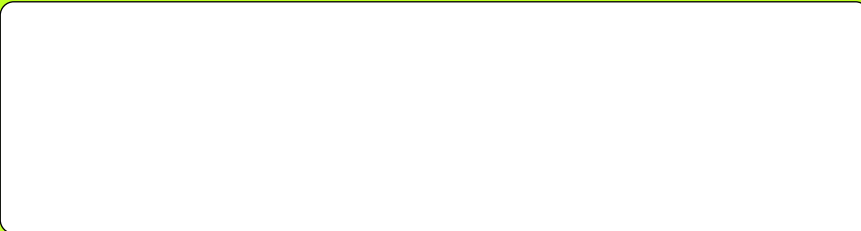


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All India Fertility & IVF Ranking Survey - 2018

HAT TRICK!

2016, 2017 Now **2018**



AHMEDABAD



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

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

→ **Kolkata Institute**
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in 2018

THE TIMES OF INDIA
(i3RCinsights Survey)



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Building Families

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AHMEDABAD MEDICO NEWS

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

MARCH-2018

Issue-11

HIGHLIGHTS

11-04-2018 Ladies Club Programme
21-04-2018 AMA Senior Citizen Club
& Ladies Club Programme
22-04-2018 Scientific Programme
29-04-2018 તબીબી કવિ સંમેલન

June-2018 AMACON

"Health For All : All For Health"

A.M.A. BULLETIN INDEX

[illegible]

AHMEDABAD MEDICAL ASSOCIATION YEAR : 2017-2018

OFFICE BEARER

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MANAGING COMMITTEE MEMBERS

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9723814598	SOLAROAD	9173475216	AMBAWADI
DR. CHINTAN K. GANDHI		DR. KIRIT M. KHARSADIYA	
9979973239	MEMNAGAR	9825528788	SHAHIBAUG
DR. MAHESH G. GUPTA		DR. DEVAL D. PANCHAL	
9426499922	SABARMATI	9725753032	NAVRANGPURA
DR. ANKIT M. PATEL		DR. HEMANT B. PATEL	
9825336688	GHATLODIA	9879813741	RANIP
DR. MAULIN B. PATEL		DR. MINESH S. PATEL	
9925195176	SHAHIBAUG	9099926525	SOLA
DR. RACHIT J. PATEL		DR. RAMESH I. PATEL	
9726657062	NIRNAYANAGAR	9426495264	PALDI
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9825064189	THALTEJ	9824053995	GHATLODIA
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98252210880	CHANDKHEDA	9428018840	ODHAV
DR. URVESH V. SHAH		DR. PATEL VISHNU N.	
9228233441	MANINAGAR	9825165294	SOLA ROAD
DR. VIPUL V. SHAH		DR. BALKRISHNA N. RATHOD	
9426533707	PALDI	9879599006	NARANPURA
DR. VIRAL D. SHAH		DR. JAYESH C. SHAH	
9099047007	AMBAWADI	9426274536	NARANPURA
DR. MAULIK S. SHETH		DR. RAKESH N. SHAH	
9825915464	SHAHIBAUG	9879450450	SOLA ROAD

BULLETIN COMMITTEE

DR. K. R. SANGHAVI	DR. DEVENDRA PATEL	DR. JITENDRA N. PATEL
DR. P. A. NAIK	DR. MEHUL J. SHAH	DR. RAMESH SHAH
DR. BRIJAN CHOKSI	DR. JASWANTSINH DARBAR	DR. ATUL GANDHI

Message From President and Hon. Secretary Desk



Respected members,

Greeting,

On 17th March, 2018 – Saturday two programmes were arranged.

- (1) At Ahmedabad Medical Association's premises with Senior Citizen club.

Topic was Golden Ratio – Key to Health, Happiness and Prosperity by changing DNA. It was grand success.

- (2) Scientific programme was arranged at Nami Residency Hotel. Topic was Will it Implant?

On 24th March, चलो एक बार फिरसे arranged at our premises

As per directive of IMA H. Q. a Nation wide mass contact programme through IMA Cycle Rally was arranged on 11th March connect with society- coordinate the fraternity At 7-00 A.M. cycle rally which was flag off by Dr. Jitubhai B. Patel – Past President IMA H. Q. About 700 members attended this Cycle Rally. Including Senior IMA leaders, Private Practitioners. Medical Students and Resident doctors took part in the Cycle Rally. We covered 6 km area with banners and playcards.

IMA Cycle Yatra was planned to reach out the society and fraternity to highlight the issues of community and profession especially NMC and our other long pending issue.

So on 20th March- IMA Cycle Yatra west zone reached at AMC MET Medical College three students were Mr. Yash V. Dave, Mr. Brijesh U. Suthar and Mr. Deep P. Shah. They were welcomed by AMC MET Medical College students, and teachers and AMA leaders.

Second meet was arranged with cyclist students at Ahmedabad Medical premised at 8.00 p.m. with medical students of other colleges and AMA leaders more that 250 members attended the programme.

We all know that NMC bill is undemocratic and anti federal in nature with non-respective character. The bills is anti student and anti poor in nature. At present bill was referred to Parliamentary Standing Committee. Report of NMC is tabled during the second part of Budget session. After 1st victory due to surgical strike of 2nd January our massive pressure has achieved the 2nd victory. The IMA Yatra cycling event, political lobbying, student movement resulted in some of demand to be accepted in parliamentary standing committee report. But the report are always just recommendation.

Government has to accept and implement this along with remaining demand. For this success of Mahapanchayat is most crucial.

Let it be massive show of strength. Let to be one voice of entire medical fraternity. Let it be the final decisive winning blow.

The Mahapanchayat will discuss, deliberate and decide on further course of action on 25th March at New Delhi.

Out next programme for April will be C.M.E. on Nurology at our premises on dated 22nd April, 2018.

