



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



Dear Members

Seasons greetings!

IMA - GSB has started Nutrition Enhancement Program for Improving Nutritional Status of Adolescent Girls in Tribble Block Amirgarh in District Banaskantha of Gujarat, India under the **Aao Gaon Chale**, a flagship project of IMA, jointly with Samvedana trust.

Hon. Supreme Court has issued notice in plea filed challenging the Regulations framed by Central Council of Indian Medicine (CCIM) seeking to permit PG Ayurveda qualified persons to practice modern surgeries. A three-judge Bench of Chief Justice of India Hon. Shri. S. A. Bobde, Hon. Justice Bopanna and Hon. Justice Ramasubramanian has issued the direction while hearing a PIL filed by the Indian Medical Association challenging the Regulations framed by Central Council of Indian Medicine (CCIM) seeking to permit PG Ayurveda qualified persons to practice modern surgeries. The Court has issued notice returnable in 4 weeks and asked the parties to file their replies and affidavits. The plea filed by the Indian Medical Association has challenged the legality and validity of the Indian Medicine Central Council (Post Graduate Ayurveda Education) Regulations 2016 as amended by the Indian Medicine Central Council (Post Graduate Ayurveda Education) Regulations 2016 as amended by the Indian Medicine Central Council (Post Graduate Ayurveda Education) Amendment Regulations 2020.

IMA has stated in the plea that the impugned Regulations have been promulgated by the Central Council of Indian Medicine and are beyond the power and jurisdiction of the CCIM. By issuing the impugned regulations, the CCIM has transgressed the boundaries of the Medicine Central Council



Act 1970 enactment under which it has been created. The 1970 Act is in relation to the form of "Indian Medicine", distinct from the field of Modern Medicine. The plea has stated that in addition to being contrary to the legislative policy declared by the Parliament the impugned Regulations, are also manifestly arbitrary and unreasonable, result in serious affront and prejudice to the constitutional and fundamental Rights of the citizens of this country to receive proper and effective medical care and treatment. The regulations also cause serious prejudice to the rights of millions of medical doctors across the country who have toiled hard and spent years of their life undergoing training for attaining the adequate exposure, experience and qualifications for performing surgeries under the modern scientific system of medicine.

The Parliamentary Standing Committee has finally pushed ahead the long-standing demand by Indian Medical Association to formulate a separate cadre of Indian Medical Services. IMA welcomes this important parliamentary committee decision as a professional one which will have its lasting positive effects on development & progress of country's healthcare. IMS can well be defined as positive yield of the dreaded pandemic in real sense. Earliest due acceptance by the government & the right propagation ahead in execution phase of the decision shall be awaited by us. It is a matter of pride for Indian Medical Association that in terms of the initiative taken by IMA, a Study Group was constituted by the then President, Medical Council of India under the Chairmanship of Dr. Vedprakash Mishra, the then Chairman of the Academic Council of the Medical Council of India in regard to making analytical recommendations with respect to rejuvenation of 'Indian Medical Services', and the detailed report of the Study Group thereto was forwarded to the Ministry of Health and Family Welfare, Government of India.

Indian Medical Association in its report had brought out analytically the historical aspect of the Indian Medical Services in all its relevant details as well as had narrated the foundation details of the services. While the healthcare system has been going through tragic mode as far as supportive progress is concerned, this long standing tragic anomaly with the latest dreaded pandemic on its own turns out to be a huge and



sufficient indicator and also an eye opener for all the powers that be to realize that a separate administrative cadre is the core must for administering and managing the healthcare services including the public health in the country so as to meaningfully invoke a purposive, balanced, updated and an optimally functioning healthcare delivery system capable of delivering the targeted services enriched by quality conforming to the trinity of the core principles of "Accessibility, Availability and Affordability" in unison. The Study Group constituted by the then President of Medical Council of India (MCI) in the year 2017 amongst other things in their detailed report had also brought out in chronology the course and nature of events that are a matter of record in the annals of the Government of India in regard to creation of 'Indian Medical Service' for the purposes of conforming to the desired need of urgent galvanization of healthcare system in the country. Indian Medical Association again puts it on record that the IMS will provide the healthcare of our country with due attention & much awaited deserving space on national diaspora with much needed professionalism in the healthcare policymaking & implementation of programs. It would serve as a strong catalytic agent for realization of core guarantee of Right to Health to all the citizens guaranteed under Article 21 of the Constitution of India and the universal goal health equitably and affordably. IMA demand the health ministry to take necessary steps to formulate the plan of action with time frame and get it approved by different states and bring out an ordinance or law at once to bring this in to force in this pandemic itself. IMA the largest professional body of modern medical profession will proactively stand with the Government and altruistically render all its hands for early implementation of Indian Medical service cadre.

Jay IMA

Long live IMA

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

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



## IMA Relay Hunger Strike

Following Members of IMA GSB has attended IMA Relay Hunger Strike on 13 & 14 February, 2021 at IMA HQ New Delhi

- |     |                        |            |
|-----|------------------------|------------|
| 1.  | Dr Devendra R Patel    | Ahmedabad  |
| 2.  | Dr Kamlesh Saini       | Ahmdabad   |
| 3.  | Dr Navneet Patel       | Ahmedabad  |
| 4.  | Dr Kirit C Gadhavi     | Ahmedabad  |
| 5.  | Dr Sunil B Chenvala    | Ahmedabad  |
| 6.  | Dr Vijay T Parmar      | Bhavnagar  |
| 7.  | Dr Bhupendrakumar Shah | Himatnagar |
| 8.  | Dr Jethalal Patel      | Idar       |
| 9.  | Dr Rajani Patel        | Kalol      |
| 10. | Dr Manilal Patel       | Khedbhrama |
| 11. | Dr Prakash Gandhi      | Modasa     |
| 12. | Dr Chandresh Jardosh   | Surat      |
| 13. | Dr Parul Vadgama       | Surat      |
| 14. | Dr Pragadesh Joshi     | Surat      |
| 15. | Dr Vinod Shah          | Surat      |
| 16. | Dr Paresh Majmudar     | Vadodara   |
| 17. | Dr Mahesh Bhatt        | Vadodara   |

\* \* \* \* \*

### DISCLAIMER

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## IMA COVID MARTYRS FUND

Following Doctor's / NGO have donated generously towards **IMA COVID MARTYRS FUND** Payment already received by IMA HQ, New Delhi

No.	Name	Branch	Rs.
405	Jayesh J. Sheth - (Non Member)	Ahmedabad	5000
406	Dr. Nipul Nayak	Kheralu	5100
407	Dr. Anil J. Nayak	Mehsana	11000
408	Dr. Alpesh M. Patel	Mehsana	11000
409	Dr. Narendra R. Patel	Mehsana	11000
410	Dr. Rajesh Pandya	Mehsana	11000

\* \* \* \* \*

### N.B. :

- (1) Those who have committed are requested to transfer the fund amount.
- (2) If you have paid already then please intimate to IMA GSB office with details -

**Name, Payment Receipt & PAN No.**

**E-mail : [imagsb@gmail.com](mailto:imagsb@gmail.com) Whatsapp : 98250 62381**

\* \* \* \* \*

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

### GIMA CON-2021

**Subject :**  
**'Covid Vaccine'**

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 31/08/2021**



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

05-02-2021 Dr. Kamlesh B. Saini, Hon. State Secretary, IMA GSB. Dr. Bipin M. Patel, Managing Director, PPS. IMA. GSB and Dr. Jitendra N. Patel, Past Hon. State Secretary, IMA. GSB. attend implemented AB-PMJAY, MA and MA Vatsalya Yojana at Gandhinagar.

\* \* \* \* \*

## CONGRATULATIONS



**Dr. Abhay S. Dikshit,** Ahmedabad

Being elected unconsted as National President of Federation of family Physicians Association of India, Mumbai.

\* \* \* \* \*

❖ **Dr. Jeram Parmar;** Ahmedabad

Has been felicitates during the Covid-19 pandemic, for the cause displays the professionalism and humanity with your work on 10-11-2020 by Collector, Dahod.

❖ **Ajinkya Deepak Naik,** Ahmedabad

Got admission to the MBBS Course at AIIMS New Delhi session (2020).

\* \* \* \* \*

## HEALTH SCHEME, IMA - GSB

Health Scheme members are entitled to get the benefit for COVID 19 disease, diagnosed by RTPCR upto 31-03-2021.



