

SEPTEMBER-2014 / MONTHLY NEWS



GUJARAT MEDICAL JOURNAL

INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

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Dr. Jitendra N.Patel (M) 98253 25200

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GUJARAT MEDICAL JOURNAL

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Ahmedabad

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



SEPTEMBER-2014 / MONTHLY NEWS

National President's Desk

MY APPEAL



Season's Greetings

Appeal to all Local Branch Presidents / Hon. Secretaries.

- PROACTIVE EFFORTS FOR MEMBERSHIP DRIVE.
- ACTIVE IMPLEMENTATION OF "AAO GAON CHALEN" PROGRAMME BY ALL BRANCHES.
- BLOOD DONATION CAMP.
- ACTIVE EFFORTS FOR STRENGTHENING OF YOUNG DOCTOR'S WING.
- STRONG BONDING WITH SPECIALITY ORGANISATIONS.
- "WELCOME THE GIRL CHILD..." DRIVE.

KINDLY COMPLY POSITIVELY.

Jund s. Sans

Dr. JITENDRA B. PATEL NATIONAL PRESIDENT, IMA

(21)





STATE PRESIDENT
AND
HON. STATE SECRETARY'S
MESSAGE



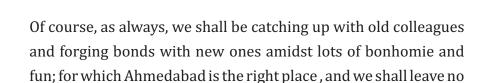
Dear Colleagues,

Greetings from Gujarat State Branch, IMA.

Jammu & Kashmir has recently experienced massive floods Major Casualties were witnessed and much of the areas got wiped away by flood water. Now the threat of Epidemic looms as carcasses flood the valley. Now is the time for the medical fraternity to come forward and do our best for our own citizens in this natural calamity. One team has already been sent for this purpose and we look forward for your support.

It is the time of the year when we officially invite you, our friends, to attend the **IMA National Conference (IMA-NATCON 2014)** on **27**th **and 28**th **December 2014** at Gujarat University Convention Centre, Ahmedabad.

We will be having high quality scientific lectures with speakers of national and international repute. This will definitely also be a momentous meet because **IMA** has many key decisions to take in the wake of legislations in the parliament that shall transform drastically the way we practice and our very way of life.



stones unturned to make this meet most pleasurably memorable

We therefore urge all the members of the various local Branches of IMA to put in extra efforts, even beyond the call of duty, to bring in as many members to the conference as is possible because it will have a bearing on our future.

Our strength will be evident by your active participation and attendance of the members across the state in large numbers.

Hoping for your unstinted support,

Thanking you,

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



Opinions in the various articles are those of the authors and do not reflect the views of Indian Medical Association, Gujarat State Branch. The appearance of advertisement is not a guarantee or endorsement of the product or the claims made for the product by the manufacturer.



INDIAN MEDICAL ASSOCIATION

GUJARAT STATE BRANCH

OFFICE: A.M.A. HOUSE, 2nd FLOOR, OPP. H. K. COLLEGE, ASHRAM ROAD, AHMEDABAD-380 009. Fax / Phone: (079) 2658 73 70 • E-mail: imagsb@youtele.com, imagsb@gmail.com

Dear Member of IMA.

There is a misuse of antibiotics leading to multi-drug resistant strains. Situation has become all the more serious as bugs have become resistant to most of the prevalent antibiotics including carbapenems. IMA has started a multi prong strategy involving health professionals, pharmaceuticals Govt, private and international agencies to eradicate this menace.

As informed to you earlier, we have already started a campaign for the rational use of antimicrobials requesting members to take a pledge for the rational use of antimicrobial by registering themselves on IMA Website "www.ima-india.org". You can take out a print out of the Certificate which you should paste in your clinics in reception area. It will sensitize the patient as well.

Recently a study was conducted in India that chicken are fed antibiotics as growth promoter, to gain weight and grow fast. We have written to Govt. to enact a law preventing the use of antibiotic as growth promoters. There is need to observe strict compliance on use of antibiotic in animal to treat infection and awareness on hygiene in poultry form to prevent infection. Awareness for public was also initiated through press conference and public lectures.

To educate our doctors and medical student, in association with Indian Pediatric Association, we have constituted an Advisory Committee with expert from WHO , USAID, public and Pvt Sector to prepare a module on "Rational Antibiotic Practices". TOT workshops and CMEs are also going to be arranged throughout the country.

During the Advisory Committee Meeting, it was also decided to observe September 28 to October 5 as Antibiotic Awareness Week.

To observe this week, we request you to plan public awareness activities for the same. Friends, go loud and clear on the urgency to rationalize antibiotic use. Let's go on a mission mode and make everyone aware about the menace of Antimicrobial misuse leading to resistance. Plan CME's activity for our members to sensitize them on rational antibiotic practices.

Organize public lectures, take out rallies, press meets, interviews, go on local cable TV for public awareness messages, Display slogans and posters in the waiting areas of your clinic and other activities that you think will serve the purpose.

You are requested to send your report along with photographs and press cuttings etc to IMA HQs.

With warm regards,

Yours sincerely,

Dr. Jitendra B. Patel National President

Dr. Narendra Saini Hony. Secretary General

Dr. Bipin M. Patel President IMA-GSB

Dr. Jitendra N. Patel Hony. State Secretary IMA-GSB

INDIAN MEDICAL ASSOCIATION



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Dear Member of IMA,

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

You are aware that huge damage has been done in Jammu & Kashmir especially in Kashmir valley due to heavy floods. There has been a loss to human lives and damage to property as well. After any such calamities there is always a fear of epidemic of water born illness.

As a member of medical fraternity, we have to rise to the occasion. Outbreak of epidemics must be prevented and the curative treatment to the needy be provided.

You are requested to kindly contribute liberally to the "IMA Disaster Relief Fund" at the Headquarters through Demand Draft drawn in favour of "INDIAN MEDICAL ASSOCIATION, **HQ'S"** payable at New Delhi.

All your donations will be covered under 80-G Tax exemption.

You can also help by contributing in the form of medicines.

Please make a list of volunteer doctors who are interested to serve the affected area in a short notice and send this list to IMA HQ, Disaster Management Cell. Please see the attached file: Dealing with Disaster: Flood

Thanking you and with kind regards.

Yours Sincerely,

Dr. Jitendra B. Patel National President

Dr. Narendra Saini Hony. Secretary General

Dr. Chetan N. Patel Chairman (IMA HQ DMC)

Dr. Gulam M. Malik President, J & K Branch

Dr. Bipin M. Patel President IMA-GSB

Dr. Jitendra N. Patel Hony. State Secretary IMA-GSB

P.S: A coordinating and monitoring cell has been set up at IMA HO, New Delhi. You may write to imahqdmc@gmail.com OR hsg@ima-india.org



SEPTEMBER-2014 / MONTHLY NEWS

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

20/07/2014	Dr. Bipin M. Patel; President IMA-GSB attended N.W.G.
	meeting at New Delhi

03/08/2014 Dr. Bipin M. Patel; President IMA-GSB attended Medical Camp organized by Rotary Club of Visnagar and Civil Hospital at Visnagar

05/08/2014 Dr. Bipin M. Patel; President IMA-GSB attended C.M.E. on Tuberculosis at Visnagar branch in Collaboration with IMA-RNTCP-GFATM-PPM-RCC-Project UNIT-I at Visnagar

Dr. Bipin M. Patel; President IMA-GSB and Dr. Vidyut J. Desai, President, Ahmedabad Medical Association attended meeting with Shree Saurabh Patel, Hon'ble Finance Minister, Govt. of Gujarat, regarding VAT enforcement procedures on Hospital in Gujarat at Gandhinagar

Dr. Bipin M. Patel, President IMA-GSB, Dr. Jitendra N. Patel, Hon. State Secretary IMA-GSB and Dr. Ashok D. Kanodia, Convener, Family Planning Centre attended Navratri Annual function at Rajkot.

Member's Information

Dear Members.

20/09/2014

As you all know that in today's world, we all need quick & easy communication & data transfer from one place to another. And for that we should have precise destination address. We at GSB IMA have full details of very few members with us. So I request you all to fill up your full details on members information form which we have kept on our website www.imagsb.com. Also pass on this information during each of your programme & continuously insist all members until we have information of all members. Expecting your huge support as this is very crucial for our effective communication with all members.

Thank you.

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

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



SEPTEMBER-2014 / MONTHLY NEWS

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

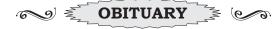
Ahmedabad Medical Association branch of Indian Medical Association and College of G.P. G.S.B. I.M.A. had organized a programme on 6/7/2014 at AMA House.

Dr. Jitendra N. Patel; Hon. State Secretary of I.M.A. G.S.B., Dr. Kirit C. Gadhavi, Director of College of G.P., Dr. Lalit I. Nayak, Hon. Secretary of College of G.P., Dr. Vasant Patel, Hon. Joint Secretary of college of G.P., Dr. Mahendra B. Desai, Technical Consultant of IMA-GFATM-RNTCP-PPM-RCC-Project-Unit-I, Dr. Vidhyut J. Desai, President of A.M.A, Dr. Kamlesh B. Saini, Hon. Secretary of A.M.A. were present in inauguration function. It was well attended by 100 delegates.

There was nice talk on the subjects following.