On 29th April, 2018 તબીબી કવિ સંમેલન - સાહિત્યનો ચોરો. programme is finalised

Deatails of entire coming programme is given in this bulletin

Dr. Jayesh P. Sachde

President

Ahmedabad Medical Association

Dr. Kiritkumar C. Gadhavi

Hon. Secretary

Ahmedabad Medical Association

AMA SENIOR CITIZEN CLUB

Our next program is a different one, it will cover two important topics which require attention in advanced age.

Date : 21-4-2018, Saturday
Time : 3-30pm to 5-00pm
Speaker : Dr. Saurabh Narendra Shah M.S. (Ortho)
Topic : Recent advances in backache and knee pain.
Speaker : Dr. Chaitali Saurabh Shah B.D.S.
Topic : Recent advances in dental treatment
Venue : Ahmedabad Medical Association premises.

All our club members and senior AMA members with their spouse are cordially invited.

This program will be followed by High-Tea.

Coordinators

Dr. K.R. Sanghavi **Dr. Abhay Dixit** **Dr. Ramesh C. Shah**
Dr. Jayesh Sachde **Dr. Kiritkumar C. Gadhavi**
President AMA Hon. Secretary AMA

INFORMATION

"27th Gujarat State TB Conference"

Date : 22nd April-2018.
Venue : Hotel Aloft, Opp. Bhagwat Vidhya Peeth,
Sola, Ahmedabad.
Registration Fee : Medical Staff Rs. 500/-
Para Medical Staff Rs. 300/-
For Registration and further detail please contact
Dr. P. M. Parmar
Org. Secretary
Mob. : 9601078050 Off. : 079-26589247

" ગ્રીષ્મમાં એક વર્ષાની કહાની ? થવા દો !
ઝાકળભીના શબ્દની મીજબાની ?..... થવા દો ! "

અમદાવાદ મેડિકલ એસોસીએશન

અને

સૂર-સમન્વય ફાઉન્ડેશનના

સંયુક્ત ઉપક્રમે

તબીબી કવિ સંમેલન

સાહિત્યનો ચોરો

તા. ૨૮મી એપ્રિલ, રવિવાર

સમય : સાંજના ૫-૩૦ વાગ્યે

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

સંચાલન - ડૉ. અશોક પટેલ

કવિગણ

ડૉ. સતીન દેસાઈ (' પરવેઝ '

ડૉ. ઉર્વીશ વસાવડા

ડૉ. અશોક પટેલ

ડૉ. ગુરુદત્ત ઠક્કર

ડૉ. લલિત ત્રિવેદી

ડૉ. જગદીપ નાણાવટી

ડૉ. જયદીપ શાહ

NEW LIFE MEMBERS

9336	LC	DR. SHAH SARJAN DILIPBHAI
9337	LC	DR. SHAH ARATI SARJAN
9338	L	DR. LAKHANI KARMESHKUMAR R.
9339	L	DR. KANSARA PURAV DARSHAN
9340	L	DR. PATEL KRUPALI NITIN
9341	L	DR. PATEL SHREYESKUMAR B.
9342	L	DR. PATEL KRISHNA SHREYESKUMAR
9343	L	DR. FOFANDI KAUSHALYA KISHAN
9344	LC	DR. VYAS KIRTAN M.
9345	LC	DR. VYAS ASHITA KIRTAN
9346	L	DR. PATEL MOHILKUMAR DHIRENBHAI

CORRECTION

In February-2018, Ahmedabad Medico News Page No. 28, New Life Members

Please read as under

9333	LC	DR. CHUDASAMA BHADRESH A.
9334	LC	DR. CHUDASAMA ZANKHANA BHADRESH

FUTURE PROGRAMMES



AMACON - 2018



Dear Member,

- The Annual Conference of Ahmedabad Medical Association. AMACON-2018 is Comming Soon.
- Academic Feast
- Eminent Speakers from Multiple Specialities
- Exciting Prizes & Kit
- Further details will be given in due course.

AMACON 2018
June 2018

ACTIVITY REPORT

Report of Cycle Rally : Date : 11 March 2018

IMA Cycle rally was organised from Ahmedabad Medical Association at 07.00 AM which was flag off by Dr. Jitendrabhai B. Patel, Past President, Indian Medical Association, (HQ). More than 500 persons participated in the cycle rally which included, Senior IMA leaders, Private Practitioners, Medical Students and Resident Doctors.

GBM was arranged at the premises of Ahmedabad Medical Association which was addressed by Various leaders.

Photographs of the rally attached.

On 17-3-2018 Dr. Tanumatiben G. Shah Scientific Program was arranged at Hotel Nami Residency. Subject was Will it implant ?

Dr. Mehul Sukhadiya was a Speaker.

On 17-3-2018 AMA Senior Citizen Club and Ladies Club Program was arranged. Speaker was Col. (Retd.) Dr. Subhash Chadh.

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 30-4-2018 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 30-4-2018. 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 30-4-2018. 5 p.m.

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

SCIENTIFIC PROGRAMME NO. 04

DR. P. R. THAKORE SCIENTIFIC PROGRAMME

Date : 22-04-2018, SUNDAY

Time : 9.00 a.m. to 9.30 a.m.

Registration and Breakfast

Venue : AHMEDABAD MEDICAL ASSOCIATION

Opp. H. K. College Ashram Road, Ahmedabad.

Subject : Neurology and Neurosurgery CME

Programme : 9.30 a.m. to 12.00 noon

Speaker : Dr. Ankur Pachani (Neuro Surgeon)

Topic : Pituitary Tumor and it's Clinical manifestations

Speaker : Dr. Kalpesh Patel (ENT Surgeon)

Topic : Endoscopic management of Pituitary

Speaker : Dr. Devshi Visana (Neurologist)

Topic : Epilepsy and its differential diagnosis.

