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AHMEDABAD MEDICAL ASSOCIATION

(Branch of Indian Medical Association) ESTD 1902

AMA House, First Floor, Opp. H. K. Arts College,
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AHMEDABAD MEDICO NEWS

Email: amagsbima@yahoo.co.in

Website: www.ahmedabadmedicalassociation.com

AMACON 2024

4th 5th May 2024 Sat - Sun

The Annual Conference of **Ahmedabad Medical Association**



Venue: Ahmedabad Management Association (AMA)

Dr Vikram Sarabhai Marg, IIM Road, Ahmedabad, Gujarat 380009

VOL. 18

JANUARY - 2024

ISSUE - 9

Dr. TUSHAR PATEL
President - AMA



Dr. URVESH SHAH
Hon. Secretary AMA

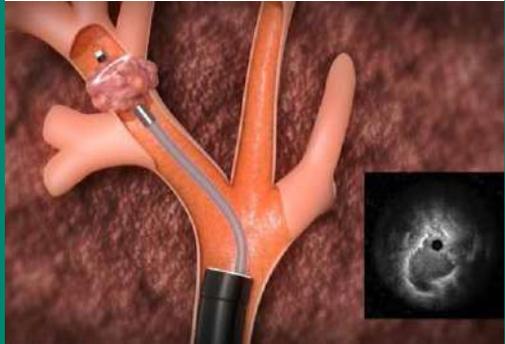
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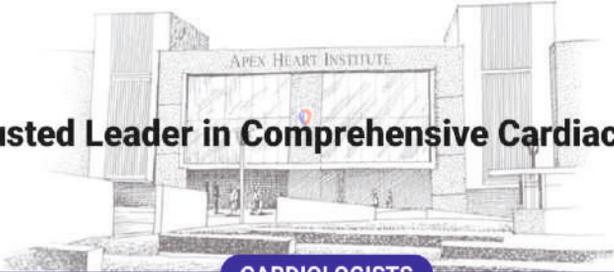
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Message From President & Hon. Secretary



Dear members

Hope the beginning of New Year 2024 been with a lots of happiness & hopes for all of you; & we wish it will bring a great success in all of us lives. Friends, there is no need of resolution when we are committed to our profession & services. However, from time to time our new task becomes our resolution too. This year under the mission of “Heart Beat Movement”, we are arranging CPR – COLS training for every possible life savers; & hence since last few months it has been arranged at various places at various forums – whether it be amongst school children in collaboration with Indian Red cross Society or amongst home guards in collaboration with Govt of Gujarat.

With extensive work under the programmes of “Aao Gaon Chale”, we are now outreaching with our services to extreme remote compartment of society by working in collaboration with Government & various NGOs and institutes. Apart from our regular camps at 8 urban centres & 6 rural centres every month, we have arranged a medical camp at very remote village of Dahod district where more than 500 genuine patients suffering from one or another health issues were benefited.

We are now engaging more & more the young generation of medical fields. We tried to nurture their needs by arranging various



types of education seminars like: for UG students appearing for University examination - arranged grand revision for practical for all clinical subjects; arranged classes for NEET PGs; & arranged seminar for the students & young doctors pursuing for foreign education & medical research. We have also arranged cultural event of their interest – DJ dance as year ending celebration.

All Gujarat Volleyball tournament was another great event that AMA has evident this year; which also marked a mile stone for us. We are thankful to Shri Narharibhai Amin for his support for this event & for many other social events too. We also express our gratitude for all those who are supporting us for our every endeavour - including Government of Gujarat, Indian Red Cross Society, State Police department, State home guard department, various leaders & senior doctors of our association, all the hospitals & medical colleges.

“The purpose of the team should be powerful from an overall perspective, as it gives the ability to move forward while organizing.”

- Jim Rohn

A wise person has also quoted “We live in an interconnected world, in an interconnected time, and we need holistic solutions” hence we are following a holistic approach for eminence of our association & fraternity; supports from all the members are always valued.

Jai AMA



Jai IMA

Dr. Tushar Patel
President

Dr. Urvesh Shah
Hon. Secretary

Ahmedabad Medical Association



SCIENTIFIC PROGRAMME DATE 16-12-2023



BLOOD DONATION CAMP 17-12-2023



CME ON INTERPLAY OF DIABETES AND NASH DATE 19-12-2023

A hybrid CME on Interplay of Diabetes and NASH was organized by Ahmedabad Medical Association on 19th December, 2023 2:30pm to 4:30pm. Physically it was arranged at AMA hall, Ashram Road. Dr Ketan K. Mehta delivered a talk on 'Bidirectional association of Diabetes and Fatty liver'. Dr Jayant Barve delivered a talk on 'Management of NASH'. The CME was moderated by Dr Jayesh M. Lele past HSG, IMA HQ. CME was followed by High tea.





CME 'STAVYA SPINE UPDATE' DATE 24-12-2023

A CME was organized by Ahmedabad Medical Association in collaboration with Stavya Spine at Welcome hotel by ITC, Ashram Road, Ahmedabad on 24th December 2023. The lectures were taken by Dr Bharat Dave and his team on variety of topics including Spine health checkup and different surgical updates in the field of spine. The programme was co-ordinated by Dr Hitendra Nayak, Dr Kuntal Gajjar, Dr Mansi Patel and Dr Rutvik Dave. CME was attended by more than 100 delegates. The sessions were quite informative and interactive.





INAUGURATION OF 74TH TB SEAL CAMPAIGN ON 24-12-2023

Inaugural function of 74th TB Seal Campaign was organized on 24/12/2023 at GSTBA office premises. Dr. P.M. Parmar Hon. Sec. gave brief account of history of TB seal. Dr.Tushar Patel inaugurated 74th TB Seal Campaign by releasing TB Seals.



REVISION SESSION OF ENT PRACTICALS FOR UG STUDENTS DATE 02-01-2024



REVISION SESSION OF OPHTHALMOLOGY PRACTICALS FOR UG STUDENTS DATE 03-01-2024





GRAND REVISIONS FOR SUBJECTS OF MEDICINE, SURGERY, PEDIATRICS & OBGY FOR STUDENTS APPEARING IN UNIVERSITY EXAMINATIONS





DJ DANCE FOR YOUTH BRIGADE DATE 29-12-2023

A year end celebration in the form of 'DJ Dance for Youth brigade' was organized by Ahmedabad Medical Association on 29th December, 2023 evening at Reform Club, Ashram Road, Ahmedabad. All the young enthusiastic members of AMA, JDA Ahmedabad and IMA Student wing were invited to attend it. The event was beautifully co-ordinated by Dr Hiren Pateliya, Dr Dhananjaysinh Gohil, Dr Keyursinh Chauhan, Dr Dhaval Gameti and Dr Jay Hathila. Youth has enjoyed it to the fullest.





DJ DANCE FOR YOUTH BRIGADE DATE 29-12-2023





“AAO GAON CHALEN” 30,31 DECEMBER 2023

Dhanpur, at extreme interior, rural area of Dahod Medical camp with huge success: - Multispeciality camp with 500 + beneficiaries - Free distribution of medicines to all, 100 + specs, 30+ knee caps / sticks - Many other diagnostic modalities offered including Audeometry, PFT - Health education on A/V Proved to be a much needed & fruitful camp. Appreciated by on site visit of MP of Dahod - Jasvantsinh Bhabhor & DSP Dr Rajdeepsinh Zala, ASP Vishakha Jain Entire arrangement was done by Police Department of Dahod. One of the great way of year ending celebration.





