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

GUJARAT MEDICAL JOURNAL

INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

Estd. On 2-3-1945

Office : A.M.A. House, 2nd Floor, Opp. H. K. College, Ashram Road, Ahmedabad-380 009.

Fax / Phone : (079) 2658 7370

E-mail : imagsb@gmail.com Website : www.imagsb.com

OFFICE BEARERS

PRESIDENT

Dr. Atul D. Pandya — Rajkot
(M) 98242 84947

HON. STATE SECRETARY

Dr. Jitendra N.Patel — Ahmedabad
(M) 98253 25200

IMM. PAST PRESIDENT

Dr. Chetan N. Patel — Vadodara
(M) 94263 78078

HON. JOINT SECRETARY

Dr. Shailendra N. Vora — Ahmedabad

VICE PRESIDENTS

Dr. Jignesh C. Shah	Ahmedabad Zone
Dr. Ghanshyam L. Patel	West Zone
Dr. Anil D. Patel	Central Zone
Dr. Paresh P. Golwala	Vadodara Zone
Dr. Vinod S. Noticewala	Surat Zone
Dr. S. S. Vaishya	South Zone

HON. ZONAL JT. SECRETARIES

Dr. Vishnu N. Patel	Ahmedabad Zone
Dr. Rashmi J. Upadhyay	West Zone
Dr. Pradeep Bhavsar	Central Zone
Dr. Vinod K. Mehta	Vadodara Zone
Dr. M. H. Dalwadi	Surat Zone
Dr. Bhaskar Mahajan	South Zone

TREASURER

Dr. Devendra R. Patel — Ahmedabad

HON. ASST. SECRETARY

Dr. Bharat I. Patel — Ahmedabad

GUJARAT MEDICAL JOURNAL

Editor

Dr. K. R. Sanghavi — Ahmedabad

SCIENTIFIC COMMITTEE

Hon. Secretary

Dr. Bhupendra M. Shah — Himatnagar

SOCIAL SECURITY SCHEME

Hon. Secretary

Dr. Jitendra B. Patel — Ahmedabad

COLLEGE OF G.P.

Director

Dr. Kirit C. Gadhavi — Ahmedabad

PROFESSIONAL PROTECTION SCHEME

Managing Director

Dr. Bipin M. Patel — Ahmedabad

ACADEMY OF MEDICAL SPECIALITY

Chairman

Dr. Vidyut J. Desai — Ahmedabad

HEALTH SCHEME

Chairman

Dr. Navneet K. Patel — Ahmedabad

STATE PRESIDENT AND HON. STATE SECRETARY'S MESSAGE

Dear members,

Greetings from office bearers of GSB IMA. New financial year has started just now. At this juncture, we would like to express our view that we doctors do hard work in our profession & earn good enough. But many of us are very poor manager of their hard earn money. As we plan & organise our daily medical work, we should do the same in this part also. Because this is very critical part of our life & most of us take it very lightly. So our request to all our colleagues that this is the right time to do it now if you are not doing so.

As you all know our medical fraternity is passing through turmoil situation since last few years. Our fraternity is grossly criticised from almost all front that includes our own members also. We don't deny all allegations at the same time we don't agree with all of them. But our request to those who make allegations to look into the matter genuinely & think of all the pros & cons before making any derogatory statement for such a highly noble & respected profession.

Recently, Govt of Gujarat has issued a notification in which they have prefixed Physiotherapy people as doctors. We have

strongly objected against such notification & we are into the process of legal steps for the same. We have sent many quotes & judgements favouring our say & the matter is still pending.

In the last budget of Gujarat State, they have reduced the electric tax for big hospitals & non profitable hospitals with bed capacity more than 15. We have demanded to pass on this benefit to all hospitals irrespective of number of beds.

Many of our local branches are doing excellent community, family & scientific programmes at their place. They do send report to us & we regularly print it in our monthly bulletin too. We insist other branches also that do send regular reports to state office along with your positive suggestions to improve the quality of our bulletin. We need your feedback.

Do enjoy the vacation with your loved ones, get your battery recharged & serve to the best of your ability to your patients.

Thanking you,

Jay IMA, Jay Hind.

Dr. Atul D. Pandya
(President, G.S.B.,I.M.A.)

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

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

21-02-2016 Dr. Atul D. Pandya, President IMA GSB, Dr. Jitendra N. Patel, Hon. State Secretary, Dr. Kirit C. Ghadhavi, Director, College of G.P. Dr. Devendra R. Patel, Hon. Treasurer IMA GSB, and Dr. Vasant B. Patel, Hon. Secretary IMA College of G.P. attended Inauguration Function of IMA College of General Practitioner at Vadodara.

21-02-2016 Dr. Jitendra N. Patel, Hon. State Secretary, IMA GSB, attended the Price Distribution Ceremony of North Gujarat Cricket Tournament at Deesa.

23-2-2016 Dr. Bipin M. Patel, Director, P.P.S. G.S.B. I.M.A. attended meeting of State Task Force for Immunization committee at Gandhinagar.

* * * * *

College of General Practitioner, G.S.B. I.M.A

Vadodara Branch of Indian Medical Association had successfully organized C.M.E. programme in collaboration with the College of G.P. G.S.B. I.M.A. from 21-02-2016 to 28-02-2016 at Conference Hall, Kashiba Children Hospital, Karelibaug, Vadodara.

The inauguration function was attended by Dr. Atul D. Pandya, President IMA GSB, Dr. Jitendra N. Patel, Hon. State Secretary, Dr. Kirit C. Ghadhavi, Director, College of G.P., Dr. Devendra R. Patel, Hon. Treasurer IMA GSB, Dr. Vasant B. Patel, Hon. Secretary IMA College of G.P. and Dr. Hasmukh Shah, Asst. Hon. Secretary, Vadodara sub chapter were present in inauguration function. The programme was well attended by 40 Doctors. Total 14 lectures were taken by specialist/Consultant.

Dr. Kirit C. Gadhavi
Director

Dr. Vasant B. Patel
Hon. Secretary

OBITUARY

We send our sympathy & condolence to the bereaved family

Dr. Mrudula D. Shah

(30/04/1930 - 08/01/2016)

Age : 86 years
Qualification : M.B.B.S. (Gynaec)
Name of Branch : Ahmedabad

* * * * *

Dr. Pradeep R. Mehta

(24/10 /1945 - 16/01/2016)

Age : 71 years
Qualification : M.D., D.G.O.
Name of Branch : Ahmedabad

* * * * *

Dr. Tarang B. Kadam

(22/07/1968 - 28/02/2016)

Age : 48 years
Qualification : M.B.B.S., M.D.(Pathology)
Name of Branch : Ahmedabad
- Pathology Department, B. J. Medical College, Ahmedabad.

* * * * *

Dr. Dharmesh H. Shah	03-01-2016	Surat

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

NEW LIFE MEMBERS

I.M.A. GUJARAT STATE BRANCH

We welcome our new members

L_M_No.	NAME	BRANCH
LM/24946	Dr. Khokhari Urmila Babulal	Jetpur
LM/24947	Dr. Ramanandi Bhargav Nandlal	Vadodara
LM/24948	Dr. Sharma Divya D.	Vadodara
LM/24949	Dr. Tadvi Rakesh Ambalal	Vadodara
LM/24950	Dr. Gangani Hitesh Maganlal	Vadodara
LM/24951	Dr. Chetankumar Roshanlal	Vadodara
LM/24952	Dr. Madan Geetika P.	Vadodara
LM/24953	Dr. Shah Jinesh Atulkumar	Vadodara
LM/24954	Dr. Jain Kartikeya Ratanchand	Vadodara
LM/24955	Dr. Patel Nirmal Prahladbhai	Vadodara
LM/24956	Dr. Patel Ushma Sanjaybhai	Vadodara
LM/24957	Dr. Shah Anuj Bipinkumar	Vadodara
LM/24958	Dr. Chapla Apurva Narendrabhai	Vadodara
LM/24959	Dr. Chaudhary Bharat Rajabhai	Deesa
LM/24960	Dr. Patel Ankur Ramanbhai	Mehsana
LM/24961	Dr. Pandya Dharmesh Champaklal	Visnagar
LM/24962	Dr. Chaudhari Vaibhav S.	Visnagar
LM/24963	Dr. Chaudhari Viral V.	Visnagar
LM/24964	Dr. Kagalwala Preet Birenbhai	Surat
LM/24965	Dr. Gandhi Sarthak Udaykumar	Surat
LM/24966	Dr. Nanavati Saurabh Pradip	Surat
LM/24967	Dr. Memon Taiyab Abdulhamid	Kalol-Ng
LM/24968	Dr. Garg Sameep Shyamlalbhai	Bhujkutch
LM/24969	Dr. Vaishnav Mitsu Vinaybhai	Bhujkutch
LM/24970	Dr. Odhwani Jaydeep Mahendra	Bhujkutch
LM//24971	Dr. Mehta Mansi Rajendrakumar	Bhujkutch
LM/24972	Dr. Patel Dharmik Savjibhai	Bhujkutch
LM/24973	Dr. Chaudhary Mukesh Prahladji	Palanpur

LM/24974	Dr. Singhavi Dipeeka Navratna	Palanpur
LM/24975	Dr. Modi Jayesh Dahyalal	Palanpur
LM/24976	Dr. Maradiya Sanket Arvindbhai	Talaja
LM/24977	Dr. Nayak Saumya Siddharthbhai	Vadodara
LM/24978	Dr. Nandania Janak Rambhai	Gondal
LM/24979	Dr. Vekariya Vipul Gajubhai	Gondal
LM/24980	Dr. Prajapati Jayram Bhachubhai	Bhavnagar
LM/24981	Dr. Patel Chirag Rasiklal	Modasa
LM/24982	Dr. Parmar Ashvin Premjibhai	Talaja
LM/24983	Dr. Patel Divyesh Jayantilal	Navsari
LM/24984	Dr. Patel Bhavisha Rameshbhai	Navsari
LM/24985	Dr. Shukla Darshan Jagdishbhai	Mehsana
LM/24986	Dr. Shah Palak Rajendrabhai	Bayad
LM/24987	Dr. Patel Ankit Ganpatbhai	Surendranagar
LM/24988	Dr. Koringa Hetal T.	Surendranagar
LM/24989	Dr. Parmar Chirag Mansukhlal	Surendranagar
LM/24990	Dr. Dubey Sanjay Shreeniwas	Bharuch
LM/24991	Dr. Maru Devayat Rajabhai	Una
LM/24992	Dr. Manseta Manoj Yogeshbhai	Una
LM/24993	Dr. Shah Nisarg Hemangbhai	Surat
LM/24994	Dr. Patel Paresh Gopalbhai	Surat
LM/24995	Dr. Savalia Tushar Mansukhbhai	Surat
LM/24996	Dr. Bekhushi Aliasgar H.	Surat
LM/24997	Dr. Patel Ankit Subhashbhai	Nadiad
LM/24998	Dr. Patel Ashvin Dharmabhai	Patan
LM/24999	Dr. Parmar Swim Babubhai	Gandhidham
LM/25000	Dr. Patel Maitreyi Jitendrabhai	Ahmedabad
LM/25001	Dr. Gohel Vikas Parsotambhai	Ahmedabad
LM/25002	Dr. Malpani Hardik Shyamkumar	Ahmedabad
LM/25003	Dr. Parikh Poojan Harishkumar	Ahmedabad
LM/25004	Dr. Parekh Niyati Nitinkumar	Ahmedabad
LM/25005	Dr. Shah Vikesh Rameshbhai	Ahmedabad
LM/25006	Dr. Patel Vipul Jayantilal	Ahmedabad
LM/25007	Dr. Patel Antima Vipul	Ahmedabad

LM/25008	Dr. Doshi Aakash Rajeshbhai	Ahmedabad
LM/25009	Dr. Doshi Chandni Aakash	Ahmedabad
LM/25010	Dr. Patel Atish Arvindbhai	Ahmedabad
LM/25011	Dr. Soni Herat Dineshchandra	Ahmedabad
LM/25012	Dr. Soni Manisha Heratkumar	Ahmedabad
LM/25013	Dr. Panchal Jignesh Anilbhai	Ahmedabad
LM/25014	Dr. Shah Krutarth Kishorkumar	Ahmedabad
LM/25015	Dr. Shah Aakash DipakBhai	Ahmedabad
LM/25016	Dr. Narodia Mayur Pareshkumar	Gondal
LM/25017	Dr. Ahir Rakesh Shivabhai	Surat
LM/25018	Dr. Ahir Hetal Rakeshbhai	Surat
LM/25019	Dr. Sharma Sagar Bhupendrabhai	Ahmedabad
LM/25020	Dr. Shah Arth Hasmukhbahi	Ahmedabad
LM/25021	Dr. Shah Hetvi Arth	Ahmedabad
LM/25022	Dr. Chauhan Brinda Rasiklal	Ahmedabad
LM/25023	Dr. Solanki Smit Bharatbhai	Ahmedabad
LM/25024	Dr. Shah Hitesh Rajendraprasad	Ahmedabad
LM/25025	Dr. Shah Viral Pradipbhai	Ahmedabad
LM/25026	Dr. Maheshwari Karn Prakash	Ahmedabad
LM/25027	Dr. Maheshwari Dhwani Karn	Ahmedabad
LM/25028	Dr. Thakkar Manisha Vasantbhai	Ahmedabad
LM/25029	Dr. Ashar Rucha Pravinchandra	Ahmedabad
LM/25030	Dr. Delhiwala Kushal Shaunak	Ahmedabad
LM/25031	Dr. Kungwani Amit Rameshlal	Ahmedabad
LM/25032	Dr. Vora Mahamadrashid J.	Ahmedabad
LM/25033	Dr. Parmar Kuldip Devendrabhai	Ahmedabad
LM/25034	Dr. Panchal Chetan Kantilal	Ahmedabad
LM/25035	Dr. Patel Harshil Arvindbhai	Ahmedabad
LM/25036	Dr. Patel Riddhi Harsil	Ahmedabad
LM/25037	Dr. Mishra Bikas K.	Ahmedabad
LM/25038	Dr. Desai Shuchi Ajitbhai	Ahmedabad
LM/25039	Dr. Patel Varun Chandulal	Mansa
LM/25040	Dr. Chobatiya Nikunj A.	Jamnagar
LM/25041	Dr. Modi Nikunj Kanaiyalal	Jamnagar

LM/25042	Dr. Bhabhor Mahesh Kalubhai	Jamnagar
LM/25043	Dr. Chudasama Jatin Arvindbhai	Jamnagar
LM/25044	Dr. Patil Sandeep	Jamnagar
LM/25045	Dr. Gohil Vikramsinh C.	Jamnagar
LM/25046	Dr. Parmar Pankaj Babubhai	Jamnagar
LM/25047	Dr. Amrania Himanshu Girdharlal	Jamnagar
LM/25048	Dr. Ajudia Jasmin Jamanabhai	Jamnagar
LM/25049	Dr. Chauhan Priyesh Shivram	Mehsana
LM/25050	Dr. Patel Ankur Popatlal	Mehsana
LM/25051	Dr. Patel Arun Premjibhai	Patan
LM/25052	Dr. Isarwadia Gunvantray K.	Anand
LM/25053	Dr. Patel Robin Ratilal	Anand
LM/25054	Dr. Patel Nilesh Jashvantbhai	Navsari
LM/25055	Dr. Patel Minal Maganbhai	Navsari
LM/25056	Dr. Gupta Hardik Gopalbhai	Anand
LM/25057	Dr. Chaudhari Jagdish Gandalal	Radhanpur
LM/25058	Dr. Darji Hitesh Zinabhai	Radhanpur
LM/25059	Dr. Chaudhary Ramesh Hirabhai	Radhanpur
LM/25060	Dr. Satasia Nirav Bhikhalal	Junagadh
LM/25061	Dr. Chaudhari Dhruvit Babubhai	Mandvi
LM/25062	Dr. Patel Nitinbhai Bhanabhai	Bilimora
LM/25063	Dr. Doshi Nirali Indravadan	Surendranagar
LM/25064	Dr. Bodarya Om Vrajlal	Surendranagar
LM/25065	Dr. Acharya Rajen Ashokbhai	Surendranagar
LM/25066	Dr. Gujar Subhash Moolchand	Surendranagar
LM/25067	Dr. Bhavsar Milav Harshadkumar	Surendranagar
LM/25068	Dr. Javia Hardik Navinbhai	Surendranagar
LM/25069	Dr. Makwana Chandrika Ambalal	Surendranagar
LM/25070	Dr. Vadher Smit Ranmalsinh	Bhavnagar
LM/25071	Dr. Aggarwal Shipra Harshal	Surat
LM/25072	Dr. Desai Hetvi Yogendrabhai	Surat
LM/25073	Dr. Mehta Uma Harshbhai	Surat
LM/25074	Dr. Thacker Milind Chimanlal	Bhujkutch
LM/25075	Dr. Acharya Ekta Jayeshbhai	Bhujkutch

CONGRATULATIONS

❖ **Dr. Chetan N. Patel; Imm Past President** **Vadodara**

For the Best Adjudged State President amongst IMA State Branches at IMA National Conference on 28th December, 2015 at new Delhi.

❖ **Dr. Reitu Patel;** **Ahmedabad**

For getting quality mark women awards for the year 2016 at Gandhinagar.

❖ **Dimpi Jayantibhai Patel D/O. Dr. Jayantibhai Patel;** **Vadodara**

Being named to the Fall 2015 President's Honour List - a recognition of outstanding academic achievement at Seneca (Canada).

* * * * *

BRANCH ACTIVITY

AHMEDABAD

05-02-2016	Cultural Forum Drama "VAR LAGI THORI PAN JAMI GAI JODI".
07-02-2016	Scientific Programme No 3 & 4.
	Dr. H.G. Jambhekar Scientific Programme. & Dr. K.L. Vasa Scientific Programme.
21-02-2016	Chalo ek bar fir se – musical programme.
27-02-2016	AMA Senior Citizen Club programme
	Sub: Pita Putra na Sambandho

AMRELI

13-02-2016	"Insulin initiation and optimisation strategies with basal insulin" by Dr. Hemant Mankad.

ANAND

12-01-2016	CME on "Cutting Edge Genetic investigations".

