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

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INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

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Women's Hospital & Endoscopy Centre

The EVA hospital and family is extremely delightful to share that our innovative new technique for bowel endometriosis - "Laparoscopic Recto - sigmoid Resection and Anastomosis in Bowel Endometriosis: Single Stapler Technique" another milestone in minimal invasive surgery providing utmost benefits to patients and their recovery, has been published in a renowned Pubmed Indexed International journal, the details of which are shared along with.



**DR. DIPAK LIMBACHIYA**

M.D., D.G.O., Endoscopy Specialist  
Specialist in Advanced LAP Gynaec Surgeries &  
LAP Onco Gynaec Surgeries

### Laparoscopic Recto sigmoid Resection and Anastomosis in Bowel Endometriosis: Single Stapler Technique

**Background and Objectives :** Endometriosis affects 10% of reproductive-age women globally, with bowel endometriosis in 3.8%-37% of cases, primarily involving the rectum and sigmoid. Surgical excision is the gold-standard treatment for deeply infiltrating endometriosis (DIE). Our objective was to evaluate the feasibility, safety, and efficacy of a single-stapler laparoscopic rectosigmoid resection technique for bowel DIE.

**Methods :** This retrospective study analyzed 17 cases managed from January 2023 - June 2024. Clinical presentation, surgical outcomes, and follow-up data were reviewed. Symptom improvement and complications were assessed during a minimum 3-month postoperative period.

**Results :** Patients reported progressive dysmenorrhea, dyspareunia, and dyschezia. All anastomoses were tension-free with negative margins ; no diversion stomas were needed. Postoperative recovery was smooth, with significant symptom relief and no complications.

**Conclusion :** The single-stapler technique for laparoscopic recto sigmoid resection is a safe, effective approach for bowel DIE, offering excellent outcomes with no morbidity and significant symptom improvement.

**Key Words :** Bowel endometriosis, Single stapler surgical technique. Recto sigmoid resection and anastomosis, Deep infiltrating endometriosis, Laparoscopic.

#### **Eva Endoscopy Training Institute**

Block - C, Neelkanth Park-II,  
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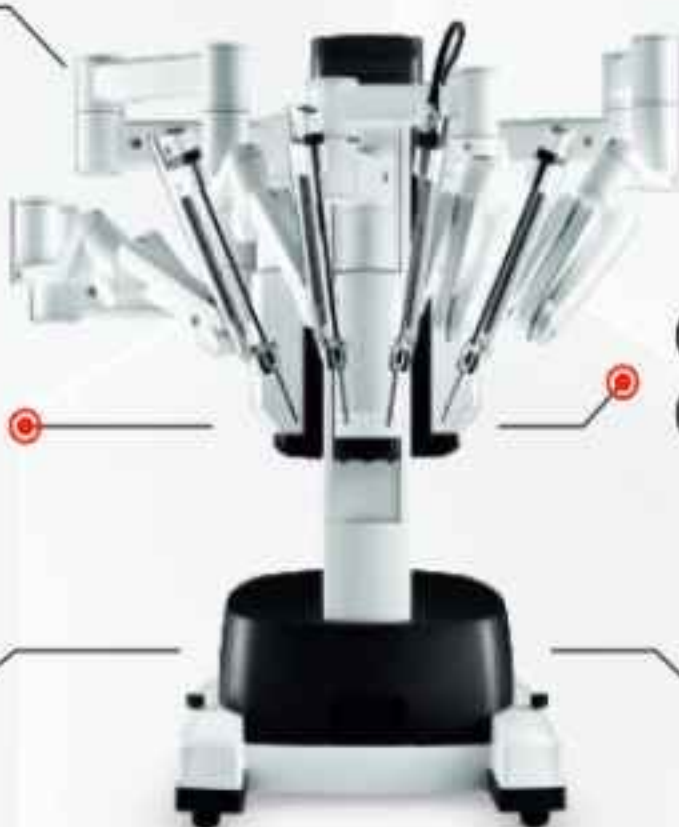
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**NEUROLOGISTS:** Dr Mukesh Sharma | Dr Keval Changadiya | Dr Priyank Shah | Dr Devshi Vishana

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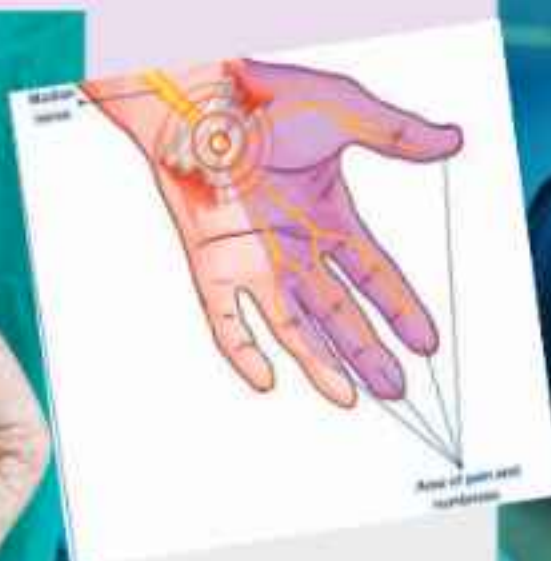
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# CARPAL TUNNEL SYNDROME

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- **CLINICAL DIAGNOSIS:** Pain, tingling, burning, or weakness in the thumb, index, middle, and ring fingers.
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# All India Medical Conference IMA NATCON 2025



HOSTED BY  
IMA Gujarat State Branch | Ahmedabad Medical Association



27<sup>th</sup> 28<sup>th</sup>

**December 2025**

Saturday & Sunday



**Club O7, The Forum – Celebration & Convention**

Off Sardar Patel Ring Road, Shela, Ahmedabad, Gujarat 380058



CONFERENCE SECRETARIAT

DR. MEHUL SHAH | DR. TUSHAR PATEL | DR. URVESH SHAH



AMA HOUSE, OPP. H.K. ARTS COLLEGE, ASHRAM ROAD, AHMEDABAD - 380 009.

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# All India Medical Conference IMA NATCON 2025

27<sup>th</sup> & 28<sup>th</sup> December 2025



HOSTED BY

**IMA Gujarat State Branch & Ahmedabad Medical Association**

Dear Doctor,

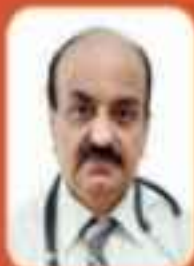
Seasons Greetings!

The Indian Medical Association Gujarat State Branch & Ahmedabad Medical Association invite you to be a part of **IMA NATCON 2025**, a benchmark annual conference shaping the future of healthcare. This event, scheduled on December 27th and 28th, will feature impactful lectures and skill-enhancing workshops by leading national faculties.

Your participation as a vital member of the healthcare community will undoubtedly enrich the discussions and contribute to the collective knowledge shared. We look forward to welcome you for this prestigious event.

Together, let's make **IMA NATCON 2025** a landmark conference.

With anticipation,  
**The Organizing Team**  
**IMA NATCON 2025**



**DR. DILIP BHANUSHALI**  
National President,  
IMA Hqs



**DR. SARGARI DUTTA**  
Honorary Secretary  
General, IMA Hqs



**DR. ANILKUMAR J. NAYAK**  
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**DR. KETAN DESAI**  
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# All India Medical Conference IMA NATCON 2025

27th & 28th December 2025



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**Prepare for an enriching and  
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Premier gathering of healthcare leaders, policymakers, and experts focused on advancing healthcare, innovation, pressing challenges, and drive impactful change across the healthcare ecosystem.

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Showcasing how AI is revolutionizing diagnostics, treatment planning, and patient care and explore real-world applications, ethical considerations, and the future of AI-driven healthcare.

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Exploring the rapidly expanding, connecting international patients & Hospitals with high-quality, cost-effective medical services in streamlining referrals, enhancing hospital networks, and driving global healthcare partnerships.

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## MEDICAL EXHIBITION:

Explore the latest advancements, technologies, and services at the co-located Medical Exhibition.

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+91 98250 51162

**DR. TUSHAR PATEL**

+91 98250 82672

**DR. URVESH SHAH**

+91 92282 33441

AMA HOUSE, OPP. H.K. ARTS COLLEGE, ASHRAM ROAD, AHMEDABAD - 380 009.

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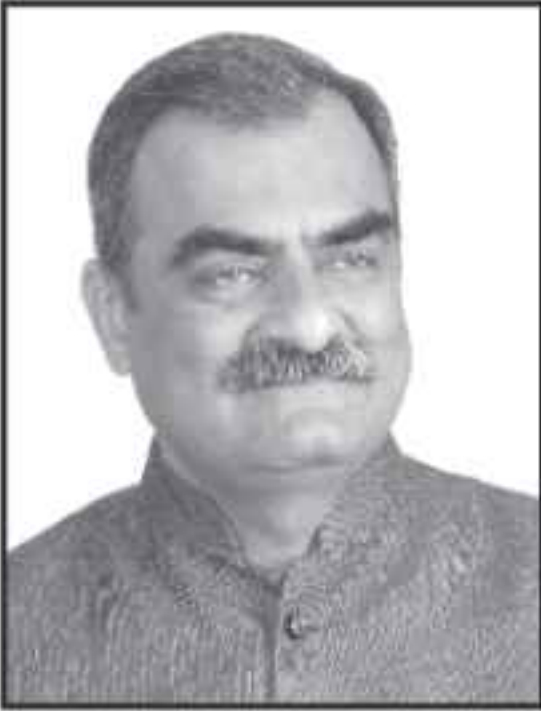
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**STATE PRESIDENT & HON. STATE SECRETARY'S MESSAGE**

At this important moment in our journey, let us first take a pause to express **our heartfelt solidarity with our nation**. As doctors, we are not just caregivers—we are pillars of strength in times of crisis. In every moment of need, we have stood by our nation, and we will continue to do so with pride & dedication.

