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

GUJARAT MEDICAL JOURNAL

INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

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STATE PRESIDENT AND HON. STATE SECRETARY'S MESSAGE

Dear Colleagues

For the first time in the history of Indian Medical Association, a joint meeting of IMA HQ Office Bearers and State & Local branch Presidents and Hon. Secretaries had been organized on 10th& 11th October 2015. It was a different experience for all who have attended because it was a meeting with a lectures on Spiritual topics, leadership qualities an a different problems of medical profession & how to deal with it. The meeting ended with micro planning of IMA satyagrah. Yes no strike & no closure of clinics & hospitals. IMA has decided to do "SATYAGRAH". "IMA Satyagrah for Healthy India". All over India, Indian Medical Association has decided to do IMA Satyagrah on 16th November 2015. On that day we will try to draw the attention of society to the various issues concern to medical profession & society at large. We request each local branch to do SATYAGRAH on that day as per the guidelines given by IMA. IMA Gujarat has committed that more than 5000 doctors will participate on that day in Gujarat. We are sure you will participate in a large number.

IMA Vadodara branch members are busy with organizing the GIMACON 2015 on 28th& 29th November 2015. We earnestly appeal to all IMA GSB members and particularly to all branch Presidents, Secretaries and Central & State Council members to register for the same if they have not yet registered. Please go through the Scientific Programme of the Conference. We are eager to welcome and see you all in the conference.

The security of Medical Professionals providing healthcare to the public has become a major issue. The incidences of vandalism are increasing. Media and Public unnecessarily blame the doctors. **Every death is not due to negligence.** One should understand that the disease process takes its own course. Our State has Prevention of violence and damage to property bill for hospital and medical professionals protection. However Police Department is not much aware of it. We request each & every medical establishment should keep a copy of it. In this regard we much congratulate IMA Surat branch who demanded that the FIR should be registered against persons involved in violence against doctors and hospitals under this Act and

succeded. We appeal to the medical profession to constantly improve their communication skills and avoid situations leading to violence.

Another issue which is utmost important is concerning the health insurance. There are inherent problems and no clear-cut policy and directives of insurance companies and TPAs. This requires all urgent attention and should be amicably settled so that all the state holders are satisfied.

Medicos are often falsely blamed by the government agencies and also by media for not going to villages but on the contrary the medicos are always eager to provide the healthcare facility to each and every citizen whether in rural area or urban area. The lack of infrastructure in rural area sometimes frustrates the young medicos working in the rural areas when they are not able to do justice while treating the patients. The project Aao Gaon Chalen is so popular and moving ahead, now we are trying to form a new wing of IMA – **"IMA Aao Gaon Chalen Wing".**

In the last State Working Committee, we have already formed "IMA Young Doctors Wing" & will be established and start working with permission of IMA GSB State Council to be held on 28th November 2015. The Young Doctors Wing is planning a State Convention of young medicos in the month of January.

IMA should not be seen as a simple association but it is like an intellective protective body for the identity and rights of the profession and the individuals. We applaud the role of medical specialty organizations and the Academic Wings of IMA in their yeoman service in updating the medical professionals through CME and workshops. We appeal to all specialist organizations whose members are also members of IMA that we should use the IMA platform to raise their problems and issues concerning individual identify / rights / dignity of the profession and professionals. We should work with unity and cohesiveness for strong networking. Our endeavor is to take along the whole medical fraternity. Unity, hard work and providence will take us to our destiny.

Listen to your inner genius. Those who do, often end up changing the world. We end here with a quote from Jim Rohn **"If you really want to do something, you will find a way. If you don't, you fill find an excuse".**

To gather we will achieve.

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

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

Success is not in our hands but effort and determinations is.

INDIAN MEDICAL ASSOCIATION

New Delhi (Hqs)

Dear Members,

Indian Medical Association has represented to the Prime Minister, Health Minister, Law Minister and Consumer affairs minister on various professional issues on multiple occasions since January 2015 and the government has acknowledged receipt of these representations. IMA officials did meet health minister and law minister when invited to discuss some of these issues, at least 3 to 4 times. Both the ministers acknowledge that our demands are right but no action has been taken so far on these issues. Since these issues are very vital to give the doctors an atmosphere to practice with dignity and safety, to serve the public effectively postponing decision on these issues will not be in the best interest of the profession and public health. IMA feels that doors of justice are closed and is forced to show our solidarity to achieve these goals on **16th November 2015.**

A draft of the status paper on these issues are posted to you for your valuable comments and suggestions so that the demands can be finalised to be given to the government concerned ministries MPs, MLAs, Parliamentary committee on health and other peoples representatives for their awareness and support.

The CWC meeting has finalised 6 demands for the profession and 3 for the public. Although there are many other issues, it is only pertinent that our major and common issues are made as our demands. Other issues concerning medical education etc has already been taken up separately. Putting too many demands for a protest day will be counter-productive.

Warm 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)

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

INDIAN MEDICAL ASSOCIATION

New Delhi (Hqs)

14-10-2015

To,

The Presidents /Hony. Secretaries

All State / Local Branches of IMA

Dear colleague,

In the last CWC Meeting held on 19-20 September, 2015 at Thiruvanthapuram , it was decided to hold a Satya Grah on Monday the 16th November, 2015 all over the country, involving all 30 States and 1700 Local Branches of IMA.

In the recently concluded Detox meeting on 10th-11th October, 2015 at Manesar (Gurgaon), five group leaders have been elected and given responsibility to co-ordinate with each one of you to make sure that this opportunity to convince public and administration is fully utilized to get the maximum output in favour of medical fraternity.

By now, you must have received information regarding the Co-ordinator for various works to be done on that day – 16th November, 2015.

We would like to emphasize importance of protest rally which has to be peaceful with banners, slogans and ply cards. Every member participating in rally should wear white apron. Please involve your family members and health workers of your establishment to show the solidarity of the profession.

Kindly choose a place for community service and protest rally in such a manner that it is very much visible to public. Choose a road which is very busy but make sure you do not block traffic but slow down the traffic by number of people participating in rally.

You may have to take permission from Police/Traffic Police for the conduction of rally and community service.

Kindly make sure that this protest rally is a big success. This rally is going to be held all over the country and we are expecting more than 1.5 lakhs members on road on that day.

In case you need any clarification kindly contact the undersigned as per the details given below

Dr. R. N. TANDON, Hony. Finance Secretary, IMA (HQs)

Mobile :9810089490 Email: tnramen@yahoo.co.in

Thanking you and with kind regards,

Yours sincerely,

Dr. R. N. TANDON,
Hony. Finance Secretary, IMA (Hqs)

Copy to:-
National President, IMA
Hony. Secretary General, IMA

IMA SATYAGRAH FOR HEALTHY INDIA
Guideline for Local Branches

The line of Action on IMA Satyagrah Day 16th November, 2015

09-00 to 11-00 Community Activities

11-00 to 12-00 March with poster & slogans

12-00 to 01-00 Memorandum to Appropriate Authority.

- Members are requested to form one IMA Satyagrah Committee of 5 members.
- Please select one place for Community Activity preferably a public place so that IMA visibility is there.
- Please place one or two Hoardings for IMA Satyagrah at a prominent place.
- Please sensitize the local small groups like Lions, Rotary, Senior Citizens etc. for our public concern.
- For Community Activity our theme is "KNOW YOUR BLOOD PRESSURE"

(In addition to this, local branches are free to include any other activity along with this.)

During the Community Activity time period, measure the B.P. of citizens. Record it and advice accordingly. The record should be done as per the booklet given by IMA GSB last month (Life Style Disease Awareness) or in the format given in this bulletin.

Report to us which should contain

(a) How many total examined?

(b) How many have pre-hypertension.?

(c) How many have hypertension grade-1?

(d) How many of know they have B.P.?

(e) How many are under treatment?

(f) How many are not under control?

- Please send your report, activity photographs to IMA GSB immediately.
- Please circulate the messages & information to your colleagues.
- Please involve family members also.
- Please involve Nurses, Pharmacist & Paramedical also.
- **For further information, please contact IMA GSB Office.**

* * * * *

Patient Record

IMA _____ Branch

Name of Patient _____

Age : _____

On Medication (For Hypertension) – Yes / No.

Date	B. P.	Date	B. P.

Interpreting your report

Normal of Range	Systolic up to 120 mm
Pre Hypertension	Systolic 121-139 mm
Hypertension	Systolic above 140 mm
	Systolic above 160 mm Hypertension grade-1

SUGGESTED SLOGANS

- Writing prescription drugs by a non- MBBS is injurious to health of the community.
- Writing prescription drugs by unqualified people can be dangerous
- Allow doctors to treat patients irrespective of patients income.(If compensation is not capped, we can't do this)
- When there is capping of Rs 2 lac for a sterilization death, why not for other procedures?
- When there is a compensation of Rs 30,000 for a sterilization failure why not for other procedures?
- Allow us to treat poor and rich equally
- Non pelvic ultrasound providers should be out of PCPNDT Act.
- Unless caught doing sex determination, no criminal offence shall be registered.
- If any prospective parent asks for sex determination, they should be booked under a non bailable offense
- More patients will die if doctors are not provided protection during duty hours
- Death does not mean negligence
- Money spent does not mean you will get a cure
- Including single clinic and small establishments under clinical establishment act will make the treatment costly
- How can we treat patients using outdated standard treatment guidelines made by government
- How can government decide the charges of a clinical establishment?

1. Capping of compensation allowable on alleged medical negligence cases

In its judgment in "Dr. Balram Prasad versus Dr. Kunal Saha & Others", the Hon'ble Supreme Court of India awarded an amount of Eleven Crore Rupees as compensation for medical negligence (Rs.6,08,00,550/- plus 6% interest). This judgment created a sense of panic among the medical professionals in the country. Subsequently in three more cases, the compensation awarded has been more than a crore. This has already led to a huge increase in the number of cases filed (several of which are on frivolous grounds) as well as a significant increase in the premiums paid to insurance companies.

The Hon'ble Apex Court in the case titled as "Dr. Balram Prasad versus Dr. Kunal Saha & Other, Civil Appeal No. 2867 of 2012" has held that: "Therefore, estimating the life expectancy of a healthy person in the present age as 70 years, we are inclined to award compensation accordingly by multiplying the total loss of income by 30. Therefore, under the head of 'loss of income of the deceased' the claimant is entitled to an amount of Rs.5,72,00,550/- which is calculated as ($40,000+(30/100x40,000$)-(1/3 x 52,000$) x 30 x Rs.55/-) = Rs.5,72,00,550/-."

Thus, the Hon'ble Supreme Court has evolved a new formula for the calculation of loss of income of the deceased to be paid as compensation by the doctors. The formula is: 70 - age at death x annual income + 30% inflation - 1/3rd as personal expenses)

After the passing of the aforementioned judgment, now the doctors around the country will be forced to look into the income of their patients as now the doctors fear that in case of some medical complication or in case if the patient dies, then the doctors will have to pay a huge compensation taking into consideration the income of the patient and the formula as enumerated by the Hon'ble Supreme Court.

The said practice of looking into the income of the patient is against the code of medical ethics as enunciated in Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002 as per which the physician, engaged in the practice of medicine shall give priority to the interests of patients.

(i) The said practice is against the declaration which is being given by the doctors at the time of registration with the Medical Council of India. The declaration which is being given by the doctors is enunciated in Clause d of the Appendix 1 of the Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 which is reproduced hereunder:

"d: I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient"

(ii) Also, the said practice is against Clause 1.8 of the Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 which is reproduced hereunder:

"1.8 Payment of Professional Services: The physician, engaged in the practice of medicine shall give priority to the interests of patients. The personal financial interests of a physician should not conflict with the medical interests of patients. A physician should announce his fees before rendering service and not after the operation or treatment is under way. Remuneration received for such services should be in the form and amount specifically announced to the patient at the time the service is rendered. It

is unethical to enter into a contract of "no cure no payment". Physician rendering service on behalf of the state shall refrain from anticipating or accepting any consideration."

As of today, the medical expenses / charges for the poor or the rich are the same for a given medical service and the doctors do not discriminate between the patients on the basis of their economic status. But the judgment is making the profession to rethink the charges as per the income of the patient and the same will be a violation of Clause 1.8 Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.

The said formula of compensation will cause great economic inequality in the country as the doctors will give preference to rich people more than the poor people. For e.g. if in a situation a doctor has two patients and there is only an ICU room available in the hospital than the doctor will allot the said ICU room to a patient whose income is more than the other patient.

Thus, the aforementioned formula as enumerated by the Hon'ble Supreme Court for calculating the loss of income of the deceased violates the fundamental rights of the people as enshrined in the Article 14 of the Constitution of India, 1950 i.e. equality before Law. According to Article 14 of the Constitution of India, 1950, the State should not deny equality before law or equal protection of law within the territory of India. The equal protection of laws means the people have right to equal treatment in similar circumstances. However, because of the aforementioned judgment, the doctors will not be able to give equal treatment to all patients in similar circumstances.

Further, the said formula of loss of income of the deceased also violates the fundamental right of 'right to life' i.e. Protection of life and personal liberty as enshrined in Article 21 of the Constitution of India, 1950. This right to life also includes right to health and fair and timely medical treatment. If the doctors have to pay such a huge compensation in case of medical negligence or in any other case, then they will not be able to provide fair and timely medical treatment to patients whose income is less than the other patient whose income is high.

Also, the said judgment violates the Directive Principles of State Policy i.e. Article 38 and Article 39 of the Constitution of India, 1950 as per which the State is responsible to promote the welfare of the people and to minimise the inequalities in income.

Indian Medical Association considers this as a very serious matter and we fear that this may even result in increase in the expenses on medical care.

A review of literature by IMA shows that the process of capping of compensation of medical practice law suits has been well established in developed countries. It is revealed from the information available on records that in the US about 26 states have passed effective legislations for imposing capping on medical negligence compensation varying from state to state in the range of USD 250,000 up to USD 500,000. India needs to adapt the policies being practiced in developed countries to its own requirements and can benefit greatly from their experience.

In India also, there is a capping on the compensation being given to victims of natural calamity, which is approx. Rs. 4 Lakh, being given by the Union Government. Also, in

case of failure of sterilisation there is a capping of compensation by the health ministry:

a) Death following sterilization (inclusive of death during process of sterilization operation) in hospital or within 7 days from the date of discharge from the hospital: Rs. 2 lakh.

b) Death following sterilization within 8 - 30 days from the date of discharge from the hospital: Rs. 50,000/-.

c) Failure of Sterilization: Rs 30,000/-.

d) Cost of treatment in hospital and up to 60 days arising out of complication following sterilization operation (inclusive of complication during process of sterilization operation) from the date of discharge: Actual not exceeding Rs 25,000/-.

e) Indemnity per Doctor/Health Facilities but not more than 4 in a year: Up to Rs. 2 Lakh per claim.

Further, according to Article 21 of the Montreal Convention, in case of death of passengers, the airline is liable to pay up to 1,13,100 Special Drawing Rights for each passenger. This works out to approximately $1,74,000 at current rates. (In Indian rupees, this works out to approximately Rs 1.04 crore). If there is a demand for compensation higher than this limit, the airline can contest it. Also in the Clinical Establishment Act 2010 (23 of 2010), Central rules 2012, rule 9 ii ; "the clinical establishments shall charge the rates for each type of procedure and services within the range of rates determined and issued by the central government from time to time in consultation with the state government."

When the government has decided to cap the charges, they also need to cap the compensation.

Thus, it is the need of the hour that there should be a capping on the compensation being given in cases of medical negligence by the doctors in India also.

Further, in the absence of any maximum limit/ceiling/capping on the compensation amount, the doctors too are in a dilemma and not able to decide the quantum of insurance cover for their practice. At the same time, the insurance cover is also becoming costlier and less available to the doctors in these circumstances.

In this regard, to safeguard the interest and fundamental rights of the people at large and to avoid un-necessary litigations and to save the precious time of courts as well as medical practitioners, IMA suggests the following:

1. Amendments in the present act to cap the maximum allowable compensation in any case of medical negligence
2. Mandatory screening of cases of medical negligence, before the case is admitted in the consumer court
3. Mandatory provision of seeking expert medical opinion by the court before giving verdict on the technical issues
4. Defining/ triaging the complaints into frivolous/ injurious/ grievous etc before submitting to the court of law

5. Provision of penalty (to the Doctor/hospital) to be proportionate to the amount of compensation claimed
6. The compensation is awarded on the basis of the income of the complainant. But irrespective of the income of the patient, the hospital always same amount for services. Hence the compensation should only be decided on the cost of the treatment.
7. Health care Arbitrator: Just like insurance disputes are sent to arbitrators an alternative dispute resolution mechanism can be looked into. The provision will be for providers and patients to submit disputes over alleged malpractice to a third party other than a court. This will help compensate victims faster, more equitably, and with lower transaction costs (As of now the administrative cost of such law suits is approximately 53% of the total compensation claimed).
8. Administrative Compensation Systems: It proposes to replace the current tort system with an administrative compensation system. The "health courts" model substitutes a specially trained judge as the finder of fact and arbitrator of law for the current system's generalist judges and juries.
9. Judicial audits of the lower courts to assess fairness and judicious application of mind by the lower court.
10. A comparative analysis of the outcome of judicial verdicts given in past should also be carried out for better understanding of the effectiveness of the compensations awarded till date.
11. The legal profession is kept out of the ambit of consumer court. Hence, medical services should also be excluded from the consumer court.
12. As per Article 38 of the Constitution of India, 1950, it is the responsibility of the State to eliminate the inequalities in status, facilities and opportunities among individuals, groups of people residing in different areas or engaged in different avocations. Thus, the government is requested to set aside the aforementioned formula of calculating the loss of income of the deceased as it will only result in greater inequalities in status, medical facilities, treatment and opportunities among the people.

2. Assault on Doctors-Central act for protection of clinical establishments and modification of IPC and CrPC similar to changes made to prevent crime against women

Indian Medical Association is deeply concerned about the increasing incidences of attacks on doctors and clinical establishments across the country every day even on very flimsy grounds. At least thirteen states have acts to punish the perpetrators of such crime through the hospital protection acts. It has been observed that even in such states, no action is taken against the culprits under this act.

So IMA requests the Union Government to enact a common act to protect the clinical establishments from vandalism. If more than six states concur for such an act, a common act can be passed in the Parliament. Now more than 14 states have already enacted such an act and under the circumstances IMA feels that it is imperative in the

larger interest of public health that a common act is framed and passed in the Parliament to curb this menace. Even in war, hospitals, doctors and paramedics have immunity against attacks. But now we find that in very flimsy grounds, anti-social elements who have a grudge against a hospital, utilise certain situations in the clinical institutions to seek vengeance, perpetuating vandalism. This cannot be allowed in a civilised society. This has to be considered as a crime against the helpless patients who are still in the hospital under treatment. For the sake of public health and to uphold the human rights IMA urges the government to enact a law to protect the helpless patients, medical and para-medical staffs and clinical establishments.

IMA also observe that in-spite of the state legislations or because the act is not effectively implemented violence against clinical establishments and doctors is taking place. IMA demands that the changes should be made in IPC and CrPC similar to changes made to prevent crime against women

3. Withdraw plans to start Bachelor of Science in Community Health (B.Sc Community Health)

IMA strongly object the Government move to start BSc Community Health course under the National Board, to man sub-centres and empowering them to prescribe medicines.

Sub centers are the corner-stones of disease prevention activities and implementation of national health programs and not primarily meant to provide curative service except home remedies. The staff pattern in the sub centre consists of one male and one female multi-purpose health worker (JPHN/JHI/ANMs). The job description of these staffs is family welfare services, immunization, awareness, household visits, data collection regarding disease prevalence, and coordinating other national disease control programs. These staffs currently work under the supervision of a medical officer posted in PHC. For this purpose there is no need for a more qualified workforce. Posting the proposed BSc (Community Heath) graduates in Sub centre level will be a wrong human resource management.

At Sub Centre level, more suitable workforce will be an ASHA worker with basic primary education and training. So the concept of posting para-medics at sub centers will be a gross waste of human resources and will be counter-productive for the purpose they are meant. The policy proposal on this is not based on ground reality and is conceptually wrong. The deployment of over qualified staff at sub centers will only increase the attrition rate. Entrusting the newly proposed BSc (Community health) graduates to manage very sensitive areas like child health within the health system may even worsen the situation. To leave the health of children and adolescents in the hands of ill-equipped personals is detrimental and may nullify the results of years of hard work that the country has put into reducing child mortality and morbidity

Moreover, if the Government's intention is to produce health workers to work in sub centres, why should such courses be conducted by national board of examination (NBE). In fact the NBE is conducting post graduate course and not even under graduate courses in modern medicine. Allowing these graduates to be registered under Medical Council will set a wrong practice.

