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

GUJARAT MEDICAL JOURNAL
INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

Vol-20

MARCH-2025

Issue-03

FIT INDIA "SUNDAY ON CYCLE"



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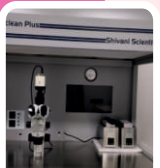
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**EVA WOMEN'S HOSPITAL
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Welcome

Dr. Pariseema Dave

Gynaecological Oncosurgeon.
Professor Emeritus & Former head of Department of
Gynaecological oncology department,
GCRI, Ahmedabad, Gujarat.



It is with great honour and pride that we welcome Dr. Pariseema Dave, M.D., to Eva Women's Hospital, Ahmedabad. A visionary leader in gynaecological oncology, Dr. Dave's illustrious career spans more than 35 years and has been defined by her pioneering work, dedication to patient care, and commitment to advancing the field. As former Head of the Gynaecological Oncology Department at the Gujarat Cancer Research Institute, Ahmedabad, and now Professor Emeritus, Dr. Dave has built a legacy that transcends borders. Her extensive contributions, including over 30 peer-reviewed publications in esteemed national and international journals, continue to shape the global understanding and treatment of complex gynecological cancers.

Dr. Dave's commitment to medical education is equally remarkable. She has served as a mentor and enduring influence to Dr. Dipak Limbachiya, founder of Eva Women's Hospital, inspiring excellence and compassion in those she guides. Her decision to join Eva Women's Hospital represents a profound milestone, bringing world-class expertise to our institution and reaffirming our commitment to offering premier, patient-centred care.

Dr. Dave's arrival enriches our hospital, our community, and our shared mission of transforming women's health. We are privileged to welcome a leader of her stature and look forward to the exceptional knowledge, vision, and humanity she brings to Eva Women's Hospital.

**Block-B, Neelkanth Park-II, Ghoda Camp Road, Shahibaug,
Ahmedabad-380 004. Ph. : 079-2268 2217 / 2268 2075
E-mail : drdipaklimbachiya@gmail.com | Web. : www.evawomenshospital.com**



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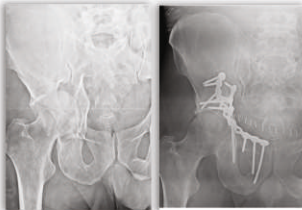
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MYOSITIS OSSIFICANS

Myositis ossificans of the elbow is caused by an injury to the muscle, where bone forms abnormally in the muscles of the elbow.

Clinical: seen in young active people and athletes. There is Pain, Swelling, Tenderness, Warmth to the touch, and Reduced range of motion.

Diagnosis is by imaging like Xray, USG/ MRI

Treatment: difficult and unpredictable and prolonged. Long term medications cause side effects and anxiety. Surgery is avoided as it may not give good results and usually a last resort.

ESWT (Orthotripsy) has successful outcomes

PRE ESWT FLEXION



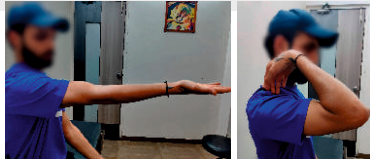
PRE ESWT EXTENSION



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ESWT



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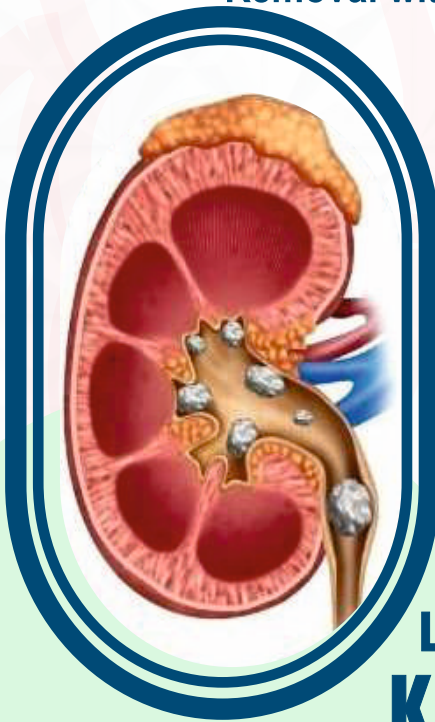
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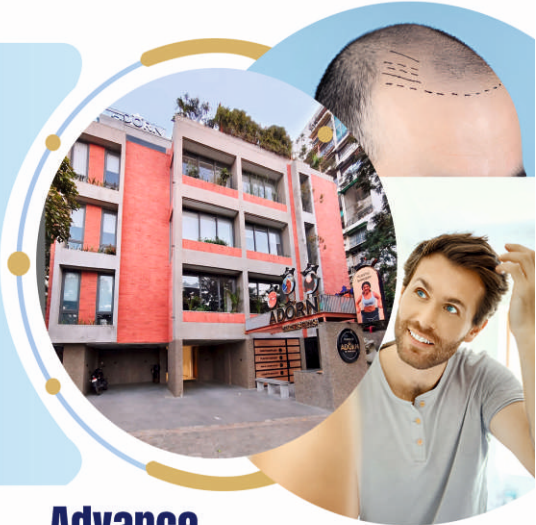
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Dr. Vineet Mishra

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INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

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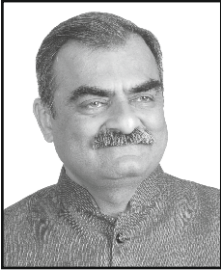
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**STATE PRESIDENT & HON. STATE SECRETARY'S MESSAGE**

Greetings from IMA Gujarat!

As the Indian Premier League (IPL) approaches, the entire nation gears up to witness the rise of our young Indian cricketers stepping onto the big stage. But their journey to success is not just about talent. These players undergo rigorous training—not just in cricketing skills but also in fitness, strategy, mental resilience, and discipline. It is the right guidance, mentorship, and support system that turns them into champions.

Now, think of a young medico stepping into the world of medicine, filled with dreams and aspirations, just like a cricketer walking into a packed stadium for the first time. The journey ahead is filled with challenges—long study hours, intense clinical training, demanding responsibilities, and critical decision-making. But success in medicine, much like in cricket, does not come from academic knowledge alone. To truly thrive, a doctor must develop clinical expertise, professional ethics, leadership skills, and legal awareness.

This is where IMA becomes your family. Just as a cricketer relies on their coach, senior players, and teammates, a young medico needs mentors, peers, and a support system that understands their struggles and aspirations. IMA is that home—a place where



students, residents, and young professionals come together, learn from each other, and grow under the guidance of experienced doctors

With the ongoing **IMA membership drive**, we are welcoming more young doctors into our ever-growing family. To each of you who has joined—you are not alone in this journey. Whether you are a student learning the ropes of medicine, a resident handling the pressures of patient care, or a young doctor stepping into the professional world, IMA is here for you. This is your community—a place where you will find guidance, strength, and a lifelong network of support.

Beyond mentorship, IMA stands by you in every aspect of your professional journey through platforms like IMA PPS (Professional Protection Scheme), Health Scheme, HBI (Hospital Board of India), SSS (Social Security Scheme), FWS (Family Welfare Scheme) and many more, we ensure that you are protected, supported, and empowered whether it's legal assistance, financial security, career guidance, or help in setting up your practice, IMA is your constant companion, standing beside you through every challenge and milestone

Just as the IPL turns young players into legends, IMA is here to shape the future of healthcare by supporting its young doctors Together, as one strong medical fraternity, we will build a future where every doctor feels valued, supported, and prepared for success. Welcome to your IMA Gujarat, your family

Dr. Mehul J. Shah

President, G.S.B., I.M.A.

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INDIAN MEDICAL ASSOCIATION

| GUJARAT STATE BRANCH |



IMA GUJARAT is organising an **INTER MEDICAL COLLEGE SKIT COMPETITION** of all the 41 Colleges of Gujarat as a part of their **CULTURAL ACTIVITY**.

41 Medical Colleges of Gujarat are divided into 5-Groups- A, B, C, D, E
–Each GROUP- consists of almost 8 Colleges.

- Each College of the respective GROUP can Prepare Maximum 2 Skits.
- Internal Competition of EACH GROUP is to be organised in later half of MARCH-2025 and 2-BEST SKITS TO BE SELECTED FOR FINALS.
- The Rules and Regulations for the Skits of Internal Competition of GROUP have to be the same as FINAL COMPETITION.

SKIT SKITS
Competition

Grand Finale : 20th April-2025-Sunday
12:00 NOON TO 5:00 PM

Venue : Narendra Modi Medical College Hall, Ahmedabad



RULES AND REGULATIONS OF INTER MEDICAL COLLEGE SKIT COMPETITION

- 1) Skit should have a **SOCIAL MESSAGE**
- 2) Language of the Skit- **GUJARATI**
- 3) Duration of the SKIT- **15 MINUTES**
- 4) **NO** Abusive/ Provocative/ Politically Incorrect/ Cast or Religion Discriminative Words to be used in the Skit.
- 5) All the Materials and Props used in Skit to be brought by the respective Team.
- 6) Light and Sound System will be provided by GSB IMA.
- 7) The Participants should be Medical Student/ intern/ Junior Doctor of Allopathy from respective College/ Institute.
- 8) **Registration amount of Rs. 2000/-** to be paid per Skit which is **REFUNDABLE after Participation.** (Contact: **Dhruv Gujjar +91 72029 05512** or **Charmi Prajapati +91 98258 38243**)
- 9) The Panel of JUDGES will decide the PRIZES and their Judgement would be FINAL.
- 10) The Sequence of Skit Performance will be decided by Picking of Chits one hour prior to the Programme at the Venue

PRIZES FOR THE INTER MEDICAL COLLEGE SKIT COMPETITION

FIRST PRIZE
BEST SKIT

RUNNER UP
BEST SKIT

BEST
MALE ACTOR

BEST
FEMALE ACTRESS

BEST
SUPPORTING ACTOR - MALE

BEST
SUPPORTING ACTOR - FEMALE

BEST
THEME OF THE SKIT

BEST
DIRECTION

The Event will be followed by Heavy Snacks.

