



**Dr. Ketanbhai Desai, President, World Medical Association Delivering Inaugural Address at 10th International Conference at Geneva**





**Dr. Ketanbhai Desai, President, World Medical Association  
Addressing Press Conference in Livingstone, Zambia**



**Dr. Ketanbhai Desai President of World Medical Association at  
International Congress on Heart, Hypertension and Diabetes at Dubai**





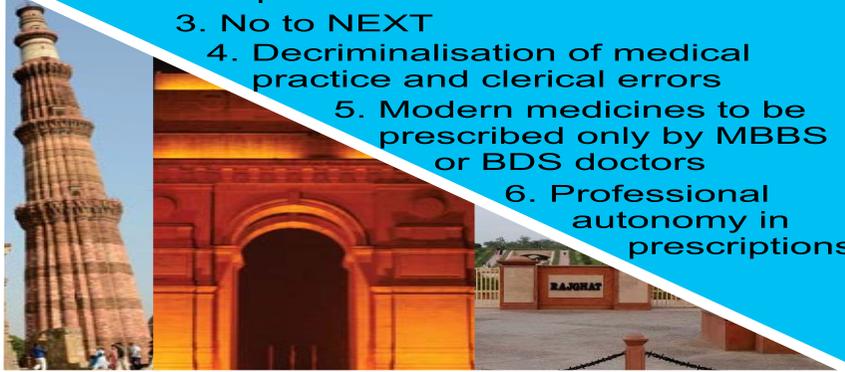
## Dilli Chalo: IMA March



6<sup>th</sup> June, 2017, New Delhi

### We Demand

1. Central Act against violence
2. Stop NMC and Amend IMC Act
3. No to NEXT
4. Decriminalisation of medical practice and clerical errors
5. Modern medicines to be prescribed only by MBBS or BDS doctors
6. Professional autonomy in prescriptions



## Dilli Chalo: IMA March

### We Demand

1. Uniformity in Pay Scales
2. Uniformity in Service conditions
3. Anomalies in 7<sup>th</sup> Pay Commission to be corrected Doctors

6<sup>th</sup> June  
2017  
New Delhi



## Dilli Chalo: IMA March



6<sup>th</sup> June, 2017, New Delhi

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- 3 No to NEXT
- 4 Decriminalisation of medical practice and clerical errors
- 5 Modern medicines to be prescribed only by MBBS or BDS doctors
- 6 Professional autonomy in prescriptions
- 7 Immediate implementation of the inter-ministerial committee recommendations

6<sup>th</sup> June  
2017  
New Delhi

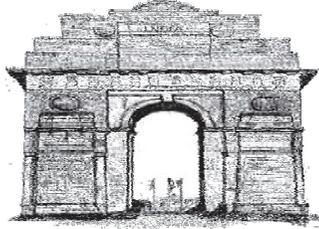


## Dilli Chalo: IMA March

**6<sup>th</sup> June, 2017, New Delhi**

### We Demand

Amendments in Clinical establishment (Registration and Regulation) Act 2010 and West Bengal Clinical Establishment (Registration, Regulation and Transparency) Act 2017.



**NOW OR NEVER ACT NOW**

**6<sup>th</sup> June, 2017  
New Delhi**

**I Can't work under  
stress & fear**

**STOP**

**Violence**

**against Doctor's**

**DILLI CHALO**

**IMA March**



## INDIAN MEDICAL ASSOCIATION



### GUJARAT STATE BRANCH

**REFERENCE :** GUJARAT MEDICARE SERVICE PERSON AND MEDICARE SERVICE INSTITUTIONS (PREVENTION OF VIOLENCE AND DAMAGE OR LOSS OF PROPERTY) GUJ 13 ACT, 2012.

### કાનુની ચેતવણી

ગુજરાતમાં તબીબી સેવા આપતી વ્યક્તિઓ (ડૉક્ટરો અને સ્ટાફ) અને તબીબી સેવા આપતી સંસ્થાઓ (હોસ્પિટલ અને ક્લીનીક) પર થતા હિંસક હુમલાઓ અને મિલકતને નુકશાન કે નાશ થતા અટકાવવાનો કાયદો - ૨૦૧૨

**કલમ - ૩:** આ કાયદા અનુસાર કોઈ વ્યક્તિ તબીબી સેવા સાથે સંકળાયેલી વ્યક્તિઓ (ડૉક્ટરો અને સ્ટાફ) ઉપર હુમલો કે તબીબી સેવા આપતી સંસ્થા (હોસ્પિટલ કે ક્લીનીક) ને નુકશાન કે નાશ કરવાની પ્રવૃત્તિ કરી શકશે નહીં.

**કલમ - ૪:** જો કોઈ વ્યક્તિ ઉપરોક્ત કલમ- ૩ નો ભંગ કરશે અથવા ભંગ કરવાનો પ્રયત્ન કરશે કે ભંગ કરવાની ઉશ્કેરણી કરશે તો તેને ૩ વર્ષ સુધીની સજા અથવા રૂ. પચાસ હજારનો દંડ અથવા બંને સાથે થઈ શકશે.

**કલમ - ૫:** આ કાયદા હેઠળ આચરેલ કોઈપણ ગુનો પોલિસ અધિકાર ક્ષેત્રનો છે અને તે બીનજામીન પાત્ર ગુનો છે.



# 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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## IMA Code of Conduct

Preamble: As member of Indian medical Association and as qualified physician, the conduct of a registered medical graduate is governed by the Ethics and the regulations pronounced by Indian medical Council Act 1956.

As very important part of society and nation building:

1. I have read & agreed to abide by regulations under Indian Medical Council act, especially Professional, Etiquette & Ethics) Regulations 2002 and its subsequent amendments.
2. I solemnly pledge myself to consecrate my life to the service of humanity & maintain utmost respect for human life from the time of its conception.
3. I shall practice my profession with utmost conscience & dignity.
4. I shall extend my teachers & fellow colleagues respect and gratitude legitimately due to them.
5. I shall respect the privacy & secrets of my patients that are confided in me for professional reasons.
6. I shall honour the autonomy of my patients to make decisions.
7. I shall uphold both beneficence & non malfeasance in treating my patients.
8. I shall respect human dignity, esteem, prestige, rights & fundamental freedom of all my patients
9. I shall take both informed consent & inform refusal from my patient towards any medical or surgical treatment.
10. I shall hold diligent regards to cultural diversity and pluralism.
11. I shall protect individual & groups of special vulnerability & respect the personal integrity of such individual and groups as the case may be.
12. I am committed to ensure that the selective sex selection is stopped at all levels and by all means.
13. I shall faithfully comply with all the Regulatory and Statutory stipulations.
14. I shall not accept any gilts, pecuniary benefits or gratification from the pharmaceutical companies, equipment suppliers and diagnostic centers or similar agencies.
15. I shall not indulge in any activities that are immoral, unethical or illegal in the eyes of the applicable governing laws and also the prudence.



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



**Dear Members,**

**Season's Greetings !**

Summer season is at its peak and everyone is eagerly waiting for Good Monsoon. Summer vacation in schools and colleges is also going to complete and new academic year will start from the second week of June. Hope you all might have enjoyed summer vacation and filled up with fresh energy.

Last month we visited **IMA Porbandar Branch, Bharuch Branch and Ankleshwar Branch**. We met the Office Bearers and discussed regarding Medical Fraternity Issues particularly about Assaults on Doctors. We all are worried about this issue.

**IMA Upleta Branch and IMA Surat Branch** have organized **PPS Zonal Seminar** in a very successful manner. Large number of members have attended the seminar. We congratulate the organizers particularly, **Upleta Branch** as they have organized this type of **PPS Seminar** for the first time. We must congratulate the officer bearers of **IMA Surat Branch to organize the PPS Seminar** Very Informative and Memorable one. It is a need of time that Each and Every Member should be aware how to prevent the legal issues and should know thoroughly about **Professional Protection Scheme GSB IMA** which is running very successfully by Gujarat State branch IMA since long. So large number of members can take the benefit of it.

Women Doctor Wing (WDW) of Ahmedabad Medical Association has organized **EVE Women's Conference 2017**, successfully on 30th April at Ahmedabad. Very large number of Women Doctors attended and the problems of women have been discussed thoroughly with many positive take home messages.



To show the **Solidarity and Sympathy** to Members of IMA West Bengal State Branch against West Bengal Clinical Establishment Act, 2017, **Members of IMA, all over country observed 'Black Day' on 27th April, as per the instruction of IMA (HQ)**. Members of Gujarat State Branch, IMA also observed '**National Black Day**' & sent memorandum to **Smt.Mamta Banerjee, Honorable Chief Minister of West Bengal State** against **West Bengal Clinical Establishment Act, 2017**.

IMA has also declared '**Dilli Chalo**' Movement to bring the attention of the nation that the medical profession is being strangled from all the directions. **Justice has been Denied to the Doctors** even within the frame work of the Constitution of India.

Legislations inimical to the Medical Fraternity are being enacted with impurity. Prescription Right of Doctors is being trampled upon playing havoc with the lives of millions. An Autocratic, Bureaucratic, Undemocratic, Non-Representative, twenty members nominated body including Eight Non-Medical persons is going to oversee Medical Education, Ethics and Practice, abolishing a democratically elected federally represented 168 members of Medical Council of India. An MBBS graduate who has gone through 36 examinations in 3 dimensions to get his degree is being asked to sit for three hours MCQ paper to obtain his license. The Floodgates of Modern Medicine Practice and Medical Education is being thrown open to **Quacks and AYUSH**. Every passing day yet one and the other doctor prosecuted under 304-A when there is no men rhea between the doctor and the patient. There is no end to the injustice heaped on the medical profession.

