



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

GUJARAT MEDICAL JOURNAL
INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

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GUJARAT MEDICAL JOURNAL

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



Dear Members,

Season's Greetings.

Medical fraternity faces many challenges. The main challenge came from NITI (National Institution for Transforming India) Aayog. Taking another step on the concept of mid level practitioners, NITI Aayog is engaged in expanding medical education in India by bridging Dentists to become medical doctors. There is no consideration of the patient at all. What will happen to his/ her wellbeing? Patients are not mere numbers. Patient care and patient safety are important considerations. In their hurry to do something the amount of harm that is unleashed on patients is forgotten. It is also a myth to say that India needs more doctors. Adequate number of MBBS graduates comes out every year.

It is unfortunate that NITI Aayog and the Governments have turned a blind eye to the surplus qualified manpower available. Governments after Governments are recruiting MBBS doctors on adhoc basis and on contract denying them permanent employment. If this is not exploitation what else is? To convert 1,50,000 modern medicine sub centres into wellness centres staffed with AYUSH and paramedicals through Bridge Courses is injustice. No credible data has been provided by NITI Aayog or the Governments to prove the shortage of doctors. IMA declares that there is a surplus of qualified doctors in the country.

IIMA demands that MBBS graduates should be recruited into Government service on permanent basis as Government servants. The 1,50,000 wellness centres should be staffed with MBBS graduates. The concept of Bridge course has been evolved out of the myth of lack of qualified doctors.

IMA also demands comprehensive review, repeal and reconception of PCPNDT Act. Nothing short of this can be acceptable to the medical




profession. This Black Law has miserably failed in achieving its objectives in the 24 years of its dubious existence. The layman's approach of the ill conceived legislation has only resulted in unending harassment of every single practising Obstetrician and Radiologist in the country. In spite of harsh implementation the law has miserably failed in restoring the sex ratio of the country.

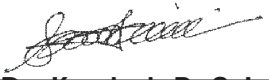
Hitting out on singling out the ultrasound machine and the doctors as the source of evil by the law, the law suffered from serious conceptual flaws and a layman's approach. Attempting to address the social evil by quarantining the ultrasound machine and painting the doctors black was bound to be a failure. After wasting thousands of crores of public money and harassing an entire generation of doctors the law has nothing to show. The sex ratio of the country has in fact deteriorated. Urgent course correction is warranted. Social determinants of the issue have to be addressed.

Presuming that every Obstetrician and Radiologist is culpable of sex selection and female foeticide is unacceptable. Culpability of the involved couple and the family should be brought under the majesty of the law as well. Action against quackery and illegal abortion industry are in order. Social movements for empowering the Girl Child should be funded by the Government.

No movement for the Girl child can succeed without the partnership and whole hearted support of the medical profession. Enormous goodwill and activism exists inside the medical profession for the cause of the Girl Child. Instead of tapping the goodwill of the medical profession, this law has alienated doctors from Day one. Time has come to review the effectiveness of the law in addressing the issue. To repeal the current law and reconceive one with equal responsibility and participation of everyone concerned will be the right way to go. The medical profession reserves the right to withdraw appropriate services and resist all the harassments and injustice inflicted on it.

Long live IMA.


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


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



I.M.A. NATIONAL SOCIAL SECURITY SCHEME

DFC No.24 was circulated to all the members.

Those members who have not yet paid the same, send us Only DFC amount.

AFC Rs. 10,000/- is cancelled & member have to pay only DFC amount as per NSSS Number.

Last date of payment is 15/06/2019.

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

Pay online through www.imansss.in

Dr. Kirti M. Patel

Chairman

Dr. Yogendra S. Modi

Hon. Secretary

* * * * *

SOCIAL SECURITY SCHEME GSB-IMA

DFC No.44 was circulated to all the members. **Last date of payment was 30/04/2019.**

Those members who have not yet paid the same, send the DFC amount with penalty ₹ 100/- **before 15/06/2019** 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.



FAMILY WELFARE SCHEME GSB-IMA

DFC No.1 was circulated to all the members. **Last date of payment was 30/04/2019.**

Those members who have not yet paid the same, send the DFC amount with penalty ₹ 100/- **before 15/06/2019** by cheque to F.W.S. GSB-IMA office.

Dr. Jitendra B. Patel

Hon. Secretary

Dr. Kirit A. Gandhi

Hon. Jt. Secretary

Dr. Yogendra S. Modi

Hon. Finance Secretary

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CONGRATULATIONS

❖ **Dr. Jigar B. Chappan**

Ahmedabad

Being awarded first prize for paper presentation in consultant category in Gujarat Orthopaedic Annual Conference, 2019 by Surgeons' Forum, Nadiad.

❖ **Gujarat State TB Association** has awarded "Bhai Mohan Singh Cup" for general activities and achievement during 27-3-2019 by TB Association of India at New Delhi.

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OBITUARY

We send our sympathy & condolence to the bereaved family

Dr. Gopalkrishna L. Haliyal

28-01-2019

Valsad

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



NEW LIFE MEMBERS

I.M.A. GUJARAT STATE BRANCH

We welcome our new members

L_M_No.	NAME	BRANCH
LM/28541	Dr. Chaudhari Asha Samson	Navsari
LM/28542	Dr. Suvagiya Arjun Mansukhlal	Morbi
LM/28543	Dr. Patel Haresh Chimanbhai	Bilimora
LM/28544	Dr. Parmar Chirag Vashrambhai	Palanpur
LM/28545	Dr. Varu Keshur Jethabhai	Junagadh
LM/28546	Dr. Pandya Rahul Ashokbhai	Junagadh
LM/28547	Dr. Shashikant Kumar	Dadra-Nagar
LM/28548	Dr. Desai Hemshree Atulbhai	Vyara
LM/28549	Dr. Ramu Meru Bhikhabhai	Veraval
LM/28550	Dr. Suthar Hardik Ramchandra	Gandhinagar
LM/28551	Dr. Vyas Drupad Dineshbhai	Gandhinagar
LM/28552	Dr. Odedara Chirag Dhirajlal	Gandhinagar
LM/28553	Dr. Kuchhadiya Mittal Govindbhai	Gandhinagar
LM/28554	Dr. Shekhat Parth Kantilal	Gandhinagar
LM/28555	Dr. Parikh Sankalp Saurabhbhai	Vadodara
LM/28556	Dr. Gohil Jaydeepsinh Ganpatbhai	Vadodara
LM/28557	Dr. Vaishnav Tushar Vinayakrai	Vadodara
LM/28558	Dr. Patel Snehaben Ishwarbhai	Vadodara
LM/28559	Dr. Patel Himanshu Ramanbhai	Vadodara
LM/28560	Dr. Patel Noopur Himanshu	Vadodara
LM/28561	Dr. Rathva Miteshkumar Ramanbhai	Vadodara
LM/28562	Dr. Rathwa Hansaben Najarubhai	Vadodara
LM/28563	Dr. Raval Nupoor Shaileshbhai	Nadiad
LM/28564	Dr. Mistry Harshal Gunvantbhai	Surat
LM/28565	Dr. Chauhan Meghana Jitendrabhai	Bhavnagar
LM/28566	Dr. Patel Hitesh Bhagvandas	Patan
LM/28567	Dr. Patel Mittalben Hiteshkumar	Patan



LM/28568	Dr. Joshi Priyank Pramodray	Wankaner
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LM/28591	Dr. Anshu Rani	Ahmedabad
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LM/28595	Dr. Katriya Mahesh Balubhai	Mahuva
LM/28596	Dr. Dhameliya Leeza Amrutlal	Porbandar
LM/28597	Dr. Chauhan Abhesinh Mansengji	Deesa
LM/28598	Dr. Patel Dhruvi Kaushikbhai	Himatnagar



BRANCH ACTIVITY

AHMEDABAD

- 23-03-2019 Office bearers of GSTBA attended awareness rally a Kankaria lake as a part of World TB Day Celebration.
- 23-03-2019 World T.B. Day. AMA – longe 2nd live Face book program on Tuberculosis – A to Z. Speaker was Dr. Bhavesh Modi.
- 24-03-2019 Mega Medical Health Check-up camp at Umreth. More than 400 patients Checked.
- 03-04-2019 CME with Spouse and Felicitation of Dr. Anil Nayak – Vice Chancellor (In charge) Hemchandracharya North Gujarat University.
- 07-04-2019 World Health Day is celebrated by Longe of messages of Past Presidents on face book. This was 3rd Face Book live Program.
- 20-04-2019 Scientific program with spouse “Heart Disease” .
- 27-04-2019 Scientific Program – World Immunization week – CME with Spouse.
- 05-05-2019 AMA & AMA Senior Citizen Club Program – Bollywood Songs
- 12-05-2019 AMA & AMA Senior Citizen Club program “ Geriatric Update”.

BHAVNAGAR

- 09-03-2019 International Women's day celebration.
- 11-03-2019 Self defense training programme in Daxinamurti School. Around 200 girls were trained.
- 01-04-2019 Infection Control Training of nursing staff.
- 07-04-2019 Celebration of "World Health Day"
Lecture on swine flu by Dr. Kairavi Joshi.