In a recent moment our nation has faced, doctors from Gujarat have consistently stepped forward with unwavering dedication. Whether it was offering their medical expertise to handle emergencies or organizing life-saving blood donation camps at short notice, the spirit of volunteerism among IMA Gujarat doctors has been truly inspiring. Their readiness to serve the nation —often beyond duty—has reflected not just professional excellence but a deep-rooted commitment. We extend our heartfelt gratitude to all our IMA Gujarat members for standing strong with the nation when it needed the most.

This year is especially meaningful for us all. The 100th National Conference (NATCON) of the Indian Medical Association will be hosted in our very own Gujarat-Ahmedabad—a matter of immense pride for every branch and every doctor across the state. This is not just an event. **This is our celebration, our responsibility, and our chance to lead with purpose**





IMA Gujarat's each branch is a vital part of its heartbeat. The strength of NATCON will come from your participation, your energy, and your presence. We warmly invite every branch—big or small—to come forward with full involvement. When Gujarat stands united, the whole environment will feel it

We sincerely urge our branches to help more private hospitals enroll in the Hospital Protection Scheme (HPS). **This is not just a shield; it is a safety net that protects the hard work, trust, and service you offer every day.** Let us ensure that more of our institutions are covered—not just for legal protection, but **for peace of mind**

As we grow, so should our understanding of the recent medicolegal updates. We request every branch to organize Professional Protection, Hospital Board of India and C.G.P. seminars. These will help our doctors stay informed and confident in medico-legal matters, hospital administration, and leadership. Together, we can build a stronger, more secure professional environment for ourselves and the generations that follow.

Let us make this centenary NATCON not just a milestone—but a movement. Let Gujarat shine not only as the host, but as the heart of this event. Let us walk together with pride, purpose, and unity.

Dr. Mehul J. Shah  
President, G.S.B., I.M.A.

Dr. Gargi M. Patel  
Hon. State Secy., G.S.B., I.M.A.





# All India Medical Conference IMA NATCON 2025

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Regular Stall	₹ 2,00,000
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Audio & Visual (Each Hall)	₹ 2,00,000
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• All prices exclusive of 18% of GST.

- Microphone or any promotional activities, hindering or disturbing other sponsor / exhibitor will not be permitted.
- The number of representatives of the sponsor / exhibitor at the conference venue will have to get registered for security purpose.
- The Exhibition Committee reserves the right to modify or rearrange the floor plan or even cancel any sponsorship / Exhibitor, without assigning any reason thereof.
- The site of the stall shall be made available to the participants a day before the exhibition begins. No workman will be allowed at the exhibition site after 8.00 am of the Conference day under any circumstances. If the participants fail to occupy the stall by 8.00 am of Conference day, the Exhibition Committee reserves the right to allot the vacant stalls to the waiting application.
- The Exhibition Committee shall allocate the floor areas to meet the request of exhibition as far as possible to their given preference but the same cannot be guaranteed by the Exhibition Committee.
- Sponsor / Exhibition / Souvenir confirmed are NON TRANSFERABLE.
- Companies wanting to import equipments or consumables for exhibition purpose should inform the conference secretariat at the time of booking to enable us to obtain International Trade Promotion Organization (ITPO) approval.

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Name : \_\_\_\_\_ Speciality : \_\_\_\_\_

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Branch : \_\_\_\_\_ State : \_\_\_\_\_

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No. of the accompanying person (s) : \_\_\_\_\_

DELEGATE FEES (Inclusive of G.S.T. 18%)		01/05/2025- 30/06/2025	01/07/2025- 31/08/2025	01/09/2025- 31/10/2025	01/11/2025 ONWARDS
Reception Committee		₹ 29,500	₹ 29,500	₹ 29,500	₹ 29,500
Delegate IMA Member	Individual	₹ 4,720	₹ 5,900	₹ 8,260	₹ 11,800
	Couple	₹ 7,080	₹ 9,440	₹ 14,160	₹ 21,240
Corporate		₹ 17,700	₹ 21,240	₹ 24,780	₹ 29,500
Foreign Delegates		\$ 200	\$ 250	\$ 300	\$ 350
IMA, MSN		₹ 2,360	₹ 3,540	₹ 5,900	₹ 8,260
IMA, JDN		₹ 3,540	₹ 4,720	₹ 7,080	₹ 10,620
Accompanying Person* (Non IMA Member)		₹ 4,130	₹ 6,490	₹ 8,850	₹ 12,390
Pre Conference (26-12-25)**		₹ 1,770	₹ 1,770	₹ 2,950	₹ 2,950

\*Children above 10 years of age should be registered as accompanying persons.

\*\*Only registered conference delegate can register for pre Conference Date 26-12-2025 Friday

Please find enclosed herewith a Cheque No.: \_\_\_\_\_ Dated : \_\_\_\_\_

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## **All Gujarat Inter Medical College Skit Competition**

Our Gujarat State Branch of Indian Medical Association along with IMA MSN Gujarat organized an Inter Medical College Skit Competition of all 41 Medical Colleges of Gujarat.

These Medical Colleges were divided into 5 groups according to their zones and / Semi final rounds were organized in each zone. Two Best Skit were selected for the Final round.

The Grand Finale Of All Gujarat Inter Medical College Skit Competition was organised on Sunday 20th April – 2025 at Narendra Modi Medical College Hall, Ahmedabad.

### **The 10 Colleges which participated in Grand Finale were :**

- 1 Group A (1) GEMRS Sola Medical College, Ahmedabad  
(2) Sal Institute of Medical Sciences, Ahmedabad
- 2 Group B (1) Banas Medical College, Palanpur  
(2) Swaminarayan Medical College, Kalol
- 3 Group C (1) Government Medical College, Surat  
(2) SMIMER Medical College, Surat
- 4 Group D (1) Dr. N.D. Desai Medical College, Nadiad  
(2) Zydus Medical College, Dahod
5. Group E (1) GMERS Medical College, Morbi  
(2) GMERS Medical College, Porbandar

All the Medical College Students Performed extremely well.

### **The esteemed Judges for the Event were**

- (1) **Smt Annapurana Shukla – Movie & TV Artist.**
- (2) **C.A. (Dr) Kabir Mansuri Khan.** Well known Theater Artist, Director, Writer & TV artist.
- (3) **Mr. Shaunakk Vyas** Well known TV Artist, Director, Producer & Writer.





### The judges unanimously announced Following Prizes :

- (1) Best Skit – Winner – “લાડકી”  
GMERS Sola Medical College, Ahmedabad
- (2) Best Skill – Runner up – “હ વચન વિનાશના”  
Sal Institute of Medical Sciences, Ahmedabad
- (3) Best Actor – Vedant Joshi - “નારદ મુની”  
Dr. N. D. Desai Medical College, Nadiad
- (4) Best Actress – Riddhi Goswami - “પીડીત માં”  
SMIMER Medical College, Surat
- (5) Best Supporting Actor – Jayrath Shah - (જ્યોતિરાવ દુબે) “લાડકી”  
GMERS Sola Medical College, Ahmedabad
- (6) Best Supporting Actress – Aditi Joshi - “સ્ત્રી વકીલ” “હ વચન વિનાશના”  
Sal Institute of Medical Science, Ahmedabad
- (7) Best Theme – “સંઘર્ષ”  
Government Medical College, Surat
- (8) Best Direction - “લાડકી”  
GMERS Sola Medical College

All in all an excellent and most Successful Event.

We thank Dean of Narendra Modi Medical College, Ahmedabad, **Dr. Dipti Shah**, for granting us the permission to use their Hall for the event.

We are very much thankful to all the Deans and Coordinators of all the Medical Colleges for their Positive support and cooperation.

We also thank the regional Coordinators for managing Semifinal rounds smoothly.

Our Special thanks to

- |                     |                    |
|---------------------|--------------------|
| 1. Dr. Mona Desai   | 2. Dr. Urvesh Shah |
| 3. Dr. Jaydeep Shah | 4. Dr. Vipul Shah  |
| 5. Dr. Nirali Patel |                    |

Without them the event would not have been this grand success.

It was an ideal event for coordinating Medical Students with GSB IMA.



