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

GUJARAT MEDICAL JOURNAL

INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

Estd. On 2-3-1945

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GUJARAT MEDICAL JOURNAL

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STATE PRESIDENT AND HON. STATE SECRETARY'S MESSAGE

Friends,

Good thoughts are no better than good dreams, unless they be executed.

We are sure you must have started thinking of giving one hour per week for IMA Activities. This will help us in fulfilling our dreams in the interest of Indian Medical Association & the society at large. So start giving your precious one hour for the IMA. We should all be very grateful to all those who did and do our work which is **absolutely voluntary** and not reimbursable. They often know more about **constitution, conventions and keep our tradition alive**. They have brought us to our current level. Identity all of them at all levels. **We should recognize positively those who spend their time and energy for IMA.** We should appreciate them.

Knowing is not enough, we must apply; willing is not enough, we must do...

so friends starts working on the various initiatives, projects etc. and be a part of TEAM IMA GSB. This year IMA HQ & IMA GSB has started various new initiatives & projects. Be a part of such activity. One such initative "Preventing Blindness in Diabetes" has been launched. The local branches are requested to keep the awareness programme on such topic as well as Life Style Disease awareness, Rational use of Antibiotics, Pharmaco Vigilence, Mental Health, Soft skill, Malnutrition, Sleep disorders, Misuse of Topical Steroid Application on face, Palliative care etc.

The Nepal earthquake has given us the reminder of 2001 earthquake. What we have experienced is that now the incidence of disasters are increasing. People are more vulnerable to the disasters. Indian Medical Association HQ has done an excellent relief work in the earthquake affected areas of Nepal. Many members of IMA GSB has shown their willingness to be a volunteer. I request all of you to contribute generously towards IMA Disaster Relief Fund. Many of you must have participated in relief work and your inputs are valuable. The experience of our can be used as learning experience for better preparedness in future emergencies.

Tough times never last but Tough IMA members do....Your decision to end tough times lies with IMA. Various acts like Clinical Establishment Act, PC & PNDT Act, Biomedical Waste Management & Handling Act etc, to name a few, are very disturbing to us. Our National Leadership is doing best for us. In a true sense we must unite. Unity only at the times of distress is not called unity. Collectively, let us strive harder to make the image of IMA better and rightfully create our individual identity as the IMA.

We must project ourselves as a Quality,

and not waste energy in trying to disqualify others.

I am what I am

All our energy must be directed towards improving self. Self trust is the first secret of success.

Dr. Chetan N. Patel
(President, G.S.B.,I.M.A.)

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

Success is getting what you want; happiness is wanting what you get

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

18-04-2015 Dr. Jitendra N. Patel, Hon. State Secretary I.M.A. G.S.B. attended meeting Jilla Rogi Kalyan Samiti, General Hospital, Sola, Ahmedabad.

19-04-2015 Dr. Chetan N. Patel, President and Dr. Jitendra N. Patel, Hon. State Secretary, Dr. Shailendra N. Vora, Hon. Jt. Secretary visited Vadodara Branch for Launching ceremony of IMA Initiative – "Preventing Diabetics Blindness" (PDB) at Auditorium, Gotri Medical College,, Gotri Road, Vadodara.

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I.M.A. NATIONAL SOCIAL SECURITY SCHEME

DFC No.20 was circulated to all the members.

Last date of payment is 15/06/2015.

ECS for DFC No. 20 payment is not accepted by AXIS Bank.

So please us your Cheque / Draft at Ahmedabad Office directly.

Dr. Kirti M. Patel Chairman

Dr. Yogendra S. Modi Hon. Secretary

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SOCIAL SECURITY SCHEME GSB-IMA

DFC (Death Fraternity Contribution) No.40 was circulated to all the members. **Last date of payment was 30/04/2015**.

Those members who have not yet paid the same, send the DFC amount with penalty ₹ 100/- **before 10/06/2015** by cheque.

Dr. Jitendra B. Patel Hon. Secretary

Dr. Kirit A. Gandhi Hon. Jt. Secretary

Dr. Yogendra S. Modi Hon. Treasurer

BLOOD DONATION

As we all know our National President **Dr. A. Marthanda Pillai** as appealed all IMA members to organise blood donation camp at our place before **1st July Doctor's Day** & trying to create awareness & contribute in community work. We request all local branch president, secretaries & state leaders to lead at their respective areas & organise blood donation camps before 1st July & notify it to state office so we can publish the data on the eve of 1st July.

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CONGRATULATIONS

❖ **Dr. Pravin C. Shah and Dr. Shakuntala P. Shah; Surendranagar**

For on goingly providing free of cost consultation to all their patients for last 10 years and 5 years respectively medical fraternity is proud of you for such humanitarian community work.

❖ **Dr. Rupesh Mehta; Ahmedabad**

Has taken over as President of Indian Chapter of International Hepato-Pancreato-Biliary Association (IHPBA) for the year 2015-2016

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DISCLAIMER

Opinions in the various articles are those of the authors and do not reflect the views of Indian Medical Association, Gujarat State Branch. The appearance of advertisement is not a guarantee or endorsement of the product or the claims made for the product by the manufacturer.

FUTURE CONFERENCE

71st Annual Conference of The Association of Physician of India

28th - 31st January 2016

Conference Secretariat :

APICON 2016

4th Floor, Oasis Plaza, Tilak Road, Abids, Hyderabad-500001.

E-mail : secretariat@apicon2016.in, apicon2016@gmail.com

Phone No. : 040-24750997

Web site : www.apicon2016.in

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Disaster Relief Fund (Nepal Earth Quake Relief Fund)

Following branches & members who have given the donation regarding Disaster Relief Fund (Nepal Earth Quake Relief Fund)

I.M.A. Idar Branch	Rs. 40,600-00
I.M.A. Rajpipla Branch	Rs. 20,000-00
I.M.A. Vadodara Branch	Rs. 15,000-00
Dr. Ajay Kothiala (Anand)	Rs. 10,000-00
Dr. Anita Kothiala (Anand)	Rs. 10,000-00

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DAYS TO BE OBSERVED

05th June	World Environment Day
07th June	World Asthma Day
08th June	World Red Cross Day
15th June	International Family Day
31st June	World No Tobacco Day

Member's Information

Dear Members,

As you all know that in today's world, we all need quick & easy communication & data transfer from one place to another. And for that we should have precise destination address. We at GSB IMA have full details of very few members with us. So I request you all to fill up your full details on members information form which we have kept on our **website www.imagsb.com.** Also pass on this information during each of your programme & continuously insist all members until we have information of all the members. Expecting your huge support as this is very crucial for our effective communication with all members.

Thank you.

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

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For Kind Attention Please

We would like to add following section in our News Bulletin like.....

1. Sport Update
2. Politics Update
3. Humour
4. Movie Update
5. Finance Update
6. Recent advances in Medical Science
7. Use of Information Technology in Medicine.
8. Any other interesting matter which increase readership of our bulletin.

Members who are interested to write on any of the following should contact : **Dr. Jitendra Patel,** Hon. State Secretary, IMA-GSB on E-mail : drjitendrapatel11@yahoo.com M. : 098253 25200

INDIAN MEDICAL ASSOCIATION

GUJARAT STATE BRANCH

Insurance Companies do not pass the medical claim

Dear Colleague,

IMA has been informed that Insurance Companies do not pass the medical claim for breast reconstruction surgery after radical mastectomy for breast cancer.

This is a violation of the law. IMA has taken a clarification from IRDA and they have responded as under:

"Surgeries of this nature that are medically necessary are not excluded"

Breast Cancer is a surgerical staged procedure. In stage one, breast is removed and in the second stage removed breast space is reconstructed.

Kindly whenever you fill a medical claim form mention in the surgical procedure column as under:

"Stage-I Medical radical mastectomy to be followed by stage II Breast resconstruction surgery".

If your medical claim form is dishonoured or rejected, kindly contact the IMA HQs/State IMA, so that we can take up the issue with the respective Insurance Company.

Similarly, if Bariatric surgery is done for control of diabetes, medical claim form should specifically mention "Medically indicated Bariatric Surgery for control of diabetes".

Thanking you,

Yours sincerely,

Dr. A. Marthanda Pillai
National President, IMA (HQs)

Dr. K. K. Aggarwal
Hon. Secretary General, IMA (HQs)

Dr. Chetan N. Patel
President, IMA-GSB

Dr. Jitendra N. Patel
Hon. State Secretary, IMA-GSB

IMA HQ MEDICAL RELIEF ACTIVITY IN A COUNTRY - FEDERAL DEMOCRATIC REPUBLIC OF NEPAL

Nature's fury, no forecasting system combined with poor preparedness has left Nepal battling its worst earthquake. On April 25th severe earthquake caused havoc in Nepal. Many people have died. Property and infrastructure worth billions of rupees have been damaged.

The earthquake fury has overtaken the community of Nepal especially of interior parts of it and left them numbs. There are huge losses of human life as well as properties and need to help. It is our social responsibility towards our neighboring country to help in all ways.

Indian Medical Association HQ ., immediately came into action under the guidance of our Hon. Secretary General Dr. K. K. Aggarwal. A line of action was prepared immediately and sent to all IMA members along with" DO & DON'T During Earthquake". A monitoring cell was established at IMA HQ. An appeal was sent to all Working Committee Members , State Branch Presidents and Hon. Secretaries of local branches and IMA members to volunteer their services reaching Nepal for help and to contribute for medicines and financial contribution to the IMA President Disaster Relief Fund. A request was done to Indigo airlines to provide free tickets to go to Kathmandu. We received a positive response. We received many request from our IMA members to go to Nepal at the service of affected victims. IMA HQ's unique initiative started to help the needy brethren of our neighboring country, which was affected by disaster, the natural calamity of earthquake. The important aspect of this activity was that all the doctors went voluntarily. Doctors were sent from different states like Chhattisgarh , Gujarat, Maharashtra and Punjab.

Dr. Ahok Gupta, Dr. Kanchan Gupta, Dr. Shashank shrigarpure, Dr. Sujit Adsol, Dr. Mansukh Kanani , Dr. Anoop Verma, Dr. Roohi Deol & Dr. Dilip Sheth along with few paramedical attended from 30th April to 9th May 2015.

Our IMA Team worked together with the doctors of Vayodha Hospital, B.K. Eye Foundation Hospital and Bhaktipur Civil Hospital. Along with seeing the patients in OPD , they assisted the hospital doctors in debridement of wounds, dressings, anesthesia procedure , emergency cesarean section and emergency resuscitation of new born also. Along with hospital doctors our team rendered services in the periphery area of Kathmandu to the interior part of Nepal.

Our team examined about 300 patients of Charagadh village of Kirtipura Dist., about 250 patients at village Ranitar of Sindupalchok district (at a distance of around 100 k.m. from Kathmandu) and 60 patients in Karyabinayak Municipality area in a temporary OPD erected in tent. In the Hospital OPD of Bhaktipur Civil Hospital Dist. Bhaktipur, our team had examined about 500 patients including pediatric patients in three days. Around 1100 patients were examined from pediatric to geriatrics patients by our team in 10 days.

The whole relief activity was carried out with the support of Heart Care Foundation of India.

