

AHMEDABAD MEDICO NEWS Registered under RNI No. GUJENG/2006/17532
Published on 27th of Every Month and Permitted to Post at without Prepayment
No. PMG/HQ/99/2019-2021 Valid Upto 31-12-2021 Ahmedabad PSO on 27th Date of every Month under
Regd. No. GAMC / 1548 / 2019-2021 issued by SSP Ahmedabad. Valid upto 31-12-2021


CURE SIGHT LASER CENTRE

Get rid of Glasses and Contact Lenses by

EXPERTS

EYE PROBLEM?

CONTOURA VISION
First Time in Ahmedabad!
Only at CURE SIGHT LASER CENTRE

Cure sight laser centre is the only place to have Contoura Vision technology for the most detailed diagnosis for the best results and treatment outcomes in LASIK refractive surgery.

Contoura vision procedure has created a revolution in the way we correct the curvature of the eye. By this technology, doctors get benefit of 20,000 in comparison to normal LASIK procedure. This procedure is also known as topographic correction of eyes. Cure sight laser centre is the only centre in Ahmedabad to have this facility.



Diagnosis: Topog. > Data Input > Contoura Vision > Data Input

WaveLight Allegro Sparkle "WAVE" with Contoura Vision Topography Suite System

WaveLight EX500 Femtosecond Laser & WaveLight EX500 Excimer Laser

ADVANCED TECHNOLOGY IN THE WORLD

The Refractive Suite Consists of WAVELIGHT® EX 500 (ALCON) Excimer Laser Machine

- It is US FDA approved - It corrects 1 D in 1-40 seconds only.

One of the World's fastest WAVELIGHT® FS 200 (ALCON) Femto Second Laser machine for BladeFree OptiLASIK.

- It is US FDA approved.

The Refractive Suite-Alcon (USA)-US FDA Approved WAVELIGHT® EX-500 excimer laser of 500 Hz and WAVELIGHT® Star ICC FS-200 femtosecond laser

CURE SIGHT LASER CENTRE
3rd Floor, Dev Complex, Opp. Merodes Showroom, Parnal Garden Cross Road, Ahmedabad, Gujarat-380006.

WE HAVE THE MOST EXPERIENCED & DYNAMIC TEAM OF

- DR. PARIMAL DESAI, Chairman (M.S. Ophthalmology)
- DR. ADITYA DESAI, Director (M.S. Ophthalmology)
- DR. ARJUN BHADRE, M.S. Ophthalmology
- DR. ASHISH SHOUJAK, M.S. Ophthalmology
- DR. JIGNESH SHAH, M.S. Ophthalmology
- DR. ASHISH KAVASTHA, M.S. Ophthalmology

and TEAM OF ASSOCIATE DOCTORS

Who has the credit of performing one of the highest LASIK procedures in the world

AWARDS & ACHIEVEMENTS

- Dr. Parimal Desai has Received the most prestigious Award in the field of Medicine in the country, Dr. B.C. ROY National Award at the hands of The President of India, Hon. Shree Pranab Mukherjee in March 2017 for his outstanding work in LASIK.
- Dr. Parimal Desai Received one of the most prestigious ICL Awards - I. EVO Visian ICL-500 Award & EVO Toric Visian ICL-500 Award in Paris at ISARM Bangkok International EVO Visian ICL Expert Summit 11 to 13 September 2019 Paris, France

FACILITIES AVAILABLE UNDER ONE ROOF

- Laser Vision Correction by
- Blade Free LASIK - Contoura Vision & Wave Front LASIK etc.
- Range of Correction by LASIK
- 10 D Sph. to +10 D Sph.
- 1 D Sph. to +8 D Sph.
- ± 1 D Cyl. to ± 8 D Cyl.
- We can correct upto -20D Sph and +10D Sph by ICL implantation.
- For Keratoconus, Corneal Cross Linking Procedure
- IMACS Ring Implantation for Very High Cylindrical Numbers due to Keratoconus
- Bioplastics for numbers over -20 D Sph. upto -30 D Sph. (ICL plus LASIK)

Thank you & Warm Regards,
Dr. Parimal Desai
M.S. (Ophthalmology), Director

+91 9377338797 +91 79 26401047, 26401048

info@csightlaser.com www.curesightlaser.com

Time: 10.30 am to 5.30 pm
Please do not visit us for follow up on Tuesday and Friday

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NAME OF THE PRINTING PRESS & ADDRESS :- **HITESHKUMAR & COMPANY**
AMRUT INDUSTRIAL ESTATE, DUDHESHWAR, AHMEDABAD - 380 004.
M.92288 85157, E-mail : hiteshkumarandco@gmail.com

Month Face Value Rs. 08=00 - Yearly Face Value Rs. 96=00

AHMEDABAD MEDICAL ASSOCIATION

(Branch of Indian Medical Association)

ESTD : 1902

AHMEDABAD MEDICO NEWS

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DR. MONA P. DESAI
President - AMA



