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

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INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

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OCTOBER-2024

Issue-10

GIMACON-2024, RAJKOT



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**DR. DIPAK LIMBACHIYA**

M.D., D.G.O., Endoscopy Specialist
Specialist in Advanced LAP Gynaec Surgeries &
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PIONEERING TECHNIQUE ON USE OF ENDO-STAPLER FOR ENCLOSED COLPOTOMY.

PROSPECTIVE STUDY ON THE USE OF ENDO-STAPLER FOR ENCLOSED COLPOTOMY TO PREVENT TUMOR SPILLAGE IN GYNECOLOGIC ONCOLOGY MINIMALLY INVASIVE SURGERIES

Background and Objectives: This is a prospective trial of the endo-stapler application for vaginal closure before colpotomy in cases of carcinoma endometrium and carcinoma cervix, managed by minimally invasive surgery. Through this study, we aimed to explore short-term oncology outcomes, surgical and functional outcomes, and the efficacy of endo-stapler application in gynecologic malignancy cases managed by MIS.

Methods: This was a prospective, single center study completed between March 1, 2020 and December 31, 2022. A total of 62 patients (43 cases of carcinoma endometrium and 19 cases of carcinoma cervix) were recruited for the study. Oncologic survival outcomes at the end of 1 and 2 years were documented.

Results: There were no major intraoperative bowel, urinary, or vascular injuries. None of the cases required conversion to laparotomy per operatively. Our study had 8 patients with carcinoma endometrium (8/43) and 7 patients of carcinoma cervix (7/19) who have completed 24 months of follow-up without any recurrence to date.

Conclusion:

This is the first prospective trial to date on the application of endo-stapler for vaginal closure before colpotomy in gynecologic malignancy cases managed by MIS with consideration of surgical and oncologic follow-up outcomes. Endo-stapler application for enclosed colpotomy to prevent tumor spillage is a futuristic step in gynecologic oncology cases managed by laparoscopy.

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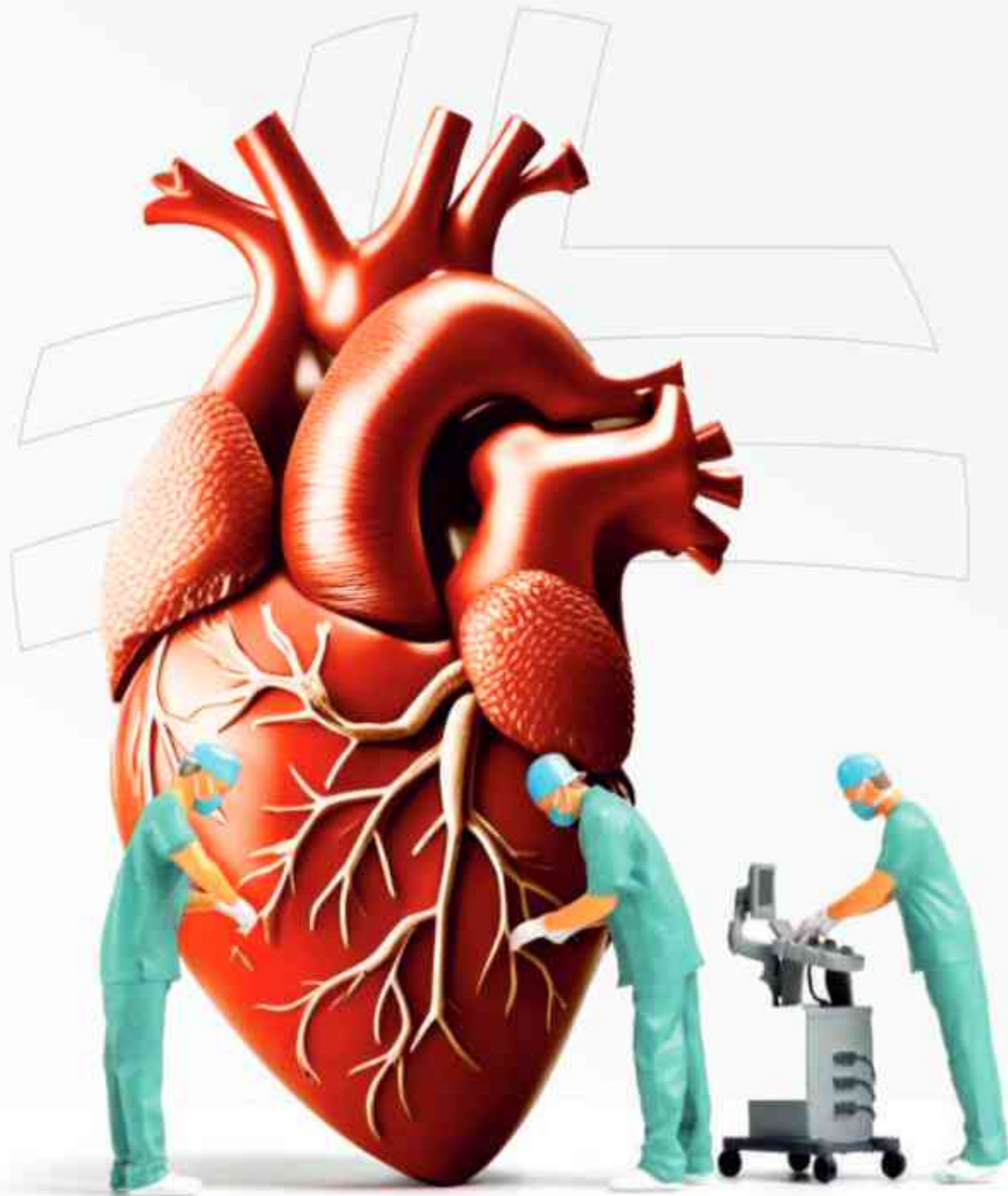


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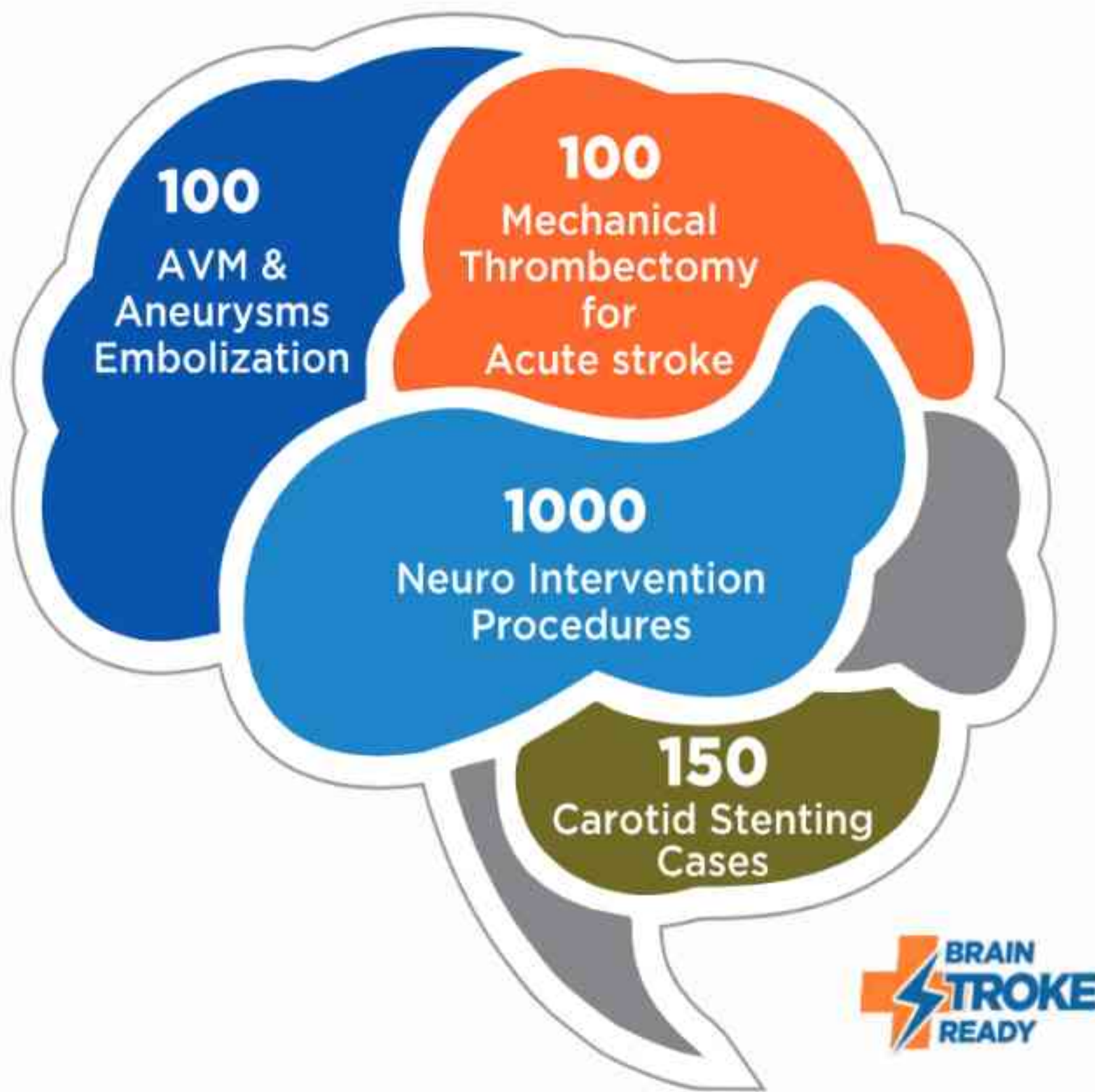


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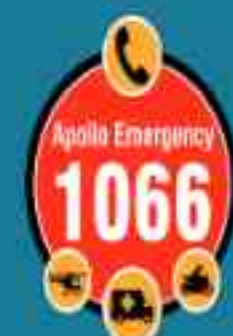
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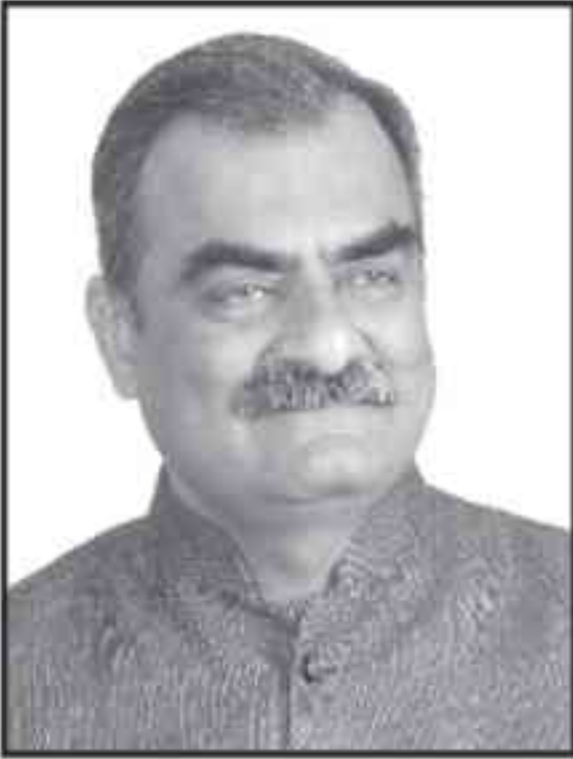
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STATE PRESIDENT'S MESSAGE



As I step into the role of President of the Indian Medical Association, Gujarat, I am filled with gratitude and responsibility. I would like to extend my heartfelt thanks to Dr. Ketan Desai sir. I would also like to thank our esteemed seniors, and all my colleagues for placing their trust in

me. This journey is collective, and I am humbled to lead an organization representing every doctor in Gujarat, from the most experienced to the youngest.

IMA Gujarat is more than just an association—it feels like a family, where each member belongs, no matter their age, background, or specialty. My vision is to strengthen this sense of belonging. Whether a senior consultant, a young doctor finding our path, or working in rural healthcare, IMA Gujarat is your home. Together, we form the heart of Gujarat's medical community, and I am committed to ensuring every member feels heard, valued, and supported.