Long Live IMA

Dr. Marthanda Pillai,	National President IMA
Dr. K. K. Aggarwal	Honorary Secretary General IMA
Dr Chetan N Patel,	Chairman IMA HQ DMC

NEW LIFE MEMBERS

I.M.A. GUJARAT STATE BRANCH

We welcome our new members

L_M_No.	NAME	BRANCH
LM/24396	Dr. Gadhiya Narendra Bhikhubhai	Surat
LM/24397	Dr. Maniar Hardip Harshadrai	Surat
LM/24398	Dr. Patel Sapana Vishalbhai	Surat
LM/24399	Dr. Purohit Kartik Anilkumar	Surat
LM/24400	Dr. Lala Fahimaezaz Mohmedyusuf	Bhujkutch
LM/24401	Dr. Patel Bhavik Dashrathbhai	Tharad
LM/24402	Dr. Patel Harshit Yogeshkumar	Palanpur
LM/24403	Dr. Patel Nidhi Girdharbhai	Palanpur
LM/24404	Dr. Patel Rajesh Rameshbhai	Palanpur
LM/24405	Dr. Hasan Heena Husainbhai	Palanpur
LM/24406	Dr. Parmar Rahul Ramanbhai	Surat
LM/24407	Dr. Thakkar Viren Bharatbhai	Surat
LM/24408	Dr. Kachhadia Vipul Himmatbhai	Surat
LM/24409	Dr. Thumar Urvashi Mansukhbhai	Surat
LM/24410	Dr. Dharsandia Nishant Ramnik	Rajkot
LM/24411	Dr. Dharsandia Shreena Nishant	Rajkot
LM/24412	Dr. Sanghavi Hardik Kirtikumar	Rajkot
LM/24413	Dr. Garala Vishal Jivanlal	Rajkot
LM/24414	Dr. Nimavat Manish Hemantlal	Rajkot
LM/24415	Dr. Makwana Laljee Karamshi	Botad
LM/24416	Dr. Patel Natvar Manjibhai	Surat
LM/24417	Dr. Patel Dilip Ishwarbhai	Surat
LM/24418	Dr. Vaghani Chetan Vallabhbhai	Surat
LM/24419	Dr. Vaghani Ankita Chetanbhai	Surat
LM/24420	Dr. Goyal Nishant Ramgopalbhai	Surat
LM/24421	Dr. Patel Mrugesh Bhupendra	Surat
LM/24422	Dr. Modi Anant Pravinchandra	Surat

LM/24423	Dr. Shah Pratik Jayantibhai	Vadodara
LM/24424	Dr. Kanungo Snehal Rameshrao	Vadodara
LM/24425	Dr. Lakhani Som Jitendrabhai	Vadodara
LM/24426	Dr. Thakar Milan Kiritkumar	Vadodara
LM/24427	Dr. Surti Jigar Madankumar	Vadodara
LM/24428	Dr. Raha Sarbani Sibendranath	Vadodara
LM/24429	Dr. Faladia Rajesh Jayantilal	Morbi
LM/24430	Dr. Suva Bhaumik Govindbhai	Morbi
LM/24431	Dr. Chaudhari Umesh Laxmanbhai	Surat
LM/24432	Dr. Ahir Pareshkumar Dulabhai	Surat
LM/24433	Dr. Akola Hiren Babubhai	Rajkot
LM/24434	Dr. Hindocha Viren Mukundray	Rajkot
LM/24435	Dr. Tanna Prashant Ashokkumar	Rajkot
LM/24436	Dr. Rupala Amit Nathalal	Rajkot
LM/24437	Dr. Gandhi Avinash Atulkumar	Ahmedabad
LM/24438	Dr. Audich Kamini Laxmiprasad	Ahmedabad
LM/24439	Dr. Singh Tarandeep T.	Ahmedabad
LM/24440	Dr. Singh Heena T.	Ahmedabad
LM/24441	Dr. Harwani Yogesh Purshottam	Ahmedabad
LM/24442	Dr. Sheth Chintan Kanaiyalal	Ahmedabad
LM/24443	Dr. Sheth Tejaswini Chintan	Ahmedabad
LM/24444	Dr. Patel Micky Shaileshbhai	Ahmedabad
LM/24445	Dr. Patel Dipmala Mickybhai	Ahmedabad
LM/24446	Dr. Solanki Paritosh Balrajbhai	Ahmedabad
LM/24447	Dr. Patel Mitul Dilipbhai	Ahmedabad
LM/24448	Dr. Dabhi Kashyap Navinchandra	Ahmedabad
LM/24449	Dr. Vasavala Halak Jasminbhai	Ahmedabad
LM/24450	Dr. Patel Samir Ramchandrabhai	Ahmedabad
LM/24451	Dr. Shah Nirav Bhupendrabhai	Ahmedabad
LM/24452	Dr. Bakhda Dhawal Navinchandra	Ahmedabad
LM/24453	Dr. Jain Rashi Prashantbhai	Ahmedabad
LM/24454	Dr. Patel Satyam Rameshchandra	Ahmedabad

OBITUARY

Dr. Achratlal N. Dalal

(05/01/1947 - 06/09/2014)

Age : 67 years

Qualification : M.B.B.S.

Name of Branch : Ahmedabad

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We send our sympathy & condolence to the bereaved family

Dr. Kantilal T. Kotecha	30-12-2014	Jamnagar
Dr. Pravinchandra M. Shah	19-01-2015	Rajkot
Dr. Bhanubhai M. Patel	05-02-2015	Anand
Dr. Hargovind P. Parmar	10-02-2015	Vijapur
Dr. Haren H. Parikh	15-02-2015	Amreli
Dr. Dahyabhai K. Patel	06-03-2015	Gandhinagar
Dr. Vallabhbhai V. Panara	07-03-2015	Junagadh
Dr. Mallinath C. Doctor	27-03-2015	Ahmedabad

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

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COMMUNITY SERVICE

JAMNAGAR

26/04/2015 Aao Gaon Chalen. A Blood Donation camp was conducted in unison with the IHBT dept. GGG hospital Jamnagar. A collection of 25 bottles of blood was received. Dr. Chetan Patel – President IMAGSB graced the occasion along with other office bearers.

01/05/2015 Gujarat Day Swachchh Bharat – Swasth Bharat - Swachchh Hospital project. This included surprise inspection of private hospitals of IMA members.

MORBI

12-04-2015 "Clinical approach to haematuria – case based discussion" by Dr. Nilam Thaker

" " " "Metabolic renal disease and nephrocalcinosis" by Dr. Mahipa Khandelwal

" " " "Medical management of Nephrotic syndrome" by Dr. Ankur Kothari

" " " "Antenatal renal and urinary tract abnormalities – when to worry when not to" by Dr. Fagun Shah

" " " "Panel discussion on – UTI, RFT, ARF, Renal IMAGING, drugs and – dose adjustment" by Dr. Nilam Thaker & Dr. Ankur Kothari

" " " "CKD (Overview) is prevention better than cure"! Dr. Fagun Shah

" " " "Pediatric urology in office practice" by Dr. Jitendra Gaadhe

" " " "Nocturnal enuresis" by Dr. Mahipal Khandelwal

15-04-2015 "Aao Gaon Chalen" 56 paediatric patients examined by Dr. Manish Sanariya. Lecture given to 45 anganvadi workers about malnutrition and vit. Deficiency.

" " " Polydiagnostic camp at Swaminarayan Mandir, total 300 patients benefitted.

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BRANCH ACTIVITY

AMRELI

18-04-2015 "Approach to Lymphadenopathy" by Dr. Arulkar

"Oncoplastic approach for Breast Cancer" by Dr. Anagha Zope

"Radiation for Head and Neck Cancer" by Dr. Chirag Amin

IDAR

10-04-2015 "Sepsis: Basic to Advance" by Dr. Urvil Patwa

07-05-2015 "Case based Heamatology Learning" by Dr. Chirag A. Shah

KALOL

01-04-2015 "Debunking the myths regarding obesity & its management" by Dr. Ghanshyam Bagadiya

"Surgeon's perspective regarding obesity" by Dr. Naresh Oza

15-04-2015 "Recent advances in effective & safe pain management" by Dr. Hitesh Patel

"Gastro Intestinal Safety in Pain management" by Dr. Bhavesh Thakkar

KAPADWANJ

25-02-2015 "Acute Lung injury role of medicos" by Dr. Parthiv Mehta

24-03-2015 "Renal Transplant" by Dr. Maulik Shah

23-04-2015 "Dyslipidemis" by Dr. Rashesh Pothiwala

"Community acquired premonia" by Dr. Amrish Patel

13-05-2015 IVF & I.U.I. by Dr. Depan thakkar

MORBI

10-04-2015 "Myocarditis" by Dr. Satyam Patel

"Restless leg syndrome" by Dr. Mehul Patel

17-04-2015 "Scenario of ovarian cancer" by Dr. Jignesh Meva

"Pregnancy induced dermatosis" by Dr. Bhavesh Devani

19-04-2015 "Hypertension and Kidney" by Dr. Praful Gajjar

"Evidence based selection of stations – case based approach" by Dr. Jaydeep Desai

"Non HDL is better cardiovascular risk predictor" by Dr. Dharmesh Solanki

"Comprehensive management of insulin resistance and lipidemia" by Dr. Pratap Jethvani

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/11761	Dr. Amin Manojbhai Govindbhai	Deesa
LM/13242	Dr. Bamabnia Chhatrasinh H.	Dahod
LM/01572	Dr. Chaudhary Viram G.	Kalol-Ng
LM/18726	Dr. Desai Harsh Vikrambhai	Ahmedabad
LM/14139	Dr. Diwanji Anish Ranvirbhai	Valsad
LM/20492	Dr. Diwanji Sheetal Anish	Valsad
LM/04334	Dr. Gandhi Bipinchandra C.	Vapi
LM/04335	Dr. Gandhi A.B.	Vapi
LM/10912	Dr. Gandhi Sunil Rajmalbhai	Ahmedabad
LM/08514	Dr. Khante Shubhagini R	Vadodara
LM/06326	Dr. Khatri Vijay N.	Valsad
LM/18754	Dr. Modhia Urvij Mahendrakumar	Vadodara
LM/18755	Dr. Patel Payal Mafatlalbhai	Vadodara
LM/01074	Dr. Naik Madhurika J	Navsari
LM/06271	Dr. Pandya Nalinchandra T.	Rajkot
LM/01275	Dr. Parmar Pravin P.	Ankleshwar
LM/16243	Dr. Patel Chhaya Vipulbhai	Ahmedabad
LM/11078	Dr. Patel Pramila Maganbhai	Ahmedabad
LM/04333	Dr. Rajguru B.D.	Anand
LM/21921	Dr. Rughani Sudhir Pravinbhai	Rajkot
LM/04279	Dr. Shah Dinesh N.	Nadiad

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 April -2015 in addition to their routine work. These are as under :

01-04-2015 to 31-04-2015 : Intra domestic house to house survey by the centers of Ahmedabad

26-04-2015 to 28-04-2015 : Migratory Polio Round by the centers of Ahmedabad

Rander - Surat : Mothers Iron :1000 tables & Calcium - 1000 tablets were distributed.

Nanpura - Surat : Mothers : Iron : 1500 tablets, Children : Iron-1000 were distributed.

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

APRIL - 2015

No.	Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi (Jamalpur Ward)	851	391	1242
(2)	Behrampura (Sardarnagar Ward)	1238	239	1477
(3)	Bapunagar (Potalia Ward)	1082	298	1380
(4)	Dariyapur (Isanpur Ward)	763	160	923
(5)	Gomtipur (Saijpur Ward)	1450	406	1856
(6)	Khokhra (Amraiwadi Ward)	2131	530	2661
(7)	New Mental (Kubernagar Ward)	373	66	439
(8)	Raikhad (Stadium Ward)	352	113	465
(9)	Wadaj (Junawadaj Ward)	899	157	1056
(10)	Khambhat	—	—	—
(11)	Junagadh	----	----	----
(12)	Rander-Surat	----	----	----
(13)	Nanpur-Surat	----	----	----
(14)	Rajkot	749	206	955

APRIL - 2015

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	23	—	42	10710	285
(2)	Behrampura (Sardarnagar Ward)	12	---	32	8900	1191
(3)	Bapunagar (Potalia Ward)	30	---	34	16860	489
(4)	Dariyapur (Isanpur Ward)	27	---	45	1750	1000
(5)	Gomtipur (Saijpur Ward)	29	---	32	26175	960
(6)	Khokhra (Amraiwadi Ward)	35	---	57	11750	212
(7)	New Mental (Kubernagar Ward)	08	---	18	6540	231
(8)	Raikhad (Stadium Ward)	26	---	31	5670	379
(9)	Wadaj (Junawadaj Ward)	9	01	21	12000	1612
(10)	Khambhat	02	—	11	220	09
(11)	Junagadh	08	02	43	—	246
(12)	Rander-Surat	06	—	30	2000	40
(13)	Nanpura-Surat	14	—	26	1300	150
(14)	Rajkot	10	---	53	300	278

Universal Access to TB Care (UATBC) Pilot Project in Mehsana District : (RNTCP)

Free quality anti-TB drugs are being ensured by Government in public sector since beginning of its public health efforts towards TB control. In addition, Government of India has made TB a notifiable disease since May 2012 in order to bring all TB patients under surveillance and to provide them public health services following notification; irrespective of their source of treatment (Public or Private).

However, with best of the public health sector efforts, TB patients do take care from private sector health facilities bearing out-of-pocket expenditure.

- Majority of private health facilities do not have adequate adherence support or retrieval system for patients under their care.
- Over and above it, the cost of the medicine for a long period make it even more difficult to ensure completion of treatment without interruption and sometimes even hard to complete the treatment.
- To address all these barriers to universal access to quality TB care, it was thought through providing free anti-TB drugs to TB patients taking treatment from private health facilities, notify them systematically and provide them all public health services following such notification.
- Mehsana district has been selected as one of the site for rolling out the pilot of universal access to TB care.

