2019

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/2019-2020, further tabulated information is given below for the revision of fees effective from 1/4/2019. 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 31-3-2019 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	10815 -00	790-00	{20-00}	Rs. 10025-00
Couple	16054-00	1230-00	{30.00}	Rs. 14824-00

Membership Fees by a Cheque / 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 "IMACGPHQ"	
Payable at Chennai and send to us	

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. Kamlesh B. Saini)
Hon. State Secretary

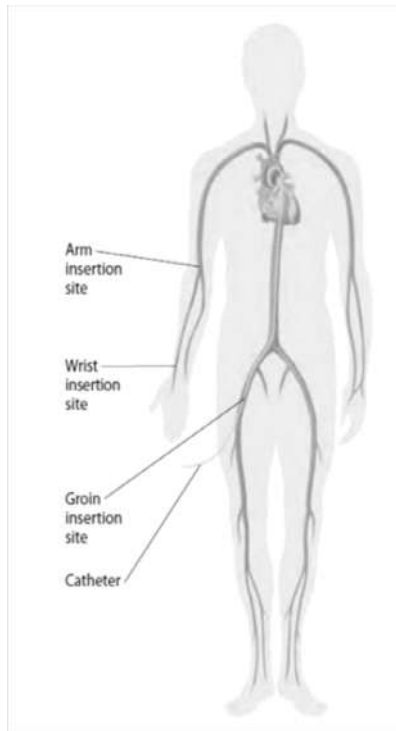


Angiography, Angioplasty, Stenting: All You Need To Know

If you suspect the narrowing of coronary arteries in your patient, you may refer them for an angiography to confirm it. An angiogram provides pictures of the blood flow through arteries by threading a dye-laden thin tube called catheter from an artery of the patient's leg or arm up into the heart. This invasive, catheter- based procedure is the clinical gold standard tool for assessment of coronary arteries.

Routes for Angiography: Radial/ Ulnar/ Brachial/ Femoral

Although coronary angiography has inherent risks, complications may occur which are a result of the natural course of the patient's coronary disease. The family physician should counsel the patient about risk factors, initiate medical therapy, and psychologically prepare the patient for potential cardiac investigations



Indications for Angiography:

Cardiac

Myocardial Infarction (Heart Attack)

Acute Coronary Syndrome (ACS) - ST Elevation Myocardial Infarction (STEMI), Non-ST Elevation Myocardial Infarction (NSTEMI), Unstable Angina

Persistent angina despite full medication and other variants of angina

Markedly positive stress test and/or positive stress test following myocardial infarction

Central vascular disease - Abdominal and thoracic aortic



aneurysm treatment (EVAR), Visceral aneurysm and arteriovenous fistula treatment

Neurological

Cerebrovascular disease

Subarachnoid haemorrhage from ruptured berry aneurysm requiring coil embolisation

Elective embolisation - Vascular malformations, Varicoceles, Ovarian veins for pelvic congestion syndrome, Fibroid embolisation for pressure symptoms and bleeding etc.

Peripheral

Peripheral vascular disease - Intermittent claudication, Limb-threatening ischaemia: rest pain, tissue loss

Renovascular disease - Renovascular hypertension, Uncontrollable hypertension

Mesenteric angina

Dialysis fistula mapping and maintenance angioplasty

Thus, angiography helps in deciding what treatment will be best for the anomaly detected. If an angiogram points the narrowing or blockage of arteries due to plaque deposits or slowed down blood flow, angioplasty and stenting may be able to clear the passage. Depending on the size and location of the blockage, one or both procedures may be done.

Balloon Angioplasty

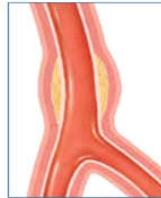
This is the most common type of angioplasty procedure in which a special balloon-tipped catheter is inserted into the coronary artery. The guide wire is threaded into place across the blockage and the balloon is then inflated to widen the artery. This compresses the plaque against the walls of the artery, thereby widening the channel. An angiogram then confirms the patency of the artery and improvement in blood flow.



A balloon is inserted into the narrowed area.



The balloon is inflated, flattening plaque against the artery walls.



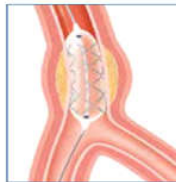
The artery is widened, improving blood flow.

Stenting

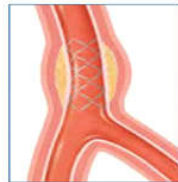
A stent is a tiny, flexible wire mesh tube that provides support for the artery and helps in reducing the risk of restenosis. Stenting follows angioplasty in most of the cases. However, stents may also be placed directly, without any prior angioplasty.



The stent, mounted onto a balloon, is slid into place.



The balloon is inflated to open the stent.



The stent remains in place, holding the artery open to retain improved blood flow.

Do arteries get narrow again or does restenosis occur?

Coronary angioplasty or stenting is not a cure. It only treats the particular area of your arteries. An artery can get blocked again after angioplasty and stenting. Restenosis is the recurrence of stenosis, a narrowing of a blood vessel, leading to restricted blood flow. This may occur within 3-6 months after the procedure. It is usually easily treated with a second angioplasty. The patient needs to notice the signs experienced before the procedure and immediately contact the doctor for discussing the treatment options. Restenosis is usually easily treated with a second angioplasty.

What is stent thrombosis?

Stent thrombosis is a thrombotic occlusion of a coronary stent. This is usually an acute process in contrast to restenosis, which is a gradual narrowing of the



stent lumen due to neointimal proliferation. Though the incidence is less 0.5-2%, it has high risk of mortality due to myocardial infarction. On the basis of duration stent thrombosis is defined as:

- Acute (0-24 hours after stent implantation)
- Subacute (24 hours to 30 days after stent implantation)
- Late (30 days to one year after stent implantation)
- Very late (Post one year after stent implantation)

Intracoronary imaging may be used to assess the risk factors for stent thrombosis such as underexpansion, malapposition, or stent fractures, to guide revascularization and future management. Antiplatelet therapy is an important consideration.