IMA therefore, urges the Government to desist from the move to start BSc (Community Health) course

4. Amend PCPNDT Act

The PNDT Act came into being in 1994 with the purpose of improving the altered sex ratio in India. It was further amended in 2003 as the PCPNDT act to regulate the technology used in sex selection. The Act banned preconception and pre-natal sex determination. Its intent was to curb the actual act of sex selection and female foeticide by regulating the use of ultrasound technology. **WHO in its recent publication has clearly declared that restricting technology was not the way forward.**

However, despite the Act having been in existence for over 20 years, **the altered sex ratio in India has not changed.** Instead, it has had two major negative consequences:

1. In its current form, the implementation of the PCPNDT Act has deprived the community of life-saving and essential ultrasonography which has now become an extension of clinical practice for all specialties globally, being a well known non-invasive, cost-effective and accurate diagnostic tool.
2. The current PCPNDT act has made it extremely difficult for ultrasound clinics to ensure complete enforcement. Doctors and other medical professionals are being put to extreme hardship while performing routine and essential scans. Due to this, many qualified doctors are opting not to do PNDT scans, thus creating a shortage of experts trained in ultrasonography.

As the PCPNDT Act has not resulted in the improvement of the falling sex ratio, social rather than medical interventions will be required to handle this issue effectively. The Act is being used to punish doctors for minor offences such as clerical errors in the filling of forms, thereby resulting in doctors being prosecuted and ultrasound machines being seized and sealed.

IMA demands the following amendments:

1) The Act needs urgent modification to allow unambiguous and easy interpretation. The "Rules" need to be simplified and implemented uniformly across the country, and adhoc changing of rules by each local authority should be strictly prohibited. New rules must be logical and should apply to the entire country only after due discussion with the representative bodies. Time should be given for implementation of the new rules.
2) The Act is to be directed only towards Obstetric Ultrasound and not any other applications of ultrasonography.
3) The word "Offence" under this act has to be clearly defined. The word Offence should only mean the "actual act of sex determination or female feticide".
4) All other clerical/administrative errors should be classified as non-compliance (and not an offence). Strict penalties can only be imposed for the actual act of sex determination or female feticide and not for other errors. There is a need to redefine "what amounts to sex determination" as mere evidence of clerical error does not amount to sex determination."Imprisonment" rules should be for the offence (of sex determination or female feticide) & not for non-compliance.

5) Inspections should be conducted yearly instead of every 90 days. No NGO can conduct "raids" on doctors' premises and there should be no impediment to doctors doing their practice during inspections.
6) Ultrasonologists should not be restricted to working in only two centers.
7) The doctors should have the right to report on those seeking sex determinations and action must be initiated against them immediately.

5. Not to allow other system practitioners from practicing modern medicine through bridge courses and through government orders

During the pre independence era the British Government has experimented various type of health care from licentiate medical practitioners known as LMPs and various other integrated mixture system of practice mixing various systems of medicine. After the Independence of India, due to the failure of all these existing types of health care delivery system, the Government of India decided to re-evaluate the health care delivery system and framed the Indian Medical Council Act 1956, exclusively for the modern system of medicine and the Indian Medicine Central Council Act 1970 for the Indian System of Medicine. The Homeopathic medical council Act was framed for the Homeopathic system of medicine. Different qualifications were fixed for the practice of the different systems of medicine.

Thereafter, when disputes arose as to the right to practice the systems of medicine the Supreme Court of India in PunamVerma Vs Aswin Patel and others reported in 1996(4)SCC 332, Dr.Muktiar Chand and others Vs State of Punjab and others reported in AIR.1999(SC) 468, Medical Council of India and another Vs State of Rajasthan reported in AIR 1996 (SC) 2073,categorically held that only persons holding the requisite qualifications prescribed by the respective medical councils and holding registration with the respective medical councils, alone will be entitled to practice the respective systems of medicine. It is also held in Dr.PreetiSreevastava Vs State of Madhya Pradesh reported in AIR-1999(SC) 2894 that dilution of the qualification prescribed by the councils for the practice of medicine cannot be diluted done by the State Government by any orders or legislations.

When the qualifications for the practice of modern medicine became rigid under the Indian Medical Council Act and by the various judgments stated herein above, Indian Medicine Central Council for Indian System of medicine and the Homoeopathy Central Council for the Homeopathic system of medicine started issuing circulars and orders permitting the Persons registered under the respective councils to practice the modern system of medicine, which was out of the purview of the Indian Medicine Central Council and the Homoeopathy Central Council. These orders and circulars passed by the Indian Medicine Central Council and the Homoeopathy Central Council, for the practice of modern medicine, though out of their purview,are approved by the Central Government without proper verification. Usually the claim of medicine and systems of medicine is sent to the Indian Council for Medical Research for the final opinion before the approval by the central Government, but unfortunately the circulars and orders of the Indian Medicine Central Council and the Homoeopathy Central Council for the practice of modern medicine are not properly verified and scrutinized by the Central Government before approval resulting in the practitioners of Indian System of

Medicine and Homeopathic System of medicine practicing modern medicine under the guise of these orders and circulars which are against the existing laws and the spirit of the judgments referred above.

The Government of India has to take strict notice of the purpose and contents of the orders & circulars of the Indian Medicine Central Council and the Homoeopathy Central Council for the permission to practice of modern medicine and these circulars and orders will have to be scrutinized by the Indian Medical Council & the Indian Council of Medical Research before approved by the central Government and the failure to do so will promote large scale quackery resulting in the damage to the life of citizens of our country.

The permitting of practice of modern medicine directly and indirectly to persons who has not qualified the standards of the Indian Medical Council under the Indian Medical Council Act will result in heavy miscarriage of public health causing dangers to the life of the general public in India.

Indian Medical Association demands the government to take note of the fact that various such orders and circulars are put to misuse by various State Governments& the Central Government overriding the provisions of Indian Medical Council Act.Therefore IMA demands the ministry not to permit Indian Medicine Central Council or the Homoeopathy Central Council to bring out such circulars and orders which are outside the purview of these councils and ensure that only modern medicine qualified doctors are permitted to practice modern medicine

It is noted that various state governments are passing Order/ Circular, permitting the practitioners of Indian System of Medicine registered under the Indian Medicine Central Council Act,1970 to practice and prescribe modern medicine, under the provisions of the Indian Medicine Central Council Act-1970. In accordance with the law and the judgments of the Supreme Court in the Dr.Preeti Sreevastava Vs State of Madhya Pradesh case as reported in AIR-1999(SC) 2894, the state Government is having no authority or power to pass any order/ circular or legislation to permit the practitioners of Indian System of medicine to prescribe and practice modern system of medicine. Such permissions if at all can be granted, it can only be granted by the Indian Medical Council constituted under the Indian Medical Council Act-1956.

The supreme Court of India in D.K. Joshi V/s State of Utter Pradesh, reported in SCR-2003-3-525 has directed the Utter Pradesh Government, to take action against the Unqualified practitioners of modern medicine in the state . More over the Division Bench of High Court of Utter Pradesh in writ petition no 64481 of 2012 in Praveen Kumar V/s State of U.P. has clearly denied the permission for the practitioners of Indian Systems of medicine to practice modern medicine. This being the situation the order/ circular of various state Governments permitting the practitioners of Indian System of Medicine to prescribe and Practice modern Medicine is highly illegal.

Medical Council of India is the supreme authority regarding modern medical profession and any form of training in Modern Medicine. When this issue came up for the consideration before the Adhoc Committee appointed by the Honourable Supreme Court and of the Executive Committee of the Medical Council of India, they deliberated the issue at length and noted that as per section 2 of the Indian Medical

Degrees Act 1916, the term 'Western Medical Science' has been defined as meaning the western methods of Allopathic Medicine, Obstetrics and Surgery, but does not include the Homoeopathic or Ayurveda or Unani system of medicine. Accordingly the Medical Council of India and the Adhoc Committee appointed by the Honourable Supreme Court decided that BAMS (Ayurvedic) practitioners, who being Ayurvedic graduates are not graduates trained in Western Medical Science as defined in Section 2 of the Indian Medical Degrees Act, 1916 and hence could not be allowed to practice modern medicine in any form.

The CCIM has no authority to prescribe training in Surgery, Obstetrics or in any form of modern medicine practice, unilaterally and suo moto in their syllabus and curriculum without consulting with the Medical Council of India. It is pertinent to note here that certain state Governments like in Telengana and Kerala have rejected similar requests of Ayurveda students in their state.

Training in modern medicine procedures and postmortem examination are carried out to students of modern medicine as a continuation and culmination of their course; which include a prolonged study in modern medicine and that training cannot be given to Ayurveda students or internees during one or two months of their internship who do not possess relevant theoretical studies or practical experience.It will be hazardous to the public health and safety and for any modern medicine doctor to indulge in imparting such a name sake training would be unethical as violation of the rules of ethics of modern medicine.

Therefore IMA demands that state governments are directed not to issue Order/ Circular of permitting the practitioners of Indian System of Medicine to Practice modern System of medicine

6. Clinical Establishment Act

- IMA strongly consider that CEA will affect the continued viability of small and medium health care institutions, which are accessible and affordable to our people.While IMA fully subscribe to the view that the standards of health care have to be improved, IMA fear that the provisions of this act will be counter-productive
- IMA suggests that only through a process of accreditation whereby professionalism is established in the management, and a system is put in place in the treatment, the standards of health care can be improved.
- The act should be amended by removing the objectionable clauses and by incorporating a clause whereby if a hospital is accredited through NABH, the institution need only register under the act.

(a) **Accreditation rather than licensing** should be the procedure:

- The present Act though it does not admit, has a licensing character.
- IMA suggests that registration and upkeep of standards in health care delivery will be better saved through accreditation process.
- All health care institutions may be mandated to opt for a recognised accreditation process.
- IMA and NABH has already started a unique scheme to assist even small and

medium hospitals to gain entry level accreditation and this accreditation process should be recognised by the Government

– The Government should exempt accredited hospitals from the licensing process.

(b). **Fixing of rates for services**

– The Government should refrain from determining the fee for services provided by hospitals, which are not availing the above government schemes.

– The medical profession and the private hospitals have a right to fix their charges for their private patients.

(c). **Single doctor establishments should be exempted from the Act**

(d). **Grievance redressal mechanisms** are not legally correct platforms since alternative forums already exist.

– This mechanism will put the already harassed doctors and hospitals into severe stress.

(e) The onus of safe transport and the cost involved in emergency case management should be borne by the Government.

(f) The clinical establishments act should include provisions for promotion of healthcare institutions. It should be The clinical establishments (Registration and Regulation and Promotion) Act 2010.

(g) The high penalty rate determined in the law should be scaled down.

(h) Many of the rules and clauses only result in closure of small and medium level hospitals which are the backbone of India's health care delivery system along with Government institutions.

7. Increase budgetary allocation for health

It is the obligation of the state to provide free and universal access to quality health-care services to its citizens. India continues to be among the countries of the world that have a high burden of diseases. The various health program and policies in the past have not been able to achieve the desired goals and objectives.

High-level expert group (HLEG) on Universal Health Coverage (UHC) constituted by Planning Commission of India submitted its report in Nov 2011 for India by 2022. The recommendations for the provision of UHC pertain to the critical areas such as health financing, health infrastructure, health services norms, skilled human resources, access to medicines and vaccines, management and institutional reforms, and community participation. Planning commission has estimated that 3.30 Lakh Crores has to be spent in 12th FY period (2012-2017) to achieve the goal of UHC by 2022. We are already into third year of the 12th FYP and yet only a meager proportion of this amount has been budgeted so far on an annual basis

It is believed that an important factor contributing to India's poor health status is its low level of public spending on health, which is one of the lowest in the world. In 2007, according to WHO's World Health Statistics, in per capita terms, India ranked 164 in the sample of 191 countries. This level of per capita public expenditure on health was less than 30 percent of China's (WHO, 2010). Also, public spending on health as a percent of

GDP in India has stagnated in the past two decades, from 1990–91 to 2009–10, varying from 0.9 to 1.2 percent of GDP

Government should increase the public expenditure on health from the current level of 1.1% GDP to at least 2.5% by the end of the 12th plan and to at least 3% of GDP by 2022. Government should ensure that a minimum of 55 percent of health budget is spend on primary, 35 percent on secondary and a maximum of 10 percent on tertiary care services (as proposed by National Health Policy 200), as against the current levels of 49%, 22% and 28% respectively

The Twelfth Finance Commission provided grants to selected states for improving health indicators, but in effect, they recommended that the grants cover only thirty percent of the gap between the state's per capita health expenditure and the expenditure requirements assessed by them for each of the state. This should go up to at least fifty percent of the gap. Additional transfers from the central government to selected states have to be directed toward primary care and the first level of secondary care by strengthening the related health infrastructure and personnel. This is important not only to facilitate basic primary and secondary care but also to reduce the burden and expenditure share at the tertiary level.

The estimated additional expenditure requirement just to provide sub-centers, health centers, and community health centers according to the norms is estimated at 0.6 percent of GDP. There are additional administrative expenditures and requirements for providing health facilities in urban areas, and these could add up to another 0.4 percent. Thus, a minimum of one percent of GDP will be required in the medium term (next one to two years) to ensure minimum levels of health care as per the norms.

There should be an increase in spending for public procurement of medicines from 0.1% to 0.5% of Gross Domestic Product (GDP). Government should bring in legislation to discourage pharmaceutical firms from using trade names in marketing. Drugs should be available only in chemical name; which will help to bring in uniformity. At the same time there should be strict mechanism to monitor and ensure that drugs available in the market are of good quality. Government should invest in establishing drug-testing laboratories in each state. In addition, government should support and rejuvenate the existing public sector drugs and vaccines manufacturing units

General taxation plus deductions for health-care from salaried individuals and taxpayers as the principal source of health-care financing should be used, and no fees of any kind be levied for the provision of health-care services under UHC. Insurance is not a panacea and government should refrain from promoting health insurance as the best solution for health care problems in the country.

Government should introduce a health cess (0.5%) as a component of the existing VAT system and the new Goods and the Services Tax (GST) that is proposed. There should be additional health cess for sweetened beverages, tobacco, alcohol and cars. This will raise revenue for the government on one-side and at the same time will act as a measure to discourage the use of these products

Water, hygiene and sanitation are the corner stones for effective public health protection. Government should not only increase allocation to these areas, but also

ensure that the money is spend properly and time-bound

Government should move to a system of 'purchasing' secondary care services from private sector until it can provide these services by itself. This will help to prevent out-of-pocket expenses for a large section of population and also can reduce the burden on tertiary care.

The reimbursement scheme for health care should be extended to all people working in organised sector and not just to central government employees. This will help to relieve some pressure on the public health systems on one side, and will help to give more options for people in the organized sector.

The present schemes such as JSBY, RSBY, JSY etc. are run by different ministries and departments. The Budget should facilitate convergence among the various stakeholder ministries/departments so that we can evolve a comprehensive social security package

Public and private sectors should not move as parallel systems, but should compliment each other. Public private partnership in health should be promoted. At present, the facilities in private sector are under-utilized at one end, where as public sector lack in facilities to cater to the needs. Government should design special programs in discussion with professional associations like IMA to optimally utilize the resources-both in public and private sector. This will include sharing the resources in private sector like CT, MRI scans etc. for patient care in public sector

Services of family doctor/single man private clinics should be optimally used on a retainership basis, at least in places where government doctors are not available at PHCs, until government is able to recruit and sustain regular doctors.

Government should increase the allocation for health awareness programs. A repository on health information should be created and disseminated using the social media. Non-communicable diseases and health needs of the elderly need urgent attention. Government should increase the allocation to these areas significantly. National programs for NCD and care of elderly should be introduced in all the districts within the next two years. Telemedicine should be given importance, with simultaneous investment in increasing the availability of trained and qualified human resources

8. Strengthen primary health care/rural health service

National sample survey, 2014 has shown that 40% of our population depend on single man clinic and small rural hospitals for their health needs. It is observed that these small and medium level hospitals are closing down due to financial non viability. IMA demands the government to support these hospitals financially through a program of 'aided hospitals'

To attract modern medicine practitioners to serve in rural areas, IMA suggests the following

1. Government to identify difficult areas (primary health centres where doctors are not available for more than 3 years)
2. To develop a package to attract doctors to these areas by offering higher salary, accommodation preferably at headquarters with transportation, weightage for PG admission for those serving in difficult rural areas (upto 30% weightage), admission of children to central schools

3. To post minimum of three MBBS Doctors in PHCs instead of the present system of posting one MBBS Doctor
4. To utilise the service of private practitioners in the locality on a retainership/contract basis
5. To utilise the services of foreign degree holders (Russia/China Indian graduates) as trainees under the supervision of PHC doctors up to three years or till they get registered
6. Population covered by PHC to be revised from existing 30,000 to 20,000 whereas presently up to 1.5 lakhs population is covered by one PHC
7. To get orientation of rural health problems, and to motivate them to work in rural areas at least three to six months should be spend by both undergraduates and post graduates in rural set up, under graduates to get training in PHC during their Community medicine posting and also as part of vertical integration at clinical postings. The post graduates can work at least 3 to 6 months in CHCs along with or under the supervision of specialists. The period for preparation of thesis for this can be reduced to 6 months

9. Make quality drugs available to public at affordable cost

As it was clearly established through various studies and as reported by the Planning commission's HLEG report, almost 70% of out of pocket expenses incurred in health care is directly due to the cost of drugs and this is more among the poorest quintile. Therefore the government should spend more resources in making drugs affordable to the popualtion-at least to the tune of 0.5% of GDP. Government should open more Jan Oushadi stores and establish a drug distribution system catering to both public sector and private sector hospitals

Essential drug list should be revised and published periodically. Drug manufacturing and distribution should be guided by the essential drug list. Very strict laws and penal provisions should be in place to curb irrational combinations and preparations. More drugs should be brought under the price control mechanism. Mechanism of adverse drug reaction monitoring should be made more effective. All the companies should market the drugs in generic name.

Government should return to the old system of cost based drug pricing and should do away with the current system of market based pricing. This will rationalise the cost of majority of the drugs and will help to avoid cartel formation

Govt should ensure the quality of each batch of medicine, and this require adequate funding to establish more testing labs in the country. Drugs should not be allowed to move to the market before the quality is tested for each batch.

Govt policy should be to facilitate domestic drug manufacturing companies to undertake drug research and innovation, to invent new molecules to address preferentially the diseases, which are predominantly prevalent in our country. Just like techno parks govt should invest and facilitate common facilities for drug research and quality control

Govt should also take steps to open and functionalize the closed down vaccine manufacturing units in the public sector and also sick drug manufacturing units in the public sector

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

NOTICE

Dear Member,

Annual General Body Meeting of the members of Professional Protection Scheme will be held at Vadodara at the time of Annual Conference of I.M.A. G.S.B. to consider the following Agenda. (GIMACON-2015)

Venue : Commerce Faculty Building, Beside C. C. Mehta Auditorium, M.S. University Campus, Vadodara.

Date : 28th November, 2015

Time : 9.00 a.m.

Dr. Bipin M. Patel
Managing Director

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

NOTICE

Dear Member,

Annual General Body Meeting of the members of Professional Protection Scheme will be held at Vadodara at the time of Annual Conference of I.M.A. G.S.B. to consider the following Agenda. (GIMACON-2015)

Venue : Commerce Faculty Building, Beside C. C. Mehta Auditorium, M.S. University Campus, Vadodara.

Date : 28th November, 2015

Time : 9-30 A.M.

Dr. Jitendra B. Patel
Hony. Secretary

HEALTH SCHEME; G.S.B. I.M.A.

NOTICE OF GENERAL BODY MEETING

Dear Member,

The General Body Meeting of our scheme will be held on 28-11-2015, 10.00 a.m. at (GIMACON-2015) at Commerce Faculty Building, Beside C. C. Mehta Auditorium, M.S. University Campus, Vadodara to transact following agenda.

AGENDA

1. To confirm and pass the minutes of the previous meeting.
2. Messages received for inability to attend meeting if any.
3. To consider and pass activity report of the scheme.
4. To pass the Audited Account for the year 2014-2015.
5. To pass the estimated Budget for the year 2016-2017.
6. To discuss the letters received in the office.
7. Discussion about continuing “Allocated AFAC” to members.
8. To appoint the Auditor & To Fix Remunerations
9. To discuss the Agenda Recommended by Managing Committee.
10. Any other business with the permission of chair.

Thanking you,

Yours Sincerely,

Dr. Abhay S. Dikshit
Hon.Secretary

Dr. Navnit K. Patel
Chairman

COLLEGE OF GENERAL PRACTITIONERS; G.S.B. I.M.A.

NOTICE

Dear Member,

Annual General Body Meeting of the members of I.M.A. College of General Practitioners, Gujarat State Faculty will be held at Vadodara during I.M.A. G.S.B. Annual Conference (GIMACON-2015)

Venue : Commerce Faculty Building,
Beside C. C. Mehta Auditorium,
M.S. University Campus, Vadodara.

Date : 28th November, 2015

Time : 10-30 A.M.

AGENDA

1. To pass the minutes of previous Annual General Body Meeting
2. Any business arising out of it
3. To approve Annual Report of the College of G. P. 2014/2015
4. To approve Annual Budget for 2015/2016
5. To elect three (3) members on the Faculty Board
6. Any other business with the permission of chair

Dr. Kirit C. Gadhavi
Director

Dr. Vasant B. Patel
Hon. Joint Secretary

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DAYS TO BE OBSERVED

04th November 10th November	World Immunization Day
14th November	World Diabetes Day
17th November	National Epilepsy Day
25th November	International Women Safety Day

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

27-09-2015	Dr. Jitendra N. Patel; Hon. State Secretary attended Installation Ceremony of Ahmedabad Medical Association.
27-09-2015	Dr. Chetan N. Patel, President visited IMA Wakaner Branch.
27-09-2015	Dr. Chetan N. Patel, President visited IMA Morbi Branch & take part in Installation Ceremony of New Team.
04-10-2015	Dr. Chetan N. Patel, President, Dr. Jitendra N. Patel; Hon. State Secretary attended Home Healthcare Con organised by Gujarat State Family Physician Association.
12-10-2015	Dr. Jitendra N. Patel; Hon. State Secretary attended Steering Committee meeting of School Health programme at Gandhinagar.

