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PUBLISHER AND EDITOR : **DR. GARGI PATEL** HON. SECRETARY, ON BEHALF OF **AHMEDABAD MEDICAL ASSOCIATION**. AMA HOUSE, **1st** FLOOR, Opp. H.K. Arts College, ASHRAM ROAD, AHMEDABAD-380 009. **PHONE : 2658 87 75**

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AHMEDABAD MEDICAL ASSOCIATION

(Branch of Indian Medical Association) ESTD : 1902

AHMEDABAD MEDICO NEWS

AMA House, First Floor, Opp. H. K. Arts College, Ashram Road, Ahmedabad - 380 009 Phone : (079)2658 87 75

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Dr. JITENDRA SHAH
President - AMA

Dr. GARGI PATEL
Hon. Secretary - AMA

Imm. Past President - Dr. DILIP GADHAVI

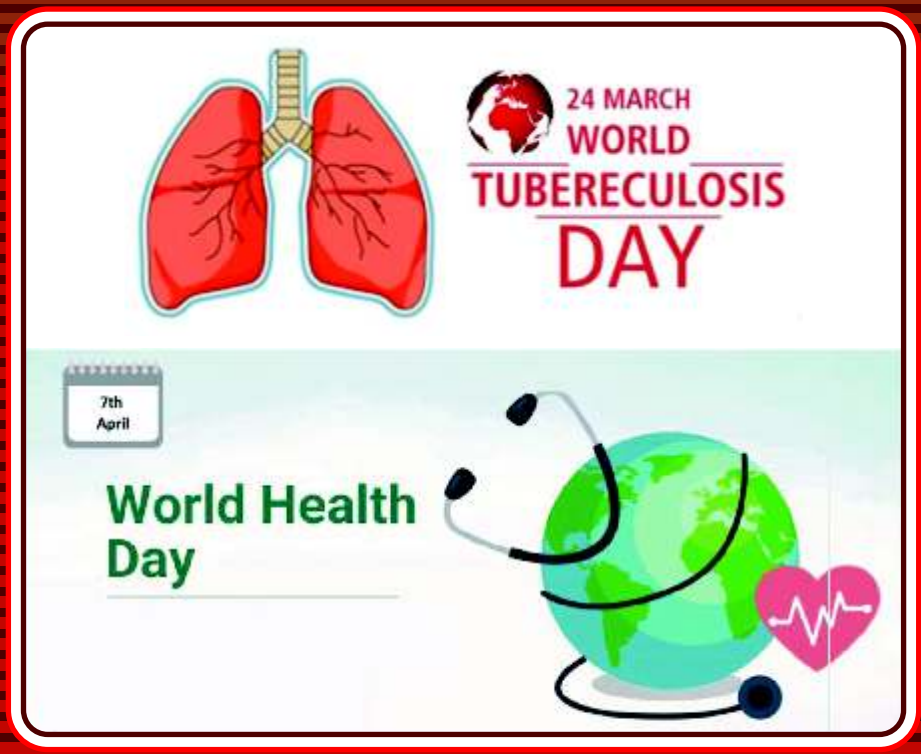
VOL. 17 | MARCH-2023 | ISSUE - 11

HIGHLIGHTS

Programme

21-04-2023 Spiritual Event by Shivani Didi

Articles : (1) Introduction of Human Influenza Virus & H3N2 by Dr. Urvesh Shah
(2) Diagnosis of Tuberculosis



Please Save Mob. No. : 97268 88775 of AMA to get regular updates on WhatsApp

'TOGETHER WE CAN, TOGETHER WE WILL'

Message from President's & Hon. Secretary's Desk

Dear members

On 75th Anniversary of WHO, 7th April 2023, "The World Health Day" will be celebrated with the theme of "Health for All". We, IMA - Ahmedabad are continuously working on this theme since our inception.

In modern era, the Physical happiness, called, "ભૌતિક સુખ સુવિધાઓ" is more as defined as having a luxury in life. However, the physical happiness is better defined as "that state of existence when you are as healthy as you can be and are at your physical best"

"It is health that is the real wealth, and not pieces of gold and silver."

– Mahatma Gandhi

So, wealth of health shall be the right of every human being on the earth – that is the motive of WHO for its campaign this year. We, the doctors are prime stakeholders to deliver it along with administrators of the society. However, there are many hurdles been developed in society in past decade for our this noble path. This year, Indian Medical Association, Head quarter has decided to show our commitment by celebrating "Samarpan Divas". Many activities would be conducted on behalf of IMA to celebrate it. We also propose all the members to light a lamp or candle at 7pm on 7th April at their Residence/Hospitals and Clinics to show their support for "Good Health for all".