The objectives

- To ensure access to free quality anti-TB drugs to all the TB patients irrespective of source of care (public sector or private sector)
- To reduce out of pocket expenditure to TB patients treated in private sector. If patients have uninterrupted free drugs available, it will motivate them to complete treatment.

- The first step of the process would be notification of TB patients to have access to free anti-TB drugs which will also improve notification of TB patients.
- Moreover, public health action like contact screening, chemoprophylaxis to healthy contact, treatment adherence in terms of regular follow up visit, drug susceptibility testing and HIV testing etc. can be effectively offered. It will be one step further to improve treatment adherence and patient outcome.

Central TB Division led and guided the project. State TB Cell, Gujarat implemented through district TB centre and supervised the activities. WHO provided technical support at central and state level. Bill and Melinda Gates Foundation (BMGF) funded drugs prescribed outside RNTCP and provided ICT system and related support in that matter. Indian Medical Association and Chemist Association supported through their services.

Existing process for Free TB drugs

Once a qualified practitioner decides to treat a TB patient outside the scope of RNTCP, he / she need to communicate a contact centre. There, a TB patient is notified and prescription details relevant to anti-TB drugs need to be shared with contact centre. Based on it, a unique voucher number is generated any given to the practitioner. The voucher number is written on prescription which a patient will carry to the chemist. The voucher will be validated by chemist with help of contact centre and free anti-TB drugs will be given to patients. A patient will be contacted telephonically for confirmation of receipt of free medicine and later at home, for extending public health services like contact screening, adherence and infection control counselling, HIV testing and DST services etc. Information Communication Technology support is provided for notification, generation validation of voucher, reimbursement and patient adherence support.

Courtesy : RNTCP Annual Status Report

Another case of one crore compensation
National Consumer Disputes Redressal Commission:
Consumer Case No. 104 Of 2002:
Dr (Mrs) Indu Sharma, Complainant(s) vs Indraprastha Apollo Hospital

Course of events

The patient was hospitalized in OP-1 hospital (Indraprastha Apollo Hospitals) after midnight due to rupture of membranes on 10.6.1999. On the same morning, Dr Sohini Verma (OP-3) advised IV fluid with 1 ampule of Syntocinon (Oxytocin) to speed up the delivery. According to the patient, she was administered the maximum dose of oxytocin and there was a fall in the fetal heart rate, which was 80/min during the midnight of 11/12-6-1999.

She underwent emergency caesarean section (LSCS) and delivered a female baby at 3.36 am, birth weight 3.7 kg. The baby did not cry immediately after birth and it took almost 5 minutes.

The baby was kept on ventilator in NICU. The condition of baby deteriorated further, till 29.6.1999. The baby was unable to suck milk. The patient was discharged on 16.6.1999, while the baby was discharged from OP-1, on 30.6.1999. The patient had taken treatment from OP-3 for infertility and thereafter, spontaneously she conceived after 4 ½ years.

After 2 ½ months, from 23.08.1999, the baby was admitted to Holy Family Hospital with complaints of loose motions and strong clonic seizures from 23.8.1999. CT scan showed severe brain atrophy which could lead to severe mental retardation. The complainant observed that at age of 1 year 8 months, the baby's milestones were delayed; episodes of seizures persisted. Also, the baby was unable to hold her neck and unable to suck milk.

From 21.09.1999 to 03.12.2002, the child was treated at AIIMS. The Disability Board of AIIMS, New Delhi certified the baby as '95% disability'.

The baby survived for 12 years with disabilities and with mental retardation and died on 15.1.2012.

Allegations

- No senior doctor available at the time of admission to the hospital; patient examined by resident doctor.
- Oxytocin administered in maximum dose, following which the fetal heart rate began to drop (80/min), but none attended the patient immediately.
- OP-3 failed to perform LSCS within 12-18 hours after membrane rupture and was abnormally delayed for about 27 hours.

- Excessive dose of oxytocin led to fetal distress and cerebral anoxia-palsy.
- Further CT scan and x-ray reports of the baby were declared as normal by the OP; but, in the opinion of doctors in the US and brother of the patient (a pediatric surgeon in USA) the severe atrophy of baby's brain cortex was due to birth asphyxia and that the child might remain severally mentally retarded for as long as she lives.
- OPs made number of corrections /interpolations on the case sheets; the neonatal record was also tempered with.
- The Complainant never received the CTG graphs from the OP.
- The OP-3 failed to take proper care during delivery, which resulted in birth of an asphyxiated baby.
- The complainant filed a complaint in the NCDRC alleging medical negligence on the part of the treating doctors and the hospital where she delivered her baby. And sought a total compensation of Rs.2.5 crores plus Rs.5 lacs for the mental agony and Rs.25,000/- as costs of litigation.

The commission examined three separate affidavits of evidence by Dr Sohini Verma, Senior Consultant and Gynaecologist, (OP-3), the Neonatologist, Dr Saroja Balan working at OP-hospital, and the Medical Superintendent, Mr. Singhal of OP-1 including that of the two witnesses from hospital, one of the sister In-charge Retnamma K. Nair and the other of Dr Poornima Dhar, the Anesthetist.

OP-3 was allowed to argue and assist the counsel for OP. The counsel argued that as the complaint was filed after delay of 264 days, it was barred by limitation. According to OP-3, oxytocin was given only for 17 hours and not for more than 24 hours; total 66 units of oxytocin was given by controlled infusion pump with proper monitoring. The delay in LSCS was due to non-cooperative attitude of patient. The FHR was normal throughout. OP-3 denied that during the last two hours of the progress of the labour, in question, no uterine activity and FHR recording were mentioned in the nursing chart. The CTG records were handed over to the complainant at the time of discharge, along with other documents.

The counsel asked for the complaint to be dismissed as there was no negligence on the part of OP-1 and/or OP-3.

Observations of the Commission

- On 03.03.2003, the Complainant filed an application for Condonation of 264 days delay in filing the complaint. The Commission disregarded the defense of the OP that the

complaint was time barred as the delay of 264 days in filing the complaint had been condoned on 16.12.2011. Also the cause of action remains continuous till the patient or the complainant comes to know about the real injury.

- The Complainant has not produced any medical expert evidence, and has not produced any witnesses from Holy Family Hospital and AIIMS where the baby was treated after discharge from OP-1. Initially on 27.03.2006 complainant filed one application for referring the case to the medical expert of AIIMS to take medical expert opinion but she withdrew the said application. The Complainant relied upon the medical textbooks, the research articles.
- The OPs produced three expert opinions from doctors in own hospital, namely Prof (Dr.) Kamal Buckshee, Senior Consultant with Department of Obstetrics & Gynaecology of OP-1 Hospital, Dr. (Mrs.) Urmil Sharma and Dr.(Mrs.) Harmeet Malhotra, all have examined the treatment papers, opined that the treatment given to the patient was correct, and that there was no deficiency or negligence on the part of the treating doctors.
- 'There was delay in performing LSCS by OP-3; waiting period should not have been more than 24 hours and FHR should be carefully monitored.
- The child was consulted at several hospitals like Holy Family Hospital, New Delhi from 29.091999 to 08.09.1999 and took treatment at AIIMS from 29.09.1999 to 2003 for cerebral palsy and brain atrophy.
- The Commission did not accept the defense of OP-3 that it was induction failure and instead stated that OP-3 decided emergency LSCS because of fetal distress/non-reassuring fetal heart rate, and not induction failure. The Commission also did accept the contention of OP-3 that the baby was born with pre-existing (prenatal) neurological disability in the absence of any signs of foetal hypoxia or birth asphyxia
- The medical records of the baby were produced after a decade i.e. on 20.11.2014.

- All investigations (blood and urine test, USG, colour Doppler, CTG) done in antenatal period were normal. Triple marker test was not done as there was no previous family history of any genetic disorder.
- Repeat USG was not done at the time of admission to recheck a loop of cord around neck seen in previous USG done 12 days back. Pelvic adequacy by clinical pelvimetry was not checked for including adequacy of fluid even when the patient was leaking profusely. The FHS recorded was 146/minute, therefore the condition of foetus was good prior to delivery.
- In the instant case, the resident and nurses failed to appreciate the signs of distress on the foetal heart monitor, and they failed to inform the attending OP-3 of the non-reassuring heart tracings.
- OP-3 did not follow the standard of care for a hospital to quickly deliver a baby by emergency C-section when necessary. "Standard of care allow obstetricians two options to ensure that the continuation of labour is safe for the baby. One option is to perform a test to make sure that the baby is not acidotic. (If a baby is acidotic, it means inadequate gas exchange is taking place and the baby is being deprived of oxygen.) If that test is not performed, the Oxytocin must be stopped. However, if stopping the Oxytocin did not improve the heart tracing, the standard of care required C-section delivery since vaginal delivery was not imminent. Even if the foetal acidosis test is not familiar to some obstetricians, all obstetricians are familiar with the necessity of calling a stat C-section when a fetal heart tracing does not improve despite resuscitative measures. A good trial on fetal resuscitation would require randomization based on fetal distress diagnosed using the "gold standard" of fetal scalp blood pH < 7.2, testing the methods used for resuscitation, and accounting for the variables."
- In this case, the long labour process brought about by poor and negligent medical management caused the birth of asphyxiated child with cerebral palsy and seizures. The birth record voluminously speaks about the asphyxia.

- The medical records showed many cutting, erasing marks, pin holes; some handwritten insertions, over writings and discrepancies in the doctor's and sister's chart, which showed that the records were apparently manipulated and fabricated.

The OPs were obliged to explain how the baby's cerebral palsy occurred if the required treatment had been given. In the absence of such exculpatory evidence, the invocation of the maxim res ipsa loquitur, is justifiable in this case.

The records of the patients should be maintained by doctors and hospitals. "It is wise to remember that "Poor records mean poor defense, no records mean no defense".

The Commission rejected the contention of the OP that the delay in cesarean section was due to the reluctance on the part of the patient stating that "it was the bounden duty of the doctor to decide, the correct line of treatment; doctor wouldn't just blindly obey the wishes of the patient…"

The Commission also rejected the expert opinions produced by OP-3 from the three experts of OP-1 hospital, as they had given their opinion on the basis of tampered medical records, they were from same hospital and more chances of interested witnesses.

It is the responsibility of the medical team to closely monitor the heart tracings so that they know when the baby becomes distressed.

The say of OP that the patient was informed about emergency LSCS which was rejected by the patient or by her husband. The OP did not take written consent or signature of the complainant or her husband about refusal of C-section. The progress sheet clearly shows some insertion made by OP/staff to show that patient was informed. Thus, the entry was also tampered one.

Conclusions of the Commission

- The patient had pregnancy after 4 ½ years of infertility making it a precious pregnancy.
- Corporate hospitals and Specialists must perform at a higher level than other hospitals/GPs as they represent themselves as possessing highest standard facilities and care, superior skills and additional training.

- The records clearly showed fetal distress indicated by hypertonic contractions and fall in FHR below 120/min and OP-3 failed to take proper decision for emergency C-section making it an act of omission, thus negligence.
- The medical records of the mother and baby are tampered at many places.
- The substandard care administered to the patient during labour resulted in poor outcome despite using modern technology of CTG. Inability to interpret the CTG trace, i.e., poor pattern recognition, failure to correlate to the pathophysiology that caused the CTG changes, not taking into consideration the clinical situation that may suggest fetal distress and delay in taking appropriate action due to poor communication and team work were reasons for the poor outcome.
- Taking into account the sufferings of mother and child for 12 years, treatment and other expenses, the metal agony and trauma to the parents who suffered loss of their baby and thereon the quantum of interest on such amount, the Commission allowed a lump sum award of compensation of Rs. One crore by relying upon the judgments of Hon'ble Apex Court for award of compensation.
- The Commission further imposed punitive costs of Rs.10 lacs on OP-1 as OP had not issued entire medical record to the patient, indulged in the unethical medical practices and professional misconduct like tampering of medical records. It was the duty of the hospital to preserve the CTG tracings. Thus OP did not follow the standard of medical practice, not maintained medical records.

Final judgement

The commission found the OPs guilty of medical negligence and fixed total compensation of Rs. One Crore; out of which OP-1 will pay Rs.80 lacs and OP-3 will pay Rs.20 lacs to the patient/complaint within 90 days from the date of receipt of this order. The insurance company shall indemnify the respective OPs, as per law. Rs.10 lacs was imposed as punitive cost which OP-1 shall deposit in the Consumer Legal Aid Account, NCDRC within 90 days from the date of receipt of this order. If the order is not compiled within 90 days, the OPs are liable to pay interest @ 9% per annum, till its realisation.