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CONGRATULATIONS

❖ **Dr. Ujjval Deliwala; Bhavnagar**

Being selected from Indian Cartilage Society for ICS International Award 2015 for 1 month fellowship Award at Italy.

❖ **Dr. Anirudh V. Shah; Ahmadabad**

For his contribution to the Indian Association of Paediatric Surgeons during the Golden Jubilee celebration of the Association during the 41st Annual Conference of IAPS (IAPSCON-2015) at Mumbai.

❖ **Dr. Amar A. Shah; Ahmadabad**

Being elected as Executive committee of the Indian Association of Pediatric Surgeons for the year 2015-2017 at Mumbai.

❖ **Aditya Vaidya son of Dr. Hiren Vaidya; Surat**

Being selected in Gujarat State Selection under 19 Chess Tournament organized by under the auspice of School games Federation of India.

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/24701	Dr. Panchal Ashish Chandrakant	Halol
LM/24702	Dr. Modi Gaurang Bharatkumar	Ahmadabad
LM/24703	Dr. Shah Bhavya Bharatbhai	Ahmadabad
LM/24704	Dr. Soni Laxmikant Ramniwas	Ahmadabad
LM/24705	Dr. Banerjee Jyotika	Ahmadabad
LM/24706	Dr. Shah Siddharth Hiteshbhai	Ahmadabad
LM/24707	Dr. Patel Nikul Kanubhai	Ahmadabad
LM/24708	Dr. Patel Bhoomika Rameshbhai	Ahmadabad
LM/24709	Dr. Joshi Vishal Kaushikkumar	Ahmadabad
LM/24710	Dr. Joshi Richa Vishalbhai	Ahmadabad
LM/24711	Dr. Shah Priyank Harnishbhai	Ahmadabad
LM/24712	Dr. Zala Devendrasinh Dadubhai	Ahmadabad
LM/24713	Dr. Sheth Rachit Bharatkumar	Ahmadabad
LM/24714	Dr. Sheth Sachi Rachitbhai	Ahmadabad
LM/24715	Dr. Modi Axay Pravinchandra	Ahmadabad
LM/24716	Dr. Butala Shreya Prashantbhai	Ahmadabad
LM/24717	Dr. Acharya Shivani Prakash	Ahmadabad
LM/24718	Dr. Shahporia Dolly Bipinkumar	Surat
LM/24719	Dr. Kapadiya Shirish Vallabhbhai	Surat
LM/24720	Dr. Kapadia Ketan Kantilal	Nadiad
LM/24721	Dr. Naik Noopur Bharatbhai	Bilimora
LM/24722	Dr. Shah Sweety Navinchandra	Surendrnagar
LM/24723	Dr. Sudani Chandresh Rameshbhai	Surat
LM/24724	Dr. Italiya Sumit Raghavjibhai	Surat
LM/24725	Dr. Bhalala Hiren Shantilal	Surat
LM/24726	Dr. Nayak Nilesh Ashwinbhai	Mandvi-Kutch

LM/24727	Dr. Modh Datt Shaileshkumar	Amreli
LM/24728	Dr. Shah Ishan Paraskumar	Unjha
LM/24729	Dr. Shah Kalgi Ishanbhai	Unjha
LM/24730	Dr. Patel Poorav Rameshchandra	Himatnagar
LM/24731	Dr. Mori Kuldeepsinh D.	Surendranagar
LM/24732	Dr. Dalasaniya Vimal Babulal	Surendranagar
LM/24733	Dr. Maheshwari Chintan M.	Amreli
LM/24734	Dr. Desai Pratiksinh P.	Bardoli
LM/24735	Dr. Kalotara Jagdish Sagaram	Gondal
LM/24736	Dr. Bhuva Sangeeta Vasudevbhai	Gondal
LM/24737	Dr. Ladha Garima Govindbhai	Surat
LM/24738	Dr. Kasodaria Haresh Dhirubhai	Surat
LM/24739	Dr.Doodhat Bhoomi Babulal	Surat
LM/24740	Dr. Tijoriwala Prabhav Paresh	Surat
LM/24741	Dr. Shah Sohil Jayenbhai	Ahmedabad
LM/24742	Dr. Chaturvedi Bhuvnesh R.	Ahmedabad
LM/24743	Dr. Panchal Kalpesh Trikamlal	Ahmedabad
LM/24744	Dr. Panchal Chinjal Kalpesh	Ahmedabad
LM/24745	Dr. Raiyani Palak Dhirajlal	Ahmedabad
LM/24746	Dr. Patel Dhyan Bharatbhai	Ahmedabad
LM/24747	Dr. Patel Drushi Dhyanbhai	Ahmedabad
LM/24748	Dr. Patel Rishi Vasantbhai	Ahmedabad
LM/24749	Dr. Patel Hemali Rishibhai	Ahmedabad
LM/24750	Dr. Parikh Harsh Kashyapbhai	Ahmedabad
LM/24751	Dr. Shah Swagat Miteshbhai	Ahmedabad
LM/24752	Dr. Shukla Anuj Narendrabhai	Ahmedabad
LM/24753	Dr. Shah Heli Sudhirbhai	Ahmedabad
LM/24754	Dr. Pandya Viral Maheshbhai	Ahmedabad
LM/24755	Dr. Pandya Dhara Viralbhai	Ahmedabad
LM/24756	Dr. Patel Mantan Naimeshbhai	Ahmedabad
LM/24757	Dr. Patel Krupali Manthanbhai	Ahmedabad
LM/24758	Dr. Jadav Natavar Nagarbhai	Ahmedabad
LM/24759	Dr. Shah Keyur Yogeshbhai	Ahmedabad

LM/24760	Dr. Tilva Bhautik Vallabhbhai	Ahmedabad
LM/24761	Dr. Tilva Janki Bhautikbhai	Ahmedabad
LM/24762	Dr. Shah Ritu Sujaykumar	Ahmedabad
LM/24763	Dr. Patel Uday Dashrathbhai	Ahmedabad
LM/24764	Dr. Patel Snehalata Udaybhai	Ahmedabad
LM/24765	Dr. Patel Ruchir Ganpatbhai	Ahmedabad
LM/24766	Dr. Shaboo Surekha Subhashbhai	Ahmedabad
LM/24767	Dr. Patel Ravi Rameshbhai	Ahmedabad
LM/24768	Dr. Bhadaja Pratik Deerajlal	Ahmedabad
LM/24769	Dr. Kubavat Chirag Vinodray	Ahmedabad
LM/24770	Dr. Leuva Parth Amrutlal	Ahmedabad
LM/24771	Dr. Kothari Kavit Kanubhai	Ahmedabad
LM/24772	Dr. Parekh Jigar Rohitbhai	Ahmedabad

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COMMUNITY SERVICE

ANAND

20-09-2015 Malaria Dengue Samwad at Adopted Village JOL

JAMNAGAR

01-08-2015 Beti Bachhao Beti Padhao – Save the Girl Child.

06-08-2015 Health Checkup of School Girls.

07-08-2015 Breast feeding week celebration.

09-08-2015 Seminar on Life Style Disease and its prevention.

11-08-2015 Free Diagnostic camp and health education seminar.

15-08-2015 Independence Day celebration.

MORBI

13-09-2015 Aao Gaon Chalen Polydiagnostic camp at Devgardh Maliya. Total 300 patients were benefited.

26-09-2015 A screening camp for deaf and mute children for Cochlear Implant. 25 children are examined.

BRANCH ACTIVITY

AMRELI

12-09-2015 "C.V. Stroke" by Dr. Dijesh K. Shah

"Depression in women" by Dr. Keyur Parmar

26-09-2015 "Comman G.I. Problem" by Dr. Vimal B. Saradva

06-10-2015 "Brain death and organ donation" by Dr. Rajendra Kabariya

"Bachace: prevention and treatment" by Dr. Himanshu Dodiya

ANAND

12-07-2015 A spiritual seminar for doctors, in conjunction with Bramakumari Institute.

30-07-2015 "Understanding Various IMA Scheme" by Dr. Amit Patel.

Varied Orthopaedic topics by a panel of 4 eminent speakers from Shalby Hospital, Ahmadabad.

10-09-2015 "Approach to a patients with elevated serum creatinine" by Dr. Maulik Shah

"Management of small urological stones" by Dr. Jigish Vyas.

25-09-2015 "Management of Biomedical waste" by Dr. Sharad Shah.

IDAR

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

JETPUR

01-08-2015 "Morden management of renal stone" by Dr.Jasani.

12-08-2015 "Update on diarrhea" by Dr. Avval Sadicot.

19-08-2015 "Update on Type-2 DM" by Dr. Satyam Udhreja.

22-08-2015 "Laparoscopic hernia" by Dr. Kartik Sutaria.

12-09-2015 "Pyrexia Unknown Origin" by Dr.Jayesh Dobaria.

16-09-2015 "Basics of IVF" by Dr. Sanjay Desai.

07-10-2015 "Gastro Esophageal Reflux Disease" by Dr. Chintan Kansagara.

KHERALU

17-06-2015 "Common pediatric neurological problem" by Dr. Darshana Naik.

09-07-2015 "Allergic Rhinitis" by Dr. Keyur Mehta.

31-07-2015 "Chronic Obstructive Pulmonary Disease (COPD)" by Dr. Mitesh Patel.

03-09-2015 "Rational Mobilization Practice" by Dr. Nipul Nayak.

01-10-2015 "Approach to a patients of chest pain' by Dr. Kamlesh Thakkar.

MORBI

11-09-2015 "HIV and Infectious disease and adult vaccination" by Dr. Prashant Trivedi.

"Management of Hepatitis B" by Dr. Gunjan Joshi

NAKHATRANA

16-09-2015 "Cardiac Surgery & Angioplasty" by Dr. Suresh Patel and Dr. Ankit Agrawal

PALITANA

20-09-2015 "Malaria Management" by Dr. Chandarana

30-09-2015 "Approach to abdominal pain" by Dr. Aiyar

"Infertility sterility" by Dr. Nidhi Aiyar

SAVARKUNDLA

23-09-2015 "Brain Death & organ donation" by Dr. Jitendra Kuburiya

"Spine Surgery" by Dr. Himanshu Dodiya

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OBITUARY

We send our sympathy & condolence to the bereaved family

Dr. Ashok Shivkumar Dhanwani

(12-12-1951 - 12-09-2015)

Age : 64 years

Qualification : M.D. (Gynaec)

Name of Branch : Daman

Dr. Sharadchandra P. Vaidya 08-09-2015 Ahmedabad

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

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

01-09-2015 to 30-09-2015 : Intra domestic house to house survey by the centers of Ahmedabad

22-09-2015 Ambawadi (Jamalpur) : Mega Medical Camp - Patients : 576

Rander - Surat : Mothers - Iron : 1500 tables, Children - Calcium 500 tablets were distributed & Vitamin A solution was given to 32 children.

Nanpura - Surat : Mothers & Children Iron : 3000 tablets Calcuim 2000 tablets were distributed & Vitamin A Solution :was give to 40 Children.

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

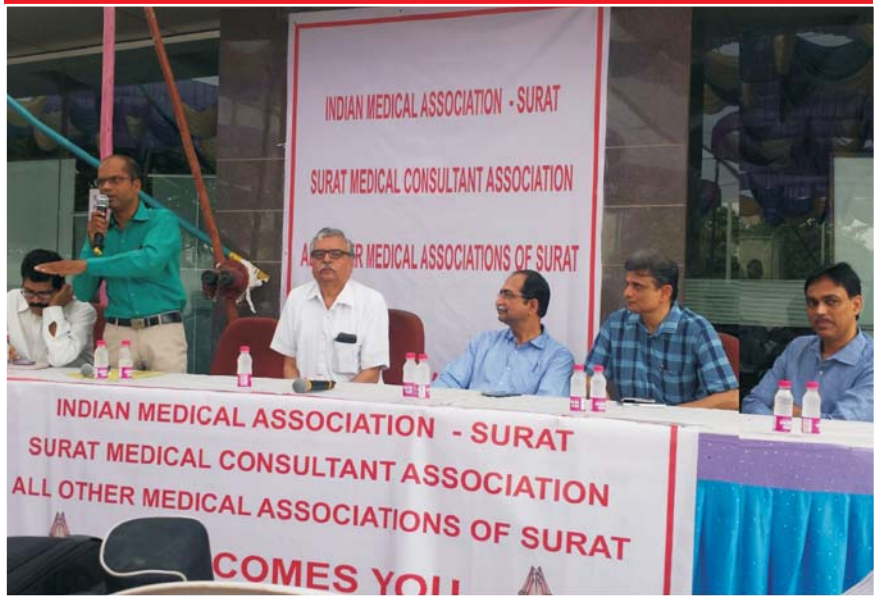
SEPTEMBER - 2015

No.	Name of Center		New Case	Old Case	Total Case
(1)	Ambawadi	(Jamalpur Ward)	1211	430	1641
(2)	Behrampura	(Sardarnagar Ward)	1920	462	2382
(3)	Bapunagar	(Potalia Ward)	2356	669	3025
(4)	Dariyapur	(Isanpur Ward)	1200	399	1599
(5)	Gomtipur	(Saijpur Ward)	2305	630	2935
(6)	Khokhra	(Amraiwadi Ward)	3433	681	4114
(7)	New Mental	(Kubernagar Ward)	1057	253	1310
(8)	Raikhad	(Stadium Ward)	583	158	741
(9)	Wadaj	(Junawadaj Ward)	1464	269	1733
(10)	Khambhat		—	—	—
(11)	Junagadh		----	----	----
(12)	Rander-Surat		----	----	----
(13)	Nanpur-Surat		----	----	----
(14)	Rajkot		411	1024	1435

SEPTEMBER : 2015

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-T	Condoms (PCS)	Ocpills
(1)	Ambawadi (Jamalpur Ward)	23	—	54	13410	627P
(2)	Behrampura (Sardarnagar Ward)	16	---	49	9600	1282
(3)	Bapunagar (Potalia Ward)	31	01	57	14560	495
(4)	Dariyapur (Isanpur Ward)	20	—	35	8050	1273
(5)	Gomtipur (Saijpur Ward)	19	—	24	30100	1084
(6)	Khokhra (Amraiwadi Ward)	35	---	71	12750	242
(7)	New Mental (Kubernagar Ward)	15	---	14	10950	356 P
(8)	Raikhad (Stadium Ward)	24	---	29	28800	1079P
(9)	Wadaj (Junawadaj Ward)	14	—	60	13600	1688
(10)	Khambhat	----	—	----	----	----
(11)	Junagadh	12	—	69	2500	242
(12)	Rander-Surat	27	—	26	1250	46 P
(13)	Nanpura-Surat	25	—	44	3400	140
(14)	Rajkot	13	01	41	450	286

Protest against Assault on Doctors Surat Branch



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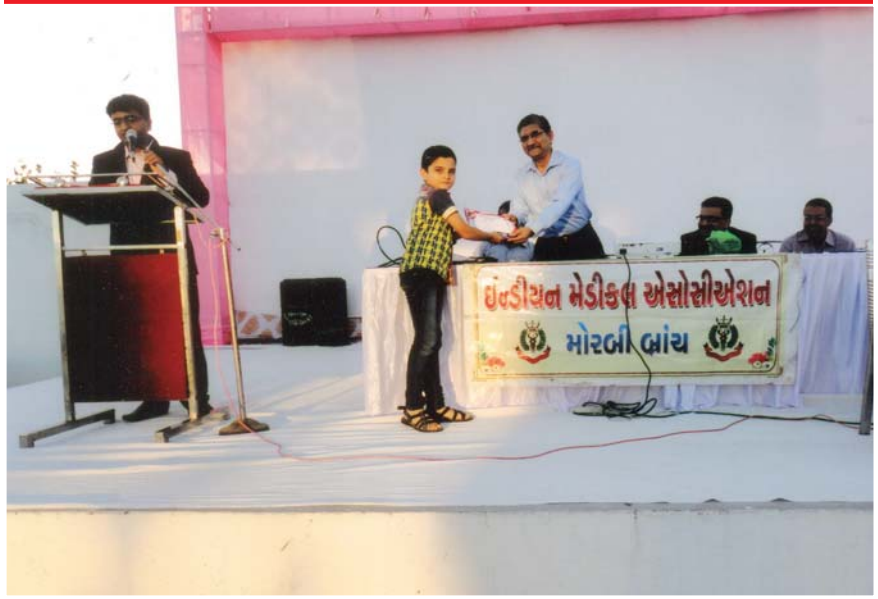
Protest against Assault on Doctors Surat Branch

Installation Ceremony Morbi Branch



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Diagnostic Camp Jamnagar Branch

Scientific Programme Anand Branch

* * * * *

Installation Ceremony Bardoli Branch

Delegation of I.M.A. at World Medical Association Assembly in Moscow (Russia)

IMA Medical News

Managing wounds at home

- A wound is a disruption of the normal structure and function of the skin.
- Antibiotic therapy is not indicated in all the wounds and is reserved only for infected wounds.
- It is important to keep blood sugar under control while managing a wound.
- All wounds, which are contaminated or with foreign bodies, require debridement.
- Irrigation of the wound is the best to reduce bacterial load and removing loose material.
- Irrigation can be done with warm saline.
- Principles of wound management are – scrub, clean and dress.
- Scrubbing means that dressing should be done with clean hands, which requires proper scrubbing of the hands.
- Would cleaning means that the wound should first be cleaned and finally after cleaning it requires a proper dressing.
- Some wounds may require suturing, especially if the wound is less than 6 hours old.
- In an accident if a finger is cut or a tooth is removed, one should preserve the finger or the tooth and take it to the nearest hospital along with the patient for reimplantation.
- The best way to carry the amputated finger or uprooted tooth is to put them in a plastic bag and put that bag in a box containing ice.
- Skin burns should be treated firstly by putting the area under the running water till the burning disappears.
- In a patient with burns, the blister that forms should not be punctured.
- Presence of pain is also a good sign and indicates that the burns are superficial.

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- Low vitamin D levels are very common in older adults, especially African Americans and Hispanics, and are associated with accelerated decline in episodic memory and executive function, the two cognitive domains strongly associated with Alzheimer's disease dementia, suggests a new study published online September 14 in JAMA Neurology.
- Brief, daily bouts of hopping or jumping can strengthen hip bones and reduce the risk of fracture following a fall, suggests a new study of older men, published in the Journal of Bone and Mineral Research.
- Nocturnal enuresis in postmenopausal women may be associated with symptoms of obstructive sleep apnea (OSA), suggests data from the Women's Health Initiative (WHI) program, published online in Menopause.
- Three hours of uninterrupted sitting causes substantial disruption to vascular function in the legs in young girls, reported a study published in Experimental Physiology.
- The initial resuscitative therapy for patients with suspected pulmonary embolism (PE) should focus upon oxygenating and stabilizing the patient. The mainstay of therapy for patients with confirmed PE is anticoagulation, depending upon the risk of bleeding. Alternative treatments include thrombolysis, inferior vena cava filters and embolectomy.
- Screening healthy men for prostate cancer remains controversial, but if the decision is taken to undergo such screening — after detailed discussion with the individual, then “both a blood test for prostate-specific antigen (PSA) and a digital rectal examination (DRE) should be carried out”, says David Penson, MD, MPH, chair of the Department of Urologic Surgery at Vanderbilt University Medical Center in Nashville, Tennessee.

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- Low blood platelet count may not necessarily mean dengue or at least may not be a reason to panic. Doctors and health officials advise people to drink plenty of water to avoid dehydration and maintain good sanitation to avoid dengue. Doctors say patients should take paracetamol in case of fever and closely keep a watch on symptoms like blood pressure, rise in pulse rate and if PCV blood count goes beyond 50.

  According to experts, rapidly falling platelets may trigger plasma leakage which needs monitoring but merely low platelet count --up to 8000-9000-- may not be serious or a threat to life. However, doctors say once platelets are below the 10,000 level, it is safer to go for medical fluid intake -either orally or IV fluid.

"Platelet counts are not reliable and do not indicate anything. In other words, platelet deficiency is not alarming, neither can platelet transfusion save anyone's life," said Dr K K Aggarwal, secretary general, Indian Medical Association. Dr SP Byotra, chairman (internal medicines) at Ganga Ram Hospital, also maintains falling platelet count and fever could be symptoms for other diseases like malaria, typhoid and kala azar. Though these symptoms are present even in case of dengue, but patients need not panic and instead should go for proper investigation of the disease, he said. Doctors say if persistent high fever is coupled with bleeding, vomiting, nausea and dehydration, one should investigate for dengue.

There is nothing to worry if a patient is passing urine every three hours. A patient persistently running high fever, feeling extreme weakness and with rapidly falling platelets should keep a close watch on blood pressure and whether the pulse rate is shooting up and if PCV blood count is over 50. Officials in the health ministry also advised patients not to seek hospital admission out of panic in case of high fever and falling platelet count.