**IMA (HQ) has decided that :**

**“Enough is Enough”**

**IMA (HQ) has given the clarion call 'Dilli Chalo' at RAJGHAT, NEW DELHI on 06<sup>th</sup> June, 2017, Tuesday.**

**All the IMA State Branches and IMA Local Branches should participate of at least 1% of their membership strength along with medical students.**

**“Dilli Chalo” Movement on 6<sup>th</sup> June has three components :**

- 1. Dilli Chalo (Protest in the National Capital) 8 am to 2 pm starting at Rajghat.**



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

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



### STATE PRESIDENT, HON. SECRETARY & OFFICE BEARERS TOURS AND VISIT

- 22-04-2017 Dr. Yogendra S. Modi, President, GSB-IMA, Dr. Kamlesh B. Saini, Hon. State Secretary, GSB-IMA, Dr. Bipin M. Patel, Director, PPS. GSB IMA visited IMA Porbandar Branch.
- 23-04-2017 Dr. Yogendra S. Modi, President, GSB-IMA, Dr. Kamlesh B. Saini, Hon. State Secretary, GSB-IMA, Dr. Bipin M. Patel, Director, PPS. GSB IMA P.P.S. Zonal Educative Seminar at IMA Upleta Branch.
- 05-05-2017 Dr. Yogendra S. Modi, President, GSB-IMA, Dr. Bipin M. Patel, Director, PPS. GSB IMA visited IMA Bharuch and also IMA Ankleshwar Branch.
- 07-05-2017 Dr. Yogendra S. Modi, President, GSB-IMA, Dr. Bipin M. Patel, Director, PPS. GSB IMA P.P.S. Zonal Educative Seminar at IMA Surat Branch.

\* \* \* \* \*

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

Vadodara Branch of Indian Medical Association had successfully organized C.M.E. programme in collaboration with the College of G.P. G.S.B. I.M.A. from 29-01-2017 to 5-02-2017 at Kashiba Children Hospital, Karelibaug, Vadodara.

The C.M.E. programme was well attended by 40 doctors. Total 12 lectures were taken by Specialists/Consultants. On an average 80% of presence was maintained regularly on each day.

Dr. Kirit C. Gadhavi  
Director

Dr. Vasant B. Patel  
Hon. Secretary



**Dr. Ketan Desai**  
**President, World Medical Association**  
**Address at Zambia Medical Association**  
**WMA Council Meet**  
**Thursday, 20th April 2017**

Dear Colleague

Greetings from World Medical Association

I feel it my bounden duty to record my sincere sense of appreciation for the Zambia Medical Association in putting their very best in an all-round manner to organise this notable event.

As a matter of fact, I do realise that every effort that was needed and desired has been so diligently put in by them that this event could go in to the annals of history in its own way.

The event of this magnitude taking place in Zambia has its own significance and relevance for more than one reasons

It has been observed that National Medical Associations have played significant and crucial role in shaping the health care delivery system of the respective countries in the larger interest of their citizens. This is borne out by various health care delivery systems having been shaped immaculately and elegantly.

“African initiative” of WMA to my understanding is a significant venture on this count. Its primary focus is to ensure that National Medical Associations of various African Countries play a meaningful, effective and impactful role in



shaping their health care delivery systems so that the people at large stand benefitted.

In terms of the sustainable development goals every citizen of every part of the world has to be extended a meaningful right to health. This means and mandates that right to health is neither a luxury nor a charity. It must reach all and sundry including the weakest of the weak, poorest of the poor and the remotest of the remote.

Till date it has proved to be a utopia for wide and varied reasons. I do not intend to dwell on them. However, it is necessary that various authorities including governments, national medical associations and several other NGOs have to play their decisive and desired roles.

Any one falling short even of the slightest of the count would not just entail a failure of dispensation but result in vast humanity continued to be denied and deprived of the dose of medicine and the morsel of food what has been promised and guaranteed to them as their accruable rights.

At this juncture, I will take the liberty of requesting his excellency Mr. Edgar to ensure that the budgetary allocations for health on a priority basis is substantially increased so as to alter the health scenario in a positive and pragmatic way in the larger interest of the citizens.

I am sure that the governments would venture into according high priority status to extension of positive health to its citizens so that the SDGs are attained within the time frame that has been specified.

Once again complimenting ZMA for their laudable hospitality and also bearing the responsibility elegantly, efficiently and in an exemplary manner worthy of emulation.



### I.M.A. NATIONAL SOCIAL SECURITY SCHEME

**DFC No.22** was circulated to all the members.

Those members who have not yet paid the same, send the DFC amount with penalty ₹ 100/-.

**Last date of payment is 15/06/2017.**

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

**Dr. Kirti M. Patel**

Chairman

**Dr. Yogendra S. Modi**

Hon. Secretary

\* \* \* \* \*

### SOCIAL SECURITY SCHEME GSB-IMA

**DFC (Death Fraternity Contribution) No.42** was circulated to all the members. **Last date of payment was 30/04/2017.**

Those members who have not yet paid the same, send the DFC amount with penalty ₹ 100/- **before 15/06/2017** by cheque to S.S.S. GSB-IMA office..

**Dr. Jitendra B. Patel**

Hon. Secretary

**Dr. Kirit A. Gandhi**

Hon. Jt. Secretary

**Dr. Yogendra S. Modi**

Hon. Treasurer

\* \* \* \* \*

#### 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.**



### Professional Protection Scheme; G.S.B. I.M.A.

"P. P. S. House", Beside Sakar-V Building, Nr. Mithakhali Railway Crossing,  
Off Ashram Road, Navrangpura, Ahmedabad-380009.

Tele. No. : 2658 89 29 E-mail : ppsgsbima1@yahoo.in

Website : [www.ppsgsbima.com](http://www.ppsgsbima.com)

### Sub.: Returns Form, Cheque of Hospital Protection Scheme

Dear Sir,

We are thankful to you for showing interest to start our New Hospital Protection Scheme. We regret to inform you that because of insufficient number, we couldn't start our New Scheme.

Herewith we are sending your form, cheque and other documents back to you.

Thanking You,

**Dr. Ramesh Shah**

Legal Director

**Dr. Parth M. Desai**

Joint Director

**Dr. Bipin M. Patel**

Managing Director

\* \* \* \* \*

### CONGRATULATIONS

❖ **Dr. Ameer Prapanna ;**

**Vadodara**

Being passed the Master of Surgery (Obst. & Gyn.) examination, held in March,2017. She is securing 769 marks out of the total 1000 marks by Maharaja Sayajirao University, Vadodara. She stood first in her branch and will be awarded gold medal.



### NEW LIFE MEMBERS

#### I.M.A. GUJARAT STATE BRANCH

We welcome our new members

L_M_No.	NAME	BRANCH
LM/26101	Dr. Karmur Keshur Alabhai	Jamnagar
LM/26102	Dr. Karangia Brjiesh Bhayabhai	Jamnagar
LM/26103	Dr. Chauhan Tarun Krupalsinh	Godhra
LM/26104	Dr. Nayak Rekhaben Dinanath	Sidhpur
LM/26105	Dr. Prajapati Harshad Ramanbhai	Surendranagar-Wadhwan
LM/26106	Dr. Khant Nilesh Ramniklal	Surendranagar-Wadhwan
LM/26107	Dr. Mehta Megha Kiranbhai	Ankleshwar
LM/26108	Dr. Shah Vrushank Yogeshbhai	Valsad
LM/26109	Dr. Desai Vishal Deepakbhai	Valsad
LM/26110	Dr. Patel Kayur Mahendrabhai	Valsad
LM/26111	Dr. Mavani Jeet Pankajbhai	Valsad
LM/26112	Dr. Parikh Pratichi Jatinbhai	Valsad
LM/26113	Dr. Hansaliya Sagar Vrajlal	Morbi
LM/26114	Dr. Gautam Rupali	Gandhidham
LM/26115	Dr. Thakkar Krupa Kiritkumar	Gandhidham
LM/26116	Dr. Sevag Mukeshkumar H.	Gandhidham
LM/26117	Dr. Punia Smita	Gandhidham
LM/26118	Dr. Gajjar Ankit Kirankumar	Surat
LM/26119	Dr. Patel Neel Dipakbhai	Surat
LM/26120	Dr. Khatri Yamini Vasantbhai	Surat
LM/26121	Dr. Vaghela Paresh Lakhmanbhai	Surat
LM/26122	Dr. Goti Mahesh Pravinbhai	Surat
LM/26123	Dr. Jain Devendra Mohanlal	Deesa
LM/26124	Dr. Prajapati Gaurav Chelabhai	Palanpur
LM/26125	Dr. Dhameliya Hiren Bhagwanbhai	Surat



