



STATE PRESIDENT'S MESSAGE



Dear Colleagues

I am immensely honoured and humbled as our IMA family has selected me as President of IMA, Gujarat State. I am aware that it brings lots of responsibilities on me as I need to fulfil expectations of our every member. As we all are

well aware of Indian Medical Association and its contribution nationally as well as internationally, it will be a really proud privilege for me as a President of IMA, Gujarat State to represent all our fraternities at state level.

Gujarat State IMA has shown phenomenal progress in past years and it is one of the most active association at national level. This would not have been achieved if my worthy predecessors and other office bearers had not put in yeomen efforts and dedicated themselves in this pious cause. I will fail in my duty if I do not remember the contributions of my former colleagues Dr. Bipinbhai Patel, Dr. Mahendrabhai Desai, Dr. Jitendrabhai Patels, Dr. Kirtibhai Patel, Dr. Chetanbhai Patel, Dr. Golwala, Dr. Pragneshbhai Joshi, Dr. Mansukh Kanani, Dr. Bharatbhai Trivedi, Dr. Ashok Kanodia, Dr. Yogendra Modi Dr. Babulal Patel, Dr. Anil Naik and many others under visionary leader Dr. Ketanbhai Desai's guidance and constant inspirations. I salute you all on behalf of Gujarat state IMA.

Our doctors of Gujarat are always keen to serve IMA and the society, be it CME, conferences, workshops, medical camps, awareness programmes, rallies, serving society in any odd situation or natural calamities. In short IMA has its enormous



contribution to society in one way or other. Much more to be done in this direction is to shorten the gap between patient and doctors and I sincerely wish as a philanthropic social activity we will do such social services as a team.

I wish doctors are given the appropriate honour in the society and Doctor-Patient relationship is getting strengthened in view of social services rendered by doctor fraternity. For this we, the doctors will have to keep the hunger for medical knowledge kept kindled thus updating our skills and pass on the medical knowledge to the society for prevention of disease and better health.

IMA is a family. I earnestly seek support, help and guidance from every single member of IMA. I know, "THE CAPTAIN IS AS GOOD AS HIS TEAM". As an humble human being I wish and pray that I am proved a good captain, ultimately.

As our veda says "SAMA GACHHADHVAM" meaning let us progress together.

Jai IMA..... yours

Dr. Atul Pandya

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

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DISCLAIMER

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IMM. PAST PRESIDENT'S MESSAGE



Dear Colleagues

Our Team is at the end of our term at IMA GSB. And when you receive this bulletin, the baton must have passed to our new President Dr. Atul Pandya and Hon. State Secretary.

During the year, I had an opportunity to meet many colleagues and learn a lot. I had the

opportunity to witness many community works & scientific programmes. My special thanks to IMA Vadodara, IMA Surat & IMA Jamnagar for organizing zonal programmes. The hospitality of IMA Jamnagar, IMA Ahmedabad, IMA Rajkot, IMA Morbi, IMA Wankaner, IMA Bharuch & IMA Surat Branches will be cherished for long.

What is the definition of a Leader?

To me, the Leader is who

- Speaks less & works more
- Works thing differently
- Inspires others
- Listens to other

We have tried to give the best Leadership to the Association. However we may have failed at places to fulfill the expectation of members.

We have to move ahead to take the Association to newer heights accepting the fact of facing the different opinions amongst ourselves. We have tried our best to give what we can give to the Association. This gives us the satisfaction that we have been able to fulfill our promises made on 26th December, 2014.



The formation of IMA GSB young Doctors' wing and Project presentation of Diabetic Blindness along with reintroduction of AaoGaonChalen Project in a more structured way are major successes. The blue print of much awaited Hospital Protection scheme, Hospital Board of Gujarat and Confederation of Associations of Medical specialists of India, Gujarat Chapter are ready.

This year I had initiated many activities and I am thankful to the local branches for implementing them.

During this year, I have tried to contact as many as members possible. This has given me an opportunity to receive Love & Respect from them.

Whatever little I have been able to do would not be possible without the support of IMA GSB office staff & our State Secretary Dr. Jitendra N. Patel. I must thank my IMA Vadodara colleagues who have always supported me. I cannot forget the secretarial help provided by IMA Vadodara staff. The Thanks giving would be incomplete without apologising to my family for my Regular Absence on weekend.

I know the new President Dr. Atul Pandya as a mass Leader & a result oriented person. I hope the new initiatives started by our team will be continued by the new team in more successful way. I will extend full co-operation from my side & wish him a successful Presidential year.

Together Each Achieve More

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

Our greatest weakness lies in giving up. The most certain way to succeed is always try just one more time



MESSAGE



Dear Members,

At the outset I wish you all a very very happy new year.

Atmosphere is already cold and nature is doing its job without failing though it may not be digested by human beings. But it does. Friends, are we all doing our job as it has been meant? In my view, many a times not.

Let me come to the point. Of course we do attend conferences, scientific programs, update our knowledge and skills, even technology. But in today's scenario is that enough?

I strongly believe that we need to learn so many other skills also, to combat present as well as forthcoming difficulties for individual doctor and whole medical fraternity too.

Friends as you all know, our parent body, IMA is ongoingly representing issues related to our fraternity to concerned authorities. At the same time its our responsibility also to contribute whole heartedly to make such efforts fruitful. We should work as TRADE UNION rather than only Association. I strongly believe that all people should support any call from union. And friends, it's really high time to fight for our own future. Don't think that let others do. It's not going to make any difference if I won't do. Till now we have suffered a lot from such attitude.

Do enjoy your life, enjoy your rights, but at the same time fulfill your responsibilities for the fraternity too. I know you all know everything. Nothing much to say.

At the end, let me say: "Arise, Awake & Stop not, till the Goal is reached".

My sincere thanks to outgoing president Dr. Chetanbhai as I have learnt so many things from him and I enjoyed the tenure with him a lot.

I congratulate & my best wishes are with newly installed President Dr Atul Pandya & his team. My strong support would always be there with him & IMA GSB.

Jai Hind, Jai IMA.

Dr. Jitendra N. Patel



Response of GOI to IMA memorandum

No.Z.17025/19/2015-Cdn-I

Government of India

Ministry of Health and Family Welfare

Department of Health & Family Welfare

(Coordination-1 Section)

Nirman Bhawan, New Delhi-110011

Dated:13th November,2015

ORDER

Subject : Constitution of a Committee to examine the issues raised by Indian Medical Association-reg. It has been decided to constitute a committee under the Chairmanship of Additional Secretary(Health) to examine the issues raised by Indian Medical Association and submit its report within six weeks from the date of issue of this order. The composition of this Committee is as under:-

- I. Joint Secretary (dealing with the subject), Ministry of Health & Family Welfare:
 - II. Joint Secretary, Ministry of Law & Justice;
 - III. Joint Secretary, Department of Consumer Affairs;
 - IV. Joint Secretary, Ministry of Home Affairs;
 - V. A representative from MCI;
 - VI. A maximum of three representative from IMA.
2. The Terms of Reference of the committee are as under:-
- a) Frequent instances of assault on doctors and clinical establishments across the country and the need for a central Legislation for providing protection to the same.
 - b) Urgent amendments in the PC & PNDT Act to ensure that strict penalties are imposed only on actual act of sex determination or female feticide and not for clerical errors in the maintenance of registers etc. The IMA is also of the view that registration should be of ultrasound machine and not of doctors not doing pelvic ultrasound.
 - c) Single doctors establishments should be exempted from the purview of the Clinical Establishments Act and the need for pre-registration inspection may not be there for those clinical establishments which already have entry level NABH accreditation and above.
 - d) Suitable amendments should be made in the Consumer Protection Act for capping the compensation amount as the current compensation practice, apart from being very high at times, was also tilted in favour of the persons with higher income.
 - e) The non-MBBS and non-BDS doctors should not be allowed to prescribe medicines under modern system and the other stream practitioners like AYUSH doctors etc. should not be allowed to practice through bridge courses and through government orders.
3. The committee will examine the issues in depth and any other point which Indian Medical Association (IMA) may have impinging on the above issues and to suggest a time bound plan for implementation of the feasible points.
 4. This has the approval of the Secretary(HFW)

(Rajeev Kumar)
Director (Coordination)
Tel:-23062495



IMA Satyagraha on 16th November : Ministry of health agrees to act on all five demands within six weeks

Dear Leaders

Happy and Healthy Diwali,

National IMA has been perusing five community oriented demands for over a year. IMA had given a protest notice to Prime Minister, Union Health Minister, Minister for Consumer Affairs, Home Minister and Union Law Minister in reference to the Observation of a Protest Day/Satyagraha on November 16th.

IMA had also sent the copy of this letter to all the Members of Parliament on 1/11/2015.

IMA started a successful signature campaign on emedinexus, and the same was signed by over 50,000 members of IMA. IMA with emedinexus also organised an interactive webcast with Attorney General Mr Mukul Rohatgi on these issues.

Attorney General suggested that for all the demands inter-ministerial coordination committee was required, involving health, home, consumer, law ministries along with MCI and IMA.

IMA was called for a discussion by the Union Health Minister on the 5 issues that were raised on 10/11/2015. A very detailed discussion on all issues were made. The meeting was also attended by the Union Health Secretary.

Union Health Minister agreed on all the major issues and the solutions suggested by IMA. Most of these issues require amendment of existing Acts.

Health Minister agreed and constituted a time bound committee consisting of the Additional Secretary Health, Joint Secretary Law, Joint Secretary Home, Joint Secretary Home and Joint Secretary Consumer Affairs. The committee will have three representatives of IMA (IMA insisted for the same) and one from MCI. The committee will study all the suggestions and amendments given by Indian Medical Association on all five issues and submit a report within six weeks (before the central council meet). The ministry will than expeditiously act on the suggestions and amendments.

IMA had discussions with senior leaders and all felt that it was the right step. In the history of IMA it has happened for the first time that a joint inter-ministerial committee has been formed by the government to look into the amendments and suggestions given by IMA.



The health Minister has also agreed to address the Central Council meeting in Delhi.

It's a victory of Team IMA and shows the strength of our signature campaign and mass preparedness for the event.

Team IMA is grateful to the enthusiasm and commitment given by all members, state leaders and senior leaders and specially thank Mr. Mukul Rohatgi and emedinexus for their timely help.

Taking into consideration of the above facts and sequences Team IMA is POSTPONING the protest from November 16th.

Issues concerned with public health and medical fraternity that were in existence for almost fifteen years are going to be addressed by the government and a solution is expected thereof. The government order (No. Z.17016/5/2015-Cdn-I, dated 10th November 2015) also commits to taking expeditious action upon receipt of the recommendation of the committee.

It goes without saying that the unity and single handed determination every member of IMA particularly the local and state branch presidents/secretaries have shown, forced the government to the negotiation table. You have proved that IMA can achieve any goal if there is unity and determination.

We have only won a battle and not the war. We have a long way to go. The amount of pressure you are putting on MPs and MLAs has to be sustained because in spite of the government agreeing to our demands since all the demands need amendments of the existing acts the opinion of the Members of Parliament matters

Continue meeting MPs, MLAs, state ministers, political leaders and give the impression that this time Indian Medical Association means business and will not retract till our demands are met.

Keep the preparedness for protest/satyagraha and continue online campaign; at any moment we may be forced to resort to action

Thanks and regards,

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

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

Dr. Chetan N. Patel
President (IMA - GSB)

Dr. Jitendra N. Patel
Honorary State Secretary (IMA - GSB)



INDIAN MEDICAL ASSOCIATION

GUJARAT STATE BRANCH

Host : Ahmedabad Medical Association



Invitation

We cordially invite you on the occasion of

IMA YOUNG DOCTORS' CONVENTION

Date : 20th December, 2015 (Sunday)

Time : 9.30 A.M. to 12.30 P.M.

Venue : Ahmedabad Medical Association Hall,

AMA House, Opp. H. K. College,

Ashram Road, Ahmedabad-380009.

CHIEF GUEST

Dr. Jitendra B. Patel

Imm. Past President - IMA (HQs.)

GUESTS OF HONOUR

Dr. Mansukh R. Kanani

Vice President, IMA (HQs.)