:: 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 20-04-2018, before 5.00 p.m.**

Dr. Jayesh P. Sachde
President

Dr. Kiritkumar C. Gadhave
Hon. Secretary

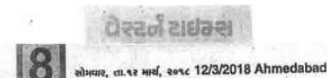
NEWS PAPER COVERAGE OF CYCLE RALLY



મેડિકલ એસો. દ્વારા સાઈકલ રેલી



અમદાવાદ : ઈન્ડિયન મેડિકલ એસો. દ્વારા સાર્થકલ રેલીનું આયોજન નેશનલ મેડિકલ કમીશનના વિરોધમાં યોજાઈ હતી. સમગ્ર દેશમાં કુલ 1725 બ્રાંચોમાં આ સાર્થકલરેલી રવિવારે યોજાઈ હતી.



करायो कृतो.

લોકસત્તા જનસત્તા!

सोमवार ०५
१४ मार्च, २०१८



અમરેશ્વરા નવા ડિલ સામે વિરોધ પ્રદર્શન

અમદાવાદમાં પણ ૭૦૦થી વધુ
ડોક્ટરની સાર્થક સેવા ચોજાઈ

અમલવાદ, તા. ૧૧ ૩૨મું હતું, જેમાં ૮૦૦થી વધુ

મોરકલ ડાહ્યાની અંતર
 ઈશિવાને નખલુ કીકરોરો અને
 તપોવી ઘાખના વિશ્વાર્થીઓના સિત
 લે તપાવ ચારતાં નેશનલ મોરકલ
 ઈશિવાન ધીંધાના વિરોધમાં આજ
 કોપીયને મોરકલે એકોડીએલકાલ
 વિરોધ પ્રદર્શન અને સાપકલ દેવી
 યોજવાનું એવા આપણાં અમલું

જેના માણસોએ અખાદાદા
 સંપત્તિ સહિત સ્વપ્ન દેખ્યાં
 સંપત્તિ મીઠાકાંઈને પાછો
 ૧૯૨૪ વર્ષના ૧૫ ડિસેમ્બરે એને
 મીઠાકાંઈ કોલેજના વિદ્યાર્થીઓની
 અપેક્ષા મિલવાય કેવી કહ્યાંસાથે
 અને એક સમયે નીકાળવાળા
 બાળક બની. અખાદાદા મીઠાકાંઈ
 એને દોઢા પક્ષ સહાય સંપત્તિ
 સ્તત્ત વાચને આશ્ચર્યથી રાત
 ખાદાદાદા મીઠાકાંઈ એને, માત્રી
 વિશાલ સંપત્તિ એને જોવાયે

સર્વે જયગુજરાત સમય | અમદાવાદ | રવિવાર | ૧૧ માર્ચ, ૨૦૧૮

સાયકલ રેલી: નેશનલ મેડિકલ કમિશન લાવવાના વિરોધમાં ઈન્ડિયન મેડિકલ એસોસિએશનની 1725 બ્રાન્ચોમાં સાયકલ રેલી યોજાશે, સવારે 7 કલાકે અમદાવાદ મેડિકલ એસોસિએશન, એચ.કે. કોલેજની સામે, આશ્રમ રોડ.



CRIME PEN (Ahmedabad)

4 12 March 2018 Monday

એનએમસી બિલના વિરોધમાં તબીબોનો વિરોધ અમદાવાદમાં પણ ૭૦૦થી વધુ ડોક્ટરની સાયકલ રેલી

અમદાવાદ, તા. ૧૧
એનએમસી બિલના વિરોધમાં તબીબોનો વિરોધ
અમદાવાદમાં પણ ૭૦૦થી
વધુ ડોક્ટરની સાયકલ રેલી

તબીબી શાખાના વિદ્યાર્થીઓની
સાયકલ રેલી સી.આર.રોડ, પરિમલ
ગાર્ડન, માદલપુર ગરનાથા,
ટાઉનહોલ થઈ આશ્રમરોડ
હતી. રેલીમાં જોડાયેલા ડોક્ટરો અને
મેડિકલ કોલેજના વિદ્યાર્થીઓએ
કેન્દ્ર નેશનલ મેડિકલ કમીશન
બીલનો ઉપર વિરોધ પણ વ્યક્ત કર્યો
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પર અમદાવાદ મેડિકલ
કોલેજની સામેથી કચેરી ખાતેથી
આજે વહેલી સવારે સાત વાગ્યે
ડોક્ટરો અને મેડિકલ કોલેજના
વિદ્યાર્થીઓની વિશાળ સંખ્યાકલ રેલી
નીકાળવામાં આવી હતી. ઈન્ડિયન
મેડિકલ એસોસિએશનના પૂર્વ પ્રમુખ
ડૉ. જી.એન. પટેલે લીલીકાંઠા બનાવી
રેલીની પ્રસ્થાન કરાવ્યા હતા. આશ્રમરોડથી નીકળેલી ડોક્ટરો અને

JAI HIND-AHMEDABAD 06 MONDAY • 12-03-2018

ઈન્ડિયન મેડિકલ એસોસિએશન દ્વારા

દાહોદમાં એનએમસી કમીશન બિલના વિરોધમાં સાઈકલ રેલી યોજાઈ

દાહોદ, તા. ૧૧ રેલીમાં દાહોદના તબીબોએ
ઈન્ડિયન મેડિકલ એસોસિએશનની દાહોદ શાખા
દ્વારા એન.એમ.સી. કમીશન પ્રમુખ ડૉ. કે.તેના
બિલના વિરોધમાં ૧૧ માર્ચ, અમદાવાદમાં રાત્રિવારે કેન્દ્રીય
રવિ વાડના
રોજ સવારે એક
સાયકલ રેલી
યોજાઈ હતી.
ડૉ. જી.એન.
પટેલે પ્રારંભિક
ચોક્કસ આરંભ
કરાવી આ રેલી



