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AHMEDABAD MEDICAL ASSOCIATION

(Branch of Indian Medical Association) ESTD 1902

AMA House, First Floor, Opp. H. K. Arts College,
Ashram Road, Ahmedabad - 380009 Phone : (079) 26588775



AHMEDABAD MEDICO NEWS

123rd Installation Ceremony of AMA; Date : 29-09-2024



Wishing you a
Happy Diwali



& a Prosperous
New Year

VOL. 19

OCTOBER - 2024

ISSUE - 6

Dr. DHIREN MEHTA
President - AMA

Dr. URVESH SHAH
Hon. Secretary - AMA

Imm. Past President - Dr. TUSHAR PATEL

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Message From President

Respected Seniors, Friends and Members,

First of all, I will like to thank to all Seniors and Stalwarts for giving me opportunity to work for Ahmedabad Medical Association. I am really feeling proud for being 123rd President of such a prestigious and vibrant association not only of Gujarat but of India. It will be my pleasure to work in all dimensions as much as possible.

I hope Diwali festival will be going on when this month bulletin will reach at your desk. And for this we will like to wish you all Happy Diwali and Prosperous New Year.

We had enjoyed `Thanganat`, Garba function very nicely. All credit goes to our whole team. Every one has worked very nicely with very meticulous planning. We are also thankful to Dr. Tusharbhai Patel and Dr. Vikrambhahi Shah who had helped us to plan whole function. We are also thankful to all committee members for remaining together through out whole event.

“Teamwork is the ability to work together toward a common vision. It is the fuel that allows the common people to attain uncommon results.”

---- Andrew Carnegie.

Yes, it is a teamwork that leads every organization to the peak of success. The role of each member is crucial for achievement. And the same time it will be my duty and responsibility to walk and to work with all.



“If you want to go fast, go alone. But if you want to go far, go together.”

Dear friends, last year with other friends, I have completed one extra ordinary course, Post Graduate Diploma in Medical Laws, Policy, and Ethics (PGDMLPE) which was designed by GSB IMA and conducted by and at Gujarat National Law University (GNLU). So, we friends have decided to make one group which will guide and will help the doctors friends in medico legal aspects. We will like to aware the doctors for different medico legal issues which may have to be faced.

I also wish to make group of friends that will help to counsel the relatives of brain-dead patients in different ICUs of different hospitals. We will like to sensitize hospital management and Intensivists for more and more possible organ donation of brain-dead patients in their hospitals. We will also be in liaison with different retrieval centers to solve legal issues come across for organ donation process. So whole process will be done smoothly in time.

We also will conduct different social and community programs as well as scientific programs. Entertainment and sports programs also will be planned accordingly.

“Success is the sum of small efforts, repeated day in and day out. “

We will like to invite your creative suggestions or ideas for different programs. We will try to do best with your active supports and we will be thankful for your participation.

Thank you.

Jay AMA

Jay IMA

Dr. Dhiren Mehta
President, AMA



Message From Hon. Secretary

Dear Members,

As we embark on another exciting year, I am honored to continue serving as your Secretary, working alongside our newly appointed President, Dr. Dhiren Mehta & new team of office bearers &

committee members. Together, we are committed for building on the successes of the past and steering our association toward even greater achievements in the future.

The past year, under leadership of Dr Tushar Patel, has brought about significant advancements in healthcare, as well as challenges that tested the resilience and dedication of our profession. I am proud of how we, as an association, have navigated these times with a spirit of innovation, collaboration, and unwavering commitment to patient care.

With Dr. Dhiren Mehta's leadership and vision, this year will be one of continued growth and opportunity. We have set ambitious goals for expanding educational initiatives and strengthening our community of healthcare professionals as well as community services.

As always, I encourage each of you to take an active role in the association's activities, share your insights, and work with us to enhance the practice of medicine. Together, we can drive positive change and further elevate the standards of our profession.

The tenure's first cultural event – one of the biggest events of our AMA - Garaba celebration – Thanganat 2024 was exemplary & has set an example of teamwork of new team. We are thankful to Dr Tushar Patel for making it possible for consecutive second year too.

Dear all members, thanks again for your continued trust and support. Let us make this year one of progress, innovation, and shared success.

Warm regards,

Jai AMA - Jai IMA

Dr. Urvesh Shah
Hon. Secretary, AMA



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Ahmedabad Medical Association



Congratulations

The proud of AMA: The office bearers of IMA, Gujarat (2024-25)



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DR. GARGI PATEL
Hon. Secretary, IMA Gujarat



DR. TUSHAR PATEL
Hon. Treasurer, IMA Gujarat



DR. PARTH DESAI
Vice President, IMA Gujarat

123rd Installation Ceremony of AMA; Date: 29-09-2024





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123rd Installation Ceremony of AMA; Date : 29-09-2024





123rd Installation Ceremony of AMA; Date : 29-09-2024





PPS Zonal Seminar 22-Sep-2024



At Sadvichar Parivar, Dr. K R Shroff Seva Sadan 12-10-2024





થળગનાટ - ૨૦૨૪ on 13-10-2024





યજ્ઞગીટ - ૨૦૨૪ on 13-10-2024





થળગનાટ - ૨૦૨૪ on 13-10-2024





થનગનાટ - ૨૦૨૪ on 13-10-2024





યનગનાટ - ૨૦૨૪ on 13-10-2024





Blood Donation Camp 07-10-2024



COLS - CPR Training





AMA Ladies Club Installation Ceremony 2024-25





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SUCCESSFUL BONE MARROW TRANSPLANTS AT ZYDUS CANCER HOSPITAL

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Dr. Arpit Prajapati

Dr. Yogesh Gupta

Dr. Atul Gandhi

Dr. Tushar Patel



*Wish you Happy Diwali
and
Prosperous New Year*



To
All Doctor Members
&
Their Family Members
of



Ahmedabad Medical Association

From

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&

Managing Committee Members

&

AMA Sub Committees

&

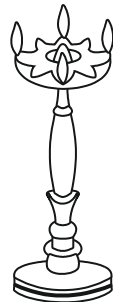
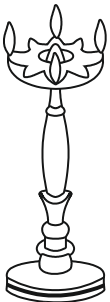
All Past Presidents