LM/26126	Dr. Jajoo Govind Hanumandasji	Surat
LM/26127	Dr. Jajoo Amruta Govind	Surat
LM/26128	Dr. Vaidya Jigesh Rajnikantbhai	Surat
LM/26129	Dr. Vyas Dhara Harendrabhai	Surat
LM/26130	Dr. Chopda Kalpesh Ratilal	Surat
LM/26131	Dr. Solanki Ravi Rasikbhai	Surat
LM/26132	Dr. Patel Krunal Jayantilal	Surat
LM/26133	Dr. Patel Amita Krunalkumar	Surat
LM/26134	Dr. Vekariya Ketan Manubhai	Surat
LM/26135	Dr. Jain Nidhi Devendrabhai	Surat
LM/26136	Dr. Patel Chintan Babubhai	Surat
LM/26137	Dr. Patel Suhani Chintanbhai	Surat
LM/26138	Dr. Aghera Samir Chandulal	Keshod
LM/26139	Dr. Vachhani Bhavi Vinodrai	Keshod
LM/26140	Dr. Solanki Bhavesh Narsinhbhai	Palanpur
LM/26141	Dr. Patel Priyank Ambarambhai	Palanpur
LM/26142	Dr. Pathak Praharsh Haritbhai	Ahmedabad
LM/26143	Dr. Damor Pradipkumar Hiraji	Ahmedabad
LM/26144	Dr. Damor Ushma Pradipkumar	Ahmedabad
LM/26145	Dr. Shah Harsh Vijaykumar	Ahmedabad
LM/26146	Dr. Shah Ritu Harsh	Ahmedabad
LM/26147	Dr. Changela Vishal Pravinchandra	Ahmedabad
LM/26148	Dr. Changela Hemaxi Vishal	Ahmedabad
LM/26149	Dr. Rathi Dhaval Jugalbhai	Ahmedabad
LM/26150	Dr. Vaishnav Sanatan Krushnakant	Ahmedabad
LM/26151	Dr. Shah Aniket Ajaykumar	Ahmedabad
LM/26152	Dr. Chaudhari Umesh Dineshbhai	Ahmedabad
LM/26153	Dr. Shah Bhaumik Jayeshkumar	Ahmedabad
LM/26154	Dr. Shah Harshil Hiteshbhai	Ahmedabad



## OBITUARY

We send our sympathy & condolence to the bereaved family



### Dr. Jagubhai G. Patel

(06-10-1927 - 18-02-2017)

Age : 89 years  
 Qualification : MBBS, MBD, DLO  
 Name of Branch : Ahmedabad  
 \* \* \* \* \*



### Dr. Sanatkumar N. Shah

(22-06-1939 - 11-03-2017)

Age : 77 years  
 Qualification : MBBS (Physician)  
 Name of Branch : Ahmedabad  
 \* \* \* \* \*



### Dr. Pramodchandra M. Shah

( 13-03-1952 - 17-03-2017 )

Age : 65 years  
 Qualification : M.B.B.S.  
 Name of Branch : Vadodara  
 \* \* \* \* \*



### Dr. Hemant B. Thaker

( 19-07-1937 - 17-03-2017 )

Age : 59 years  
 Qualification : G.F.A.M.L.M.P.  
 Name of Branch : Ahmedabad  
 \* \* \* \* \*



### Dr. Ashokkumar M. Ranva

( 07-08-1958 - 27-04-2017 )

Age : 59 years  
 Qualification : M. D. (Pediatric )  
 Name of Branch : Amreli



Dr. Leelaben C. Mehta	02-01-2017	Surat
Dr. Motilal D. Shah	01-02-2017	Jambusar
Dr. Virendra F. Shah	03-03-2017	Ahmedabad
Dr. Jaykumar C. Shah	17-03-2017	Ahmedabad

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

\* \* \* \* \*

## BRANCH ACTIVITY

### ANAND

- 07-05-2017 "Basic RNTCP" by Dr. R.R. Fulmali.  
 "New TOG Guidelines" by Dr. Hiren Thanki.  
 "Management of TB in clinical practice" by Dr. Rajiv Paliwal.

### GANDHIDHAM

- 04-03-2017 to 31-03-2017 Blood donation camp at various places. Total 814 unit of Blood were collected.

### KALOL

- 07-04-2017 Blood donation camp Total 50 units of blood were collected.  
 12-04-2017 "Updates in Stroke Management" by Dr. Keyur Patel.  
 "Acute Chest Pain.. Diagnosis & Management" by Dr. Bhasmang Trivedi.

### MORBI

- 02-04-2017 Polydiagnostic camp. Total 65 patients were benefitted. Pulse Polio Programme at Civil Hospital.  
 08-04-2017 Lecture in school. Total 350 students were benefitted.  
 11-04-2017 Lecture in school. Total 225 students were benefitted.  
 14-04-2017 "Yogic-Wealth" by Dr. Dharmesh Maniyar. Total 350 IMA family members were present.



- 16-04-2017 Seminar on Organ Donation. Awareness of organ Donation. Approximately 350 people were present.  
"Oral submucous fibrosis; Medical Management" by Dr. Preyas Pandya. Total 40 members were benefited.
- 21-04-2017 "Recent advances in Head & Neck Oncology" by Dr. Rajendra Toparani.  
"Personalized Therapy in Cancer Treatment" by Dr. Ashish Kaushal.  
"Tomotherapy : The Latest Radiotherapy" by Dr. Kinjal R. Jani.
- 23-04-2017 "Sarv-rognidan camp" Total 260 patients were benefitted.

**NAVSARI**

- 26-04-2017 "Treating Obesity – One size doesn't fit all" by Dr. Ram Raksha Pal.  
"Panel Discussion-Obesity Different Perspectives" by Dr. Ram Raksha Pal, Dr. Kiranbhai J. Vaidya and Dr. Zubin K. Saklat.

**RAJKOT**

- 16-04-2017 IMA Rajkot branch in association with Gokul Superspeciality Hospital arranged a Multispeciality CME at Hotel Imperial Palace. Total 210 delegates attended this CME.
- 23-04-2017 IMA Rajkot branch on occasion of World Liver Day, organised - Hepatitis B & C screening & Hepatitis B Immunization camp with Department of Police at Rajkot where in we had tested & immunised large number of policemen.
- 25-04-2017 Workshop was held for awareness about Biomedical waste management rules – 2016 in association with Gujarat pollution control board, Distromed bioclean Pvt. Ltd., P. D. U. Medical College, Rajkot and Indian Medical Association, Rajkot. Total 400 medical and paramedical persons attended

**GUJARAT MEDICAL JOURNAL****Important Announcement**

**IMA Gujarat State Branch Office Bearers** are happy to announce that Indexation of our **Gujarat Medical Journal (GMJ)** with 'Index Copernicus' starting from year 2015 with **ICV (Index Copernicus Value) of 61.51.**

With this **Indexation, Gujarat Medical Journal (GMJ)** has achieved one more milestone.

We invite all the members to consider for publishing their original research articles and original research papers in **GMJ.**

**We are also in process of establishing a fully functional online platform to submit your manuscripts online in a transparent manner.**

**We invite interested qualified members to be on the panel of reviewers.**

**For any clarification / information, please write to:**

**E-mail : [gujaratmedicaljournal@gmail.com](mailto:gujaratmedicaljournal@gmail.com)**

**Dr. Yogendra S. Modi**President  
IMA-GSB**Dr K. R. Sanghavi**Editor  
Gujarat Medical Journal**Dr. Kamlesh B. Saini**Hon. Secretary  
IMA GSB



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

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

These Centres performed various activities during the month of April-2017 in addition to their routine work. These are as under :

01-04-2017 to 30-04-2017 : Intra domestic house to house survey by

the centers of Ahmedabad

02-04-2017 to 05-04-2017 : National Polio Round by the centers of Ahmedabad & Rajkot

Rander-Surat : Mothers Iron : 2250 tables & Calcium-1400 tablets were distributed.

Nanpura - Surat - Mothers : Calcium : 500, Iron : 2250 tablets & 40 Children were given Vitamin-A.

Rajkot : (1) 4-4-2017 Camp - Swine Flu cases (2) 13-4-2017 : Medical camp

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

#### APRIL - 2017

No.	Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi (Jamalpur Ward)	511	320	831
(2)	Behrampura (Sardarnagar Ward)	1810	307	2117
(3)	Bapunagar (Potalia Ward)	1438	338	1776
(4)	Dariyapur (Isanpur Ward)	1098	209	1307
(5)	Gomtipur (Saijpur Ward)	1755	568	2323
(6)	Khokhra (Amraiwadi Ward)	1927	373	2300
(7)	New Mental (Kubernagar Ward)	694	77	771
(8)	Raikhad (Stadium Ward)	561	210	771
(9)	Wadaj (Junawadaj Ward)	412	75	487
(10)	Junagadh	—	—	—
(11)	Rander-Surat	----	----	----
(12)	Nanpura-Surat	----	----	----
(13)	Rajkot	1333	570	1903



#### APRIL - 2017

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	19	—	37	7350	257
(2)	Behrampura (Sardarnagar Ward)	07	—	27	4200	1359
(3)	Bapunagar (Potalia Ward)	23	—	31	13409	292
(4)	Dariyapur (Isanpur Ward)	51	—	55	15000	500
(5)	Gomtipur (Saijpur Ward)	19	—	32	4575	155
(6)	Khokhra (Amraiwadi Ward)	33	—	89	12300	231
(7)	New Mental (Kubernagar Ward)	12	01	29	20640	585
(8)	Raikhad (Stadium Ward)	32	—	44	12364	501
(9)	Wadaj (Junawadaj Ward)	04	—	28	8000	2070
(10)	Junagadh	09	—	35	5000	240
(11)	Rander-Surat	11	—	17	840	53
(12)	Nanpura-Surat	18	—	26	1960	130
(13)	Rajkot	16	---	49	550	286



## College of General Practitioner; G.S.B. I.M.A

To,  
All Local Branch  
Presidents / Hon. Secretaries.

Respected Sir,

You are invited to arrange the C.M.E. under I.M.A. C.G.P. for improvising, The medical – update – knowledge so that services to society will be in a better – manner. The rule – condition and guide lines for arranging C.M.E. programme are as follows;

- Financial Assistance of Rs. 50-00 per member attending the seminar maximum up to Rs. 5000-00 will be provided to the organizing local branch.
- The C.M.E. shall be “C.G.P. G.S.B. I.M.A. & name of local branch.

Please arrange C.M.E. programme jointly with College of G.P. I.M.A. Gujarat State branch, please inform to College of G.P. I.M.A. Gujarat State branch, the date of such programme.