Dr. Atul Pandya

President, IMA-GSB

Dr. Brijan Choksi

President, AMA

* * * * *

Topics : Tackling Obesity - "One Size Does Not Fit All" - Dr. Mahendra Narwaria

**Expanding the horizon of Medical Practice - Mr. Nandak Pandya
(Courtesy : Creators Anaesthesia Associates).**

Dr. Chetan Patel

Imm. Past President
IMA-GSB

Dr. Jitendra N. Patel

Hon. State Secretary
IMA-GSB

Dr. Parth Desai

Chairman,
Young Doctor's Wing

Dr. Smitaben Shah

Imm. Past President
AMA

Dr. Ashok Kanodia

Hon. Secretary
AMA

Dr. Ashish Bhojak

Convener
Young Doctor's Wing

The programme will be followed by Lunch.



Registration Complimentary, but Compulsory .

For Registration / Detail, please contact

Organizing Committee

Dr. Parth Desai	9898797963	Ahmedabad
Dr. Ashish Bhojak	9909904571	Ahmedabad
Dr. Parth Patel	9913363762	Ahmedabad
Dr. Viral Shah	9099047007	Ahmedabad
Dr. Chinmay Shah	9328938008	Bhavnagar
Dr. Jignesh Patel	9427618080	Himmatnagar
Dr. Divyesh Panchal	9714632100	Ahmedabad
Dr. Hemal Jasani	9825382526	Rajkot
Dr. Gaurang Patel	9724319934	Ahmedabad
Dr. Nirav Modi	9825887812	Ahmedabad
Dr. Parul Vadgama	9879533318	Surat
Dr. Rachit Patel	9726657062	Ahmedabad
Dr. Tushar Chaudhari	9879352913	Mehsana
Dr. Kirtirajsinh Gohil	9998962309	Bharuch
Dr. Parag Chavda	9429111940	Vadodara
Dr. Kedar Mehta	9879036835	Vadodara
Dr. Pinakin Rohit	9925113323	Ahmedabad
Dr. Rajesh Desai	9925193399	Junagadh
Dr. Chintan Gandhi	9979973239	Ahmedabad
Dr. Hardik Patel	9925040342	Dahod
Dr. Amol Mehta	9825312424	Ahmedabad
Dr. Kiran Thakkar	9825739943	Patan
Dr. Ketan Patel	9724515060	Ahmedabad
Dr. Vaibhav Sutariya	9558105533	Ahmedabad
Dr. Nisarg Dharaiya	7567200111	Ahmedabad
Dr. Ankit Padhiyar	9727594092	Deesa
Dr. Amit Agravat	9825416609	Rajkot

For online registration, please visit : www.ahmedabadmedicalassociation.com



NEW LIFE MEMBERS

I.M.A. GUJARAT STATE BRANCH

We welcome our new members

L_M_No.	NAME	BRANCH
LM/24700	Dr. Kalu Imran Ismailbhai	Godhra
LM/24773	Dr. Jadeja Rajubha Tapubha	Jamnagar
LM/24774	Dr. Vazirani Jayesh Anilkumar	Jamnagar
LM/24775	Dr. Purohit Khyati Gautambhai	Jamnagar
LM/24776	Dr. Mukhi Aman Nasrudin	Rajkot
LM/24777	Dr. Sai Aditya Subhashbhai	Rajkot
LM/24778	Dr. Shastri Kartikey R.	Rajkot
LM/24779	Dr. Prajapati Saloni Ramesbhai	Vadodara
LM/24780	Dr. Patel Gaurav Indulal	Vadodara
LM/24781	Dr. Chhasatia Anupsinh H.	Vadodara
LM/24782	Dr. Shah Roma Shaileshbhai	Vadodara
LM/24783	Dr. Patel Moin Iqbalbhai	Vadodara
LM/24784	Dr. Tailor Hardik Kiritkumar	Vadodara
LM/24785	Dr. Oswal Dwarkesh Rameshbhai	Vadodara
LM/24786	Dr. Pathak Prutha Rohitbhai	Vadodara
LM/24787	Dr. Parmar Rajnikant Chandrakant	Vadodara
LM/24788	Dr. Dodia Viral Natvarsinh	Valsad
LM/24789	Dr. Ramavat Purvesh R.	Valsad
LM/24790	Dr. Bhandari Parthiv Dilipbhai	Himatnagar
LM/24791	Dr. Ghoghara Suja Khimjibhai	Anand
LM/24792	Dr. Patel Ramesh Ishwarbhai	Palanpur
LM/24793	Dr. Patel Mehul Anilbhai	Palanpur
LM/24794	Dr. Gandhi Himesh Rameshchandra	Surat
LM/24795	Dr. Patel Meshva Shantilal	Surat
LM/24796	Dr. Mody Pratham Hemantkumar	Surat
LM/24797	Dr. Patel Dhaval Jasubhai	Petlad
LM/24798	Dr. Chavda Manish Mahidasbhai	Keshod



LM/24799	Dr. Trivedi Jayant Madhusudan	Gandhinagar
LM/27800	Dr. Trivedi Pragati Jayantbhai	Gandhinagar
LM/24801	Dr. Chhatrola Ajay Bharatbhai	Morbi
LM/24802	Dr. Detroja Kunjan Mohanlal	Junagadh
LM/24803	Dr. Kothadia Purvi Harsukhbhai	Junagadh
LM/24804	Dr. Vachhani Viral Jagdishbhai	Junagadh
LM/24805	Dr. Meghpara Mayur Mansukhbhai	Keshod
LM/24806	Dr. Kamani Mayuri Mahendrabhai	Keshod
LM/24807	Dr. Vachhani Mayank Hirjibhai	Keshod
LM/24808	Dr. Shah Amar Ramkrishnabhai	Himatnagar
LM/24809	Dr. Shethwala Nimisha D.	Himatnagar
LM/24810	Dr. Trivedi Harsh Vijaykumar	Sidhpur
LM/24811	Dr. Shah Hiren Vipinchandra	Surat
LM/24812	Dr. Patel Nainesh Bhanubhai	Surat
LM/24813	Dr. Khakhla Pooja Hamirbhai	Surat
LM/24814	Dr. Dodiya Parag Rameshchandra	Jamnagar
LM/24815	Dr. Purohit Yagnesh Nandlal	Rajkot
LM/24816	Dr. Gadhvi Jaimin Sanjaybhai	Rajkot
LM/24817	Dr. Shah Geet Mayurbhai	Ahmedabad
LM/24818	Dr. Shah Ekta Geet	Ahmedabad
LM/24819	Dr. Sachora Wasimahmed M.	Ahmedabad
LM/24820	Dr. Thaker Rohit Anilbhai	Ahmedabad
LM/24821	Dr. Doshi Binal Hareshbhai	Ahmedabad
LM/24822	Dr. Kumar Shailendra	Ahmedabad
LM/24823	Dr. Kubavat Ashka Vishwasbhai	Ahmedabad
LM/24824	Dr. Patel Rutul Pravinbhai	Ahmedabad
LM/24825	Dr. Patel Nirmika Rutulbhai	Ahmedabad
LM/24826	Dr. Solanki Rajendra Naginbhai	Ahmedabad
LM/24827	Dr. Shah Harsh Jayantkumar	Ahmedabad
LM/24828	Dr. Shah Jayun Maheshchandra	Ahmedabad
LM/24829	Dr. Taluja Amit Harbanslal	Ahmedabad
LM/24830	Dr. Shah Kairav Shirishkumar	Ahmedabad
LM/24831	Dr. Patel Piyush Valjibhai	Ahmedabad



LM/24832	Dr. Mehta Rucha Jaiminbhai	Ahmedabad
LM/24833	Dr. Parmar Sandeep Madhavlal	Ahmedabad
LM/24834	Dr. Joshi Deep Rageshbhai	Ahmedabad
LM/24835	Dr. Shah Ankit Anilbhai	Ahmedabad
LM/24836	Dr. Bansal Mudit Jitendrabhai	Ahmedabad
LM/24837	Dr. Bansal Sushma Mudit	Ahmedabad
LM/24838	Dr. Rathwa Amit Govindbhai	Vadodara
LM/24839	Dr. Rathwa Usha Amitkumar	Vadodara
LM/24840	Dr. Patel Vandana Upendrabhai	Vadodara
LM/24841	Dr. Patel Jigar Gordhanbhai	Vadodara

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CONGRATULATIONS

❖ Dr. Rajesh C. Shah; Ahmedabad

Being honoured as D.Sc (Doctorate of Science) by Assam Down Town University, Guwahati on 4th September, 2015

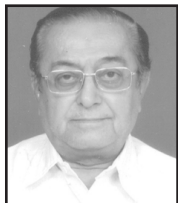
❖ Dr. Amar Shah; Ahmedabad

Has been elected as Member of the National Academy of Medical Sciences (India) in recognition of significant contribution for the advancement of Medical Sciences. He has been awarded the degree of MAMS for the same.

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OBITUARY

We send our sympathy & condolence to the bereaved family



Dr. Sharadchandra P. Vaidya

(22-04-1941 - 08-09-2015)

Age : 74 years
Qualification : M.B.B.S.
Name of Branch : Ahmedabad

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



COMMUNITY SERVICE

ANAND

- 27-10-2015 "Malaria Dengue Samwad" at village JOL. Around 50 mosquito nets were distributed.
- 31-10-2015 "Life Style & Blood Pressure project". Total 903 employees were examined.

HIMATNAGAR

- 31-05-2015 World tobacco free day
- 16-08-2015 Medical diagnostic camp. Total 715 patients checked.
- 27-09-2015 Seminar on Stress management

JAMNAGAR

- 05-09-2015 Teacher's Day Celebration
- 04-10-2015 Children Diagnostic and treatment camp. Around 33 patients were examined and treated in this camp.
- 11-10-2015 Free Ocular examination camp. Around 20 females and 6 male patients were examined in this camp

MEHSANA

- 01-11-2015 IMA Mehsana and Indian Cycle Club, Mehsana has organized 200 Kms Cycling event (Mehsana Danta Mehsana). Following doctors and family members have completed it in given time.

1. Dr. Mukeshbhai & his wife Mrs. Ushaben Chaudhary
2. Dr. Piyush Patel
3. Dr. Nirbhay Desai

MORBI

- 01-10-2015 Blood Donation Camp. Total 20 bottles were collected.
- Osteoarthritis camp. Total 50 patients got benefit.
- Diabetes Camp. Total 63 patients got benefit.
- Skin Diagnostic Camp. Total 100 patients got benefit.
- Psoarthritis Day Celebration. Total 10 patients got benefit

**NADIAD**

25-10-2015 Prevention and management of Back pain and osteoporosis. Total 62 doctors participated in the event.

NAVSARI

25-10-2015 Medical Camp at Amadhara village, T. Chikhali, Dist. Navsari

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BRANCH ACTIVITY**AMRELI**

31-10-2015 "IUI" by Dr. Kinjal Kanani

ANAND

08-10-2015 "Laughter, the best medicine" by Dr. Mahesh Desai
"Rational approach to vertigo" by Dr. Nilay Shah

IDAR

01-10-2015 "Debunking youths regarding Obesity & Management of obesity" by Dr. Ghanshyam Bagadia.

HIMATNAGAR

08-05-2015 "Recent advances in CABG" by Dr. Alpesh Patel
16-05-2015 "Hypertension update 2015" by Dr. Sadanand Shetty
27-05-2015 "Myths and facts about angiography and angioplasty" by Dr. Gaurav Gadhavi
"Carcinoma of prostate" by Dr. Ketav Patel
14-06-2015 "Neuropsychological testing in epilepsy" by Dr. Darshan Shah
22-06-2015 "Role of interventional radiology in various diseases condition" by Dr. Rozil Gandhi
03-07-2015 "Save life at critical hour role of R-TPA" by Dr. Jayesh Prajapati
10-07-2015 "Surviving Sepsis campaign" by Dr. Hitesh Patel
17-07-2015 "Science of tissue management" by Dr. Jignesh Gandhi
24-07-2015 "Safe Spine surgery" by Dr. Niraj Vasavada
"Latest neurological trends" by Dr. Mahendra Chauhan.



