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



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Issue-06

THE SKY FELL SILENT - HONORING AHMEDABAD FLIGHT LIVES

IMA Gujarat extends heartfelt prayers for all the precious lives lost in the heartbreaking Ahmedabad flight accident.

We pray for peace for the departed souls & strength for their families in this difficult time.

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The EVA hospital and family is extremely delighted to share that our recent research article on Endometrial carcinoma- "Diagnostic Accuracy of Intraoperative Frozen Section in Endometrial Cancer: Correlation with Final Histopathology" determining the importance of frozen section in diagnosis and surgical management of Endometrial cancer helping the patients with best outcome, has been published in a renowned Pubmed Indexed International journal, the details of which are shared along with.

Diagnostic Accuracy of Intra operative Frozen Section in Endometrial Cancer : Correlation with Final Histopathology

Abstract Purpose : Accurate intraoperative assessment of tumor characteristics for endometrial cancer, including histological type, grade, and depth of myometrial invasion (MI), is essential for determining the extent of surgery, particularly lymphadenectomy. This study aims to evaluate the concordance between intra-operative frozen section analysis (IFS) and final histopathology (FH) in endometrial cancer cases.

Methods: This retrospective analysis included 100 patients who underwent laparoscopic staging surgery for endometrial carcinoma between March 2018 and September 2024. Data on histological type, tumor grade, MI, lymph node involvement, and cervical/adnexal metastases were extracted from medical records. The diagnostic accuracy of IFS was assessed by comparing findings with FH. Sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), and Cohen's kappa (κ) statistics were used to determine agreement levels.

Results: IFS demonstrated high concordance with FH for malignancy detection (97%, $\kappa = 0.56$). Sensitivity, specificity, PPV, and NPV were 96.9%, 100%, 100%, and 40%, respectively. Tumor grading agreement was 78.2% ($\kappa = 0.67$), with the highest accuracy in Grade 3 tumors (sensitivity 85.0%, specificity 98.3%). MI assessment showed strong agreement ($\kappa = 0.851$) with 93.7% overall accuracy. Lymph node evaluation by IFS exhibited excellent agreement ($\kappa = 0.942$), with 98.3% accuracy.

Conclusion: IFS is a reliable tool for intraoperative decision-making in endometrial cancer, particularly for malignancy detection, MI assessment, and lymph node evaluation. However, moderate concordance in tumor grading suggests caution in surgical decision-making based solely on IFS results. Future research should focus on optimizing frozen section protocols to improve diagnostic accuracy and streamline intraoperative management.

Keywords: Diagnostic accuracy, Endometrial carcinoma, Frozen section, Histopathology, Laparoscopic oncology

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GUJARAT MEDICAL JOURNAL

INDIAN MEDICAL ASSOCIATION, GUJARAT STATE BRANCH

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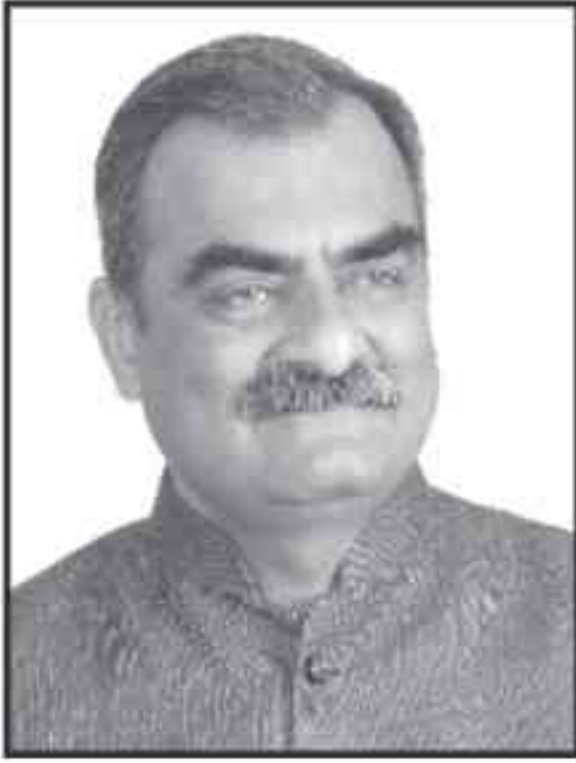
Hon. Secretary

Dr. Kirti M. Patel Ahmedabad

HOSPITAL BOARD OF INDIA

Chairman

Dr. Brijesh A. Patel Ahmedabad

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

June 12, 2025—a date that will remain etched in the hearts of every citizen of Gujarat. A devastating aircraft crash in Ahmedabad shook our state, claiming over 250+ lives and injuring many more. The pain, fear, and grief that followed cannot be described in words. The tragedy brought unbearable loss—but it also led to an unspoken bond of shared humanity.

It was around lunchtime when the skies over Ahmedabad turned dark, not because of weather, but from the smoke rising from a scene of horror. In the very next moment, the sirens began. Calls flooded emergency lines. And even before orders could be issued or plans drawn, doctors, nurses, and medical students across Gujarat began moving.

In BJ Medical College, some of our students were just settling down for lunch in the hostel mess. Within seconds, everything changed. Shattered glass, screaming echoes, and the sound of rushing footsteps replaced the quiet. Some of them never made it out.

The doctors from IMA cancelled outpatient clinics and elective surgeries and arrived at civil Hospital to offer hands-on help. Administrative staff ensured that every department



worked like a well-oiled machine. There were no walls between government and our doctors team, no lines drawn between designations—only shared humanity.

IMA Gujarat and Government Stakeholders worked Shoulder to Shoulder. IMA Gujarat stood firmly, offering every support they could. We worked in close coordination and under their guidance of Honorable Chief Minister, Health Minister, Home Minister, many government stakeholders , senior IAS officers, hospital team. Whether it was rapid mobilization of ambulance, or support for families—decisions were made, and help was given.

We mourn not just those on the ill-fated flight, but also those in the BJ Medical College hostel, in the nearby areas, the pedestrians, and workers caught in the blast and debris. Their names and stories will not fade. They are not just numbers in a report—they were sons, daughters, students, workers, friends.

In those critical hours after the crash, something extraordinary unfolded. People from every walk of life—doctors, nurses, medical students, ambulance drivers, security staff, helping staff, administrators, our IMA doctors and government officials, NGOs, various organization, every person—rose together, without waiting for instructions, without thinking of roles or ranks. They moved as one, driven by nothing but the instinct to help. Some ran from hospital wards, others left their meals uneaten, and many stayed awake for hours, working in silence, comforting the grieving, treating the injured, and organizing resources. It didn't matter who



wore what badge or came from which background—what mattered was humanity.

The lines between profession and purpose blurred in that brief but powerful moment, when the entire system pulsed with one goal: to save and support. This was more than a medical response—it was a collective effort. As we mourn the lives lost and pray for the injured to recover, we also recognize the deep scars this tragedy will leave behind. It is a serious, life-altering moment for everyone involved. But IMA Gujarat stands firm—we will walk with every affected family, support every survivor, and do whatever we can, for as long as we're needed.

IMA Gujarat, standing at the forefront of medical service and advocacy, humbly reached out to the Tata Sons Group requesting their support for the doctors and medical students who lost their lives or were injured in this heartbreaking incident. In a heartfelt gesture, the Tata Group extended their help, offering assistance during this critical time. IMA Gujarat is deeply thankful for their solidarity and compassion, and for standing by the medical community in this moment of profound loss.

Let us not forget. Let us continue to stand united—in grief, in healing, and in rebuilding lives.

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

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



INDIAN MEDICAL ASSOCIATION

GUJARAT STATE BRANCH



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DR. TUSHAR B. PATEL
☎ : 98250 82672

IMM. PAST PRESIDENT
DR. BHARAT M. KAKADIA
☎ : 98242 93010

તા. ૩-૬-૨૦૨૫

પ્રતિ,
માનનીય શ્રી ભુપેન્દ્રભાઈ પટેલ
મુખ્ય મંત્રી શ્રી, ગુજરાત રાજ્ય,
સ્વર્ણિમ સંકુલ-૧, ત્રીજો માળ, સેક્ટર - ૧૦,
ગાંધીનગર - ૩૮૨૦૧૦

વિષય: તબીબી સ્નાતક અને અનુસ્નાતક અભ્યાસક્રમમાં શૈક્ષણિક વર્ષ ૨૦૨૫-૨૦૨૬ અને ૨૦૨૬-૨૦૨૭ માટે કરેલ ફી વધારો તાત્કાલિક અસરથી રદબાતલ કરવા બાબતે.

માનનીય મુખ્ય મંત્રી શ્રી ભુપેન્દ્રભાઈ પટેલ,

આપશ્રી દ્વારા ગુજરાતની જનતાની સુખાકારી માટે સ્વાસ્થ્ય ક્ષેત્રે ઘણા બધા પગલા લેવામાં આવી રહ્યા છે. છેલ્લા ઘણા સમયમાં ગુજરાતના તબીબી શિક્ષણ ક્ષેત્રે પણ મેડીકલ કોલેજ અને મેડીકલ સીટમાં વધારો કરી છેવાડાના માનવી સુધી તબીબી સેવાનો લાભ પહોંચાડવા અભૂતપૂર્વ પ્રયત્નો થયા છે.