Hoping for your full hearted support and cooperation for such a creative activity of GSB IMA. For any Queries kindly call **DR. MONA DESAI- 9875016769**

Dr. Mehul J. Shah
President, GSB IMA

Dr. Gargi M. Patel
Hon St. Secy. GSB IMA

Dr. Urvesh V. Shah
Chairman, MSN, Gujarat

Dr. Mona P. Desai
Programme-Coordinator

Dr. Nirali Patel
Dr. Vipul Shah

Dr. Jaydeep shah
Dr. Chetan Parmar





For our IMA Doctor Hospitals Hospital Protection Scheme

Gujarat State Branch, IMA

The Hospital Protection Insurance program, offered through the Indian Medical Association's (IMA GSB), provides a comprehensive safety net against unforeseen financial risks. As a trusted intermediary between hospitals and insurance companies, IMA GSB ensures robust coverage through carefully selected insurance providers.

This insurance program protects healthcare facilities from liabilities arising from medical malpractice claims, legal disputes, patient safety incidents. By mitigating these risks, hospitals can safeguard their financial stability while fostering trust among patients and stakeholders by demonstrating a commitment to risk management and quality care.

IMA member hospitals benefit from:

- Negotiated premiums
- Tailored insurance policies
- Expert guidance on claims processing

By enrolling in this program through IMA, hospitals can enjoy seamless protection and peace of mind, knowing they are well-prepared to manage unforeseen challenges.



HOSPITAL PROTECTION SCHEME *

Gujarat State Branch, IMA

CONSTITUTION **

1. TITLE:

The scheme shall be known as “**Hospital Protection Scheme, Gujarat State Branch I.M.A**”. It shall be working on the principle of mutual benefit scheme.

The scheme shall function under the auspices of Gujarat State Branch, I.M.A with its permanent head quarter at Ahmedabad (The Head Quarter of Gujarat State Branch I.M.A). For all legal disputes between member hospitals and administration the jurisdiction shall be restricted to the courts at Ahmedabad only.

2. COMMENCEMENT OF THE SCHEME.

The scheme will become effective from 01st April 2025.

3. AIMS & OBJECTIVES :

(A) To provide comprehensive indemnity cover to the member hospitals any hospital including institutions/ clinics/ dispensaries/ diagnostic centres located in Gujarat, registered under Clinical Establishment Act from litigations for any act of alleged negligence or carelessness or deficiency of service on the part of member hospitals and the staff working in the hospitals by providing legal aid to the member hospitals.

(B) To educate the member hospitals to prevent any litigant situation and to guide them, how to deal with it in the event of such a situation.

4. ELIGIBILITY :

Any Hospital including, Institution/Clinics/Dispensaries/Diagnostic Centers located in Gujarat State which is duly registered with



appropriate authority and owned at least **51% (Fifty One percent)** by the member/members of the Gujarat State Branch of I.M.A with or without inpatient facilities is eligible to become the member of the scheme. Such member hospitals preferably have all the doctors working in the hospital enrolled PPS Gujarat State Branch of I.M.A. as individual members.

5. ENROLLMENT OF THE MEMBER:

Eligible hospital shall submit its application on the prescribed proposal form, along The office will scrutinize all the relevant details furnished in the application form. The scheme will periodically inspect the member hospitals so as to verify the details furnished in the application form and if it is found that the member hospital does not satisfy the minimal requirements for the membership, the scheme will have such powers to terminate the membership of such hospitals.

Notes : The scheme will facilitate members of take policy of hospital indemnity from the respective insurance. In case of any disputes between the member and the insurance company, the committee members will assist in resolution of the same, but the final decision rests with the insurance company.

6. MANAGEMENT OF THE SCHEME

- (1) Chairman
- (2) Vice Chairman
- (3) Finance Secretary
- (4) President G.S.B. I.M.A. (Ex-Officio Member)
- (5) Hony. State Secy. G.S.B. I.M.A. (Ex-Officio Member)
- (6) Hon. Treasurer G.S.B. I.M.A. (Ex-Officio Member)
- (7) Zonal Representative



7. **CO – OPTION (GSB)**
8. **GENERAL BODY MEETING. (ANNUAL/ORDINARY) (GSB)**
9. **BOARD OF DIRECTORS' MEETINGS : (GSB)**
10. **DUTIES OF THE OFFICE BEARERS (GSB)**
11. **MANAGEMENT OF THE FUNDS.**

(A) OPERATION OF BANK ACCOUNTS.

All the accounts of the Scheme shall be opened in the Nationalised /Scheduled Banks in the name of H.P.S. G.S.B. I.M.A. and shall be operated jointly by any two of the following (1) Chairman (2) Vice Chairman (3) Finance Secretary (4) Hony. Secy. G.S.B. I.M.A.

(B) INVESTMENT

All the investments of the Funds of the Scheme shall be made in the name of H.P.S. G.S.B. I.M.A.. in Nationalised /Scheduled Banks of Securities approved by the Government as per guidelines of the Board of Directors.

12. **AUDITORS (GSB)**
 13. **HONY. LEGAL ADVISORS (GSB)**
 14. **T.A. FOR BOARD OF DIRECTORS MEETING (GSB)**
 15. **FINANCIAL YEAR (GSB)**
 16. **FUNDS The HPS itself will have its financial responsibilities and liabilities.**
- * **DISSOLUTION & Certain Rights are with GSB office in case as dispute.**
- ** **Any suggestion/ remarks to this proposed constitution shall be sent to IMA-GSB Office by Email to imagsb@gmail.com by 15th April 2025**



HOSPITAL PROTECTION SCHEME Gujarat State Branch, IMA

PROPOSAL FORM

(To be filled in Block Letters)

1. Name of the Hospital : _____
2. Address : _____

3. Type of Hospital / Clinic / Diagnostic Centre
 - Single Speciality
 - Multi-speciality
4. Date of Establishment : _____
5. Clinical Establishment Act (CEA) Registration No. _____
6. Contact details
 STD CODE NO.: _____
 Phone No.: (1) _____ (2) _____
 Mobile No.: (1) _____ (2) _____
 E-mail ID: _____
7. Type of ownership
 - Single owner
 - Multiple owner
8. Owner's name with GSB IMA No.: (Attach separate sheet if necessary)
 - (1) _____
 - (2) _____
9. Name of Local IMA Branch : _____



10. Details of the doctors working. (Attach separate sheet if necessary)

No.	Name	Qualification	Department	IMA-GSB No.

11. Whether Hospital is insured with any other insurance Co. ?

- Yes
- No

If yes, please mention details & attach Policy Copy

- (i) Name of Insurance Company: _____
- (ii) Policy No.: _____
- (iii) Date of Expiry: _____
- (iv) Claim history if any : _____

12. Total No. of Beds: as per clinical establishment act (Including ICu, ICCU, Neo-natal units etc...):

13. No. of OPD/year :

14. No. of IPDO/year :

IMA GSB has tied up with "ICICI Lombard" through Zenith Insurance and Claim services to provide our members indemnity insurance.

Annual Premium for Medical Establishment (Inc. GST)

Beds	20 Lakhs	40 Lakhs	60 Lakhs	80 Lakhs	1 Crore
1-10 beds	Rs. 3,252	Rs. 5,483	Rs. 7,713	Rs. 10,655	Rs. 12,390
11-15 beds	Rs. 7,310	Rs. 9,045	Rs. 10,799	Rs. 12,514	Rs. 14,249
16-20 beds	Rs. 9,169	Rs. 10,903	Rs. 12,496	Rs. 14,372	Rs. 16,107
21-30 beds	Rs. 11,027	Rs. 12,762	Rs. 14,496	Rs. 16,231	Rs. 17,966
31-40 beds	Rs. 12,886	Rs. 14,620	Rs. 16,355	Rs. 18,089	Rs. 19,824



SOCIAL SECURITY SCHEME

GUJARAT STATE BRANCH, INDIAN MEDICAL ASSOCIATION

3rd Floor, A.M.A. House, Opp. H. K. College, Ashram Road, Ahmedabad-380 009.

Ph. : 079-2658 0690, Email : sssgsbima@gmail.com

Chairman
Dr. Mehul J. Shah

Hon. Jt. Secretary
Dr. Abhay S. Dikshit

Hon. Secretary
Dr. Yogendra S. Modi

Hon. State Secretary
Dr. Gargi M. Patel

Hon. Treasurer
Dr. Arpit C. Prajapati

D.F.C. Notice No. 50

Office Time For Payment :- 2.00 P.M. to 6.00 P.M. Phone : 079-26580690

Last Date of Payment : 30th April 2025

Dear Member,

Date :- 28th March 2025

PLEASE READ THE INSTRUCTIONS CAREFULLY

- CASH OR MONEY ORDER WILL NOT BE ACCEPTED.
- Dear Members, You may pay DFC Amount by :-
 - Local Cheque / Demand Draft payable at Ahmedabad office in favour of "S.S.S. G.S.B. I.M.A." OR
 - Pay by UPI / Net Banking / Credit / Debit card through our
Link : <http://sssgsbima.com> (No Extra Charge for Members)
- Please fill the enclosed proforma and send it with your remittance. Don't send proforma when you pay Online.
- Please write Member's Name & S.S.S. No. on the reverse side of Cheque / Demand Draft.
- Please quote your S.S.S. No. in all correspondence & inform the S.S.S. Office about change of address, Mobile No. and E-mail address.
- If the payment of DFC would not be received on or **before 30/04/2025**, late fee will be charged as per the constitution.

Dear Member,

We are deeply grieved to inform you that, we have lost following members to heaven for eternal peace.

We have paid/pay their nominees Death Fund on your behalf as under.