GANDHIDHAM

04-04-2019 to Blood Donation Camp. Total 915 units were collected.

28-04-2019

JETPUR

- 24-02-2019 “Preoperative evaluation and management of cardiac patient” by Dr. Abhishek Raval.
“Pure tone audiometry” by Dr. Piyush Gedia. Total 25 members were attended.

KALOL

- 11-04-2019 “Management of Resistant Hypertension” by Dr. Jayesh Prajapati.
“Dual Anti Platelet therapy in Coronary Artery Disease” by Dr. Chirag M. Patel. Total 24 doctors were attended.

MORBI

- 05-04-2019 “Adoloscent and Family Life education” by Dr. Ramesh Boda. Attended by 200 school students.
- 06 & 07-04-19 Two day ENT conference and workshops on vertigo management. Total 118 delegates were attended.
- 14-04-2019 Health Checkup camp and free medical check up camp, collaboration with “Merja Foundation”. Total 350 patients of all age group were examined.
- 17-04-2019 “Interpretation of Blood Investigation” by Dr. Nishant Dharsandia.
“Rota virus and pneumococcal vaccines” by Dr. Sanjeev Singh. Total 16 members were present.
- 19-04-2019 “Medico legal dilemma do's and don'ts” by Dr. Ankur Varsani.
“Understanding ARDS Physiology” by Dr. Ritesh R. Maradiya. Total 28 members were attended.



27-04-2019 "Interesting case scenario's in cardiac surgery" by Dr. Dhiren Shah.

"Radiation oncology: The way Forward" by Dr. Malhar Patel. Total 31 members were present.

NADIAD

03-04-2019 "Acute Heart failure" by Dr. Rutvik Trivedi.

"Bachache surgery – breaking myths" by Dr. Hitesh Modi. Total 75 members were attended.

RAJKOT

28-04-2019 organized Multi-specialty CME with CIMS Hospital, Eminent and renowned speakers like Dr. Milan Chag, Dr. Dhiren Shah, Dr. Tarang Patel, Dr. Keyur Buch and others had enlightened and updated the knowledge of the delegates on various topics like, "Stay healthy, Live Longer", Cardiac surgery, Breast oncosurgery, Orthopedic trauma surgery etc. More than 180 delegates had learned the words of wisdom.

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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.



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

Date: 18-2-2019

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/2019-2020**, further tabulated information is given below for the revision of fees effective from **1/4/2019**. Herewith I am sending the copy of I.M.A. H/Q fee schedule regarding revised fees.

Local branch share to be collected extra as per individual branch decision/resolution. Kindly note that fees at Old Rates will be accepted up to **31-3-2019** 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	10815 -00	790-00	{20-00}	Rs. 10025-00
Couple	16054-00	1230-00	{30.00}	Rs. 14824-00

Membership Fees by a Cheque / D.D. drawn in favour of "G.S.B. I.M.A".

I.M.A. COLLEGE OF GENERAL PRACTITIONERS

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

The above increase of fee Rs. 50.00 in Life Member every year is computed as per the resolution passed in 41st State Council at Nadiad on 12/05/1989.

Yours Sincerely

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



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-2019 in addition to their routine work. These are as under :

01-04-2019 to 30-04-2019 Intra domestic house to house survey by the centers of Ahmedabad

Rander - Surat : Mothers 500 Iron Tablet, Calcium Tablet 500 & Children 25 Vitamin A solution were distributed

Nanpur - Surat : Mothers 1000 Iron Tablet, Calcium Tablet 1000 & Children 40 Vitamin A solution were distributed

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

APRIL - 2019

No.	Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi (Jamalpur Ward)	1096	466	1562
(2)	Behrampura (Sardarnagar Ward)	1440	292	1732
(3)	Bapunagar (Potalia Ward)	2004	474	2478
(4)	Dariyapur (Isanpur Ward)	1549	244	1793
(5)	Gomtipur (Saijpur Ward)	2490	552	3342
(6)	Khokhra (Amraiwadi Ward)	2119	435	2554
(7)	New Mental (Kubernagar Ward)	1102	180	1282
(8)	Raikhad (Stadium Ward)	645	307	952
(9)	Wadaj (Junawadaj Ward)	954	373	1327
(10)	Junagadh	—	—	—
(11)	Rander-Surat	----	----	----
(12)	Nanpura-Surat	----	----	----
(13)	Rajkot	844	144	988



APRIL - 2019

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	16	—	44	16350	268
(2)	Behrampura (Sardarnagar Ward)	01	—	22	8490	1313
(3)	Bapunagar (Potalia Ward)	17	01	39	13409	259
(4)	Dariyapur (Isanpur Ward)	32	—	32	1275	47
(5)	Gomtipur (Saijpur Ward)	31	—	43	10290	259
(6)	Khokhra (Amraiwadi Ward)	32	01	62	2850	263
(7)	New Mental (Kubernagar Ward)	22	—	58	12525	502
(8)	Raikhad (Stadium Ward)	36	—	46	12816	494
(9)	Wadaj (Junawadaj Ward)	05	—	11	10200	2065
(10)	Junagadh	12	—	20	5000	241
(11)	Rander-Surat	09	—	25	720	44
(12)	Nanpura-Surat	19	—	64	1320	70
(13)	Rajkot	12	---	61	4000	283



NEWS CLIP

ડૉ. ચંદ્રેશ જરદોશ એપલ ક્વીઝ વિજેતા



ગત શનિ-રવિ તબીબો માટે હિટકોન કોન્ફરન્સનું આયોજન થયું હતું. જેમાં ૪૦૦ કરતાં વધારે તબીબોની મોબાઇલનો જુદી જુદી એપલિકેશન, ઈન્ટરનેટના વપરાશથી થતા લાભો તથા નવા ગેઝેટ્સ, નવી ટેકનોલોજી વિશે જૂન જ વિગતવાર માહિતી આપવામાં આવી હતી. આ પ્રકારની ટેકનોલોજી એક વખત શોખી લેવાથી તેના ઉપયોગ વડે આપણી કાર્યશૈલી સરળ બને છે, સમયનો પણ ઘણો બચાવ થાય છે તથા તેનો સંગ્રહ પણ પદ્ધતિસર થાય છે. જેથી ભવિષ્યમાં જ્યારે પણ જરૂર પડે ત્યારે તે તમામ માહિતી હાથવગી બની જાય છે. 'ગેઈનજીંગ લાઈફ ટેકનોલોજી' વિશે ઝોનલાઈન કોન્ફરન્સ યોજવામાં આવી હતી. તેમાં તમામ સવાલોના સૌ પ્રથમ તમામ સાચા જવાબ આપી ડૉ. ચંદ્રેશ જરદોશ 'એપલ વોય' વિજેતા થયા હતા.

ઈન્ડિયન મેડિકલ એસોસિએશન પુસ્તક કોર્ટર્સ વીંગ, આણંદ



તથા ઈન્ડિયન રેડક્રેસ સોસાયટી આણંદ અને એડી ગોરવાલા બ્લડ બેંક, કરમસા ના સહયોગથી યોજાયેલ મહિલા રક્તદાન શિબિર ને અભૂતપૂર્વ સફળતા મળી. મહિલાઓ એ મોટી સંખ્યામાં રક્તદાન કરી સમાજને સચોટ ઉદાહરણ પૂરું પાડ્યું કે મહિલાઓ જન્મદાતાની જેમજ રક્તદાન દ્વારા જીવનદાતા પણ બની શકે છે.



તબીબો માટે હિટકોન કોન્ફરન્સનું આયોજન

તબીબો માટે હિટકોન કોન્ફરન્સનું આયોજન કરવામાં આવ્યું હતું. જેમાં ૪૦૦થી વધારે તબીબોને મોબાઇલની જુદી-જુદી એપલિકેશન, ઈન્ટરનેટના વપરાશથી થતા લાભો, નવા ગેઝેટ્સ અને નવી ટેકનોલોજી વિશે માહિતી આપવામાં આવી હતી. કોન્ફરન્સના અંતે એપલ દ્વારા ગેઈનજીંગ લાઈફ વિથ ટેકનોલોજી વિશે ઝોનલાઈન કોન્ફરન્સ યોજવામાં આવી હતી. જેમાં ડૉ. ચંદ્રેશ જરદોશ એપલ વોય વિજેતા થયા હતા. આ કોન્ફરન્સને ડૉ. ભૂપેશ ચાવડા, ડૉ. વિજય શાહ, ડૉ. વિનોદ શાહ, ડૉ. પ્રશાંત નાથક, ડૉ. પ્રણેશ વચ્ચરાજની વગેરે સફળ બનાવી હતી.