You are requested to encourage the C.M.E. activities. Looking for your cooperation.

Thanking You,

Yours Sincerely,

**Dr. Kirit C. Gadhi**  
Director

**Dr. Vasant Patel**  
Hon. Secretary



## INDIAN MEDICAL ASSOCIATION

### GUJARAT STATE BRANCH

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**HON. STATE SECRETARY :**  
**DR. KAMLESH B. SAINI** Ahmedabad  
Mobile : 96019 49252

Ref No.

Date: 8-5-2017

To  
**The Hon'ble Prime Minister**  
**Sh Narendra Modi Ji**

Dear Sir

**Violence against doctors,** Health Care workers and hospitals have become a routine than exception. No state in India is free of this. Eighteen states have legislations protecting the doctors, hospitals and health care personnel. The fact remains that despite lot of hospital attacks not even a single person has been convicted so far. We demand **central hospital protection Act** which should be a strong deterrent to violence anywhere in India.

**Generic-generic drugs:** IMA is ready to accept generic-generic drugs provided the Government can ensure quality of each batch in bio-availability, bioequivalence, shelf life, percentage of impure particles and uniform prices. In that circumstances, the Government may ban branded generis and trade generics except patented ones.

The judgement to choose a rational drug and its format vests only with the Registered Medical Practitioners. This right of the medical profession is sacrosanct

**The National Medical Commission Bill 2016:** The proposed NMC is an autocratic, bureaucratic, non-representative, non-democratic, non-federal body of 20 nominated members where the entire power is concentrated in the hands of the President.

It is also an overarching body subsuming not only MCI but National Board of Examinations and NEET Authority. Medical Council of India has 168 members, 2/3rds of them being elected democratically. MCI reflects the true federal nature of the Indian UNION with representation to the states, universities and the doctors of the country. On the other hand, the proposed NMC has only 20 members, all nominated by Central Government. It not only disfranchises all the doctors it takes away the federal right of state Governments and the universities of the states to participate in the regulation of medical education and practice.

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Uptil now 15% of the seats in private medical colleges are being given to the management for their exclusive determination of fee. NMC permits Government control only up to 40% of the seats. This could be legally 1% or none. The rest are given to the private managements to auction to the highest bidder. This is a clause which has the potential to destroy the social fabric of the future medical community and the nation.

It abolishes Medical Council of India and along with that the section 15.2.b of MCI Act which says that the basic qualification to practise modern medicine is MBBS. It introduces schedule IV to allow Ayurvedics, Homeopaths, and others to get registration in Modern Medicine. It requires legitimate MBBS students to take a licentiate exam after final MBBS exam. It brings non-medical people like advocates, chartered accountants and social activists into the highest body of medical governance changing its perspective and character for ever. Such an experiment in the British Medical Council was a gross failure. It directly affects Patient Care and Patient Safety by allowing graduates of other systems to practise modern medicine.

We demand that the Government should **amend IMC Act 1956** and **drop** the proposed NMC.

**NEXT:** By an amendment to the IMC Act 1956 the MOH has proposed National Exit Exam for all MBBS graduates after their final MBBS exam. They are required to clear NEXT to obtain their license to practice. This is height of injustice.

Asking medical graduates who have cleared 36 exams in their career with three dimensional (theory, clinical and viva) examinations is nothing short of cruelty. Registration is the legitimate right of an MBBS graduate. If the objective of NEXT is to ensure standards of medical education, the real attention should be on the faculty and infrastructure of medical colleges. IMA and the medical students of the country stand united in resisting NEXT

- A national schedule for final MBBS Examination all over the country.
- PG NEET to be conducted within 45 days from the date of declaration of the result.
- The Rotating internship to begin on a common date.

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Exempt medical practice and medical negligence from criminal prosecution and judgement since there is *no mens rea* between the doctor and the patient.

Implement the recommendations of the inter-ministerial committee on central hospital protection law, Capping of compensation in CPA, amendments in PCPNDT Act, Mixopathy etc.

We, at IMA, the association of 300,000 doctors across the country anticipate your favourable intervention in solving these issues within four weeks.

Thanking You,

Yours Sincerely,

Dr KK Aggarwal, National President, IMA (HQ)

Dr R N Tandon, Hon. Secretary general, IMA (HQ)

Dr R V Asokan, Chairman Action Committee, IMA (HQ)

*Yogendra S. Modi*

Dr. Yogendra S. Modi  
President  
G.S.B. I.M.A.

*Kamlesh B. Saini*

Dr. Kamlesh B. Saini  
Hon. State Secretary  
G.S.B. I.M.A.

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Date: 21-4-2017

Ref No.

To  
Ms Mamata Banerjee  
Hon Chief Minister of West Bengal  
Kolkatta

Sub : West Bengal Clinical Establishment (Registration, Regulation and Transparency ) Act 2017

Respected madam

21<sup>st</sup> Central Working Committee of IMA which assembled in Kolkatta on 15<sup>th</sup> and 16<sup>th</sup> 2017 has expressed serious concerns over the West Bengal Clinical Establishment Act. Every single state branch of IMA in the country has reservations against West Bengal Clinical Establishment Act. The Central Working Committee has directed us to inform you of our legitimate concern with the request to reconsider and amend the Act.

1. Empowering the State Regulatory Commission with judicial powers to award compensation and jail terms is a provision which has not been provided in the enabling Act of the Parliament. The commission appointed by the Government being entrusted with regulation, prosecution and judgement all to itself is ultravires of the constitution. The quasi judiciary powers of the regulatory commission is a cause for great concern. It is pointed out that these powers duplicate the administration of justice by established institutions of law in vogue.

2. Fixing of package rates and determining the charges for consultation and procedures in private hospitals violates the constitution. The state Government may only fix the charges for any of its schemes. Hospitals shall be free to fix their own charges.

3. Instead of a Registration and Licensing procedure the Act should provide for Registration and Accreditation procedure. Entry level Accreditation of NABH should confer Registration without inspection.

4. Electronic records have their advantages and disadvantages. The hospitals may choose between paper and electronic record

5. While the enabling Act of the Parliament provides for Registration and Regulation of Government Hospitals the WB CEA exempts them. It has not been explained why Government Hospitals should be exempted from an Act to ensure quality infrastructure and services. Government Hospitals should be brought under this law.<sup>6/</sup>

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6. Clause 33(2) for naming and shaming is a retrograde practice and needs to be deleted

7. Vague provisions penalising repetitive laboratory tests are certain to endanger patient safety and have to be withdrawn

8. Arachic clauses of 7.3 (j) and 7.3 (k) providing for service without payment are against the principles of natural justice and have to be withdrawn

9. Exempt all establishments run by single and couple doctors and family practices, both consultation and services.

10. Government programmes will be run by private hospitals for a fee. Similarly only relevant data as needed by National Health Programmes shall be shared with the Government

11. The state Government should initiate a retainer system for registered medical practitioners who will discharge public health functions for a prescribed consolidated fee.

12. Hospitals run by doctors as part of their medical practice should be declared aided hospitals and supported with monthly grant.

13. Adequate representation for IMA should be ensured at district and state levels.

14. All clinical establishments run by doctors as part of their professional practice should be classified separately for FOR PROFIT hospitals. They should be deemed as professional establishments and not as commercial establishments.

We trust your Government would give due consideration for all the demands. We assure you of our fullest cooperation in amending this Act into a people friendly law.

With regards

Yours Sincerely,

*Yogendra S. Modi*  
Dr. Yogendra S. Modi  
President  
G.S.B. I.M.A.

*Dr. Kamlesh B. Saini*  
Dr. Kamlesh B. Saini  
Hon. State Secretary  
G.S.B. I.M.A.

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### ATTENTION PLEASE !!

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

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LM/06878	Dr. Shah Swapnil B.	Godhra
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LM/15604	Dr. Soni Jayesh Manharlal	Vadodara
LM/01512	Dr. Patel A.K.	Vijapur
LM/17587	Dr. Suthar Gautam Bhikhabhai	Vijapur
LM/22680	Dr. Makwana Jayesh Bachubhai	Vyara



### Report of PPS Zonal Educative Seminar Hosted by IMA Upleta Branch

As per schedule, we conducted PPS zonal educative seminar properly and successfully.

We had total presence of 61 doctors from GMC and 8 doctors from other council.

We have not taken any registration fees from delegates. Seminar was conducted in encouraging presence of

Dr. Yogendra Modi, President, IMA GSB

Dr. Bipinbhai Patel, Managing Director, PPS, GSB, IMA

Dr. Kamlesh Saini, Hon. Secretary, IMA GSB

Dr. Bharatbhai Trivedi, Zonal Director And Co Ordinator PPS GSB IMA

Dr. Navneet Patel, Chairman, Health Scheme, IMA GSB

In this seminar we were informed by dignitaries about different IMA schemes.

After that we proceeded for detailing of medico legal issues by following invited speakers.

1. Shri Kartikey Parekh (Leading advocate and assistant public prosecutor, Dhoraji)
2. Dr. Mahesh Trangadiya ( Associate Professor, forensic science, Rajkot Medical college)
3. Shri Nitinbhai K Vyas ( Police Inspector , Upleta city)
4. Mr. Kamaljeet Chauhan (Motivational trainer).



## Report of PPS Zonal Educative Seminar Hosted by IMA Surat Branch

On 7th May, IMA Surat Organised a Zonal PPS Educational seminar under The Banner of IMA GSB with the guidance of IMA GSB President Dr Yogendra Modi And Dr Bipinbhai Patel , MD PPS Scheme at Samruddhi Hall, Nanpura Surat From 10.00 am To 2.30 pm Which was attended by 120 members. Topics like CPA, Professional Negligence, Laws Governing Medical Practice, Prevention and Defence of Litigation, Medical Record Keepin, PC 304 & 304A were discussed followed by an Interesting Panel Discussion by esteemed Speakers Dr.Ganesh Govekar, Dr Rajesh Dhere, Dr.Atul Shah, Dr Umang Patel and Mr. G A Sarviya.