A key priority is **C**onnecting with younger doctors, who are the future of healthcare. IMA Gujarat will be their pillar of strength, providing mentorship, professional development, and networking opportunities. We will ensure that young doctors have the tools and guidance needed to confidently navigate their careers, knowing the IMA will stand by them through every challenge.

Communication is also crucial. We must connect not just with each other but with all stakeholders: healthcare institutions, policymakers, patients, and the public. IMA Gujarat will serve as a



bridge, ensuring that doctors' voices are heard and proactively shaping the future of medicine in Gujarat.

Equally important is **Cooperation** with the community. We are not just doctors; we are part of society. IMA will take a leading role in community outreach, organizing health camps and awareness programs to build a healthier, proactive society with our Aao Gaon Chalen Project

Beyond professional growth, we will support members in pursuing hobbies and personal fulfillment. A well-rounded doctor brings more compassion to their work. IMA will foster balance in the lives of our members.

Finally, global **Collaboration** in research and education is vital. We will establish partnerships with international medical bodies to open doors for global exchange, collaborative research, and learning opportunities, enriching healthcare in Gujarat.

Thank you once again for this opportunity. Together, we are IMA Gujarat, and together, we will create a lasting impact. Let's move forward with a sense of unity, purpose, and shared success.

From the moment GIMACON began, it was clear that IMA Rajkot had orchestrated something truly special. Every detail was thoughtfully planned, creating a seamless and welcoming environment. The dedication and hard work behind the scenes made the conference not just a success, but a memorable experience for all, Thanks to IMA Rajkot.....

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



Executive Summary of IMA's Submission to NTF

- Indian Medical Association is the national organization of modern medicine doctors established in 1928 which played a part in the freedom struggle of the country. Indian Medical Association has its Headquarters in New Delhi. It has presence in almost all the districts of the country with 1800 local branches, 28 state branches and 3,85,000 members. In addition, IMA has its presence in almost all the medical colleges of the country through its Junior Doctors Network (IMA JDN) and Medical Students Network (1MA MSN). The entire medical fraternity of India heeded to the call of IMA by withdrawing all services except emergencies and casualties on 17.08.2024 following the brutal rape and murder of the 31 years old resident doctor in R G Kar Medical College Hospital Kolkata.
- Health care facilities vary in nature both infrastructure wise and human resources wise. The only preventive strategy that could be applied across the board and across all the states is deterrent Central Law in statute. Absence of such a law has resulted in halfhearted less than optimum investigations and prosecution of the incidents. Very few FIRs and still fewer convictions are the result. IMA believes deterrence is the best form of prevention. Unlike other measures a strong Central Law will prevent violence across all sectors especially in the small and medium ones. It will serve as an enabling Act to the State legislations.
- **IMA is praying for a directive to the Central Government to enact an enabling Central Law to prevent attacks on doctors and hospitals.**
- The following attempts were made during the past several years to address the issue.
- The Government engaged IMA in a discussion and an office memorandum was signed in 2017 to explore the possibilities of such a law.
- Again in 2019 efforts were made to draft a legislation. Many stake holders including IMA participated. Three ministries namely Health Ministry, Home Ministry and Ministry of Law participated in this exercise.. The draft Bill was put in public domain for suggestions. However, the draft bill stopped short of reaching either the cabinet or the Parliament.
- The Home Minister engaged IMA during covid pandemic over virtual platform in 2020. IMA had proclaimed a White Alert protest with candles after violence in Covid care hospitals. Considering the Health emergency situation the Government amended the Epidemic Diseases Act 1897 with stringent



provisions against violence on doctors and hospitals. This was proclaimed as an ordinance (April 2020) and later passed by the Parliament into an Act (September 2020).

- Around 288 incidents have been documented by IMA over the years. The list is neither exhaustive nor comprehensive. This is just a sample of the prevailing situation.
- Twenty five state legislations are available in our records. FIRs filed under these Acts are rare and very few convictions have occurred. IMA is prayer to the Hon Supreme Court is for a directive to the State Governments to incorporate the amendments in the Epidemic Diseases (Amendment) Act 2020 into their legislations irrespective of whatever has been written in these legislations.
- The following doctors were killed in workplace inline of their duty:
 1. Dr. Sethulaxmi (03/01/2012) in Tuticorin, Tamil Nadu
 2. Dr. Deben Dutta (31/07/2019) in Teok Tea Estate, Jorhat, Assam
 3. Dr. Vandana Das (10/05/2023) in Kottarakkara, Kerala
 4. Trainee Doctor in R.G. Kar Medical College and Hospitals, Kolkata on 09/08/2024.
- Doctors stand as a separate class by the nature of their professional services. The Hon'ble Supreme Court of India acknowledged so much in the Jacob Mathew vs State of Punjab & Anr judgement of 2004.
- There are special laws enacted for specific exigencies like the POCSO Act as well. A special exigency does exist in relation to the violence on doctors and hospitals.
- The doctors are vulnerable in their workplace. The State has a bounden duty to provide safety and security to the doctors and other healthcare personnel. "Right to Life" is a fundamental right.
- The issue of a Central Act for protection of Healthcare professionals remains to be addressed.
 - a) Clinical Establishments (Registration and Regulation) Act, 2010 was enacted by the Parliament of India at the request of 4 states even though hospitals and dispensaries come under the state list of the Constitution of India.
 - b) The Ministry of Health & Family Welfare, GOI has documented an Office Memorandum with the IMA where the Ministry has said that "it shall explore the possibility to initiate the process to bring a Central Act in line with those in vogue in the state".



- c) A draft legislation "The Healthcare Service Personnel and Clinical Establishments (Prohibition of violence and damage to property) Bill, 2019" was placed in public domain after due consultation with all the stakeholders. The Union Home and Law Ministry were involved along with the Union Health Ministry in drafting this Bill.
- d) The Epidemic Diseases Amendment Ordinance, 2020 was proclaimed on 22nd April 2020 amending, the Epidemic Diseases Act of 1897 during the Covid Settings. The same was approved and passed by the Parliament as the Epidemic Diseases Amendment Act, 2020 and received the assent of the President on 28th September 2020.

DECLARATION OF HOSPITALS AS SAFE ZONES

Airports are protected areas and have security protocols and personnel. Hospitals are protected areas even in a war zone. They certainly deserve the same status in peace times. Hospitals are entitled for appropriate security protocols with infrastructure and personnel. The concept of hospitals as safe zones is imperative for providing the right ambience for doctors and Healthcare personnel. These safety measures will at the end improve patient care and safety. The following factors have been taken in to consideration by IMA:

1. Airports are used by a fraction of the population. The hospitals have to remain accessible for the entire population 24 x 7.
2. There are at least 3 categories of hospitals
 - a) Medical colleges and teaching institutions (both Government and Private).
 - b) Tertiary care corporate hospitals.
 - c) Small and medium hospitals providing primary and secondary care.
- Amongst these tertiary care corporate hospitals appear to have proper security protocols, infrastructure and personnel. This corresponds to the relative low incidence of violence in such hospitals.
- It is evident that the security needs of the medical college hospitals and teaching institutions are at variance with the needs of primary and secondary care hospitals.
- District hospitals, Taluk Hospitals and community Health centers provide secondary care in the Government Sector. Small and medium hospitals mostly run by doctors as single, couple and in group provide secondary care in private sector. Primary Health centers, clinics and consultation rooms provide primary care.



- The security features discussed mostly (including the Hon Supreme Court) are for the large tertiary care hospitals. The needs of the secondary and primary care hospitals both Government and Private sector have also to be addressed in a toned down manner.
- The security measures defined for various hospitals should be patient friendly and culturally sensitive. It is preferable to retain the Indian way of allowing few members of the family to stay with the patient for the physical and mental well being of the patient.
- The violence in hospitals can be classified into two:
 1. Violence on doctors and hospitals regarding death, care, Bill etc (around 99 % of the violence)
 2. Crime in a hospital similar to the incident in RG Kar Medical College

Code grey protocol to be prepared and implemented. Patient's charter defining the code of contact.

A Code Grey is an organization-level response to actual or potential violent, aggressive, abusive or threatening behavior, exhibited by patients or visitors, towards others or themselves, which creates a risk to health and safety.

❓ **Needs of small and medium hospitals.**

Minimum

1. Security protocol
 2. Security Personnel
 3. Visitors policy
 4. CCTVs
 5. Grievance Redressal Mechanism
- The cost of security infrastructure and personnel should be borne by the ownership of the hospitals.

IMPROVING THE WORKING AND LIVING CONDITIONS OF THE RESIDENT DOCTORS

A duty day means 24 straight hours of emergency/casualty posting and OT service and responding to CPR calls. This "duty" day then blends into the next "regular" work day without a break. It is hard to conceive a human being function at his optimum on that particular day and afterwards without any sleep whatsoever. And, this sleep-deprived duty roster continues to operate for a full 3 years of the resident tenure.

The Supreme Court had taken cognisance of this way back in 1987. As per the directives of the Honourable Supreme Court in its judgment dated, 25.9.87, in writ



petition No. 348-352 of 1985, all the State Governments, Medical Institutions and Universities are required to amend their rules and **regulations to introduce a uniform residency scheme by 1993. The judgement read as under.**

"A uniform practice has to be evolved so that the discipline would be introduced. We accordingly allow the present arrangement to continue for a period of five years i.e. upto 1992 inclusive. For admission beginning from 1993 there would be only one pattern. All Universities and institutions shall take timely steps to bring about such amendments as may be necessary to bring statutes, regulations, and rules obtaining in their respective institutions in accord with this direction before the end of 1991 so that there may be no scope for raising of any dispute in regard to the matter. The uniform pattern has to be implemented for 1993. It is proper that one uniform system is brought into vogue throughout the country."

In this connection Ministry of Health & Family Welfare, Govt. of India had sent directive to all states & U.T. administrations vide letter No. S-11014 /3/91/ME (P) dated 05 June, 1992.

The instruction No.13 of this letter 'Hours of Work', it is mentioned that "Continuous active duty for resident doctors will not normally exceed 12 hours per day. Subject to exigencies of work the resident doctors will be allowed one weekly holiday by rotation.

The resident doctors will also require to be on call duty not exceeding 12 hours at a time. The junior Residents should ordinarily work for 48 hours per week and not more than 12 hours at a stretch subject to the condition that the working hours will be flexible as may be decided by the Medical Superintendents concerned keeping in view the workload and availability of doctors for clinical work."

Presently Resident doctors (Post graduate students in Medical Colleges) in India are forced to work continuously for 24 hrs and collectively for 85-105 hrs/week in most of the clinical departments without the protection of any service rules because they are students.

Many countries have enacted duty hours regulations for doctors which varies between 40 to 48 hours per week. In Denmark, Norway and Sweden, residents work only 37-45 hours per week. In Netherlands, residents' duty hours are limited to 48 hrs per week. France has a 35 hour per week limit. In most of the states in India no duty hour's norm exists.



Scientific Update

Carbon Monoxide Poisoning: Early detection is key

Carbon monoxide (CO) poisoning is a life-threatening condition caused by the inhalation of CO gas, a colorless, odorless, and tasteless compound that impairs the oxygen-carrying capacity of hemoglobin. It is a leading cause of accidental poisoning deaths worldwide, affecting approximately 50,000 people annually in the United States alone. Early detection is crucial for preventing severe complications and reducing mortality, as symptoms of CO poisoning are often nonspecific, mimicking conditions like influenza or fatigue. The clinical spectrum of CO poisoning ranges from mild symptoms, such as headache and dizziness, to more severe outcomes, including coma and death, with a mortality rate of 1-3%. Survivors are often left with long-term neurological and cardiovascular complications, with 15–40% experiencing neurocognitive deficits and about one-third suffering from cardiac dysfunction, including arrhythmias and myocardial infarction. Imaging often reveals cerebral white matter hyperintensities, delayed posthypoxic leukoencephalopathy, or diffuse brain atrophy. Current treatment options are limited to normobaric and hyperbaric oxygen therapy, with no specific antidote available. Rapid detection is essential to improve outcomes and requires specialized centers capable of providing immediate and accurate diagnosis to guide treatment. This article discusses the pathophysiology, clinical manifestations, and the urgent need for rapid diagnostic centers to facilitate early intervention in CO poisoning cases.