- Dr Krunal Tamakuwala

(Consultant Interventional Cardiologist, Ahmedabad)

* * * * *

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NEWS CLIP

Ahmedabad

હોસ્પિટલ-દર્દી વચ્ચે થતા વિવાદને અટકાવવા માટે IMAનું મંથન



ઈન્દરનેશનલ કોન્ફેલવનું આયોજન કરાયું હતું. આ કોન્ફેલમાં ૧૦૮થી વધુ દેશોના પ્રતિનિધિ-ડોક્ટરો એકત્ર થયા છે. આ કોન્ફેલમાં વર્લ્ડ મેડિકલ એસોસિએશનના પૂર્વ પ્રમુખ ડો. કેતન દેસાઈ પણ ઉપસ્થિત રહ્યાં હતાં અને તેમની સાથે અમદાવાદથી ડો. બિપિન પટેલ અને ડો. મહેન્દ્ર દેસાઈ તેમજ સુરતથી ડો. પ્રદેશ જોષી અને ડો. વિનોદ શાહને આમંત્રણ આપવામાં આવ્યું હતું. બે દિવસીય કોન્ફેલના ઉદ્ઘાટન કાર્યક્રમમાં ડો. કેતન દેસાઈનું પ્રાસંગિક પ્રવચન રાખવામાં આવ્યું હતું. આ કોન્ફેલમાં તેમણે 'ગ્લોબલ ટોલરન્સ ટૂ વાથલેસ અગેન્સ્ટ ડોક્ટર્સ એન્ડ હોસ્પિટલ' વિષયની મારામારી સુધી પહોંચે છે. એટલે કે

દર્દીઓને હોસ્પિટલ અને હોસ્પિટલને દર્દીઓ ઉપર વિશ્વાસ રહ્યો નથી, બંને વચ્ચેના કમ્યુનિકેશનના અભાવે વિશ્વાસ સેતુ તૂટી ગયો છે, તો આ વિશ્વાસને પુનઃ જોડવા શું કરી શકાય તે અંગે મંથન કરવા મુંબઈ ખાતે IMA (ઈન્ટિયન મેડિકલ એસો.) અને વર્લ્ડ મેડિકલ એસો.ના સંયુક્ત ઉપક્રમે

નવગુજરાત સમય > અમદાવાદ

સરકારી અથવા ખાનગી હોસ્પિટલમાં દાખલ થતા દર્દીઓ અને મેનેજમેન્ટ વચ્ચે સારવાર અથવા બિલ ખાતલે વેદવેશ માયાક્રુટ થતી હોય છે. આ માથાકુટ ઘણીવાર મારામારી સુધી પહોંચે છે. એટલે કે

અમદાવાદ મેડિકલ એસો.માં વૃમ્મન સેલિબ્રેટ કરાયો લેડીઝ ડોક્ટર્સ સેલ્ફ ડિકેન્સની ટેકનિક્સ શીખી એન્જોય કર્યું



અમદાવાદ મેડિકલ એસો.માં વૃમ્મન સેલિબ્રેટ કરાયો લેડીઝ ડોક્ટર્સ સેલ્ફ ડિકેન્સની ટેકનિક્સ શીખી એન્જોય કર્યું

આ મહાદાય મેડિકલ એસો.માં વૃમ્મન સેલિબ્રેટ કરાયો લેડીઝ ડોક્ટર્સ સેલ્ફ ડિકેન્સની ટેકનિક્સ શીખી એન્જોય કર્યું

અમદાવાદ મેડિકલ એસો.માં વૃમ્મન સેલિબ્રેટ કરાયો લેડીઝ ડોક્ટર્સ સેલ્ફ ડિકેન્સની ટેકનિક્સ શીખી એન્જોય કર્યું

Bhavnagar

મજાસત્તાક પર્વ BSFના જવાનો સાથે ઉજવ્યું 'સ્વસ્થ જીવનશૈલી'ના સંદેશ સાથે ભાવનગરના તબીબોની સાઈકલ યાત્રા

રસ્તા પર આવતા ગામોમાં મેડિકલ કેમ્પ, રક્તદાન કેમ્પ યોજાયા

ભાવનગરમાં ડોક્ટરો સાથે જવાનોની સાથે 'સ્વસ્થ જીવનશૈલી'ના સંદેશ સાથે ભાવનગરના તબીબોની સાઈકલ યાત્રા

એસ.પી.કચેરી ખાતે રક્તદાન કેમ્પ યોજાયો

તસવીર : મેગ્ડલ દરસ્ગો

ભાવનગર એસ.પી. કચેરી ખાતે તબીબી સહાયતા પૂરતી ૧૪૦૦ જેમકે ૪૦૦૦ સહાયતા આપવા આરંભવું હતું. જેમાં ઘણી સલામત પોલીસ કમીઓને રક્તદાન કરવું હતું. તસવીર : મેગ્ડલ દરસ્ગો

એસ.પી., ડીવાયએસપી સહિત ૫૬ પોલીસ જવાનોએ રક્તદાન કર્યું

સર તખસિલદાર જાનકલે હોસ્પિટલની ૦૬૫ની ૧૪૨૬૫૦૦ ઉંઝી થયા જિલ્લા પોલીસ અધિકારી પ્રવિણકાંત શાહને જણાવતા તેઓએ આજે તા.૩૦-૩-૨૦૧૯ના રોજ ૫૬ પોલીસ જવાનોની સાથે સહાયતા આપવા આરંભવું હતું. જેમાં ઘણી સલામત પોલીસ કમીઓને રક્તદાન કરવું હતું. તસવીર : મેગ્ડલ દરસ્ગો