17-01-2016	Healthy Girl child Competition under our "Welcome the Girl Child Project". It was open for all the girls of Anand Dist. (0 to 5 years of age).
12-01-2016	IMA Anand launched its own website as www.imaanand.com
11-02-2016	"Evaluation & primary management of common cancers" by Dr. Akash Shah
17-02-2016	Multispeciality Diagnostic & Therapeutic camp at JOL. 300 patients were examined and given free medicines under "Aao Gaon Chalen" project.

DEESA

04-02-2016	CME on "Paediatric Update".

GANDHIDHAM

05-12-2015	CME on "Oncology-Hematology Updates" , Recent Advances in treating
	Cancer by Radiation, Approach to neck swelling.
26-12-2015	"Common Gastro-Intestinal problems in general practice" by Dr. Vimal B. Saradava.

JETPUR

16-12-2015	"Pregnancy and Hypertension" by Dr. Shrenik Doshi.
	"Approach to HbsAg-positive patients" by Dr. Paras Shah.
30-12-2015	"Management of type 2 Diabetes in India, 1st line is Metformin-WHAT IS NEXT?" by Dr. Kalpesh Kavar.
06-01-2016	"Aortic Aneurysm-Management by Endovascular Surgical Approach" by Dr. Madhav Upadhyay.
	Peripharal Vascular Disease Treatment & Management" by Dr. Vishal Poptani.

KALOL

27-01-2016	"Epilepsy" by Dr. Devshi Visana.
	"Approach to the first episode of Seizures" by Dr. Vishal Jogi.
23-02-2016	"What happens inside IVF Lab?" by Dr. Dharmesh Kapadia.
	"Newer Advance in Urology" by Dr. Kalpesh Kapadia.

MEHSANA

08-02-2016	IMA Ladies club organized "Antakshari programme by ladies & children.
12 to 21-2-16	IMA Mehsana Cricket Team A & B participated in IMA Cricket Tournament organised by Deesa IMA with mission of promoting sports & talents in IMA Doctors.
	IMA Mehsana A team won the Golden cup & IMA Mehsana B team won the Bronze cup.
26-02-2016	"Management of Thyroid Diabetes & Obesity" by Dr. Ramesh Goyal.
	"Management of Hypertension & Dislipidemia" by Dr. Jayesh Prajapati

MORBI

24-12-2015	Free Diagnostic Camp of Infertility. 201 patients got benefit of the camp.
03-01-2016	Free Diagnostic and Treatment Camp. Total 150 patients got benefit at that camp.
26-01-2016	Flag hoisting programme.
29-01-2016	"Rational Use of Antibiotics" by Dr. Sankalp Vanzara.
	"Recent Advances in GI Surgeries" by Dr. Kartik Sutariya.
11-02-2016	"Persistent Pulmonary Hypertension" by Dr. Amrish Panara.
	"Antenatal Hydronephrosis" by Dr. Mahipal Khandelwala.
12-02-2016	"How do we treat leukemia" by Dr. Amit Jetani.
	"Myths in management of Spine Disease" by Dr. Dharmesh Patel.
23-03-2016	"IV Fluid Therapy" by Dr. Sanjay Pandya.
	"Clinical case discussion" by Dr. Viral Gajipara.

NADIAD

06-01-2016	"Role of laparoscopy in Gynecology" by Dr. Mehul Shukhadiya.

24-01-2016	CME with Spouse on Talents. (Hidden talents and academic talents). More than 65 doctors had participated for the event.
24-01-2016	Special CME on various topics like Humor in Medicine, Organ Donation, Yoga & Arogya, Financial Fitness for doctors and other activities were held like water color painting, canvas oil color painting, poems, written books, coin collection, achievements certificates, weight reduction 30 Kg in 1 year without surgery only with diet and cycling exercise.
31-01-2016	Celebrated sports week with various sports activity. More than 85 doctors family had actively participated for the week.
07-02-2016	Sports Day celebration for IMA member families.
14-02-2016	Adult and Adolescent vaccination programme. Total 30 vaccines given.
21-02-2016	Pulse polio mission. Free polio drops were given to child visited the booth on that day.
21-02-2016	Dermatology camp at Saumya Skin clinic. Total 87 patients were benefited.
27-02-2016	An awareness lecture on Rheumatology at Apple Hospital for general practitioners. Total 34 GPs were took part.
28-02-2016	Free Diagnostic camp at Aandarna village. Total 153 patients were benefited.

NAVSARI

16/02/2016	"Endocrinology" by Dr. Bharat R. Sharma.
06-03-2016	"Infection" by Dr. Purvi J. Patel. (Pathologist)

PALANPUR

03-01-2016	Family get to gather & Cultural Evening. Doctors & their Family members participated.
17-01-2016	Pulse Polio programme through the advertisement by mobile Rickshaw for awareness of public.
21-01-2016	"Disease of thyroid Parathyroid and Parotid Gland Head Neck Cancer" by Dr. Nirav Trivedi.
	"Essentials of chemotherapy" by Dr. Nirali Trivedi.

26-01-2016	Celebration of Republic Day.
28-01-2016	Marathon competition health.
29-01-2016	"Surgical & Medical Management of low back Pain" by Dr. Amit Jhala.
	"Recent advances in Arthroscopy and Sports Medicine" by Dr. Kalpesh Trived
01-02-2016	Celebration of "Life Mantra" book release programme.
18-02-2016	"Survival Sepsis guidelines" by Dr. Hitesh Patel.
	"A Role of Homocysteine in our body" by Dr. Anand Chaudhary.

PALITANA

26-11-2015	"Rational use of antibiotic in pediatric respiratory tract infections" by Dr. Naresh Gohil.
20-01-2016	"New guideline for NSAIDS use" by Dr. Narendra Mishra.
	"Awareness on joint replacement" by Dr. Pinakin Vora.
02-03-2016	"Cardiogenic shock management" by Dr. Siddharth Mukhrjee.

SAVARKUNDLA

28-01-2016	"Otogesic Vertigo" by Dr. Hitesh Shah.

SURAT

07-11-2015	A celebration of WORLD DIABETES DAY. A rally was organized from Advance Diabetes Centre, attended by 523 people.
30-11-2015	As a part of celebration of World Aids Day, a TV Talk was also organized at Hind Channel.
01-12-2015	Being World Aids Day, organized a public awareness gathering on Sardar Bridge creating & displaying a Human chain with a mission of prevention of HIV "Getting to Zero". Near about 500 people attended.

1. A diagnostic camp and a blood donation camp was organized alongwith Chamber of Commerce at YKM Hospital, Kim. 300 patients attended this camp and 100 units of blood were collected.
2. Bhakti group sponsored Ras Garba was big success. More than 1200 took part in the programme.
3 Two medical camps under social activity under IMA, one at Amroli and second one at Mahavir Clinic, A.K. Road. More than 500 patients took benefit of these camps.
4 TV talk on "Women Security" participated by Mrs. Geetaben Shroff, Mrs Shrungi Desai, Dr. Prashant Desai & Dr. Parul Vadgama. Different aspects related to female security & self defence were discussed and stressed upon.

01-12-2015	"Irrational use of antibiotics" by Dr. Digant Shastri
30-12-2015	Play at Gandhi Smruti "Waiting Rooms".
03-01-2016	Exclusive CME on "The DNA of Public Speaking in English".
26-01-2016	A blood donation camp at Bhulka Bhavan School. Another two multispeciality medical camps were organized one at Primary School, Utran by Cross Road, Group of Doctors, Amroli and another at Udhna Hospital Pvt. Ltd.
5-02-2016	Blood Donation camp
21-02-2016	Blood Donation camp was organized with the Co.op. of Palanpur Nagar Seva Samiti. Total 38 bottles were collected by this camp.

VADODARA

13/12/2015	"Targeted Approach to Common skin Diseases aiming to reduce recurrence" by Dr. Sejal Thakkar.
	"Aging Gracefully with basic cosmetic care" by Dr. Rinku Shah

20-12-2015 "Aao Gaon Chalen" for priority medical services camp. Total 133 patients were examined. 2 new cases of Hypertension & 17 Cataract patients were diagnosed.

31-01-2016 Workshop on IMAGE Management.

VALSAD

23-01-2016 Awareness programme at Tribal School, Nana Ponda. Total 1800 students and 800 parents were present various issues like cleanliness, save water, save food, save electricity, traffic rules and regulation, avoid junk food and cold drinks and mainly Vyasan Mukti.

Total 1000 girls took oath not to marry with boy is having any type of addiction and 800 parents took oath not to marry their children with family doing addiction.

24-01-2016 Medical health check up camp. Total 304 policemen were examined regarding screen for diabetes, hypertensive, heart disease examine by various specialist, cheked sugar, ECG, blood pressure, David skin for diabetes hypertension, majority eared addicted to tobacco alcohol cigarettes given awareness by various doctors.

* * * * *

ATTENTION PLEASE !!

The office has received back News bulletins of the following members from Postal department with note as "Left", "Insufficient address" etc. The concerned member / friends are requested to inform the office immediately with change of address, L.M. No. & Local Branch.

L_M_No.	NAME	BRANCH
LM/24017	Dr. Bhatt Manish Jayantilal	Ahmedabad
LM/01986	Dr. Bohra A M	Ahmedabad
LM/02097	Dr. Bohra Saidabanu A	Ahmedabad
LM/18304	Dr. Joshi Dipak Pravinchandra	Ahmedabad
LM/19406	Dr. Patel Divya Rameshchandra	Ahmedabad
LM/11436	Dr. Shah Hetalbhai Gunvantlal	Ahmedabad
LM/18369	Dr. Shah Hitesh Jasvantray	Ahmedabad
LM/20899	Dr. Shah Ketan Jaysukhlal	Ahmedabad
LM/19405	Dr. Shah Mithun Satishbhai	Ahmedabad
LM/11597	Dr. Raval Kantibhai Vitthalbhai	Ahmedabad
LM/16899	Dr. Suthar Nikunj Bhikhabhai	Ahmedabad
LM/16702	Dr. Vasavada Jasmin C	Ahmedabad
LM/24683	Dr. Jain Pavan Mahendrakumar	Anand
LM/08184	Dr. Dhir P.K.	Bharuch
LM/08185	Dr. Dhir Rashmi P.	Bharuch
LM/00219	Dr. Parekh Bankimbhai T.	Bhavnagar
LM/21033	Dr. Paul Sajiv K.	Bhavnagar
LM/19876	Dr. Thakkar Hitesh Chetandas	Deesa
LM/19877	Dr. Desai Nilam Dipakkumar	Deesa
LM/22237	Dr. Desai Killol Nathubhai	Gandhinagar
LM/10040	Dr. Solanki Uttam S.	Gandhinagar
LM/21113	Dr. Savani Rajesh Parvatbhai	Junagadh
LM/13786	Dr. Patel Nishith Baldevbhai	Kheralu
LM/17266	Dr. Singh Vinaykumar B.	Lunawada
LM/09968	Dr. Amlani Girish Narandas	Rajkot
LM/21940	Dr. Bhojani Ravi Manojbhai	Rajkot
LM/08450	Dr. Nandani Sammer V.	Rajkot
LM/01347	Dr. Ediban Hosang Mormasji	Surat
LM/11807	Dr. Hathiwala Hemant Hasmukh	Surat
LM/01191	Dr. Jardosh Chandresh S.	Surat
LM/10262	Dr. Shah Nalini Rajnikantbhai	Surat
LM/21466	Dr. Shah Ritesh Vijaykumar	Surat
LM/07737	Dr. Gaglani Harsukh Jivrajbhai	Thangadh

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

Respected Members,

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

These Centres performed various activities during the month of January-Feb. 2016 in addition to their routine work. These are as under :

17-01-2016 to 19-01-2016 : National Polio Round by the centers of Ahmedabad

21-02-2016 to 23-02-2016 : National Polio Round by the centers of Ahmedabad

Nanpura - Surat : Mothers - Iron : 6000 tablets & Calcium : 4000 tablets were distributed & Vitamin A solution given to 80 children.

Rander - Surat : Mothers - Iron : 5250 tablets & Calcium : 4500 tablets were distributed & Vitamin A solution given to 75 children.

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

JANUARY-FEBRUARY-2016

No.	Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi (Jamalpur Ward)	1629	865	2494
(2)	Behrampura (Sardarnagar Ward)	4133	1102	5235
(3)	Bapunagar (Potalia Ward)	4266	1410	5676
(4)	Dariyapur (Isanpur Ward)	2619	545	3164
(5)	Gomtipur (Saijpur Ward)	4495	1340	5835
(6)	Khokhra (Amraiwadi Ward)	6172	1447	7619
(7)	New Mental (Kubernagar Ward)	1690	443	2133
(8)	Raikhad (Stadium Ward)	966	438	1404
(9)	Wadaj (Junawadaj Ward)	2007	551	2558
(10)	Khambhat	—	—	—
(11)	Junagadh	----	----	----
(12)	Rander-Surat	----	----	----
(13)	Nanpura-Surat	----	----	----
(14)	Rajkot	2452	839	3291

JANUARY-FEBRUARY-2016

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	82	—	119	37620	2012P
(2)	Behrampura (Sardarnagar Ward)	77	---	121	20630	2604
(3)	Bapunagar (Potalia Ward)	81	—	122	28360	633
(4)	Dariyapur (Isanpur Ward)	97	—	108	54625	3166
(5)	Gomtipur (Saijpur Ward)	90	—	124	65575	2378P
(6)	Khokhra (Amraiwadi Ward)	87	---	111	23700	2862
(7)	New Mental (Kubernagar Ward)	76	---	100	30600	969P
(8)	Raikhad (Stadium Ward)	52	---	102	19710	2467P
(9)	Wadaj (Junawadaj Ward)	58	—	166	32000	3638
(10)	Khambhat	----	—	----	----	----
(11)	Junagadh	73	—	75	13200	487
(12)	Rander-Surat	61	—	102	3600	98P
(13)	Nanpura-Surat	58	—	121	3165	235P
(14)	Rajkot	85	01	151	930	575

INDIAN MEDICAL ASSOCIATION
GUJARAT STATE BRANCH

Estd. On 2-3-1945
Office : A.M.A. House, 2nd Floor, Opp. H. K. College, Ashram Road, Ahmedabad-380 009.
Fax / Phone : (079) 2658 7370
E-mail : imagsb@gmail.com Website : www.imagsb.com

Hospital Protection Scheme (HPS) Proposed Draft

Dear Members,

A meeting to discuss about Hospital Protection Scheme was held on 06th March 2016. The committee has formed a proposed draft constitution for the said scheme. We are publishing the same for your study. We welcome necessary suggestions and changes if any.

Please communicate all suggestions/changes to Dr. Jitendra N. Patel (Hon. Secy, GSB IMA).

Thanking you.

Dr. Atul D. Pandya
(President, G.S.B.,I.M.A.)

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

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 Professional Protection Scheme (P.P.S) Gujarat State Branch, I.M.A with its permanent head quarter at Ahmedabad (The Head Quarter of Professional Protection Scheme, 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 2017.

3. AIMS & OBJECTIVES :

(A) To provide comprehensive indemnity cover to the member hospitals from litigations for any act of alleged negligence or carelessness or deficiency of service in the part of member hospitals, doctors 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 completely by the member/members of the Professional Protection Scheme Gujarat State Branch of I.M.A with or without inpatient facilities is eligible to become the member of the scheme. Such member hospitals must have all the doctors working in the hospital enrolled in Professional Protection Scheme of Gujarat State Branch of I.M.A. as individual members.

5. ENROLLMENT OF THE MEMBER:

Eligible hospital shall submit its application on the prescribed form, along with a Demand Draft/Cheque of requisite amount of Admission fees as well as Annual Membership fees as per the category of the Hospital in favour of "Hospital Protection Scheme, Gujarat State Branch, I.M.A." (H.P.S G.S.B I.M.A). 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.

6. MEMBERS SUBSCRIPTION (Schedule of Fees) :

Members subscription would be according to the bed strength which would include the bed in the observation ward, ICCU, Post-operative ward, Neonatal Ward, Day Care Wards etc.

Admission Fees will be one time payment while joining or rejoining the Scheme and will be non-refundable. The annual membership fee will be payable every year in advance and will be non-refundable. The fees may be revised from time to time by the scheme.

Schedule of Fees :

Category of Hospital	Bed Strength	Admission Fees (Rs.)	Membership Fees per Year		
			(A) Coverage- Per Case: Rs. 10 Lakh Aggregate: Rs. 20 Lakh/Year	(B) Coverage- Per Case: Rs. 50 Lakh Aggregate: Rs. 1 Crore/Year	(C) Coverage- Per Case: Rs. 1 Crore Aggregate: Rs. 2 Crore/Year
I	0-20	5000	8,000	40,000	70,000
II	21-50	10000	20,000	80,000	1,40,000
III	51-100	20000	40,000	1,60,000	2,80,000

7. SPECIAL NOTE:

(A) Membership period shall be from 01st April to 31st March (12 Months).

(B) (i) A member hospital joining the scheme from 01st April to 30th September will have to pay full amount of admission fee and annual membership fee.

(ii) A member hospital joining the scheme from 01st October to 31st March will have to pay full amount of admission fee and half of the annual membership fee.

(C) The claim arising within jurisdiction of Gujarat State only will be entertained by the scheme except the direct litigation/s in N.C.D.R.C and Supreme Court.

(D) A discontinued member hospital if wants to join the scheme again will be treated as a new member.

(E) The scheme will protect individual hospital rendering services at the place mentioned in the application form. Hospitals having any branch else where have to enroll separately. In case of shifting of hospital the scheme has to be informed prior or at the time of shifting.

(F) The scheme will be covering only the member hospital. The scheme will not give protection to the individual doctors of for their lapses even if a doctor heads such management. The member hospital must see that all the individual doctors working in the hospital are members of Professional Protection Scheme of Gujarat State Branch I.M.A.

(G) Any criminal/civil/consumer complaint regarding misbehavior/alleged rape and /or dispute regarding the bill/payment for the management of the patient will not be covered under the scheme.

(H) The scheme must be informed and written consent must be taken from the scheme for transfer of any case pending in the court to any other court including "Lok Adalat".

(I) If a member hospital has effected any insurance scheme with the Government or any institution/ insurance company and has also joined this scheme, the compensation payable by the scheme shall be restricted to the difference amount between the compensation awarded by the competent authority and the payment done by the Government/Institution.

(J) All Medico-Legal risks arising out of activities in surgical and diagnostic camps shall be excluded from the purview of the scheme.