"Other viral infections are on and fever could be a result of that. Hospitalization is not required in each and every case," said a senior official.

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Smile Please !!!

A man is stopped by the police at midnight and asked where he's going.

"I'm on the way to listen to a lecture about the effects of alcohol and drug abuse on the human body."

The policeman asks, "Really? And who's going to give a lecture at this time of night?"

"My wife", he replied.

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Is washing of animal bite wound (s) essential?

The risk of rabies reduces by about 50% simply by washing the bite wound and application of antiseptics.

The maximum benefit of the wound washing is obtained when the fresh wound is cleaned immediately. It is important to remove saliva containing rabies virus at the site of bite by physical or chemical means. This can be done by prompt and gentle thorough washing with ordinary soap or detergent and flushing the wound with running tap water for at least 15 minutes.

Washing of the wound must be done as long as the wound is raw irrespective of the time elapsed since the exposure. Care must be taken not to disturb the scab, if formed.

After washing with water and soap, disinfectants like povidone iodine or surgical spirit must be applied.

In extraneous circumstances, other alcoholic (>40%) preparations like Rum, Whisky or aftershave lotion may be applied on the wound. If soap or antiviral agent is not available, the wound should be thoroughly washed with water.

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Avoid Drunk or Drugged Driving

- The dangers of drinking alcohol and driving are well known to all. But, it is also important to recognize that taking drugs and driving too can be as dangerous, Drugged driving or driving under the influence of any drug that acts on the brain can adversely affect your, vision, reaction time and judgment and driving skills. This not only endangers your life but also of your co–passengers as well as others on the road.

Tips for safe driving

- All through the year, especially during the holiday season, take steps to make sure that you and everyone you celebrate with avoids driving under the influence of alcohol or other drugs.
- Always designate a non–drinking driver before any holiday party or celebration begins.
- Arrange for someone to pick you up
- Do not let a friend drive if you think that they are impaired. Take the car keys.
- Stay overnight at your friend's place, if possible and drive back home in the morning.

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- The US FDA has approved a new atypical antipsychotic, cariprazine, to treat schizophrenia and bipolar disorder in adult patients.
- A case report of two patients suggests that combining vismodegib with radiotherapy was well tolerated and efficacious for recurrent advanced basal cell carcinoma, with both patients having no evidence of progressive disease at last follow-up. The report was published in the September issue of JAMA Dermatology.

- Six-year follow-up data on the use of hyperbaric-oxygen therapy in patients with chronic diabetic foot ulcer shows a significant improvement in long-term survival compared with placebo. The results were presented at the European Association for the Study of Diabetes (EASD) 2015 Meeting.
- Brain dysfunction associated with heroin addiction is sustained even after at least 3 years of abstinence, suggests the first brain imaging study to evaluate long-term outcomes of former addicts. The findings were published online in the Journal of Neuroscience Research.
- Adults aged 50 to 69 years should take daily low-dose aspirin for at least 10 years to reduce their risk for cardiovascular disease (CVD) and colorectal cancer, suggest a set of draft recommendations from the US Preventive Services Task Force (USPSTF), published online September 15.
- Newborns with jaundice fared as well with filtered sunlight as with conventional phototherapy in a single-center randomized trial, suggesting that filtered sunlight is an acceptable alternative to phototherapy in low-resource settings. The findings are published in the September 17 issue of the New England Journal of Medicine.
- In patients with suspected PE, the investigations to be done include: Arterial blood gases (ABG), brain natriuretic peptide (BNP), and troponin and D-dimer levels, electrocardiography (ECG) and chest x-ray. Patients in whom PE is likely should undergo diagnostic imaging, preferably with computed tomographic pulmonary angiography (CTPA).

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Do not ignore transient brain dysfunction

Transient ischemic attack or TIA or mini paralysis is a brief episode of neurologic dysfunction caused by lack of blood supply in the focal brain or eye, with clinical symptoms typically lasting less than one hour, and without evidence of acute infarction or brain attack.

It is a neurological emergency and early recognition can identify patients who may benefit from preventive therapy or from surgery of large vessels such as the carotid artery.

The initial evaluation of suspected TIA and minor non disabling ischemic paralysis includes brain imaging, neurovascular imaging and a cardiac evaluation. Laboratory testing is helpful in ruling out metabolic and hematologic causes of neurologic symptoms.

TIA or minor non disabling ischemic paralysis is associated with a high early

risk of recurrent paralysis. The risk of paralysis in the first two days after TIA is approximately 4 to 10 percent.

Immediate evaluation and intervention after a TIA or minor ischemic reduces the risk of recurrent stroke. Risk factor management is appropriate for all patients. Currently viable strategies include blood pressure reduction, statins, antiplatelet therapy and lifestyle modification, including smoking cessation.

For patients with TIA or ischemic stroke of atherothrombotic, lacunar (small vessel occlusive), or cryptogenic type, antiplatelet agents should be given. For patients with atrial fibrillation and a recent ischemic stroke or TIA, the treatment is blood thinners. Patients with carotid blockages require surgical treatment.

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- Decreased gut microbial diversity is strongly associated with high body mass index (BMI) and triglyceride levels, as well as a low level of high-density lipoproteins (HDL). (September 10 in Circulation Research)
- A closed-loop insulin-delivery system, dubbed the 'artificial beta cell,' improved glucose control and reduced hypoglycemia compared with sensor-augmented insulin-pump therapy in patients with type 1 diabetes in real-world settings, according to findings presented at the European Association for the Study of Diabetes (EASD) 2015 Meeting.
- New American College of Gastroenterology guidelines, on the diagnosis and management of small bowel bleeding recommend that the term "small bowel bleeding" should replace the classification of "obscure gastrointestinal bleeding," because advances in imaging the small intestine mean it's usually possible to identify the source of bleeding. (American Journal of Gastroenterology)
- Staphylococcus lugdunensis is underestimated as a cause of hospital-acquired osteoarticular infection, and should be treated aggressively, suggested new research presented at the Interscience Conference of Antimicrobial Agents and Chemotherapy 2015.
- In patients with neovascular age-related macular degeneration, pigment epithelial detachment and intraretinal cysts are more important biomarkers of vision loss than subretinal fluid, suggests new research presented at the European Society of Retina Specialists 15th EURETINA Congress.
- A sizeable number of US adults have trouble hearing, and they are not getting help for it, according to a new data brief from the Centers for

Disease Control and Prevention's National Center for Health Statistics (NCHS). According to Carla E. Zelaya, PhD, and colleagues, in the 2014 National Health Interview Survey, 1 in 6 adults aged 18 years and older, nearly 17%, reported trouble hearing without a hearing aid.

- More than a third of children develop diabetes and nearly half develop neurobehavioral problems after surgery for congenital hyperinsulinism, according to a cross-sectional study reported online September 1 in The Journal of Clinical Endocrinology & Metabolism.
- "Low adherence to guidelines for the treatment of uncomplicated cystitis in primary care can lead to overuse of fluoroquinolones and excessive duration of treatment, both of which can cause higher antibiotic resistance," said Larissa Grigoryan, MD, from the Baylor College of Medicine in Houston at the Interscience Conference of Antimicrobial Agents and Chemotherapy 2015.
- The optimal timing of induction of labor in women with gestational diabetes appears to be 39 to 40 weeks' gestation, suggested a new study published online in the Journal of Perinatology.
- Use of celecoxib is associated with an increased risk of acute pancreatitis, suggests new research published online in The American Journal of Gastroenterology. The results stress that acute pancreatitis should be considered in the differential diagnosis for patients who are currently taking celecoxib and having acute abdominal pain.
- The assessment and management of cognitive impairment in patients with schizophrenia should be as high a priority as they are for functional disability, suggests a new consensus report published online in Schizophrenia Bulletin.
- New research suggests that the enzyme receptor-interacting serine-threonine kinase-3 (RIPK3) has a role in fighting against both cancer and autoimmune diseases by sending messages between the cells' mitochondria "powerhouses" and the immune system. The findings are published in the journal Nature Communications.
- Middle-aged and older adults who are able to achieve ideal control of various cardiovascular risk factors, as well as be active, are significantly less likely to develop cardiovascular disease later in life and are likely to have better heart structure and function as measured by echocardiography, suggests a new study published online in Circulation.

Treatment of Fatty Liver

- A 10% weight loss can improve fatty liver and possibly inflammation.
- Metformin and ursodeoxycholic acid (UDCA) are not recommended.
- Statins are safe in patients with fatty liver but whether they can reduce fatty liver is not known.
- Omega–3 fatty acids have been tried
- Pioglitazone is useful in the treatment of biopsy–proven fatty liver with inflammatio
- Vitamin E at a dose of 800 IU/day improves liver inflammation
- Use of bariatric surgery for treatment of fatty liver is premature and should be avoided in patients with cirrhosis.

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- Dr HK Chopra said that India is already the world capital of diabetes and CAD, it is soon going to be the world capital of HT, obesity (dyslipidemia), smoking and air pollution.

  The prevalence of CAD is rising steeply in our country. It was 1% in 1960, 11% in 2003 and 14% now in 2015, in the urban population. “To be an Indian is itself a risk for premature coronary artery disease” because of genetic predisposition, uncontrolled HT, obesity, diabetes, tobacco consumption and faulty lifestyle such as high levels of stress, inability to cope with negative competition, ego, arrogance and cynical behavior, sedentary lifestyle, erratic consumption, malnutrition (salt excess, fried food etc.), eating the wrong food, at a wrong time, in wrong place, in a wrong manner, in wrong dose, in wrong environment. The CAD is thus the globe’s biggest slayer claiming about 17.5 million lives every year. The disease is more extensive, diffuse, multivessel and more premature in Indians (10 times more) in young individuals more as compared to their counterpart in the Western and European world.

  HT, diabetes, dyslipidemia, smoking and air pollution causing more deaths in India as per the 25 years long study published in Lancet. Between 1990 and 2013, (data was collected by analysis of 79 risk factors in 188 countries), the study conducted by International consortium of researchers led by University of Washington and representatives from the Public Health Foundation of India. Deaths due to hypertension were 76 lakh in 1990, which is increased by 106% in 2013. It is “Red Alert” for Indians with 139 million suffering from high BP equal to 14% of global burden of uncontrolled

HT. This is as compared to WHO data 1980 showed 87 millions of Indians suffering from HT. High cholesterol in India has more than doubled, air pollution has increased by more than 60% and deaths from alcohol have increased by 97%. It is very clear from the study that the metabolic risk factors such as high BP, high blood sugar, high blood cholesterol, poor diet and excess of alcohol abuse have doubled in India over the past quarter of century.

The preventive strategies should focus equally on primordial, primary, secondary and tertiary prevention as they are interrelated. However, our focus of this joint workshop is on "Secondary Preventive Strategies" for control of HT, diabetes, dyslipidemia, smoking and air pollution as PPP Model. These should be controlled effectively nationally, regionally, locally and focally. Enhancing awareness campaign, advocacy and policy emphasis by print and electronic media, health promotion in digital way, use of apps, alliance of various GO, NGOs, Indian societies, federations etc.

Preventive Cardiology is the only method to halt the rising menace of CVD, HT, obesity, smoking and air pollution in India.

The theme of World Heart Day is "Healthy Environment, Healthy Heart". We must create Healthy Environment to have healthy Heart, healthy heart to have healthy India (Swasth Dil, Swasth Bharat). The aim of the road map is to reduce the premature deaths from NCDs by 25% by 2025.The structured model for its propagation has to be coordinated efforts by government, NGOs, policy makers, various cardiac and health-related societies, trade, agriculture, food safety, taxation, education, federations, corporate, industry, media, community organization, academia and other relevant entities.

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- Optimization of lifestyle right from the childhood is the need of the hour.
- Say No to 6 Ss: Salt, Sugar, saturated fat, sedentary lifestyle, stress and smoking
- Say Yes to Healthy Lifestyle, exercise daily for 30 min, walking, jogging, swimming, cycling, use treadmill more, consuming more fruits, vegetables and nuts (walnut and almonds), adequate sleep for 7-8 hours, mange stress, regular practice of yoga including the all the eight limbs of yoga Yama, (do and don'ts), Niyama (self-discipline), asana (Postures), Pranayam (breathing exercise), Pratihara (contemplation), Dharna (concentration) Dhyana (meditation), Samadhi (transcendence) and meditation, control HT, diabetes and have your BMI to less than 25.

- "Longer the waist line, shorter is the heart line", "What you eat definitely matters but what is eating you matters more", "Healthy heart is a matter of our own choices", "Healthy Heart, Healthy India", "Swastha Dil, Swastha Bharat".

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Role of cardiac rehabilitation in secondary prevention

- Cardiac rehabilitation (CR) is an essential part of secondary prevention for CVD (Class IA recommendation).
- CR programs have shown to have a significant impact in reducing cardiac, and all-cause mortality.
- The benefits of CR include greater patient adherence to lifestyle modification and risk factor reduction.
- CR can be implemented in a variety of settings, including hospital, fitness centers and home-based.

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Sugar, not salt is the cause for hypertension

- Salt is responsible for genesis and progression of hypertension and salt restriction has shown to reduce CV event rates in both animal and epidemiological studies.
- But over the last 20 years, salt intake in communities have not increased (as measured by urine sodium excretion)
- Prevalence of hypertension has increased over the last 20 years.
- Processed food not only contain salt but also have a high fructose content.
- High fructose in soft drinks, fast foods and most processed foods increase blood pressure by increasing uric acid, producing more metabolic syndrome, stimulating sympathetic system as well as RAS axis.
- Epidemiological studies prove that fructose sugar is as important as salt in genesis and progression of hypertension.

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- The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) have jointly recommended that clinicians should not use the Apgar score to predict neonatal outcomes or to diagnose asphyxia, and should use the expanded Apgar score form whenever possible. (Pediatrics and Obstetrics & Gynecology)
- Exposure to secondhand smoke nearly doubles the risk for hospitalization for an asthma exacerbation in children with asthma. This twofold difference

in hospitalization risk is clinically important because hospitalizations for asthma have been linked with increased mortality and poorer disease control. (Annals of Allergy, Asthma and Immunology).

- Use of the terms "breakthrough" or "promising" in US Food and Drug Administration (FDA) press releases on new drugs may make the public think the drug is more effective than it actually is, hints a new study.
- Patients with inflammatory bowel disease (IBD) are at slightly increased risk of invasive pneumococcal disease as reported in The American Journal of Gastroenterology

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Snorers at risk of sudden death

The interrupted night time breathing of sleep apnea increases the risk of dying. Sleep apnea is a common problem in which one has pauses in breathing or shallow breaths during sleep.

Studies have linked sleep apnea during snoring to increased risk for death. Most studies were done in sleep centers rather than in the general community. A study published in the journal Sleep has suggested that the risk is present among all people with obstructive sleep apnea. The size of the increased mortality risk was found to be surprisingly large.

The study showed a six–fold increase, which means that having significant sleep apnea at age 40 gives you about the same mortality risk as somebody aged 57 who does not have sleep apnea.

For the study, the researchers collected data on 380 men and women, 40 to 65 years old, who participated in the Busselton Health Study. Among these people, three had severe obstructive sleep apnea, 18 had moderate sleep apnea, and 77 had mild sleep apnea. The remaining 285 people did not suffer from the condition. During 14 years of follow–up, about 33 percent of those with moderate to severe sleep apnea died, compared with 6.5 percent of those with mild sleep apnea and 7.7 percent of those without the condition. For patients with mild sleep apnea, the risk of death was not significant and could not be directly tied to the condition.

People who have, or suspect that they have, sleep apnea should consult their physicians about diagnosis and treatment options.

Another study by researchers from the University of Wisconsin has also shown that severe sleep apnea was associated with a three–fold increased risk of dying. In addition, for those with moderate to mild sleep apnea, the

risk of death was increased 50 percent compared with people without sleep apnea. Sleep apnea is also linked to future heart attacks and with thickened wall thickness of the neck artery.

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- A case-control study found that the strongest risk factors for the potentially catastrophic complication of diffuse alveolar hemorrhage (DAH) in patients with lupus were low platelet counts and low levels of complement C3.
- Higher levels of air pollution may increase risk of Alzheimer's disease in those who carry a gene associated with the debilitating brain disorder. The researchers detected detrimental impact of air pollution on cognitive abilities of children carrying a version of the apolipoprotein E gene associated with the risk for Alzheimer disease.
- Central venous catheterization of the subclavian vein was associated with the lowest risk for bloodstream infections and symptomatic thrombosis compared with insertions at the jugular or femoral veins, according to a randomized controlled trial published in the September 24 issue of the New England Journal of Medicine.
- Ankylosing spondylitis (AS) was associated with increased risk for death, particularly in poor patients, in patients with multiple health problems, and in patients who had had hip replacements, according to a study published in the Annals of the Rheumatic Diseases.
- Taking hypertension medication before bed rather than in the morning not only lowers nighttime blood pressure (BP) but protects against new-onset diabetes, according to research presented in Diabetologia. Sleeping BP -- but not daytime or 48-hour ambulatory BP -- was found to be a significant predictor of new-onset diabetes and may be a novel target for prevention.

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Formula of 80 to live a healthy life till the age of 80 years

1. Keep your abdominal circumference less than 80cm
2. High blood pressure and its risks, keep the lower reading at 80
3. Keep your blood sugar below 80mg
4. Bad cholesterol levels should be lesser than 80mg
5. Keep the pulse lower than 80 beats per minute
6. Eat a balanced diet and avoid cereals for 80 days in a year
7. Walk 80 minutes a days and brisk walk 80 minutes a week
8. Do not consume alcohol and if you do consume alcohol in moderation, not more than 80 grams in a week for men and two weeks for women

All about Diabetes

- Type 2 diabetes can be delayed or prevented, and both types 1 and 2 diabetes can be managed to prevent complications
- India may soon be the diabetic capital of the world.
- People with diabetes are nearly two times more likely than people without diabetes to die from heart disease, and are also at greater risk for kidney, eye and nerve diseases, among other painful and costly complications. Type 2 diabetes can be delayed or prevented, and both types 1 and 2 diabetes can be managed to prevent complications.
- World Diabetes Day is on November 14.
- In type 1 diabetes, the body does not make insulin. In type 2 diabetes the body makes insufficient insulin or does not use insulin well.
- Gestational diabetes occurs in some women during pregnancy. Though it usually goes away after the birth, these women and their children have a greater chances of getting type 2 diabetes later in life.
- Type 2 diabetes has begun to affect young people.
- Losing a modest amount of weight — about 15 pounds — through diet and exercise can actually reduce your risk of getting type 2 diabetes by as much as 58 percent in people at high risk.
- In type 1 diabetes, tight control of blood sugar can prevent diabetes complications.
- Choose healthy foods to share.
- Take a brisk walk together every day.
- Talk with your family about your health and your family's risk of diabetes and heart disease.
- If you smoke, seek help to quit.
- Make changes to reduce your risk for diabetes and its complications — for yourself, your families and for future generations.

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- Metformin-related vitamin B12 deficiency might contribute to clinically significant peripheral neuropathy in diabetes patients, suggests new research presented at the European Association for the Study of Diabetes 2015 Meeting.
- Women who have the hormone disorder polycystic ovary syndrome may be able to improve their fertility through weight loss and exercise, suggests a new study published in the Journal of Clinical Endocrinology & Metabolism.
- Dosing antihypertensives before sleep instead of upon waking decreases

the risk of incident diabetes, reported a randomized trial published in Diabetologia. It was also reported that sleeping BP -- but not daytime or 48-hour ambulatory BP -- was a significant predictor of new-onset diabetes and may be a novel target for prevention.

- New research published in PLOS Pathogens suggests that malaria in pregnancy leads to neurocognitive impairment of offspring.
- A study published in the Annals of Allergy, Asthma and Immunology suggests that the risk for hospitalization doubles for kids with asthma who are exposed to secondhand smoke.
- A new meta-analysis has found that current smokers and people exposed to secondhand smoke have a significantly increased risk of developing type 2 diabetes, and this risk decreases in quitters over time. [September 18, Lancet Diabetes & Endocrinology)
- An extensive literature review presented at the recently concluded European Association for the Study of Diabetes 2015 Meeting found that exposure to pesticides significantly increases the risk of type 2 diabetes by nearly 60%.
- New evidence suggesting that carotid occlusion is not actually associated with a high risk for stroke with the inference that many carotid stenting or endarterectomy procedures for asymptomatic patients therefore may do more harm than good. (JAMA Neurology on September 21)

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Smoking makes you 5 years older

Men have a greater chance of dying then women, and smoking increases risk of death for adults just as if five years were suddenly added to their age.

- For men who have never smoked, heart disease presents their greatest risk for death at any age, exceeding the odds of dying from lung, colon and prostate cancer combined.
- Male smokers face a lung cancer risk that is greater than the odds of heart disease taking their lives after age 60, and is tenfold higher than the chance of dying from prostate and colon cancer combined.
- The chances of dying from heart disease and breast cancer are similar for nonsmoking women until age 60, when heart disease becomes a greater risk.
- For female smokers, dying from lung cancer or heart disease is more likely than dying from breast cancer after age 40.