સ્ત્રી ભૂણ હત્યાનું દૂષણ ડામવાના પક્ષમાં કાયદાનું રક્ષણ મેડિકલ રેકર્ડ નહીં જાળવવો એ ભૂણ હત્યામાં જવાબદાર પરિબળ છે નહીં કે ભૂલ : સુપ્રીમ

PNDT એક્ટમાં F ફોર્મ ભરવાની છૂટછાટ માંગતી તબીબોની પિટિશન સુપ્રીમે ફગાવી

સુપ્રીમ કોર્ટ દ્વારા ભૂણ હત્યા અટકાવવા સરકારને પીઠભૂજ પૂરું પાડવો આવશ્યકરૂપે સુકારી જાહેર કરાયો છે. જનકાંઈ એક્ટમાં F ફોર્મ ભરવાની છૂટછાટ માંગતી તબીબોની પિટિશન ટેસની સર્વોચ્ચ અદાલતને ફગાવી દીધી છે. મેડિકલ રેકર્ડ જાળવવા નહીં માંગતા કેટલાક તબીબોએ પીએનટીટી એક્ટ હેઠળ ભરવાનું રહેલું એક ફોર્મમાં છૂટછાટ માંગવા સુપ્રીમ કોર્ટમાં પિટિશન કરી હતી. એડી બચાવે, એડી પક્ષને માટે કેન્દ્ર અને રાજ્ય સરકાર દ્વારા કમર કસવામાં આવી રહી છે. આમ છતાં કેટલાક ભાવસુ ડોક્ટરો દ્વારા ભૂણ હત્યા કરવામાં આવી રહી છે. મતિલાના ગર્ભમાં ઉછરી રહેલા બાળકનું જાતીય પરીક્ષણ કરવામાં આવી રહ્યું છે. તબીબી વ્યવસ્થા માટે લાંછન સમાન અથવા કોઈને સાથે કાયદાનો કોરોડો વિરુદ્ધ સરકારને જનકાંઈ એક્ટ અમલમાં મૂકવો છે. આ એક્ટ મુજબ ગર્ભસ્ય સીમુનું જાતીય પરીક્ષણ કરવું ગંભીર અપરાધ બન્યો છે. સિંગ પરિસહ કરનાર તબીબને ત્રણ વર્ષ સુધીની જેલની સજાની જોગવાઈ પણ કરવામાં આવી છે. સરકારની આ કસકાઈ સામે કાયદો અધિક લખવો કરવા બે વર્ષ અગાઉ કેરેલન એન્ડ એન્ડ્રેસીક એન ગાયનેકોલોજિસ્ટ સોસાયટી એન્ડ ઈન્ડિયા દ્વારા સુપ્રીમ કોર્ટમાં એક રીટ પિટિશન ફાઈલ કરવામાં આવી હતી.

સુરતમાં ચાઇલ્ડ રેસિસે ૮૫૦થી ઓછો

શહેરમાં અદાપિત ૪૦૦ ગાયનેકોલોજિસ્ટ ડોક્ટરો રેકોર્ડિસ કરી રહ્યાં છે. સુરત શહેરમાં ચાઇલ્ડ રેસિસે કિલોગ્રામ્સ સ્તરે છે. દર ૧૦૦૦ બેબી બોય સામે માત્ર ૮૪૦ બેબી ગર્ભ ડોલાનું પાલિકાના રેકર્ડ ઉપરથી જણાય રહ્યું છે. ઘણું પણ સુરતના કોલેજાલ ગાયનેક લગ્નીનો ડાટા સિંગ પરિસહા કરવામાં આવી રહ્યું હોવાની વાતે વચ્ચે વિરુદ્ધ પંચાયતના સારોગ્ય વિભાગ દ્વારા આવા ડોક્ટરો સામે કડકસત્તા કાર્યવાહી કરવામાં આવી રહી છે.

F ફોર્મની જાણકારી PGથી જ આપવી જરૂરી

મેડિકો હિસ્ટ્રી એક્ટમાં ડૉ. વિનેશ શાહે જણાવ્યું કે, સુપ્રીમ કોર્ટ આપેલા સુકારા મુજબ F ફોર્મમાં દાખલોલી આઈડી કિડનાં એ ગુનાહિત કૃત્ય છે. તબીબોની માહિતી પેટીને આ બાબતની જાણકારી કરી તે ટૂંક સમયમાં જ આવી જશે. એનસીએન ટાઈમ્સના જ આવી જશે. એનસીએન ટાઈમ્સના જ આવી જશે.

આ પિટિશનમાં PNDT એક્ટ મુજબ કોઈપણ ધકારની સોનોગ્રાફી તથા જિનેટીક ટેસ્ટ કરવા પહેલા તબીબે F ફોર્મ ભરવું કરવું જાણવું છે. F ફોર્મમાં સંપૂર્ણ વિગતો જે તે ગાયનેક ડોક્ટરે પોને ભરવાની હોય છે. ફોર્મમાં ભરવેલી વિગતો અપૂરી હોય તો તેને માટે કાયદા મુજબ તબીબને કસુરવાર ટેરવવામાં આવે છે. તેમની સામે કાયદેસરની કાર્યવાહી કરવામાં આવે છે. કસુરની આ જોગવાઈને કેન્દ્રેસને એક્ટર પાઉ કાનૂની પદકાર કંભો હતો. સુપ્રીમ કોર્ટમાં કરેલી આ પિટિશન ન્યાયમૂર્તિ અરુણ વિશ્વા અને વિનીત સરનની મંડળીટ લાજેતરમાં ફગાવી દીધી છે. ગાયનેકોલોજિસ્ટ એસોસિએશને કરેલી રિટ પિટિશન ફગાવી દેતા ન્યાયમૂર્તિને નોંખી હતું કે, F ફોર્મ તથા અન્ય મેડિકલ રેકોર્ડની જાળવણી નહીં કરવી એ ભૂણ હત્યા કરવાના કસોમાં સિંગ બાઈ અલખત ઉછાખો પુરવાર કરવા સમાન છે. આ કોર્ટ વહીવટી બાબી નથી. બીજુ કે, F ફોર્મનેપુરુ ઉપરી રેકાર્ડમાં આવે તો બીજુ કોર્ટ રીડે જણી સકાનું નથી કે સોનોગ્રાફી ક્યાં કરાવોઅર કરવામાં આવી હતી આથી તે કરવિયાત છે.



The Most Awaited Event 71st Annual Conference of I.M.A., G.S.B.



GIMACON 2019 THE DELTIN, DAMAN



Hosted by I.M.A. Daman (In Association with Vapi Silvassa Valsad Bilimora and Navsari Branch)

12th & 13th October

Early Bird Registration Starts From 12th April 2019



Organizing Chairmen Padmashree Dr. S.S.Vaishya | Dr. Bijal Kapadia Organizing Secretaries Dr. Brijlal Patel | Dr. Samir Halpati



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12th & 13th October

REGISTRATION FORM

Name of Member / Spouse :

Address for Communication :

City : State : Pin :

Email : M.:

Category of Registration :

(Single IMA Member / Spouse / RC - G.P. / RC - Consultant / Patron / PG Student / UG Student / NRI)

G.M.C. / M.C.I. Registration Number :

IMA Membership Number / Branch :

Details of accompanying person, if any (Name, Age)

1.

2.

3.

DD / Cheque in favor of Daman Medical Association-GIMACON 2019 payable at Daman.

Cash / D.D. / Cheq. No. Drawn on Bank

Branch Amount

(Please write your name and mobile number behind the cheque)

Kindly send a Confirmation message to below mentioned mobile number once you have sent your payment.

Organizing Chairmen

Dr.S.S.Vaishya

Dr. Bijal Kapadia

C/O Life Care Multispeciality Hospital

Near Dhobi Talav,

Khariwad, Nani Daman,

Daman - 396 210.

Contact : +91-98251 12662 / +91-98251 12133

Email : gimacondaman@gmail.com



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12th & 13th October

REGISTRATION FEES

Category	From 12 th April to 11 th July 2019
Delegate	2000/-
Accompanying Person / Spouse	2000/-
RC - G.P.	5000/-
RC - Consultant	10000/-
Patron	15000/-
PG	1500/-
UG	1000/-
NRI	100 \$

Payment Options

NEFT Details

Bank: IDBI Bank

Name: Daman Medical Association
-GIMACON 2019

A/c No: 0318102000004831

IFSC: IBKL0000318

Address: 9/120 Navi ORT Nani Daman
Daman - 396 210.

DD/Cheque

DD / Cheque in favor of
Daman Medical Association
GIMACON 2019
payable at Daman.

Dr. Bijal Kapadia
C/O Life Care Multispeciality Hospital
Near Dhobi Talav, Khariwad, Nani Daman,
Daman - 396 210.
Contact : 98251 12662 / 98251 12133



A guide to Laser Vision Correction

Sharp vision is something everyone desires. Not all of us, however, have good eyesight.

Eye conditions such as nearsightedness, farsightedness and astigmatism, so-called refractive errors, are very common.

Over half the world's population relies on eyeglasses or contact lenses to see well. They want to enjoy good vision without needing to wear these accessories. This can be achieved by a simple procedure called the, Laser Assisted in Situ Keratomileusis, more commonly known as LASIK.