Mixing the different pathies / systems seems to be a way

forward to achieve 'holistic health' by authority. But, when we use the word "holistic health", it is the picture of health that includes not only the obvious physical factors, but mental, emotional, social, and even spiritual factors as well. Today, many of our systems and customs seem to be organized in a way that separates the different facets of health, but often, there is little to no crossover guidance, or framework for fitting the pieces together as a whole.

The idea of health encompasses not just the absence of physical disease, but involves healthy habits, thoughts, coping mechanisms, and peaceful ways of relating to our environment and to others. So, to get holistic approach, there is need to keep all these sciences together (& not all the pathies of disease management). Treatment of diseases is only a part of that approach; & it is illogic to integrate all the pathies for disease management as part of holistic health. All are different pathies & their experts are different; & expert of one pathy can never justify proper utilization of other pathy in disease management. So, IMA, strongly oppose these myxopathies.

The month of March remained eventful with many scientific programmes & an entertaining women's day celebration as well.

H3N2 hit the city badly in months of February & March. However, it was as usual outbreak of seasonal flu, which morbidly affected our community, but was mild as far mortality & hospitalization are concerned.

We wish all to remain health & happy & with a joyful summer this year.....

Jai AMA

Jai IMA

Dr. Jitendra Shah
President
Ahmedabad Medical Association

Dr. Gargi Patel
Hon. Secretary
Ahmedabad Medical Association

WOMEN'S DAY CELEBRATION & SCIENTIFIC PROGRAMME ON 5-3-2023

AHMEDABAD MEDICO NEWS 27-03-2023 MONTHLY NEWS BULLETIN

WOMEN'S DAY CELEBRATION & SCIENTIFIC PROGRAMME ON 5-3-2023

4

SCIENTIFIC PROGRAMME ON 12-3-2023

AHMEDABAD MEDICO NEWS 27-03-2023 MONTHLY NEWS BULLETIN

SCIENTIFIC PROGRAMME ON 12-3-2023

A good morning with Shivani Didi – Spiritual event

Ahmedabad Medical Association & Rotary club Ahmedabad Majesty are jointly organizing a spiritual event. B. K. Shivani from Brahmakumari, a very famous spiritual teacher will speak on topic of "Individual peace & international peace are interconnected"

Date : 21st April 2023, Friday

Time : 7.00 am to 8.30 am

Venue : R. M. Fozdar Hall, AMA, Ashram Road.

The interested members are requested to register their names at AMA office by phone on 079-26588775 in between 2.00 pm to 6.00 pm. Limited entries will be allowed & on prior registration only. The registration will be closed if the numbers would exceed the limit.

Dr. Jitendra Shah
President, AMA

Dr. Gargi Patel
Hon. Secretary, AMA

Dr. Jitendra Shah, President - AMA & Dr. Bipin Patel attended programme on DRUG FREE INDIA at Science City Organized by THE ART OF LIVING, GOVERNMENT OF GUJARAT & GTU UNIVERSITY

LADIES CLUB PROGRAMME

A.M.A. BULLETIN INDEX

Content **Page No.**

WE WELCOME FOLLOWING NEW LIFE MEMBERS

12331	L	DR. BRAHMBHATT HARDIK PRAFULCHANDRA
12332	L	DR. BHAVSAR JILL SNEHAL
12333	LC	DR. KHANDELWAL ALOK MURARILAL
12334	LC	DR. KHANDELWAL PRIYANKA ALOK
12335	LC	DR. DESAI DIPAN MAHENDRABHAI
12336	LC	DR. DESAI ANJASI DIPAN
12337	L	DR. GURJAR MAYANKKUMAR MANAHARBHAI
12338	L	DR. PATEL DHRUV JAYESHBHAI
12339	LC	DR. DHARSANDIYA MITKUMAR RAMESHKUMAR
12340	LC	DR. LADUMOR URVI MANUBHAI
12341	L	DR. BHATT KALPAK GOPAIBHAI
12342	L	DR. SHAH NANDAN MEHUL
12343	L	DR. GUPTA USHA MAHESH
12344	L	DR. SHRIVASTAV MAYURKUMAR JAYESHKUMAR
12345	L	DR. GUPTA NEEL RUCHIR
12346	L	DR. PATEL DHUB KAMLESHBHAI
12347	LC	DR. CHOKSI NEEL HITENKUMAR
12348	LC	DR. CHOKSI NISHI NEEL
12349	LC	DR. SHAH RUTWEEN DEEPAKBHAI
12350	LC	DR. SHAH CHANDNI RUTWEEN
12351	L	DR. AMIN PARTH JIGISHBHAI

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GUJARAT STATE BRANCH

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Ref No. A-11/HFC/LM/2023-2024 **Date: 1-3-2023**

To,
All State Working Committee Members,
All Local Branch Presidents,
All Local Branch Secretaries,

Subject:- Regarding GST on Membership Fee.

Respected Doctor,

Greetings from IMA, Gujarat State Branch.