(K) The scheme reserves its right of renewing or not renewing the membership.

(L) The scheme shall not provide any indemnity cover for any act of a member hospital which is against the law of the land.

(M) For all legal disputes between the member hospital and administration the jurisdiction shall be restricted to the courts at Ahmedabad only.

(N) The litigation against Dental/Ayurvedic/Homeopathic/Unani department and other non-allopathic management modalities will not be covered even though it is the part of the member hospital.

8. MEMBER'S RIGHTS AND DUTIES :

A. The Scheme will fight out Civil, Criminal or other cases in the Consumer Agencies or Judicial or non judicial authorities or Quasi-judicial against the member hospital up to the level as decided by the scheme. Litigation arising out of professional activities alone will be covered by the Scheme.

B. Compensation arising out of criminal negligency or the Civil/Consumer protection act proceedings shall be paid within limits prescribed.

C. In the event of Medico Legal problem the concerned member hospital shall send to HPS office the documents of all records concerned with the incidents with detailed note on the incident for the proper defense of the case immediately on receipt of any notice or communication from the authorities concerned and in no case not later than 14 days from the date of receipt of the same. The member hospital will select a counsel of defense from the panel of lawyers only.

D. (1) If a member hospital so desires, it can engage its own defense lawyer at its own cost, which shall not be reimbursed by the scheme. Such a lawyer shall assist the panel lawyer in its defense in which case the decision of the panel lawyer will be final and binding

OR

(2) If a member hospital so desires, it can arrange for its independent defense in which case any liabilities of the scheme with regards to the

risk and cost arising there of shall stand discharged and shall not be reimbursed.

E. The concerned member hospital shall carry out the instructions given by the Scheme regarding the case and thereafter.

F. The scheme with due consultation of member hospital can file the counter petition or suits against the parties' concerned for monitory damages and defamation of the member hospital. In such cases, once the compensation is ordered 50% of the amount so ordered will go to the Scheme and the balance 50% will be given to the member hospital aggrieved.

G. In any case the Scheme should not be made a party in the case because the scheme is not an Insurance Company. Any member hospital who makes the Scheme also a party in the hospital's case will cease to enjoy the benefits from the Scheme.

H. In case the member hospital violate/neglect/fail to discharge any of the conditions as stipulated above, the member hospital is not entitled to get any benefit from the Hospital Protection Scheme.

9. PROTECTION DAMAGE PAYABLE BY THE SCHEME :

(A) The Hospital Protection Scheme on behalf of the member hospital shall pay maximum compensation amount as per enrolled category. No other case, including cases not directly covered by the medical treatment, shall be protected by the Scheme.

(B) In case an appeal/revision or other proceeding was filed against the decision of the court or authority, the Hospital Protection Scheme shall deposit the requisite amount in the court or authority for such proceedings on behalf of the member hospital and in case of refund of that amount the member hospital shall have no right or claim over the amount so refunded and the member hospital shall refund the full amount within 14 days from the date of receipt of such amount from the authorities concerned to the Hospital Protection Scheme. In case the member hospital fails to refund the amount, the Hospital Protection Scheme shall have the right to recover the entire amount from the member hospital with interest at the rate of 18% per annum from the date of receipt of that amount and the member hospital is liable to

pay all cost and expenses incurred by the Hospital Protection Scheme for the recovery of such amount from the member.

(C) The member hospital has no right or authority to pay any compensation to any person by way of damages or compensation or otherwise and the Hospital Protection Scheme is not liable to pay any such amount so paid by the member hospital.

(D) If any amount was awarded or recovered by the member hospital in addition to the above, by way of compensation or cost as result of the above cause, the member hospital shall pay 50% of the amount so received to the Hospital Protection Scheme and the member hospital is entitled to get balance amount.

10. DISQUALIFICATION:

If a member hospital furnishes any wrongful information in its application form or furnishes any wrongful information at any time during its membership period, and thus tries to obtain any benefit under the scheme, its membership shall be terminated automatically without any refund of fees and no indemnity cover shall be provided for the entire period of its membership.

11. Discontinuation---- Renewal------ Rejoining:

(A) Notice will be sent one month in advance to all the member hospitals for renewal of membership.

(B) A member hospital who does not pay the annual membership fee in advance- before 31st March. (before the expiry of the indemnity cover) shall be discontinued without any notice.

(C) However if a discontinued member hospital wants to revive its membership within one month of the expiry of the indemnity cover, it shall pay annual membership fee only, but the indemnity covered shall be provided from the day of revival of the membership.

(D) After one month if a member hospital wants to rejoin the Scheme, it shall be treated as a new member and it shall have to pay Admission fees as well as Annual Membership fees.

12. MANAGEMENT OF THE SCHEME. (as per PPS)

13. CO – OPTION. (as per PPS)

14. GENERAL BODY MEETING. (ANNUAL /ORDINARY) (as per PPS)

15. BOARD OF DIRECTORS' MEETINGS : (as per PPS)

16. DUTIES OF THE OFFICE BEARERS. (as per PPS)

17. MANAGEMENT OF THE FUNDS.

(A) OPERATION OF BANK ACCOUNTS.

All the accounts of the Scheme shall be opened in the Nationalised 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) The Managing Director (2) Joint Director (3) Finance Director (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 Banks of Securities approved by the Government as per guidelines of the Board of Directors.

18. AUDITORS (as per PPS)

19. HONY. LEGAL ADVISORS (as per PPS)

20. T.A. FOR BOARD OF DIRECTORS MEETING (as per PPS)

21. FINANCIAL YEAR (as per PPS)

22. FUNDS (as per PPS)- The HPS itself will have its financial responsibilities and liabilities.

23. DISSOLUTION (as per PPS)

MOLECULE OF THE MONTH
Off Label Drugs

Off-label drug use is common and includes any use that is different from the intended and labeled indication, dose, mode of administration, patient age or gender, or duration of use. Use of off label drugs is highly prevalent, more than 70 percent cases of use of off-label drug lacks scientific back ground and in some cases an off-label use may even become the primary reason for prescribing a drug.

In certain practice areas, off label prescribing is both extremely common and necessary, for example physician treating patients with rare orphan disease may rely on off label prescribing. Commercial sponsors lack financial incentives to develop products for small populations and the small number of patients with orphan disease makes it impossible to evaluate products according to ordinary clinical trial criteria.

Off-label prescribing is not illegal but is associated with a number of clinical, safety and ethical issues. To date, no explicit guidance has been available to help clinicians to assess appropriateness in off-label prescribing. The off label drug use can lead to malpractice liability if it does not conform to accepted standard of care like in any other area of medicine. It is Synonym to Unlabeled, Unapproved or Non-approved. It is of two types: Registered or Unregistered.

The extent of off-label prescribing is between 7.5% and 40% in adults and may be up to 90% in some hospitalised paediatric patients.

History of off label use: In 1937 after causing the death of 100 people due to diethylene gycol which was used as a solvent to make elixir of sulphonamide led to strengthening of the Food, Drug and Cosmetic Act of 1938 which required drugs to be approved as safe before being marketed. It was after the thalidomide tragedy, Congress passed the Kefauver-Harris Drug Amendments in October 1962. Before marketing a drug, firms had to prove safety and also provide substantial evidence of effectiveness for the product's intended use. The US drug regulation however considered children as vulnerable and hence were protected from participating in drug research.

Aspirin is an interesting example of off label use which was widely used before Food, drug and cosmetic act 1938 widely used without rigourous testing that modern medication undergo. Currently it is approved for use in patient with pain, fever, rheumatic disease, cardiovascular disease and history of revascularization procedure. However, aspirin is not approved for coronary disease prophylaxis in diabetic patient, yet guideline recommend its use in such patients. Therefore, aspirin prophylaxis for coronary disease in high risk patient is an off label use.

Gabapentin is allegedly promoted for various off label uses for treating a multiple number of neurological conditions like neuropathic pain, diabetic neuropathy, complex regional pain syndrome, bipolar disease, attention deficit disorder, migraine, restless legs syndrome, periodic limb movement disorders of sleep. Avastin is part of a class of drugs that block the growth of abnormal blood vessels, which is the cause of wet age-related macular degeneration (AMD). Avastin is also used in some cases to treat macular edema, or swelling of the macula, often associated with diabetic retinopathy. Avastin was initially approved by the Food and Drug Administration (FDA) for treatment for different types of cancer. Its use to treat eye disease is considered an "off-label" use.

Latest guideline (2009), seems even more liberal on off label use of drugs. It allows distribution of information on unapproved uses of drugs without need to submit such material for FDA review as well as a supplemental new drug application, as was needed before. This lead to ever increasing promotion of off label uses by the manufacturers. To deal this scenario, FDA then introduced "BAD Ad" programme in 2010 by which the consumer and physician could report illicit drug promotional activities to FDA. This lead to number of penalties for the pharmaceutical companies for indulging illegal off label promotional activities.

In India, DCGI is regulatory body for approval of new medicine for use. It does not regulate off label use as the rest of the world. It is regarded as violation of law by pharmaceutical companies under Drug and Magical remedies act, 1954. Professional conduct of Doctors guided by Indian medical council act 2002, not to violate human rights as well as legal restriction as well. Letrozole antibreast cancer promoted for fertility however was banned later for the treatment of infertility in 2011. In 2004, a committee of IMA was setup by the government of India to make specific

guidelines governing off label drug use. It strongly favoured off label uses of drug, when they are based on evidence, as approval of valid off label uses by the regulatory process is slow. But, as of now, there are no concrete law on off label use of drugs in our country. Other opinion says that authorizing off label prescribing will set an bad example because of ignorance of patient and domination of pharmaceutical companies on prescribing patterns in India.

Off-label prescribing of drugs is common and has been identified as a potentially important contributor to preventable adverse drug events (ADEs)

The rate of ADEs for off-label use (19.7 per 10,000 person-months) was higher than for on-label use (12.5 per 10,000 person-months), according to the one study report

Commonly used off label drugs: Atenolol, Metoprolol, Propranolol for Migraine prophylaxis Hypertension in children, Social phobia and public speaking, Indomethacin for Pharmacological closure of patent ductus arteriosus, Albuterol for Hyperkalemia Acetyl-cysteine for Prevention of contrast nephropathy, Lignocaine for Post-herpetic neuralgia, Topical anesthetic agent in eye, Donepezil for Frontotemporal dementia, Meperidine for Pre-anesthetic shivering, Linezolid for Infective endocarditis, MDR TB, Ondansetron for Hyperemesis in pregnancy, Omeprazole for Reflux related laryngitis and many others.

Off label drug use cannot be classified as beneficial or harmful and as good or bad. Novel off label uses: ongoing study of thalidomide, approved in 1998 for treating complication of leprosy, as an anti tumor. Off label use of drug is prevalent worldwide and very few efforts are done to prevent its menace. It is a double edged sword and cannot be ignored. Because of physicians autonomy, no regulatory strategy will be complete and effective without physician themselves serving as a bulwark against it. It is highly impractical that pharmaceutical companies will restrict or stop off label promotion because of involvement of financial aspects and time consuming regulatory approval.

Dr Prakruti Patel Dr Anuradha Gandhi Dr Chetna Desai
Coordinators, B. J. Medical College, Ahmedabad

INDIAN MEDICAL ASSOCIATION

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

Dear Branch Secretary

I hope that this circular finds you in the best of health and spirit. In continuation of my circular **A-11/HFC/LM/2016-2017**, further tabulated information is given below for the revision of fees effective from **1/4/2016.** Herewith I am sending the copy of I.M.A. H/Q fee schedule regarding revised fees.

ORDINARY MEMBERSHIP FEES

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

Local branch share to be collected extra as per individual branch decision/resolution Kindly note that fees at old
Rates will be accepted up to **31/03/2015** 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	**8095-00**	**760-00**	**{ 20-00 }**	**Rs. 7335-00**
Couple	**12050-00**	**1200-00**	**{ 30.00 }**	**Rs. 10850–00**

Kindly send fees of old annual member, which should reach this office before 30/4/2016. Membership Fees by a D.D. drawn in favour of G.S.B. I.M.A

I.M.A. COLLEGE OF GENERAL PRACTITIONERS

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

Kindly send annual membership fees before **30/4/2016** so as to avoid deletion. The above increase of fee Rs. 50.00 in Life Member every year is computed as per the resolution passed in 41st State Council at Nadiad on 12/05/1989.

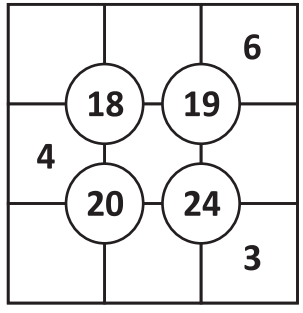
Yours Sincerely

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

Games Corner

Dr. Chandresh Jardosh
Surat

Chhota Sudoku



"Place the numbers 1 to 9 in the spaces so that the number in each circle is equal to the sum of the four surrounding spaces."

7 BR OK EN Words

By using following keys, join the broken words & find out the 7 different words related to Stone.

Key	Words
4 Letters	3
5 Letters	3
7 Letters	1

CO	ER	DE	BY	ARL
OP	EM	PE	BER	JA
AM	RU	AL	ALD	RAL

Sudoku

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

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

KEN KEN PUZZLE

13+		1	4	5+	3
	5	5+			7+
9+	5+		5	4	
	7+		2	13+	4
5+		11+			
4	2		6	6+	

1 Write down 1 to 6 in each row and each column in such a way they come only once, in each row and column.
2 The heavily-outlined groups of squares in each grid are called "cages." In the upper-left corner of each cage, there is a "target number" and maths operation (+, –, x, ÷).
3 Fill in each square of a cage with a number. The numbers in a cage must combine—in any order, using only that cage's maths operation—to form that cage's target number.
4 The number written in the cage of one square, will be the answer for the cage.
5 Important: You may not repeat a number in any row or column. You can repeat a number within a cage, as long as those repeated numbers are not in the same row or column.

FOR EXAMPLE

3+		6x	
1	2	1	2 3

Answer Page No. : 95

NEWS CLIP

હાઈકોર્ટ-સુપ્રીમકોર્ટના અગાઉના ચુકાદા જોયા વગર

સરકારે કાઉન્સિલમાં ફિઝિયોથેરાપિસ્ટને ડોક્ટર તરીકે સભ્ય બનાવતા મોટો વિવાદ

અમદાવાદ,શુક્રવાર

ગુજરાત સરકારે આખરે અનેકવર્ષો બાદ રચેલી ફીઝિયોથેરાપી સ્ટેટ કાઉન્સિલને લઈને પણ વિવાદ ઉભો થયો છે.સરકારે કાઉન્સિલમાં મુખ્ય ૬ સભ્યો ઉપરાંત અન્ય સભ્યોમાં ફીઝિયોથેરાપિસ્ટને ડોક્ટર ગણાવીને સભ્ય તરીકે મુક્યા હોઈ આ મુદે ભારે વિરોધ થયો છે.

MBBS ડૉક્ટરોએ વિરોધ નોંધાવી સરકારને લેખિત રજૂઆત કરી

ઈન્ડિયન મેડિકલ એસોસિએશનની ગુજરાત શાખા દ્વારા સરકારને લેખિતમાં રજૂઆત કરવામા આવી છે કે ગુજરાત સ્ટેટ ફીઝિયોથેરાપી કાઉન્સિલ એક્ટ ૨૦૧૧ હેઠળ જે સ્ટેટ કાઉન્સિલની રચના કરાઈ છે તેમાં મુકાયેલા સભ્યોમાં મોટા ભાગના ફીઝિયોથેરાપિસ્ટ છે,જેઓ એક્ટ મુજબ ડોક્ટર તરીકે પ્રેક્ટિસ ન કરી શકે તેમજ તેઓને એમસીઆઈની ખાસ ગાઈડલાઈન મુજબ ડોક્ટર તરીકે ગણાવી પણ ન શકાય.તેઓને કોઈ પણ બોર્ડીમાં ડોક્ટર તરીકે જો મુકવામા આવે તો તે ગેરકાયદે છે. અમદાવાદ મેડિકલ એસોસિએશનના એમબીબીએસ ડોક્ટરોએ આક્ષેપ કર્યો છે કે રાજ્ય સરકારે એમબીબીએસ સિવાયના અન્ય કોઈ પણ પેરામેડિકલ બ્રાન્ચના ઉમેદવારોને ડોક્ટર ગણવા મુદે અગાઉના હાઈકોર્ટના અને સુપ્રીમકોર્ટના ચુકાદા જોયા વગર જ સ્ટેટ ફીઝિયોથેરાપી કાઉન્સિલની રચના કરી નાખી છે અને તેમાં ફીઝિયોથેરાપિસ્ટને ડોક્ટર તરીકે મુકી દીધા છે.જે ગેરવ્યાજબી અને કાયદા વિરૂદ્ધ છે. ડોક્ટર માત્ર મેડિકલ કાઉન્સિલ ઓફ ઈન્ડિયાના એક્ટ મુજબ ગુજરાત મેડિકલ કાઉન્સિલમાં નોંધાયેલા એમબીબીએસ ડોક્ટર જ લખી શકે. જેથી સરકારે કાઉન્સિલમાં જે ફીઝિયોથેરાપિસ્ટને ડોક્ટર તરીકે ગણાવીને તેમને સભ્યરૂપે નિયુક્ત કર્યા છે અને તેમના નામ આગળ ડોક્ટર લખ્યુ છે તે રદ કરવામા આવે. જો તેમ નહી થાય આગામી સમયમાં આ મુદે પણ હાઈકોર્ટમાં પીટિશન થાય તેવી પુરી શક્યતા છે.

નવગુજરાત સમય

કોઈ ફિઝિયોથેરાપિસ્ટ નામની આગળ ડૉ. લગાડી શકે નહીં

એલોપથી ડોક્ટરોનો સરકારને પત્ર

નવગુજરાત સમય > અમદાવાદ

ફિઝિયોથેરાપિ પેરામેડિકલ કોર્સનો ભાગ હોવાથી આડોડી ધરાવતી વ્યક્તિ ક્યારેય પોતાના નામની આગળ ડોક્ટર (પ્રિફિક્સ) શબ્દ વાપરી શકે નહીં. આ અંગે મોર્ડન મેડિસિનના ડોક્ટરો દ્વારા રાજ્ય સરકારના હેલ્થ એન્ડ મેડિકલ એજ્યુકેશન વિભાગ સમક્ષ ઉગ્ર રજૂઆત કરવામાં આવી છે.