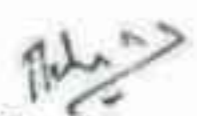
તાજેતરમાં ગુજરાત સરકારની મેડિકલ ફી રેગ્યુલેશન - કમિટી દ્વારા તા. ૩ જુન, ૨૦૨૫ નાં રોજ પરિપત્રથી તબીબી સ્નાતક અને અનુસ્નાતક અભ્યાસક્રમમાં શૈક્ષણિક વર્ષ ૨૦૨૫-૨૦૨૬ અને ૨૦૨૬-૨૦૨૭ માટે સરકારી, સેલ્ફફાયનાન્સ અને મેનેજમેન્ટ ક્વોટા માટે વાર્ષિક ફી ના ધોરણમાં અસહ્ય અને અસાધારણ વધારો જાહેર કરવામાં આવ્યો છે.

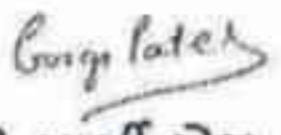
જેમાં સરકારી ક્વોટા માટે અને મેનેજમેન્ટ ક્વોટા માટે ૧૦ થી ૧૨ ટકા જાહેર કરવામાં આવ્યા છે. આ વાર્ષિક ફીમાં તોતિંગ વધારો વિદ્યાર્થીઓ અને વાલીઓ માટે ખુબ ચિંતાનો અને રોષનો વિષય બન્યો છે.

આ ફી વધારાના કારણે ઘણા બધા પ્રતિભાશાળી વિદ્યાર્થીઓ તબીબી શિક્ષણથી વંચિત રહેશે. જે વિદ્યાર્થીઓ અને તેમના કુટુંબના ભવિષ્ય માટે ચિંતાનો વિષય બનશે.

ઈન્ડિયન મેડીકલ એસોસિએશન, ગુજરાત નાં તબીબી વિદ્યાર્થીઓ, વાલીઓ અને તબીબી શિક્ષણ નાં વ્યાપક હિતને ધ્યાનમાં રાખી આ તોતિંગ ફી વધારો તાત્કાલિક અસરથી રદબાતલ કરવા માટે આપને અનુરોધ કરીએ છીએ. IMA ગુજરાત સમગ્ર સમાજના અને ગુજરાત નાં તમામ વિદ્યાર્થીઓ અને વાલીઓ વતી સત્વરે આ પ્રશ્નનું હકારાત્મક નિરાકરણ લાવવા વિનંતી કરી રહ્યા છીએ.

આપનો વિશ્વાસુ


ડો. મેહુલ જી. શાહ
પ્રમુખ


ડો ગાર્ગી એમ. પટેલ
માનદ મંત્રી



INDIAN MEDICAL ASSOCIATION

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DR. TUSHAR B. PATEL
☎ : 98250 82672

IMM. PAST PRESIDENT
DR. BHARAT M. KAKADIA
☎ : 98242 93010

Date : 12/062025

Respected Shree N Chandrasekaran,

The Chairman of Tata Sons

Subject: Request for Extended Support to Injured and Deceased Medical Students at BJ Medical College Ahmedabad Affected in the Tragic Incident

On behalf of the Indian Medical Association – Gujarat State Branch, we extend our heartfelt appreciation for Air India's announcement of ₹1 crore compensation to the families of the passengers who tragically lost their lives in the recent incident, and for your generous support towards the renovation of the BJMC college hostel.

We humbly request you to also consider extending financial assistance & necessary support to the medical students, present at crash site who were injured or lost their lives in this unfortunate event. These individuals were not only victims but also future pillars of our healthcare system, and their well-being and families deserve similar care and support. Accordingly we earnestly request you to declare immediately similar help to the the medical students injured or who had lost the life.

We sincerely hope you will consider this request with compassion and urgency.

With regards,

Dr. Mehul J. Shah
President

Dr. Gargi M. Patel
Hon. Secretary

Dr. Tushar Patel
Hon. Treasurer



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IMM. PAST PRESIDENT
DR. BHARAT M. KAKADIA
☎ : 98242 93010

Date : 14/06/2025

PRESS NOTE

IMA Gujarat Acknowledges Tata Group's Support During Ahmedabad Tragedy.

The Indian Medical Association, Gujarat State Branch, extends heartfelt appreciation to Tata Sons and Air India for their compassionate and timely response following the recent tragic incident in Ahmedabad.

The financial assistance of ₹1 crore, along with the recently announced interim support of ₹25 lakh for the families of those who lost their lives, reflects a deep sense of care & solidarity. In addition, the Tata Group's efforts in assisting with the treatment of injured medical students and their support toward renovating the BJMC hostel stand as meaningful gestures to the well being of the medical fraternity.

IMA Gujarat recognizes and values these acts of solidarity, which bring support to the affected families and also the broader medical community. Such efforts reflect the enduring values of compassion, leadership, and service that the Tata Group has long upheld.

Issued by:

Indian Medical Association
Gujarat State Branch

With regards,

Dr. Anilkumar J. Nayak
National President
IMA HQ 2025-26

Dr. Mehul J. Shah
President
IMA GSB

Dr. Gargi M. Patel
Hon. Secretary
IMA GSB

Dr. Tushar Patel
Hon. Treasurer
IMA GSB



All India Medical Conference IMA NATCON 2025



27th & 28th December 2025

HOSTED BY

IMA Gujarat State Branch | Ahmedabad Medical Association

SPONSORSHIP RATE

NAME	Amount
Platinum Sponsor	₹ 1,51,00,000
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Entertainment & Banquet Programme	₹ 40,00,000
Lunch	₹ 20,00,000
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Premium Stall	₹ 3,00,000
Scientific Programme (20 Mins)	₹ 2,00,000
Regular Stall	₹ 2,00,000
Friday Pre Conference Workshop – Each	₹ 2,00,000
Lucky Draw	₹ 2,00,000
Audio & Visual (Each Hall)	₹ 2,00,000
Banner	₹ 30,000



BANK DETAILS

A/C Name : IMA NATCON 2025

Bank : HDFC BANK

Branch : ISKON AMBLI ROAD

A/c No. : 99910010010025

IFSC Code : HDFC0008702

IMA NATCON 2025 GST NO. :
24AAATT1716A2Z4

• All prices exclusive of 18% of GST.

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

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Phone: +91 99099 04571 | Email : imanatcon100@gmail.com | Web : www.ahmedabadmedicalassociation.com



All India Medical Conference IMA NATCON 2025

27th & 28th December 2025

HOSTED BY: IMA Gujarat State Branch & Ahmedabad Medical Association



Please Fill in BLOCK LETTERS

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Membership LM / AM No. / Non Member SMC/NMC Reg. No :

Branch : State :

Mailing Address :

City : Pin Code : State :

Mobile : E-mail :

Member CWC / CC : Branch : State :

No. of the accompanying person (s) :

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

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

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

Please find enclosed herewith a Cheque No.: Dated :

for INR drawn on (Name of Bank)

City in favour of "IMANATCON 2025" payable at Ahmedabad.

Mode of Online Payment, Amount paid

Transaction ID Date

A/C Name : IMA NATCON 2025
Bank : HDFC BANK
Branch : ISKON AMBLI ROAD
A/c No. : 99910010010025
IFSC Code : HDFC0008702

IMA NATCON-2025 : GST NO. 24AAATT1716A2Z4

For Registration
Scan QR Code



Signature

For Office use Only : Reg. No : Receipt No. :



INDIAN MEDICAL ASSOCIATION (HQs.)

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dr.jainpiyush09@yahoo.co.in

PRESS RELEASE

30-05-2025

Mixopathy IMA Policy Statement

It is unfortunate that the Union Government seems to go ahead with its plans to unscientific mixing of systems of medicine. Reports indicate that the first integrative course mixing MBBS and BAMS would be started in the premier institution of JIPMER, Pondicherry.

IMA has pointed out several times that mixing of systems which are incompatible is an irreversible catastrophe. The life expectancy of an Indian has risen from mere 32 years in 1947 to 70.8 years in 2025. This has been possible because of eradication of diseases like smallpox and neonatal tetanus by vaccines and access to modern maternal and child health care. Role of antibiotics and other modern drugs in treating diseases like Tuberculosis, plague, cholera and Typhoid was a significant contributor. Advances in cancer care, advent of insulin and other drugs for Diabetes and Hypertension as well as huge strides in managing heart diseases and stroke have a significant role.

Not only China miserably failed in its experiment of mixing modern medicine and Chinese Traditional medicine this also resulted in decimation of their traditional medicine. In any case China is not India's role model in Health Care. We have a robust chain of Hospitals and Public Health services. With 779 medical colleges and 136325 MBBS doctors per year India has the largest number of medical colleges. In southern states the Doctor Population ratio has plummeted to below 1:500. Apart from anything else India is the frontier of medicine today. Infrastructure and expertise exists to undertake any medical intervention at a fraction of the cost than elsewhere. Indian doctors are the backbone of medical services in several western countries.