DR. DHIREN R. MEHTA
Hon. Secretary - AMA

Imm. Past President - **DR. MEHUL N. SHELAT**

VOL. 15

AUGUST-2020

ISSUE-4

HIGHLIGHTS

PROGRAMMES

20-09-2020 118th Annual Day Celebration
04-10-2020 Installation Ceremony

ARTICLES

- **Covid-19 and Diabetes** : By Dr. Urman Dhruv
- **હેલ્થકેર પ્રોફેશનલની કોરોના પાઠ્યેમીકમાં અત્યાર સુધીની સફર...** : By Dr. Himanshu Desai



**'SECRET' TO SUCCESS IS THE RESULT OF
PREPARATION, HARD WORK AND PERSEVERANCE'**

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



PRESIDENT'S MESSAGE

Dear Doctors,

My year as President of this prestigious Medical Association is coming to an end. I have now only one and half month to go. Life goes on and time flies. If we do not change with times we will be lost in the chequered past. Corona Virus Pandemic has taught us so many things and the most important thing for us now is to STAY ALIVE. With so many of our colleagues getting infected with Covid-19 and few of them losing the battle succumbing to infection, we have realised the value of staying healthy and alive. We have learn to value time spend with our near and dear ones. Suddenly we all have started feeling insecure about the longitivity of our life span. Well let us all be positive and learn to enjoy each moment of our lives and try to fulfill all our wishes and dreams.

Our Ahmedabad Medical Association has undergone the biggest loss - we have lost our senior office superintendent - Mr. Manubhai Rami - our Ramikaka - in a very unfortunate incident. He served our association for 50 years and he was an 'Encyclopedia' of AMA. Our another

senior office staff Mr. Prakash Thoria is also very critical- on Ventilator having Covid-19 infection. So this pandemic is going to change calculations of our life .

First time in the history of Ahmedabad Medical Association a Live Webcast was done of the Flag Hoisting on 15th August-2020 -the Independence Day . It was celebrated with proper protocol- Mask and social distancing was maintained.

We organised an excellent Webinar of Zonal PPS Seminar, which was really informative and useful to our Medical colleagues.

Annual Day Celebration is on the cards and we will not be losing an opportunity to Felicitate our Members for their extra ordinary achievements in Medical as well as Social field. The students will also be awarded for their academic excellence.

So friends and colleagues in the end just want to tell you - it all depends on you how you see or live your life- whether you see a glass of water half empty or half full. But just want to tell you, make your life such that your each moment is productive and useful to someone because in the end only your deeds stay here not your body or soul.