તાજેતરમાં સરકાર દ્વારા ફિઝિયોથેરાપિસ્ટ કાઉન્સિલની રચના કરવા નોટિફિકેશન જાહેર કર્યુ હતું. નોટિફિકેશનની જાહેરાત કર્યા બાદ સમગ્ર વિવાદ સર્જાયો છે. ઈન્ડિયન મેડિકલ એસોસિએશન ગુજરાત રાજ્યના માનદ સચિવ ડૉ. જીતેન્દ્ર પટેલ અને મેનેજિંગ ડાયરેક્ટર ડૉ. બિપિન પટેલે સંયુક્ત રીતે જણાવ્યું હતું કે, સુપ્રિમકોર્ટના ચૂકાદા પ્રમાણે જે વ્યક્તિ મેડિકલ કાઉન્સિલ ઓફ ઈન્ડિયા (MCI) અંતર્ગત મોર્ડન સાયન્ટિફિક મેડિસિનની પ્રેક્ટિસ કરવા નોંધાયેલ છે તેવી વ્યક્તિ જ પોતાના નામની આગળ ડોક્ટર શબ્દ પ્રયોગ કરી શકશે.

સરકાર ફિઝિયોથેરાપી કાઉન્સિલની રચના કરવા માંગતી હોય ત્યારે પોતે નોટિફિકેશનમાં ફિઝિયોથેરાપિસ્ટના નામની આગળ ડોક્ટર શબ્દપ્રયોગ કરે તે વ્યાજબી નથી. ફિઝિયોથેરપિ નર્સિંગ અને ટેક્નિશીયન સમકક્ષ ડિગ્રી હોવાથી તેઓ ડોક્ટર લગાવી શકે નહીં.

ફિઝિયોથેરપીની આગળ ડોક્ટર ન લગાવવા રજૂઆત

ગુજરાત રાજ્ય સરકારે અગાઉ પોતે નોટિફિકેશનમાં ગુજરાત ફિઝિયોથેરપી કાઉન્સિલની નિમણુંક કરીને તે સભ્યોના નામની આગળ ડોક્ટર શબ્દનો ઉલ્લેખ કરાતા તે દૂર કરવા માટે રજૂઆત કરવામાં આવી છે. ડોક્ટર શબ્દને દૂર કરીને નવેસરથી નોટિફિકેશન અગાઉ પાડવા માટે રજૂઆત કરાઈ છે.

ઈન્ડિયન મેડિકલ એસોસિએશન, પ્રોફેશનલ પ્રોટેક્શન સર્વિસ ગુજરાત રાજ્યના મેનેજિંગ ટ્રસ્ટી ડૉ. બિપીન પટેલે રાજ્યના આરોગ્ય સચિવ, આરોગ્ય કમિશ્નર, આરોગ્ય મંત્રી, રાજ્ય કક્ષાના આરોગ્ય પ્રધાનને સંબોધી પોસ્ટથી આ અંગેની લેખિતમાં રજૂઆત કરી છે.

જેમાં તેમણે જણાવ્યું છે કે, "રાજ્ય સરકારે તાજેતરમાં નોટિફિકેશન અગાઉ પાડીને ફિઝિયોથેરપી કાઉન્સિલની નિમણુંકની જાહેરાત કરી છે. જે અંતર્ગત પેરા મેડિકલ ફિઝિયોથેરપી કાઉન્સિલ બનાવીને સભ્યોની નિમણુંક કરવામાં આવી છે. તેમાં ફિઝિયોથેરપી કાઉન્સિલના જે સભ્યો છે તેમની આગળ ડોક્ટર લખવામાં આવ્યુ છે તે ગેર વ્યાજબી અને ગેરબંધારણીય બાબત છે. એમસીઆઈ(મેડિકલ કાઉન્સિલ ઓફ ઈન્ડિયા) ના નિયમ પ્રમાણે જે લોકોએ મેડિકલ રજીસ્ટ્રેશન માટેના નામ નોંધાવ્યા હોય તેવા લોકો જ ડોક્ટર લખી શકે છે.

આ બાબતે બીજા રાજ્યોની હાઈકોર્ટે સુપ્રીમ કોર્ટે ફિઝિયોથેરપી ડોક્ટર્સ ના લખી શકે તેવા ચુકાદાઓ આપેલ છે.

સરકારે જે નોટિફિકેશન અગાઉ પાડેલ છે તેમાં સુધારો કરીને ડોક્ટર સંબોધનને દૂર કરીને નવેસરથી સુધારેલુ નોટિફિકેશન અગાઉ પાડવામાં આવે."

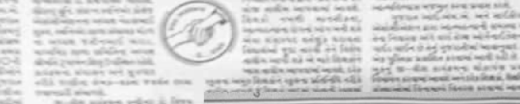
છાત્રોની આત્મહત્યા સામે ગુજરાત IMAની ક્રાંતિકારી ઝુંબેશ

સાઇકોસોશ્યલ ટ્રીસ્ટ એસો.ના સહયોગથી ત્રિસ્તરીય 'જી-વીશ' કાર્યક્રમનું આવતીકાલે લોકાર્પણ: શિક્ષણ જગત માટે માર્ગદર્શક WHOની ગાઇડ લાઇન પ્રમાણેની પુસ્તિકાનું વિમોચન : શિક્ષણ જગતનો સહયોગ માગતા ગુજરાત આઇ.એમ.એ. ના પ્રમુખ ડો. અતુલ પંડ્યા

આત્મહત્યામાં સપડાતા વિદ્યાર્થીઓને બચાવવા દેશમાં પ્રથમ વખત ગુજરાત આઈએમએ દ્વારા ઝુંબેશ

ડાલે આત્મીય કોલેજમાં ત્રિસ્તરીય 'જી-વીશ' કાર્યક્રમનું આયોજન

સાઈકોસોશ્યલ એસો.નો સહયોગ : શિક્ષણ જગત માટે માર્ગદર્શક WHOની ગાઈડલાઈન પ્રમાણેની પુસ્તિકાનું વિમોચન : શિક્ષણ જગતનો સહયોગ માગતા ગુજરાત આઈએમએના પ્રમુખ ડો. અતુલ પંડ્યા



ગુજરાત આઇએમએની અગત્યની ઝુંબેશ

આપઘાતનું પગલું ભરતા વિદ્યાર્થીઓને બચાવવા કાલથી 'જી-વિશ'નો પ્રારંભ

ત્રિસ્તરીય જી-વીશ કાર્યક્રમનું કાલે લોકાર્પણ: માર્ગદર્શક પુસ્તિકાનું વિમોચન કરાશે: કોલમ્બિયર ડો.ફ્રસ્તા બનેચ માર્ગદર્શન આપશે: મંત્રી વિજય રૂપાણી

ઉદ્ઘાટક સ્થાને, મેયર ડો.જૈમિન ઉપાધ્યાય, કુલપતિ પ્રો.પ્રતાપસિંહ ચૌહાણ ઉપસ્થિત રહેશે: આઈએમએના સાત્વો 'આપકાર' ની મુલાક

એમસીઆઈના પ્રેસિડેન્ટ જયશ્રી મહેતાની મહત્ત્વની જાહેરાત

મેડિકલની દરેક કોલેજમાં રિસર્ચ સેન્ટર ઓપન કરવામાં આવશે

ફાલસાવાડી પોલીસ લાઈનમાં મેડિકલ હેલ્થ ચેકઅપ કેમ્પનું આયોજન

સુરત : ઈન્ડિયન મેડિકલ એસોસિયેશન, સુરતના સહયોગથી આવતીકાલે રવિવારે ૧૪ ફેબ્રુઆરીના રોજ ફાલસાવાડી પોલીસ લાઈનમાં મેડિકલ હેલ્થ ચેકઅપ કેમ્પનું આયોજન કરાયું છે. જેમાં પોલીસ કર્મચારી, તેમના પરિવારના હેલ્થનું ચેકઅપ કરવામાં આવશે. સુરક્ષા સેતુ કેન્દ્ર સ્ટુડન્ટ પોલીસ કેડેટ સલાબતપુરા અને મહિધરપુરા પોલીસ સ્ટેશન દ્વારા આયોજિત આ કાર્યક્રમ સવારે ૧૦:૩૦થી બપોરે બે સુધી ચાલશે. કેમ્પમાં ફિઝિશિયન, ગાયનેકોલોજિસ્ટ, ઓર્થોપેડિક. જનરલ સર્જન, બાળરોગ નિષ્ણાત, કાન-નાક-ગળા અને દાંતના ડોક્ટર હાજર રહેશે.

MCI for overhaul of medical curriculum

Wants Research Centres In Every Medical College

TIMES NEWS NETWORK

hmedabad: In a rare in- ance, senior members of edical Council of India ICI) interacted directly th medical students. At 4L medical college's Adre- line Medical Conference d within VS Hospital cam- s on Sunday, the president MCI, Dr Jayshree Mehta, ng with past MCI presi- t and president-elect of rld Medical Association, ketan Desai and chairman cademic council, MCI, Dr prakash Mishra accepted stions from a jam-packed lience including faculty at college. The conference moderated by Adit Desai, rman of the Adrenaline ference.

lany students at this in- tive session were eager arn from MCI president hree Mehta whether the- s any scope for research present medical curri- n. She replied, "The MCI ist recently given direc- to create a research in every medical colle- romote research activi- mongst undergraduate and postgraduate students."

Another hot issue was the status of the National Entrance Eligibility Test (NEET) in the coming years. The NEET entrance exam will eliminate separate common entrance tests conducted by colleges, and instead prescribe a common exam for all undergraduate, as well for postgraduate courses across medical colleges. Dr Desai said, "A review petition has been filed by the MCI as wells as the central government with the constitution bench of five judges. The matter will be taken up for final hearing by the Supreme Court." Desai added, "In the meantime MCI has already recommended to the central government to amend the MCI Act to empower the MCI to conduct the NEET examination."

Dr Mishra assured the audience, "The MCI has recommended complete revamp of the curriculum to make it a competency-based curriculum."

Many students were also concerned over the affordability of medical education. They had asked as to how the MCI plans to increase social equity in medical education. Other questions revolved around inclusion of credit based award system, possibility of integrated learning in medical education. Adit Desai said, "This happens to be rare occasion where MCI panel members engaged directly with students. This interaction was successful, and I feel more such events should be held."

Senior members of the MCI met students of NHL medical college

Student who leaked maths

બી.જે.મેડિકલ કોલેજના પેથોલોજીના

ડૉકટરે બંને કિડની, લિવર અને આંખો દાન કરી પાંચ દર્દીને નવજીવન આપ્યું

અમદાવાદ,શુક્રવાર

આમ તો ડૉકટરને ભગવાનનું બીજુ રૂપ માનવામા આવે છે પરંતુ આજે મેડિકલ ક્ષેત્ર જ્યાં એક મોટો બિઝનેસ થઈ ગયો છે અને વધી રહેલ કોર્પોરેટ હોસ્પિટલમાં મોટા મોટા ધણા ડોકટરો હવે ગરીબ અને સામાન્ય વર્ગના લોકો ભારોભાર નારાજગી પણ વ્યક્ત કરી રહ્યા છે,ત્યારે આવા સમયમાં અમદાવાદના એક ડોકટરે પોતાની બંને કીડની, લીવર અને બંને આંખો દાન આપીને પાંચ દર્દીને નવુ જીવન આપતા ખરા અર્થમાં ડોકટર ભગવાનનું રૂપ છે તેવુ સાર્થક કરી બતાવ્યુ છે.

બ્રેઈન હેમરેજ થવાથી મૃત્યુ પામનાર ડૉ.તરંગ કદમનાં તમામ અંગો દાન કરવાની અંતઃકરણની ઈચ્છા હોઈ તેમના પત્નીએ ઓર્ગન ડોનેટ કરાવ્યા

બી.જે.મેડિકલ કોલેજમાં છેલ્લા ૨૮ વર્ષથી ફરજ બજાવતા પેથોલોજી વિભાગના આસિસ્ટન્ટ પ્રોફેસર અને નારણપુરા ખાતે તેમની પત્ની અને બે બાળકો સાથે રહેતા પેથોલોજિસ્ટ ડૉકટર એવા તરંગ કદમને ૨૦ દિવસ પહેલા અચાનક રાતે સુતા સમયે ખબર પડી કે તેમના શરીરની ડાઈ સાઈડનાં તમામ અંગો કામ કરતા બંધ થઈ ગયા છે અને હાથ અને પગમાં ખાલી ચડી ગયાનું લાગતા તરત જ તેમણે તેમના પત્નીને જાણ કરી અને રાત્રે ૧૦૮ બોલાવી તેઓને એક ખાનગી હોસ્પિટલમાં દાખલ કરવામાં આવ્યા.જ્યાં સીટી સ્કેન અને એમઆરઆઈ રીપોર્ટ કરવામા આવ્યો. જેના પરથી ખબર પડી કે તેઓના મગજમાં લોહીની કેટલીક મુખ્ય નળીઓ પહોળી થઈ ગઈ છે એન કેટલીક નળીઓ બ્લોક થઈ ગઈ છે.મેડિકલ ભાષામા જેને એન્યુરીઝમ કહેવામા આવે છે.

ડોકટરોના જણાવ્યા પ્રમાણે તેમના બચવાના એક પણ ટકા ચાન્સીસ ન હોઈ હોસ્પિટલમાં જ તેમનું બ્રેઈન હેમરેજ થતા અંતે બ્રેઈન ડેડ થવાથી તેઓ મૃત્યુ પામ્યા હતા.પેથોલોજિસ્ટ અને ડોકટર તરીકેના ૨૯ વર્ષના તેમના કાર્યકાળ દરમિયાન તેઓએ સિવિલ હોસ્પિટલમાં ઓપીડી દરમિયાન આવતા અનેક ગરીબ અને સામાન્ય વર્ગના દર્દીઓનું સાચુ નિદાન કરી અને સાચી સારવાર આપી સેવા કરી હોઈ મૃત્યુ બાદ પણ તેઓએ પાંચ દર્દીને નવજીવન આપ્યુ છે.તેમના મૃત્યુ બાદ તેમનાં આત્મીય ઈચ્છા મુજબ તેમના શરીરને અમદાવાદની સિવિલ કેમ્પસમાં આવેલી કિડની ઈન્સ્ટિટયુટમાં લઈ જવાયા હતા.જ્યાં ઓપરેશન કરીને તેમની બંને કિડની તથા લીવર કાઢીને અન્ય ત્રણ દર્દીઓમાં ટ્રાન્સપ્લાન્ટ કરવામા આવ્યા.ત્યારબાદ તેઓની બંને આંખો પણ ડોનેટ કરવામા આવી હોઈ બે દર્દીઓને એક એક આંખ આપીને પ્રત્યારોપણ કરાયુ.

આમ હાલના સમયમાં જ્યાં જીવતે જીવત ટલાક પ્રોફેશનલ બની ગયેલા માનવતા રહીત ક્ટિરો દર્દીઓને બચાવી નથી શકતા અથવા ો બચાવવા માટે પ્રયત્ન નથી કરતા ત્યારે .તરંગે મૃત્યુ બાદ પણ પાંચ દર્દીઓને તેમના ંગો આપીને નવજીવન આપ્યુ અને ખરા ર્થમાં ડોકટર ભગવાનનું બીજુ રૂપ હોવાનું ર્થક કરી બતાવ્યુ.આ અંગે તેમના પત્ની અને એલ.જી હોસ્પિટલમાં માઈક્રોબાયોલોજીના પ્રોફેસર ડૉ.ભિના કદમે જણાવ્યુ હતું કે આજના મેડિકલ સાયન્સના યુગમાં કદાચ માન્યમા ન આવે વાત કહી શકાય પરંતુ તેમ છતાં મને અડધો કલાક બેઠી ત્યારે મને એવો અહેસાસ થયો કે મારા પતિ ડૉ.તરંગ મને કંઈક કહી રહ્યા છે તેઓની કંઈક કહેવાની ઈચ્છા છે અને અચાનક જ થોડા સમય પછી મારા મોઢા માંથી

અમદાવાદમાંથી પ્રથમ હાર્ટ ટ્રાન્સપ્લાન્ટરૂપે

ડૉ.તરંગનું હૃદય પણ દાન આપી ટ્રાન્સપ્લાન્ટ થવાનું હતું પણ ન થયું

અમદાવાદ,શુક્રવાર

ડૉ.તરંગના કિડની, લીવર અને આંખો બાદ તેમનું હૃદય પણ દાન આપીને ટ્રાન્સપ્લાન્ટ કરવામા આવનાર હતું અને મુંબઈ લઈ જઈને ટ્રાન્સપ્લાન્ટ તૈયારી પણ કરી દેવાઈ હતી પરંતુ હૃદયની નળીઓના નેગેટિવ રીપોર્ટને લીધે ટ્રાન્સપ્લાન્ટ ન થઈ શક્યુ.મહત્વનું છે કે જો તેમનું હાર્ટ ટ્રાન્સપ્લાન્ટ શક્ય હોત તો કદાચ અમદાવાદમાંથી કોઈ પણ વ્યક્તિનું હાર્ટ બીજા શરીરમાં મુકાય તેવો આ પ્રથમ કિસ્સો હોત.