## OBITUARY

We send our sympathy & condolence to the bereaved family

### DR. K. J. GANATRA

(04-05-1938 - 05-03-2021)



Age : 83 year  
Qualification : M.S. Ophthalmology  
Name of Branch : Bhuj

- Vice President : West Zone, Bhujkutch : 2001 2002
- Zonal Representative : Kutch Zone : 1997-1998,  
2003 to 2008, 2013 to 2015
- Alternate Member CWC : 2008 to 2010, 2012 to 2014

\* \* \* \* \*

### Dr. Kanubhai J. Trivedi

(30-05-1938 - 25-01-2021)



Age : 83 year  
Qualification : M.D. Physician  
Name of Branch : Surendranagar- Wadhwan

\* \* \* \* \*

Dr. Mehta Pravinchandra V.	14/10/2020	Jamnagar
Dr. Dave Shushma Mahendrabhai	15/11/2020	Ahmedabad
Dr. Naik Madhuiben Rameshbhai	17/11/2020	Navsari
Dr. Patel Jayantilal Shankerlal	24/11/2020	Unjha
Dr. Patel Vitthalbhai Madhavlal	03/12/2020	Idar
Dr. Halani Ashokkumar B.	05/12/2020	Morbi
Dr. Asher Madhusudan J.	08/12/2020	Vadodara
Dr. Patel Deepika Jitendrabhai	09/12/2020	Ahmedabad
Dr. Shah Suresh Ratilal	17/12/2020	Ahmedabad
Dr. Shah Chetan Kantilal	19/12/2020	Ahmedabad



Dr. Chokshi Vinodchandra Ratilal	21/12/2020	Ahmedabad
Dr. Shah Champaklal Chandulal	23/12/2020	Balasinor
Dr. Gajera Jeetendra Ambalal	25/12/2020	Rajkot
Dr. Patel Kashiram Ganeshdas	30/12/2020	Visnagar
Dr. Hadvani Kanjibhai Samjibhai	05/01/2021	Rajkot
Dr. Shah Subodhchandra Babulal	11/01/2021	Ahmedabad
Dr. Shah Narayanbhai Shantilal	11/01/2021	Ahmedabad
Dr. Pandya Pratapray G.	01/01/2021	Gandhinagar
Dr. Bhatt Indira Chandrakant	15/01/2021	Bhavnagar
Dr. Buddha Samraat Ashokbhai	16/01/2021	Rajkot
Dr. Mehta Dharendra Champaklal	16/01/2021	Jamnagar
Dr. Lakhmani Yogesh Hirabhai	20/01/2021	Nadiad
Dr. Patel Rameshchandra Mulchand	22/01/2021	Surat
Dr. Patel Jitendra Ramanlal	01/02/2021	Ahmedabad
Dr. Pattharwala Abdulkarim D.	11/02/2021	Vadodara
Dr. Ashtekar Kamalkant Rajaram	12/02/2021	Ahmedabad
Dr. Shah Kokilaben Jayantilal	13/02/2021	Ahmedabad

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

\* \* \* \* \*

## OBITUARY

### IMA-GSB Members (Corona Warriors) Who Lost Fight against COVID-19



**Dr. Lakhmani Yogesh Hirabhai**

Date : 20-01-2021  
(Nadiad)


**NEW LIFE MEMBERS**

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

L_M_No.	NAME	BRANCH
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LM/29915	Dr. Desai Rushita Sudeshbhai	Valsad
LM/29916	Dr. Upadhyay Hardik Rajeshkumar	Lunawada
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LM/29918	Dr. Suthar Shahidhusen A.	Modasa
LM/29919	Dr. Sakhiya Atul Jagdishbhai	Jetpur
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## BRANCH ACTIVITY

### AHMEDABAD

01-02-2021 to 14-02-2021 Central Council of Indian Medicine (CCIM) giving permission to MS, Ayurveda, to perform 58 types of different surgeries after short training. IMA HQ in association with Medical Student Network has started strongly to oppose it. IMA HQ has informed to follow Hunger strike for 14 days, from different cities.

Ahmedabad Medical Association had celebrated 72nd Republic Day of our country at our premises. Hon. Secretary, Dr. Dhiren Mehta welcome all with best wishes of the day. Then he invited President, Dr. K. C. Gadhavi for National Flag Hoisting. After Flag hoisting, all saluted the flag and sung the National Anthem together. He addressed and also gave the message of the Day to all.

### GANDHIDHAM

02 to 21-02-21 Blood Donation camp. Total 436 units were collected.

14-03-2021 CME on "Fire safety for Hospital"

### MORBI

01/01/2021 Start telemedicine project for remote area of all specialist branch are given free of cost teleconsultant service to health centre in remote area and large number of patients are taking benefit of telemedicine service.

02/01/2021 "PIMS in post Covid" by Dr. Devang Pandya.

"ROP practical highlight" by Dr. Dipti Kanani.



- 08/01/2021 Seminar and practical demonstration for "Fire Safety" and emergency management during the fire in hospital.
- 11/01/2021 Meeting with WHO consultant regarding Covid Vaccination program and AEFI management and responsibility of free of cost management of all AEFI.
- 16/01/2021 Covid vaccination program launch and 20 doctors taken covid vaccine and give positive message in society.
- 24/01/2021 Free diagnostic camp for workers in salt industries. Total 250 patient take benefit of camp.
- 27/01/2021 Arranged virtual lecture for students and staff regarding "Basic ENT Problem in Children" by Dr. Hitesh Patel.
- 05/02/2021 "Approach to antimicrobial agent" by Dr. Krutarth Kanji.  
"Radiation therapy in non cancerous condition" by Dr. Hardik Patel.
- 09/02/2021 PCPNDT online new registration renewal, data entry and strict follow up of PCPNDT rules.
- 11/02/2021 Staff training program. "How to win patients – employees trains & development" by Dr. Jayesh Sanariya.
- 19/02/2021 "Interesting infectious disease cases" by Dr. Aakash Doshi.  
"Mics new hope for cardiac patients" by Dr. Divyesh Rathod.
- 21/02/2021 Free cooperative camp (Hip and Knee replacement). Total 12 patients register for the same.



### 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 January & February 2021 in addition to their routine work. These are as under :

31-01-2021 to 02-02-2021 : Pulse Polio Vaccination Round  
by the centers of Ahmedabad

Rander - Surat : Mothers : 5000 Iron Tablet,  
Childrens : 82 Vitamin A Solution were distributed

Nanpur - Surat : Mothers : 1060 Iron Tablet,  
Childrens : 80 Vitamin A Solution were distributed

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

#### JANUARY - FEBRUARY 2021

No.	Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi (Jamalpur Ward)	1448	295	1743
(2)	Behrampura (Sardarnagar Ward)	1809	357	2166
(3)	Bapunagar (Potalia Ward)	1934	180	2114
(4)	Dariyapur (Isanpur Ward)	1531	292	1823
(5)	Gomtipur (Saijpur Ward)	4443	739	5182
(6)	Khokhra (Amraiwadi Ward)	2203	—	2203
(7)	New Mental (Kubernagar Ward)	969	13	982
(8)	Raikhad (Stadium Ward)	512	196	708
(9)	Wadaj (Junawadaj Ward)	1767	256	2023
(10)	Junagadh	—	—	—
(11)	Rander-Surat	----	----	----
(12)	Nanpura-Surat	----	----	----
(13)	Rajkot	1714	323	2037



#### JANUARY-FEBRUARY 2021

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	45	—	52	35400	1151
(2)	Behrampura (Sardarnagar Ward)	18	—	65	19890	3104
(3)	Bapunagar (Potalia Ward)	28	01	45	26634	450
(4)	Dariyapur (Isanpur Ward)	67	—	158	27425	3640
(5)	Gomtipur (Saijpur Ward)	33	—	54	22400	1144
(6)	Khokhra (Amraiwadi Ward)	53	—	72	5860	539
(7)	New Mental (Kubernagar Ward)	41	01	114	28350	968
(8)	Raikhad (Stadium Ward)	66	—	92	42908	2576
(9)	Wadaj (Junawadaj Ward)	20	—	31	31000	5268
(10)	Junagadh	116	—	95	12000	425
(11)	Rander-Surat	40	—	55	1560	62
(12)	Nanpura-Surat	23	—	66	2400	70
(13)	Rajkot	55	—	89	14500	564



## IMA BENEVOLENT FUND

### OBJECT

The object of Benevolent Fund is to provide financial support and assistance in the relief of severe but temporary financial hardship in unforeseen circumstances outside the control of the individual member or his/her dependents as detailed below:

- (a) To help dependents of a member of Indian Medical Association on his/her death or on his inability to continue as an earning member because of crippling, an incapacitating disease, accident or ageing;
- (b) To help a member to educate his/her children;
- (c) To help a member in sickness or under other special circumstance;
- (d) To help a member individually or collectively, in case of natural calamities like floods, earthquake or manmade disasters etc and
- (e) To help a member to meet expenses in case of his or her daughter's marriage.
- (f) To help a medical student facing financial hardship to pursue his/her studies (Medical Student Education Grant).
- (g) To help a Local Branch in difficult areas or a weaker branch to build IMA House.

*Note-1: The help may be given as an outright grant particularly in case of (a) above, or as a loan on terms laid down by the Committee of the Indian Medical Association particularly in case of (b),(c),(e) (f) and (g) above.*

*Note-2: For the purpose of this scheme, the term "Dependent of Members" means non-earning parents, wife, minor sons and unmarried daughters (legitimate children)*

*Note-3: The benefit of the scheme shall be available to such members only who had continuous membership of the Indian Medical Association for not less than five years, or those young members who join the Association within the first two years of their becoming eligible for membership of the Association and who die or are incapacitated within five years of qualification.*



*Note-4: The medical students who avails the Medical Student Education Grant shall give an undertaking that he will become the Life Member of IMA as soon he becomes eligible.*

*Note-5: The Local Branches in difficult areas or Weaker Branches can avail financial assistance for building IMA House in their area.*

### APPLICATION PROCEDURE

Application in prescribed form for grant and/or loan is to be submitted to the Local Branch which shall scrutinize, recommend and forward to the State Branch. The State Branch shall consider such application in its Benevolent Fund Committee and forward the same along with recommendations to the Honorary Secretary General. In exceptional circumstances the application can be sent directly to the State Branch or to the Honorary Secretary General. Such direct applications to Honorary Secretary General should be recommended by any of the Past National President or Past Honorary Secretary General or current National Office Bearers.

### AMOUNT AND LIMIT OF DISBURSEMENT

1. The actual amount of disbursement shall depend upon the amount at the disposal of a State Branch and the number of claims.
2. The limit of the grant shall be Rs. 100000.00, but in exceptional circumstances, it may be raised to Rs. 200000.00 subject to its not exceeding 25% of State share.
3. In case of Medical Student Education Grant, the limit shall be Rs.100000.00, but in exceptional circumstances, it may be raised to Rs. 200000.00 in the entire course.
4. The limit of loan in case of building IMA House by Local Branch shall be Rs.10 lakhs.



