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AHMEDABAD MEDICAL ASSOCIATION

(Branch of Indian Medical Association) ESTD 1902

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AHMEDABAD MEDICO NEWS

ALL INDIA MEDICAL CONFERENCE

NATCON 2025

100th National Conference of





27 & 28 December, 2025

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VOL. 20

JULY - 2025

ISSUE - 3

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Dr. Hemant Patel

18/11/1970 - 07/07/2007

A Visionary. A Friend. A Guide. The medical world has lost one of its brightest stars but his light lives on in those he touched.

More than a radiologist, Dr. Hemant Patel was a mentor, leader and friend. His dedication to education, excellence and innovation uplifted countless lives.

At Rx Events, we were privileged to work with him across many academic initiatives. His insights helped shape impactful experiences for fraternity.

On behalf of Rx Events, we offer our heartfelt condolences to his family, friends and all inspired by his life.

> May his soul rest in peace. Om Shanti.

Hardik Chandarana Founder & CEO Rx Events

Nilam Chandarana Co Founder & COO Rx Events

and Team Rx Events

Shraddhanjali for Plane Crash Incident Dated on 17-06-2025



Shraddhanjali for Plane Crash Incident Dated on 17-06-2025











એક શામ સુરોંકે નામ From Doctors, For Doctors Dated on 01-07-2025



































એક શામ સુરોંકે નામ From Doctors, For Doctors Dated on 01-07-2025































એક શામ સુરોંકે નામ From Doctors, For Doctors Dated on 01-07-2025















Blood Donation Camp at LG Hospital Blood Donation Camp at SVP Hospital





Camp at Sodepur Village, Kheda District, in association with NGO, Sanjivani Health Today on 16-2025. Courtesy Dr. R. I. Patel







Blood Donation Camp on 14-06-2025























Blood Donation Camp on 14-06-2025









A Cancer Screening Camp for Women was Organized by AAM Ladies Club on July 10, 2025, under the leadership of Rajniben Maheshwari





Dr. Maneklal G. Pandejee & Smt. Hiraben Maneklal Pandejee Scientific Programme Dated on 29-06-2025



Dr. Maneklal G. Pandejee & Smt. Hiraben Maneklal Pandejee Scientific Programme Dated on 29-06-2025



CPR Training Programme















.M.A. BULLETI

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Message From President & Hon. Secretary



Dear Members.

उद्यमेन हि सिध्यन्ति कार्याणि न मनोरथै: ॥ न हि सुप्तस्य सिंहस्य प्रविशन्ति मुखे मृगाः ॥

Means, Deer may be foolish but doesn't directly go into lion's mouth. Lion has to run after it. Same way for success, we have to work hard.

Yes, same way our all friends are working very hard for our most awaiting event, NATCON 2025. Let's all make it quite different, `HATKE` and very successful conference.

This month we had done several programs. Apart from Blood Donation Program, we had done two CPR Training programs, one at NCC Camp, Law Garden with students and other at Paediatric Dental Health Center at Thaltei.

We also had camps at different villages on all Sunday of June month under banner of Aao Gaon Chale, On 1/6 at Sodepur village, Kheda district, On 8/6 at Maghrol village, Kheda district, On 15/6 at Khandhali village, Kheda district and On 22/6 at Malataj village, Kheda district.

We had scientific program on 29/6, with Stavya Spine Institute. We had participated in scientific program Liv Up on 5/6 with Ansh Hospital. We had successful two webinars on HPV Vaccine as a part of initiative by IMA HQ, on 10/7 and





16/7, in which large number of doctors have participated.

We had nicely celebrated Happy Doctors' Day, 1/7, by musical program, એક શામ સુરોકે નામ From Doctors, For Doctors. In this all the participants/singers were our doctor friends only. It was attended by more than 250 doctors. We also had paid homage to all victims of plane crash incident.

Next month we are planning different programs in the same way. This can be happened only and only because of team work and active participants of all members. Let us work in same way for our grand event, NATCON 2025.

"It is amazing what you can accomplish if you don't care who gets the credit."

---- Harry Truman.

Thank you so much.