**COLLEGE OF GENERAL PRACTITIONER IMA-GSB****MEDI QUIZ - COMPETITION****QUIZE -4**

1. A 72-years old man comes to the physician because of a moderate back pain, fever, chills, and nausea since last two days. During this time, he also has had a burning sensation with urination and urinary urgency. He has a 3-year history of benign prostatic hyperplasia characterized by incomplete voiding and intermittent urges to void during the night. His medications are tamsulosin and aspirin. He appears ill. His temperature is 102.3F. Percussion of the back elicits moderate discomfort. Abdominal examination shows diffuse tenderness to palpation but no rebound pain or guarding. Urine dipstick testing shows presence of blood 2+, nitrites-positive and positive leukocyte esterase. Results of urine culture are pending. Which of the following is the most likely causal organism?
  - a. **Citrobacter Freundii**
  - b. **Escherichia coli**
  - c. **Klebsiella pneumoniae**
  - d. **Proteus mirabilis**
  - e. **Staphylococcus saprophyticus**
2. A previously healthy 47-year-old woman comes to the physician because of a 4-week history of palpitation, feeling hot, sweaty, and anxious. During the past 2 months, she lost 3.2 kg weight loss despite a normal appetite. She has no chest pain, shortness of breath, light-headedness, dizziness, or nausea. Her last menstrual period was 3 weeks ago. Menses previously occurred at regular 30-days intervals, but she notes that during the past year she might have missed a few periods. She does not smoke cigarettes. She is 165 cm (5 ft 5 in) tall and weights 61 kg ; BMI is 23 kg/m<sup>2</sup>. Her pulse is 112/min and regular, respirations are 16/min, and blood pressure is 138/88 mm Hg. Examination shows no other abnormalities, Her serum thyroid-stimulating hormone concentration is 0.1 mU/ml. Results of additional laboratory studies are pending. Which of the following is the most appropriate next step in management?
  - a. **Admission to the hospital**
  - b. **Endometrial biopsy**
  - c. **Fine-needle biopsy of the thyroid gland**
  - d. **<sup>131</sup>I therapy**
  - e. **Thyroid ultrasonography**





- Send your answers to whatsapp No +91 76985 54566 or before 12-6-2025
- Kindly mention your Name, Degree and City / Branch Name
- Don't keep disappearing messages on while sending reply
- Every month quiz will be published in GSB bulletin
- First three winners will be published in next bulletin
- Maximum correct answers during whole year will be felicitated

### QUIZ MASTERS :

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

### COORDINATOR :

**Dr. Kalpita Dave**  
Ahmedabad

**Dr. Dhananjaysinh Gohil**  
Ahmedabad

\* \* \* \* \*

## COLLEGE OF GENERAL PRACTITIONER IMA-GSB

### MEDI QUIZ - COMPETITION QUIZE -2

#### List of participants with correct answers

No.	Name	City
1.	Dr. Vipul N.shah	Ahmedabad
2.	Dr. Alpesh Patel	Ahmedabad
3.	Dr. Amit V. Thaker	Ahmedabad
4.	Dr. Vraj Shah	Ahmedabad
5.	Dr. Saniya Shah	Ahmedabad
6.	Dr. M. I. Rakhda	Bharuch
7.	Dr. Piyush N. Parikh	Bharuch
8.	Dr. Dashrath P. Prajapati	Bhavnagar
9.	Dr. Vinodkumar B. Gandhi	Bilimora
10.	Dr. Geeta R. Parmar	Dakor
11.	Dr. Nitin Rathod	Jamnagar
12.	Dr. Kishti Thakkar	Kheralu
13.	Dr. Govindsinh P. Mori	Kodinar
14.	Dr. Zakirhusain Tintoiwala	Modasa
15.	Dr. Parshottam M Patel	Rajkot
16.	Dr. Chaitanya R. Upadhyay	Surat
17.	Dr. Surendra G. Jain	Vadodara
18.	Dr. Suketu P. Dave	Vadodara
19.	Dr. Kanti N. Patel	Valsad
20.	Dr. Chirag b. Sondarva	Veraval





## MEDICO-LEGAL ASPECTS OF POISONING

**CURRENT PERSPECTIVES AND CHALLENGES” SEMINAR WAS ORGANIZED AT NATIONAL FORENSIC SCIENCES UNIVERSITY (NFSU) IN ASSOCIATION WITH INDIAN MEDICAL ASSOCIATION-GUJARAT STATE BRANCH (IMA-GSB)**



A seminar on “Medico-Legal Aspects of Poisoning: Current Perspectives and Challenges,” was jointly organized by the Centre for Emergency Toxicology (CET), School of Medico-Legal Studies, NFSU, and the Indian Medical Association – Gujarat State Branch on 27th April 2025. Medical practitioners of various parts of the Gujarat attended the seminar and discussed the challenges and technicalities. Officials of NFSU discussed the role of CET which is established at the National Forensic Sciences





University (NFSU) to ensure health and safety by providing accurate diagnosis and how CET can help different hospitals and medical professionals in timely diagnosis of poisoning.

## **SEMINAR HIGHLIGHTS AND SESSIONS**

### **Medicolegal Cases: Principles, Practices, And Implications**

**Prof. Dr. G. Rajesh Babu- Dean, School of Medico-Legal Studies, NFSU**

Presented a comprehensive overview of the legal frameworks surrounding poisoning cases, focussed on the roles and responsibilities of medical professionals, mechanism and progress in evidence collection, documentation protocols, and the interface between medical and legal systems. He emphasized the importance of understanding the legal implications of clinical actions taken during emergency care.

### **Standard Protocols For Poison Sample Collection, Preservation, And Chain Of Custody**

**Dr. Neelkant Verma –Assistant Professor (Toxicology), NFSU**

Highlighted the critical importance of standardized procedures in handling samples. He explained the toxicity incidents, specimen location and collection, national and international guidelines and chain of custody. He addressed best practices in collecting, labelling, preserving, and transferring toxicological specimens while maintaining the chain of custody to ensure their admissibility in court.

### **Medico-Legal Cases: Documentation, Consent, and Confidentiality**

**Dr. Dhvani Patel –Assistant Professor (Forensic Odontology), NFSU**

In this session, focused on the legal and ethical aspects of documentation in medico legal cases, particularly emphasizing informed consent, patient confidentiality, and the importance of maintaining accurate medico-legal records. She elaborated upon registration of medicolegal case in a hospital, documentation, guidelines for medicolegal case report, dying declaration, leaving against medical advice and discharge against medical advice.





## **Poison Detection: Techniques for Clinical and Forensic Toxicology**

**Dr. Bhoomika Patel - Head, Centre for Emergency Toxicology, Dean, School of Pharmacy, NFSU**

This session was covered by focusing the latest technological advancements in the detection of poisons in biological samples, highlighting the various instrumental methods. These techniques include colorimetric methods, spectrometric methods, chromatographic methods, and hyphenated techniques. Furthermore, the session outlined the qualitative and quantitative test panels provided by CET and tests such as RBC cholinesterase assay, immunoassay, ICPMS, blood oximetry. She also mentioned the cases that were diagnosed by CET and the appropriate treatment followed by the patient based on the results.

## **The Pivotal Role of Legally Prepared Emergency Departments in Modern Justice**

**Dr. Yogesh Gupta – Head of Geriatrics, Sterling Hospital & Professor of practice, NFSU**

This interactive session shared the real-world challenges faced by emergency departments when dealing with suspected poisoning cases. He emphasized the importance of legal preparedness, staff training, documentation standards, and timely communication with law enforcement authorities to support both patient care and judicial processes. He also explained the key medicolegal challenges and its actionable solutions in poisoning cases.

## **ENDNOTE**

The seminar served a valuable insight into the complexities between the medical practice and legal frameworks in poisoning cases, addressing systemic challenges, and proposing actionable solutions. Each session provided an in-depth overview of the key aspects involved in the effective management of poisoning cases, ranging from initial clinical assessment and toxicological diagnosis to medico-legal documentation. The knowledge shared during this event serves as a valuable resource for medical and legal professionals to improve practices and ensure justice and safety in handling such cases.





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☎ : 98242 93010

Date: 3-2-2025

RefNo.A-11/HFC/LM/2025-2026

Dear Branch Secretary

I hope that this circular finds you in the best of health and spirit. In continuation of our circular A-11/HFC/LM/2025-2026, further tabulated information is given below for the revision of fees effective from 1/4/2025. Local branch share to be collected extra as per individual branch decision/resolution.

**If the Local Branch does not have GST number, then sent the following amount to IMA GSB.**

Category	Total Fees	Branch Share	GST.Amt. (18%)	To be Sent to GSB IMA including Admission Fee
Single Life	13835-00	850-00	2490-00	15475-00
Couple Life	20432-00	1290-00	3678-00	22820-00

**If the Local Branch has GST number, then sent the following amount to IMA GSB. Kindly send challan copy of GST paid to IMA GSB.**

For Single Life Member	12985-00
For Couple Life Member	19142-00

Membership Fees by a Cheque / DD. drawn in favour of **“G.S.B. I.M.A.”**. 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. Gargi M. Patel**

Hon. State Secy., G.S.B., I.M.A.



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

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**Dr. Jitendra B. Patel**

Chairman

**Dr. Yogendra S. Modi**

Hon. Secretary

\* \* \* \* \*

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Hon. Secretary

**Dr. Manish G. Shah**

Hon. Jt. Secretary

**Dr. Shailendra Vora**

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\* \* \* \* \*

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## CONGRATULATIONS

❖ **Dr. Bipin M. Patel**

**Ahmedabad**

Being elected as a Convenor, Committee for IMA Standing Committee for Legal Cell for the term of 2024-25 & 2025-26, IMA HQs., New Delhi.

❖ **Dr. Vidhyut J. Desai**

**Ahmedabad**

Being elected as a Member, Committee for IMA Standing Committee for IMA Patient's Charter Protection Cell for the term of 2024-25 & 2025-26, IMA HQs., New Delhi.

❖ **Dr. M. R. Kanani**

**Bhavnagar**

Being elected as a Vice-Chairman, Committee for IMA Standing Committee for IMA Patient's Charter Protection Cell for the term of 2024-25 & 2025-26, IMA HQs., New Delhi.

❖ **Dr. Amit R. Hapani**

**Rajkot**

Being elected as a Member, Committee for IMA Standing Committee for Legal Cell for the term of 2024-25 & 2025-26, IMA HQs., New Delhi.

❖ **Dr. Tushar V. Soni**

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Being elected as a Convenor, Committee for IMA Standing Committee for Professional Equipment Cell for the term of 2024-25 & 2025-26, IMA HQs., New Delhi.

❖ **Dr. Kamlesh B. Saini**

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Being elected as a Convenor, Committee for IMA Standing Committee for In-Service Doctors Wing for the term of 2024-25 & 2025-26, IMA HQs., New Delhi.

❖ **Dr. Brijesh Patel**

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Being elected as a Member, Committee for IMA Standing Committee for Hospital Board of India (HBI) for the term of 2024-25 & 2025-26, IMA HQs., New Delhi.