IMA fails to see any compelling reason or logic in the ill-advised Government move. IMA firmly believes that this misadventure will set back Health Care by a century. There are reasons to believe that this would be catastrophic to Ayurveda as well. Having failed to convince the Government IMA has no option but to take the people into confidence. IMA appeals to the nation to resist this indiscretion for the Health of future generations. IMA appeals to qualified Ayurvedic physicians to defend their system. IMA respects all systems of medicine for their historic legacy. Let it be the choice of the patient to choose the system. Mixopathy takes away the right of the patient to choose care of his/her choice. Let all systems retain their pristine purity. Refrain from producing hybrid doctors who will be only qualified quacks.

IMA demands that the Government withdraw this regressive proposal in the interest of the Health of the People.

Dr. Dilip Bhanushali
National President

Dr. Sarbari Dutta
Honorary Secretary General, IMA



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09-06-2025

Press Release

The Indian Medical Association expresses its deep concern and disappointment over the recent incidents in Goa and Jharkhand, where doctors were subjected to harassment by political leaders at Goa Medical College and Hazaribagh Government Medical College respectively. These actions not only show blatant disrespect toward the medical fraternity but also foster an atmosphere of fear, mistrust, and demoralization within the healthcare system.

Medicine has always been regarded as a noble profession—rooted in compassion, ethics, and unwavering commitment to patient care. While we remain devoted to putting our patients first, it is equally essential that every doctor is treated with dignity and afforded due process. The recent events are not just isolated acts of misconduct; they are reflective of a larger and deeply troubling disregard for the sanctity of the medical profession.

It is particularly shameful when lawmakers—those entrusted with upholding justice and order—act in ways that undermine the very principles they are sworn to protect. Such behavior sets a dangerous precedent and risks eroding public confidence in both governance and healthcare. Mutual respect between medical professionals and the public—especially those in positions of power—is essential to ensure a healthcare environment built on trust, morale, and professionalism.

While most Indian states have enacted the Medicare Service Personnel and Medicare Service Institutions Acts, the Indian Medical Association (IMA) demands that these laws be strengthened further. Specifically, any act of violence or harassment against healthcare professionals must be made a non-bailable offense with a minimum punishment of seven years' imprisonment.

We also call upon the relevant authorities to rigorously implement the guidelines issued by the National Task Force appointed by the Hon'ble Supreme Court regarding the protection and welfare of resident doctors and the medical fraternity as a whole.

As doctors, we do not compromise on our dignity. We remain steadfast in upholding the Hippocratic Oath and serving humanity, especially in times of crisis. However, we also expect that our service be met with respect, security, and justice.

Dr. Dilip Bhanushali
National President

Dr. Sarbari Dutta
Honorary Secretary General, IMA



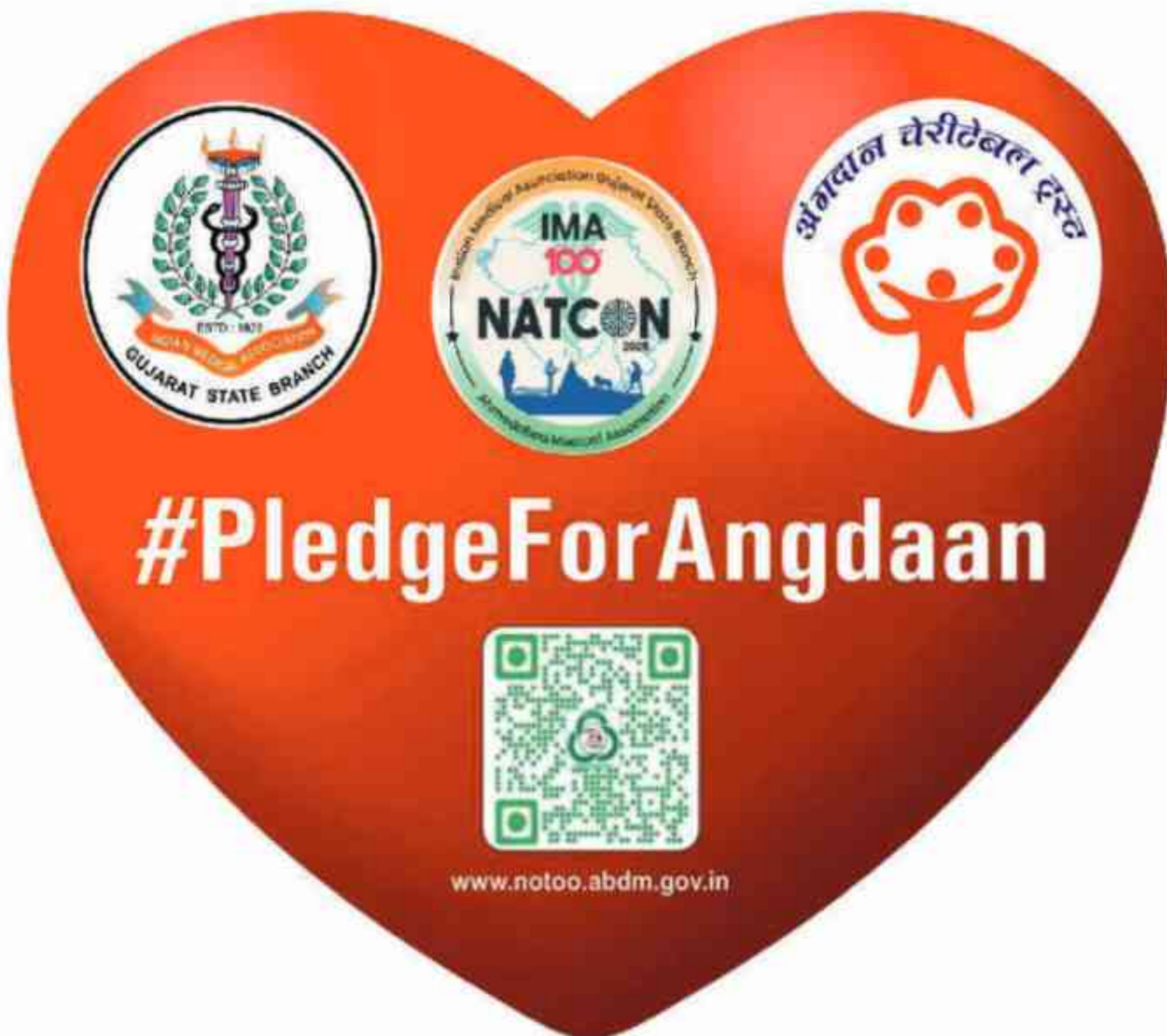
Appeal for Organ Donation Awareness & Pledge Drive

As we proudly approach the 100th National Conference of the Indian Medical Association (IMA) in December 2025, the IMA has resolved to commemorate this historic milestone through 100 impactful tasks that contribute meaningfully to society.

Among these initiatives, "Organ Donation Awareness and Pledge Registration" has been chosen as a key focus area. In this noble endeavor, IMA Gujarat State Branch (GSB) and Angdaan Charitable Trust have come together with a collective mission to register 21,000 organ donation pledges from Gujarat before the grand event.

We invite all IMA members, medical institutions, and socially committed individuals to join hands in creating awareness and encouraging more people to pledge their organs — a gift that gives life even after death.

To organize an awareness session or pledge drive at your hospital, medical college, or community platform, kindly get in touch with:





અંગદાન સંકલ્પ કરવા માટેની વિગત

હું અંગદાન કેવી રીતે કરી શકું ?

અંગદાનની પ્રતિજ્ઞા લેવા માટે <https://notto.abdm.gov.in/> વેબસાઇટની મુલાકાત લો. તમે જાતે પણ NOTTO પર રજીસ્ટ્રેશન કરવી શકો છો.

- (1) <https://notto.abdm.gov.in/> પર જઈને Registration for Pledge પર ક્લિક કરો.
- (2) તમારો આધાર કાર્ડ નંબર નાંખો. Verify પર ક્લિક કરવાથી તમારા મોબાઇલ પર OTP નંબર આવશે.
- (3) તમારા મોબાઇલ નંબરમાં આવેલ OTP નંબર અને Mobile નંબર નાંખો. Verify પર ક્લિક કરો.
- (4) ફોર્મમાં માંગલે તમામ માહિતી ભરવી ફરજિયાત છે. તમે તે માહિતી ગુજરાતી કે હિન્દીમાં જોવા / ભરવા માટે ઉપર જમણી તરફ ભાષા માટે આપેલ વિકલ્પમાં જઈને ભાષા સિલેક્ટ કરી શકો છો.
- (5) Name of Individual/NGO/Institution who motivated you to pledge ના વિકલ્પમાં NGO વિકલ્પ પસંદ કરો. અને નીચે Angdaan Charitable Trust લખો.
- (6) બધી જ વિગત ભરાઈ ગયા પછી Submit પર ક્લિક કરો.
- (7) Proceed પર ક્લિક કરો.
- (8) તમારા મોબાઇલ નંબરમાં આવેલ OTP નંબર નાંખી ને Verify પર ક્લિક કરો.
- (9) Download પર ક્લિક કરીને તમારું ડોનર કાર્ડ ડાઉનલોડ કરો.
- (10) ડોનર કાર્ડ જે ભાષામાં જોઈતું હોય તે ભાષા પર ક્લિક કરો.
- (11) Download પર ક્લિક કરો. જેથી આપનું ડોનર કાર્ડ ડાઉનલોડ થશે.
- (12) તમે અંગદાન કરવાનો સંકલ્પ લીધો છે. તે અંગેની પરિવારજનોને જાણ કરો.