**INDIAN MEDICAL ASSOCIATION, FORM NO. IMA/BF/1**  
**(FORM OF APPLICATION BY MEMBERS FOR GRANT /LOAN)**  
**IMA BENEVOLENT FUND SCHEME**

I, Dr. \_\_\_\_\_ (Name in block letters)

Address: \_\_\_\_\_

Hereby apply for

(1) A grant of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ )

On account of my inability to continue as an earning member of the family

(2) I am eligible for the benefit applied for by virtue of my being a member of

\_\_\_\_\_ (Name of local branch of IMA) of \_\_\_\_\_

State.

Undertaking:-

(a) Date of joining IMA \_\_/\_\_/\_\_\_\_

(b) My children are earning/not earning/not able to support me.

(c) I have no other source of income except my medical practice.

(d) I solemnly affirm that the particulars given by me above are correct and if proved otherwise in future the money will be paid back.

(e) Bank balance Rs. \_\_\_\_\_

(f) If a retired Government servant, I am getting Rs. \_\_\_\_\_ as pension.

(Signature of Applicant)

\_\_\_\_\_  
**(For use of Local Branch, I.M.A)**

This is to certify that Dr. \_\_\_\_\_ is a member of good standing.

\*He/She joined the association on \_\_\_\_\_ and has been a member of the association for the preceding continuous period of not less than 5 years.

\*He/She joined the association within 2 year of qualifying and has been a member of the IMA for continuous period of 5 years. (Strike out whichever not applicable)

(Signature of President/Hony. Secretary)

\_\_\_\_\_  
 Branch, IMA  
 (Name of the Local Branch)



**(For State /Terr.Branch (IMA))**

1. The Membership of Dr. \_\_\_\_\_ is confirmed as certified by the President/Hony Secretary of \_\_\_\_\_ Local Branch.

2. Out of quota of the \_\_\_\_\_ State / Territorial branch he is recommended a grant of

Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ )/

a loan of

Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ )

Signature of President/Hony. Secretary  
 (Name of State/Terr. Br)

Dated.....

**FORE USE OF HEADQUARTERS OFFICE IMA**

Recommended for payment of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ ) as grant / loan by the committee of management

Dated.....

(Hony. Secretary General, IMA)

1. All application for grant of loan from the IMA Benevolent Fund Shall be made on the Form No. IMA/BF/1

2. The application shall bear the signature of two Guarantors who shall be members of the association and who shall be responsible for the repayment of the loan if the applicant fails to make the entire payment or any of its installments interest accrued.

3. The loan shall be available on an interests of 5% per annum and interest shall be paid after the last installment of the principal has been made

4. The loan may be paid back in installments which may number maximum 20 and the first installment being due not later than 12 months after the receipt of the loan

5. It shall be responsibility of the state branch to collect the monthly installment from member and forward to the headquarters office on due date.



# 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

Dear Branch Secretary

Date: 2-2-2021

I hope that this circular finds you in the best of health and spirit. In continuation of my circular A-11/HFC/LM/2021-2022, further tabulated information is given below for the revision of fees effective from 1/4/2021. 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 31-3-2021 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	10915 -00	810-00	{20-00}	Rs. 10105-00
Couple	16154-00	1250-00	{30.00}	Rs. 14904-00

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 Life Membership Membership Fees along with Life Subscription of Family Medicine DD in favour of "IMACGPHQ" Payable at Chennai and send to us	Rs. 2000-00
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The above increase of fee Rs. 50.00 in Life Member every year is computed as per the resolution passed in 41<sup>st</sup> State Council at Nadiad on 12/05/1989.

Yours Sincerely

(Dr. Kamlesh B. Saini)  
Hon. State Secretary



## CONGRATULATIONS

Following member of GSB IMA has been nominated for the following post of Various Committee / Wing of IMA HQs.

IMA Standing Committee for Finance, Chairman



Dr. Bipin M. Patel (Ahmedabad)

IMA Standing Committee for Drugs and Medical Equipments, Member



Dr. Yogendra S. Modi (Ahmedabad)

IMA Standing Committee for END TB Initiative, Convenor



Dr. Kamlesh B. Saini (Ahmedabad)

IMA Standing Committee for Education Promotion & Implementation of Vaccination, Co-Chairman



Dr. Vinod C. Shah (Surat)

IMA Standing Committee for Medical Education, Co-Chairman



Dr. Rashmikant Dave (Ahmedabad)

IMA Standing Committee for North-East Chairman



Dr. Pragnesh Joshi (Surat)

IMA Standing Committee for Medical Ethics, Member



Dr. Dhiren C. Patel (Surat)

IMA Standing Committee for Medical Education, Member



Dr. Mahesh B. Patel (Ahmedabad)

IMA Women Doctor Wing for Year 2020-22, Co-Chairperson



Dr. Gargi M. Patel (Ahmedabad)

IMA State Committee for Action, Member



Dr. Monaben P. Desai (Ahmedabad)

IMA Standing Committee for Junior Doctor Network, Secretary



Dr. Parul Vadgama (Surat)

IMA Standing Committee for Culture, Member



Dr. Kairavi P. Joshi (Bhavnagar)



**IMA Gujarat State Branch joined IMA Relay Hunger Strike, IMA Hqs, New Delhi**



**Relay Hunger Strike against "Mixopathy"**



**Ahmedabad Branch**



**Ahmedabad Branch**



**Bhavnagar Branch**



### Relay Hunger Strike against "Mixopathy"



Himatnagar Branch



Mehsana Branch



Kalol (NG) Branch



### Relay Hunger Strike against "Mixopathy"



Jamnagar Branch



Surat Branch



Vadodra Branch



### Republic Day Celebration



Ahmedabad Branch



Deesa Branch



Morbi Branch



### Meeting with Shri C R Patil for Burning Problems of Doctors



### Medical Camp Morbi Branch







### International Women's Day celebration



Ahmedabad Branch



Anand Branch



Bhavnagar Branch



### International Women's Day celebration



Deesa Branch



Kalol Branch



Morbi Branch



### International Women's Day celebration



Rajkot Branch



Surat Branch

\* \* \* \* \*

### Female Health Seminar Vapi Branch







Bhavnagar

સૌરાષ્ટ્ર સમાચાર

ભાવનગર

આયુર્વેદ તબીબોને ઓપરેશન કરવાની મંજૂરી અપાતા મહુવાના ડોક્ટરોની હડતાલ

મહુવા બ્યુરો | આયુર્વેદ તબીબોને એલોપથીમાં ઓપરેશન કરવાની મંજૂરી આપવામાં આવતા તેના વિરોધમાં મહુવામાં આજે તા. 13/2ના રોજ એક દિવસની રીલેગર હડતાલનું એલાન આપવામાં આવેલ છે જેમાં મહુવા ડોક્ટર એસોસિએશનના તમામ ડોક્ટર જોડાશે. ગત તા. 19/11/2020ના સ્ટેન્ડલ કાઉન્સિલ ઓફ ઈન્ડિયન મેડીસીન (સીસીઆઈએમ)એ નોટીફિકેશન બહાર પાડ્યું હતું જેમાં આયુર્વેદમાં સ્નાતક થયેલ વિદ્યાર્થીઓ મોડર્ન મેડીસીન એટલે કે એલોપથીમાં પોસ્ટ ગ્રેજ્યુએટ કરીને જુદા જુદા ઓપરેશન કરી શકશે તેવી જાહેરાત કરી છે. ઈન્ડિયન મેડીકલ એસોસિએશનના સભ્યો સીસીઆઈએમના નોટીફિકેશનના વિરોધ સમગ્ર ભારતમાં તા. 1/2 થી 14/2 સુધી રીલેગર સ્ટ્રાઈક ઉપર ઉતરવાનાં છે. જો કે સમગ્ર તબીબી સેવાઓ વર્તમાન પરિસ્થિતિને સમજીને ચાલુ રહેશે તેમ આઈએમએ મહુવાના પ્રમુખ ડૉ. પીરજી આહીર અને સેક્રેટરી ડૉ. જયેશ કે. શેઠએ જણાવેલ છે.

ભાવનગર

સૌરાષ્ટ્ર પ્રતિબિંબ

મેડિકલ કોલેજ ભાવનગર દ્વારા સરકારની બેધારી નીતિ સામે ભૂખ હડતાલ



સરકારની મીક્ષોપેથી શીવરીથી આઈ.એમ.એ.ના હોદ્દાદારો જે અંતર્ગત આજે ૨૫૦ જેટલા લોકો સર ટી. હોસ્પિટલ ખાતે તથા સ્ટુડન્ટ દ્વારા મે દિવસ ટોલન સ્ટ્રાઈકનું આયોજન કરવું છે. ભૂખ હડતાલ પર શેડ હતા.



આઈ.એમ.એ. મેડીકલ સ્ટુડન્ટ નેટવર્ક આકરૂ સરકારની મીક્ષોપેથી નીતિનો ટોકન સ્ટ્રાઈક સાથે વિરોધ

ભાવનગર, શનિવાર | આ અને મળતી વિસ્તૃત મુખ્ય સરકાર દ્વારા મીક્ષોપેથી આઈ.એમ.એ.ના હોદ્દાદારો જે અંતર્ગત આજે ૨૫૦ જેટલા લોકો સર ટી. હોસ્પિટલ ખાતે તથા સ્ટુડન્ટ દ્વારા મે દિવસ ટોલન સ્ટ્રાઈકનું આયોજન કરવું છે. ભૂખ હડતાલ પર શેડ હતા.



CCIMના વિરોધમાં IMAની ભૂખ હડતાળ



ભાવનગર - વિશ્વ મહિલા દિવસની ઉજવણીના ભાગરૂપે આઈ.એમ.એ. વિશ્વ મહિલા દિવસ અને લોખી સેન્ટર એ સાથે મળી એક્ટીવિઝમનું આયોજન કર્યું છે 'એન ઓર ઓર' વિગત અને કોટોગ્રાફી પ્રદર્શન યોજાયું જેમાં બહારજાણ વ્યક્તિઓને સહાયતા આપવાનું આયોજન કરવામાં આવ્યું હતું. આ પ્રદર્શન સમારોહમાં નામાનિત ડોક્ટરોની ઉપસ્થિતિમાં કલાકારોને સન્માન સપોરોને આપોજન કરવામાં આવ્યું હતું.