&

Office Staffs

of

Ahmedabad Medical Association





AMA & AFPA - "DOCTORS ON CALL " in Diwali

Dear Friends,

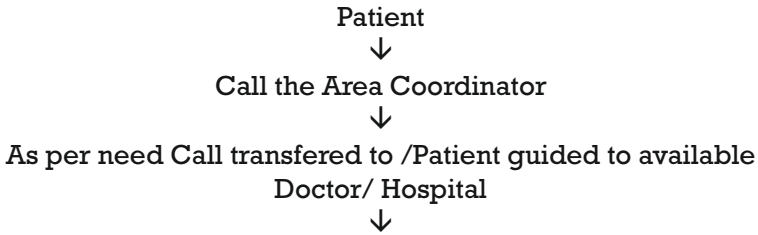
During Diwali festival many of our friends go out of station on vacation. So many of people face problems in their needs during these days. So to avoid such inconvenience to society we conduct project of Doctors on Call since 13 years in association with Ahmedabad Family Physicians Association and this will be 14th year.

We are planning to prepare a list of Doctors available during these festival days of Diwali in Ahmedabad. If you are interested in rendering your services during Diwali kindly send your Contact - Speciality - Area - through email to AMA - amagsbima@yahoo.co.in

You are not suppose to sit in your clinic round the clock - you will only be called in case of any emergency.

We are preparing a master list - Area wise and Speciality wise.

The project will work like this :-



Telephonic advise is totally free to patient

In Clinic /Hospital charges as per routine can be charged

We will publish the Help Line number which will be operational from 29/10/2024 to 03/11/2024

Those doctors who want to give their services are requested to contact Office of AMA.

:: Co-Ordinators ::

Dr. R. I. Patel

Dr. Kamlesh Naik

Dr. Jinen Pandya

Dr. Dhiren Mehta
President (AMA)

Dr. Vijay Maurya
President (AFPA)

Dr. Urvesh Shah
Hon. Secretary (AMA)

Dr. Shailesh Raval
Hon. Secretary (AFPA)



Diwali Get Together

Happy & Prosperous New Year

Hope you all have enjoyed your Diwali Vacation, now it is time to enjoy with our medical fraternity at AMA. Let us have most enjoyable Diwali Get Together.

Do not miss this most entertaining event.

Date : Tentatively on 24-11-2024, Sunday
Time : 6.00 pm onwards
Venue : Ahmedabad Medical Association
 Ashram Road, Ahmedabad.
(Details will be given later on)

Programme will be follow by DINNER

Get your passes from AMA Office from 09-11-2024
Rs. 200/- per person.

:: Co-Ordinator ::

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Dr. Shilpa Narwariya

Dr. Alpa Gandhi

Dr. Viral Khamar

Dr. Nirali Patel

Dr Dhananjaysinh Gohil

Dr. Purvi Bhagat

Dr. Pratik Shah

Dr. Dhiren Mehta
 President, AMA

Dr. Urvesh Shah
 Hon. Secretary, AMA

YOGA SHIBIR

**AMA in association with Late Dr. C. C. Raval - Divya Jivan Sangh
Organize Yoga Shibir for Doctors & their Family Members**

Date : 1-12-2024 to 10-12-2024
Time : 07:00 a.m. to 08:00 a.m.
Venue : AMA Premises

Yoga is a great way to work on your flexibility and strength. Just about everyone can do it.

ADVANTAGES : Yoga's incorporation of meditation and breathing can help improve a person's mental well-being. Regular Yoga practice creates Mental clarity and calmness, increases body awareness, relieves chronic stress, relaxes the mind centers and sharpens attention. It also helps to build up immunity and improves respiration and lung capacity. So in current Corona period Yoga is the best weapon to fight against Corona and useful for prevention.

10 Benefits of Yoga :

- Improve flexibility
- Improve strength and posture
- Stretches & Tones your muscles
- Better all round fitness
- Maintain Weight
- Increase your energy
- Reduce stress
- Breathe better
- Be happier
- Become more mindful i.e. alert

Registration fee **Rs. 50/-** per person

This Shibir will be conducted by

Dr. Pushpa P. Multani (Qualified Yoga Teacher)

Dr. Dhiren Mehta
President, AMA

Dr. Urvesh Shah
Hon. Secretary, AMA

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- For one year Advertisement 10% Discount
- For Six Month Advertisement 5% Discount.
- Please Send your Advertisement in CDR/JPG Formate only at AMA before the date.
- Please Send your advertisement Before Dt. Of 15th each Month.

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NMC Approved Prescription

The Following template may be used for writing prescriptions rationally

Dr. XXXX
Registration no: XXX
Address
Emergency Contact number :

Patient Name : Date :

Age :

Sex : Weight : Height :

Diagnosis / Provisional Diagnosis

Rx

1. Inj XXX ...mg IV/IM hourly for days
2. Tab / Cap XXXX mg per oral after food three times a day for 3 days
3. Syrup/suspension XXXX ml per oral after food three times a day for 3 days
4. Oint / gel / cream necessary quantity / finger tip to be applied over the affected area times a day till improvement.
5. Eye Drops XXXX drops to be instilled in the right / left eye every 6th hourly for 3 days

Not to be repeated

To review after 3 days

Signature

(with Seal)

Name

Unique ID/Reg No (NMC)

Qualification)



NMC Approved Leave Certificate

1. FORM OF CERTIFICATE RECOMMENDED FOR LEAVE OR EXTENSION OR COMMUNICATION OF LEAVE AND FOR FITNESS

Signature of patient

or thumb impression

To be filled in by the applicant in the presence of the Government Medical Attendant, or Medical Practitioner.