Sr. No.	Name of Deceased Member	S.S.S. No.	Branch City	Age	Amount Rs.
1	Dr. Nihalani Relu Kewalram	27	Ahmedabad	88	3,62,076
2	Dr. Kothari Bhaskar Dhirajlal	958	Bhavnagar	77	3,61,956
3	Dr. Patel Ambalal Ishvarbhai	1555	Anand	90	3,61,782
4	Dr. Vaidya Narayan Narmadashanker	2334	Navsari	87	3,61,542
5	Dr. Bhatt Mahendra Laxmishanker	2823	Nadiad	92	3,61,812
6	Dr. Gore Ramesh Natwarlal	4891	Ahmedabad	83	3,61,602
7	Dr. Patel Devendra Dahyabhai	1358	Ahmedabad	92	3,58,542
8	Dr. Jaju Jagdish Ramnath	15	Ahmedabad	93	3,61,416
9	Dr. Patel Mahesh Jhaverbhai	839	Vadodara	80	3,61,722
10	Dr. Baxi Bharatkumar Harilal	1017	Jamnagar	85	3,61,407
11	Dr. Buranpuri Jayantilal Joitaram	6018	Palanpur	84	3,61,212
12	Dr. Patel Gordhanbhai Marghabhai	891	Vadodara	98	3,61,632
13	Dr. Shah Vijaykumar Bipindchandra	4935	Valsad	79	3,61,422
14	Dr. Patel Vinodbhai Zinabhai	10249	Savarkundla	72	3,60,780
15	Dr. Shah Mrunalini Deven	1224	Ahmedabad	74	3,61,542
16	Dr. Parikh Anjali Rajesh	2789	Kalol	71	3,61,512
17	Dr. Parikh Chaitanya Natwarlal	622	Ankleshwar	75	3,61,806
18	Dr. Bhagwat Suresh Vasant	2443	Surat	80	3,61,422
19	Dr. Divatia Arunbhai Sindhubhai	1417	Ahmedabad	87	3,61,422
20	Dr. Soni Manoj Vishnuprasad	3134	Bilimora	72	3,61,392
21	Dr. Kanaria Bhaghwangi Chhaganlal	947	Rajkot	101	3,63,426
22	Dr. Vakil Gunvanta Bhupendra	1444	Ahmedabad	83	3,61,332
23	Dr. Shah Anilbhai Vasantlal	288	Ahmedabad	90	3,61,347



Sr. No.	Name of Deceased Member	S.S.S. No.	Branch City	Age	Amount Rs.
24	Dr. Patel Babubhai Mathurdas	2860	Ahmedabad	76	3,61,782
25	Dr. Parekh Madhukar Chatrabhuj	3809	Junagadh	74	3,61,197
26	Dr. Trivedi Suketu Ramniklal	4831	Vadodara	93	3,61,032
27	Dr. Patel Ramesh Naranji	684	Navsari	83	3,63,576
28	Dr. Hansalia Chandubhai Ramjibhai	2048	Junagadh	78	3,61,077
29	Dr. Patel Suryakant Ishwarlal	2698	Ahmedabad	82	3,63,282
30	Dr. Salvi Rajendrakumar Khodabhai	5439	Bharuch	63	3,62,832
31	Dr. Shah Dineshchandra Popatlal	111	Ahmedabad	86	3,63,366
32	Dr. Shah Hasmukhlal Mohanlal	4257	Vadodara	77	3,62,997
33	Dr. Shah Champaklal Chandulal	6160	Mehsana	86	3,60,732
34	Dr. Choksi Navnitlal Devchand	1172	Jam Khambhalia	94	3,61,797
35	Dr. Naik Dilipkumar Raghunathji	3110	Bilimora	74	3,63,222
36	Dr. Ghodasara Suresh Ramjibhai	2196	Rajkot	73	3,46,962
37	Dr. Gandhi Arvind Chhahildas	3077	Bilimora	76	3,61,662
38	Dr. Gohel Pratap Harjibhai	3277	Porbandar	84	3,55,332
39	Dr. Agrawal Banvarilal Suganchand	3798	Dahod	65	3,61,287
40	Dr. Khanapur Vinay Prasanna	4481	Anand	78	3,61,212
41	Dr. Patel Thakorabhai Nathubhai	6201	Bardoli	76	3,60,282
42	Dr. Varma Kundankumar Kuberdas	6275	Ahmedabad	69	3,62,652
43	Dr. Jagiwala Kirankumar Sundarlal	7583	Surat	68	3,60,732
44	Dr. Goswami Kantivan Chaturvan	7613	Mehsana	79	3,60,702
45	Dr. Mehta Vijay Shantilal	4240	Surat	67	3,61,347
46	Dr. Chauhan Madhusudan Mahasukhlal	5196	Jhalod	64	3,61,332
47	Dr. Patel Sureshchandra Ramniklal	7121	Ahmedabad	75	3,62,352
48	Dr. Shah Pravinchandra Bhogilal	552	Deesa	82	3,62,952
49	Dr. Jagwani Motiram Nihchaldas	2665	Ahmedabad	78	3,63,072
50	Dr. Solanki Rameshchandra Babulal	3471	Ahmedabad	80	3,61,632
51	Dr. Vanikar Shashikant Vinayak	3440	Ahmedabad	85	3,60,462
52	Dr. Desai Maheshbhai Chandulal	409	Nadiad	88	3,60,366
53	Dr. Vyas Rajni Bhaskar	1865	Vadodara	88	3,60,117
54	Dr. Jain Bharatkumar Nandlal	127	Ahmedabad	79	3,63,276
55	Dr. Desai Vasantkumar Bhanushanker	1075	Junagadh	83	3,61,527
56	Dr. Vyas Rajendra Kantilal	3228	Mahuva	71	3,59,832
57	Dr. Shaikh Mehboob Nanamiya	3964	Patan	78	3,62,397
58	Dr. Nene Damodar Vishnu	758	Vadodara	94	3,60,807
59	Dr. Amin Divyakant Goverdhanprasad	1333	Ahmedabad	96	3,61,362
60	Dr. Shah Lalit Jayantilal	4306	Navsari	67	3,62,787
61	Dr. Bhavsar Shobhnaben Bipinchandra	5278	Navsari	82	3,62,532
62	Dr. Patel Anilkumar Shantilal	4022	Patan	92	3,62,727
63	Dr. Patel Chandrakant Shantilal	6370	Khambhat	80	3,62,382
64	Dr. Mistry Nipam Rasiklal.	7131	Ahmedabad	60	3,62,082
65	Dr. Gupta Hirdeshkumar B.	8801	Surat	78	3,61,500
66	Dr. Modi Shruti Manojkumar	5130	Ahmedabad	66	3,61,512
67	Dr. Patel Pankaj Kantilal	6659	Bilimora	66	3,50,712
68	Dr. Radia Nunes Nitinprabhudas	9446	Rajkot	61	3,61,800
69	Dr. Shah Subhaschanda Kantilal	816	Bharuch	79	3,62,682
70	Dr. Shah Mahesh Nagindas	844	Vadodara	90	3,62,532
71	Dr. Patel Samir Sumantbhai	8552	Himatnagar	61	3,61,830
72	Dr. Asha Parasram Assudani	2	Ahmedabad	79	3,61,236
73	Dr. Clerk Nirmala Balendra	402	Khambhat	96	3,56,076
74	Dr. Shah Vasantben Maganlal	2305	Surat	98	3,54,972
75	Dr. Desai Jaswantbhai Dhirubhai	3098	Bilimora	85	3,57,882



Sr. No.	Name of Deceased Member	S.S.S. No.	Branch City	Age	Amount Rs.
76	Dr.Soni Purushottam Swaroopchand	5099	Viramgam	74	3,58,872
77	Dr. Sanghavi Mahesh Kantiall	3258	Jamnagar	78	3,62,442
78	Dr. Joshi Ashvin Jayantiall	4327	Surat	73	3,62,367
79	Dr. Talati Girishchandra Kantilal	4371	Kapadwanj	75	3,62,487
80	Dr. Naik Vinay Ambelal	8736	Surat	84	3,61,560
81	Dr. Zaveri Gautam Ritilal	133	Ahmedabad	83	3,59,706
82	Dr. Vrgalani Jayant Amrutlal	5198	Dhari	79	3,62,172
83	Dr. Sapovadia Narsibhai Nanjibhai	928	Rajkot	79	3,60,786
84	Dr. Patel Kant Laxmidas	1726	Dabhoi	89	3,58,752
85	Dr. Kothari Jayantiall Balubhai	2055	Bhavnagar	83	3,60,927
86	Dr. Ajwani Keshwdas Udharam	2709	Nadiad	82	3,62,352
87	Dr. Patel Rajendra Jagdishchandra	5916	Surat	65	3,60,462
88	Dr. Sabnis Suhas Shantaram	7619	Vadodara	79	3,59,892
89	Dr. Bhut Jayeshbhai Hansrajibhai	10615	Rajkot	72	3,61,890
90	Dr. Patel Kiran Chandulal	42	Ahmedabad	76	3,62,256
91	Dr. Patel Amrutlal Ramjibhai	332	Gandhinagar	75	3,60,906
92	Dr. Ezy Hatimbhai Daudbhai	2472	Dahod	95	3,60,672
93	Dr. Shah Maheshchandra Chimanlal	9929	Ahmedabad	81	3,61,590
94	Dr. Savalia Ramji Harjibhai	8225	Jamnagar	77	3,61,560
95	Dr. Kheradia Mansukhlal Hirji	8979	Rajkot	75	3,61,470
96	Dr. Shah Rajnikant Punamchand	112	Ahmedabad	91	3,62,436
97	Dr. Vaghela Mukesh Kanubhai	5384	Surat	66	3,61,572
98	Dr. Shah Paresb Mukundlal	5537	Rajpipala	65	3,61,692
99	Dr. Trivedi Geetaben Dhirubhai	7424	Ahmedabad	91	3,61,482
100	Dr. Patel Somabhai Parshotamdas	516	Patan	79	3,62,217
101	Dr. Solanki Mahendrakumar N.	1952	Surat	79	3,62,187
102	Dr. Anakhia Prataprai Laxanandji	3408	Ahmedabad	78	3,62,202
103	Dr. Keshkani Manohar Bhugromal	3523	Ahmedabad	80	3,62,082
104	Dr. Naik Mahendra Atmaram	4997	Ahmedabad	85	3,60,462
105	Dr. Parekh Dhirajlal Bhikhbhai	953	Bhavnagar	79	3,62,256
106	Dr. Shah Dushyant Chimalal	1696	Himatnagar	81	3,62,082
107	Dr. Ponda Vikas Vanravandas	1938	Vadodara	69	3,62,007
108	Dr. Ghodasara Laxmikant Punjabhai	2192	Rajkot	79	3,60,252
109	Dr. Parekh Chandrakant Nagardas	4223	Rajkot	85	3,61,857
110	Dr. Joshi Yogeshkumar Gordhandas	1585	Visangar	81	3,59,442
111	Dr. Munshi Ajay Praful	192	Ahmedabad	75	3,62,106
112	Dr. Shah Jagdish Vallabhdas	633	Surat	81	3,62,076
113	Dr. Rangwala Mohmedalal Taherali	2358	Surat	75	3,61,872
114	Dr. Trivedi Leela Suketu	4830	Vadodara	92	3,61,692
115	Dr. Dave Laxman Mithalal	5109	Ahmedabad	75	3,60,222
116	Dr. Paramar Manoharlal Hiralal	9989	Ahmedabad	80	3,60,480
117	Dr. Dave Gunvantrai Nanjibhai	9378	Una	85	3,59,070
118	Dr. Vegda Balubhai Dahyabhai	9533	Vadodara	71	3,59,250
119	Dr. Patel Shantilal Manohardas	1990	Vadodara	96	3,60,057
120	Dr. Mody Piyush Punamlal	4450	Rajkot	75	3,59,652
121	Dr. Mirani Ramkishan Hiralal	8195	Khambhat	69	3,59,160
122	Dr. Pandya Harikrishna Jayantiall	326	Borsad	84	3,60,006
123	Dr. Doctor Madan Chhunilal	1624	Surat	92	3,59,892
124	Dr. Desai Taraben Arvindbhai	2486	Navsari	93	3,59,142
125	Dr. Solanki Ashokkumar Bhudarbhai	5694	Mehsana	70	3,59,472
126	Dr. Shah Manoj Jaswantlal	5510	Ahmedabad	69	3,58,122
	Total				4,54,89,516