આયુર્વેદિક ડોક્ટરને પટ સર્જીઓ કરવાની મંજૂરી સામે ઇન્ડિયન મેડિકલ એસોસિએશન દ્વારા રાષ્ટ્રવ્યાપી વિરોધ કરાઈ રહ્યો છે. નાનપુરા, ધ્રુવનાભારતી સ્થિત હોલમાં ડોક્ટરો વારાફરતી ભૂખ હડતાળ શરૂ કરી છે. જેમાં સિવિલ-સ્પોર્ટ દોસ્થિટલમાં ડોક્ટરો પણ ખેડાયા હતા.

Himatnagar

હિંમતનગરમાં આયુર્વેદિક તબીબોને ઓપરેશનની મંજૂરીનો વિરોધ કરાયો આયુર્વેદિક તબીબો સર્જરી કરશે તો લોકોની જાન સાથે જોખમ



હિંમતનગર | આજે સાબરકાંઠાના વડામથક હિંમતનગર ખાતે આવેલી મેડીકલ કોલેજ બહાર હિંમતનગરના 100થી વધુ તબીબોએ આયુર્વેદિક પોસ્ટ ગ્રેજ્યુએટ તબીબોને ઓપરેશન(સર્જરી)ની મંજૂરી આપીને ચિકિત્સા પદ્ધતિના કેન્દ્ર સરકારના નિર્ણયનો વિરોધ દર્શાવ્યો હતો. નેશનલ મેડીકલ કાઉન્સિલ દ્વારા ગત તા.૧૯-૧૧-૨૦૨૦ના રોજ બહાર પાડેલા નોટીફિકેશન મુજબ આયુર્વેદમાં સ્નાતક થયેલા વિદ્યાર્થીઓને મોડર્ન મેડીસીન એટલે કે એલોપથીમાં પોસ્ટ ગ્રેજ્યુએટ કરીને જુદા જુદા ઓપરેશન કરી શકશે તેવી જાહેરાત કરવામાં આવી છે. આ જાહેરાત સામે તબીબી આલમમાં આક્રોશ કરી વળ્યો છે. તબીબોના જણાવ્યા પ્રમાણે આયુર્વેદનો વિદ્યાર્થી એલોપેથીના



એનએમસીના જાહેરનામાનો વિરોધ આયુર્વેદ તબીબોને ઓપરેશન કરવાની મંજૂરી સામે હિંમતનગરના ડોક્ટરોની હડતાળ

હિંમતનગર શહેરના તબીબો એક દિવસીય હડતાલમાં જોડાયા હતા. આયુર્વેદ તબીબોને અપાયેલી ઓપરેશન કરવાની મંજૂરી સામે હિંમતનગરના તબીબોએ આજે બે કલાક પ્રતિક હડતાળ પાડી હતી. અમદાવાદ, તા. ૦૭ | ઓપરેશન કરવાની મંજૂરી સામે હિંમતનગરના તબીબોએ આજે બે કલાક પ્રતિક હડતાળ પાડી હતી. નેશનલ મેડિકલ કાઉન્સિલ દ્વારા ગત તારીખ ૧૯-૧૧-૨૦૨૦ના રોજ બહાર પાડેલા નોટીફિકેશન પ્રમાણે આયુર્વેદમાં સ્નાતક થયેલા વિદ્યાર્થીઓને મોડર્ન મેડિસિન એટલે કે એલોપેથીમાં પોસ્ટ ગ્રેજ્યુએટ કરીને જુદા જુદા ઓપરેશન કરી શકશે તેવી જાહેરાત કરવામાં આવી છે. આ જાહેરાત સામે તબીબી આલમમાં આક્રોશ કરી વળ્યો છે. તબીબોના જણાવ્યા પ્રમાણે આયુર્વેદનો વિદ્યાર્થી એલોપેથીના





Vadodara



હોમિયોપેથ અને આયુર્વેદના ડોક્ટરોને એલોપેથી પ્રેક્ટિસને છૂટ આપતી સરકારની નીતિ સામે દેશભરના ડોક્ટરો આંદોલન કરી રહ્યા છે તે અંતર્ગત વડોદરાના ડોક્ટરો આઈએમએ ભવન, નાગરવાડા ખાતે સોમવારથી બે દિવસની ભૂખ હડતાલ ઉપર ઉતર્યા છે. ઉપવાસી ડોક્ટરો તસવીરમાં નજરે પડે છે

‘મિક્સોપેથી’ના વિરોધમાં ડોક્ટરોની બે દિવસીય ભૂખ હડતાલનો પ્રારંભ સરકાર ભવિષ્યમાં ફાર્માસિસ્ટને પણ મેડિકલ પ્રેક્ટિસની છૂટ આપે તો નવાઈ નહીં

(પ્રતિનિધિદ્વારા) વડોદરા, સોમવાર મેડન આંદોલનની સાથે સાથે વડોદરામાં પ્રેક્ટિસ કરી રહેલા ૩૫૦૦થી વધુ ડોક્ટરો સહિત દેશભરના હજારો ડોક્ટરો સરકાર સામે આંદોલન ચલાવી રહ્યા છે જે કે ડોક્ટરો વડોદરામાં ૩૫૦૦ ડોક્ટરોનો સરકારની ખીચડી નીતિ સામે વિરોધ : ડોક્ટરોના ૨૦ પ્રતિનિધિઓ સવારે ૧૦ થી સાંજના ૭ સુધી ઉપવાસ પર ઉતર્યાં છે. આજે આઈએમએના પ્રતિનિધિઓ, વડોદરાની ચાર મેડિકલ કોલેજના પ્રતિનિધિઓ અને અન્ય ૧૦ ડોક્ટરો મળીને ૨૦ ડોક્ટરોએ આઈએમએ ભવન ખાતે સવારે ૧૦થી સાંજના ૭ વાગ્યા સુધી ભૂખ હડતાલ કરી હતી કાલે મંગળવારે બીજા ૨૦ ડોક્ટરો હડતાલ ઉપર ઉતરશે જે બાદ કાલે પ્રધાનમંત્રી, મુખ્યમંત્રી અને આરોગ્યમંત્રીને અમે ઈમેઇલ દ્વારા

આયુર્વેદ તબીબોને સર્જરીની છૂટ સામે વિરોધ આજથી IMAના 20 તબીબ પ્રતીક ઉપવાસ પર ઉતરશે

કરતા નથી પણ મિક્સોપથી સામે વિરોધ છે, જે સરકાર કરવા જઈ રહી છે. મેડિકલ કોલેજ શરૂ કરવા માટે 10 એકર જમીન અને 300 કરોડ રૂપિયાનું રોકાણ, લેબની ગુણવત્તા, પ્રાધ્યાપકોની વધુ સંખ્યા જેવા અનેક માપદંડો હોય છે. જ્યારે આયુર્વેદ કોલેજ માટે એવા કોઈ નોંધપાત્ર આકરા માપદંડો નથી. તેમણે રાજકોટમાં આયુર્વેદ તબીબો દ્વારા યોજાઈ રહેલા એક કેમ્પનું ઉદ્ઘાટન આપીને જણાવ્યું કે, ત્યાં એલોપથી સર્જન રૂ. 30000માં કરે તે ઓપરેશન કેમ્પ મારફતે રૂ. 9000માં કરવાનો પ્રયાસ થઈ રહ્યો છે.



મેક્સોપેથીનો વિરોધ : તબીબોએ બે દિવસ પ્રતિક ઉપવાસ કર્યા

વડોદરા, તા.૮ સેન્ટ્રલ કોલેજ ઓફ ઈન્ટિગ્રેટેડ મેડિસિન (સીસીઆઈએમ) દ્વારા તાજેતરમાં જાર્દ કરેલ નોટિફિકેશનમાં આયુર્વેદિક તબીબોને ૫૮ પ્રકારની સર્જરી કરવાની જે છૂટછાટ આપવામાં આવી છે, તે દર્દીઓના આરોગ્યના હિતમાં નહીં હોવાથી ઈન્ડિયન મેડિકલ એસોસિએશન (આઈએમએ) દ્વારા આ નોટિફિકેશન પર નોંધવાની માગ સાથે સમગ્ર દેશમાં તા. ૧ ફેબ્રુઆરીથી ૧૪મી ફેબ્રુઆરી દરમિયાન પ્રતિક ઉપવાસનું આંદોલન ઇચ્છ્યું છે, જેની શરૂઆત ગુજરાતમાં ૧લી ફેબ્રુઆરીથી અમદાવાદથી થઈ ચૂકી છે. જ્યારે આજે વડોદરા ખાતે તા.૮ અને ૯ ફેબ્રુઆરીના રોજ શહેરના નાગરવાડા, શારદાદિર સ્કૂલની બાજુમાં આવેલ આઈએમએ



મેડિકલ સ્ટુડન્ટ્સે બેનર સાથે રાખીને મૌન વિરોધ પ્રદર્શન પણ કર્યું

હેલ્થરિપોર્ટર / વડોદરા



નાગરવાડામાં આઈએમએ ભવન ખાતે 20 જેટલા મેડિકલ સ્ટુડન્ટ્સ દ્વારા પ્રતીક ઉપવાસ કરાયા હતા.