❖ **Dr. Deepak Kumar M. Rao**

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**DR. SHITIJ BALI**  
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## PPS Zonal Educational Seminar, Bharuch







## Skit Competition - Grand Finale







## Skit Competition - Grand Finale







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\* \* \* \* \*

## IMA Kalol Branch







## IMA Mahuva Branch

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Blood Donation Camp



\* \* \* \* \*

## CME IMA Morbi Branch

CME



Blood Donation Camp



\* \* \* \* \*

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WORLD HEALTH DAY







## IMA Rajkot Branch Felicitation and Installation Ceremony



Cheers Zindagi



\* \* \* \* \*

## IMA Surat Branch CME



COLS Training



\* \* \* \* \*

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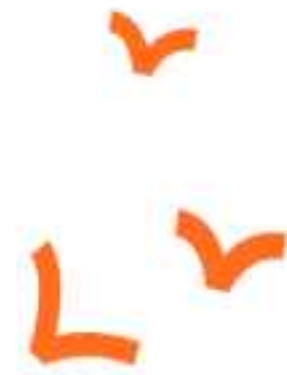
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## Dr. Daria Singh

MBBS, MS (Orthopaedics),  
MBA-HHSM

Clinical Director -  
Department of Orthopaedic Surgery  
and Joint Replacement Program

**Availability:**  
Monday to Saturday

**Timing:**  
09:00 AM to 05:00 PM

# Welcomes

**Dr. Daria Singh**, has completed his MBBS from S. P. Medical College, Rajasthan, and pursued his MS in Orthopaedics from the prestigious SMS Medical College, Rajasthan. Further strengthening his specialization, he has undergone a Fellowship in Arthroplasty from Endo-Klinik, Hamburg, Germany. To complement his clinical skills with healthcare leadership, he also earned an MBA in Hospital and Health Systems Management from BITS Pilani.

He has over 20 years of experience in Orthopaedics and Joint Replacement surgeries. Dr. Singh has emerged as a leading name in the field of joint arthroplasty. He is the mind behind the "True Align Technique" for Knee Replacement, a personalized approach designed to achieve precise limb and prosthetic alignment. He has also pioneered the "One Day TKR" program, which significantly reduces hospital stay by optimizing perioperative care pathways—enhancing patient recovery and experience.

Over the years, he has been associated with several healthcare institutions including Marengo CIMS Hospital, Ahmedabad, Zydus Hospitals, Narayana Hospitals, and Sterling Hospital, where he has consistently demonstrated clinical excellence and patient-centric care.

### CLINICAL FELLOWSHIP

- Clinical Fellowship in Single Stage Exchange Arthroplasty – ENDO-Klinik, Hamburg, Germany
- Total Hip & Knee Course – Orthoindy, Indianapolis, USA
- Observership in Arthroscopic Surgery – KMC, Manipal, Karnataka

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

27-04-2025 Dr. Mehul J. Shah, President, GSB IMA, Dr. Bipin M. Patel, Chairman, PPS GSB IMA, Dr. Kamlesh B. Saini, Hon. Jt. Secretary, GSB IMA and Dr. Kirit C. Gadhavi, Hon. Secretary, GMJ GSB IMA attended PPS Zonal Seminar at Bharuch.

\* \* \* \* \*

## CONGRATULATIONS

\* **Dr. Himanshu Thakkar;** **Rajkot**

Being enters Limca Book of Records 2025 for "Largest Nasal polyp Removed " 8 cms× 2.5 cms.

\* \* \* \* \*

## OBITUARY

We send our sympathy & condolence to the bereaved family

Dr. Kishore M. Mankad	14-01-2025	Ahmedabad
Dr. Gokaldas M. Kansagra	31-01-2025	Junagadh
Dr. Jivanbhai R. Shah	28-02-2025	Godhra
Dr. Jayshree K. Rao	05-03-2025	Ahmedabad
Dr. Hemant K. Parikh	07-03-2025	Surat
Dr. Punamchandra D. Parmar	12-03-2025	Ahmedabad
Dr. Girishkumar P. Padmaraj	20-03-2025	Ahmedabad
Dr. Rajuben H. Doshi	28-03-2025	Godhra

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





## HOSPITAL PROTECTION SCHEME Gujarat State Branch, IMA

### APPLICATION FORM

(To be filled in Block Letters)

#### Hospital Information

1. Name of the Hospital : \_\_\_\_\_
2. Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Type of Hospital / Clinic / Diagnostic Centre  
• Hospital ☐ • Single Speciality ☐ • Multi-speciality ☐
4. Date of Establishment : \_\_\_\_ / \_\_\_\_ / \_\_\_\_
5. Clinical Establishment Act (CEA) Registration No.: \_\_\_\_\_
6. Contact details :  
STD CODE : \_\_\_\_\_  
Mobile / WhatsApp No.: \_\_\_\_\_  
E-mail ID: \_\_\_\_\_

#### Ownership Details

7. Type of ownership  
• Single owner ☐ • Multiple owner ☐
8. Owner's name with GSB IMANo.: \_\_\_\_\_
9. Name of Local IMA Branch : \_\_\_\_\_



**Doctor Details**

No.	Name	Qualification	Department	IMA-GSB No.	Visiting / Full Time

**Insurance Details**

11. Is the hospital insured with any other insurance company?

• Yes ☐

• No ☐

If Yes, please provide the following:

(I) Name of Insurance Company: \_\_\_\_\_

(ii) Policy No.: \_\_\_\_\_

(iii) Date of Expiry: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(iv) Claim History (if any): \_\_\_\_\_

**Hospital Statistics**

12. Total Number of Beds (as per CEA): \_\_\_\_\_

13. Number of OPDs/per Year: \_\_\_\_\_

14. Number of IPDs/per Year: \_\_\_\_\_

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11-15 beds	Rs. 7,310	Rs. 9,045	Rs. 10,799	Rs. 12,514	Rs. 14,249
16-20 beds	Rs. 9,169	Rs. 10,903	Rs. 12,496	Rs. 14,372	Rs. 16,107
21-30 beds	Rs. 11,027	Rs. 12,762	Rs. 14,496	Rs. 16,231	Rs. 17,966
31-40 beds	Rs. 12,886	Rs. 14,620	Rs. 16,355	Rs. 18,089	Rs. 19,824





## NEWER UPDATES IN TUBERCULOSIS

Tuberculosis (TB) is a major infectious disease causing significant morbidity and mortality worldwide. India remains the highest contributor to the global TB burden, necessitating continuous advancements in diagnosis, treatment, and prevention strategies.

### Epidemiology

India reported 2.77 million TB cases in 2022, with an incidence rate of 199 per 100,000 population. Drug-resistant TB (DR-TB) accounts for 2.5% of new cases and 13% of previously treated cases. HIV-TB co-infection affects 2% of TB patients, and major risk factors include undernutrition, diabetes, smoking, and immunosuppression. Strengthened private sector engagement and digital surveillance have improved case notification rates.

### Updated Case Definitions

TB classification emphasizes microbiological confirmation, treatment history, and drug resistance patterns. Cases are categorized as bacteriologically confirmed or clinically diagnosed. DR-TB is classified into multidrug-resistant (MDR-TB), pre-extensively drug-resistant (Pre-XDR-TB), and extensively drug-resistant (XDR-TB), guiding appropriate treatment strategies.

### Advancements in Diagnosis

Rapid detection technologies such as CBNAAT, Truenat, and Line Probe Assay (LPA) enhance TB control efforts. The Cy-TB test, a novel blood-based assay, significantly improves the detection of latent TB, contributing to expanded preventive therapy. Universal Drug Sensitivity Testing (UDST) is now emphasized to ensure individualized treatment strategies.





## **Evolving Treatment Strategies**

The BPAL-M regimen (Bedaquiline, Pretomanid, Linezolid, Moxifloxacin) offers a six-month, all-oral therapy for DR-TB, improving cure rates. Drug-sensitive TB (DS-TB) continues to be treated with a standard six-month, four-drug regimen. Digital adherence tools like 99DOTS, video-supported therapy (VST), and AI-driven monitoring improve treatment success.

## **Tuberculosis Preventive Therapy (TPT)**

TPT focuses on high-risk populations, including household contacts and people living with HIV (PLHIV). Preventive regimens include Isoniazid (INH) for 6-9 months and Rifampicin for 4 months, with digital adherence tracking to improve compliance.

## **Strengthened Prevention and Support Initiatives**

The Nikshay Poshan Yojana (NPY) provides 500 per month to TB patients for nutritional support. Private facilities receive Rs. 500 for notifying each TB patient and another Rs. 500 for declaring the treatment outcome. The Nikshay Mitra Initiative encourages NGOs, corporations, and individuals to adopt TB patients, offering nutritional and psychosocial support to enhance adherence.

## **Conclusion**

India's TB control strategy integrates advanced diagnostics, innovative treatments, preventive therapy, financial support, and community-driven programs. Early detection, preventive measures, and digital health interventions are critical for achieving a TB-free India by 2025.

**Dr. Parul Vadgama**

Professor & Head, Department of Respiratory Medicine,  
Government Medical College, Surat

Courtesy : IMA News





## HPV VACCINATION

**Project Title:** Physicians Leading the Way: Cervical Cancer Elimination through HPV Vaccination in India

Under FOGSI's Presidential project 2025 "Do Teeke Zindagi Ke"

### Introduction:

India's Burden of Cervical Cancer, Annual: 9 women die every hour in India from Cervix Cancer amounting to 80000 death every year.

If we don't act...new cases will increase 54% from 2020 to 2040.