Disha - "The direction" - Readymade Tips for the excellence in serving your patients & grooming your staff !!!!!

Step -1 : Obsolescence …. A Curse or A Boon ???

[1.] Our Current Environment

- There has been a relentless quest to enhance the level of competence of the workforce to meet the increasing demands of a highly competitive MEDICAL environment. This needs an assessment of the competencies required and those possessed by the employees, managers & we as DOCTORS, i.e. a gap analysis
- As the time passes and the technology advances there is an increasing awareness that the competencies needed are more than the current level. This becomes all the more pronounced when there are significant information and knowledge expansion and continuous research & development in THE HEALTH CARE Industry.
- Under these circumstances there is every likelihood that we tend to become obsolete with every passing year.
- We will survive in our businesses only if we adapt continuously to meet the needs of the changing environment. One who fails to perceive the changes taking place around him/her and consequently adopts a reactive rather than a proactive approach is undoubtedly more likely to become obsolete. Failure to adapt to change would mean that his/her productivity declines, with the obvious consequences on his/her future role and importance in the THE HEALTH CARE Industry.

According to Prahalad & Hamel 1990.

An organization's capacity to improve existing skills and learn new ones offers the most defensible competitive advantage of all.

[2.] What is Obsolescence?

(a) From the business point of view,

- **Obsolescence** is the state of being which occurs when an object, service, or practice is no longer wanted even though it may still be in good working order. Obsolescence frequently occurs because a replacement has become available that has, in sum, more advantages than the inconvenience related to repurchasing the replacement.

(b) From the businessman's {OUR – DOCTOR 'S }point of view,

Obsolete refers to something that is already disused or discarded, or antiquated.[1] Typically, obsolescence is preceded by a gradual decline in popularity.

(c) From the employee's {OUR STAFF'S } point of view,

"Obsolescence occurs when there is a gap between the job needs and one's capabilities."

Obsolescence as the discrepancy between job performance and an expected level of competence which incorporates new knowledge being introduced into a profession.

[3.] Types of Obsolescence

There are two types of obsolescence:

1. **Ability Obsolescence**--the employee's/businessman's(The doctor's) abilities and skills are no longer sufficient for him/her to keep up with the jobs; and
2. **Attitudinal Obsolescence**--the employee/businessman(the doctor) fails to maintain flexibility in attitude and approach, and to changing problems and conditions.

[4.] Factors Responsible for Obsolescence

Individual Factors

1. The denial of obsolescence,
2. Lack of awareness of change in THE HEALTH CARE Industry.,
3. Resistance to change.
4. Lack of confidence
5. Complacency

Organizational Factors

Under the broad category of Organizational Factors three categories:

1) **Job Related:** a mismatch between the person and the job, lack of autonomy or non-involvement in decision-making;
2) **Relationship Oriented:** the impediments from the businessman (the doctor) as he is non-supportive;

3) **Systems Related:** THE HEALTH CARE Industry's policies and practices like lack of reward/ recognition; inappropriate promotion policy; ineffective performance appraisal system and lack of training & development.

[5.] Consequences of Obsolescence

The problem of obsolescence has deep-rooted consequences, for not only can it affect the individual, but also his business and the organisation.

The consequences of obsolescence can also be categorised into...

(a) Those affecting the person

At the individual level an awareness of obsolescence in self and subsequent inability to overcome it can lead to feelings of incompetence and low levels of self-esteem and self-confidence, helplessness and frustration.

(b) Those impacting THE HEALTH CARE Industry.

The adverse effect on an individual can also lead to low levels of involvement in activities, especially involving working in teams, avoidance behaviour and absence from duty when there are heavy demands on the individual. All these can result in low levels of productivity at the organizational level.

[6.] How can it be Tackled?

In THE HEALTH CARE Industry,, the problem of obsolescence can be tackled by a two-pronged approach:

[A] Initiatives at the Individual Level

1. An employee should Develop short and long term goals which expand his knowledge and skills. Pursue life-long learning and take ownership for self development.
2. Keep abreast with current developments in your field: Know how far your function within your business deviates from the mainstream in your field.
3. Develop a fair understanding of some other aspect of your organization's work which might be related to your own.
4. Keep doing On-the-Job Updating Activities.
5. Update your Professional Knowledge/Skills ongoingly
6. Maintain a positive Attitude towards Learning
7. Self-initiated Updating is the key to elevation & excellence.

[B] Initiatives at the Organisational Level

The onus for providing the right environment for its workforce rests on the organisation/hospitals /multi speciality hospitals.

1) Organisational Climate means the extent to which organisational climate encourages autonomy, innovativeness and rewards high performance The businessman(The doctor) should **Create an environment where** Attitude towards learning is elevated.

2) People with high potential should move through a series of challenging jobs. And Motivation should be provided to update oneself & organization. Jobs should provide a range of challenges and at the same time Self-initiated updating activities are happening. Employees need to learn from highly skilled colleagues, superiors as well as training sessions.

3) Jobs should provide sufficient headroom (authority and responsibility) and elbow room (scope and variety). Make sure that Professional knowledge/ skills are acquired ongoingly. Organisational should provide Support for enhancing education and career planning for its professionals.

4) Performance appraisal should focus more on the potential appraisal to assess a manager to perform additional and higher responsibilities rather than one which is based on past performance alone. The appraisal should be followed by giving feedback, coaching, mentoring, and training.

Only our industry has proved to be in tune with all the obsolescence happening all around. Till date we have used it to our advantage. It has been a boon to us. Let's keep it as it a Boon forever.

We as doctors –Individually will struggle to match with the demands of today s world but TOGETHER ..with the immense potential and might available ..WE CAN .

It is rightly said .....WORKING TOGETHER WORKS .

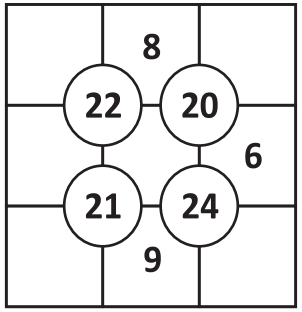
Mr. Nandak Pandya, Ahmedabad
Author is Mentor of various corporate & Trainer & Trainers.

Feedback / comments : imagsb@gmail.com

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 items seen at the time of Utrayan.

Key	Words
4 Letters	2
6 Letters	2
7 Letters	3

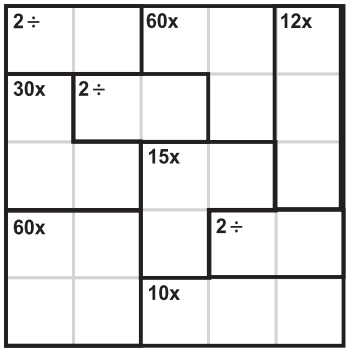
MB	TH	ERN	KE	OO
TE	NT	LL	KI	RR
TE	OON		MI	RE
AD	ACE	BA	BA	LA

Sudoku

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

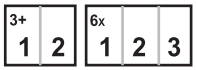
The objective of sudoku is to enter a digit from 1 through 9 in each cell, in such a way that:
Each horizontal row contains each digit exactly once
Each vertical column contains each digit exactly once
Each 3 by 3 square contains each digit exactly once

KEN KEN PUZZLE



1 write down 1 to 5 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 a math 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 math operation—to form that cage's target number.

FOR EXAMPLE



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.

Answer Page No. 71

QUIZ

(૧) કયા વડાપ્રધાનને 'FATHER OF INDIAN ECONOMIC REFORMS' કહેવાય છે ?
(a) રાજીવ ગાંધી (b) વી.પી.સિંહ (c) પી.વી.નરસિંહરાવ (d) ડો. મનમોહન સિંહ

(૨) મિલેનિયમ મેન ગણાતા મહાન વૈજ્ઞાનિક આલ્બર્ટ આઈનસ્ટાઈન સાથે કયા ભારતીય વૈજ્ઞાનિકે કામ કર્યું હતું ?
(a) સત્યેન્દ્રનાથ બોઝ (b) હોમી ભાભા (c) વિક્રમસારાભાઈ (d) ડો.ખુરાના

(૩) નીચેનામાંથી કઈ અભિનેત્રીની પોસ્ટલ સ્ટેમ્પ બહાર પડેલ છે ?
(a) વૈજયંતિમાલા (b) નરગીસ દત્ત (c) આશા પારેખ (d) હેમા માલિની

(૪) પ્રતિષ્ઠિત એવોર્ડ નોબેલ પ્રાઈઝ જેના નામ પરથી અપાય છે તે આલ્ફ્રેડ નોબેલની શોધ કઈ છે ?
(a) આધુનિક રડાર (b) અણુબોમ્બ (c) ડાયનેમાઈટ (d) ધરતીકંપ માપક યંત્ર

(૫) કયા મોગલ રાજા અભણ હતા આથી તેમણે પોતાના વિચારો તેમજ પોતાના વિશે નું પુસ્તક અબુલ ફઝલ પાસે લખાવવું પડ્યું હતું ?
(a) ઔરંગઝેબ (b) શાહજહાં (c) જહાંગીર (d) અકબર

(૬) ઇંગ્લેન્ડ, સાઉથ આફ્રિકા અને ઓસ્ટ્રેલિયા આમ ત્રણ દેશો વતી ક્રિકેટ રમનાર ક્રિકેટર કોણ હતો ?
(a) કર્ટની વોલ્શ (b) કેપ્લર વેસલ્સ (c) વેસ્લી હોલ્સ (d) ડેવિડ ગોવર

(૭) ભારતના બિલ ગેટ્સ તરીકે કોણ ઓળખાય છે ?
(a) મુકેશ અંબાણી (b) અઝીઝ પ્રેમજી (c) રતન તાતા (d) નારાયણ મૂર્તિ

(૮) ભગવાન શ્રી કૃષ્ણ, રવિન્દ્રનાથ ટાગોર તેમજ નેપોલિયન તેમના માતા-પિતાનાં કયાં નંબરના સંતાન હતા ?
(a) બીજા (b) ચોથા (c) સાતમાં (d) આંઠમાં

(૯) ' OSCAR' અને ' NOBEL' એમબન્ને વિશ્વવિખ્યાત એવોર્ડ પ્રાપ્ત કરનાર દુનિયાની એક માત્ર વ્યક્તિ કોણ છે ?
(a) ચાર્લી ચેપ્લિન (b) આલ્બર્ટ આઈન્સ્ટાઈન (c) જ્યોર્જ બર્નાડ શો (d) વિલિયમ સેક્સપીયર

(૧૦) એક શહેરના નામ પરથી પડેલા અને ભાગ્યેજ જોવા મળતા બ્લડ ગ્રુપનું નામજણાવો ?
(a) અલાહાબાદ બ્લડ ગ્રુપ (b) દિલ્હી બ્લડ ગ્રુપ (c) બોમ્બે બ્લડ ગ્રુપ (d) પુણે બ્લડ ગ્રુપ

ડો. આશિષ ચોકસી, મેમનગર, અમદાવાદ

Ans ૧ (૧૦) ૧ (૯) p (૮) q (૭) q (૬) p (૫) ૧ (૪) q (૩) ૪ (૨) ૧ (૧) **suV**

IMA-GFATM-RNTCP-PPM-RCC-PROJECT
Gujarat State

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INDIAN MEDICAL ASSOCIATION

Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

We are Notifying Every Case of Tuberculosis

Are You.....?

देश जीतेगा....!
टी.बी. हारेगा....!!

Fighting the Battle with Tuberculosis Together in India.