**'How long you live is not important
How you live is important'**

Dr. Mona P. Desai

President

Ahmedabad Medical Association

Dr. Dhiren Mehta

Hon. Secretary

Ahmedabad Medical Association

Independence Day Celebration - 15-08-2020



Condolence Meeting of Late Ramikaka - 06-08-2020

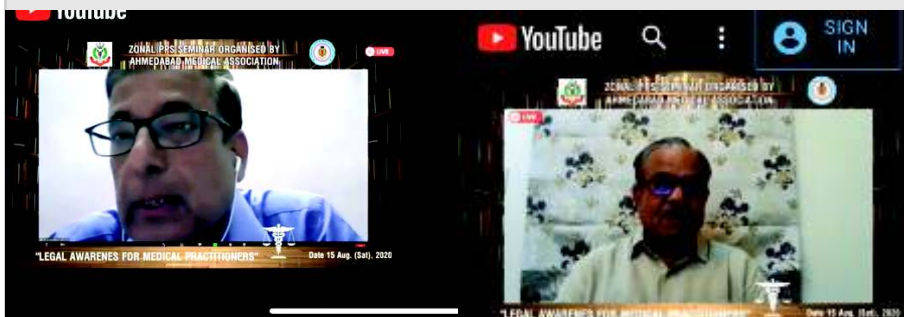


PPS Zonal Seminar - 15-08-2020



Dr. Mona Desai
President - AMA

Dr. Bipin Patel
Managing Director - PPS



Dr. Chandresh Jardosh
President - GSB IMA

Mr. Deepak Shukla
Lawyer



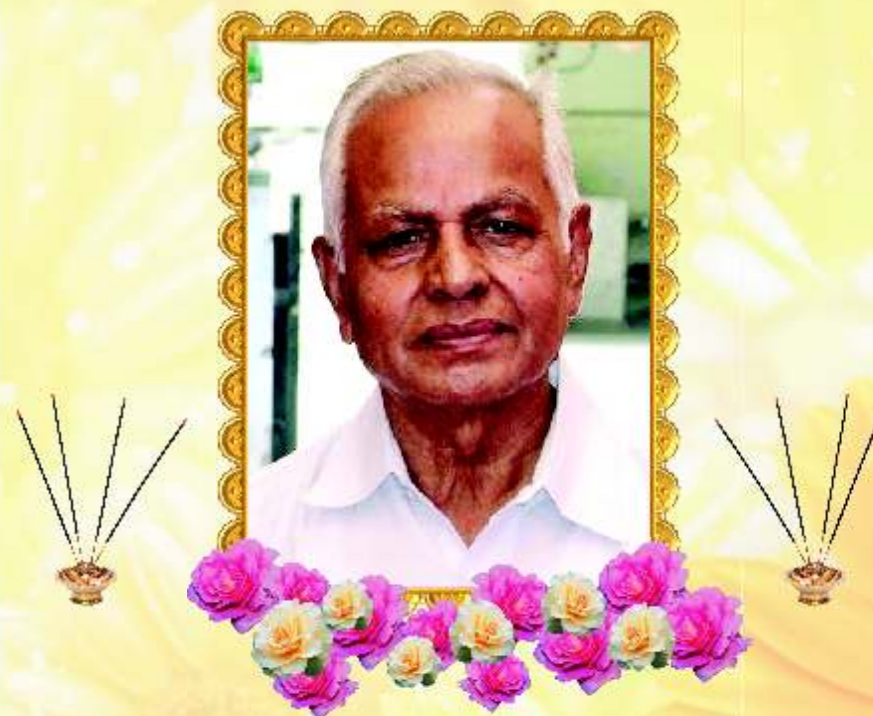
Dr. Dhiren Mehta
Hon. Secretary - AMA

PPS Zonal Seminar
Ahmedabad Branch



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

A Heartfelt Tribute to



MR. MANUBHAI RAMJI

Date of Birth : 01-03-1939

Date of Death : 06-08-2020

A.M.A. BULLETIN INDEX

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AHMEDABAD MEDICAL ASSOCIATION YEAR : 2019-2020

OFFICE BEARER

PRESIDENT	HON. SECRETARY
DR. MONA P. DESAI	DR. DHIREN R. MEHTA
M. 9825016769	M. 98988 54158
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HON. FINANCE SECRETARY	HON. LIBRARY SECRETARY
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M. 98241 95362	M. 97266 57062
	IMM. PAST PRESIDENT
	DR. MEHUL N. SHELAT
	M. 98253 98891

MANAGING COMMITTEE MEMBERS

P.G.		OTHER THAN P.G.	
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M. 75672 00111		M. 98253 31266	
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DR. MANJIT J. NAYAK	NAVJIVAN POST	DR. PRAKASH P. MOHATTA	ISANPUR
M. 99982 27871		M. 94263 55122	
DR. GAURANG J. PATEL	GHATLODIA	DR. SATISH M. PANDYA	SHAHIBAUG
M. 97243 19934		M. 98259 56928	
DR. GARGI M. PATEL	SHAHIBAUG	DR. HEMANT B. PATEL	RANIP
M. 98243 43744		M. 98798 13741	
DR. MAITREYI J. PATEL	NARANPURA	DR. SURESH K. PATEL	GHATLODIA
M. 99794 87372		M. 98240 53995	
DR. MITESH K. PATEL	SABARMATI	DR. H. G. PATWARI	BAPUNAGAR
M. 94094 09300		M. 91063 18533	
DR. NAITIK B. PATEL	MANINAGAR	DR. SHAILESH D. RAVAL	BOPAL
M. 98981 29475		M. 98253 00296	
DR. SAHIL N. SHAH	NAVRANGPURA	DR. JITENDRA H. SHAH	NARANPURA
M. 94285 01412		M. 98240 22362	
DR. SUMIT P. PATEL	GANDHINAGAR		
M. 98242 23626			

BULLETIN COMMITTEE

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DR. VIPUL V. SHAH	DR. ATUL J. GANDHI	DR. URVESH V. SHAH
DR. NAITIK B. PATEL	DR. DEVENDRA R. PATEL	

**AHMEDABAD MEDICAL ASSOCIATION**

(Branch of Indian Medical Association)

118th ANNUAL DAY CELEBRATION

We cordially invite you on 118th Annual Day Celebration programme of our Association and felicitation of our members and students for their achievements.

Date : 20th September, 2020, SUNDAY
Time : 10.00 a.m. onwards
Venue : Dr. R. M. Fozdar Hall, A.M.A. House,
Opp. H. K. College,
Ashram Road, Ahmedabad-380 009

GUEST OF HONOUR : MR. AJAY UMAT
Sr. Journalist
Editor - in Chief 'Nav Gujarat Samay'

ANNUAL DAY PROGRAMME

10.00 a.m. to 10.20 a.m.	Registration & Breakfast
10.20 a.m. to 11.00 a.m.	Dr. B. N. Mehta Oration
11.00 a.m. onwards	Annual Day Celebration (Awards & Prize Distribution)

Dr. Mona P. Desai
President - AMA

Dr. Dhiren Mehta
Hon. Secretary - AMA



NOTICE

Dear Member,

The Annual General Body Meeting of the members of the Ahmedabad Medical Association will be held on Wednesday 30-9-2020 at 3.30 pm. at our premises to transact the following agenda.

N.B. For the want of quorum the meeting will be held after 15 minutes.