Scan to pledge



notto.abdm.gov.in

શું ભવિષ્યમાં હું અંગદાનનો નિર્ણય પાછો ખેંચી શકું ?

હાં, તમે તમારો નિર્ણય પરત લઈ શકો છો. ભારતીય કાયદા મુજબ અંગદાનનો નિર્ણય ગમે ત્યારે રદ કરી શકાય છે. વ્યક્તિએ અંગદાનનો નિર્ણય લીધો હોવા છતાં પણ જો પરિવારજનો બ્રેનડેડની સ્થિતિમાં મૃતકનું અંગદાન કરવા માટે ઈચ્છુક ન હોય તો તે અંગદાન કરી શકાતું નથી.



અંગદાન ચેરિટેબલ ટ્રસ્ટ, ગુજરાત

✉ angdanindia@gmail.com

🌐 www.angdaan.org

📞 832004 87222 / 99092 90393

📘 www.facebook.com/angdaan.org

📷 www.instagram.com/angdaan_india

📺 www.youtube.com/@angdaan_india

Let's contribute to this life-saving movement and make Gujarat proud as we move towards IMA's centennial celebration!

Together, let's give the gift of life!

Nodal Officials:

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Mobile: 9909290393
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NEWS CLIP

Medical edu in state now costs as much as in Russia, Georgia

'Foreign College Admissions Not Based On Merit'

Times News Network

Ahmedabad: A significant fee hike in Gujarat's private and semi-govt medical colleges has drawn sharp criticism from medical fraternity and political leaders, who say the move makes studying medicine in the state either comparable or costlier than in countries like Georgia, Russia, and Uzbekistan. The fee regulation committee (FRC) revised medical course fees upward by as much as 12% this week, putting management quota seats at some private colleges above Rs 1 crore. Even govt quota seats cost more than Rs 57 lakh in some colleges. The Indian Medical Association says this will push aspiring doctors to seek cheaper options overseas.

Every year, around 15,000 students from Gujarat go to pursue MBBS degrees in countries like Russia, Georgia, Bosnia, Bulgaria, Kazakhstan, Uzbekistan, Nepal, and Bangladesh, where colleges offer medical degrees for lower fees and lower academic barriers.

An expert said, "In India, students face immense competition, and admissions are mostly based on merit. However, getting into these foreign colleges is easy and does not depend on merit. The average cost for a medical degree in Eastern Europe ranges between Rs 40-50 lakh, with Russia averaging around Rs 30 lakh, and Nepal and Bangladesh between Rs 30-40 lakh.

“The fee rise will make medical education unaffordable for many, with new costs comparable to or exceeding those in several other countries. This move is detrimental to our need for more doctors. Parents should be part of the FRC

Dr Anil J Nayak | PRESIDENT-ELECT, IMA



“We have sought the chief minister's intervention on behalf of medical students. Parents simply cannot afford the fee increase of up to 12%. We protested a similar increase in GMERS fees, which was subsequently revoked

Dr Mehul Shah | PRESIDENT, IMA GUJARAT



An immigration consultant from Ahmedabad told TOI that before the Russia-Ukraine conflict, Ukraine was a favoured destination for students pursuing medicine from Gujarat and, by extension, India. "But even today, about 15,000 students from the state pursue medical education abroad," said the consultant.

Students in countries such as Georgia are often trained for exams such as the Foreign Medical Graduate Examination (FMGE) in India after their return. For Europe and the US, students prepare for the United States Medical Licensing Examination (USMLE) and Professional and Linguistic Assessments Board (PLAB), they added.

"Students work hard for two or more years for NERT and then compete for coveted govt quota seats. While there is an increase in seats, there have been no new govt-run medical colleges in the past 10 years. In such a scenario, students have no option but to opt for GMERS or private colleges," said an educationist. "After a doctor spends lakhs and crores on education, we expect them to serve society selflessly."

Roll back fee increase: IMA

Ahmedabad: The Indian Medical Association (IMA) wrote a letter to chief minister Bhupendra Patel on Tuesday, requesting a reversal of the recently approved fee for govt and self-financed medical courses. The association highlighted that the hike could prevent talented students from pursuing medical education. "The hike for govt quota and management quota is 10% to 12%, which has become an issue of concern for the parents and students," read the letter. "In the interest of the students and medical fraternity at large, we request you to immediately revoke the hike as a positive solution to the problem."

Last year, the fee regulatory committee, which typically sets fees for self-financed institutions on a three-year basis, established fees for just one year due to post-Covid adjustments.

The committee indicated that fees for the subsequent two years would be determined after reviewing the financial records of colleges. 198

FEE HIKE

and the US, students prepare for the United States Medical Licensing Examination (USMLE) and Professional and Linguistic Assessments Board (PLAB), they added.



IMA Guj urges CM Patel to roll back medical fee hike

Calls recent increase in UG and PG medical course fees unfair and a burden on students and families

The Indian Medical Association (IMA) Gujarat chapter has strongly urged Chief Minister Bhupendra Patel to withdraw the recent fee hike for undergraduate and postgraduate medical courses in the state for the academic years 2025-26 and 2026-27.

In a letter sent to the CM on Tuesday, the IMA appreciated the government's efforts to improve healthcare and increase the number of medical colleges and seats. However, it expressed serious concern over the sudden and sharp rise in fees, saying it could cause major financial stress for students and their fam-

REPRESENTATIONAL PICTURE



ilies. As per a circular issued by the Fee Regulatory Committee (Medical), annual fees for medical courses in government, self-financed and management quota seats have gone up by 10 to 12 per cent.

The IMA called the hike "harsh and unreasonable". "This is a worrying situation, as

students might be forced to give up their dreams due to the heavy financial burden," the letter stated.

IMA Gujarat has requested the CM to take the concerns of students, parents and the education sector seriously, and to cancel the fee hike immediately. The association said it was speaking on behalf of students and families across Gujarat.

The fee for MD-MS courses under the government quota has increased by around Rs 1 lakh to Rs 2.5 lakh per year. For the management quota, the hike is even higher—between Rs 3 lakh and Rs 4 lakh annually. **AM**



સંદેશ
સેક્યુલર ગોળ

હોસ્ટેલ માટે સહાય બદલ આભાર માન્યો બી.જે.મેડિકલના મૃતક-ઈજાગ્રસ્તોને પણ આર્થિક સહાય આપવી જોઈએ

ઈન્ડિયન મેડિકલ એસોસિએશને ટાટા સન્સના ચેરમેનને પત્ર લખ્યો

I DHEKIE I

અમદાવાદમાં એર ઈન્ડિયાનું વિમાન ક્રેશ થવાની ઘટનામાં અનેક નિર્દોષ પેસેન્જરો તેમજ બી.જે. મેડિકલ કોલેજના ઈન્ટર્ન ડોક્ટરોના પણ મોત થયા છે. આ સંદર્ભમાં ઈન્ડિયન મેડિકલ એસોસિએશનની ગુજરાત રાજ્ય શાખાએ ટાટા સન્સના ચેરમેનને એક પત્ર લખીને દુર્ઘટનામાં મૃત્યુ પામેલા અને ઘાયલ થયેલા બી.જે. મેડિકલ કોલેજના વિદ્યાર્થીઓને સહાય આપવા વિનંતી કરી છે.

ટાટા સન્સના ચેરમેન એન. ચંદ્રશેખરને પાઠવેલા પત્રમાં આઈએમએ જણાવે છે કે ઈન્ડિયન મેડિકલ એસોસિએશન ગુજરાત રાજ્ય શાખા વતી અમે તાજેતરની ઘટનામાં દુઃખદ રીતે જીવ ગુમાવનારા મુસાફરોના પરિવારોને એર ઈન્ડિયા દ્વારા રૂ.૧ કરોડના વળતરની જાહેરાત અને બી.જે.એમ.સી. કોલેજ

હોસ્ટેલના નવીનીકરણ માટે તમારા ઉદાર સમર્થન બદલ હૃદયપૂર્વક આભાર માનીએ છીએ. આ દુર્ભાગ્યપૂર્ણ ઘટનામાં ઘાયલ થયેલા અથવા જીવ ગુમાવનારા, દુર્ઘટના સ્થળે હાજર મેડિકલ વિદ્યાર્થીઓને નાણાકીય સહાય અને જરૂરી સહાય આપવા પણ વિચારણા કરવા એસો.એ વિનંતી કરી છે. આ વ્યક્તિઓ ફક્ત પીડિતો જ નહીં પરંતુ આરોગ્યસંભાળ પ્રણાલીના ભાવિ આધારસ્તંભ પણ હતા. તેમની સુખાકારી અને પરિવારો સમાન સંભાળ અને સમર્થનને પાત્ર છે. તેથી ઈજાગ્રસ્ત અથવા જીવ ગુમાવનારા તબીબી વિદ્યાર્થીઓને તાત્કાલિક સમાન સહાયની જાહેરાત કરવા આઈએમએએ વિનંતી કરી છે. તેમની આ વિનંતી પાછળ તર્ક એ હોવાનું ગણાવાય છે કે, મૃત્યુનું કારણ એરક્રેશ કેશ થયું એ જ છે. આ જ કારણે જો પ્રવાસીઓને વળતર મળતું હોય તો તબીબોને કેમ નહીં?