Case Reports

1. A 48-year-old woman with a medical history of previous suicide attempts was found unconscious in an enclosed garage with the car engine running. She was intubated at the scene for airway protection. Upon arrival at the emergency department, she was found to have tachycardia and hypotension. Her ABGA and complete blood count was within normal limits. Her troponin level was elevated and her ECG showed sinus tachycardia without other significant abnormalities. Due to the lack of facilities to detect carbon monoxide or measure carboxyhemoglobin levels, the patient was managed as a cardiac case but ultimately succumbed to her condition.
2. A healthy young male patient was brought to the Emergency Department unconscious, having suffered from carbon monoxide (CO) intoxication. His



blood work revealed significant carbon monoxide poisoning, with elevated carboxyhemoglobin levels, high troponin levels, and ECG changes consistent with ST-T abnormalities. An echocardiogram showed severe left ventricular (LV) dysfunction, with an ejection fraction (EF) of 30% and hypokinesia. Fortunately, since this facility was equipped with hyperbaric oxygen therapy and the CO poisoning was detected early, he was promptly treated with hyperbaric oxygen. After three days, the patient was extubated and subsequently discharged, showing marked improvement in cardiac function on a repeat echocardiogram. In contrast, at other centers without the capability to detect carbon monoxide poisoning, this patient might have been misdiagnosed and treated for acute coronary syndrome. Emergency coronary angiography would likely have been performed, and if the angiogram results were normal, the patient could have been diagnosed with cardiomyopathy. However, the true cause of the cardiac injury—carbon monoxide poisoning—might have been missed, potentially compromising the patient's outcome if they survived.

3. A middle-aged male, employed in a poorly ventilated factory, was brought to the Emergency Room by his colleagues after being found unconscious near a machine. They reported that for the past 10 days, he had been complaining of band-like headaches, nausea, and sleep disturbances. On the day of admission, he vomited 2 to 3 times after arriving at the factory. His family member, who accompanied him, confirmed that apart from these symptoms, he had no other active complaints and no history of substance abuse or prior medical conditions. On clinical examination, his Glasgow Coma Scale (GCS) score was 4/15 upon arrival, though the rest of his organ systems were normal. His biochemistry results were unremarkable, and cardiac parameters were within normal limits. An MRI of the brain revealed bilateral abnormal MR signals: hypointense on T1-weighted imaging and hyperintense on T2-weighted and FLAIR sequences, with significant diffusion restriction on Diffusion-Weighted Imaging (DWI) involving the bilateral frontoparietal and temporal cortex. A diagnosis of carbon monoxide poisoning was made, and the patient was treated accordingly. He improved significantly and was discharged. In routine cases where carbon monoxide poisoning is not suspected, patients like this are often subjected to numerous unnecessary investigations and treated with parenteral antibiotics, steroids, and other medications. If they survive, they may be left with long-term neurological disabilities due to delayed or missed diagnosis.



Carbon Monoxide and clinical knowledge

CO poisoning presents with a wide spectrum of clinical manifestations, ranging from mild symptoms, including Symptoms of carbon monoxide poisoning include headache, dizziness, feeling sick or being sick, feeling weak, confusion, chest and muscle pain, shortness of breath, to very severe intoxications, which may result in coma, shock, or death.

Common household appliances used for heating and cooking can produce carbon monoxide if they are not installed properly, are faulty, or are poorly maintained. Appliances that can cause carbon monoxide include: gas boiler, gas cookers and clay ovens, gas or paraffin heaters, wood, gas and coal fires, portable generators etc.

CO binds to hemoglobin (Hb) in the blood with high affinity, forming COHb. Exposure to levels as low as 10 ppm of CO can lead to detectable COHb levels of approximately 2%. CO binds with high affinity to many ferrous heme-containing proteins. Hb has a 250-fold greater affinity for CO than for oxygen. CO competes with oxygen for binding to Hb and, by displacement of oxygen, reduces oxygen carrying capacity. Neither the clinical severity nor the clinical improvement of CO-poisoned patients directly correlates with the blood COHb level or COHb clearance. CO inhibits mitochondrial respiration and cause Free Radical Generation. It has profound effect on cardiac and brain tissues by activation of platelets and inflammatory cascades.

CO poisoning is ideally diagnosed by a clinical triad: (1) symptoms consistent with CO poisoning; (2) history of recent CO exposure; and (3) elevated COHb levels

Conventional pulse oximetry cannot distinguish between COHb and oxyHb, and, as such, can miss significant COHb levels and profound hypoxia

Red flags

Severe acute CO poisoning is characterized by cognitive dysfunction that can progress rapidly with progressive brain injury and edema.

Characteristics associated with high short-term mortality are pH values less than 7.20, fire as a source of CO, loss of consciousness, high COHb level, and need for endotracheal intubation.

Higher levels of COHb are associated with both acute and long-term development of myocardial infarction. CO poisoning increases risk of developing an arrhythmia. The most common electrophysiology disturbance is prolongation of the QT interval



Imaging plays important part in this poisoning. The most common organ affected by acute CO poisoning is the brain. Many previous studies suggest that the most common brain parts affected by CO poisoning are bilateral globus pallidus, basal ganglia, and cerebral white matter

Current therapy for CO poisoning is 100% normobaric oxygen (NBO₂) or HBO₂

Center of Emergency Toxicology

This center apart from other poison detection shall be doing Quantification of Carboxyhemoglobin also.

The AVOXimeter 4000, a portable whole blood oximeter, is designed to rapidly quantify hemoglobin derivatives, including carboxyhemoglobin (COHb), using a spectrophotometric approach. The device operates based on the principle that different hemoglobin species absorb light at distinct wavelengths. The AVOXimeter 4000 (AVOX), a portable CO-oximeter, has the advantages of a low purchase price and operating cost, ease of operation, and rapid results.

National Forensic Science University: The National Forensic Sciences University with the status of an Institution of National Importance is the world's first and only University dedicated to Forensic, behavioral, cybersecurity, digital forensics, and allied Sciences. It was established by the Government of India through Act, 2020 (32 of 2020) with the objective of fulfilling the acute shortage against the increasing demand for forensic experts in the country and around the world.

NFSU has proposed Comprehensive Poison Diagnosis Services which will have following facility as of now.

- Chemical and Biological Poisons: Heavy Metals (Lead, Mercury, Arsenic), Pesticides (Organophosphates, Carbamates), Solvents and Industrial Chemical, Biological Toxins (Botulinum, Ricin)
- Pharmaceuticals and Drugs: Prescription Drug Overdose (Opioids, Benzodiazepines), Over-the-Counter Medications (Acetaminophen, Ibuprofen), Illicit Drugs (Cocaine, Methamphetamine, Heroin)
- Environmental and Household Toxins: Carbon Monoxide, Household Cleaners and Disinfectants, Plant and Animal Toxins (Mushrooms, Snake Venom).
- Food and Water Contaminants: Foodborne Pathogens (Salmonella, E. coli), Waterborne Toxins (Cyanobacteria, Arsenic)
- Radiological and Nuclear Agents: Radiation Poisoning, Radioactive Isotopes Exposure



- Advanced Diagnostic Techniques: Blood and Urine Toxicology Panels, Gas Chromatography-Mass Spectrometry (GC-MS), High-Performance Liquid Chromatography (HPLC), Immunoassays for Specific Toxins.

They are also proposing Essential Drugs for Therapeutic Monitoring.

- Antibiotics- Vancomycin - Gentamicin - Amikacin
- Antiepileptic's- Phenytoin - Carbamazepine - Valproic Acid - Phenobarbital
- Anticoagulants- Warfarin - Heparin
- Immunosuppressant's- Cyclosporine- Tacrolimus- Sirolimus
- Cardiac Drugs- Digoxin - Procainamide- Quinidine, Lidocaine
- Mood Stabilizers- Lithium
- Bronchodilators- Theophylline
- Chemotherapy Agents- Methotrexate Busulfan
- Antipsychotics- Clozapine Amitriptyline Nortriptyline
- Antifungals- Voriconazole
- Antiretrovirals- Protease Inhibitors (Lopinavir, Ritonavir)
- Biologics- Infliximab
- Antituberculosis- Isoniazid, Rifampicin

Overall, the poison center plays a vital role in enhancing healthcare quality, offering indispensable resources to doctors and patients alike, and ensuring effective management of poison-related incidents.

- Dr Yogesh Gupta MD

- Dr Geeta Gupta Assistant Professor Forensic Science,
NSIT, Jetalpur Ahmedabad

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NEWS CLIP



03

સિટી અપડેટ

DATE 4/10/2024 (FRIDAY)

રાજકોટના આંગણે ખ્યાતનામ તબીબોની ઉપસ્થિતિમાં રાજ્યકક્ષાની કોન્ફરન્સ યોજાશે

કોન્ફરન્સમાં દેશ-વિદેશમાં જાણીતા તબીબો ઉપસ્થિત રહેશે | તા.૧૯-૨૦ ઓક્ટોબરના રાજકોટ મેડિકલ એસોસિએશનના યજમાન પદે જુમાકોન-૨૦૨૪ કોન્ફરન્સનું આયોજન

અમુક ગુજરાત, રાજકોટ

રાજકોટનું તબીબી જગત વધુ એક યશસ્વર પળોનું સાક્ષી બનવા જઇ રહ્યું છે. આગામી દિવસોમાં ઇન્ડિયન મેડિકલ એસોસિએશનની ગુજરાત શાખાની ૭૫મી વાર્ષિક કોન્ફરન્સ તા.૧૯-૨૦ ઓક્ટોબરના જુમાકોન-૨૦૨૪ રાજકોટના આંગણે યોજાઇ રહી છે. રાજકોટના તબીબી ઇતિહાસમાં પ્રથમ વખત ચાર પદ અવેર્ડ વિજેતા ખ્યાતનામ તબીબો સહિત દેશભરની ચારીસ જેટલી મેડિકલ સંસ્થાઓના ૫ ડાબો આ કોન્ફરન્સમાં અદ્યતન તબીબી વિજ્ઞાન વિશે માર્ગદર્શન આપશે. આઠ વર્ષ બાદ રાજકોટમાં યોજાનાર આ કોન્ફરન્સમાં વિવિધ રોગના આંતરરાષ્ટ્રીય ખ્યાતિપ્રાપ્ત તબીબો ખાસ ઉપસ્થિત રહેશે અને તબીબી ક્ષેત્રે ધોણ શોધ, નિદાન-સારવારની પદ્ધતિ વિશે જ્ઞાનની આપણે કરશે. એક જુમાકોન-રજાના વેરમેન ડો.અતુલ પંડ્યા અને ઇન્ડિયન મેડિકલ એસોસિએશન-ગુજરાતના પ્રમુખ ડો.ભરત કાકરીયાની એક સંયુક્ત યાદીમાં જણાવ્યું છે. આ કોન્ફરન્સમાં વૃદ્ધ રોગ, પેટના રોગ, મગજના રોગ, બાળકોના રોગ, લીવરના રોગ, ફેફસાને લગતા રોગ, ગાયબીટીસ, લાઇફ સ્ટાઇલ સંબંધિત વિવિધ રોગ, મગજની ચોબીની નળીના રોગ, સાંધાના વિવિધ રોગ, ઘાડકાની તકલીફો, મહિલાઓ તથા બાળકોને લગતાં વિવિધ રોગ સહિત સારીસવા તમામ પ્રકારના રોગના ખ્યાતનામ તબીબો દ્વારા માર્ગદર્શન આપવામાં આવશે. રાજકોટમાં યોજાનાર આ કોન્ફરન્સમાં રાજકોટ, સૌરાષ્ટ્ર સહિત ગુજરાતના સૈકાં તબીબો ઉપસ્થિત રહેશે. કોન્ફરન્સના કારણે તબીબોના જ્ઞાનમાં વધારો થશે જેનો લાભ રાજકોટ સહિત સમગ્ર સૌરાષ્ટ્ર-કચ્છના લોકોને મળશે.