રેશન એન્ડ, પરેલ થઈને મોખા
રોડ, એમ.આર.રોડ થઈને રેલી
ભરવામાં આવી હતી. આ રેલીમાં
જોડાયેલા ડોક્ટરો અને મેડિકલ
કોલેજના વિદ્યાર્થીઓએ કેન્દ્ર
નેશનલ મેડિકલ કમીશન
બીલનો ઉપર વિરોધ પણ વ્યક્ત કર્યો
હતો. અમદાવાદ શહેરમાં આશ્રમરોડ
પર અમદાવાદ મેડિકલ
કોલેજની સામેથી કચેરી ખાતેથી
આજે વહેલી સવારે સાત વાગ્યે
ડોક્ટરો અને મેડિકલ કોલેજના
વિદ્યાર્થીઓની વિશાળ સંખ્યાકલ રેલી
નીકાળવામાં આવી હતી. ઈન્ડિયન
મેડિકલ એસોસિએશનના પૂર્વ પ્રમુખ
ડૉ. જી.એન. પટેલે લીલીકાંઠા બનાવી
રેલીની પ્રસ્થાન કરાવ્યા હતા. આશ્રમરોડથી નીકળેલી ડોક્ટરો અને

ગુજરાત રૂકે

સોમવાર તા. ૧૨-૩-૨૦૧૮

અમદાવાદમાં એનએમસી બિલના વિરોધમાં ૭૦૦થી વધુ ડોક્ટરોની સાઈકલ રેલી

અમદાવાદ, તા. ૧૧ પછી આજે શહેરમાં સવારે સાત વાગ્યે
મેડિકલ કોલેજના વિદ્યાર્થીઓએ કેન્દ્ર નેશનલ મેડિકલ કમીશન
બીલનો ઉપર વિરોધ પણ વ્યક્ત કર્યો હતો. અમદાવાદ શહેરમાં આશ્રમરોડ
પર અમદાવાદ મેડિકલ કોલેજની સામેથી કચેરી ખાતેથી
આજે વહેલી સવારે સાત વાગ્યે ડોક્ટરો અને મેડિકલ કોલેજના
વિદ્યાર્થીઓની વિશાળ સંખ્યાકલ રેલી નીકાળવામાં આવી હતી.

THE TIMES OF INDIA, AHMEDABAD | MONDAY, MARCH 12, 2018

PEDALLING FOR RIGHTS



Members of Ahmedabad Medical Association hold a cycle rally, on Sunday in Ahmedabad, to press for their demand for a new central law to protect medical practitioners.

cityભારત

AHMEDABAD, SUNDAY, 11/03/2018 . 05

આજે AMA થી સાયકલ રેલીનો પ્રારંભ

અમદાવાદ । ઈન્ડિયન મેડિકલ એસોસિએશન (દિલ્હી)ના
ઉપક્રમે લોકશાહી અને યુવાઓ મેડિકલ ક્રાઉન્સિલ ઓફ ઈન્ડિયાને
નાબૂદ કરીને બિન-લોકશાહી અને સરકારી નિયુક્તિવાળું નેશનલ
મેડિકલ કમીશન સરકાર દ્વારા લાવવા માટે પ્રયત્નશીલ છે તેનો વિરોધ
કરવા આજે સાયકલ રેલી યોજાશે. આ સાયકલ રેલીમાં અમદાવાદીઓ
મોટી સંખ્યામાં ભાગ લેશે. આ રેલી આજે સવારે ૭ વાગ્યે અમદાવાદ
મેડિકલ એસોસિએશન ખાતે યોજાશે.

સર્વાવતી શેક્ષપ્રેમ

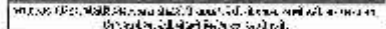
॥ हिन्दियन मेडिकल असोसिएशन (TMA) द्वारा आयोजित १० दिवसीय राष्ट्रीय मेडिकल सम्मेलन में डॉ. अशोक कुमार ने 'आधुनिक चिकित्सा में नैतिकता' पर व्याख्यान दिया।

[illegible]

શહેરની સ્પર્ધકલ રેલીમાં
૬૦૦ પ્રેક્ટિસ અને
વિદ્યાર્થીઓ જોડાયા

[illegible]

અમદાવાદમાં પણ ૭૦૦થી વધુ ડોક્ટરની સાયકલ રેલી



સેટેલાઈટ સમાચાર દિનિક

तारीख : १२-०३-२०१८, सोमवार

ઈન્ડિયન મેડિકલ એસોશિએશન (IMA) દ્વારા
સાયકલ રેલીનું આયોજન કરવામાં આવ્યું હતું.

[illegible]

Monday, 12-03-2018 AHMEDABAD

[illegible]

RESEARCH

The study was conducted by researchers at the University of California, San Diego, and the University of Michigan.



rajastibans@ptcl.com

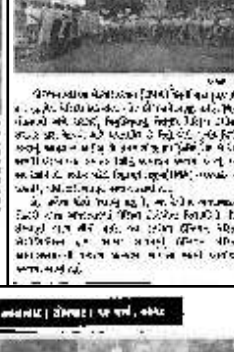
**एनएमसी के विरोध में
चिकित्सकों ने निकाली रैली**



2015-2016 2017-2018 2019-2020

[illegible]

॥ श्रीगणेशाय नमः ॥

[illegible]