Identification marks :

1.

2.

I, Dr. after careful examination of the case certify hereby that whose signature is given above is suffering from and I consider that a period of absence from duty of with effect from is absolutely necessary for the restoration of his health.

I, Dr. after careful examination of the case certify hereby that on restoration of health is now fit to join service.

Place

Signature of Medical attendant.

Date

Registration No.

(Medical Council of India / State

Medical Council of

State)



AMA FAMILY BENEFIT SCHEME

(A Scheme that Creates Strong Brotherhood)



Notice

Annual General Body Meeting of AMA Family Benefit Scheme will be held on Wednesday, 27-11-2024 at 3.30 p.m. At Ahmedabad Medical Association premises, to transact following Agenda.

Agenda

1. To Welcome the members.
2. To Pass Annual Report of AMAFBS
3. To appraise the Audited Report & Audited Account for the Year 2023-2024.
4. To appoint the auditor & his/her remuneration.
5. To Discuss Changes in Constitution Proposed by EC committee

No. 1: Clause 3 of constitution. Voluntary Retirement Benefit:

Existing A. Any member who has completed 21 years in scheme or 70 years of age, whichever is later can withdraw a sum of rupees Rs350/member any time after that, then he ceases to be a member of scheme.

Change suggested: Delete

Existing B. Any member who has completed 25 years in scheme or 75 years of age, whichever is later can withdraw a sum of rupees Rs450/member any time after that, then he ceases to be a member of scheme.

Change suggested: Any member who has completed 25 years in scheme or 75 years of age, whichever is later can withdraw a sum of rupees Rs350/member any time after that, can continue in scheme and entitled for benefit of Rs 150 on death/disability. If he or she does not pay DFC after that, ceases to remain member of the scheme.



Existing C. Any member who has completed 15years in scheme or 80years of age, whichever is later can withdraw a sum of rupees Rs150/member any time after that, then he ceases to be a member of scheme.

Change suggested: delete

No. 2: The Clause of 3 years of membership of AMA for members who wish to join below 40 years of age, to be removed

No. 3: To remove annual administration charges

6. Any other business with the permission of the chair.

Dr. Jaswantsinh Darbar
Chairman

Dr. Pragnesh M. Vachharajani
Hon. Secretary

WE WELCOME FOLLOWING NEW LIFE MEMBERS

M.No.	Type	Name
13091	L	DR. PATEL VIPABEN BHARATKUMARBHAI
13092	L	DR. THAKER PANKIL DIPAKBHAI
13093	LC	DR. PARIKH PARTH KEYURBHAI
13094	LC	DR. PATEL ADITI MIHIR
13095	L	DR. JOBANPUTRA HARDIK KISHORBHAI
13096	L	DR. RAIYANI VANDAN BHAGVANJIBHAI
13097	L (Transfer)	DR. PANDEY BIREN MEGHJIBHAI
13098	L	DR. DADU FAHAD MOHAMMEDAMIN
13099	LC	DR. PATEL APURVA RANCHHODBHAI
13100	LC	DR. PARIKH ROOSHA KEYUR
13101	L	DR. PATEL URVI NARENDRABHAI
13102	L	DR. PATEL SANKET DIPAKKUMAR
13103	L	DR. PRAJAPATI DIXITKUMAR VISHNUBHAI
13104	L	DR. SHAH CHANDRASHREE HARGOVINDBHAI



AMA FAMILY BENEFIT SCHEME

(A Scheme that Creates Strong Brotherhood)



Dr. J. P. Darbar
(Chariman)

Dr. Brijain Choksi
(Hon. Treasurer)

Dr. Pragnesh M. Vachharajani
(Hon. Secretary)

Dr. Dhiren Mehta
(President-AMA)

Dr. Urvesh Shah
(Hon. Secretary-AMA)

Dear Member,

Greetings from Executive Committee of AMA Family Benefit Scheme. We are Pleased to inform you that with your support and kind co-operation our scheme has completed 11 years. In last 11 years we have grown up in numbers and had sad demise of some of our members.

The Family Benefit Scheme is unique, one of its kind scheme launched by Ahmedabad Medical Association for its Life Members & their spouse. The theme of this scheme is to increase bonding among us, and strengthen our fraternity. Kindly encourage & enroll your colleagues and doctor friends also. Scheme started operation form 1st, July 2013, As per the constitution, the members can claim after completion of one year of membership.

Report of AMA FBS

- Membership strength at the time of inception : 1647
- Membership as on 16th Oct. 2024 is : 2298

	Membership Strength	No. of Deaths/Disabled	Claim amount paid to Claimants
1 st Year 2013-14	1647	-	-----
2 nd Year 2014-15	1735	2	Total Rs. 16,97,500/-
3 rd Year 2015-16	1929	1	Total Rs. 09,18,500/-
4 th Year 2016-17	2070	3	Total Rs. 29,59,500/-
5 th Year 2017-18	2118	5	Total Rs. 51,56,500/-
6 th Year 2018-19	2162	2	Total Rs. 21,16,000/-
7 th Year 2019-20	2187	5	Total Rs. 53,29,500/-
8 th Year 2020-21	2208	5	Total Rs. 53,64,500/-
9 th Year 2021-22	2238	5	Total Rs. 53,94,500/-
10 th Year 2022-23	2253	3	Total Rs. 32,64,000/-
11 th Year 2023-24	2298	9	Total Rs. 98,63,100/-

- We urge you to encourage your friends and colleagues to become member of AMA Family benefit scheme.
- Expecting your kind cooperation as always :



We are deeply grieved to inform you that we lost following Members to heaven for eternal peace. We have paid their claimants fraternity Benefit Contribution on you behalf as under :