Jai AMA - Jai IMA

Dr. Dhiren Mehta President, AMA

Dr. Urvesh Shah Hon. Secretary, AMA



Congratulation

Dr. Atul Gandhi for receiving the 9th Genius Indian Achiever Award Also applausing him for doing great social work.

AHMEDABAD MEDICAL ASSOCIATION YEAR: 2024-2025

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15th August - Independence Day



Ahmedabad Medical Association
will be celebrating
78th Independence Day
All members are invited to join
the celebration.

Flag Salutation: 9.00 a.m. sharp

Date : 15th August, 2025, Friday

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Dr. Dhiren Mehta President, AMA Dr. Urvesh Shah Hon. Secretary, AMA



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AHMEDABAD MEDICAL ASSOCIATION



ANNUAL ELECTION 2025 - 2026 AMA OFFICE HAS RECEIVED FOLLOWING **VALID NOMINATION FORMS**

All Members elected uncontested so there is no election on 03-08-2025

PRESIDENT [ONE POST]	
1. DR. SHAH JIGNESH C.	ELECTED UNCONTESTED
VICE - PRESIDENT [TWO POSTS]	
1. DR. DAVE KALPITA MANISH	ELECTED UNCONTESTED
2. DR. NAIK DHAVAL DINKERRAI	ELECTED UNCONTESTED
HON. SECRETARY [ONE POST]	
1. DR. SHETH MAULIK SURESHCHANDRA	ELECTED UNCONTESTED
HON. JOINT SECRETARY [TWO POSTS]	
1. DR. MAHESHWARI AMRATLAL K.	ELECTED UNCONTESTED
2. DR. NAYAK MANJIT J.	ELECTED UNCONTESTED
HON. FINANCE SECRETARY [ONE POST]	
1. DR. PATEL NAITIK BHARATKUMAR	ELECTED UNCONTESTED
HON. LIBRARY SECRETARY [ONE POST]	
1. DR. JIVRANI MAHESH RATILAL	ELECTED UNCONTESTED
RESIDENT DOCTOR [ONE POST]	
1. DR. PATELIYA HIRENKUMAR JAYANTILAL	ELECTED UNCONTESTED



MANAGING COMM.MEMBERS P.G. [TWELVE POSTS]

ı			
	1.	DR. DESAI ADITYA PARIMAL	ELECTED UNCONTESTED
	2.	DR. JAIN RASHI PRASHANT	ELECTED UNCONTESTED
	3.	DR. KOSHIA ARTH HEMANTBHAI	ELECTED UNCONTESTED
	4.	DR. NINAMA MANISH LALSINGH	ELECTED UNCONTESTED
	5.	DR. PATEL AKASH DINESHBHAI	ELECTED UNCONTESTED
	6.	DR. PATEL KEYUR KRISHNAKANT	ELECTED UNCONTESTED
	7.	DR. PATEL MUKESH RAVJIBHAI	ELECTED UNCONTESTED
	8.	DR. PATEL NIRALI RUSHI	ELECTED UNCONTESTED
	9.	DR. PATEL SUNIL CHHABILDAS	ELECTED UNCONTESTED
	10.	DR. PRAJAPATI OMAN MAHENDRABHAI	ELECTED UNCONTESTED
	11.	DR. PRAJAPATI RAVIKUMAR VISHNUBHAI	ELECTED UNCONTESTED
	12.	DR. SHRIMALI GAURISHANKAR PASHABHAI	ELECTED UNCONTESTED

MANAGING COMM. MEMBERS - [Other than P.G.] [TWELVE POSTS]

1	DR. DAVE RAJESH JASVANTLAL	ELECTED UNCONTESTED
2	DR. JADHAV YOGESH MAHENDRABHAI	ELECTED UNCONTESTED
3	DR. KODWANI MANOJ DAMODARDAS	ELECTED UNCONTESTED
4	DR. MAHESHWARI SURESH RADHAKRISHNA	ELECTED UNCONTESTED
5	DR. NARWARIYA SHILPA MAHENDRABHAI	ELECTED UNCONTESTED
6	DR. PANDYA HETAL KAPIL	ELECTED UNCONTESTED
7	DR. PANDYA JINEN KETANBHAI	ELECTED UNCONTESTED
8	DR. PARMAR PUNAMCHAND MULCHAND	ELECTED UNCONTESTED
9	DR. PATEL SANKET KANUBHAI	ELECTED UNCONTESTED
10	DR. PATEL SURYAKANT VINUBHAI	ELECTED UNCONTESTED
11	DR. RAWAL VINAY BIPINCHANDRA	ELECTED UNCONTESTED
12	DR VYAS DHANANIAY BHANIIPRASAD	ELECTED UNCONTESTED