नौकराने भेदना काटिनि विनाक विनाक तहमेको नारायण देवी कम्पुनल -

70461 (11). Copy 1 of 1000 pages

1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150 2151 2152 2153 2154 2155 2156 2157 2158 2159 2160 2161 2162 2163 2164 2165 2166 2167 2168 2169 2170 2171 2172 2173 2174 2175 2176 2177 2178 2179 2180 2181 2182 2183 2184 2185 2186 2187 2188 2189 2190 2191 2192 2193 2194 2195 2196 2197 2198 2199 2200 2201 2202 2203 2204 2205 2206 2207 2208 2209 2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229 2230 2231 2232 2233 2234 2235 2236 2237 2238 2239 2240 2241 2242 2243 2244 2245 2246 2247 2248 2249 2250 2251 2252 2253 2254 2255 2256 2257 2258 2259 2260 2261 2262 2263 2264 2265 2266 2267 2268 2269 2270 2271 2272 2273 2274 2275 2276 2277 2278 2279 2280 2281 2282 2283 2284 2285 2286 2287 2288 2289 2290 2291 2292 2293 2294 2295 2296 2297 2298 2299 2300 2301 2302 2303 2304 2305 2306 2307 2308 2309 2310 2311 2312 2313 2314 2315 2316 2317 2318 2319 2320 2321 2322 2323 2324 2325 2326 2327 2328 2329 2330 2331 2332 2333 2334 2335 2336 2337 2338 2339 2340 2341 2342 2343 2344 2345 2346 2347 2348 2349 2350 2351 2352 2353 2354 2355 2356 2357 2358 2359 2360 2361 2362 2363 2364 2365 2366 2367 2368 2369 2370 2371 2372 2373 2374 2375 2376 2377 2378 2379 2380 2381 2382 2383 2384 2385 2386 2387 2388 2389 2390 2391 2392 2393 2394 2395 2396 2397 2398 2399 2400 2401 2402 2403 2404 2405 2406 2407 2408 2409 2410 2411 2412 2413 2414 2415 2416 2417 2418 2419 2420 2421 2422 2423 2424 2425 2426 2427 2428 2429 2430 2431 2432 2433 2434 2435 2436 2437 2438 2439 2440 2441 2442 2443 2444 2445 2446 2447 2448 2449 2450 2451 2452 2453 2454 2455 2456 2457 2458 2459 2460 2461 2462 2463 2464 2465 2466 2467 2468 2469 2470 2471 2472 2473 2474 2475 2476 2477 2478 2479 2480 2481 2482 2483 2484 2485 2486 2487 2488 2489 2490 2491 2492 2493 2494 2495 2496 2497 2498 2499 2500 2501 2502 2503 2504 2505 2506 2507 2508 2509 2510 2511 2512 2513 2514 2515 2516 2517 2518 2519 2520 2521 2522 2523 2524 2525 2526 2527 2528 2529 2530 2531 2532 2533 2534 2535 2536 2537 2538 2539 2540 2541 2542 2543 2544 2545 2546 2547 2548 2549 2550 2551 2552 2553 2554 2555 2556 2557 2558 2559 2560 2561 2562 2563 2564 2565 2566 2567 2568 2569 2570 2571 2572 2573 2574 2575 2576 2577 2578 2579 2580 2581 2582 2583 2584 2585 2586 2587 2588 2589 2590 2591 2592 2593 2594 2595 2596 2597 2598 2599 2600 2601 2602 2603 2604 2605 2606 2607 2608 2609 2610 2611 2612 2613 2614 2615 2616 2617 2618 2619 2620 2621 2622 2623 2624 2625 2626 2627 2628 2629 2630 2631 2632 2633 2634 2635 2636 2637 2638 2639 2640 2641 2642 2643 2644 2645 2646 2647 2648 2649 2650 2651 2652 2653 2654 2655 2656 2657 2658 2659 2660 2661 2662 2663 2664 2665 2666 2667 2668 2669 2670 2671 2672 2673 2674 2675 2676 2677 2678 2679 2680 2681 2682 2683 2684 2685 2686 2687 2688 2689 2690 2691 2692 2693 2694 2695 2696 2697 2698 2699 2700 2701 2702 2703 2704 2705 2706 2707 2708 2709 2710 2711 2712 2713 2714 2715 2716 2717 2718 2719 2720 2721 2722 2723 2724 2725 2726 2727 2728 2729 2730 2731 2732 2733 2734 2735 2736 2737 2738 2739 2740 2741 2742 2743 2744 2745 2746 2747 2748 2749 2750 2751 2752 275

ਸਟੈਂਡਰਡ ਹੇਰਾਲਡ

[illegible]

અમદાવાદમાં પણ ૭૮૦ થી વધુ ડાક્ટરની સાયકલ રેલી



AMA Cultural Board

(To enjoy Mumbaiya Drama and other entertainments with our doctors)

Contribution for the new year membership has started. Few new members can be accomodated.

Membership Fee :Renewal Rs. 1500/- per person

For new members Rs. 200/- admission fee

& Rs. 1500/- per person

Please give cheque in favour of "Ahmedabad Medical Association" during the year 2018-2019.

Following entertainment programme were organized by the forum in 2017-2018.

- (1) 11-06-17 પ્રેમનું એ.ટી.એમ.
- (2) 19-07-17 ૧૧ કલાક રૂઝમિનિટ
- (3) 08-10-17 રાસ-ગરબા
- (4) 02-10-17 બાઈ બાઈ કહું કે, આવ ભાઈ કહું
- (5) 09-12-17 વિરાર ફાસ્ટ
- (6) 02-02-18 બા મારી મધર ઈન્ડિયા
- (7) 16-03-18 એક વરસાદી સાંજે

OBITUARY

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



Dr. Shah Chandrakant J.

Date of Birth : 14-07-1933

Date of Death : 16-02-2018



લેડીઝ-ક્લબ

નારી વિશ્વસ્થ શક્તિ સ્વરૂપા

કાર્યક્રમ નં. ૧૪

તારીખ : ૧૧-૦૪-૨૦૧૮, બુધવાર
સમય : બપોરે ૩.૦૦ થી ૫.૦૦ કલાકે
સ્પીકર : Dr. Ranjanben C. Raval
35 Yrs. of Clinical experience in
Dermatology & Cosmetology
Ex. Professor & HOD N.H.L. Medical College &
V.S. Hospital

Dr. Monika Tibrewal (Dermatology)

વિષય : How to prevent ageing
સ્થળ : અમદાવાદ મેડીકલ એસોસીએશન સંકુલ
૦૮-૦૪-૨૦૧૮ પહેલા રજીસ્ટ્રેશન કરાવવા વિનંતી.
રજીસ્ટ્રેશન ફી છે.