We have received email from IMA HQs. on 14-2-2023 regarding GST on Membership Fees. We would like to inform you that the below are the important information, kindly go through the same and implement at the earliest:-

1 GST on membership fee to be taken by Local Branches

For Single Life Member - 12280 + 2210 (GST 18%) = Rs. 14490 00
For Couple Life Member - 18151 + 3267 (GST 18%) = Rs. 21418-00

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

For Single Life Member – 11450 + 2210 = Total Rs. 13660-00
For Couple Member – 16881 + 3267 = Total Ra. 20148-00

3 If the Local Branch has GST number, then sent the challan copy of GST paid and following amount to IMA GSB.

For Single Life Member - 11450-00
For Couple Life Member - 16881-00

Please send Membership Fees by a Cheque / DD. drawn in favour of "G.S.B. I.M.A.".

Yours Sincerely

Dr. Mehul J. Shah
Hon. State Secretary

AHMEDABAD MUNICIPAL CORPORATION

ICDS

AAROGYA BHAVAN, 2ND FLOOR, AASTODIYA - GITA MANDIR ROAD, AHMEDABAD
E-mail- icds.ahmedabadurban@gmail.com

ADD M.O.H. OFFI
No. 1146
Date. 15/03/23

પ્રતિ,
અમદાવાદ મેડિકલ એસોસિએશન,
અમદાવાદ.

વિષય:- સરકારશ્રી દ્વારા આપવામાં આવતા પોષણ યુકત THR ના પેકેટસ બાબત.

સવિનય ઉપરોકત વિષય અન્વયે જણાવવાનું કે ભારત સરકારશ્રી દ્વારા દરેક નાગરીકને પોષણયુકત આહાર મળી રહે તે માટે વિવિધ યોજનાઓ અમલમાં મુકવામાં આવે છે.તેમાં વધુ ધ્યાન બાળક, સગર્ભા અને ધાત્રી માતાઓ અને કિશોરીઓને આપવામાં આવે છે. તે માટે સરકારશ્રી દ્વારા મહિલા અને બાળ વિકાસમાં પોષણ અને શિક્ષણ માટે ઘણી યોજનાઓ અમલમાં મુકવામાં આવેલ છે. જે અંતર્ગત ગુજરાત સરકાર દ્વારા પણ પોષણ માટે વધુ સુવિધાઓ પુરવામાં આવેલ છે. તેમજ Integrated Child Development Services (ICDS)દ્વારા આંગણવાડીઓમાં લાભાર્થીઓને સેવા આપવામાં આવે છે.

સદર બાબતે અ.મ્યુ.કો આઈસીડીએસ વિભાગમાં કુલ ૨૧૩૫ આંગણવાડી કાર્યરત છે. જે અમદાવાદ શહેરના જુદા જુદા વિસ્તારમાં આવેલ છે.જેમા. ૦ થી ૬ વર્ષના બાળકો,સગર્ભા અને ધાત્રી માતાઓ અને કિશોરીઓ માટે વિવિધ યોજના અને પોષણ માટે રાજ્ય સરકારશ્રી દ્વારા સુવિધા આપવામાં આવે છે.મહિલા અને બાળ વિકાસ ગુજરાત સરકારશ્રી દ્વારા દરેક બાળક ,માતા અને કિશોરીઓનું પોષણ સ્તર સુધરે તે માટે ૬ માસ થી ૬ વર્ષના બાળકોને ટેક હોમ રેશન તરીકે બાળ શક્તિ, સગર્ભા/ધાત્રી માતાઓને માતૃ શક્તિ અને કિશોરીઓને પુર્ણા શક્તિ આપવામાં આવે છે.જે માટે સરકારશ્રીએ વિવિધ વાનગી પુસ્તિકા પણ આપવામાં આવેલ છે.જેથી સદર પેકેટસનો વધુ સારી રીતે ઉપયોગ કરીને લાભાર્થીઓને પુરતુ પોષણ મળી રહે. સદર પેકેટસ લાભાર્થીઓને દર માસે આપવામાં આવે છે.તે કેટલા પ્રમાણમાં આપવામાં આવે છે. તે નીચે આપેલ ટેબ્લેટમાં દર્શાવેલ છે.