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DR. KIRTIBHAI M. PATEL DR. YOGENDRA S. MODI

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27th & 28th December 2025 **HOSTED BY**

IMA Gujarat State Branch | Ahmedabad Medical Association

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Report on Blood Donation camps dated on 14th June 2025

Under the banner of NATCON 2025, as a part of "Mission 100" event", AMA and IMA-GSB along with ISBTI-Gujarat Chapter conducted 154 Blood Donation camps during the week of World Blood Donor Day from 9th to 15th November, 2025. Total 154 camps(6252 Blood Units) were Conducted. Out of which 76 camps(3057 Blood Units)were only done on 14th June. To accomplish this mission total 34Blood Centres Contributed. Out of 34 Blood Centres, 12 were from Ahmedabad, 6 from North Gujarat, 3 from Vadodara, 3 from Rajkot, 2 each from Bhavnagar, Sabarkantha and Valsad, 1 each from Surat, Anand, Nadiad and Porbandar. This large number of Blood Donated shows unity amongst community and dedication of our society to act towards the kindness and Humanity.

Report on Shraddhanjali for Planecrash Incident dated on 17th June 2025

The plane crash tragedy in Ahmedabad which occurred on 12th June, 2025 claimed the lives of passengers, all crew members, pilots, our beloved doctors, medical students, and other civilians. This devastating incident has left the entire medical fraternity and society in deep mourning. We appealed all doctors & medical students to come together in unity, grief, and prayer to honor the precious lives we've lost. A Shraddhanjali event was held by IMA-Guiarat and Ahmedabad Medical Associationon 17th June 2025, Tuesdayaround 5.00 pm at Ahmedabad Medical Association, Ashram Road, Opposite HK College, Ahmedabad. A heartfelt tribute was given to the departed souls, prayers were offered and candles were light for the peace of departed soul. Around 300-350 doctors and medical students gathered for Shraddhanjali Event.

Name of departed souls are,

- Dr. Himanshu sheth- Anand, Gujarat 1)
- 2) Dr. Hitesh Shah- Surat, Gujarat
- 3) Dr. Prateek Joshi-Gujarat
- Dr. Komi Vyas- Gujarat 4)



- 5) Dr. Taskin Inayatali Saiyad- Ahmedabad, Gujarat
- 6) Dr. Bhavesh Senta-Surat, Gujarat
- Manav Bhadu-BJMC, Ahmedabad 7)
- 8) Jayprakash Chaudhary- BJMC, Ahmedabad
- 9) Arvan Rajput-BJMC, Ahmedabad
- 10) Rakesh Dihora- BJMC, Ahmedabad

Report on Dr. Maneklal G. Pandejee & Smt. Hiraben Maneklal Pandejee Scientific Programme dated on 29th June 2026

A scientific programme was held on 29th June 2025, Sunday from 9:00 am to 2:00 pm at Ahmedabad Medical Association, Ashram Road, Ahmedabad. A session on Spine Pain Puzzle was taken by Dr. Bharat Dave. When is Surgery Best Pain Killer? Was taken by Dr. Ravi Ranjan Rai. Dr. Shivanand Mayi throw some light on - Hidden Dynamics. Trending in Endoscopy was discussed by Dr. Ajay Krishnan. Knowledge on New Horizon Miss & Robotics was shared by Dr. Mirant Dave and lastly, Dr. Rupal Kapadia talked on Vicarious Liability. Around 70 people attended the scientific program. Also during this event, "Our Enemies/Big Monster's - Book was Launched with AMA President, Dr. Dhiren Mehta hosted the event very nicely. Dr. Jinen Pandya, Dr. Hitendra Nayak & Dr. Rohan Christian had chaired the session.