પ્રોગ્રામના અંતે હાઈ-ટી ની વ્યવસ્થા કરેલ છે.

કાર્યક્રમ નં. ૧૫

તારીખ : ૨૧-૦૪-૨૦૧૮, શનિવાર
સમય : બપોરે ૩.૩૦ થી ૫.૦૦ કલાકે
સ્પીકર : Dr. Saurabh Narendra Shah M.S. (Ortho)
વિષય : Recent advances in backache and knee pain
સ્પીકર : Dr. Chaitali Saurabh Shah B.D.S.
વિષય : Recent advances in Dental treatment.
સ્થળ : અમદાવાદ મેડીકલ એસોસીએશન સંકુલ
૧૮-૦૪-૨૦૧૮ પહેલા રજીસ્ટ્રેશન કરાવવા વિનંતી.
રજીસ્ટ્રેશન ફી છે.

આ પ્રોગ્રામ સીનીયર સીટીઝન ક્લબ
સાથે રાખેલ છે. પ્રોગ્રામના અંતે હાઈ-ટી ની વ્યવસ્થા કરેલ છે.

શ્રીમતી અરૂણાબેન વી. પટેલ

પ્રમુખ

મો. ૯૯૭૯૯૬૧૦૬૬

ડૉ. જયેશ પી. સચદે

પ્રમુખ, એ.એમ.એ.

મો. ૯૮૨૪૦૧૮૮૪૮

શ્રીમતી પુષ્પાબેન બાવીસકર

માનદ્મંત્રી

મો. ૯૨૨૭૨૨૨૦૮૮

ડૉ. કીરીટકુમાર સી. ગઢવી

માનદ્મંત્રી, એ.એમ.એ.

મો. ૯૯૯૮૩૭૦૩૫૩

લેડીઝ-ક્લબ એક્ટીવીટી રીપોર્ટ

પ્રિય સખીઓ,

આનંદ, ઉમંગ અને ખુશીઓના પ્રતિકસમા હોળી અને ધુળેટીનો ઉત્સવ સૌએ મનભરી માણ્યો હશે. આવો જ એક યાદગાર અનુભવ આપણી એ.એમ.એ. લેડીઝ ક્લબની બહેનોએ માણ્યો. રામદેવ સ્નેક્સ ફેક્ટરીની વિઝીટ કરી ત્યારે.

એ.એમ.એ. લેડીઝ ક્લબના સુંદર આયોજન હેઠળ રામદેવ સ્નેક્સ ફેક્ટરીની વિઝીટ ખૂબ જ રસપ્રદ અને માહિતીસભર બની રહી. બસમાં અંતાક્ષરી રમતા-રમતા સૌએ પીકનીકની મજા માણી. સૌ બહેનોને રામદેવ ફેક્ટરી તરફથી અનેક જાતના વિવિધ નાસ્તાઓનું ગ્રીફ્ટ હેમ્પર ભેટ સ્વરૂપે આપવામાં આવ્યા સાથે બહેનોએ ખરીદીનો પણ ખૂબ આનંદ ઉઠાવ્યો. આવો સરસ પ્રોગ્રામ કરવા બદલ શ્રીમતી અરૂણાબેનને અભિનંદન.

શ્રીમતી પુષ્પાબેન બાવીષ્કર
સેક્રેટરી

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Approach to a Case of Diarrhea

Diarrhea can be defined by increased stool frequency, liquidity, or volume. Health care professionals typically think of diarrhea as an increase in stool frequency; however, for most individuals, the essential characteristic of diarrhea is the passage of loose stools. Diarrhea is objectively defined as passing a stool weight or volume greater than 200 g or 200 mL per 24 hours. Diarrhea is common, with most episodes being short-lived. Therefore, diarrhea is a major cause of morbidity. It is important to recognize that diarrhea is a symptom or sign, not a disease, and can be caused by numerous conditions. Given the multitude of possible causes, the evaluation and treatment of the patient with diarrhea can be challenging. An understanding of the basic mechanisms of diarrhea can help facilitate diagnosis and management.

Pathophysiology

The fundamental process causing all diarrheal diseases is incomplete absorption of water from intestinal luminal contents. Water itself is not actively transported across the intestinal mucosa but moves across secondary to osmotic forces generated by the transport of solutes, such as electrolytes and nutrients. Normally, absorption and secretion take place simultaneously, but absorption is quantitatively greater. Either a decrease in absorption or an increase in secretion leads to additional water within the lumen and diarrhea. Excess stool water then causes decreased stool consistency.

Thus, diarrhea is a condition of altered intestinal water and electrolyte transport. The pathophysiologic mechanisms of diarrhea include osmotic, secretory, inflammatory, and altered motility. However, from a pathophysiologic perspective, no single cause of diarrhea is truly unifactorial.

A Simplified 5-Step Approach

The initial approach to the patient with diarrhea is to obtain a detailed history and perform a physical examination. Often, after history and physical examination, the cause of diarrhea is not obvious. In this situation, a simple 5-step evaluation (Table 1) can

facilitate the workup of the patient with diarrhea.

1. Does patient really have diarrhea? (Rule out fecal impaction and fecal incontinence)
2. Rule out drug induced diarrhea.
3. Distinguish acute from chronic diarrhea.
4. Categorize as inflammatory, fatty or watery.
5. Consider fictitious diarrhea

TABLE 1 Simplified 5-Step Approach to Diarrhea

1. Does the Patient Really Have Diarrhea?

The first step in the clinical appraisal of the patient with diarrhea is to identify what the patient means by *diarrhea*. Fecal incontinence is often reported as diarrhea because of embarrassment associated with this condition rather than because the patient has any real difficulty distinguishing diarrhea from incontinence. This possibility should be addressed by direct questioning and assessment of anal squeeze on digital examination. Incontinence is defined as the involuntary release of rectal contents. Continence requires intact anorectal structure and neuromuscular function.