Dr. Yogendra Modi addressed the Members of IMA Surat, presented the activities of state, National Communications, need of unity amongst doctors and appealed the members to join "Chalo Delhi Programme" on 6th June 2017. He also Congratulated IMA Surat Team for enrolling 2nd highest number of Members of IMA GSB FWS. He also appreciated the activities of the branch.

Dr Bipin Patel addressed the members of PPS and talked about the issues of Doctors, The Benefits of schemes and Surat performance and participation. This Scheme was appreciated for providing the facility of online payment.

Before the day of seminar we had A EC Meeting called at Tennis Club, Surat Where important Agendas were discussed and a welcome gratitude was presented to Dr Yogendra Modi and Dr Bipinbhai Patel.



## LETTER ISSUED BY MEDICAL COUNCIL OF INDIA

No. MCI-211(2)(Gen.)/2017-Ethics/104728

Date: 21/04/2017

To,

1. Dean/Principals of all the Medical Colleges; 2. Director of all the hospitals (exclusive PG Institutions without medical colleges); 3. President, all the State Medical Councils; 4. Health Secretary of all the States; 5. The Director of Medical Education, all States with request to ensure compliance; 6. The Director of Health Services, all States with request to ensure compliance and inform about action taken.

Madam/Sir,

Your kind attention is invited to circular no. MCI-211(2)(Gen.)/2012-Ethics/145183 dated 22.11.2012 & 18.01.2013.

The said circular had called upon the doctors practicing medicine to prescribe Drugs with Generic name as far as possible.

However, the clause 1.5 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 has been amended in 2016 and notified in the Gazette of India on 21.09.2016, which reads as under:-

"1.5 - Use of Generic names of drugs: Every physician should prescribe drugs with generic names legibly and preferably in capital letters and he/she shall ensure that there is a rational prescription and use of drugs."

All the Registered Medical Practitioners under the IMC Act are directed to comply with the aforesaid provisions of the Regulations without fail.

You are requested to give wide publicity of the above regulation to ensure that all the doctors practicing medicine under your jurisdiction comply with the regulation.

All concerned are once again urged to take necessary steps for observance of the aforesaid provision of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 in its letter and spirit.

For any doctor found violating clause 1.5 of Ethics Regulation, suitable disciplinary action would be undertaken by the concerned SMC/MCI.

- Secretary MCI

Courtesy IMA NEWS



## LETTER ISSUED BY INDIAN MEDICAL ASSOCIATION

To The President MCI

Dear Madam

This is about the following circular being issued by the MCI.

However, the clause 1.5 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 has been amended in 2016 and notified in the Gazette of India on 21.09.2016, which reads as under:

"1.5 - Use of Generic names of drugs: Every physician should prescribe drugs with generic names legibly and preferably in capital letters and he/she shall ensure that there is a rational prescription and use of drugs."

IMA Observation:

1. Use of Generic names of drugs: Means the chemical name of the drug.
2. Every physician: Means all doctors registered under IMR.
3. 'should' means discretionary and non-mandatory.
4. Prescribe drugs with generic names: Means writing chemical name of the drug.
5. Legibly: Means readable (does not mandate electronic writing).
6. and preferably (where ever possible and is non-mandatory).
7. in capital letters (pertains to the chemical name).
8. and he/she shall ensure that there is a rational prescription and use of drugs means this part of the clause is mandatory (shall).

B: All the Registered Medical Practitioners under the IMC Act are directed to comply with the aforesaid provisions of the Regulations without fail.



IMA observation: To follow the above in its letter and spirit.

C: You are requested to give wide publicity of the above regulation to ensure that all the doctors practicing medicine under your jurisdiction comply with the regulation. IMA observation: IMA needs to disseminate this information.

D: All concerned are once again urged to take necessary steps for observance of the aforesaid provision of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 in its letter and spirit. IMA observation: same as B.

E: For any doctor found violating clause 1.5 of Ethics Regulation, suitable disciplinary action would be undertaken by the concerned SMC/MCI.

IMA observation: Only the mandatory portion of the clause can be actionable. The prescription shall have rationality of treatment and the drugs prescribed. The non-mandatory initial part of the clause cannot lead to action by SMCs as it is discretionary.

F: "should prescribe drugs with generic names": It does not write only with generic names'. It does not prohibit a doctor from writing the name of the company or the brand.

For example when writing a generic name, we need to write the word 'Jan Aushadhi' in the prescription otherwise he or she will not get the cheapest quality drug etc.

This classification may kindly be circulated to the SMCs to avoid any misunderstanding in its interpretation.

- Dr. K.K. Aggarwal, National President, IMA

Courtesy IMA NEWS



## Move Move and Move: IMA Campaign to Control NCDs

Noncommunicable diseases (NCDs) are a major cause of premature and preventable deaths worldwide. According to a WHO Global Survey Report “Assessing National Capacity for the Prevention and Control of Noncommunicable Diseases Global Survey 2015”, NCDs currently account for almost 70% of global deaths; majority of which occur in low- and middle-income countries. India too is not untouched by this.

Due to rapid urbanization, India is experiencing an epidemiological transition moving away from a predominantly communicable or infectious to a predominantly non communicable disease pattern.

Along with tobacco, harmful use of alcohol and unhealthy diet, physical inactivity has been implicated in NCDs as a major risk factor. All these are behavioral risk factors and are modifiable through lifestyle changes.

Modern and advanced technology has certainly made life easy and convenient for us - online shopping, online payments, accessing information, etc., all of which can be done from the comfort of our homes. But, has technology really made our life better? What it has also done is change our lifestyle pattern at the cost of health; we are less physically active now - sitting at a desk for a long time working on the computer, using social media on smartphones, watching TV or sitting in a meeting, all these activities promote sedentary behavior.

The benefits of exercise on physical health as well as mental health are well-established and known to us all. But, the level of physical activity among all age groups has decreased, either due to lack of initiative or lack of safe open spaces. A heavy work schedule is often a deterrent to physical activity for many of us.

Walking is the best form of exercise, which requires no investment, no special training. Walking in natural environments such as parks also reduces mental stress and fatigue and improves mood via the release of the 'feel good' endorphins. This proximity to nature also helps in the inward spiritual journey and shifts one from the sympathetic to parasympathetic mode



manifested by lowering of blood pressure and pulse rate. This is also why most of our temples are located in distant places. The silence of the spiritual atmosphere reduces the internal noise and helps us onward in our inner journey.

It is important to remember here that 'exercise' is not synonymous with 'physical activity'. Exercise is a planned, structured and repetitive activity while any other physical activity that is done during leisure time, for transport to get to and from places, or as part of a person's work, also has a health benefit (WHO Fact Sheet, February 2017).

To control non-communicable diseases and promote physical activity, IMA has proposed a campaign “Move Move and Move”. People should move around more often all through the day in addition to regular exercise. Here are a few simple ways to increase physical activity both at home and your workplace.

- Take the stairs as often as possible.
- Get off the bus one stop early and walk the rest of the way.
- Have “walk-meetings” instead of "sit-in" meetings.
- Walk to the nearby shops instead of driving.
- Stand up and walk while talking on the phone.
- Walk down to speak to your colleague instead of using the intercom/phone.
- Walk around your building for a break during the work day or during lunch.
- Buy a pedometer.

Walk 80 minutes each day; brisk walk 80 minutes a week with a speed of 80 steps per minute. This is a 'Formula of 80' that I have devised and which I recommend to all my patients.

Courtesy IMA NEWS



# INDIAN MEDICAL ASSOCIATION

## GUJARAT STATE BRANCH

A.M.A. House, Opp. H.K. College, Ashram Road, Ahmedabad -380009

PHONE : (079) 265 87 370 Email: imagsb@gmail.com

Dear Branch Secretary

I hope that this circular finds you in the best of health and spirit. In continuation of my circular A-11/HFC/LM/2017-2018, further tabulated information is given below for the revision of fees effective from 1/4/2017. Herewith I am sending the copy of I.M.A. H/Q fee schedule regarding revised fees.

### ORDINARY MEMBERSHIP FEES

CATEGORY	HFC	GMJ	GSB	ADM.FEE	TOTAL TO BE SENT TO GSB. IMA
Annual Single:	489-00	25-00	10-00	20-00	544-00
Annual Couple:	733-00	38-00	20-00	30-00	821-00

Local branch share to be collected extra as per individual branch decision/resolution Kindly note that fees at old

Rates will be accepted up to 31/03/2017 only at State Office. Thereafter the new revised rates will be applicable.

### LIFE MEMBERSHIP FEES

CATEGORY	TOTAL FEES	BR.SHAHRE	ADM.FEES INCLUDING GSB. IMA	TO BE SENT TO GSB. IMA
Single	9615-00	770-00	{ 20-00 }	Rs. 8845-00
Couple	14305-00	1210-00	{ 30.00 }	Rs. 13095-00

Kindly send fees of old annual member, which should reach this office before 30/4/2017. Membership Fees by a D.D. drawn in favour of "G.S.B. I.M.A"

### I.M.A. COLLEGE OF GENERAL PRACTITIONERS

College of G.P	Rs. 2000-00
Life Membership	
Membership Fees along with Life Subscription of Family Medicine DD in favour of " <u>IMACGPHQ</u> "	
Payable at Chennai and send to us	

Kindly send annual membership fees before 30/4/2017 so as to avoid deletion. The above increase of fee Rs. 50.00 in Life Member every year is computed as per the resolution passed in 41<sup>st</sup> State Council at Nadiad on 12/05/1989.