WHY LASIK?

It is a procedure meant for people with refractive errors who do not wish to use and/or not comfortable with glasses or contact lenses for either cosmetic or work related reasons.

WHAT IS LASIK?

Laser Assisted in Situ Keratomileusis or LASIK, is most performed refractive surgery in the world.

- LASIK is a procedure which helps gets rid of the refractive error in your eyes with the help of a laser, leaving you with a spectacle/contact lens free world.
- It is a safe method in which there is no pain, no injection, no dressing and the procedure is of few seconds only.
- It is an out patient procedure used to treat myopia (near sightedness), hyperopia (far sightedness) and astigmatism.

ARE YOU AN ELIGIBLE CANDIDATE?

YES, IF

- You are about 18 years of age, with a stable refraction for the past 1-year.
- Your corneas are healthy and your overall eye condition is generally good.
- The pre-operative refractive surgery safety tests are normal.
- You do not have any connective tissue diseases (rheumatoid arthritis), autoimmune (SLE) and immunodeficiency diseases (AIDS).
- You have realistic expectations about what LASIK can and cannot do for you.



It is important to know that LASIK cannot correct presbyopia. This is the normal, age related loss of near vision. With or without refractive surgery, almost everyone who has excellent distant vision will need reading glasses after the age of 40.

UNSUITABLE CANDIDATES:

- An unstable (changing) refractive error
- Extreme levels of myopia, hyperopia and astigmatism
- Severe dry eyes
- Thin corneas
- Corneal disease
- Keratoconus (conical shape of cornea)
- Glaucoma
- A cataract affecting vision
- A history of having certain eye infections
- Uncontrolled diabetes
- Pregnant or nursing women

General Instructions

Before procedure

- Discontinue the use of contact lenses at least 2 weeks prior to your Lasik consultation (as the contact lens can alter the shape of the cornea). During this period you can wear spectacles.
- We will be dilating your pupils for retina evaluation, hence we request you to have someone accompanying you to drive you back as the vision will be slightly hazy for 3 hours.
- Please plan on being at the hospital approximately 1 hour prior on the day of your procedure and come with an attendant. Do not drive by yourself after your treatment.

Day of procedure

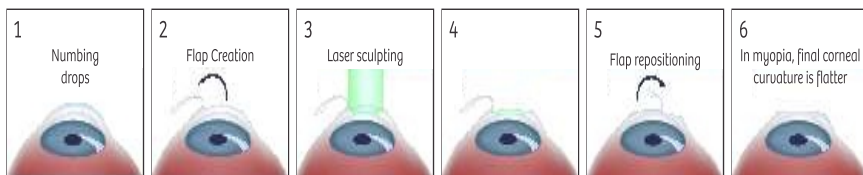
- Remove all cosmetics from your face and eye area the night before your procedure.
- Eat a light meal or snack before the procedure.
- Don't wear cosmetics of any kind on the day of your procedure.



- Don't wear any fragrant deodorants, hair sprays, gels, lotions, perfumes, colognes or after-shaves on your procedure day.
- Don't drink any alcohol on the day of your procedure.

Procedure

- Before the procedure begins, anaesthetic eye drops will be applied to prevent any discomfort during the procedure.
- Your eyes will be positioned under the laser and an instrument called the lid speculum will be used to keep the eyelids open.
- The surgeon will then create a flap or the bed for the laser. After creating the flap, your eye will be adjusted to align with the laser.
- You will be asked to look at a green target light for a short while as the laser sends pulses of light to your cornea.
- You will also hear a sound while the laser is operating.
- Lasik will be performed on each eye separately starting with the right eye followed by the left eye in the same sitting.
- Once the procedure is done, the surgeon will take a look at your eyes on the slit lamp.
- After resting for a short period of time you will be able to go home.



Postoperative Instructions

- After laser treatment there will be pain, watering, foreign body sensation, blur vision & burning sensation for six hours.
- The prescribed eye drop should be instilled into the operated eye right from the day of operation. It is necessary to wash hands with soap before instilling eye drops.
- You should take the pain-relieving tablet right from the day of operation as per the prescription.



- You should keep eyes closed or sleep for 6 to 8 hours after reaching home.
- After laser treatment it is advisable to wear sunglasses or goggles for one month for protection from dust, smoke and filthy water.
- You should not rub your eyes forcefully till one month after laser treatment.
- You can return to your normal activities next day after operation.
- You can take bath and wash face with soap and water, but water should not be splashed into the eyes. Swimming should be restriction for 1 month.
- You can watch T.V. or read in moderation from the next day of operation.
- Avoid activities, which may cause injury to the eyes. Avoid ball game & other sports activities for 1 month.
- Do not use eye cosmetic/eyeliner for 1 month.
- Laser treatment is relatively painless, if there is severe pain after a day of the surgery contact the eye surgeon immediately.
- You can drive the vehicle when the doctor permits.

Expectations after the procedure:

- Mild/Moderate watering is expected.
- A sense of foreign body presence and irritation are common.
- Sensitivity to bright light/corneal Haze—on the day of the procedure.
- During the healing phase, you can expect dimming of your vision in the evenings, light sensitivity or halos around lights. These symptoms and any discomfort you have should decrease daily.
- It is normal for your vision to be blurry and fluctuate for the first few days. Typically, your vision gradually improves over the next four to six weeks. The higher your prescription, however, the longer healing time you will experience. Complete visual recovery takes at least 3-6 months.
- Other side effects you may experience include dry eyes or red spots on the white of your eyes. It is typical for eyes to sting one to two days after surgery but lubrication and time improves any discomfort. The red spots are not harmful and will disappear and reappear over the next two to four weeks.
- You can opt to use pain relievers for any discomfort, if necessary.



- Everyone heals differently and your progress will be monitored at regularly scheduled visits and treatment decided accordingly. Normal healing involves some regression. If regression is significant, a touch-up procedure may be needed three to six months after surgery.
- After the procedure follow-up exams are scheduled for the following day, one week later and one month after the procedure. All of these visits are a part of your package.

FREQUENTLY ASKED QUESTIONS

Q: Which is the ideal age to undergo LASIK procedure?

A: Above 18 years of age provided the number are stable.

Q: Which range of numbers can be corrected by LASIK?

A: For myopic eyes (i.e — errors), power less than 12 can be corrected.

For hyperopic eyes (i.e + errors), power less than 6 can be corrected.

For astigmatism (cylindrical errors), power less than 6 can be corrected.

Provided all other parameters in the eye are within normal range.

For high numbers and relatively thin corneas EPI-LASIK procedure can be performed.

Q: Does this procedure require hospitalization?

A: NO. It's a walk in, walk out procedure.

Q: Which investigations are required prior to LASIK procedure?

A: The following investigations are mandatory for patient's undergoing laser procedure-

- Slit lamp examination (magnified examination of your eye)
- Auto-refractometer (refraction checkup)
- Cycloplegic refraction (dilated refraction checkup)
- Corneal topography (corneal curvature assessment)
- Pachymetry (corneal thickness)
- Tonometry (eye pressure assessment)
- Fundoscopy (retina examination)
- Aberrometry (abnormal refractive indices)
- Pentacam-HR (a complete mapping of your cornea)
- Schirmers test (tear level measurement)



Q: How much time does it take to correct my number by LASIK procedure?

A: The entire procedure takes 10-15 minutes in the operation theatre for both eyes.

Q: If patient moves his/her eye during procedure, does it affect the results?

A: The MEL 90 is equipped with an active eye tracker with an excellent response time which makes sure the laser stops firing when the patient moves his/her eyeball suddenly. Therefore, it does not affect the result but does increase the procedure time. Hence, patient cooperation is a must.

Q: When can I read/work on a computer?

A: From the very next day.

Q: Which type of food can I have after the procedure?

A: You can consume any kind of food after the procedure.

Q: Should I be wearing sunglasses after the procedure?

A: You should wear sunglasses on the day of the procedure. You have to wear sunglasses while riding on two-wheeler or in a crowded environment for next 2 weeks.

Q: Is there any chance of refractive error coming back?

A: Rarely, the success rate of this procedure is very high up to 98% and it is re correctable..

Q: Do I get cataract due to laser vision correction?

A: No, laser vision correction does not cause cataract.

Q: Can I get operated for cataract after laser procedure?

A: Yes, you can, as in routine patients.

Q: Will I get squint, cancer or ptosis after laser vision correction?

A: No, never. This may be due to a pre-existing condition of your eye, which the doctor will explain to you at the time of preliminary check-up.

Dr. Anuja Desai

(M.S. Ophthal, FMRF)

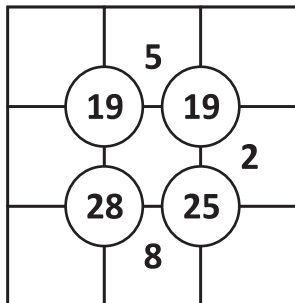
Cornea & Refractive Surgeon



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 words generally seen in any mobile phone.