હોસ્પિટલમાં છેલ્લી ઘડીએ તેમની આસપાસ રહેનારા અને બી.જે.મેડિકલના કેટલાક સીનિયર ડોક્ટરોના જણાવ્યા મુજબ ડૉ.તરંગનું હાર્ટ ટ્રાન્સપ્લાન્ટ કરવા માટે પુરતી તૈયારીઓ પણ કરી દેવાઈ હતી.અમદાવાદમાં ટ્રાન્સપ્લાન્ટ થતુ ન હોવાથી મુંબઈમાં હાર્ટ ટ્રાન્સપ્લાન્ટ માટે તેમના હૃદયને પુરી રીતે મેડિકલ સીક્યુરીટી અને સારસંભાળ સાથે એડવાન્સ એમ્બ્યુલન્સમાં લઈ જવા માટે પોલીસથી માંડી બી.જે.મેડિકલ તેમજ સરકારની મંજૂરી પણ લેવાઈ ગઈ હતી. તેમના હાર્ટને મુંબઈ સુધી લઈ જવા માટે ગ્રીન કોરિડોરનું પણ આયોજન કરી દેવાયુ હતું.પરંતુ છેલ્લી ઘડીએ તેમના હૃદયના ઈકોના અને કાર્ડીયોગ્રામ રીપોર્ટ જોતા મુંબઈના નિષ્ણાંત કાર્ડીયોલોજીસ્ટને લાગ્યું કે તેમનું હૃદય બીજા દર્દીના શરીરમાં ટ્રાન્સપ્લાન્ટ થઈ શકે તેમ નથી.કારણકે હૃદયની પણ કેટલીક નળીમાં બ્લોક લાગતુ હતુ અને તેમનું હૃદય જોઈએ તેટલુ પમ્પિંગ કરતુ ન હતું.જેથી ટ્રાન્સપ્લાન્ટ કરીને પણ કોઈ ફાયદો થાય તેમ ન હતો.જેથી આખરે તેમનું હૃદય ટ્રાન્સપ્લાન્ટ ન થઈ શક્યુ.પરંતુ મહત્વનું છે કે અત્યાર સુધી અમદાવાદમાંથી કોઈ પણ દર્દીનું હાર્ટ ઓર્ગન ટ્રાન્સપ્લાન્ટ થયુ નથી ત્યારે જો આ શક્ય બન્યુ હોત તો કદાચ અમદાવાદનો હાર્ટ ટ્રાન્સપ્લાન્ટનો આ પ્રથમ કિસ્સો હોત.

મુંબઈ લઈ જવા માટે ગ્રીન કોરીડોર પણ તૈયાર કરી દેવાયો હતો પરંતુ નેગિટિવ રિપોર્ટને લીધે ન લઈ જવાયું

થેયાલ અહેસાસ થયા પ્રમાણે ડૉ.તરંગનું બ્રેઈન ડેડ થયાનું ડીકલેર કરાયા બાદ હું શોક થઈ ગઈ અને તેમની સાથે હોસ્પિટલના રૂમમાં એકલી નીકળી ગયુ કે તેમના તમામ અંગો દાન કરી દઈશુ.આ કદાચ બોલી હું પરંતુ શબ્દો અને ઈચ્છા તેમના હતા.

AISDS-2016
ALL INDIA SAMARPAN DOCTORS SEMINAR

Invitation

From : **IMA - G.S.B.**

After Grand Success of **AISDS-2015,** Ahmedabad
With a noble theme of **"Healthy Doctor Healthy Society"**
For celebrating **"World Health Day-2016"**
IMA Gujarat State Branch, Dean, AMC MET Medical College,
Samarpan Medical Group & South Gujarat Samarpan Ashram - Dandi Committee
Jointly invites all the Doctors IN

All India Samarpan Doctors' Seminar - 2016

(Spirituality & Science - The Duality)

•••• **On** ••••
10/4/2016, Sunday; From: 9:30 Am to 6:00 PM
•••• **At** ••••
Samarpan Ashram - Dandi (Navsari) Gujarat.

Join & Enjoy a Unique Experience in the Divine Presence of Enlightened Living Master.

H. H. Swami Shree Shivkrupanandji

(The Founder of Samarpan Meditation)

Your Esteemed presence will be our pleasure.

REGISTRATION

FREE but COMPULSARY before Dt: 3/4/2016.
By SMS/Whatsapp/Call on 09825219971 or
through your Samarpan Meditation Centre

Aims & Objectives :
- To build up healthy **Doctor-Patient Relationship**.
- Protection from **'Professional Health Hazards'** by development of strong Aura shell.
- Stress Free Healthy medical practice to **Increase Productivity** of self & Job Satisfaction.
- To establish a permanent attitude of Global peace.

Glimpse of Conference :
- Golden opportunity to spend some time in proximity of Living Enlightened Master.
- Unique Experience of Thoughtlessness, Deeper Relaxation with joy of inner peace & happiness during the discourse only.
- Increase awareness with connection with one's own self being.

Benefits to the Participants :
- Success at Internal & External levels.
- Realization of hidden potentiality.
- Improvement of Self-Confidence, Concentration, Energistic Work efficiency.
- Sense of well-being.

A unique Exhibition :
- Of Science & Spirituality
- Bridging the modern Science & Yogic Science.
- Will be open on **09-04-2016** from **9 am to 10 pm** at same venue.

For More Information : www.samarpanmeditation.org • E-mail : aisds2016@yahoo.com
Hiral Thakkar: 9825219971, Dr. Pravina Bhalani: 09712068565, Prof. Kiran Domadia : 9825525637

Diagnostic Camp Ahmedabad Branch

* * * * *

Glaucoma Awareness Programme Ahmedabad Branch

IMA (Hqs) Office Bearers' meeting

* * * * *

Best State President Award - IMA NATCON

Healthy Girl Child Competition Anand Branch

* * * * *

Felicitation of IMA achievers Gandhidham Branch

Medicolegal update seminar - Bhavnagar Branch

* * * * *

Winner of Cricket tournament Mehsana Branch

* * * * *

CME MehsanaBranch

Flag Hoisting Programme Morbi Branch

* * * * *

Sports Week Celebration Nadiad Branch

Inauguration of Cultrural Programme Palanpur Branch

* * * * *

Diagnostic Camp Valsad Branch

CONGRATULATION !

"Padma Shri" award for his distinguished service in Medicine (Neurologist)

Dr. Sudhir Shah, M.D., D.M. is a nationally & internationally reputed and acclaimed consultant neurologist and a Senior Professor and Head of the Department of Neurology at K.M. School of PG Medicine and Research, Ahmedabad, Gujarat. A laureate and a visionary with multi-faceted talents of a teacher, a writer, a musician, a philanthropist and an occultist, Dr. Sudhir Shah is a blend of research, academics, leadership and organizational skills, believing in perseverance and benefitting the society through humanitarian efforts and spread of knowledge.

* * * * *

World Aids Day Celebration Surat Branch

SCIENTIFIC UPDATE

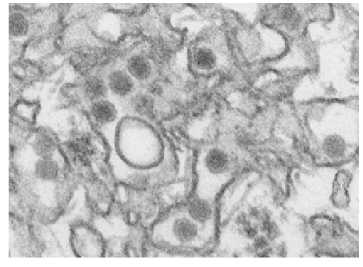
ZIKA VIRUS

History:

- The virus was first isolated in April 1947 from a monkey in the Zika Forest of Uganda.
- A second isolation was from the mosquito A. africanus at the same site in January 1948.
- First human case was detected in 1954 in Uganda.
- On 1st February 2016 WHO has declared Zika as Public health Emergency and it is nationally notifiable condition.

Virus:

- The Zika virus belongs to Flaviviridae and the genus Flavivirus, and is thus related to the dengue, yellow fever, Japanese encephalitis, and West Nile viruses.



- It is enveloped and icosahedral and has a nonsegmented, single-stranded, positive-sense RNA genome containing 10,794 nucleotides encoding 3,419 amino acids.
- There are two lineages: African and Asian lineage.
- Recent preliminary findings from sequences in the public domain uncovered a possible change in nonstructural protein 1 codon usage that may increase the viral replication rate in humans

Incubation period:

- It is not clear, but is likely to be a few days.

Vector:

- Zika virus is transmitted by daytime-active (morning and late afternoon/evening hours) mosquitoes and has been isolated from a number of species in the genus Aedes, such as A. aegypti, A. albopictus and arboreal mosquitoes such as A. africanus, A. apicoargenteus, A. furcifer, A. hensilli,

A. luteocephalus, and A. vitattus.

- Aedes aegypti (Aeaegypti) the main vector is widely prevalent in India.
- The mosquito vectors typically breed in domestic water-holding containers
- The extrinsic incubation period in mosquitoes is about 10 days
- Reservoir of virus: Unknown

Interim case definition (As on 12-2-16)

Suspected case

- A person presenting with rash and/or fever and at least one of the following signs or symptoms:
- arthralgia; or arthritis; or conjunctivitis (non-purulent/hyperaemic).

Probable case

A suspected case with presence of IgM antibody against Zika virus1 and an epidemiological link2

Confirmed case

- A person with laboratory confirmation of recent Zika virus infection:
- presence of Zika virus RNA or antigen in serum or other samples (e.g. saliva, tissues, urine, whole blood); or
- IgM antibody against Zika virus positive and PRNT90 for Zika virus with titre ≥20 and Zika virus PRNT90 titre ratio ≥4 compared to other flaviviruses; and exclusion of other flaviviruses

Notes

1 With no evidence of infection with other flaviviruses

2 Contact with a confirmed case, or a history of residing in or travelling to an area with local transmission of Zika virus within two weeks prior to onset of symptoms.

Transmission:

- It is transmitted to people through the bite of an infected mosquito
- Biggest trafficker of viruses globally is infected Humans.
- Perinatal & in utero transmission:

- It can cross the placenta, affect fetus.
- Infection around the time of birth is possible but this is rare.
- To date, there are no reports of infants getting Zika virus through breastfeeding.

- Spread of the virus through sexual contact have been reported
  - virus is detected in semen 2 weeks to probably 10 weeks after infection
- Spread of the virus through blood transfusion have been reported
  - It has been identified in asymptomatic blood donors
  - American Red Cross has asked potential blood donors who have traveled to areas where Zika infection is active to wait 28 days before giving blood.
  - People who give blood and subsequently develop symptoms of Zika virus within 14 days of their donation should notify the Blood bank

Geographical distribution:

- Since the 1950s cases has been known to occur within a narrow equatorial belt from Africa to Asia.
- Outbreaks were reported for the first time from the Yap, Pacific in 2007
- Zika viral transmission since 2007 has been documented in 46 countries (Figure) and territories including 34 countries which reported autochthonous transmission, or locally acquired infection, between 2015 and 2016, six countries with indication of viral circulation, five countries where the Zika virus outbreak has ended and one country with a locally acquired case but without vector borne transmission (Table 1).

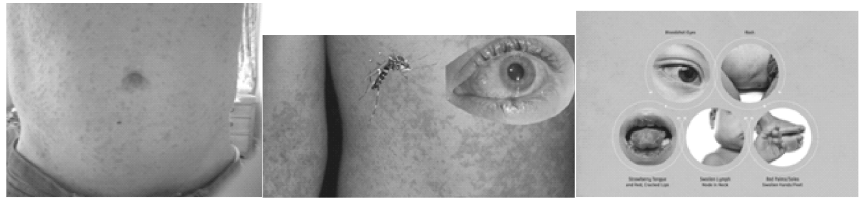
Table 1: Countries and territories with autochthonous transmission of Zika virus, 2007 – 2016*

	WHO Regional Office	Country or territory
Reported autochthonous transmission (34)	**AFRO**	Cape Verde
	AMRO/PAHO	Barbados, Bolivia, Brazil, Colombia, Costa Rica, Curaçao, Dominican Republic, Ecuador, El Salvador, French Guiana, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Nicaragua, Panama, Paraguay, Puerto Rico, Saint Martin, Suriname, US Virgin Islands, Venezuela
	SEARO	Maldives, Thailand
	WPRO	American Samoa, Samoa, Solomon Island, Tonga, Vanuatu
	AFRO	Gabon
Indication of viral circulation (6)	**SEARO**	Indonesia
	WPRO	Cambodia, Fiji, Philippines, Malaysia,
Countries with outbreaks terminated (5)	**AMRO/PAHO**	Eastern Islands
	WPRO	Cook Islands, French Polynesia, New Caledonia, Yap
Locally acquired without vector borne transmission (1)	**AMRO/PAHO**	United States of America

(* We need to update with number of countries affected, mode of transmission etc. regularly)

HumanCases:

- Zika virus affects people who travelled to affected tropical areas and have been bitten by a mosquito that carries the infection.
- It is estimated that only about 20% (one in five people) carrying the virus actually develop symptoms i.e. 80 % cases are asymptomatic
- Characteristic clinical findings are acute onset of fever with maculopapular rash, arthralgia, conjunctivitis. Other commonly reported symptoms include myalgia, headache, bodyache,vomiting and diarrhoea.
- Clinical illness is usually mild with symptoms lasting for several days to a week.
- Severe disease requiring hospitalization is uncommon and case fatality is low



- ·Strawberry tongue, cracked lips, swollen lymph nodes and red-swollen palm, sole, hands & feet

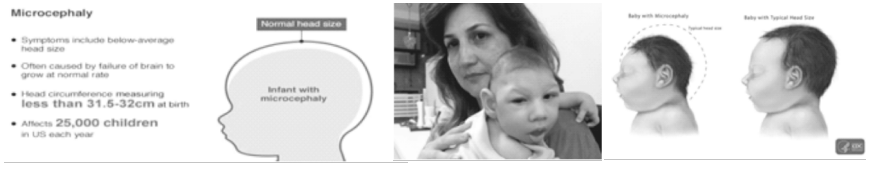
Complications:

Guillain-Barré syndrome:

- The first case of Zika virus infection complicated by Guillain-Barré syndrome was reported from French Polynesia in March 2014, and others have occurred in Brazil. Death is rare.

Complication in Fetus:

- The risk of Zika virus infection damaging a foetus is unknown.
  - Brazil has reported an increase in birth defects in babies born during the recent Zika virus epidemic, specifically Foetal microcephaly and Intracranial calcifications
- Microcephaly: (Head circumference <31.5 to 32 cms at birth with brain developmental defects)
  - Universally accepted definition of microcephaly does not exist.
  - Microcephaly is most often defined as head circumference (occipito frontal circumference) greater than 2 standard deviations below the mean, or less than the 3rdpercentile based on standard growth charts (e.g., Fenton, Olsen, CDC, or WHO growth curves).
  - Microcephaly can be present at birth or it may develop in the first few years of life.



- Microcephaly may be caused by genetic abnormalities or by drugs, alcohol, certain viruses, and toxins that are exposed to the fetus during pregnancy and damage the developing brain tissue
- Signs and symptoms of microcephaly may include a smaller than normal head circumference that usually remains smaller than normal as the child grows, dwarfism or short stature, delayed motor and speech functions, mental retardation, seizures, facial distortions, hyperactivity, balance and coordination problems, and other brain-related or neurological problems; although some with the disorder may develop normal intelligence
- Brain anomalies detected on ultrasound included corpus callosal and vermiandysgenesis, enlarged cisterna magna, severe unilateral ventriculomegaly, agenesis of the thalami, cataracts, intracranial and intraocular calcifications
- Other anomalies included congenital contractures and clubfoot.

DifferentialDiagnosis & Reporting:

- Dengue, leptospirosis, malaria, rickettsia, group A streptococcus
- Rubella, measles, and parvovirus, entero virus, adenovirus, and alphavirus infections (e.g., Chikungunya, Mayaro, Ross River, Barmah Forest, O'nyong-nyong, and Sindbis viruses).

Lab diagnosis:

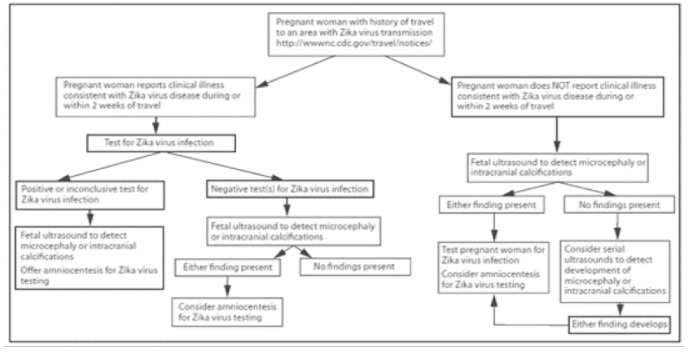
- Acceptable specimens are serum, cerebrospinal fluid, semen, amniotic fluid, umbilical cord blood, palcenta (fresh frozen tissue)
- Ideal timing of specimens for serology:

Specimen	Timing
Acute	3 to 10 days after onset of symptoms
Convalescent	2-3 weeks after acute sample

- The molecular and serologic testing includes:
  - Virus isolation
  - Reverse transcription-polymerase chain reaction (RT-PCR) for viral RNA during the first week after onset of symptoms
  - Immunoglobulin (Ig) M ELISA (toward the end of the first week of illness & convalescent sera)
  - Plaque reduction neutralization test (PRNT) for Zika virus antibodies

- Histopathologic examination and immunohistochemical staining of the placenta and umbilical cord
- No commercial tests for Zika virus are available so testing facilities are not available in private laboratories.
- In India NCDC, Delhi & NIV, Pune are performing tests. Contact state health department to facilitate testing in suspected case.

The C.D.C. testing algorithm for pregnant women who have visited countries in which the Zika virus is spreading:



- Paediatric health care providers should work closely with obstetric providers:
  - Pregnant mothers with suspected Zika infection or who (or her husband) have recently travelled to an infected zoneshould undergo:
  - Maternal/ Husband testing for Zika virus
  - Ultrasound examination to monitor foetal growth and anatomy
  - Amniocentesis may be considered after 15 weeks of gestation
  - Identify & test infants with microcephaly or intracranial calcifications:
  - Born to women who (or her husband) travelled to or resided in an area with Zika virus transmission while pregnant
  - Infants born to mothers with positive or inconclusive test results f Zika virus infection.
- Fetal MRI is not a screening tool and should be used only in occasional specific high-risk situations.

Management:

- Specific antiviral treatment and vaccine are not available for Zika virus.
- Treatment is generally supportive and can include rest, fluids, and use of analgesics and antipyretics.

- Aspirin and other non-steroidal anti-inflammatory drugs (NSAIDs) should be avoided.
- Treatment for congenital Zika virus infection is also supportive and should address specific medical and neurodevelopmental issues for the infant's particular needs
- Mothers are encouraged to breastfeed infants
- People infected with Zika should be protected from further mosquito exposure during the first few days of illness

Prevention:

- Avoid visiting areas where Zika virus transmission is on going
- Use of condom & barrier contraceptive to prevent sexual transmission:
- All men use condoms for at least 28 days after returning from affected countries
- Men with Zika symptoms should avoid having unprotected sex for six months
- To eradicate mosquitoes from their living and working environment
- DEET All Day, Every Day: Whenever you're outside, use insect repellents that contain DEET or other EPA approved repellents and follow instructions.
- DRESS: Wear long, loose, and light-colored clothing outside.
- DRAIN: Remove all standing water in and around your home.
- DUSK & DAWN: Limit outdoor activities during dusk and dawn hours when mosquitoes are most active.
- In order to achieve sustainability of successful Aedes vector control programme, it is essential to focus on involvement of hospitals, non-health sector departments including schools/colleges, civil society organizations (NGOs, Faith Based Organizations and Community Based Organizations like Residents' Welfare Organizations, Self-Help Groups), Panchayati Raj Institutions/Municipal Bodies or such like local self-governments, local Religious Bodies, Nehru YuvakKendras, NSS/NCC units in schools and colleges as well as professional associations like Indian Medical Association and corporate sector. These groups should be provided information on all aspects of Zika virus disease: what it is, how it spreads and the role of mosquitoes, where & how they breed/rest, and how they can be controlled.
- A Zika vaccine could be ready for clinical trial soon.