- A new clinical trial has demonstrated that combining an antidepressant with an antipsychotic drug could improve clinical depression in older adults who do not respond to regular treatment. The findings are published in The Lancet.
- In a head-to-head comparison over 15 years, diet and exercise outperformed metformin in preventing diabetes in patients at high risk, reported the 15-year study published online in the Lancet Diabetes & Endocrinology.
- Novel results from a trial of a combination of two targeted therapies - dabrafenib and trametinib - to treat advanced melanoma have shown that patients are living significantly longer on the combined therapy than patients treated with another drug, vemurafenib, when used alone. The findings were presented at the 2015 European Cancer Congress.
- The most important factor associated with an increased risk of revision following total knee arthroplasty (TKA) is smoking and patients who smoke should be advised to quit to decrease their risk of revision, suggested a case-control study published in BMC Musculoskeletal Disorders.
- New research suggests that besides cutting saturated fats from the diets, it is also important to trade them out for high-quality carbohydrates and/or unsaturated fats, especially polyunsaturated fatty acids (PUFAs) for patients' cardiovascular health. The findings were published in the October 6 issue of the Journal of the American College of Cardiology.
- Maternal vitamin D supplementation may represent an alternative strategy to direct supplementation of an infant. According to Bruce W. Hollis, PhD, from the Medical University of South Carolina Children's Hospital in Charleston, and colleagues, supplementing mothers with 6400 IU vitamin D per day results in breast milk with adequate vitamin D to satisfy a nursing infant's requirement.

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Successful Protest against Assault on Doctors....

Since the time, doctors are covered under Consumer Protection Act, the doctor -patient relationship has become a 'service provider-customer' based relationship. People are now more demanding, result oriented and have higher and imaginative expectations. So when any untoward incidence occurs, the doctor becomes the target. People believe that doctors are weak, cannot defend themselves and some notorious people use this to their advantage to intimidate the doctor. We intend to discuss one such incidence that recently happened in Surat, Gujarat and how IMA Surat showed their unity and solidarity to set an example for such notorious people.

The incidence took place at Unique hospital, a well known multispecialty tertiary care hospital of Surat city. A 40 years old male patient met with a road traffic accident near Dhulia, Maharashtra at 9:00 pm on 29/09/2015. After taking some treatment at Dhulia, he was transferred to Unique Hospital, Surat at 3:45am on 01/10/2015 with chief complaint of breathlessness. He had multiple bone fractures, along with lung contusions and hemothorax. He was intubated and put on ventilator. His prognosis was grave and this was explained to the relatives orally as well as in writing. In spite of all the best and effective measures, he died at 11:20 am on 09/10/2015. Two hours before he died, his relatives were explained about his critical condition and they started to shout and used abusive language against doctors and hospital staff. The mob assaulted Dr. Dipak Viradia and also threatened him. They called more people to the hospital campus to create more chaos and indulged in hooliganism. The hospital authorities called the police. In the mean time, Unique hospital called Dr.Vinesh Shah, medico-legal consultant for guidance. All concerned hospital authorities and Dr. Vinesh went to nearest police station and they successfully convinced the police to lodge N.0 (Non-cognizable offence). In the mean time, the patient died and police requested for post mortem examination. The police came to take charge of dead body but the mob surrounded the hearse, demanded 10 lacs rupees from hospital, and threatened the hospital that if the authorities didn't succumb to their demands, they will not allow the police to take the dead body for PM. The mob literally sent back the hearse that had been brought for transporting the dead body to postmortem room. The mob was on rampage and so the hospital asked for the help of their colleagues and within minutes around 300 doctors gathered in hospital and showed their unity. Meanwhile IMA president Dr. Prashant Desai called urgent GBM of IMA, SMCA and all other medical associations and they all unanimously decided to "remain away From Work" on 12/10/2015. This was the historic day for all doctors in Surat city. All doctors remained away from work and gathered in large numbers (> 1000 doctors) and showed their protest and showed their unity within the limits of law.

All OPDs of the city hospitals and clinics were closed, however in-patients and emergency patient treatment received timely attention. The very next day, IMA along with SMCA office bearers, met Police commissioner of Surat, Shri Rakesh Asthaana-with evidence and urge to lodge FIR against offenders under IPC 323,504,506(2),143 and under Gujarat Medicare services persons and Medicare services Institution (prevention of violence or damage or loss to property in institution) Act,2012. After going through whole incidence and taking cognizance of 2012 Act, the police lodged FIR against offenders (that is against 250 persons) and arrested offenders too.. It was big victory for IMA and sent a strong message to the society.

Doctors are very sensitive persons- they care more for their prestige in the society and perceived fears and succumb to pressures, preferring to settle such cases without taking recourse to law and truth never surfaces. The cases that people know are only the tip of the iceberg, there are more cases of assault that people never know about, but this incidence is a moral booster for the doctor community and has given a new confidence, that if we remain strong and united, we can fight for justice and practice fearlessly. Jai IMA.

Dr. Brijesh Patel	**Dr. Prashant Desai**	**Dr. Vinesh Shah**
Secretary	President	Chairman, Legal Committee,
IMA Surat	IMA Surat	IMA Surat

NEWS CLIP

ગુજરાત ગાર્ડિયન મંગળવાર તા. ૧૩ ઓક્ટોબર ૨૦૧૫

યુનિક હોસ્પિટલની તોડફોડના મુદ્દે તબીબો લડી લેવાના મૂડમાં: હડતાળથી દર્દીઓ કણસતા રહ્યાં

(તસવીર: નિર્ભય કાપડિયા)

તોફાની તત્વો સામે પગલાં નહીં ભરાય તો જલદ કાર્યક્રમો અપાશે: હડતાળમાં ૫ હજાર જેટલા તબીબો જોડાયા: નવી સિવિલ હોસ્પિટલ સહિત ખાનગી દવાખાનાઓમાં બંધની સ્થિતિ

बनासकांठानी वाव कोंग्रेसे भाजप पा

2700 डॉक्टरों ने बंद रखी ओपीडी

यूनिक अस्पताल में स्टाफ से मारपीट पर निजी अस्पतालों ने जताया विरोध

गुजरात एक्ट 13 के तहत कार्रवाई की मांग

patrika Tue. 13 October 2015 epaper.patrika.com/c/6867788

યુનિક હોસ્પિ.માં માથાકૂટ કરનારા ટોળા સામે પણ ગુનો નોધાયો!

સુરત, ગુરૂવાર : વિવાદોના વમળમાં ચઢેલી યુનિક હોસ્પીટલમાં ડોકટરની બેદરકારીને કારણે દર્દીનું મોત થતા

દર્દીના સગા હોવાના નામે ટોળા દ્વારા રૂપિયા ૧૦ લાખની માંગણી કરી તબીબ દિપક વીરડીયાને માર મારવામાં આવ્યો હતો, પો.કમિ.ને આવેદનપત્ર અપાયું હતું

પરિવારજનોએ હોબાળો મચાવી એક ડોકટરની ધોલાઈ કરી નાખી હતી. બીજી તરફ દર્દીના સંબધીઓ હોસ્પીટલને બદનામ કરવા માટે ડેડબોડી ન લઈ જઈ રૂ. ૧૦ લાખની માંગણી કરી હતી. જેને પગલે ખટોદરા પોલીસે તબીબની ફરિયાદ લઈને ટોળા સામે રાયોટીંગનો ગુનો નોધ્યો હતો.

મહારાષ્ટ્રના ઔરંગાબાદમાં અકસ્માતમાં ગંભીર રીતે ઈજા પામેલા ગોવિંદભાઈ રમણભાઈ પટેલ(ઉ.વ.૪૦) (રહે, અમીધારા સોસાયટી, બમરોલી રોડ) ને વધુ સારવાર માટે પરિવારજનો સુરતની બમરોલી રોડની સોસીયલ સર્કલ પાસે આવેલી યુનિક હોસ્પીટલમાં લઈને આવ્યા હતા.

જયા અઠવાડિયા સુધીની સારવાર બાદ ગઈકાલે દર્દીનું સારવાર મોત થયું હતું. પરિવારજનોએ એવો પણ આક્ષેપ કર્યા દર્દી કણસતો રહયો છત્તાયે ડોકટર ત્યાં હાજર ન હતા. જેના કારણે યોગ્ય સારવારના અભાવને કારણે દર્દીની તબીયત લથડી જતા આખરે મોત થયું હતું. દર્દીની મોતને પગલે સંબધીઓએ યુનિક હોસ્પીટલમાં હોબાળો મચાવતા મામલો વધુ તંગ બન્યો હતો. જોતજોતામાં રોષે ભરાયેલા સંબધીઓએ ફરજ પરના તબીબ દિપક વીરડીયાની ધોલાઈ કરી નાખી હતી. અને યુનિક હોસ્પીટલમાંથી લાશનો કબજો ન લઈને સંબધીઓ સમાજના લોકો સાથે બેનરો લઈને હોસ્પીટલની બહાર ધરણા પર રાત સુધી બેસી રહયા હતા. અને ઉપરથી સમાધાન માટે રૂ. ૧૦ લાખની રકમ નહિ આપે તો હોસ્પીટલને બદનામ કરવાની ધમકી આપી હતી. આ ઘટનાને લઈને તબીબ આલમમાં ઘેરા પત્યાઘાટ પડયા હતા. અને તબીબોએ આ મામલે સંબધીઓ સામે કાર્યવાહી કરવા માટે પોલીસ કમિશનરને આવેદનપત્ર આપ્યું હતું. અને જ્યારે આ ઘટના બની હતી તે અંગેના પુરાવવા પણ પોલીસને તબીબએ આપ્યા હતા. જેથી આખરે ખટોદરા પોલીસે ગઈકાલે તબીબની ફરિયાદ લઈને દર્દીના સંબધીઓમાં ગણપત, અમૃત, નરેશ સહિત ૨૦૦ થી ૨૫૦ના ટોળાઓ સામે રાયોટીંગનો ગુનો દાખલ કર્યા હતો. સાથે પોલીસે યુનિક હોસ્પીટલના સીસીટીવી કેમેરાના ફુટેજ મેળવીને તોફાનીતત્વોના પુરાવવા એકત્ર કરવાની પણ તજવીજ હાથ ધરી છે.

યુનિક હોસ્પિટલના તબીબ પર હુમલાથી ડોક્ટરો હડતાળ પર

500થી વધુ હોસ્પિટલો-દવાખાના બંધ રહેતા દર્દીઓને ભારે હાલાકી

હુમલો કરનાર સામે ઓર્ડિનન્સ 2012 હેઠળ ગુનો નોંધવા માંગ

પોલીસ કમિશનરને મળી IMAના નેજા હેઠળ તબીબો રજૂઆત કરશે

ઓર્ડિનન્સ 2012નો અમલ કરી હુમલો કરનાર સામે કાર્યવાહી થવી જોઈએ

આજે કમિશનરને રજૂઆત

દક્ષિણ ગુજરાતની ખાનગી હોસ્પિટલના ડૉક્ટરો કામકાજથી અળગા રહ્યા

યુનિક હોસ્પિટલમાં મારામારીના પ્રત્યઘાતઃ આજે ડોક્ટરો પોલીસ કમિશ્નરને આવેદનપત્ર આપી સુરક્ષા આપવા માટે માંગણી કરશે

યુનિક હોસ્પિટલમાં હોબાળો મચાવનાર ૨૫૦ના ટોળા સામે ગુનો નોંધાયો

પ્રિવેન્શન ઓફ વાયોલન્સ એન્ડ ડેમેજ ઓર લોસ ઓફ પ્રોપર્ટી એક્ટ મુજબ સંભવિત પ્રથમ ગુનો નોંધાયો

250 booked for 'abusing' doctors

TIMES NEWS NETWORK

Surat: Around 250 people were booked on Wednesday for rioting and allegedly abusing doctors, staff at a private hospital in the city following death of a patient.

The accused also threatened to kill the doctors and ransack the hospital. They refused to leave the hospital with the body of the patient who died during treatment.

Following complaint of Dipak Viradiya, a doctor at Unique Hospital, police booked 250 people for rioting and damaging property. The accused allegedly threatened to kill Viradiya and other staff at the hospital after death of their relative there.

The accused, while refusing to take body of the deceased, demanded money from the hospital authorities as compensation for his death.

"The accused were booked under various sections of Indian Penal Code and Gujarat Medical Services Persons and Medicare Service Institutions (Prevention of violence and damage or loss of property) Act 2012," said M M Diwan, police inspector, Khatodara police station.

SANDESH

યુનિક હોસ્પિટલમાં હંગામો કરનારા તોફાની તત્ત્વો પૈકી પાંચની ધરપકડ

દર્દીનાં સગાંઓએ ડૉક્ટરો સાથે બેહૂદું વર્તન કરી છૂટ્ટા મોબાઇલ પણ ફેંક્યા હતા

૨૫૦થી વધુ સામે રાયોટિંગ તથા મેડિકેર સર્વિસીસ અંતર્ગત ગુનો નોંધાયો હતો

સંદેશ Sun, 18 October 2015 sandesh.epapr.in/c/6926130

હોસ્પિટલને બાનમાં લેનારાઓને પાઠ ભણાવવા નોંધાઈ પ્રથમ ફરિયાદ

યુનિક હોસ્પિટલમાં હંગામો કરનારા સામે મેડિકેર ઓર્ડિનન્સ મુજબ ગુનો નોંધાયો

■ દર્દીનાં સગાંઓએ ડોક્ટરો સાથે ઝપાઝપી કરવા સાથે છૂટ્ટા મોબાઇલ પણ ફેંક્યા હતા

■ ૨૫૦થી વધુના ટોળા સામે રાયોટિંગ તથા મેડિકેર સર્વિસીસ અંતર્ગત ગુનો નોંધાયો

ઓબીસી, એસટી, એસસી એકતા મંચ ગુજરાત દ્વારા

સંદેશ Fri, 16 October 2015 sandesh.epapr.in/c/6902925

INDIAN MEDICAL ASSOCIATION

New Delhi (Hqs)

Dear Members,

I am myself a medical teacher of 30 years experience and was the professor and head of the department of neurosurgery in medical college Trivandrum and the interest of medical teachers are definitely my concern also

IMA has been spending a lot of time on medical education. IMA could engage the parliamentary committee on issues related to medical education for 4 hours, recently. Our suggestions on reforms on medical education was given much importance by the committee members

The number of postgraduates that we are producing is much less compared to the number of graduates passing out (around 45,000 per annum). In other countries 40-60% of graduates get admitted to PG courses. In the gov't health sector if 15% posts of MBBS doctors are vacant, a much higher 70% of specialist posts are lying vacant. Vacancies in medical colleges are still higher.

We have to look at our larger responsibility of increasing the seats of undergraduates and particularly postgraduate seats by starting more medical colleges in states where the medical college -population ratio is less. Even converting district hospitals into medical colleges may be required.

There is a need for relaxation of strict norms for increasing undergraduate and postgraduate seats. Some of the reforms are towards that end. IMA has demanded setting up medical grants commission to look into salary and career advancement for teachers and for better facilities in medical colleges including that for research.

IMA also has demanded an accreditation committee to look into the quality and standards of medical graduates passing out, rather than imposing exit tests once they pass out.

Regards,

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

67th REPORT : 2014-2015

Dear Members

It is my great pleasure, pride and privilege to present the Annual Report of our association for the year 2014-2015

Main activity of our association is continuing medical education. We try to give latest scientific information to doctors to refresh and update the scientific knowledge and treat their patients with newer drugs & modality in modern medicine.

We enroll more life members, do anti-quackery activity and other projects sponsored by Government from time to time.

We pay due attention to implement National health programmes proposed by Govt. of India in wider interest of our citizens at large.

Our association has keen desire to solve the problems of in-service doctors, implementation of Biological Waste Management, Assaults on Doctors, registration of private hospital & nursing home.

OFFICE BEARERS OF 2014-2015

President	Dr. Chetan N. Patel	Vadodara

Vice-Presidents

Ahmedabad Zone	Dr. Vinay A. Patel	Ahmedabad
West Zone	Dr. Manhar A. Santwani	Jamnagar
Central Zone	Dr. Sunil L. Acharya	Deesa
Vadodara Zone	Dr. Paresh P. Golwala	Vadodara
Surat Zone	Dr. Paresh Munshi	Surat
South Zone	Dr. S. S. Vaishya	Daman
Hon. State Secretary	Dr. Jitendra N. Patel	Ahmedabad
Hon. Jt. Secretary	Dr. Shailendra N. Vora	Ahmedabad
Hon. Asst. Secretary	Dr. Bharat I. Patel	Ahmedabad

HON. ZONAL JT. SECRETARIES

Ahmedabad Zone	Dr. Bharat R. Patel	Ahmedabad
West Zone	Dr. Rashmi Upadhyay	Rajkot
Central Zone	Dr. Pradeep Bhavsar	Gandhinagar
Vadodara Zone	Dr. Vinod Mehta	Vadodara
Surat Zone	Dr. Navin Patel	Surat
South Zone	Dr. Bhaskar Mahajan	Ankleshwar
Hon. Treasurer	Dr. Devendra R. Patel	Ahmedabad
Hon. Sec., State Sc. Com.	Dr. Bhupendra M. Shah	Himatnagar

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MEMBERS OF STATE SCIENTIFIC COMMITTEE

Ahmedabad Zone	Dr. K. G. Patel	Ahmedabad
Vadodara Zone	Dr. Mahesh Bhatt	Vadodara
Surat Zone	Dr. Dhiren Patel	Surat
Central Zone	Dr. Kaushik Kadia	Patan
West Zone	Dr. V. B. Kasundra	Jasdan
South Zone	Dr. Rajesh Rohit	Dadranagar

* * * * *

Family Planning Committee & Projects allotted to IMA Gujarat State Branch by IMA (HQ) New Delhi & Govt. of Gujarat - India

Convenor	Dr. Ashok D. Kanodia	Ahmedabad

* * * * *

ZONAL REPRESENTATIVES (STATE WORKING COMMITTEE)

Ahmedabad	Dr. Mangalam Rathod	Ahmedabad
	Dr. Tushar B. Patel	Ahmedabad
Vadodara	Dr. I. C. Patel	Vadodara
	Dr. Paresh Majmudar	Vadodara
Surat	Dr. C. B. Patel	Surat
	Dr. Brijesh Patel	Surat

Central	Dr. Rajesh Patel	Patan
	Dr. Rajiv Paliwal	Anand
West	Dr. Ketan Patel	Bhavnagar
	Dr. M. K. Korwadia	Rajkot
South	Dr. Rajiv Vyas	Bardoli
	Dr. Vanrajsinh Mahida	Bharuch
Kutch	Dr. K. J. Ganatra	Bhuj-Kutch

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MEMBERS OF CENTRAL WORKING COMMITTEE OF I.M.A. (H.Q.)

Regular		Alternative	
Dr. Chetan N. Patel	Vadodara	Dr. D. K. Sanghavi	Vadodara
Dr. Jitendra N. Patel	Ahmedabad	Dr. Atul Gandhi	Ahmedabad
Dr. Jitendra B. Patel	Ahmedabad	Dr. Sunil B. Chenwala	Ahmedabad
Dr. Kirti M. Patel	Ahmedabad	Dr. Parth M. Desai	Ahmedabad
Dr. Mahendra B. Desai	Ahmedabad	Dr. Parth N. Patel	Ahmedabad
Dr. Dhanesh A. Patel	Ahmedabad	Dr. Harshad C. Patel	Ahmedabad
Dr. Parimal M. Desai	Ahmedabad	Dr. Divyesh Panchal	Ahmedabad
Dr. Ashok D. Kanodia	Ahmedabad	Dr. Anil D. Leuva	Ahmedabad
Dr. Shailendra N. Vora	Ahmedabad	Dr. Kirit C. Gadhavi	Ahmedabad
Dr. Pragnesh C. Joshi	Surat	Dr. M. H. Dalwadi	Surat
Dr. Pravin G. Patel	Surat	Dr. Vinod S. Noticewala	Surat
Dr. Suresh Amin	Vadodara	Dr. Jitendra B. Shah	Vadodara
Dr. Mayank J. Bhatt	Vadodara	Dr. R. S. Patidar	Vadodara
Dr. Anil J. Nayak	Mehsana	Dr. Shailesh Shah	Anand
Dr. J. F. Chaudhary	Mehsana	Dr. Anil D. Patel	Mehsana
Dr. Babubhai J. Patel	Unjha	Dr. Mukund B. Patel	Unjha
Dr. Praful R. Desai	Navsari	Dr. Mayur N. Bhagat	Lunawada
Dr. M. H. Chaudhari	Bardoli	Dr. Rajiv D. Vyas	Bardoli
Dr. Bharat V. Trivedi	Bhavnagar	Dr. Suresh Naik	Gandhidham
Dr. Jayesh K. Sheth	Mahuva	Dr. V. T. Parmar	Bhavnagar
Dr. G. L. Patel	Bhavnagar	Dr. M. M. Jadeja	Bhavnagar
Dr. Atul Pandya	Rajkot	Dr. Kashyap C. Dave	Bhavnagar

GUJARAT MEDICAL JOURNAL

Hon. Editor	Dr. K. R. Sanghavi	Ahmedabad
Hon. Jt. Editor	Dr. Harshad C. Patel	Ahmedabad
Hon. Secretary	Dr. B. I. Patel	Ahmedabad
Members	Dr. Bhavesh Patel	Ahmedabad
	Dr. Bhavin Patel	Surat
	Dr. Kailashben Parikh	Vadodara
	Dr. Shailesh Raval	Nadiad
	Dr. L. R. Gohil	Bharuch
	Dr. K. G. Kanani	Rajkot

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COLLEGE OF GENERAL PRACTITIONERS G.S.B., I.M.A.