ટેક રેશન હોમ/સત્વ મીઠાનો લાભાર્થીને આપવાનો જથ્થો:

- ૬ માસથી ૩ વર્ષના સામાન્ય બાળકો તેમજ ઓછા વજનવાળા બાળકો : બાળ શક્તિ(૫૦૦ ગ્રામ) ના ૭ પેકેટસ
- ૬ માસથી ૩ વર્ષના અતિ ઓછા વજનવાળા બાળકો : બાળ. શક્તિ(૫૦૦ ગ્રામ) ના ૧૦ પેકેટસ
- ૩ વર્ષ થી ૬ વર્ષના અતિ ઓછા વજનવાળા બાળકો : બા.શ. શક્તિ(૫૦૦ ગ્રામ) ના ૦૪ પેકેટસ
- સગર્ભા બ્હેનો અને ધાત્રી માતાઓ : માતૃ શક્તિ(૧ કિ.ગ્રા.)ના ૦૪ પેકેટસ અને સત્વ મિઠું (૧ કિ.ગ્રા.) ૦૧ પેકેટસ

- ૧૫ થી ૧૮ વર્ષ ગ્રાળાએ જતી અને નજતી કિશોરી (પૂર્ણા યોજના) : પૂર્ણા શક્તિ(૧ કિ.ગ્રા.)ના ૦૪ પેકેટસ અને સત્વ મિઠું (૧ કિ.ગ્રા.) ૦૧ પેકેટસ

સદર THR નો વ્યાપક વધારવા માટે આપના દ્વારા દરેક વિસ્તારમાં આવેલ પિડીયાટ્રીક અને ગાયનેક હોસ્પિટલ અને ક્લિનિકમાં તમામ ગાયનેક અને પિડીયાટ્રીક ડોકટરશ્રીને પુરક પોષણના પેકેટસનો ઉપયોગ અને ફાયદા ઉપરોકત આપેલ વયના લોકોને આ વિશે માહિતી આપવા અને તેના લાભ વિશે જાણ કરવા વિનંતી છે. આઈસીડીએસ અને મેડિકલ ટીમ દ્વારા પોષણ અંગે સમજણ આપવા સંકલન કરી કામગીરી થાય તો સરકારશ્રીનો ઉદેશ કુપોષણ મુક્ત ભારતમાં આપડા દ્વારા આ સરળ નીઃશુલ્ક મદદ જે સરકાર દ્વારા આપવામાં આવે છે. તેનો વધુ ને વધુ વ્યાપક ઉપયોગ થાય તે માટે આપના સહકાર સહ જાણ સારૂ. આ તમામ સુવિધા કયા વિસ્તારમાં કયા સ્થળે ઉપલબ્ધ છે. તે માટે અ.મ્યુ.કોની વેબ સાઈટ ઉપર અમદાવાદ અર્બનની કુલ ૨૧૩૫ આંગણવાડીની માહિતી આપેલ છે.

તા:-૧૦/૦૩/૨૦૨૩

અધિક આરોગ્ય અધિકારી
અમદાવાદ મ્યુ.કોર્પોરેશન

AHMEDABAD MEDICAL ASSOCIATION
HALL DONATION AND DEPOSIT CHART

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

Dr. R. M. Fozdar Hall (capacity 248 Seats)

	Others	members
Hall Deposit (Refundable)	Rs. 5,000-00	Rs. 5,000-00
Dr. R. M. Fozdar Hall (For 3 hours) Non A.C.	Rs. 5,000-00	Rs. 4,000-00
Extra Charges for 1 hour (Extra charges limit upto 3 hours)	Rs. 1,000-00	Rs. 800-00
A.C. Charges (For 3 hours)	Rs. 4,500-00	Rs. 4,000-00
(Extra Charges 1 hour) A.C.	Rs. 1,400-00	Rs. 1,100-00
Dr. R.M. Fozdar Hall Full Day (9 a.m. to 7 p.m.) Non A.C.	Rs. 12,000-00	Rs. 10,000-00
A.C. Full Day - Dr. R. M. Fozdar Hall	Rs. 12,000-00	Rs. 10,000-00

OPEN GROUND WITH Dr. R. M. Fozdar Hall

For Lunch / Dinner	Rs. 5,500-00	Rs. 4,500-00
For Refreshment	Rs. 1,500-00	Rs. 1,200-00
Cleaning + Electric	Rs. 800-00	Rs. 700-00

JAGMOHAN PARIKH HALL 1ST FLOOR
(Capacity 100 Chairs)

Hall Deposit (Refundable)	Rs. 4,000-00	Rs. 4,000-00
J. P. Hall (For 3 hours) Non A.C.	Rs. 3,000-00	Rs. 2,500-00
Extra charges for 1 hour (Extra charges limit upto 3 hours)	Rs. 700-00	Rs. 600-00
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Token Rates applicable for :
• GSB • IMA • S.S.S. • P.P.S. • N.S.S.S. • Health Scheme • Ladies Club

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લેડીઝ-ક્લબ

नारी समाजस्य कुशलवास्तुकारा।

''मेरी रक्षा करो विपत्तिमें यह मेरी प्रार्थना नही है
मुझे नहीहो भय विपत्तिमें मेरी चाह यही है
मेरा तुम उध्धार करोगे यह मेरी प्रार्थना नही है
तर जानेकी शक्ति मुझे दो प्रभु मेरी चाह यही है''

"આંતરરાષ્ટ્રીય મહિલ દિવસ" **AMA** સાથે ખૂબ ઉત્સાહભેર ઉજવ્યો, ત્યારબાદ "હોળીના રસિયા" પણ બહેનોએ ખૂબ આનંદપૂર્વક માણ્યા.