Another condition that is often misinterpreted as diarrhea is fecal impaction. Patients with chronic constipation may develop fecal impaction from the inability to expel a large fecal mass through the anus. Rectal distention causes relaxation of the internal anal sphincter, and there is induction of secretions proximal to the obstructing stool. An overflow diarrhea results from liquid stool passing around the impaction and may be reported as diarrhea. A careful rectal examination will allow identification and treatment of this condition.

2. Rule Out Medications as a Cause of Diarrhea (Drug-Induced Diarrhea)

The second simple step is to consider medications as a potential cause of the diarrhea. Medications serve an important role in maintaining health and well-being. However, many medications are associated with adverse effects, particularly diarrhea. Drug-induced diarrhea is common because nearly all medications may cause diarrhea. The key to diagnosing drug-induced diarrhea is to

establish the temporal relationship between starting use of the drug and onset of diarrhea. The medications that most frequently cause diarrhea include antacids and nutritional supplements that contain magnesium, antibiotics, proton pump inhibitors, selective serotonin reuptake inhibitors, and nonsteroidal anti-inflammatory drugs.

Caffeine is an agent that may cause increased intestinal fluid secretion by elevating intracellular cyclic adenosine monophosphate levels. Antibiotics alter colonic bacterial flora that may then decrease colonic bacterial fermentation of malabsorbed carbohydrates or lead to *Clostridium difficile* infection. Mesenteric vasoconstricting agents may decrease mesenteric blood flow and cause malabsorption. Nonsteroidal anti-inflammatory drugs or mycophenolatemofetil are agents that may incite intestinal inflammation, causing diarrhea. Lastly, diarrhea is common immediately after chemotherapy because these agents may cause intestinal or colonic crypt damage, thus impairing water absorption and resulting in an apoptotic enterocolopathy.

To identify drug-induced diarrhea, it is imperative that the physician take a complete medication history and inquire about over-the-counter medications and supplements (eg, vitamin C and magnesium). Treatment involves withdrawal of the offending drug.

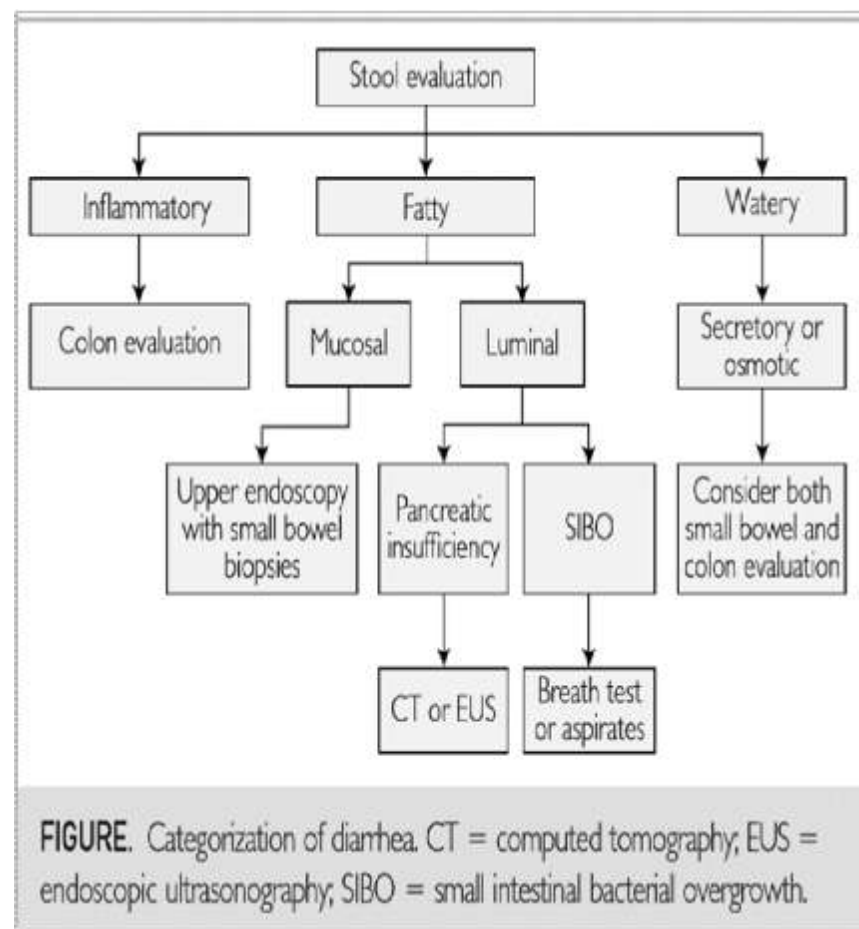
3. Distinguish Acute From Chronic Diarrhea

If a drug-induced cause of diarrhea seems unlikely, then the third step that can help direct evaluation is the duration of the diarrhea. The duration of diarrhea may be an important clue to the cause. Diarrhea is acute if it lasts fewer than 2 weeks and chronic if it lasts more than 4 weeks. The approach to acute diarrhea is straightforward because it is most commonly caused by infection and is self-limited. Often, no evaluation or treatment is required. However, stool testing and other studies are often indicated in the presence of certain clinical or epidemiological features, including age older than 65 years, immune compromise, volume depletion, hematochezia or blood-tinged stool, fever, severe abdominal pain, recent antibiotic use, known or suspected inflammatory bowel disease, community infectious disease outbreaks, and employment as a food handler. In contrast to acute diarrhea, chronic diarrhea typically warrants a

diagnostic evaluation, is less likely to resolve on its own, and presents a broad differential diagnosis.