“AAO GAON CHALEN” 30,31 DECEMBER 2023





ALL GUJARAT DOCTORS VOLLEYBALL TOURNAMENT DATE 05 & 06-01-2024

Ahmedabad Medical Association in collaboration with Marengo CIMS hospital has organized a Volleyball tournament for all the doctors of Gujarat at Hiramani Sankool, SG Highway, Ahmedabad on 6th & 7th January, 2024. More than 25 teams have participated in the tournament which was played at 4 different grounds. Inauguration ceremony was held on 6th January, 2024 and Prize distribution on 7th January, 2024. The event was graced by the esteemed presence of Shri Narhari Amin Member of Parliament & Dr Yogeshanand Goswami CEO GMERS, Gandhinagar. Trophies and prizes were sponsored by Eva women's hospital and event was streamed live on Youtube. Entire tournament was very well co-ordinated by Dr Uday Patel, Dr Bipin Patel, Dr Manish Patel, Dr Chetan Patel, Dr Divyang Patel & Dr Rutvij Parikh.



મેડિકલ એસો.ની વોલીબોલ ટુર્નામેન્ટમાં મહેસાણાની ટીમ વિજેતા



નવગુજરાત સમય, સમદાવાદ : સમદાવાદ મેડિકલ એસોસિએશનનાં વિષ્ણુને વાનિ અને સચિવારે ઓલ ગુજરાત વોલીબોલ ટુર્નામેન્ટનું આયોજન કરવામાં આવ્યું હતું જેમાં મહેસાણા મેડિકલ એસોસિએશનની ટીમ વિજેતા તથા રાજકોટની ટીમ રનર્સ અપ રહી હતી. જાહેરનાં હોદ્દામણિ સ્કૂલ ખાતે યોજાયેલી આ ટુર્નામેન્ટમાં ઇન્ડિયન મેડિકલ એસોસિએશન અને ગુજરાત રાજ્યનાં અલગ અલગ જામાઓનો દાવિદિ વર્કેટોની ટીમ ભાગ લીધો હતો. ટુર્નામેન્ટનું સુચાલન ડો. ઓફિસિટર ડો. ઉત્તરા પટેલ દ્વારા કરવામાં આવ્યું હતું. સચિવારે રમાયેલી કુવાલ્ક બાદ સુવર્ણસામાન સાસાદ નરહરિ અમીન, ડો. વિવેક પટેલ, ડો. હલેસ પટેલ, ડો. દિનેશ પટેલ તથા અલ્ક સિનિયર તરીબોનો શાવરીમાં વિજેતા ટીમને એવોર્ડ ઉપરાંત અલ્ક ટીમને ટ્રિબિલ પુરસ્કાર એલામત કરાયાં હતાં.

અમદાવાદ મેડિકલ એસોસિએશન દ્વારા ઓલ ગુજરાત વોલીબોલ ટુર્નામેન્ટનું આયોજન



અમદાવાદ મેડિકલ એસોસિએશન દ્વારા હીરામણિ સ્કૂલ ખાતે ઓલ ગુજરાત વોલીબોલ ટુર્નામેન્ટ-૨૦૨૪નું આયોજન કરાયું હતું, જેમાં ઈન્ડિયન મેડિકલ એસોસિએશન તથા ગુજરાત રાજ્યની વિવિધ શાખા તરફથી આ ટુર્નામેન્ટમાં ડાક્ટરોની ૨૪ ટીમોએ ભાગ લીધો હતો. આ ટુર્નામેન્ટમાં મહેસાણા મેડિકલ એસોસિએશનની ટીમ વિજેતા થઈ હતી અને રાજકોટ મેડિકલ એસોસિએશનની ટીમ રનર્સ અપ બની હતી. ટુર્નામેન્ટમાં વિનર બનેલી ટીમોને સંસદ સભ્ય નરહરિ અમીન અને અન્ય સિનિયર ડાક્ટરોની શાવરીમાં ટીમોને આપવામાં આવ્યાં હતાં.



ALL GUJARAT DOCTORS VOLLEYBALL TOURNAMENT DATE 05 & 06-01-2024





EDUCATION SEMINAR DATE 07-01-2024

A unique educational seminar for medical students, junior doctors and young doctors was organized by Ahmedabad Medical Association on 7th January, 2024 at AMA hall, Ahmedabad. Dr Urvish Patel Director & Chief Education Officer, Research Update Organization, Texas medical centre, USA and Dr Vinod Nookala Director Internal Medicine, Community Medical Centre, RWJ Barnabas Health were invited as guest speakers. Career direction, USMLE & PLAB pathway, ICMR-STs funding, Pathway to publications, Clinical research, Conference presentation, Project writing, Clinical epidemiology and Book writing were the major topics of the seminar. The program was co-ordinated by Dr Vishal Shah



SENIOR CITIZEN CLUB PROGRAMME (WEBCASTING OF MOVIE – DEAR FATHER) DATED 07/01/2024

A unique movie entertainment programme was organized by Senior Citizen Club of Ahmedabad Medical Association at R.M.Fozdar hall, AMA house. Paresh Raval starrer movie 'Dear Father' was webcasted at AMA hall on 7th January, 2024. Light refreshment was also provided to the audience. The programme was beautifully co-ordinated by Dr K. R. Sanghavi, Dr Ramesh C. Shah, Dr Abhay Dixit, Dr K. C. Gadhvi, Dr Dhananjaysinh Gohil and Dr Rohan Christian. It was a great experience and event was thoroughly enjoyed by the audience. More than 70 senior citizens participated in this movie show.





PRINCIPAL SECRETARY - HEALTH & FAMILY WELFARE DEPARTMENT SHRI DHANANJAY DWIVEDI

Indian Medical Association, Gujarat State branch office bearers submitted representation of Concerns and Objections regarding Gujarat Clinical Establishments (Registration & Regulation) Act 2021 with subsequent Rules 2022 & Draft Rules 2023 to Principal Secretary- Health Department- Shri Dhananjay Dwivedi. He has assured positive support in this matter. Team IMA Gujarat



NATIONAL PRESIDENT - IINDIAN MEDICAL ASSOCIATION VISIT AT AMA





CPR TRAINING PROGRAMS





CPR TRAINING PROGRAMS





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5th May:-8-5 for all

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Main Conference:

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Paper and Poster Presentation for students



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9426324247

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Scientific Programme

Legal aspects in Medical practice - Issues & Solutions

Topics

1. How to safeguard ourselves - Documentation and Communication: **Dr. Naimish Chavda**
2. How to certify cause of death & medicolegal aspects in end of life issues: **Dr. Anish Joshi**
3. Medicolegal guidelines for Medical Officers: **Dr. Yogesh Gupta**
4. Landmark trials and judgements on medicolegal issues that have changed the clinical scenarios: **Dr. Saumil Merchant**

Panel discussion: How to safeguard against Medicolegal issues?

Moderator: **Dr. Vivek Dave**

Panelists: **Dr. Saumil Merchant, Dr. Yogesh Gupta,
Mr. Virender Kumar, Mr. Mrudul Barot,
Dr. Mehul Shah**

Date : 18-02-2024, Sunday

Time : 9.00 am to 1 pm

Venue : Hotel Cosmopolitan, Opp. Nidhi Hospital,
Nr. Stadium Cross Roads, Navrangpura, Ahmedabad -9

Pre lectures breakfast followed by lunch

Co-ordinators

Dr. Rajesh Desai

Dr. Imtiyaz Vohra

**For free registration, please send your name
via whats-app on 9825172804**

Dr. Anish Joshi
9898539059

Dr. Vivek Dave
9825172804

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- * **Number One Most Impressive MP in Asia Post Survey (Fem India Magazine) 2018 & 2019**
- * **Bharat Gaurav Puraskar Award 2020**



Report of Revision session of ENT Practicals for UG students Date 02-01-2024

Ahmedabad Medical Association has organized grand revision of ENT practical session for the undergraduate students preparing for the Gujarat University exam on 2nd January, 2024 at AMA hall. Emphasis was given to case presentation and preparation for the viva. Our sincere gratitude expert faculties of the subject Dr Neena Bhalodiya, Dr Devang Gupta, Dr Nipa Dalal and Dr Chaitsy Shah for sparing their valuable time and expertise for UG students. It was a full house event.