- Adultimmunization
- Statutory requirement for private practitioners
- Recent treatment strategies for management for malaria
- How to develop specialized clinic in family practice.
- Home visit.
- Telephonic consultation
- Use of computer in day to day private practice

Dr. Kirit C. Gadhavi Dr. Lalit I. Nayak Dr. Vasant B. Patel
Director Hon. Secretary Hon. Joint Secretary



We send our sympathy & condolence to the bereaved family

Dr. Motha Abdul Kadarbhai	14/07/2014	Ahmedabad
Dr. Chhelavada Prafulchandra J.	09/06/2014	Porbandar
Dr. Waghmare Nivruti K.	17/05/2014	Mandvi
Dr. Mehta Bharat J.	25/07/2014	Ahmedabad
Dr. Patel Amratlal G.	23/08/2014	Ahmedabad

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

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I.M.A. GUJARAT STATE BRANCH

We welcome our new members

L_M_No.	NAME	BRANCH
LM/23911	Dr. Chaudhary Bharat D.	Bardoli
LM/23912	Dr. Patel Bhavesh Ashokkumar	Surat
LM/23913	Dr. Bombaywala Rishi Jayesh	Surat
LM/23914	Dr. Desai Kairavi Yogeshbhai	Surat
LM/23915	Dr. Desai Birva Yogeshbhai	Surat
LM/23916	Dr. Tripathi Vidhu Shekharbhai	Surat
LM/23917	Dr. Patel Bhautik Bhanabhai	Surat
LM/23918	Dr. Postiwala Umeshchandra R.	Surat
LM/23919	Dr. Tandel Bhumika Maheshbhai	Surat
LM/23920	Dr. Presswala Darshan Kalpesh	Surat
LM/23921	Dr. Pavasiya Naresh Keshubhai	Surat
LM/23922	Dr. Modi Mihir Rajeshbhai	Surat
LM/23923	Dr. Patel Sujan Rajendrabhai	Surat
LM/23924	Dr. Shukla Abhdutta Devadatta	Surat
LM/23925	Dr. Champaneria Nisarg N.	Surat
LM/23926	Dr. Patel Neerav Mahadevbhai	Surat
LM/23927	Dr. Moldi Silky Rameshchandra	Surat
LM/23928	Dr. Chaudhari Upendra Ramesh	Surat
LM/23929	Dr. Shah Vaibhav Anilkumar	Surat
LM/23930	Dr. Lavana Yash Dhaneshchandra	Surat
LM/23931	Dr. Patel Broma Bharatbhai	Surat
LM/23932	Dr. Shah Eshita Vipulkumar	Surat
LM/23933	Dr. Deszai Vasav Darshanbhai	Surat
LM/23934	Dr. Desai Neetal Himanshubhai	Surat
LM/23935	Dr. Gandhi Priyanka S.	Surat
LM/23936	Dr. Modh Parth Kamleshbhai	Surat
LM/23937	Dr. Shah Bhakti Pratinbhai	Surat

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LM/23938	Dr. Kapadia Bharat Ramjibhai	Surat
LM/23939	Dr. Patel Suresh Ganeshbhai	Surat
LM/23940	Dr. Lakdawala Mohammed A.	Surat
LM/23941	Dr. Bhimani Darshan Mansukh	Surat
LM/23942	Dr. Patel Falgun Prakashbhai	Surat
LM/23943	Dr. Jadav Dinesh Ranchhodbhai	Surat
LM/23944	Dr. Bhatt Nainesh Prafulchandra	Surat
LM/23945	Dr. Patel Dhagesh Kirtibhai	Surat
LM/23946	Dr. Chaudhari Nitin Dalubhai	Surat
LM/23947	Dr. Modi Nirav Girishkumar	Surat
LM/23948	Dr. Vaghasiya Mahendra Haribhai	Surat
LM/23949	Dr. Doctor Prashma Pradipbhai	Surat
LM/23950	Dr. Panchani Darshan Balubhai	Surat
LM/23951	Dr. Makadia Neeti Rameshbhai	Surat
LM/23952	Dr. Chavda Daxa Lakhabhai	Surat
LM/23953	Dr. Trivedi Jenish Mukeshbhai	Surat
LM/23954	Dr. Bhadeeyadra Ashok R.	Surat
LM/23955	Dr. Italiya Sonal Laxamnbhai	Surat
LM/23956	Dr. Shah Jenish Vasantkumar	Surat
LM/23957	Dr. Shah Naimesh Navinchandra	Surat
LM/23958	Dr. Poshiya Tejas Rameshbhai	Surat
LM/23959	Dr. Patel Purvi Champaklal	Surat
LM/23960	Dr. Kaptan Kumarbhargav R.	Surat
LM/23961	Dr. Chaudhari Anant Arvindbhai	Surat
LM/23962	Dr. Gemawat Preeti Manoharbhai	Surat
LM/23963	Dr. Patel Mitul Chandrakant	Surat
LM/23964	Dr. Parmar Sejal Mahendrakumar	Surat
LM/23965	Dr. Kokadiya Khyati Hiteshbhai	Surat
LM/23966	Dr. Dudhat Reena Balvantbhai	Surat
LM/23967	Dr. Luhar Chinmay Mananbhai	Surat
LM/23968	Dr. Vaghela Pragnesh Natvar	Surat
LM/23969	Dr. Sarvaiya Archana Vrajlal	Surat

I.M.A.G.S.B. NEV	VS BULLETIN SEPTEMBER-20	14 / MONTHLY NEWS
LM/23970	Dr. Bambharoliya Praful R.	Surat
LM/23971	Dr. Savali Mamta H.	Surat
LM/23972	Dr. Barodia Shyamal R.	Surat
LM/23973	Dr. Goswami Niti C.	Surat
LM/23974	Dr. Sivasane Sharad Kashinath	Surat
LM/23975	Dr. Elgire Dipali Diliprao	Surat
LM/23976	Dr. Patel Jigar Dharamshibhai	Surat
LM/23977	Dr. Patel Pooja Jigarbhai	Surat
LM/23978	Dr. Shah Sanjay Govardhanbhai	Surat
LM/23979	Dr. Mehta Abharani Sanjaybhai	Surat
LM/23980	Dr. Patel Jigna Shaileshbhai	Ankleshwar
LM/23981	Dr. Mehta Mrugen Mayurbhai	Khambhat
LM/23982	Dr. Patel Mishwari Jayantilal	Khambhat
LM/23983	Dr. Jain Nakaiyalal Sattarchan	Vyara
LM/23984	Dr. Vala Ajaykumar Kantibhai	Anand
LM/23985	Dr. Patel Ankur Ishwarbhai	Patan
LM/23986	Dr. Zala Arjun Pratapbhai	Veraval
LM/23987	Dr. Patel Piyush Vallabhbhai	Anand
LM/23988	Dr. Vaishnav Bhalendu S.	Anand
LM/23989	Dr. Ladumor Vijay Maganbhai	Mahuva
LM/23990	Dr. Pandya Kush Bakulbhai	Ahmedabad
LM/23991	Dr. Gauswami Mangargiri B.	Ahmedabad
LM/23992	Dr. Modi Pranjal Ramanlal	Ahmedabad
LM/23993	Dr. Menon Pramod Achuthan	Ahmedabad
LM/23994	Dr. Trivedi Sejal Mukundbhai	Ahmedabad
LM/23995	Dr. Desai Alpesh Rameshbhai	Ahmedabad
LM/23996	Dr. Desai Sonam Nikhileshbhai	Rajkot
LM/23997	Dr. Baxi Vivek Vasantlal	Jetpur
LM/23998	Dr. Gajjar Vaibhav Bhupendra	Himatnagar
LM/23999	Dr. Vaghani Yagnesh Laljibhai	Surat
LM/24000	Dr. Keche Shubhada Pankajbhai	Surat
LM/24001	Dr. Kakadiya Chetan Gordhanbhai	Surat
LM/24002	Dr. Vaghani Krishna Dhanjibhai	Surat
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_M/24003	Dr. Bhavsar Samirchandra G.	Anand
_M/24004	Dr. Patel Vikalp Mansukhbhai	Surendranagar
_M/24005	Dr. Shah Hardik Pravinchandra	Vadodara
_M/24006	Dr. Bathija Anil Gokulsingh	Vadodara
_M/24007	Dr. Modi Ravi Vinodkumar	Vadodara
_M/24008	Dr. Bhapoda Pragnesh Yashvant	Vadodara
_M/24009	Dr. Chauhan Tejas Jagdishbhai	Vadodara
_M/24010	Dr. Shah Kunal Harishbhai	Vadodara
_M/24011	Dr. Patil Vaibhav Dattubhai	Anumala
_M/24012	Dr. Chauhan Mehul Shantilal	Rajkot
_M/24013	Dr. Sadikot Avval Kayambhai	Rajkot
_M/24014	Dr. Daraniya Bhavik Nathalal	Rajkot
_M/24015	Dr. Agarwal Veeha Umeshbhai	Ahmedabad
_M/24016	Dr. Delvadiya Miten Rameshbhai	Ahmedabad
_M/24017	Dr. Bhatt Manish Jayantilal	Ahmedabad
_M/24018	Dr. Suthar Tejas Narsinhbhai	Ahmedabad
_M/24019	Dr. Patel Parimal Babubhai	Ahmedabad
_M/24020	Dr. Charpot Rahul Virsingbhai	Ahmedabad
_M/24021	Dr. Chhaya Bimal Mudhukantbhai	Ahmedabad
_M/24022	Dr. Banerjee Sabyasachi Prabir	Ahmedabad
_M/24023	Dr. Banerjee Sabiha Sabyasachi	Ahmedabad
_M/24024	Dr. Solanki Devang Rajnikant	Bhavnagar
_M/24025	Dr. Bose Vaishali Parhta	Surat
_M/24026	Dr. Kazi Mohmmad Salmanbhai	Surat
_M/24027	Dr. Rayajiwala Shrey Viralbhai	Surat

IMA Disaster Relief Fund (Jammu & Kashmir)

Following members, who have given the donation regarding IMA Disaster Relief Fund (Jammu & Kashmir)

Name	Amount	Branch
Dr. Chimanbhai Narayandas Patel	20,000/-	Kalol
Dr. Bhagvatiben Chimanbhai Patel		



Name : SHAH PARTH DEVALKUMAR

Percentile Rank : 99.99 % (A1)
Date of Birth : 8-7-1996

School : NAVRACHNA VIDYANI, VADODARA Hobby : CHESS, TABLE TENNIS, BADMINTON

Line of Interest : I.I.T., MEDICAL

Father Name : DR. DEVALKUMAR O. SHAH Mother Name : SMT. MAMTABEN D. SHAH



Name : QURESHI SAHIL MILIYAS

Percentile Rank : 99.78 % (A1) Date of Birth : 9-2-1997

School : SHETH C.M. HIGH SCHOOL, GANDHINAGAR

Hobby : CRICKET Line of Interest : ENGINEERING

Father Name : DR. ILIYAS IBRAHIMBHAI QURESHI
Mother Name : SMT. AFSANA ILIYAS OURESHI

C.B.S.C. 12TH BOARD



: AMIN JUHI VIPULBHAI

Percentile Rank : (A1)
Date of Birth : 10-5-1996

Name

School : ANANDALAYA, ANAND

Hobby : KATHAK VISHARAD, READING

Line of Interest : MEDICAL

Father Name : DR. VIPUL R. AMIN Mother Name : DR. JANKI V. AMIN



Name : **PAREKH ABHISHEK RAJESHBHAI**

Percentile Rank : 99.9 % (A1)

Date of Birth : 28/10/1996

School : UDGAM, AHMEDABAD

Hobby : MUSIC, TENNIS

Line of Interest : COMPUTER SCIENCE IN BITS, PILANI

Father Name : DR. RAJESH PAREKH Mother Name : DR. MITA R. PAREKH I.M.A.G.S.B. NEWS BULLETIN



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COMMUNITY SERVICE

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27/06/2014	Legal Importance of consent taking in Medical Practice		
	in view of the recent Supreme Court Judgement by		
	Dr. Atul shah		

2117 Kar Grian

27/07/2014 Diabetes Conclave original jointly by RSSDI and IMA Anand Branch by Dr. Chintan Vyas

15/08/2014 National Flag Hoisting ceremony followed by a Mega Blood Donation camp organized with a local NGO among college students that could fetch us 356 units of

whole blood.

