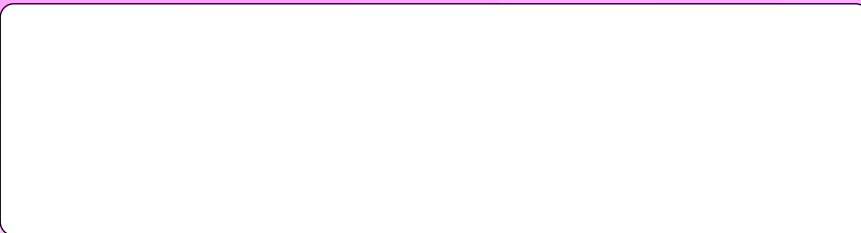


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All India Fertility & IVF Ranking Survey - 2018

HAT TRICK!
2016, 2017 Now **2018**



→ **Mumbai Institute**
Mumbai: 3rd
Western India: 6th

→ **Delhi Institute**
Delhi NCR: 7th
Northern India: 10th

→ **Kolkata Institute**
Emerging Institute
in 2018

THE TIMES OF INDIA
(i3RCinsights Survey)



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Ahmedabad Medical Association
(Branch of Indian Medical Association)

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DR. JAYESH P. SACHDE
President - AMA



DR. KIRITKUMAR C. GADHAVI
Hon. Secretary - AMA

Imm. Past President - **DR. HARSHAD C. PATEL**

Vol.12

APRIL-2018

Issue-12

HIGHLIGHTS

06-05-2018 Scientific Programme
13-05-2018 Scientific Programme
20-05-2018 Scientific Programme

CENTRAL WORKING COMMITTEE MEETING

Date : 14th & 15th April, 2018

Place : Narayani Heights Hotel & Resorts



"Health For All : All For Health"

A.M.A. BULLETIN INDEX

[illegible]

AHMEDABAD MEDICAL ASSOCIATION YEAR : 2017-2018

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Message From President and Hon. Secretary Desk



Greeting,

Mercury level of temperature is hitting high & high and school and colleges are having vacation. Many of our friends may have planned to go for vacation to get rid of heatwaves. We wish you safe and enjoyable journey and come back with memories of pleasant moments.

In the month of March report on NMC Bill has been tabled on Parliament during second budget session.

Dear friends,

If you would have not struggled, the original draconian NMC would have been a reality on 29th December, 2017.

The success is only due to the unprecedented unity shown by the entire medical fraternity under the able leadership of IMA H. Q.

IMA Mahapanchayat was organized at Delhi, Indira Gandhi stadium. Large numbers of Doctors and students had attended from our Branch. Student sansad was organized on the day before IMA Mahapanchayat. Mahapanchayat was conducted by eminent leaders and resolution was passed for.

“No NMC in toto “

Due to intense political lobbying, good media management, backed by well drafted paperwork, NMC Bill sine die without discussion. Now NMC bill reconvene in July (Monsoon session).

On 21st April there was a program with AMA Senior Citizen club at our premises. Topics were 1. Recent advance in Backache and knee pain

1. Recent advance in Dental treatment. It was grand success.

On 22nd there was CME on Neurology

Topics were

1. Pituitary Tumor and its clinical manifestations.

2. Endoscopic management of Pituitary

3. Epilepsy and its differential diagnosis

Our next program in May will be on 6th May, 2018 on Cardiology at Radisson Blu On 13th May, programme will be at our premises on Asthama. On 20th May program will be at our premises on Obesity, Jundice and Renal Replacement Therapy.

Details of entire programmes is given in our bulletin.

Dr. Jayesh P. Sachde

President

Ahmedabad Medical Association

Dr. Kiritkumar C. Gadhavi

Hon. Secretary

Ahmedabad Medical Association

NOTICE

A General Body Meeting of Ahmedabad Medical Association will be held on WEDNESDAY, 9th May, 2018 at 4.00 p.m. at our premises to transact the following agenda.

AGENDA

1. To read and confirm the minutes of the last meeting.
2. Any thing arising out of it.
3. Election, if required for the post of Vice President of Gujarat State Branch, I.M.A.
4. Any other business with the permission of the chair.