IMA RAJKOT

અવેર્ડ સહિત અનેક અવેર્ડ પ્રાપ્ત થયા છે.

પદમ્ભી-પદ્મવૃષ્ટિ ડો.તેજસ પટેલ

આંતરરાષ્ટ્રીય ખ્યાતિપ્રાપ્ત કાર્ડિયોલોજિસ્ટ ડો.તેજસ પટેલ પદમ્ભી અને પદ્મવૃષ્ટિ એવોર્ડની સન્માનિત ધોણ છે. ડો.તેજસ પટેલ ઇન્ડોનેશિયા કાર્ડિયોલોજી ક્ષેત્રે એન્જિયોપ્લાસ્ટીમાં નવી શોધનાર છે. છેલ્લા ૧૮ વર્ષથી તેઓ કાર્ડિયોલોજી માટેનો ટાઇકો કોર્સ ચલાવે છે. જેમાં દેશ-વિદેશના ૮ હજારથી વધુ તબીબોને કાર્ડિયોલોજીની તાલીમ આપી છે. તેમના દ્વારા લખવામાં આવેલ ત્રણ બુક હાલ કાર્ડિયોલોજીના અભ્યાસમાં સામેલ છે. તેમને ડો.બી. સી.રોષ એવોર્ડ, ડો.કે.એમ.શરન કાર્ડિયોલોજી એવોર્ડ સહિત અનેક રાષ્ટ્રીય-આંતરરાષ્ટ્રીય એવોર્ડ મળ્યા છે. ત્રણ ટેકસ બુકમાં ૨૪ જેટલાં પ્રકરણ લખવા સહિત અંદાજે ૩૩૩ જેટલાં પેપર પબ્લીશ કર્યા છે.



ડો. તેજસ પટેલ

પદમ્ભી ડો.રશ્મી પુતેરીયા

કોરોના કાળમાં દેશભરના તબીબો માટે સતત માર્ગદર્શક બની ચોરોના જીવ બચાવવા પ્રયાસ કરનાર પદમ્ભી ડો.રશ્મી પુતેરીયા, એઇમ્સ નવી દિલ્હીના પૂર્વ ડાયરેક્ટર છે. કોરોના કાળમાં તેઓ સતત વિવિધ માધ્યમો દ્વારા દર્દીની યોગ્ય સારવાર માટે તબીબોને માર્ગદર્શન આપવા હતા. ફેફસાના રોગ નિષ્ણાત ડો.ગુલેરીયાને રેસ્પીરેટરી મેડિસીનના હરતા ફરતા એન્સાઇક્લોપીડિયા માનવામાં આવે છે. હાલ તેઓ ઇન્સ્ટીટ્યુટ ઓફ ઇન્ડિયાન મેડિસીન એન્ડ રેસ્પીરેટરી એન્ડ સ્વીમ મેડિસીન-મેઇન્ટા ઓસ્પિટાલના વેરમેન તરીકે કાર્યરત છે.



ડો. રશ્મી પુતેરીયા

પદમ્ભી ડો.કમલ કે.શેઠી

પદમ્ભી ડો.કમલ શેઠી કોરોનરી એન્જિયોલોજી અને કાર્ડિયાક ઇલેક્ટ્રોફિઝિયોલોજી ઇન ઇન્ડિયાના પાયોનિયર પીકીના એક ખ્યાતનામ કાર્ડિયોલોજિસ્ટ છે. તેમને ભારત સરકાર દ્વારા પદમ્ભી એવોર્ડની નવજાણવામાં આવ્યા છે. તેમને ડો.બી.સી.રોષ એવોર્ડ, ડો.ડી. પી.બાસુ યંગ ઇન્વેસ્ટીગેટર એવોર્ડ ઓફ કાર્ડિયોલોજી સોસાયટી ઓફ ઇન્ડિયા, સ્કાસ એવોર્ડ અવધકમ્ભી એવોર્ડ, સ્વામી વિવેકાનંદ એવોર્ડ, ઇન્ડિયાન કાર્ડિયોલોજિસ્ટ ઓફ ઇન્ડિયા, ટાઇમ્સ ડોનર કેર એવોર્ડ એવોર્ડ (લીવર), બિલિન્સા સ્ક એવોર્ડ, સોએસમાઇ લાઇફ ટાઇમ એવોર્ડ-૨



ડો. કમલ શેઠી

પદમ્ભી ડો.શ્યામ જોષી

પદમ્ભી ડો.શ્યામ જોષી દેશના ખ્યાતનામ એન્ડોક્રાઇનોલોજિસ્ટ એન્ડ ગાયબીટીયોલોજિસ્ટ છે. ભારત સરકાર દ્વારા તેમને પદમ્ભી દ્વારા સન્માનિત કરવામાં આવ્યા છે. કોરોના કાળમાં તેમણે કોરોના ટાસ્ક ફોર્સમાં રાષ્ટ્રીય કક્ષાએ જવાબદારી નિભાવી લોકોની સેવા કરી હતી. તેઓ હાલ લીવરપતી ઓસ્પિટાલ એન્ડ રીસર્ચ સેન્ટર-મુંબઈમાં કન્સલ્ટન્ટ એન્ડોક્રાઇન એન્ડ મેટાબોલિક ફિઝિશીયન તરીકે સેવા આપે છે.



ડો. શ્યામ જોષી

ડો.અનિલ નાયક

ઇન્ડિયન મેડિકલ એસોસિએશન-નવી દિલ્હી વેડ ક્વર્ટરના માનદ મંત્રી તરીકે સેવા આપતા જાણીતા ઓર્થોપીડિક સર્જન ડો.અનિલ નાયક ઇન્ડિયન મેડિકલ એસોસિએશનના આગામી વર્ષના પ્રેસીડેન્ટ તરીકે પસંદગી પામ્યા છે. તેઓ ગેમ્બદ્રાવાર્ધ નોર્થ ગુજરાત યુનિવર્સિટીના મેડિકલ ફેકલ્ટીના ડીન, ડેપુટી કાર્ડિયોલોજી મેમ્બર, ઇન્ડિયન નર્સિંગ કાઉન્સિલના એક્ટીવ ડાયરેક્ટર મેમ્બર, નેશનલ મેડિકલ કમિશનના મેમ્બર, ગુજરાત મેડિકલ કાઉન્સિલના એક્ટીવ ડાયરેક્ટર મેમ્બર તરીકે સેવા આપે છે. તેઓએ ગુજરાત ઓર્થોપીડિક એસોસિએશનના પૂર્વ પ્રમુખ સહિત ઓર્થોપીડિક સોસાયટી અને ઇન્ડિયન મેડિકલ એસોસિએશનનાં ૨૪૫ અને રાષ્ટ્રકક્ષાએ અનેક ઓફિસ પર સેવા આપી છે.



ડો. અનિલ નાયક

ડો.અનિલ જૈન

ડો.અનિલ જૈન જાણીતા કાર્ડિયોલોજિસ્ટ-યોરોલોજીક સર્જન છે. તેમણે ત્રણ દાયકાના તેમના અનુભવ દરમિયાન કાર્ડિયાક સર્જી ક્ષેત્રે ઓમા સર્જી સહિત અનેક નવી શોધ કરી છે. ૪૫ હજારથી વધુ કાર્ડિયાક સર્જી કરી છે. એરોટીક વાલ્વ ડિપેન્ડ-સર્જીના પાયોનિયર માનવામાં આવે છે. તેઓ તબીબ તરીકે વૃદ્ધરોગના દર્દીઓની સારવાર કરવા સાથે લોકો વૃદ્ધરોગમાં સ્વચ્છ નહીં એ માટે યોગ્યતાનું માટે પ્રયાસ કરતા રહે છે. તેમના દ્વારા ૨૫૦થી વધુ લોક જાનુલિના સેમીનાર અને ૫૦૦થી વધુ ડોનર વેકઅપ કેમ્પનું આયોજન કરવામાં આવ્યું છે. એપીક માર્ટીસુર સ્પેશ્યાલીસ્ટ



ડો. અનિલ જૈન

ડો.અભિષેક શેઠ

ડો.અભિષેક શેઠ અમદાવાદની એપીલો ઓસ્પિટાલના જાણીતા કાર્ડિયાક સર્જન છે. તેઓ પીજી કોર્સ અને ડીબેનબી પીજી કોર્સની એક્ટામ જેના દ્વારા લેવામાં આવે છે એ નેશનલ ઓર્ડ ઓફ એક્ટામીનેશન ઇન મેડિકલ સાયન્સના વેરમેન તરીકે સેવા આપે છે. નામ ગવર્નિંગ બોર્ડના મેમ્બર છે. દસ વરસ સુધી તેમણે પુસ્કોમાં કાર્ડિયાક સર્જીના પ્રક્ટીસ કર્યા બાદ વરસોથી તેઓ અમદાવાદ ખાતે કાર્યરત છે. બ્રિટીશ, યુરોપીયન અને અમેરિકાના વિવિધ મેડિકલ જનરલમાં તેમના ૨૦થી વધુ પેપર પબ્લીશ થયા છે.



ડો. અભિષેક શેઠ

ડો.નીતિન વોરા

અમદાવાદના ડો.નીતિન વોરા ગુજરાત મેડિકલ કાઉન્સિલના પ્રેસીડેન્ટ અને જુએમઇઆરએસ મેડિકલ કોર્સના ડીન, ગુજરાત યુનિવર્સિટીના સેનેટ મેમ્બર, એમસીઆઈની ફાઇનાન્સ કમિટીના વેરમેન, પોસ્ટ ગ્રેજ્યુએટ કમ્પીટીના મેમ્બર તરીકે સેવા આપે છે. તબીબ તરીકે તેમણે રાષ્ટ્રીય અને આંતરરાષ્ટ્રીય કક્ષાએ અનેક પેપર, પોસ્ટર પબ્લીશ કર્યા છે. સાથે સાથે તબીબી ક્ષેત્રે લેવાયે તેઓ કવિ અને લેખક પણ છે. તેમની વાર્તા સંગ્રહ અને કાવ્ય સંગ્રહ પણ પબ્લીશ થયા છે.



ડો. નિતિન વોરા

ડો.સંદિપ શર્મા

ડો.સંદિપ શર્મા મુંબઈની એપીલો ઓસ્પિટાલના જાણીતા ફિઝિશિયન છે. તેઓ ગાયબીટીસ સ્પેશ્યાલીટી સેન્ટર-એડવાન્સ સેન્ટર ઓફ ગાયબીટીસ કેર એન્ડ રીસર્ચ એસોસિએશન ઇન્ડિયાનું ગ્રેજ સર્વિસના વડા તરીકે સેવા આપે છે. તેમને રીસર્ચ પબ્લીશન અને રાષ્ટ્ર નિર્માણ ક્ષેત્રે ઊંચા કક્ષાની માટે ડો.એ.પી. જે અમુલ ગ્રામ લાઇફ ટાઇમ એવોર્ડ-૨ એવોર્ડની સન્માનિત કરવામાં આવ્યા છે.