Director	Dr. Kirit C. Gadhavi	Ahmedabad
Hon. Secretary	Dr. Lalit I. Nayak	Ahmedabad
Hon. Jt. Secretary	Dr. Vasant B. Patel	Ahmedabad
Members	Dr. Abhay Dixit	Ahmedabad
	Dr. V. T. Parmar	Bhavnagar
	Dr. V. S. Noticewala	Surat
	Dr. C. G. Patel	Surat
	Dr. Yogesh Lakhmani	Nadiad
	Dr. Uma Shinde	Vadodara
	Dr. Anil Chauhan	Gandhinagar
	Dr. A. J. Patel	Unjha
	Dr. Nimesh Desai	Valsad

SOCIAL SECURITY SCHEME G.S.B., I.M.A.

Chairman	Dr. Chetan N. Patel	Vadodara
Hon. State Secretary	Dr. Jitendra N. Patel	Ahmedabad
Hon. Secretary	Dr. Jitendra B. Patel	Ahmedabad
Hon. Jt. Secretary	Dr. Kirit A. Gandhi	Ahmedabad
Hon. Treasurer	Dr. Yogendra S. Modi	Ahmedabad
Imm. Past President	Dr. Bipin M. Patel	Ahmedabad

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BOARD OF TRUSTEES, S.S.S.

Dr. Shailendra N. Vora	Ahmedabad	Dr. V. T. Parmar	Bhavnagar
Dr. Mayank J. Bhatt	Vadodara	Dr. Lalbhai M. Patel	Mehsana
Dr. Nikhilesh H. Vajir	Surat	Dr. K. M. Gandhi	Godhra

ZONAL REPRESENTATIVES, S.S.S.

Dr. Devendra R. Patel	Ahmedabad	Dr. Dipak Mehta	Rajkot
Dr. Siddharth R. Nayak	Vaododara	Dr. Rajendra H. Jain	Mehsana
Dr. Brijesh L. Patel	Surat	Dr. Nimesh J. Desai	Valsad
Dr. K. J. Ganatra	Kutch-Bhuj		

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

President G.S.B. I.M.A.	Dr. Chetan N. Patel	Vadodara
Hon. State Secretary	Dr. Jitendra N. Patel	Ahmedabad
Managing Director	Dr. Bipin M. Patel	Ahmedabad
Joint Director	Dr. Parth M. Desai	Ahmedabad
Assistant Director	Dr. Parimal M. Desai	Ahmedabad
Finance Director	Dr. Jitendra B. Patel	Ahmedabad
Legal Director	Dr. Ramesh C. Shah	Ahmedabad

ZONAL DIRECTORS

Ahmedabad Zone	Dr. Kirti M. Patel	Ahmedabad
	Dr. Yogendra S. Modi	Ahmedabad
	Dr. Shailendra N. Vora	Ahmedabad
	Dr. Ashok D. Kanodia	Ahmedabad
	Dr. Mehul J. Shah	Ahmedabad
West Zone	Dr. Bharat V. Trivedi	Bhavnagar
	Dr. Mansukh R. Kanani	Bhavnagar
	Dr. Atul Pandya	Rajkot
Central Zone	Dr. Anil J. Nayak	Mehsana
	Dr. Lalbhai M. Patel	Mehsana
	Dr. R. R. Shah	Mehsana
	Dr. Nikunj Dave	Idar
Vadodara Zone	Dr. Suresh Amin	Vadodara
Surat Zone	Dr. Narendra Jariwala	Surat
South Zone	Dr. Praful R. Desai	Navsari

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I.M.A. ACADEMY OF MEDICAL SPECIALITIES

Chairman	Dr. Vidyut J. Desai	Ahmedabad
Convener	Dr. Dilip B. Gadhavi	Ahmedabad

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HEALTH SCHEME, I.M.A. G.S.B.

Chairman	Dr. Navnit K. Patel	Ahmedabad
Vice-Chairman	Dr. Bharat J. Shah	Ahmedabad
Hon. Secretary	Dr. Abhay S. Dikshit	Ahmedabad
Hon. Treasurer	Dr. Uday M. Patel	Ahmedabad
Zonal Representatives		Zones
	Dr. Bharat R. Patel	Ahmedabad
	Dr. Ashesh Patel	Vadodara
	Dr. Kumud Patel	West
	Dr. Pinakin Patel	Central
	Dr. Laxman Patel	Surat
	Dr. Vanraj A. Mahida	South
	Dr. Ashok D. Thakkar	Bhuj-Kutch

MEMBERSHIP

Year	Annual	Life Member enrolled	Total No. of L.M.	Total
Membership 2014-2015	26	658	24069	24727

Total : 116 Branch

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DR. P. R. TRIVEDI ORATION

Dr. Nitin S. Vora; Ahmedabad has been selected for the oration to deliver during NATCON-2014 at Ahmedabad on **" USES, MISUSES AND WAYS TO PROPER USES OF TOPICAL CORTICOSTEROIDS: AN OVERVIEW"**

Dr. Jagdish N. Patel : Vadodara has been selected for the oration to deliver during GIMACON-2015 at Vadodara on **"SAFETY ISSUES IN HEALTH CARE"**

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

13/10/2013	Dr. Bipin M. Patel; President I.M.A. G.S.B. attended Installation & Cultural programme at Mehsana
05/01/2015	Dr. Chetan N. Patel; President; IMA-GSB. Dr. Jitendra N. Patel; Hon. State Secretary; IMA-GSB attended review meeting for chemical and atomic disaster under the chairmanship of Additional Chief Secretary (MS & ME) at Gandhinagar
27/01/2015	Dr. Jitendra N. Patel; Hon. State Secretary I.M.A. G.S.B. attended State Level Workshop on Bio-Medical Waste management and its handling, organized by Gujarat Ecological Commission, Forest and Environment Department, Gandhinagar
01/02/2015	Dr. Jitendra N. Patel; Hon. State Secretary I.M.A. G.S.B. attended "Law for Doctors" Seminar, State Level Seminar organized by I.M.A. Vadodara Branch, I.M.A. G.S.B.
02/02/2015	Dr. Jitendra N. Patel; Hon. State Secretary I.M.A. G.S.B. and Dr. Bipin M. Patel, Imm Past President, I.M.A. G.S.B. attended meeting regarding organizing Workshops on Swine Flu at District Level with Commissioner of Health Govt. of Gujarat, Gandhinagar.

03/02/2015	Dr. Jitendra N. Patel; Hon. State Secretary I.M.A. G.S.B. and Dr. Bipin M. Patel, Imm Past President, I.M.A. G.S.B. attended visit to Kalol, Mehsana, Unjha, Sidhpur and Palanpur regarding forth coming visit of President elect World Medical Association Sir Michael Marmot.
21-03-2015	Dr. Chetan N. Patel, President and Dr. Jitendra N. Patel, Hon. State Secretary had meeting with Office Bearers and Local Leaders at Rajkot Branch
21-03-2015	Dr. Chetan N. Patel, President and Dr. Jitendra N. Patel, Hon. State Secretary visited Jamnagar Branch for Launcing of Directory and Mobile Apps
22-03-2015	Dr. Chetan N. Patel, President and Dr. Jitendra N. Patel, Hon. State Secretary attended meeting of President, Secretaries and Office Bearers at I.M.A. G.S.B. Premises, Ahmedabad
05-04-2015	Dr. Chetan N. Patel, President and Dr. Jitendra N. Patel, Hon. State Secretary attended IMA-GSB Multi Disciplinary C.M.E. on Common Clinical Scenarios as part of the API DIAS at Hotel Gateway, Surat
11-04-2015	Dr. Chetan N. Patel, President and Dr. Jitendra N. Patel,
12-04-2015	Hon. State Secretary attended Central Working Committee meeting at Radisson Blu Hotel, Dwarka, New Delhi
18-04-2015	Dr. Jitendra N. Patel, Hon. State Secretary I.M.A. G.S.B. attended meeting Jilla Rogi Kalyan Samiti, General Hospital, Sola, Ahmedabad.
19-04-2015	Dr. Chetan N. Patel, President and Dr. Jitendra N. Patel, Hon. State Secretary, Dr. Shailendra N. Vora, Hon. Jt. Secretary visited Vadodara Branch for Launching ceremony of IMA Initiative – "Preventing Diabetics Blindness" (PDB) at Auditorium, Gotri Medical College,, Gotri Road, Vadodara.
25/26-7-15	Dr. Bipin M. Patel; Imm. Past President, IMA-GSB Dr. Jitendra N. Patel; Hon. State Secretary attended Felicitation ceremony at IMA Jamnagar.
8/9-8-2015	Dr. Jitendra B. Patel; Imm. Past President, IMA (HQs), Dr. M. R. Kanani, Vice President, IMA (HQs) Dr. Jitendra N. Patel; Hon. State Secretary attended meeting of State Presidents & Secretaries at Mumbai.
13-09-2015	Dr. Chetan N. Patel, President, Dr. Jitendra N. Patel, Hon. State Secretary, Dr. Parth M. Desai, Joint Director PPS and Dr. Abhay S. Dikshit, Hon. Secretary, Health Scheme visited IMA Surat Branch & gave information about different Schemes of Gujarat State Branch & IMA Hqs.
13-09-2015	Dr. Chetan N. Patel, President IMa GSB visited IMA Bharuch Branch

GUJARAT STATE BRANCH ELECTION

The following members have been declared elected as President & Six Vice Presidents of our State Branch for the year 2015-2016.

1. PRESIDENT		DR. ATUL D. PANDYA	RAJKOT
2. VICE-PRESIDENTS			
(1)	AHMEDABAD ZONE	DR. JIGNESH C. SHAH	AHMEDABAD
(2)	VADODARA ZONE	DR. PARESH P. GOLWALA	VADODARA
(3)	SURAT ZONE	DR. VINOD NOTICEWALA	SURAT
(4)	WEST ZONE	DR. GHANSHYAM PATEL	BHAVNAGAR
(5)	CENTRAL ZONE	DR. ANIL D. PATEL	MEHSANA
(6)	SOUTH ZONE	DR. S. S. VAISHYA	DAMAN

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90TH ALL INDIA MEDICAL CONFERENCE

90th All India Medical Conference (IMANATCON-2015) will be held at Hotel Le-Meridien, New Delhi on 27th & 28th December, 2015

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66th GUJARAT STATE ANNUAL MEDICAL CONFERENCE

The 66rd Gujarat State Annual Medical Conference was hosted by I.M.A. Ahmedabad Branch. The hospitality including food, accommodation and transport was unparalleled. The Scientific programme, the pre-conference C.M.E. and Medi-Quiz were both informative and entertaining. In all nearly 2348 delegates participated in the conference. The honour of task of organizing such a well organized conference was very well shouldered by the organizing chairman & secretary

TROPHY & MEDALS AWAREDE BY GSB IMA

List showing the names of the members for the State Trophy/Prizes to be awarded at the time of Inaugural Function of 62nd Gujarat Annual Medical Conference (IMA NATCON-2014) to be held on 26/12/2014 at 11-30 a.m. at AHMEDABAD

1. DR. P. R. TRIVEDI ORATION TROPHY 2013-2014
   DR. NITIN S. VORA (AHMEDABAD)
   SUBJECT : " USES, MISUSES AND WAYS TO PROPER USES OF TOPICAL CORTICOSTEROIDS: AN OVERVIEW"
2. DR. P. R. TRIVEDI ROTATING TROPHY
   I.M.A. JAMNAGAR BRANCH
3. DR. P. R. TRIVEDI FOUNDATION AWARD (BRANCH)
   I.M.A. AHMEDABAD BRANCH
4. DR. P. R. TRIVEDI FOUNDATION AWARD (INDIVIDUAL)
   DR. KANUBHAI V. KALSARIYA (MAHUVA)
5. DR. SOBHNABEN A. SHAH ROTATING TROPHY (G.P.)
   DR. KALPANABEN G. MEHTA (RAJKOT)
6. DR. J. R. JAJU TROPHY
   I.M.A. SURAT BRANCH
7. DR. K. J. NATHWANI SOCIO MEDICAL AWARD
   DR. G.K. PATEL (MEHSANA)
8. DR. A. P. SHUKLA COMMUNITY ACTIVITY AWARD (BRANCH)
   I.M.A. BHAVNAGAR BRANCH
9. MEMBERSHIP DRIVE TROPHY

1 TO 25	I.M.A. RAJULA	BRANCH
26 TO 100	I.M.A. SANTRAMPUR	BRANCH
101 TO 250	I.M.A. GODHRA	BRANCH
251 AND ABOVE	I.M.A. GANDHINAGAR	BRANCH

10. PRIZE PAPER (ESSAY COMPETITION)
    DR. ANUKUL M. NAIK, SURAT
    SUB: "PSYCHOSOCIAL DISORDER IN ADOLESCENCE"
11. BEST ARTICLE IN GMJ : DR. HARDIK SHAH
    SUBJECT : " SCENARIO OF FUNGAL INFECTION OF NASAL CAVITY AND PARANASAL SINUSES IN GUJARAT : A RETROSPECTIVE STUDY
12. MEDALS TO MBBS STUDENTS 2013-2014.

GUJARAT UNIVERSITY	
SAURASHTRA UNIVERSITY	VACHHARAJANI VISHWA R.
M S UNIVERSITY	PARMAR AESHAL MAHENDRA
SOUTH GUJARAT UNIVERSITY	

13 DR. K. J. GANATRA ROTATING TROPHY FOR OPTHALMOLOGIST
DR. AMIT PATHAK (HIMATNAGAR)

14 DR. DAMYANTIBEN K. GANATRA ROTATING TROPHY FOR GYNEC & OBST.
DR. TEJASHRIBEN PATEL (VIRAMGAM)

15 DR. B. T. TRIVEDI BEST COMMUNITY SERVICE AWARD FOR BRANCH
I.M.A. MORBI BRNACH

16 DR. Y. T. PATEL BEST RURAL COMMUNITY SERVICE AWARD FOR BRANCH.
I.M.A. GANDHINAGAR BRANCH

17. DR. V.G.KARIA BEST CLINIC AWARD (G.P.)
DR. BHARAT C. SHAH (VADODARA)

18 DR. KEYUR PARIKH SENIOR CITIZENS FOUNDATION OR PROJECT FOR BRANCH
I.M.A VADODARA BRANCH

19 RITA PARIKH WIDOWS FOUNDATION OR PROJECT FOR BRANCH
I.M.A. PALANPUR BRANCH

20. LATE DR. MOTIBHAI D. CHAUDHARI AWARD FOR FINAL M.B.B.S. STUDENT (ALL UNIVERSITIES OF GUJARAT)

GUJARAT UNIVERSITY	
SAURASHTRA UNIVERSITY	VACHHARAJANI VISHWA R.
M S UNIVERSITY	PARMAR AESHAL MAHENDRA
SOUTH GUJARAT UNIVERSITY	
BHAVNAGAR UNIVERSITY	
SARDAR PATEL UNIVERSITY	
SUMANDEEP UNIVERSITY	MS. PARIKH VIBHUTI VIJAY
HEMCHANDRACHARYA NORTH GUJ. UNI.	
KUTCHH UNIVERSITY	

21. LATE PADMASHREE DR. V. C. PATEL SCIENTIFIC LECTURE
DR. TEJAS PATEL; (CARDIOLOGIST) AHMEDABAD

22 MEMENTO TO OUTGOING PRESIDENT DR. BIPIN M. PATEL, AHMEDABAD

23 MEMENTO TO ORGANISING SECRETARY GIMACON-2013 IMA SURAT BRANCH.
DR. NITIN K. GARG; ORGANIZING SECRETARY

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

GUJARAT MEDICAL JOURNAL

(Report : by Dr. K. R. Sanghavi; Hon. Editor,
Dr. Harshad C. Patel; Hon. Jt. Editor; Dr. B. I. Patel; Hon. Secretary)

During the year two issues of Gujarat Medical Journal (GMJ) are published.

We hope, you have found the articles in those both the issues very useful and interesting. We have taken utmost care to maintain our established standards and norms. It was our Endeavour to make GMJ the front runner medical journal in the country. For decades, our members do research work in Gujarat and they furnish data and information in the form of research papers. Like that GMJ provides them an important platform. Now our GMJ has became an Indexed Journal and so an original article, case report or letter to the editor published in GMJ accordingly provides earning of credit hours to the author.

We thank all those esteemed learned colleagues for their contribution and work. To us, they are not only doing research work but they are serving the society also. Our learned and experienced referees are very strict and vigilant in selection of articles. We are thankful to them all for helping us in maintaining our laid down standards.

While selecting the articles, we were conscious to see that the articles cater the need and interest of practitioners of all the specialties.

We thank President GSB IMA Dr. Chetanbhai Patel, and state Hon. secretary Dr. Jitendra N. Patel for their useful guidance and special interest in publication of GMJ issues. We are also thankful to our past presidents Dr. Kirtibhai Patel and Dr. Mahendrabhai Desai for their help and guidance.

With regards,

Dr. K. R. Sanghavi	**Dr. B. I. Patel**	**Dr. Harshad C. Patel**
(Hon. Editor)	(Hon. Secretary)	(Hon. Jt. Editor)

COLLEGE OF GENERAL PRACTITIONER IMA-GSB

(Reported by Dr. Kirit C. Gadhavi; Director, and Dr. Vasant Patel; Hon. Jt. Secretary)

We have great pleasure in presenting annual report before you for the year 2014-15

Year 2014-2015 Total 1994

We have added (2) new life member during this year

We lost our Hon. Secretary of College of G.P. Late Dr. Lalit I. Nayak. We pray almighty god that Dr. Lait I. Nayak soul may rest in eternal peace

Vadodara Branch of Indian Medical Association had successfully organized C.M.E. programme in collaboration with the College of G.P. G.S.B. I.M.A. from 08-02-2015 to 15-02-2015 at Conference Hall, Kashiba Children Hospital, Karelibaug, Vadodara

The inauguration function was attended by Dr. Kirit C. Gadhavi, Director, College of G.P. and Late Dr. Lalit I. Nayak; Hon. Secretary I.M.A. college of G.P. and Dr. Paresh P. Golwala, Vice-President, Vadodara Zone, I.M.A. G.S.B. The programme was well attended by 34 Doctors.

Ahmedabad Medical Association organized CME programme in collaboration with College of G.P. Gujarat State branch, IMA on 13-6-2015 at Ahmedabad

The function was attended by Dr. Kirit C. Gadhavi; Director of College of G.P. and Dr. Sunil B. Chenwala; Observer of C.M.E.

Programme is well attended by doctors of AMA branch. Speaker Dr. Sunil Thanvi, Dr. Abhay Dikshit & Dr. Pragnesh Vachharajani shared their views for understanding Cardio-Vascular investigations, Home Care – Role of Family Physician & and How data keeping is useful in day to day practice.

Dr. Kirit C. Gadhavi
Director

Dr. Vasant Patel
Hon. Jt. Secretary

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HEALTH SCHEME; G.S.B. I.M.A.

(Reported by Dr. Navnit K. Patel; Chairman, Dr. Abhay S. Dikshit; Hon. Secretary, Dr. Bharat J. Shah; Vice Chairman, Dr. Uday Patel; Treasurer)

We are privileged to present this report of the Health Scheme, IMA GSB. As you are aware that the basic motto of our scheme is to assist financially to the member at the occasion of his / her and / or his / her spouse illness.

Actual Members upto 31-3-2015	4190
Beneficiary Members from 1-4-2014 to 31-3-2015	61
Amount given as benefit to 61 beneficiary members from 1-4-2014 to 31-3-2015	98,36,385-00

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ACADEMY OF MEDICAL SPECIALITIES IMA-GSB

(Reported by Dr. Vidyut J. Desai; Chairman Dr. Dilip B. Gadhavi; Convenor)

We have great pleasure in presenting Annual Report for the year 2014-2015 before you.

Gujarat State Chapter has total Life Member 332
(Total Nos. of Fellows (FIAMS) 61

- A.M.S. Gujarat State Chapter has one branch chapter, that is Vadodara branch chapter.
- **The life membership fees for A.M.S. is Rs. 1,000/-** (One Thousand only) Members of I.M.A. processing.
  (i) Post Graduate qualification approved by Medical Council of India or
  (ii) Any Postgraduate qualification awarded by as National, foreign institution or Academics as approved by the Governing Council of Academy.
  (iii) Family Physician having F.C.G.P. shall be eligible for enrollment.
  - **FELLOWSHIP OF IMA AMS :**
    Life Members of AMS can apply with prescribed proforma with Bio-data along with the requisite fee for Fellowship Rs. 5,000/- (Five Thousand Five hundred only) by D.D. payable at Academy of Medical Speciality payable at Hydrabad for which information will be given in GSB News Bulletin subsequently.
  - Different Certificate Courses arranged by IMA AMS (HQs) already informed in bulletin and many members have taken advantage.