National



IMA Doctors' Teams Assist In Emergency Medical Care At Ahmedabad Hospital

A dedicated team of doctors from the IMA Gujarat Branch assisted by IMA MSN has been promptly deployed to the incident site and City Hospital, Ahmedabad, to assist in emergency medical care. IMA stands in solidarity with the families of the victims during this difficult time, said the Indian Medical Association, while expressing deep sorrow over the tragic loss of lives in the Air India plane crash



ગુજરાત

મૃતક મુસાફરોના પરિવારજનો ઉપરાંત મેડિકલ વિદ્યાર્થી સહિત મૃતકોના પરિવારને રૂ. ૧.૨૫ કરોડ મળશે

અમદાવાદ, રવિવાર

પ્લેન કેશની ઘટનામાં મૃત્યુ પામેલા મુસાફરોને ટાટા સન્સના ચેરમેન દ્વારા ૧ કરોડ રૂપિયાની સહાય આપવા માટે જાહેરાત કરાયા બાદ ઈન્ડિયન મેડિકલ એસોસિએશન દ્વારા આ ઘટનામાં મૃત્યુ પામેલા મેડિકલના વિદ્યાર્થીઓના પરિવારોને અને ઘાયલોને પણ સહાય આપવા માટે રજૂઆત કરાઈ હતી. જેને પગલે એર ઈન્ડિયા દ્વારા કરાયેલી નવી જાહેરાત મુજબ મૃત્યુ પામેલા મેડિકલના વિદ્યાર્થીઓના પરિવારોને અને અને અન્ય તમામ મૃતકોના પરિવારને પણ ૧.૨૫ કરોડની સહાય આપવામા આવશે.

ઈન્ડિયન મેડિકલ એસોસિએશને ટાટા સન્સ ચેરમેનને સહાય આપવા રજૂઆત કરી હતી

દરમિયાન ટાટા સન્સના સપોર્ટથી એર ઈન્ડિયા દ્વારા મેડિકલના વિદ્યાર્થીઓના પરિવારજનો સહિત તમામના મૃતકોને પરિવારજનોને પણ સહાય આપવાની ખાત્રી અપાઈ છે. ઉપરાંત ઘાયલ થયેલા તમામ મેડિકલ સ્ટુડન્ટસને સારવાર સહિતના ખર્ચ માટે સહાય આપવાની અને પીજી રેસિડેન્સ હોસ્ટેલ બિલ્ડીંગના નવનિર્માણ માટે સહાય આપવાની ખાત્રી આપવામા આવી.

વિદ્યાર્થીઓ ઉપરાંત તમામ મૃતકોના પરિવારને સહાય મળશે. ૧ કરોડ રૂપિયા ઉપરાંત વચગાળાની સહાય તરીકે હાલ ૨૫ લાખ રૂપિયા આપવાની જાહેરાત કરવામા આવી છે.

આઈએમએના પ્રેસિડેન્ટ ડૉ. અનિલ નાયક અને ગુજરાત ચેપ્ટર પ્રમુખ મેહુલ શાહે આ બાબતે ટાટા સન્સનો આભાર માનતા કહ્યું કે એર ઈન્ડિયા દ્વારા કરાયેલી જાહેરાત મુજબ મૃત્યુ પામેલા મેડિકલના



Extend support to injured, deceased medicos too: IMA

Ahmedabad: The Gujarat chapter of Indian Medical Association on Friday wrote to Tata Sons chairman N Chandrasekaran demanding similar compensation for medical students killed and injured in the Air India flight crash as has been announced for the passengers on board the ill-fated Boeing Dreamliner.

In its letter, the medical association appreciated Air India's announcement to pay Rs 1 crore compensation to the families of each of the passengers who lost their lives in the tragedy and for renovation of BJMC college hostel.

"We humbly request you to also consider extending financial assistance and necessary support to the medical students present at the crash site who were injured or lost their lives," stated the letter signed by Dr Mehal Shah, president of IMA's Gujarat branch, and other office-bearers.



એન કેસ દુર્ઘટનામાં માર્યા ગયેલા ડોક્ટર્સ, મેડિકલ સ્ટુડન્ટ્સ તેમજ અન્ય મૃતકોના પરિવારજનોને સહાય માટે ઈન્ડિયન મેડિકલ એસોસિએશનના પ્રેસિડેન્ટ ડૉ. અનિલ નાયક અને ગુજરાત ચેપ્ટર પ્રમુખ મેહુલ શાહે આ બાબતે ટાટા સન્સનો આભાર માનતા કહ્યું કે એર ઈન્ડિયા દ્વારા કરાયેલી જાહેરાત મુજબ મૃત્યુ પામેલા મેડિકલના



મૃતક ડોક્ટરો અને મેડિ. વિદ્યાર્થીઓ માટે શ્રદ્ધાંજલિ પ્રાર્થના સભા ચોખા

દિવ્ય ભાસ્કર
અમદાવાદ, મુમ્બઈ, ૧૦ જૂન, ૨૦૨૧ | ૧૧

અમદાવાદ ઇન્ટ પેજ

12/6
શિવંગોત્રે 500થી વધુ ડોસ્ટર અને વિદ્યાર્થીઓની શ્રદ્ધાંજલિ

પરમાત્મા એ આત્માને શાંતિ સાચી આપજો...



પરમાત્માને શાંતિ આપજો... ડોસ્ટરના મૃત્યુચર્ચ છે. પેન્શન વાર પેટલ બી. પં. સેક્સના સંસ્કૃતિ વિદ્યાર્થીઓ છે.

વિદ્યાર્થીઓના પરિવારોને અને મૃતક મુસાફરોના પરિવારોને સહાય આપવા માટે રજૂઆત કરાઈ હતી. જેને પગલે એર ઈન્ડિયા દ્વારા કરાયેલી નવી જાહેરાત મુજબ મૃત્યુ પામેલા મેડિકલના વિદ્યાર્થીઓના પરિવારોને અને અન્ય તમામ મૃતકોના પરિવારને પણ ૧.૨૫ કરોડની સહાય આપવામા આવશે.





SHRADDHANJALI

To our beloved doctors, medical students and all others who lost their lives in the major plane crash in Ahmedabad





Curtain-Raiser Centennial IMA NATCON-2025





Curtain-Raiser Centennial IMA NATCON-2025





IMA NATCON-2025 Meeting with Dr. Narayan Gaonkar, UNICEF at Gandhinagar



* * * * *

IMA NATCON 2025 Meeting GNLU, Gandhinagar



* * * * *

IMA NATCON-2025 Meeting with Shree Dilip Deshmukhdada





IMA NATCON-2025 Meeting with Dr. Anuj Sharma, IAS at Gandhinagar



Welcome to Respected Dr. Sarbari Datta , Hon. Secretary General, IMA HQs, Delhi at Ahmedabad



* * * * *

IMA NATCON-2025 Meeting



* * * * *

Congratulation



Dr. Jigar Asnani

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A distinguished Eye Surgeon and Retina Specialist from Deesa, Gujarat, India, has achieved a historic feat as the first Eye Surgeon from India to conquer the world's highest summit, Mount Everest on 18/05/25.



TB Awareness Skit IMA Bharuch Branch



* * * * *

Blood Donation Camp IMA Gandhidham Branch



* * * * *

CME IMA Kalol Branch





IMA Morbi Branch

CME



Blood Donation Camp



* * * * *

CME IMA Rajkot Branch



* * * * *

Candle Light Tribute & Blood Donation Camp IMA Rajkot Branch





Aao Gaon Chalen Medical Camp IMA Mehsana Branch



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DYE INGREDIENT, SODIUM NITRITE : A SILENT KILLER

Sona PM, Heenaba Jadeja, Neelkant Verma, Bhoomika Patel*
School of Medico Legal Studies, National Forensic Science University

SODIUM NITRITE : A HAZARDOUS AND POISONOUS CHEMICAL

A white to slight yellowish crystalline odourless powder that is very soluble in water and hygroscopic. These are widely used as vasodilators, food preservatives, bleaching agent, cement anti-freeze, and antidotes for cyanide poisoning.^[1] It is also utilized in the manufacturing of chemicals such as dyes, pharmaceuticals, and in certain industrial processes. It is highly toxic to humans at specific doses and that can damage the cardiovascular and central nervous systems. The toxicity of sodium nitrite is primarily due to its ability to convert hemoglobin in the blood into methemoglobin. Methemoglobin cannot carry oxygen efficiently, leading to a condition known as methemoglobinemia, which reduces the oxygen supply to vital organs and can lead to death.^[2] In recent years, a significant increase of intentional poisonings due to sodium nitrite has been reported.^[3] Also, accidental poisonings occurs, from contaminated food or chemicals. In industrial settings, workers exposed to high levels of sodium nitrite in manufacturing or food processing can suffer poisoning.