પુલવામાં આતંકી ઘટનામાં શહીદ થયેલા વીર જવાનોને શ્રદ્ધાસુરુ

આતંકી ઘટનામાં શહીદ થયેલા વીર જવાનોને શ્રદ્ધાસુરુ

ભાવનગરના તબીબો દ્વારા શહીદોને શ્રદ્ધાંજલિ આપાઈ

ભાવનગરના તબીબો દ્વારા શહીદોને શ્રદ્ધાંજલિ આપાઈ

ભાવનગરના તબીબો દ્વારા શહીદ સૈનિક પરિવાર માટે રૂપિયા દશ લાખનું અનુદાન

તા. ૧૪ ફેબ્રુઆરીના ગોજરા દિવસે થયેલ પુલવામાં એટેક બાદ ભારતભરમાં શહીદ સૈનિકો પરિવારની મદદ માટે એક જુવાળ જોવા મળ્યો છે. ભાવનગરમાં વિવિધ સંસ્થા દ્વારા અનુદાન એકત્ર કરવામાં આવેલ છે. આ સેવાકીય પ્રવૃત્તિમાં ભાવનગરના તબીબો પણ બ્રહ્મત નથી. મેડીકલ એસોસિએશન દ્વારા શરૂઆત કરતા ભાવનગરમાં તબીબોએ રૂ. ૧૦૦૦થી થઈ રૂ. ૧૦,૦૦,૦૦૦ સુધીની યથાશક્તિનું અનુદાન આપેલ છે. આજ રૂપિયા ભાવનગરના મેડીકલ એસોસિએશન દ્વારા ભારત કે વીર વંશસાહેબ ઉપર, એસોસિએશન દ્વારા તેમજ શહીદ સૈનિક પરિવાર સહાય ટ્રસ્ટ વિવિધ માધ્યમ દ્વારા આશરે રૂ. ૧૦,૦૦,૦૦૦નું અનુદાન થયેલ છે.

SANDESH

ભાવનગર મેડિકલ એસોસિએશન દ્વારા મહિલા દિવસની ઉજવણી

ઈન્ટિયન મેડિકલ એસોસિએશનની ભાવનગર શાખાના વૃમ્મન ડોક્ટર્સ વિંગ દ્વારા સાહતરાસ્ટ્રીય મહિલા દિવસની ઉજવણી કરવામાં આવી હતી. આ ઉજવણીના ભાગરૂપે ભાવનગરની સરકારી મેડિકલ કોલેજ ખાતે 'સેલ્ફ ડિકેન્સ વર્કશોપ'નું આયોજન કરવામાં આવેલ હતું. જેમાં મેડિકલ સ્ટુડન્ટ અને મહિલા ડોક્ટર્સને ટેઈન્ટ એજાક્ટ - ડો નેશનલ ગોઠીલ, લાખાબેન શાહ અને નીતાબેન સાદવે સેલ્ફ ડિકેન્સની કેટલીક ટેકનીક શીખાવટી હતી. જેથી તેઓ મુશ્કેલીના સમયે પોતાના બચાવ કરી શકે તેમજ મુશ્કેલ સમયમાં ઠસાયેલી મહિલાઓ પણ બચાવ કરી શકે. મેડીકલ કોલેજના ડીન હેમલાબાઈ મહેતાએ આયોજન માટે જરૂરમત ઉઠાવી હતી. એજાક્ટ ટીમ દ્વારા દક્ષિણામુર્તિ સ્કૂલની ૧૫૦ જેટલી વિદ્યાર્થિનીઓને પણ 'સેલ્ફ ડિકેન્સ ટેકનિક'ની તાલીમ આપવામાં આવી હતી.



Rajkot



આચાર્ય અને અધ્યાપક કાર્યવાહી દરમિયાન ડી.એચ.એસ. યુનાઇટેડ એવોર્ડ પ્રમુખ ડો. હિરેન કોટરી સાથે તબીબોને અભિનંદન

જેન્સર માટે 'ડો. ડી.એસ. યુનાઇટેડ એવોર્ડ' મળ્યો

રાજકોટના યુવા પેથોલોજિસ્ટ ડો. અમિત અગ્રવાલને રીસર્ચ માટે રાષ્ટ્રીય એવોર્ડ

રાજકોટ: રાજકોટના યુવા પેથોલોજિસ્ટ ડો. અમિત અગ્રવાલને રીસર્ચ માટે રાષ્ટ્રીય એવોર્ડ મળ્યો છે. આ એવોર્ડ ડો. ડી.એસ. યુનાઇટેડ એવોર્ડ પ્રમુખ ડો. હિરેન કોટરી સાથે તબીબોને અભિનંદન આપવા માટે આપવામાં આવ્યો છે.

શિક્ષકો

શિક્ષકો: શિક્ષકોને આજીવન સુધી શિક્ષણ આપવા માટે રાષ્ટ્રીય એવોર્ડ મળ્યો છે. આ એવોર્ડ ડો. ડી.એસ. યુનાઇટેડ એવોર્ડ પ્રમુખ ડો. હિરેન કોટરી સાથે તબીબોને અભિનંદન આપવા માટે આપવામાં આવ્યો છે.

ગેડિકલ જર્નલમાં રાજકોટના તબીબ અમિત અગ્રવાલના ૩૦ રિસર્ચનો સમાવેશ



રાજકોટ: ગેડિકલ જર્નલમાં રાજકોટના તબીબ અમિત અગ્રવાલના ૩૦ રિસર્ચનો સમાવેશ કરવામાં આવ્યો છે. આ એવોર્ડ ડો. ડી.એસ. યુનાઇટેડ એવોર્ડ પ્રમુખ ડો. હિરેન કોટરી સાથે તબીબોને અભિનંદન આપવા માટે આપવામાં આવ્યો છે.



ડો. અમિત એચ. અગ્રવાલને રીસર્ચ માટે રાષ્ટ્રીય એવોર્ડ

ડો. અમિત એચ. અગ્રવાલને રીસર્ચ માટે રાષ્ટ્રીય એવોર્ડ મળ્યો છે. આ એવોર્ડ ડો. ડી.એસ. યુનાઇટેડ એવોર્ડ પ્રમુખ ડો. હિરેન કોટરી સાથે તબીબોને અભિનંદન આપવા માટે આપવામાં આવ્યો છે.

દર્મી એ કથ્યા, પાણચણ કે રોગ નથી



દર્મી એ કથ્યા, પાણચણ કે રોગ નથી. આ એવોર્ડ ડો. ડી.એસ. યુનાઇટેડ એવોર્ડ પ્રમુખ ડો. હિરેન કોટરી સાથે તબીબોને અભિનંદન આપવા માટે આપવામાં આવ્યો છે.