I.M.A.G.S.B. NEWS BULLETIN MAY-2015 / MONTHLY NEWS

Pride of I.M.A. - Excellent T. B. Notification

Dr. Bhupendra Shah
Avarda Hospital
Himmatnagar

Dr Tushar Patel
Sparsh Chest Disease Centre, Ahmedabad

Dr. Narendra Devmurari
Parinbanu TB Clinic-
Surat

Dr. Anil Patel
Action Research in Community Health
Mangrol (Narmada)

Dr. Madhusudan Chauhan
Sundaram Surgical
Hospital-Jhalod

Dr. Gordhanbhai Gondaliya
Rajkot

Dr. Ravi Patel
Gayatri Medical Hospital
Deesa

Dr. Jayendra J. Soni
Bhartiya Arogya Nidhi
Group of Hospitals
Patan

Dr. J. J. Thakkar
Bhartiya Arogya Nidhi
Group of Hospitals
Patan

Dr. Bharat Dave
Stavya Spine Hospital &
Research Institute, Ahmedabad

Dr. M.T Rangwala
Sarvajanik Hospital
Surat

Dr. Manilal P. Patel
Vardan Hospital,
Khedbrahma

Dr. Suresh Chhabra
Sadhna Kutir Hospital
Surat

Dr. Jagdish Virani
Polydiagnostic Centre
& Hospital , Rajkot

Dr. Kiran P. Thakkar
Siddhi Medical Hospital &
Respiratory Care centre,
Patan

Dr. Jayanti D. Patel
Sonal Hospital
Dehgam

Pride of I.M.A. - Excellent T. B. Notification

Dr. Ramesh M.Vakharia
Gandhinagar

Dr. Dhiren Tanna
Milestone Hospital
Rajkot

Dr. Naginbhai M. Patel
Gayatri Medical Hospital
Deesa

Dr. Kirit Patel
Sanjeevani Pathology
Laboratory, Rajkot

Dr. P.K Bansal
Bhavnagar

Dr. Narendraprasad Suthar
Mehsana

Dr. Nalin H. Shah
Harsh X-ray Clinic
Dehgam

Dr. Kanjibhai B. Rabari
Devbhoomi Heart and
Medical Hospital, Patan

Dr. Atulbhai Chag
Navjeevan Hospital,
Veraval

Dr. Ghanshyam Patel
Patel Hospital
Surat

Dr. Shailesh Jethwa
Harikrishna Group of hospital
Surat

Dr. Vinubhai Patel
Shraddha Hospital
Idar

Dr.Jethalal M. Patel
Ashirvad Hospital
Idar

Dr. N.H Lathia
Patel Hospital
Bhavnagar

Dr. Bhavesh N. Patel
Patel Hospital
Modasa

Dr. Nitin Nimbark
Umang Children Hospital
Mahuva

I.M.A.G.S.B. NEWS BULLETIN MAY-2015 / MONTHLY NEWS

Pride of I.M.A. - Excellent T. B. Notification

Dr. J. N. Pabani
Pabani Clinic
Keshod

Dr. Bharat N. Patel
Heema Heart & Medical Hospital
Visnagar

Dr. Ashok Patel
Sushrusha Hospital
Ankleshwar

Dr. Jayant Chauhan
GMERS Sola
Ahmedabad

Dr. Harish D. Shah
Punit Hospital
Modasa

Dr. M.V Pansuriya
Pansuriya Hospital
Junagadh

Dr. Dipak Aghara
Mangalam Hospital
Morbi

Dr. Nimesh Hingrajiya
Venu Hospital
Junagadh

Dr. Dahyabhai G. Oza
Anand Medical Hospital &
Heart Centre, Mehsana

Dr. Rajiv Paliwal
PSMC,
Karamsad

Dr. Jayantibhai Patel
Sarvoday Hospital
Kadi

Dr. Nilesh Desai
Nityanand Hospital
Ankleshwar

Dr. Jagdish Patel
Bhavnagar

Dr. J. S. Parmar
Bhagyoday Surgical
Hospital-Godhra

Dr. Rajesh S. Oza
Hetav Heart Care
Patan

Dr. Mayank M. Shah
Shah Heart and Medical Hospital
Palanpur

Dr. Vinod Bava
City Hospital, Palanpur

Dr. H. K. Panchal
Shivam Critical Care Hospital, Palanpur

Dr. Vishnu N. Patel
Trimurti Hospital, Bavla

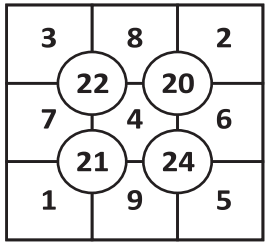
Dr. Samir R. Desai
Kasturba Hospital, Valsad

Attention Advertisers

* You are requested to send your matter for advertisement in I.M.A.G.S.B. New Bulletin before **15th of Every month.**
* Your advertisement matter has to be **ready to print format or at least matter** has to be in printed form.
* In case of hand written matter, publisher will not be responsible for any kind of printing error.

Answers

Chhota Sudoku



7 BR OK EN Words

1 KITE
2 MIKE
3 THREAD
4 BAMBOO
5 TERRACE
6 LANTERN
7 BALLOON

Sudoku

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

KEN KEN PUZZLE

2÷ 2	1	60x 4	5	12x 3
30x 5	2÷ 4	2	3	1
3	2	15x 5	1	4
60x 1	5	3	2÷ 4	2
4	3	10x 1	2	5

Financial Planning And Management, Boosting Your Bottomline

"Money is a terrible master but an excellent servant. "

- P.T. Barnum

Your medical practice , like all businesses, needs to make a profit to survive. All the idealism and medical skills in the world are of no use if you cannot make both ends meet. You cannot afford to be ignorant or careless with figures , since you are self-employed. No one can run a business without financial control and private practice is no different from any other business. Many doctors are uncomfortable with financial figures, but you need to attain basic financial literacy if you need to run your own practice and grow it successfully.

A profit and loss account

This account sets out the income earned (patient fees) and the expenditure of the practice, the difference being your profit.

Budgeting

Budgeting is the process of estimating your income as it is earned and expenditure as it is incurred. It helps you to plan for the future; and to compare what you achieve with what you had expected to achieve. Every business experiences ups and downs in expenses and income, so careful forecasting is essential, and it is advisable to always allow a margin for inflation in the forthcoming year.

Cash flow

The cash flow statement sets out what is happening in cash terms. It tabulates the money going out of the practice to pay for expenses, and the money coming in . If the outgoing is more than in the incoming, you have a cash flow problem.

The balance sheet

The final accounting item is the balance sheet. This shows what the practice is worth and is usually set out at the end of the practices' financial year, showing what the practice owns and what it owes.

When you are starting practice, or when you want to offer a new service , buy new equipment or expand, you will need to raise money. The most convenient source is your bank. Many banks do have special schemes for doctors, in order to help them buy new equipment or expand their practice. Doctors are usually excellent credit risks, and most bank managers will be happy to lend you money. Go well prepared with the information your manager requires , and anticipate a series of questions. The main questions will be as follows:

1. Why do you want the money?
2. How much do you want?
3. How will the money be repaid?
4. What securities are being offered against any loan or overdraft?
5. What are the risks?

Make sure your documentation is complete and uptodate. If your paperwork is in order, your chances of raising money are much brighter ! You will need to include details such as :

1. A short history and description of yourself, stating your age, education, professional qualifications, skills and specialisations. A prepared curriculum vitae is always helpful.
2. A list of personal means, for example, property, equipment, stocks and shares and any other asset that may be held for collateral against a loan.
3. A detailed cash flow forecast and projected profit and loss account.
4. The maximum amount of money you need to borrow. The loan must be negotiated precisely with fixed repayment details
5. References of your character. These should be from people who have known you for a long time, who are not family or friends.

Other approaches include borrowing money from a financial company; or finding a cash-rich partner. A sleeping partner is one puts up money in return for an eventual share in the profits, but does not take any part in running the practice. Luck and contacts can help you find a person who is willing to risk money by backing your skills and talents. Having a rich father-in-law can be very helpful when startingpractice !

KEEPING ACCOUNTS

You must keep a careful record of all the financial transactions concerned with the practice. This is important, not only to check whether you are making a profit or loss, but also for the legal requirements involved in paying income tax. Accounts constitute the financial memory of the practice, and it cannot be stressed enough that you have to keep them in order. It is largely a matter of self-discipline - do it regularly . As your practice grows, you may need to employ a full-time accountant to take care of your paperwork. Today, many computer programs are available, which make keeping accounts much easier and manageable. These will allow you to prepare a trial balance and submit your income tax returns efficiently, and are well-worth investing in.

Preventing cheating

Since doctors earn a considerable amount of cash income on a daily basis, there is considerable opportunity for your office staff to cheat you – and unfortunately, many do ! Doctors are often too busy taking care of patients, which is why they don't bother about “petty” details. However, they often end up losing their hard-earned money – something they can ill afford to do. Some experts estimate that three out of four physicians will suffer a significant loss due to employee dishonesty at least once during their careers because they lack sufficient checks and balances. The best way to prevent this is by being strict about implementing cash controls in your clinic. Unfortunately, the embezzler often turns out to be a long-term, reliable employee, because without proper controls, the most trusted staffer often faces the greatest temptation. It usually starts small, and then keeps on ballooning, so that a trusted employee (but perhaps one who is resentful at what seems like a low salary) , begins to siphon off small amounts of cash until it becomes second nature.

Simple safeguards can help prevent fraud.

Require documentation support (invoices or statements) for all check requests. Mark each invoice "paid" and the date paid at the time you write/sign the check. Schedule a specific time to sign all checks each week.

Your practice size will dictate how complex you can make your cash control policies. Have your accountant audit and revise your internal controls. You should be involved in large financial transactions , and should implement random spot checks to ensure honesty.

Try to minimise the opportunities and temptations you offer to staffers to steal by having strict control systems in place. Often thefts come to light when the employee who is cheating takes a vacation, so make sure all your staff members get an annual vacation.

Make deposits daily , so that there is not too much cash on hand in the office. Reconcile bank statements monthly.

Occasionally track a random sample of cash receipts through your whole system, from the appointment register all the way to the computer ledger to confirm no payments are missing.

Never allow financial records or insurance claims to be taken home.

Demonstrate your awareness of what's going on in your office. That doesn't mean you need to hover over employees day in and day out. Rather, set up and use good controls, and make a point to talk to your staffers about what they're doing. Be visible and ask questions when you verify cash balances or review reports. If your staff realizes you are careful with your money, they will treat it with the respect it deserves !

Original Article by : **Dr. Aniruddha Malpani**

Complied by : **Dr. Jignesh C. Sha**h, M.D. (Gynecologist)
Navawadaj, Ahmedabad.

Feedback / comments : imagsb@gmail.com

IMA Rise & Shine

There is no bar to strikes in India by Law or MCI.

Strike is our fundamental right as long as emergencies are not ignored.

Dr. A. Marthanda Pillai
National President, IMA (HQs)

Dr. K. K. Aggarwal
Hon. Secretary General, IMA (HQs)

'EVE'-WOMEN'S CONFERENCE-21/6/2015

Our WOMAN DOCTORS WING (WDW) of Ahmedabad Medical Association is Organising a most Interesting and Informative One Day WOMEN'S CONFERENCE under the aegis of GSB-IMA. Our aim is to discuss and 'touch' the most important and sensitive issues of woman's life which she might encounter in her day to day routine. We are sure after attending this conference she would have a better vision of her life.

The topics to be discussed are as under :-

1. Awareness of women-
2. Planning Your Finances-
3. ' Looking Gorgeous'- Age No Bar

   Speaker- **Dr. Bijal Parikh** M.Ch. (Plastic Surgery)
4. Obesity-let's overcome it.-

   Speaker- **Dr. Mahendra Narwaria**

   (obesity specialist-Beriatic Surg.)
5. 'Balance sheet' of Women's Revolution-

   Speaker- **Dr. Hansal Bhachech** - M.D.Pyschiatrics
6. Modernisation without Westernisation-

   Speaker - **Sadhvi Rutumbaraji**
7. Cancer Awareness -Breast and Cervical Cancer Awareness-

   Speaker- **Dr. D.G.Vijay** - Onco-Surgeon

   Dr. Kalpana Kothari - Onco-Gynaec

8. Osteoporosis-Role of Calcium and Vit-D3 in our life

   Speaker- **Dr. Dipak Dave** - M.S.(Ortho)
9. Modern Technology and Women

The details of the conference are as under :

Date : 21st JUNE 2015 - SUNDAY

Time : 9.30 am to 4.00 p.m.

Venue : AHMEDABAD MANAGEMENT ASSOCIATION HALL

J.B. Auditorium, ATIRA, Ahmedabad.

Registration Fees : Rs. 200/- per Delegate

(Breakfast, Lunch & High Tea included)

Kit will be given to each delegate.

If cheque is to be issued -> in favour of '**AMA WOMAN DOCTORS WING**'

We are inviting all **Female doctors plus all the females who are not doctors but are willing to attend this conference (above 18 years)**

FOR ANY QUERIES KINDLY CONTACT :

DR. MONA DESAI M.D. (PED.)
Chair Person
09825016769
email : drmonaped@yahoo.co.in

DR. MARIAM MANSURI
Hon. Secretary of
WDW of AMA

DR. CHETAN N. PATEL
President, IMA-GSB

DR. JITENDRA N. PATEL
Hon. State Secretary, IMA-GSB

Medicine , The Best Laughter

Doctors In Trouble

Hardly had the ink of the Times Cover page article " Doctors get prescription for bad handwriting " dried , that this intelligent , local newspaper reporter (Re) seized the opportunity and scheduled an appointment with me .The receptionist ushered in the reporter . Niceties over , she started off with the questions right away.