JAMNAGAR

20/07/2014	Blood Donation Camp. Total 21 bottles were collected
	with the help of Sir T Hospital Blood Bank, Bhavnagar

13/07/2014 Doctors Day Celebration

MORBI

01/07/2014 Doctor's Day celebration and welcoming new born baby Girl who was born on 1st. July under Save Girl Child. Patients of this child has been counseled about "Save Girl Child" and one toy was given and neonatal examination was done free of cost. Total 4 Female children were born on that day

06/07/2014 Free "Sarvarog Diagnostc Camp" at Pipaliya. Total 400 patients has been examined and free medicine was

given to needy patients

16/07/2014 Awareness programme about Tobacco Related Disease.

25/07/2014 Awareness programme about "Save Girl Child"

26/07/2014 Awareness lecture about Life Style Modification by

Dr. Sanjay Patel

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31/07/2014	Anemia Camp HB estimation of 49 workers has been done free of cost. 5 workers appeared to have mild Anaemia	27/06/2014	"Minimally invasive CABG" by Dr. Manish Meshvani "Cardiac Symptomatology" by Dr. Shrenik Doshi
01/08/2014	Health Quiz of communicable diseases (TB, Swine flu,	07/07/2014	"3D Healthcare" by Dr. Satish Gupta
01/00/2014	HIV, Dengue Hepatitis, Malaria) organized by Gyanpath	JETPUR	
	High School. 3 teams (total 12 students) had	02/07/2014	"Why half knee replacement?" by Dr. Avinash Maru
	participated. Material and questions of quiz prepared by	26/07/2014	"Mx of tropical disease in ICU" by Dr. Jayesh Dobaria
06/09/2014	Dr. Bhavin Gami	30/07/2014	"Coral Anti Coagulant VIT-K" by Dr. Nanavati M.D.
06/08/2014	Awareness lecture about Breast Feeding by Dr. Manish Sanariya.	KALOL	
24/08/2014	Blood Sugar check up camp. Total 30 participants had	25/07/2014	"IVF overview for low cost" by Dr. Saumil Patel
	been checked 5 patients were found to have raised		"3D-4 D" by Dr. B. I. Patel
	blood sugar.	12/08/2014	"Differential Diagnosis of Chest Pain" by Dr. Urnil Shah
26/08/2014	Anemia camp HB estimation of 200 students (girl).		"Cardiac Surgery recent updates" by Dr. Dhaval Naik
	BRANCH ACTIVITY	21/08/2014	"Pyrexia of Unknown Origin" by Dr. Pratibha D. Srinivasan.
AMRELI			"Anaemia" by Dr. Dileep Srinivasan.
02/08/2014	"Acute flaccid paralysis and measles surveillance short	05/09/2014	"Migraine" by Dr. Jitendra Singh.
	insight on routine immunizations" by Dr. Ranulph Hiremath		"Management of Depression" by Dr. Bhagwatiben C. Patel.
ANAND		MODASA	
23/08/2014	"Cardiology" by Dr. Milan Chag, Dr. Anish Chandarana and Dr. Dhiren Shah	11/06/2014	"Management of IBS" by Dr. Rahul Bhalgami
DHORAJI		18/06/2014	"An Approach to anaemia" by Dr. Munjal Pandya
30/08/2014	"Recent advances in management of Ulcerative Colitis" by Dr. Praful M. Kamani	25/06/2014	"Advance in ovulation induction" by Dr. Jayesh Amin "Gynaec Endoscopy 2014" by Dr. Devang Kanuga
06/09/2014	"Common skin disorders Tips & Tricks and Advances in	28/06/2014	"An approach to insulin therapy" by Dr. Hemant Mankad
08/09/2014	Cosmetology" by Dr. Piyush Borkhatariya "Approach to Acute Headache" by Dr. Mehul Patel	04/07/2014	"Recent advances in GI endoscopy" by Dr. Sanjay Rajpoot
JAMNAGAR 29/06/2014	"Blood Donation camp"	09/07/2014	"An approach to Acute Kidney injury" by Dr. Kamal Goplani

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I.M.A.G.S.B. NE	WS BULLETIN SEPTEMBER-2014 / MONTHLY NEWS
16/07/2014	"Early diagnosis and management of Sepsis" by Dr. Rajesh Mishra
12/08/2014	"An approach to a patients with multiple joints pain" by Dr. Vishnu Sharma
21/08/2014	"Acute Pancreatitis" by Dr. Amit Shah
24/08/2014	"D/D and management of cough" by Dr. Ajay Jain
	"Portal Hypertension" by Dr. Shushil Narang
	"Life style Modification" by Dr. Rashmit Pandya
	One credit hour was allotted
MORBI	
08/07/2014	"Bariatric Surgery in Morbid Obesity" by Dr. Amit Acharya
	"Minimally invasive CABG" by Dr. Manish Meshwani
18/07/2014	"GERD" by Dr. Vimal Saradava
	"Laproscopic Surgery" by Dr. Rajan Jagad
08/08/2014	"Management of stone disease" by Dr. Jasani Ashish
	"Ca Prostate" by Dr. Ganatra Rajesh
22/08/2014	"Current situation of Psychiatric disease" by Dr. Dharmesh Maniyar
	"New age Psychiatry" by Dr. Vimal Somaiya
PALITANA	
25/07/2014	"Management of Obstructive Airway Disease – What is New?" by Dr. Amit Patel
06/08/2014	"Recurrent loss of pregnancy, etiology and its management" by Dr. D.A. Chavada
09/09/2014	"Asthma Management Panel discussion" by Dr. Amit Shah and Dr. Vibhakar Joshi.
RAJKOT	
03/08/2014	"Tuberculosis, its diagnosis and management" by Dr. Rashid Wasi



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INDIAN MEDICAL ASSOCIATION

GUJARAT STATE BRANCH

A.M.A. House, Opp. H.K. College, Ashram Road, Ahmedabad -380009 PHONE & FAX: (079) 265 87 370 Email: imagsb@gmail.com

Dear Branch Secretary

I hope that this circular finds you in the best of health and spirit. In continuation of my circular A-11/HFC/LM/2014-2015, further tabulated information is given below for the revision of fees effective from 1/7/2014. Herewith I am sending the copy of I.M.A. H/Q fee schedule regarding revised fees.

ORDINARY MEMBERSHIP FEES

CATEGORY	HFC	GMJ	GSB	ADM.FEE	TOTAL TO BE SENT TO GSB.IMA
Annual Single:	391-00	25-00	10-00	20-00	446-00
Annual Couple:	586-00	38-00	20-00	30-00	674-00

Local branch share to be collected extra as per individual branch decision/resolution Kindly note that fees at old

Rates will be accepted up to 30/06/2014 only at State Office. Thereafter the new revised rates will be applicable.

LIFE MEMBERSHIP FEES

CATEGORY	TOTAL FEES	BR.SHAHRE	ADM.FEES INCLUDING GSB. IMA	TO BE SENT TO GSB. IMA
Single	7995-00	740-00	{ 20-00 }	Rs. 7255-00
Couple	11950-00	1180-00	{ 30.00 }	Rs. 10770-00

Kindly send fees of old annual member, which should reach this office before 30/4/2014. Membership Fees by a D.D. drawn in favour of G.S.B. I.M.A

I.M.A. COLLEGE OF GENERAL PRACTITIONERS

College of G.P	Rs. 2000-00	
Life Membership		
Membership Fees al	ng with Life Subscription of Family Medicine DD in favo	our of
"IMACGPHQ"		
Payable at Chennai ar	l send to us	

Kindly send annual membership fees before 30/4/2014 so as to avoid deletion. The above increase of fee Rs. 50.00 in Life Member every year is computed as per the resolution passed in 41st State Council at Nadiad on 12/05/1989.

Yours Sincerely

(Dr. Jitendra N. Patel) Hon. State Secretary

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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 July-August-2014 in addition to their routine work. These are as under :

01-07-2014 to 31-07-2014: Intra domestic house to house survey by

01-08-2014 to 31-08-2014 the centers of Ahmedabad

Khokhara: 05-08-2014 General Medical Camp: 340 Patients

Khokhara: 14-08-2014 Mini Mega Medical Camp: 229 Patients

Dariyapur: 05-08-2014 General Medical Camp: 348 Patients

13-08-2014 General Medical Camp :310 Patients

25-08-2014 General Medical Camp: 158 Patients

Jamalpur: 20-08-2014 Medical Camp: 251 Patients

Nanpura - Surat : Vitamin 'A' Solution - 40 Children, Iron : 3000 tablets

Calcium - 5250 tablets were distributed.

Rander - Surat: Iron: 2000 tablets to Children Calcium -1000 tablets were distributed.