The last date of payment is 30th April 2025

Following is the schedule for payment

RETIRED MEMBERS DFC AMOUNT NIL

SSS NO	DFC AMT	BFC AMT	TOTAL
1 to 10779	Nil	1500	1500

SSS NO	DFC AMT	BFC AMT	TOTAL
Active Members :-			
10781 TO 10834	6300	1500	7800
10835	5700	1500	7200
10836 TO 10870	6300	1500	7800
10871	5700	1500	7200
10872 TO 11000	6300	1500	7800
11001	1201	1500	2701
11002 TO 11037	6300	1500	7800
11038		1500	1500
11040 TO 11146	6300	1500	7800
11147	1500	1500	3000
11148 TO 11386	6300	1500	7800
11387		1500	1500
11388 TO 11396	6300	1500	7800
11397		1500	1500
11399 TO 11737	6300	1500	7800
11738	5700	1500	7200
11739 TO 11963	6300	1500	7800
11964	5700	1500	7200
11965 TO 12163	6300	1500	7800
12165	5700	1500	7200
12166 TO 12371	6300	1500	7800
12372	5700	1500	7200
12373 TO 12731	6300	1500	7800
12732	5700	1500	7200
12733 TO 12734	6300	1500	7800
12735	300	1500	1800
12737 TO 12774	6300	1500	7800
12775	5700	1500	7200
12776 TO 13202	6300	1500	7800
13203	5700	1500	7200
13204 TO 13249	6300	1500	7800
13250	5700	1500	7200
13251 TO 13388	6300	1500	7800
13389	3700	1500	5200
13390 TO 13498	6300	1500	7800
13499	5700	1500	7200
13500 TO 13534	6300	1500	7800
13535	4355	1500	5855
13536 TO 13830	6300	1500	7800
13831		1500	1500
13832 TO 13897	6300	1500	7800
13898	5581	1500	7081
13899 TO 14058	6300	1500	7800

SSS NO	DFC AMT	BFC AMT	TOTAL
14059		1500	1500
14060 TO 14193	6300	1500	7800
14197		1500	1500
14198 TO 14524	6300	1500	7800
14525 TO 14733	6250	1500	7750
14734 TO 14858	6200	1500	7700
14859 TO 14886	6150	1500	7650
14887 TO 14920	6100	1500	7600
14922 TO 14941	6050	1500	7550
14943 TO 14988	6000	1500	7500
14989 TO 15023	5950	1500	7450
15024	1650	1500	3150
15025 TO 15026	5950	1500	7450
15027 TO 15028	5900	1500	7400
15029 TO 15034	5850	1500	7350
15035 TO 15039	5750	1500	7250
15040 TO 15044	5600	1500	7100
15045 TO 15046	5550	1500	7050
15047 TO 15049	5400	1500	6900
15050	5150	1500	6650
15051 TO 15056	4400	1500	5900
15057 TO 15064	4250	1500	5750
15065 TO 15067	4200	1500	5700
15068 TO 15072	3900	1500	5400
15073 TO 15075	3750	1500	5250
15076	3450	1500	4950
15077 TO 15079	3300	1500	4800
15080	3250	1500	4750
15081 TO 15085	3100	1500	4600
15086 TO 15088	3050	1500	4550
15089 TO 15091	2500	1500	4000
15092	2450	1500	3950
15093 TO 15094	1900	1500	3400
15095 TO 15097	1800	1500	3300
15098	1750	1500	3250
15099 TO 15100	1550	1500	3050
15101 TO 15104	1400	1500	2900
15105	1300	1500	2800
15106	1250	1500	2750
15107 TO 15109	800	1500	2300
15110	550	1500	2050
15111 TO 15112	400	1500	1900
15113 TO 15115	50	1500	1550
15116 TO 15124		1500	1500

IMPORTANT POINTS

If a member fails to pay his fraternity contribution within 30 days of the demand made by the Hon. Secretary he shall be treated as defaulter and he shall pay an extra amount of Rs.100+18(18%GST) = 118/- (1st Notice), Rs. 150+27(18%GST) = 177/- (2nd Notice), Rs. 200+36(18%GST) = 236/- (3rd Notice) if the default continues beyond the period of 90 days then a notice by REGISTERED AD post shall be issued to such member & he shall pay Rs. 250+45(18%GST) = 295 extra for this notice & if such a member does not pay the Demanded sum within 15 days of the receipt of such notice then his membership shall stand terminated forthwith, and his deposit shall be refunded after adjusting all the dues.

Dr. Yogendra S. Modi
Hon. Secretary

Dr. Arpit C. Prajapati
Hon. Treasurer

Dr. Abhay S. Sikshit
Hon. Jt. Secretary



SOCIAL SECURITY SCHEME

GUJARAT STATE BRANCH, INDIAN MEDICAL ASSOCIATION

IMPORTANT INFORMATION

Dear Esteemed Members of the SSS GSB IMA (Social Security Scheme GSB IMA),

- Thank you very much to those members, who paid their Brotherhood Fraternity Contribution (B.F.C.) Rs.1500/- as per the amendment from April 2024.

Very good response received by the office and most of the members paid their B.F.C. contribution.

This year also, we are collecting the BFC amount Rs.1500/- amount from Every Active and Retired members*. Hope to receive it from all the members.

- As per the amendment approved from April 2024 :
Age limit to become member of SSS GSB IMA is increased from 50 years of age to 60 years. So, life member of IMA GSB, upto age of 60 years can become member of SSS GSB IMA.
- Member above the age of 50 years and below the age of 60 years, must be life member of IMA atleast for 3 years on the day of joining the scheme.

FAMILY WELFARE SCHEME GSB IMA

GUJARAT STATE BRANCH, INDIAN MEDICAL ASSOCIATION

IMPORTANT INFORMATION

Dear Esteemed Members of the FWS GSB IMA (Family Welfare Scheme GSB IMA),

- As per the amendment approved from April 2024 :
Age limit to become member of FWS GSB IMA is increased from 50 years of age to 60 years.
Any life member of IMA GSB, upto age of 60 years can become member of FWS GSB IMA directly.
- Member above the age of 50 years and below the age of 60 years, must be life member of IMA atleast for 3 years on the day of joining the scheme.



HEALTH SCHEME IMA-GSB

Important Information

Dual Benefit : Member and spouse both can get benefit in one membership.

- Member / Spouse will get benefit only after completion of one year of joining the scheme.
- Members will get the benefit from Health Scheme as well as their own Mediclaim.

Disease Group Covered Under The Scheme

- (1) **Coronary Heart Disease Group**:- Angioplasty, Bypass surgery & valvular heart diseases surgery & Permanent pace-maker implant.
- (2) **Kidney Disease Group**:- Haemodialysis, Renal Transplant, Renal Angioplasty.
- (3) **Brain Tumors Group** : Surgical, Radiotherapy and Chemotherapy required for the treatment of Brain Tumors.
- (4) **Cancer Disease Group** :- Surgical, Radiotherapy and Chemotherapy required for the treatment of all the cancers. Locally active basal cell carcinoma.
- (5) **Joint Replacement Group**: Surgery for Total knee and Total hip joints only.
N. B. : Member above the age of 40 years at the time of joining the scheme will get the benefit of Surgery for Total knee and Total hip joints replacement after completion of 7 years of joining the scheme.
- (6) **Cerebral - Brain Hemorrhage** – Confirmed by C T Brain or MRI, Carotid & Cerebral Angioplasty.
- (7) **Organ Transplant Group** : Liver Transplant, Lung Transplant, Kidney Transplant & Heart Transplant only. The donor and Recipient member will be given benefit.

AMENDMENT PASSED IN GENERAL BODY MEETING on 19-10-2024 at Rajkot

PARTICULAR	PRESENT RULE	AMENDMENT
Joint Replacement Group	Ceiling Rs.2.25 Lac For Approved Hospital : 75% of Total Bill OR Rs.50 / member For Non Approved Hospital : 50% of Total Bill OR Rs.25 / member Whichever is less	Ceiling Rs.2 Lac For Approved Hospital : 75% of Total Bill OR Rs.50 / member For Non Approved Hospital : 50% of Total Bill OR Rs.25 / member Whichever is less
Total Joint Replacement on both sides (Knee and Hip Joint) at a same time	Ceiling Rs.2.25 Lac For Approved Hospital : 75% of Total Bill OR Rs.50 / member For Non Approved Hospital : 50% of Total Bill OR Rs.25 / member Whichever is less	For Approved Hospital : Ceiling Rs.3 Lac OR 75% of Total Bill For Non Approved Hospital : Ceiling Rs.2 Lacs OR 50% of Total Bill Whichever is less
After getting benefit Locking Period 2 Yrs for same disease group	No Benefit	For Approved / Non Approved Hospital : Ceiling - 1 Lac OR Rs.25 / member Whichever is less

Dr. Dhiren R. Mehta
Hon. Secretary

Dr. Navnit K. Patel
Chairman



FAMILY WELFARE SCHEME GSB IMA

(F.W.S. G.S.B. I.M.A.)