Report on એક શામ સુરોકે નામ From Doctors, For Doctors dated on 1st July 2025

Celebration of Doctor's Day with Melodies was held on 1st July 2025 at Ahmedabad Medical Association Hall, Ashram Road, Ahmedabad with the Musical Fiesta "Ek Shaam Suro ke Naam", from Doctors, For Doctors. Dr. Jaydeep Shah and Dr. Himanshu Mehta anchored the entire event very nicely. Dinner was kept from 7:30 to 8:00. From 8:00 pm onwards Program was followed. Around 25 people participated in this Musical extravaganza and made the crowd speechless with their melodious voice. 300 people attended the Musical evening and enjoyed the Evening full of Music altogether.





Report on Aao Gaon Chale project camps

We had diagnostic and medical camp at different villages of Kheda district on Sunday of June month with NGO, SHRC.

On 1/6 at Sodepur village, on 8/6 at Maghrol village, on 15/6 at Khandhali village and on 22/6 at Malatar village. In all camps many people were examined and treated by our doctors. We are thankful to SHRC and Dr. Rameshbhai Patel for coordination.

WE WELCOME FOLLOWING NEW LIFE MEMBERS

M.No.	M.No. Type Name			
13536	L	Dr. Akhani Milind Kirit		
13537	L	Dr. Raval Himani Bhagwanbhai		
13538	L (Transfer)	Dr. Gadhavi Trupti Jaideep		
13539	L (Transfer)	Dr. Majithia Reema Ashok		
13540	L	Dr. Herma Pinkesh Ghanshyambhai		
13541	L	Dr. Chauhan Pruthvirajsinh Ghanshyamsinh		
13542	LC	Dr. Patel Parth Indravardan		
13543	LC	Dr. Shah Aneri Kamlesh		
13544	L	Dr. Joshi Mittal Indravardan		
13545	L	Dr. Banthia Pranjal Anil		
13546	L	Dr. Chotaliya Jaykumar Gunvantbhai		
13547	LC	Dr. Shah Anuj Suketu		
13548	LC	Dr. Patel Astha Rakeshbhai		
13549	L	Dr. Patoliya Bhavin Dineshbhai		
13550	L	Dr. Venkata Deepika Harish Kesaraju		
13551	L	Dr. Brahmbhatt Vidhi Narendrakumar		
13552	L	Dr. Artwani Ekta Anil		
13553	L	Dr. Patel Tirthesh Dasharathbhai		
13554	L	Dr. Kaneria Nachiket Kiritbhai		
13555	L	Dr. Thakkar Milan Rameshbhai		
13556	L (Transfer)	Dr. Bhagat Krupa Mayurbhai		
13557	LC	Dr. Bhatt Jenil Y		
13558	LC	Dr. Sachdev Shikha K		
13559	L	Dr. Kharadi Kinjalkumari Kishorbhai		
13560	L	Dr. Haryani Ankit Parshottambhai		
13561	L	Dr. Shah Ayan Nayan		
13562	LC	Dr. Gugale Shatayu Sujit		
13563	LC	Dr. Bhutya Muskan Mukesh		
13564	L	Dr. Patel Maitri Sanjaykumar		
13565	L	Dr. Patel Ravikumar Dipakbhai		
13566	L	Dr. Patel Darshak Pankajkumar		
13567	L	Dr. Patel Riya Sanjaykumar		

Camp at Khandhali Village and Alindra Village, Kheda District with Sanjivani on 156 Courtesy Dr. R. I. Patel









Camp at Maghrol Village, Kheda District 08-06-25







Camp at Malataj Village, Kheda District, with Sanjivani on 22-6. Courtesy Dr. R. I. Patel







From Despair to Vitality:

Mr Jayeshkumar Jani's Transformation through Bariatric Surgery





"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 Khaitan, 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.



Dr. Manish Khaitan

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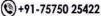
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DEPARTMENT OF NEURO SURGERY & SPINE SURGERY

Thoracic Spinal Meningioma with Lumbar Stenosis in a High-Risk Patient



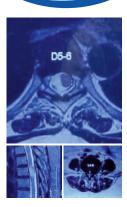
Case Summary:

A 57-year-old female presented with progressive dorsal and lower back pain, along with bilateral lower limb radiculopathy (right > left). She had known comorbidities - hypertension, type 2 diabetes mellitus, ischemic heart disease - and had previously undergone PTCA. She was on anticoagulant therapy.