Rajkot: Vitamin-A 458, Chlorine 2000 tablets were distributed

The total number of patients registered in the OPD & Family planning activities of Various Centers is as Follows: **JULY-AUGUST-2014**

No.		Name of Center	New Case	Old Case	Total Case
(1)	Ambawadi	(Jamalpur Ward)	1863	889	2752
(2)	Behrampura	(Sardarnagar Ward)	2936	680	3616
(3)	Bapunagar	(Potalia Ward)	3834	1407	5241
(4)	Dariyapur	(Isanpur Ward)	2182	378	2560
(5)	Gomtipur	(Saijpur Ward)	4093	1326	5419
(6)	Khokhra	(Amraiwadi Ward)	5621	1387	7008
(7)	New Mental	(Kubernagar Ward)	3276	505	3781
(8)	Raikhad	(Stadium Ward)	1236	2650	3886
(9)	Wadaj	(Junawadaj Ward)	2235	444	2679
(10)	Khambhat		_	_	_
(11)	Junagadh				
(12)	Rander-Surat				
(13)	Nanpur-Surat				
(14)	Rajkot		1450	688	2138

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JULY - AUGUST - 2014

No.	Name of Center	Female Sterilisation	Male Sterilisation	Copper-	T Condom	s Ocpills
(1)	Ambawadi (Jamalpur Ward)	38	_	117	13650	1435
(2)	Behrampura (Sardarnagar Ward)	37		101	18300	2660
(3)	Bapunagar (Potalia Ward)	93		104	39384	542 U
(4)	Dariyapur (Isanpur Ward)	46	_	67	18500	759 P
(5)	Gomtipur (Saijpur Ward)	46	02	53	36225	1409 P
(6)	Khokhra (Amraiwadi Ward)	98	08	160	16000	262
(7)	New Mental (Kubernagar Ward)	49		77	19320	607 P
(8)	Raikhad (Stadium Ward)	69		106	25940	2078 P
(9)	Wadaj (Junawadaj Ward)	51	01	114	24500	2958
(10)	Khambhat	02	_	33	300	15
(11)	Junagadh	26	_	81		498 U
(12)	Rander-Surat	43	_	123	1700 N	78 P
(13)	Nanpura-Surat	56	_	154	5000 N	220 P
(14)	Rajkot	19	01	150	400 N	540 P

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I.M.A. NATIONAL SOCIAL SECURITY SCHEME, DFC No. 19

Following members have not paid their DFC No. 19 amount.

NSSS No.	NAME	BRANCH
2367	Dr.Parikh Bhavna J.	Ahmedabad
3177	Dr.Pandya Hasmukhben G.	Ahmedabad
3827	Dr.Soni Rajeshkumar Kanubhai	Ahmedabad
5507	Dr.Sharma Rakesh Shashikant	Ahmedabad
6084	Dr.Parikh Vijay Sunderlal	Ahmedabad
9916	Dr.Talsaniya Bhavesh Mansukhbhai	Ahmedabad
10982	Dr.Bhavsar Niren Shankerbhai	Ahmedabad
12911	Dr.Naik Pinky Dhaval	Ahmedabad
12912	Dr.Naik Dhaval Dinkerrai	Ahmedabad
13320	Dr.Patel Alpesh Kantilal	Ahmedabad
13321	Dr.Patel Kinara Alpesh	Ahmedabad
7248	Dr.Patel Shailesh Maganbhai	Anand
10755	Dr.Hajariwala Jimmy Bhagvatbhai	Anand
145	Dr.Trivedi Rameshchandra Amtharam	Baroda
741	Dr.Parikh Navin Bapulal	Baroda
980	Dr.Chitale Madhav Balwant	Baroda
3423	Dr.Patel Arvindbhai Vithalbhai	Baroda
3458	Dr.Thakkar Taraben Chhaganlal	Baroda
3780	Dr.Shah Jagdish Vallabhdas	Baroda
4809	Dr.Ramchandani Minaxi Bhojraj	Baroda
5956	Dr.Shah Tushar Pravinchandra	Baroda
5957	Dr.Shah Meena Tushar	Baroda
6286	Dr.Mori Ajitkumar Bhagwanbhai	Baroda
11308	Dr.Shah Viren Shantilal	Baroda
353	Dr.Patel Yusuf Ibramhim	Bharuch
5699	Dr.Salvi Rajendrakumar Khodabhai	Bharuch
11829	Dr.Masani Kshitij Harivadan	Bharuch

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2302	Dr.Gohel Bharatkumar Jasavantrai	Bhavnagar
13960	Dr.Chavda Jitesh Hasmukhbhai	Bhavnagar
14211	Dr. Vala Siddharajsinh Dharmendrasinh	Bhavnagar
14212	Dr.Jadeja Krupa Ravindrakumar	Bhavnagar
11776	Dr.Patel Rohitbhai Damubhai	Bhiloda -Dist S.K.
8155	Dr.Damor Kalsing Ramsingbhai	Dahod
8513	Dr.Joshi Pankaj Sudhaker	Dahod
9012	Dr.Joshi Sandhya Pankaj	Dahod
5214	Dr.Thakkar Chandrakant Harakhchand	Gandhidham (Kutch)
12659	Dr.Thakore Ravjisinh Amuji	Gandhinagar
13220	Dr.Rathod Lalitkumar Kuberbhai	Gandhinagar
508	Dr.Varia Manranjan Mohanlal	Godhra
9169	Dr.Parmar Jashvantsinh Salamsinh	Godhra
8000	Dr.Kariya Meghna Manharlal	Himmatnagar
4452	Dr.Patel Vinubhai Jitubhai	Idar
11045	Dr. Shankar R.K.G. Vangipuram	Karamsad, Anand
11046	Dr.Chiramana Haritha	Karamsad-Anand
7134	Dr.Babaria Arjun Samatbhai	Kutiyana,Dt.Porbandar
5642	Dr.Ayar Dhiraj Balubhai	Mahuva
2310	Dr.Patel Kantibhai Dosabhai	Mehsana
2477	Dr.Bharwad Bapubhai A.	Mehsana
12092	Dr.Prajapati Dineshbhai Somabhai	Mehsana
12097	Dr.Patel Hardik Nathalal	Modasa
13963	Dr.Pandya Sudhakar Girishchandra	Modasa
12519	Dr.Sutariya Shailesh Ramanlal	Palanpur
4071	Dr.Shah Pravinchandra Trikamlal	Patan
8950	Dr.Gupta Kamalprakash Umeshchandra	Patan
5920	Dr.Dalsaniya Vipul Dayalal	Porbandar
6474	Dr.Adatia Rupa Pavankumar	Porbandar
7529	Dr.Chanchiya Devabhai Punjabhai	Porbandar
9583	Dr.Lal Reena Nitin	Porbandar
9584	Dr.Lal Nitin Jayantilal	Porbandar
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I.M.A.G.S.B.	METHIC	PIII	T TO TOTAL
1.M.A.G.S.D.	MEWS	DUL	אווועעע



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3491	Dr.Kedaria Yesvant Maganlal	Rajkot
12869	Dr.Vala Vipulkumar Kantilal	Sanjeli-Dist.Dahod
166	Dr.Shah Chandresh Natvarlal	Surat
2387	Dr.Patel Mansukh Mohanbhai	Surat
7521	Dr.Mangukiya Himmat Govindbhai	Surat
7523	Dr.Mangukiya Hansa Himmat	Surat
8307	Dr.Bhavsar Dileep Harilal	Surat
11584	Dr.Vasoya Sanjay Jayantilal	Surat
12575	Dr.Avaiya Shambhubhai Popatbhai	Surat
13190	Dr.Rakhe Balkrishna Sharadchandra	Surat
14497	Dr.Gondalia Viralkumar Harilal	Surat
1539	Dr.Vadhavana Ratilal Madhavji	Umreth
6089	Dr.Shah Bharat Krushnalal	V.V.Nagar
9921	Dr.Patel Vadankumar Mahendrabhai	V.V.Nagar
4309	Dr.Mahida Bharatkumar Ramsinh	Vadodara
5472	Dr.Patel Chirag Bhupendrabhai	Vadodara
5822	Dr.Shah Nutan Sunil	Vadodara
6761	Dr.Shah Rakesh Bhanuprasad	Vadodara
9467	Dr.Joshi Prarthana Rameshbhai	Valsad
9468	Dr.Shah Amitkumar Arvindkumar	Valsad
1834	Dr.Shah Rajeshkumar Dhanraj	Vapi
6908	Dr.Fichadia Kumudchandra Amilal	Veraval
1554	Dr.Patel Dahyabhai Purshottamdas	Vijapur
10356	Dr.Singh Manoj Kumar	Visnagar (N.G.)
13233	Dr.Patel Surendrabhai Ramjibhai	Vyara -Dist.Tapi

If we will not receive the payment on or before 20-10-2014 their membership will be terminated from scheme.

For any query contact office No. 079-2658 5430 $\,$ between 2-00 p.m. to 6-30 p.m.

Dr. Yogendra S. Modi Hon. Treasurer Dr. Kirti M. Patel Chairman

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SOCIAL SECURITY SCHEME, IMA-GSB DFC No. 39

Following members have not paid their DFC No. 39 amount.

SSS No.	NAME	BRANCH
7108	Dr. Kapoor Yogesh Gurudarshan	Ahmedabad
7235	Dr. Vaishnav Ramcharan Santoshdas	Ahmedabad
7475	Dr. Shah Rangam Chandulal	Himmatnagar
7476	Dr. Shah Bhavna Rangam	Himmatnagar
8107	Dr. Shah Paras Prafullbhai	Rajkot
8272	Dr. Pandya Yogeshkumar Ashwinkumar	Anand
8494	Dr. Parikh Kamlesh Dayalbhai	Vadodara
8799	Dr. Patel Bharatkumar Bababhai	Ahmedabad
9188	Dr. Jat Kapurji Rupaji	Deesa
9191	Dr. Gupte Atul Prabhakar	Vadcdara
9316	Dr. Rallapalli Rajesh R. S. Narayana	Dist-Jamnagar
9392	Dr. Joshi Sujai Jaiprakash	Vadodara
9398	Dr. Joshi Anuradha Sujai	Vadodara
9705	Dr. Jigna Arhatia	Ahmedabad
9733	Dr. Khandelwal Pankaj Govindprasad	Vadodara
9944	Dr. Patel Nikhil Babubhai	Vaoodara
10494	Dr. Chotaliya Romeshkumar Purushottambh	Junagadh
10511	Dr. Devmurari Hasmukh Premdas	Jamnagar
10749	Dr. Shah Reshma Shirishbhai	Surat
10840	Dr. Patel Dinesh Trikambhai	Ahmedabad
10846	Dr. Arlekar Chandrika Shailesh	Vapi
10847	Dr. Arlekar Shailesh Ramchandra	Vapi
11019	Dr. Chudasama Manish Pragji	Anuar - Kutch
11222	Dr. Patel Pradipkumar Ravjibhai	Surat
11371	Dr. Koyani Mayur Vastabhai	Surat
11421	Dr. Soni Reshma Dipak	Surat
11551	Dr. Lad Manishkumar Ishwarlal	Silvassa
11643	Dr. Mehta Purvi Paraskumar	Vadodara
11644	Dr. Mehta Paras Ajitkumar	Vadodara
11657	Dr. Patel Kanaiya Rushibhai	Sarat
11891	Dr. Joshi Sandhya Pankaj	Dahod
11926	Dr. Murawala Hema Ashishkumar	Vadodara