3rd Floor, A.M.A. House, Opp. H. K. College, Ashram Road, Ahmedabad-380 009.

Ph. : 079-2658 0690 E-mail : fwsgsbima@gmail.com

Chairman
Dr. Mehul J. Shah
Hon. Jt. Secretary
Dr. Manish G. Shah

Hon. Secretary
Dr. Kirti M. Patel

Hon. State Secretary
Dr. Gargi M. Patel
Hon. Finance Secretary
Dr. Shilendra N. Vora

D.F.C. Notice No. 7

Office Time For Payment :- 2.00 P.M. to 6.00 P.M.

Phone :- 079-26580690

Last Date of Payment :- 30th April 2025

Date :- 28th March 2025

Dear Member,

We are deeply grieved to inform you that, we have lost following members to heaven for eternal peace. We have paid/pay their nominees Death Fund on your behalf as under.

Sr. No.	Name of Deceased Member	F.W.S. No.	Branch City	Age	Amount Rs.
1	Dr. Parikh Anjali Rajesh	1915	Kalol	71	6,22,600
2	Dr. Kaneria Bhagvanji Chhaganbhai	662	Rajkot	101	6,25,400
3	Dr. Salvi Rajendrakumar Khodabhai	2773	Bharuch	63	6,25,800
4	Dr. Mistry Nipam Rasiklal	375	Ahmedabad	60	6,28,400
5	Dr. Modi Shruti Manojkumar	1384	Ahmedabad	65	6,23,000
6	Dr. Sapovadia Narsibhai Nanjibhai	1953	Rajkot	78	6,29,000
7	Dr. Solanki Mahendra Naginchandra	1224	Surat	79	6,30,400
8	Dr. Anakhia Prtaprai Laxanandji	1327	Ahmedabad	78	6,30,800
9	Dr. Parekh Dhirajlal Bhikhhalal	1619	Bhavnagar	79	6,30,400
10	Dr. Munshi Ajay Praful	2200	Ahmedabad	75	6,30,200
11	Dr. Mirani Ramkishan Hiralal	1869	Khambhat	69	6,29,800
	TOTAL				69,05,800

PLEASE READ THE INSTRUCTIONS CAREFULLY

- CASH OR MONEY ORDER WILL NOT BE ACCEPTED.
- Dear Members, You may pay DFC Amount by :-
 - Local Cheque / Demand Draft payable at Ahmedabad at Ahmedabad office in favour of "F.W.S. G.S.B. I.M.A." OR
 - Pay by UPI / Net Banking / Credit / Debit card through our Link : <https://fwsgsbima.com> (No Extra Charge for Members)
- Please fill the enclosed proforma and send it with your remittance. Don't send proforma when you pay Online.
- Please write Member's Name & F.W.S. No. on the reverse side of Cheque/Demand Draft.
- Please quote your F.W.S. No. in all correspondence & inform the F.W.S. Office about change of address, Mobile No. and E-mail address.
- If the payment of DFC would not be received on or before 30/04/2025, late fee will be charged as per the constitution.



The last date of payment is 30th April 2025

Following is the schedule for payment :-

FWS NO	DFC AMT	FWS NO	DFC AMT	FWS NO	DFC AMT
1 TO 245	2200	1662	1000	2603	1000
246	1000	1663 TO 1868	2200	2604 TO 2648	2200
247 TO 273	2200	1870	1000	2649	800
274	800	1871	800	2650 TO 2735	2200
275 TO 435	2200	1872 TO 1893	2200	2736	800
436	1000	1894	1000	2737 TO 2818	2200
437 TO 452	2200	1895 TO 1941	2200	2819	1000
453	1000	1942	1000	2820 TO 2826	2200
454 TO 508	2200	1943 TO 1990	2200	2827 TO 2828	800
509	800	1991	1000	2829 TO 3131	2200
510 TO 637	2200	1994 TO 2053	2200	3133 TO 3134	800
638	1000	2054	1000	3135 TO 3180	2200
639 TO 950	2200	2055 TO 2094	2200	3181	1400
951	1000	2095	800	3182 TO 3212	2200
952 TO 1098	2200	2096 TO 2283	2200	3213 TO 3215	2000
1100	800	2284 TO 2285	800	3216 TO 3221	1800
1101 TO 1493	2200	2286 TO 2375	2200	3222 TO 3225	1600
1494	1000	2376	800	3226 TO 3247	1400
1495 TO 1505	2200	2377 TO 2397	2200	3248 TO 3256	1000
1506	1000	2398	1000	3257 TO 3260	800
1507 TO 1620	2200	2399 TO 2439	2200	3261	400
1621	1000	2440	800		
1622 TO 1661	2200	2441 TO 2602	2200		

IMPORTANT POINTS

If a member fails to pay his Death Fraternity Contribution within 30 days of the demand made by the Hon. Secretary he shall be treated as defaulter and he shall pay an extra amount of Rs. 100+18 (18% GST) = 118/- (**1st Notice**) Rs. 200+36 (18% GST) = 236/- (**2nd Notice**), Rs. 300+54 (18% GST) = 354/- (**3rd Notice**) if the default continues beyond the period of 90 days then a notice by REGISTERED AD post shall be issued to such member & he shall pay Rs. 500+90 (18% GST) = 590 extra for this notice & if such a member does not pay the Demanded sum within 30 days of the receipt of such notice then his membership shall stand terminated forthwith, and his deposit shall be refunded after adjusting all the dues.

Dr. Kirti M. Patel
Hon. Secretary

Dr. Shilendra N. Vora
Hon. Finance Secretary

Dr. Manish G. Shah
Hon. Jt. Secretary



COLLEGE OF GENERAL PRACTITIONER IMA-GSB

MEDI QUIZ - COMPETITION

QUIZE -2

A 40 years old female without any co-morbidites presented with cough, evening rise fever, weight loss and anorexia. She was evaluated by primary care physician. Her ESR was high, X-ray chest PA view suggestive of cavitatory lesion in right upper zone consistent with tuberculosis. Her sputum examination shown presence of AFB. She was put on HREZ regime according to her weight. She improved clinically. After one month of treatment she developed right knee joint pain, bilateral ankle joint pain and left shoulder joint pain. She was having difficulty in doing movement of involved joint and walking.

Questions

1. Which of following test will help in diagnosing her joint pain?

- | | |
|-----------------|---------------------|
| 1. ANA profile | 2. RA factor |
| 3. S. uric acid | 4. All of the above |

2. Which of the anti TB treatment drug is responsible for this joint pain?

- | | |
|---------------|-----------------|
| 1. Rifampicin | 2. Isoniazid |
| 3. Ethambutol | 4. Pyrazinamide |

3. If the culprit drug is removed in this case, what would be the duration of remaining three drug for completion of treatment?

- | | |
|------------------------|------------------------|
| 1. Same | 2. Additional 3 months |
| 3. Additional 6 months | 4. Additional 1 months |

- Send your answers to whatsapp No 98795 87370 or
Email : imagsb@gmail.com by before Date : 07/04/2025 Monday
- Every month quiz will be published in GSB bulletin
- First three winners will be published in next bulletin
- Maximum correct answers during whole year will be felicitated

QUIZ MASTERS :

Dr. Urman Dhruv Senior consultant physician	Dr. Mahadev Desai Senior consultant physician	Dr. Vipul Shah Infectious disease specialists
---	---	---

COORDINATOR :

Dr. Kalpita Dave Ahmedabad	Dr. Dhananjaysinh Gohil Ahmedabad
--------------------------------------	---

**COLLEGE OF GENERAL PRACTITIONER IMA-GSB****MEDI QUIZ - COMPETITION QUIZE -1****List of participants with correct answers**

No.	Name	City
1.	Dr. Patel Prafullata Ashokbhai	Vadodara
2.	Dr. Jhaveri Abhay Ghanshyambhai	Surat
3.	Dr. Mehta Paresh Bhogilal	Khedbrahmma
4.	Dr. Shah Pratik Vijaybhai	Ahmedabad
5.	Dr. Karkare Pradip Manohar	Rajktot
6.	Dr. Shah Rajendra Gunvantlal	Ahmedabad
7.	Dr. Thacker Amit Vishnuprasad	Ahmedabad
8.	Dr. Bhatt Ashvin Kamlashanker	Khambhat
9.	Dr. Shah Vipul Navinchandra	Ahmedabad

* * * * *

CONGRATULATIONS**Dr. Nilesh Parekh****Bhavnagar**

For appointed as a Vice Chairman of IMA Standing Committee for
Medical Ethics of National IMA of 2024-2025 & 2025-2026

Be a Member**of****● HEALTH SCHEME****● PROFESSIONAL PROTECTION SCHEME****● SOCIAL SECURITY SCHEME****● FAMILY WELFARE SCHEME**



NEWS CLIP

ફિટ ઈન્ડિયા મુંબેશ હેઠળ 400થી વધુ ડોક્ટરોની સાઈકલ રેલી



કેન્દ્રની ફિટ ઈન્ડિયા મુવમેન્ટ હેઠળ રવિવારે રિવરફ્રન્ટ પર 'સન્ડે ઓન સાઈકલ' રેલી યોજાઈ હતી. જેમાં ઈન્ડિયન મેડિકલ એસોસિએશનના 400થી વધુ ડોક્ટર જોડાયા હતા. કેન્દ્રીય મંત્રી ડો. મનસુખ માંડવિયા મુખ્ય અતિથિ હતા. લોકોમાં ડાયાબિટીસ અને સ્થૂળતા અંગે જાગૃતિ અંગે સરકારે 'ફીટનેસ ડી ડોઝ આધા ઘંટા રોજ' અભિયાન શરૂ કર્યું છે. ડોક્ટરોના માધ્યમથી લોકો સુધી જાગૃતિ ફેલાવવા આ રેલી યોજાઈ હતી.