N.B. For the want of quorum the meeting will be adjourned and will be held after fifteen minutes.

1. Nominations are invited for the Post of Vice President (Ahmedabad Zone) of Gujarat State Branch, I.M.A. for the year 2018-2019.
2. Nomination forms will be available from the office from Monday 30th April, 2018 on payment of Rs. 10/- (Rs. Ten only)
3. Nomination forms duly filled, proposed & seconded should reach Hon. Secretary on or before Monday, 7th May, 2018, before 3.00 P.M. at Association's office along with Rs. 250/- for the post of Vice President.
4. Last date of withdrawal of nomination is Tuesday 8th May 2018 before 3.00 P.M.

Dr. Kiritkumar C. Gadhavi
Hon. Secreatry

Note :

1. He/She must be a life member of I.M.A.
2. He/She must have 7 years continuous membership of I.M.A.
3. He/She should have served G.S.B.I.M.A. as Working committee Member for at least 3 years.

SCIENTIFIC PROGRAMME NO. 05**DR. P. P. MEHTA SCIENTIFIC PROGRAMME**

Date	: 06-05-2018, SUNDAY
Time	: 9.30 a.m. to 9.30 a.m. Registration and Breakfast
Venue	: RADISSON BLU Panchvati Cross Roads
Subject	: Cardiovascular Update
Programme	: 09.30 a.m. to 12.00 noon
Speaker	: Dr. Anil Jain M.S., M.Ch., DNB
Topic	: Recent Advances in Treatment at Heart Failure
Speaker	: Dr. Rajan Modi M.S., DNB
Topic	: Valve Repair Versus Valve Replacement
Speaker	: Dr. Vishal Gupta M.S., M.Ch.
Topic	: Perioperative Care of Patients going for Cardiac Surgery What a Physician should know ?

:: Co-ordinators ::

Dr. Divyeshkumar N. Panchal, Dr. Pratik J. Shah & Dr. Atul Gandhi

Registration fee Rs. 100/-.

You are requested to register your name at our AMA office on Tel. No. 079-26588775 before 04-05-2018, before 5.00 p.m.

Limited entries on first come first serve basis

Dr. Jayesh P. Sachde
President

Dr. Kiritkumar C. Gadhavi
Hon. Secretary

SCIENTIFIC PROGRAMME NO. 06**DR. H. G. JAMBHEKAR SCIENTIFIC PROGRAMME**

Date : 13-05-2018, SUNDAY

Time : 9.00 a.m. to 09.30 a.m.
Registration and Breakfast

Venue : AHMEDABAD MEDICAL ASSOCIATION
Opp. H. K. College Ashram Road, Ahmedabad.

Subject : Asthma Management

Programme : 09.30 a.m. onwards

Speaker : **Dr. Manoj Singh**

Topic : Update in Asthma Management

Speaker : **Dr. Mitesh Dave**

Topic : All that wheezes is not Asthma

:: Co-ordinators ::**Dr. Divyeshkumar N. Panchal & Dr. Pratik J. Shah****Registration fee Rs. 50/-.**

**You are requested to register your name at our AMA
office on Tel. No. 079-26588775
before 11-05-2018, before 5.00 p.m.**

Dr. Jayesh P. Sachde
President

Dr. Kiritkumar C. Gadhavi
Hon. Secretary

SCIENTIFIC PROGRAMME NO. 07**DR. LOVE DALAL SCIENTIFIC PROGRAMME**

Date : 20-05-2018, SUNDAY

Time : 9.30 a.m. to 10.00 a.m.
Registration and Breakfast

Venue : AHMEDABAD MEDICAL ASSOCIATION
Opp. H. K. College Ashram Road, Ahmedabad.

Programme : 10.00 a.m. to 12.00 noon

Speaker : **Dr. Digvijaysinh Bedi** (GI & Bariatric Surgery)

Topic : Morbid Obesity Pandemic disease of this era -
How can we tackle it ?