Dr. Kamlesh J. Upadhyay (Professor, Department of Medicine)
B.J.Medical College & Civil Hospital, Ahmedabad.

PHYSIOTHERAPISTS CANNOT WRITE "Dr." BEFORE THEIR NAME

The Rehabilitation Council of India Act, 1994 (hereinafter referred to as "RCI Act) is enacted to provide for the constitution of the Rehabilitation Council of India for regulating the training of rehabilitation professions and the maintenance of a Central Rehabilitation Register and for matters connected therewith or incidental thereto.

According to Section 2(i) (n) (xvii) of RCI Act, the term physiotherapist means a Rehabilitation professional. Thus, the physiotherapists in India are regulated by the provisions of RCI Act and its Rules and Regulations and not by any other act or law in India.

According to Section 13(2) of RCI Act mandates that no person other than a rehabilitation professional who possess a recognized rehabilitation qualification and enrolled in the register shall practice as a rehabilitation professional anywhere in India. Thus for a physiotherapist to carry out his occupation as physiotherapist, it is mandatory that the physiotherapist should possess a recognised qualification as per the RCI Act and should also be registered as per the provisions of RCI Act registration with the Rehabilitation Council of India, or else as per section 13(3) the said physiotherapist without registration with Rehabilitation Council of India shall be punished with imprisonment for a term which may extent to one year or with fine which may extent to Rs.1,000/- or with both.

Thus, the physiotherapists are rehabilitation professionals who are registered with the Rehabilitation Council of India.

The Hon'ble Supreme Court of Indiain the matter titled as "Poonam Verma versus Ashwin Patel, CA No. 8856/1994 dated 10.05.1996 has held that:

"A person who does not have knowledge of a particular System of Medicine but practices in that System is a Quack and a mere pretender to medical knowledge or skill, or to put it differently, a Charlatan."

In view of the above landmark judgment, it is stated that the person who possesses recognized qualification / knowledge of a particular system of medicine is only authorized to practice in that particular system of medicine. If a person practices in any other system of medicine of which he does not possesses recognized qualification / knowledge, then that person

would be considered as a quack i.e. a mere pretender to medical knowledge or skill, or a charlatan.

There are majorly three (3) systems of medicines in India i.e. (1) allopathic or modern system of medicine, (2) Ayurvedic, Siddha or Unani Tibb system of medicine and (3) Homeopathic system of medicine. Different Central and state legislations, laws and acts have enacted for all the three system of medicine. It is pertinent to mention herein that all the three system of medicines do not allow cross pathy i.e. a person who has obtained a recognized qualification / knowledge of a particular system of medicine is only authorized to practice that particular system of medicine and not the other. Further, penal actions are also there if a person practices some other system of medicine of which he has not obtained a recognized qualification.

The persons who have recognised qualification as per the Indian Medical Council Act, 1956 and who are registered with the Indian Medical Council or State Medical Council as per the Indian Medical Council Act, 1956 are the persons who are allowed to practice modern system of medicine as per the Indian Medical Council Act, 1956.

Similarly, the persons who have recognised qualification as per the Indian Medicine Central Council Act, 1970 and who are registered with the Indian Medicine Central Council or the respective State Medicine Councils are the persons who are allowed to practice the medicine system of Ayurveda, Sidha or Unani.

Also, the persons who have recognised qualification as per the Homeopathy Central Council Act and who are registered with the Homeopathy Central Council or the respective State Councils are the persons who are allowed to practice the medicine system of Homeopathy.

Accordingly, only the persons practicing modern system of medicine or AYUSH are allowed to use "Dr." before their name as they are the only persons who are termed as Doctors.

In view of the above, it is stated that the physiotherapist is not allowed to practice medicine and / or to prescribe drugs especially the Scheduled Drugs as mentioned in the Drugs and Cosmetics Act on their own as they do not possess recognised qualification as mentioned in Indian Medical Council Act, 1956, Indian Medicine Central Council Act and Homeopathy Medicine Central Council Act. Also, they cannot claim themselves to be a specialist medical practitioner and by prefixing the word "Dr" with their

name in their prescription. If the physiotherapists is doing the same then he is creating an impression on his patient that he is a medical consultant which is an offence in the eyes of law and the said person is a quack as stated by the Hon'ble Supreme Court.

The Hon'ble Supreme Court in the matter titled as “Dr. Mukhtiar Chand versus The State of Punjab, 1998 (7) SCC 579,” has held that:

“Section 15(2)(b) of the 1956 Act prohibit all persons from practising modern scientific medicine in all its branches in any State except a medial practitioner enrolled on a State Medical Register. There are two types of registration as far as the State Medical Register is concerned. The first is under Section 25, provisional registration for the the purposes of training in the approved institution and the second is registration under Section 15(1). The third category of registration is in the "Indian Medical Register" which the Council is enjoined to maintain under Section 21 for which recognised medical qualification is a prerequisite. The privileges of persons who are enrolled on the Indian Medical Register are mentioned in Section 27 and include the right to practise as a medical practitioner in any part of India. "State Medical Register" in contradistinction to "Indian Medical Register", is maintained by the State Medical Council which is not constituted under the 1956 Act but is constituted under any law for the time being in force in any State; so also a State Medical Register is maintained not under the 1956 Act but under any law for the time being in force in any State regulating the registration of practitioners of medicine. It is thus possible that in any State, the law relating to registration of practitioners of modern scientific medicine may enable a person to be enrolled on the basis of the qualifications other than the "recognised medical qualification" which is a prerequisite only for being enrolled on the Indian Medical Register but not for registration in a State Medical Register. Even under the 1956 Act, "recognised medical qualification" is sufficient for that purpore. That does not mean that it is indispensably essential. Persons holding "recognised medical qualification" cannot be denied registration in any State Medical Register, But the same cannot be insisted upon for registration in a State Medical Register. However, a person registered in a State Medical Register cannot be enrolled on the Indian Medical Register unless he possesses "recognised medical qualification." This follows from a combined reading of Sections 15(1), 21(1) and 23. So by virtue of such qualifications as prescribed in a State Act and on being registered in a State Medical

Register, a person will be entitled to practise allopathic medicine under Section 15(2)(b) of the 1956 Act.”

Further, vide order dated 25.01.2001, the Medical Council of India in the complaint case against Dr. Mahavir Singh has held that:

“I am directed to state that for the purposes of practicing Allopathy System of Medicine i.e. Modern Scientific System of Medicine, a person apart from fulfilling other requirements under the provisions of the Indian Medical Council Act, 1956, must possess a recognized medical qualification and be registered on the State Medical Register : Indian Medical Register under the provisions of the IMC Act, 1956. Since BAMS is not a recognized medical qualification under any of the schedules to the IMC Act, 1956, a person possessing that qualification cannot be permitted to practice Allopathy System of Medicine. Further, a person possessing only BAMS and not any recognized medical qualification under the provisions of the IMC Act, 1956, is not entitled to be registered on the State Medical Register : Indian Medical Register under the provisions of the said Act.

It is further stated that the Board of A & U System of Medicines is not the competent body to issue any certificate or authorize any person to practice in Modern Scientific System of Medicine.”

Also, vide order dated 25.11.2003 bearing No. R. 14015/25/96-U&H(R)(Pt.), the Ministry of Health and Family Welfare, Government of India has stated that:

“The matter regarding grant of recognition to the various streams of alternative medicine including electropathy / elctrohomeopathy, has been under consideration of the Govt. in this process Govt. has considered the orders dated 18.11.98 of the Hon'ble High Court of Delhi in CWP No.4015/96 & OM No.8468/97 has inter-alia directed the Central/State Govts. to consider making legislation to grant of licenses to existing and new institutes etc. to control & regulate the various 'unrecognized' streams of alternative medicines and also give adequate publicity through media informing public about the 'Respondents' and similar other institutes being recognized by the Govt. & affiliated with any of the Councils.

Government constituted a 'Standing Committee of Experts' under the Chairmanship of Director General, Indian Council of Medical Research and members were drawn from various fields of medicine to consider & give its recommendations to the Government, on the efficacy/merits of

various streams of alternative medicine and also examine feasibility of making legislation as suggested by the Hon'ble Court.

The Committee developed essential & desirable criteria for grant of recognition to a new stream of medicine and analysed the different streams of 'Alternative medicine viz.Ayurveda, Siddha, Unani, Homeopathy, Yoga & Naturopathy, Electropathy/Electro Homeopathy, Acupuncture, magnetotherapy, Reiki, Reflexology, Urine Therapy/Autourine Therapy, Hypnotherapy, Aroma Therapy, colour Therapy, Pranic Healing, Gems & Stone Therapy and music Therapy.

The Committee did not recommend recognition to any of these alternative medicines except the already recognized traditional systems of medicines, viz Ayurveda, Siddha, Unani, Homeopathy and Yoga & Naturopathy which were found to fulfill the essential & desirable criteria developed by the Committee for recognition of a system of medicine. The Committee has, however, recommended that certain practices as Acupuncture and Hypnotherapy which qualified as modes of therapy, could be allowed to be practised by registered practitioners or appropriately trained personnel. The Committee further suggested that all those systems of Medicine not recognized as separate Systems should not be allowed to continue full time Bachelor and Master's degree courses and the term “Doctor” should be used only by practitioners of Systems of medicine recognized by the Government of India. Those considered as mode of therapy can be conducted as certificate courses for registered medical practitioners whether modern medicine of India Systems of Medicine and Homeopathy.

After carefully examining the various recommendations of the Committee, the Government accepted these recommendations of the Committee. Accordingly, it is requested that the State/UT Govt. may give wide publicity to the decision of the Govt. They may also ensure that institutions under the State/UT do not grant any degree/diploma in the stream of medicine which have not been recommended for recognition and the term 'Doctors” is used by practitioners of recognized systems of medicine.”

The above mentioned landmark judgment of Hon'ble Supreme Court has been duly followed by the Hon'ble High Court of Patna in the matter titled as “Sri Sarjoo Prasad and Others versus The State of Bihar, 2003 (51) BLJR 686” wherein the Hon'ble High Court of Patna has held that:

“9. From a bare perusal of Section 15(2)(b) it is apparent that unless a person is enrolled on State Medical Register as medical practitioner, he cannot practise medicine, nor he can sign or authenticate any medical certificate or any certificate required by any law to be signed or authenticated by a duly qualified medical' practitioner. Thus, notwithstanding that an Occupational therapist or Physiotherapist holds diploma/degree in Occupational therapy or Physiotherapy granted by the University on the basis of the course of studies prosecuted by him, if he is not enrolled on a State Medical Register, he cannot practise modern medicine. Indeed, medical qualification included in the Schedule of the Indian Medical Council Act only entitles the person to be enrolled on a State Medical Register, but without such enrolment even he cannot practise medicine. It is relevant to mention here that Sub-section (2) of Section 15 of the Indian Medical Council Act was added by Act 24 of 1964 with effect from 16-6-1964. Prior to the amendment there was no such provision that only a person enrolled on 'State Medical Register' can practise modern science medicine.”

Thus, the physiotherapist by claiming to be a medical consultant among the general public by prefixing the word “Dr” with their name and by running a pain and rehabilitation clinic without sufficient registration, are committing the offence of cheating the general public by faking certificate of an association to be that of a statutory body. Also, the said persons have also committed an offence under section 336, 417, 418, 419, 425, 469 read with section 471 of Indian Penal Code. The act of the physiotherapists by running a pain and rehabilitation clinic and treating patients on their own without medical supervision and the required registration with the respective councils is dangerous to the life of the general public.

In view of the above discussions, it is opined that the physiotherapists are not allowed to portray themselves as registered medical practitioners by prefixing the word “Dr” with their name. If any physiotherapists prefixes the word “Dr” with his name, then he shall be treated as quack as mentioned by the Hon'ble Supreme Court and all laws as applicable on any quack shall be also applicable on said physiotherapists who is prefixing “Dr.” With the name and who is portraying as the medical practitioner / medical consultant

IMA guidelines to restrict opioid prescribing Guidelines address the epidemic of deaths and overdoses attributed to opioid painkillers

1. The latest CDC guidelines endorsed by IMA focus on chronic pain except for cancer and end-of-life care. Every day in US alone over 40 people die from overdoses of opioid painkillers. In 2014 these deaths surpassed car accidents as the No. 1 cause of injury-related death.
2. Use of opioids such as Oxycodone (longer acting OxyContin) and codeine is a leading cause of death in young adults. Among those individuals aged between 25 and 34 years, approximately one out of every eight deaths is related to opioid overdoses. Each year, 2 million people in US alone abuse or misuse the drugs.
3. Management of chronic pain is an art. For the vast majority of patients, the known, serious, and too-often fatal risks far outweigh the unproven and transient benefits
4. Chronic pain is defined as pain lasting more than three months. IMA recommends that doctors try other treatments, prescribing ibuprophen, referring a patient to a physical therapist or using injection treatments -- before prescribing opioids.
5. IMA recommends limiting opioid prescriptions to people who have cancer, are receiving end-of-life or palliative care, or are suffering with serious illnesses.
6. GPs write the vast majority of prescriptions for painkillers (about 50%).
7. IMA recommends doctors prescribe opioids only after other therapies have failed and rely on the lowest possible doses
8. IMA also suggests that short-term treatment, typically, just three days, but sometimes seven days, is far more preferable than long-term use. Patients who take opioids for extended periods are much more likely to become addicted. It is also a concern that more people may turn to heroin if opioids are harder to obtain

9. It is not true that Oxycodone is less addictive than other pain medications
10. Most placebo-controlled, randomized trials of opioids have lasted six weeks or less.
11. Doctors should also red and know how to manage addiction, including offering naloxone, a drug that reverses an overdose, or buprenorphine or methandone, both of which are used to treat addiction.
12. OXY CODONE or Oxycontin (poor man's heroin) abuse is the most common. With its heroine-like effects, the prescription drug is not only popular for recreational use, but it's also very dangerous. The powerful substance is extremely addictive. It doesn't take much to overdose on Oxycodone and without immediate attention, it can lead to death. On a global scale, 100,000 people die from Oxycodone abuse per year.
13. Combining lorazepam, alcohol and oxycodone can be deadly
14. Derived from opium poppy seeds, opioids primarily consist of prescription painkillers and heroin. Synthetic opioids include popular prescription drugs like Oxycontin (Oxycodone), Vicodin (Hydrocodone) and Duragesic (Fentanyl).
15. Combined with their highly-addictive nature, opioids are dangerous because a single large dose can cause severe respiratory depression and death.

* * * * *

NATIONAL CONSUMER DISPUTES REDRESSAL COMMISSION
NEW DELHI
CONSUMER CASE NO. 366 OF 2014

1. Shri MANISHBHAI KANTILAL JOSHI,
   S/o late Shri Bhanuben Alias Bhanumatiben K Joshi,
   9/761, Amli Sheri, Narmad Chakla,SURAT. .....Complainant(s)

Versus

1. SHETH P. T. SURAT GENERAL HOSPITAL & 2 ORS.,
   (Registered under Surat Charity Fund), Balaji Road,SURAT.
2. Dr. Sameer Gami,
   Sheth P.T Surat General Hospital
   (Registered under Surat Charity Fund), Balaji Road,SURAT.
3. Dr. S. S. Indorwala,
   Sheth P.T Surat General Hospital (Registered under Surat Charity Fund), Balaji Road,SURAT.

.....Opp.Party(s)

BEFORE:

HON'BLE MR. JUSTICE V.K. JAIN, PRESIDING MEMBER

HON'BLE DR. B.C. GUPTA, MEMBER

For the Complainant : Mr. Rahul Trivedi, Advocate

For the Opp.Party : For the Opposite Parties No.1 & 3 : Mr. R.K. Kohli, Advocate For the Opposite Party No.2 : Mr. Rohan Swarup, Advocate

Dated : 09 Feb 2016

ORDER

JUSTICE V.K. JAIN, PRESIDING MEMBER (ORAL)

Late Shri Kanti Lal C. Joshi, aged about 86 years, father of the complainant was admitted in Sheth P.T Surat General Hospital (Opposite Party No.1) on 19.11.2012. He was admitted under another doctor, but later put under the treatment of opposite party No.2 Dr. Sameer Gami. He expired at about 2.30 AM on 21.11.2012 while on ventilator. In the night of 20.11.2012, he was under the care of opposite party no.3 Dr. S.S. Indorwala after OP No.2 Dr. Sameer Gami had retired for the day. Alleging negligence in the treatment of his father, the complainant is before this Commission seeking

compensation quantified at Rs.2 Crores along with cost of litigation quantified at Rs.50,000/-.