### Shifting Global Landscape

- 145 (75%) countries have introduced HPV vaccine in national immunization programme
- Single Dose: 64 countries have adopted off-label 1-dose HPV vaccination (January 2025)
- HPV Vaccine delivery to boys and girls: 71 countries female only, 76 countries both sexes (January 2025)

**About the Project:** The Federation of Obstetric and Gynaecological Societies of India (FOGSI) & The Indian Medical Association (IMA)

**Objective:** The collaboration between FOGSI and IMA to implement a training program aimed at educating 50,000 physician members of IMA on HPV vaccination. The training will be conducted by Trained Master Trainers- Phase faculty from FOGSI and will support the broader goal of increasing HPV vaccination uptake across communities ensuring that every daughter in India grows up protected from cervical cancer.





- FOGSI and IMA share a commitment to eliminate cervical cancer from India - a fully preventable cancer that continues to kill one woman every 8 minutes in India, specifically through the prevention of cervical cancer through HPV vaccination.
- FOGSI has undertaken a mission to enhance the knowledge and communication skills of medical practitioners in HPV vaccination through structured peer-training and physicians championship programs.

IMA represents the largest network of physicians and seeks to support capacity-building initiatives that align with its mission of advancing medical education and improving health outcomes in the Indian sub-continent.

**Methodology:** One hour pre-set training module is designed. All the members will undergo virtual trainings. Zoom connection will be given by FOGSI. All the participants with 100% attendance will receive certificates from American Cancer Society, FOGSI.

IMA to co-ordinate through nominated State Co-ordinators in order to mobilize and motivate members to enrol for the programme. The members will be trained by National HPV Faculties of FOGSI. The project is monitored by Cancer Foundation of India, Kolkata.

#### **Content of the Training:**

- Cervical Cancer: Burden & Impact
- Human Papillomavirus (HPV) Infection
- Cervical Cancer Prevention: HPV Vaccination
- Communication: Making a Recommendation and Answering Parents' Questions about HPV Vaccine

#### **Doctors are Critical to Cervical Cancer Elimination:**

Doctors are the most trusted source of HPV vaccination information for parents.

Increasing HPV vaccine coverage in girls will avert more deaths per person vaccinated than any other immunization activity.

Over 80% of cervical cancers can be prevented through HPV vaccination.

#### **We can eliminate cervical cancer in India!**

**Dr. Sunita Tandulwadkar**

President, FOGSI

**Dr. Suvarna Khadilkar**

Secretary General, FOGSI

**Dr. Priya Ganeshkumar**

National Convenor, FOGSI

**Dr. Srirang Abkari**

Hony. Joint Secretary, IMA

**Dr. Dilip Bhanushali**

President, IMA

**Dr. Sarbari Dutta**

Honorary Secretary General IMA

**Dr. Nomeeta Gupta**

National Convenor, IMA

Courtesy : IMA News





Cancer  
Foundation  
of India



American  
Cancer  
Society

## IMA & FOGSI presents HPV Vaccine Training

*Elimination of Cervical Cancer through HPV Vaccination*



Expert Led  
Training



Certification  
on Completion



Felicitation by  
IMA & FOGSI



### Enrol NOW for Online Training

**FILL the Form**

This project is supported by the **Cancer Foundation of India** and the **American Cancer Society**

### ENROL && HPV Vaccine Training!

India is gearing up to eliminate cervical cancer through HPV vaccination.

IMA & FOGSI are on a mission to build community acceptance for this cancer prevention vaccine. JOIN to learn how to effectively communicate about the vaccine with the community. Enrol on this Link [https://docs.google.com/forms/d/e/1FAIpQLSf-0sBj1pNxOWrRkGF-](https://docs.google.com/forms/d/e/1FAIpQLSf-0sBj1pNxOWrRkGF-0XVVkyDZZTW4DS11jGdQyLe5eQmVcg/viewform)

[0XVVkyDZZTW4DS11jGdQyLe5eQmVcg/viewform](https://docs.google.com/forms/d/e/1FAIpQLSf-0sBj1pNxOWrRkGF-0XVVkyDZZTW4DS11jGdQyLe5eQmVcg/viewform)

Let's talk HPV—loud and clear across India!

**Dr. Dilip Bhanushali**

President, IMA

**Dr. Nomeeta Gupta**

Coordinator, IMA

**Dr. Sunita Tandulwadkar**

President, FOGSI

**Dr. Priya Ganesh Kumar**

National Coordinator, FOGSI





## भारतीय भेषज संहिता आयोग

स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार  
सेक्टर - २३, राज नगर,  
गाजियाबाद - २०१ ००२, उत्तर प्रदेश, भारत



## INDIAN PHARMACOPOEIA COMMISSION

Ministry of Health & Family Welfare, Government of India  
Sector - 23, Raj Nagar  
Ghaziabad- 201 002 (U.P.), INDIA

File No. P.17019/03/2025-DSA

Dated: March 12, 2025

### Monthly Drug Safety Alerts

The analysis of Adverse Drug Reactions (ADRs) from the PvPI database revealed the following;

S. No.	Suspected Drugs	Indication(s)	Adverse Drug Reactions
1	Metronidazole	For the treatment of amoebiasis, urogenital trichomoniasis & giardiasis.	Acute Generalised Exanthematous Pustulosis (AGEP)
2	Luliconazole	For the treatment of cutaneous mycosis viz. Tinea pedis, Tinea corporis and Tinea cruris.	Chloasma/Melasma
3	Dalteparin	For the extended treatment of symptomatic Venous Thromboembolism (VTE) proximal Deep Vein Thrombosis (DVT) and/or Pulmonary Embolism (PE) to reduce the recurrence of VTE in patients with cancer.	Muscle spasms
4	Gliclazide	Indicated for the treatment of all types of maturity onset diabetes, diabetes without or with obesity in adults.	Erythema multiforme
5	Tramadol	For the treatment of severe acute and chronic pain, diagnostic measures and surgical pain.	Fixed Drug Eruption

Healthcare Professionals, Patients/Consumers are advised to closely monitor the possibility of the above ADRs associated with the use of above suspected drugs. If, such reactions are encountered, please report to the NCC-PvPI, IPC by filling of Suspected Adverse Drug Reactions Reporting Form/Medicines Side Effect Reporting Form for Consumer (<http://www.ipc.gov.in>), through PvPI Helpline No. 1800-180-3024.

INDIAN PHARMACOPOEIA  
(IP)  
Official Book of Drug Standards  
in India

IP REFERENCE SUBSTANCES  
(IPRS) AND IMPURITIES  
Official Physical Standards for  
Assessing the Quality of Drugs

NATIONAL FORMULARY OF INDIA  
(NFI)  
Reference Book to Promote Rational  
Use of Generic Medicines

PHARMACOVIGILANCE PROGRAMME OF INDIA  
(PvPI)  
WHO Collaborating Centre for Pharmacovigilance  
in Public Health Programmes and Regulatory  
Services

Tel No: +91-120-2783392, 2783400, 2783401;

E-mail: [lab.ipc@gov.in](mailto:lab.ipc@gov.in);

Website: [www.ipc.gov.in](http://www.ipc.gov.in)





## REGULATORY MATTERS


## Pharmacovigilance Programme of India

## Drug Safety Alerts



The NCC-PvPI, IPC issued the following drug safety alerts and shared with AMCs through email for the sensitization of healthcare professionals, thereby strengthening the reporting of ICSRs to PvPI. The PvPI, IPC being a WHO Collaborative Centre also shared the drug safety alerts with South-East Asia Regional Network (SEARN) countries through email.

S. No.	Issue Date	Suspected drugs	Indication(s)	Adverse Drug Reactions
1.	28 <sup>th</sup> November 2024	Amphotericin B	i. Treatment of Febrile Neutropenia in cancer patients. ii. Treatment for invasive fungal infection in patients, who are refractory to or intolerant of conventional Amphotericin B therapy. iii. Indicated for the treatment of Visceral Leishmaniasis.	Hyperkalaemia
2.		Carbimazole	Indicated for the treatment of thyrotoxicosis including thyrotoxicosis crisis.	Agranulocytosis
3.	26 <sup>th</sup> December 2024	Beta-blockers (Metoprolol, Propranolol, Atenolol)	<b>Metoprolol:</b> For the treatment of essential hypertension in adults, functional heart disorders, migraine prophylaxis, cardiac arrhythmias, prevention of cardiac death and reinfarction after the acute phase of myocardial infarction, stable symptomatic CHF and angina pectoris. <b>Propranolol:</b> For the treatment of cardiac arrhythmias; tachycardia; hypertrophic obstructive cardiac myopathy; pheochromocytoma; thrombosis; management of angina; essential and renal hypertension; prophylaxis of migraine. <b>Atenolol:</b> For the treatment of hypertension, angina pectoris, cardiac arrhythmias.	Hypokalaemia

 Healthcare Professionals, Patients/Consumers are advised to closely monitor the possibility of the above ADRs associated with the use of above suspected drugs. If, such reactions are encountered, please report to the NCC-PvPI, IPC by filling of Suspected Adverse Drug Reactions Reporting Form for HCP/Medicines Side Effect Reporting Form for Consumer available at <http://www.ipc.gov.in> and also through PvPI Helpline Number 1800-180-3024.