04-08-2015 "Laparoscopy in gynaecology" by Dr. Mehu Sukhadiya
13-08-2015 "Sleep disorders" by Dr. Kalpesh Talati
"Changing Landscape in neurosurgery" by Dr. Kalpesh Shah
20-08-2015 "Hypertension update" by Dr. Abhishekha Tripathi
"Acute stroke management" by Dr. Arvind Sharma
27-08-2015 "Headache" by Dr. Rakhil Yadav
02-09-2015 Recent advances in GI Scopy" by Dr. Sanjay Rajput
11-09-2015 "Basics in epilepsy" by Dr. Devasi Visana
23-09-2015 "Treatment of venous thromboembolism along with recommendation for VTE prophylaxis" by Dr. Pranav Modi
"Role of anticoagulants in non ST elevation MI" by Dr. Vipul Kapoor
02-10-2015 "Recent advances in IVF and tips to become an entrepreneur in your field" by Dr. Himanshu Bavishi
09-10-2015 "Thyroid cancer: past, present, future" by Dr. Kaustubh Patel
"Revolution in management of skull base cancers" by Dr. Siddharth Shah
"Radiation therapy in solid tumors" by Dr. Vivek Bansal
13-10-2015 "Balanced posture and its role in prevention of various body pain" by Dr. Jignesh Patel

JAMNAGAR
27-09-2015 "Oncology" by Dr. Chetan Mehta and Dr. Bhargav Trivedi
"Management of Cancer of Oesophagus and Lung" by Dr. Rajesh Mistry
"Carcinoma Breast" by Dr. Mander Nadkarni
"Robotic Surgery: The Science for Today and Tomorrow" by Dr. Yuvraj T.B.



04-11-2015 To generate awareness amongst medicos and paramedical staff on CCHF virus and the occupational hazards caused by it by Dr. Kamlesh Upadhyaya

KAPADWANJ

16-09-2015 "Oral Cancer – Key to Early diagnosis" by Dr. Dinesh Patel
 "Cancer in Children – Overviews" by Dr. Anupa Joshipura
 "Role of Free Microvascular Flaps in Major Cancer Surgeries" by Dr. Raghuvir Solanki

MEHSANA

01-11-2015 "Musculoskeletal radiology" by Dr. Bipin Shah
 "Conventional radiology" by Dr. Bhujang Pai

MORBI

10-10-2015 "Clinical approach to diarrhoea" by Dr. Avval Sadikot
 "Clinical approach to a child with seizure" by Dr. Nirav Karmta

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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.



ATTENTION PLEASE !!

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

L_M_No.	NAME	BRANCH
LM/15776	Dr. Anchalia Manjulata Motilal	Ahmedabad
LM/06788	Dr. Anchalia Motilal H	Ahmedabad
LM/14316	Dr. Patel Rina Viralbhai	Ahmedabad
LM/07513	Dr. Shah Keyur Dineshbhai	Ahmedabad
LM/13054/13055	Dr. Akhani Prareshkumar H.	Ahmedabad
LM/11901	Dr. Shah Anil Dwarkeshbhai	Bharuch
LM/19973	Dr. Chavda Gaurav Dipsinhbhai	Bhavnagar
LM/19974	Dr. Shah Alpa Maheshbhai	Bhavnagar
LM/09166	Dr. Solanki K.L.	Dahod
LM/22431	Dr. Vaghela Geetaben Manilal	Gandhinagar
LM/06579	Dr. Gupta B D	Jamnagar
LM/06580	Dr. Gupta	Jamnagar
LM/09461	Dr. Anand J.S.	Jamnagar
LM/18041	Dr. Sangani Viral Gunvantray	Jamnagar
LM/18042	Dr. Sangani Dimple Viralbhai	Jamnagar
LM/12758/12759	Dr. Anand Indrapalsingh J.	Jamnagar
LM/08301	Dr. Parmar Nathalal Munjabhai	Junagadh
LM/14315	Dr. Patel Viral Rameshchandra	Junagadh
LM/20755	Dr. Anand Pradipkumar Karshan	Kheralu
LM/23214	Dr. Taviyad Anil Mansukhlal	Lunawada
LM/11532	Dr. Deodhar Shilpa Srirangbhai	Sidhpur
LM/09613	Dr. Deodhar Shrirang M	Sidhpur
LM/01261/1262	Dr. Tandel Mahesh M.	Surat
LM/05150	Dr. Surati Kirit Chhaganlal	Surat
LM/17478	Dr. Faldu Prakash Ramnikbhai	Surat
LM/17479	Dr. Faldu Monali Prakashbhai	Surat
LM/12705	Dr. Soni Bhavin Kishorchandra	Vadodara
LM/12706	Dr. Soni Geeta Bhavinbhai	Vadodara
LM/12664	Dr. Nimbalkar Janhvi Rajeshbhai	Vadodara
LM/19304	Dr. Vaidya Deepa Jayantbhai	Vadodara
LM/13896	Dr. Gohil Vinaykant R.	Vadodara
LM/22880	Dr. Gopichandani Kiran G.	Vadodara
LM/05930	Dr. Patel Sushmaben G.	Vadodara



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

Respected Members,

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

These Centres performed various activities during the month of October 2015 in addition to their routine work. These are as under :

01-10-2015 to 31-10-2015 : Intra domestic house to house survey by the centers of Ahmedabad

Nanpura - Surat : Children Iron : 600 tablets were distributed & Vitamin A Solution was given to 16 Children.

Rander - Surat : Mothers - Iron : 6000 tables, Children - Calcium 5000 tablets were distributed & Vitamin A solution was given to 40 children.

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

OCTOBER - 2015				
No.	Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi (Jamalpur Ward)	1191	704	1895
(2)	Behrampura (Sardarnagar Ward)	2248	590	2838
(3)	Bapunagar (Potalia Ward)	2288	662	2850
(4)	Dariyapur (Isanpur Ward)	1392	219	1611
(5)	Gomtipur (Saipur Ward)	2049	512	2561
(6)	Khokhra (Amraiwadi Ward)	3065	727	3792
(7)	New Mental (Kubernagar Ward)	976	243	1219
(8)	Raikhad (Stadium Ward)	598	315	913
(9)	Wadaj (Junawadaj Ward)	1303	364	1667
(10)	Khambhat	—	—	—
(11)	Junagadh	----	----	----
(12)	Rander-Surat	----	----	----
(13)	Nanpur-Surat	----	----	----
(14)	Rajkot	1058	626	1684



OCTOBER : 2015

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	28	—	64	14040	716
(2)	Behrampura (Sardarnagar Ward)	17	---	39	8800	1282
(3)	Bapunagar (Potalia Ward)	30	—	64	14860	384
(4)	Dariyapur (Isanpur Ward)	26	—	32	10300	1363P
(5)	Gomtipur (Saipur Ward)	17	01	28	30775	1124
(6)	Khokhra (Amraiwadi Ward)	34	---	51	12600	237
(7)	New Mental (Kubernagar Ward)	24	---	25	12150	399
(8)	Raikhad (Stadium Ward)	26	---	48	9756	12123
(9)	Wadaj (Junawadaj Ward)	15	—	75	15000	1713
(10)	Khambhat	----	—	----	----	----
(11)	Junagadh	12	—	62	4000	242
(12)	Rander-Surat	16	—	48	750	32P
(13)	Nanpura-Surat	19	—	61	185	2750
(14)	Rajkot	12	03	46	360	289



PROFESSIONAL PROTECTION SCHEME G.S.B. I.M.A.

"P.P.S. House", Beside Sakar-V, Nr. Mithakhali Railway Crossing,
Off. Ashram Road, Navrangpura, Ahmedabad-380009. Tele. 2658 89 29

(Reported by Dr. Bipin M. Patel, Managing Director, P.P.S.)

Sub.: ANNUAL REPORT : 2014-2015

The Office has received back the renewal notices of the following members with postal remarks as 'left' or 'Not Known'. The concerned members are requested to notify immediately change of their addresses to the P.P.S. Office.

Sr. No.	P.P.S. No.	NAME	BRANCH / CITY
1	3165	Dr. Patel Jagdishbhai Bhagabhai	Ahmedabad
2	4221	Dr. Shah Dharmendra Jawaharbhai	Ahmedabad
3	4610	Dr. Parikh Rajnikantbijalbhai	Ahmedabad
4	5012	Dr. Barot Sanjay Bhalchandra	Ahmedabad
5	6134	Dr. Khubchandani Rajkumar Trikamlal	Ahmedabad
6	6135	Dr. Khubchandani Kalpana Rajkumar	Ahmedabad
7	6289	Dr. Shah Rajesh Babubhai	Ahmedabad
8	8672	Dr. Patel Rina Kantilal	Ahmedabad
9	11892	Dr. Patel Maulesh Shankarbhai	Ahmedabad
10	10540	Dr. Parmar Harendrasinh Bhulabhai	Amroli
11	11838	Dr. Patel Nimesh Himmatbhai	Anand
12	6276	Dr. Shah Paresh Ishwarlal	Ankleshwar
13	4814	Dr. Kotak Ashish Navalbhai	Baroda
14	9458	Dr. Parmar Kaushik Anantray	Jamnagar
15	7949	Dr. Lakhnotra Palabhai Hamirbhai	Junagadh
16	993	Dr. Joshi Hasmukhlal Ishvarlal	Palanpur
17	9257	Dr. Patel Bakul Natvarlal	Patan
18	10715	Dr. Patel Manisha Rameshbhai	Rajpipla
19	10716	Dr. Vasava Hasmukh Chaturbhai	Rajpipla
20	5787	Dr. Gosai Renu Dinesh	Surat
21	9257	Dr. Bhatt Parul Mitesh	Surat
22	10241	Dr. Mehta Pinakajkumar Mahesh	Surat
23	12664	Dr. Patel Hasmukhbhai Chhaganbhai	Surat
24	2784	Dr. Desai Devang Gunvantrai	Valsad



NEWS CLIP

Doctor gets 1-year jail for flouting PCPNDT Act

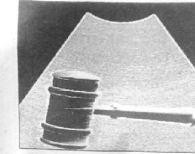
TIMES NEWS NETWORK

Jaipur: Pre-conception prenatal diagnostic technique (PCPNDT) court, Jaipur has sent a sonography centre owner for one-year imprisonment and also imposed fine of Rs2,000 for allegedly not maintain records of the sonography centre properly and for other violation of PCPNDT Act.

The court convicted the doctor K K Sharma, owner of Ajay X-ray and sonography centre, Jobner.

Moreover, the court also directed the PCPNDT cell officials to cancel the registration of the centre.

PCPNDT state appropriate authority Navin Jain said that they are taking up all the cases of PCPNDT Act violation in courts effectively till September 2015, the PCPNDT cell conducted 7,459 inspections in the state and 821 cases have already been filed in different courts



of the state. The PCPNDT cell had informed the court that the accused doctor Sharma had not maintained record of sonography conducted at the centre properly for two years. He had also failed to send the report to PCPNDT cell on time, which has to be sent every month.

The sonography centre has also failed to inform the government about the sonography machine, which he shifted from the centre. The court termed all these violation of PCPNDT Act in the sonography centre as serious offence.