ડો. સંદિપ શર્મા

ડો.અનિલ કારાપુરકર

ડો.અનિલ કારાપુરકર મુંબઈના જાણીતા સિનિયર ન્યુરોલોજીસ્ટ છે. ન્યુરોલોજી ક્ષેત્રે ખાસીયા અનુભવ ધરાવતા ડો.કારાપુરકર દ્વારા ન્યુરોલોજીની અનેક બુકમાં ખાસ ગ્રેટર પ્રકાશિત કરવામાં આવ્યા છે. તેમણે ન્યુરોલોજી અને જનરલ ફિઝિય પર દેશ-વિદેશમાં અનેક લેક્ચર આપી તબીબો અને લોકોનું માર્ગદર્શન કર્યું છે. તેઓ એએફઆઈએનના પૂર્વ પ્રમુખ છે. સોસાયટી ફોર ન્યુરો વાસ્ક્યુલર ઇન્ટેલેક્સના પ્રમુખ તરીકે પણ તેમણે સેવા આપી છે. ગુજરાત આઇએમએના પ્રેસીડેન્ટ ડો.ભરત કાકરીયા, સેક્રેટરી ડો.મેહુલ શાહ, ઝોન ઉપપ્રમુખ ડો.બાલેશ સર્વો, જુમાકોન-૨૦૨૪ના વેરમેન ડો.અતુલ પંડ્યા, કોન્ફરન્સ ડો.ઓર્ગેનાઇઝર ડો.વરુણ પોપટ, ઓર્ગેનાઇઝીંગ સેક્રેટરી (પીકી) ડો.વેતલ વાલસેલા, એર્ગેનાઇઝીંગ સેક્રેટરી (સાય-ટીફીક), ડો.સંજય ભટ્ટ, એર્ગેનાઇઝીંગ સેક્રેટરી (ઇવેન્ટ), ડો.પારસ શાહ, રાજકોટ આઇએમએના પ્રમુખ ડો.કાંત જોશી, સેક્રેટરી ડો.અમીત મહેતા, જુમાકોન-૨૦૨૪ના કી વેરમેન ડો.એમ.કે.કોરવાડીયા, ડો.બિરેન કોઠારી, ડો.રિપેલ ભાલાણી, સાય-ટીફીક કમિટી વેરમેન ડો.અમીત અગ્રવાલ, ટ્રેજરર ડો.તેજસ કરમટા, સોવેનિયર એડિટર ડો.જય ધોરવાણી, જોઇન્ટ સેક્રેટરી પ્રક્રમ કમાણી, ડો.કુકેશ ઘોડાસરા, ડો.સંજય દીવાળા, જોઇન્ટ ટ્રેજરર ડો.પિપુષ ઉનડકટ, ડો.જયેશ ડોબરીયા, રાજકોટના વરિશ તબીબો ડો.એસ. ટી.ગેમાણી, ડો.સી.આર.આલખા, ડો.ડી.કે.શાહ, ડો.સુશીલ કારીયા, ડો.પ્રકાશ મોઢા, ડો.કિરીટ દેવાણીના માર્ગદર્શન હેઠળ તબીબોની ટીમ કોન્ફરન્સના આયોજન માટે કાર્યરત છે.



ડો. અનિલ કારાપુરકર



રાજકોટ

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હેડલાઇન 11

19-20મીએ રાજકોટમાં યોજાશે IMAની રાજ્ય લેવલની કોન્ફરન્સ

ટેકવર્ક | રાજકોટ

રાજકોટનું તબીબી જગત વધુ એક ખાસ વર્ષને સાક્ષી બનવા જઈ રહ્યું છે, આગામી દિવસમાં ઈન્ડિયન મેડિકલ એસોસિએશનની તુરંત જાહેરાત સાથેની ૭૬મી વાર્ષિક કોન્ફરન્સ કુમાકોન-૨૦૨૪ રાજકોટમાં આંતરે પોષ્ટર સ્ટી છે. રાજકોટના તબીબી ઉદ્યોગમાં પ્રથમ વખત ચાર ૫૫ એવોર્ડ વિશેષ આગવતા તબીબી સહિત દેશભરની યાચીય જેટલી મેડિકલ સંસ્થાઓના વડાઓ આ કોન્ફરન્સમાં અધ્યક્ષ તબીબી વિજ્ઞાન વિશે માર્ગદર્શન આપશે.

આ વર્ષે આ રાજકોટમાં યોજાવા આ કોન્ફરન્સમાં વિવિધ રોગના આંતરરાષ્ટ્રીય આધિભાષ તબીબી આ ઉપરિષ્ઠ સંમેલન અને તબીબી સેને ધરેલ સોપ, નિદાન-સારવારની પદ્ધતિ વિશે જ્ઞાનની આપણે કરશે એક કુમાકોન-૨૪ના વેરમેન ડૉ. અનુભ પંડ્યા અને ઈન્ડિયન મેડિકલ એસોસિએશન-તુરંત જાહેરાત પ્રમુખ ડૉ. ભરત કાકીયાની એક સંયુક્ત ઘાટીમાં જણાવ્યું છે.

આ કોન્ફરન્સમાં કલ્પ રોગ, પેટના રોગ, મગજના રોગ, આંધળાના રોગ, ગીચતાના રોગ, ક્રેકલાને લગતા રોગ, ડાહ્યાબીટીસ, વાઈક સ્ટર્કોસ સંબંધિત વિવિધ રોગ, મગજની લોહીની નળીના રોગ, સાંધાના વિવિધ રોગ, તાકાની તકલીફો, મહિલાઓ તથા બાલકોને લગતા વિવિધ રોગ સહિત સારીના તમામ પ્રકારના રોગના આગવતા તબીબી દ્વારા માર્ગદર્શન આપણમાં આપશે. રાજકોટમાં યોજાવા આ કોન્ફરન્સમાં રાજકોટ, સોરાષ્ટ્ર સહિત તુરંત જાહેરાત સેક્ટોર તબીબી ઉપરિષ્ઠ સંમેલન.

કોન્ફરન્સ કરણે તબીબોના કામમાં વધારે થશે જેનો લાભ રાજકોટ સહિત સમગ્ર સોરાષ્ટ્ર-



ડૉ. તેજરા પટેલ ડૉ. રસ્ટોગી ડૉ. કમલ શાહ ડૉ. ચંદ્રા જોષી



ડૉ. અનિલપત શાહ ડૉ. અનિલ કારપુરકર ડૉ. સંદિપ શાહ ડૉ. અનિલ જૈન



ડૉ. અનિલ નાખ ડૉ. નિતીન વોરા ડૉ. અનુભ પંડ્યા ડૉ. ભરત કાકીયા

કોન્ફરન્સ યોજાશે. આઈ.એમ.એ.-તુરંત જાહેરાત પ્રમુખ ડૉ. ભરત કાકીયા અને કુમાકોન-૨૦૨૪ના વેરમેન ડૉ. અનુભ પંડ્યાને જણાવ્યું છે કે, એવોર્ડો તબીબોના વિષય સોષી મોટા સંપાદન ઈન્ડિયન મેડિકલ એસોસિએશનની તુરંત જાહેરાત કોન્ફરન્સ આ વર્ષે આ રાજકોટમાં મળી રહી છે. કુમાકોનના કોન્ફરન્સ ડૉ. પલેશ પોષ્ટર, ડૉ. વેરમેન ડૉ. કિરેન કોહલી, ડૉ. એમ. કે. કોરવાડીયા અને ડૉ. કિરેશ ભાગવતીને મહિત્વની આપણ જણાવ્યું કે, તુરંત જાહેરાત એવોર્ડો તબીબોની કોન્ફરન્સ કુમાકોન-૨૦૨૪ આગામી

તા. ૧૯-૨૦ ઓક્ટોબર ૨૦૨૪ (શનિ-રવિ) સેક્ટર સિડન-૫, કાલકા રોડ, રાજકોટ ખાતે યોજાશે, જેમાં તબીબી ઉદ્યોગમાં પ્રથમ વખત રાજકોટમાં યોજાવાની રાજ્ય કક્ષાની કોન્ફરન્સમાં ૩૦૦થી વધુ તબીબો પેટન તરીકે નોંધાય છે. રાજકોટ ઉપરાંત તુરંત જાહેરાત તબીબોને પેટન તરીકે નોંધવામાં આવ્યા તબીબી જગતમાં નવો ઉદ્યોગ કરાવ્યો છે જે સારાનીય અને અધિનિર્દેશને ધર છે.

રાષ્ટ્રકક્ષાના નિષ્ઠાંત તબીબો આવશે

તુરંત જાહેરાત સેક્ટોર ડૉ. વેરમેન કલકા, ડૉ. પલેશ શાહ અને ડૉ. સંપત ભટ્ટના જણાવ્યા અનુસાર આ કોન્ફરન્સમાં વિવિધ રોગના સેક્ટર રાષ્ટ્રીય આધિભાષ તબીબો આગવતા છે. કુમાકોન નિષ્ઠાંત પદ્ધતિ-પદ્ધતિ ડૉ. તેજરા પટેલ, કોરોના કામમાં સારા દેશભરના તબીબોને માર્ગદર્શન આપવા એવોર્ડ-જવી દિલ્હીના પૂર્વ કોન્ફરન્સ પદ્ધતિ ડૉ. રાજકોટ તુરંત જાહેરાત, એવોર્ડો કોન્ફરન્સ - કુમાકોન-૨૦૨૪ના વેરમેન ડૉ. અનિલ જૈન, કલ્પ રોગ ડૉ. અનિલપત શાહ, તુરંત જાહેરાત સેક્ટોર ડૉ. અનિલ કારપુરકર, પદ્ધતિ કલ્પ રોગ ડૉ. કમલ શાહ, ડૉ. સંદિપ શાહ, ઈન્ડિયન મેડિકલ એસોસિએશન-જવી દિલ્હીના કોન્ફરન્સ પ્રેસીડન્ટ ડૉ. અનિલ નાખ, તુરંત જાહેરાત કોન્ફરન્સ વેરમેન ડૉ. નિતીન વોરા સહિત દેશભરના અનેક જાણીતા તબીબો કોન્ફરન્સમાં રાષ્ટ્રકક્ષાને વિવિધ રોગના નિદાન-સારવાર સેને કલેક્ટ સોપ વિશે માર્ગદર્શન આપશે.

ઈન્ડિયન મેડિકલ એસો.ની રાજ્યકક્ષાની કોન્ફરન્સ જુમાકોન: ૪ પદ્ધતી તબીબો માર્ગદર્શન આપશે

દેશભરની યાચીય સંસ્થાના વડા કોન્ફરન્સમાં ઉપસ્થિત રહેશે: ૭૫ જેટલા તજજ્ઞોના વિવિધ વિષયો પર લેક્ચર યોજાશે

આજકાલ કાર્યાલય રાજકોટ

આગામી દિવસમાં ઈન્ડિયન મેડિકલ એસોસિએશનની તુરંત જાહેરાત કુમાકોન-૨૦૨૪ રાજકોટમાં આંતરે પોષ્ટર સ્ટી છે. રાજકોટના તબીબી ઉદ્યોગમાં પ્રથમ વખત ચાર ૫૫ એવોર્ડ વિશેષ આગવતા તબીબી સહિત દેશભરની યાચીય જેટલી મેડિકલ સંસ્થાઓના વડાઓ આ કોન્ફરન્સમાં અધ્યક્ષ તબીબી વિજ્ઞાન વિશે માર્ગદર્શન આપશે. આ વર્ષે આ રાજકોટમાં યોજાવા આ કોન્ફરન્સમાં વિવિધ રોગના આંતરરાષ્ટ્રીય આધિભાષ તબીબી આ ઉપરિષ્ઠ સંમેલન અને તબીબી સેને ધરેલ સોપ, નિદાન-સારવારની પદ્ધતિ વિશે જ્ઞાનની આપણે કરશે. કુમાકોન-૨૪ના વેરમેન ડૉ. અનુભ પંડ્યા અને ઈન્ડિયન મેડિકલ એસોસિએશન-તુરંત જાહેરાત પ્રમુખ ડૉ. ભરત કાકીયાની એક સંયુક્ત ઘાટીમાં જણાવ્યું છે કે, આ કોન્ફરન્સમાં કલ્પ રોગ, પેટના રોગ, મગજના રોગ, આંધળાના રોગ, ગીચતાના રોગ, ક્રેકલાને લગતા રોગ, ડાહ્યાબીટીસ, વાઈક સ્ટર્કોસ સંબંધિત વિવિધ રોગ, મગજની લોહીની નળીના રોગ, સાંધાના વિવિધ રોગ, તાકાની તકલીફો, મહિલાઓ તથા બાલકોને લગતા વિવિધ રોગ સહિત સારીના તમામ પ્રકારના રોગના આગવતા તબીબી દ્વારા માર્ગદર્શન આપણમાં આપશે. રાજકોટમાં યોજાવા આ કોન્ફરન્સમાં રાજકોટ, સોરાષ્ટ્ર સહિત તુરંત જાહેરાત સેક્ટોર તબીબી ઉપરિષ્ઠ સંમેલન. કોન્ફરન્સ કરણે તબીબોના કામમાં વધારે થશે જેનો લાભ રાજકોટ સહિત સમગ્ર સોરાષ્ટ્ર-કુમાકોન યોજાશે.