Key	Words
4 Letters	1
5 Letters	4
6 Letters	1
9 Letters	1

AL	OT	TI	OCK	ONE
ST	ED	TCH	OS	
PH	MER	IT	WA	
CL	OP	ARM	PH	

Sudoku

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

2	60X	10X	1	12x
15X	2÷	20X		15x
		2÷		
	1	24X		

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

3+	6x
1 2	1 2 3

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. 48

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Medicolegal Series 3

Incomplete filling of PCPNDT- F form may amount to criminal offence

Complete contents of form F are held to be Mandatory

Writ petition (civil) No. 129 of 2017 (Supreme Court of India)

FOGSI...	Petitioner
Union of India and others..	Respondents

Supreme Court dismissed a writ petition filed by Federation of Obstetrics and Gynaecological Societies of India (FOGSI), the bench comprising Justice Arun Mishra and Justice Vineet Saran observed that dilution of the provisions of the Act or the Rules would only defeat the purpose of the Act to prevent female foeticide, and relegate the right to life of the girl child under Article 21 of the Constitution, to a mere formality.

FOGSI had approached the Apex Court seeking decriminalizing of anomalies in paperwork/record keeping/clerical errors in regard of the provisions of the Act contending that the same is violative of Articles 14, 19(1)(g) and 21 of the Constitution of India.

Observation of court:

- Non maintenance of record is spring board for commission of offence of foeticide, not just a clerical error.
- Section 23 of the Act, which provides for penalties of offences, acts in aid of the other Sections of the Act is quite reasonable. It provides for punishment for any medical geneticist, gynaecologist, registered medical practitioner or a person who owns a Genetic Counselling Centre, a Genetic Clinic or a Genetic Laboratory, and renders his



professional or technical services to or at said place, whether on honorarium basis or otherwise and contravenes any provisions of the Act, or the Rules under it.

- Form F is not clerical requirement, but a condition precedent for the test
- The bench, referring to the contents in Form F, observed that in case any information in the Form is avoided, it will result in violation of the provisions of Section 4 and may lead to result which is prohibited under Section 6. In case the indications and the other information are not furnished as provided in the Form 'F' it would amount that condition precedent to undertake the test/procedure is absent. There is no other parameter except Form 'F' to find out why the diagnostic test/procedure was performed. In case such important information beside others is kept vague or missing from the Form, it would become impossible to check violation of provisions of the Act.
- Filling of Form F is a responsible job of the person who is undertaking such a test i.e., the Gynaecologist/ Medical Geneticist/ Radiologist / Paediatrician / Director of the Clinic/Centre/Laboratory to fill the requisite information.

After hearing both parties court ordered that, no case is made out for striking down the provision of section 4(3), 23(1), 23(2) or to read down section 20 or 30 of the act. The court also held that complete contents of Form 'F' are mandatory. Thus the writ petition is dismissed.

Courtesy : PPS, IMA-GSB



Under-Staffing of Nurses and Doctors in the Hospital, amounts to deficiency & made the Hospital to pay Rs.2 lakhs.

Allegations of Medical Negligence were turned down, but Hospital was held liable to pay Rs. 2 lakhs (reduced from Rs.15 lakhs, though) for having inadequate staff and Doctors

Case Details :

Indraprastha Medical Corp. Ltd., Sarita Vihar, New Delhi. V/s. Rajiv Gandotra & United India Insurance Co. Ltd. First Appeal NO.220/2008, D.O.J. - 15/05/2018.

Before :

Dr. S.M. Kantikar - Member, National Consumer Court.

Judgment Link :

<http://cms.nic.in/ncdrcusersWeb/GetJudgement.do?method=GetJudgement&caseid=0%2F0%2FFA%2F220%2F2008&dtofhearing=2018-05-15>

Facts in short :

1. The Hospital filed the appeal against the Order of State Commission which directed the Insurance Co. to pay Rs.5 lakh and further directed the Hospital to pay total Rs.10 lakhs towards punitive damages to the Opponent No.1 - the Complainant,
2. The complainant, Rajiv Gandotra's wife, Vandana ('the patient') was admitted in Opponent No-1-Apollo Hospital at Sarita Vihar, on 14/07/1997. She delivered a female baby (in 26 weeks) weighing only 680 gms. The baby was shifted to NICU, but unfortunately the baby expired on 17/04/1997.
3. The Complainant made several allegations against the Doctors and Hospitals.viz.
 - (i) incomplete communication and improper attitude of the Obstetrician, Neonatologist, and Paediatric resident doctor, (ii) inadequate NICU care provided to the new born baby because of difference of opinion regarding case management between two treating neonatologists, (iii) professional incompetence, (iv) under staffing at NICU and (v) unsympathetic behavior of the hospital administration.



Defense :

1. The Hospital refuted all the allegations and contented that the Hospital is multi-specialty hospital with 50 disciplines.
2. The baby was extremely premature i.e. delivered at 26 weeks and weighed only 680 gms. After delivery, baby had no spontaneous respiration and had very occasional heartbeat. In the labour room, a tube was inserted in the windpipe of the baby to assist breathing and Endotracheal suction was done under direct vision. Intermittent Positive Pressure Respiration (IPPR) was started and when the heart rate of baby picked up, baby was shifted to NICU and connected to the ventilator. The other supportive measures were also given by the NICU doctors and nurses.
3. The Baby in NICU was monitored by well known Sr. Neonatologist Dr. Anil Gupta.

Expert Committee :

1. Interestingly, the Health Minister of Delhi Govt. to investigate the complaint's allegations appointed the Expert Committee of eminent Doctors from Delhi.
2. The Committee concluded that the medical care given at the hospital was adequate. The cause of death could be a combination of extreme prematurity, intrauterine infection, PPHN, IVH, Sepsis and birth asphyxia. These causes independently could be fatal for the baby.
3. However, On the point of 'Under staffing of the NICU' committee opined that, though the labour room and NICU are well equipped with neonatal resuscitation facilities and life support measures but, Patient to Nurse ratio was not satisfactory. The numbers of resident doctors are barely adequate. The Record Keeping was also not upto the mark.
4. The Committee reserved its comments on the financial policies of the hospital and on the allegation of rude behavior of doctors for lack of witnesses.

Court Held :

1. The National Commission after going through the documents, expert committee reports and the arguments advanced by the parties,



confirmed the finding of expert committee that the treatment given at the Hospital was as per protocol and adequate.

2. It dismissed the allegations of medical negligence against the Doctors as the chances of survival of baby were very remote and it relied upon the judgements of Hon. Apex Court wherein it was observed that :

"..At times, the professional is confronted with making a choice between the devil and the deep sea and he has to choose the lesser evil. The medical professional is often called upon to adopt a procedure which involves higher element of risk, but which he honestly believes as providing greater chances of success for the patient rather than a procedure involving lesser risk but higher chances of failure. Which course is more appropriate to follow, would depend on the facts and circumstances of a given case. The usual practice 39 prevalent nowadays is to obtain the consent of the patient or of the person in-charge of the patient if the patient is not be in a position to give consent before adopting a given procedure. So long as it can be found that the procedure which was in fact adopted was one which was acceptable to medical science as on that date, the medical practitioner cannot be held negligent merely because he chose to follow one procedure and not another and the result was a failure."

3. However on the point of inadequate staff and Doctors and method of segregating infected babies from others in NICU, it agreed with the Expert Committee report, but reduced the total compensation to Rs.2 lakhs for such inadequacies.

This judgment teaches us in many ways. It again emphasizes importance of proper documentation. The limitations of Medical Science are once again can be seen. The important factor is inadequacy of staff like nurses, doctors. This problem is being faced by all most majority of the Hospitals. As it involves costing. If the ratio of staff, Doctors is to be increased, no doubt indirectly cost of treatment will increase and patients will start protesting. This is vicious circle. The Doctors would agree that its difficult to get trained staff and qualified doctors. How to overcome this situation ?



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Answers

Chhota Sudoku

1	4	6
7	8	2
9	3	5

7 BR OK EN Words

- 1 FILE
- 2 BENCH
- 3 STOOL
- 4 PHONE
- 5 TABLET
- 6 HAMMER
- 7 CURTAIN

Sudoku

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

KEN KEN PUZZLE

2	60X 3	10X 5	1	1	12x 4
4	5	2	3	1	
15X 1	2÷ 2	20X 4	5	15x 3	
3	4	2÷ 1	2	5	
5	1	24X 3	4	2	



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Report of the Committee on e-Cigarette HEALTH EFFECTS OF NICOTINE

Introduction

Smoking tobacco is the single largest cause of preventable death around the world.(1) According to the WHO more than 1.1 billion people smoked tobacco in the year 2015. With more than 7 million premature deaths due to smoking including second hand smoke yearly, the menace of smoking is far away from being tamed and is estimated to reach a massive 8 million by 2030.(1) The newest smoking products include electronic cigarettes (e-cigarettes), electronic nicotine delivery systems (ENDS), alternative nicotine delivery systems (ANDS) and vaporised nicotine products (VNPs) which are devices that heat liquid propylene glycol or glycerol or their combination, to create an aerosol that contains nicotine which is inhaled.(2) Since its invention by Hon Lik in 2003, and its subsequent commercial launch in 2006, there has been an alarming increase in the consumption of e-cigarettes. In 2015 alone the global sale of e-cigarette was at least US\$ 3.5 billion with majority of it coming from the western countries where significant percentage up to 21% of the smokers and recent ex-smokers use ENDS.(2,3) Although pitched and extensively marketed to be an effective tool against tobacco dependency, its use has not been as tightly regulated as with the nicotine replacement therapies.(4) There has been a significant proportion of previous non-smokers and long term ex-smokers currently using e-cigarettes which rather suggests it as an alternative tobacco delivery system.(4)(5) In this review we look closely into the benefits and the harmful effects of ENDS from varied angles of individual health, community health and tobacco dependency. In this article e-cigarettes and ENDS would be used interchangeably throughout the text.