Imaging (MRI with contrast):

- Intradural extramedullary lesion at D5 suggestive of meninaioma.
- L4-L5 canal stenosis with bilateral nerve root compression.

"After counseling and obtaining consent, the dorsal pathology was addressed at this stage, with the lumbar pathology planned for management during follow-up."



Surgical Management:

- The patient underwent D4–D6 laminectomy with microscopic gross total excision of the tumor and base cauterization under Neuromonitoring.
- Anticoagulation was managed perioperatively.

Postoperative Course:

Recovery was uneventful. She became ambulatory on post op D-3. No bladder or bowel dysfunction was noted. Histopathology confirmed WHO Grade I spinal meningioma.

Conclusion:

This case highlights the importance of careful preoperative planning and neuromonitoring in managing spinal tumors, especially in patients with cardiovascular risk and on anticoagulant. Co-existing degenerative lumbar pathology can confound symptoms, underscoring the value of comprehensive imaging and clinical correlation.

Keywords: Spinal meningioma, lumbar stenosis, comorbidities, Neuromonitoring, spine surgery



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Date of Birth : 26-02-1946

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Program No.: 21

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Dr. Vimal Maheshwari Speaker :

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Date 24th July, 2025, Thursday

Time 3:00 pm - 5:00 pm Venue : AMA, Ashram Road

Registration: Members: Free (but compulsory) Guests: 50/- Rs

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- Free Fundus TOSS Scan (Retina check) test for all attendees- for Diabetic Retinopathy and Glaucoma
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GASTROPARESIS And GERD: Neglected Disease and Over-hyped Treatment



Dr. Parin Shah DNB Resident, Internal Medicine, HCG Hospitals, Ahmedabad Dr. Urman Dhruv Director, Department of Internal Medicine & Diabetes, **HCG Hospitals, Ahmedabad**

1. Introduction:

Gastroparesis Awareness Month is observed in August every month. It wasfounded in 2016 by the International Foundation for Gastrointestinal Disorders (I.F.F.G.D.), which uses its platform to support the gastroparesis community byraising awareness, promoting education, and encouraging research.

Gastroparesis and Gastroesophageal reflux

disease [GERD] are two common upper gastrointestinal motility disorders with overlapping symptoms yet distinct patho physiology.GERD is characterized by the reflux of acidic gastric contents into the esophagus, leading to mucosa damage and typical symptoms such as heart burn and regurgitation. Gastroparesis manifests as delayed gastric emptying in the absence of mechanical obstruction, resulting in symptoms like nausea, vomiting, early satiety and bloating.

Although pathophysiologically distinct, they often co-exist, with shared risk factors such as obesity, diabetes, neuropathy, and motility dysfunction, creating diagnostic and therapeutic complexity.

2. Epidemiology:

The global GERD burden surged from 442 million 1959cases in 1990 to 784 million cases in 2019, marking a 77.5% Increase[Global Burden of Disease study-2019]. Prevalence of GERD is 13.98% world wide as compared to 22.2% in India. Estimated Prevalence of Gastroparesis is 0.013% which is much lower than GERD. Nearly 40 to 50% of patients with Gastroparesis report symptoms of GERD.

3. Risk factors:

Obesity, pregnancy, smoking, alcohol, NSAIDs and dietary factors (caffeine, chocolate, fatty meals) are common risk factors for GERD.Diabetes mellitus (type 1>type 2), post viral syndromes, post





surgical, idiopathic (~36%), Drug induced (Opioid, GLP-1 agonists, anticholinergics) are common risk factors for Gastroparesis.

4. Pathophysiology:

Lower Esophageal Sphincter (LES) relaxations/ hypotension, impaired esophageal clearance attribute to GERD. Impaired gastric motility, dysfunctioning of interstitial cells of cajal, autonomic neuropathy attribute to Gastroparesis.

5. Clinical manifestations:

Every symptom of retrosternal burning is not due to GERD. GERD: Heartburn, Acid regurgitation, chest pain, ysphagia, chronic cough or hoarseness. Symptoms are more after meals, mostly an hour after meals or at night awakening the patient from sleep. Red flag signs/Alarming symptoms- Dysphagia, odynophagia, unintentional weight loss, GI bleeding, iron deficiency anemia, persistent vomiting, new onset symptoms in patient >60 years, family history of upper GI malignancy. GASTROPARESIS: Early satiety, nausea, vomiting, bloating abdominal discomfort, weight loss in severe cases.