Yours Sincerely

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



**Medical Camp Kalol Branch**



\* \* \* \* \*

**CME Morbi Branch**



**P.P.S. Zonal Educative Seminar - Surat Branch**





**Visit to Senior Member of IMA Surat Admitted in Hospital**



\* \* \* \* \*

**CME Vadodara Branch**

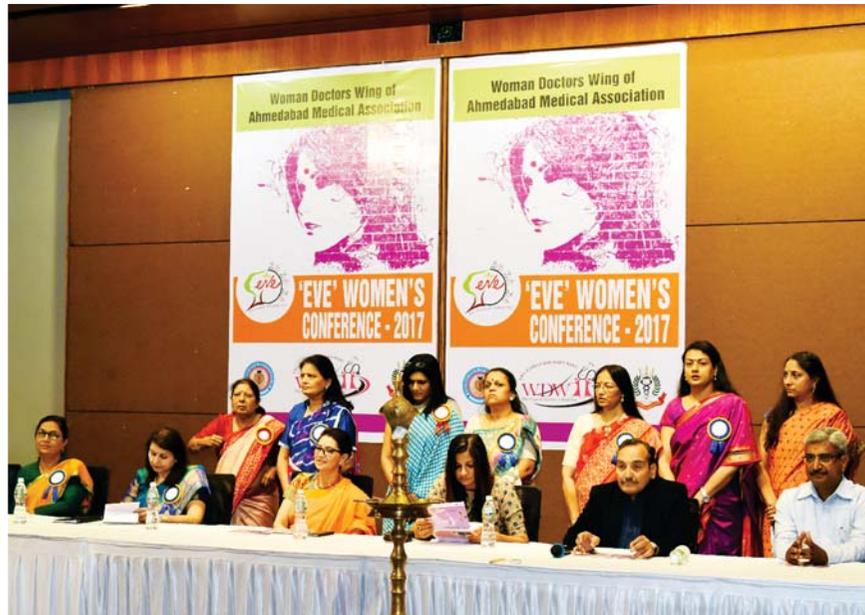


**P.P.S. Zonal Educative Seminar - Upleta Branch**





### EVE-Women's Conference -2017



### EVE-Women's Conference -2017





**International Conference - Vapi Branch**



\* \* \* \* \*

**CME Anand Branch**



**IMA GSB President's Visit - Bharuch Branch**



\* \* \* \* \*

**IMA GSB President's Visit - Ankleshwar Branch**





### National Black Day against West Bengal Clinical Establishment Act-2017



### Courtesy Meeting with MP Shri C.R.Patil at Surat



\* \* \* \* \*

### IMA GSB President's Visit - Porbandar Branch





## Supreme Court Denies Nod to Woman to Terminate her 26-week Fetus

New Delhi, Feb 28 (PTI) The Supreme Court has refused to allow a woman, who is in her 26th week of pregnancy, to abort her foetus on the ground that it suffered from 'down syndrome', saying "we have a life in our hands". The apex court said that as per a report of the medical board constituted to examine the 37-year-old woman, there was no physical risk to the mother in continuation of pregnancy.

A bench of Justices S A Bobde and L N Rao observed that though "everybody knows that children with down syndrome are undoubtedly less intelligent, but they are fine people." The bench said as per the report, the foetus is "likely to have mental and physical challenges" but the advice of the doctors does not warrant termination of pregnancy. "With this report, we don't think we are going to allow termination of pregnancy. We have a life in our hands," the bench said. "In these circumstances, as per the present advice, it is not possible to grant permission to terminate the pregnancy," the court said.

Down syndrome is a congenital disorder, due to a chromosome defect, which causes intellectual impairment and physical abnormalities, which varies from individual to individual. Babies with Down syndrome have an extra copy of chromosome 21. Down syndrome is also referred to as Trisomy 21 (CDC).

Down syndrome earlier was a dreaded diagnosis, because of the ensuing difficulties in raising the child. Institutionalization was but an inevitable outcome for such children. But, advances in health care and technology have led to a greater understanding of the condition along with better care facilities for their rehabilitation. As a result, most children with Down syndrome are able to lead healthy 'normal' lives and can be integrated into mainstream of society. Over the years, life expectancy for people with Down syndrome has considerably increased, from 25 in 1983 to 60 today.

The US National Association for Down Syndrome has this to say, "Most children with Down syndrome have mild to moderate impairments but it is important to note that they are more like other children than they are different." While children with Down syndrome do experience



developmental delays, they possess many skills and abilities, which need nurturing. Parents have the most crucial role in this. They can enlist the help of various Support Groups, organizations such as the “Down Syndrome Federation of India” to bring up their child in a supportive and positive manner where they can make valuable contributions to society. There is a list of people with Down syndrome on Wikipedia ([https://en.wikipedia.org/wiki/List\\_of\\_people\\_with\\_Down\\_syndrome](https://en.wikipedia.org/wiki/List_of_people_with_Down_syndrome)). They have been actors, singers, writers, disability rights activists. One of the names in the list is Karen Gaffney, from Oregon, USA a woman in her 40s. She also has a science degree, an honorary doctorate, and is a champion swimmer who has crossed the Channel in a team relay event (The Guardian).

Prenatal genetic screening raises several ethical dilemmas as the outcome of the test may well be a decision to opt for termination of pregnancy because couples may be overwhelmed by the challenges of raising a child with genetic disorder such as Down syndrome. Health professionals, who handle such cases, should also be educated about how to counsel such parents-to-be as to how they can prepare themselves to raise their child to be a useful member of society. March 21 is observed as World Down Syndrome Day every year to raise public awareness about the condition.

Is termination of pregnancy for genetic reasons the answer? No, a diagnosis of a genetic disorders should not automatically be a reason to opt for abortion, though the decision to terminate a pregnancy may be based on the specifics of an individual case.

Section 3 of the MTP Act 1971 elaborates the conditions when termination of pregnancy is permitted.

"3. When Pregnancies may be terminated by registered medical practitioners.-

1. Notwithstanding anything contained in the Indian Penal Code (45 of 1860), a registered medical practitioner shall not be guilty of any offence under that Code or under any other law for the time being in force, if any pregnancy is terminated by him in accordance with the provisions of this Act
2. Subject to the provisions of sub-section (4), a pregnancy may be terminated by a registered medical practitioner,-



- a. where the length of the pregnancy does not exceed twelve weeks if such medical practitioner is, or (b) where the length of the pregnancy exceeds twelve weeks but does not exceed twenty weeks, if not less than two registered medical practitioners are. Of opinion, formed in good faith, that,-
  - i. the continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury physical or mental health ; or
  - ii there is a substantial risk that if the child were born, it would suffer from such physical or mental abnormalities as to be seriously handicapped.

Explanation 1.-Where any, pregnancy is alleged by the pregnant woman to have been caused by rape, the anguish caused by such pregnancy shall be presumed to constitute a grave injury to the mental health of the pregnant woman.

Explanation 2.-Where any pregnancy occurs as a result of failure of any device or method used by any married woman or her husband for the purpose of limiting the number of children, the anguish caused by such unwanted pregnancy may be presumed to constitute a grave injury to the mental health of the pregnant woman.

3. In determining whether the continuance of pregnancy would involve such risk of injury to the health as is mentioned in sub-section (2), account may be taken of the pregnant woman s actual or reasonable foreseeable environment.
4. (a) No pregnancy of a woman, who has not attained the age of eighteen years, or, who, having attained the age of eighteen years, is a lunatic, shall be terminated except with the consent in writing of her guardian.”

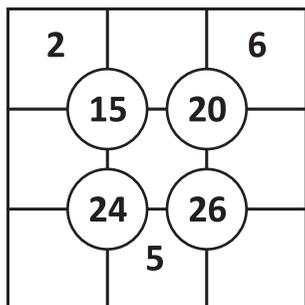
The Government of India has drafted the Medical Termination of Pregnancy TP (Amendment) Bill, 2014, which proposes to raise the limit of permitting MTP up to 24 weeks pregnancy from the current limit of 20 weeks. However, currently, the law does not permit termination of pregnancy after 20 weeks



# Games Corner

Dr. Chandresh Jardosh Surat

## Chhota Sudoku



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

## 7 BR OK EN Words

By using following keys, join the broken words & find out the 7 different words with 'MM'

Key	Words
5 Letters	1
6 Letters	2
7 Letters	3
8 Letters	1

MA	RU	IM	MM	IM	SW
SH	MM	OTH	IM	SU	
NG	MA	MMY	MER	ER	
MM	SK	MER	MI	AL	

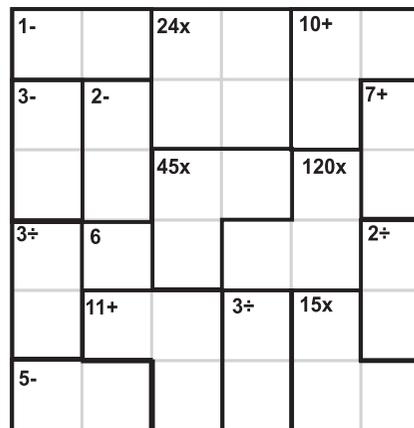
## Sudoku

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

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

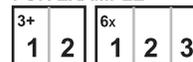


## KEN KEN PUZZLE



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

FOR EXAMPLE



Answer Page No. 87

\* \* \* \* \*

## Attention Advertisers

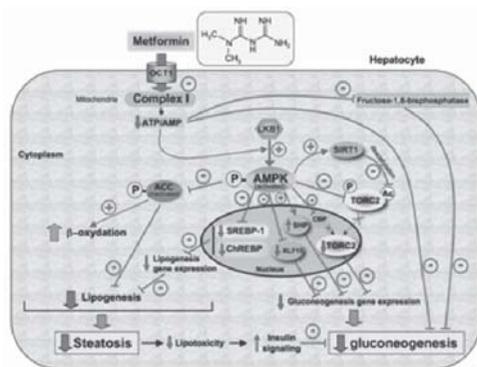
- \* You are requested to send your matter for advertisement in I.M.A.G.S.B. New Bulletin before **15th of Every month.**
- \* Your advertisement matter has to be **ready to print format or at least matter** has to be in printed form.
- \* In case of hand written matter, publisher will not be responsible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



## MOLECULE OF THE MONTH

### Metformin

Metformin, a biguanide derivative is widely used for prevention and management of Type 2 Diabetes mellitus which has become a major public health challenge around the world. Although metformin is currently the drug for the treatment of Type 2 Diabetes mellitus, metformin has proven to be a drug of importance, in a number conditions.