Harmful effects of ENDS

The harmful effects of ENDS can be broadly classified into two types as the harmful effects due to Nicotine consumption and the direct use of ENDS by the individual. Although there have been guidelines and recommendations to not allow the ENDS liquid to contain more than 20mg/ml of Nicotine



there is great heterogeneity in the concentration of nicotine in ENDS globally (2). Studies done on chronic ENDS users by Vansickle et al proved beyond doubt that chronic use of ENDS can achieve a steady continuous plasma concentration of at least 16ngm/ml with 10puffs of e-cigarettes after one hour. (6) This study refuted the earlier claims that e-cigarette did not cause raised nicotine levels in the blood which perhaps was only for the earlier ENDS devices and definitely not true of the second and third generation ENDS. Further studies by Flouris et al checked the cotinine levels, which is the chief metabolite of nicotine in blood and did find significant higher levels than compared to the baseline. (7) Present day 3rd generation e-cigarettes have matched their conventional counterparts both in delivering adequately equal nicotine to the blood and also achieving the level of dependency and withdrawal symptoms.(8) Nicotine acts by three major mechanisms namely the ganglionic transmission, secondly by the Nicotinic acetylcholine receptors (nAChRs) which act on chromaffin cells through catecholamines, and lastly central nervous system (CNS) stimulation of nAChRs. Nicotine increases the activity of the prefrontal cortex in the brain and visual cortex. It increases oxidative stress and neuronal apoptosis, DNA damage, reactive oxygen species and lipid peroxide increase. Following below are the various health related adverse effects of nicotine.(9)

- Immediate toxicity- irritation and burning sensation in the mouth and throat, increased salivation, nausea, abdominal pain, vomiting and diarrhoea. The increased rate of respiration causes hypothermia, a hypercoagulable state, decreases skin temperature, and increases the blood viscosity. In severe poisoning, there are tremors, prostration, cyanosis, dyspnoea, convulsion, death may occur from paralysis of respiratory muscles or a central respiratory failure with a LD50 in adults of around 30-60 mg of nicotine(10)
- Addiction- The US surgeon general report in 2010 has stated nicotine to be as addictive as cocaine or heroin. It stimulates dopaminergic transmission which in turn stimulates the reward centre and is responsible for the mood elevation and apparent improvement in



cognitive function, chronic stimulation causes desensitization of the GABAergic neurons to dopamine and thus results in addiction and dependency. Furthermore, it mutates the CYP2A6 gene and leads to inheritable dependence to nicotine.(11)(12,13)

- Metabolism- it increases glycogen synthesis due to Q-adrenoceptor stimulation which leads to reduction in the fasting blood glucose levels. It also causes lipolysis thus decreasing body weight. Nicotine affects insulin resistance and predisposes to metabolic syndrome and diabetes.(14)
- Carcinogenesis- Although not classified as a carcinogen on its own by the IARC, nicotine acts by stimulation of nAChRs on cells which causes initiation and progression of cancer, by receptor mediated effect to achieve survival of damaged epithelial cells. Further the nitration of nicotine in oral cavity and GI tract causes formation of highly carcinogenic compounds like nicotine-derived nitrosamine ketone (NNK) and N-nitrosornicotine (NNN).(9,10)
- Cardiovascular- Nicotine causes catecholamine release both locally and systemically leading to an increase in heart rate, blood pressure and cardiac contractility, further it reduces the myocardial oxygen delivery resulting in acute myocardial ischemia on chronic use. In patients with coronary heart diseases, nicotine worsens the ischemia and also produces transient ischemia even without changes in heart rate and blood pressure.(15)(16)
- Respiratory- Nicotine plays a role in the development of emphysema in smokers, by decreasing elastin in the lung parenchyma and increasing the alveolar volume. Nicotine stimulates vagal reflex and parasympathetic ganglia and causes an increased airway resistance by causing bronchoconstriction.(17)
- Gastro-intestinal (GI)- it acts on the cyclo-oxygenase pathway and thus has been strongly associated with Gastro Esophageal Reflux Disease (GERD) and peptic ulcers. Furthermore, it decreases the intestinal motility and increases the incidence of resistant *Helicobacter pylori* infection(18,19)



- Ophthalmic- Nicotine has been associated with retinal neovascularization and thus increases the risk of age-related macular degeneration in adults. This results in increased and accelerated cataract formation(20)
- Renal- Nicotine causes COX-2 isoform induction which causes increased glomerular inflammation, acute glomerulonephritis and ureteral obstruction. This chronically leads to increased risk of chronic kidney disease. (21)
- Male reproductive system—Nicotine causes impairment of Nitrous Oxide synthesis, Nitrous oxide plays a crucial role in generating immediate penile vasodilatation and corpus cavernosum relaxation causing penile erection. Thus it results in erectile dysfunction and moreover, the seminiferous tubules degeneration caused by nicotine causes decreased spermatogenesis.(22)
- Female reproductive system- Nicotine causes chronic anovulation and irregular menstrual cycles by increasing the follicle-stimulating hormone levels and decrease estrogen and progesterone levels. Nicotine treated oocytes show disrupted shape and surface and delayed maturation. Maternal nicotine consumption leads to lower levels of ACTH and cortisol and thus associated with increased incidence of intrauterine growth restriction, still birth, miscarriages and mental retardation.
- Adverse effects of ENDS have been documented by various studies in the last decade. Although many of the adverse effects are similar to those inflicted by the conventional smoking there are others which are specific to e-cigarettes.(24) These adverse effects can be further classified into three major categories namely the health effects of the product itself (e-liquid and aerosol), secondly the public health associated effects and thirdly the hazardous effects of device failure itself. The following are the documented direct adverse effects of e-cigarettes:
- Non-standard production of e-liquid and aerosols from unlicensed manufactures results in widespread adulteration and high



concentration of Nicotine. There have been at least 460 brands of e-cigarettes sold world-wide with most of them unregulated (25)(3)

- Although propylene glycol has been considered safe for inhalation in human, it has been reported to cause chronic respiratory disorders in children and theatre personnel exposed to the stage fog, leading to decreased lung function, rhinitis, asthma, eczemas and dryness of upper aero digestive tract. (26)
- Uchiyama et al. demonstrated that 70% of examined e-cigarette brands contained or generated carbonyl compounds such as formaldehyde, acetaldehyde, acrolein, crotonaldehyde and methylglyoxal which have shown to have a role in epithelial mucosal injury and disruption of the normal upper aero digestive tract leading to carcinogenesis. Volatile organic compounds (VOCs) such as benzene, acrylonitrile, ethylbenzene, styrene and toluene were found in e-cigarette aerosol as well. (27)
- Acrolein which is a toxic by product of glycerol has been found in many brands of ENDS. Although the amount of acrolein in e-cigarettes is much lower than conventional smoking, Faroon et al stated that it induces the respiratory, ocular, and gastrointestinal irritations by inducing the release of peptides at the nerve terminals. There has been a dose-related decrease in substance P between 22 and 249 ppm of acrolein for 10 min. In animal models it has been also shown to induce mild nasal epithelial dysplasia, necrosis, and focal basal cell metaplasia of the upper aero-digestive tract. (28)
- The impurities of e-cigarettes are significantly lower compared to conventional cigarettes but nevertheless the flavouring substance, metal impurities and by products of heating coils and other tobacco carcinogens have been found, hence the long term effects of this could be deleterious (29,30)
- Review of medical literature is replete reports of pneumonia, acute asymptomatic atrial fibrillation, increased airway resistance and bronchial irritation. (26)



- Maternal e-cigarette smoking has been associated with decreasing in lung volume of foetus and pulmonary resistance, accompanied with decreased static and dynamic lung compliance almost similar to conventional cigarettes (31)
- Studies have documented raised liver biomarkers aspartate aminotransferase (AST), alanine aminotransferase (ALT) and alkaline phosphatase (ALP) and lactate dehydrogenase (LDH) on exposure of e-cigarettes (32)
- Recently E-cigarettes have been shown to significantly affect the CNS resulting in chronic neuropathy