IMAની ટીમે રેગીંગની ઘટનાને વખોડી કાઢી

ઈન્ડિયન મેડિકલ એસોસિએશનને ભાવનગર મેડિકલ કોલેજમાં બનેલી રેગીંગની ઘટનાની નીંદા કરી તે રેગીંગનો ભોગ બનેલા વિદ્યાર્થીઓની સાથે હોવાનું જણાવ્યું છે. આઈએમએની ટીમ ડીન સાથે મુલાકાત કરી રેગીંગ કરનારા તમામ શખ્સો સામે કડક કાર્યવાહી કરવાનું જણાવી કોઈ પણ વિદ્યાર્થી અસુરક્ષિત હોવાનું ન અનુભવે તે પ્રકારનું વાતાવરણ પુરૂ પાડવા માટે જણાવ્યું હતું. ભવિષ્યમાં આવી ઘટના ન બને તે માટે પગલા ભરવા અને આઈએમએ વિદ્યાર્થીઓની સાથે હોવાનું જણાવ્યું હતું.

પોલીસે સિક્યુરીટી ગાર્ડ સહિતના નિવેદન લીધા



State Working Committee Meeting, Anand





FIT INDIA "SUNDAY ON CYCLE"





All Gujarat Doctors Badminton Tournament, Rajpath Club, Ahmedabad





P.P.S. Zonal Educative Seminar IMA Navsari Branch





P.P.S. Zonal Educative Seminar IMA Bhavnagar Branch

ઇન્ડિયન મેડિકલ એસોસિએશન-ભાવનગર બ્રાન્ચ





Membership Drive

Swaminarayan Institute of Medical Science and RC, Kalol



Ananya Medical College and Research Center, Kalol



GMERS Medical College, Vadnagar



GMERS Medical College, Godhra





Membership Drive NHL Medical College



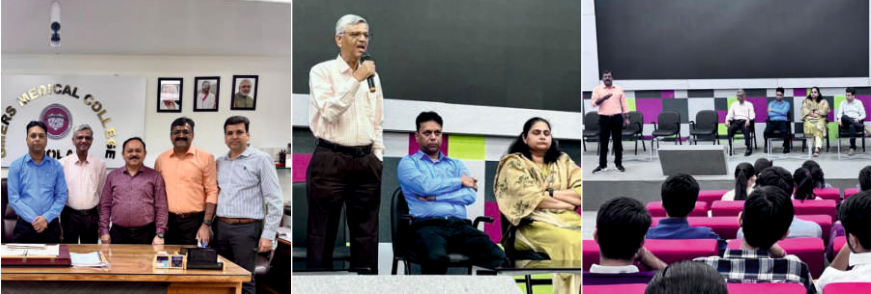
BJ Medical College, Ahmedabad



GCS Medical College, Ahmedabad



GMERS Sola Medical College, Ahmedabad





Membership Drive Rajkot Medical College



* * * * *

IMA-GSB Team Visit Bhavnagar Medical College



* * * * *

Redevelopment of IMA HQs. Building Fund Our Esteemed Donor's



Dr. Keyur Patel
Ahmedabad
Rs. 2,51,000/-



Dr. Kamlesh O. Patel
Kalol
Rs. 1,00,000/-



Dr. Vinod C. Shah
Surat
Rs. 1,00,000/-



CME IMA Gandhinagar Branch



* * * * *

CME IMA Gandhidham Branch



* * * * *

CME IMA Mahuva Branch

EMBRYO TRANSFER





CME IMA Kalol Branch



* * * * *
'Aao Gaon Chalen' Medical Camp IMA Mehsana Branch



* * * * *
International Women's Day Celebration, IMA Mehsana Ladies Club





IMA Morbi Branch Social Awareness Program



Blood Donation Camp



* * * * *

COLS Training IMA Surat Branch



* * * * *

IMA Vadodara Branch Inter-Speciality Cricket League



Awareness Program





Scan for youtube



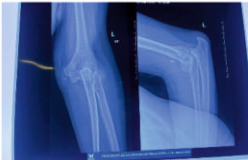
Google Maps

One stop solution to all Upper extremity problems

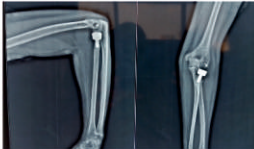
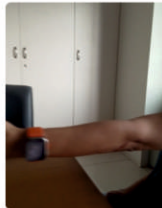
- UK trained operating team with over 25 years experience
- On site diagnostic ultrasound and USG guided injections
- 20+ publications in national and international journals
- Vast experience in all arthroscopy surgery
- One of the most experienced shoulder and elbow joint replacement surgeon in India

Case of the month

Radial head replacement and ligament repair for elbow dislocation (Terrible triad injury)



Dislocated elbow, radial head and coronoid fracture



Ligament repair and Radial head replacement

Full movements at 3 months

- Shoulder arthroscopy for rotator cuff tear, labrum tear, dislocation
- Arthroscopic tennis elbow release
- Shoulder, elbow and wrist fractures
- Shoulder and elbow arthroplasty
- Highly successful treatment for frozen shoulder using surecure technique.



Dr Praveen Sarda

(FRCS UK), FEBOT, M.S. (Ortho)

Call for appointment: +91 7742089371, 079 4800 4001

Email: shreyamortho@gmail.com. Web: www.dr Sardar.in

4th floor, Kshitij Aria, Opp SP stadium, Ahmedabad



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

UNIQUE SCHEME



Application Form
Scan Here



Be a Member of PROFESSIONAL PROTECTION SCHEME

- **Lowest Premium & Highest Coverage**
- **Our Own Panel of Experienced Lawyers**
- **Total Cashless Process**
- **Most of IMA members are Enrolled here**
- **Highest Success Ratio**
- **Easily Approachable**
- **Excellent track record since long**
- **Online Membership Possible**



FOR FURTHER DETAILS – KINDLY CONTACT TO

Phone : 079- 2658 8929

Download membership form from our website : www.ppsgsbima.com



SOCIAL SECURITY SCHEME; G.S.B. I.M.A.



UNIQUE SCHEME

Application Form
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Be a Member



Approved Amendments From 24/02/2024.

- The benefit of the above scheme can be availed only after three year of membership who became member of the scheme during 50 to 60 years of age.
- **A member above the age of 50 years and below the age of 60 years having a continuous membership of Gujarat State Branch of IMA atleast of 3 years on the day of joining the scheme.**
- **Every live and retired Members of this scheme shall have to pay Rs. 1500/- (Rupees : One Thousand Five Hundred Only) as Brotherhood Fraternity Contribution (BFC) yearly .**
- A member above the age of sixty years is not eligible to become a member.

FEE SCHEDULE :

	Admission Fee	18% GST	Advanced Fraternity Contribution	Annual Subscription	Total
UP To 30 Years	Rs. 1000/-	180/-	Rs. 3000/-	Rs. 1/-	Rs. 4181/-
31 To 40 Years	Rs. 2000/-	360/-	Rs. 3000/-	Rs. 1/-	Rs. 5361/-
41 To 50 Years	Rs. 3000/-	540/-	Rs. 3000/-	Rs. 1/-	Rs. 6541/-
51 To 55 Years	Rs. 10000/-	1800/-	Rs. 3000/-	Rs. 1/-	Rs. 14801/-
56 To 60 Years	Rs. 20000/-	3600/-	Rs. 3000/-	Rs. 1/-	Rs. 26601/-

Office : 3rd Floor, "A.M.A. House", Opp. H. K. College,
Ashram Road, Ahmedabad - 380 009.

Phone : 079-26580690 E-mail : sssgsbima@gmail.com



FAMILY WELFARE SCHEME; G.S.B. I.M.A.

UNIQUE SCHEME

Be a Member

Application Form
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- **Approved Amendments From 24/02/2024,**
- Any life member of Gujarat State Branch of I.M.A is eligible to become the member this Family Welfare Scheme GSB IMA (FWS GSB IMA). **There is no prerequisite to be a member of SSS GSB IMA Scheme.**
- Any member aged between **50 to 60 years having three (03) years of continuous life membership of Gujarat State Branch of IMA** is eligible to become the member of this scheme Family Welfare Scheme GSB IMA (FWS GSB IMA).
- Benefit of Fraternity Contribution of the scheme for **Members Upto age of 50 years**, is eligible only after Completion of **one year of membership of FWS GSB IMA.**
- Benefit of Fraternity Contribution of the scheme for **Members aged between 50 to 60 years**, is eligible only after Completion of **three year of membership of FWS GSB IMA.**
- Member above the age of 60 years is not eligible to become a member.

FEE SCHEDULE :

	Advanced Fraternity Contribution	Admission Fee + 18% GST	Total
UP To 35 Years	Rs. 5000/-	Rs. 2000/- + 360/-	Rs. 7360/-
36 To 40 Years	Rs. 5000/-	Rs. 4000/- + 720/-	Rs. 9720/-
41 To 45 Years	Rs. 5000/-	Rs. 6000/- + 1080/-	Rs. 12080/-
46 To 50 Years	Rs. 5000/-	Rs. 7000/- + 1260/-	Rs. 13260/-
51 To 55 Years	Rs. 5000/-	Rs. 10000/- + 1800/-	Rs. 16800/-
56 To 60 Years	Rs. 5000/-	Rs. 20000/- + 3600/-	Rs. 28600/-

Office : 3rd Floor, "A.M.A. House", Opp. H. K. College,
Ashram Road, Ahmedabad - 380 009.

Phone : 079-26580690 E-mail : fwsgsbima@gmail.com



NEW LIFE MEMBERS

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

L_M_No.	NAME	L_M_No.	NAME
Surat			
LM/36223	Dr. Chauhan Shripal Nathabhai	LM/36253	Dr. Trivedi Sturi Mayankkumar
LM/36224	Dr. Sunasara Ammara Oveshali	LM/36254	Dr. Pathak Jaydeep Pradipbhai
LM/36225	Dr. Nadoda Mayur Khengarbhai	LM/36255	Dr. Patel Bharat Hargovandas
LM/36226	Dr. Patel Priya Manubhai	LM/36256	Dr. Venu Muralidhar
LM/36227	Dr. Shah Karan Pinkeshbhai	LM/36257	Dr. Parmar Sheetal Y.
LM/36228	Dr. Domadiya Devesh Jitendrakumar	LM/36258	Dr. Prajapati Nirav Sunilkumar
Himatnagar			
LM/36229	Dr. Chopada Mehul Pravinbhai	LM/36259	Dr. Patel Nirav Navinbhai
LM/36230	Dr. Patel Arati Ishvarbhai	LM/36260	Dr. Shah Krunal Kiritkumar
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 LM/36364 Dr. Bhatt Payal Sanjaybhai

**BRANCH ACTIVITY****BHARUCH**

27-02-2025 CME on "Medical" by Dr. Hiren Parikh, Dr. Hiten Patel.