કુમાકોનના આઈ.એમ.એ. વેરમેન ડૉ. અનુભ પંડ્યા, આઈ.એમ.એ. તુરંત જાહેરાત પ્રમુખ ડૉ. ભરત કાકીયા અને કુમાકોન-૨૦૨૪ના વેરમેન ડૉ. અનુભ પંડ્યાને જણાવ્યું છે કે, આ વખતે તુરંત જાહેરાત સારવાર સેને ધરેલ સોપ, નિદાન-સારવારની પદ્ધતિ વિશે જ્ઞાનની આપણે કરશે. કુમાકોન-૨૪ના વેરમેન ડૉ. અનુભ પંડ્યા અને ઈન્ડિયન મેડિકલ એસોસિએશન-તુરંત જાહેરાત પ્રમુખ ડૉ. ભરત કાકીયાની એક સંયુક્ત ઘાટીમાં જણાવ્યું છે કે, આ કોન્ફરન્સમાં કલ્પ રોગ, પેટના રોગ, મગજના રોગ, આંધળાના રોગ, ગીચતાના રોગ, ક્રેકલાને લગતા રોગ, ડાહ્યાબીટીસ, વાઈક સ્ટર્કોસ સંબંધિત વિવિધ રોગ, મગજની લોહીની નળીના રોગ, સાંધાના વિવિધ રોગ, તાકાની તકલીફો, મહિલાઓ તથા બાલકોને લગતા વિવિધ રોગ સહિત સારીના તમામ પ્રકારના રોગના આગવતા તબીબી દ્વારા માર્ગદર્શન આપણમાં આપશે. રાજકોટમાં યોજાવા આ કોન્ફરન્સમાં રાજકોટ, સોરાષ્ટ્ર સહિત તુરંત જાહેરાત સેક્ટોર તબીબી ઉપરિષ્ઠ સંમેલન. કોન્ફરન્સ કરણે તબીબોના કામમાં વધારે થશે જેનો લાભ રાજકોટ સહિત સમગ્ર સોરાષ્ટ્ર-કુમાકોન યોજાશે.

કોન્ફરન્સ, કાલકા રોડ ખાતે યોજાશે. જેમાં તબીબી ઉદ્યોગમાં પ્રથમ વખત ૩૦૦થી વધુ તબીબો પેટન તરીકે નોંધાય છે. કુમાકોનના સેક્ટોર ડૉ. વેરમેન કલકા, ડૉ. પલેશ શાહ અને ડૉ. સંપત ભટ્ટના જણાવ્યા અનુસાર કોન્ફરન્સ નિષ્ઠાંત પદ્ધતિ-પદ્ધતિ ડૉ. તેજરા પટેલ, એવોર્ડ-જવી સિદ્ધાંત પૂર્વ કોન્ફરન્સ પદ્ધતિ ડૉ. રાજકોટ તુરંત જાહેરાત, એવોર્ડો કોન્ફરન્સ - કુમાકોન-૨૦૨૪ના વેરમેન ડૉ. અનિલ જૈન, કલ્પ રોગ ડૉ. અનિલપત શાહ, તુરંત જાહેરાત સેક્ટોર ડૉ. અનિલ કારપુરકર, પદ્ધતિ કલ્પ રોગ ડૉ. કમલ શાહ, ડૉ. સંદિપ શાહ, ઈન્ડિયન મેડિકલ એસોસિએશન-જવી દિલ્હીના કોન્ફરન્સ પ્રેસીડન્ટ ડૉ. અનિલ નાખ, તુરંત જાહેરાત કોન્ફરન્સ વેરમેન ડૉ. નિતીન વોરા સહિત દેશભરના અનેક જાણીતા તબીબો કોન્ફરન્સમાં રાષ્ટ્રકક્ષાને વિવિધ રોગના નિદાન-સારવાર સેને કલેક્ટ સોપ વિશે માર્ગદર્શન આપશે. કુમાકોન આઈ.એમ.એ. વેરમેન ડૉ. અનુભ પંડ્યા, આઈ.એમ.એ. તુરંત જાહેરાત પ્રમુખ ડૉ. ભરત કાકીયા અને કુમાકોન-૨૦૨૪ના વેરમેન ડૉ. અનુભ પંડ્યા, આઈ.એમ.એ. તુરંત જાહેરાત પ્રમુખ ડૉ. ભરત કાકીયા અને કુમાકોન-૨૦૨૪ના વેરમેન ડૉ. અનુભ પંડ્યાને જણાવ્યું છે કે, આ વખતે તુરંત જાહેરાત સારવાર સેને ધરેલ સોપ, નિદાન-સારવારની પદ્ધતિ વિશે જ્ઞાનની આપણે કરશે. કુમાકોન-૨૪ના વેરમેન ડૉ. અનુભ પંડ્યા અને ઈન્ડિયન મેડિકલ એસોસિએશન-તુરંત જાહેરાત પ્રમુખ ડૉ. ભરત કાકીયાની એક સંયુક્ત ઘાટીમાં જણાવ્યું છે કે, આ કોન્ફરન્સમાં કલ્પ રોગ, પેટના રોગ, મગજના રોગ, આંધળાના રોગ, ગીચતાના રોગ, ક્રેકલાને લગતા રોગ, ડાહ્યાબીટીસ, વાઈક સ્ટર્કોસ સંબંધિત વિવિધ રોગ, મગજની લોહીની નળીના રોગ, સાંધાના વિવિધ રોગ, તાકાની તકલીફો, મહિલાઓ તથા બાલકોને લગતા વિવિધ રોગ સહિત સારીના તમામ પ્રકારના રોગના આગવતા તબીબી દ્વારા માર્ગદર્શન આપણમાં આપશે. રાજકોટમાં યોજાવા આ કોન્ફરન્સમાં રાજકોટ, સોરાષ્ટ્ર સહિત તુરંત જાહેરાત સેક્ટોર તબીબી ઉપરિષ્ઠ સંમેલન. કોન્ફરન્સ કરણે તબીબોના કામમાં વધારે થશે જેનો લાભ રાજકોટ સહિત સમગ્ર સોરાષ્ટ્ર-કુમાકોન યોજાશે.



શહેરના ૧૦૦ વિશેષ વિકલાંગ બાળકોને ટેકો આપવાનો ઉમદા પ્રયાસ

ઇન્ડિયન મેડિકલ એસોસિએશન (IMA) વડોદરા દ્વારા સ્વતંત્રતા દિવસ પર "પ્રયાસ" પહેલનો સફળતાપૂર્વક પ્રારંભ

ગુજરાતની અસ્મિતા ।

વડોદરા ૧૬

૧૫મી ઓગસ્ટ ના રાજ યોજાયેલ એક હૃદયસ્પર્શી કાર્યક્રમમાં, ઇન્ડિયન મેડિકલ એસોસિએશન (IMA) વડોદરાએ સફળતાપૂર્વક "પ્રયાસ" પહેલ શરૂ કરી, જે શહેરના ૧૦૦ વિશેષ વિકલાંગ બાળકોને ટેકો આપવાનો ઉમદા પ્રયાસ છે. વડોદરાના સલાટવાડામાં IMA હાઉસ ખાતે યોજાયેલ આ કાર્યક્રમમાં સમુદાયના સભ્યો, તબીબી વ્યાવસાયિકો અને મહાનુભાવોએ નોંધપાત્ર ફળો આપ્યો હતો.

મુખ્ય અતિથિ તરીકે સેવા આપતા વડોદરા શહેર ના સેવાભાવી અને ડેપ્યુટી કમિશનર ઓફ પોલીસ અભયભાઈ



સોનીની ઉપસ્થિતિમાં આ કાર્યક્રમની ભવ્યતા જોવા મળી હતી. તેમના પ્રેરણાદાયી શબ્દોએ સમાવિષ્ટ વૃદ્ધિના મહત્વ અને વિશેષ વિકલાંગ બાળકોના જીવનના ઉત્થાન માટે સમુદાયના સમર્થનની જરૂરિયાત પર ભાર મૂક્યો હતો. IMA વડોદરાના પ્રમુખ ડૉ. મિતેશ શાહ, સમગ્ર IMA વડોદરા પરિવાર સહિત, આ પહેલના આયોજન અને અમલમાં મુખ્ય વ્યક્તિઓ હતા.

SAKSHAM દ્વારા સમર્થિત "પ્રયાસ" પહેલ આ બાળકોને

તેમની તબીબી, શૈક્ષણિક અને સામાજિક જરૂરિયાતો પૂરી કરવા માટે બનાવવામાં આવી છે. આ કાર્યક્રમ દ્વારા, IMA વડોદરાનો ઉદ્દેશ્ય સુનિશ્ચિત કરવાનો છે કે આ બાળકો સ્વસ્થ, સુખી અને પરિપૂર્ણ જીવન જીવે. આ કાર્યક્રમમાં IMA વડોદરાની નવલી નવરાત્રી ૨૦૨૪ની ઉજવણીનો પ્રારંભ પણ થયો હતો.

ઇવેન્ટ દરમિયાન, પહેલ હેઠળ ઘણા બાળકોને ઔપચારિક રીતે દત્તક લેવામાં આવ્યા હતા, અને તેમની સ્થિતિસ્થાપકતા અને આશાની વાર્તાઓ ઉપસ્થિત લોકો સાથે શેર કરવામાં આવી હતી. સમુદાયનો પ્રતિભાવ જબરજસ્ત હકારાત્મક હતો, ઘણા લોકો વધારાના સમર્થન અને સંસાધનો

ઝાંડર કરવા આગળ આવ્યા હતા. ડૉ. મિતેશ શાહે સહભાગી અને સમર્થન આપનાર દરેકનો આભાર વ્યક્ત કર્યો. તેમણે ભારપૂર્વક જણાવ્યું હતું કે સામાજિક કલ્યાણ અને આરોગ્યસંભાળ શ્રેષ્ઠતા માટે IMA વડોદરાની સતત પ્રતિબદ્ધતાની આ માત્ર શરૂઆત છે.

IMA વડોદરા પરિવાર અભયભાઈ સોની અને તમામ મહેમાનોનો તેમની હાજરી અને સમર્થન માટે હૃદયપૂર્વક આભાર માને છે. સાથે મળીને, સમુદાય આ બાળકોના જીવનમાં નોંધપાત્ર ફેરફાર કરી શકે છે, સંભાળ, કરુણા અને સશક્તિકરણના વાતાવરણને ઉત્તેજન આપી શકે છે.

અરવલ્લી: આઈએમએ મોડાસા શાખા આયોજીત ડોક્ટરોનો સેમિનાર નેશનલ હોટલ ખાતે યોજાયો

સત્ય વિચાર દૈનિક

ઈન્ડિયન મેડિકલ એસોસિએશન મોડાસા શાખા દ્વારા શહેરની નેશનલ હોટલ ખાતે ડોક્ટરોનો સેમિનાર યોજવામાં આવ્યો હતો

આ અંગે ડૉ. કેતન સુથાર સર્જન માહિતી આપતાં જણાવ્યું હતું કે, ડોક્ટરોને આ સેમિનારમાં તબીબી વ્યવસાય સાથે સંકળાયેલા મેડિકલ લીગલ કેસ અને એસએમસી મુદ્દે સમજ પુરી પાડવામાં આવી હતી.

જ્યારે ડૉ. રાજન ભગોરા (એમ ડી.) આઈએમએના લિગલ



તસ્વીર અહેવાલ : અલ્પેશ ભાટીયા, માલપુર

એડવાઈઝર તરીકે સેવાઓ આપી રહ્યા છે તેમણે સાબરકાંઠા અરવલ્લીના હાજર રહેલા ૧૦૦ થી વધુ તબીબોને હાલના સમયમાં ડોક્ટર અને હોસ્પિટલ થતા હિંસક હુમલા

સામે સરકાર અને સુપ્રીમ કોર્ટની ગાઈડલાઈન મુજબ ડોક્ટર અને હોસ્પિટલના બચાવ અને રક્ષા માટેના કાયદાઓ અંગે સંપૂર્ણ માર્ગદર્શન પુરૂ પાડવામાં આવ્યું હતું.