## Pharmacovigilance Programme of India


## REGULATORY MATTERS

## New drugs approved in India



The following new drugs were approved by the CDSCO during this index period;

S. No	New Drugs	Approved Indication(s)	Date of Issue
1.	Mavacamten capsules 2.5 mg, 5 mg, 10 mg, 15 mg	Mavacamten is indicated for the treatment of symptomatic (NEW York Heart Association, NYHA, class II-III) Obstructive Hypertrophic Cardiomyopathy (OHCM) in adult patients.	8 <sup>th</sup> October 2024
2.	Ferumoxytol Bulk Drug & Ferumoxytol Injection 510 mg Elemental Iron/17 ml (30 mg/ml)	It is an iron replacement product indicated for the treatment of Iron Deficiency Anemia (IDA) in adult patients: <ul style="list-style-type: none"> <li>Who have intolerance to oral iron or have had unsatisfactory response to oral iron or</li> <li>Who have Chronic Kidney Disease (CKD)</li> </ul>	8 <sup>th</sup> October 2024
3.	Belumosudil Tablet 200 mg	For the treatment of patients 12 years and older with chronic Graft versus-Host Disease(cGvHD) after failure of at least two prior lines of systemic therapy	22 <sup>nd</sup> November 2024
4.	Lumateperone Tosylate Bulk Drug & Lumateperone capsules 42 mg	Indicated for the treatment of depressive episodes associated with bipolar I or II disorder (bipolar depression) in adults as mono therapy and as adjunctive therapy with lithium or valproate.	26 <sup>th</sup> December 2024
5.	Trelagliptin Succinate Bulk & Trelagliptin Tablets 25 mg, 50 mg, and 100 mg	For treatment of Type 2 diabetes.	

 Healthcare professionals, patients/consumers are advised to closely monitor the possibility of the Adverse Events associated with the use of above new drugs. If any reaction is encountered, please report to the NCC-PvPI, IPC by filling of Suspected Adverse Drug Reactions Reporting Form for HCPs and Medicines Side Effect Reporting Form for Consumers (<http://www.ipc.gov.in>). You can also report through PvPI Helpline No. 1800-180-3024 (Toll-Free).

Courtesy : IMA News





## Violence Against Doctors

There is a sharp escalation of cases of violence against doctors in the recent past. Violence against healthcare professionals has occurred in the form of physical violence, verbal abuse, aggressive gestures, blackmail, and cyber-bullying. Violence against doctors has been observed in the United States, Australia, India, China, Pakistan, Nepal, Sri Lanka and others.

**Australia:** In 2019, a survey showed that in the last three years, there has been a 48 percent increase in assaults against nurses in Queensland. and in other cities too.

**India:** The Indian Medical Association has reported that 75% of doctors face verbal or physical abuse in hospital premises and fear of violence was the most common cause for stress for 43% doctors.

In May 2023, a junior doctor was stabbed to death while on night duty, by a patient brought to casualty for medical examination by the Police in a Government hospital in the Indian state of Kerala. The incident sparked widespread outrage and protests by doctors resulting in the Kerala Government passing an ordinance to provide stricter punishment for violence against hospitals and healthcare workers.

On 9 August 2024, a second-year postgraduate trainee (PGT) doctor at RG Kar Medical College in Kolkata, West Bengal, India was found dead in a seminar hall on the college campus. The incident has sparked significant outrage and nationwide protests which demand a thorough investigation while also questioning the safety of women in India.

**In China,** a 2019 survey by Dingxiang Yuan, a website for healthcare professionals, showed that 85% of doctors had experienced violence in their workplace.

**United States:** A 2018 survey conducted by the American College of Emergency Physicians showed that out of more than 3,500 E.R. doctors, 47% of the doctors had been assaulted. 97% of the time, the assailant was a patient.

### Prevalence and Types of Violence:

**Verbal Abuse Predominant:** While physical violence does occur, verbal abuse and threats are the most common forms of violence reported by doctors.

**Emergency Services and ICUs:** Emergency services and intensive care units (ICUs) are identified as high- risk areas for violence against doctors.

**Reasons for Violence:** Common triggers for violence include patient death, perceived delays in treatment, lack of medicines, and inadequate attention to the patient.





**Examples of Violence:** Reported incidents include verbal threats, physical assaults, and even instances of doctors being manhandled or threatened by patient relatives.

**Factors Contributing to Violence:**

**Systemic Issues:** Poor healthcare infrastructure, lack of resources, and long waiting. communication between doctors and patients/their families can lead to misunderstandings and escalations.

**Lack of Grievance Redressal**

**Media Representation:** Negative portrayals of doctors in the media can fuel public resentment and contribute to a climate of distrust.

**High Expectations:** High public expectations and lack of understanding of the complexities of medical care can also contribute to violence.

**LEGAL & PREVENTIVE MEASURES**

**Legislation:** Some states in India have enacted legislation to prevent violence against healthcare workers, but enforcement and awareness remain challenges.

- **Hospital Security:** Hospitals are urged to implement security measures, including protection teams, posters warning against violence, and restricting visitor access.
- **Training:** Training for healthcare staff on de-escalation techniques and conflict resolution is crucial.

**Strengthening Doctor-Patient Relationships:**

**IMA has been demanding a strong Central Law for protection of the healthcare professionals.** This is because although several states have some form of a law for this purpose it has failed to prevent acts of violence. The recent RG Kar incident has shaken the entire country and we must ensure that such a tragic occurrence should never be repeated again.

Historically, the erstwhile state of Andhra Pradesh was first to bring in a law for this purpose. The Andhra Pradesh Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage to Property) Act, 2008, was established to safeguard Medicare service personnel and protect property within healthcare institutions. Subsequently, several states have passed a law for this purpose. However the punishment varies from state to state and in most of the states the offence is non-cognisable and bailable.

In 2019 a bill was tabled in parliament for making the Central Act for protection of healthcare workers. However, there was no further progress on this issue. The argument that health is a state subject and so we cannot have a central law is





incorrect. We had witnessed that during the covid-19 pandemic the central government took to the Epidemic Diseases Act 1987 and enforced it during the Covid-19 pandemic by way of Epidemic Diseases (Amendment) Ordinance 2020. In similar lines we need to work towards a central act which will serve as a strong deterrent. The States should strengthen their own Acts and make it 7 year punishment and a non-bailable offence. Also, as has been done in Karnataka, the onus should be on the accused to prove himself/herself innocent and not on the complainant to prove the accused guilty. In Kerala too, following the gruesome murder of Dr. Vanada Das, a young medico on duty, the “Kerala Healthcare Service Persons and Healthcare Service Institutions (Prevention of Violence and Damage to Property) Amendment Act of 2023” was introduced which is one of the strongest State laws in India for protecting health professionals. This act extends protection to a wide range of healthcare workers, including doctors, nurses, paramedics, pharmacists, lab technicians, clerks, ministerial staff, and security guards. The High Court of Kerala has directed that an FIR be filed within one hour after the incidence of violence. The Kerala Act also makes violence against healthcare workers VAHCW a cognisable and non-bailable offence. It also allows for expedited delivery of justice by stipulating that an Inspector must complete an investigation into the offence within sixty days of filing an FIR. Once produced in court, the victims must be examined on consecutive days. This ensures that the court trial process is short and not drawn out. The Kerala Act has also given provisions for special sessions courts with a special prosecutor to try cases under this Act to ensure speedy justice delivery.

Cognizable offence is a serious crime that a police officer can investigate and arrest without a warrant. The police can also file a first information report (FIR) for cognizable offenses.

- Examples of cognizable offenses murder, rape, kidnapping, theft, and dowry death. Cognizable offenses are usually serious and carry a sentence of 3 years or more
- Cognizable offenses are mostly non-bailable
- Cognizable offenses do not have provisions for compromise between the parties involved.

**State Laws:** nearly 24 states have their own laws to protect medical professionals, Why a Central Act?

- **Uniformity:** A central law would ensure consistent application of the law across different states.
- **Stronger Deterrent:** Stricter penalties for violence against healthcare workers can deter potential aggressors.





- **Enhanced Security:**

- Challenges:**

- **Implementation:** Even with a central law, effective implementation and enforcement are crucial.
- **Public Awareness:**

**What are provisions brought in by centre ?**

On August 16, the Ministry of healthy and Family Welfare issued an order that " in the event of any violence against any health care worker while on duty, the head of the institution shall be responsible for filing an institutional FIR within a maximum of six hours of the incident,"

**The National Task Force (NTF), formed by the Supreme Court** in connection with the suo motu matter of RG Kar rape and murder case, has suggested in its report a 'separate central law' is not needed to protect healthcare professionals.

The NTF report filed in the apex court cited that existing state laws and the Bharatiya Nyaya Sanhita, 2023 (BNS), can address violence against doctors and other medical professionals. The report dealt with the question of whether existing law enforcement mechanisms needed to be strengthened to address violence against healthcare professionals. The NTF report highlighted that 24 states have already enacted laws addressing violence against regard. Most of the state laws cover minor offences and prescribe punishment for them. The major offences/heinous offences are adequately covered under BNS,"

The Indian Medical Association (IMA) earlier wrote to the NTF demanding a deterrent central law to safeguard doctors and healthcare staff, as well as designating the hospitals as safe zones. The task force also suggested filing FIRs, including zero FIRS, within six hours of reporting any violence against medical professionals at their workplaces, it also identified poor communication between medical professionals and families of the patients as a significant contributor to frustration, mistrust and tension that lead violence and mob attacks.

**THE STATES SHOULD STRENGTHEN THEIR OWN ACTS AND MAKE IT 7 YEARS PUNISHMENT AND A NON-BAILABLE OFFENCE AND NATIONAL IMA SHOULD CONTINUE TO FIGHT FOR CENTRAL ACT AGAINST VIOLENCE. LONG LIVE IMA.**

**Dr. E. Ravindra Reddy**

Chairman, IMA Standing Committee for Action.

Courtesy : IMA News





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



### UNIQUE SCHEME

**Be a Member**

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#### Approved Amendments From 24/02/2024,

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

#### FEE SCHEDULE :

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

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

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





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

### UNIQUE SCHEME

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

#### FEE SCHEDULE :

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

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Ashram Road, Ahmedabad - 380 009.