There have been device related problems associated with e-cigarettes like facial burns caused by battery burst and explosion of the device, there have been reports of infant choking due to the ENDS device as well. (26)

The adverse effects on the public health due to smoking behaviours and use of e-cigarettes have been also very alarming. Although extensive long term studies are needed to conclusively prove these, they are accepted as the possible fallouts by many of the public health advocates and the current trends in its usage prove these:

- ENDS gives the non-smoker or the ex-smoker an opportunity to indulge in smoking which is portrayed as less harmful (4)
- There would be an indirect rise in the prevalence of smoking conventional cigarettes by making smoking acceptable where ever banned (5)
- There would be migration of the adolescent e-smoker to conventional smoker in adulthood (24)
- There would be no actual reduction or cessation of nicotine dependency as the possible benefit as most data suggest a steady rise in the prevalence of e-cigarette use (12)



Benefits of e-cigarettes

While discussing the benefits of e-cigarettes it is important to highlight one of the most cited literature which is from the Public Health England, published in February 2018 as a detailed evidence based review of e-cigarettes. This 243-page report is famous for the headline stating E-cigarettes are around 95% less harmful than tobacco.(33) This was publicized in media and other sources, however there were quite a few glaring shortcomings of this review, the figure of 95% less harmful was derived from a report by Nutt et al.(34,35) This report by Nutt et al was based on assessment of e-cigarettes as compared to nicotine containing products by a group of "Independent Scientific Committee on Drugs" which was founded by him, the authors of this paper had serious conflict of interest associations, one being the consultant to a firm distributing e-cigarettes.(36) In excessively dependent individuals there has been shown that multi-modality delivery system of nicotine replacement helps in smoking cessation when administered under supervision of a medical practitioner (37,38) There is little knowledge about the harmful effects of ENDS. Most of the available studies are non-standardized and only report acute adverse effects. Long-term effects of ENDS have not been studied(2,39) This distorted information led to a general understanding in the civil society that e-cigarettes are harmless and safe alternative. (40)

Conclusion

ENDS or e-cigarettes have been propagated as a safe alternative to smoking, however they pose a great threat to individual health and public health in general. The nicotine dependency, increased prevalence, smoking associated adverse effects and the rebirth of casual smoking through e-cigarettes is unacceptable to the decades of tobacco control policies and public health initiatives. With large data available on its adverse effects and the potential benefits it appears quite lucid that the harmful effects outweigh the potential benefits. Hence the widespread use of e-cigarettes needs to be strictly regulated and an impending epidemic of a newform of tobacco consumption controlled^

Courtesy : IMA News



GUEST HOUSE OF IMA LIST

State Branch	IMA Branch with Address	Contact Person & Contract Detail	Tariff & Meals - Yes / No
Anadhra Pradesh	Bhimavaram Branch, IMA Building, Mothupallivari Street, Bhimavaram West Godawari - 534201	Dr. M Venketramna (M) 9491014817 Mr. I.S. Prasad Fax : 08816- 234231	1 AC double bedded Room @ Rs. 500/- per day yes
	Hyderebad Branch, IMA Building, Near Esamia Bazar, Hyderebad	Dr. Raju Ch. Srinivas M : 09490172569 TEL:- (040) 24656378 FAX : (040) 24738197 E:- hydcityvima@yahoo.co.uk	Single A/C. RS. 400/- Double A/C - Rs. 600/- (12 Rooms) Double A/C. RS. 500/- (8 Rooms) No.
	Kakinada Branch, IMA Road, Kakinada, East Godavari Mehabudabad- 506101 , Warangal	Dr. Y K Chaturvedi (M) 9848162300, 0884-2361323 E:- imakakinada@yahoo.com	2 AC Suits @ Rs. 800/- per Day (for doctors @ 500/- per day)
	Nellor Branch, Saraswathi Nagar, Opp. Ratan School, Nellore : 5240003	Dr. Y Krishna Mohan Rao, 0861- 2329420	
	Tirupathi Branch, 29, Housing Board Colony, Alipiri Barpeta - 781315	0877-3959546	
Assam	Barpeta Road Branch Tourist lauge Baretta Road, Barpeta - 781315	Dr. Kankan Goswami M : 9435025239	5 non AC Rooms @ Rs. 400/- per room (per day)
	Tezpur Branch I MA House, Tezpur- 784001	Dr. H K Borah, M : 9435081697	4 A/c. Rooms @ Rs. 750 /- per room
	Tinsukia Branch chinarapatti, Nr. SBI Main Br. Tinsukia - 786125	Dr. Phanindra Saikia, M : 09435134550	2 non AC double bedded rooms @ Rs. 250 per Rooms
Bihar	Patna Branch, IMA Building Dr. A k nsinha Path South East of Gandhi Maidan: Patna - 800004.	Dr. Manvendra : M : (Dr. Thakur) 9334114657, Tel : 0612-2321542 Fax : 0612-2321542 Email : info@imabihar.org	6 non A/C. Rooms @ rs. 150/- & 3 Rooms (AC will be installed shortly)
	Samastipur Branch , Satish Chander Sarkar Bhawan, Opp. KHE inter college, Kashipur, Samastipur - 848101	M : 09431245533 (Dr. D S singh : 06274-224094)	4 double non AC Rooms @ Rs. 250/- per person
Chandigarh	Chandigarh Branch IMA house., sector - 35, chandigarh	Mr. Ramswarup Tel >: 0172-2602595 ; Fax : 0172-2602595 Email : singh_zora@yahoo.co.in	A/C room Rs. 600/- Cooler Rs. 350/- Noon A/C. RS. 350
Delhi	IMA H.Q.s. IMA House Indraprastha Marg. Delhi - 110002	TEL.: 011-23370009,8819, 8680, 0473, 0492,8424, Fax 23379470, 23370375 Email:- imabuilding@gmail.com	A.C. Super Delux - Rs. 2080/- per day for two persons. A.C. Delux - Rs. 787/- per Day per person in shared dormitory



State Branch	IMA Branch with Address	Contact Person & Contract Detail	Tariff & Meals - Yes / No
Gujarat	AHMEDABAD Branch 2nd Floor, AMA House Opp. H k college Ashram road, Ahmedabad - 380 009	Dr. Kamlesh B. Saini (M) 096019 49252 Ph. : 079-26587370 Email.: imagsb@gmail.com	5 AC Rooms @Rs. 1100/- 1 AC room @Rs. 800/- extra bed @ Rs. 100/-
Karnataka	Karnataka Branch, IMA House, Nr. IMA Circle, A V Road - bangalore - 560018	Mr. Puttuswamy, Hon State Secretary : 9008828303; 080-26800409 : 080-26703255 Email : imaksb@bsnl.in	10 non A/C Single Bed Rooms @ Rs. 250/-, 6 non AC Double Bedded Rooms @ rs. 400/- 1 A C Deluxe @ Rs. 700/- , 1 Suite @ Rs. 800/- extra Bed : 150/- yes
	Tumkur Branch IMA House, Town Hall Circle , Tamkur - 572101	Dr. Prashant (M) 9632222233 , 0816-2254938	1 Single Bed Rooms @ rs. 200/- 1 Double Bedded @ rs. 300/-
	Shimoga Branch Mc. Gann Hospital Compound, Shimoga	Hon. Secretary : 9448421951 08182-224622 : doc_vishwanath@hotmail.com	
	Chitradurga Branch opp. Dist. Hospital chitradurga - 577501	Hon Secretary : 9972328698 08194-228485	single Bed Rs. 50/- Double Bed rs. 100
	Arsikere Branch, IMA House , B/h. Sai natha Temple, J C Hospital Compound Arsikere - 573103	(M) : 9448997377 hareeshkv@yahoo.com Chanckeku@gmail.com	single Bed Rs. 100 /-
Kerala	Thiruvananthapuram Branch, IMA State Headquaters, Ananyara. Thiruvananthapuram - 695029	DR. J R Nair :- 9447154066 TEL. 0471-2741144, Fax :- (0471) 2741155, Email:- imaksb@yahoo.co.in	AC Double bedded room @Rs. 1200/- for non IMA Member & IMA Member from other state and Rs. 800/- for IMA Members. 4 bedded Rooms Rs. 1600 for IMA Members and Rs. 2400 for Non IMA Members and Rs. 2400 for IMA Members from other states.
	Kottarakara Branch, Ima House, Bubby Kottarakara Road P.O. Kotarakaro, Dist. Kollam	DR. Radhamony M: 9447801337 Tel : 0474-2454066, 2060777: Fax 0474-2454066, rradhymoney@yahoo.co.in	Can be arragned In some other private hotel
Maharashtra	Mumbai Branch IMA CHOWK, 16 keshav rao ""Khadye Marghaji Ali Mumbai - 4000034	Mrs. Jyotsna, Tel :- (022) 23543255, Fax : (022) 23545510 ima_mumbai@rediffmail.com ; mumbai@mtnl.net.in	Rs. 500/- (1 room) No.
	Mumbai West Branch, J R Mhtre Marg JVPD Scheme, behind Chandan Cinema juhu, Mumbai 400049	Ms. Aparna : Tel :- 022-26206517, 65235579, 26254368, imamumbaiwest@yahoo.com	2 Rooms Rs. @ Rs. 1275/- + 10.30 % , 2 Rooms @ Rs. 1200/- + 10.30 % No.