Sr. No.	FBS No.	Name of Members Expired	Payment Dt.	Age	Total Amount paid
1	598	Dr. Suresh Rasiklal Shah	23-08-2023	78	10,89,000
2	1446	Mrs. Jayshree Vipul Patadia	6-3-2024	53	10,88,600
3	685	Dr. Jitendra Champaklal Shah	15-3-2024	73	10,87,500
4	199	Mrs. Ulupi Atul Parikh	11-7-2024	73	11,02,000
5	2108	Dr. Rajal Vidyutkumar Thaker	22-8-2024	59	11,01,000
6	971	Dr. Kundankumar Kuberdas Varma	22-8-2024	69	11,00,000
7	212	Mrs. Pramila Jayantilal Gandhi	11-9-2024	81	10,99,000
8	1262	Dr. Shruti Manoj Modi	1-10-2024	66	10,98,000
9	500	Mrs. Kushumben Jagdish Jadawala	15-10-2024	76	10,98,000

SPECIAL OFFER UP TO 30.11.2024

- 0 (Zero) Admission fees for members below age of 35 years
- 50% Discount for age between 36-40 years

Revision in Admission Fees From 30.11.2024:

Age	Amount	Age	Amount
<35 years	4000	46-50	10000
36-40	5000	51-55	12000
41-45	8000		

For more information please visit:

<https://ahmedabadmedicalassociation.com/fbs.php>

OBITUARY

May their soul rest in eternal peace.



DR. SHRUTI MANOJ MODI

M.B.B.S. - M.D. ANESTHESIOLOGY

Date of Birth : 25-07-1959

Date of Death : 27-04-2024



DR. NIPAM RASIKLAL MISTRY

L-3863 M.S. SURGEN

Date of Birth : 11-05-1964

Date of Death : 20-08-2024

We send our sympathy & condolence to the bereaved family.

**વેડીઝ-ક્લબ**

जिंदगी में कुछ बड़ा करना है तब दो चीजों का हमेशा याद रखना;
पहले जो खोया उसका गम नहीं या जो पाया वह भी किसी से कम नहीं...!!

Dear Friends,

Diwali festival is approaching near. New team members of Ladies club, Ahmedabad wishes you all Happy Diwali and pray that Bhagwan Ram shall enlighten your life with prosperity, good health and peace.

Last month's installation ceremony programme was very successful. Hall was jam-packed with our guests and members. Speech of our worthy guests were marvellous and motivating. We also enjoyed the Garba programme and cherished delicious food. Thank you to all the members for their support. We expect same support throughout the year.

આપણા આગામી કાર્યક્રમો આ પ્રમાણે છે.**કાર્યક્રમ નં. ૪ : બાળદિન નિમિત્તે કાર્યક્રમ**

તારીખ/ સમય / સ્થળ

પછીથી વોટ્સઅપ ફ્લાયર દ્વારા જણાવવામાં આવશે.

કાર્યક્રમ નં. ૫ : દિવાળી સ્નેહ સંમેલન પિતૃસંસ્થા સાથે

તારીખ/ સમય / સ્થળ

પછીથી વોટ્સઅપ ફ્લાયર દ્વારા જણાવવામાં આવશે.

કાર્યક્રમ નં. ૬ : યોગ શિબિર (પિતૃસંસ્થા સાથે જોડાઈશુ)

તારીખ : ૧-૧૨-૨૦૨૪ થી ૧૦-૧૨-૨૦૨૪

સમય : સવારે ૭.૦૦ થી સવારે ૮.૦૦ કલાકે

સ્થળ : એ.એમ.એ. પ્રીમાઈસીસ

શ્રીમતી રજની મહેશ્વરી
(પ્રમુખ)

મો. ૯૯૭૪૫ ૯૦૭૯૮

ડો. ધીરેન મહેતા

(પ્રમુખ, એ.એમ.એ.)

ડો. સુશીલા કેલા
(સેક્રેટરી)

મો. ૯૪૨૭૪ ૫૪૧૮૫

ડો. ઉર્વેશ શાહ

(સેક્રેટરી, એ.એમ.એ.)



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Report of Zonal PPS Educational Seminar Dated 22/09/2024

A medico-legal seminar was organized by Ahmedabad Medical Association in collaboration with Professional Protection Scheme, IMA – GSB on 22nd September, 2024 at AMA hall, Ashram road, Ahmedabad. Dr Bipin Patel Chairman PPS, GSB, IMA gave introductory speech about PPS and its activities with detailed reports. Mr. Vikas Nair Advocate, Gujarat High Court provided insights on legal immunity for medical professionals. Mr. D. T. Soni Hon'ble Judge, Consumer Court, Gandhinagar shared his experiences of approach of courts in civil and criminal cases related to medical negligence. Current issues like Violence against doctors, Negligence and Consumer protection, Documentation and Consent in medical practice and Prevention of Medico-legal issues in clinical practice were discussed at large during the seminar. The seminar was very well co-ordinated by Dr Yogesh Gupta, Dr Arpit Prajapati & Dr Bhadresh Shah. The seminar was attended by the participants in big numbers. The sessions were lively, engaging, educative and informative.

Report of Blood Donation Camp Dated 07/10/2024

The blood donation camp was organized by Ahmedabad Medical Association in collaboration with Rotary Club of Kankaria at Shree Kiran Chudagar Redcross Shatabdi Bhavan, Ahmedabad on 70th Birthday of Dr. Jitendra Patel (Centurion Donor-126 time donated) on 7th October, 2024. 11 units of blood collected during the camp. Dr. Rajesh Gopal, Director GSCBT remain present during the camp. President Dr. Dhiren Mehta along with his wife also donated blood. Dr Sunil Patel & Dr Arpit Prajapati, Managing Committee Members



also donated blood. On the same day Dr. Jitendra Patel arranged camps at other 2 places so on his birthday he helped the community by donation of nearly 100 units. Dr Nirali Patel was the co-ordinator of the blood donation camp.