केंद्र डेढ़ माह में तैयार करेगा झपट डॉक्टरों की सुरक्षा के लिए बनेगा कानून, हड़ताल टली

हेल्थ रिपोर्टर | भोपाल

सरकारी और प्राइवेट हॉस्पिटल्स में काम करने वाले डॉक्टरों और पैरामेडिकल स्टाफ को सुरक्षा मुद्दे का कारण के लिए केंद्रीय स्वास्थ्य मंत्रालय यूनिवर्सल डॉक्टर्स प्रोटेक्शन एक्ट बनाएगा। इसके लिए सरकार ने एक पांच सदस्यीय कमेटी बना दी है, जो अगले डेढ़ महीने के भीतर मंत्रालय को नए कानून का ड्राफ्ट सौंपेगी। सरकार के इस फैसले के बाद 16 नवंबर की ओपीडी बंद हड़ताल वापस ले ली है।

नया कानून बनाने का निर्णय केंद्रीय स्वास्थ्य मंत्री जेपी नन्दा की मौजूदगी में स्वास्थ्य विभाग और इंडियन मेडिकल एसोसिएशन (आईएमए) की बैठक में लिया गया। बैठक 10 नवंबर की शाम दिल्ली में हुई थी। इसके बाद देशभर के डॉक्टर्स ने 16 नवंबर की ओपीडी बंद हड़ताल को वापस ले लिया है।

आईएमए भोपाल के अध्यक्ष डॉ. संजय गुप्ता ने बताया कि 10 नवंबर की देर शाम केंद्रीय स्वास्थ्य मंत्री जेपी नन्दा से पांच सदस्यीय राष्ट्रीय प्रतिनिधि मंडल ने मुलाकात की थी। इस दौरान स्वास्थ्य मंत्री को डॉक्टर्स प्रोटेक्शन एक्ट को सीआरपीसी और आईपीसी में शामिल करने के लिए केंद्रीय कानून बनाने की मांग की। इसके अलावा पीसी एंड पीएनडीटी एक्ट में किए जा रहे गैरजरूरी बदलावों और आयुष डॉक्टरों को एलेोपैथिक प्रैक्टिस की अनुमति देने पर आपत्त दर्ज कराई थी। केंद्र सरकार के ज्वाइंट सेक्रेटरी की अध्यक्षता में बनी पांच सदस्यीय समिति में आईएमए के एक सदस्य को बतौर सदस्य शामिल किया गया है।

'Doctor on Call' service back for Diwali, New Year

TIMES NEWS NETWORK

Ahmedabad: Imagine a situation when you get hurt bursting crackers or get ill after wolfing down Diwali delicacies and find no clinics open around you due to the festive season. You needn't worry as Ahmedabad Medical Association's initiative 'Doctor on Call' will be available to help you out. With more than 100 doctors available during the Diwali festival, patients will not have to suffer.

For fifth year in row, 'Doctor on Call' initiative will treat patients from November 11 to 15 across the state, said programme coordinator Dr

SOS DURING DIWALI

Dr Jignesh Shah (Gynecologist) 9327014487 - Vadaj	Dr Vaibhav Patel (Pediatric) 9825235347 - Maninagar
Dr Shasvat Jani (Gynecologist) 9909944160 - Navrangpura	Dr Abhay Dixit (General Helpline) 9327018200 - Maninagar
Dr Pratik Shah (ENT) 9825010972 - Shahpur	Dr Dhiren Mehta (General Helpline) 9898854158 - Bapunagar
Dr Kalpesh Patel (ENT) 9825481081 - civil hospital, Asarwa	Dr Viral Khamar (General Helpline) 9825928938 - Satellite
Dr Unmesh Upadhyay (Pediatric) 9825576895 - Satellite	

Pragnesh Vachharajani of AMA. "We will first try to provide solutions to people on phone as we have already provided the helpline number on the Facebook page of Ahmedabad Medical Association (AMA)" Vachharajani said.



Disha - "The direction"-Readymade : Tips to Family-Work-Life Balance

Step-3

1. Having a High-regard for the balance.

- **Probable Actions**

- a. Create a list of people in your family(It includes YOU) & work-place (Your clinic / hospital).
- b. Check from your perspective whether they live a 'Balanced' life.
- c. If any, take actions to remove the 'Imbalance'.

Sr. No.	Name	Imbalance	Actions to Support
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

- **Outcomes**

- a. Balance' as a commitment to all.
- b. You can be clear about the present situation.
- c. You are in charge of your life.

2. Healthy Relationships are the Key.(At home & at workplace.)

- **Probable Actions**

- a. Prepare a list of birthdays, Anniversaries & other important dates (e.g. Foundation day, inauguration day, the day when they joined the job / business/hospital)
- b. In the process, be present to the gaps & fill them up.
- c. Also prepare a list of commitments the family members & employees have with their job / hospital & family respectively.
- d. Then have a conversation with them & finalise the list.

- **Outcomes**

- a. Reduced staff turnover rate



- b. Increased retention rate
- c. Cost saving
- d. Less stress at home & at the work place.
Higher Productivity at the hospital especially

3. Have an existing system that works for you.

- **Probable Actions**

- a. Please see which tool / technology works for you & your core team at the hospital.
- b. And select one of them (For at least four Months)
- c. This requires the other attractive system to be ignored for that time span.
- d. Do it daily (to do + priority) & make sure that your core team does it.
- e. Enter the data you have prepared with reminders.(Weekly meeting with the team at the hospital works)

- **Outcomes**

- a. Time saved is time earned
- b. Higher efficiency
- c. No repetition of work.
- d. Smooth functioning (Less arguments & no heat generated in the conversations)
- e. Clarity of the needs , requirements & what is to be done & demanded)
- f. The foundation of the service – RESPECT & HONOUR for one another is established in a short span of time. If needed , have a resource to manage this. IT s VERY ESSENTIAL.
Higher Productivity at the hospital especially

1. Nurture Yourself & Others.

- **Probable Actions**

- a. List down your own gaps & the resources and training you require (Be open to learn . You know you are a doctor & not a human resource expert).
- b. Similarly, list down the gaps you see for your family members & employees/ staff.
- c. Merge the similar programmes & customise the specific ones with their consent.



- d. Also request them to identify their gaps and training requirements.
- e. And have a schedule for a year with the desired outcomes. (A long term programme with a retained human dealing expert works wonders)

- **Outcomes**

- a. Ongoing skill enhancement & customer grievance handling.
- b. Increased productivity & bonding within the family.
- c. Management of the change in the environment at work & in the family.
- d. Expansion is the possible ease and grace.

2. Willingness for initiative

- **Probable Actions**

- a. Looking at the gaps, request your resource person / trainer for the support.
- b. Recruit new, fresh, skilled man power if required. It's a risk anyway.
- c. Adopt policy manuals, report & technology advances.
- d. Be willing to give up old traditional non-productive practices.
- e. Motivate the current employees for the same.

- **Outcomes**

- a. Policy & Ritual reforms well guided by the experts.
- b. It's a risk & it's a risk anyway.

3. Don't carry a myth that technology helps.

- **Probable Actions**

- a. Try out various tools & let yourself choose.
- b. Say 'NO' to unnecessary technology.
- c. Thoroughly learn the technology that works for you & your organization.

- **Outcomes**

- d. Choose only the technology that works for you.
- e. Illusion free environment.
- f. Avoidance of unnecessary breakdown.
- g. Self-reliance.



4. Context is decisive. Do you want to alter it now?

- **Probable Actions**

- a. Please list down your contexts, when you started your family & hospital/clinic.
- b. Please list down your context regarding both now.
- c. Please look at the shift in the contexts. And if you wish to shift any, please prepare a new policy, new rituals and new perspectives.
- d. Inform your family and your staff regarding the same and prepare them for the future.

- **Outcomes**

- a. You get complete clarity of the purpose. No ambiguity.
- b. You get to the source of your life.
- c. You can design actions to take exactly in accordance with your context.
- d. It provides velocity & grace to your life.

5. What next? Create your future both & take actions accordingly now.

- **Probable Actions**

- a. From the determined shift in the context, start designing the future for both.
- b. From the new context, create actions that are required to be taken to fulfil that future.
- c. Take those actions NOW. Not THEN. It's very very crucial.
- d. Take help of a mentor / trainer / a guide if required, to keep you on track.

- **Outcomes**

- a. You don't repeat the mistake.
- b. You are joyous & peaceful while fulfilling the future.
- c. Balanced' environment creates the possibility of the life that has peace & serenity.

**The world around you has changed & a new balance is required
!!!!!! You can create it & RELISH !!!!!**

Mr. Nandak Pandya, Ahmedabad
Author is Educational & Corporate Mentor

Feedback / comments : imagesb@gmail.com



IMA Medical News

A new meta-analysis challenges calcium guidelines

- The bulk of the evidence does not support guidelines that recommend a minimum calcium intake, including those from the Institute of Medicine. Most people don't need to worry about their calcium at all as per Mark Bolland, MBChB, PhD, an associate professor of medicine at the University of Auckland in New Zealand. Randomized controlled trials show calcium supplementation provides only a modest reduction in the risk for fractures, and the benefit may be outweighed by adverse reactions, he said. Yet fractures are the primary reason cited for minimum calcium intake. In the two meta-analyses, both published in the September 29 issue of BMJ, Dr Bolland and colleagues found that neither calcium supplements nor dietary calcium significantly reduced the risk of fractures or improved bone mineral density.

* * * * *

- Alendronate may have a beneficial effect on muscle mass in addition to its well-known positive effect on bone mass, suggests a new study published in Osteoporosis and Sarcopenia.
- All people infected with HIV should receive antiretroviral therapy (ART) as soon as possible, and those at "substantial" risk should be offered pre-exposure prophylaxis (PrEP), according to new guidelines by the World Health Organization, published online September 30.
- Treatment with prednisone among patients with rheumatoid arthritis was associated with increased mortality risk, although concomitant methotrexate attenuated this risk, reported a long-term study published online in Arthritis Care & Research.
- People with a recently identified genetic variant associated with vitamin D metabolism may lower their risk for type 2 diabetes by eating a high protein diet, suggests new research published in the journal Diabetologia.
- A new study, presented at the 2015 Annual Meeting of The North American Menopause Society (NAMS), suggests that vitamin D supplementation can significantly increase muscle strength and reduce the loss of body muscle mass in women as late as 12+ years after menopause.



90% of doctors rely on online search engines to aid clinical decisions: Survey

- New Delhi: Call it digital penetration or lack of clinical sources for information but as many as 90% of doctors rely on online search engines to aid their clinical decisions with Google being the most popular and frequently used non-evidence based search engine, showed a latest survey conducted in the Asia Pacific region, reports TOI dated Oct 3, 2015. Highlighting the existing gap between what physicians are really looking for and the information sources they use to achieve that, the findings showed top reasons for the search of clinical information on web was to "stay abreast of latest developments in their field" followed by "reference during treatment and surgery." Doctors perform an average of six professional searches a day during their course of work, it said.
- Metformin-related vitamin B12 deficiency might contribute to clinically significant peripheral neuropathy in diabetes patients

* * * * *

GP Tip: Heeding a clue to possible dementia

- Formal mental status testing is time-consuming and often unnecessary for general medical evaluations. If a patient with reasonable hearing acuity looks at his or her companion more than twice before answering when directly questioned during history taking, there is a strong likelihood of incipient dementia.

* * * * *

Transient transfer of food allergies via platelet transfusion

- A recent case report highlights the possibility of acquiring food allergies following transfusion of a blood product such as platelets. The allergy is transient and is due to food-specific immunoglobulin E (IgE) in the blood product. An allergic reaction to a food can occur in an allergic recipient after receiving a blood product that contains intact allergen consumed by the donor.
- Long-term use of inhaled corticosteroids to treat asthma could lead to a reduced rate of growth in development for infants given the medication during their first 2 years of life, suggests new research presented at the 54th Annual European Society for Paediatric Endocrinology Meeting.
- In a unique initiative to identify risk factors associated with poor heart health among Indian women, the Saffolalife Study 2015 has revealed that more



than 60% of urban India females in the 30 - 45 age group are at risk of being affected by cardiovascular diseases (CVDs). The study revealed that 89% of women at risk of CVDs in Mumbai fall in the overweight/obese category.

- Cigarette smoking is a risk factor for developing multiple sclerosis (MS) among first-degree relatives of confirmed MS patients, suggested an ongoing study presented at the American Neurological Association's annual meeting.
- Losing weight improved ovulation rates in overweight and obese women with infertility due to polycystic ovary syndrome (PCOS), reported a clinical trial published in the Journal of Clinical Endocrinology & Metabolism.

* * * * *

Increasing suicides in India are a testimony to the faulty mental health policies of the country

According to recent reports, over 50 million people suffer from mental illness like depression, suicidal ideation and anxiety in India. Over 7,000 people end up committing suicide because of lack of adequate counseling and other medical assistance.