Report of Revision session of Ophthalmology Practicals for UG students Date 03-01-2024

Ahmedabad Medical Association has organized grand revision of Ophthalmology practical session for the undergraduate students preparing for the Gujarat University exam on 3rd January, 2024 at AMA hall. Emphasis was given to case presentation and preparation for the viva. Our sincere gratitude expert faculties of the subject Dr Kamini Prajapati and Dr Geetika Srivastava for sparing their valuable time and expertise for UG students. It was a full house event.

Report of Revision session of Paediatrics Practicals for UG students Date 13-01-2024

Ahmedabad Medical Association has organized grand revision of Paediatrics practical session for the undergraduate students preparing for the Gujarat University exam on 13th January, 2024 at AMA hall. Emphasis was given to case presentation and preparation for the viva. Our sincere gratitude expert faculties of the subject Dr Baldev Prajapati, Dr Snehal Patel and Dr Dhara Gosai for sparing their valuable time and expertise for UG students. It was a full house event.



Report of Revision session of Obstetrics & Gynaecology Practicals for UG students Date 16-01-2024

Ahmedabad Medical Association has organized grand revision of Obstetrics & Gynaecology practical session for the undergraduate students preparing for the Gujarat University exam on 16th January, 2024 in two sessions at AMA hall. Emphasis was given to case presentation and preparation for the viva. Our sincere gratitude expert faculties of the subject Dr Haresh Doshi and Dr Yaminiben Trivedi for sparing their valuable time and expertise for UG students. It was a full house event.

Report of Revision session of Medicine Practical for UG students Date 17-01-2024

Ahmedabad Medical Association has organized grand revision of Medicine practical session for the undergraduate students preparing for the Gujarat University exam on 17th January, 2024 in two sessions at AMA hall. Emphasis was given to case presentation and preparation for the viva. Our sincere gratitude expert faculties of the subject Dr Bhagirath Solanki, Dr Parul Bhatt, Dr Nilay Suthar and Dr Janak Khambholja for sparing their valuable time and expertise for UG students. It was a full house event.

Report of Revision session of General Surgery & Orthopedics Practical for UG students Date 18-01-2024

Ahmedabad Medical Association has organized grand revision of General Surgery & Orthopedics practical session for the undergraduate students preparing for the Gujarat University exam on 18th January, 2024 in two sessions at AMA hall. Emphasis was given to case presentation and preparation for the viva. Our sincere gratitude expert faculties of the subject Dr Rajan Patel, Dr Asit Patel, Dr Kirit Parmar, Dr Hitendra Desai and Dr Neel Bhavsar for sparing their valuable time and expertise for UG students. It was a full house event.



Report of COLS PROGRAM as a part of 'Vidhyarthi Satarkta Abhiyan'

Name of the school	Date	No. of the students	Lead trainer	Collaboration	Helping Hands
Nishan Vidhyalaya, Nirnaynagar	06-01-2024	400	Dr. Brijesh Patel	Red cross and ADC bank	GCS Nursing Students
MangalDeep Vidhyalaya	06-01-2024	170	Dr. Maulik Sheth/ Dr. Sunil Shah	Red cross and ADC bank	GCS Nursing Students
Shiv Vidhyamandir U.M.School	09-01-2024	174	Dr. Pratik Solanki	Red cross and ADC bank	GCS Nursing Students
C. K. Vidhyalaya	09-01-2024	170	Dr. Sudhir Morad	Red cross and ADC bank	GCS Nursing Students
Vishvabharti School, Shahpur	09-01-2024	300	Dr. Sanket	Red cross and ADC bank	GCS Nursing Students
Shree Swastik High School Ghatlodia	10-01-2024	70	Dr. Sudhir Morad	Red cross and ADC bank	GCS Nursing Students
Nalanda High School, Pavapuri	10-01-2024	400	Dr. Amrish Patel	Red cross and ADC bank	GCS Nursing Students
Nirman School, CG Road, Panchvati	10-01-2024	400	Dr. Rashesh Divan	Red cross and ADC bank	GCS Nursing Students
Durga Vidhyalaya, Chandlodiya	11-01-2024	330	Dr. Ankit Chakravarty	Red cross and ADC bank	GCS Nursing Students



OBITUARY

May their soul rest in eternal peace.



DR. CHANDRAKANT R. TRIVEDI

L-1234 M.D.Phy

Date of Birth : 07-11-1935

Date of Death : 29-03-2023



DR. CHANDRIKA S. SHAH

L-1104 M.D.Ans.

Date of Birth : 04-02-1938

Date of Death : 14-12-2023



DR. SUMANT N. SHAH

L-1107 M.D.Sur.

Date of Birth : 08-01-1932

Date of Death : 07-12-2023



DR. VINODCHANDRA K. SHAH

L-1145 M.B.B.S.

Date of Birth : 25-01-1939

Date of Death : 09-12-2023



DR. PRAHLADBHAI C. PATEL

L-728 M.B.B.S.

Date of Birth : 10-02-1945

Date of Death : 12-10-2023



DR. VIKRAMKUMAR N. AGRAWAL

L-11 M.S.Sur.

Date of Birth : 12-10-1953

Date of Death : 20-10-2021

We send our sympathy & condolence to the bereaved family.



Congratulation



We are very glad to inform that Joint Secretary of our Ahmedabad Medical Association Dr. Rajesh Desai has been elected as a President of GMERS Faculty Association, Gujarat. Our best wishes to him and his team of the Office Bearers of GMERS Faculty Association for their successful tenure.

WE WELCOME FOLLOWING NEW LIFE MEMBERS

12579	L(Tra.)	DR. SHAH HARSHIK PANKAJKUMAR
12580	L	DR. NANAVATI ASHVI ASHISH
12581	L	DR. SHAH RIYA KAUSHAL
12582	L	DR. RANGWALA TANYA MUSTUFA
12583	L	DR. KOTECHA HETAL GITISHKUMAR
12584	L	DR. JOGADIA VIBHUTI BHUPENDRABHAI
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12586	L.Couple	DR. VHORA HANNA MAHEBOOB
12587	L	DR. SARRAF RAHUL RAJENDRAKUMAR
12588	L	DR. SHAH JAY HARISHBHAI
12589	L	DR. PATEL SRUSHTI SANJAYBHAI

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E-mail : ppsgsbima1@yahoo.in Website : www.ppsgsbima.com

Attention Please !! - ALL THE MEMBERS OF P.P.S.

RENEWAL NOTICE : 2024-2025

For the FY 2024-25 Annual Membership Contribution will be as below:

MBBS : ₹. 100/-

Specialists : ₹. 500/-

Office Time for Payment : 2-00 p.m. to 6-00 p.m.

LAST DATE OF PAYMENT 31-03-2024

Dear Member,

""For the FY 2024-25 annual membership contribution will be as below :
MBBS-₹. 100/- Specialists-₹. 500/-.

For the subsequent years fee structure will be as per the committee's decision.

Thanking You - Professional Protection Scheme, GSB, IMA

Professional Protection Scheme has already sent a notice along with a Renewal Application form for renewing the membership before **31st March, 2024** for the year 2024-2025 **"By Registered Post January 2024** to all the members.

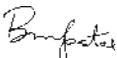
We request you to draw kind attention towards the constitution of P.P.S.G.S.B.I.M.A.

Clause 10/B :- A member who does not pay the annual membership fee in advance – before 31st March (before the expiry of the indemnity cover) shall be discontinued without any notice.