4. Categorize the Diarrhea as Inflammatory, Fatty, or Watery

If the patient has chronic diarrhea, then the fourth step is to categorize the diarrhea into inflammatory, fatty, or watery type on the basis of presentation and simple stool tests (Figure). Grouping patients with chronic diarrhea into one of these categories is most easily accomplished noninvasively at the front end of the evaluation by stool testing, a strategic initial step that will narrow the differential diagnosis and rationally direct the investigation.





Inflammatory diarrhea is characterized by frequent, small-volume, bloody stools and may be accompanied by tenesmus, fever, or severe abdominal pain. Inflammatory diarrhea is suspected with the demonstration of leukocytes on stool examination. Inflammatory diarrhea fundamentally indicates disrupted and inflamed mucosa, such as that caused by idiopathic inflammatory bowel disease (Crohn disease or ulcerative colitis), ischemic colitis, and infectious processes, such as *C. difficile*, cytomegalovirus, tuberculosis, or *Entamoebahistolytica*. When history or stool analysis suggests chronic inflammatory diarrhea, lower GI scopy should be the initial study to look for structural changes.

Fatty stools are suggested by a history of weight loss, greasy or bulky stools that are difficult to flush, and oil in the toilet bowl that requires a brush to remove. A common misconception is that floating stools are indicative of steatorrhea. Floating stools indicate gas production by colonic bacteria, not steatorrhea. A simple test to screen for excess fecal fat is a Sudan stain, which will detect most cases of clinically significant steatorrhea. However, the criterion standard for steatorrhea is a quantitative measurement on a timed stool collection while patients consume a 100-g fat diet, and steatorrhea is defined as more than 7 g of fat per 24 hours.

When fatty diarrhea is identified, the initial goal is to distinguish malabsorption from maldigestion. Fat malabsorption results from inadequate mucosal transport, and fat maldigestion results from defective hydrolysis of triglycerides. Malabsorption is caused by mucosal diseases, most commonly celiac disease, whereas the maldigestion results from pancreatic exocrine insufficiency (eg, chronic pancreatitis) or inadequate duodenal bile acid concentration (eg, small intestinal bacterial overgrowth [SIBO] or cirrhosis).

Endoscopy with small bowel biopsies allows evaluation of the



small intestinal mucosa for celiac disease. If small bowel disease is excluded, computed tomography or endoscopic ultrasonography may be useful to identify morphological changes of chronic pancreatitis. If no intestinal abnormalities are found and there is no evidence of chronic pancreatitis, abnormal pancreatic exocrine function should be considered. An empiric trial of pancreatic enzyme supplementation may be used to assess for the presence of pancreatic exocrine insufficiency.

Watery diarrhea can be further classified as osmotic or secretory in origin. Osmotic diarrhea is due to the ingestion of poorly absorbed ions or sugars. Secretory diarrhea is due to disruption of epithelial electrolyte transport. Two ways to distinguish an osmotic from a secretory process is by response to fasting and calculating the fecal osmotic gap.

An essential characteristic of osmotic diarrhea is that stool volume decreases with fasting, whereas secretory diarrhea typically continues unabated with fasting.

Another way to clinically differentiate osmotic diarrhea from secretory diarrhea is by calculating the fecal osmotic gap. The fecal osmotic gap is calculated by adding the stool sodium and potassium concentration, multiplying by 2, and subtracting this amount from 290 mmol/L.

Measured stool osmolality should not be used because it largely reflects bacterial metabolism in vitro, not intraluminal osmolality. A fecal osmotic gap greater than 50 mmol/L suggests an osmotic cause for diarrhea, whereas a gap less than 50 mmol/L supports a secretory origin.

If a diagnosis of osmotic diarrhea is made, the differential diagnosis is limited and the evaluation is relatively straightforward. Osmotic diarrhea is usually due to ingestion of poorly absorbed





cations (eg, magnesium) or anions (eg, phosphate, or sulfate), which are often contained in laxatives and antacids, or to carbohydrate malabsorption from ingestion of poorly absorbed sugars or sugar alcohols (eg, sorbitol or xylitol). Lactose intolerance is by far the most common type of carbohydrate malabsorption, with prevalence rates up to 100% in Africa, Asia, and Latin America. Measuring a stool pH can help distinguish between osmotic diarrhea due to poorly absorbed ions and that due to poorly absorbed sugars.

Carbohydrate malabsorption will result in a stool pH less than 6 because as carbohydrates reach the colon they are fermented by bacteria, releasing short-chain fatty acids and making the stool water acidic. The basic pathophysiologic mechanism involves either net secretion of ions (chloride or bicarbonate) or inhibition of net sodium absorption. The most common cause of secretory diarrhea is infectious; however, infection is an uncommon cause of chronic secretory diarrhea. Therefore, noninfectious causes of secretory diarrhea should be sought (See table). Of the many causes of secretory diarrhea, peptide-secreting endocrine tumors (eg, carcinoid or gastrinoma) deserve mention. Endocrine neoplasms are a rare cause of chronic diarrhea and account for less than 1% of patients who present with chronic diarrhea. Once the type of diarrhea is categorized and the differential diagnosis minimized, directed testing can usually lead to a diagnosis.

Major causes of secretory diarrhea:

- Infection
- Bile acid malabsorption
- Non osmotic laxatives
- Inflammatory bowel disease
- Disordered regulation (diabetic neuropathy)
- Peptide secreting endocrine tumours
- Neoplasia



5. Consider Factitious Diarrhea

Factitious diarrhea is an intentionally self-inflicted disorder. The most frequent cause of factitious diarrhea is surreptitious laxative ingestion. Physicians usually assume that patients are being truthful, but up to 15% of patients who undergo an evaluation for chronic diarrhea may be surreptitiously ingesting laxatives. The key to diagnosing factitious diarrhea is suspecting it. A factitious origin should be considered for persons in whom diarrhea remains undiagnosed after thorough evaluation. Measurement of stool osmolality can be useful in detecting factitious diarrhea caused by the addition of water or dilute urine to the stool.

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