જરુરિયાતમંદ દર્દીઓની નિઃસ્વાર્થ સેવા કરનાર સુરતી તબીબ



જરુરિયાતમંદ દર્દીઓની નિઃસ્વાર્થ સેવા કરનાર સુરતી તબીબ. આ એવોર્ડ ડો. ડી.એસ. યુનાઇટેડ એવોર્ડ પ્રમુખ ડો. હિરેન કોટરી સાથે તબીબોને અભિનંદન આપવા માટે આપવામાં આવ્યો છે.



સુરતી આરોગ્યના સભ્યે પણ આજીવન એવોર્ડ

સુરતી આરોગ્યના સભ્યે પણ આજીવન એવોર્ડ મળ્યો છે. આ એવોર્ડ ડો. ડી.એસ. યુનાઇટેડ એવોર્ડ પ્રમુખ ડો. હિરેન કોટરી સાથે તબીબોને અભિનંદન આપવા માટે આપવામાં આવ્યો છે.

Surat

ડૉક્ટર્સના સ્પોર્ટ્સ કાર્નિવલમાં ૩૦૦ ટોક્ટર્સે વિવિધ રમત રમી



સુરત: આઈએએએ, એફપીએ અને એસએમસી દ્વારા સ્પોર્ટ્સ કાર્નિવલનું આયોજન કરવામાં આવ્યું હતું, જેમાં ક્રિકેટ, વોલીબોલ, ચેસ અને કેરમની સ્પર્ધા યોજાઈ હતી. હેમંતી જરદોશ અને ડો. ચંદ્રેશ જરદોશ ૩૦૦થી વધારે તબીબો અને તેમના કુટુંબીજનો માટે, બાળકો માટે સિક્કાની રમત, પાનાની રમત, ડોક્ટરો માટે તબીબી ઓળખો, અને આંધળો પટ્ટો રમત રમ્યા હતા.

Vadodra

દિવસ ડાયાબિટીસ કારણે નિમિત્તે અંધત્વ નિવારણ જાગૃતિ અભિયાન

વડોદરા, ગુજરાત વિશ્વવિદ્યાલય દિવસ ડાયાબિટીસ દિવસ નિમિત્તે અંધત્વ નિવારણ જાગૃતિ અભિયાન શરૂ કરવામાં આવ્યું છે. આ એવોર્ડ ડો. ડી.એસ. યુનાઇટેડ એવોર્ડ પ્રમુખ ડો. હિરેન કોટરી સાથે તબીબોને અભિનંદન આપવા માટે આપવામાં આવ્યો છે.

Age and lifestyle responsible for the failure of IVF treatments

Medical article discussing IVF success rates and the impact of age and lifestyle. Includes text: 'The reasons for implantation failure could be because of uterine problem and/or quality of the embryo. The health of the embryo depends on the quality of the gametes...' and 'Innovative techniques such as Zydosome Array (ZEA)...'



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- **PROFESSIONAL PROTECTION SCHEME**
- **FAMILY WELFARE SCHEME**
- **HOSPITAL BOARD OF INDIA**



Working Committee Meeting Daman



* * * * *

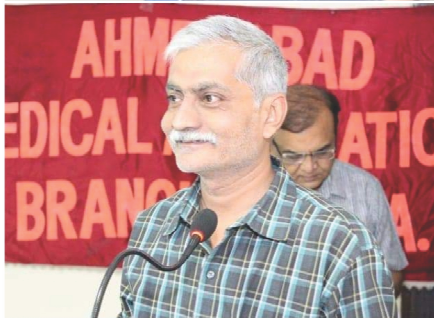
IMA END TB Meeting at New Delhi





NABH Workshop

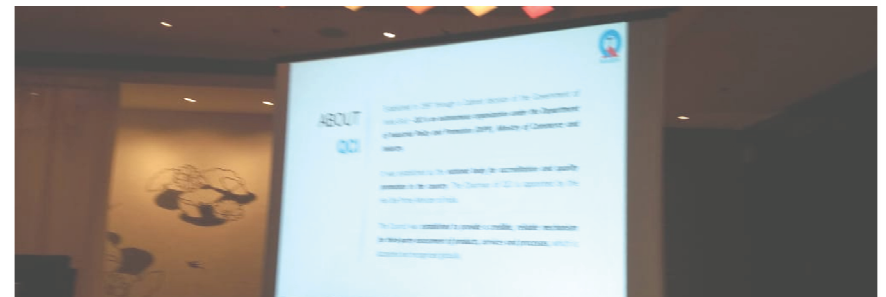
Ahmedabad Medical Association



IMA (Hqs) HBI NABH Workshop Surat Branch



NABH Awareness Programme Vadodara Branch





CONGRATULATIONS !



DR. ANIL J. NAYAK, Mehsana

Incharge Vice Chancellor of North Gujarat University

- Past President : IMA Gujarat State Branch
- Ex. member : Medical Council of India
- Member : Gujarat Medical Council
- Member : Gujarat Nursing Council

* * * * *

CONGRATULATIONS !



DR. VIJAYBHAI DESHANI, Rajkot

Pro Vice Chancellor of Saurashtra University

- Four Term : Saurashtra University Syndicate Member
- Four Term : Saurashtra University senate Member
- Two Term : Dental Council of India Member



Felicitation of Dr Anil Naik for appointing as a Vice Chansellor of North Gujarat University



* * * * *

Felicitation of Dr Anil Naik for appointing as a Vice Chansellor of North Gujarat University Mehsana Branch





Thalassemia Camp Gandhidham Branch



* * * * *

Camp and Community service for Police Department Morbi Branch



P.P.S. Zonal Educative Seminar Ahmedabad Branch





International Women's Day celebrations at AMA House, Ahmedabad



* * * * *

ESIS State Conference, Ahmedabad



(58)



Installation Ceremony of Woman Doctors' Wing Rajkot Branch



* * * * *

Installation Ceremony of Woman Doctors' Wing Surat Branch



(59)



Women's Day celebration



Sadra village



Bhavnagar Branch



Navsari Branch



Vadodara Branch



CME Bhavnagar Branch



* * * * *

CME Mehsana Branch





CME Morbi Branch



* * * * *

CME Vadodara Branch



Cricket Tournament Kalol Branch



* * * * *

Mehsana Win the all Gujarat Shooting Volleyball Tournament, Palanpur





Cricket Tournament Gandhidham Branch



* * * * *

CME Gandhidham Branch



(64)