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11933	Dr. Prajapati Rajesh Bhikhabhai	Surat
12035	Dr. Agarwal Manish Anandilal	Ahmedabad
12073	Dr. Lal Reena Nitin	Porbandar
12074	Dr. Lal Nitin Jayantilal	Porbandar
12099	Dr. Patel Rajeshkumar Vallabhdas	Dhoraji
12252	Dr. Surani Himatlal Govindbhai	Anjar - Kutch
12565	Dr. Chiramana Haritha Vangipuram R. K.,	Karamsad, Di Anand
12566	Dr. Vangipuram Shankar R.K.G. V.M.K. Murth,	Karamsad, Di Anand
12578	Dr. Pandya Mahesh Jayendra	Vadodara
12744	Dr. Shah Hirenkumar Nandlal	Ahmedabad
12763	Dr. Kalaria Jahnavi Harshal	Rajkot
12764	Dr. Kalaria Harshal Dahyabhai	Rajkot
12838	Dr. Purabiya Kamlesh Bhuraji	Ahmedabad
12843	Dr. Prajapati Dineshbhai Somabhai	Mehsana
12844	Dr. Patel Anilkumar Jivanlal	Di - Gandhinagar
12977	Dr. Chaudhary Ketankumar Hemarajbhai	Mehsana
13047	Dr. Boghanee Ketankumar Naranbhai	Botad
13215	Dr. Rathod Lalitkumar Kuberbhai	Gandhinagar
13234	Dr. Patel Kinara Alpesh	Ahmedabad
13235	Dr. Patel Alpesh Kantilal	Ahmedabad
13248	Dr. Patel Shaileshkumar Maganbhai	Anand
13481	Dr. Chavda Jitesh Hasmukhbhai	Bhavnagar

If we will not receive the payment on or before 20-10-2014 their membership will be terminated from scheme.

For any query contact office No. 079-2658 0690 $\,$ between 2-00 p.m. to 6-30 p.m.

Dr. Jitendra B. Patel
Hon. Secretary

Dr. Yogendra S. Modi
Hon. Treasurer

Dr. Kirit A. Gandhi
Hon. Jt. Secretary

HEALTH SCHEME, IMA-GSB

Be a Member of Health Scheme

The members can get the benefit from the Health Scheme over & above their MEDICAL INSURANCE

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IMA-GFATM-RNTCP-PPM-RCC-Project

Following branches have organized DTPs on Tuberculosis.

Sr.	Name of Branch	Date
1.	Savarkundla	29-08-2014
2.	Veraval	07-09-2014

Following branches have organized CMEs on Tuberculosis.

Sr.	Name of Branch	Date
1.	Khedbrahma	23-07-2014
2.	Ahmedabad	24-07-2014
3.	Gandhidham	25-07-2014
4.	Bhuj	26-07-2014
5.	Visnagar	05-08-2014
6.	Ahmedabad	06-08-2014
7.	Kadi	07-08-2014
8.	Jamnagar	09-08-2014
9.	Dhansura	13-08-2014
10.	Gandhinagar	19-08-2014
11.	Mansa	20-08-2014
12.	Ahmedabad	21-08-2014
13.	Keshod	22-08-2014
14.	Veraval	23-08-2014
15.	Kalol	28-08-2014
16.	Ahmedabad	30-08-2014
17.	Gondal	30-08-2014
18.	Modasa	03-09-2014
19.	Ahmedabad	06-09-2014
20.	Mahuva	06-09-2014
21.	Ahmedabad	10-09-2014
22.	Himmatnagar	11-09-2014
23.	Bilimora	13-09-2014
24.	Navsari	14-09-2014

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CONGRATULATIONS

Top 10 Tuberculosis Notifiers in Gujarat State (During July-2014)

Sr. No.	Name of the Doctor/ Clinic/Laboratory Address/Branch/City	Number of Notifica- tions	I.M.A. District Co-ordinators	D.T.O./ City T.B. Officer
1.	Parinbanu TB Clinic Hirabaug, Surat	84	Dr. Vinod C. Shah	Dr K. N. Sheladia
2.	Sundram Surgical Hospital Jhalod, Dahod	68	Dr. Alpesh Amin	Dr. P. R. Suthar
3.	Dr. Vipul Malasana Morbi, Rajkot	40	Dr. Atul Pandya	Dr. S. G. Lakkad
3.1	Gayatri Medical Hospital Deesa, Banaskantha	40	Dr. Sunil Acharya	Dr. B. B. Solanki
5.	Shah Heart Medical Hospital Palanpur, Bansakantha	39	Dr. Sunil Acharya	Dr. B. B. Solanki
6.	Dr. N.N. Parekh Morbi, Rajkot	34	Dr. Atul Pandya	Dr. S. G. Lakkad
7.	Milestone Hospital Rajkot	31	Dr. Atul Pandya	Dr. S. G. Lakkad
8.	Sparsh Chest Disease Center Ahmedabad	29	Dr. Jitendra Shah	Dr.R. M. Leuva
9.	R.B Kothari Poly Diagnostic Centre & Hospital, Rajkot	27	Dr. Atul Pandya	Dr. S. G. Lakkad
10.	Patel Hospital Dhansura, Sabarkantha	26	Dr. Bhupendra Shal	Dr. A. K. Patel

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CONGRATULATIONS

Top 10 Tuberculosis Notifiers in Gujarat State (During August-2014)

Sr. No.	Name of the Doctor/ Clinic/Laboratory Address/Branch/City	Number of Notifica- tions	I.M.A. District Co-ordinators	D.T.O./ City T.B. Officer
1	P.S. Medical College and Hospital, Karamsad, Anand	178	Dr. Shailesh Shah	Dr. R. R. Fulmali
2	Parinbanu TB Clinic Hirabaug, Surat	150	Dr. Vinod C. Shah	Dr K. N. Sheladia
3	Action Research in Community Health, Rajpipla, Narmada	079	Dr. Umakant Sheth	Dr. S. A. Arya
4	Dr. G.L Gondaliya Rajkot	066	Dr. Atul Pandya	Dr. S. G. Lakkad
5	R.B Kothari Poly Diagnostic Centre & Hospital, Rajkot	046	Dr. Atul Pandya	Dr. S. G. Lakkad
6	Dr. N. P. Suthar Mehsana	042	Dr. Anil Nayak	Dr. K. K. Patel
7	Navjeevan Hospital Veraval, Gir-Somnath	031	Dr. Jayesh Vaghasia	Dr. Jitendra Bamrotia
8	Vardan Hospital Khedbrahma, Sabarkantha	029	Dr. Bhupendra Shah	Dr. A. K. Patel
8.1	Respicare Clinic Ahmedabad	029	Dr. Jitendra Shah	Dr.R. M. Leuva
10	Sparsh Chest Disease Center Ahmedabad	027	Dr. Jitendra Shah	Dr. R. M. Leuva

SCIENTIFIC UPDATE

AN EMERGING DISEASE: EBOLA HAEMORRHAGIC FEVER

Today the world stands on the threshold of a new era in which hundreds of millions of people will be safe from some of the most terrible diseases like poliomyelitis, neonatal tetanus, leprosy, measles etc. and very soon these diseases will join smallpox as the diseases of the past. On the other hand, the world also stands on the brink of a global crisis in emerging and reemerging infectious diseases. The world has witnessed the pandemic of H1N1. Currently, there is an outbreak of Ebola virus disease (EVD) or Ebola haemorragic fever in African Subcontinent, (family Filoviridae) posing a serious threat to the whole world.

Ebola first appeared in 1976 in 2 simultaneous outbreaks, in Nzara, Sudan, and in Yambuku, Democratic Republic of Congo. The latter was in a village situated near the Ebola River, from which the disease takes its name. It is a severe, often fatal illness in humans and non-human primates (e.g., monkeys) with case fatality rate upto 90%. The virus is transmitted to people from wild animals and spreads in the human population through human-to-human transmission.

The natural reservoir host of ebolaviruses remains unknown. However, on the basis of available evidence, the virus is zoonotic with bats being the most likely reservoir.

Transmission:

Ebola is introduced into the human population through close contact with the blood, secretions, organs or other bodily fluids of infected animals. In Africa, infection has been documented through the handling of infected chimpanzees, gorillas, fruit bats, monkeys, forest antelope and porcupines found ill or dead

When an infection does occur in humans, the virus can be spread in several ways to others. The virus is spread through direct contact (through broken skin or mucous membranes) with a sick person's blood or body fluids (urine, saliva, feces, vomit, and semen), objects (such as needles) that have been contaminated with infected body fluids and infected animals

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Healthcare workers and the family and friends in close contact with Ebola patients are at the highest risk of getting sick because they may come in contact with infected blood or body fluids.

Burial ceremonies in which mourners have direct contact with the body of the deceased person can also play a role in the transmission of Ebola. Men who have recovered from the disease can still transmit the virus through their semen for up to 7 weeks after recovery from illness.

Health-care workers have frequently been infected while treating patients with suspected or confirmed EVD. This has occurred through close contact with patients when infection control precautions are not strictly practiced.

Clinical Features:

EVD is a severe acute viral illness often characterized by the sudden onset of fever, intense weakness, muscle pain, headache and sore throat, followed by vomiting, diarrhoea, rash, impaired kidney and liver function, and in some cases, both internal and external bleeding.

People are infectious as long as their blood and secretions contain the virus. Ebola virus was isolated from semen 61 days after onset of illness in a man who was infected in a laboratory.

The incubation period ranges from 2 to 21 days.

Diagnosis

Ebola virus infections can be diagnosed definitively in a laboratory through following types of tests:

- antibody-capture enzyme-linked immunosorbent assay (ELISA)
- antigen detection tests
- serum neutralization test
- reverse transcriptase polymerase chain reaction (RT-PCR) assay
- electron microscopy
- virus isolation by cell culture.

Low White blood cells count and platelet count and elevate liver enzymes.