Re: Oh ! so you are a father of a school going child ?

Me : (amazed !) . How did you make that out ?

Re: Nothing . Just noted the " Improve Your Handwriting " workbook lying next to your Harrison (That's our Bible , by the way) below your stethoscope .

Me: You are not completely wrong. Its me, trying out the workbook .

Re: You ?

Me: With citizens wanting the Doctors to clean up their A's and B's there was no other way. Me and my daughter now, together complete two pages a day – and then compare notes when I'm back home ! She even takes my workbook to her teacher for correction and comments and I am just equally comfortable getting those smilies or 4 on 10's with ' pathetic ' , ' needs improvement ' in big bold red ink.

Re: Tell me , Why do doctors have such bad handwriting ?

Me: That's not true . Just see them write / sign cheques – Perfectly legible – Banks have never complained ! Or for that matter - filling in IPO forms (not that there are many) , KYC forms , Passport / Visa application forms ... You name them – No complaints . (Probably , all this online business came in just to do away with illegible writing business)

Re: 7000 deaths every year occur in the US only, because of illegible prescriptions ?

Me: So why don't they use Arial / Calibri font in their computer generated prescriptions – rather than using the default 'Doctor's Script ' Font ? You mustn't be knowing this , but even more left handers die because of gadgets made solely for convenience of right handers !

Re: How do chemists manage to understand what you have written?

Me: Well , even they have never complained (As if some chemist would have the gall to chide a Doctor for his hand) .Maybe they attend some tuition classes . I've heard there even is a book available on the stands " Decipher what your Doctor has written "

Re: Forty Lac prescriptions are written everyday in India . Don't you believe Doctors ought to improve their handwriting ?

Me: Agreed ,a good hand is always acceptable , but you won't believe ,there have been cases when patients who on showing a perfectly and neatly written prescription have got reprimanded by their friends / relatives " You sure ! You got this from a doctor - such good hand it is ! "

Me (Continuing) : Fine tell me – How would you like you ECG to be . A neat clean straight line or the spiky , curvy , bumpy PQRST (that's ECG nomenclature !) one ? Take another example. Just imagine how easy it is for patients to understand what a functional tremor or parkinsonism hand writing would look like .

Re : [Silence]

Re: OK . Yoga will now be taught in the Medical Colleges as a part of undergraduate curriculum .What do you have to say ? (*There was a press note to this effect some time back*)

Me: Ramdev will then start teaching medicine !

Re: Thank you doctor for sparing your time. Could I please have a reference of another doctor whom I can interview .

Me – Sure . [Scribbling a colleagues address and handing over to her my note]

Some twenty minutes later I get a phone call from her . " Doctor , I showed a chemist the note you had scribbled for getting the directions to your colleague's clinic , and this chemist has handed over these 2 drugs to me to be taken post meals ".

Dr Vivek Jain, M.D. (Dermatologist)
Baroda

Feedback / comments : imagsb@gmail.com

Kindly update your following data on our Website : www.imagsb.com and submit

INDIAN MEDICAL ASSOCIATION

GUJARAT STATE BRANCH

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Phone : 079-2658 7370 E-mail : imagsb@youtele.com

Photo

BIO-DATA FORM DIRECTORY OF I.M.A. GUJARAT STATE BRANCH MEMBER

LMGUJ :

IMA HQ No.

Name of the Member : _____

_____

Branch : _____

City : _____

Address (Resi.) _____

_____

_____

Telephone No. _____

Address (Clinic/Hospital) _____

_____

_____

Telephone No. _____

Mobile : _____

Email : _____ Fax : _____

Blood Group _____

Signature _____

Second MBBS Syllabus

4. Pathology

1. Goal

The goal of teaching pathology is to provide undergraduate students comprehensive knowledge of the causes and mechanisms of disease, in order to enable them to achieve complete understanding of the natural history and clinical manifestations of the disease.

Syllabus

1. General Pathology
2. Haematology
3. Systemic Pathology
4. Clinical Pathology
5. Autopsy

The Broad area of study shall be:-

A) GENERAL PATHOLOGY

1. Microscopy and tissue processing
2. Identify the common types of cells by light microscopy
3. Intracellular accumulation
4. Acute inflammation
5. Chronic inflammation and Repair
6. Thrombosis, embolism, infarction and gangrene
7. Oedema and congestion
8. Disturbances of pigment metabolism
9. Tuberculosis
10. Leprosy
11. Amyloidosis
12. Disturbances of growth (Atrophy, hypertrophy, hyperplasia, metaplasia, Dysplasia, hypoplasia)

B) HAEMATOLOGY:

1. Collection of specimen, anticoagulants and common haematological tests (Hb)
2. Common Haematological Counts (TLC, DLC) & Interpretation of ESR

3. Haemopoiesis
4. Investigations in Anaemia
5. Investigations in Leukaemia
6. Investigations in haemorrhagic disorders
7. Blood Banking

C) SYSTEMIC PATHOLOGY:

1. Diseases of blood vessels (Atherosclerosis, syphilitic aortitis)
2. Diseases of Heart (IHD & RHD)
3. Pneumonias
4. Tumours of lung
5. Diseases of kidney
6. Gross and Microscopic features of peptic ulcer and duodenal ulcer
7. Gross and Microscopic features of other intestinal ulcers
8. Tumours of GIT
9. Diseases of Liver
10. Lymphomas
11. Diseases of male and female genital system
12. &13. Tumours of breast
14. Tumours of skin (Pigmented)
15. Tumours of skin (non-pigmented)
16. Soft tissue tumours
17. Tumours of bone
18. Diseases of thyroid

D) CLINICAL PATHOLOGY:

1. Urine RE - Carryout a bedside routine urine examination and interpret the results.
2. Pregnancy test and Semen Analysis - (Practical demonstration).
3. Common cytological preparations (lecture demonstration).
4. CSF examination.
5. Serous effusion examination.

E) AUTOPSY:

Pathology books recommended

a) Text book of Pathology by Robbins
b) Text book of General Pathology Part I & II by Bhende and Deodhare
c) Clinical Pathology by Talib
d) Text book of Pathology by Harsh Mohan
e) Text book of Pathology by Muir
f) Haematology De Gruchi
g) IAPM text book of Pathology

Reference books:

a Anderson's text book of Pathology Vol I & II
b) Oxford text book of Pathology Vol. I, II & III
c) Pathology by Rubin and Farber
d) Pathologic basis of Disease Robbins

5. **Microbiology**

1. Goal

The goal of teaching Microbiology is to provide understanding of the natural history of infectious diseases in order to deal with the etiology, pathogenesis, pathogenicity, laboratory diagnosis, treatment, control and prevention of these infections and infectious diseases.

Curriculum

A) GENERAL MICROBIOLOGY:

1. Introduction and Historical background
2. Morphology of bacteria and Classification
3. Physiology of bacteria including growth requirements & metabolism
4. Sterilization
5. Disinfectants
6. Waste disposal
7. Bacterial genetics and drug resistance to antimicrobial agents.
8. Host parasite relationship and bacterial infections
9. Normal flora
10. Methods of identification of bacteria. Diagnosis of infectious diseases (direct and indirect)

B) IMMUNOLOGY:

1. Introduction
2. Antigens, HLA
3. Antibodies
4. Serological reactions
5. Immune response
6. Complement
7. Hypersensitivity
8. Autoimmunity
9. Transplantation & tumour immunology
10. Immuno-Deficiency

C) SYSTEMIC BACTERIOLOGY:

Pathogenesis includes:

Infectious agent

Habitat

Source / reservoir

Mode

Infective dose

Multiplication, spread

Clinical features, pathology

Complications

Virulence factors

Immunological response

Laboratory diagnosis:

? Specimen selection

? Collection

? Transport

? Primary smear, hanging drop

? Selection of media

? Pathogenicity testing

? Anti microbial drug susceptibility testing

? Serological interpretation

D) MYCOLOGY:

1. Introduction to Mycology
2. Agents of Superficial mycosis
3. Subcutaneous mycosis
4. Systemic mycosis & Opportunistic fungal infections

E) VIROLOGY:

Morphology, pathogenesis, laboratory diagnosis, prevention and control for all viruses.

General Virology

Laboratory diagnosis of viral infections

Viral immunity

Pox viruses

DNA viruses

Respiratory viruses

Picornaviruses

Hepatitis viruses

Arboviruses

Rhabdoviruses

Slow and Oncogenic viruses

Retroviruses

F) PARASITOLOGY:

- Geographical distribution
- Habitat
- Morphology (different stages) found in human beings
- Life cycle
- Pathogenesis
- Laboratory diagnosis
- Treatment
- Control

Immunoprophylaxis

Of E. histolytica, Free living amoebae and flagellates, Hemoflagellates, Malaria, Toxoplasma, Taenia saginata & solium, Echinococcus granulosus, Schistosomiasis, A.duodenale, A. lumbricoides, E. vermicularis, T. tritura, W. bancrofti, D. medinensis, T. spiralis

Microbiology books recommended

1. Textbook of Microbiology - R. Ananthanarayan C. K. Jayaram Panikar
2. A Textbook of Microbiology - P. Chakraborty
3. Textbook of Medical Microbiology - Rajesh Bhatia & Itchpujani
4. Textbook of Medical Microbiology - Arora and Arora
5. Textbook of Medical Parasitology - C. K. Jayaram Panikar
6. Textbook of Medical Parasitology - Arora and Arora
7. Textbook of Medical Parasitology - S.C.Parija
4. Microbiology in clinical practice - D. C. Shanson

Reference books:

1. Mackie McCartney practical Medical Microbiology- Colle JG , Fraser AG
2. Principles of Bacteriology, Virology & Immunology vol. 1,2,3,4,5- Topley Wilsons
3. Medical Mycology (Emmons)- Kwon – Chung
4. Review of Medical Microbiology (Lange)- Jawetz
5. Immunology- Weir DM
6. Medical Microbiology- David Greenwood, Richard Stack, John Pentherer
7. Parasitology- KD Chatterjee
8. Medical virology- Timbury MC
9. Mackie McCartney Medical, Microbiology vol.1- Duguid JP
10. Microbial infections- Marmion BP, Swain RHA

6. Pharmacology

1. Goal

The broad goal of teaching pharmacology to undergraduate students is to inculcate in them a rational and scientific basis of therapeutics.

A) INTRODUCTION: Pharmacology - a foundation to clinical practice Development of the branch of pharmacology; Scope of the subject; role of drugs as one of the modalities to treat diseases, definition of drug; nature and sources of drugs; subdivisions of pharmacology rational pharmacotherapy

B) GENERAL PHARMACOLOGY:

Pharmacokinetics
Application to pharmacotherapeutics
Adverse Drug Reactions

C) AUTONOMIC PHARMACOLOGY:

D) CARDIOVASCULAR SYSEM INCLUDING DRUGS AFFECTING COAGULATION AND THOSE ACTING ON KIDNEYS:

General Considerations and Overview of antihypertensive therapy; Diuretics
Angiotensin Converting Enzyme (ACE) inhibitors
Sympatholytics & vasodilators
Management of hypertension
Antianginal: Nitrates & others
Calcium channel blockers
Pharmacotherapy of chest pain
Anticoagulants & Coagulants
Thrombolytics & Antiplatelet Agents
Drugs for CCF: Digitalis glycosides, Others agents
Management of CCF
Antiarrhythmic Agents
Agents used for the management of shock
Hypolipidaemic drugs
Role of Nitric oxide and endothelin to be covered in CVS

E) HAEMATINICS AND HAEMATOPOIETIC FACTORS:

Agents used in therapy of iron deficiency anaemia and megaloblastic anaemia; Erythropoietin,

Management of anaemia

F) NEUROPSYCHIATRIC PHARMACOLOGY INCLUDING INFLAMMATON, PAIN & SUBSTANCE ABUSE

General Considerations

Sedative-Hypnotics

Psychopharmacology: Antianxiety; Antipsychotics; Antidepressants Antiepileptics

Therapy of neurodegenerative disorders:

Anti-Parkinsonian agents; cerebral vasodilators/nootropics

Local anaesthetics

Analgesics: Opioids; NSAIDs

Pharmacotherapy of pain including migraine

Pharmacotherapy of rheumatoid arthritis and gout

Substance abuse: Management of opioid, alcohol and tobacco addictions

G) MISCELLANEOUS TOPICS - I:

Autocoids (to be covered before pain lectures)

Antiallergics: Antihistaminics

Drugs used for bronchial asthma

Pharmacotherapy of cough

Drugs acting on immune system:

Immunostimulants, immunosuppressants; pharmacology of vaccines & sera

Drugs acting on the uterus

H) CHEMOTHERAPY INCLUDING CANCER CHEMOTHERAPY:

- General considerations
- Antimicrobial agents:
- Sulphonamides & Cotrimoxazole
- Quinoline derivatives

- Penicillins, Cephalosporins & Other ? Lactams
- Aminoglycosides
- Macrolides
- Tetracyclines & Chloramphenicol

Pharmacotherapy of UTI

General principles of Antimicrobial use

Antimycobacterial therapy: Anti-Kochs agents; Anti-leprotic agents

Pharmacotherapy of tuberculosis

Antiprotozoal agents:

Antiamoebic, Antimalarials and Anti Kala azar

Pharmacotherapy of malaria

Antihelminthics

(against intestinal Nematodes and Cestodes; extra intestinal Nematodes and Trematodes)

Antifungal agents

Antiviral agents including antiretroviral agents

Pharmacotherapy of STDs

Principles of cancer chemotherapy and their adverse drug reactions

(individual agents and regimes need not be taught)

I) ENDOCRINOLOGY:

Introduction to endocrinology

(including Hypothalamic and Anterior Pituitary hormones)

Steroids

Glucocorticoids: Use and Misuse

Oestrogens & antagonists

Progestins & antagonists

Oral contraceptives & profertility agents

Testosterone & anabolic steroids

Fertility control

Thyroxine and antithyroid agents

Agents affecting calcification

Antidiabetic agents: Insulin; Oral antidiabetic drugs

Pharmacotherapy of Diabetes Mellitus

J) AGENTS USED IN GASTROINTESTINAL DISORDERS:

Pharmacotherapy of nausea & vomiting

Pharmacotherapy of peptic ulcer

Management of dyspepsia

Management of diarrhoea and constipation

K) PERIOPERATIVE MANAGEMENT: to be covered as a case study

Preanaesthetic medication

Preparation of surgical site: antiseptics etc.

Local Anaesthetics

Skeletal muscle relaxants

Drugs used in post-operative period: analgesics, antiemetics etc.

L) MISCELLANEOUS TOPICS – II

Drug-Drug Interactions

Drug use at extremes of age, in pregnancy & in organ dysfunction

Use of chelating agents in heavy metal poisonings; Environmental & occupational toxicants and principles of management (particularly cyanide and CO)

Ocular pharmacology

Dermatopharmacology

General Anaesthetics

Pharmacotherapy of glaucoma and conjunctivitis

M) RATIONAL PHARMACOTHERAPY:

Prescription writing and P-drug concept

Rational Drug Use; Essential Drug List (EDL)

Criticism with reference to Fixed Drug Combinations (FDCs)

Use and misuse of commonly used preparations: vitamins, antioxidants, enzymes etc.

Pharmacology books recommended

1. Basic & Clinical Pharmacology. Katzung BG (Ed), Publisher: Prentice Hall International Ltd., London.
2. Pharmacology & Pharmacotherapeutics. Satoskar RS, Bhandarkar SD (Ed), Publisher: Popular Prakashan, Bombay.
3. Essentials of Medical Pharmacology. Tripathi KD (Ed), Jaypee Brothers, publisher:Medical Publishers (P) Ltd.
4. Clinical Pharmacology. Laurence DR, Bennet PN, Brown MJ (Ed). Publisher: Churchill Livingstone

Reference books :

1. Goodman & Gilman's The Pharmacological Basis of Therapeutics. Hardman JG & Limbird LE (Ed), Publisher: McGraw-Hill, New York.
2. A Textbook of Clinical Pharmacology. Roger HJ, Spector RG, Trounce JR (Ed), Publisher: Hodder and Stoughton Publishers.

7. Forensic Medicine and Medical Jurisprudence and Toxicology

1. Goal

The broad goal of teaching undergraduate students Forensic Medicine is to produce a physician who is well informed about Medico-legal responsibility during his/her practice of Medicine. He/She will also be capable of making observations and inferring conclusions by logical deductions to set enquiries on the right track in criminal matters and associated medico-legal problems. He/She acquires knowledge of law in relation to Medical practice, Medical negligence and respect for codes of Medical ethics.

A) DEFINITION, SCOPE RELEVANT TO SUBJECT

1. History of Forensic Medicine
2. Need, Scope, Importance and probative value of Medical evidence in Crime Investigation

B) PERSONAL IDENTITY NEED AND ITS IMPORTANCE.

1. Data useful for Identification of Living and Dead

2. Age estimation and its medico-legal Importance
3. Sex determination and it's medico-legal importance
4. Other methods of establishing identity: Corpus Delicti, Dactylography, Tattoo marks, Deformities, Scars and other relevant factors
5. Identification of decomposed, Mutilated bodies and skeletal remains
6. Medico legal aspect of *DNA fingerprinting - a brief introduction
7. Medico - legal aspect of blood and blood stains Collection, Preservation and Dispatch of Specimen for Blood and other ancillary material for identification and Medico-legal examination

C) MECHANICAL INJURIES AND BURNS

1. Definition and classification of injuries: Abrasions, Contusions, Lacerations, Incised and Stab injury, Firearm and Explosion injury, Fabricated and Defence injury
2. Medico-legal aspect of injury/hurt, simple and grievous hurts, murder, Ante -mortem, Postmortem Wounds, Age of the injury, cause of death and relevant sections of I.P.C., Cr.P.C.
3. Causative Weapon and appearance of Suicidal, Accidental and Homicidal injuries
4. Physical methods of Torture and their identification
5. Reporting on Medico-legal cases of Hurts
6. Regional injuries: Head injury, cut throat injuries and Road traffic accident injuries
7. Thermal injuries: Injuries due to heat and cold, Frostbite, Burns, Scalds and Bride burning
8. Injuries due to Electricity, Lightening Collection, Preservation and Dispatch of Specimen for Blood and other ancillary material for Medico-legal examination

D) MEDICO-LEGAL ASPECTS OF SEX, MARRIAGE AND INFANT DEATH

1. Sexual Offences and perversions: Natural (Rape, Adultery, and Incest), Unnatural (Sodomy, Bestiality and Buccal coitus) Lesbianism, perversions and relevant sections of I.P.C. and Cr.P.C.

2. Fertility, Impotence, Sterility, Virginity, and Nullity of marriage and divorce on Medical ground
3. Pregnancy, Delivery, Paternity, Legitimacy, Artificial Insemination, *Fertilisation in Vitro, *Sterilization (Family Planning Measures)
4. Abortions, Medical Termination of pregnancy, criminal abortions, Battered Baby Syndrome, Cot deaths and relevant sections of I.P.C. and Cr.P.C., M.T.P. Act of 1971 and foetal sex determination Act
5. Infant death (Infanticide)

   i. Definition Causes, Manners and Autopsy features

   ii. Determination of age of Foetus and Infant

   iii. Signs of live-born, stillborn and dead born child Collection, Preservation and Dispatch of Specimen: Hair, seminal fluid/ stains and other ancillary material for medico-legal examination, examination of seminal stains and vaginal swabs

E) MEDICO-LEGAL ASPECTS OF DEATH

1. Definition and concept of death, stages, modes, Signs of death and its importance
2. Changes after death, Cooling, Hypostasis, Changes in eye, Muscle changes, Putrefaction, Saponification, Mummification, Estimation of time since death
3. Death Certification, Proximate causes of death, causes of sudden deaths, Natural deaths. Presumption of death and survivorship, disposal and preservation of dead
4. Introduction to *The Anatomy Act, *The Human organ transplantation Act. 1994
5. Medico-legal aspects and findings of post-mortem examination in cases of death due to common unnatural conditions
6. Sudden unexpected death, deaths from starvation, cold and heat and their medico-legal importance
7. Medico-legal aspects of death from Asphyxia, Hanging, Strangulation, Suffocation and Drowning

F) MEDICO-LEGAL AUTOPSY

1. Autopsy: Objectives, Facilities, Rules and Basic techniques, Proforma for reporting medico-legal autopsy
2. Exhumation, examination of mutilated remains, Obscure autopsy and post-mortem artifacts Collection, preservation and despatch of material for various investigations to Forensic Science Laboratory

G) FORENSIC PSYCHIATRY

1. Definition, General terminology and * Basic concept of normality and abnormality of human behaviour, Civil and Criminal responsibility
2. Examination, Certification, restraint and admission to Mental Hospital
3. Mental Health Act – Principles and Objectives

Part – 2 Toxicology:

A) POISONS AND THEIR MEDICO-LEGAL ASPECTS

1. Definition of poison, General consideration and Laws in relation to poisons\Narcotic drugs and psychotropic substances Act, *Schedules H and L drugs, *Pharmacy Act, Duties and responsibilities of attending physician
2. Common poisons and their classification, Identification of common poisons, Routes of administration, Actions of poisons and factors modifying them, Diagnosis of poisoning (Clinical and Confirmatory) , Treatment/ Management of cases of acute and chronic poisonings
3. Addiction and Habit forming drugs, drug dependence
4. Occupational and environmental poisoning, prevention and Epidemiology of common poisoning and their legal aspects particularly pertaining to Workmen's Compensation Act
5. Medico-Legal aspects and findings of postmortem examination in cases of death due to poisonings

B) POISONS TO BE STUDIED

1. Corrosive: Euphoric Acid, Nitric Acid, Hydrochloric Acid, Carbolic Acid and Oxalic Acid, Sodium and Potassium and Ammonium Hydro-Oxide
2. Non-metallic, Metallic Poisons and Industrial hazards: Phosphorus and compounds of Lead, Arsenic, Mercury, Copper, and Glass powder
3 Plant Poisons: Castor, Croton, Capsicum, Semicarpus Anacardium (Bhilawa), Calatropis Gigantea, Abrus Precatorius (Ratti), Dhatura, Cannabis Indica, Cocaine, Opium, Aconite, Yellow Oleander, Strychnine

4 Animal and Bacterial Poisons: Snakes, Scorpion and Food poisoning
5. Alcohol (Drunkenness) Ethyl Alcohol, Methyl Alcohol, Kerosene, Barbiturates
6. Asphyxiant & Gaseous Poisons: Carbon Monoxide, War gases, Hydrocyanic acid, and Cyanides
7. Insecticides, pesticides and Miscellaneous poisons: Organo-Phosphorus Compounds, Organo-Chloro Compounds, Carbamates (Carbaryl) and Rodenticides (Phosphides)

Collection, Preservation and forwarding of evidence, remains of poison, body discharges and viscera etc. to Forensic Science Laboratory in cases of poisoning

C) FORENSIC SCIENCE LABORATORY: (BRIEF)

1. Aims, objects, general knowledge about Forensic Science Laboratory
2. General principles of analytical toxicology

Part – 3 Medical Jurisprudence:

A) LEGAL AND ETHICAL ASPECTS OF PRACTICE OF MEDICINE

1. The Indian Medical Council, the Act, Formation and Functions; State Medical Council: Formation, Functions, and Registration
2. Rights and obligations of Registered Medical Practitioners and patient, Duties of physicians and patients, Euthanasia
3. Infamous conduct, Professional secrecy and privileged communications
4. Codes of Medical Ethics, medical etiquette, Medical Negligence and contributory negligence, Precautionary measures and defences for Medical Practitioners against legal actions, Medical/Doctors indemnity insurance, Consumer Protection Act relevant to medical practice
5. Medical Ethics and prohibition of Torture & care of Torture Victims

B) DEFINITION OF HEALTH AND ITEMS TO CERTIFY ABOUT HEALTH

1. Common medico-legal problems in Hospital practice, Consent in Medical Examination and treatment, under treatment/ Sickness and Fitness certificate, maintenance of medical records
2. Social, Medical, Legal and Ethical problems in relation to AIDS

C ACTS AND SCHEMES RELATED TO MEDICAL PROFESSION IN BRIEF:

Workmen's compensation Act, * Mental Health Act, Medical Practitioner Act, Protection of human rights Act, 1993, * National Human Rights Commission, * Human Organ Transplantation Act and other relevant sections of I.P.C., Cr.P.C. and I.E. Act. Maharashtra civil medical code, Hospital administration manual

Part – 4 Legal procedures in medico-legal cases: (N=8)