Visit to Statue of Unity Nadiad Branch



* * * * *

A Visit to Temple Healing Kalol Branch



(65)



रजिस्ट्री सं० डी० एल०-33004/99

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अधिसूचना

नई दिल्ली, 19 फरवरी, 2019

सा.का.नि. 129(अ).—पर्यावरण (संरक्षण) नियम, 1986 के नियम 5 के उप-नियम (4) के साथ पठित पर्यावरण (संरक्षण) अधिनियम, 1986 (1986 का 29) की धारा 6, 8 और 25 द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, केंद्रीय सरकार, उक्त नियम के नियम 5 के उप-नियम (3) के खंड (क) के अधीन जनहित में दी गई सूचना की अपेक्षा को समाप्त करने के पश्चात्, जैव-चिकित्सा अपशिष्ट प्रबंधन नियम, 2016 में और संशोधन करने के लिए निम्नलिखित नियम बनाती है, अर्थात्:-

1. (1) इन नियमों को जैव-चिकित्सा अपशिष्ट प्रबंधन (संशोधन) नियम, 2019 कहा जाएगा।
(2) ये राजपत्र में इनके प्रकाशन की तारीख को प्रवृत्त होंगे।
2. जैव-चिकित्सा अपशिष्ट प्रबंधन नियम, 2016 (जिसे इसमें इसके पश्चात् उक्त नियम कहा गया है) के नियम 4 में, -
 - (i) खंड (ह) के लिए, निम्नलिखित खंड प्रतिस्थापित किया जाएगा, अर्थात्:-
 "(ह), सभी विस्तारयुक्त स्वास्थ्य केन्द्रों के मामले में, दिन-प्रतिदिन के आधार पर जैव-चिकित्सा अपशिष्ट प्रबंधन रजिस्टर रखे और उसे अद्यतन करे और अनुसूची-1 में यथा विनिर्दिष्ट श्रेणी एवं रंग की कोडिंग की दृष्टि से मूजित जैव चिकित्सा अपशिष्टों के अनुसार मासिक अभिलेख को वेबसाइट पर प्रदर्शित करें;"
 - (ii) खंड (त) के लिए, निम्नलिखित खंड प्रतिस्थापित किया जाएगा, अर्थात्:-



"(त), सभी विस्तरयुक्त स्वास्थ्य केन्द्रों के मामले में, (चाहे विस्तरों की संख्या कितनी भी हो), जैव-चिकित्सा अपशिष्ट प्रबंधन (संशोधन) नियम, 2018 के प्रकाशन की तिथि से दो वर्षों की अवधि के अंदर अपनी वेबसाइट पर वार्षिक रिपोर्ट उपलब्ध कराएँ।"

3. उक्त नियमों की अनुसूची-II में, क्रम सं. 8 के सामने, मद सं. (1) में, टिप्पण में, खंड-3 के लिए, निम्नलिखित खंड प्रतिस्थापित किया जाएगा, अर्थात्:-

"3. दस विस्तरों से कम वाले स्वास्थ्य केन्द्रों को 31 दिसम्बर, 2019 की तारीख तक द्रव अपशिष्ट पदार्थ के लिए आउटपुट स्लाब मानक का अनुपालन करना होगा।"

4. उक्त नियमों की अनुसूची-III में,-

(i) क्र. सं. 3 के सामने, स्वंब (3) में, मद सं. (vi) के पश्चात्, निम्नलिखित मद अंतर्लिखित की जाएगी, अर्थात्:-

"(vii) महाविदेशक, सशस्त्र बल चिकित्सा सेवा द्वारा प्रचालित चिकित्सा निरीक्षण (एमआई) कक्ष, जहाजों पर रोगी कक्ष या पनडुब्बी, स्टेशन चिकित्सा केन्द्र तथा अग्रिम स्थानों में स्थित क्षेत्र अस्पताल का निरीक्षण और निगरानी।"

(ii) क्र. सं. 4 के सामने, स्वंब (3) में, मद सं. (viii) के लिए, निम्नलिखित मद अंतर्विष्ट की जाएगी, अर्थात्:-

"(vii) महाविदेशक, सशस्त्र बल चिकित्सा सेवा द्वारा प्रचालित चिकित्सा निरीक्षण (एमआई) कक्षों, जहाजों पर रोगी कक्ष या पनडुब्बी, स्टेशन चिकित्सा केन्द्रों तथा अग्रिम स्थानों में स्थित क्षेत्र अस्पतालों को छोड़कर अन्य स्वास्थ्य केन्द्रों का निरीक्षण और निगरानी (नियम-9)।"

[फा.सं.3-1/2000-एचएसएमडी]

रितेश कुमार सिंह, संयुक्त सचिव

टिप्पण : मूल नियम भारत के राजपत्र, असाधारण, भाग-II, खंड 3, उप-खंड (i) में अधिसूचना सं. सा.का.नि. 343 (अ) तारीख 28 मार्च, 2016 द्वारा प्रकाशित किए गए थे और पश्चात्पूर्वी अधिसूचना सं. सा.का.नि. 234 (अ) तारीख 16 मार्च, 2018 द्वारा संशोधित किए गए थे।

MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE

NOTIFICATION

New Delhi, the 19th February, 2019

G.S.R. 129(E).—In exercise of the powers conferred by Sections 6,8 and 25 of the Environment (Protection) Act, 1986 (29 of 1986) read with sub-rule (4) of rule 5 of the Environment (Protection) Rules, 1986, the Central Government, after having dispensed with the requirement of notice under clause(a) of sub-rule (3) of rule 5 of the said rule in public interest, hereby makes the following rules further to amend the Bio-Medical Waste Management Rules, 2016, namely:-

1. (1) These rules may be called the Bio-Medical Waste Management (Amendment) Rules, 2019.
- (2) They shall come into force on the date of their publication in the Official Gazette.