The Indian constitution grants us seven fundamental rights, out of which the most basic one is the 'Right to Life'. The taboo in the society, which often exists when it comes to mental illnesses like anxiety and depression, has become a deterrent to this very basic right. The increasing number of suicide cases making the headlines has caused severe uproar in the medical fraternity and government for better facilities to mental health patients, however despite deliberations, no conclusion has come to light yet.

India is right on the top of the list in regards to the maximum cases of suicides recorded every year across Southeast Asia. The average suicide rate in India is 10.9 for every lakh people and the majority of people who commit suicide are below 44 years of age, said a World Health Organisation (WHO) report.

Suicidal ideation and behavior are among the most serious and common psychiatric emergencies. Patients at imminent risk for suicide require immediate psychiatric services and must be monitored continuously until they are in a safe situation. After a suicide attempt, psychotherapy may prevent subsequent attempts.



"Suicide cases are not only prevalent amongst the general population, teenagers, youngsters and adults alike, but they are also found to be common within the medical fraternity. Medical professionals, both students and doctors are also found to end their lives because of increased stress, depression and anxiety issues. As World Mental Health Day is nearing, we would like to highlight that an inadequate support system is the major cause behind the increased suicide rates in our country. The need of the hour is for the Government to focus on building comprehensive mental health counseling facilities. The Mental Health Bill that was introduced in last year in October is yet to be implemented and also needs some more discussions with the medical association.

On examining carefully mental health patients from across professions, it has been found that the highest rate of suicide is found amongst the medical fraternity. And further elaborating, it is the physicians, pathologists and anesthetists who take their own lives most commonly. Additionally, female doctor suicides significantly outnumber male doctor suicides.

The primary reasons being the stress and strain one has to go through in order to be a doctor and carry on in the medical profession. Doctors also given the easy access to medication, often misuse this to take their own lives.

In a country with such high rates of mental health patients, it is imperative that necessary steps are taken to reduce the number of deaths. Adequate counseling services must be provided and awareness raised that it is okay to find oneself in a difficult situation but there are other ways of dealing with stress than taking one's life.

We live in the 21st century and it is essential that parents realize that they must not force their children to become a doctor before being sure of their caliber and interest. Additionally there is no harm or shame in admitting one's state of mind and help must be sought. A healthy state of mind

* * * * *

- In the first year after a postmenopausal woman discontinues hormone therapy, her risk for cardiovascular mortality is higher than if she had continued the therapy, suggested an observational study published in the Journal of Clinical Endocrinology and Metabolism.
- Screening for colorectal cancer should begin at age 50 and continue through age 75, using fecal occult blood tests (FOBT), colonoscopy, or a combination of FOBT and endoscopy, suggest updated draft



recommendations from the U.S. Preventive Services Task Force (USPSTF).

- A new study suggests that dishwashing can boost mental well-being. The results, published in the journal *Mindfulness*, stress that engaging in mindful dishwashing - focusing on the smell of the soap, the feel of the dishes and the warmth of the water - can trigger a positive state of mind.
- A new study suggests that getting a flu vaccine each flu season reduces the risk of flu-associated pneumonia. The findings are published in the online issue of *JAMA*.

* * * * *

Amiodarone linked to Cancer Risk in Men

- The risk of cancer is increased in men taking amiodarone particularly in those with extensive exposure to the drug as per a retrospective study. Among men taking amiodarone, the risk for any cancer rose by almost 20% compared with the general population, according to Chia-Jen Liu, MD, of National Yang-Ming University Hospital in Yilan, Taiwan, and colleagues. And for men whose cumulative defined daily doses in a year exceeded 180, the risk was 46% higher the researchers reported online in the journal *Cancer*.

* * * * *

Arthritis weakens the foundational base of the human body by depleting the power of joints

Your body becomes what you wish to make it, but sometimes, even after taking necessary precautions you can't protect it from something as important as joint inflammation and pain. As we know, a joint is where two bones meet and our body is held together by a variety of those joints. They make our body flexible by lubricating our bones to cause them to move without friction. But we still tend to forget how these joint help us during our daily lives by simplifying all our day-to-day activities. As a result, this frequent usage makes our joints a little more prone to the overuse and ligament tear casualties. Apart from all this, our joints become vulnerable to a severe disease known as Arthritis. As we age, we often report symptoms of pain, inflammation, stiffness and swelling in our joints, which happen very much due to arthritis.

Osteoarthritis (green flag) and inflammatory (red flag) arthritis are the two most common types of arthritis. The former happens due to wear and tear of muscles, and the latter happens due to continuous attacks on an



individual's immunity system. The onset of arthritis is described by dull aching pain in the knees. The pain worsens when an individual does a physical activity or makes other movements.

"It's all a myth if you think arthritis affects only those above 60 or men specifically. An increased number of rheumatoid arthritis cases in women and juvenile arthritis in youngsters and children are being reported. However, the exact cause of the soaring numbers is not known.

Rheumatoid arthritis in women who are between the ages of 20-40 causes inflammation in multiple joints while older women complain about knee osteoarthritis, which happens due to the wear and tear of the knee joints. Osteo-arthritis is preventable and manageable; all you need is a lifestyle change. One must follow a healthy diet, which includes Vitamin C and calcium, and a regular exercise routine. Try to indulge in a variety of leg strengthening and balancing exercises, these will enhance the elasticity of your bones and will not cause them to become stiff. The most integral part is to keep your body weight in check. The problem becomes severe in patients who are obese and overweight."

Osteoarthritis can be compared to rusting of a door joint and rheumatoid arthritis to Termites affecting the joints. In osteoarthritis one will get pain on walking and in rheumatoid arthritis the pain will become less on exercise.

Follow these to beat arthritis:

- Exercise routinely to maintain the flexibility of the bones
- Don't smoke as it can lead you to develop rheumatic arthritis
- Consume a low-fat diet; increase the consumption of whole grains, fruits and vegetables. People who eat such foods are on a low risk of developing arthritis
- Consume more of vitamin C if you are an arthritis, patient. The best sources of vitamin C are strawberries, kiwi, pineapple, kidney beans, cabbage and cauliflower
- People who consume Omega 3 have fewer chances of developing swelling and stiffness in the joints. The best sources for the daily dose of Omega 3 are salmon, trout, sardines, mackerel and anchovies. And if you are a vegetarian, then walnuts, fish oil supplements and flaxseed are some of the options



US approves 'breakthrough' drug to fight lung cancer

- US authorities have approved a "breakthrough" drug to treat advanced non-small cell lung cancer, signalling a paradigm shift in the way the deadliest of all cancers is treated. In the largest study published to date using immunotherapy to treat lung cancer, the drug Keytruda (pembrolizumab) was tested on approximately 500 patients with non-small cell lung cancer. Because so many of the patients in the study showed significant long-lasting responses, in October 2014 the US Food and Drug Administration (FDA) granted the drug "breakthrough therapy" status for use in lung cancer, allowing it to be fast-tracked for approval.

* * * * *

- Menopausal women who experience frequent hot flashes could be at increased risk for subclinical cardiovascular disease, suggested a new study presented at the North American Menopause Society 2015 Annual Meeting.
- Older adults who have little face-to-face contact with family and friends are at almost twice the risk of developing depression, suggests a new study published in the Journal of the American Geriatrics Society.
- Healthy individuals with a first-degree family history of type 2 diabetes have an impaired response to exercise, suggests Swedish research published in the Journal of Applied Physiology.
- The US Food and Drug Administration (FDA) has approved an injectable, long-acting version of atypical antipsychotic aripiprazole to treat adults with schizophrenia.
- Being under and overweight at birth is linked with poorer hearing, vision and cognition in middle age, suggests new research published in the journal PLoS One.
- A new study suggests that introducing sit-stand desks in the office spaces would help employees stand for 1 hour more a day at work, compared with co-workers who have sit-only desks. The study results, published in the American Journal of Preventive Medicine, reported that sit-stand desk users walked an additional 6 minutes a day at work and burned an extra 87 calories on average.
- Mycobacterium tuberculosis is the second most common infectious cause of death in adults worldwide, the most common is HIV.



First aid for poisonous bites and stings

- People often panic if they have been bitten or stung. You should tell the patient that many snakes, spiders, insects and sea creatures are harmless and that even the bites and stings of dangerous animals often do not cause poisoning.
- Keep the patient calm and still. Moving the bitten or stung limb speeds up the spread of venom to the rest of the body. Fear and excitement also make the patient worse. The patient should be told not to use the limb and to keep it still and below the level of the heart. The limb may swell after a while, so take off the patient's rings, watch, bracelets, anklets and shoes as soon as possible. A splint and a sling may help to keep the limb still. Avoid doing the following:
 - Do not cut into the wound or cut it out.
 - Do not suck venom out of the wound.
 - Do not use a tourniquet or tight bandage.
 - Do not put chemicals or medicines in the wound or inject them into the wound (for e.g., potassium permanganate crystals).
 - Do not put ice packs on the wound.
 - Do not use proprietary snake bite kits.
- The patient should lie on one side in the recovery position so that the airway is clear, in case of vomiting or fainting.
- Do not give the patient anything by mouth – no food, alcohol, medicines or drinks. However, if it is likely to be a long time before the patient gets medical care, give the patient water to drink to stop dehydration.
- Try to identify the animal, but do not try to catch it or keep it if this will put you, the patient or others at risk. If the animal is dead take it to hospital with the patient, but handle it very carefully, because even dead animals can sometimes inject venom.
- As soon as possible, take the patient to a hospital, medical dispensary, or clinic where medical care can be given. The patient should not walk but should keep as still as possible. If there is no ambulance or car, carry the patient on a stretcher or trestle, or on the crossbar of a bicycle.
- Antivenom should only be given in a hospital or medical Centre where resuscitation can be given, because the patient may have an allergic reaction. If available, antivenom should be used if there is evidence of severe poisoning. It should not be used when there are no signs of poisoning.



* * * * *

- A new study conducted by University of Missouri School of Medicine has revealed that vascular health can be restored, if employees, who sit at their desks for eight-hours and complain for impaired vascular function, walk for just 10 minutes around the office after a prolonged period of sitting. The study found that blood flow in the popliteal i.e. an artery in the lower leg was greatly reduced after sitting at a desk for six hours.

* * * * *

Make Sure

- Situation : A patient on amlodipine developed severe gum hypertrophy.
 Reaction : Why was amlodipine not stopped?
 Lesson : Make sure that all patients on amlodipine are watched for gum hypertrophy as its side effect.

* * * * *

- Situation : An adult undergoing bronchoscopic biopsy developed infective endocarditis.
 Reaction : Why was IE prophylaxis not given?
 Lesson : Make sure, that all procedures of the respiratory tract that involve incision or biopsy of the respiratory mucosa include IE prophylaxis.

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- Situation : A patient of pulmonary Koch on ATT complained of numbness in fingers and toes.
 Reaction : I forgot to prescribe vitamin B complex.
 Lesson : Make sure that in patients taking ATT (including INH) B-complex vitamins (especially vitamin B6) are prescribed to prevent neuropathy. Addition of antioxidants and multivitamins also boost the immune system.

* * * * *

- Situation : A patient with rheumatic arthritis was not given penicillin prophylaxis, and subsequently developed another attack.
 Reaction : Why was the prophylaxis not started?
 Lesson : Make sure that secondary prophylaxis is given in the setting of suspected poststreptococcal reactive arthritis for up to one year after the onset of symptoms. Evidence of valvular disease after one year should prompt continued prophylaxis; otherwise, antibiotic prophylaxis may be discontinued.



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- Situation : A foreigner with a single loose stool developed sepsis.
 Reaction : Why were antibiotics not started in time?
 Lesson : Make sure that all foreigners are diagnosed to be suffering from Traveler's diarrhea even if there is one single loose motion.

* * * * *

- Situation : Doctor, this patient has developed acute renal failure.
 Reaction : I forgot that he was on furosemide. I gave him the full dose of amikacin.
 Lesson : Make sure, before calculating the dose of aminoglycoside (amikacin) that furosemide and other loop diuretics, which enhance its nephrotoxicity are not being given.