#### Mechanism of action:

- Metformin inhibit gluconeogenesis and glucose output from the liver.
- Enhances insulin mediated glucose uptake by skeletal muscle and fats and translates it to glycogen stores and enhances fatty acid oxidation
- Promotes peripheral glucose utilization
- After hepatic uptake through OCT1, the mitochondria is the primary target with specific and AMPK-independent inhibition of respiratory-chain complex. This lead to mild decrease in energy leads to acute and transient inhibition of energy-consuming gluconeogenic pathway. In addition, through AMPK-dependent and -independent regulatory points lead to the inhibition of glucose



production by disrupting gluconeogenesis gene expression. In parallel, the LKB1-dependent activation of AMPK triggered by ATP depletion could reduce hepatic lipogenesis and exert an indirect effect on hepatic insulin sensitivity to control hepatic glucose output.

- Activation of AMP activated protein kinase (AMPK) is associated with pleiotropic actions of metformin.
- DM leads to hyperglycemia which leads to increase in ROS production which leads to diabetic nephropathy. Metformin activates AMPK and decreases NAD(P)H oxidase activity leading to decrease in ROS production and hence in management of DM nephropathy
- Metformin reduces apoptosis in the cardiomyocytes during ischemia by decreasing apoptotic proteins and increasing anti-apoptotic proteins
- High glucose increases ROS activity and lead to endothelial dysfunction. Metformin decreases ROS production and suppressive oxidative stress and has beneficial effect on endothelial function
- Metformin increase ovulation, improves menstrual cyclicity and reduce androgen level in PCOD by unclear mechanism may or may not be dependent on AMPK activity.
- Insulin resistance and hyperinsulimia is associated with increased risk of cancer. In addition, metformin has shown to inhibit growth of cancer cells by decreasing cellular energy status and force a metabolic conversion in the cancer cells which leads to nutrient deprivation of the cancer cells.

#### Pharmacokinetics :

Administered orally, bioavailability is 40–60%. Gastrointestinal absorption is complete within 6 hrs and it has a t<sub>1/2</sub> of 5hrs. Organic cation transporter (OCT) 1 and OCT3 facilitate hepatic uptake of



metformin, whereas OCT2 plays a role in the uptake of metformin from the circulation, to renal epithelial cells. Excretion of metformin occurs by active tubular secretion through the kidneys.

**Actions:**

1. Anti hyperglycemic action of metformin in patients of Type 2 diabetes mellitus along with diet or as an add on therapy.
2. Diabetic nephropathy
3. Dyslipidemia
4. Polycystic ovarian syndrome
5. Cancer
6. Newer therapeutic perspectives:
  - a. Gestational Diabetes
  - b. Diabetes prevention
  - c. Regulation of circadian clock
  - d. Pharmacogenetics
  - e. Metabolic syndrome

**Adverse drug reaction:** abdominal pain, anorexia, bloating, nausea, metallic taste, mild diarrhea, tiredness, lactic acidosis, vitamin B12 deficiency.

**Pregnancy and lactation:**

There are no adequate and well-controlled studies in pregnant women with metformin. Metformin should not be used during pregnancy unless clearly needed.

**Contraindication:**

Metformin should not be used in patients of severe respiratory disease, heart failure, renal disease, hepatic disease, alcoholics as it increases chances of lactic acidosis.

**Dr Prakruti Patel**

**Dr Anuradha Gandhi**

**Dr Chetna Desai**

**Co ordinators, B. J. Medical College, Ahmedabad**



## Air Pollution

Air pollution is the introduction of particulates, biological molecules, and many harmful substances into Earth's atmosphere, causing diseases, allergies, and death to humans, damage to other living organisms such as animals and food crops, or the natural or built environment.

### Types of air pollution

#### i. Smog:

It is defined as when the smoke present in the atmosphere after emitting from different sources is combined with the fog present in the air, a mixture formed that is referred to as smog. Basically different types of factories or the industries are responsible for the formation of the smog. Living in the smog is equal to the living with smokers; it can cause serious respiratory diseases.

#### ii. Green House Effect:

It is characterized when the gases called as green house gases when move upward and combine with the atmosphere and then return back to the earth and destroy different types of things such as crops, plants, human lives, livestock etc. These gases are basically six in number and they are; methane, sulphur, nitrogen, carbon monoxide, hydrogen and ozone. Basically the pollution is raised due to the burning of fossil fuel. It is very harmful for the human skin and can also cause some kind of cancer.

#### iii. Accidental air Pollution:

It is the type of pollution that is characterized due to the causes that are accidentally in nature. Commonly it is defined as the type of air pollution that is generated due to the different types of fuel consumption by the vehicles or when the forest are burnt different types of gases are evolved that are mixed with the air and pollute the air.

#### iv. Industrial Air Pollution:

Commonly it is characterized due to the working of the thermal plants and also the different plants that are used to manufacture different types of fertilizers or pesticides. The reactions that are used to produce different types of building material such as cement or steel etc also encourage the



production or toxic materials for producing air pollution. Different type of atomic units also contributes in that type of pollution.

### V. Transport Related Air Pollution:

It is that type of air pollution that is characterized due to the smoke emitting by different types of vehicles used for transportation. As fuel such as petrol or diesel burnt in the engine can emit different types of poisonous gases in the form of smoke.

### Major Air pollutants

Pollutants are classified as primary or secondary. Primary pollutants are usually produced from a process, such as ash from a volcanic eruption. Other examples include carbon monoxide gas from motor vehicle exhaust, or the sulfur dioxide released from factories. Secondary pollutants are not emitted directly. Rather, they form in the air when primary pollutants react or interact. Ground level ozone is a prominent example of a secondary pollutant.

Major primary pollutants produced by human activity include:

- Sulfur oxides (SO<sub>x</sub>) - Coal and petroleum often contain sulfur compounds, and their combustion generates sulfur dioxide.
- Nitrogen oxides (NO<sub>x</sub>) - expelled from high temperature combustion, and are also produced during thunderstorms by electric discharge
- Carbon monoxide (CO) - It is a product of incomplete combustion of fuel such as natural gas, coal or wood. Vehicular exhaust is a major source of carbon monoxide.
- Volatile organic compounds (VOC) - They are categorized as either methane (CH<sub>4</sub>) or non-methane (NMVOCs). Methane is an extremely efficient greenhouse gas which contributes to enhanced global warming. The aromatic NMVOCs benzene, toluene and xylene are suspected carcinogens and may lead to leukemia with prolonged exposure.
- Particulates, alternatively referred to as particulate matter (PM), atmospheric particulate matter, or fine particles, are tiny particles of solid or liquid suspended in a gas.



- Chlorofluorocarbons (CFCs) - harmful to the ozone layer; emitted from products are currently banned from use. These are gases which are released from air conditioners, refrigerators, aerosol sprays, etc.
- Ammonia (NH<sub>3</sub>) - emitted from agricultural processes.
- Odours — such as from garbage, sewage, and industrial processes
- Radioactive pollutants - produced by nuclear explosions, nuclear events, war explosives, and natural processes such as the radioactive decay of radon.

#### Secondary pollutants include:

- Particulates created from gaseous primary pollutants and compounds in photochemical smog.
- Ground level ozone (O<sub>3</sub>) formed from NO<sub>x</sub> and VOCs. Ozone (O<sub>3</sub>) is a key constituent of the troposphere. At abnormally high concentrations brought about by human activities (largely the combustion of fossil fuel), it is a pollutant, and a constituent of smog.
- Peroxyacetyl nitrate (PAN) - similarly formed from NO<sub>x</sub> and VOCs.

#### Sources of air pollution

Sources of air pollution refer to the various locations, activities or factors which are responsible for the releasing of pollutants in the atmosphere. These sources can be classified into two major categories which are:

Anthropogenic sources (human activity) mostly related to burning different kinds of fuel:

- i. “Stationary Sources” include smoke stacks of power plants, manufacturing facilities (factories) and waste incinerators, as well as furnaces and other types of fuel-burning heating devices.
- ii. “Mobile Sources” include motor vehicles, marine vessels, aircraft and the effect of sound etc.
- iii. Chemicals, dust and controlled burn practices in agriculture and forestry management.
- iv. Fumes from paint, hair spray, varnish, aerosol sprays and other solvents.



- v. Waste deposition in landfills, which generate methane, it is highly flammable and may form explosive mixtures with air. Methane is also an asphyxiate and may displace oxygen in an enclosed space.
- vi. Military, such as nuclear weapons, toxic gases, germ warfare and rocketry.