ROUTES OF EXPOSURE

Sodium nitrite can enter the body through ingestion, inhalation and dermal contact. Ingestion is the most common route of poisoning, often accidental or intentional.^[4] Inhalation exposure can occur in industrial settings where sodium nitrite is used. Dermal exposure is less common but can occur from contact with contaminated materials or by dissolving in sweat.

MECHANISM OF TOXICITY

When Sodium nitrite (NaNO_2) enters the bloodstream, it oxidizes heme iron from the ferrous (Fe^{2+}) state to the ferric (Fe^{3+}) state. This changes



the redox state of heme, causing the removal of an electron. When oxidation occurs within the heme moiety of hemoglobin, methemoglobin is formed. This impairs the delivery and exchange of oxygen to tissues as methemoglobin is incapable of carrying oxygen or carbon dioxide. As a result, when methemoglobin levels increase in the blood, the ability of the blood to carry and deliver oxygen to tissues is impaired. This condition is called methemoglobinemia, and it leads to tissue hypoxia, a state in which there is an insufficient amount of oxygen due to the inability of methemoglobin to bind and carry the oxygen.^[5]

SIGNS AND SYMPTOMS OF SODIUM NITRITE POISONING

Inhalation Exposure : Blue lips, fingernails and skin, confusion, convulsions, dizziness, headache, nausea, unconsciousness, respiratory distress and systemic poisoning.^[6]

Eye Exposure : Redness, Pain.

Skin Absorption: Direct contact with sodium nitrite can cause skin irritation and absorption into the bloodstream, potentially leading to toxicity.

Ingestion Exposure : Increased heart rate and nitrite poisoning causes methemoglobinemia having symptoms include cyanosis, cardiac dysrhythmias and circulatory failure, and progressive CNS effects.

ANALYTICAL METHODS

Detect the ions by X-ray Fluorescence (XRF) and Ion Chromatography. Methaemoglobin can be measured in blood with the portable AV Oximeter . The device measures total haemoglobin and further characterizes percentages of oxyhaemoglobin, carboxyhaemoglobin, and methaemoglobin. By Ultraviolet-Visible Spectrophotometry (UV-VIS) after derivatization with Griess reagent (naphthylethyenediamine dihydrochloride and sulphanilamide).



TREATMENT

According to Centers for Disease Control and Prevention, methemoglobinemia can be treated with supplemental oxygen and methylene blue 1% solution administered intravenously slowly over five minutes followed by IV flush with normal saline. Methylene blue restores the iron in hemoglobin to its normal (reduced) oxygen-carrying state^[7]

CASE STUDY: 'GUJARAT SERIAL POISONING CASE : OCCULT

PRACTITIONER'S DEADLY USE OF SODIUM NITRITE ENDS IN CUSTODIAL DEATH'

A 42-year-old black magician, who was arrested by Gujarat police for allegedly conspiring to murder a businessman and died in police custody due to sudden illness after admitting that he had killed 12 individuals over a span of 12 years by giving them drinks laced with a chemical called sodium nitrite^[8]. He had set up a temple in Surendranagar where he practiced black magic and shot videos for his channel. He used to poison his victims with dry cleaning chemical dissolved in water. Among his victims, the accused murdered his friend in Aslali, with a postmortem examination confirmed that his death was due to cardiac arrest caused by poisoning. In Surendranagar, three bodies were found and their mobile records showed the calls with the accused and also it was found that he was in the area at the time of their deaths. Also he committed murder of his 2 family members including his grandmother & mother. In Rajkot, body of 3 were found to be dead by the ingestion of the poison and in Morbi, death of a witness also happened. In Anjar, he poisoned a priest by lacing his tea with sodium nitrite. In Sarkhej, he was arrested when he was on his way to commit the crime by poisoning with sodium nitrite laced drink.

According to the police, the tantrik obtained the sodium nitrite from a local bootlegger. He learnt its lethal effects from another tantrik, as per the



newspaper report. Found a packet of sodium nitrite in his car and when police asked, he told that it was just a packet of salt and he used to drive during the day and eat outside, so he needed to keep salt to add some taste to the food. The packet was then sent for forensic examination and confirmed that was the chemical sodium nitrite.

INFERENCE AND IMPLICATIONS

The accused himself procured sodium nitrite from his hometown for poisoning. He got the chemical from a local bootlegger in Surendranagar. This raises serious concerns about the ease with which a highly toxic substance, one with known lethal potential can be accessed by the general public without stringent oversight. The tragic misuse of this chemical in multiple homicides committed by the black magician is a clear warning. If such chemical weapons remain easily accessible, they can continue to be weaponized hence its distribution should be strictly controlled like other poisons or drugs.

***Correspondence**

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**COLLEGE OF GENERAL PRACTITIONER IMA-GSB****MEDI QUIZ - COMPETITION****QUIZE -5**

1. A 47-year-old woman comes to the physician because of a 1-week history of progressive pain and swelling of the left knee. She has pain with walking and at rest. There is no history of trauma. She has hypertension, type 1 diabetes mellitus, and asthma. Her current medications are insulin, an β -adrenergic blocking agent, and a daily inhaled corticosteroid. She is 158 cm (5 ft 2 in) tall and weighs 136 kg (300 lb); BMI is 55 kg/m². Her temperature is 37.8°C (100.1°F); other vital signs are within normal limits. The knee is tender, swollen, warm, and erythematous. There is severe pain with passive and active range of motion. Plain x-rays of the knee show periarticular osteopenia; the joint space is narrowed medially. Which of the following is the most appropriate next step in management?
 - a. **Measurement of serum uric acid concentration**
 - b. **MRI of the knee**
 - c. **Aspiration of the knee joint**
 - d. **Intra-articular injection of corticosteroids**
 - e. **Naproxen therapy**

2. An asymptomatic 42-year-old man with a 1-month history of essential hypertension comes for a follow-up examination. He has been moderately obese for 20 years and follows a high-calorie, high-fat diet. He drinks four to five cups of coffee daily. He has smoked one pack of cigarettes daily for 20 years. He drinks one beer at dinner almost daily. He has a sedentary lifestyle. He is 175 cm (5 ft 9 in) tall and weighs 100 kg (220 lb); BMI is 33 kg/m². His pulse is 78/min, and blood pressure is 148/94 mm Hg. Examination shows no other abnormalities. Which of the following is the most effective method to decrease his blood pressure?
 - a. **Abstinence from alcohol**
 - b. **Abstinence from coffee**
 - c. **Smoking cessation**
 - d. **Weight loss of 9 kg (20 lb)**
 - e. **Biofeedback**
 - f. **Vitamin E supplementation**



QUIZE 4 - Answer

1. Correct Answer B.

Pyelonephritis occurs because of the retrograde spread of a lower urinary tract infection. Urinary tract infections are more common in women due to the shorter urethra and favorable regional environment for bacterial growth and in patients with diabetes due to the presence of glycosuria. In men, benign prostatic hyperplasia and urinary outlet obstruction create increased risk for development of urinary tract infections. Upper urinary tract infections such as pyelonephritis more commonly present with systemic symptoms such as rigors, nausea, vomiting, myalgias, arthralgias, fatigue, high fevers, tachycardia, leukocytosis, flank pain, and costovertebral angle tenderness on physical examination, such as in this patient with discomfort on percussion of the back. Urinalysis in pyelonephritis often shows greater than 10 leukocytes per high-power field and may show white blood cell casts. Bacteria are generally seen on microscopy, with gram-negative rods (especially *Escherichia coli*) being the most common pathogen. *E. coli* produces nitrites, detectable on urinalysis. Pyelonephritis is treated with broad-spectrum antibiotics.

2. Correct Answer: E.

This patient is presenting with signs and symptoms of hyperthyroidism such as tachycardia, increased blood pressure, palpitations, anxiety, weight loss, and hot flashes. The patient was found to have low TSH concentration, indicating that the cause of her hyperthyroidism is likely a primary type (eg, Graves disease, hyperfunctioning thyroid nodule). On physical examination, the patient shows no signs or symptoms of a discrete thyroid mass. All patients with signs and symptoms of hyperthyroidism as well as low TSH concentration should undergo thyroid ultrasonography along with testing for thyroid stimulating antibodies. Ultrasonography-guided fine-needle aspiration biopsy can be performed at the same time, which is recommended for patients with risk factors for malignancy or for nodules with concerning ultrasound features. Subsequent workup and management is dependent on the results of the TSH concentration measurement, antibody detection, radioiodine uptake testing, characteristics of the nodule shown on ultrasound, and biopsy results. Of these options, ultrasonography is the best next step for this patient.