2. When this complaint came up for consideration on 26.09.2014, the learned counsel for the complainant submitted that the main grievance of the complainant was that the OP No.2 Dr. Sameer Gami had left for outstation when the deceased was still admitted in the hospital and was under his treatment, without giving the instructions to the OP no.3 Dr. S.S. Indorwala, who otherwise was not a qualified specialist in the relevant field.
3. In his reply, the OP No.2 Dr. Sameer Gami, who is a Chest Physician having obtained MBBS and MD degrees from B.J. Medical College, Ahmedabad, has inter-alia stated that the father of the complainant was suffering from chronic end stage disease, severe chronic obstructive pulmonary disease, fibrotic lung lesion and bronchiectasis. He was admitted to the hospital under the treatment of one Dr. Ketan S. Choksi though he (OP No.2) was also seeing the patient for the last few months as OPD patient. The deceased had been taking nebulizer and home oxygen support for six months before his death. Lung transplant, which was only option available in such a case was not suitable for him, considering his advanced age and therefore he had been put on steroids. He further stated in the reply that on account of critical sickness of his father in the evening of 20.11.2012, he planned to leave for out station and therefore he advised shifting the patient to ICU. In the evening of 20.11.2012 due to critical condition of the patient, he was initially advised non-invasive ventilator support. However, when his condition deteriorating, he was put on invasive ventilator after taking consent from the complainant and the condition of the patient was explained to his family members before the said consent was obtained. According to the opposite party no.2, he last saw the patient at about 8.00 PM on 20.11.2012. The patient died early in the morning of 21.11.2012 on account of having succumbed to long existing chronic end stage respiratory disease. It is stated in the reply that the patient was duly taken care of treating his treatment in the hospital and there was absolutely no negligence in the said treatment.
4. In their reply the Opposite Parties No.1 and 3 have maintained the stand taken in the reply of the opposite party no.2 and have stated that the patient was admitted with past history of Bilateral Centrilobulor Emphysemtous in the form of Hyperinflated lung with flattening of lobbes, Minimal subpleural opacity in the right upper lobe suggest fibrotic/old granulomatos lesion, Atherosierotic arotic changes and degenrative spinal changes along with Rounding of Trachear and filling defect in upper trachea. It is however stated in the said reply that the opposite party no.2 had treated the patient as per the standard protocol and practice but the patient succumbed to the chronic disease despite adequate treatment given to him. It is also stated in the said reply that the Opposite Party No.3 Dr. S.S. Indorwala is a qualified doctor, who was employed on regular basis with the opposite party no.1.
5. The learned counsel for the complainant has submitted during the course of arguments that the opposite party no.2 left for outstation on 20.11.2012 itself

without giving proper instructions to the opposite party no.3 as regards the treatment of the patient and the opposite party no.3 not being a Chest Specialist was not qualified to treat the patient. We however find no merit in the contention. It has come in the reply of the opposite party no.2 that he had last seen the patient at about 8 PM on 20.11.2012. The medical record clearly supports the stand taken by the opposite party no.2 in this regard. There is absolutely no evidence of the opposite party no.2 having left for outstation on 20.11.2012. Be that as it may, even if we proceed on the assumption that the opposite party no.2 had taken leave and left for outstation on 20.11.2012 that by itself does not make out any negligence on his part in the treatment of the patient. A Doctor, like any other professional can take leave if felt necessary by him on account of his personal reasons or otherwise. If that happens it is for the hospital in which the patient is admitted to make alternative arrangement for the treatment of the patient in the hospital. We have to keep in mind that the patient was admitted in a hospital and not in the clinic of the opposite party no.2. Therefore, in the absence of the opposite party no.2, the patient was to be treated by some other doctor available in the hospital or called by the hospital from outside. No case of negligence on the part of the Opposite Party no.2 is therefore made out even if we assume that he had left for outstation on 20.11.2012.

5. As far as briefing the other doctor who was to treat the patient in his absence, in our opinion, no such briefing would be necessary since the symptoms and diagnosis of the patient as well as the treatment being given to him in the hospital is recorded in the treatment record of the patient kept in the hospital and therefore any suitably qualified doctor attending the patient, in the absence of the previous doctor, would be in a position to advise appropriate treatment and medicines taking into consideration symptoms, conditions and illness of the patient along with the treatment given to him in the past. So long as the doctor treating the patient in the absence of the previous doctor is a competent doctor he should have no difficulty in treating the patient on the basis of the record prepared in the hospital. Therefore, the opposite party no.3 Dr. S.S. Indorwala could have absolutely no difficulty in treating the patient in the absence of the opposite party no.2 Dr. Sameed Gami. In any case, this is not the case of the opposite party no.3 in his reply that he was handicapped in any manner in the treatment of the patient on account of having not been adequately briefed by the opposite party no.2 Dr. Gami. Therefore it is difficult for us to accept the contention that the leave taken by the Dr.Gami was responsible for the father of the complainant succumbing to the illness from which he was suffering.

6. As far as qualification of the opposite party no.3 is concerned, we are informed during the course of hearing that he is an M.D. Being a Doctor of Medicine, he was competent to treat the father of the complainant, who was suffering from long ailments. It is not as if only a super specialist in chest related disease can treat such a patient. A doctor, who has done Post Graduation in Medicine, in our opinion, is fully competent to treat the patient. In fact, in almost all the hospitals, Senior

Doctors normally retire for the day in the evening/night and it is only Junior Doctor such as Junior Residents and Senior Residents who remain on duty. The consultant is called if necessary, depending upon the condition of the patient. Therefore, we are unable to accept the contention that the opposite party no.3 Dr. S.S. Indorwala was not qualified enough to treat the father of the complainant in the absence of the opposite party no.2 Dr. Gami.

7. In any case, as stated in the reply of the opposite party no.2 he had last seen the patient at about 8 PM on 20.11.2012. The patient died at about 2.30 AM on 21.11.2012 i.e. within a span of 6 ½ hours after Dr. Gami had left the hospital. Dr. Gami could not have been expected to remain with the patient or in the hospital 24 hours of the day. Like other normal human being he also needs to take rest and his meals and then get ready for the duty to be performed on the next day. Therefore, there was no negligence on the part of Dr. Gami in leaving the hospital and the patient being treated by Dr. S.S. Indorwala in his absence.

8. For the reasons stated hereinabove, we find no merit in the complaint and the same is accordingly dismissed with no order as to costs.

.....J

V.K. JAIN

PRESIDING MEMBER

.....

DR. B.C. GUPTA

MEMBER

Answers

Chhota Sudoku

8	1	6
18	19	
4	5	7
20	24	
2	9	3

7 BR OK EN Words

1 JADE
2 OPAL
3 RUBY
4 AMBER
5 CORAL
6 PEARL
7 EMERALD

Sudoku

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

KEN KEN PUZZLE

13+ 5	6	1 1	4 4	5+ 2	3 3
2	5 5	5+ 4	1	3	7+ 6
9+ 6	5+ 3	2	5 5	4 4	1
3	7+ 1	6	2 2	13+ 5	4 4
5+ 1	4	11+ 5	3	6	2
4 4	2 2	3	6 6	6+ 1	5

Complete list of 344 drugs banned from today in the market

A gazette notification by Ministry of Health and Family Welfare has banned 344 medicines of fixed drug combinations.

The Health Ministry banned 344 fixed drug combinations through a gazette notification.

The ban, which comes into effect immediately, follows recommendations of an expert committee formed to examine the efficacy of these drug combinations.

Here is the complete list of all drug combinations banned by the ministry:

* fixed dose combination of Aceclofenac + Paracetamol + Rabeprazole
* fixed dose combination of Nimesulide + Diclofenac
* fixed dose combination of Nimesulide + Cetirizine + Caffeine
* fixed dose combination of Nimesulide + Tizanidine
* fixed dose combination of Paracetamol + Cetirizine + Caffeine
* fixed dose combination of Diclofenac + Tramadol + Chlorzoxazone
* fixed dose combination of Dicyclomine + Paracetamol + Domperidone
* fixed dose combination of Nimesulide + Paracetamol dispersible tablets
* fixed dose combination of Paracetamol + Phenylephrine + Caffeine
* fixed dose combination of Diclofenac + Tramadol + Paracetamol
* fixed dose combination of Diclofenac + Paracetamol + Chlorzoxazone + Famotidine
* fixed dose combination of Naproxen + Paracetamol
* fixed dose combination of Nimesulide + Serratiopeptidase
* fixed dose combination of Paracetamol + Diclofenac + Famotidine
* fixed dose combination of Nimesulide + Pitofenone + Fenpiverinium + Benzyl Alcohol
* fixed dose combination of Omeprazole + Paracetamol + Diclofenac
* fixed dose combination of Nimesulide + Paracetamol injection
* fixed dose combination of Tamsulosin + Diclofenac
* fixed dose combination of Paracetamol + Phenylephrine + Chlorpheniramine + Dextromethorphan + Caffeine
* fixed dose combination of Diclofenac + Zinc Carnosine
* fixed dose combination of Diclofenac + Paracetamol + Chlorpheniramine Maleate + Magnesium Trisillicate
* fixed dose combination of Paracetamol + Pseudoephedrine + Cetrizine
* fixed dose combination of Phenylbutazone + Sodium Salicylate
* fixed dose combination of Lornoxicam + Paracetamol + Trypsin
* fixed dose combination of Paracetamol + Mefenamic Acid + Ranitidine + Dicyclomine
* fixed dose combination of Nimesulide + Dicyclomine
* fixed dose combination of Heparin + Diclofenac
* fixed dose combination of Glucosamine + Methyl Sulfonyl Methane + Vitamin D3 + Manganese + Boron + Copper + Zinc
* fixed dose combination of Paracetamol + Tapentadol
* fixed dose combination of Tranexamic Acid + Proanthocyanidin
* fixed dose combination of Benzoxonium Chloride + Lidocaine
* fixed dose combination of Lornoxicam + Paracetamol + Tramadol

* fixed dose combination of Lornoxicam + Paracetamol + Serratiopeptidase
* fixed dose combination of Diclofenac + Paracetamol + Magnesium Trisilicate
* fixed dose combination of Paracetamol + Domperidone + Caffeine
* fixed dose combination of Ammonium Chloride + Sodium Citrate + Chlorpheniramine Maleate + Menthol
* fixed dose combination of Paracetamol + Prochlorperazine Maleate
* Combikit of 3 tablets of Serratiopeptidase (enteric coated 20000 units) + Diclofenac Potassium & 2 tablets of Doxycycline
* fixed dose combination of Nimesulide + Paracetamol Suspension
* fixed dose combination of Aceclofenac + Paracetamol + Famotidine
* fixed dose combination of Aceclofenac + Zinc Carnosine
* fixed dose combination of Paracetamol + Disodium Hydrogen Citrate + Caffeine
* fixed dose combination of Paracetamol + DL Methionine
* fixed dose combination of Disodium Hydrogen Citrate + Paracetamol
* fixed dose combination of Paracetamol + Caffeine + Codeine
* fixed dose combination of Aceclofenac (SR) + Paracetamol
* fixed dose combination of Diclofenac + Paracetamol injection
* fixed dose combination of Azithromycin + Cefixime
* fixed dose combination of Amoxicillin + Dicloxacillin
* fixed dose combination of Amoxicillin 250 mg + Potassium Clavulanate Diluted 62.5 mg
* fixed dose combination of Azithromycin + Levofloxacin
* fixed dose combination of Cefixime + Linezolid
* fixed dose combination of Amoxicillin + Cefixime + Potassium Clavulanic Acid
* fixed dose combination of Ofloxacin + Nitazoxanide
* fixed dose combination of Cefpodoxime Proxetil + Levofloxacin
* Combikit of Azithromycin, Secnidazole and Fluconazole
* fixed dose combination of Levofloxacin + Ornidazole + Alpha Tocopherol Acetate
* fixed dose combination of Nimorazole + Ofloxacin
* fixed dose combination of Azithromycin + Ofloxacin
* fixed dose combination of Amoxycillin + Tinidazole
* fixed dose combination of Doxycycline + Serratiopeptidase
* fixed dose combination of Cefixime + Levofloxacin
* fixed dose combination of Ofloxacin + Metronidazole + Zinc Acetate
* fixed dose combination of Diphenoxylate + Atropine + Furazolidone
* Combikit of Fluconazole Tablet, Azithromycin Tablet and Ornidazole Tablets
* fixed dose combination of Ciprofloxacin + Phenazopyridine
* fixed dose combination of Amoxycillin + Dicloxacillin + Serratiopeptidase
* Combikit of Fluconazole Tablet, Azithromycin Tablet and Ornidazole Tablets
* fixed dose combination of Ciprofloxacin + Phenazopyridine
* fixed dose combination of Amoxycillin + Dicloxacillin + Serratiopeptidase
* fixed dose combination of Azithromycin + Cefpodoxime
* fixed dose combination of Lignocaine + Clotrimazole + Ofloxacin + Beclomethasone

* fixed dose combination of Cefuroxime + Linezolid
* fixed dose combination of Ofloxacin + Ornidazole + Zinc Bisglycinate
* fixed dose combination of Metronidazole + Norfloxacin
* fixed dose combination of Amoxicillin + Bromhexine
* fixed dose combination of Ciprofloxacin + Fluticasone + Clotrimazole + Neomycin
* fixed dose combination of Metronidazole + Tetracycline
* fixed dose combination of Cephalexin + Neomycin + Prednisolone
* fixed dose combination of Azithromycin + Ambroxol
* fixed dose combination of Cilnidipine + Metoprolol Succinate + Metoprolol Tartrate
* fixed dose combination of L-Arginine + Sildenafil
* fixed dose combination of Atorvastatin + Vitamin D3 + Folic Acid + Vitamin B12 + Pyridoxine
* fixed dose combination of Metformin + Atorvastatin
* fixed dose combination of Clindamycin + Telmisartan
* fixed dose combination of Olmesartan + Hydrochlorothiazide + Chlorthalidone
* fixed dose combination of L-5-Methyltetrahydrofolate Calcium + Escitalopram I
* fixed dose combination of Pholcodine + Promethazine
* fixed dose combination of Paracetamol + Promethazine
* fixed dose combination of Betahistine + Ginkgo Biloba Extract + Vinpocetine + Piracetam
* fixed dose combination of Cetirizine + Diethyl Carbamazine
* fixed dose combination of Doxylamine + Pyridoxine + Mefenamic Acid + Paracetamol
* fixed dose combination of Drotaverine + Clidinium + Chlordiazepoxide
* fixed dose combination of Imipramine + Diazepam
]* fixed dose combination of Flupentixol + Escitalopram
* fixed dose combination of Paracetamol + Prochloperazine
* fixed dose combination of Gabapentin + Mecobalamin + Pyridoxine + Thiamine
* fixed dose combination of Imipramine + Chlordiazepoxide + Trifluoperazine + Trihexyphenidyl
* fixed dose combination of Chlorpromazine + Trihexyphenidyl
* fixed dose combination of Ursodeoxycholic Acid + Silymarin
* fixed dose combination of Metformin 1000/1000/500/500mg + Pioglitazone 7.5/7.5/7.5/7.5mg + Glimepiride 1/2/1/2mg
* fixed dose combination of Gliclazide 80 mg + Metformin 325 mg
* fixed dose combination of Voglibose+ Metformin + Chromium Picolinate
* fixed dose combination of Pioglitazone 7.5/7.5mg + Metformin 500/1000mg
* fixed dose combination of Glimepiride 1mg/2mg/3mg + Pioglitazone 15mg/15mg/15mg + Metformin 1000mg/ 1000mg/1000mg
* fixed dose combination of Glimepiride 1mg/2mg+ Pioglitazone 15mg/15mg + Metformin 850mg/850mg
* fixed dose combination of Metformin 850mg + Pioglitazone 7.5 mg + Glimepiride 2mg
* fixed dose combination of Metformin 850mg + Pioglitazone 7.5 mg + Glimepiride 1mg

* fixed dose combination of Metformin 500mg/500mg+Gliclazide SR 30mg/60mg + Pioglitazone 7.5mg/7.5mg
* fixed dose combination of Voglibose + Pioglitazone + Metformin
* fixed dose combination of Metformin + Bromocriptine
* fixed dose combination of Metformin + Glimepiride + Methylcobalamin
* fixed dose combination of Pioglitazone 30 mg + Metformin 500 mg
* fixed dose combination of Glimepiride + Pioglitazone + Metformin
* fixed dose combination of Glipizide 2.5mg + Metformin 400 mg
* fixed dose combination of Pioglitazone 15mg + Metformin 850 mg
* fixed dose combination of Metformin ER + Gliclazide MR + Voglibose
* fixed dose combination of Chromium Polynicotinate + Metformin
* fixed dose combination of Metformin + Gliclazide + Piogllitazone + Chromium Polynicotinate
* fixed dose combination of Metformin + Gliclazide + Chromium Polynicotinate
* fixed dose combination of Glibenclamide + Metformin (SR)+ Pioglitazone
* fixed dose combination of Metformin (Sustainded Release) 500mg + Pioglitazone 15 mg + Glimepiride 3mg
* fixed dose combination of Metformin (SR) 500mg + Pioglitazone 5mg
* fixed dose combination of Chloramphenicol + Beclomethasone + Clomitrimazole + Lignocaine
* f ixed dose combination of Clotrimazole + Ofloxaxin + Lignocaine + Glycerine and Propylene Glycol
* fixed dose combination of Chloramphennicol + Lignocaine + Betamethasone + Clotrimazole + Ofloxacin + Antipyrine
* fixed dose combination of Ofloxacin + Clotrimazole + Betamethasone + Lignocaine
* fixed dose combination of Gentamicin Sulphate + Clotrimazole + Betamethasone + Lignocaine
* fixed dose combination of Clotrimazole + Beclomethasone + Ofloxacin + Lignocaine
* fixed dose combination of Becloemthasone + Clotrimazole + Chloramphenicol + Gentamycin + Lignocaine Ear drops
* fixed dose combination of Flunarizine + Paracetamole + Domperidone
* fixed dose combination of Rabeprazole + Zinc Carnosine
* fixed dose combination of Magaldrate + Famotidine + Simethicone
* fixed dose combination of Cyproheptadine + Thiamine
* fixed dose combination of Magaldrate + Ranitidine + Pancreatin + Domperidone
* fixed dose combination of Ranitidine + Magaldrate + Simethicone
* fixed dose combination of Magaldrate + Papain + Fungul Diastase + Simethicone
* fixed dose combination of Rabeprazole + Zinc + Domperidone
* fixed dose combination of Famotidine + Oxytacaine + Magaldrate
* fixed dose combination of Ranitidine + Domperidone + Simethicone
* fixed dose combination of Alginic Acid + Sodium Bicarbonate + Dried Aluminium Hydroxide + Magnesium Hydroxide