AGENDA

1. To read and confirm the minutes of the previous Annual General Body meeting.
2. Anything arising out of it.
3. To pass the Annual Report for the year 1-10-2019 to 30-9-2020.
4. To pass the Income & Expenditure A/C for the year 2019-2020.
5. To pass the Audited Report for the year 1-4-2019 to 31-3-2020.
6. To pass the estimated budget for the year 2020-2021.
7. To appoint Auditors for the year 2020-2021.
8. To pass the resolution to operate Bank A/C.
9. To elect members for State Council for the year 2020-2021, Post 92 (90+2). Nomination Forms will be available from the office from 9-9-2020. Last date for receiving the form is 14-9-2020 before 3.00 p.m. Last date for withdrawal is 16-9-2020 before 3.00 p.m.

10. Election of the following sub committees :

- (1) Scientific (2) Sports & Entertainment (3) Building (4) Library (5) Rules (6) Benevolent (7) Ethical (8) Insurance (9) Family Planning (10) Public Relation. The nomination forms will be available from the office from 9-9-2020. The last date for receiving forms is 14-9-2020 before 3-00 p.m. withdrawal date is 16-9-2020 before 3-00 p.m.

GENERAL RULES FOR ELECTION

- (a) The Nomination of candidate should be duly proposed and seconded.
 - (b) Photo Identity document is required to cast the vote (AMA Identity card, IMA Identity Card, Identity Card issued by Election Commission, Driving License, Passport etc), whenever asked for.
 - (c) The attendance register will be closed at 4.00 p.m. sharp.
11. Any other business with the permission of the chair.

Dr. Dhiren R. Mehta

Hon. Secretary

INSTALLATION CEREMONY

Kindly remain present to grace the occasion of Installation Ceremony of Dr. Kiritkumar C. Gadhavi as President of Ahmedabad Medical Association and the team of Office Bearers & Managing Committee Members for the year 2020-2021.

Date	04-10-2020, Sunday
Time	11.00 am Onwards...
Venue	Dr. R.M. Fozdar Hall, AMA House, Opp. H.K. College, Ashram Road, Ahmedabad.
Chief Guest	Dr. NitinVora • Dean - GMERS Medical College, Sola • President - GMC, Ahmedabad • Chairman - Finance Committee Medical Council of India New Delhi
Guest of Honour	Dr. Mahadev Desai Senior Physician
Installation Officer	Dr. Devendra Patel Past President, AMA

PROGRAMME

- Prayer
- Welcome Speech by President
- Felicitation of Guests
- Lighting of lamp
- About A.M.A. by Hon. Secretary
- Introduction & Installation of Office Bearers & Managing Committee Members.
- Installation of President
- Speech of Installation Officer
- Acceptance Speech by the Installed President.
- Speech by Guest of Honour
- Speech and Blessings by Chief Guest
- Vote of thanks
- Felicitation of New team by well wishers.

Be a Member of
F.B.S.,
S.S.S., P.P.S.,
Health Scheme
and N.S.S.S.



Indian Red Cross Society, Ahmedabad & Ahmedabad Medical Association Appeal for Plasma Donation

COVID-19 Convalescent Plasma (CCP) Donor Criteria

1. 28 days post recovery or 14 days after negative RT-PCR corona Report
2. Male or nulliparous female
3. Age - 18 to 60 Years
4. Hb->12.5 gm%
5. Weight - more than 50 kg
6. Diabetes, Hypertension patients can donate plasma

Plasma should be given to whom ?

1. Moderately ill patients of COVID-19 not improving (Oxygen requirement is progressively increasing) despite of steroids.
2. ABO Compatibility
3. Age > 18 Years
4. Use should be avoided in patients with IgA deficiency or immunoglobulin allergy. Contraindicated in Pregnant women, Breast feeding women.
5. Dose: 200 ml Single dose given slowly over not less than 2 hrs.

Transfusion Specialist - Dr. Jhalak Patel - Mob. : 9727745507
We Provide CCP as off label therapy to all hospital Patients.

Register your name for plasma donation on 079-26651833
J.L. Thakore Red Cross Bhavan, 18, Gujarat Brahmshatriya society,
B/h. Suvidha Shopping Center, Paldi, Ahmedabad-07
Phone : (079) 26651833 - 26650855, Mob. 9727745504

REPORT OF INDEPENDENCE DAY CELEBRATION 15/08/2020

For the very first time in the history of Ahmedabad Medical Association a LIVE WEBCAST was done for the celebration of our 74th Independence Day at our own AMA Premises. The celebration started sharp at 9:00am, all the protocols were strictly followed, everyone wore Masks, kept social distancing and very limited members gathered-around 25 for the Flag Hoisting ceremony. Hon. Secretary of AMA Dr. Dhiren Mehta initiated the program and invited President-AMA Dr. Mona Desai to do the Flag hoisting. After the flag hoisting our National Anthem was sung with full respect and also Vande Mantram was sung. President - AMA Dr. Mona Desai gave a speech appropriate for the occasion and then after light breakfast, everyone dispersed. It was very disciplined and flawless programme of Flag Hoisting on our country's Independence Day.