સરકાર સામે મેડિકલ ક્ષેત્રના મિક્સોપથીનો ઉચ્ચ વિરોધ કરનાર આઈએમએના હેડ ક્વાર્ટર્સની સુચના મુજબ આઈએમએના સભ્ય તબીબોના બદલે 20 મેડિકલ સ્ટુડન્ટ્સ વડોદરાના સલાટવાડા વિસ્તારના આઈએમએ હાઉસ ખાતે પ્રતીક ઉપવાસ પર ઊતર્યા હતા. સવારે 10 વાગ્યાથી વિવિધ કોલેજોના વિદ્યાર્થીઓ પ્રતીક ઉપવાસમાં જોડાયા હતા. તબીબ વિદ્યાર્થીઓએ બેનર સાથે મૌન વિરોધ પ્રદર્શન પણ કર્યું હતું. આઈએમએના પદાધિકારીઓના જણાવ્યા મુજબ આયુર્વેદ તબીબોને સર્જરી કરવાની છૂટ આપીને મિક્સોપથીનો અમલ મેડિકલ ક્ષેત્રે થઈ જશે તો તેમાં માર્કા પરિણામો લોકોએ જ ભોગવવાં પડશે. લોકોને આ મુદ્દે જાગૃત્તક થવાની જરૂર છે. આ ઉપવાસમાં ગોની જાહેરમંદિર અને સુમનદીપ વિદ્યાપીઠ તથા પારુલ મેડિકલ કોલેજના પ્રતિનિધિઓ અને જુનિયર રેસિડેન્ટ્સ ' સેવ ધ ઈન્ડિયન હેલ્થ કેર'ના સૂચ સાથે જોડાયા હતા.

આયુર્વેદ સામેનો વિરોધ નથી

આયુર્વેદ કેટલાક રોગોમાં ખૂબ જ અસરકારક પરિણામો આપે છે. અમારો વિરોધ આયુર્વેદ સામે નથી, પણ એલોપથી તબીબો જણાવ્યા મુજબ આયુર્વેદ તબીબોને સર્જરી કરવાની છૂટ આપીને મિક્સોપથીનો અમલ મેડિકલ ક્ષેત્રે થઈ જશે તો તેમાં માર્કા પરિણામો લોકોએ જ ભોગવવાં પડશે. લોકોને આ મુદ્દે જાગૃત્તક થવાની જરૂર છે. આ ઉપવાસમાં ગોની જાહેરમંદિર અને સુમનદીપ વિદ્યાપીઠ તથા પારુલ મેડિકલ કોલેજના પ્રતિનિધિઓ અને જુનિયર રેસિડેન્ટ્સ ' સેવ ધ ઈન્ડિયન હેલ્થ કેર'ના સૂચ સાથે જોડાયા હતા.

એલોપથી, મિક્સોપથી નથી

સરકાર એવું ઈચ્છે છે કે મેડિકલ સ્ટુડન્ટ્સ તમામ શાખાઓનું નોલેજ મેળવે. દુનિયાભરમાં ભારતીય એલોપથી તબીબોની બોલબાલા છે. અમેરિકામાં 30 ટકા તબીબો મૂળ ભારતીય છે. મિક્સોપથી ભણીને ગયેલા તબીબને દુનિયામાં કોઈ પુછશે નહીં. આયુર્વેદ તબીબોને સર્જરીની છૂટ આપવાનો નિર્ણય અયોગ્ય છે, જે સામે વિરોધ છે. ડૉ. પ. પરેશ મજમુદાર, આઈએમએ

MBBS સર્જરી ન કરી શકે તો આયુર્વેદ તબીબ કેવી રીતે કરી શકે

એમબીબીએસ તબીબ કેમિલી ફિઝિશિયન તરીકે લોકોને દવા આપી શકે, પણ 45 વર્ષની પ્રેક્ટિસના અનુભવ બાદ તેને સર્જરી કરવાની છૂટ નથી. જ્યારે 5 વર્ષ ભણેલા આયુર્વેદ તબીબો 56 પ્રકારની સર્જરી કેવી રીતે કરી શકે? પ્લાસ્ટિક સર્જન પણ 10 વર્ષના અભ્યાસ બાદ બને છે. એલોપથી તબીબ સાથે અન્યાય છે. ડૉ. રવીન્દ્ર નાગપાટી, કેમ્બલી ફિઝિશિયન

એલોપેથી ડોક્ટરોનો ‘મિક્સોપેથી’ સામે વિરોધ

ફાઈન લાઈન કોરોના વોરિયર્સ બે દિવસ ભૂખ હડતાલ પર ઉતરશે

(પ્રતિનિધિદ્વારા) વડોદરા, શુક્રવાર છેલ્લા ૧૦ મહિનાથી કોરોનાને હરાવવા જીવના જોખમ જેવું લડી રહેલા ડોક્ટરો સાથે સરકાર અન્યાય કરી રહી છે અને આ અન્યાય સામે લડત આપવા હવે ડોક્ટરોએ ભૂખ હોમિયોપેથ અને આયુર્વેદના ડોક્ટરોને એલોપેથી સારવાર અને ઓપરેશનની અપાયેલી છૂટનો વિરોધ દેશભરના ડોક્ટરો કરી રહ્યા છે

ઈન્ડિયન મેડિકલ એસોસિએશન- વડોદરા ચેપ્ટરના આગેવાનોએ આ અંગે માહિતી આપતા કહ્યું હતું કે ‘કેન્સર સરકારે મેડિકલ ફિલ્ડને ‘ખીચડી ફિલ્ડ’ બનાવી દીધું છે. હોમિયોપેથ અને આયુર્વેદના ડોક્ટરોને સરકારે એલોપેથી સારવાર અને ઓપરેશનની છૂટ આપી છે આ પ્રકારની ‘મિક્સોપેથી’ દર્દીઓ માટે અને એલોપેથી ડોક્ટરો માટે જોખમી છે. એલોપેથી ડોક્ટરો મેડિકલ અભ્યાસક્રમ પાછળ જિંદગીના ૧૦ થી ૧૫ વર્ષ ખર્ચી નાખે છે અને હવે સરકાર તેને મહેનત ઉપર પાછી ફેરવવાના મુદ્દામાં છે. હોમિયોપેથ અને આયુર્વેદના ડોક્ટરોને મેડિકલ સાયન્સનો અભ્યાસ અને અનુભવ નથી હોતો તેનાથી દર્દીઓના સ્વાસ્થ્ય અને જિંદગી સાથે વેગ થશે. સરકારની આ અયોગ્ય નીતિ સામે દેશભરમાં આંદોલન ચાલી રહ્યું છે. ગુજરાતમાં પણ અમદાવાદ, સુરત પછી વડોદરાના ડોક્ટરો હડતાલ ઉપર ઉતરશે તે મુજબ તા.૮ અને ૯ ફેબ્રુઆરીએ આઈએમએ ભવન, નાગરવાડા ખાતે પહેલા દિવસે ૨૦ અને બીજા દિવસે ૨૦ ડોક્ટરો ભૂખ હડતાલ કરશે. કોરોના ગાઈડ લાઈનના કારણે ફક્ત ૨૦ ડોક્ટરો જ ભૂખ હડતાલમાં જોડાશે



# મિક્ષોપેથીના વિરોધમાં તબિબોના બે દિવસના ધરણા શરૂ



(તસ્વીર : હિરેન વ્યાસ)

વડોદરા, તા.૮  
મિક્ષોપેથીના વિરોધમાં પ્રકરણના સાથે તબીબોના દેખાવો યોજાયા હતા. સેન્ટ્રલ કાઉન્સિલ ફોર ઇન્ટીગ્રેટેડ મેડીસીન (સીસીઆઈએમ) દ્વારા તાજેતરમાં જાહેર કરેલ નોટિફિકેશનમાં આયુર્વેદીક તબીબોને ૫૮ પ્રકારની સર્જરી કરવાની જે છુટછાટ આપેલી છે તે કઈંઓના આરોગ્યના હિતમાં નહીં હોવાથી સમાજના બહોળા વર્ગને જાણકારી મળે તે અર્થે ઇન્ડિયન મેડિકલ એસોસિએશન દ્વારા નોટિફિકેશનને યાજી ખેચવાની માંગ સાથે દેશમાં તા.૧-૨-૨૦૨૧ થી ૧૪-૨-૨૦૨૧ સુધી રીલે કાસ્ટ (પ્રતિક ઉપવાસ) નું આયોજન કરેલ છે. જેની શરૂઆત ગુજરાતમાં તા.૧ કેમ્પુઆરથી અમદાવાદ ખાતે થઈ ગયેલ છે. વડોદરા

ખાતે ડો.બી.એમ.શાહ આઈ.એમ.એ. હાઉસ, શાહદા ધાંદર સ્કુલની બાજુમાં, સલાટવાડા નાગરવાદ ખાતે બે દિવસના પ્રતિક ઉપવાસ હતા. વડોદરાના મેડીકલ કોલેજના પ્રતિનિધિઓ, સુમનદીપ મેડીકલ કોલેજ, યાદુલ મેડીકલ કોલેજ, ગોન્ડી મેડીકલ કોલેજ તથા બરોડા મેડિકલ કોલેજના વિદ્યાર્થીઓ તથા યુ.રેસિડેન્ટ ડોક્ટર્સ પ્રતિક ઉપવાસમાં જોડાયા હતા.

સેનેશનમાં ઘોષણા કરવાને પહેલાં આજે રોકાઈકાંઈનો સંપત્તિમાં રૂ. ૩૦૨ લાખ કરોડનું પોષાક માત્ર તે રૂ. ૨૦૦.૨૬ લાખ કરોડ રૂબં. હતું. સેનેશનમાં હવે પાંચ કરમ્પનીઓ સહન પીટીકાના પહેલાં બે દિવસમાં રોકાઈકાંઈનો સંપત્તિમાં રૂ. પાંચ લાખ કરોડનું પોષાક તથા પાંચ નું, છેલ્લા પહેલાં દિવસમાં બે આરબને ઉજ્જેકર ટકાવી રૂબં કરવા છે.