It is necessary to differentiate GERD, Gastroparesis and Acid Peptic Disease as they often have similar presenting symptoms but differring management.

Diagnostic Approaches:

Diagnostic approach for GERD

- 1] Upper GI Scopy- indicated when there are red flag signs/Alarming symptoms, atypical symptoms (resistant cough, unexplained asthma, laryngitis, chest pain), failed PPI trial for 8 weeks, Barrett's screening, pre-surgical evaluation (prior to Nissen's fundoplication)
- 2] 24 hour pH monitoring- Gold standard for diagnosis of GERD. Not required if there are typical GERD symptoms+ response to PPI+ no alarm features.
- 3] Esophageal Manometry:- LES pressure assessment-indicated in preoperative assessment for anti-reflux surgery to rule outAchalasia/severe dysmotility; prior to 24 hour pH monitoring for accurate localisation of LES for probe placement; unexplained dysphagia; normal endoscopy with persistent symptoms.
- 4] Impedence pH testing:- detects both acid and non-acid reflux.





Diagnostic approach for GASTROPARESIS

- 1] Gastric emptying scintigraphy :- Gold standard to diagnose Gastroparesis. Patient eats low fat egg white meal labeled with Tc99. Serial scans taken at 0,1,2 and 4 hours. >10% retention after 4 hours is diagnostic of Gastroparesis.
- 2] 13 C-octanoicAcid breath test:-Non invasive
- 3) Wireless motility capsule:- measure transit and pressure.
- 4] Gastric Manometry:- differentiate neuropathic versus myopatjic Gastroparesis.

7. Treatment Strategies:

A) Management of GERD:

- 1) Life style modifications- weight loss, sleeping with head elevated, meal timing, avoidance of trigger foods.
- 2) Pharmacological Proton Pump Inhibitors [PPI](. Pantoprazole , Omeprazole): They are the first line therapy when >2 episodes per week. Dose: Once a day 30-60 minutes before breakfast for 8 weeks. If patient improves try tapering/discontinuing PPI.

If no response--> confirm diagnosis before escalating therapy.

Long term PPI use is indicated if symptoms relapse after stopping PPI, in erosive esophagitis, in Barrett's esophagus.

Side effects: headache, nausea, diarrhea, constipation, itching. Continuous use for more than 1 year causes decreased absorption of calcium, magnesium, iron, B12; Cl. Difficle colitis; pneumonia; Small intestinal bacterial overgrowth (SIBO). Antacids: (calcium carbonate, magnesium hydroxide, aluminium hydroxide, megaldrate)

They are the first line therapy for intermittent and short lived episodes (<1episode per week) and GERD in pregnancy.

Side effects: Hypercapcemia & constipation with calcium carbonate, diarrhea with magnesium hydroxide, constipation with aluminum hydroxide.

H2Receptor antagonist: (e.g. Ranitidine, Famotidine)

Pro kinetics: (e.g. Metoclopramide, Domperidone)

Refractory GERD: if symptoms persists even after 8 weeks of PPI therapy, it is called refractory GERD. In such cases confirm medication





timing and compliance and then one may consider twice daily PPI trial, perform upper G I scopy and if it is normal- do 24 hours pH/Impedence pH monitoring off PPI to confirm the diagnosis.

3) Surgical- Nissens fundoplication for refractory cases [*LOTUS TRIAL2006 demonstrated long term efficacy of laproscopic fundoplication over PPI therapy]; LINXdevice- magnetic sphincter augmentation.

B) Management of GASTROPARESIS)

- 1) Dietary-small frequent low fat low fiber meals; liquid nutrients rich diets; avoid the culprit drugs.
- 2) Pharmacological Prokinetics :- indicated in patients with confirmed delayed gastric emptying, diabetic gastroparesis, post surgical gstroparesis, refractory symptoms. Metoclopramide(only FDAapproved for gastroparesis)- maximum 12 weeks due to risk of tardive dyskinesia.