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Other diseases that should be ruled out before a diagnosis of EVD can be made include: malaria, typhoid fever, shigellosis, cholera, leptospirosis, plague, rickettsiosis, relapsing fever, meningitis, hepatitis and other viral haemorrhagic fevers.

Ebola virus in animals

Although non-human primates have been a source of infection for humans, they are not thought to be the reservoir but rather an accidental host like human beings.

Prevention and Control:

No animal vaccine is available. Routine cleaning and disinfection of pig or monkey farms (with sodium hypochlorite or other detergents) should be effective in inactivating the virus.

If an outbreak is suspected, the premises should be quarantined immediately. Culling of infected animals, with close supervision of burial or incineration of carcasses, may be necessary to reduce the risk of animal-to-human transmission. Restricting or banning the movement of animals from infected farms to other areas can reduce the spread of the disease.

As outbreaks in pigs and monkeys have preceded human infections, the establishment of an active animal health surveillance system to detect new cases is essential in providing early warning for veterinary and human public health authorities.

Reducing the risk of Ebola infection in people

In the absence of effective treatment and a human vaccine, raising awareness of the risk factors for Ebola infection and the protective measures individuals can take is the only way to reduce human infection and death.

It is not always possible to identify patients with EBV early because initial symptoms may be non-specific. For this reason, it is important that health-care workers apply standard precautions consistently with all patients – regardless of their diagnosis – in all work practices at all times. These include basic hand hygiene, respiratory hygiene, the use of personal protective equipment (according to the risk of splashes or other contact with infected materials), safe injection practices and safe burial practices.

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Laboratory workers are also at risk. Samples taken from suspected human and animals of Ebola cases for diagnosis should be handled by trained staff and processed in suitably equipped laboratories.

Treatment

Standard treatment for Ebola HF is still limited to supportive therapy. This consists of:

- balancing the patient's fluids and electrolytes
- maintaining their oxygen status and blood pressure
- treating them for any complicating infections

The patient should be isolated and public health professionals notified. Supportive therapy can continue with proper protective clothing until samples from the patient are tested to confirm infection.

Dr. Pradeep R. Pithadia, (Assistant Professor) M.P.Shah Govt. Medical College, Jamnagar



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"P. P. S. House", Beside Sakar-▼ Building, Nr. Mithakhali Railway Crossing, Off Ashram Road, Navrangpura, Ahmedabad-380009.

Tele. No.: 079-2658 89 29

Sub.: Organisation of Educative Zonal Seminar by Local Branch and Financial Assistance by P.P.S. GSB-IMA.

Professional Protection Scheme has arranged successfully Educational Seminars since many years. The last one was held at Navsari Branch. Looking to the success of these Seminars in educating and awakening our members in prevention and defence of litigations arising as a result of professional negligence or deficiency of service, PPS has decided to have two such Zonal Educative Seminars in each zone of Gujarat State

The subject of such Educational Programme shall be in relation to

Consumer Protection Act

Branch of I.M.A.

- Professional Negligence and Deficiency in service
- Prevention and Defence of such litigation and other related **Topics**
- Laws Governing the Medical Practice.

If any branch wishes to have such Zonal Seminar then please, apply to the P.P.S. Office through branch Secretary before 15th November.

> Dr. Dilip C. Vaidva Managing Director

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IMA NATCON 2014

89th National Conference of INDIAN MEDICAL ASSOCIATION

27th & 28th December, 2014



CALL FOR ABSTRACTS FOR PLATFORM/POSTER PRESENTATION

The Scientific Programme Committee invites abstract submissions. The Committee reserves the right to reject abstracts and edit the language. Presenters can not submit more than two abstracts.

Submission:

- Abstract must be written in English, Abstract to be submitted by email on (i) drtusharpatel@yahoo.com and (ii) amagsbima@yahoo.co.in
- Photocopy of Registration Receipt of conference is MANDATORY for the presenting author.
- Time Allowed for presentation is 8 minutes plus 2 minutes for discussion.
- Abstract can be submitted latest by 31st October, 2014

Poster Presentation Guidelines:

- Display in 1 m x 1 m area
- Captions, title, authors and affiliation on top of the chart should be self explanatory.
- Each figure, table and graph should have a proper heading on top.
- Responsibility lies with the presenter to set up & dismantle their posters within the scheduled time and should ensure their presence during the display time.
- Posters will be judged by judges at the scheduled time and date.

Submission Deadline: 31st October, 2014

Acceptance / Rejection Deadline: 30th November, 2014

Abstract of paper for platform or poster presentation will be printed in the abstract book of the conference and no separate permission will be sought from the authors. The authors will remain responsible for the content of the article.

Dr. Tushar Patel, (Scientific Secretary)

Mobile: +91 9825082672 Email: drtusharpatel@yahoo.com



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IMA NATCON 2014

89th National Conference of INDIAN MEDICAL ASSOCIATION 27th & 28th December, 2014



It is proud achievement of Ahmedabad & Ahmedabad Medical Association as after the gap of 25 years, Ahmedabad is hosting the 89th National Conference of Indian Medical Association, 'IMA NATCON 2014' on 27th & 28th December, 2014, On 26th December, 2014 there will be preconference workshops at various places. Detail will be published in due course.

Conference Details

: 27th & 28th December, 2014 Date

: Gujarat University Convention Centre Venue

Nr. Helmet Circle, Drive-in Road, Ahmedabad.

Pre Conf. Workshop: 26th December, 2014

: will be declared in due course Venue

Salient features of conference are,

- Eminent National & International faculty as speakers.
- Multiple Preconference Workshops on various different topics.
- Scientific Papers and Posters are invited from Resident Doctors.
- AMA has applied for GMC accredition.
- Entertainment Programme with Gala dinner.
- Programmes for spouse & accompanying persons.
- Lucky draw & many more.
- Kindly register yourself as earliest and encourage others for registration.
- You can download registration form from imagsb.com Website or get from AMA Office.

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IMA NATCON 2014 89th National Conference of INDIAN MEDICAL ASSOCIATION 27th & 28th December, 2014



HOSTED BY: AHMEDABAD MEDICAL ASSOCIATION

REGISTRATION FORM

Conference Secretariat:

Dr. Kamlesh B. Saini / Dr. Jitendra N. Patel / Dr. Dilip Gadhavi AMA HOUSE, First Floor, Opp. H.K Arts College,

Ashram Road, Ahmedabad - 380009. Ph.: 079-26588775 (2.00 pm to 6.00pm)

Email: imanatcon2014@gmail.com

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IMA NATCON-2014

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We are thankful to the following members for registering as Reception Committee (R.C.) members.

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DR. DEVENDRA R. PATEL

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DR. PRAFUL R. DESAI

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M.S. (Opthalmologist)

Past President: Ahmedabad Medical Association
Director & Chief Surgeon:
Cure Sight Laser Centre (Ahmedabad)



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Craniofacial, Plastic and Aesthetic Surgeon
Jaju Plastic Surgery Centre
(Ahmedabad)



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C.U. Shah Medical College, Surendranagar
(Ahmedabad)



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M.D., D.G.O. FICOG
Consulting Obstetrician & Gynecologist
Munshi Hospitals
(Ahmedabad)



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Gastro-Intestinal, Hepato-Pancreato-Billiary,
Obesity & Metabolic Surgery & G.I. Endoscopist
Nidhi Hospital (Ahmedabad)



DR. TEJANSHU P. SHAH
M.S., M.Ch. (Urology)
Consultant Urologist, Andrologist,
Infertility Micro Surgeon & Kidney Transplant Surgeon
(Ahmedabad)



PATRONS IMA NATCON-2014



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(Art Specialist)
Reshambai Fertility Hospital
Center for Human Reproduction ivf-icsi
(Test Tube Baby Center) (Ahmedabad)



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M.D. (Path & Bact)
Ex. Vice President (IMA-GSB)
Shree Satyam Diagnostic Centre
(Rajkot)



DR. RAMAN S. PATEL
(M.D., DGO)
Infertility (IVF) Specialist Endoscopic Surgeon
Director & Head Sunflower Women's Hospital
(Ahmedabad)



DR. D. G. PATEL (M.D., Path. regd.)
Director: Sunflower Women's Hospital
Director: Motherhood Diagnostic
Director: Cure-III Pharma Pvt. Ltd.
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Prof. & Head, Dept. of Neurology, V. S. Hospital
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Vaidic Dental College & Research Centre, Kadaia Dalwada Daman

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- Has successfully operated patient aged up to 94 years.
- Operated more than thousands of knee replacement surgeries with extra-ordinary outcomes.
- Has been invited as faculty and guest speaker to deliver lecture at different International Conferences & Meets, U.K., U.S., Singapore, Japan, China, Thailand, Philippines, Taiwan, Vietnam, Indonesia.

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CME on TUBERCULOSIS Dhansura



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Delhi Medical Association Centenary Celebrations, New Delhi





Anniversary International Medical Congress of the Sri Lanka Medical Association







International Standards of Tuberculosis Care (ISTC)
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SCIENTIFIC UPDATE

Acute watery diarrhoea

- Definition- More than 3 watery stools/day or single large watery stool is defined as diarrhoea.
- Second most common illness in children next to Acute Respiratory Tract Infections(ARI) especially pneumonias.
- Accounts for 20% of total illness.
- Not only fluid but also electrolytes & minerals are lost in stool which may be life threatening if not treated timely.
- Early treatment with Oral Rehydration Solution(ORS) leads to very good outcome.
- Late problems are anaemia, vitamin A& other micronutrient deficiency and protein energy malnutrition(PEM)

Causes

- Viruses Rota virus, Entero virus 60 to 70% of cases.
- Bacteria 20% of cases- E. coli, V. cholera, Shigella, Yersinia, Campylobacter, Salmonella.
- Protozoa-15% of total cases Amoebiasis, Giardiasis, malarial infection.
- Others Lactose intolerance, mal-absorption syndrome, drug induced diarrhoea.
- $\bullet \quad \text{Specific causes like Crytos poridios is seen in HIV AIDS and} \\$
- Irritable bowel syndrome- In adolescence

Clinical presentation

- Frequency of stool-watery with/without blood, food particles
- Vomiting– present in 50% of cases, sometimes may be severe(more with rota virus).
- Fever mild with viral diarrhoea. High grade fever seen in Salmonella, Shigella and E. coli infections.
- Abdominal pain / cramps-more with dysentery.