Report of COLS / CPR Awareness Program Dated 10/10/2024

As a part of life saving 'Cardio-Pulmonary Resuscitation' awareness drive, COLS training programme was organized by Ahmedabad Medical Association at Income Tax office, Ahmedabad on 10th October, 2024. President Dr Dhiren Mehta gave inauguration speech which was followed by the presentation on CPR/COLS by Dr Atul Gandhi, Secretary GSB ISA. Approximately 45 participants have attended the workshop. Hands On training was also provided to all the participants. The certificates of training were also provided. We are thankful to our trainers Dr Atul Gandhi, Dr Alpa Gandhi, Dr Sahil & Dr Parth.

Report of Ras-Garba 'Thanganat 2024' Date 13/10/2024

Ras-Garba 'Thanganat 2024' event was organised by Ahmedabad Medical Association on 13th October, 2024 evening at Rajpath Club Lawn. Famous gujrati artists Abhijit Rao & Payal Vakhariya Group was the orchestra for the event. The event created the history because more than 2500 members along with their family members enjoyed to the fullest. Delicious dinner was also provided to the garba participants and spectators. Prizes were awarded to the best performers in various categories. Entire event was beautifully co-ordinated by Dr Kalpita Dave, Dr Alpa Gandhi, Dr Aniket Tripathi & Dr Hetalbai Shah. It was considered as one of the best event of our Association.



Tirzepatide : A molecule coming to India

Dr Kesha Shah*, Dr Urman Dhruv**

* Resident, DNB (Internal medicine, HCG Hospitals,

** Director, Department of Internal

Medicine 7 Diabetes, HCG Hospitals, Ahmedabad

Introduction:

Obesity is a chronic, multifactorial disease defined by BMI >30 kg/m² or accumulation of excessive fat in subcutaneous tissue. Diabetes and Obesity are increasing global problems, and are jointly referred as 'Twin Epidemic' or 'Diabesity'. Coined to reflect the intricate interplay between diabetes and obesity, diabesity has emerged as a global health crisis of unprecedented proportions. The rates of obesity and overweight have increased globally over the past half-century and continue to grow, posing a worldwide challenge to public healthcare systems. There are multiple molecules that are being tried to reduce body weight after understanding that significant weight reduction can remit if not revert diabetes depending upon the findings of DIRECT trial. The trial suggested that 15% weight reduction in Type 2 Diabetes may remit diabetes.

Tirzepatide is 'first in class' dual Glucagon Like Peptide (GLP-1) and Gastric Inhibitory Polypeptide (GIP) receptor agonist aka 'Twincretin'; that improves insulin sensitivity and reduce glycemic levels with significant weight reduction. As compared with GLP-1 receptor agonist-Semaglutide, Tirzepatide is superior for reducing glycosylated Hb and significant weight loss with comparable side effects.

Mechanism of Action :

GLP-1 and GIP are peptide hormones secreted from entero-endocrine cells and utilized for post prandial metabolism. Their



incretin effect is essential for glucose stimulated release of insulin from pancreas. glucagon secretion from alpha cells of pancreas, increasing gastric emptying time and reducing appetite and intake of nutrients , all together resulting in inducing significant weight loss

GLP-1 receptor agonist, Liraglutide and Semaglutide have established roles in reducing weight significantly and improving cardiovascular morbidity and mortality in patients with or without type 2 diabetes.(SELECT trial, STEP trial). GIP is a weak peptide but when combined with GLP-1, their synergistic effects lead to significant glycemic control and weight reduction is achieved.

Indications of Tirzepatide :

Tirzepatide has been approved in management of Type 2 diabetes (and not for Type 1 diabetes) and also for management of Obesity with or without Type 2 Diabetes but the drug has been approved in India only for management of obesity in Type 2 diabetes. It has not been approved for pharmacologic management of obesity in patients without diabetes. Novel 'Twincretin' -Tirzepatide is an effective option for significant weight reduction with excellent glycemic control. The drug is also being tried successfully for patients having Prediabetes and also in patients having Non alcoholic steatohepatitis (NASH)

Available dosage forms:

2.5 mg/0.5ml , 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5 ml for subcutaneous injection

Pharmacokinetics of Tirzepatide :

The drug is to be utilised as a subcutaneous injection and the bioavailability is approximately 80% by this route. Peak serum levels are achieved in 8 to 72 hours. The drug is highly protein bound in plasma (99%).



The half-life of the drug is 5 days, advocating weekly once dosing. Dose adjustment is not required in renal/ hepatic impairment.

Efficacy of Tirzepatide

Dose of s/C Tirzepatide	Weight reduction (kg)	% Reduction in HBA1C
5mg	5.4	2.11
15mg	10.5	2.34

The drug has high propensity to cause gastrointestinal side effects and therefore, dose is required to be stepped on gradually, by 2.5 mg every weekly. The initial dose of weekly 2.5 mg subcutaneously is only for initiation and has no role in glycemic control or weight management.

Adverse Drug Reactions

Severe gastrointestinal disease (nausea, diarrhea, vomiting) are very common but they tend to reduce in frequency when the dose is gradually titrated upwards and they also reduce in severity over few days to few weeks. Rare side effects include risk of Thyroid C-cell tumors, acute kidney injury, acute pancreatitis, hypersensitivity and hypoglycemia when combined with Insulin or Sulphonylurea. The drug can cause initial worsening of diabetic retinopathy.