Natural sources:

- i. Dust from natural sources, usually large areas of land with little or no vegetation.
- ii. Methane, emitted by the digestion of food by animals, for example cattle.
- iii. Radon gas from radioactive decay within the Earth's crust.
- iv. Smoke and carbon monoxide from wildfires.
- v. Volcanic activity, which produce sulphur, chlorine, and ash particulates.

#### Air pollution - global scenario

- ❖ Some 3 million deaths a year are linked to exposure to outdoor air pollution. Indoor air pollution can be just as deadly.
- ❖ In 2012, an estimated 6.5 million deaths (11.6% of all global deaths) were associated with indoor and outdoor air pollution together.
- ❖ Nearly 90% of air-pollution-related deaths occur in low- and middle-income countries, with nearly 2 out of 3 occurring in WHO's South-East Asia and Western Pacific regions.
- ❖ Ninety-four per cent are due to noncommunicable diseases - notably cardiovascular diseases, stroke, chronic obstructive pulmonary disease and lung cancer.
- ❖ Air pollution also increases the risks for acute respiratory infections
- ❖ WHO air quality model confirms that 92% of the world's population lives in places where air quality levels exceed “WHO's Ambient Air quality guidelines” for annual mean of particulate matter with a diameter of less than 2.5 micrometres (PM<sub>2.5</sub>). WHO guideline limits for annual mean of PM<sub>2.5</sub> are 10 µg/m annual mean.



### Global urban air pollution trends

WHO was able to compare a total of 795 cities in 67 countries for levels of small and fine particulate matter (PM10 and PM2.5) during the five-year period, 2008-2013. PM10 and PM2.5 include pollutants such as sulfate, nitrates and black carbon, which penetrate deep into the lungs and into the cardiovascular system, posing the greatest risks to human health. Data was then analysed to develop regional trends.

#### Key trends from 2008-2013:

- Global urban air pollution levels increased by 8%, despite improvements in some regions.
- In general, urban air pollution levels were lowest in high-income countries, with lower levels most prevalent in Europe, the Americas, and the Western Pacific Region.
- The highest urban air pollution levels were experienced in low-and middle-income countries in WHO's Eastern Mediterranean and South-East Asia Regions, with annual mean levels often exceeding 5-10 times WHO limits, followed by low-income cities in the Western Pacific Region.
- In the Eastern Mediterranean and South-East Asia Regions and low-income countries in the Western Pacific Region, levels of urban air pollution has increased by more than 5% in more than two-thirds of the cities.
- In the African Region urban air pollution data remains very sparse, however available data revealed particulate matter (PM) levels above the median. The database now contains PM measurements for more than twice as many cities than previous versions.

#### Indian scenario

- > India had more people dying every day as a result of outdoor air pollution in 2015 than China - a first since 1990.
- > The number of deaths per day due to air pollution in India has risen from 2,139 per day in 1990, to 3,238 in 2015.
- > According to a Greenpeace India report released here in 2015, India overtook China in the number of deaths caused by air pollution last



year. Analysing the Global Burden of Disease (GBD) data compiled by the Institute for Health Metrics and Evaluation at the University of Washington in Seattle, the report found that India had 3,283 premature deaths due to ambient air pollution every day, as opposed to China's 3,233 per day.

### Impact of air pollution

- i. Environmental effects
  - > Acid rain is precipitation containing harmful amounts of nitric and sulfuric acids. It damages trees and causes soils and water bodies to acidify, making the water unsuitable for some fish and other wildlife. It also speeds the decay of buildings, statues, and sculptures that are part of our national heritage
  - > Eutrophication is a condition in a water body where high concentrations of nutrients (such as nitrogen) stimulate blooms of algae, which in turn can cause fish kills and loss of plant and animal diversity.
  - > Haze is caused when sunlight encounters tiny pollution particles in the air. Haze obscures the clarity, color, texture, and form of what we see.
  - > Crop and forest damage. Air pollution can damage crops and trees in a variety of ways. Ground-level ozone can lead to reductions in agricultural crop and commercial forest yields, reduced growth and survivability of tree seedlings, and increased plant susceptibility to disease, pests and other environmental stresses (such as harsh weather).
- ii. Effects on wildlife
  - > Studies show that air toxics are contributing to birth defects, reproductive failure, and disease in animals. Persistent toxic air pollutants (those that break down slowly in the environment) are of particular concern in aquatic ecosystems. These pollutants accumulate in sediments and may biomagnify in tissues of animals at the top of the food chain to concentrations many times higher than in the water or air.



## iii. Health effects

SPM (suspended particulate matter)	These particles when breathed in, lodge in our lung tissues and cause lung damage and respiratory problems
Sulphur dioxide	SO <sub>2</sub> in the air leads to diseases of the lung and other lung disorders such as wheezing and shortness of breath.
Carbon monoxide	CO (carbon monoxide) combines with haemoglobin to lessen the amount of oxygen that enters our blood through our lungs. It can impair our concentration, slow our reflexes, and make us confused and sleepy
Ozone	Exposure to this gas makes our eyes itch, burn, and water and it has also been associated with increase in respiratory disorders such as asthma.
Radon	Exposure to this gas increases the risk of lung cancer.
Volatile organic compounds	Volatile compounds can cause irritation of the eye, nose and throat. In severe cases there may be headaches, nausea, and loss of coordination.

**Preventive measures**

**Industry:** clean technologies that reduce industrial smokestack emissions; improved management of urban and agricultural waste, including capture of methane gas emitted from waste sites as an alternative to incineration (for use as biogas);

❖ **Methods of controlling gaseous pollutants:** The air pollution caused by gaseous pollutants like hydrocarbons, sulphur dioxide, ammonia, carbon monoxide, etc can be controlled by using three different methods- Combustion, Absorption and Adsorption.



1. **Combustion:** This technique is applied when the pollutants are organic gases or vapours. The organic air pollutants are subjected to 'flame combustion or catalytic combustion' when they are converted to less harmful product carbon dioxide and a harmless product water.
  2. **Absorption:** In this method, the polluted air containing gaseous pollutants is passed through a scrubber containing a suitable liquid absorbent. The liquid absorbs the harmful gaseous pollutants present in air.
  3. **Adsorption:** In this method, the polluted air is passed through porous solid adsorbents kept in suitable containers. The gaseous pollutants are adsorbed at the surface of the porous solid and clean air passes through.
- ❖ **Methods of controlling particulate emissions:** The air pollution caused by particulate matter like dust, soot, ash, etc, can be controlled by using fabric filters, wet scrubbers, electrostatic precipitators and certain mechanical devices.
- **Transport:** shifting to clean modes of power generation; prioritizing rapid urban transit, walking and cycling networks in cities as well as rail interurban freight and passenger travel; shifting to cleaner heavy duty diesel vehicles and low-emissions vehicles and fuels, including fuels with reduced sulfur content;
  - **Urban planning:** improving the energy efficiency of buildings and making cities more compact, and thus energy efficient;
  - **Power generation:** increased use of low-emissions fuels and renewable combustion-free power sources (like solar, wind or hydropower); co-generation of heat and power; and distributed energy generation (e.g. minigrids and rooftop solar power generation);
  - **for municipal and agricultural waste management:** strategies for waste reduction, waste separation, recycling and reuse or waste reprocessing; as well as improved methods of biological waste management such as anaerobic waste digestion to produce biogas, are feasible, low cost alternatives to the open incineration of solid waste. Where incineration is unavoidable, then combustion technologies with strict emission controls are critical.



- Prevent Indoor Pollution:** At least 80% of most people spend their time indoors, which supplies its own kind of harmful air pollution. Smokers send air pollution levels through the roof with their unhealthy habits; therefore sending them outside to do their “dirty” work is suggested. Limiting the amount of household products that contain harmful chemicals is also recommended. This includes cleaning agents, paints, and glues. Ventilation is also required to lessen the amount of indoor air pollution. When cleaning, baking soda may work just as well as harsher chemical cleaners. Gas appliances and heaters should undergo regular inspections and maintenance. The inside of the home should be kept clean on a regular basis in order to eradicate dust and mold accumulation.
- Plant trees around your home and in your community that can help to reduce air pollutants.** Trees help to clean the air of gaseous pollutants, such as nitrogen dioxide, carbon monoxide, sulfur dioxide, and ozone, as well as particulate pollutants

\* \* \* \* \*

### Answers

#### Chhota Sudoku

2	1	6
15	20	
3	9	4
24	26	
7	5	8

#### 7 BR OK EN Words

- RUMMY
- MAMMAL
- SUMMER
- MAMMOTH
- SHIMMER
- SWIMMER
- SKIMMING

#### Sudoku

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

#### KEN KEN PUZZLE

1-	4	3	24x	6	1	10+	2	5
3-	5	2		1	4	3	7+	6
	2	4	45x	5	3	120x	6	1
3+	1	6	6	3	5	4	2+	2
	3	5	11+	2	3+	15x	1	4
5-	6	1		4	2	5	3	



### “DEPRESSION : LET’S TALK”

If a person falls he gets injured.  
 If he gets depressed his mental health gets injured.  
 In life we always try to walk and travel safely,  
 And thus try to avoid injury in our life.  
 Similarly always try to avoid depression.  
 For that always have positive thinking.  
 For any problem in life try to find out the solution,  
 And work hard mentally and physically for it.  
 Meditation and yoga will help to solve the problem.  
 And will help to come out of depression.  
 Still if you cannot get out of depression,  
 Psychiatrists are there to help you for it.  
 Thus try again and again and you will succeed.  
 To get out of depression, I am sure.  
 Thus let us support the theme for world health day.  
 The slogan of the world health day is “Depression : Let’s Talk.”

**Dr. Mukund Desai - Borsad**

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