BILIMORA

02-03-2025 CME on "ACS... Management at primary Level" by Dr. Jigar Patel.

"Reaping the whirlwind" How our action against nature cultivate perfect storm for Type 2 Diabetes" by Dr. Pradip Patel.

DEESA

07-03-2025 CME "Gastroenterology with missing gastro hospital Ahmedabad on EUS guided intervention in GI Practice" by Dr. Chirag N. Shah.

"Role of NBI scopy and Cholangioscopy in GI Practice by Dr. Dhaval Gupta.

"Space Endoscopy in GI Practice" by Dr. Pratin G. Bhatt.

GANDHINAGAR

27-02-2025 CME on "New Paradigm shift in treatment of Refractory movement disorders" by Dr. Sagar Betai.

"Management of stroke and S in Neurology" by Dr. Chintan Prajapati.

KALOL

12-02-2025 CME on "Pattern recognition in Rheumatic Diseases" by Dr. Rutviz Mistry.

"Systematic autoimmune disease – Case based study" by Dr. Nikunj Dadhaniya.

MEHSANA

19-02-2025 CME on "Osteoarthritis and Management of Shock" by Dr. Satish Patel and Dr. Ketan Patel.

23-02-2025 Eye OPD Camp under the project of Aao Gaon Chalen. More than 60 villager benefited by free consultation and free medication was also given to all the patients.



08-03-2025 International Women's Day. More than 60 women were present.

MORBI

02-02-2025 Free Blood Sugar Testing camp. Total 20 persons were benefited.

04-02-2025 Health Awareness program. About 50 female were attended the program.

World Cancer Day

09-02-2025 Blood Donation Camp. Total 40 bags were collected.

13-02-2025 Anemia Project for students under the banner of Aao Gaon Chalen. Total 80 sample were taken of which 10 studnets had Hb<10 mg%.

21-02-2025 CME on "Navigating Guided Surgery in Novel Neurosurgical World and Newer Drugs for Constipation Respectively. Approximately 55 doctors were attended and took benefit.

Lecture on Adolescence. Total 100 girls were present.

25-02-2025 Blood Donation Camp. Total 76 bags were collected.

School awareness program. Seminar on Menstrual Hygiene and its importance by Dr. Heena Mori.

Physical and behavioral changes by Dr. Urvi Raiyani. Approximately 80 students were benefited.

Oral Hygiene and Dental Care by Dr. Pramit Bhorania, Dr. Narendra Hadiyal and Dr. Punita Sanghani.

SURAT

02-02-2025 Life Saving procedure training programe. Around 275 Home Guards were given the training. The District Official of Home Guards Dr. Praful Shiroya and trainers were Dr. Dhruva Savani, Dr. Dhairyra Pandit, Dr. Jayesh Thakrar, Dr. Ghanshyam Dhaduk, Dr. Yatin Rajani and Dr. Akash Trivedi

NAVSARI

07-01-2025 CME on "Cardia Patient – From Consulting Room to CathLab OT" by Dr. Aditya Lad. 70 "members were attended.



REPORTABLE

**IN THE SUPREME COURT OF INDIA
CIVIL APPELLATE JURISDICTION
CIVIL APPEAL NO. 272 OF 2012**

NEERAJ SUD AND ANR.	...APPELLANT(S)
VERSUS	
JASWINDER SINGH (MINOR) AND ANR.	...RESPONDENT(S)
with	
CIVIL APPEAL NO.5526 OF 2012	
JASWINDER SINGH (MINOR) AND ANR.	...APPELLANT(S)
VERSUS	
NEERAJ SUD AND ANR	...RESPONDENT(S)

J U D G M E N T

PANKAJ MITHAL, J.

1. Heard learned counsel for the parties.
2. Both the above appeals arise out of the common judgment and order dated 24.08.2011 passed by National Consumer Disputes Redressal Commission¹, New Delhi deciding First Appeal No.245/2005 filed by the complainants against Dr. Neeraj Sud and the Post Graduate Institute of Medical Education & Research², Chandigarh.
3. The complaint of the complainants i.e. Complaint Case No.29/1998 regarding medical negligence against Dr. Neeraj Sud and the PGI was dismissed by the State Commission vide judgment and order dated 27.05.2005. Aggrieved by the above decision, the complainants preferred appeal before the NCDRC. After remand in the first round, the matter again came up before the NCDRC wherein the present impugned order has been passed and the complaint has been partly allowed. The judgment and order of the State Commission dismissing the complaint has been set aside holding that Dr. Neeraj Sud and the PGI are jointly and severally liable for payment of compensation of Rs. 3,00,000/- and Rs. 50,000/- as costs with 6% interest from the date of the complaint for the negligence in treatment.



4. Dr. Neeraj Sud and the PGI together have filed Civil Appeal No. 272 of 2012 aggrieved by the finding of NCDRC which states that they had not taken due care in the treatment and as such are liable for payment of the compensation and cost as aforesaid.
5. The other appeal i.e. Civil Appeal No. 5526 of 2012 has been filed by the complainants. The complainants in the appeal have not claimed any enhancement though upon a reading of the contents, it is implicit that they are not satisfied with the compensation awarded and that the same is inadequate. The main prayer in appeal is only to grant the special leave to petition against the judgment of the NCDRC but with no other prayer. The relief claimed in the appeal by the complainants has been drafted in a very casual and improper manner with no sense of responsibility. We deprecate the manner in which this appeal has been filed, but in the ends of justice, proceed to consider it on merits along with the tagged appeal.
6. The complainants are father and son. The son was a minor aged about 6 years when he was diagnosed of congenital disorder in his left eye (also known as 'PTOSIS' or 'drooping eyelid') for which a minor surgery was performed on 26.06.1996 by Dr. Neeraj Sud at PGI. The complainant alleges that there was no other defect in the eyes of the son and both eyes had normal 6/9 equal vision and the physical deformity diagnosed (PTOSIS, drooping eyelid) could have been cured by a minor operation which required lifting of the left eyelid a little to make it of the same size as the right eye but the said surgery was done in a most negligent manner. Instead of any improvement the condition of the eye further deteriorated post-surgery.
7. The complainants, thus through the complaint made to the State Commission claimed compensation of Rs. 15,00,000/- for the sufferings due to negligence of the doctor and a further sum of Rs. 4,55,000/- towards the cost of the treatment, loss of studies etc. In defence, Dr. Neeraj Sud and the PGI admitted that the surgery was performed on 26.06.1996 by Dr. Neeraj Sud who is a qualified post-graduate in ophthalmology. He had three years of experience in eye surgeries including surgery of PTOSIS. During the period 1994-1996 when Dr. Neeraj Sud was a Senior Resident at PGI, he was associated with about 74 PTOSIS operations. The complainant was given proper treatment with due care during operation and that the correction and reoccurrence of PTOSIS is a common complication of congenital ptosis which could have been set right by repeat surgery. The



patient was not examined by Dr. Neeraj Sud after FEBRUARY, 1997 as he was taken for treatment to Guru Nanak Eye Centre, Delhi and Dr. Daljit Singh Hospital, Amritsar.

8. The complainants have not adduced any evidence to establish any negligence in the performance of surgery or treatment on part of Dr. Neeraj Sud or the PGI. They mainly relied upon the medical records of the PGI which were obtained and considered by the State Commission.
9. The State Commission, upon examination of the records, concluded that the complainants failed to establish any negligence or carelessness on part of the doctor in treating one of the complainants and that the doctor had not adopted any unacceptable medical practice which may have caused damage to the patient. Dr. Neeraj Sud was a duly qualified doctor possessing requisite professional skill and competence to perform the surgery. Therefore, neither Dr. Neeraj Sud nor the PGI can be held responsible for any negligence in the treatment.
10. The aforesaid findings of the State Commission have been partly reversed by the NCDRC only on the basis of the reexamination of the record of the PGI which showed that the patient before operation had proper 6/9 vision in both the eyes and was suffering from a moderate PTOSIS with no history of double vision. However, post-surgery, the condition of PTOSIS deteriorated from moderate to severe and the vision of the patient also fell down from 6/9 in both eyes to 6/18. The patient also suffered from double vision post-surgery. Thus, the NCDRC held that the doctor was apparently negligent in not giving proper treatment and was also careless in not performing the repeat surgery.
11. Deterioration of the condition of the patient post-surgery is not necessarily indicative or suggestive of the fact that the surgery performed or the treatment given to the patient was not proper or inappropriate or that there was some negligence in administering the same. In case of surgery or such treatment it is not necessary that in every case the condition of the patient would improve and the surgery is successful to the satisfaction of the patient. It is very much possible that in some rare cases complications of such nature arise but that by itself does not establish any actionable negligence on part of the medical expert.
12. The NCDRC itself acknowledged that Dr. Neeraj Sud had the necessary professional qualification and expertise to treat the patient but it has granted compensation only for the reason that he did not bring the requisite skill and care in the treatment of the patient.



13. The said finding is based on no evidence insofar as the complainants have not adduced any evidence to prove any negligence on part of the doctor rather have relied upon the medical records produced by the PGI. The said records merely demonstrate that post-surgery the condition of the patient had not improved but has deteriorated which as stated earlier may not be indicative of the negligence in the treatment of the patient.
14. It is well recognized that actionable negligence in context of medical profession involves three constituents (i) duty to exercise due care; (ii) breach of duty and (iii) consequential damage. However, a simple lack of care, an error of judgment or an accident is not sufficient proof of negligence on part of the medical professional so long as the doctor follows the acceptable practice of the medical profession in discharge of his duties. He cannot be held liable for negligence merely because a better alternative treatment or course of treatment was available or that more skilled doctors were there who could have administered better treatment.
15. A medical professional may be held liable for negligence only when he is not possessed with the requisite qualification or skill or when he fails to exercise reasonable skill which he possesses in giving the treatment. None of the above two essential conditions for establishing negligence stand satisfied in the case at hand as no evidence was brought on record to prove that Dr. Neeraj Sud had not exercised due diligence, care or skill which he possessed in operating the patient and giving treatment to him.
16. When reasonable care, expected of the medical professional, is extended or rendered to the patient unless contrary is proved, it would not be a case for actionable negligence. In a celebrated and very often cited decision in ***Bolam v. Friern Hospital Management Committee (Queen's Bench Division)***³, it was observed that a doctor is not negligent if he is acting in accordance with the acceptable norms of practice unless there is evidence of a medical body of skilled persons in the field opining that the accepted principles/procedure were not followed. The test so laid down popularly came to be known as Bolam's test and stands approved by the Supreme Court in ***Jacob Mathews v. State of Punjab and Another***⁴. If we apply the same in the present case, we would find that Dr. Neeraj Sood was a competent and a skilled doctor possessing requisite qualification to perform PTOSIS surgery and to administer the requisite treatment and that he had followed the accepted mode of practice in performing the surgery and that there was no material to establish any overt act or omission to



prove negligence on his part. As stated earlier, no evidence was adduced to prove that he had not exercised sufficient care or has failed to exercise due skill in performing the surgery.