>10% incidence

- Blood glucose <54 mg/dL (added to basal insulin) (14-19%)
- Nausea (12-18%)
- Diarrhea (12-17%)
- Decreased appetite (5-11%)

1-10% incidence

- Vomiting (5-9%)
- Dyspepsia (5-8%)



- Constipation (5-7%)
- Abdominal pain (5-6%)
- Injection site reactions (3.2%)
- Hypersensitivity reactions (3.2%)
- Severe hypoglycemia (add-on to basal insulin) (1-2%)

Contraindications :

Hypersensitivity to drug and history of or even family history of Medullary thyroid carcinoma or history of Multiple Endocrine neoplasia-2 syndrome. The drug should not be obviously be used with GLP-1 receptor agonist like Liraglutide or Semaglutide.

Practical Issues :

The weight reducing effect of the drug regresses once the drug is withdrawn and therefore, the current evidence suggests that the drug requires to be continued till further trials are available for guidance. The drug cost will be an important hinderence to this practical problem. More over, if two or more doses are missed, the drug should be initiated from the lowest most dose again, meaning thereby, that short supply of the drug once initiated may cause loss of efficacy. There are multiple molecules targeting more number of different receptors (Novel Triple Incretin-Based Analogues) are already in the pipe line and therefore, soon we may likely to have better molecules having more efficacy and better safety and so, the future of this molecule is bright but not a prolonged one.

Conclusion :

Despite current therapies, the burden of CVD in patients with T2DM an overweight/obesity continues to grow. A significant progress in the therapeutic management of obesity has been made over the last decade, with the development and approval for



use of three highly efficacious drugs, namely semaglutide, liraglutide and tirzepatide. Real-world studies are confirmatory of the evidence retrieved from relevant RCTs in the field, demonstrating that semaglutide is more effective than liraglutide and tirzepatide is more effective than the other two agents. here is already growing evidence that tirzepatide's dual-agonist actions give it significant advantages over its single agonist predecessors, with results from the SURPASS and SURMOUNT studies highlighting major therapeutic benefits in the treatment of T2DM and obesity.

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Join IMA AMA and strengthen the community with perks

As aspiring medical professionals embarking on our journey through MBBS, speciality, and super speciality, our primary goal is to serve the nation tirelessly, often overlooking the boundaries of day and night. However, the medical fraternity confronts various challenges:

1. **Dynamic Medical Landscape:**
 - Keeping abreast of daily innovations and research in the medical field demands constant adaptation.
2. **Legal Changes and Challenges:**
 - The ever-evolving laws, such as those related to NMC and consumer protection, pose ongoing challenges.
3. **Violence and Abuse:**
 - Healthcare professionals regularly face the distressing issue of violence and abuse in their day-to-day lives.
4. **Regulatory Complexities:**
 - Navigating through laws concerning nursing homes, corporate hospitals, and healthcare regulations adds another layer of complexity.
5. **Continuous Education Needs:**
 - The need for continuous education programs to stay updated in our respective fields is paramount.

While we diligently upgrade our medical knowledge, it often comes at the expense of neglecting other crucial aspects of our lives:

1. **Family Takes a Back Seat:**
 - The demanding nature of medical practice can strain familial bonds.
2. **Health Prioritization:**
 - Our own health often takes a secondary position.
3. **Extracurricular Activities:**
 - Pursuits beyond medicine, such as hobbies and personal interests, tend to be sacrificed.
4. **Professional Network Building:**
 - Establishing and maintaining connections within the medical community sometimes gets sidelined.

For nearly a century, the Indian Medical Association (IMA), with over 1700 local branches across India, has been instrumental in assisting its



members in achieving a harmonious balance between personal and professional aspects.

Key Programs Led by IMA Network Branches:

1. Professional Protection Scheme (PPS):
 - Offering professional indemnity cover since 1994, PPS is a vital service providing extensive coverage, legal support, and a commendable track record.
2. Social Welfare Schemes:
 - IMA runs schemes like Social Security, National Social Security, and Family Benefit to provide financial support in the event of an untoward incident.
3. Monthly Bulletin:
 - The IMA/GSB/AMA bulletin serves as an innovative platform for doctors to share their skills and hospitals to showcase facilities while honoring professionals and addressing various challenges.
4. Education Initiatives:
 - IMA organizes frequent CMEs and conferences, providing a diverse audience for members to share expertise and stay updated on medical innovations.
5. Social Initiatives:
 - IMA engages in impactful social initiatives such as rural health clinics (Aao Gaon Chalen), blood donation camps, CPR training, TB eradication and eye clinics, allowing members to fulfill their social responsibilities.
6. Extracurricular Activities:
 - Annual functions, Garba events, and festivals provide a social platform for members and their families, fostering camaraderie outside the professional realm.
7. Advocacy for Member Concerns:
 - When issues affect the medical fraternity, IMA unites its members to raise their voices collectively, ensuring concerns are heard and addressed. RG kar is the fresh event.

Becoming a member of IMA, the world's oldest, most dynamic, and happening medical association, opens avenues to a plethora of benefits. It not only enriches one's professional life but also provides a holistic support system for personal growth and well-being.

Join IMA early in your career and reap the lifelong benefits it offers.



Geriatric care: Time is now to accept the branch

Dr Yogesh Gupta, Head of Geriatrics
Sterling hospital, Ahmedabad

Life expectancy has improved over the last few decades due to advancements in medical science. Due to this, the population of older patients has also increased significantly.

Geriatric care is important because it helps older adults maintain their health and independence, and it can also help caregivers support their loved ones:

Tailored treatment

Geriatric care is customized to the unique needs of older adults, who may have multiple chronic conditions and may react differently to medications than they did when they were younger.

Preventative care

Geriatric care includes services to help prevent illness and detect problems before they arise.

Quality of life

Geriatric care focuses on optimizing quality of life and promoting function in older patients.

Comfort

Geriatric care helps patients feel comfortable, which can help them focus during treatment.

Family involvement

Geriatric care can help families find the best options for their loved ones' care, even if they don't have the time or resources to care for them at home.