* * * * *

Dr. Good Dr. Bad

- Situation : A patient with heart failure needed a beta blocker.
 Dr. Bad : Start any beta blocker.
 Dr. Good : Start metoprolol succinate.
 Lesson : Only carvedilol, bisoprolol and metoprolol succinate are approved for heart failure. (Copyright IJCP)

* * * * *

- Situation : A female smoker wanted to know her risk of diabetes.
 Dr. Bad : There is no risk.
 Dr. Good : You are at high risk.
 Lesson : A study published in the journal 'Diabetes Care' has shown that women who smoke more than 20 cigarettes daily have higher chances of developing type 2 diabetes.

* * * * *

- Situation : A patient with fever was found to have raised SGOT, SGPT levels with SGOT>SGPT.
 Dr. Bad : It is classical viral hepatitis.
 Dr. Good : This can be dengue fever.
 Lesson : Mild elevations in SGOT/SGPT are common in both dengue fevers and DHF. However levels are significantly higher in patients with dengue hemorrhagic fever. Elevated SGOT levels are noted earlier in illness and normal SGOT levels is a strong negative predictor of dengue hemorrhagic fever in the first three days of illness (J Infect Dis 1997;176:313)



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Situation : A diabetic patient with TB came with treatment failure

Dr Bad : Diabetes has nothing to do with it

Dr Good : It is due to uncontrolled diabetes

Lesson : Diabetes is associated with poor prognosis of tuberculosis infection: early microscopic negative conversion rate in diabetic patients is lower than that in normal control. Treatment failure rate of 6-month's medication in diabetic patients was also significantly higher than that in normal control.

* * * * *

Situation : A patient with severe migraine wanted to know if xylocaine drops would help.

Dr. Bad : They have no role.

Dr. Good : You can try them.

Lesson : As an intranasal spray, 2% xylocaine drops can help migraine patients.

* * * * *

Situation : A patient who tested positive for malaria came with severe thrombocytopenia.

Dr Bad : This is classical malaria.

Dr Good : Also look for dengue.

Lesson : Malaria and dengue may coexist in the same patient.

* * * * *

Situation : A patient with hypertension had non-responding cough.

Dr. Bad : Take an X-ray.

Dr. Good : Stop ACE inhibitors.

Lesson : The commonest cause of cough in a patient with high blood pressure is the intake of ACE inhibitors.

* * * * *

Situation : A patient wanted to know if he could take levothyroxine with coffee.

Dr. Bad : Yes.

Dr. Good: No.

Lesson : Coffee, in comparison to water, reduces the absorption of tablet levothyroxine by 27 to 36%.



Whose job is to educate the patients?

It breaks my heart when I see how poorly informed patients are about their treatment options. This is true even though they have done IVF cycles in many clinics all over India. They know astonishingly little about their treatment details (some don't even know how many eggs were collected or embryos were transferred, leave alone being able to understand the quality of their embryos).

This is disappointing, especially when there is so much information available online, for free knowledge which they could use to empower themselves, to make sure they are getting the best possible medical care. When there is so much at stake, why do patients not bother to learn more? Whose job is it to educate the patient?

The standard answer is the doctor's! After all, the word doctor is derived from the word "docere", which means to teach, and most doctors say that we do educate our patients. We talk to them, and explain to them what we are going to do. We even give them handouts and brochures, so they can learn more about their treatment.

However, a lot of this material is not very effective. It's give to the patient as a big data dump, and no one checks to see if the patient has even bothered to read it, forget about understanding it. It's not tailored to the patient's needs, which means it often just collects dust. Doctors are now using digital assets, such as websites to educate their patients, and doctors will remain a very important source of patient education.

After all, if doctors tell them to do something, there is a high probability that patients will do this, and this is why prescribing patient education is a very important task which doctors need to accomplish. However, this educational material needs to be designed well, and we need to have some method of checking whether the patient has absorbed the material which is prescribed for him.

One would expect that the government would play a very important role in educating patients. After all, health is wealth, and we need healthy citizens for the country to progress. Every time a patient falls ill, either with a preventable infectious disease such as malaria or tuberculosis; or with a chronic lifestyle illness such as diabetes, this drains the exchequer and hurts his productivity, causing the GDP to take a hit. Unfortunately, the Indian government doesn't seem to pay much attention to the importance of patient education, and it remains very low on its priority list.



One would expect health insurers to understand the importance of patient education. After all, if patients are well informed, they have a much higher chance of remaining healthy and are much less likely to fall ill. And even if they do get sick, these well-informed patients will check that the doctor is advising the right treatment for them, thus preventing the problems of overtesting and overtreatment, both of which cost the insurance company a lot of money. However, Indian insurance companies haven't reached the stage of maturity and profitability as yet, which means they are not willing to invest in patient education as yet.

Hopefully, the new digital health start-ups will address this huge void, because it's a great way of acquiring customers. If they provide valuable content, which patients need and want, they will have a reason to come back to the website. Providing patient information digitally is very inexpensive, and a great way of ensuring customer loyalty.

All said and done, the final responsibility of patient education lies with the patient themselves. After all, it's your body, and just like you take time and trouble in deciding what to invest your hard-earned money in, patients need to spend energy in educating themselves about their medical problems.

Sadly, we find that most patients will spend more time trying to decide which movie to see on the weekend, rather than finding out more about why the doctor has prescribed a particular medicine for them, and what its side-effects can be. This is a situation which can only improve over time, and as more high quality information is being produced, this will both educate and entertain the patient, so that a lot more of them will be willing to learn more about their treatment options. Once patient education is better –designed (for example, if the form of short video bites) patients will find it engaging, and will be more willing to absorb it.

Dr. Jignesh C. Shah, M.D. (Gynecologist)
Navawadaj, Ahmedabad



Some Slogans

Allow doctors to treat patients irrespective of **patient's income** –
If compensation is not capped, we can't do this.

More patients will die, if doctors are not provided **protection** DURING DUTY HOURS.

POOR RICH
Please allow doctors to treat **poor and rich EQUALLY.**

Save...
Single Doctor Clinics & Small Hospitals
– Exclude them from **Clinical Establishment Act.**

How can Government decide the charge of a doctor when it is not so for other professionals?

MMM... HIGH FEVER!
Writing prescription drugs by anyone other than with an MBBS degree is **injurious to peoples' health.**

When there is capping of Rs 2 Laacs by the government for a death during sterilization procedure,
Why not for other procedures?

When there is a compensation of Rs. 30,000/- by the Government for a failure of sterilization procedure,
Why not for other procedures?

How can we treat patients using **OUTDATED** standard treatment guidelines made by Government?

Non pelvic ultrasound providers should be out of PCPNDT Act.
Unless caught doing sex determination, no criminal offence shall be registered.



Ahmedabad Branch - Submitting Memorandum of IMA Demands to Mr. Pravin Rashtrapal (M.P.)



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Ahmedabad Branch - Submitting Memorandum of IMA Demands to Dr. Kiritbhai Solanki (M.P.)



Ahmedabad Branch - Submitting Memorandum of IMA Demands to Mr. Paresh Rawal (M.P.)



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Unjha Branch - Submitting Memorandum of IMA Demands to Jayshreeben Patel (M.P.)





Anti Tobacco Rally Jamnagar Branch



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CME : IUI & Why NT Scan Amreli Branch



Stress Detox and Leadership Meet Gurgaon, New Delhi



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Installation Ceremony Nadiad Branch





Aao Gaon Chalen Programme Morbi Branch



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CME Morbi Branch



Sharadpurnima Rasgarba Navsari Branch



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Diagnostic Camp Navsari Branch



**MEDIQUIZ**

1. What is Tenting?
2. What does it indicate?
3. What is Sclerema?
4. What is the scientific name for fish tape worm?
5. Paul - Bunnel Test was used to diagnose which condition?
6. Zanck Test is used to diagnose which diseases?
7. Hess Test is used to diagnose which clinical condition?
8. Gant Test is used to predict which condition?
9. In which disease coated tongue is seen?
10. In which disease Magenta Red Colour is found on the tongue?
11. Which clinical condition produces Cullen's Sign?
12. What is another name for it?
13. What is the cause of pea soup stool?
14. What is the cause of anchovy sauce stool?
15. What is hematochezia?
16. What is the cause of frothy foul smelling stool?
17. In which disease sausage shaped lump is felt in the abdomen?
18. What is the meaning poliakiurea?
19. What is the most deadly toxin in the world?
20. In which condition drug thalidomide was used before world war II ?
21. What did it cause in infants?
22. In which condition it is presently used?

Compiled by: **Dr. Aamod Tatu**
Ahmedabad

Answer Page No. 94



Indian Medical Association (IMA)- National Medical Associations (NMA) Joint Statement on TB Control and Care

INTRODUCTION

1. Tuberculosis (TB) continues to be one of India's greatest health challenges. Despite an extensive Revised National TB Control Program (RNTCP), with nation-wide coverage being in place for nearly a decade, India continues to bear a high burden of TB - an estimated 2.1 million incident cases and 2,78,000 TB deaths each year. Additionally, around 61,000 cases of TB among notified pulmonary TB cases are estimated to have multi drug resistant TB (DR-TB) each year.

One of the main challenges relates to early diagnosis and treatment. Nearly one million of the estimated TB cases are not notified to the RNTCP, less than half of the MDR-TB cases are diagnosed and initiated on treatment under the programme. A significant portion of these patients are likely seeking care in the private sector. It is therefore necessary for all physicians, both in the public and private sector, to ensure that all patients, irrespective of where they seek care, receive the same standards of TB care.

TB NOTIFICATION

1. It is mandatory for health care providers to notify every TB case to local health authorities. Not notifying TB is also a violation of MCI Act!
2. TB notification can be done by obtaining a standardized format, which is to be submitted each month local authorities such as District Health Officer/ Chief Medical Officer of a district, Municipal Health Officer of an Municipal Corporation/ Municipality (For online notification please register yourself at Nikshay <http://nikshay.gov.in/User/Login.aspx>)

APPROPRIATE / COMPETENT MEDICAL CARE

1. Patients with TB & TB/HIV must be provided with competent and appropriate medical care at all stages of the disease.
2. A health facility or practitioner who is not able to provide the care and services required by patients with TB & TB/HIV should make appropriate referral to facilities and qualified medical practitioners that are equipped to provide such services. Qualified medical practitioners and other appropriate bodies should ensure that patients have accurate information regarding means of transmission of TB & TB/HIV and strategies to prevent the spread of TB by infectious TB patients. Proactive measures should be taken to ensure that all



members of the population and at-risk groups in particular, are informed to this effect.

3. All qualified medical practitioners must recognize that there is stigma attached to TB & TB/HIV and therefore the patient may not seek testing/ care/ counselling. They must ensure that patients have accurate information regarding the treatment options available to them. Patients should understand the importance of adhering to drug regimen prescribed for the required duration of treatment.. TB is curable and after completing the treatment successfully and patients are able to lead healthy productive lives.
4. All qualified medical practitioners must also ensure that their patients are fully and accurately informed about all aspects of TB treatment, including potential toxicity and side effects. They must also counsel patients honestly about the possibility of DR-TB, and the subsequent options should it be discovered that the patient has MDR-TB. The importance of adhering to the regimens and thereby reducing the risk of failure should be emphasized.
5. All qualified medical practitioners should encourage the involvement of support networks to assist patients in adhering to TB regimens. With the patient's consent, counselling and training should be available to family members to assist them in providing family based care. They must recognize families and other support networks as crucial partners in adherence strategies and, in many places, the only means to adequately expand the care system so that patients receive the required attention.
6. All qualified medical practitioners must be aware of the discriminatory attitudes toward TB/ MDR-TB & TB/HIV that are prevalent in society and local culture. Because they are the first, and sometimes the only, people who are informed of their patients' TB status, qualified medical practitioners should be able to counsel them about their basic social and legal rights and responsibilities or in case of TB/HIV should refer them to counsellors who specialize in the rights of persons living with HIV/AIDS.

DISCRIMINATION

Unfair discrimination against TB & TB/HIV patients must be eliminated completely from the practice of medicine.

- a. All persons infected or affected by TB & TB/HIV are entitled to adequate prevention, support, treatment and care with compassion and respect for human dignity.
- b. A qualified medical practitioner must not refuse to treat a patient whose condition is within his or her current realm of competence, solely because the patient is HIV positive.