- Send your answers to whatsapp No +91 76985 54566 or before 12-7-2025
- Kindly mention your Name, Degree and City / Branch Name
- Don't keep disappearing messages on while sending reply
- Every month quiz will be published in GSB bulletin
- First three winners will be published in next bulletin
- Maximum correct answers during whole year will be felicitated

QUIZ MASTERS :

Dr. Urman Dhruv
Senior consultant physician

Dr. Mahadev Desai
Senior consultant physician

Dr. Vipul Shah
Infectious disease specialists

COORDINATOR :

Dr. Kalpita Dave
Ahmedabad

Dr. Dhananjaysinh Gohil
Ahmedabad



COLLEGE OF GENERAL PRACTITIONER IMA-GSB

MEDI QUIZ - COMPETITION QUIZE -4

List of participants with correct answers

No.	Name	City
1.	Dr. Amin Surani	Ankleshwar
2.	Dr. Ashvin Bhatt	Khambhat
3.	Dr. Vipul N Shah	Ahmedabad
4.	Dr. Saniya Shah	Ahmedabad
5.	Dr. Toral Parikh	Nadiad
6.	Dr. Kishti Thakkar	Vadnagar
7.	Dr. Kanti Patel	Valsad
8.	Dr. Vraj Shah	Kalol
9.	Dr. Jignesh Shah	Kalol
10.	Dr. Yusuf Bambhani	Porbandar
11.	Dr. Rajendra Raval	Savarakundla

* * * * *

OBITUARY

We send our sympathy & condolence to the bereaved family



Dr. Stuti Nitin Trivedi

(20/09/1991 - 12/04/2025)

Age : 34 years
 Qualification : MS Ophthalmology
 Name of Branch : Ahmedabad

* * * * *

Dr. Mafatlal M. Patel	08-01-2025	Anand
Dr. Divyakant G. Patel	13-04-2025	Ahmedabad
Dr. Balvantray O. Doshi	18-04-2025	Gondal
Dr. Dinesh H. Thakkar	01-05-2025	Valsad
Dr. Lalbhai H. Shah	06-05-2025	Ahmedabad

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



BRANCH ACTIVITY

BHARUCH

13-06-2025 100 Blood Donation Camp with ISBTI- Gujarat on the occasion of World Blood Donor Day. Total 72 Units of blood were collected.

GANDHIDHAM

18-05-2025 Blood Donation Camp. Total 45 blood bottles were collected.

11-06-2025 CME on "Liver Transplant Current Scenario in Gujarat" by Dr. Anand Thakkar.

"Introduction to Robotic GI Surgery" by Dr. Vishal Soni.

GANDHINAGAR

12-06-2025 CME on "Kidney in Hypertension" by Dr. Janmejy Kunpara.

"Under estimated and Underaddressed Diabetic Hypertension" by Dr. Jaimin Dave.

KALOL

13-05-2025 CME on "Azoospermia" by Dr. Rakesh Patel.

"Menopause & Role of MHT (Menopausal Hormonal Treatment)" by Dr. Dinesh Shah.

27-05-2025 "Beyond Glycemic Control: Oral Semaglutide's Impact on Cardio-Kidney Metabolic (CKM) syndrome management" by Dr. Manoj Agarwal.

"Risk & Severity of Metabolic Dysfunction – Associated Steatotic Liver Disease (MASLD)" by Dr. Gautam Tamboliya.

MEHSANA

27-4-2025 Pediatric OPD Camp under the project of "Aao Gaon Chalen". More than 30 children were benefited by free consultation by Dr. Akash Patel, Dr. Sanket Patel and Dr. Darshan Patel at NugarVillage.

MORBI

02-05-2025 to Blood sugar Check up camp done at various places. Total

24-05-2025 84 patients were benefitted.



- 08-05-2025 to 17-05-2025 Blood Donation up camp done at various places Total 200 Units were collected.
- 08-05-2025 World Thalassemia Day for awareness by Dr. Sandip Mori, Dr. Chirag Jetpariya, Dr. Urvi Raiyani and Dr. Heena Mori.
“Awareness on Ovarian Cancer and Endometrial Cancer” by Dr. Heena Mori and Dr. Hemaben Patel
- 09-05-2025 CME on “Common Misconceptions in Gastro and Hepatology” by Dr. Vaibhav Karoliya. Approximately 65 doctors were present.
- 15-05-2025 “Basic Concepts in Poisoning Management, Snake Bite, Scorpion Bite etc” by Dr. Jayesh Aghara. Approximately 35 doctors were present.
International Kangaroo Care awareness by Dr. Pranav Bhadesiya.
- 17-05-2025 World Hypertension Day for awareness by Dr, Dipak Aghara, Dr. Bhavin Gami, Dr. Monika Patel and Dr. Payal Faldu.
- 22-05-2025 Routine Health Check up camp. Total 14 Aashramvassi were benefitted.
- 25-05-2025 Free seminar on Type-1 Diabetes, all children were tested for HbA1C, Renal Function Tests and Urine Albumin Creatinine ratio and lecture on usage of Insulin Pen, Regular RBS Monitoring with Glucometer, Side effects of Juvenile Diabetes were taken by Dr. Chirag Aghara, Dr. Sandip Mori, Dr. Sagar Barasara and Dr. Malay Parekh. Approximately 50 children were benefitted.
- 30-05-2025 World No Tobacco Day. Total 161 patients were examined by Dr. Alpesh Fefar, Dr. Prakash Vidja and Dr. Rakesh Patel.
- 31-05-2025 World No Tobacco Day – Oral Cancer Detection camp and Quit Tobacco Counselling Sessions were organized for Coal Workers of Nalakhi port. Total 425 workers were benefitted and 5 patients suspected of carcinoma, referred for biopsy and further management by Dr. Prakash Vidja and Dr. Alpesh Fefar.

**PATAN**

14-6-2025 Blood Donation Camp. Total 7 Units of blood were collected.

RAJKOT

24-04-2025 CME on "Rethinking Obesity: A New Lens, A New Era" by Dr. Randeep Wadhawan, Dr. Mahendra Narwaria, Dr. Mehul Vikani and Dr. Krishna Mori.

14-06-2025 IMA Rajkot was part of three blood donation camps in Rajkot as a part of celebration of World Blood Donor's Day – PDU Medical College, Life Blood Centre and Jivandeep Blood Centre. It was tributed to victims of plane crash at Ahmedabad. We were able to collect 106 blood units from IMA members, medical students, paramedical staff and well wishers will be utilized for the patients admitted at Civil Hospital, Rajkot.

VISNAGAR

14-06-2025 Blood Donation camp. Total 72 Units of blood were collected.

WANKANER

03-05-2025 CME on "Myths and facts about Kidney Stone Disease" by Dr. Keyur Patel.

"Scope of Neurosurgery" by Dr. Pratik Patel

"Robotic total Knee replacement" by Dr. Rajdipsinh Chauhan.

04-06-2025 "Overview of AUN of Femoral head & its management Options" by Dr. Neeral Desai

* * * * *

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Dear Branch Secretary

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

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

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

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For Single Life Member	12985-00
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HOW I DO – DVT - Treatment - PART – 12

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



Dr. Chirag A. Shah

M.D. Oncology/Hematology (USA)
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98243 12144; 98988 68503

Question: In last part, we covered some important points related to VTE (Deep Vein Thrombosis and Embolism) 1. Diagnostic evaluation should start before and in parallel to treatment. Especially certain tests like lupus anticoagulant are better collected before anticoagulation. 2. It is important to do basic work up for cancer, as it is one of the most important reasons not to miss. 3. Age appropriate cancer screening, not extensive cancer work up. 4. In about 80% cases, we do not find specific underlying cause. Even after extensive blood tests for hypercoagulable state. 5. Role of homocysteine in Indian setting. 6. No role for routine testing of hereditary thrombophilia tests in every patient. They are rare. And do not change treatment plan. Treatment plan is decided primarily by clinical factors, and some of the acquired risk factors.

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

Answer: YES, now we are ready to discuss anticoagulation. Work up has been initiated and can continue in parallel. Treatment should not be delayed. I understand why most people are very anxious to start treatment, as DVT is potentially life threatening by leading to a pulmonary embolism. DVT of other sites like intestine, liver, brain etc can be life threatening by causing significant injury to the organ involved, or can lead to significant disability even if patient survives. Two most important factors in initial treatment are:

1. **How quickly anticoagulation is started**
2. **More importantly how quickly optimal level of anticoagulation is achieved**

Following is a reminder from our article Number 10 in this series “History ensure patient does not have an absolute contraindication for anticoagulation e.g. recent intracranial bleeding, GI bleeding, ongoing bleeding, major trauma. **Must check minimum** CBC, PT, aPTT, Creatinine, SGPT. To ensure no severe thrombocytopenia, baseline coagulation abnormalities, major organ dysfunction.”

So now what choices do we have for anticoagulation: Intravenous heparin (unfractionated heparin); low molecular weight heparin (LMWH); Fondaparinux; warfarin or acitrom; NOAC (non vitamin k antagonist oral anticoagulants) e.g. dabigatran, rivaroxaban, apixaban.

Remember the two most important factors or goals of treatment as noted above: **QUICKLY and OPTIMALLY.**

Initial time is crucial as thrombus is likely still growing, and can lead to further organ injury or embolism. Hence as soon as diagnosis is known, anticoagulation should start. One should not wait for several hours. More so for embolism or visceral site thrombosis. For an uncomplicated DVT, a few hours is less likely to be critical.

The second point is even more critical i.e. how soon do you achieve optimal anticoagulation???