વિક્રી સંક્રમણને અટકાવવા, ૮૦૩ કરોડની વેચવાની સાથે રૂબં હતું. વેચવાનીની ઉંચા ચાલે સ્પષ્ટર અટકી વેચવાની શરૂ થવાને પહેલાં આજે ૨૦૦૮ કરોડ ને સેનેશન માં રૂબં હતા. જ્યારે ૨૦૨૦ કરોડનો મેડીકલ સેક્ટર અટકી રહ્યો હતો.

## New Delhi

પતંજલિની કોરોનિલને હેલ્થ મંત્રાલયની પરવાનગી મળતા વિવાદ સર્જાયો કોરોનિલને મંજૂરી મળી કેવી રીતે? : મેડિકલ એસોસિએશને હર્ષવર્ધનનો ખુલાસો માગ્યો (પીટીઆઈ)

પતંજલિએ વર્લ્ડ હેલ્થ ઓર્ગનાઈઝેશન દ્વારા પ્રમાણિત હોવાનો દાવો પક્ષ કર્યો : વિવાદ પછી WHOએ પ્રમાણિત ન આપ્યું હોવાની સ્પષ્ટતા કરી

કૃષિ કાર્બના સંકલ્પ ગણતરવા ગેલેલા મંત્રીને ખેડૂતો વચ્ચે ધર્ષણ, અનેક ઘાયલ

કરી ઠંડી વધવાની (પહેલા પાનાનું શાક)

બિટકોઈનના ભાવ (પહેલા પાનાનું શાક)

સેનેશનમાં ઘોષણા કરવાને પહેલાં આજે રોકાઈકાંઈનો સંપત્તિમાં રૂ. ૩૦૨ લાખ કરોડનું પોષાક માત્ર તે રૂ. ૨૦૦.૨૬ લાખ કરોડ રૂબં. હતું. સેનેશનમાં હવે પાંચ કરમ્પનીઓ સહન પીટીકાના પહેલાં બે દિવસમાં રોકાઈકાંઈનો સંપત્તિમાં રૂ. પાંચ લાખ કરોડનું પોષાક તથા પાંચ નું, છેલ્લા પહેલાં દિવસમાં બે આરબને ઉજ્જેકર ટકાવી રૂબં કરવા છે.



# IMA protests against Centre's 'mixopathy' plan goes to Surat

State's doctors launched 'relay' protest against Centre's decision to allow Ayurvedic physicians to operate, in A'bad on Monday



Former president of IMA's Gujarat chapter, Dr Chandresh Jorosh (dressed as Mahatma Gandhi) and other office-bearers, at Friday's protest.

First India Bureau  
Surat: The Indian Medical Association (IMA) has now taken its protest against the Central government's decision to allow Ayurveda doctors to conduct surgeries to Surat, after a four-day 'relay fast' in Ahmedabad.

perform various kinds of general surgery and medical procedures, including in orthopaedics, ophthalmology, ENT and dental, by issuing an amendment in a gazette notification the CCIM issued in November.

gies that students of Ayurveda are not taught surgery as part of their training and granting them permission to conduct surgery would put patients' lives at risk.

medical doctors. "The CCIM amendment is encroaching upon the nomenclature of degrees in modern medicine by allowing Ayurveda students to 'avail of' surgical techniques and teachings. This 'mixopathy' will have serious implications on the health of the people and severely impact the growth of modern medicine in India," the association said.

## Rs 50L insurance for healthcare workers who died due to Covid Claims of 17 Guj HCWs cleared

Families of 16 have already received insurance amount; 25 more claims from State reportedly pending; IMA-Guj seeks solatium for all doctors who died of Covid, not just those at designated hospitals; has compiled list of 56

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TWEETS @brendandahi09

The Centre has so far approved its \$5 lakh compensation each for 17 healthcare workers (HCWs) in Gujarat who lost their lives to Covid-19 in the line of duty. Families of 16 of them have already received the amount announced by the Union Health Ministry.



File photo of Civil hospital staff paying their last respects to the head nurse who died after getting infected by coronavirus

State Principal Secretary of Health Dr Jayanti Ravi said, "The government has approved the compensation for 17 HCWs under the Pradhan Mantri Garib Kalyan Scheme which is meant for those who served in government and private Covid hospitals and died after being infected on duty. Those who died of Covid but were not serving in a Covid hospital are not eligible for this scheme."

IMA seeks solatium for all deceased doctors  
As per the government resolution, claims of only those HCWs who used to serve in Covid hospitals were not admissible. However, the Gujarat chapter of IMA has sought solatium for all doctors who died of Covid-19. The IMA had on Wednesday expressed shock at the Centre claim-

Government has approved compensation for 17 HCWs under Pradhan Mantri Garib Kalyan Scheme, meant for those who served in Covid hospitals, died after being infected

We made multiple representations... regarding solatium for all doctors who lost their lives to Covid-19. However, except for assurances, we haven't got any reply

ing in Rajya Sabha that only 162 doctors had died due to Covid as of January 22, 2021, when the association has pegged the figure at 734. Office-bearers at the Gujarat chapter of IMA told Mirror they had compiled a list of 56 doctors who had died of Covid-19 while serving people, not necessarily on Covid duty.



PROTEST AGAINST 'MIXOPATHY': Members of the Indian Medical Association (IMA) in Ahmedabad participated in a relay hunger strike on the third day of their nationwide protest. At AMA Hall on Ashram Road, a group of students and doctors participated in the event on Wednesday. "We want the government to re-consider its decision to give approval to 'mixopathy' which is dangerous not only for patients but also for the discipline," said a participant. The members also showed displeasure over data tabled recently by the government showing 162 doctors had died due to the pandemic. IMA members claimed that the figure is 734, including 54 in Gujarat.

## IMA begins relay hunger strike against 'mixopathy'

Doctors oppose CCIM notification that allows ayurvedic medicine students to train in surgery



The doctors and students began the strike at AMA on Monday  
The Indian Medical Association (IMA) began a 14-day protest against what they call 'mixopathy' - the government's decision to allow students of Ayurvedic medicine to study surgery through the CCIM notification - from Ahmedabad.



### Appeal to Private Practitioners for TB Notification & Public Health Action

Commissionerate of Health, Medical services & ME (HS), Gandhinagar- Gujarat.

Ph: 079-23253328 Fax: 079-23253330

Email: stogu@tbcindia.org

India accounts for one fourth of the global TB burden i.e. 2.6 million out of 10 million new cases annually, more than 40% of population infected (prevalence of infection) worth Tuberculosis, it is estimated that 4.4 lacks people die due to TB annually in our country.

India has highest burden of both TB and DR-TB cases, based on DR-TB survey ~3 % among new TB cases and 12%-17% among previously treated TB cases have MDR-TB cases

Government of India has committed to end TB by 2025, an ambitious target set by Government of India which is five years ahead of the global target under Sustainable Development Goals.

Against all the expectations, the year 2020 had brought a unique challenge and opportunity in the name of COVID-19. The pandemic had swiftly distracted the nation's commitment and has been shackling the existing health facilities as well as human resources by diverting all the efforts of achieving Universal Healthcare to control COVID-19 pandemic. This has affected NTEP as well and affected mainly the case finding activities throughout the year. Yet, the NTEP program has performed significantly well during the pandemic period. Case finding activities has reduced significantly, but NTEP has managed not to affect the treatment component. All the patients were provided drugs at their home and their follow ups were well managed. Now in 2021, the program has buckled up in implementing newer strategies to achieve elimination stage by 2025 with the support of Private sector.

Tuberculosis is a notifiable disease and it is mandatory to report all TB cases by any medical practitioner and hospital to the nodal officer of district/corporation.

More than 43,000 cases were notified from the private sector in entire Gujarat in the year 2020. We would like to thanks all practitioners for their magnanimous support to NTEP programme and expecting same for forthcoming years also.

Currently, programme has wide network of health workers serving for NTEP to ensure TB services available to the patient at doorstep. They provide various services like counselling, retrieving of treatment interrupters, drug resistant screening, timely treatment follow up of patient and testing for other comorbid conditions as well as Nikshay Poshan Yojana and Screening of contact, You are requested to unite with public health sector to provide free Fix Drug Combination to your patient and reduce out of pocket expenditure.

Newer diagnostic technology known as Cartridge Bases Nucleic Acid Amplification Test (CBNAAT) and TrueNAAT is made available in all districts and corporation. All diagnosed TB patients from both the sector (Public and Private) offered free of cost Universal drug susceptibility testing within programmatic set up. NTEP has also introduced newer costly drugs free of charge like Bedaquiline and Delaminid are providing for drug resistant patients under programmatic conditions.

We would like to urge all of you to notify all TB cases for extending government services consist of HIV and Diabetes screening, drug resistant screening for all TB cases, house hold monitoring of patient, Benefits of Nikshay Poshan Yojana.

Dr G.C.Patel

Joint Director (TB)

Health Medical Services & Medical  
Education (HS), Gandhinagar

Dr. Dinesh Raval

Additional Director (PH)

Health Medical Services & Medical  
Education (HS), Gandhinagar



### NATIONAL CONSUMER DISPUTES REDRESSAL COMMISSION NEW DELHI

#### FIRST APPEAL NO. 146 OF 2011

(Against the Order dated 23/02/2011 in Complaint No. 58/2000 of the State Commission Chandigarh)

1. POST GRADUATE INSTITUTE OF MEDICAL  
EDUCATION & RESEARCH & ANR.

The Director post Graduate institute Of Medical Education &  
research,  
chandigarh  
Haryana

2. DR. V.KKHOSLA

Professor and had of Nuero surgery Department,  
PGI, chandigarh At nuero Surgery Departmenty, Fortis  
Hospital,  
Mohali  
Chandigarh

.....Appellant(s)

Versus

1. SHRI DEVENDRA KUMAR SHARMA & ORS.

Shri Devendra Kumar Shirma R/o Plot No. 39, Jassian Road,  
Jagdeswra Nand Colony, Sandu Nagar, Near Railway  
Line, Po. Netaji Nagar, Ludhiana.