Clause 10/C :- However if a discontinued member wants to revive his/her membership within one month of the expiry of the indemnity cover he/she shall pay annual membership fee only, but the indemnity covered shall be provided from the day of revival of the membership."

Clause 10/D :- After one month if a member wants to rejoin the scheme, he/she shall be treated as a new member and he/she shall have to pay admission fees as well as annual membership fees."

For Online : **Renewal**
Please visit our
Website : www.ppsgsbima.com


Dr. Bipin M. Patel
Chairman



વૈડીઝ-જ્ઞાન

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પ્રિય સખીઓ

નવું વર્ષ વિક્રમ સંવત ૨૦૮૦ ની શરૂઆત આપણે બીજા સ્વાસ્થ્યને લગતા પ્રોગ્રામ કરીએ.

કાર્યક્રમ નં.૫

સાયન્ટીફીક ડાયગ્નોસ્ટીક લેબોરેટરીનાં સંયોજનથી
આપણે વુમન વેલનેસ પ્રોગ્રામ કરીશું.
તેમાં મેમોગ્રાફી, બ્રેસ્ટ સોનોગ્રાફી, BMD, Pap Test કરી આપવામાં આવશે.
તેમાં ગભાશિયનાં મુખનાં કેન્સર વિશે પણ સમજાવવામાં આવશે.

તારીખ : ૨૯-૦૧-૨૦૨૪, સોમવાર

સમય : સાંજે ૪-૦૦ વાગ્યાથી

સ્થળ : એ.એમ.એ. હોલ, આશ્રમ રોડ, અમદાવાદ.

ડૉ. ક્ષમાબેન શાહ (પ્રમુખ)

મો. ૯૩૨૭૦ ૬૬૬૪૦

ડૉ. તુષાર પટેલ (પ્રમુખ, એ.એમ.એ.)

ડૉ. મનીષાબેન મહેતા (સેક્રેટરી)

મો. ૯૮૯૮૦ ૧૬૯૭૪

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Hon. Secretary	: Dr. Pragnesh M. Vachharajani	M. 98250 86839
President - AMA	: Dr. Tushar B. Patel	M. 98250 82672
Hon. Secretary - AMA	: Dr. Urvesh V. Shah	M. 92282 33441
Vice-Chairman	: Dr. Mehul N. Shelat	M. 98253 98891
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Jt. Secretary	: Dr. Atul Gandhi	M. 98240 47636

Executive Committee :

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Dr. Hetal G. Shah	Dr. Manish G. Shah
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UNIQUE FEATURES

- ➔ Non - Medical spouse is also eligible to become members
- ➔ Permanent disability benefit for member
- ➔ Low admission fees
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- ➔ **Last death benefit paid Rs : 10,89,000**
- ➔ **Last permanent disability benefit paid Rs : 10,65,000**
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- ➔ Life member of Ahmedabad Medical Association up to completion of 55 years of age.
- ➔ Spouse also eligible to become member.
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36-40	3000	4400	7400
41-45	3000	5500	8500
46-50	3000	6600	9600
51-55	3000	7700	10700

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Permanent Disability Benefit : In the event of member become permanently disabled due to some reason, he will get 500 Rs/ member. Then he will cease to become member of the scheme

Monday to Saturday :
02:00 PM- 06:00 PM



Ahmedabad Medical Association

AMA House, 1st floor

Opp. H. K. Arts College

Ashram road, Ahmedabad

Dr. Tushar Patel
President - AMA

Dr. Urvesh Shah
Secretary - AMA

Dr. Jashvantsinh Darbar
Chairman

Dr. Pragnesh Vachharajani
Secretary

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Effect from 1-3-2023 Phone : 26588775 Office Time : 2 to 6 p.m.

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	Others	members
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(Extra Charges 1 hour) A.C.	Rs. 1,400-00	Rs. 1,100-00
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A.C. Charges (For 3 hours)	Rs. 2,000-00	Rs. 1,500-00
(Extra charges 1 hours) A.C.	Rs. 600-00	Rs. 500-00
J. P. Hall Full day 9 a.m. to 7 p.m. (Non A.C.)	Rs. 7,500-00	Rs. 6,500-00
J. P. Hall A.C. Full Day	Rs. 7,000-00	Rs. 6,000-00

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For Refreshment	Rs. 800-00	Rs. 700-00
Cleaning + Electric	Rs. 600-00	Rs. 500-00

18 % GST extra will be applicable.

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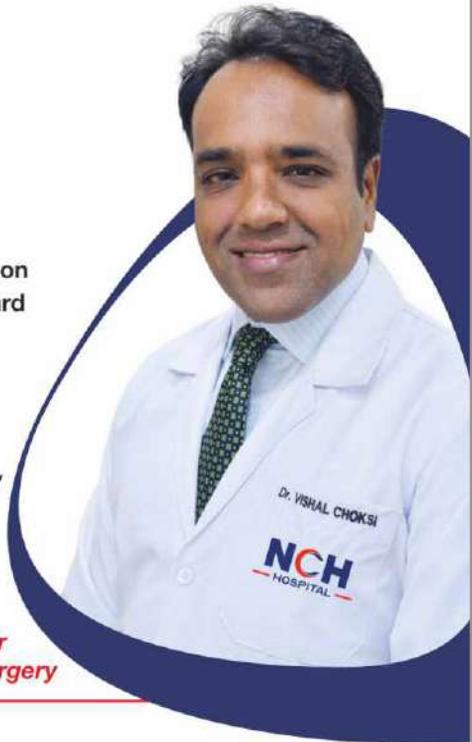
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બોન હીલ ઓર્થોપેડિક વિભાગના
સ્થાપન સર્જન ડોક્ટર હવે આપણી



કેર એન્ડ ક્યોર

મલ્ટી સ્પેશ્યાલિટી હોસ્પિટલ, મહિનગર, અમદાવાદ



: હાડકા અને કરોડરજ્જુ વિભાગ :

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: ક્રિટિકલ કેર અને મેડીસીન વિભાગ :

- બી.પી., ડાયાબીટીસ, હૃદય તથા થાઇરોઇડને લગતા તમામ રોગોનું નિદાન તથા સારવાર.
- અદ્યતન ટેકનોલોજીથી સુસજ્જ મેડીકલ આઇ.સી.યુ. તથા આઇસોલેશન વિભાગ.
- ૨૪ કલાક ક્રિટિકલ કેરના નિષ્ણાંત ડોક્ટરની ટીમ.
- ઘન હાઉસ X-Ray, 2D Echo, TMT, સોનોગ્રાફી તથા લેબોરેટરીની સુવિધા

તમામ અગ્રણ્ય કંપનીઓના કેશલેસની સુવિધા ઉપલબ્ધ



નીલમડુંજ સોસાયટીની બાજુમાં, ગોકુલનાથજીની હવેલી
નજીક, ભૈરવનાથ રોડ, મહિનગર - ૨૮.

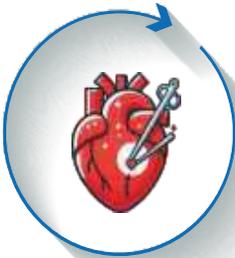


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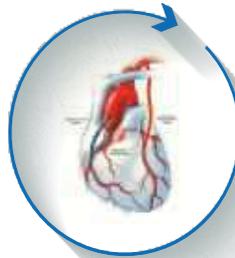
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Parkinson's Disease – Contemporary Treatment Deep Brain Stimulation

Dr. Chirag Solanki

MCh Neurosurgery (NIMHANS)
Functional Neurosurgery Specialist
Marengo CIMS, Ahmedabad
Mob: 9104080055

1. Introduction

Parkinson's disease (PD) is a progressive neurological syndrome affecting the initiation and performance of movement, due to the death of the brain cells responsible for producing a chemical called dopamine. This results in symptoms such as tremors (shaking), rigidity (stiffness), bradykinesia (slowness of movement), gait and balance problems.