- c. National Medical Associations should work with governments, patient groups and relevant national and international organizations to ensure that national health policies clearly and explicitly prohibit discrimination against people infected with or affected by TB & TB/HIV.

INFECTION CONTROL/ PROTECTION FROM TB IN THE HEALTH CARE ENVIRONMENT

1. All qualified medical practitioners and all health care workers have the right to a safe work environment. Especially in developing countries, the problem of occupational exposure to TB has contributed to high infection of the health labour force. In some cases, employees become infected with TB, and in other cases fear of infection causes health care workers to leave their jobs voluntarily. Fear of infection among health workers can also lead to refusal to treat TB patients. Likewise, patients have the right to be protected to the greatest degree possible from transmission of TB from health professionals and in health care institutions.
 - a. Proper infection control procedures and universal precautions consistent with the most current national or international standards, as appropriate, should be implemented in all health care facilities. This includes use of appropriate protection/ prevention tools and strategies.
 - b. If the appropriate safeguards for protecting medical workers or patients against infection are not in place, practitioners and National Medical Associations should take action to correct the situation.

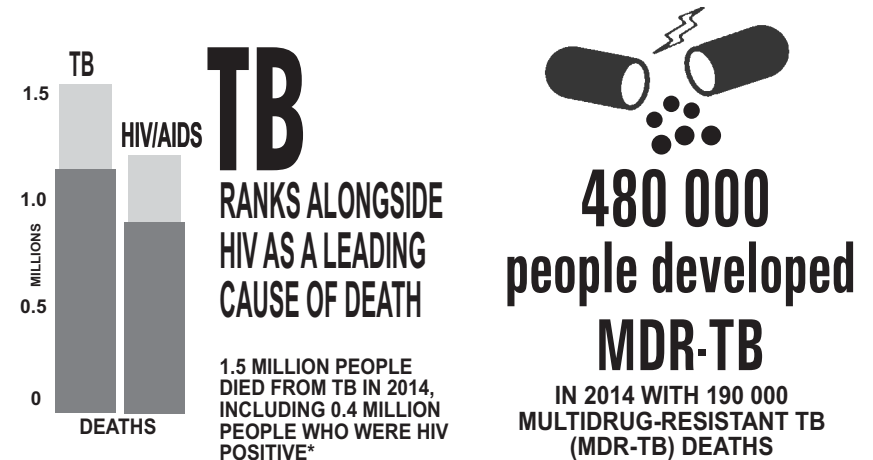
OUR COMMITMENT TO HIGH STANDARDS OF TB CARE IN INDIA

1. We commit ourselves and our association in providing high quality of care to TB cases by abiding with the standards of care for diagnosis, treatment, public health responsibility and social inclusion as incorporated in the Standards for TB Care in India (The standards for TB Care in India document available at the following link-http://www.tbcindia.nic.in/pdfs/STC1%20Book_Final%20%20060514.pdf4)
2. We also accept and commit to align ourselves and other members of our association with the "Guidelines for TB Care in Private Health Sector in India" and will disseminate these among our members and encourage them to practise the same.
3. We hereby pledge our support to improvement of TB Control and Care in response to the Call to Action for a TB Free India.

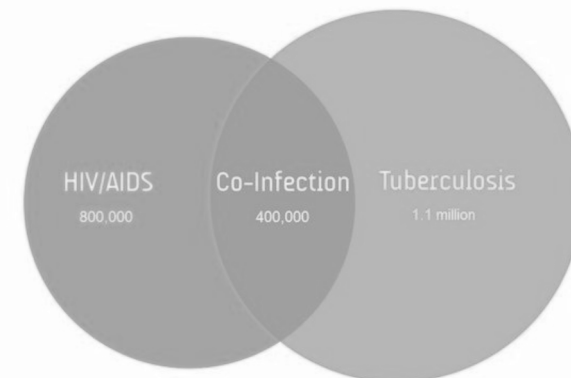


WHO's Global Tuberculosis Report 2015

- Though mortality due to TB halved since 1990 it is still world's leading infectious killer.
- 480,000 cases of multidrug - resistant TB (190,000 MDR TB deaths) to have occurred in 2014. Only about a quarter were detected & reported.



TB NOW THE WORLD'S LEADING INFECTIOUS KILLER



Number of deaths worldwide in 2014, according to the 2015 WHO Global TB Report



Extra No. 13



REGISTERED No. L2/RNP/G/GNR/84
 વાર્ષિક લવાજમનો દર રૂ. ૩૦૦૦/-

सत्यमेव जयते

The Gujarat Government Gazette

EXTRAORDINARY
 PUBLISHED BY AUTHORITY

Vol. LII] WEDNESDAY, APRIL 11, 2012/CAITRA 22, 1934

Separate paging is given to this Part in order that it may be filed as a Separate Compilation.

PART IV

Acts of Gujarat Legislature and Ordinances promulgated and Regulations made by the Governor.

The following Act of the Gujarat Legislature, having been assented to by the Governor on the 10th April, 2012 is hereby published for general information.

C. J. GOTH,
 Secretary to the Government of Gujarat,
 Legislative and Parliamentary Affairs Department

GUJARAT ACT NO. 13 OF 2012

(First published, after having received the assent of the Governor, in the "*Gujarat Government Gazette*", on the 11th April, 2012).

AN ACT

to prohibit violence against medicare service persons and damage or loss of property in medicare service institutions and for the matters connected therewith and incidental thereto.

WHEREAS the acts of violence of causing injury of danger to life of medicare service persons and damage or loss of property of medicare services institutions have been on increase in the State causing unrest in medicare service persons find professional resulting in hindrance of such service in the State.



[PART-IV] GUJARAT GOVERNMENT GAZETTE, EX., 11-04-2012

AND WHEREAS it has become necessary to prohibit such violence against medicare service persons and prevention of damage or loss of property of medicare service institutions from such violent activities in the public interest.

It is hereby enacted in the Sixty-third Year of the Republic of India. as follows :-

Short title, extent and Commencement.

1. (1) This Act may be called the Gujarat Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss of Property) Act. 2012.
- (2) It extends to the whole of State of Gujarat.
- (3) It shall come into force on such date as the State Government may, by notification in the *Official Gazette*, appoint.

Definitions.

2. In this Act, unless the context otherwise requires,-
 - (a) "damage" means impairment of the usefulness or value of the property or causing harm to such property;
 - (b) "hospital and medical records" means all such documents or record accumulated or maintained by hospital authority or any medical authority ranging from records of historic interest to any acknowledgment;
 - (c) "medicare service institution" means all institutions providing medicare service to people under any recognize system of medicine which are under the control of the State Government, Central Government or local bodies etc. including any private hospital having facilities for treatment of sick and used for their reception or stay; any private



maternity home where women are usually received and accommodated for the purpose of confinement and ante-natal and post-natal care in connection with the child birth or anything connected there with; and any private nursing home used or intended to be used for the reception and accommodation of persons suffering from any sickness, injury or infirmity whether of body of mind, and providing of treatment or nursing or both of them and includes a maternity home or convalescent home or mobile medicare unit;

(d) “medicare service persons” in relation to a medicare service Institution shall include :

(i) Registered Medical Practitioners (including a person having provisional registration) working in a medicare service institution;

(ii) Nurses registered under the Gujarat Nurses, Midwives and Health Visitors Act. 1968.

(iii) Auxiliary Nurse and Mid-wife;

(iv) Trained Dai,

(v) Medical student;

(vi) Nursing student;

(vii) para medical staff and other staff or employee directly or indirectly employed by a medicare service institution for providing required services;

(e) “medical student” means a student who is undergoing training or studies in medical profession;



(f) “mobile medical unit” means an ambulance or any vehicle equipped with medical equipment, used for providing medicare service;

(g) “nursing student” means a student who is undergoing training or studies in nursing profession;

(h) “Offender” means any person who either by himself or as a member or as a leader of a group of persons or organisation commits or attempts to commit or abets or incites the commission of violence under this Act.

(i) “para medical staff” means a person who assists the medicare service person in providing medicare service;

21 of 2000 (j) “property” means any property, movable or immovable including tangible or intangible (subject to the provisions of Information Technology Act. 2000), or hospital and medical records or medical equipment or medical machinery or any such property as owned by or in possession of, or under the control of any medicare personnel or medicare service institution;

(k) “violence” means an act or activity causing harm or which may cause any harm, injury or endangering the life or intimidation, obstruction or hindrance to any medicare service person in discharge of duty in a medicare service institution or patient or causing damage or loss to the property in a medicare service institution.



[PART-IV] GUJARAT GOVERNMENT GAZETTE, EX., 11-04-2012

3. No person shall indulge in any act of violence against medicare service person or damage or loss to property in medicare service institution. **Prohibition of violence**
4. Any offender who commits any act or attempts to commit or abets or incites the commission of any act of violence in contravention of section 3, shall be punished with imprisonment for a term which may extend to three years or with fine which may extend to fifty thousand rupees or with both. **Penalty**
5. Any offence committed under this Act shall be cognizable and non-bailable. **Cognizance of offence.**
6. (1) In addition to the punishment specified in section 4, the offender shall also be liable to pay compensation, within such time limit as the Court may prescribe, on terms of penalty of twice the market price of such medical equipment damaged and loss caused to the property, as may be determined by the Court. **Liability to pay compensation for damage or loss caused to property.**
- (2) If the offender does not pay the compensations under sub-section(1) the said sum shall be recovered under the provisions of the Gujarat Land Revenue Code, 1879 as an arrear of land revenue.
7. (1) The State Government may, by notification in the *Official Gazette*, make rules for carrying out the purposes of this Act. **Power to make rules.**
- (2) All rules made under this section shall be laid, for not less than thirty days, before the State Legislature as soon as may be after they are made and shall be subject to rescission by the State Legislature or to such modification as the State Legislature may make during the session **Bom. V of 1879**



[PART-IV] GUJARAT GOVERNMENT GAZETTE, EX., 11-04-2012

- in which they are so laid or the session in which they are so laid or the session immediately following.
- (3) Any rescission or modification so made by the State Legislature shall be published in the *Official Gazette*, and shall thereupon take effect.
8. (1) The Government or any person authorised by the Government by general of special order in this behalf, may either before or after the institution of the proceedings, compound an offence punishable by or under this Act. **Compounding of offence.**
- (2) Where an offence has been compounded, the offender, if in custody shall be discharged and no further proceedings shall be taken against him in respect of the offence compounded.
9. No suit, prosecution or other legal proceeding shall lie against the Government or any person or official authorised by the Government or the Head of a medicare service institution or his authorised representative for anything which is in good faith done or intended to be done under this Act. **Protection of action taken in good faith.**
10. The provisions of this Act shall be in addition to and now in derogation of the provisions of any other law for the time being in force. **Act not in derogation of any other law.**



-Extra No. 137

REGISTERED NO. L2/RNP/G/GNR/84
વાર્ષિક લવાજમનો દર રૂ. ૩૦૦૦/-

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The Gujarat Government Gazette

EXTRAORDINARY
PUBLISHED BY AUTHORITY

Vol. LIII] THURSDAY, SEPTEMBER 20, 2012/BHADRA 29, 1934

Separate paging is given to this part in order that it may be filed as a Separate Compilation.

PART IV-A

Rules and Orders (Other than those published in Part I, I-A and I-I) made by the Government of Gujarat under the Central Acts.

HEALTH AND FAMILY WELFARE DEPARTMENT

Notificaton

Sachivalaya, Gandhinagar. 20th September, 2012

GUJARAT MEDICARE SERVICE PERSON AND MEDICARE SERVICE INSTITUTIONS (PREVENTION OF VIOLENCE AND DAMAGE OR LOSS OF PROPERTY) ACT, 2012.

GP No.16, HSP-132012-1908-A - In exercise of the powers conferred by sub-section (3) of section I of the Gujarat Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss of Property) Act, 2012, the Government of Gujarat hereby appoints the 21st September, 2012 as the date on which the said Act shall come in to the force.

By order and in the name of the Governor of Gujarat,

KAMLESH SHAH,
Under Secretary to Government.