FAMILY WELFARE PLANNING CENTRE ACTIVITY (URBAN PRIMARY HEALTH CENTRES)

Respected Members,

Gujarat State Branch, Indian Medical Association runs 'Urban Primary Health Centres' in different wards of Ahmedabad and such centres also in Rajkot, Rander, Junagadh, Khambhat & Surat.

The Centres in Ahmedabad City work according to NUHM (National Urban Health Mission) project under the guidance and supervision of Family Welfare Officer & Nodal officer Ahmedabad Municipal Corporation. The activities mentioned below are done in all these centres on regular basis.

- A daily medical O.P.D. in morning and afternoon session. The table below shows the number of cases seen in the O.P.D., centre wise.

Name of the Centre & its Ward		New Cases	Old Cases	Total
(1)	Ambawadi (Jamalpur)	11584	5666	17250
(2)	Behrampura (Sardarnagar)	15636	3859	19495
(3)	Bapunagar (Potalia)	21142	7654	28796
(4)	Dariapur (Isanpur)	11415	2372	13787
(5)	Gomtipur (Saijpur)	38419	11740	50159
(6)	Khokhra (Amraiwadi)	30480	8067	38547
(7)	New Mental (Meghaninagar)	11913	2216	14129
(8)	Raikhad (Stadium)	6089	9816	15405
(9)	Vadaj (Juna Vadaj)	14483	2524	17007

- Immunisation facilities in the Centers on Monday - Wednesday - Friday
- Outreach sessions for immunization in the slums where vaccines are given to mothers & children.
- Observing " Mamta-Day" in Slums where-in registration of antenatal mothers, vaccination with Inj., T.T., providing them with IFA tablets and Calcium Tablets and necessary advice is given, mothers meeting & Adolescent Care is also given.
- High risk mothers are timely referred and advised for institutional deliveries under "Chiranjivi Yojna". Benefits of Janani Suraksha Yojna, Kasturba Poshan Sahay Yojna, JSSK, etc. are given to the benefeciaries, through these centres.
- 'Vitamin A' supplementation is given to children along with deworming, biannually in the month of February & August.
- Treatment for Sexually transmitted Diseases and suspected cases of leprosy, TB and Cancer are referred.
- Family Planning Services, which includes copper-T insertion; distribution of condoms & oral contraceptive pills.
- Beneficiaries for Tubal ligation & Vasectomy are provided free of cost operations.

- Basic laboratory facilities are also provided in these centres like Haemoglobin estimation, Blood grouping, Random Blood sugar, Hb Electrophoresis for diagnosing Thalessemia, Urine Albumin, Sugar, HIV Test and Blood Test for Malaria Parasite detection.
- Intra domestic house to house survey done during the year 2014 - 2015 on daily basis covering the whole area under UPHC
- Pulse-Polio Immunization rounds for migratory population were done during the following periods.
  (1) 6-4-2014 to 8-4-2014 (2) 21-9-2014 to 23-9-2014
  (3) 16-11-2014 to 18-11-2014
- Under "School Health Programme" from 22/11/2014 all the students from standard 1st to 12th of the schools of AMC and private were examined. Also the children of Balwadi, Aaganwadi, and Children not going to schools were examined.
- Pulse-Polio (National Immunisation Day) Programme was done in 2 rounds.
  (1)18-1-20154 to 21-1-2015 (2) 22-2-2015 to 24-2-2015
- Medical Camps were conducted in different slum areas of wards
- Urban Health Centres are striving hard to implement various Government schemes for the benefit of public at large.
- "Special Immunisation Week" Under the direction of Government of Gujarat, for intensification of immunisation of children was done during "Special Immunisation Week" wherein defaulters were vaccinated as per their age, in the following weeks.
  (I) April-2014 (ii) May-2014 (iii) June-2014 (iv) July-2014
- Induction Training of Asha : 27-1-2015 to 4-2-2015
- HBNC Training Asha at Centres.
- Vita Round : Aug-2014 & Feb-2015
- Formation & meetings for MAS (Mahila Aarogya Samiti)

PULSE POLIO IMMUNIZATION

Pulse Polio programme were organised & implemented as per the instructions from Govt. Our members and all Family Planning Centres participated in this programme to make it hundred percent successful..

SCHOOL HEALTH CHECKUP

All the Nine Family Planning Centres in Ahmedabad and all over Gujarat had carried out School Health Checkup & Aanganwadi Checkup programme commencing from 22-11-2014.

STATEMENT SHOWING ESTIMATED BUDGET (MAINTENANCE AND INCENTIVES) OF THE 14 URBAN FAMILY WELFARE CENTRES RUN BY THE CONVENER F.P. COMMITTEE

I.M.A. GUJARAT STATE BRANCH OF THE YEAR 2015-2016

SR. NO.	CENTRES NAME	MAINTE-NANCE	INCENTIVE	TOTAL
01.	AMBAWADI	3010500-00	450500-00	3461000-00
02.	BEHRAMPURA	2593359-00	452000-00	3045359-00
03.	BAPUNAGAR	2213205-00	654000-00	2867205-00
04.	DARIYAPUR	2632387-00	254000-00	2886387-00
07.	GOMTIPUR	2145431-00	654000-00	2799431-00
05.	KHOKHRA	2190864-00	424500-00	2615364-00
06.	NEW MENTAL	2723244-00	735000-00	3458244-00
08.	RAIKHAD	3452721-00	354000-00	3806721-00
09.	WADAJ	3289191-00	735000-00	4024191-00
10.	KHAMBHAT	609681-00	95400-00	705081-00
11.	SURAT	2104152-00	670000-00	2774152-00
12.	RANDER (SURAT)	2010471-00	800000-00	2810471-00
13.	JUNAGADH	1673925-00	753750-00	2427675-00
14.	RAJKOT	2415423-00	599400-00	3014823-00

STATEMENT SHOWING THE DETAILS OF 14 CENTRES RUN BY FAMILY PLANNING COMMITTEE, INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH, FAMILY PLANNING PERFORMANCE FOR THE YEAR 2014-2015

SR. NO.	CENTRES NAME	STERI-LISATION	COPPER-T	OCP (Users)	CONDOMS (Users)
01.	AMBAWADI	326	638	90903	137070
02.	BEHRAMPURA	301	627	15085	88900
03.	BAPUNAGAR	464	667	7464	136224
04.	DARIYAPUR	414	526	884	2173
07.	GOMTIPUR	367	479	8870	236800
05.	KHOKHRA	426	688	1943	104250
06.	NEW MENTAL	298	457	3342	10850
08.	RAIKHAD	367	531	16015	159514
09.	WADAJ	247	753	1315	2013
10.	KHAMBHAT	13	111	253	4360
11.	SURAT (Nanapura)	301	754	98	470
12.	RANDER (SURAT)	297	627	46.3	224.3
13.	JUNAGADH	320	473	228	250
14.	RAJKOT	356	913	280	3000

STATEMENT SHOWING THE DETAILS OF CONSOLIDATED ACCOUNTS OF HEAD OFFICE THE GENERAL TRAIL BALANCE OF 14 FAMILY PLANNING CENTRES RUN BY I.M..A. GUJARAT STATE BRANCH, AHMEDABAD AS ON 1st April-2014 to 31st March 2015

Liabilitiesas	Amount	Assetsas	Amount
Behrampura	1,29,513.17	Bank : Saving Account	15,49,719.43
Khokhara	3,54,315.61	Bank : Currant Account	18,477.36
Gomtipur	5,52,374.97	Ambawadi	1,40,869.35
New Mental	73,090.51	Dariyapur	1,66,091.02
Wadaj	2,14,566.57	Bapunagar	13,238.76
Nanpura-Surat	73,150.03	Raikhad	1,81,557.47
Junagadh	6,33,621.87	Khambhat	1,20,601.56
Rajkot	1,57,105.39	Rander-Surat	1,16,737.12
Lokshikshan	58,400-00	Gondal	500-33
Bapunagar House Rent	79.10	Penalty	320.00
Medicince Sale	95.51	Petty Cash	1,139-00
Dr. M.S. Trivedi	149.08	Cash on Hand	1,616.91
Bank Charge	2,536.00		
Chimanlal & Co.	274.50		
Mahendra R. Shashtri	19,522.00		
Anand Parikh	42,074.00		
Total	**23,10,868.31**	**Total**	**23,10,868.31**

DR. DEVENDRA R. PATEL
Treasurer

DR. ASHOK D. KANODIA
Convener

* * * * *

SOCIAL SECURITY SCHEME

GUJARAT STATE BRANCH, I.M.A

OFFICE : "A.M.A. House", 3rd Floor, Opp. H. K. College,
Ashram Road, AHMEDABAD - 380 009.
Phone : 079-265 80 690

OFFICE BEARERS

Chairman
Dr. Chetan N. Patel

Ex-officio (Sec. G.S.B.)
Dr. Jitendra N. Patel

Hon. Secretary
Dr. Jitendra B. Patel

Hon. Jt. Secretary
Dr. Kirit A. Gandhi

Hon. Treasurer
Dr. Yogendra S. Modi

Imm. Past President
Dr. Bipin M. Patel

BOARD OF TRUSTEES

(1)	Dr. Shailendra Vora	Ahmedabad
(2)	Dr. Vijay T. Parmar	Bhavnagar
(3)	Dr. Mayank J. Bhatt	Vadodara
(4)	Dr. K. M. Gandhi	Godhra
(5)	Dr. Lalbhai M. Patel	Mehsana
(6)	Dr. Nikhilesh H. Vajir	Surat

ZONAL REPRESENTATIVES

(1)	Dr. Devendra Patel	Ahmedabad Zone
(2)	Dr. Siddharth Nayak	Vadodara Zone
(3)	Dr. Mitaben Gupta	Surat Zone
(4)	Dr. K. J. Ganatra	Kutch Zone
(5)	Dr. Dipak Mehta	West Zone
(6)	Dr. Rajendra H. Jain	Central Zone
(7)	Dr. Nimesh J. Desai	South Zone

SOCIAL SECURITY SCHEME

GUJARAT STATE BRANCH, I.M.A

OFFICE : "A.M.A. House", 3rd Floor, Opp. H. K. College,
Ashram Road, AHMEDABAD - 380 009.
Phone : 079-265 80 690

NOTICE

Date : 27.10.2015

Dear Member,

Annual General Body Meeting of the members of Social Security Scheme will be held at Vadodara at the time of Annual Conference of I.M.A . G.S.B. to consider the following Agenda.

Venue :- Commerce Faculty Building, Beside C. C. Mehta Auditorium, M.S. University Campus, Vadodara.

Date :- 28th November, 2015

Time :- 9.30 A.M.

AGENDA

1. To confirm the minutes of last Annual General Body Meeting held at Ahmedabad, 26th December 2014.
2. To pass the condolence resolution of the sad demise of the following members.

Sr. No.	Name	SSS No	Branch
1	Dr. Patel Bharatbhai Rambhai	2857	Ahmedabad
2	Dr. Upadhyay Harshad Ishwarlal	647	Surat
3	Dr. Shah Gunvantbhai Pranlal	140	Ahmedabad
4	Dr. Hirani Shamji Ravji	2095	Bhuj-Kutch
5	Dr. Bhadla Pravinchandra Amritlal	7673	Junagadh
6	Dr. Jadav Harishbhai Gemarbhai	8064	Viramgam
7	Dr. Dabhi Khodabhai Lakhabhai	5966	Bhavnagar
8	Dr. Patel Jitendrakumar Ranchhodbhai	7377	Idar
9	Dr. Patel Mohanlal Savdas	6371	Jamnagar
10	Dr. Patel Popatlal Ranchhoddas	436	Kalol N.G
11	Dr. Patel Hirabhai Chitabhai	3938	Surat
12	Dr. Shah Pravinchandra Maganlal	4343	Rajkot

13	Dr. Almoula Dilip Gunvantilal	282	Ahmedabad
14	Dr. Desai Prabodh Mukundrai	1388	Ahmedabad
15	Dr. Shah Narendra Ratanlal	370	Nadiad
16	Dr. Patel Bhanubhai Mohanbhai	2726	Anand
17	Dr. Nayak Lalitkumar Ishwarchandra	10810	Ahmedabad
18	Dr. Buch Avanish Padmakant	7768	Rajkot
19	Dr. Kotecha Kantilal Trikamdas	3849	Jamnagar
20	Dr. Doctor Mallinath Chandrakant	182	Ahmedabad
21	Dr. Sanesara Priyesh Chandrakant	13453	Una
22	Dr. Doshi Smita Kishorchandra	3909	Rajkot
23	Dr. Parmar Hargovind Panachand	507	Vijapur
24	Dr. Dalal Acharatlal Narpatlal	3993	Viramgam
25	Dr. Patel Dahyabhai K	4477	G'dhinagar
26	Dr. Panara Vallabhdas P.	3261	Junagadh
27	Dr. Rathi Sumitra Madhukant	3265	Jamnagar
28	Dr. Desai Sunilchandra Mahendralal	1809	Vadodara
29	Dr. Chandnani Bhagwan Guliram	9774	Ahmedabad
30	Dr. Dalal Virendra Girdharlal	287	Ahmedabad
31	Dr. Parekh Hitesh Pritamlal	10514	Rajkot
32	Dr. Desai Harshad Natvarlal	747	Navsari
33	Dr. Rajguru Kishorchandra Ratilal	6704	Ahmedabad
34	Dr. Padhiyar Rajesh Tulsidas	12327	Ahmedabad
35	Dr. Desai Sanjay Ramniklal	6887	Surat
36	Dr. Nayak Arunkumar Harilal	9252	Visnagar
37	Dr. Shah Kumarpal Keshavlal	125	Ahmedabad
38	Dr. Patel Maganbhai Ramdas	1530	Unjha
39	Dr. Shihora Vithaldas Ratilal	3254	Junagadh
40	Dr. Sheth Ashwin Kantilal	2638	Ahmedabad
41	Dr. Shah Rajendra Hiralal	75	Ahmedabad
42	Dr. Munjapara Pravinchandra Ramniklal	2101	Bhavnagar
43	Dr. Raithatha G. M.	1164	Jamkhambhalia
44	Dr. Madhu Chunilal Ambaram	583	Tharad
45	Dr. Basantani Rajni Ghanshyam	1449	Ahmedabad
46	Dr. Basantani Ghanshyam Khushiram	2674	Ahmedabad
47	Dr. Sojitra Vitthaldas Polabhai	5686	Gondal
48	Dr. Patel Rameshchandra Bhailalbhai	984	Bhavnagar
49	Dr. Tailor Madhukant Harilal	3141	Bharuch
50	Dr. Bhatt Dipakkumar Rasiklal	1188	Bhavnagar
51	Dr. Purohit Laxmishanker Mohanlal	1682	Bayad
52	Dr. Chadha Anil Mohan	7464	Ahmedabad
53	Dr. Purohit Ravindra Ratilal	1156	Jamnagar
54	Dr. Shah Harshad Rasiklal	364	Nadiad
55	Dr. Khara Rajendra Jaysukhlal	1360	Ahmedabad
56	Dr. Bildhaiya Gulansingh Umraosingh	6174	Ahmedabad
57	Dr. Buch Bankimchandra Harikishan	10531	Vadodara
58	Dr.Vaidya Sharad Popatlal	229	Ahmedabad
59	Dr. Sharma Awadhkishor Ramsewak	8318	Godhra

3. To adopt Annual Report for the year 2014-2015.
4. To adopt the Audited Report & Annual Accounts for the year 01.04.2014 to 31.03.2015.
5. To elect the following office bearers for the year 2015-2016.

(A) Hon. Jt. Secretary :- From Head Quarter Zone. (Ahmedabad Zone)

(B) Board of Trustees : - (i) This year one trustee from South Zone to be elected by the General Body Meeting of the scheme.

(ii) One trustee from Vadodara Zone to be elected by the State Council.

(C) Zonal Representatives :-

One from each zone & one from Kutch shall be elected by the General Body Meeting of the scheme.

The nominations for the posts of 5- (A), (B) and (C) are invited from the members of the scheme on their letter pad along with full name, signature and S.S.S. No. of the proposer and seconder. It should reach to the S.S.S. office on or before 10th November, 2015 during office hours.

If the office does not receive any nomination by 10th November, 2015, then Nomination will be invited on the floor of General Body Meeting for that Particular post.

6. To consider and approve Budget Estimates for the year 2015-2016.
7. To Appoint Auditors & to fix their remuneration.
8. To transact any other business brought forward with the permission of the chair.

NOTES

The members are requested to notify immediately change in their addresses, if any, at the S.S.S. office 3rd Floor, A.M.A. House, Opp. H. K. College, Ashram Road, Ahmedabad – 380 009.

The members are requested to bring their copies of the Annual Report with them to the Annual General body Meeting.

Sincerely yours,

(Dr. Jitendra B. Patel)	**(Dr. Yogendra S. Modi)**	**(Dr. Kirit A. Gandhi)**
Hon. Secretary S.S.S.	Hon. Treasurer S.S.S.	Hon. Jt. Secretary S.S.S.

ANNUAL REPORT

On behalf of Managing Committee, it is our great pleasure & privilege to present the Annual Report for the year 01.04.2014 to 31.03.2015.

Total members as on 01.04. 2014	13506
New members enrolled during the year	207
Total members as on 31.03.2015	**13713**
Deceased members during the year (Schedule- 13)	55
Total deceased members	(896)
Terminated members during the year- D.F.C. No. 39	31
Total terminated members	(477)
Total retired members – 31.03.2015	6122

Retirement Member's List

(1)	01.01.2000 To 31.03.2001		250
	D.F.C. No. 25		
(2)	01.04.2001 To 31.01.2002		84
	D.F.C. No. 26		
(3)	01.02.2002 To 31.01.2003		120
	D.F.C. No. 27		
(4)	01.02.2003 To 30.09.2003		98
	D.F.C. No. 28		
(5)	01.10.2003 To 31.07.2004		155
	D.F.C. No. 29		
(6)	01.08.2004 To 09.07.2005		382
	D.F.C. No. 30		
(7)	10.07.2005 To 15.04.2006		513
	D.F.C. No. 31		
(8)	16.04.2006 To 31.01.2007		799
	D.F.C. No. 32		
(9)	01.02.2007 To 29.02.2008		775
	D.F.C. NO. 33		
(10)	01.03.2008 To 28.02.2009		646
	D.F.C. NO. 34		
(11)	01.03.2009 To 28.02.2010		468
	D.F.C. No. 35		

(12)	01.03.2010 To 28.02.2011		356
	D.F.C. No. 36		
(13)	01.03.2011 To 13.03.2012		444
	D.F.C. No. 37		
(14)	14.03.2012 To 13.03.2013		409
	D.F.C. No. 38		
(15)	14.03.2013 To 15.03.2014		596
	D.F.C. No. 39		
(16)	16.03.2014 To 19.03.2015		286
	D.F.C. No. 40		

List of Terminated member for non-payment of D.F.C. No. 39

Sr. No.	SSS No.	Name	Branch
1	7475	Dr. Shah Rangam Chandulal	Himatnagar
2	7476	Dr. Shah Bhavna Rangam	Himatnagar
3	8272	Dr. Pandya Yogeshkumar Ashwinkumar	Anand
4	8799	Dr. Patel Bharatkumar Bababhai	Amreli
5	9316	Dr. Rallapalli Rajesh R. S. Narayan	Silvassa
6	9705	Dr. Jigna Arhatia	Modasa
7	10494	Dr. Chotaliya Romeshkumar Purushottam	Junagadh
8	11222	Dr. Patel Pradipkumar Ravjibhai	Surat
9	11551	Dr. Lad Manishkumar Ishvarlal	Silvasa
10	11657	Dr. Patel Kanaiya Rushibhai	Surat
11	11891	Dr. Joshi Sandhya Pankaj	Dahod
12	11933	Dr. Prajapati Rajesh Bhikhabhai	Surat
13	12035	Dr. Agrawal Manish Anandilal	Ahmedabad
14	12073	Dr. Lal Reena Nitin	Porbandar
15	12074	Dr. Lal Nitin Jayantilal	Porbandar
16	12099	Dr. Patel Rajeshkumar Vallabhdas	Dhoraji
17	12252	Dr. Surani Himatlal Govindbhai	Anjar-kutch
18	12565	Dr. Chiramana Haritha Vangipuram R.K.	Anand
19	12566	Dr. Vangipuram Shankar R.K.G.	Anand
20	12578	Dr. Pandya Mahesh Jayesh	Vadodara
21	12744	Dr. Shah Hirenkumar Nandlal	Ahmedabad
22	12763	Dr. Kalaria Jahnavi Harshal	Veraval
23	12764	Dr. Kalaria Harshal Dahyabhai	Veraval
24	12838	Dr. Purabiya Kamlesh Bhuraji	Ahmedabad
25	12977	Dr. Chaudhary Ketankumar Hemrajbhai	Mehsana

26	13047	Dr. Boghanee Ketankumar Naranbhai	Dhoraji
27	13215	Dr. Rathod Lalitkumar Kuberbhai	G'dhinagar
28	13234	Dr. Patel Kinara Alpesh	Ahmedabad
29	13235	Dr. Patel Alpesh Kantilal	Ahmedabad
30	13248	Dr. Patel Shaileshkumar Maganbhai	Bhavnagar
31	13481	Dr. Chavda Jitesh Hasmukhbhai	Bhavnagar

We express our thanks to Dr. Chetan N. Patel President, G.S.B. I.M.A. Dr. Bipin M. Patel Imm. Past Chairman and Dr. Jitendra N. Patel Hon. State Secretary and Dr. Kirtibhai M. Patel Chairman N. S. S. S., Dr. Mahendra B. Desai. We express our gratitude for the Co-operation, guidance and support from Board of Trustees, Members of Managing Committee & and office bearers of Gujarat State Branch I.M.A. and all the members of the scheme.