2. SHRI ANAND SHARMA S/O SH.DEVENDRA  
KUMAR SHARMA

R/O Plot No, 39, Jassian Road, Jagdeswra Nand Colony,  
Sandhu Nagar, Near Railay Laine, P.ONetaji Nagar,  
Ludhiana

3. AEKTA SHARMA D/O SH.DEVENDRA KUMAR  
SHARMA

R/OPlot No.39, Jassian Road Jagdeswra Nand Colony,  
Sandhu Nagar, Nrar Railway Line P.O.Netaji Nagar,  
Ludhiana.

.....Respondent(s)

#### BEFORE:

HON'BLE MR. JUSTICE R.K. AGRAWAL, PRESIDENT

HON'BLE MR. DINESH SINGH, MEMBER

**For the Appellant :** Mr. Rajesh Garg, Senior Advocate

Mr. Vipin Mittal, Advocate

**For the Respondent :** Mr. Devendra Kumar Sharma, Complainant





No. 1 in-person

**Dated : 16 Oct 2020**

**ORDER**

**ORDER**

**HON'BLE MR. DINESH SINGH, MEMBER**

1. This Appeal has been filed under Section 19 of The Consumer Protection Act, 1986, hereinafter referred to as the 'Act', challenging the Order dated 23.02.2011 in C. C. No. 58 of 2000 passed by The State Consumer Disputes Redressal Commission, U.T. of Chandigarh, hereinafter referred to as the 'State Commission'.

The Appellants herein, Post Graduate Institute of Medical Education & Research, Chandigarh and Dr. V.K. Khosla, Professor & Head of Neuro Surgery Department, were the Opposite Parties No. 1 and No. 2 before the State Commission, and are hereinafter being referred to as the 'Hospital' and the 'Doctor' respectively.

The Respondents No. 1 to No. 3 herein, Mr. Devendra Kumar Sharma, Mr. Anand Sharma and Ms. Aekta Sharma, were the Complainants before the State Commission, and are hereinafter being referred to as the 'Complainants'.

Deceased Smt. Indrawati Sharma, wife of Mr. Devendra Kumar Sharma and mother of Mr. Anand Sharma and Ms. Aekta Sharma, expired in the Hospital after surgery by the Doctor, and is hereinafter being referred to as the 'Patient'.

2. We heard arguments of both sides and perused the material on record including *inter alia* the impugned Order dated 23.02.2011 of the State Commission and the Memorandum of Appeal.

3. Brief facts, shorn of unnecessary rhetoric, are that the Patient was diagnosed with "right internal carotico ophthalmic aneurysm". She was referred to the Hospital. She was admitted on 03.09.1999. She was first operated on 27.09.1999 for "clipping of aneurysm". The brain surgery was started under anesthesia; it was abandoned "due to unavailability of drill", without "clipping of aneurysm". She was again operated on 07.10.1999. She expired the next day i.e. on 08.10.1999.

The Complainants filed a Complaint before the State Commission on 21.09.2000, alleging negligence / deficiency.

The State Commission vide its Order of 23.02.2011 allowed the Complaint and determined negligence / deficiency on the part of the Hospital and the Doctor.

4. We note that the State Commission has weighed the evidence and passed a reasoned Order.

For ready appreciation, extracts from the State Commission's appraisal are reproduced below:

10. The contention of learned counsel for complainants is that Smt. Indrawati Sharma was only 47 years old, she was admitted in the PGI for treatment when an emergent operation was to



be performed, she was taken for operation on 26.9.1999 but the operation was left midway due to non-availability of drill machine. The learned counsel for complainants referred to Annexure P-3 the operation note. It is not disputed that the operation was to be conducted by Dr. V.K. Khosla- OP No.2. **It is also admitted that the drill machine did not work properly. There is no dispute about it that the operation was not completed and the skull was closed without clipping the Aneurysm. This necessitated second operation which was conducted on 06.10.1999.** The learned counsel argued that it was a deficiency in service on the part of the OPs due to which two operations had to be conducted which resulted in the death of Smt. Indrawati Sharma. Learned counsel for OPs has opposed these contentions. He referred to the reply and the affidavit of Dr. V.K. Khosla in which it was specifically stated that the drill was not needed for completing the operation. According to him, there was no deficiency in service or negligence on their part. **A perusal of the affidavit of Dr. V.K. Khosla shows that he is changing his stand.** According to him, the drill was not necessary and operations in the past had been performed even without a drill machine. In para-4 of the affidavit, **he admitted that the drill machine was available but did not function satisfactorily.** Even the reason for not proceeding further with the operation as mentioned in the operation note Annexure P-3 is that **'due to non-availability of drill, procedure abandoned and closure done without clipping of Aneurysm. There is no other reason for not completing the operation.** However, now OPs are alleging in order to cover up their negligence and deficiency in service that the operation was not abandoned due to the drill machine. His contention is that **the drill machine had been borrowed from some other department but it also did not work.** The learned counsel is unable to explain that **if there was no need of drill machine or the operation could be conducted without a drill machine then why a drill machine was borrowed from some other department and when and what necessity arose to see whether the machine works or not.** Further, if the drill machine was not needed, though it was available then **why operation was not completed. In Annexure P-3 no other reason has been mentioned for abandoning the operation. We are, therefore, of the opinion that the drill machine was needed for this operation. OPs started the operation without availability of a drill machine and when they felt need of it they may have borrowed it from some other department but the same did not work and therefore the operation had to be abandoned.** For the sake of repetition, it is stated that it was a skull operation, a part of the skull had to be cut and removed for clipping of aneurysm. **OPs were so negligent that they did not see before starting the operation whether they had drill machine which would be used when the need arose. They thought of it only after the operation was started and drill machine which was borrowed did not function. It necessitated the closure of the skull without completing the operation.** From these facts, **negligence and deficiency in service on the part of OPs NO.1 & 2 is fully proved.**

11. The learned counsel for OPs has argued that the first operation as well as second operation were successful, patient was fully conscious and therefore postponing the operation was not the cause of death. This fact may be true because the complainant did not agree for the postmortem examination of the deceased. However, **we cannot deny that conducting two operations on the skull when only one would have been suffice would naturally cause the blood loss and aggravate the process of death. No doubt, it was a routine operation for the OPs but for a patient the skull operation assumes importance in view of the fact that the brain is involved. Not only blood loss but there was a delay of about 10 days in conducting the 2<sup>nd</sup> operation which could have also aggravated the disease.** The patient was only 47 years old and **died a day after the second operation.** It also shows that postponement of the first operation



contributed towards the death of the deceased. **The contention of the OPs that second operation was successful cannot be accepted because the patient thereafter survived only for a day.**

12. The learned counsel for OPs also argued that Dr. V.K. Khosla is a competent surgeon, knows his job, the operation was done in a proper manner by conducting proper procedure and with the consent of the complainant and therefore no liability for the death of the patient can be imposed upon him. This argument on the face of it appears to be correct, **unless** we take notice of the **negligence on the part of OPs in not arranging and checking the drill machine before starting the operation.** **The consent of the complainant does not authorize the surgeon to act negligently.** The complainant is **not questioning the surgical skill of OP No.2 but the manner in which OPs proceeded and subsequently abandoned the operation without completing the job for which skull operation was started.**

13. The contention of OPs NO.1 & 2 is that the operation was abandoned in the best interest of the patient due to compelling circumstances and not due to non-availability of the drill machine. We do not find any merit in this contention. As earlier mentioned, **Annexure P-3 gives the reason as to why the operation was abandoned and no other reason is mentioned there.** **Even in his reply and affidavit OPs No.1 & 2 have not given any reason as to why the operation was abandoned.** When the **operation had started and continued for a long time why it was not completed is a big question and the answer is given only by Annexure P-3 that due to non-availability of drill machine they could not proceed further.** The **contention of OPs that there were certain other reasons to abandon the operation, therefore, does not appear to be correct nor** have the same been **specified in the reply or the record.**

14. The learned counsel for OPs has also argued that there was no deficiency in service on the part of OP No.3. She rather attended upon the patient in a most affectionate manner. The complainant has not produced any evidence to suggest if she caused any injury while inserting the catheter. On the other hand, learned counsel referred to para-8 of the reply mentioning that the so called catheter was an endo-tracheal tube which was required to treat respiratory infection and respiratory difficulty of the patient. We, therefore, do not find any deficiency in service on the part of OP NO.3.

15. The contention of complainant is that the deceased was 47 years old woman. She was operating a boutique and was earning Rs.4000/- to Rs.5000/- per month. She had lot of love and affection for her husband Devendra Kumar Sharma and her son and daughter Anand Sharma and Aekta Sharma complainants. **The OPs NO. 1 & 2 due to their negligence thrust a second operation on the patient which could have been avoided had they been not negligent.** The complainants had to spend money on her treatment and therefore they also suffered mentally, physically and financially due to negligent act of OPs No.1 & 2. We are, therefore, of the opinion that the compensation of Rs. Two lacs would be just and proper which shall be paid by OPs No.1 & 2 jointly and severally to the complainants within 30 days from the date of receipt of copy of the order. OPs NO.1 & 2 shall also pay Rs. 10,000/- as costs of litigation. If the above amounts are not paid within thirty days, OPs shall be liable to pay the same alongwith interest @ 12% p.a. since the filing of the present complaint i.e. 21.9.2000 till its payment to the complainants.

Resultantly, **complaint is allowed** in the aforementioned terms.