Speaker : **Dr. Bhavin Vasavda** M.S. Surgery, (FHBLT, FTL)

Topic : Approach to Jaundiced patients

Speaker : **Dr. Kamal Goplani** M.D., D.M. Nephrology

Topic : Renal Replacement Therapy in AKI-A Paradigm
Shift

:: Co-ordinators ::**Dr. Divyeshkumar N. Panchal & Dr. Pratik J. Shah****Registration fee Rs. 50/-.**

**You are requested to register your name at our AMA
office on Tel. No. 079-26588775
before 18-05-2018, before 5.00 p.m.**

Dr. Jayesh P. Sachde
President

Dr. Kiritkumar C. Gadhavi
Hon. Secretary

ANNUAL DAY COMPETITIONS

(1) INDIAN ASSOCIATION OF OCCUPATIONAL HEALTH ESSAY PRIZE

Subject : Hazard to the Doctors in Medical Practice

(2) DR. RANJAN K. NANAVATY ESSAY PRIZE

(For Family Physicians Only)

Subject : Stress in Family Practice

- * Each candidates shall have to submit three copies typed and double spaced to the office before 16-5-2018 5 p.m. (Maximum 1500 words).
- * Candidates should not write their names or addresses on the essay. They should not reveal their identity in the essay. Candidate should write the name and complete address on a separate piece of paper.

(3) DR. PIYUSH SHAH PAPER PRESENTATION PRIZE

(For Family Physicians only)

- * The last date for submission of abstract is 16-5-2018. 5 p.m. Complete text of the paper will have to be submitted on the day of presentation.
- * All papers accepted by the Scientific Committee will be read few days before our Annual Day function.
- * The paper must be original and must not have been published or read previously.
8 minutes will be allowed for presentation and 3 minutes for discussion.
Presentation with slides / over head projector / transparencies / video will be appreciated.

(4) DR. B.C. AMIN MEMBERSHIP DRIVE TROPHY will be awarded to the member who has enrolled the maximum number of members in the year 2016-2017.

Other Trophies : The entry fee is Rs. 100/- only.

- (5) DR. K. K. SHAH TROPHY** For Best Nursing Home.
- (6) DR. P. B. HARIBHAKTI TROPHY** For Best Consulting Room.
- (7) DR. DAHYABHAI SHIVRAM JOSHI TROPHY** For General Practitioner's best Clinic

Those members who want to take part in these competitions, should send the application on their letter pad.

Last date of entry is 16-5-2018. 5 p.m.

Note : The winners of the Trophy in past should not apply again.

AHMEDABAD MEDICAL ASSOCIATION

MEDI-QUIZ

- (1) The Term "claudication" means
 - (a) arthralgia
 - (b) limping
 - (c) pain
 - (d) cramp
- (2) In the majority cases of Hyperthyroidism,
 - (a) the blood iodine concentration is normal
 - (b) the blood iodine concentration is decreased
 - (c) the blood iodine concentration is increased
 - (d) there is increased excretion of iodine in urine, faces etc., but The blood iodine concentration is normal & thyroid iodine is increased.
- (3) In congestive heart failure the circulating plasma volume is,
 - (a) decreased
 - (b) variable, usually decreased
 - (c) unchanged
 - (d) increased
- (4) A 45 years old patient coughs up blood and then develop dyspnoea, persistent wheezing in one lung, and fever, over a period of 6 months. He MOST probably has,
 - (a) tuberculosis
 - (b) bronchiectasis
 - (c) primary cancer of the lung
 - (d) systemic arteriosclerosis
- (5) The MOST common cause of right ventricular failure is,
 - (a) tight mitral stenosis
 - (b) advanced cor pulmonale
 - (c) pulmonary stenosis
 - (d) left ventricular failure
- (6) The BEST single index to the severity of H. Influenzae Meningitis is,
 - (a) spinal fluid cell count
 - (b) spinal fluid sugar
 - (c) spinal fluid protein
 - (d) stained smear of spinal fluid

- (7) In the care of new born infants, the intramuscular injection of vitamin K is MOST valuable in,
 - (a) preventing intracranial haemorrhage
 - (b) preventing cord haemorrhage
 - (c) stimulating the assimilation of calcium
 - (d) treating circumcision haemorrhage
- (8) The one of the following diseases which is caused by a birth injury is,
 - (a) cerebral palsy
 - (b) meningitis
 - (c) hydrocele
 - (d) congenital syphilis
 - (e) epilepsy
- 9) Fat emboli are not associated with
 - (a) low serum lipase
 - (b) multiple petechiae
 - (c) fat in the urine
 - (d) decreased arterial pO₂
 - (e) somnolence
- (10) The one of the following substances which inhibits the production of Prothrombin in the liver is,
 - (a) heparin
 - (b) dicoumarol
 - (c) vitamin A
 - (d) glucose

PLEASE SEND YOUR ANSWERS TO OUR OFFICE BEFORE 17-5-18.