2. In the Bio-Medical Waste Management Rules, 2016 (herein after referred to as the said rules), in rule 4-

(i) For clause (n), the following clause, shall be substituted, namely:-

"(n) .in case of all bedded health care units, maintain and update on day to day basis the bio-medical waste management register and display the monthly record on its website according to the bio-medical waste generated in terms of category and colour coding as specified in Schedule I;"

(ii) For clause (p), the following clause shall be substituted, namely:-

"(p) .in case of all bedded health care facilities (any number of beds), make available the annual report on its web-site within a period of two years from the date of publication of the Bio-Medical Waste Management (Amendment) Rules, 2018;"

3. In Schedule II to the said rules, against serial number 8, in item (1), in the Note, for clause 3, the following clause shall be substituted, namely: -

"3. Health Care Facilities having less than ten beds shall have to comply with the output discharge standard for liquid waste by 31st December, 2019."

4. In Schedule III to the said rules, -

(i) Against serial number 3, in column (3), after item (vi), the following item shall be inserted, namely: -

"(vii) Inspection and monitoring of Medical Inspection (MI) rooms, sick bays on board ships or submarines, station medical centres and field hospitals in forward locations operated by the Director General, Armed Force Medical Services;"

(ii) Against serial number 4, in column (3), for item (viii), the following item shall be substituted, namely: -

"(viii) Inspection and monitoring of health care facilities other than Medical Inspection (MI) rooms, sick bays on board ships or submarines, station medical centres and field hospitals in forward locations operated by the Director General, Armed Forces Medical Services (Rule-9)."

[F. No. 3-1/2000-HSMD]
RITESH KUMAR SINGH, Jr. Secy.

Note : The Principal rules were published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (i), vide number G.S.R. 343(E), dated the 28th March, 2016 and subsequently amended vide number G.S.R. 234(E), dated the 16th March, 2018.



HEALTH FIRST CAMPAIGN

BY INDIAN MEDICAL ASSOCIATION

OBJECTIVE

The health sector in India has never been given the priority it deserves, leading to grossly inadequate services at levels. The allocation of meager 1.1% of GDP for health services speaks volumes about the apathy of successive governments towards this most important determinant of social and economical progress of a nation. Health sector being one of the largest employer of the population and “the” largest employer of the female population certainly deserves more attention from policy makers.

Indian Medical Association, the national association of more than 3 lakh modern medicine doctors as direct members across the country *and another 5 lakh indirect members through its wings such as junior doctor network, medical students network, federation of medical association, women's wing etc proposes* to launch a **HEALTH FIRST** initiative. The aim of the **HEALTH FIRST** initiative is to provide a holistic approach to health care sectors, having **common man as focal point**.

Through this initiative, we wish to offer our services as a think-tank, *support and pressure group* to the government both at national and state level so as to bring health *at the* forefront on the agenda of political parties.

After exhaustive discussions and deliberations with multiple stake holders and experts, **Indian Medical Association** have prepared a document of health issues which need urgent attention of the government & political parties.

Here are some of the points presented as “**MAGNA CARTA FOR HEALTH**” ie, the **Health Manifesto** for our country.

MAGNA CARTA FOR HEALTH

1. **Increased public expenditure in Health Care.**
2. **Universal Health Coverage through government funding**
3. **Private Public Partnership facilitated by not for profit institutions.**
4. **Emphasis on Primary Care and Rural Health Care**
5. **Structured Universal three tier reference system.-- Primary, Secondary & Tertiary care**
6. **No Criminalization of Medical Profession.**
7. **Quality public funded medical education governed by autonomous democratic regulation.**



CHARTER

1. **GDP share in health care**

Increase *GDP share* in health care from 1.2 % to 5%. Prioritize primary & preventive health, social determinants of health, medical education and research for fund distribution. Fund allotment has to be as per the percentage of patients seeking treatment in any particular system. Bring mechanism to ensure utilization & outcome.

2. **Universal health coverage-** to all irrespective of socioeconomic group or geographical location.

Attainment of universal health coverage and Sustainable Development Goals by 2025. Direct public funding for improving access, increasing infra structure and man power. Insurance based public funded programs have to be abandoned and direct government funding to be introduced. Right to health has to be embedded in the constitution.

3. **Primary health care and rural health care**

Increase number of Primary Health Centers to focus on preventive and primary health care. One sub center for every 10000 population in urban and semi urban areas, 5000 in rural areas and 3000 in hilly and tribal areas. Improve infrastructure and total manpower in subcentres. Reconcieve wellness centre concept. Wellness centers, if at all established to be manned by MBBS graduates.

4. **Co ordinated approach for improving Social determinants of health**

Focus on **preventive and public health care**

Improve sanitation ensure safe drinking water, adequate, nutritious & hygienic food. Ensure safe and healthy food policy by implementing stringent measures on adulteration, health tax on junk food, tobacco, alcohol etc, scientific slaughter houses, regulation of use of preservatives and pesticides, encourage safe transport and storage of food etc. Health impact assessment before starting industries and enterprises.

5. **Medical education**

To start more number of medical colleges in the government sector in states lacking in medical manpower.

Capping of fees of private medical colleges to make them affordable to all.

State based health manpower assessment to ensure equitable distribution of teaching centers.



No dilution of scientific concepts in curriculum and no traditional system of treatment should be mainstreamed.

Maintain autonomy, democratic nature & federal structure of regulatory bodies and academic institutions.

Self governance of medical and allied professionals to be ensured and representation of all States in decision making. Restore democratically elected Medical Council of India. The concept of National medical commission is unacceptable.

Continuous quality improvement and advancement in knowledge to be provided to all health providers.

6. **Medical research**

Medical grants commission to be set up for funding medical education, co-coordinating medical universities and ensuring advanced research in medicine.

7. **Shortage of Medical Manpower**

Addressing the perceived issue of **shortage of MBBS doctors** in rural, tribal and hilly areas *through* incentive based approach *with* improved *administration and infrastructure*.

Appropriate mechanism to address medical manpower shortage in some states.

Govt should ensure policy initiatives to increase qualified nurses and para medical staff.

8. **Reducing the Out of Pocket Health Expenditure for common man-**

Regulating the price & quality of drugs, implants, equipments and consumables. Restructuring taxes, import duties by proper implementation of laws to aid price regulation.

One drug, One Price policy should be followed.