REPORT OF PPS ZONAL SEMINAR ORGANISED BY AMA-15/08/2020

PPS ZONAL SEMINAR was organised by Ahmedabad Medical Association under the aegis of GSB IMA and PPS. It was the very first time when an PPS Seminar was a WEBINAR. Due to COVID-19 Pandemic we had no choice but to keep this Seminar online .

The seminar was initiated by President -AMA Dr. Mona Desai . She then invited President GSB IMA Dr. Chandresh Jardosh to give a welcome address. Then Managing Director of PPS Dr. Bipinbhai Patel gave account of PPS. Dr. Mona Desai, then, introduced the speaker of the Webinar -Lawyer Mr. Deepak Shukla - who is also a panel lawyer of our PPS. He gave his talk on the topic- 'LEGAL AWARENESS FOR MEDICAL PRACTITIONERS ' . His talk was very informative and at the end few Questions were also addressed which were asked by the viewers (our members). The Webinar ended with Vote of Thanks by Hon. Sec. - AMA - Dr. Dhiren Mehta.

હેલ્થકેર પ્રોફેશનલની કોરોના પાન્ડેમીકમાં

અત્યાર સુધીની સફર...

ડૉ. હિમાંશુ દેસાઈ
મનોચિકિત્સક

ડીસેમ્બર મહિનામાં કોરોના વાયરસે પોતાના પગરવ ચીનની ધરતી ઉપર મૂક્યા. શરુઆતમાં તો ચીનાઓને પણ ખબર ન પડી પરંતુ ધીરે ધીરે ખાંસી, ઉધરસ અને તાવવાળા લોકોથી હોસ્પિટલો ભરાવા માંડી અને મોટી ઉંમરના માણસોની શ્વાસની તકલીફ વધવા માંડી, મૃત્યુનું પ્રમાણ વધવા લાગ્યું ત્યારે તેમને લાગ્યું કે કાંઈક જુદું થઈ રહ્યું છે અને ખ્યાલ આવ્યો કે આ તો કાંઈક નવા પ્રકારનો વાયરસ છે જે કેવી રીતે માણસજાતમાં આવ્યો અને ફેલાઈ તેના વિશે વધુ ખબર ન પડી અને રોજ રોજ વુહાનમાં આનાથી પ્રભાવિત થનારા લોકોનું પ્રમાણ વધવા માંડ્યું. WHO ના માંધાતાઓને પણ લાગ્યું કે આ તો ફક્ત બીમારી નથી પરંતુ મહામારી છે અને આ ચીનાઓ જ્યાં જ્યાં જશે, જેની સામે હાથ મીલાવશે, ખાંસી ખાશે, છીંકશે તેની ઉપર ફેલાશે.

અને લોકો આ ચીનાઓથી પોતાની સરહદો બંધ કરે તે પહેલા આ લોકો આખાય વિશ્વમાં જ્યાં જ્યાં ગયા, ફર્યા ત્યાં આ કોરોના વાયરસને પોતાની સાથે લેતા ગયા, ફેલાવતા ગયા.

ચીનમાં આ બીમારી કૂદકે અને ભૂસકે વધવા માંડી અને મોતનો આંકડો પણ વધવા માંડ્યો. આપણે ત્યાં પણ સરકાર સાવચેત થઈ ગઈ, જુદા જુદા પ્રકારના પ્રતિબંધો લાદવા વિશે વિચારણા થવા માંડી. પરંતુ ત્યાં સુધીમાં તો આ વાયરસે પોતાનો અડીંગો યુરોપમાં લગાવ્યો અને સ્પેન, ફ્રાંસ, ઈંગ્લેન્ડ અને પછી રશિયા પણ તેમાંથી બાકાત ન રહ્યા. બધા ઉપર આ વાયરસથી પીડાતા લોકોની સંખ્યા નો ગ્રાફ ખૂબ જ ઝડપથી આગળ વધવા માંડ્યો.

આપણે ત્યાં લોકડાઉન જાહેર થયું. આ નવો શબ્દ હતો. મતલબ એ હતો કે આપણે ઘરમાં જ રહીએ અને કોઈને પણ મળીએ નહીં આથી વાયરસ જ્યાં હોય ત્યાંજ રહે, ત્યાંથી આગળ વધે નહીં. વૈજ્ઞાનિકોની સમજણ પ્રમાણે લગભગ ચૌદ દિવસમાં આ વાયરસ લગભગ મરી જ જાય. પરંતુ આ દિવસો દરમિયાન પણ બધું સરકારશ્રીની અપેક્ષા પ્રમાણે રહ્યું નહીં, ઘણાં લોકો બહાર ફરતા

રહ્યા, પરદેશથી આવતા રહ્યા, બીજાને વાયરસની ખો આપતા રહ્યા અને વાયરસ એક ઘેરથી બીજા ઘેર સરળતાથી ફરવા માંડ્યો, અને લોકોને પોતાના વશમાં કરતો રહ્યો.