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- Abdominal distension- usually gaseous but may be due to functional paralytic ileus. Intussusception may present as complication.
- Irritability seen very commonly is due to dehydration, abdominal cramps, dyselectrolytemia in form of hyponatremia and sometimes CNS involvement.
- Cough and fever due to ARI (Pneumonia).
- Sometimes increase respiratory rate due to acidosis (bicarbonate loss in stool).
- Decreased urine output sometimes anuria.

Complications

- 1. Severe dehydration & shock.
- 2. Renal failure.
- 3. Coma.
- 4. Convulsion due to dyselectrolytemia in form of hyponatremia, hypernatremia, hypocalcemia& rarely encephalitis.
- 5. Venous sinus thrombosis (in cases of prolonged severe dehydration).

Assessment of dehydration (Most important for Management)

Types of Dehydration				
Observation	NO	SOME	SEVERE	
Sensorium	Conscious	Irritable	Drowsy/comatose	
Frequency of stool	<5 times	5 to 10 times	>10 times	
Anterior fontanel	Normal or at level	Depressed	Very much	
			depressed	
Eyeball	Normal	Sunken	Very much sunken	
Oral mucosa	Wet	Dry	Very much dry	
Skin turgor test	kin turgor test Goes back		Goes back	
	quickly	<2 sec	> 2sec	
Urine output	Adequate	Oliguria	Anuria	
Pulse	Normal	Tachycardia	Thready/ not	
			palpable	
B.P. Normal		Low	Very low/not	
			recordable	
Respiration	Normal	Fast	Shallow	

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Investigations

- 1. Usually in a child with acute watery diarrhoea with no/some dehydration-no need for investigation.
- 2. Severe dehydration if suspected cholera hanging drop & culture
- 3. Renal function tests (Blood urea, S. Creatinine & Electrolytes in severe dehydration)
- 4. Lactose intolerance-stool ph., sugar
- 5. Even if blood in stool (shigella) no stool study.
- 6. High grade fever- complete blood count, PS MP

Treatment

- 0-Oral fluids
- R-Ringer lactate
- S-Solutions

Oral rehydration therapy-ORT

- Oral rehydration therapy-gold standard therapy.
- Not only treat but also prevent dehydration.
- Can be given to severe dehydration with RT to save life before reaching to health care facility or referral hospital.
- Easily available, can be prepared at home /on road/ train/ air/submarine/navy craft.

ORS

Low osmolar ORS is the choice of therapy which has following composition (this packet should be dissolved in litre or 5 glasses of water):

Component-concentration (mmol/l)

Na-	75
K-	20
Cl-	65
Citrate -	10
Glucose-	75
Osmolality-	245

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- The final fluid prepared out of this sachet will have osmolarity similar to plasma (iso-osmolar).
- Small ORS packet is also Available to be dissolved in 200 ml or 1 glass of water
- Nothing should be added in solution like sugar, honey, coconut water, soda.
- Boiling of water is not routinely recommended because it causes wastage of time & fuel and delay in therapy. (recommended only in cholera epidemic).

How much (prepared) ORS to be given:

• Below 2 years - 50 ml after each loose stool

2 to 5 years - 100 ml after each loose stool

5 to 10 years - 100-150 ml after each loose stool

>10 years - as much as able to drink

- Neonates double dilution with ORS, frequent breast feeding with plain water in between.
- Other fluids- **homemade ORS** (1 glass water + 1 pinch of salt+few drops of lemon), Butter milk, dal-water, lassi with salt, coconut water, soups, light tea.
- Always continue breast feeding if child is breast-fed.
- DO NOT GIVE: Fruit juices, Beverages, Dextrose powders, Soft drinks like cola, Large amount of milk

Diet

- Most important part of therapy to maintain nutrition during illness and prevent development of PEM later on.
- $\bullet \quad \text{Continue routine diet- preferably semi solid like rice, dal, khich di, khir.} \\$
- Give banana, curd, lassi

Some dehydration

- $\bullet \quad \text{The patient should be monitored for 4 hours for improvement.} \\$
- 75ml/kg of ORS within 4 hours should be given.
- Reassess the child, if improves then send home with ORT. If does not improve then admit.

$Indications\, of\, hospitalization/Referral$

1. Severe dehydration, shock.

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- 2. Some dehydration-not improving after 4 hours of ORT
- 3. Persistent vomiting> 3 times with ORT
- 4. Suspected cholera (classical rice-watery stool).
- 5. Sensorium disturbance (drowsiness/coma).
- 6. Electrolyte imbalance (convulsion).
- 7. Neonates with blood in stool.
- 8. Severe Acute Malnutrition (PEM Grade 3 and 4) with or without dehydration

Indications of Antibacterial therapy

- 1. Suspected cholera- Doxycycline(6 mg/kg single dose) if age >8 years, Erythromycin(50mg/kg/day in 3 divided doses) for <8 years.
- 2. Blood in stool(dysentery)- Co-trimoxazole(5-8 mg/kg of Trimethoprim) for 5 days.
- 3. With ARI-Co-trimoxazole (dose same as above)
- 4. Stool lab reports suggesting pus cells>10/hpf and culture showing growth of micro-organisms-according to sensitivity pattern.

Anti-emetics

Vomiting usually occurs due to acidosis (bicarbonate loss)

Give ORS initially, if do not respond or persistent vomiting(>3/hr)- child should be hospitalised.

Routine use of anti-emetics is not recommended.

Anti-motility drugs have no role while anti-secretory drugs are not advocated in acute watery diarrhea.

Probiotics are not routinely recommended as the benefits are strain and dose dependent.

Zinc

- It should be started in all children with acute watery diarrhea regardless of their dehydration status.
- Reduces the amount of stool, number of days and duration of illness.
- Improves epithelial function and integrity of local gut mucosa.
- Stimulates immune system.
- Recommended Dose <6 month 10 mg for 14 days.
 - >6 month 20mg for 14 days.

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If Convulsion

• Inj Diazepam 0.3mg/kg IV slowly stat or Inj Phenytoin Sodium 15 mg/kg IV slowly over 15 minutes, then refer to higher centre.

Vitamins & Iron

- B Complex, Iron and Tonics should be given after 5-7 days.
- Local oral ulcer clotrimazole+ folic acid(0.2 -0.3 mg/day)

Fever

- Mild fever-rehydrate the child.
- Moderate fever-Paracetamol (15mg/kg/dose) & Cold sponging
- High grade fever- investigate and treat accordingly (anti-malarials, antibiotics).

Prevention

- **1. Water hygiene**-Properly stored, clean potable water should be used for drinking and routine use. Chlorine tablets should be used for large storage tanks.
- **2. Hand hygiene-** most important for prevention in community as well as hospital settings. Mothers should be educated for hand washing after handling excreta or toilet and before cooking or feeding the child.
- **3. Basic sanitation** practices like proper waste/excreta disposal.

4. Vaccines-

- Measles & BCG vaccine
- Rotavirus vaccine as a specific vaccine for those who can afford must be given between 6 weeks and 14 weeks 6 days as first dose and final dose below 8 months of age.
- **5. 29**th **July is celebrated as ORS day.** Message to the people should be passed for use of ORS in diarrheal diseases.

Dr.CHARUL PURANI

Dr. K.M.MEHARIYA

Assistant Professor

Professor & Head, Additional M.S.

Department of Paediatrics
B.J.Medical College, Civil Hospital, Ahmedabad.

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Low cost IVF- A boon to middle class patients

"IVF creates bundle of joy for infertility patients but with hurdle of bundle of cost"

Infertility cases are constantly rising. Before a decade infertility treatment was not that easy to treat but with invent of IVF and its easy accessibility in every city infertility cases are easily been solved. IVF comes as bundle of joy for infertility patients but at big bundle of cost.

"Reproduction is considered the most basic human desire, Propelled by powerful biological and psychological drives"

IVF is a complex procedure that includes sequence of procedures, clinical skill and instrumental requirements. To give best treatment at very good quality, high working cost might be billed on the sufferers. Most important issue on patient side in IVF is cost. In India cost of infertility treatment are high and it might not be protected in insurance package. If that is the case the individual might suffer great economic pressure and prevent them to undergo treatment.

As the professional IVF centre we are satisfied to provide the best high quality of IVF to the patients. After analyzing the health and wealth background of the sufferer we can provide low cost IVF to needy. We are happy to provide high quality and affordable IVF treatment.

Low cost IVF offers the chances for sufferers to fix the sterility issues within affordable prices.

How can we cut short cost without affecting quality????

"We are happy to provide high quality & affordable IVF treatment, Setup at par with others in India with no compromise in infrastructure"



By various ways:

1) Minimal ovarian stimulation: Mini IVF

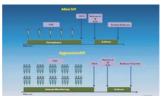
Majority of cost in IVF is gonadotropins. With use of recombinant FSH in high dosages in order to obtain more oocytes IVF become costly. To reduce that we can stimulate with HMG or clomiphene with hMG keeping in mind concept of FSH window, we can get enough good number of oocytes. Even natural cycle IVF can be planned for cases with unexplained or tubal

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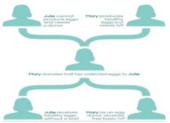


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factor infertility. This protocol gives fewer but Grade A quality Eggs as compared to conventional IVF. Clomiphene + hMG regimen is as effective as hMG protocol for IVF for Ovulation induction, satisfactory pregnancy rate and reducing treatment cost.



2) Egg sharing :



Becoming egg share donor offers some women reducing cost of her cycle and helping other women using donor egg. Essentially, the recipient of sharer's donor eggs pays the greater part of cost of donor's treatment and so the overall cost will be less to sharer.

3) Shared donor egg cycle:

In this procedure, 2 or more women will impart a donor's eggs. They will all contribute in the IVF treatment cost. This process will allow women to take advantage of affordable IVF treatment because they will split the cost of treatment between themselves.

4) Batch IVF

Other major costing in IVF is in laboratory part. By keeping more than 4-5 patients in batch we can pass on benefits of reduction of cost in consumables and media part to patients.\

5) Embryo donation

Which exclude social stigma of adoption





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Patients having excess embryos can share their embryos to those cases for embryo donation and such 2 cycles of IVF can be done in single cycle cost, which benefit can be passed on to patients.