* fixed dose combination of Clidinium + Paracetamol + Dicyclomine + Activated Dimethicone
* fixed dose combination of Furazolidone + Metronidazole + Loperamide
* fixed dose combination of Rabeprazole + Diclofenac + Paracetamol
* fixed dose combination of Ranitidine + Magaldrate
* fixed dose combination of Norfloxacin + Metronidazole + Zinc Acetate
* fixed dose combination of Zinc Carnosine + Oxetacaine
* fixed dose combination of Oxetacaine + Magaldrate + Famotidine
* fixed dose combination of Pantoprazole (as Enteric Coated Tablet) + Zinc Carnosine (as Film Coated Tablets)
* fixed dose combination of Zinc Carnosine + Magnesium Hydroxide + Dried Aluminium Hydroxide + Simethicone
* fixed dose combination of Zinc Carnosine + Sucralfate
* fixed dose combination of Mebeverine & Inner HPMC capsule (Streptococcus Faecalis + Clostridium butyricum + Bacillus mesentricus + Lactic Acid Bacillus)
* fixed dose combination of Clindamycin + Clotrimazole + Lactic Acid Bacillus
* fixed dose combination of Sildenafil + Estradiol Valerate
* fixed dose combination of Clomifene Citrate + Ubidecarenone + Zinc + Folic Acid + Methylcobalamin + Pyridoxine + Lycopene + Selenium + Levocarnitine Tartrate + L-Arginine
* fixed dose combination of Thyroxine + Pyridoxine + Folic Acid
* fixed dose combination of Gentamycin + Dexamethasone + Chloramphenicol + Tobramycin + Ofloxacin
* fixed dose combination of Dextromethorphan + Levocetirizine + Phenylephrine + Zinc
* fixed dose combination of Nimesulide + Loratadine + Phenylephrine + Ambroxol
* fixed dose combination of Bromhexine + Phenylephrine + Chlorepheniramine Maleate
* fixed dose combination of Dextromethorphan + Bromhexine + Guaiphenesin
* fixed dose combination of Paracetamol + Loratadine + Phenylephrine +Dextromethorphan + Caffeine
* fixed dose combination of Nimesulide + Phenylephrine + Caffeine + Levocetirizine
* fixed dose combination of Azithromycin + Acebrophylline
* fixed dose combination of Diphenhydramine + Terpine + Ammonium Chloride + Sodium Chloride + Menthol
* fixed dose combination of Nimesulide + Paracetamol + Cetirizine + Phenylephrine
* fixed dose combination of Paracetamol + Loratadine + Dextromethophan + Pseudoepheridine + Caffeine
* fixed dose combination of Chlorpheniramine Maleate + Dextromethorphan + Dextromethophan + Guaiphenesin + Ammonium Chloride + Menthol
* fixed dose combination of Chlorpheniramine Maleate + Ammonium Chloride + Sodium Citrate
* fixed dose combination of Cetirizine + Phenylephrine + Paracetamol + Zinc Gluconate
* fixed dose combination of Ambroxol + Guaiphenesin + Ammonium Chloride +Phenylephrine + Chlorpheniramine Maleate + Menthol

* fixed dose combination of Dextromethorphen + Bromhexine + Chlorpheniramine Maleate + Guaiphenesin
* fixed dose combination of Levocetirizine + Ambroxol + Phenylephrine + Guaiphenesin
* fixed dose combination of Dextromethorphan + Chlorpheniramine + Chlorpheniramine Maleate
* fixed dose combination of Cetirizine + Ambroxol + Guaiphenesin + Ammonium Chloride + Phenylephrine + Menthol
* fixed dose combination of Chlorpheniramine + Phenylephrine + Caffeine
* fixed dose combination of Dextromethorphan + Triprolidine + Phenylephrine
* fixed dose combination of Terpinhydrate + Dextromethorphan + Menthol
* fixed dose combination of Dextromethorphan + Phenylephrine + Zinc Gluconate + Menthol
* fixed dose combination of Chlorpheniramine + Codeine + Sodium Citrate + Menthol Syrup
* fixed dose combination of Enrofloxacin + Bromhexin
* fixed dose combination of Bromhexine + Dextromethorphan + Phenylephrine + Menthol
* fixed dose combination of Levofloxacin + Bromhexine
* fixed dose combination of Levocetirizine + Ranitidine
* fixed dose combination of Levocetirizine + Phenylephrine + Ambroxol + Guaiphenesin + Paracetamol
* fixed dose combination of Cetirizine + Dextromethorphan + Phenylephrine + Zinc Gluconate + Paracetamol + Menthol
* fixed dose combination of Paracetamol + Pseudoephedrine + Dextromethorphan + Cetirizine
* fixed dose combination of Diphenhydramine + Guaiphenesin + Ammonium Chloride + Bromhexine
* fixed dose combination of Chlorpheniramine + Dextromethorphan + Phenylephrine + Paracetamol
* fixed dose combination of Dextromethorphen + Promethazine
* fixed dose combination of Diethylcabamazine Citrate + Cetirizine + Guaiphenesin
* fixed dose combination of Pseudoephedrine + Dextromethorphan + Cetirizine
* fixed dose combination of Chlorpheniramine + Phenylephrine + Dextromethophan + Menthol
* fixed dose combination of Ambroxol + Terbutaline + Dextromethorphan
* fixed dose combination of Dextromethorphan + Chlorpheniramine + Guaiphenesin
* fixed dose combination of Terbutaline + Bromhexine + Guaiphenesin + Dextromethorphan
* fixed dose combination of Dextromethorphan + Tripolidine + Phenylephirine
* fixed dose combination of Paracetamol + Dextromethorphan + Chlorpheniramine
* fixed dose combination of Pholcodine + Phenylephrine + Promethazine
* fixed dose combination of Codeine + Levocetirizine + Menthol

* fixed dose combination of Dextromethorphan + Ambroxol + Guaifenesin + Phenylephrine + Chlorpheniramine
* fixed dose combination of Cetirizine + Phenylephrine + Dextromethorphan + Menthol
* fixed dose combination of Roxithromycin + Serratiopeptidase
* fixed dose combination of Paracetamol + Phenylephrine + Triprolidine
* fixed dose combination of Acetaminophen + Loratadine + Ambroxol + Phenylephrine
* fixed dose combination of Cetirizine + Acetaminophen + Dextromethorphan + Phenyephrine + Zinc Gluconate
* fixed dose combination of Diphenhydramine + Guaifenesin + Bromhexine + Ammonium Chloride + Menthol
* fixed dose combination of Chlopheniramine Maleate + Codeine Syrup
* fixed dose combination of Cetirizine + Dextromethorphan + Zinc Gluconate + Menthol
* fixed dose combination of Paracetamol + Phenylephrine + Desloratadine + Zinc Gluconate + Ambroxol
* fixed dose combination of Levocetirizine + Montelukast + Acebrophylline
* fixed dose combination of Dextromethorphan + Phenylephrine + Ammonium Chloride + Menthol
* fixed dose combination of Dextromethorphan + Bromhexine + Guaiphenesin + Menthol
* fixed dose combination of Acrivastine + Paracetamol + Caffeine + Phenylephrine
* fixed dose combination of Naphazoline + Carboxy Methyl Cellulose + Menthol + Camphor + Phenylephrine
* fixed dose combination of Dextromethorphan + Cetirizine
* fixed dose combination of Nimesulide + Paracetamol + Levocetirizine + Phenylephrine + Caffeine
* fixed dose combination of Terbutaline + Ambroxol + Guaiphenesin + Zinc + Menthol
* fixed dose combination of Codeine + Chlorpheniramine + Alcohol Syrup
* fixed dose combination of Dextromethorphan + Phenylephrine + Guaifenesin + Triprolidine
* fixed dose combination of Ammomium Chloride + Bromhexine + Dextromethorphan
* fixed dose combination of Diethylcarbamazine + Cetirizine + Ambroxol
* fixed dose combination of Ethylmorphine + Noscapine + Chlorpheniramine
* fixed dose combination of Cetirizine + Dextromethorphan + Ambroxol
* fixed dose combination of Bromhexine + Dextromethorphan + Ammonium Chloride + Menthol
* fixed dose combination of Ambroxol + Guaifenesin + Phenylephrine + Chlorpheniramine
* fixed dose combination of Paracetamol + Phenylephrine + Chlorpheniramine + Zinc Gluconate
* fixed dose combination of Dextromethorphan + Phenylephrine + Cetirizine + Paracetamol + Caffeine

* fixed dose combination of Dextromethophan + Chlorpheniramine + Guaifenesin + Ammonium Chloride
* fixed dose combination of Levocetirizine + Dextromethorphan + Zinc
* fixed dose combination of Paracetamol + Phenylephrine + Levocetirizine + Caffeine
* fixed dose combination of Chlorphaniramine + Ammonium Chloride + Sodium Chloride
* fixed dose combination of Paracetamol + Dextromethorphan + Bromhexine + Phenylephrine + Diphenhydramine
* fixed dose combination of Salbutamol + Bromhexine + Guaiphenesin + Menthol
* fixed dose combination of Chlorpheniramine + Ammonium Chloride + Noscapine + Sodium Citrate
* fixed dose combination of Cetirizine + Dextromethorphan + Bromhexine + Guaifenesin
* fixed dose combination of Diethyl Carbamazine + Chlorpheniramine + Guaifenesin
* fixed dose combination of Ketotifen + Cetirizine
* fixed dose combination of Terbutaline + Bromhexine + Etofylline
* fixed dose combination of Ketotifen + Theophylline
* fixed dose combination of Ambroxol + Salbutamol + Theophylline
* fixed dose combination of Cetriризine + Nimesulide + Phenylephrine
* fixed dose combination of Chlorpheniramine + Phenylephrine + Paracetamol + Zink Gluconate
* fixed dose combination of Acetaminophen + Guaifenesin + Dextromethorphan + Chlorpheniramine
* fixed dose combination of Cetirizine + Dextromethorphan + Phenylephrine + Tulsi
* fixed dose combination of Cetirizine + Phenylephrine + Paracetamol + Ambroxol + Caffeine
* fixed dose combination of Guaifenesin + Dextromethorphan
* fixed dose combination of Levocetirizine + Paracetamol + Phenylephirine + Caffeine
* fixed dose combination of Caffeine + Paracetamol + Phenylephrine + Chlorpheniramine
* fixed dose combination of Ketotifen + Levocetrizine
* fixed dose combination of Paracetamol + Levocetirizine + Phenylephirine + Zink Gluconate
* fixed dose combination of Paracetamol + Phenylephrine + Triprolidine + Caffeine
* fixed dose combination of Caffeine + Paracetamol + Phenylephrine + Cetirizine
* fixed dose combination of Caffeine + Paracetamol + Chlorpheniramine
* fixed dose combination of Ammonium Chloride + Dextromethorphan + Cetirizine + Menthol
* fixed dose combination of Dextromethorphan + Paracetamol + Cetirizine + Phenylephrine
* fixed dose combination of Chlorpheniramine + Terpin + Antimony Potassium Tartrate + Ammonium Chloride + Sodium Citrate + Menthol

* fixed dose combination of Terbutaline + Etofylline + Ambroxol
* fixed dose combination of Paracetamol + Codeine + Chlorpheniramine
* fixed dose combination of Paracetamol+Pseudoephedrine+Certirizine+Caffeine
* fixed dose combination of Chlorpheniramine+Ammonium Chloride + Menthol
* fixed dose combination of N-Acetyl Cysteine + Ambroxol + Phenylephrine + Levocertirizine
* fixed dose combination of Dextromethorphan + Phenylephrine + Tripolidine + Menthol
* fixed dose combination of Salbutamol + Certirizine + Ambroxol
* fixed dose combination of Dextromethorphan + Phenylephrine + Bromhexine + Guaifenesin + Chlorpheniramine
* fixed dose combination of Nimesulide + Certirizine + Phenylephrine
* fixed dose combination of Naphazoline + Chlorpheniramine + Zinc Sulphate + Boric Acid + Sodium Chloride + Chlorobutol
* fixed dose combination of Paracetamol + Bromhexine + Phenylephrine + Chlorpheniramine + Guaifenesin
* fixed dose combination of Salbutamol + Bromhexine
* fixed dose combination of Dextromethorphan + Phenylephrine + Guaifenesin + Certirizine + Acetaminophen
* fixed dose combination of Guaifenesin + Bromhexine + Chlorpheniramine + Paracetamol
* fixed dose combination of Chlorpheniramine + Ammonium Chloride + Chloroform + Menthol
* fixed dose combination of Salbutamol + Choline Theophylinate + Ambroxol
* fixed dose combination of Chlorpheniramine + Codeine Phosphate + Menthol Syrup
* fixed dose combination of Pseudoephedrine + Bromhexine
* fixed dose combination of Certirizine + Phenylephrine + Paracetamol + Caffeine + Nimesulide
* fixed dose combination of Dextromethorphan + Cetirizine + Guaifenesin + Ammonium Chloride
* fixed dose combination of Ambroxol + Salbutamol + Choline Theophyllinate + Menthol
* fixed dose combination of Paracetamol + Chlorpheniramine + Ambroxol + Guaifenesin + Phenylephrine
* fixed dose combination of Chlorpheniramine + Vasaka + Tolubalsm + Ammonium Chloride + Sodium Citrate + Menthol
* fixed dose combination of Bromhexine + Cetrizine + Phenylephrine IP+Guaifenesin + Menthol
* fixed dose combination of Dextromethorphan + Ambroxol + Ammonium Chloride + Chlorpheniramine + Menthol
* fixed dose combination of Dextromethorphan + Phenylephrine + Cetirizine + Zinc + Menthol
* fixed dose combination of Terbutaline + N-Acetyl L-Cysteine + Guaifenesin
* fixed dose combination of Calcium Gluconate + Levocetirizine

* fixed dose combination of Paracetamol + Levocetirizine + Pseudoephedrine
* fixed dose combination of Salbutamol + Choline Theophylinate + Carbocisteine
* fixed dose combination of Chlorpheniramine + Vitamin C
* fixed dose combination of Calcium Gluconate + Chlorpheniramine + Vitamin C
* fixed dose combination of Chlorpheniramine + Paracetamol + Pseudoephedrine + Caffeine
* fixed dose combination of Guaifenesin + Bromhexine + Chlorpheniramine + Phenylephrine + Paracetamol + Serratiopeptidase (as enteric coated granules) 10000 SP Units
* fixed dose combination of Paracetamol + Pheniramine
* fixed dose combination of Betamethasone + Fusidic Acid + Gentamycin + Tolnaftate + Iodochlorhydroxyquinoline (ICHQ)
* fixed dose combination of Clobetasol + Ofloxacin + Miconazole + Zinc Sulphate
* fixed dose combination of Clobetasole + Gentamicin + Miconazole + Zinc Sulphate
* fixed dose combination of Levocetirizine + Ambroxol + Phenylephrine + Paracetamol
* fixed dose combination of Permethrin + Cetrimide + Menthol
* fixed dose combination of Beclomethasone + Clotimazole + Neomycin + iodochlorohydroxyquinone
* fixed dose combination of Neomycin + Doxycycline
* fixed dose combination of Ciprofloxacin + Fluocinolone + Clotrimazole + Neomycin + Chlorocresol
* fixed dose combination of Clobetasol + Ofloxacin + Ketoconazol + Zinc Sulphate
* fixed dose combination of Betamethasone + Gentamicin + Tolnaftate + Iodochlorhydroxyquinoline
* fixed dose combination of Clobetasol + Gentamicin + Tolnaftate + Iodochlorhydroxyquinone + Ketoconazole
* fixed dose combination of Allantoin + Dimethieone + Urea + Propylene + Glycerin + Liquid Paraffin
* fixed dose combination of Acriflavine + Thymol + Cetrimide
* fixed dose combination of Betamethasone + Neomycin + Tolnaftate + Iodochlorohydroxyquinoline + Cholorocresol
* fixed dose combination of Clobetasol + Neomycin + Miconazole + Clotrimazole
* fixed dose combination of Ketoconazole + Tea Tree oil + Allantion + Zinc Oxide + Aloe Vera + Jojoba oil + Lavander oil + Soa noodels
* fixed dose combination of Clobetasol Propionate + Ofloxacin + Ornidazole + Terbinafine
* fixed dose combination of Clobetasol + Neomycin + Miconazole + Zinc Sulphate
* fixed dose combination of Beclomethasone Diproprionate + Neomycin + Tolnaftate + Iodochlorhydroxyquinoline + Chlorocresol
* fixed dose combination of Betamethasone + Gentamycin + Zinc Sulphate + Clotrimoazole + Chlorocresol
* fixed dose combination of Borax + Boric Acid + Naphazoline + Menthol + Camphor + Methyl Hydroxy Benzoate

* fixed dose combination of Bromhexine + Dextromethorphan
* fixed dose combination of Dextromethophan + Chlopheniramine + Bromhexine
* fixed dose combination of Menthol + Anesthetic Ether
* fixed dose combination of Dextrometharphan + Chlopheniramine + Ammonium + Sodium Citrate + Menthol
* fixed dose combination of Ergotamine Tartrate + Belladona Dry Extract+Caffeine + Paracetamol
* fixed dose combination of Phenytoin + Phenobarbitone
* fixed dose combination of Gliclazide 40mg + Metformin 400mg
* fixed dose combination of Paracetamol + Ambroxol + Phenylephrine + Chlorpheniramine
* fixed dose combination of Oflaxacin + Ornidazole Suspension
* fixed dose combination of Albuterol + Etofylline + Bromhexine + Menthol
* fixed dose combination of Albuterol + Bromhexine + Theophylline
* fixed dose combination of Salbutamol+Hydroxyethyltheophylline (Etofylline) + Bromhexine
* fixed dose combination of Paracetamol+Phenylephrine+Levocetirizine+Sodium Citrate
* fixed dose combination of Paracetamol + Propyphenazone + Caffeine
* fixed dose combination of Guaifenesin + Diphenhydramine + Bromhexine + Phenylephrine
* fixed dose combination of Dried Alumnium Hydroxie Gel + Prophantheline + Diazepam
* fixed dose combination of Bromhenxine + Phenylephrine + Chlorpheniramine + Paracetamol
* fixed dose combination of Beclomethasone + Clotrimazole + Gentamicin + lodochlorhydroxyquinoline
* fixed dose combination of Telmisartan + Metformin
* fixed dose combination of Ammonium Citrate + Vitamin B 12 + Folic Acid + Zinc Sulphate
* fixed dose combination of Levothyroxine + Phyridoxine + Nicotinamide
* fixed dose combination of Benfotiamine + Metformin
* fixed dose combination of Thyroid + Thiamine + Riboflavin + Phyridoxine + Calcium Pantothenate + Tocopheryl Acetate + Nicotinamide
* fixed dose combination of Ascorbic Acid + Manadione Sodium Bisulphate + Rutin + Dibasic Calcium Phosphate + Adrenochrome mono Semicarbazone
* fixed dose combination of Phenylephrine + Chlorpheniramine + Paracetamol + Bromhexine + Caffeine
* fixed dose combination of Clotrimazole + Beclomethasone + Lignocaine + Ofloxacin + Acetic Aicd + Sodium Methyl Paraben + Propyl Paraben