When patients first start taking their Parkinson's disease (PD) medicines, the benefits usually last throughout the whole day. However, as PD worsens, the patient may notice that the benefit from the medicine doesn't last until the next dose, this is called “wearing off”. When the medicine wears off, PD symptoms such as tremor, slowness, and difficulty walking may reappear. When the medication is taken again the symptoms improve again and the good period is called an “ON” period while the bad period is called “OFF”. This causes significant fluctuations. Many patients also develop troublesome involuntary movements (twisting and turning) called dyskinesias. Deep brain stimulation (DBS) is the only hope for these patients.

Deep brain stimulation (DBS) is the placement of electrodes usually on both sides and rarely on one side of the brain. The electrodes are connected to a battery (IPG- implanted over chest) via an extension cable, which is surgically tunnelled under the skin.

The main aim of DBS is to control the symptoms and improve



quality of life but it is not a 'cure'. Patients will continue to take medications although the dose and frequency may reduce significantly.

2. Can DBS be done in all patients with Parkinson's disease?

Initial part is detailed pre-surgical clinical evaluation by Functional Neuromodulation Team where “Levodopa Challenge Test” is done. If the improvement in is acceptable according to protocol then the patient is evaluated by Neuropsychologist for detailed cognitive and behaviour assessment. Following which in multidisciplinary team meeting, the results of all tests are discussed with patient and his/her family. If the patient qualifies the candidacy criteria for surgery, all the possible pros & cons related to DBS surgery are discussed. All the possible doubts & queries of patient and his/her family related to disease, DBS surgery, post-surgical course and the realistic expectations out of surgery are also thoroughly addressed by team of experts. Following which final decision regarding DBS surgery is made. So, not all patients with Parkinson's disease are candidates for DBS.

3. How is DBS surgery done? Does it require opening of big part of skull?

DBS surgery has got two stages. The Stage-1 involves placement of electrodes in brain which in majority of the cases is done under local anesthesia and in Stage-2 IPG (Implantable Pulse Generator) / battery is placed on the chest wall which is done under general anesthesia. Usually both stages are done one after the other on the same day but on a rare occasion Stage-2 may be delayed for a day or two. The stage- 1 involves placement of only two small holes in skull and patient is awake during that part. So it doesn't need opening of skull and it is a very safe procedure.



4. How long is the hospital stay for DBS surgery and What should I expect after my discharge from hospital?

An average hospital stay is around 7 (6-8) days. Next follow up would be after 5-8 days for stitches removal. We usually start programming 2-6 weeks after the surgery. It may take several sessions to achieve the optimal balance of DBS settings and medication regime to achieve maximum possible benefit. Hence, patients are required to attend regular follow ups, at least initially, at the hospital with the DBS team, whereby the DBS settings are fine-tuned.

7. What are the benefits of DBS surgery?

DBS delivers a high-frequency electrical current in the area called the STN (Subthalamic Nucleus) or GPi (Globus PallidusInternus). This current modulates misbehaving neuronal activity and decreases the symptoms of Parkinson's disease. STN DBS helps in the reduction of medication dosages. It is very important to understand that, symptoms that are responsive to medications could improve with DBS with the exception of tremor, which can be resistant to medications but still responds to DBS. Around 80-90% improvement is seen in tremors in most patients. It reduces slowness (bradykinesia), tightness (rigidity), gait disturbances, freezing and dyskinesia.

DBS surgery, as mentioned earlier, significantly improves quality of life of people with Parkinson's disease. It extends the "on" time and reduces the duration and severity of "off" symptoms in more than 90% patients who are properly selected. It increases

It usually improves non-motor symptoms like pain, sadness and sleep disturbances.



8. Can DBS surgery be done anywhere?

DBS surgery is a highly specialized surgery. It involves multiple specialties and well-coordinated systematic “teamwork” to get the best possible results. The team should consist of a specialist Functional neurosurgeon, movement disorder specialist neurologist, neuropsychologist and neurophysiotherapist trained in movement disorders. An extremely sophisticated and advanced equipment set-up and infrastructure is must to perform the surgery. It also is important to understand that DBS is not a one-go surgery but it is a process. Thus, easy accessibility and availability of DBS team and regular follow-ups which establishes an environment of easy connectivity and communication between the patient, relatives and DBS team is of utmost importance. So, a center where all these criteria are fulfilled, DBS can be done.

Heart Transplant : Basics and Now it is Common

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1. What is a heart transplant?

- A heart transplant is a surgical procedure in which a person's diseased or failing heart is replaced with a healthy donor heart from a deceased individual. Heart transplantation is a life-saving treatment option for individuals with end-stage heart failure, in which the heart can no longer pump blood effectively to meet the body's needs.



- Heart transplantation can significantly improve the quality of life and provide a chance for a longer life for individuals with end-stage heart failure. However, it is a complex and lifelong commitment requiring strict medication adherence, lifestyle modifications, and close medical supervision.
- The success of heart transplantation depends on various factors, including the compatibility of the donor's heart, the individual's overall health, adherence to medical regimens, and the availability of appropriate post-transplant care. Many heart transplant recipients can lead fulfilling lives after surgery with proper care and management.

2. Who needs a heart transplant?

- Heart transplantation is a life-saving procedure typically considered for individuals with end-stage heart failure when other treatments have been ineffective and the condition severely impacts their quality of life and overall survival. Heart transplantation may be recommended for individuals who meet specific criteria, which include the following:

1. **End-Stage Heart Failure:** Heart transplantation is typically reserved for individuals with end-stage heart failure, which means that the heart's function has deteriorated to the point where it can no longer pump blood effectively to meet the body's needs.
2. **Symptoms of Severe Heart Failure:** Candidates for heart transplantation often experience debilitating symptoms of heart failure, such as severe shortness of breath (even at rest), fatigue, chest pain, fluid retention (swelling in the legs, ankles, and abdomen), and a reduced ability to perform everyday activities.



3. **Inadequate Response to Medical Therapy:** Individuals must have demonstrated that they have received appropriate medical treatment for heart failure but have not experienced significant improvement in their symptoms and heart function.
4. **Limited Life Expectancy:** Without a heart transplant, the individual's life expectancy is limited due to the severity of heart failure.
5. **Good Overall Health:** While heart transplantation can be a life-saving procedure, candidates must also be in good overall health aside from their heart condition. This includes having adequate organ function (e.g., liver, kidneys) and being free from other life-threatening medical conditions.
6. **Psychosocial Evaluation:** Candidates undergo a thorough psychosocial evaluation to assess their compliance with post-transplant care, including taking immunosuppressive medications, attending regular follow-up appointments, and making necessary lifestyle adjustments.
7. **Age and Size Considerations:** Heart transplant candidates can be of various ages, from infants to older adults. The donor's heart must be appropriate for the recipient's body size.
8. **Blood Type Compatibility:** Donor hearts must be compatible with the recipient's blood type to prevent blood group incompatibility reactions.
9. **Absence of Significant Organ Damage:** Candidates should not have significant damage to other major organs, such as the kidneys, liver, or lungs, that would substantially increase the risk of complications following transplantation.

10. Absence of Contraindications: Certain contraindications, such as active infections, active cancer, and severe psychiatric illnesses that interfere with the ability to adhere to post-transplant care, may disqualify individuals from heart transplantation.

- It's important to note that the evaluation process for heart transplantation is thorough and involves a multidisciplinary team of healthcare professionals, including cardiologists, surgeons, nurses, social workers, and psychologists. Candidates are carefully assessed to ensure they are suitable for the procedure and can meet the lifelong requirements of post-transplant care, including taking immunosuppressive medications and attending regular follow-up appointments.
- The decision to pursue heart transplantation is made individually, considering each candidate's unique circumstances. Heart transplantation aims to improve the recipient's quality of life and extend their lifespan when other treatments have proven inadequate.