"Donor egg cycles give better results in IVF than Fresh self cycles"

6) Reducing cost on unnecessary investigation

Most of the cases that come to seek IVF are loaded with dozens of files and investigations which are unnecessary. Even before starting IVF, Clinicians used to do dozens of investigations. Rather than that apply clinical knowledge and good sonography skill and you can omit those cost of investigations.

7) Monitoring been done by referring doctor only

Monitoring a cycle in IVF is a key important point in treatment. Patients staying away from center have to come every 3rd or 4th day for sonography or need to arrange accommodation facility. Rather patient only come for first consultation on starting of cycle and then her routine scan can be done by referring gynecologist at their place only. They can mail the scan pictures and adjust the dosages with our doctors' advice which reduces a big extra cost to patients.

8) Refund policy:

It is prepayment arrangement in which you would obtain full or partial refund if pregnancy doesn't happen out of IVF treatment. Patient will give flat fees directly for particular number of IVF cycles. You will receive 70 to 100 percent reimbursement if don't get pregnancy. However, there are some restrictions depending on policies of fertility clinic in term of services and age covered.

In summary,

IVF is good to fix the problems of sterility which includes a sequence of complex procedures and actions. In reality the IVF is costly. However we are satisfied to provide affordable IVF which is tailor made for the beneficiaries. It allows fixing the economic pressure from patients but without limiting quality of treatment.

Please organize a routine with our doctors of DEV ART IVF centre and talk about the low cost affordable IVF options for you or your patients.

- Dr Nisha Saumil Patel

Dev ART ivf, Subhash Bridge circle, Ahmedabad.

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An Appeal to strengthen Universal Immunization Program to reduce IMR and U5MR in Gujarat

Immunization is one of the most cost-effective interventions that prevent needless suffering through sickness, disability and death. The benefits of immunization are not only restricted to improvement in health and life expectancy by reducing vaccine preventable diseases but also have social and economic impact at both community and national levels thereby greatly contributing towards achieving the Millennium Development Goal 4 that envisages a two-third reduction in child mortality by 2015.

Immunization is a critical component of the Government of Gujarat's child survival strategy. Immunization has come a long way from its EPI (Expanded programme on Immunization) days (1978) to UIP (Universal Immunization Programme) in 1985 with activities phased in to the entire country by 1990. At present UIP is part of National Health Mission (previously known as NRHM). Immunization services are provided through the following:

- Sub centre, Primary health centre, Community health centre
- Sub-district/District/Tertiary hospitals
- · Tertiary hospitals
- Urban health centres in Corporations/Nagar Palikas
- Hospitals and dispensaries run by Railways/ESIS hospitals

Awell functioning UIP that aims to reach out to every child will contribute to Universal Health Coverage and healthier future generation. To achieve this, UIP needs strong underpinning of good governance and accountability at all levels. Despite improved vaccination coverage, there are rising inequities based on various factors related to individual (gender, birth order), family (area of residence, wealth), community (religion, caste) and society (access to health care, community literacy) etc. As far as Gujarat is concerned, there exists a clear gap between urban and rural areas. Within urban areas, slum populations have a lower coverage. Migrants coming to urban areas have lower coverage than the resident population.

Private health sector also provides an estimated 25-30 percent of immunization services in Gujarat state. Studies have shown that Private sector do play a significant role in increased access to traditional UIP vaccines. They also play a key role in supporting the surveillance system, both for VPDs as well as for adverse events following immunization.

With the introduction of newer vaccines in UIP (Pentavalent vaccines instead of DPT and Hepatitis B vaccines in first year and 2nd dose of measles vaccine between 16-24 months of age), dissemination of the knowledge and adherence to UIP schedule has gained its importance. Hence Government of Gujarat would like to disseminate the revised schedule of Universal Immunization Programme and Frequently asked questions related to Immunization using this very bulletin as a platform for the benefit of Private doctors and ultimately to benefit the citizens of Gujarat.

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Reaching the Unreached Universal Immunization Program

National Immunization Program aims to reduce mortality and morbidity by protecting children from the vaccine preventable diseases of Tuberculosis, Polio, Diphtheria, Pertussis, Tetanus, Hepatitis B, Haemophilus Influenza B and Measles.

National Immunization Schedule

For Pregnant Women						
TT Vaccine schedule	Dose, Route and Site	Important points to follow				
Early in pregnancy (TT-1)	0.5 ml; Intra-muscular in	Give TT-2 or Booster doses				
4 weeks after TT-1 (TT-2)	Upper Arm.	before 36 weeks of pregnancy.				
If received 2 TT doses in		However, give these even if				
a pregnancy within the		more than 36 weeks have				
last 3 yrs, then give only		passed.				
TT- Booster.						
For Infants and children						

Age at which to vaccinate	BCG	НерВ	Pentavalent	OPV	Measles	DPT	TT
At Birth	✓	✓		✓			
6 weeks			✓	✓			
10 weeks			✓	✓			
14 weeks			✓	✓			
9 months completed – 12 months					√		
16-24 months				✓ (Booster)	✓	✓ (1st Booster)	
5-6 years						✓ (2nd Booster)	
10 years							✓
16 years							✓
Dose of vaccine	0.1 ml	0.5 ml	0.5 ml	2 drops	0.5 ml	0.5 ml	0.5 ml
Route of vaccination	Intra- dermal	Intra- muscular	Intra- muscular	Oral	Sub- cutaneous	Intra- muscular	Intra- muscular
Site of vaccination	Left Upper Arm	Antero- lateral mid thigh	Antero- lateral mid thigh	Oral	Right Upper Arm	1st Booster on Antero- lateral mid thigh 2nd Booster on Upper Arm	Upper Arm

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Vitamin A supplementation				
Schedule and Dosage	Important points to follow			
At 9 completed months with measles	Keep minimum gap of 6 months between 2 doses.			
• 16 months. Then, one dose every 6 months up to the age of 5 years.	 Use spoon provided with the bottle to give syrup. Keep the vitamin A bottle in shade and use it within 			
Dose: 1 ml (1 lakh IU) at 9 mths and 2 ml (2 lakh IU) for 2 rd to 9 th dose.	8 wks of opening. • Write the date of opening the bottle on the label.			

Remember:

BCG can be given till one year of age. Dose is 0.05ml until 1 month age. There is no need to revaccinate the child if scar is not formed after BCG.

HepB birth dose is given only within 24 hours after birth as it helps to prevent peri-natal transmission of Hepatitis B.

OPV-0 dose is given within 15 days after birth. **OPV** can be given till 5 years of age.

DPT vaccine can be given up to 7 yrs of age. **DPT 2nd booster** at 5-6 yrs is given on upper arm.

Measles vaccine can be given up to 5 years of age.

Pentavalent vaccine is introduced in place of DPT and HepB 1, 2 and 3 in Gujarat

Frequently Asked Questions

What is immunization?

It is the process of giving vaccines for the development of body's protective response.

How do vaccines work?

Vaccines work by protecting the body before disease strikes. Vaccines stimulate the body to produce the antibodies to fight off the serious illnesses for which child has been vaccinated.

Why start vaccination early in life?

Children are susceptible to diseases at a young age, and the consequences of these diseases can be life-threatening.

Are immunizations safe?

Yes, very safe. But like any medicine they can occasionally cause reactions. Children are in much more danger from the diseases than from the vaccination.

What are contraindications to immunization?

All infants should be immunized except in 3 rare situations of Anaphylaxis or

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a severe allergic reaction, Convulsion or encephalitis with a previous dose of DPT and High fever

Can vaccination be given if a child has mild fever, diarrhoea or cough?

Yes, mild fever, diarrhoea and cough are not contraindications for immunization.

What are the side-effects of vaccines?

Only very few infants and children develop side effects after vaccination. They are mild (redness and swelling at the injection site) and go away within a few days. Serious side effects following vaccination, such as severe allergic reaction, are very rare.

If a child is brought late for a dose, should you restart with first dose of the vaccine?

No, do not restart the schedule again, pick up where the schedule was left off.

If a child who has never been vaccinated is brought at 9 months of age, can all the due vaccines be given to a child on the same day?

Yes, all due vaccines can be given during the same session but at different injection sites using separate AD syringes.

If the mother/caregiver permits administration of only one injection during an infant's first visit at 9 months of age, which vaccine should be given?

At 9 months of age, the priority is to start with measles vaccine with OPV and VitA.

Which vaccines can be given to a child between 1-5 years of age, who has never been vaccinated?

Give DPT1, OPV-1, Measles and 2ml of Vit-A solution. Then follow with 2nd and 3rd doses of DPT and OPV at one month intervals. Give Measles 2nd dose as per the schedule. Give Booster dose of OPV/DPT at a minimum of 6 months gap after administering OPV3/DPT3.

Which vaccines can be given to a child between 5-7 years of age, who has never been vaccinated?

Give first, second and third doses of DPT at one month intervals. Give the



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booster dose of DPT at a minimum of 6 months after administering DPT3 up to 7 years of age.

Why should there be a minimum gap of 4 weeks between two doses of DPT?

This is because decreasing the interval between two doses may not obtain optimal antibody production for protection.

Why give the DPT and HepB vaccines in the antero-lateral mid thigh and not the gluteal region (buttocks)?

This prevents damage to the sciatic nerve. Moreover, the vaccine deposited in the fat of gluteal region does not invoke the appropriate immune response.

What should one do if the child is found allergic to DPT or develops encephalopathy after DPT?

Give the DTaP / DT vaccine instead of DPT for the remaining doses, as it is usually the P (whole cell Pertussis) component of the vaccine which causes the allergy/encephalopathy. Purchase with locally available resources. If these are not available, give TT.

Why 2nd dose of Measles vaccine is introduced in the National Immunization Program?

Measles is highly infectious disease causing illness and death due to complications as diarrhoea, pneumonia or brain infection. One dose of measles vaccine at 9 months of age protects 85% of infants. With 2nd dose we aim to protect all the children who remain unprotected after first dose.

For reconstitution of freeze dried vaccines, should the entire amount of diluent be used?

Yes, use the entire amount of diluent from the ampoule to reconstitute the vaccine.

Why the vaccination can not be done during house visits like OPV?

As the vaccines are administered as injections, they need to be given at fixed site where all the facilities to ensure injection safety are available.

For any gueries related to Routine Immunization, kindly contact:

Dr Nayan P. Jani, (I/c State Immunization Officer)

Gandhinagar Email: drnpjani@gmail.com

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Kindly update your following data on our Website: www.imagsb.com and submit

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