This is where LMWH scores much better over IV (Unfractionated) heparin. IV heparin has many sizes of heparin molecules, not uniform, hence its binding to Antithrombin (primary mechanism of action) is not very efficient. Whereas LMWH is made of fairly similar optimum size molecules. Hence binding to Antithrombin is much more efficient, leading to much faster achievement of optimal anticoagulation and very reliably. Once you start LMWH, you can expect adequate anticoagulation within few hours, **if dose is proper for weight.** For IV heparin, achievement of adequate anticoagulation can take several hours, many times over 24 hours, even with weight based nomograms. Also, one may have over anticoagulation i.e. too high aPTT. And if the adjustment in doses are not done well, there may be too high and too low aPTT. Also, for some patients even if dosing is done well, they have wide fluctuations in aPTT (just like some brittle diabetics, where glucose control is very difficult). For all these reasons, IV heparin is now rarely used as first choice. It has been extensively studied that **long term outcome of DVT/PE correlates with how long it takes to achieve adequate anticoagulation in initial hours.**

I still see some consultants want to use IV heparin if there is extensive thrombosis, thinking that “IV is stronger than subcutaneous”. **IV heparin is clearly a suboptimal form of anticoagulation.** It has limited applications, and has to be thoroughly followed up with proper aPTT monitoring to ensure not too little or not too high anticoagulation. We use IV heparin in some very limited situations today e.g. if patient is at high risk for bleeding due to thrombocytopenia, or recent surgery or recent major bleeding. Or LMWH dosing is difficult as patient has low GFR (high creatinine). With high creatinine, LMWH clearance is not clear, and there are no doses based on GFR. Hence there is risk of over anticoagulation. Monitoring is expensive, and not widely available (available in Ahmedabad) i.e. Anti Xa levels. Advantage of IV heparin in above noted situations is that one can titrate the anticoagulation to some extent by keeping a lower target for aPTT and most importantly, it can be reversed very quickly in case of bleeding using protamine. Protamine is widely available, as used in CABG surgery to reverse heparin post surgery. Also, simply stopping IV heparin reduces anticoagulation by 50% in one hour. LMWH on the other hand has a much longer half life, and antidote is not available or not very effective.

Ninety percent of patients of DVT/PE however can be treated with LMWH. Also, it allows outpatient treatment in very stable patients, and early discharge with home treatment. June 15th 2025 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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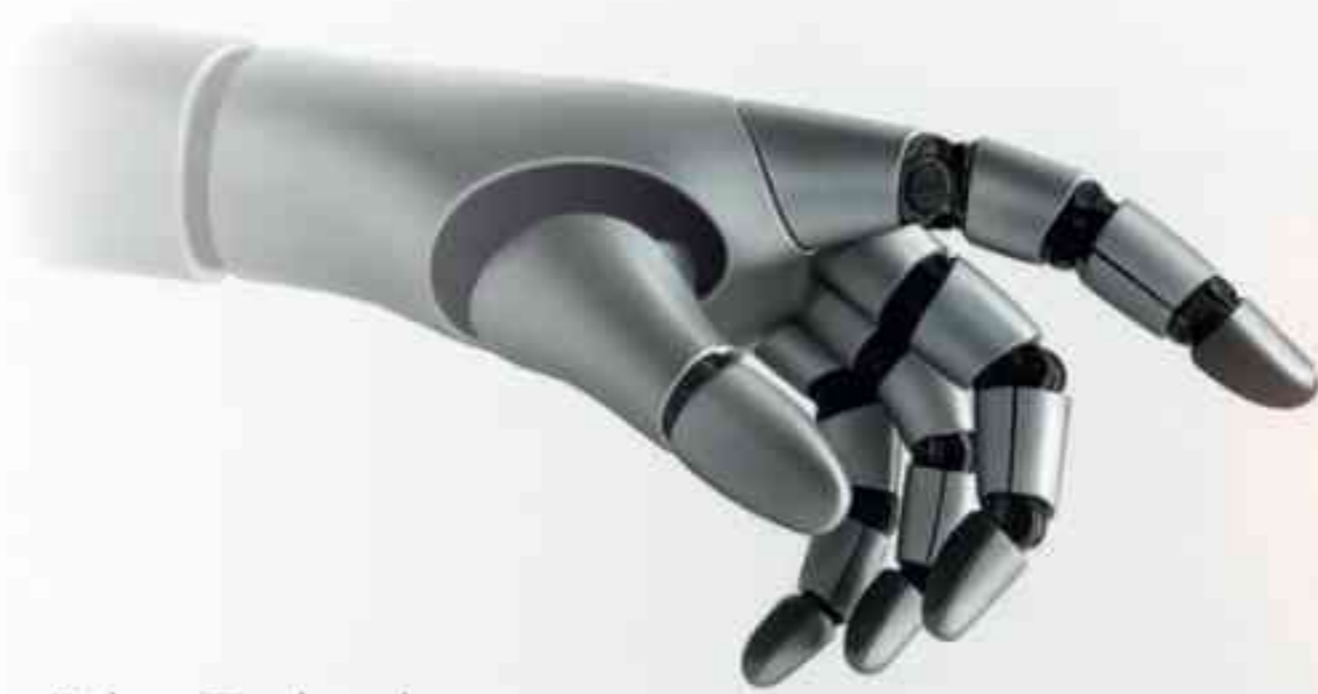
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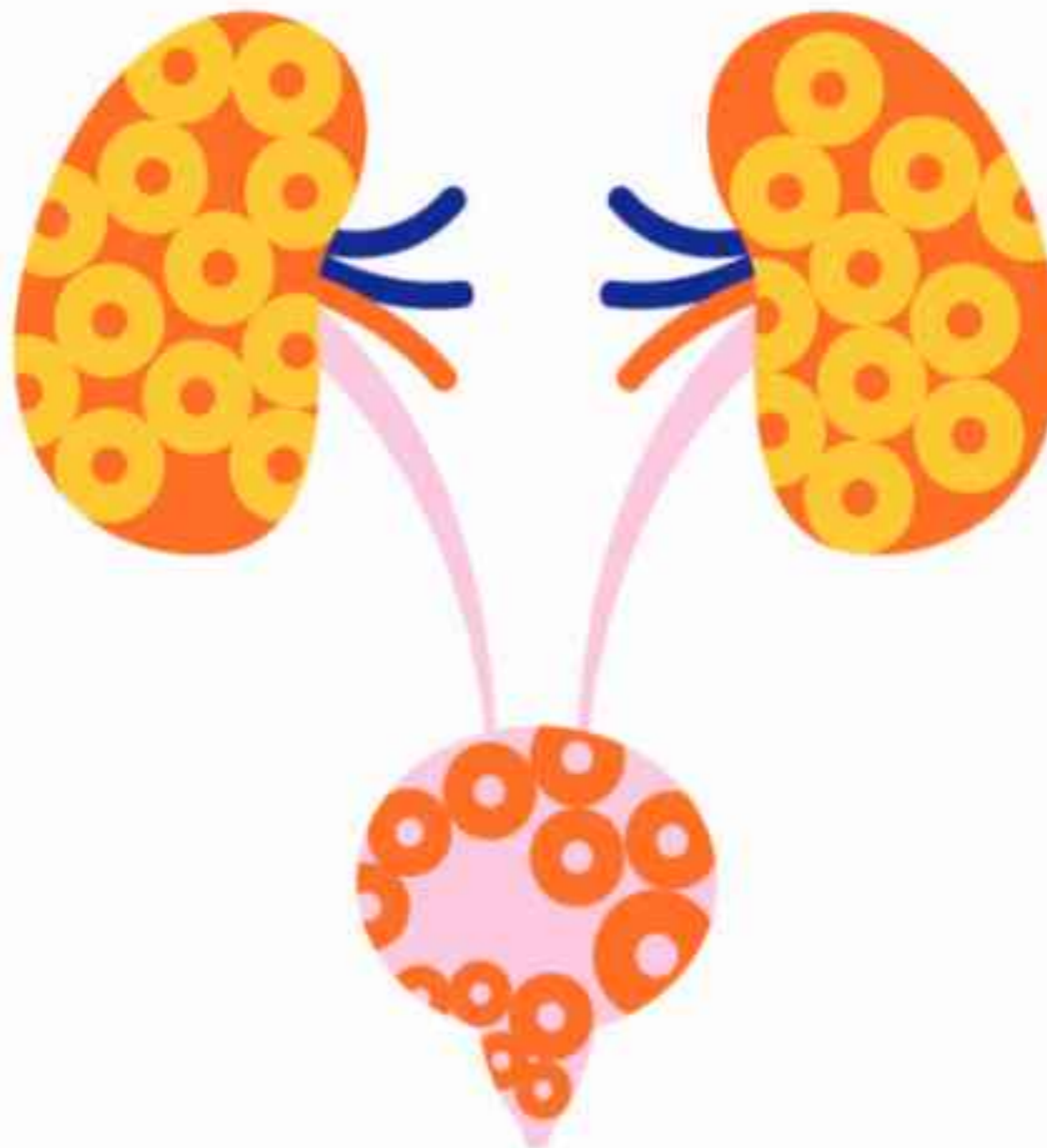
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