Domperidone- fewer CNS side effects, risk of QT prolongation. Erythromycin (motility agonist) - short term (1-4 weeks) use due to tachyphlaxis.

Cisapride (5HT-4 agonist) - withdrawn from market due to cardiac risks (arrhythmia, QT prolongation)

Prucalopride - safer alternative to cisapride.

Antiemetics: (e.g. Ondansetron, Prometazine)

Ghrelin agonists: Relamorelin [* RELENT STUDY-2023 showed efficacy in improving gastric emptying and reducing symptoms of gastroparesis] -not recommended by ACG (American College of Gastroenterology)

3) Interventional - Gastric electrical stimulation (GES) , GPOEM (Gastric Per Oral Endoscopic Myotomy), PEG-J feeding tube in severe malnutrition.

[*AGA 2022 update recommends gastric scintigraphy for diagnosis & highlights the role of G-POEM in refractory patients].

8. Challenges in Co-management:-

GERD with delayed gastric emptying may be resistant to PPI.

Treating Gastroparesis with Prokinetics may improve GERD



symptoms in overlapping cases. Overlapping symptoms require precise diagnostic work up to avoid mismanagement.

9. Conclusion:-

GERD and Gastroparesis, though distinct ,often present with overlapping features that complicate diagnosis and management. A thorough understanding of pathophysiological mechanisms, evidence based diagnostics, and tailored treatment strategies are vital. The clinical management of GERD influences the lives of many individuals and is responsible for substantial consumption of health care and societal resources. Treatments include lifestyle modification, PPI medication, and laparoscopic fundoplication. New endoscopic and less invasive surgical procedures are evolving. PPI use remains the dominant treatment, but long-term therapy requires follow-up and reevaluation for potential adverse effects.Increased awareness, multidisciplinary care and future research are critical to improve patient outcomes in this evolving scenario.

References:-

- 1) ACG's Guidelines 2022, 2023
- 2) Global Burden of Disease study 2019
- 3) Parkman HP, Hasler WL, et al.
- 4) AGA Technical review on Gastroparesis 2022
- 5) The RELENT trial 2023
- 6) The LOTUS TRIAL 2006

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Professional Ethicsand Best Practices for Medical Practitioners



By Dr. Kruti Deliwala

Introduction

Ethical practice forms the cornerstone of medical professionalism. Doctors are entrusted withthe life, dignity, and privacyoftheir patients, and withthis comes great responsibility. This chapter outlines the essential 'dos and don'ts' that every medical practitioner must follow to maintain patient trust, avoid legal complications, and ensure quality care.

It is also desirable for the patients and their attendants to observe certain norms, so that They benefit most from the medical help sought and healthy relationship with the doctor / hospital is maintained. Patients and attendants have certain rights as well. Information in this regard is being provided in this chapter.

Section I: The Do's - Essentials of Good Medical Practice

Documentation and Record-Keeping

- · Always mentionyourgualifications, experience, and designation clearly. (As regulated by Medical Degrees Act, 1916)
- · Ensurethat every consultation is recorded with the date, time, age, sex, and weight of the patient.
- · Listen carefully, attentively and ask questions intelligently.
- · Make detailed notesof symptoms, diagnosis (even if provisional), and advice given.
- · Record drugallergies and obtain signed refusals when patients decline investigation so radmission.

2. PatientInteraction and PhysicalExamination

- · Establisheye contact, listenattentively, and examine the concerned are aphysically.
- · Usea stethoscope even if only to reinforce clinical presence.
- · Avoid staring but maintain a compassionate gaze.
- · Do not hesitate to ask again if interrupted or disturbed.

DrugPrescriptionand SafetyMeasures

- · Usecorrectdrugnames, dosages, intervals, and method so fadministration.
- · Advice regarding smoking orother harmful habits, and the effect on the disease and / or drug interactions.



- · Highlight potentialsideeffects.
- · Remember major drug interactions.
- · Taperdrugslike steroidsslowlyratherthanstoppingabruptly.
- · Adjustdosageforchildren, theelderly, and thosewithliver / kidneydisorders.
- · Prescribe cautiously in pregnancy and lactation.
- · Medication to relieve pain, especially in post-operative and cancer cases, must be carried out carefully.
- · While giving an injection / vaccination- check for name, expiry date, route, role of dilution, rate of administration, site of injection, use of disposable syringe and needle, properly stored, any contraindications are to be noted.