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





## BRANCH ACTIVITY

### BHARUCH

- 23-01-2025 CME on "Case based discussions in Urology" by Dr. Prashant Nanavati. Total 65 members were attended the CME.
- 27-02-2025 "Interesting Cases – Intervention Pulmonology" by Dr. Hiren Parikh.
- "Diabetic foot management" by Dr. Hiten Patel.
- 22-03-2025 "Robotic Joint Replacement" by Dr. Samir Babaria.
- "Innovative Endoscopic Spine surgery Technique under Ultrasound" by Dr. Ishant Gunadala.
- 16-04-2025 "Recent updates in Surgical Oncology" by Dr. Divyesh Pathak.
- "Squint: Only Cosmetic or a Real Problem" by Dr. Sonali Chheda Pathak.
- 06-05-2025 World Asthma Day.
- "Asthma & Allergy - Practical Cases And Recent Advances" by Dr. Bhuvneshwari Gohil
- "Asthma Management and Pulmonary Rehabilitation" by Dr. Deepa Thadani.

### GANDHIDHAM

- March Blood Donation camp. Total 11 Blood Donation Camp and 735 unites were collected.
- April Blood Donation camp. Total 3 Blood Donation Camp and 579 unites were collected.

### GANDHINAGAR

- 10-04-2025 CME on "Full Endoscopic Spine Surgery – Is It a beginning of a New Era? by Dr. Bhupesh Patel.
- "Safe Spine Surgery" by Dr. Rohit Thaker.
- 07-05-2025 "Breast Cancer Awareness" by Dr. Mitchell Engineer.
- "Childhood Cancer" by Dr. Krisha Shah.



**KALOL**

- 11-04-2025 CME on "Are all NOAC's Same" by Dr. Krishnakishore Goyal.  
 "Liver mass" Does the size matters?" by Dr. Ashokkumar Desai.

**MAHUVA**

- 01-05-2025 CME on "Management of Acute Necrotizing Pancreatitis" by Dr. Mayank Gurjar.

**MORBI**

- 04-04-2025 World Health Day theme of Health Beginnings, Hopeful Futures.  
 "Prenatal, Antenatal and Postpartum Care" by Dr. Payal Faldu and Dr. Bhoomi Jakasaniya.  
 "Importance of Breast Feeding, Weaning Healthy Dietary Habits in Children and Importance of Vaccination" by Dr. Amit Kuamr Ghuley and Dr. Akshay Jakasaniya.  
 "Irritable Bowel Syndrome" by Dr. Vaibhav Karoliya.  
 "Stress Management" by Dr. Nidhi Surani.  
 "Life Style Modification" by Dr. Rakesh Patel.  
 "Importance of Healthy Diet" by Dr. Chirag Aghara.
- 06-04-2025 Blood Donation Camp. Total 63 bags were collected.
- 08-04-2025 CME on "Esentials of Antenatal Aneuploidy Screening and Disgnostic test and congenital Heart Defect from Womb to our World Respectively" by Dr. Kartik Morjariya.  
 "Congenital Heart Defects" from Womb to our World" by Dr. Rashmi Jiyani.
- 11-04-2025 Anemia Project Under "Aao Gaon Chalen. 45 students were testes for Blood Group and Hemoglobin taken by Dr. Jayesh Panara, Dr. Chirag Aghara and Dr. Prakash Vidja.
- 15-04-2025 Anemia Project Under "Aao Gaon Chalen. 150 students were tested for Hemoglobin and Blood Group.
- 17-04-2025 "Kidney transplant Myths and facts, revolution in Robotic Oncosurgery" by Dr. Margi Hirpara.





23-04-2025 “Making decisions in common Pediatric Surgical problems”  
by Dr. Jayul Kamdar.

“Common Neonatal Surgical Emergencies” by Dr. Pallav Kumar.

Approximately 30 doctors were attended the meet.

24-04-2025 World Immunization Week by Dr. Hasmukh Savsani,  
Dr. Sandip Mori, Dr. Ankit Sinojiya and Dr. Alpesh Rankja.

15000 pamphlets were distributed.

### NAVSARI

25-04-2025 CME on “Pitfalls of Diabetes care in ICU and Clinical Practice”  
by Dr. Anuj Clerk.

“Kidney failure and its management” by Dr. Vatsa Patel.

### SURAT

20-04-2025 COLS Training Program by Dr. Jagruti S. Desai, Dr. Dhaval Patel, Dr. Utpal Patel, Dr. Akash Trivedi and Dr. Hiren Naik.

About 65 faculties of the college were trained.

27-04-2025 CME on “Hearing Impairment: Causes, Identification & Intervention” by Dr. Saumitra Shah.

“Autism as a cause of communication delay” by Dr. Swati Vinchurkar.

“Dental issues with autism and speech delay” by Dr. Darshan Modi.

“Gut brain Axis and Autism” by Dr. Ritesh Shah.

“Common causes of speech and feeding delay: motor aphasia, adenoids” by Dr. Swati Vinchurkar.

“Cleft lip and palate, palatopharyngeal insufficiency” by Dr. Saumitra Shah.

Around 110 delegates were present.





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  - (4) K.D. Hospital
  - (5) Aarpan New Born Care Centre
  - (6) Kiran Hospital.
  - (7) Shiv Hospital & Trauma.
  - (8) Parikh Hospital.
  - (9) Shruti Hospital.
  - (10) Gujarat Kidney Hospital
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## HOW I DO DVT - Evaluation for Underlying Cause - PART 11

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

**Question:** In last part, we covered some important points related to VTE (Deep Vein Thrombosis and Embolism) 1. More people are dying today from VTE than from Bleeding. 2. Modern lifestyle, obesity, age, cancer, hospitalization, several surgeries, pregnancy are some of the most important risk factors for thrombosis. 3. So many new medicines have come in last two decades i.e. anticoagulants. 4. Symptoms of DVT and how to diagnose using tests. Symptoms and signs are frequently not classical. No blood test can diagnose DVT. 5. Urgency of diagnosis and treatment. Precautions before starting anticoagulation.

Now that we have discussed diagnosis, and work up before starting anticoagulation, can we discuss details of anticoagulation?

**Answer: NOT YET.** It is important to remember that yes it is urgent to start anticoagulation. But our thought process does not need to end there. In parallel, we have to **initiate work up for**

**underlying cause** for DVT/VTE. Most commonly, doctors start anticoagulation and then forget to ask the question **WHY?**

Cause of DVT is either hereditary disorders or acquired. Acquired are far more common. It is important not to miss the most common causes that we discussed i.e. **underlying cancer**, recent surgery, recent hospitalization, recent immobilization. **Obesity** is an important risk factor, but we do look for other reasons. Effects of modern lifestyle, obesity, age cannot be detected by a test. Also, **see CBC carefully**. If there are any signs of myeloproliferative neoplasm e.g. platelets, WBC, or Hb even if mildly on higher side. These changes can be subtle, not always typical very high wbc or very high platelet. They can be just outside of normal range. Or even within normal range, and one may still have minor changes in differential count, or a mild splenomegaly. Molecular tests from blood can then get us to an early diagnosis of MPN.

In addition, **age appropriate** (means standard recommendations for given age, not for every patient e.g. PSA only if male above age 50, or mammogram only if age above 40) **cancer screening** is very important. Including at least a USG of abdomen, chest x ray (CT scan if any doubt by history or examination); PSA, stool occult blood for 3 days or colonoscopy, mammogram, PAP smear, low threshold for CT chest if smoker. Even a small asymptomatic cancer can lead to DVT. It does not have to be advanced disease.

Large majority of patients however, do not have a clear underlying reason we can diagnose. Even after extensive blood tests or other tests. When I order detailed thrombophilia panel, I do advise patients that **in about 80% cases, we will not find any reason**. In western literature, this number is about 50%, largely due to a high number of Factor V Leiden mutation in white population.

Most of the work up can happen in parallel or even weeks later, but what we do need to draw before starting anticoagulation is: **lupus anticoagulant**. Since this test can be false positive in presence of heparin, LMWH, most oral anticoagulants today. A negative test however is ok even on anticoagulation.

**Minimum work up that we order in most patients is:** Homocysteine; APLA i.e. lupus anticoagulant, anticardiolipin antibody IgG and IgM, antithrombin III glycoprotein antibody IgG and IgM; blood smear review; USG abdomen, chest x ray; age appropriate cancer screening.

In western literature, **homocysteine** is considered a very weak risk factor for DVT and guidelines now do not recommend routine testing for this. However, what we and other colleagues have found that in India, homocysteine values are frequently much higher than western datasets. Their high is about 15 or so, whereas here we frequently find over 50 or 75. Likely due to much more common deficiency of vitamin B, but could have additional reasons. Homocysteine is an easy blood test, and if high we can look for deficiency of vitamin B and treat it easily. B1, B6, B12 combination, or simple b complex, or even only B12 & folic acid supplements are used.

Many people routinely order **extensive thrombophilia testing**, even with first episode of DVT i.e. panels including hereditary factors. Costing about 30-40,000. Remember this is **not** part of minimum work up we do, as noted above. And why is that? First it is not recommended by guidelines for every patient. Second because it does not change management most of the time. Once which change management are included in minimum work up noted above. Hereditary factors rarely lead to DVT by themselves. Also, most of them are very rare anyways. Hence chance of finding them is very low, and unless patient is very young, or has a strong family history, they should not be routinely tested with first episode of DVT. With second episode, one may consider. There also, it is not mandatory, since in most cases, **anticoagulation details are decided by Clinical details of DVT** (site, severity, frequency etc), **rather than** underlying hereditary factors. So for example, if one finds a factor V Leiden mutation with first DVT, duration of anticoagulation does not increase. And if one finds same mutation or absence of it, with second DVT, duration of anticoagulation does not reduce. Same for most other hereditary factors. With second DVT, long term anticoagulation is recommended for most DVT regardless of any such tests. And with first DVT, it is mostly about 6 months, regardless of such tests.