હેલ્થ પ્રોફેશનલ એ તો ભગવાનનું કામ કરવું જ પડે. કેટલાકે પોતાની ઈચ્છાથી કામ ચાલુ રાખ્યું, કેટલાકે સરકારની બીકથી કામ ચાલુ રાખ્યું. ઘણા બધા ડોક્ટરોએ એપ્રિલ મહિનામાં પોતાના દવાખાના બંધ પણ રાખી અને દર્દીઓને ટેલી કોન્ફરન્સથી જોવાનું પણ શરુ કર્યું.

લોકડાઉન તો લાંબુ ચાલ્યું કારણ કોરોના ઉપર વિજય મેળવવાનું ધીરે ધીરે લાંબુ ચાલ્યું. દરમિયાન અમેરીકામાં કોરોના પૂર ઝડપે આગળ વધવા માંડ્યો, મૃત્યુ આંક પણ ખૂબ જ વધવા માંડ્યો. ભારતે પણ જાણે તેનો પીછો કરવા માંડ્યો.

મૃત્યુના, કોરોનાથી પીડાતા લોકોના સમાચાર ઠેરઠેર સંભળાવા લાગ્યા. લોકોમાં ભયનો માહોલ ફેલાવા લાગ્યો.

રાત્રે કરફ્યુ હોય, સાંજ પછી સડકો સૂમ સામ હોય, બસ, રીક્ષા બંધ હોય, ટ્રેન, મેટ્રો, વિમાન સેવા બંધ હોય આ બધું જુદગીમાં ન જોયેલું, ન જાણેલું હોય તેવી ઘટના હતી. મજૂરો હવે પોતપોતાના વતનમાં જવા માટે જે સાધન મળ્યું તેમાં જવા માંડ્યા. કાંઈ ન મળે તો પગપાળા અને સાઈકલ પર લાંબા અંતરની મુસાફરી કરીને ઘરે પહોંચ્યા.

શાકભાજીના બજારો બંધ થાય ત્યારે માણસની મજબૂરી પણ દેખાવા લાગી, ઘણાના ઘરે વસ્તુઓની અછત સર્જવા માંડી.

હેલ્થ પ્રોફેશનલ વધારેને વધારે બહાર જવા માંડ્યા અને તેના કારણે ઈન્ફેક્શનનો ભોગ પણ બનવા માંડ્યા. સાવચેતી સાથે કામ શરુ તો કર્યા પરંતુ ક્યાંથી વાઈરસ ઘૂસી જવા માંડ્યો તે ખબર ન પડતા ઘણા હેલ્થ પ્રોફેશનલ ની તબીયત ખરાબ થતા આઈ.સી.યુ.માં દાખલ થવાની નોબત આવી. ઘણા આપણા મિત્રો આ વાઈરસ સામે ટકી ન શક્યા અને શહીદ થયા. આ સમાચાર બાકીના બધા જ લોકો માટે ખૂબ ચિંતા જનક અને હતાશા ફેલાવનારા હતા. રોજ વોટ્સ એપ ગ્રુપમાં મિત્રોને શ્રદ્ધાંજલી આપતા ખૂબ જ દુઃખ થતું પરંતુ શો તો ચલાવવો જ જોઈએ એમ માની પાછા કામે લાગી જતા.

બધાના મનમાં ઘણા પ્રશ્નો હતા, આ વાઈરસ શું છે ?, કેમ ફેલાશે?, કેમ ફેલાતો રોકવો ?, શું કરવાથી ચેપ નહીં લાગે ?



પી.પી.ઈ. કીટ પહેરવી કે નહીં ? N-95 માસ્ક ક્યો સારો અને સસ્તો ? ક્યું સેનેટાઈઝર સારુ અને સસ્તું ? માસ્ક અને સેનેટાઈઝર ક્યાંથી મેળવવું ?

એ.એમ.એ. ના હોદ્દાદારો દ્વારા માસ્ક અને પી.પી.ઈ. કીટ બધા માટે સસ્તા દરે કે મફત ઉપલબ્ધ કરવામાં પણ આવ્યા.

બાકી બધા લોકોએ માસ્ક, સેનેટાઈઝર અને પી.પી.ઈ. કીટમાં ધંધો કરી લીધો પરંતુ ફક્ત ડોક્ટરોએ માણસાઈ બતાવી અને પોતાના જૂના દરે જ સારવાર ચાલુ રાખી છે.

આ દરમિયાન સરકારે વધુ પ્રાઈવેટ નર્સિંગ હોમને કોરોનાની સારવાર કરવા માટે સામેલ કરી, ડોક્ટરોએ પોતાના જોખમે આમાં સામેલ થયા ખૂબ સરસ સેવા પૂરી પાડી.