9. **Safe environment for doctors**

Strong Central **act to prevent violence** against health care providers- National Health Care Establishment Protection Act *under IPC*.

Better working environment for **service and resident doctors** to reduce present high level of stress by Good Governance policies & *implementation of service rules and rights provided in the constitution*.

No Criminal liability in Medical Practice.



10. **Steps to improve health care delivery**

Proper public private partnership in health care. Private sector should be allowed to play collaborative and complementary role in health care delivery rather than those sectors playing parallel roles now.

Restructure Ayushman Bharat program with realistic package rates and ensure timely disbursement of funds. Eliminate middlemen and avoid leakage of funds from public exchequer. Primary Care Access in Insurance sector.

11. **Ensure scientific and authorized health care to people**

No unscientific mixing of treatment systems.

Abolish bridge course to prevent creating separate class of doctors for underprivileged section of society.

No Crosspathy.

Strong policy and legislation regarding unauthorized treatments, advertising and quackery.

12. **Protection of Small & Medium Nursing Homes**

Single window clearance for Laws & Regulations for Healthcare establishments.

Better policies to ensure viability & smooth functioning of small healthcare establishments which provide 24*7 affordable, accessible, ethical and accountable health services and are backbone in providing secondary health care.

Providing incentives to small and medium scale hospitals through concessional land allotment, tax sops and other benefits as provided for IT sector and small and medium scale industries.

13. Exemption of medical profession from **Consumer Protection Act**, capping of compensation in medical accidents/ *negligence*, fixing of premium of indemnity insurance for doctors specialty wise as in third party insurance for vehicles.

14. **Involvement of stake holders**

Involvement of Indian Medical association in formulation and implementation of Health policies by Central and state govt.

15. **Social justice and elderly care**

More policy initiatives for ensuring safe and comfortable living of elderly & marginalized population (tribal, costal, women, children, disabled, mentally challenged, etc)



WMA STATEMENT ON THE ETHICS OF TELEMEDICINE

Adopted by the 58th WMA General Assembly, Copenhagen, Denmark, October 2007 And amended by the 69th WMA General Assembly, Reykjavik, Iceland, October 2018

DEFINITION

Telemedicine is the practice of medicine over a distance, in which interventions, diagnoses, therapeutic decisions, and subsequent treatment recommendations are based on patient data, documents and other information transmitted through telecommunication systems.

Telemedicine can take place between a physician and a patient or between two or more physicians including other healthcare professionals.

PREAMBLE

- The development and implementation of information and communication technology are creating new and different ways for practicing medicine. Telemedicine is used for patients who cannot see an appropriate physician timely because of inaccessibility due to distance, physical disability, employment, family commitments (including caring for others), patients' cost and physician schedules. It has capacity to reach patients with limited access to medical assistance and have potential to improve health care.
- Face-to-face consultation between physician and patient remains the gold standard of clinical care.
- The delivery of telemedicine services must be consistent with in-person services and supported by evidence.
- The principles of medical ethics that are mandatory for the profession must also be respected in the practice of telemedicine.

PRINCIPLES

Physicians must respect the following ethical guidelines when practicing telemedicine:

1. The patient-physician relationship should be based on a personal examination and sufficient knowledge of the patient's medical history. Telemedicine should be employed primarily in situations in which a physician cannot be physically present within a safe and acceptable time period. It could also be used in management of chronic conditions or followup after initial treatment where it has been proven to be safe and effective.



2. The patient-physician relationship must be based on mutual trust and respect. It is therefore essential that the physician and patient be able to identify each other reliably when telemedicine is employed. In case of consultation between two or more professionals within or between different [urisdictions, the primary physician remains responsible for the care and coordination of the patient with the distant medical team.
3. The physician must aim to ensure that patient confidentiality, privacy and data integrity are not compromised. Data obtained during a telemedicine consultation must be secured to prevent unauthorized access and breaches of identifiable patient information through appropriate and up to date security measures in accordance with local legislation. Electronic transmission of information must also be safeguarded against unauthorized access.
4. Proper informed consent requires that all necessary information regarding the distinctive features of telemedicine visit be explained fully to patients including, but not limited to:
 - explaining how telemedicine works,
 - how to schedule appointments,
 - privacy concerns,
 - the possibility of technological failure including confidentiality breaches,
 - protocols for contact during virtual visits,
 - prescribing policies, and coordinating care with other health professionals in a clear and understandable manner, without influencing the patient's choices.
5. Physicians must be aware that certain telemedicine technologies could be unaffordable to patients and hence impede access. Inequitable access to telemedicine can further widen the health outcomes gap between the poor and the rich.

Autonomy and privacy of the Physician

6. A physician should not to participate in telemedicine if it violates the legal or ethical framework of the country.
7. Telemedicine can potentially infringe on the physician privacy due to 24/7 virtual availability. The physician need to inform patients about



availability and recommend services such as emergency when inaccessible.

8. The physician should exercise their professional autonomy in deciding whether a telemedicine versus face-to-face consultation is appropriate.
9. A physician should exercise autonomy and discretion in selecting the telemedicine platform to be used.

Responsibilities of the Physician

10. A physician whose advice is sought through the use of telemedicine should keep a detailed record of the advice he/she delivers as well as the information he/she received and on which the advice was based in order to ensure traceability
11. If a decision is made to use telemedicine it is necessary to ensure that the users (patients and healthcare professionals) are able to use the necessary telecommunication system.
12. The physician must seek to ensure that the patient has understood the advice and treatment suggestions given and take steps in so far as possible to promote continuity of care.
13. The physician asking for another physician's, advice or second opinion remains responsible for treatment and other decisions and recommendations given to the patient.
14. The physician should be aware of and respect the special difficulties and uncertainties that may arise when he/she is in contact with the patient through means of tele-communication. A physician must be prepared to recommend direct patient-doctor contact when he/she believes it is in the patient's best interests.
15. Physicians should only practise telemedicine in countries/jurisdictions where they are licenced to practise. Cross-jurisdiction consultations should only be allowed between two physicians.
16. Physicians should ensure that their medical indemnity cover include cover for telemedicine.