ATTENTION PLEASE

- Annual members are requested to pay their membership fees for the 2018-2019
- The members above the age of 75 years and not felicitated previously in the Annual Day Celebration are requested to inform the office with membership number and birth date.

CONGRATULATION

DR. KALPESH B. SHAH has been elected as President of Radiological and Imaging Association, Gujarat Chapter for the year 2018-2019.

ACTIVITY REPORT

IMA Mahapanchayat was organized at Delhi - Indira Gandhi Stadium, On Sunday 25-03-2018 large numbers of Doctor and students has attended. Mahapanchayat and students sansad Mahapanchayat was led by National leaders and resolution passed for no NMC in toto.

Photograph at Mahapanchayat attached.

On 21st April AMA Senior Citizen Club program was arranged at our premises – subject were 1. Recent advance in Backache and knee joint

1. Recent advance in dental treatment.

Speakers were Dr. Saurabh N. Shah and (2) Dr. Chaitali S. Shah

On 22nd Dr. P. R. Thakore scientific program was arranged at our premises.

Subjects were (1_Pituitary Tumor and it's Clinical manifestations'

2. Endoscopic management of Pituitary
3. Epilepsy and its differential diagnosis

Dr. Ankur Pachani, Dr. Kalpesh Patel and Dr. Devshi Visana were Speakers.

INFORMATION

OFFICE BEARERS OF AOGS TEAM - 2018-2019

Dr. Jayprakash Shah	President
Dr. Anil Mehta	President Elect.
Dr. Rajal Thaker	Vice President
Dr. Kamini Patel	Hon. Secretary
Dr. Snehal Kale	Hon. Jt. Secretary
Dr. Lata K. Trivedi	Clinical Secretary
Dr. Sunil Shah	Hon. Treasurer

MANAGING COMMITTEE MEMBERS

Dr. Akshay Shah	Dr. Hina K. Shah
Dr. Kamlesh Jagwani	Dr. Mahesh Jariwala
Dr. Munjal Pandya	Dr. Praful Panagar
Dr. Sanjay J. Shah	Dr. Shahswat Jani
Dr. Sujal Munshi	

OBITUARY

We send our sympathy & condolence to the bereaved family.
May his/her soul rest in eternal peace.



Dr. G. D. VIRADIA

Date of Birth : 10-03-1944

Date of Death : 24-03-2018



Dr. CHHATRASINH V. BARAD

Date of Birth : 26-12-1958

Date of Death : 09-03-2018

**નારી વિશ્વસ્ય શક્તિ સ્વરૂપા**

પ્રિય સખીઓ,

"ઉનાળાની ઉષ્માભરી શુભેચ્છા"

આપણે એપ્રિલ મહિનામાં ૨૧-૪-૨૦૧૮ને શનિવારે લેડીઝ ક્લબના પ્રોગ્રામનું આયોજન કરેલ. હવે ઉનાળાની ગરમીને ધ્યાનમાં રાખીને મે મહિનામાં આપણે કોઈપણ પ્રોગ્રામનું આયોજન કરેલ નથી. જેથી આપ સૌ આપના પરિવાર અને બાળકો સાથે વેકેશનની મજા માણી શકો. બાળકોને પણ સ્કૂલ કોલેજમાં વેકેશન હોવાથી બહારગામના પ્રવાસનું પણ આયોજન કરી શકાય. ઉનાળામાં ફળોનો રાજા કેરીનો મધુર સ્વાદ મનભરીને માણશો.

હવે જૂન મહિનાના પ્રોગ્રામની માહિતી મે મહિનાના બુલેટીનમાં આવશે.