3. How common are heart transplants?

- Heart transplants are a relatively uncommon procedure compared to other medical interventions for heart disease, primarily due to the limited availability of donor hearts and the stringent criteria for transplant candidacy. The number of heart transplants performed worldwide can vary yearly, but the demand for donor hearts often exceeds the supply.
- In summary, heart transplants are life-saving for individuals with end-stage heart failure. However, they are relatively



uncommon due to the limited availability of donor hearts, strict eligibility criteria, and the need for lifelong post-transplant care. Alternative treatments and advancements in medical management have reduced the reliance on transplantation for some heart failure patients. Increasing awareness about organ donation and improving transplantation infrastructure are ongoing efforts to address the organ shortage and make heart transplantation more accessible to those in need.

**Therapeutic evolution with targeted approach in oncology”
“Molecular biology is the key in field of Oncology.”**

Dr. Rajdeep Gupta

Consultant Medical Oncologist,

Health1 Hospital

Mob: 9924980441

In previous era, chemotherapy was the only treatment for advance stage cancer. But many patients had not good response to therapy. With more understanding of molecular biology in cancer, comes the role of targeted therapies and immunotherapy. Targeted approach is associated with improved disease control and outcome. It targets specific tumor cells, hence associated with less side effects compared to conventional chemotherapy. Tamoxifen is the first target hormone therapy approved in 1970. After that a lot of targeted approaches have been developed. Below are the common cancers where targeted approach has changed the paradigm in management.

- **Breast cancer:** Tamoxifen and Letrozole are approved hormonal target therapies which improve outcome in hormone positive breast cancers. Slamon et al reported HER2



over-expression in breast cancer and its association with poor outcome. For this, Trastuzumab was the first approved monoclonal antibody in 1998. It improves outcome in HER2 positive breast cancer. After that many hormonal therapies and HER2 target therapies have been developed for breast cancer. Palbociclib was the first approved CDK4/6 inhibitor in hormone positive breast cancer in 2015. All these therapies have improved survival in breast cancer.

- **CML:** Imatinib was the first invented tyrosine kinase inhibitor, which targets BCR ABL in chronic myeloid leukemia. It was approved in 2001. It is probably one of the most effective target therapies in field of oncology. Nowadays newer generation TKIs has been developed which can be used in uncontrolled disease. All these therapies have turned the CML as long controlled disease where patients are living almost their normal life.
- **Lung cancer:** Advance stage lung cancer was always associated with poor outcome. In 2003, Gefitinib was approved for EGFR mutated Non small cell lung cancer. It was associated with almost double response compared to chemotherapy. With time, more targeted therapies were developed in lung cancer (for EGFR, ALK, ROS1 and many more genes). Immunotherapy (Nivolumab approved in 2015 and many more) has improved outcome in patients with no detectable pathogenic mutation. Nowadays association of all these targeted approaches from frontline setting has improved survival in lung cancer.
- **Head and neck cancer:** Many head and neck cancers present in advance stage. Chemotherapy alone has poor role in control



of disease. EGFR was proven as driver mutation for head and neck cancer. Anti EGFR drugs (Cetuximab - first approved in 2006 and Panitumumab) have improved outcomes in this setting. Immunotherapy (Pembrolizumab and Nivolumab) for PD-L1 positive cancers have improved survival significantly.

- **Ovarian cancer:** It is advisable to do genetic testing in all ovarian cancer. BRCA and HRR pathways have been proven as pathogenic pathway in ovary cancer. PARP inhibitors (Olaparib, Rucaparib, Niraparib) have shown better results in BRCA mutated or HRR positive ovary cancer. Olaparib was the first approved PARP inhibitor for ovary cancer in 2014. Anti VEGF – Bevacizumab has also shown a good result in advanced ovarian cancer.
- **Gastrointestinal and liver cancers:** Anti EGFRs (Cetuximab and Panitumumab) have given good results in left sided RAS wild type colorectal cancer. Bevacizumab (Anti VEGF) works in both side colorectal cancers. Anti HER2 (Trastuzumab) has proven role in second line in HER2 positive colon cancer. Similarly Trastuzumab has benefit in HER2 positive esophagus and gastric cancer. Immunotherapy has proven benefit in CPS PD-L1 positive esophagus and stomach cancers. Hepatocellular carcinoma has very poor response to chemotherapy. Sorafenib was first TKI approved for its management in 2007. Nowadays combination of Atezolizumab and Bevacizumab has proven superior benefit compared to previous therapies.
- **Hematological malignancies:** In lymphoma, Rituximab got approval in CD 20 positive cancers. It improved outcomes in NHL. After that many more monoclonal antibodies were



developed which are effective in lymphoma, CLL and multiple myeloma (Daratumumab). In Acute myeloid leukemia, anti FLT3 drug (Midostaurin was first anti FLT3 approved in 2017) has improved outcomes.

- Similarly various targeted approaches have been developed (Sunitinib/immunotherapy for renal cell cancer, Immunotherapy for MSI high tumors or high TMB tumors). Altogether, radio therapeutic interventions has also proven role in oncology (PRRT – “Peptide receptor radionuclide therapy”- for neuroendocrine tumor, Radium-223 therapy for prostate cancer with bone limited metastasis in refractory setting).
- All these targeted approaches have improved outcomes with better survival and quality of life. Oncology is one of the most inventory fields. We still require exploring the biology and understanding molecular oncology to provide more positive results.

Mental stress amongst doctors and its Hazards on Physical Health.

Dr. K H Sarda

MBBS, DORL (BOM)

Mental stress can be defined as undue, inappropriate, or exaggerated response to a situation. Pathological stress is always negative.

Stress is the integral part of all the walks of life irrespective of age, gender, social status, caste, and creed, poor and rich, employed or not employed or having own business and so on and so forth. Doctor is no exception. It induces immense physiological and



psychological changes which reduces efficiency, vulnerability to diseases and sometimes death also if not relieved on time. Doctors apart from being affected by the same variables that impose stress on the general population, is also prone to stress because of the peculiarities of his work situation and the expectation of the society at large. His services involve taking care of other peoples' lives, and mistakes or errors could be costly and sometimes irreversible. This compounds his stress level which can be inimical to his health and service delivery to patients.

Stress in doctor's life starts from school days. Parents expectations and peer pressure are the root causes. Since he must secure marks to get into medical college, he strives hard for 14-16 hours a day attending school, tuition classes and reading. He has no time for physical activities the effect of which is seen on his health later.

Tests, viva, semester exams and ragging by seniors all contribute to his stress levels again in medical college. Training at both the undergraduate and postgraduate levels are long and tedious. The very thought of getting PG admission in desired branch enhance the already existing stress level.

Dilemma of opting Government job or practice takes away the sleep. To get a job at the desired location is a nightmare despite hue and cry about non availability of doctors! That applies more to a couple doctor going for a government job. They usually get posting at different location and stress doubles ! Even posting at a desired location does not make him stress free. To work in a new environment with full responsibility and getting work done, reports prepared and other administrative jobs elevates his blood pressure. Remote area with locals/officials/patients pressing for unreasonable demands/quick results/manipulation of records,



certificates, counter signing fake bills besides nostalgia and home sickness drive him crazy to run away.

Pressure from local goons for unethical acts and manhandling always loom large whether in service or private practice. Quacks and other pathy doctors keep him on his toes if he has his own practice. Statutory compliance of medical waste disposal, license for denatured spirit, government directive from time to time about TB patients, immunization program etc. also stress him a lot.