We are pleased to place on record appreciation of sincere and devoted service rendered by the staff of the scheme.

on behalf of Managing Committee,

Dr. Jitendra B. Patel
Hon. Secretary

Dr. Yogendra S. Modi
Hon. Treasurer

Dr. Kirit A. Gandhi
Hon. Jt. Secretary

VIJAY M. SHAH & CO.
Chartered Accountants

315, ATMA HOUSE, Opp: Old Reserve Bank,
Ashram Road, Ahmedabad – 380 009
Phone : 079-26583235, Fax: 079-40069235
E-mail: vmshahca@yahoo.com

AUDITOR'S REPORT

To,
The Members of
Social Security Scheme, - Gujarat State Branch
Indian Medical Association

Report on the Financial Statements

We have audited the accompanying financial statements of **Social Security Scheme – Gujarat State Branch Indian Medical Association,** which comprise the Balance Sheet as at March 31, 2015, and Income and Expenditure Account for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation of these financial statements that give a true and fair view of the financial position and financial performance of the Trust in accordance with the Trust Act. This responsibility includes the design, implementation and maintenance of internal control relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with the Standards on Auditing issued by the Institute of Chartered Accountants of India. Those Standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of the accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion and to the best of our information and according to the explanations given to us, the financial statements give the information required by the Act in the manner so required and give a true and fair view in conformity with the accounting principles generally accepted in India:

a) In the case of the Balance Sheet, of the state of affairs as at March 31, 2015; and
b) In the case of the Income and Expenditure Account, of the Surplus for the year ended on that date.

Place: Ahmedabad
Date : 10.07.15

VIJAY M. SHAH & CO. AHMEDABAD CHARTERED ACCOUNTANT

FOR VIJAY M. SHAH & CO.,
Chartered Accountants
FRN # 111417W

C.A. Vijay M. Shah
(Proprietor)
Mem # 017775

SOCIAL SECURITY SCHEME, GUJARAT STATE BRANCH-I.M.A.
BALANCE SHEET AS AT 31-03-2015

Particulars	Schedule	31.03.15	31.03.14
Funds & Liabilities			
Corpus Fund			
Opening Balance		8,27,56,987	7,47,36,947
Add:Transferred from DFC Receivable		68,86,520	80,25,200
Less:Paid for Voluntery Retirement		0	5,160
Sub Total		**8,96,43,507**	**8,27,56,987**
Capital Reserve Fund - Admission Fee			
Opening Balance		85,01,648	80,72,649
Add:Received from new members enrolled during the year		3,67,000	4,28,999
Sub Total		**88,68,648**	**85,01,648**
Advance AFC Deposit			
Opening Balance - AFC (Indl. Members deposit)		28,36,859	24,73,797
Add :Amount received during the year		3,09,017	3,92,533
Less:Amount paid back to retired members		78,912	29,471
Sub Total		**30,66,964**	**28,36,859**
Advance Fraternity Contribution Fund	1	2,24,57,696	2,27,95,723
Advance DFC Received-Dr R B Jamundi		3,26,811	3,26,811
Building Fund		42,871	10,001
Accrued Interest on AFC Deposit		41,50,395	41,86,119
Income Expenditure Account			
Opening Balance		4,43,83,746	4,11,43,394
Add: Surplus during the year		31,55,098	32,40,352
Sub Total :		**4,75,38,844**	**4,43,83,746**
Total :		**17,60,95,736**	**16,57,97,895**

Particulars	Schedule	31.03.15	31.03.14
Assets : Fixed Assets			
Dead Stock		85,358	85,358
Refrigerator		7,400	7,400
Computer		1,22,316	99,816
Air-conditioner		39,742	39,742
Sub Total :		**2,54,816**	**2,32,316**
Investments	2	15,15,62,723	14,00,62,723
Cash & Bank Balance			
Cash on Hand		4,388	9,768
Bank of India A/c # 200210110008499		55,138	20,271
Bank of India A/c # 200210110000869		1,12,159	59,672
Bank of India A/c # 200210110008927-	DFC # 38	0	4,439
Bank of India A/c # 200210110010314-	DFC # 39	38,330	5,001
Bank of India A/c # 200210110011393-	DFC # 40	5,001	0
Punjab National Bank S/B A/c # 92881		6,12,620	7,29,677
Sub Total :		**8,27,636**	**8,28,828**
Death Fraternity Contribution receivable	3	2,32,37,543	2,44,61,010
Advances & Deposits			
Income tax TDS receivable F.Y. 2004-05		31,375	31,375
Income tax TDS receivable F.Y. 2007-08		5,730	5,730
Income tax TDS receivable F.Y. 2010-11		2,577	2,577
Income tax TDS receivable F.Y. 2012-13		14,694	14,694
Office Deposit given to Ahd Medical Association		1,54,062	1,54,062
OYT Telephone Deposit		4,580	4,580
Sub Total :		**213018**	**2,13,018**
Total :		**176095736**	**16,57,97,895**

For **Vijay M. Shah & Co.,**
Chartered Accountants
FRN # 111417W

C.A. Vijay M. Shah
Proprietor M.# 017775
Place: Ahmedabad
Date: 10.07.15

This is the Balance Sheet referred to in our report of even date

For Social Security Scheme G.S.B. I.M.A.

(Dr. Chetan N. patell) (Hon. Chairman)

(Dr. Jitendra B. Patel) (Hon Secretary)

(Dr. Yogendra S. Modi) (Hon Treasurer)

SOCIAL SECURITY SCHEME, GUJARAT STATE BRANCH-I.M.A.
Income & Expenditure Account for the year 01-04-14 to 31-03-15

Particulars	Schedule	31.03.15	31.03.14
Income			
Interest Income			
Savings Account Interest		1,41,381	1,64,466
FDR Interest		1,35,43,683	1,39,70,222
Sub Total :	4	**1,36,85,064**	**1,41,34,688**
Annual Subscription		6,432	6,850
Late Fees & Misc. Income		11,300	9,090
Penalty received		1,08,668	1,01,261
:			
Total :		**1,38,11,464**	**1,42,51,889**

Particulars	Schedule	31.03.15	31.03.14
Expense			
20 years completed members's DFC payment		98,75,640	1,01,68,470
Terminated Members DFC Not receivable Written Off		70,091	32,664
Establishment Exp.			
Advocate Exps.		3,000	4,250
AC Machine Reparing Exp		0	4,893
Salary & Bonus		419,175	3,66,660
Audit Fees		15,000	15,000
Bank Charges		3,911	6,275
Computer Exp.		8,800	8,800
Electric Charges		22,074	39,216
Furniture Repairing Exp		0	9,500
Meeting Exp.		825	681
Municipal Tax Exp.		22,772	19,553
Office Exp.		3,625	6,357
Office Maintance Exp		0	83,929
Income Tax Legal Exp		0	17,000
Office Tea & Refreshment		15,689	11,704
Postage & Telegram		80,589	1,16,285
Printing & Stationery		82,285	77,310
Internet & Telephone Exp.		24,124	14,242
Travelling Exp.		8,040	8,290
Xerox Exp.		726	458
Sub Total :		**7,10,635**	**8,10,403**
Surplus transferred to Balance Sheet		**31,55,098**	**32,40,352**
Total :		**1,38,11,464**	**1,42,51,889**

For **Vijay M. Shah & Co.,**
Chartered Accountants
FRN 111417W

C.A. Vijay M. Shah
Proprietor M.# 017775
Place: Ahmedabad
Date: 10.07.15

For Social Security Scheme G.S.B. I.M.A.

(Dr. Chetan N. Patel) (Hon. Chairman)

(Dr. Jitendra B. Patel) (Hon Secretary)

(Dr. Yogendra S. Modi) (Hon Treasurer)

SOCIAL SECURITY SCHEME, GUJARAT STATE BRANCH-I.M.A.

Schedules forming part of Annual Accounts

Schedule - 1 (Advance Fraternity Contribution Fund)

Particulars	31.03.15	31.03.14
Opening Balance - AFC (Indl. Members deposit)	2,27,95,723	2,29,68,622
Add : Recd from 207 new members enrolled during the year @3000/-	6,21,000	6,42,000
Less : AFC returned back to expired members	6,750	18,600
Less : AFC transfer to DFC for terminated members	93,000	54,000
Less : AFC returned back to members who completed 20 years of membership	8,59,277	7,42,299
Total :	**2,24,57,696**	**2,27,95,723**

Schedule - 2 (Investments)

Sr. No.	Particulars	31.03.15	31.03.14
1.	FDR - Bank of India	3,40,00,000	3,25,00,000
2.	FDR - Bank of Baroda	6,36,50,000	5,76,50,000
3.	FDR - Bank of Maharashtra	1,89,12,723	2,49,12,723
4.	FDR - Central Bank of India	1,10,00,000	70,00,000
5.	FDR - Punjab National Bank	2,40,00,000	1,80,00,000
6.	FDR - S. S. N.Nigam Ltd.		0
7.	FDR - Syndicate Bank		0
	TOTAL	**15,15,62,723**	**14,00,62,723**

Schedule - 3 (Death Fraternity Contribution Receivable)

Particulars	31.03.15	31.03.14
Opening Balance	2,44,61,010	2,14,90,639
Add : DFC paid to nominee of deceased members.	2,02,05,420	2,11,33,830
Add : DFC late paid to nominee of deceased members.	3,65,610	10,72,440
Add : DFC tr. to Corpus Fund	68,86,520	80,25,200
Less : Amount received during the year	1,87,35,286	1,70,59,965
Less : Amount of 20yrs retired members DFC adjusted	98,75,640	1,01,68,470
Less : Amount written off of terminated members	70,091	32,664
Total :	**2,32,37,543**	**2,44,61,010**

Schedule - 4 (Interest & Dividend Income)

Particulars	31.03.15	31.03.14
Savings Account Interest		
Bank of India A/c # 8499	7,875	7,690
Bank of India A/c # 869	7,542	5,111
Bank of India A/c # 8927	88	27,175
Bank of India DFC # 37 A/c # 7284	0	1,357
Bank of India DFC # 39 A/c # 10314	23,569	0
Punjab National Bank A/c # 9288	1,02,307	1,23,133
Sub total :	**1,41,381**	**1,64,466**
FDR Interest		
Bank of India	31,56,531	29,26,750
Punjab National Bank	20,18,720	16,25,720
Bank of Maharastra	19,39,281	26,74,941
Central Bank of India	9,05,812	6,51,047
S. S. N. Nigam Ltd.	0	15,41,568
Bank of Baroda	55,23,339	40,18,030
Syndicate Bank	0	5,32,166
Sub total :	**1,35,43,683**	**1,39,70,222**

SOCIAL SECURITY SCHEME
GUJARAT STATE BRANCH, I.M.A.

Notes forming part of accounts for the year ended 31-03-15

A. Significant Accounting Policies.

1. AS 1 – Disclosure of Accounting Policies

The Books of account has been maintained on the basis of cash method of accounting.

2. AS-4 Contingencies Liability & Event Occurring After Balance Sheet Date :

In the opinion of the Chairman of the Scheme, there are no events occurred after Balance Sheet date which have material effect either on the Balance Sheet or on Income & Expenditure account of the Scheme.

3. AS -6 Depreciation Accounting :

Depreciation on fixed assets has not been provided.

4. AS-10 Accounting For Fixed Assets :

Fixed assets are stated at cost.

5. AS 13 - Investment

Investments are stated at the cost of acquisition. All investments of the scheme are in companies / corporation approved by charity Commissioner.

B. Other Notes

1 Amounts received as membership subscription from each member enrolled during the year has been taken to Corpus Fund.

2 Age-wise amounts received as admission fee from each member enrolled during the year has been transferred to Capital Reserve Fund Account fully.

3 Amounts received as Advance Fraternity Contribution from each member enrolled during the year, has been shown as liabilities since the amount received is in advance and is to be adjusted at Rs. 30/- per death per member.

4 Previous year figures have been regrouped and rearranged, wherever necessary to make them comparable with those of current year.

5 Following accounts are subject to reconciliation and adjustment. It's effect on Income & Expenditure accounts and balance sheet, if any will be accounted in future as and when accounts are reconciled.

a. Individual members deposit under the head Advance Fraternity Contribution fund.

b. Interest payable under the head Accrued interest on AFC Deposit.

c. DFC due from members under the head Death Fraternity Contribution receivable.

6 The amount has been rounded up in Rupees.

As per our separate report of even date attached.

For **Vijay M. Shah & Co.,**
Chartered Accountants
FRN # 111417W
C.A. Vijay M. Shah
Proprietor M.# 017775
Place: Ahmedabad
Date: 10.07.15

For Social Security Scheme G.S.B. I.M.A.

(Dr. Chetan N. Patel) (Hon. Chairman) **(Dr. Jitendra B. Patel)** (Hon Secretary) **(Dr. Yogendra S. Modi)** (Hon Treasurer)

SOCIAL SECURITY SCHEME, GUJARAT STATE BRANCH I.M.A.
BUDGETED PROPOSAL FOR THE ACCOUNTING YEAR 2015 - 2016

INCOME	Rs. Budgeted 1-4-2014 to 31-3-2015	Rs. Actual 1-4-2014 to 31-3-2015	Rs. Budgeted 1-4-2015 to 31-3-2016	EXPENDITURE	Rs. Budgeted 1-4-2014 to 31-3-2015	Rs. Actual 1-4-2014 to 31-3-2015	Rs. Budgeted 1-4-2015 to 31-3-2016
Annual Subs.	10,000	6,432	10,000	Advocate Exps.	5,000	3,000	10,000
Interest on S.B. A/C.	2,00,000	1,41,381	2,00,000	Audit fees	15,000	15,000	20,000
Int. On F.D. With Bank & Govt. ——				A/C Machine Reparing Exps.	10,000	0	10,000
Company	1,50,00,000	1,35,43,683	1,50,00,000	Bank Commission/ Charges	10,000	3,911	10,000
Misc Income (including ——	1,10,000	1,19,968	1,25,000	Building Maintenance Exps.	15,000	0	50,000
late fee & pay Bank Com				Computer Exps.	12,000	8,800	12,000
on F.D., Duplicate Cer.				Electrical Exps.	30,000	22,074	40,000
				Furniture Exps.	50,000	0	50,000
				Meeting Exps.	2,500	825	2,500
				Municipal Tax Exps.	25,000	22,772	30,000
				Office Exps.	20,000	3,625	20,000
				Office Tea/Refreshment Exps.	15,000	15,689	20,000
				Postage & Telegram Exps.	1,20,000	80,589	1,20,000
				Printing & Stationery Exps.	1,25,000	82,285	1,25,000
				Salary Exp.(Including Bonus, Leave,incentive) .	4,50,000	4,19,175,	4,50,000
				Travelling Exps.	20,000	8,040	20,000
				Internet and Telephone Exps.	20,000	24,124	30,000
				Xerox Exps.	3,000	726	3,000
				20 Yrs. Reti. Dr. Exps.	1,25,00,000	98,75,640	1,25,,00,000

SOCIAL SECURITY SCHEME
GUJARAT STATE BRANCH, I.M.A.
SCHEDULE - 13 01.04.2014 TO 31.03.2015

SR. NO.	NAME	SSS NO.	BRANCH	AGE	AMOUNT
1	Dr. Patel Natwarbhai A.	890	Vadodara	80	3,66,702
2	Dr. Shah Ramniklal Ambalal	121	Ahmedabad	85	3,66,816
3	Dr. Gandhi Sureshchandra Punamchand	6969	Lunawada	68	3,66,672
4	Dr. Chaudhary Mansangbhai Laljibhai	4066	Patan	65	3,66,567
5	Dr. Jambusaria Bharat Surendra	1856	Vadodara	56	3,66,987
6	Dr. Mehta Anil Bhaskarrao	3457	Ahmedabad	86	3,66,732
7	Dr. Shah Arvind Ratilal	748	Vadodara	78	3, 45,147
8	Dr. Bhagat Jatin Shantilal	4967	Ahmedabad	63	3,67,242
9	Dr. Patel Shailesh Chaturbhai	819	Vadodara	63	3,67,542
10	Dr. Mahadik Devendra Chandrasen	2360	Surat	66	3,66,612
11	Dr. Pandya Rajnikant Harsukhlal	5929	Junagadh	73	3,64,812
12	Dr. Buch Ramendra Jayantilal	2654	Ahmedabad	96	3,68,322
13	Dr. Parikh Yogendrabhai Rasiklal	247	Ahmedabad	84	3,68,346
14	Dr. Nanavati Mahendra Dilsukhrai	1181	Junagadh	85	3,67,887
15	Dr. Kinariwala Bharat Jivanlal	4827	Ahmedabad	85	3,68,052
16	Dr. Nathwani Kantilal Jamnadas	1081	Rajkot	83	3,68,247
17	Dr. Patel Kaushik Babubhai	3958	Ahmedabad	64	3,66,615
18	Dr. Desai Shantilal Jaganji	690	Daman	84	3,67,896
19	Dr. Chhelavda Prafulchandra Jayantilal	4900	Porbandar	60	3,67,932
20	Dr. Thakor Gitaben Prabahtsinh	5233	Valsad	63	3,68,082
21	Dr. Motha Abdulkadar Daudbhai	7562	Ahmedabad	51	3,70,382
22	Dr. Mehta Bharat Jashwantlal	4783	Ahmedabad	63	3,69,102
23	Dr. Godbole Vasudev Krishna	4281	Surat	84	3,68,517
24	Dr. Shah Vinodbhai Lalbhai	1332	Ahmedabad	82	3,69,882
25	Dr. Patel Shivubhai Narayanbhai	399	Balasinor	73	3,69,966
26	Dr. Shah Yogendra Dashrathlal	4770	Ahmedabad	61	3,69,612
27	Dr. Patel Amritlal Govindbhai	281	Ahmedabad	89	3,69,837
28	Dr. Modi Manharlal Chimanlal	5135	Petlad	83	3,69,282

SOCIAL SECURITY SCHEME
GUJARAT STATE BRANCH, I.M.A.
SCHEDULE - 13 01.04.2014 TO 31.03.2015

SR. NO.	NAME	SSS NO.	BRANCH	AGE	AMOUNT
29	Dr. Shah Manharbhai Motilal	412	Vijapur	75	3,69,696
30	Dr. Vyas Sureshchandra Amritlal	2131	Junagadh	76	3,69,702
31	Dr. Patel Hemlata Vinubhai	5170	Petlad	78	3,67,842
32	Dr. Panchal Alpeshbhai Ashokbhai	9677	Ahmedabad	77	3,70,360
33	Dr. Parmar Anilkumar Bharatsinh	9859	Dadranagar H	61	3,64,490
34	Dr. Patel Bharatbhai Rambhai	2857	Ahmedabad	60	3,70,272
35	Dr. Upadhyay Harshad Ishwarlal	647	Surat	80	3,70,386
36	Dr. Shah Gunvantbhai Pranlal	140	Ahmedabad	76	3,70,506
37	Dr. Hirani Shamji Ravji	2095	Bhuj-Kutch	75	3,70,317
38	Dr. Bhadla Pravinchandra Amritlal	7673	Junagadh	56	3,70,792
39	Dr. Jadav Harishbhai Gemarbhai	8064	Viramgam	55	3,70,370
40	Dr. Dabhi Khodabhai Lakhabhai	5966	Bhavnagar	59	3,68,172
41	Dr. Patel Jitendrakumar Ranchhodbhai	7377	Idar	60	3,70,792
42	Dr. Patel Mohanlal Savdas	6371	Jamnagar	81	3,69,162
43	Dr. Patel Popatlal Ranchhoddas	436	Kalol N.G.	92	3,69,846
44	Dr. Patel Hirabhai Chhitabhai	3938	Surat	85	3,69,597
45	Dr. Patel Pravinchandra Maganlal	4343	Rajkot	81	3,69,837
46	Dr. Almoula Dilip Gunvantilal	282	Ahmedabad	83	3,63,237
47	Dr. Desai Prabodh Mukundrai	1388	Ahmedabad	78	3,69,792
48	Dr. Shah Narendra Ratanlal	370	Nadiad	78	3,66,456
49	Dr. Patel Bhanubhai Mohanbhai	2726	Anand	75	3,70,032
50	Dr. Nayak Lalitkumar Ishwarachandra	10810	Ahmedabad	61	3,69,760
51	Dr. Buch Avanish Padmakant	7768	Rajkot	63	3,69,872
52	Dr. Kotecha Kantilal Trikamdas	3849	Jamnagar	65	3,69,417
53	Dr. Doctor Mallinath Chandrakant	182	Ahmedabad	75	3,70,416
54	Dr. Sanesara Priyesh chandrakant	13453	Una	33	3,66,010
55	Dr. Doshi Smita Kishorchandra	3909	Rajkot	63	3,70,437