(emphasis supplied by us)

5. We are broadly in agreement with the examination and findings of the State Commission.

To add thereto, it is noteworthy that:

[a] The Hospital, Post Graduate Institute of Medical Education & Research, Chandigarh, is well-endowed with the requisite infrastructure and wherewithal. Its website [https://pgimer.edu.in/PGIMER\\_PORTAL/PGIMERPORTAL/home.jsp#](https://pgimer.edu.in/PGIMER_PORTAL/PGIMERPORTAL/home.jsp#) states its 'Mandate' and 'Mission Statement' as below:

#### Mandate

**The Postgraduate Institute of Medical Education and Research (PGIMER)** Chandigarh was conceived in 1960 as a center of excellence which would endeavour to develop patterns of teaching in postgraduate medical education in as many branches as possible and attempt to produce specialists in several disciplines of medicine. It was also envisaged that these specialists would spread out in the country in various medical colleges and medical institutions and impart medical education of highest standard to the students and set up nucleus of excellence in their own institutions. The **PGIMER** was also given the responsibility to broaden the horizons of medical knowledge by intensive research in the field of health.

## Mission Statement

vkRrZ lsok loZHknz% 'kks/k'p

Postgraduate Institute of Medical Education and Research, Chandigarh was mandated to

1. Provide high quality **Patient care**.
2. Attain **Self-Sufficiency** in postgraduate medical education and to meet the country's need for highly **Qualified** medical teachers in all medical and surgical disciplines.
3. Provide **Educational facilities** for the training of personnel in all important branches of health activity.
4. Undertake **Basic Community** based research.

The mission of PGI is engraved in its logo which reads vkRrZ lsok loZHknz% 'kks/k'p meaning "**Service to the Community, Care of the Needy and Research for the Good of all**".

(The above has been taken from its extant website.) In 1999, also, when the incident took place, the Hospital was a premier tertiary referral hospital, well-known and reputed in the region.

[b] The Patient was earlier treated in Amritsar and Ludhiana. She was then referred to the said Hospital at Chandigarh.

[c] She was admitted in the Hospital on 03.09.1999 for treatment of "right internal carotico ophthalmic aneurysm".



[d] An open brain surgery for “clipping of aneurysm” was performed under general anesthesia on 27.09.1999 i.e. after 3 weeks 3 days (24 days) of admission.

[e] “clipping of aneurysm” was to prevent rupturing of the affected artery and consequent release of blood into the brain and the cranium (which could lead to brain hemorrhage, stroke, damage).

[f] A drill machine was essential for the said surgery. The drill machine of the department did not function properly. Another drill machine was statedly “borrowed” from some other department of the Hospital; it, too, did not function.

[g] On 27.09.1999 the surgery was started. The Patient was prepared, put under anesthesia. The scalp was opened. The drill machine was found to be dysfunctional. Trialing was undertaken re the cranium. The procedure for “clipping of aneurysm” was aborted. The scalp was stitched back (“closure done without clipping of aneurysm”). The “clippers”, intended to be used in the surgery, were returned to the Patient’s attendant, her husband, the Complainant No. 1.

[h] A surgical note dated 27.09.1999 states “Due to unavailability of drill, procedure abandoned and closure done without clipping of aneurysm.”.

[i] A second surgery, for the same purpose, was then performed on 07.10.1999 i.e. after 1 week 3 days (10 days) of the first surgery.

[j] The patient expired on 08.10.1999 i.e. the next day of the second surgery.

6. The State Commission, on appraisal of the evidence, has explicitly observed that: “- - - due to non-availability of drill, procedure abandoned and closure done without clipping of Aneurysm. - - -” and “- - - There is no other reason for not completing the operation. - - -” and “- - - OPs are alleging in order to cover up their negligence and deficiency in service that the operation was not abandoned due to the drill machine. - - -” and “- - - the drill machine had been borrowed from some other department but it also did not work. - - -” and “- - - The learned counsel is unable to explain that if there was no need of drill machine or the operation could be conducted without a drill machine then why a drill machine was borrowed from some other department and when and what necessity arose to see whether the machine works or not. - - -” and “- - - Further, if the drill machine was not needed, though it was available then why operation was not completed. - - -” and “- - - In Annexure P-3 no other reason has been mentioned for abandoning the operation. - - -” and “- - - OPs started the operation without availability of a drill machine and when they felt need of it they may have borrowed it from some other department but the same did not work and therefore the operation had to be abandoned. - - -” and “- - - They thought of it only after the operation was started and drill machine which was borrowed did not function. It necessitated the closure of the skull without completing the operation. - - -” and “- - - From these facts, negligence and deficiency in service on the part of OPs NO.1 & 2 is fully proved. - - -”.

7. The Patient was admitted on 03.09.1999. The first surgery was undertaken on 27.09.1999 i.e. 03 weeks 03 days (24 days) after admission. There was, thus, sufficient time, and more, to carefully prepare for the surgery. It was not as if the surgery was undertaken most immediately at admission (evidently, the surgery was ‘in turn’).

The Hospital and the Doctor neither had a functional drill machine in the department, nor did they inspect and satisfy themselves of the satisfactory functioning of a statedly “borrowed” drill machine, in respect of equipment essential for the surgery. The Patient was put under general anesthesia, her scalp



opened, the drill machine was found to be non-functional, trialing was undertaken with the cranium, the scalp was stitched back, the procedure for “clipping of aneurysm” (for which the surgery was undertaken) was not completed.

The surgical note dated 27.09.1999 clearly states that “Due to unavailability of drill, procedure abandoned and closure done without clipping of aneurysm.”

It was admitted by the Hospital and the Doctor in their written version filed before the State Commission that “- - - The drill was available but did not function satisfactorily, - - -”.

It is also admitted by the Hospital and the Doctor in para 3.n) of the Memorandum of Appeal that “- - - The CR record of the patient shows that aneurysm was successfully clipped at the **second** operation. - - -” (emphasis supplied by us).

8. To state the obvious, the surgery on 27.09.1999 was performed carelessly and negligently.

9. Due to failure of the first surgery (on 27.09.1999), the patient was unnecessarily required to subsequently undergo an additional second surgery, on 07.10.1999, i.e. after 1 week 3 days (10 days), for the same purpose for which the first surgery was performed (and aborted).

After failure of the first surgery, treating the situation as an emergency, ensuring that no infection or harm occurs to the Patient, undertaking the second surgery on first and top priority, were required and expected of the Hospital and the Doctor.

There is, but, nothing on record, placed by the Hospital and the Doctor, to show that they treated the situation as such emergency.

The principal endeavour of the Hospital and the Doctor has been to anyhow justify abandonment of the first surgery, and to anyhow argue that in any case a second surgery was subsequently undertaken for the purpose.

And all this in a hospital well-endowed with the requisite infrastructure and wherewithal.

(“Provide high quality **Patient care**”, written in its ‘Mission Statement’, is nowhere evident in the instant case.)

10. Negligence / deficiency is writ large.

11. During arguments on 05.03.2020, learned senior counsel for the Hospital and the Doctor prayed for allowing the appeal and dismissing the Complaint. The Complainant No. 1 in person prayed for enhancement in compensation, to Rs. 30.70 lakh [as per a ‘Claim’ (computation) dated 26.09.2019 annexed by him with his brief of written arguments], and also drew attention to the trauma he and his children (the Complainants No. 2 and 3) faced in the death of the Patient and the travails they faced in the subsequent two-decade litigation.

12. In respect of ‘allowing the appeal’, we note that the Hospital and the Doctor are defending the indefensible. The facts of the case are simple, and serious, and speak for themselves, and merit otherwise.

13. In respect of ‘compensation’, we note that the Complainants, in their Complaint, had asked for



compensation of Rs. 15 lakh with interest @ 18% per annum.

The State Commission has awarded compensation of Rs. 2 lakh and cost of litigation of Rs. 10,000/-, to be paid within 30 days of the receipt of its Order, failing which it shall carry interest @ 12% from the date of filing of the Complaint till the payment to the Complainants. The liability of the Hospital and the Doctor has been made joint and several.

We may first say that loss of human life cannot be quantified in monetary terms.

However, noting the palpable grave ingredients of negligence / deficiency, the facts and specificities of the case, the loss of wife / mother to the Complainants, way back in 1999, and considering the various relevant factors holistically, we are of the considered view that compensation of Rs. 15 lakh (as asked for in the Complaint) with interest at the rate of 8% per annum (lower than that asked for in the Complaint) from the date of death of the patient (08.10.1999) till realisation would be just and equitable. In addition, noting that the litigation has taken about two decades, from 2000 to 2020, cost of litigation of Rs. 2.50 lakh would be just and equitable. The liability of the opposite parties i.e. the Hospital and the Doctor would be joint and several.

14. Sequel to the above discussion, the prayer of the Hospital and the Doctor for dismissing the Complaint is rejected.

The Award made by the State Commission is modified as follows: The Hospital and the Doctor shall, jointly and severally, pay Rs. 15 lakh with interest at the rate of 8% per annum from the date of death of the patient (08.10.1999) till its realisation and cost of litigation of Rs. 2.50 lakh to the Complainants within 6 weeks of the date of pronouncement of this Order.

15. In case of non-compliance, the State Commission shall undertake execution, for 'Enforcement' under Section 25(3) and 'Penalties' under Section 27 of the Act, as per the law.

16. The Registry is requested to send a copy each of this Order to all parties within 3 days of its pronouncement.

.....J  
R.K. AGRAWAL  
PRESIDENT

.....  
DINESH SINGH  
MEMBER



**Be a Member**

**of**

- **ACADEMY OF MEDICAL SPECIALITY**
- **C.G.P. I.M.A. G.S.B.**
- **HEALTH SCHEME**
- **SOCIAL SECURITY SCHEME**
- **NATIONAL SOCIAL SECURITY SCHEME**
- **PROFESSIONAL PROTECTION SCHEME**
- **FAMILY WELFARE SCHEME**
- **HOSPITAL BOARD OF INDIA**