A. Medico-Legal Investigations of death in suspicious circumstances, different Inquest, type of offences

B. Types of Criminal courts and their powers, punishments prescribed by law, kinds of witnesses, Evidence, Documentary Medical evidence, Dying declaration and Dying deposition

C. The Trial of criminal cases, Rules and Conventions to be followed by Medical Witness at Medical evidence, subpoena, conduct money

D. Relevant Sections from the Indian Evidence Act, Indian Penal code and Criminal Procedure code

Forensic medicine books recommended

1. Modi's Textbook of Medical Jurisprudence and Toxicology Ed. 22, 1999, by B.V. Subramanyam, Butterworth
2. The Essentials of Forensic Medicine & Toxicology by K.S. Narayan Reddy
3. Parikh's Textbook of Medical Jurisprudence and Toxicology.
4. Text Book of Forensic Medicine – J.B. Mukherjii VOL 1 & 2
5. Principles of Forensic Medicine - A. Nandy
6. Toxicology at a Glance by Dr S.K. Singhal
7. Bernard Knight et. All: Cox's Medical Jurisprudence & Toxicology

Reference books

1. Russell S. Fisher & Charles S.Petty: Forensic Pathology
2. Keith Simpson: Forensic Medicine

3. Jurgen Ludwig: Current Methods of autopsy practice.
4. Gradwohl – Legal Medicine
5. A Doctors Guide to Court – Simpson
6. Polson C.J. : The essentials of Forensic Medicine
7. Adelson, L.: The Pathology of Homicide.
8. Atlas of Legal Medicine (Tomro Watonbe)
9. Sptiz, W.U. & Fisher, R.S.: Medico-legal Investigation of Death.
10. A Hand Book of Legal Pathology (Director of Publicity)
11. Taylor's Principles & Practice of Medical Jurisprudence. Edited by A.Keith Mant, Churchill Livingstone.
12. Ratanlal & Dhirajlal, The Indian Penal Code; Justice Hidayatullah & V.R. Manohar
13. Ratanlal & Dhirajlal, The Code of Criminal procedure; Justice Hidayatullah & S.P. Sathe
14. Ratanlal & Dhirajlal, The Law of Evidence; Justice Hidayatullah & V.R. Manohar
15. Medical Law & Ethic in India – H.S. Mehta
16. Bernard Knight : Forensic Pathology
17. Code of medical ethics : Medical Council of India, approved by Central Government, U/S 33 (m) of IMC Act, 1956 (Oct 1970)
18. Krogman, W.M.: The human skeleton in legal medicine.
19. FE Camps, JM Cameren, David Lanham : Practical Forensic Medicine
20. V.V. Pillay : Modern Medical Toxicology. In second year, students are also learning some part of Community Medicine. But they will appear for exam on above subject only.

UTILITY PAGES

EMERGENCY

Emergency - Medical, police, Fire 108
Police 100
Fire 101
Ambulance 102

POLICE

Police Control Room 25630100
Police Commissioner 25633636
P.R.O. To Commissioner.....25633333
Navrangpura.....26563711
Saherkotda.....22111632

POLICE STATIONS

Amraiwadi 22770280
Khadia 22142828
Bapunagar.....22700585
Danilimda.....25320153
Dariapur.....22160906
Ellisbridge.....26578202
Ghatlodia.....27489127
Gomtipur.....22941921
Haveli 25392647
Kagdapith.....25454446
Kalupur 22167530
Karanj 25507580
Madhavpura 25632100
Maninagar 25460089
Meghaninagar.....22681555
Naranpura 27472043
Naroda 22821480
Navrangpura.....26440698
Odhav 22871091
Rakhial.....22743609
Sabarmati.....27517887
Saherkotda.....22927072
Sardarnagar 22864345
Satellite.....26860333
Shahibaug 22868025
Shahpur 25600545
Sola Police Station 27664590
Vatva 25710074
Vatva G1DC 25830004
Vejalpur 26810614
Women's Police Station.....25507967

FIRE STATIONS

Gomtipur 22776996
Jamalpur 25397959
Jashodanagar 32981439
Manianagar 25470221
Naroda 22200715
Odhav 22875434
Panchkuva 22120388
Sabarmati.....27507302
Chief Fire Officer HQ 22148466

TELEPHONE SERVICES

General Inquiry 197
Morning Alarm.....116 + Time
Fault Repair
.....Exchange Code + 2198
BSNL Customer Service Centre (Land Line) 1500
BSNL Customer Service Centre (Mobile).....9426024365
BSNL Phonogram / (India/International).....1585
BSNL Trunk Booking 1580
BSNL Trunk Booking International 1586
BSNL - Railwaypura 22124660
Air Tel - Ashram Road 40072668/
.....9898954321
Hutch Ltd. - Navrangpura 9825098250
Idea Cellular Ltd. - Stadium 9824012345
Reliance Infocomm Ltd 30337777
Tata Teleservices Ltd - Ellisbridge 92270001 21

AMBULANCE SERVICES

Ambulance - Danapith 22148465

Ambulance - AMC Danapith 22148468
Emergency Medical Council of Ahmedabad [EMS] - Ellisbridge.....1056
Mission Life India -Drive In 26854849
Mission Life India - 24 Hrs 9825006000
Navdeep Emergency Service Income Tax - Day.....27543333
- Night 9825029977
Sadvichar Parivar Civil Hospital 22680450

EYE BANKS / HOSPITALS

Asopalav Eye Hospital -Shahibaug 22865537
CH.Nagri Eye Bank -Ellis bridge.....26466724
C.S.Samaria Red Cross Int.Eye Bank Thaltej.....1053 & 27450633
Hargovandas Prabhudas Sadvicriar ParivarEye Hospital -Naroda.....22811476
Lions Karnavati Shantaben Vishnubhai Patel Eye Hospital -Ognaj 952717244052
M and J Inst. of Ophthalmology Eye Bank-Civil Hospital 22680314

CIVIC SERVICE CENTRE

East Zone 32982474
Lal Darwaja.....32091243
Law Garden 32981247
Maninagar 32981246
North Zone 32982471
West Zone 32981242

AMC CONTROL ROOM (FOR COMPLAINTS)

Main 25353858/25353717
West Zone 27550910
North Zone 22801182
East Zone.....22970422-24
New West Zone Bodakdev 32981396
Central Zone 25353717

TELEVISION

Aaj Tak -Panchvati 26405253
CNBC -S G Road 40040825
Doordarshan -Thaltej 26853025
ETV Gujarati -Bodakdev 26871210
NDTV -C G Road.....9825030011
Set India Ltd (Sony TV) Stadium 26565908/9825329091
Star News -S G Road 26872529
Zee News -Satellite 26922717
TV 9 26810999

PRINT

Business Standard ltd -Ellisbridge 26577772
Chitralekha Group -Parimal Garden 26461711
Divya Bhaskar -S G Highway 39888850
Gujarat Samachar -Khanpur 30410000
Hindustan Times -Navrangpura 26560037
India Today -Panchvati 26569156/26560393
Indian Express -Bodakdev 26872481
Jaihind Press -Navrangpura 26587053
Jansatta -Bodakdev 26873995
Mumbai Samachar -Panchvati 26421783
Press Information Bureau -Bhadra 25507217
Press Trust of India Ltd. -Navrangpura 26430507
Rajasthan Patrika C.G. Road 30611565

Sambhav-Bodakdev.....26873914
The Sandesh Ltd.
-Bodakdev 40004000
The Times of India Fadia
Chambers 26553300/26582527
The Times of India
- Sakar 1 26554455
The Times of India
- Vejalpur.....26761495
Young Leader
-Khanpur.....25502999

RADIO

All India Radio
- Income Tax 27542672
My FM-S G Highway 26927943
Radio City
- S G Highway.....66119911
Radio Mirchi - Vejalpur.....66001100
Radio One.....67010013

MIEDICAL COLLEGE

BJ.Medical College
- Asarwa 22680074
College of Nursing
-Asarwa 22681406
Suresh Brahmkumar
Bhatt College
of Physiotherapy.....26583435
Smt. N.H.L. Municipal Medical College
Ellisbridge.....26576275
Institute of Kidney
Diseases and Research Centre
Asarwa 22685601
U N Mehta Institute of Cardiology
and Research Centre
-Asarwa.....22682395

ENTERTAINMENT HALLS

Dinesh Hall
- Ashram Road.....26582123
Tagore Hall - Paldi 26575741
Thakorbhai Desai Hall
- Law Garden 26400651
Town hall - Ellisbridge.....26582092

AIRLINES

Airport Authority of
India 22867261
Air India Domestic City
Office Ashram Road 26585633/44
Laldarwaja 25503061/2/3
Airport.....22869233/44
Airport
Tele-Check-in 22850376
Cargo 22869236
International
Airport.....22867237/5211/9238
Cargo 22862976/29292100/03
Jet Airways
Ashram Road.....27543304 to 10
Airport.....22866540/240
Cargo 22861407/8533
TeleCheck-in 22866540/240
Jet Lite/Sahara 1800223020
...../22858003
Spice Jet 18001803333/
.....09871803333

TOURIST INFORMATION CENTRE

Goa Tourism 0832-2438750
Gujarat Tourism.....26589172
Himachal Tourism 27544800
Kerala Tourism 18004254747
M P State Tourism 26462977
Rajasthan Tourism 26565187
Uttaranchal Tourism.....26564245

TELEPHONE NUMBERS

A.M.A. 2658 8775
A.M.A. (Fax).....2658 7498
G.S.B. 2658 7370
S.S.S. 2658 0690
P.P.S. 2658 8929
N.S.S.S.....2658 5430
PHY.ASSO.....2657 4763
A.O.G.S. 2658 6426

TOLL FREE NUMBER

Airlines

Indian Airlines -	1800 180 1407
Jet Airways -	1800 22 5522
Spice Jet -	1800 180 3333
Air India -	1800 22 7722
Kingfisher -	1800 180 0101

Banks

ABN AMRO -	1800 11 2224
Canara Bank -	1800 44 6000
Citibank -	1800 44 2265
Corporation Bank -	1800 443 555
Development Credit Bank -	1800 22 5769
HDFC Bank -	1800 227 227
ICICI Bank -	1800 333 499
ICICI Bank NRI -	1800 22 4848
IDBI Bank -	1800 11 6999
Indian Bank -	1800 425 1400
ING Vysya -	1800 44 9900
Kotak Mahindra Bank -	1800 22 6022
Lord Krishna Bank -	1800 11 2300
Punjab National Bank -	1800 122 222
State Bank of India -	1800 44 1955
Syndicate Bank -	1800 44 6655

Automobiles

Mahindra Scorpio -	1800 22 6006
Maruti -	1800 111 515
Tata Motors -	1800 22 5552
Windshield Experts -	1800 11 3636

Computers/IT

Adrenalin -	1800 444 445
AMD -	1800 425 6664
Apple Computers -	1800 444 683
Canon -	1800 333 366
Cisco Systems -	1800 221 777
Compaq - HP -	1800 444 999
Data One Broadband -	1800 424 1800
Dell -	1800 444 026
Epson -	1800 44 0011
eSys -	3970 0011
Genesis Tally Academy -	1800 444 888
HCL -	1800 180 8080
IBM -	1800 443 333
Lexmark -	1800 22 4477
Marshal's Point -	1800 33 4488
Microsoft -	1800 111 100
Microsoft Virus Update -	1901 333 334
Seagate -	1800 180 1104
Symantec -	1800 44 5533
TVS Electronics -	1800 444 566
WeP Peripherals -	1800 44 6446
Wipro -	1800 333 312
Xerox -	1800 180 1225
Zenith -	1800 222 004

Indian Railway General Enquiry	139
Indian Railway Central Enquiry	139
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Indian Railway Railway Reservation Enquiry	1345,1335,1330
Indian Railway Centralised Railway Enquiry	1330/1/2/3/4/ 5/6/7/8/9

Couriers/Packers & Movers

ABT Courier -	1800 44 8585
AFL Wizz -	1800 22 9696
Agarwal Packers & Movers -	1800 11 4321
Associated Packers P Ltd -	1800 21 4560
DHL -	1800 111 345
FedEx -	1800 22 6161
Goel Packers & Movers -	1800 11 3456
UPS -	1800 22 7171

Home Appliances

Aiwa/Sony -	1800 11 1188
Anchor Switches -	1800 22 7979
Blue Star -	1800 22 2200
Bose Audio -	1800 11 2673
Bru Coffee Vending Machines -	1800 44 7171
Daikin Air Conditioners -	1800 444 222