આગામી કાર્યક્રમો આ પ્રમાણે છે

કાર્યક્રમ નં. ૧ :

તારીખ : ૨-૪-૨૦૨૩, રવિવાર
સમય : સવારે ૧૦.૩૦ થી ૧૨.૩૦ કલાકે
સ્થળ : એ.એમ.એ. હોલ
વિષય : (૧) "લાફ્ટર વોર્ડ રાઉન્ડ"
વક્તા : ડૉ. મનોજ ઘોડા (ગેસ્ટ્રોએન્ટોલોજીસ્ટ)
(૨) હાસ્ય યોગ
વક્તા : ડૉ. જી. જી. સોની
સહયોગ : ડૉ. ગુરુદત્ત ઠક્કર

આ કાર્યક્રમમાં આપણે એ.એમ.એ. અને સીનીયર સીટીઝન ક્લબ ઓફ એ.એમ.એ. સાથે જોડાઈશું.

રજીસ્ટ્રેશન ફી : પ્રતિ વ્યક્તિ ૫૦ રૂા.

પ્રોગ્રામ બાદ ભોજનની વ્યવસ્થા રાખેલ છે.

કાર્યક્રમ નં. ૨ : Aalayam Rehabcare Experience Center ની મુલાકાત

તારીખ : ૭-૪-૨૦૨૩, શુક્રવાર
સમય : બપોરે : ૩.૦૦ થી ૫.૦૦ કલાકે
વિષય : 4D Live Medical દ્વારા સાંધા, સ્નાયુના દુઃખાવા વિષે જાણો
સ્થળ : આલયમ ફિજીયોથેરાપી સેન્ટર, ઈન્દ્રપ્રસ્થા બિઝનેસ હાઉસ, ૪ થો માળ, રસરંજનની પાછળ, વિજય ચાર રસ્તા, નવરંગપુરા, અમદાવાદ.

આ ફિઝિયોથેરાપી સેન્ટરમાં દરેક મેમ્બરને **Foot Scan** ટેસ્ટ ફ્રી કરી આપવામાં આવશે. આ સેન્ટરનાં હોલની કેપેસીટી ૪૦ મેમ્બર પૂરતી છે. આથી વહેલા તે પહેલાનાં ધોરણે રજીસ્ટ્રેશન કરવામાં આવશે.

કાર્યક્રમ પછી હાઈ-ટી ની વ્યવસ્થા છે.

આ કાર્યક્રમનું સંચાલન ફિઝિયોથેરાપીસ્ટ ડૉ. દિપેનભાઈ પટેલ કરશે.

કાર્યક્રમ સહયોગ : પાસ્ટ પ્રેસીડેન્ટ સુમીરાબેન શાહ

વધુ માહિતી વોટ્સએપ મેસેજ દ્વારા જણાવવામાં આવશે.

શ્રીમતી સુષમા નયન શાહ
પ્રમુખ - મો. ૯૩૨૮૦૮૩૩૬૯

શ્રીમતી જશનાબેન મહેતા
સેક્રેટરી - મો. ૯૭૨૫૩૭૩૩૨૩

ડૉ. જીતેન્દ્ર શાહ
પ્રમુખ, એ.એમ.એ.

ડૉ. ગાર્ગી પટેલ
સેક્રેટરી, એ.એમ.એ.

OBITUARY

May their soul rest in eternal peace.

DR. SHAMIN V. PATEL
L-2228 M.S. SURG.
Date of Birth : 31-05-1951
Date of Death : 23-12-2022

DR. MANUBHAI H. SHAH
L- M.D. MEDICIN
Date of Birth : 25-08-1930
Date of Death : 17-02-2023

We send our sympathy & condolence to the bereaved family.

DISCLAIMER

Report of Scientific Programme & Women's Day Celebration, 05-03-2023

Ahmedabad Medical Association & Women doctor wing organized a feast of scientific programme & non scientific programme with special reference to women's day celebration on Sunday, 5th March 2023 10 am to 1.00 pm at AMA. Dr. Manoj Pandya & Dr. Janki Desai very nicely presented on topics of Contraception & Menopause respectively. Dr. Bhavesh Patel talk on "how to control anger" in a very convicing way. A wonderful skit on "Kutumb Ke Karkirdi" was played by our doctor members; which was quite entertaining & with special message. Over all it was a nice Women's day celebration. More than 300 participants were present. The programme was ended with delicious lunch.