"Happy Holidays to all of you"

શ્રીમતી અરૂણાબેન વી. પટેલ
પ્રમુખ

મો. ૯૯૭૯૯૬૧૦૬૬

ડૉ. જયેશ પી. સચદે

પ્રમુખ, એ.એમ.એ.

મો. ૯૮૨૪૦૧૮૮૪૮

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માનદ્મંત્રી

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ડૉ. કીરીટકુમાર સી. ગઢવી

માનદ્મંત્રી, એ.એમ.એ.

મો. ૯૯૯૮૩૭૦૩૫૩

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9350	L	DR. PATEL ANKITA RUSHIK
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MEDICAL OBSERVATIONS ON WEAKNESS AS A PRESENTING SYMPTOM

Just as there is a national monument, a national bird, in the same way, there is, of course, unofficially, as if a nation-wide, if not, a national complaint which goes by the name 'WEAKNESS', a lay term for which the medical term is ASTHENIA. It is an entirely subjective feeling which is beyond the realms of medical measurement objectively, nor there are pathognomonic signs of this very very common symptom.

It results in unexplained fatigue, tiredness, debility and persistent anxiety. In contrast to temporary tiredness which occurs after some, excessive and/or unaccustomed physical activity, this pathological weakness lasts for weeks or even months, is progressively increasing, disturbs the daily work-schedule of the patient, ultimately forcing the patient to seek medical help.

Because it is a subjective perception, different patients have different beliefs, and, therefore, they often use the word 'weakness', vaguely, even loosely to enrich their basket of multiple symptoms. Many people and patients believe that weakness is bound to occur in every disease. Therefore, the doctor has to ascertain as to what the patient actually means by the word 'weakness' and then he has to analyse this symptom threadbare.

A Short-list of causes of 'Weakness' :

(A) Weakness as the main, sole complaint :

- **Malnutrition** : Includes deficiency of calories, proteins, deficiency or excess of fats, deficiency of various vitamins and minerals, especially iron, B₁₂, vitamin D caused by lack of intake or sometimes due to increased requirement e.g., pregnancy, childhood; or because of fast food, junk food, soft drinks, packed food or ready-to-make food items etc.



(B) Weakness associated with other overt or occult diseases :

- Diabetes mellitus, tuberculosis, malignancy (oesophagus, stomach, pancreas and others), hyperthyroidism, anorexia nervosa, hypo-pituitarism, certain psychiatric illnesses
- Most of the other chronic prolonged debilitating diseases

(C) Chronic Fatigue Syndrome (CFS) : It is a rare disease, characterized by Long-lasting tiredness (fatigue) which is not relieved by rest and even by sleep.

- It lasts for at least 6 months, but may be more chronic, rarely life time; more common in females; age of onset 30-50 years but may begin in childhood or adolescence.
- Also known as myalgic encephalitis (though the term encephalitis, herein seems to be a misnomer, even panicky); etiology unknown but viral genetic, autoimmune factors have been suggested, but not fully substantiated.
- Apart from resistant fatigue, patient may suffer from muscle-joint pains, mental confusion, disturbed sleep, memory loss, nervous exhaustion, painful and tender cervical lymph nodes, dizzy spells, vertigo, loose motions and pain in the abdomen.
- Daily work schedule of the patient is markedly disturbed.
- Investigations are carried out to rule out other diseases; treatment is symptomatic.

(D) Drug-induced : e.g. thiazide diuretics, beta-blockers, statins, clonidine, some of the antidepressant drugs

(E) Habitual : It is subjective but not real. It may be a part of 'Attention-Seeking Device', or may be due to prolonged lack of physical activity.

Clinical Approach :

The first objective is to confirm whether really the patient



has weakness. This requires an extended look-back into the patient's regular, work schedule from dawn-to-dusk, a review of all the daily routine activities that he/she undertakes from 'getting up in the morning' up to the bed time, a sort of minute-to-minute flashback. This will reveal his/her physical competence which can, now, be compared with the present level. The golden rule is : Let the patient talk, speak, narrate, describe all these events. At this time, the doctor may insert some, small pertinent queries and guiding nods or some helpful facial expressions (active listening). He has to hear, rather listen to him. The diagnosis may be hidden in these details. Comparison with the present physical capacity will not only clinch the presence of weakness but its degree (functional deficit) also.