17. In **Jacob Mathews (supra)** this Court held that a professional may be held liable for negligence if he is not possessed of the requisite skill which he supposes to have or has failed to exercise the same with reasonable competence. The complainant has not adduced any evidence to establish that Dr. Neeraj Sud or the PGI were guilty of not exercising the expertise or the skill possessed by them, so as to hold them liable for negligence. No evidence was produced of any expert body in the medical field to prove that requisite skill possessed by Dr. Neeraj Sood was not exercised by him in discharge of his duties.
18. In other words, simply for the reason that the patient has not responded favourably to the surgery or the treatment administered by a doctor or that the surgery has failed, the doctor cannot be held liable for medical negligence straightway by applying the doctrine of Res Ipsa Loquitur unless it is established by evidence that the doctor failed to exercise the due skill possessed by him in discharging of his duties.
19. In view of the aforesaid facts and circumstances, we are of the opinion that the NCDRC ought not to have interfered with the findings and the impugned judgment and order of the State Commission so as to hold the doctor of the PGI negligent and to award compensation.
20. Accordingly, the judgment and order dated 24.08.2011 of the NCDRC is hereby set aside and that of the State Commission is restored. Since the complainants have failed to prove any negligence on part of the doctor or the PGI, they are not entitled to any compensation as such, no question arises for its enhancement.
21. Accordingly, Civil Appeal No. 272 of 2012 is allowed and Civil Appeal No. 5526 of 2012 is dismissed

..... J.

(PAMIDIGHANTAM SRI NARASIMHA)

..... J.

(PANKAJ MITHAL)

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HOW I DO – Surgical Clearance for High aPTT - PART – 9

(All the articles published in past are available at www.shyamhemonclinic.com/blog/)

Question: In last part, we covered some important points related to surgical clearance for patients with low platelet count, or high PT. 1. Antiplatelet agents like **Aspirin do NOT reduce** platelet number. Only the function is reduced. 2. Bleeding risk requires evaluation of **all pillars of hemostasis** i.e. platelet count, coagulation tests like PT and aPTT, **comorbidities like** liver or kidney disease. Also, **degree of abnormality** e.g. mild versus severe thrombocytopenia. And **type of procedure planned**, such as high risk tissue like brain or spinal cord or eye; whether it will be possible to apply pressure or not in case of bleeding; **expertise of the person** doing the procedure. 3. **Vitamin K has a very limited role**. It works only in vitamin K deficiency, and requires only 2 to 5 mg maximum to completely correct PT. Vitamin K deficiency is seen mostly in patients with prolonged hospitalization on broad spectrum antibiotics, rarely in other group of patients. 4. For patients with high PT, or liver disease, perioperative management is very complex. And must involve a hematologist as far as possible. Unless it is due to cirrhosis, where other experts may also be able to manage.

Last time, our conversation stopped at patients with high aPTT? How do we manage them?

Answer: Those with **high aPTT mostly have a congenital bleeding disorder**. Most common one being Hemophilia A, due to factor 8 deficiency. And Hemophilia B due to factor 9 deficiency. Other congenital disorders that lead to high aPTT are extremely rare. Even Hemophilia is a fairly uncommon disorder, and most people who come to you as adults are already aware of their diagnosis. Non Hemophilia disorders leading to high aPTT are extremely rare. Hence diagnosis must be made very carefully. **Some of these patients have high aPTT but high thrombotic tendency, instead of bleeding tendency**. Such as lupus anticoagulant, anti cardiolipin antibody, anti beta2 glycoprotein antibody.

Degree of aPTT **does not always correlate well** with bleeding severity. Hence if there is any prolongation of aPTT, it should be seriously evaluated. Many of the disorders that lead to high aPTT, **cannot be managed adequately with few FFP**. That makes it even more important to be certain about the diagnosis and have a plan in place before surgery.

Que: Thank you for stressing the importance of this. So, once the patient has high aPTT, what should be the next steps for diagnosis?

Ans: First and most important step is to **repeat aPTT, aPTT is highly sensitive to analytical errors** i.e. not enough sample, test done several hours after collection, issues with control sample, machine not calibrated well. Just a couple of days ago, **I had a patient whose** pre procedure test showed aPTT at 50 i.e. significantly high. Test was repeated by home collection by same lab. Again high. Adult patient with history of previous procedures, and no history of excess bleeding. I asked the patient to **go to a specialty hematology lab personally**, and give sample there for detailed evaluation. But the test turned out to be normal at the specialty lab. No further evaluation was required.

If it was abnormal, next test would have been a **mixing study** i.e. with half patient plasma and half control plasma. If this leads to correction of aPTT, patient requires further testing for factor deficiency. Most common being 8, and next common 9. If these are normal, then sequentially lab will test for other factors. If mixing study does not correct aPTT, that **means patient has an inhibitor**. Lab will then test for these e.g. lupus anticoagulant. Inhibitors, as discussed above, lead to prolongation of aPTT, but cause thrombotic tendency, rather than bleeding tendency.

Que: Very interesting. For all practical purposes, however, high aPTT means more complex evaluation and better refer to a hematologist.

Ans: Yes, and also understand **the value of specialty hematology pathologist**. These tests are very complex, and just buying machines does not work. Hence big laboratories are not necessarily good at these. They need to have **pathologist and technician** also who understand the field of coagulation. Once the factor deficiency is found, good laboratories don't label it right away. They would frequently run the test again at least once, to ensure that result is consistent. **Even at Albert Einstein College of Medicine**, where I studied, protocol was same. For a lab that was a referral center for so many other laboratories, also would not believe their first report!! Sometimes, they would even ask for a repeat sample from the patient, and run all the tests again.

Reason I am highlighting this, is due to the fact that, many large laboratories, or hospital laboratories **try to be comprehensive**. Means they offer all the possible tests. Even if they don't have, or if the right technician or pathologist has left, they rely on machines only. And continue to offer these tests. Unfortunately, this is true with many other tests which are highly dependent on human skills, even in this day and age of significant automation. But that is a different topic altogether standardization of tests.

Basically, choose your lab carefully. And just as your excellent clinical specialist cannot be an expert in everything, your excellent pathologist is also not an expert in everything. **Many subspecialties in pathology too!!**

March 15th, 2025 **Dr Chirag A. Shah**; M.D. Oncology/Hematology (USA), 9998084001. Diplomate American Board of Oncology and Hematology, Ahmedabad. drchiragashah@gmail.com www.shyamhemonclinic.com



Dr. Chirag A. Shah

M.D. Oncology/Hematology (USA)
Diplomate of American Board of
Oncology and Hematology,
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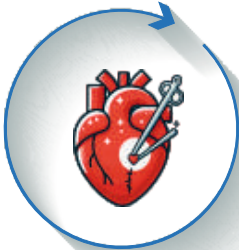
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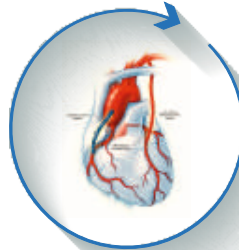
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Bone Marrow Transplant Physician
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American Board Certified.

6 years training in USA in blood disorders,
cancers and bone marrow transplantation.

Consultant at Marengo CIMS Hospital
Ahmedabad.

Contact - 7433811521, 9511597889

Email: menghanihemant@gmail.com

Bone Marrow Transplant / Stem Cell Transplant / Hematopoietic Cell Transplant in Children - Basics for the primary practitioner (PART - 1)

Q - Types of BMT ?

A - Broadly there are two types 1 - Autologous where patients own stem cells are needed and 2 - Allogeneic where stem cells of donor are needed

Q - I have heard there are different types of Allogeneic transplant.

A - Yes based on the donor whose stem cells are used 1- Matched Sibling or Related Donor (MSD/MRD) 2- Matched Unrelated Donor (MUD) 3 - Half match Donor (Haploidentical) 4 - Cord Blood Stem Cell Transplant.

Q - Are Stem Cells Transplant Successful in Pediatrics

A - Yes, there are many factors that decide success of SCT but in general paediatric transplants are better tolerated and more successful than adults.

Q - Is Stem Cell Donation safe

A - Yes the process of stem cells donation is carried with utmost precaution and is extremely safe and in fact also promotes Healthiness of hematopoietic stem cells.

Q - What is the youngest age for stem cell donation

A - There is no defined youngest age but children as young as 18 - 24 months can easily donate stem cells.

Q - What is youngest age to do stem cell transplant

A - Age is not a barrier and children with serious disease like Severe Combined Immunodeficiency (SCID) should be transplanted as early as possible when they are only a few months old.

Q - What are the indications for BMT

A - BMT can be performed as a life saving treatment for a variety of indications some common and some rare so its best to discuss with a Pediatric BMT physician if in doubt. Broadly the indications include haematological malignancies like leukemia, bone marrow failure syndromes like Fanconi Anemia, Bone marrow production defects (hemoglobinopathies like thalassemia and Sickle cell), Immunodeficiency diseases, Pediatric solid tumors Like Neuroblastoma, Metabolic disorders, Osteopetrosis and certain rare genetic disorders.

Q - Are BMT urgent ?

A - In general BMT preparation involves meticulous fitness testing for patient and donor and as such BMT are generally planned treatments. For many diseases like cancers the disease needs to be under control before transplant and for diseases like thalassemia organ function and Iron store status needs to be optimised for the success for transplant. These planning steps are crucial and are best done under the supervision of Pediatric BMT team.



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