Report of Scientific Programme on 12-03-2023

A scientific programme emphasizing on knee restoration surgery without implants was organized on Sunday 12th March 2023, 10 am to 1.00 pm at AMA. Dr. Jawahar Jethva, Dr. Jaimin Trivedi, Dr. Jagdish Patwa, Dr. Jay Shah, Mr. Savan Patel & Mr. Gunjan Patel nicely delivered their talk on relevant topics. More than 100 members participated in the event. The CME was ended with delicious lunch. The programme was coordinated by Dr. Harjivanbhai Patel & Dr. Manjit Nayak.

Introduction of Human Influenza Virus & H3N2

Influenza viruses, members of orthomyxoviridiae family are of 3 types... A, B, & C...

B & C are mild & epidemiologically less significant

While type A Influenza virus is known to cause from small outbreaks to huge pandemics since more than a century....

We had experienced 5 major pandemics of Influenza A till now...

Last pandemic was of swine flu (H1N1) which hit the world in 2009.

After any such pandemic, next outbreak depends on antigenic variations take place in virus.

Antigenic variations in two surface antigens i.e. Haemagglutinin (H) & Neuraminidase (N) are of main concern.

1. Major antigenic variations are called *antigenic shift* & developed due to genetic reassortment... such genetic reassortment usually takes place in birds/ animals & resultant the major variant develops which can completely escape the herd immunity (which happened to develop in community due to prior outbreaks) ; & lead to another big outbreak/ pandemic.

   The variants with such different structures of "H" & "N" & caused major pandemic are,

   - H1N1: 1918-20 (Spanish flu) & 2009-10 (Swine flu)

   - H2N2: 1890 (presumed) & 1957-58 (Asian flu)

   - H3N2: 1968-69 (Hong kong flu)

2. Minor antigenic variations are called *antigenic drift*; that's derived due to mutations in above antigenic subtypes; any of such variants can escape herd immunity partly, so can cause outbreaks. But such outbreaks are mild & happens usually every year or alternate year - as in form of seasonal flu. Disease caused by such variants is also relatively mild ; & persons infected priorly with its original version of antigenic subtypes would have partial protection against developing disease. The vaccinated (with flu shots) can also have good protection.

The current outbreak is an example of second phenomenon.... This is because of *antigenic drift* developed due to mutations in antigenic subtype of Hongkong flu - H3N2. So, outbreak suppose to be mild & with of less severe disease.

Relative less herd immunity, may be attributing occurrence of huge numbers in India; but, majority cases are limited to upper respiratory tract. At its severe form, fever may be high grade up to 3-4 days & cough may persist for 1-3 weeks. Indian Medical Association recommends not to start emprical antibiotics in such cases.

However, in any instance, if symptoms are more severe or persist for a long period, shall require to investigate further for developments of secondary bacterial infections or for possibility of another aetiology.

Here important to note: not only in India but also in USA & other parts of world, H3N2 is being as dominant strain leading to seasonal flu since last few couples of years.

Dr. Urvesh Shah
Prof & Head, Microbiology, GCS medical college, Ahmedabad.
Vice President, IMA, Ahmedabad branch

Diagnosis of Tuberculosis : Conventional vs Newer modalities

Preface

Tuberculosis is one of the most common infectious diseases in the world. Almost one third of the world's population is thought to have been infected with *Mycobacterium tuberculosis*, with new infection occurring at a rate of about one per second.

Tuberculosis in human beings is usually caused by *M. tuberculosis* and rarely by M. bovis. Mycobacteria other than tuberculosis (MOTT) may also account for up to 10% of all mycobacterial infections.

Pulmonary tuberculosis is the most common clinical presentation, however it may affect many other parts of body. A majority of these infections spread through inhalation of airborne droplet nuclei containing bacteria. Many a times infection remains latent and may be cured without any clinical presentation, leaving the patient hypersensitive to the bacteria, with T cell mediated immunity. In clinically active tuberculosis, classical symptoms are chronic cough with blood tinged sputum, low grade fever, night sweats and weight loss.

Extra-pulmonary tuberculosis is also not uncommon. It may manifest as tuberculous meningitis, lymph-adenopathy, renal tuberculosis, osteo-articular tuberculosis etc. Tuberculosis involving lymphnode and bone may be associated with collection of pus and abscess formation. Such abscesses are known as cold abscesses.

Laboratory diagnosis of tuberculosis

Modalities for diagnosis of tuberculosis are divided in two groups

1. Methods which provide direct evidence of presence of tuberculous bacilli in the specimen taken from the site of lesion
   a. Demonstration of Acid Fast Bacilli(AFB) by microscopic examination
   b. Isolation of bacteria by culture examination
   c. Detection of bacterial specific nucleic acid by Nucleic Acid Technologies (NAT)
   d. Detection of bacterial specific antigen

   These modalities are highly specific for diagnosis of tuberculosis. But their sensitivity is low and negative results may not rule out active tuberculosis.
2. Methods which provide indirect evidence of infection by detection of immunological & other markers, indicating host's body's response to the tuberculous bacteria
   a. Immunological tests which reflect body's immune response if patient gets infected:
      - Mantoux test
      - Interferon gamma assay