કોરોનાની સારવાર કેવી રીતે કરવી તે અંગે પણ ઘણા નવા નવા પ્રોટોકોલ બહાર પડ્યા. હાઈડ્રોક્સીક્લોરોક્વીન અપાય કે ન અપાય, ટોસ્લીમુઝેબ અને રેનડેસીવીર ના નામ પણ બધા ડોક્ટરોને હવે મોઢે થઈ ગયા.

ગર્વમેન્ટ સર્વિસમાં રહેલ ડોક્ટરો ખૂબ મુશ્કેલ ભરી પરિસ્થિતિમાં કામ કરી રહેલ છે.

ઉપરી અમલદારો જેમને મેડીકલ વિશે વધારે ખ્યાલ નથી છતા પણ મેડીકલ વિશેના તેમના તગલખી નિર્ણયોને સાંભળવા અને તેનું પાલન કરવું એ ઘણીવાર મુશ્કેલ બાબત બની જાય છે.

રેસીડેન્ટ ડોક્ટરો કોઈપણ બ્રાંચના હોવા છતાં પણ જીવના જોખમે લાંબા સમય સુધી મુશ્કેલ પરિસ્થિતિમાં કામ કરી રહ્યા છે. તેમના મા-બાપ તેમની તકલીફો વિશે કોઈ બોલી શકે તેમ પણ નથી.

આજે જ્યારે ઓગષ્ટ પૂરો થવા આવ્યો છે ત્યારે કોરોનાની સ્થિતિ ત્યાંની ત્યાં જ છે. રોજ પચાસ હજારથી વધારે નવા દર્દી દેશમાં વધી રહ્યા છે. આ તો સરકારી આંકડા છે જે કદાચ સત્યથી ઘણા વેગળા છે.

આપણે જ આપણી સંભાળ રાખવાની છે. મનને વધારે મજબૂત કરવાનું છે. કદાચ થોડા મહિના પ્રેક્ટીસ નહીં કરીએ તો ચાલશે પરંતુ જીવતા હોઈશું તો ઘણું બધું થઈ શકશે.

કદાચ ભગવાને આપણને આ બ્રેક મારીને બીજી રીતે પણ જીવી શકાય તેવું બતાવવાની એક તક આપી છે. ચાલો ઝડપી લઈએ...!



Covid -19 and Diabetes

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Patients with diabetes who get coronavirus disease 2019 (COVID-19) are at risk of a severe disease course and mortality. Since the initial COVID-19 outbreak in China, much attention has focused on people with diabetes because of poor prognosis in those with the infection.

The reason for worse prognosis in people with diabetes is likely to be multifactorial, thus reflecting the syndromic nature of diabetes. Age, sex, ethnicity, comorbidities such as hypertension and cardiovascular disease, obesity, and a pro-inflammatory and pro-coagulative state all probably contribute to the risk of worse outcomes. However, there are many contentious issues about which the evidence is rather limited.

Although most of the studies suggest similar outcome in type 1 diabetes also, we will restrict ourselves to type 2 diabetes in this article.

Epidemiology:

In previous disease epidemics, a greater risk of viral infection was observed in people with diabetes. This does not seem to be the case for COVID-19, though diabetes is more common among those with

severe COVID-19. Diabetes does not seem to increase the risk of COVID-19 occurring, although diabetes is more frequent in patients with severe COVID-19.

Potential prognostic factors:

Older age and male sex are epidemiological features related to a higher prevalence of COVID-19 and a more severe clinical course. The prevalence of diabetes increases with age in both the general population and in patients with COVID-19. Accordingly, the average age of patients with COVID-19 with diabetes is older than those without diabetes.

Available data suggest that age is associated with worse outcomes in COVID-19, and it can be hypothesised that this relationship is stronger in people with diabetes for at least three reasons. First, the prevalence of diabetes increases with age to reach a peak in people older than 65 years. Second, people older than 65 years are more likely to have a longer duration of diabetes and a greater prevalence of diabetic complications. Third, diabetes and older age often correlate with comorbidities such as cardiovascular disease, hypertension, and obesity.

Comorbidities:

In the patients with COVID-19, those with diabetes more commonly had hypertension, cardiovascular disease, nervous system disease, and chronic kidney

disease; cardiovascular disease, nervous system disease, and chronic kidney disease were all associated with risk for in-hospital death and poor prognosis.

Obesity and diabetes are characterised by chronic low-grade inflammation with increased concentrations of pro-inflammatory leptin and reduced anti-inflammatory adiponectin. Additionally, people with obesity are often physically inactive, more insulin resistant, and with gut dysbiosis, which might increase the inflammatory response to infection with SARS-CoV-2.

A dysregulated inflammatory innate and adaptive impaired immune response might occur in patients with diabetes, accounting for the systemic tissue damage and respiratory and multiorgan failure. The cytokine storm is more likely to develop in patients with diabetes, as diabetes is already characterised by low-grade chronic inflammation. Moreover, in the case of high viral load, the capacity to raise an acute immune response might be compromised in patients with diabetes, exposing them to more severe adverse effects.