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IMA Ahmedabad Branch



* * * * *

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CME

Raasotsav 2024



* * * * *

Independence Day Celebration IMA Vadodara Branch



* * * * *

Medical Camp IMA Vadodara Branch





I.M.A. College of General Practitioners Head Quarters



IMA TN State HQs Building, Doctors Colony, Via Bharathi Nagar 1st Main Road, Off: Mudichur Road, Tambaram (West), Chennai -600 045, Mob: 94426 12138 / 97890 14450

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(The information will be treated as confidential)

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1. Name (In Block Letters): Dr.

2. S/o, W/o

3. Address (In Block Letters)
for: Correspondence:

Contact No.....Email ID.....

4. Date of Birth: Sex: MALE/FEMALE

5. Qualification(Degrees-**MBBS/MD/MS** & Diplomas)

1. University.....Year.....3. University.....year.....

2. University.....Year.....4. University.....Year.....

6. Registration with.....Medical Council Reg No.....

7. Member of IMA through.....Branch State Branch

8. IMA Life membership No.....

9. Status: General Practice/Specialist Practice/Govt. Service/Teaching Service

I hereby give an undertaking that I shall abide by the rules and regulations of IMA CGP and uphold and promote the aims of the College to the best of my ability.

Signature of the Applicant

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Membership fee remitted

Date.....

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Membership Approved YES/NO

Membership fee remitted

Date.....

**HON. STATE SECRETARY/
HONY. FACULTY SECRETARY, IMA CGP**

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No.....Date..... Bank.....

Allotted Membership No.....

Life Membership Certificate dispatched on **Life Membership Fee for GP's and Other Specialists**

Rs: 1180 /-)

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SINGLE MEMBERSHIP DUAL BENEFIT

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- MEMBER CAN GET BENEFITS FROM HEALTH SCHEME AS WELL AS FROM MEDICAL INSURANCE.

DISEASES COVERED

- HEART DISEASE *(BYPASS, ANGIOPLASTY, VALVULAR HEART, PACE MAKER IMPLANT.)
- KIDNEY DISEASE (HEMODIALYSIS, RENAL TRANSPLANT, RENAL ANGIOPLASTY)
- CANCER-SURGICAL, RADIOTHERAPY, CHEMOTHERAPY
- JOINT REPLACEMENT (TOTAL KNEE AND HIP JOINTS)
- BRAIN TUMOR



- CEREBRAL/BRAIN HEMORRHAGE
- ORGAN TRANSPLANT
(LIVER, LUNG, KIDNEY & HEART TRANSPLANT ONLY)

PHONE NO. 9313570725

healthschemeimagsb@gmail.com | +079 26585430
(02:00 PM - 06:30 PM)

DISCOUNTED FEES SCHEDULE

AGE GROUP	ADMISSION FEES (Rs.)	ANNUAL SUBSCRIPTION FEES (Rs.)	ANNUAL MEMBERSHIP FEES (Rs.)	TOTAL	GST 18%	ADVANCE F.A.C. (Rs.)	TOTAL (Rs.)
Below age of 35 Yrs	0	50	50	100	18	7500	7618
Between 35-45 Yrs	750	50	50	850	153	7500	8503
Between 46-55 Yrs	1250	50	50	1350	243	7500	9093



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



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Approved Amendments From 24/02/2024,

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

FEE SCHEDULE :

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

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

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



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

UNIQUE SCHEME

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

FEE SCHEDULE :

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

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

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



OBITUARY

We send our sympathy & condolence to the bereaved family

Dr. Maheshbhai C. Desai	03-01-2024	Nadiad
Dr. Damodar V. Nene	21-05-2024	Vadodara
Dr. Mahemood N. Shekh	02-06-2024	Patan
Dr. Hirdesh Gupta	03-06-2024	Surat
Dr. Vasantbhai B. Desai	26-07-2024	Vadodara
Dr. Shobhanaben B. Bhavsar	06-08-2024	Navsari
Dr. Divyakant G. Amin	16-08-2024	Ahmedabad
Dr. Lalit J. Shah	17-08-2024	Navsari
Dr. Anilkumar S. Patel	01-06-2024	Patan
Dr. Chandrakant S. Patel	05-09-2024	Khambhat
Dr. Bharatkumar N. Jain	06-09-2024	Ahmedabad
Dr. Rajendra K. Vyas	20-09-2024	Mahuva

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

* * * * *

BRANCH ACTIVITY

AMRELI

21-09-2024 CME on "Why every Doctors should know about Plastic Surgery" by Dr. Chintan Patel.

BILIMORA

20-09-2024 CME on "COLS". Total 80 members were participated.

GANDHINAGAR

20-09-2024 CME on "Patient oriented strategies for simple safe smart successful infertility treatment" by Dr. Parth Bavishi.

"Revolutionary IVF Lab Technologies for quick disease free child birth in difficult situation" by Dr. Falguni Bavishi.

"Should we still practice as doctors?" by Dr. Himanshu Bavishi.

**MEHSANA**

- 28-08-2024 CME on "Surgical evolution in management of Prostate Cancer" by Dr. Rupesh Shah.
"Changing concepts in treatment of Common Cancer" by Dr. Raul Jaiswal.
- 06-10-2024 Free Eye Camp with spectacles distribution. Total 700 patients checked for Eye disease and refractive errors. 500 free spectacles were distributed to needy patients.

MORBI

- 02-10-2024 Swachchha Bharat and Swastha Bharat activity by Dr. Satish Patel, Dr. Anjanaben Gadhia, Dr. Heena Mori and many doctors took part.
- 03-10-2024 Students Health Checkup by Dr. Sharad Raiyani, Dr. Mayur Gwalani, Dr. Manoj Kaila, Dr. Ashish Rankja, Dr. Sejal Bhadja, Dr. Yashrajsinh Jhala. Total 150 students were benefitted.
Adolescent Health and Menstrual hygiene awareness lecture by Dr. Ramesh Boda, Dr. Urvi Raiyani and Dr. Miral Adroja. Total 100 students took benefitted.

RAJKOT

- 15-09-2024 CME on "Organ Donation and Transplantation" by Dr. Pranjal Modi and Dhiren Shah. Total 120 delegates were present.

VADODARA

- 16-08-2024 Adopting 100 children with disabilities, supporting their medical education and social need. Initiative supported by "Saksham".
- 29-08-2024 Flood affected areas. The provided health oriented services and necessary medicines for small children and general people.



NEW LIFE MEMBERS

I.M.A. GUJARAT STATE BRANCH

We welcome our new members

L_M_No.	NAME	L_M_No.	NAME
Ahmedabad		LM/35429	Dr. Parikh Tanay Sanjaybhai
LM/35387	Dr. Kordiya Vatsal Gopalbhai	LM/35430	Dr. Parikh Hency Tanaybhai
LM/35388	Dr. Shah Yesha Ajaybhai	LM/35431	Dr. Vaghela Shivangi Ashokbhai
LM/35389	Dr. Thakore Devesha Kirtisinh	LM/35432	Dr. Panchal Tejasvini Rakeshbhai
LM/35390	Dr. Patel Hemalben Sanjaybhai	LM/35433	Dr. Chauhan Kiran Piyushbhai
LM/35391	Dr. Patel Keyur Bharatbhai	LM/35434	Dr. Shah Ayushi Jasminbhai
LM/35392	Dr. Patel Shruti Bharatbhai	LM/35435	Dr. Adalaja Mehul Sureshbhai
LM/35393	Dr. Prajapati Chetan Shaileshbhai	LM/35436	Dr. Kabra Hardik Mangilal
LM/35394	Dr. Panchal Savan Laljibhai	LM/35437	Dr. Shah Payal Jagdishbhai
LM/35395	Dr. Thaker Ravi Bharatkumar	LM/35438	Dr. Chauhan Hitesh Ishwarbhai
LM/35396	Dr. Thaker Komal Ravibhai	LM/35439	Dr. Taviyad Ankit Laxmanbhai
LM/35397	Dr. Joshi Vidur Vishwarup	LM/35440	Dr. Bariya Ekta Majubhai
LM/35398	Dr. Deshmukh Rikeeta Sureshbhai	LM/35441	Dr. Bhardwaj Amol Samdarshi
LM/35399	Dr. Thakkar Prashant Jitendrakumar	LM/35442	Dr. Deekshit Ananya Rajendra
LM/35400	Dr. Karia Krishna Hitenbhai	LM/35443	Dr. Patel Riddhi Bansibhai
LM/35401	Dr. Prajapati Akanksha Baldev	LM/35444	Dr. Murali Sradha
LM/35402	Dr. Christian Kalpesh Himatlal	LM/35445	Dr. Poptani Dwisha Dharmesh
LM/35403	Dr. Patel Chetan Jayantilal	LM/35446	Dr. Kapadiya Parth Rajnikant
LM/35404	Dr. Gohil Jinal Jhilubhai	LM/35447	Dr. Patrel Vishwa Manishkumar
LM/35405	Dr. Chaudhari Sanjay Shankarbhai	LM/35448	Dr. Brahmhatt Pranay Rajeshkumar
LM/35406	Dr. Desai Sarzoo Girishbhai	LM/35449	Dr. Shah Vishva Shitalbhai
LM/35407	Dr. Tripathi Bhaskar Chandrabhanu	LM/35450	Dr. Chauhan Nishant Chandrakantbhai
LM/35408	Dr. Patel Aprth Sunilbhai	LM/35451	Dr. A. Bhagyalaxmi
LM/35409	Dr. Patel Rahil Sudhirbhai	LM/35452	Dr. Desai Pratik Bharatbhai
LM/35410	Dr. Patel Valay Hitendrabhai	LM/35453	Dr. Kadiyawala Abdulbasit M.
LM/35411	Dr. Patel Nishit Rajendrabhai	LM/35454	Dr. Raval Kalwav Ketanbhai
LM/35412	Dr. Shah Kaivan Kaushalbhai	LM/35455	Dr. Bhavsar Devanshee Ashokkumar
LM/35413	Dr. Kasagani Varshita D.	LM/35456	Dr. Ziba Harsh Rajendrakumar
LM/35414	Dr. Salar Mohammadnasir	LM/35457	Dr. Kodiyatar Arjun Lakhu
LM/35415	Dr. Rajdev Hiral Rameshbhai	LM/35458	Dr. Pandya Keval Vipulbhai
LM/35416	Dr. Sharma Nimish Gopal Krishna	LM/35459	Dr. Desai Swar Jigneshbhai
LM/35417	Dr. Sharma Reena Nimishbhai	LM/35460	Dr. Inamdar Sakshi
LM/35418	Dr. Patel Maulik Jagdishbhai	LM/35461	Dr. Bhatt Jaladhi Vinodchandra
LM/35419	Dr. Patel Rutva Maulkbhai	Dahod	
LM/35420	Dr. Patel Nidhi Vinodkumar	LM/35462	Dr. Bhabhor Sonal Vikramsingh
LM/35421	Dr. Patel Jaimini Pareshkumar	Ahmedabad	
LM/35422	Dr. Panchal Suraj Dixitkumar	LM/35463	Dr. Gulati Niharika Neeraj
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LM/35424	Dr. Patel Drashti Bharatbhai	LM/35465	Dr. Parmar Tanmay Vrajilal
LM/35425	Dr. Jambukiya Jignesh Tulsibhai	LM/35466	Dr. Makwana Pradeep Deepakbhai
LM/35426	Dr. Kotiya Vibhuti Pratapbhai	LM/35467	Dr. Theja Ramanjaneyulu
LM/35427	Dr. Lakum Nirmal Vanrajbhai	LM/35468	Dr. Chetale Dhruv Milindbhai
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LM/35470 Dr. Shaikh Asad Amin
 LM/35471 Dr. Chauhan Sunny Dilipsinh
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 LM/35490 Dr. Chaudhari Sahil Naimeshbhai
 LM/35491 Dr. Chaudhary Jyoti Dahyabhai
 LM/35492 Dr. Parkar Nilesh Pravinkumar
 LM/35493 Dr. Patel Sachin Maheshbhai
 LM/35494 Dr. Mhatre Radhika Kailas
 LM/35495 Dr. Nathani Parita Rajeshbhai
 LM/35496 Dr. Patel Yash Ajaybhai
 LM/35497 Dr. Patel Palak Kalpeshbhai
 LM/35498 Dr. Amin Ketul Kantilal