   These modalities indicate the infection and not the disease. So in cases of only infection with *M. tuberculosis* these tests may be positive even though the patient may not have developed the disease.
   b. Cytology and histopathology which reflect cellular response of body against tuberculous infection
   c. Erythrocyte Sedimentation Rate (ESR) & Adenosine Deaminase (ADA) test

Sample Collection:

A. Pulmonary tuberculosis

1. Sputum:
   - Collected in disposable wide mouth container

- Early morning sputum samples collected for three consecutive days are ideal. For direct microscopy, according to national guidelines, two sputum samples are sufficient. First is spot sample & second is the early morning sample.
- If expectorated sputum is scanty, sputum samples collected over a period of 24 hours is recommended.
- For sample collection, patient should be explained properly for collection of the sputum and to minimize contamination with saliva.
- Steam inhalation or expectorants may enhance productivity of sputum.

2. Broncho alveolar lavage (BAL)
   - It is the best sample, particularly when the sputum is expectorated minimally. However it requires invasive procedure.
3. Lung aspirate
   - Trans-thoracic, CT guided aspiration directly from the site of lesion in lung would be the most informative sample; especially when sputum and BAL specimens seem to be unsatisfactory.
4. Gastric aspiration
   - Children can not collect sputum properly and usually swallow majority of expectorated sputum. This material can be recovered from stomach by gastric aspiration or lavage.

   All the above specimens can be processed for Demonstration of AFB; mycobacterial culture and NAT.

B. Extrapulmonary tuberculosis

1. Urine
   - In cases of sterile pyuria, a high suspicion of renal tuberculosis should be considered.
   - Early morning urine samples collected for 3 consecutive days are ideal.
   - Every day samples are centrifuged and deposits are processed further.
2. Body fluids
   - CSF in the cases of meningitis.
   - Pleural fluid for diagnosis of pulmonary tuberculosis.
   - Ascitic fluid for diagnosis of abdominal tuberculosis.
   - Synovial fluid in cases of arthritis.

   All the above samples can be processed for demonstration of Acid Fast Bacilli, culture, NAT, ADA measurement and cytological examination for evidence of tuberculous infection.
3. Pus
   - In case of cold abscess, pus can be taken aseptically & examined for demonstration of bacilli, culture examination and NAT.
4. Lymphnode
   - In case of lymphadenopathy, lymphnode biopsy or FNAC should be taken for histopathological and cytological examination. This can also be processed for demonstration of Acid Fast Bacilli, culture and NAT.

Sample processing :

A. Preparation of samples for microscopic and culture examination.

Purpose :

- For concentration of bacilli to have higher positivity rate.
- For homogenization of sample to process further.
- For decontamination of samples, which kills all the organisms except Mycobacteria.

Methods :

Sputum / Broncho alveolar lavage / Gastric aspirate

1. Petroff's method:
2. Cetyl pyradinium chloride (CPC) + NaCl
3. N-acetyl L - cysteine (NALC) + NaOH

Urine :

Oxalic acid is used to decontaminate urine specimen. Homogenization is not required for urine specimen. The urine collected on three consecutive days is centrifuged and deposits are incubated with oxalic acid. All the three processed deposits are mixed and neutralized. The collected material is centrifuged and deposit is processed further for microscopic and culture examination.

Microscopic Examination :

For demonstration of Acid Fast Bacilli

Methods :

1. Z N stain
   a) Hot stain : Routine Z N stain involving the heating of the smear as a mordant.
   b) Cold stain(Kinyoun stain) : A modified Z N stain that does not involve the heating process, but has increased concentration of phenol in carbol fuschin, increased duration of stay of the primary stain on the smear & a wetting agent; tergitol, to suffice the need of the mordant instead of heat. This method

prevents alteration in morphology of the Mycobacteria.

2. Auramine-phenol (needs fluorescent microscope)

Role of microscopic examination in diagnosis of tuberculosis in routine practice:

- Every specimen (other than blood and stool) received to evaluate the infectious aetiology, must be investigated by Z N stain examination.
- Z N stain is the easiest and quickest test
- It needs good quality samples
- Limitation of microscopy – It can diagnose < 50 % of active tuberculosis
- Sensitivity of ZN stain is 10,000-100,000 bacilli / ml
- Fluorescent microscopy can increase sensitivity by 2.5 times

Culture examination :

Significance of culture methods:

- Sensitivity is very high, as low as 10 bacilli / ml of specimen can be detected.
- The isolated Mycobacteria can be processed further for species identification and antituberculous drug sensitivity.