Overall health

Geriatric primary care is important because older adults are particularly affected by a lack of access to primary care.

Emotional support

Providing emotional support to elders can help keep them jovial and ensure their good health.

Issues of Concern

Issues of concern in geriatric assessment can be broadly divided into the following 4 classes:



1. Functional Status
2. Physical Health

Vision impairment

Hearing loss

Nutrition status

Fall prevention

Urinary Incontinence

Osteoporosis and arthritis

3. Polypharmacy and Medication Reconciliation
4. Cognitive Assessment

Dementia

Sleep and insomnia

Mood disorder

Clinical Significance

Due to the aging process, even a well-functioning older patient can deteriorate rapidly due to any 1 or a combination of issues.

The development of any new signs or symptoms in the elderly can be due to the adverse effects of medication. Hence, medication reconciliation and avoidance of polypharmacy are important in every visit or each transition of care.

Similarly, falls are one of the major causes of disability and morbidity in the elderly. It is important to assess for falls and discuss ways to prevent them during each visit.

Safety assessment is also important.

Home safety- Decline in overall health at old age along with isolation leads to a higher risk of accidents at home. Clinicians should discuss common ways to prevent falls at home, such as lights, handrails, and walking assistance devices.

Driving safety- Driving is a complex task and is affected by the decline in visual, motor, and cognitive ability in old age. However, it is also one of the important IADLs that help older patients maintain mobility and engage socially. Therefore, the prospect of "retiring from driving" is highly stressful for the elderly, and such recommendations should be made based on individualized assessments.

Elder mistreatment - It includes abuse and neglect. Some of the signs of mistreatment could be bruising in unusual places, burns, bite marks,



genital trauma, pressure ulcers, BMI<17.5 kg/m², frequent emergency room visits, etc.

Goals of Care and Advanced Directives

Clinicians should discuss goals of care and advance directives primarily in ambulatory settings, well in advance of facing health crises.

Effective communication allows the patient to cope with the serious illness and empowers them to direct their treatment.

Goals of care discussion should be individualized as different patients would have different short or long-term goals.

Similarly, advanced directives discussion allows the providers to know about the patient's wishes, prevents confusion at the end of life, and minimizes healthcare costs by deferring unwanted medical procedures.

Such discussions do not increase depression, anxiety, or hopelessness in patients rather improve their quality of life and even survival by up to 25%.

It also decreases stress, anxiety, and depression among family members and improves family satisfaction.

Medical community has to accept this branch and strengthen it. No doubt that we all doctors do treatment of patients of age. But by providing space to this branch will only help your patient get better treatment and life with dignity.

Blood Grouping and Extended Phenotyping: What All You Need To Know

Dr. Jhalak Patel¹, Dr. Vishvas Amin²

Indian Red Cross Society, Ahmadabad District Branch

- 1- Deputy Director-Medical, Transfusion Medicine Specialist.**
- 2- General Secretary, Pathologist.**

Blood grouping is the process of determining a person's blood type. It is done by testing the presence or absence of certain antigens on the surface of red blood cells. The most common blood groups are ABO and Rh.

❖ The ABO Blood Group System

The ABO blood group system is the most important blood group system. It is determined by the presence or absence of two antigens, A and B, on the surface of red blood cells. People with blood type A have A antigens



on their red blood cells, people with blood type B have B antigens, people with blood type AB have both A and B antigens, and people with blood type O have neither A nor B antigens.

❖ The Rh Blood Group System

The Rh blood group system is the second most important blood group system. It is determined by the presence or absence of the RhD antigen on the surface of red blood cells. People who are RhD positive have the RhD antigen, while people who are RhD negative do not.

● Why Is Blood Grouping Important?

Blood grouping is important for several reasons. It is used to:

- Determine the compatibility of blood for transfusion.
- Identify the mother's blood type during pregnancy to help prevent hemolytic disease of the newborn.

● What Are the Different Blood Types?

There are 8 main blood types in the ABO blood group system:

- A positive (A+)
 - A negative (A-)
 - B positive (B+)
 - B negative (B-)
 - AB positive (AB+)
 - AB negative (AB-)
 - O positive (O+)
 - O negative (O-)
- There are 2 rare types of blood groups associated with this blood group system:
 1. Bombay Blood Group- It is determined by absence of precursor gene -H antigen.
 2. Para-Bombay Blood Group
 - The Rh blood group system has 2 main blood types:
 - Rh positive: determined by the presence of D antigen in combination with other antigens of Rh blood group system
 - Rh negative: determined by the absence of D antigen in combination with other antigens of Rh blood group system.

Note: Apart from ABO and Rh Blood group system antigens there are 400 blood group antigens representing different blood group systems.



❖ EXTENDED PHENOTYPING:

Extended phenotyping is a more specialized test that determines the presence or absence of additional red blood cell antigens. This is done because some of these antigens can cause serious reactions if transfused into a person who does not have them.

The most common antigens tested in extended phenotyping are:

- K: This antigen is found in about 95% of people.
- Fya: This antigen is found in about 50% of people.
- Fyb: This antigen is found in about 40% of people.
- Jka: This antigen is found in about 85% of people.
- Jkb: This antigen is found in about 75% of people.
- S: This antigen is found in about 98% of people.
- s: This antigen is found in about 2% of people.

Extended phenotyping is usually performed in people who are at risk of developing an antibody to a red blood cell antigen. This includes people who are transfusion dependent, people who are pregnant and paediatric patients.

Extended phenotyping can also be used to identify the safest blood type for a person who needs a transfusion. This is important because if a person receives blood that contains an antigen that they do not have, their body can develop antibodies to the antigen. This can lead to a hemolytic transfusion reaction, which is a serious condition in subsequent transfusions and can be fatal.