Quality of Care

17. Healthcare quality assessment measures must be used regularly to ensure patient security and the best possible diagnostic and treatment practices during telemedicine procedures. The delivery of



telemedicine services must follow evidence-based practice guidelines to the degree they are available, to ensure patient safety, quality of care and positive health outcomes. Like all health care interventions, telemedicine must be tested for its effectiveness, efficiency, safety, feasibility and cost-effectiveness.

18. The possibilities and weaknesses of telemedicine in emergencies must be duly identified. If it is necessary to use telemedicine in an emergency situation, the advice and treatment suggestions are influenced by the severity of the patient's medical condition and the competency of the persons who are with the patient. Entities that deliver telemedicine services must establish protocols for referrals for emergency services.

RECOMMENDATIONS

1. Telemedicine should be appropriately adapted to local regulatory frameworks, which may include licencing of telemedicine platforms in the best interest of patients.
2. Where appropriate the WMA and National Medical Associations should encourage the development of ethical norms, practice guidelines, national legislation and international agreements on subjects related to the practice of telemedicine, while protecting the patient-physician relationship, confidentiality, and quality of medical care.
3. Telemedicine should not be viewed as equal to face-to-face healthcare and should not be introduced solely to cut costs or as a perverse incentive to over-service and in a ease earnings for physicians.
4. Use of telemedicine requires the profession to explicitly identify and manage adverse consequences on collegial relationships and referral patterns.
5. New technologies and styles of practice integration may require new guidelines and standards.
6. Physicians should lobby for ethical telemedicine practices that are in the best interests of patients



IMA's Response to MCI on AYUSH Training

- Dr Vedprakash Mishra

IMA/NP/2019/137/1490

February 16, 2019

To, Dr. V. K. Paul
Chairman, Board of Governors
Medical Council of India
New Delhi

Sub: Inclusion of Ayurveda, Unani, Sidhha, Naturopathy and Homeopathy (AYUSH) as an 'elective' in the competency based curriculum for MBBS Course to be effective from coming Academic Year (2019-2020)

Ref: News Report published in a section of Media.

Sir,

In the context of above subject, I deem it imperative to bring to your knowledge and notice that the word 'Modern Medicine' is defined under Section 2 of Indian Medical Council Act 1956, as amended from time to time (here in after referred to as Act for the purposes of brevity).

The Board of Governor constituted by the Govt, of India upon supersession of the democratically elected Medical Council of India is in terms of Section 3A of very Act which defines the 'word modern' medicine and inclusions there under. As such, it turns out to be the bounden statutory duty of the Board of Governors to ensure that the said definition is not breached in any manner whatsoever. Any breach there to would be 'statutory breach' which would be impressive in nature as well as violation of the governing law on the said count.

I was astonished to read in a section of Media reports quoting your good self in your capacity as Chairman, Board of Governors that it has been decided to provide for study of Ayurveda, Unani, Naturopathy, Sidhha and Homeopathy (AYSUH) as an 'elective' for the under-graduate learner of the MBBS Course in the curriculum to be given effect from the Academic Session (2019-2020) across the country.



As such I need to put following posers to your good self to clarify to all concerned:

- 1) How, exactly the said elective which is included in the MBBS curriculum stands covered under the definition of the word "modern medicine" as defined under Section 2 of the Act?
- 2) Under what authority and permissibility it is open and available for the Board of Governors to breach the scope and mandate of the said binding definition included under Section 2 of the Act?
- 3) Further, the said incorporation how exactly fits into the ambit of the specific inclusions explicitly incorporated in the definition of the word modern medicine included in Section 2 of the Act.

The entire attempt on part of the Board of Governors is impermissible in nature, unethical in character legally violation of the binding rules is a coward and calculated attempt of validating the proposal of 'Bridge course' for the AYUSH learners.

The competency based curriculum for the MBBS students readied by the Academic Committee of the then Medical Council of India catalogues the competencies under the rubric of modern medicine, on the basis that the graduates will be entitled to practice them on their registration with the concerned State Medical Council and accruable privileges as 'registered medical practitioners'.

Needless to state that the said privileges on part of the registered medical practitioner would be practiced under the ethical jurisdiction of the binding code of medical ethics prescribed by the Medical Council of India and enforced by the registering State Medical Council as a 'trying' agency with Medical Council of India bestowed with 'appellate' jurisdiction.

The material question, I would like to pose to you is that as to how a registered medical practitioner would be entitled to practice competency of any stream of medicine other than modern medicine?

Which authority will be having ethical jurisdiction of such a 'hybrid graduate for regulating ethical practice?

Who would be having the onus of enforcing ethical practice including negligence thereto or breach of mandate in regard to services by such a hybrid graduate?



The entire approach and effort is totally in the form of mockery of the scope, mandate, authority, jurisdiction and future of modern medicine education diligently build over a period of time, unfortunately at the hands of modern medicine graduates as Board of Governors which is not only tragic, painful, harming, hurting but paradoxical as well.

Be that it may, at this juncture I need to clearly spell out to your good self that Indian Medical Association construes this approach on your part of inclusion of AYUSH effective in the competency based under graduate curriculum for the MBBS Course as a clear cut action of 'trespass' which is illegal, impermissible, unethical and immoral as well in the context of professional ethics and the ambit and coverage of modern medicine so clearly spelt out in definition of the word 'modern medicine' under Section 2 of the Act.

Frankly speaking in realty in doing so, I have no hesitation in putting across candidly that the 'custodial role' that is to be dispensed by the Board of Governors has been dealt in the most trespassing manner resulting in grossest possible breach of the said custody. As such I am constrained to inform you that if the said move is not withdrawn forthwith, the Association will be required to take a public position on the same through appropriate permissible modalities in larger public interest and also for upholding the purity and sanctity of the medical education as a whole.

Yours sincerely,

(Dr. Santanu Sen)
National President, IMA

(Dr. R. V. Asokan)
Honorary Secretary General, IMA

Copy to:

- 1) Shri Jagat Prakash Nadda, Union Minister of Health and Family Welfare
- For information and necessary intervention.
- 2) Ms Preeti Sudan, Secretary Health, Govt, of India, Ministry of Health & Family Welfare, - For information and necessary intervention.

Courtesy IMA HQs