Methods :

1. Solid culture media: L. J. medium
   - The processed specimen is cultured on LJ medium slants.
   - The bacterial growth (colonies) will appear after 20
   - 40 days of incubation.
   - The isolated *Mycobacteria* are processed further for biochemical reactions, to differentiate

M. tuberculosis (MTB) from Mycobacterium other than tuberculosis (MOTT).

2. Automated culture methods :

Processed sample is inoculated in the specified Middle brook medium. The Mycobacterial growth in the medium will release carbon dioxide. This can be identified by automated methods based on various principles.

e.g. BACTEC MGIT will detect bacterial growth and carbon dioxide released by fluoro-metric method

BacT Alert will detect bacterial growth and carbon dioxide released by colorimetric method.

Growth can be detected as early as within 11-14 days of incubation, being indicated positive by the different indicator systems.

Antibiotic sensitivity :

The commonly used method is 1 % Proportional method

Principle : *Clinically significant resistance* to any anti-TB drug is defined as an in vitro growth, in the presence of the critical concentration of the drug, that is equal to or greater than 1% of the growth in the absence of the drug.

This can be performed by two different ways

On Solid media (Conventional method):

The Mycobacterial isolate is cultured simultaneously in

1. Control LJ medium (not containing any anti tuberculous drug).
2. L J Medium slants containing a critical concentration of individual anti-TB drug to be tested for sensitivity.

They are incubated aerobically at 37° C and observed at regular intervals till growth appears on control slant. At the same time, if test slant shows bacterial colonies more than

1% of colonies on control slant, the bacteria is interpretated as being resistant to that particular anti-TB drug which is present on the test slant.

In Liquid medium (Automated method)

The Mycobacterial isolate is inoculated in 3 bottles

1. Bottle without anti-TB drug inoculated with bacterial suspension.
2. Bottle with anti-TB drug inoculated with bacterial suspension.
3. Bottle without anti-TB drug inoculated with 1:100 dilution of the above bacterial suspension.

If bottle no. 2 is indicated positive earlier than bottle no.3, the isolate is considered resistant to that particular drug.

Nucleic acid technologies (NAT)

These are useful for

1. Detection of M.TB in specimen

   The bacterial specific DNA / RNA sequence can be identified in the specimen.

   These are Polymerase chain reaction methodologies including CB-NAAT & True NAAT.

   Sensitivity of these methods is very high. Speciemen containing as low as 1-10 bacilli / ml can be detected as positive.

2. Mycobacterial species identification

Method :

CB NAAT Gen Xpert & True NAAT (Can differentiate M.Tuberculosis & MOTT)

Line Probe Assay (Can detect Mycobacterial species; however not recommended to perform directly from smear negative specimen)

3. Anti-TB sensitivity

Method :

Line Probe Assay (detects resistance to first and second line AKTs),

CB – NAAT & True NAAT: detects resistance to Rifampicin

Modalities providing indirect evidence of TB infection

1. Mantoux test

The reaction to the intradermally injected tuberculin is a classical example of a delayed (cellular) hypersensitivity reaction.

2. Interferon gamma (INF-γ) - assay - IGRA

It is an in-vitro assay to test cell mediated hypersensitivity against tuberculin antigen.

Patients' blood is incubated with tuberculin antigen in the laboratory; If patient will have prior exposure to TB bacteria, the sensitized T cells on exposure to tuberculin antigen, will release INF-?. This released INF-? can be measured by ELISA test.

Note : Positive MT and IGRA tests indicate infection ; and not necessarily disease.

Histopathology & cytology

In following conditions , a biopsy may be required

1 . Lymphadenopathy : lymphnode biopsy

2 . Pulmonary lesion : When sputum or broncho - alveolar lavage don't give any conclusion ; according to site of lesion , trans thoracic or bronchoscope guided biopsy may be taken .

On histo - pathological examination , presence of

granulomatous lesions with or without caseation necrosis is most commonly suggestive of tuberculosis .

In following conditions , specimen may be taken for Cytological examination

1 . Body fluids : Pleural fluid in pleural effusion , Ascitic fluid in ascitis , CSF in meningitis , synovial fluid in arthritis etc .

- Increased WBC count in fluid with presence of predominant lymphocytes favors diagnosis of tuberculosis

2 . Fine needle aspiration for cytology (FNAC) taken in cases of lymphadenopathy

- Presence of granulomatous cellular infiltrate favors diagnosis of tuberculosis

Adenosine Deaminase ADA ( ) assay :

- ADA is an enzyme produced by lymphocytes in the presence of intracellular tubercle bacilli .
- In case of effusion , ADA should be analyzed in fluid . ADA can be measured by automated and semi - automated methods
- Increased ADA level (above cutoff value) in fluid with higher lymphocyte count is most likely associated with tuberculosis .

Erythrocyte Sedimentation Rate

It is one of the commonest supportive investigation to be carried out in each suspected cases of tuberculosis . Though having very poor predictive value , it can help a lot when used in combination of various other clinical , radiological and laboratory parameters . It also provides a significant prognostic value in patients on anti tuberculous treatment .