May 11, 2025 **Dr Chirag A. Shah**; M.D. Oncology/Hematology (USA), 9998084001. Diplomate American Board of Oncology and Hematology. Ahmedabad. [drchiragashah@gmail.com](mailto:drchiragashah@gmail.com) [www.shyamhemonclinic.com](http://www.shyamhemonclinic.com)



**Dr. Chirag A. Shah**

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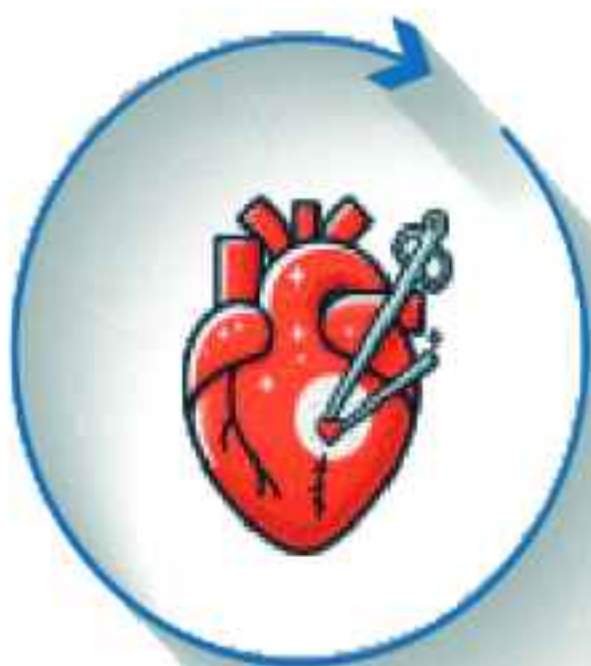
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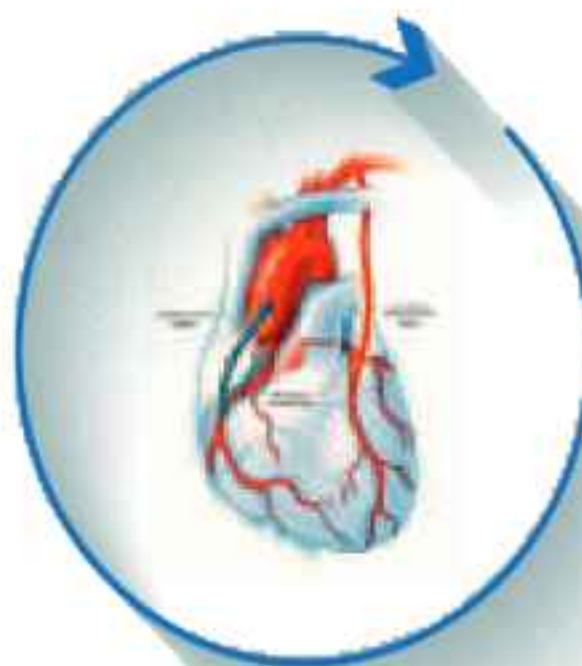
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### Hodgkin Lymphoma in Children, Adolescents and Young Adults

- Lymphoma is a type of blood cancer that develops when white blood cells called lymphocytes grow out of control. Lymphocytes are part of your immune system.
- Childhood Hodgkin lymphoma has two main types classic and nodular sclerosing.

#### Symptoms

- lymph node swelling
- feeling sick or being sick
- coughing or difficulty breathing
- itchiness in skin
- anorexia
- feeling very tired

It's common for children with Hodgkin lymphoma to experience fevers, night sweats and weight loss-known as '**B symptoms**'.

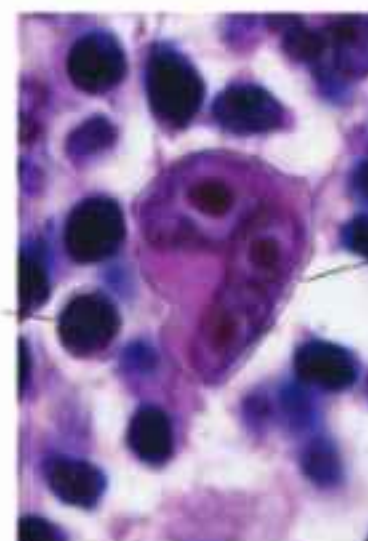
#### Diagnosis and staging

Hodgkin lymphoma is diagnosed with a small operation called a **Biopsy**. A sample of tissue, such as a swollen lymph node, is removed. Other tests to access general health and to find out which parts of your body are affected by lymphoma. This is called '**staging**'.

- A CT scan, often combined with a PET scan
- A bone marrow biopsy.
- Blood Tests like CBC, ESR, CRP, Albumin

#### Risk Factors

- EBV infection, HIV infection
- Immune disorders like autoimmune lymphoproliferative syndrome
- On Chemotherapy or immunosuppressive therapy



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#### Treatment

Most Children with Hodgkin lymphoma are treated with chemotherapy. Radiotherapy, targeted therapy and immunotherapy are also used based on staging, response and if the disease is relapsing or refractory in nature. Surgery is rarely needed in certain subtypes of Hodgkins.

- Chemo regimes - ABVD/OEPA/ABVE-PC

For cases of High risk, refractory or relapsed Hodgkin newer agents are now used

- Targeted therapy (Brentuximab)
- Immunotherapy (Nivolumab)
- Radiotherapy
- High dose chemotherapy with Autologous Stem cell Transplant
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#### Prognosis

- Survival rates for this cancer are about 90% with complete cure seen in those treated early and under close supervision.
- Hodgkin Lymphoma in Children should be treated under the care of an Experienced Pediatric Oncologist Hematologist in a hospital experienced to take care of children with cancer.




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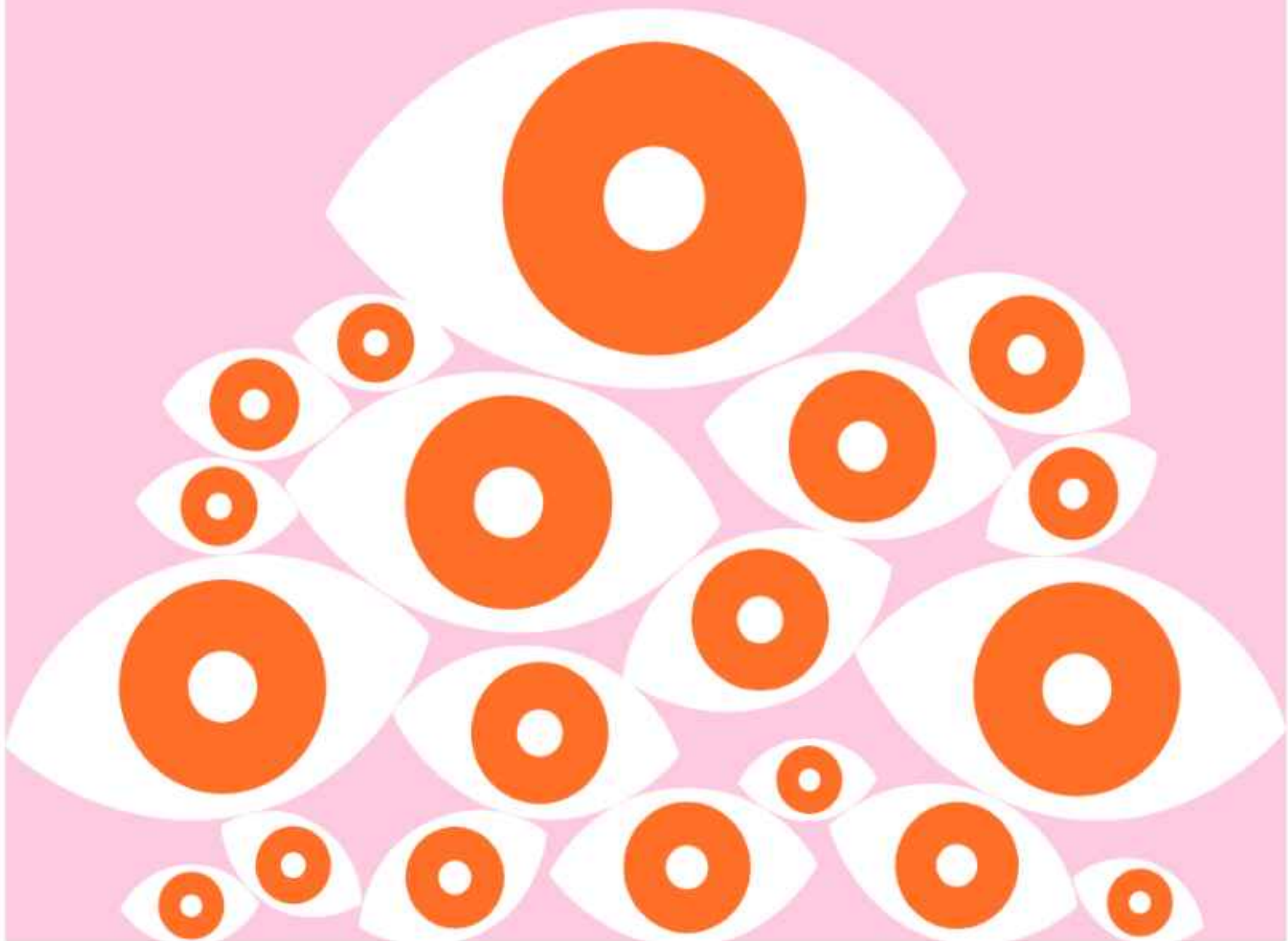
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