Here are some of the benefits of extended phenotyping:

- It can help to prevent hemolytic transfusion reactions.
- It can help to identify the safest blood type for a person who needs a transfusion.
- It is useful to create a baseline phenotype in multiply transfused patients to deal with sensitization and immunization.
- It is useful for all the paediatric patients irrespective of transfusion requirement as this will mark as a tool for safe future transfusions.
- It is the first step towards computer crossmatch technology.
- The extended blood grouping directory of O group individuals serves as the in-house panel for antibody identification in cases of alloimmunization.



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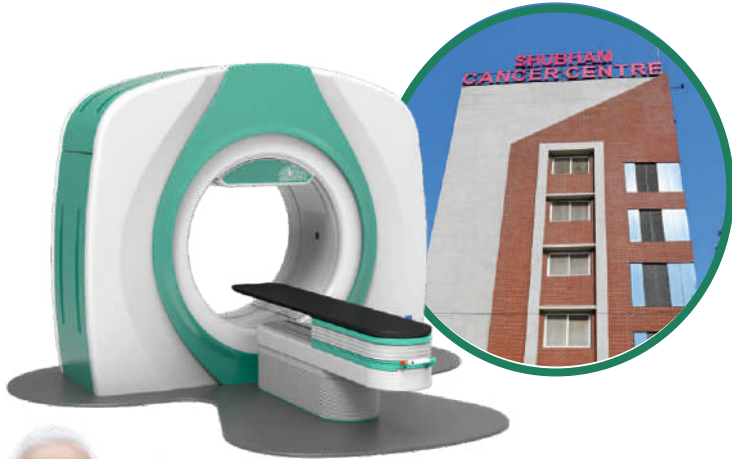
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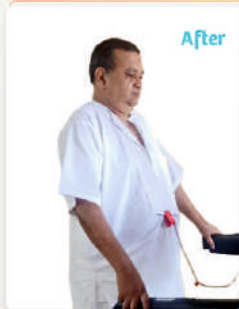


From Despair to Vitality:

Mr Jayeshkumar Jani's Transformation through Bariatric Surgery



Before



After

" This Surgery Gave Me a Second Chance. It's More Than Just Losing Weight It's About Gaining Life. "

Case Summary

61 years old, Mr Jayeshkumar Bhanushankar Jani faced serious health challenges. With a weight of 124 kg and a BMI of 41.6 kg/m², his life was burdened by the crippling effects of obesity. He battled chronic obstructive pulmonary disease (COPD), ischemic heart disease (IHD), and left ventricular dysfunction with an ejection fraction (EF) of just 40%. Chronic kidney disease (CKD) and obstructive sleep apnea (OSA) added to his woes, necessitating the use of a BIPAP machine and frequent nebulisation.

Diabetes further complicated his condition, requiring about 100 units of insulin daily in addition to four oral hypoglycemic agents (OHAs). Even a simple task like walking two steps left him breathless, with his oxygen saturation (SpO2) plummeting to 88%.

Despite his best efforts, including strict diet plans and exercise regimens, Mr Jani found himself unable to shed the weight that was slowly killing him.

In December 2023, Mr Jani underwent the life-changing surgical procedure of Laparoscopic Sleeve Gastrectomy performed by Dr Manish Khaikhan, Director and Consultant Bariatric Surgeon. In the months that followed, Mr Jani's weight dived from 124 kg to an impressive 95 kg.

Rediscovering Life

The effects of the surgery extended far beyond weight loss. Mr Jani's diabetes improved, letting him stop insulin and rely only on oral medication. His medicine intake has reduced from 26 to 7 tablets. Once unable to walk two steps, he now walks 3 km daily, manages COPD and IHD better, and no longer needs his BIPAP machine. His story is about more than weight loss; it's about reclaiming life, rediscovering joy, and inspiring others who face similar struggles.



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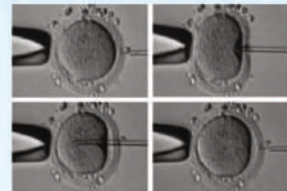
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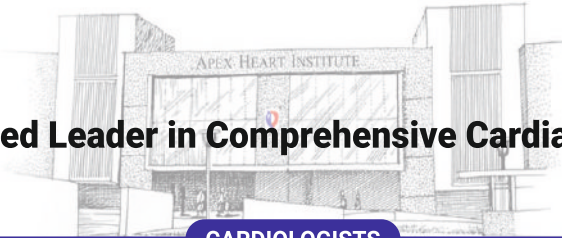
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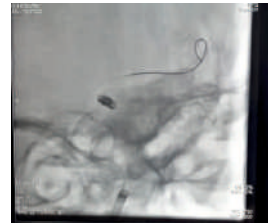
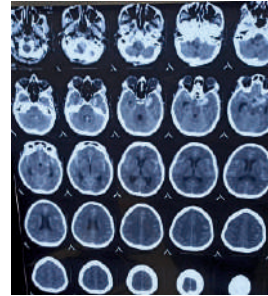


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MS, MCH , NEUROSURGERY

CASE REPORT

DIGITAL SUBTRACTION ANGIOGRAPHY

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- 46 yr female was brought to hospital with acute onset of drowsiness, slurring of speech 1 hour back
- O/E drowsy arousable, E3V4M5 pupil b/l Reactive. No h/o HTN, DM, Cardiac history, Trauma
- On MRI, CT brain & angio - left medial temporal ICH with SAH.
- DSA was done which revealed Ruptured Lt posterior communicating artery Aneurysm (P. Comm art)
- Unruptured Lt ICA cavernous aneurysm.
- After Counselling of relatives, Plan was made to do Endovascular Coil embolization of ruptured Lt P. comm. Art Aneurysm.
- Procedure was uneventful
- Patient was discharged on pod 6. No Neuromotor deficit.
- Follow up on POD 15 E4V5M6, ambulatory. No Neuromotor deficit.



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