To strike a balance between work and home is another achievement he must struggle for as a practicing doctor. The doctor is still perceived as a very comfortable person in society which is contrary to the reality. The remuneration and recognition by the society do not commensurate as per skill and efforts put in by him. This is also adding to the existing stress. Hostile Job environment, administrative ineptitude and bureaucratic bottlenecks make the job situation very frustrating. Inadequate infrastructure, unavailable and obsolete equipment make the long years and fortune spent in training at home and abroad a waste. Unsecured future, delays in promotion and inappropriate capacity utilization are some of the causes of stress at the job place. Emergency duties, intra departmental working environment, being away from family, and lack of sleep are the main factors to cause increased stress among doctors. Long working hours, denied holidays because of manpower shortages is not infrequent. Changes in the profession are occurring at a jet speed. Inadequate personal training lack of continuous education can lead to loss of self-esteem and frustration. All these have an adverse effect on the mental and physical well being.



Early individual behavioral reactions to the stressful situations may include smoking and alcohol use—some might become irritable whereas others will tend to intense seclusion and individualism. Anti-social behavior like extra marital affair is also not uncommon. The body produces more adrenaline and cortisol in response to stress, this increases the risk of clotting, increased heart rate and Blood pressure. It leads to poor sleep which leads to irritability, memory issues, depression, and accidents.

Physical symptoms may be in the form of fatigue, muscle aches, headaches, difficulty in breathing, blurred vision, sleep irregularities, gastro intestinal symptoms (heart burn, indigestion, constipation and diarrhea, irritable bowel syndrome etc.), chest pain, high BP, feeling sick and dizzy, sudden weight gain/loss, rashes, itching, sweating etc. Menstrual disorders are also not infrequent under stressful conditions. Existing health problems may get worse. All these invariably lead to impairment of health.

Remedy lies in

1. Balancing the clinical practice by **Volunteering in the society programs** gives an opportunity to mingle with people from different vocations and can be a buffer to stress and help him relax.
2. **Meditation** can help reduce stress. Sparing time even for 15-20 minutes from the busy schedule might help to have a better and relaxed day.
3. **Exercise** confers multiple benefits and helps relieving stress.
4. Making life and death decisions every day, it is worth to get out of seriousness and relieve stress by **jovial conversation during practice** and joining laughing club etc.



5. **For keeping himself abreast the recent developments**, various net working tools are available. Various modules and knowledge based educational series help improve the knowledge and raise the confidence level.

And last but not the least **expressing gratitude and appreciation, enjoying nature, limiting social media**, and scheduling time for activities one enjoy scan help reduce stress. It is a wise decision to get the **periodic medical checkups** done to keep the parameters under observation and control

Spine Health Chek Up

Dr. Bharat Dave & Stavya Team

Stavya Spine Hospital
Ahmedabad.

Introduction of Spine Health check Up :

Spinal column is a chain of vertebrae that provides mobility and stability to our torso in different positions. It also protects the spinal cord, provides the attachment to spinal muscles and ligament anchors to organs. Human are born in kyphotic position and attain the same as we grow older. Elderly population is increasing, in this era of “Age Quack” the challenges to care for elderly is rising. Bone density reduces with age, leading to fragility fracture.

Importance of shape or curve of the spinal column can be highlighted by the equation is $R=N2+1$, (R) resistance bearing capacity of spinal column and N is number of mobile curves. Resistance bearing capacity is ten times due to (N) three mobile curves. It is important to maintain curves & mobility.



Similarly intervertebral disc is the spacer between two vertebra, undergoes 1 million times compression and distraction in one year due to its water imbibing characteristic. Structurally disc has least or no healing potential.

What is included in Spine Health Check-up :

Spine health check-up is to evaluate

- a) Full length shape of the spine column (Standing Radiography)
- b) Bone density (DXA Scan)
- c) Full length spine structure. (MRI-Sagittal-Full length Screen)

Components of Spine Health check Up

1. **Spine Shape Assessment** : The shape of the spine is checked by a full-length standing spine radiograph or by a spinal mouse. If the shape of the spine is not right, then the patient is taught postural education and certain types of exercises which maintain the balance of the muscles. Thus, the shape and functional capacity of the spine can be improved with specific exercises and attention.
2. **Osteoporosis Evaluation** : Osteoporosis (silent thief) and sarcopenia (Silent Sucker) are monsters hidden in our body. Bone Health (osteoporosis) to be evaluated by DXA scan, non-invasive with harmless radiation. T Score in DXA scan is less than -2.5 is osteoporosis, Z score helps to evaluate secondary osteoporosis. "One fragility fracture in elderly, second on its way." Dictum to follow. Once primary osteoporosis is diagnosed treatment with certain types of drugs, injections and supplements can greatly reduce the patient's risk of fracture.



3. MRI for Spinal Disorders : Spinal disorders vary from basic disc prolapse to spinal cancer in elderly. MRI is a definitive report to early diagnose such diseases. In this report, timely diagnosis of disc prolapses, facet joint arthritis, insufficiency fractures, inflammatory Spondylo-arthropathy, spinal tumour and TB etc. can be done.

4. Expert Verification:

The report is verified by an expert surgeon and trained physiotherapist who has been treating spine related diseases for years. After that, according to the patient's problem, the physiotherapist teaches him/her specific exercises and proper lifestyle.

If the patient is found to be deficient in calcium or any other elements, appropriate calcium and supplement medicines as per the requirement. If a major disease is detected during the spine health check-up and requires surgery, the surgeon meets the patient and advises the appropriate type of surgery.

“Diseases like diabetes and blood pressure can be overcome by doing general health check-up, spine health check-up can prevent major diseases by bringing early awareness about the shape, strength and major diseases of the spine.”

Degenerative disorders 90% of patients in 90% of the cases can regain their function naturally and with medication pills and life style modification. Only 10% needs surgery.

Early detection of silent conditions can be picked up before it becomes symptomatic ex. Intradural tumour.

Target Audience for Spine Health Check-Up :

Postmenopausal women and male more than 60 to 65 years old. Any age it can be thought of.



Emphasis on physiological age to consider rather than chronological age.

Stavya Spine Hospital:

Operates on the unique concept of Spine Health Check Up.

Has been operational for the last two years and has successfully helped many patients to regain their functionality through early detection and intervention.

In conclusion, the comprehensive approach to spine health check-ups aims to prevent, detect and manage spine-related issues, focusing on early awareness and intervention for improved overall well-being.

Antimicrobial Resistance : One Health Approach Ahmedabad Medical Association

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The global challenge of antimicrobial resistance (AMR) demands concerted efforts and strategic interventions to safeguard public health. This article outlines a comprehensive approach, emphasizing the urgency of addressing AMR at local, national, and global levels. With a focus on key areas such as surveillance, responsible antibiotic use, sustainable agricultural practices, the One Health approach, investment in research and development (R&D), and awareness generation, the goal is to combat AMR effectively.

Introduction

Antimicrobial resistance poses a significant threat to public health worldwide, rendering even minor infections difficult to treat and leading to severe illnesses and fatalities. To effectively address this menace, a unified approach is essential, encompassing local, national, and global strategies.



1. Surveillance and Monitoring

Effective surveillance and monitoring systems are crucial in the fight against AMR. Regular tracking of antibiotic usage, resistance patterns, and emerging threats is vital for developing targeted interventions. Collaborative efforts between healthcare providers, researchers, and policymakers can enhance data collection and analysis, facilitating evidence-based decision-making.

2. Responsible Antibiotic Use

Promoting responsible antibiotic use is paramount in mitigating AMR. Healthcare professionals play a pivotal role in ensuring antibiotics are prescribed judiciously. Public awareness campaigns can educate individuals on the risks of self-medication and the importance of completing prescribed antibiotic courses. Encouraging adherence to treatment plans is essential for preventing incomplete eradication of bacteria, a contributing factor to resistance.