Extra No. 500

REGISTERED No. L 2/RNP/G/GNR-84
વાર્ષિક લવાજમનો દર રૂ. ૩૦૦૦/-

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PART IV - B

Rules and Orders (Other than those published in Parts I, I-A, and I-L) made by the Government of Gujarat under the Gujarat Acts

HEALTH AND FAMILY WELFARE DEPARTMENT

Notification

Sachivalaya, Gandhinagar, 29th December, 2012

Gujarat Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss of Property) Act, 2012.

GP No.18, HSP-132012-1908-A :- In exercise of the powers conferred by section 8 of the Gujarat Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss of Property) Act, 2012 (Guj 13 of 2012), the Government of Gujarat hereby authorizes the Chief District Medical Officer or in case where Chief District Medical Officer (CDMO) post is not in existence, Superintendent of Hospital as a compounding Officer for the jurisdiction of the concerned district.

By order and in the name of the Governor of Gujarat,

MAHESH SONI,
Deputy Secretary to Government.



HEALTH AND FAMILY WELFARE DEPARTMENT

Notification

Sachivalaya, Gandhinagar, 29th December, 2012

Gujarat Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss of Property) Act, 2012.

GP No.19, HSP - 132012-1908 - A :- In exercise of the powers conferred by section 7 of the Gujarat Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss of Property) Act, 2012 (Guj 13 of 2012), the Government of Gujarat hereby makes the following rules, namely :-

1. These rules may be called the Gujarat Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss of Property) Rules, 2012.
2. In these rules, unless the context otherwise requires, -
 - (a) "Act" means the Gujarat Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss of Property) Act, 2012, (Guj 13 of 2012);
 - (b) "Complaint" means any allegation made orally or in writing by any person to the Competent Authority;
 - (c) "Competent Authority" means Head of the Medicare Service Institution;
 - (d) "Form" means a Form appended to these rules;
 - (e) "section" means a section of the Act;
 - (f) Words and expression used and not defined in these rules but defined in the Act shall have, the meanings respectively assigned to them in the Act.
3. Any person, who has reason to believe that an act of violence to Medicare Service Persons working in Medicare Service Institution and damage or loss of property has been, or is being, or is likely to be committed in Medicare Service Institution may give complaint about it to the Competent Authority having jurisdiction in the area.
4. On receipt of a complaint of an act of violence to Medicare Service persons working in the Medicare Service Institution and damage or loss of Property to Medicare Service Institution, the Competent Authority shall prepare a report in "Form 1" and submit the same to the District Magistrate and forward a copy



thereof to the police officer in charge of the police station having the jurisdiction under which the offence is committed.

5. In a case where the competent Authority receives reliable information through email, or a telephone call or from an aggrieved person or from a person who has reason to believe that an act of violence to Medicare Service persons working in the Medicare Service Institution and damage or loss of property to Medicare Service Institution has been or, is being, or is likely to be committed and in such emergency situation, the Competent Authority, shall seek immediate assistance of the police authority of the concerned police station who shall accompany the competent authority, to the place of incident and record the details of incident and present the same to the District Magistrate without any delay for seeking appropriate order under the Act.
6. The Chief District Medical Officer (CDMO) shall act as a Compounding officer for the jurisdiction of the concerned district wherein the offence, is committed. If the post of CDMO is not in existence in that case Superintendent of Hospital shall be Compounding Officer for this purpose.
7. The Commissioner of Health, Medical Services and Medical Education, Gujarat State shall monitor the cases under the Act and send quarterly report to the Health and Family Welfare Department of the State Government.

Note : (1) Whenever information provided in this Form disclose an offence under the Indian Penal code or any other Law, the police officer shall inform the aggrieved person that he can initiate criminal proceedings by lodging a First Information Report under the Code of Criminal Procedure, 1973 (2 of 1973).

(2) In case of physical injury or pain reported by the aggrieved person, immediate medical assistance including medical examination shall be provided to the person.

Place :-

(Signature of Competent authority)

Date :-

Name :

Address :-

(Seal)

By order and in the name of the Governor of Gujarat,

MAHESH SONI,

Deputy Secretary to Government.



"FORM - I "

(See rule 4)

Report on Incident of an act of violence and damage or loss of property.

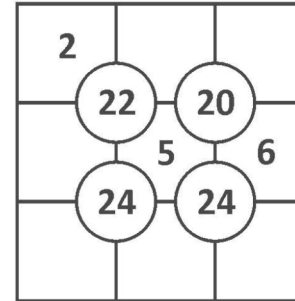
1.	Details of the complainant or aggrieved person
	• Name of the complainant or aggrieved person :-
	• Age :-
	• Present Address :-
	• Permanent address :-
	• Phone number
2.	Details of person for whom complaint is made, (In case where an aggrieved person is not in a position to make complaint) ;
	• Name :-
	• Age :-
	• Relationship, if any, with the aggrieved person :-
	• Address :-
	• Phone Number :-
3.	Details of Incident
	• Date on which incident occurred :-
	• Place of incident :-
	• Name of persons involved in violence and damage or loss to property :-
	• Nature of violence :-
	• Details of damage or loss to property :-
	• Approximate cost of damage or loss incurred to property :-
4.	List of Document attached
5.	(a) Police Assistance, if any, needed by the complainant or aggrieved persons :- (b) Assistance for initiating criminal proceedings and legal aid needed
6.	Instruction for the police assisting in registration of a violence and damage or loss report
(Signature of Complainant / aggrieved person)	



Games Corner

Dr. Chandresh Jardosh
Surat

Chhota Sudoku



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

7 BR OK EN Words

By using following keys, join the broken words & find out the 7 different items seen on the Stationary.

Key	Words
4 Letters	2
8 Letters	2
9 Letters	1
10 Letters	1
11 Letters	1

IP	BL	FO	RD	PO	KB
IN	SC	DA	BA	EN	PE
PO	OA	VE	AC	OL	TM
LO	CL	AP	AP	LL	INT
ENT	TE				

Sudoku

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

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



KEN KEN PUZZLE

1-		16x	3x		30x
1-			16+		
				6x	
5-	5+	10+		2÷	
		7+		10+	1-
11+					

FOR EXAMPLE

3+		6x		
1	2	1	2	3

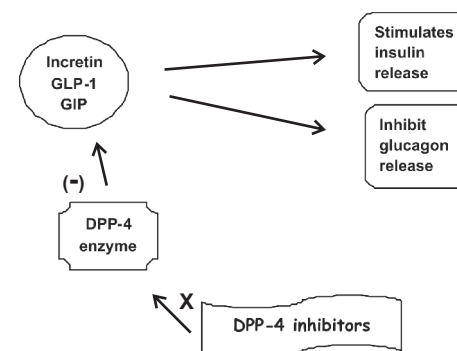
- Write down 1 to 6 in each row and each column in such a way they come only once, in each row and column.
- The heavily-outlined groups of squares in each grid are called "cages." In the upper-left corner of each cage, there is a "target number" and a math operation (+, -, x, ÷).
- Fill in each square 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.
- The number written in the cage of one square, will be the answer for the cage.
- 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. 99



MOLECULE OF THE MONTH Teneligliptin

Dipeptidyl peptidase-4 (DPP-4) inhibitors have recently emerged as a new class of antidiabetic with favorable results in improving glycemic control with a minimal risk of hypoglycemia and weight gain. Teneligliptin, a novel DPP-4 inhibitor, exhibits a unique structure characterized by five consecutive rings, which produce a potent and long-lasting effect. Teneligliptin is used in patients having insufficient improvement in glycemic control even after diet control and exercise or a combination of diet control, exercise, and sulfonylurea- or thiazolidine-class drugs.



Mechanism of action :

Incretin hormones e.g. glucagon-like peptide-1 (GLP-1) and glucose-dependent insulinotropic polypeptide (GIP), are released from enteroendocrine cells and enhance insulin secretion. Incretins are rapidly inactivated by the enzyme dipeptidyl peptidase-4 (DPP-4) with very short half-life ($t_{1/2}$). DPP-4 inhibitors increase the levels of active GLP-1 and GIP by inhibiting DPP-4 enzymatic activity. In diabetes, DPP-4 inhibitors improve hyperglycemia in a glucose-dependent manner by increasing serum insulin levels and decreasing serum glucagon levels and decrease glucose fluctuations in diabetic patients.

Pharmacokinetics :

DPP-4 inhibitors reduce activity of DPP-4 activity by 70-93% in a sustainable manner for 24 hrs. Following oral administration teneligliptin is well absorbed with a bioavailability of 58 to 83 percent. Food doesn't significantly interfere with its absorption. It has highest protein binding amongst the congeners of about 77.6 to 82.2%. Its half life is 24.2 hrs. It is metabolized in liver. About 34.4% of teneligliptin is excreted unchanged via the kidney and the remaining 65.6% teneligliptin is



metabolized and eliminated via renal and hepatic excretion in 216 hours after the administration. No dose adjustments are required in patients of renal failure.

Adverse drug reactions (ADRs):

(1) Headache (2) Nausea (3) Vomiting (4) Urinary tract infection (5) constipation (6) hypoglycemia: which could occur when other antidiabetic drugs are coadministered. (7) QT prolongation : only if administered at a high dose of 160 mg/day (8) Hypersensitivity

Pregnancy & lactation :

- Avoid during pregnancy as data not available
- Caution required during lactation

Precautions and contraindications:

1. Teneligliptin should be cautioned for use in patients of intestinal obstruction or abdominal surgery
2. It should not be used along with class IA or class III antiarrhythmic drugs as it can cause QT prolongation.
3. Specific caution is required when teneligliptin is administered to patients with severe hepatic impairment.
4. Following ADRs have been observed with this drug: Hypersensitivity to drug/excipients
5. Severe Ketosis, Diabetic Coma/pre-coma
6. Severe trauma, before and after surgery and when blood glucose is controlled by insulin injection

Drug Interaction:

1. CYP3A4, a cytochrome P450 isozyme and flavin-containing monooxygenases (FMO1 and FMO3) play major roles in the metabolism of teneligliptin.
2. Caution should be taken to reduce the dose of sulfonylurea in order to minimize the risk of hypoglycemia.

Indications:

In type 2 diabetes mellitus when patients do not show sufficient improvement after diet control and exercise or a combination of diet control, exercise, and sulfonylurea- or thiazolidine-class drugs. It helps to improve glycemic control



without increasing hypoglycemic risk or weight gain in patients of type 2 DM. Studies indicate that treatment with teneligliptin for 12 weeks provided significant and clinically meaningful reduction in the levels of HbA1c. Several preclinical and clinical studies have suggested a possible beneficial effect on cardiovascular risk with use of teneligliptin due to its direct effect on heart independent of incretin system. It may exert some favorable effect on risk factors, resulting in reduction of blood pressure, improvement in postprandial level, and reduction of high sensitivity C- reactive protein. It also improves endothelial dysfunction.

Dosage schedule :

- Available as 20 mg tablet
- * In adults, teneligliptin is orally administered at a dosage of 20 mg once daily before breakfast, which can be increased up to 40 mg per day.

Approved by CDSCO as Teneligliptin tablet 20mg for the treatment of Type 2 Diabetes Mellitus on 18.05.2015

Dr. Prakruti Patel
Dr. Anuradha Gandhi
Dr. Chetna Desai
Coordinators

B. J. Medical College, Ahmedabad.

* * * * *

MEDIQUIZ : ANSWERS

(1) Wrinkling of the abdominal skin after pinching it. (2) It indicates dehydration, if it lasts for more than two seconds. (3) It is the typical consistency of the skin in septicemia. (4) Diphylobothrium latum. (5) Infectious Mononucleosis. (6) Psoriasis. (7) Thrombocytopenia. (8) Predicts Preeclampsia in pregnancy. (9) Enteric fever. (10) Riboflavin Deficiency. (11) Blood in the Peritoneal Cavity. (12) Umbilical Black Eye. (13) Enteric fever. (14) Intussusception (15) Fresh Blood in Stool (16) Steatorrhea in Malabsorption (17) Intussusception (18) Increased frequency of urine (19) Botulinism (20) Analgesic (21) Seal Limbs (22) Lepa Reaction