Do not underestimate the symptom of 'weakness' just because its manifestations are not that much dramatic or eye-catching as 'Heart Attack' or a bout of convulsion. Wisdom lies in realising that for the patient, whatever the symptom may be, it is a matter of life and death and, therefore, not paying attention to a symptom like 'weakness' is bound to reveal doctor's clinical-analytical weakness (Academic Asthenia, so to say!). Also, look for the pointers in the patient's narration because he may be hinting at 'some other weakness' which is not in the realm of present discussion. Also, try to catch some indications to unearth some psychiatric problem (e.g., early morning insomnia or difficulty in falling asleep soon after going to bed).

Now, here is a 'catch' i.e. even if the patient reports that "He has only weakness and no other complaints" do not take it at its face value because he may not know its importance. Therefore, such associated symptoms need direct questioning like :

- Has he increased frequency of urination (polyuria), excessive thirst (polydipsia) excessive appetite (polyphagia)? (diabetes mellitus).
- Low fever in the evening, loss of weight, night sweats? (tuberculosis).

- Increased appetite ? tremulousness? loss of weight? (hyperthyroidism).
- Episode of blood in cough, P/R, P/V or from nipple?
- Excessive dieting? (anorexia nervosa)
- Does he complain of extreme fatigue which is not relieved by rest or even sleep? does he complain of unexplained muscle pain and / or joint pains? mental confusion ? (Chronic fatigue syndrome)

Past History :

Past history of diseases like tuberculosis ; blood transfusion (hepatitis B and / or C) and unprotected exposure should be enquired.

Personal History :

- Go through details about diet extensively because malnutrition is a very important and remediable cause.
- **Habits and Addictions :** Note if there is positive history of tobacco (in any form), alcohol, excess of tea; drug abuse.

Job : Nature of the occupation as well as job satisfaction both deserve to be noted.

Sex Life : If it appears that the patient is inclined to talk about sex-life, some questions can be asked tactfully and diplomatically.

General Examination :

Precious clinical findings include pallor, icterus, classical 'facies', clubbing, glands in the neck, axilla; leukoplakia of the tongue, ulcer in the mouth or elsewhere, injection marks on the elbow, nodule on the scalp or elsewhere, isolated tender vertebra, gynecomastia, spider naevi etc.

Systemic Examination :

CVS : As a routine.



RS : Any localized swelling or tenderness ; fullness, tactile vocal fremitus, dullness on percussion, type of breath sounds, foreign sounds, altered vocal resonance (do not forget to examine the back of the chest).

AS : for enlargement of the abdomen, umbilicus, enlarged-prominent veins, hepatomegaly, splenomegaly, lump, signs of ascites, scrotal swelling.

CNS : Extensive muscular wasting (myopathies), signs of neuropathy or signs of paraneoplastic nerve affection.

(P/R examination and breast examination, if indicated, by respective specialists).

Any positive finding-s will show the possible route to reach and catch the culprit. Once a diagnostic clue is attained, judicious but limited application of relevant investigations should be ordered to confirm the diagnosis, to judge its severity and lastly, may be rarely, to be surprised by a disease which was not suspected! But do not order 'Blanket Investigations'. Be choosy and discrete in this regard. Don't use a gun to catch a rat! Every new patient is a new challenge, as also a new chance to test, reveal and confirm your diagnostic talent.

Management :

- Re-education of the patient: This is most important where malnutrition is the sole cause.
- Treatment of the associated disease e.g., tuberculosis, diabetes, hyperthyroidism etc.
- In early, localized cases of malignancy, reference to a oncosurgeon or a oncologist, as per the stage of the disease.
- For advice regarding life-style diseases and their correction and prevention, remember, the best time for counseling is when patient is in the recovery phase.

Dr. G. G. OZA, M.D.,
Emeritus Professor of Medicine



CENTRAL WORKING COMMITTEE MEETING

Date : 14th & 15th April, 2018

Place : Narayani Heights Hotel & Resorts



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