3. Sustainable Agricultural Practices

The agricultural sector significantly contributes to AMR through the use of antimicrobials in livestock and crops. Sustainable practices, such as reduced reliance on biopesticides and fungicides, can curb the spread of resistance. Implementing stringent regulations on antimicrobial use in agriculture, alongside promoting alternative, eco-friendly approaches, is crucial for preserving the effectiveness of these drugs.

4. One Health Approach

The 'One Health Approach' is integral to addressing AMR comprehensively. This holistic strategy recognizes the interconnectedness of human health, animal health, and the



environment. By adopting this approach, efforts to reduce the use of biopesticides and fungicides in agriculture can be intensified, fostering a more sustainable and resilient ecosystem.

5. Robust Investment in R&D

Investment in research and development is imperative for combating AMR effectively. The AMR Action Fund presents a valuable opportunity to secure funding for the development of innovative antibiotics. Robust financial support will encourage scientific endeavors to create potent antibiotics, addressing the evolving challenges of microbial resistance.

6. Awareness Generation on AMR

Peru's successful initiatives in patient education to reduce unnecessary antibiotic prescriptions serve as a valuable learning point. Similar awareness generation programs globally can empower individuals to make informed decisions about antibiotic usage. Educating both healthcare professionals and the general public about the consequences of AMR is pivotal for fostering a collective responsibility towards curbing its escalation.

Conclusion

Antimicrobial resistance is a critical public health issue with far-reaching consequences. To achieve Sustainable Development Goal 3, ensuring good health and well-being for all, a multifaceted approach is imperative. Surveillance, responsible antibiotic use, sustainable agriculture, the One Health approach, robust investment in R&D, and awareness generation collectively form a comprehensive strategy to combat AMR. By implementing these measures at local, national, and global levels, we can strive towards a future where antimicrobials remain effective tools in preserving human and animal health.



Hypoglycemia Awareness: Out of sight and out of mind

Dr Banshi Saboo , MD PhD

Diabetologist, Diacare Ahmedabad

Chair elect of international diabetes federation south east Asia region

Diabetes, a prevalent health concern, demands constant attention and care. Physicians routinely encounter patients managing diabetes through various modalities, such as Oral Hypoglycemic Agents (OHA) or Insulin. However, the often-overlooked aspect of this journey is hypoglycemia, a potentially life-threatening complication that merits proactive counseling and awareness.

Hypoglycemia doesn't discriminate; it affects both Type 1 Diabetes (T1D) and Type 2 Diabetes (T2D) individuals. While insulin and OHAs find their place in prescriptions, a notable absence is Injection Glucagon, a life-saving measure.

The stakes are high; individuals with both T1D and T2D face a threefold higher risk of death due to hypoglycemia. The repercussions of severe and repetitive hypoglycemia extend beyond immediate consequences, leading to cognitive decline, attention problems, and persistent executive function issues.

Understanding Hypoglycemia: Levels and Risks

Hypoglycemia is categorized into three levels:

1. Level 1: Blood sugar less than 70 mg/dL (greater than or equal to 54 mg/dL) with neurogenic symptoms.
2. Level 2: Blood sugar less than 54 mg/dL, accompanied by cognitive impairments and neuroglycopenic symptoms.
3. Level 3: No defined threshold, characterized by altered mental or physical status, necessitating emergency treatment.

Everyone with diabetes, irrespective of control status, age, or history of substance abuse, is at risk of hypoglycemia.

Physician's Duty: Ask, Advise, and Educate

Ask : Inquire about symptoms like shakiness, irritability, or hunger during patient consultations.

- **Advise**: Educate patients on recognizing hypoglycemia symptoms and emphasize the importance of immediate treatment, even if



blood sugar cannot be checked promptly.

- Educate to Prevent: Provide guidance on meal consistency, caution against aggressive exercise without proper nutrition, and stress the need for frequent blood sugar checks during infections.

Correct Prescription and Preparedness

- Explain hypoglycemia symptoms and prescribe keeping glucose sources readily available.
- Encourage patients to carry sugar sachets or chocolates for quick consumption during hypoglycemic episodes.
- Advocate for the availability and proper use of injection glucagon in cases of severe hypoglycemia.

Addressing Concerns: Side Effects of Glucagon

While nausea is a common side effect of glucagon, its potential benefits far outweigh the risks associated with untreated severe hypoglycemia.

Treatment Protocols: A Three-Tiered Approach

- Level 1: Consume glucose-rich food.
- Level 2: Carbohydrate intake with the potential addition of glucagon.
- Level 3: Immediate administration of glucagon, followed by swift hospitalization.

The Key Role of Education

Patient education emerges as a cornerstone in hypoglycemia management. Physicians must ensure that patients and their families comprehend the signs, symptoms, and necessary actions in emergency situations. This holistic approach to education can significantly contribute to preventing severe consequences and fatalities associated with hypoglycemia.

In conclusion, proactive hypoglycemia management is an essential aspect of diabetes care that demands attention, awareness, and collaboration between healthcare providers and patients.

Emphasizing education, preparedness, and a comprehensive treatment approach can pave the way for improved outcomes and enhanced quality of life for individuals navigating the challenges of diabetes.

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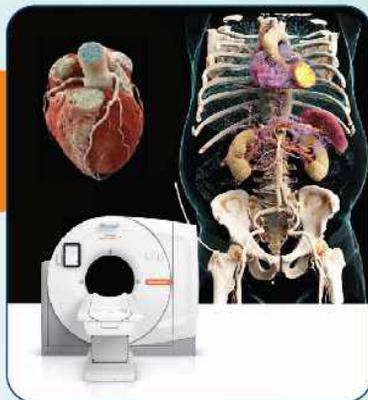
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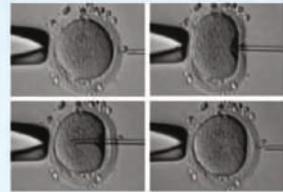
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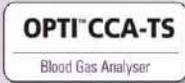
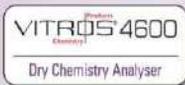
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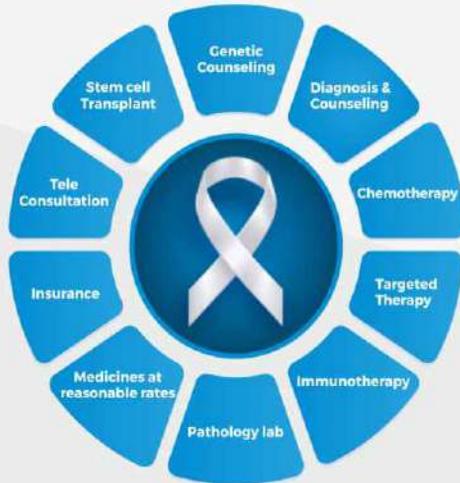
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Bowel Endometriosis management by colo-rectal resection: Laparoscopic surgical technique & outcome

Background and Objectives: Bowel Deep Infiltrating Endometriosis (DIE) management by colo-rectal resection is a complex procedure. The purpose of the present study is to delineate a meticulous approach to the assessment of the patient, step-wise surgical technique, pre, and post-operative care, and its short-term and long-term outcomes.

Methods: This is a single centre retrospective study done on patients of bowel DIE managed by colo-rectal resection between January 2019 to June 2021.

Results: There was a significant improvement in the symptomatology of patients post-surgery. Our surgical technique is feasible with acceptable short-term and long-term outcomes.

Conclusion: Bowel DIE management can be proficiently executed with proper diagnostic approach, appropriate surgical expertise with exhaustive pelvic anatomy knowledge especially concerning autonomic nerve plexus.

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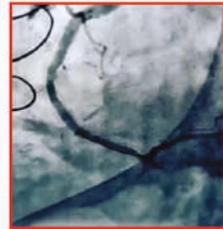
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