Consultation, Referral, and Prognosis

- · Mention "Diagnosis under review until the diagnosis is finally settled.
- · Document when prognosis is explained and getsignatures if needed.
- · Advice regarding the follow-up visit.
- · Referpatients formally and followup with trusted specialists.
- · In case of deviation from stand ard care, mention and explain the reasons.
- · Maintaina listofreliable colleagues.
- · Mention regarding refusal of treatment or advice with proper signatures.

5. Legaland Procedural Precautions

- Obtain valid consent for procedures.
- · Learn the difference between INFOREMED PERSUATION and INFORMED CONSENT.
- Follow MTP and sterilization guidelines.
- · Before recanalization explain in writing that there is no guarantee for pregnancy to take place.
- · Screen patients for Hepatitis B and HIV. Maintain emergency preparedness and inform authorities in case of procedural deaths.
- · Always seek proper legal and medical advice before sending reply to the notice sent by the patient or his representative to the complaint referred to you from a consumer court / civil court / criminal court.

6. Knowledge, Skill, and FacilityUpgradation

· Regularly attend medical updates, subscribe to journals, and keep abreast of recent advances.



· Trainyourstaff, maintainyourequipment, and Always aimtoprovidest and ard care.

Section II: The Don'ts - Practices to Avoidat All Costs

Unethicalor UnsafeMedicalPractices

- · Neverprescribewithoutphysicalexamination.
- · Avoidexaminingfemalepatientswithouta female attendant during intimate examinations.
- · Do not insist patients tell history of illness or be examined in presence of others- They hav a right to privacy and confidentiality.
- · Refrain from smoking, intoxication, or examining while exhausted.
- · Don't be overconfident.

2. Professional Misconduct

- Don'tcriticize colleaguesinfrontofpatients.
- · Avoidusingbanneddrugs, over- orunder- prescribing, and polypharmacy.
- · Don't substitute drugs without discussion.
- · Don't adopt experimental methods in treatment.
- · Don't do anything beyond your level of competence.

3. CommunicationFailuresand Privacy Breaches

- · Don't with hold diagnosis orprognosis. Becom passionate while breaking badnews.
- · Don't refuse the patients' right to know about the diagnosis and treatment of his illness.
- · Avoid breaching patient confidentiality unless legally mand ated.

4. Legal, Social, and Environmental Negligence

- · Donotignore hospital was tedisposalnorms. Don't deny emergency care.
- · Avoidissuing false certificates.
- · Don't refuse the patient's right to know costs or hospital rules.

Conclusion

Good medical practice requires a combination of skill, sensitivity, and ethical conduct. By adhering to thesedosand don'ts, doctors can build patient trust, prevent complications, and uphold the dignity of the profession. This guide serves as a reminder of the responsibilities that come with the white coat, and the silent promise every doctor makes to do no harm.



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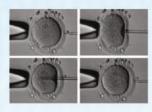




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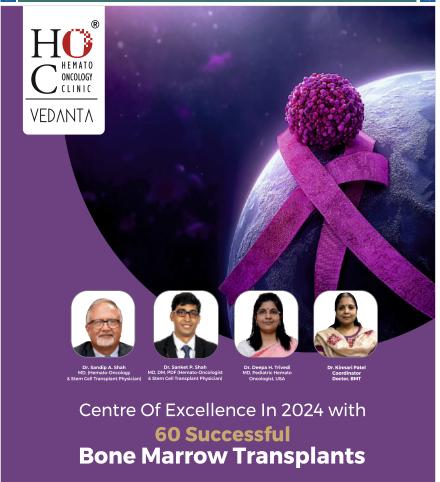
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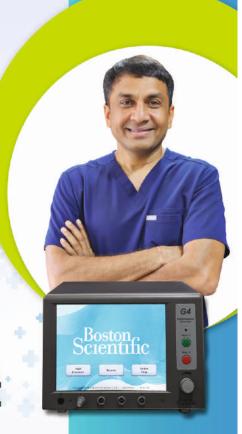
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