Keshod

LM/35499 Dr. Sonani Fenil Ghanshyambhai
 LM/35500 Dr. Mangukiya Pinal Bhupatbhai

Himatnagar

LM/35501 Dr. Ninama Tushar Chandrasinh

Vadodara

LM/35502 Dr. Vyas Swapnil Jitendrabhai
 LM/35503 Dr. Bhabhor Vishal Parvatsinh
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 LM/35523 Dr. Bakshi Shilpica
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 LM/35531 Dr. Kishnani Priya Parmanand
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 LM/35533 Dr. Shah Shweta Dhirajkumar
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	Hyderabad IMA Building, Near Esamia Bazar Hyderabad	Dr. Shyam Sunder Kasapa 9840797013 Tel. : (040)24656328; 24656378; 9391603699; Fax : (040) 24738197 Email : hydcityima@yahoo.co.uk	Ten AC room 500/- per day For single occp. 400/- Six Non AC 300/- For single occp. 200/- NO
Assam	Barpeta Road Tourist Lauge Baretta Road, Dist. Baretta Assam-781315,	Dr. Kankan Goswami M: 9435025239	Rs.400/- per room (five rooms)
	Tezpur Branch I MA House, Tezpur- 784001	Dr. Atul Kumar Kalita M: 919435043187, 919854325453 Email: draknet12@gmail.com Dr. Hemendra Kr. Borah Ph: 094-350-81697	4 A/c. Rooms @ Rs. 750 /- per room
	Tinsukia Tinsukia, Chinarapatti Nr. SBI Main Branch Tinsukia-786125	Dr. Phanindra Saikia M: 09435134550	Rs.250/- per room (two rooms)
Bihar	PATNA IMA Building Dr.A.K.Nsinha Path South East of Gandhi Maidan Patna-800004	Dr. Manwendra Kumar - 9334366330 Tel. : 0612-2321542, 07677253032 Email : imabiharstate@gmail.com	Accommodation Maintenance Charges: (per day) 1. President Suite - Rs. 1000/- 2. AC Rooms - Rs. 600/- per room 3. Non AC Rooms - Rs. 400/- room 4. Three Bed AC Room - Rs. 800/-
	Samastipur Satish Chander Sarkar, IMA Bhawan, Opp. KHE Inter College Kashipur, Samastipur-848101	M: 09431245533 (Dr.D.S. Singh, Hony. Secretary Tel. : 06274-224094	Rs.250/- per person, 2 bedded No. of Rooms 4 No, but can be arranged
Chandigarh	Chandigarh Branch IMA house., sector - 35, chandigrah	Tel >; 0172-2602595 ; Fax : 0172-2602595 Email : singh_zora@yahoo.co.in	A/C room Rs. 600/- Cooler Rs. 350/-
Delhi	HQ.Delhi IMA House, Indraprastha Marg, Delhi-110002, Delhi.	Tel. : (011-23370009.8819.868, 0473,0492,8424, Fax : (011-23379470,23370375, 23378680) Email : imabuilding@gmail.com	On sharing basis-Rs.1,000/- per day, per bed (AI*) & Rs 1,500/- per day, per bed (API**) For a family of upto 2 persons (on dedicated room basis): Rs. 2,500/- per room per night, however, for a family of 3 or more persons, the above sharing basis rates will be charged * AI - All taxes inclusive. Includes Accommodation & Breakfast ** API - All Taxes inclusive. Includes Accommodation, Breakfast, Lunch & Dinner



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Gujarat	Ahmedabad 2nd Floor, AMA House Opp, H.K.College Ashram Road Nr. Natraj Cinema, Ahmedabad-380 009	Dr. Mehul J Shah (M) 098250 51162 Ph. : 079-26587370 Email : imagsb@gmail.com	5 AC Rooms @ Rs.1100/- 1 AC Room @ Rs. 800/- Extra Bed @ Rs. 100/-
Karnataka	State HQ IMA House Alur Venkata Rao Road Bangalore-560 018, Karnataka.	Hony. Secretary Tel. : 080-26800409; 26703255 Fax : 080-26703255 M: 9008828303 E-mail: imaksb@bsnl.in	Single Bed: 250/- Double: 400/- A/C Delux: 700/- Suite: 800/- Extra bed: 150/-
	Tumkur Branch IMA House, Town Hall Circle , Tamkur - 572101	0816-2251966 9844190463	1 Single Bed Rooms @ rs. 200/- 1 Double Bedded @ rs. 300/-
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	Chitradurga Branch IMA House, opp. Dist. Hospital chitradurga - 577501	Hon Secretary : 9972328698 08194-228485	Single Bed Rs. 50/- Double Bed rs. 100
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Maharashtra	Mumbai Branch IMA CHOWK, 16 keshav rao ""Khadye Marghaji Ali Mumbai - 4000034	Tel :- (022) 23543255, Fax : (022) 23545510 ima_mumbai@rediffmail.com; mumbai@mtnl.net.in	Rs.1000/- No
	Mumbai West Branch, J R Mhtre Marg JVPD Scheme, behind Chandan Cinema juhu, Mumbai 400049	Tel. : 022-26206517, 022-26254368 Fax : 022-26254368 imamumbaiwest@yahoo.com	Rs. 1200/- + 10.30% No
	Nagpur Branch, IMA house North Ambbazari Road, Nagpur - 440010	Te; :- (0712) 2550777. 2522421 Fax :- 0712-2550777 E :- imacon2007@gmail.com	AC RS. 340/- NO.



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	Jabalpur Branch , IMA House Medical , wright town, jabalpur-482001	Tel. : 0761-2404940, 4005715 Fax : 0761-4005715 M: 9425159761 imajabalpur@yahoo.co.in	One double bedded and one four bedded Rs. 150/- per day per person No
	Ratlam Branch, Subhedara IMA House Rajendra ngr. Ratlam	Dr. Padam Ghate 07412-231737 Email : pkghate@yahoo.com	6 Single bedded @ Rs. 150/- day No.
	Gwalior Branch IMA House - 32 Gndhi Enclave Behind Hotel Sita, Manor, Gwalior	9827062860 Email : ima_gwaliro@yahoo.in	1 AC double bed @ Rs. 500/-
Orissa	Berhampur IMA Berhampur M K C G Medical College Campus Berhampur - 760004, Orissa	Hony Secretary M: 9643706627 Tel : (0680) 2283848 E - kkpl1000@hotmail.com	Room 301, 302 & 303 RS. :- 400/ Room 304 & 305 RS. :- 500/-
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HOW I DO - Transfusion of Blood Products PART – 5

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Question: In last part, we covered some important points related to RBC transfusion. 1. For most patients with chronic anemia, don't transfuse more than **1-2 units**. Such as those with iron or B12 deficiency. If there is an easily treatable cause like iron def or B12 def, most patients should not be transfused at all. Gradual rise in Hb by treatment is safer. 2. Ensure **RIGHT Blood for RIGHT patient**. Most of the incompatible transfusions are due to **wrong identification** at the bedside. 3. Blood warming is not required in routine practice. 4. Two units of red cells can easily be given on **same day** to most patients. 5. Each unit of red cell can be transfused in **1-2 hours**. No need to prolong. In fact, over 4 hours increases risk of infection. 6. Do not give red cells using same line as other fluids or medicines. Central line or other multiple lumen catheters can have other fluids or medicines going from additional lumen.



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We have covered platelet and red cell transfusions. What about other blood products?

Answer: Let us talk about other less common blood products i.e. FFP Fresh Frozen Plasma, Cryoprecipitate. But before we go on, a few words on red cell preparations. Many of you may have heard of **leukoreduced** red cells. They are routinely used for thalassemia major. To reduce risk of transfusion reactions (febrile nonhemolytic type), and formation of antibodies to red cells (alloimmunization) mainly. Alloimmunization reduces red cell life span a critical issue in patients who need chronic transfusions. Many thalassemia patients develop antibodies leading to transfusions required every 7-14 days, instead of every 28 days.

Leukocytes in blood unit have no additional value during transfusion of red cells. But are one of the reasons for transfusion reactions especially fever. In addition, leukocytes contain CMV virus. Hence removing leukocytes reduces risk of CMV transmission as well. This is important for those with immunocompromised state. Complete removal of leukocytes is not feasible, but 3-4 log reduction means **99.9 percent removal**. This is achieved by using either a bedside **filter**, as frequently used in thalassemia major patients. Or by leukoreduction done at the time of preparation of blood components (**pre storage**). Later is preferred, and is now standard practice for many modern blood banks. In the western world, this has been the practice for decades. Such high level of reduction **makes febrile reactions rare**. We have seen this in our practice as well, as our blood bank does leukoreduction for all units. Pre storage leukoreduction is more efficient and reliable, compared to bed side using filter attached to blood transfusion set. If your patient has history of febrile reactions with blood products, you should specifically request blood bank for leukoreduced red cells.

Irradiated blood products are not used in routine practice. Only in hematology practice for patients with significant immune suppression, especially post BMT/Stem Cell Transplant. In developed countries, it is frequently used for all patients with blood cancers. But this recommendations and implementation in practice is variable.

Washed red cells are for removing all plasma from red cell unit. This is used where patient is IgA deficient. Or recurrent severe rash after transfusions, thought to be related to allergy to plasma proteins.

Que: Thank you. Now what are the important points related to FFP, Cryoprecipitate?

Ans: Usual dose for **FFP is 2-4 units (10-15 ml per kg)**. Each unit is about 200-250 ml. FFP is generally given as 1 unit per hour. Two to four units for an average adult will bring up the coagulation factor levels to about 50% of baseline. This is sufficient for correction of coagulopathy in most cases. However, different factors have different half life. For the most common clinical conditions, this means that FFP have to be repeated every 6-8 hours. I have seen many patients given 2 units FFP and then no repeat dosing. And then we are called for recurrent bleeding. In severe cases of coagulopathy, where there is not only deficiency (as in liver disease) but also extensive consumption (as in DIC for example), more FFP and more frequent usage is necessary. This can be managed by monitoring of various coagulation parameters, most commonly PT, aPTT, Fibrinogen.

FFP is also used to manage rare factor deficiency patients e.g. factor 5, 11.

Where **Fibrinogen** is the main need, or additional important need, **cryoprecipitate** are used. They contain mainly fibrinogen, but also some von Willebrand factor, and small amount of factor 8, factor 13. These are mainly used in DIC (in addition to FFP), vWF deficiency, hemophilia A (where factor 8 concentrate is not available, or not affordable), fibrinolysis (due to thrombolytic agents, snake bite, etc). For hemophilia A however, cryoprecipitate is far inferior to factor concentrate in terms of efficacy, and should rarely be used. Fibrinogen concentrates are now available, including in India. And we have used these, but cost is significantly higher compared to cryoprecipitate. Volume of each unit is about 50 ml, and hence can be given rapidly. Standard dose is about 1 unit per 10 kg body weight. i.e. common adult dose is 6-10 units. Lower number of units is frequently used in practice by non hematology experts. This should be discouraged as anything lower than 6 units is unlikely to be adequate in adult. This suboptimal dosing can put patients at a significant risk from bleeding. October 13th, 2024 **Dr Chirag A. Shah**; M.D. Oncology/Hematology (USA), 9998084001. Diplomate American Board of Oncology and Hematology. Ahmedabad. drchiragashah@gmail.com www.shyamhemonclinic.com



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