Diabetes is associated with a prothrombotic state, with an imbalance between clotting factors and fibrinolysis and an increased risk of thromboembolic events.

Hyperglycemia:

In previous infectious disease epidemics, a high glucose concentration was shown to be an independent predictor of death and morbidity. The role of hyperglycaemia, however, requires a systematic analysis, as the role of glycaemic control before hospital admission, at the time of hospital admission, and during treatment in hospital needs to be considered.

Glycosylated hemoglobin value has been consistently been associated with poor prognosis or worsening of disease in most of the studies. However certain studies like CORONADO study²³ no association was noted between HbA_{1c} concentrations and the primary composite outcome (death and tracheal intubation for mechanical ventilation within the first 7 days after hospital admission) in patients with diabetes admitted to hospital with COVID-19.

High blood sugar at the time of hospitalization has been more frequently associated with worse outcome in Covid-19. A higher risk of a composite outcome (ICU admission, mechanical ventilation, and death) is seen in patients with hyperglycaemia at admission (fasting blood glucose >7 mmol/L) and without history of diabetes compared with patients without diabetes and normoglycaemia.

In hospital hyperglycemia is also an important prognostic marker. Random hyperglycaemia during treatment in hospital was noted to contribute to worse prognosis for patients with COVID-19. An unusually high number of COVID-19 patients developing diabetic ketoacidosis or hyperglycaemic hyperosmolar syndrome have been noted and negative outcomes during COVID-19 have been reported in diabetic ketoacidosis and hyperglycaemic hyperosmolar syndrome.

In summary, poor glycaemic control at hospital admission and during the hospital stay worsens outcomes for patients with COVID-19. Moreover, consideration should be given for a direct effect of SARS-CoV-2 on β -cell function and survival, causing worsening rapid and severe deterioration of metabolic control in people with pre-existing diabetes or leading to the development of new-onset diabetes

In people with hyperglycaemia, glycaemic control should be ensured to reduce the risk of threatening metabolic complications, which should integrate all therapeutic manoeuvres put in place to reduce the risk of severe outcomes and mortality. Finally, achievement and maintenance of glycaemic control should take into consideration the implications of the use of different glucose-lowering agents in the setting of COVID-19.

Glucose lowering Agents:

Use of glucose-lowering agents might raise specific considerations in patients with COVID-19. In the presence of mild COVID-19 in an out-patient setting, usual glucose-lowering therapies for patients with diabetes could be continued if the patient eats and drinks adequately and a more frequent blood glucose-monitoring regimen is implemented.

However, insulin is the preferred agent for glycaemic control in patients with diabetes receiving treatment in hospital, and its use is mandatory in critically ill patients. Insulin infusion allows achievement of glycaemic targets and improved outcomes in patients with hyperglycaemia with COVID-19.

Despite better outcomes reported in patients with COVID-19 with diabetes treated with metformin, the drug should be stopped in patients with respiratory distress, renal impairment, or heart failure because of a risk of lactic acidosis. A favourable effect of metformin in patients with COVID-19 has been hypothesised as the drug might prevent virus entry into target cells.

SGLT2 inhibitors require optimal hydration to avoid hypovolemia and electrolyte imbalance, and proper adjustment of insulin doses because of the risk of diabetic ketoacidosis. Their use in hospital is best avoided.

GLP-1 receptor agonists might aggravate anorexia and should be discontinued in severely ill patients with COVID-19 because of a potential risk of aspiration pneumonia.

DPP-4 inhibitors are associated with a low risk of hypoglycaemia and can be used for a wide renal function range. DPP-4 inhibitors are generally well tolerated and, in experimental studies, they were shown to mitigate inflammatory response.

Because of the risk of hypoglycaemia, sulfonylureas should be stopped in patients with diabetes with COVID-19, particularly if oral intake is poor or chloroquine is simultaneously used.

Pioglitazone has anti-inflammatory properties, and in experimental animal models it reduced lung inflammation and fibrosis. Nonetheless, the use of pioglitazone in patients with diabetes with COVID-19 is controversial because of the risk of fluid retention and oedema in haemodynamically unstable patients.

Covid 19 treatment modalities in Diabetes:

Medical teams should ensure adequate glycaemic control in patients with diabetes with COVID-19. This requires considering all potential implications that therapies for COVID-19 might generate when used in patients with diabetes.

Treatment with chloroquine or

hydroxychloroquine can cause hypoglycaemia, particularly in patients on insulin or sulfonylureas, because of their effects on insulin secretion, degradation, and action.

Glucocorticoids have been used in patients with COVID-19 with severe acute respiratory distress syndrome as symptomatic and anti-inflammatory treatment. Their use, however, can worsen insulin resistance, sustain gluconeogenesis, worsen glycaemic control, and cause marked hyperglycaemia. As known, glucocorticoids exert their hyperglycaemic effects by reducing insulin sensitivity and insulin secretion, and also by interfering with GLP-1 effects, and enhancing production of glucagon.

One must remember that Favipiravir has drug interaction with Repaglinide.

Further reading:

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