State Branch	IMA Branch with Address	Contact Person & Contract Detail	Tariff & Meals - Yes / No
	Nagpur Branch, IMA house North Ambbazari Road, Nagpur - 440010	Te; :- (0712) 2550777. 2522421 Fax :- 0712-2550777 E :- imacon2007@gmail.com	AC RS. 340/- NO.
MP	Indore Branch, IMA Bhawan, Dr S K Mukharji IMA, Parisar M.O.G. Lines Indore - 452002	Dr. Shekhar D Rao. (M) 09826060629. Tel : 0731-2787988, E :- imasecretaryindore@gmail.com	Non A C Double bedded room @ Rs. 650 /- No.
	Jabalpur Branch , IMA House , wright town, jabalpur - 482001	Dr. L S Bais : 9425159767, Tel .:- 0761-2404940, 4005715, Fax: 4005715	1 double bedded ! Hour bedded room @ RS. 150/- /Bed / day no.
	Ratlam Branch, Subhedara IMA House Rajendra ngr. Ratlam	Dr. Ghate : 9425103800: 07412-231737 Email : pkghate@yahoo.com	6 Single bedded @ Rs. 200/- day No.
	Gwalior Branch IMA House - 32 Gndhi Enclave Behind Hotel Sita, Manor, Gwalior	Dr. Ashwini Bhatnagar : 9827062860 Email : ima_gwalior@yahoo.in	1 AC double bed @ Rs. 500/-
Orissa	Berhampur IMA Berhampur M K C G Medical College Campus Berhampur - 760004, Orissa	Hony Secretary M: 9643706627 Tel : (0680) 2283848 E - kkpl1000@hotmail.com	All AC Rooms with color TV & Geyser Facility. Room 301, 302 & 303 RS. :- 400/ Room 304 & 305 RS. :- 500/-
	Bhubaneswar BHUBANESWAR IMA INSTITUTE, 656 & 781 GANGA NAGAR UNIT - 6 Bhubaneswar, Orissa	Dr. Sarajo Kumar Sahu (for Hall Mob :- 9437002424 Mr. Umakanta (For Room) ph:- 0674-239008 Mob : 9237014514 imabahubaneswar@gmail.com sahudrasaraj@yahoo.co.in	* Auditorium 250 Capacity * Executive Conf Room of 50 Capacity six Rooms 1. Two A/C Double Rooms . 2. Two A/C Three Bed Rooms 3. One A/C Four Bed Room All are A/C. Fixed with LCD, Round the Clock water and Electricity Backup Tariff raning from Rs. 800/- to Rs. 1400/- per day Only 1 km from Bhuneswar Airport And 3 km From Railway Station
	IMA State Hqr., Cuttack IMA House, Medical Road, Ranihat, Cuttack - 753007, Orissa	Office Tel. : (0671) 2121225 /2413060 Mob. : 8763349498 Email : imaorissa@gmail.com	All AC Rooms with LCD TV, Geyser Facility. round the clock water and Electricity backup Facility 1 suite : 1,000/- 3 Double bed Rooms : 500 /- 1 Triple bed Rooms : 750 /- Conference Hall 100 Capacity Rs. 3000/- (For 6 hour only) Meals shall be provided on request from local market



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Rajasthan	Ajmer Branch, Informat of L.N. Hospital, Ajmer	Dr. H.S. DUA (M) 9414300220, Mr. Lajpat Raj (M) 9782946739	2 Rooms @ Rs. 600/- (for 24 Hours) (cooler)
	Kota Branch, MBS Hosptial Campus ; Nayapura, Kota	M : 0941479558 Rs. 600/- for 24 Hours (2 Rooms)	1 AC double bedded Room @ Rs. 600/- , 1 non AC room @ 400/-
Tamil Nadu	State HQ Branch, Sindur Gardens, 423 Kilpauk Garden Road, kilpauk, Chennai -10	Dr. N. Muthurajan (M) 9444224754, 0944733792, Mr. Mani - 044 - 26443055, Fax :- 22395004, E :- imatamilnadu@yahoo.co.in	Pallar (AC Single bedded) RS. 500/- (without bath attached) Kaveri -Double Bedded: Rs. 600/- Nilgiris - Triple bedded: Rs. 900/-
	IMA TN State HQs. Building Doctors colony, Via. Bharathi Nr. 1st Main Road, off. Mudichur rd, Tamba ram West, Chennai - 45	Dr. Balasubramanian , M: 094440070465, Dr. Karunanidhi M - 09444261385, Office 044-29000324, 29000325, Email :- egpima@gmail.com	7 AC deluxe Room @ Rs. 800/- per day
	TN State PPLSSS Chetpet Building , H. NO 11 & 12, Sankara Heritage Apts, Super Tank Road, Chetpet, Chennai - 31	Dr. K. Thangamuthu M - 9443151164, Tel :- 044-28361866 Email:- pplssofimatn@gmail.com	5 AC Double bedded Room: @ Rs. 1000/- IMA PPLSSS Member 900/- Single - 700 (IMA PPLSSS Member - 600
	IMA PPLSSS - Tenyampet Old No. 501, New NO. 626, Opp. To State Bus Termianal, Anna Salai (Mount Road) , Teynampet , Chennai - 6000018	Dr. K. Thangamuthu M - 9443151164, Tel :- 044-28361866 Email:- pplssofimatn@gmail.com	11 Double Bedded Rooms . Rs. 1500/- per day per room
	Salem Branch, 12, Sardha College Road, New Fivr Road, Salme - 6360004	Mr. Parameswaran 9789517833, Tel.: 0427-2448033	3 Double bedded@ Rs. 500/- yes
UP	Allahbad Branch, 29, Stanley Road, Allahbad	TEL .: 0532-26000909, 2607513, Email :- ama@sancharnet.in	
	Banaras Branch, I MA house, IMA Building, C-7/31, Chetganj, Varansai - 221001	Dr. Alok C Bhardwaj , Mr. Madhu Pathak , Tel.:- 0542-2403194, Fax :- 0542-2403194	3 AC double bedded Rooms @ Rs. 600/ 1 Dormitory of 6 Beds @ Rs. 100/- per bed per day
	Bereilly Branch IMA Bhawan 110, Civil Lines, Bareilly	Mr. Sunil Karan (M) 9410498049, Tel.: 0581-2511716, 2511259	4 AC Rooms double @ rs. 1000/- per days + 10.30 Tax, No.
	Lucknow Branch, IMA Bhawan, No. 1, River Bank Colony:, Lucknow	Dr. A M Khan : 9415409188, 415409188, Mr. Anil Yadav, Tel : 0522-2626440: Fax : 0522-2626440	2 AC Double Bedded Rooms @ 500/-1 big Rooms @ Rs. 600 / (for IMA members 400/-) no.



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West Bengal	IMA Bengal State Branch, IMA House, 1, 1/3 Dr. Biresh Guha Street, Kolkata - 700 017	Dr. Amitabha Bhattacharya M: 9339768287 Tel.: 033-22810758, 22873252 Fax : 033-22810758, 22893729 E : imabengalstate@yahoo.co.in	1 AC Dormatary for 6, NO.
	IMA HQs. At KOLKATA, JIMA Building 53, Creek Row, Kolkata 700014	Mr. A S Das Tel : 033-222257010,22360573 extn. 26, Fax - 22366437 M:- 9432960446 Email :- j_ima@vsnl.net	AC Rooms : Single bed Deluxe (1) : 750/- day - delux double bedded (1) : 650/- bed / day double bedded (1) : 550/- bed/day - Triple Bedded (4) : 550- /bed / day Non AC, - Dormitory (5 beds) -350/- / bed/ day incl. bed tea@breakfast
	Krishnanagar Branch 9 , Church Road, Krishnanagar, Nadia.	Dr. A+C43 K Basu Malik (M) 9434105232 Mr. Akhoy Biswas (M) 9434335297	2 AC double Bedded Rooms @ Rs. 250/- per bed per day
	Malda Branch, R K Mission Road, Malda - 732101	Hony. Secretary : 943.4040368 Mr. Brindavan Rao	1 double bedded non AC Rooms @ Rs. 250/- per day
Uttaranchal	Dehradun Branch 47, Ballapur Road, Dehradun.	Dr. Umang Sahai M - 9359873284 Dr. D.D. Choudhary M - 9897296200 Dr. Bhim S Pandhi M - 9837070913	1 A C double bedded room

TELEPHONE NUMBERS

A.M.A.	2658 8775
A.M.A. (Fax).....	2658 7498
G.S.B.	2658 7370
S.S.S.	2658 0690
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