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AHMEDABAD MEDICAL ASSOCIATION
(Branch of Indian Medical Association)

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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**

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ISSUE-2

HIGHLIGHTS

ARTICLES

- Plasmapheresis** by **Dr. Vishwas Amin** (Transfusion Medicine Specialist)
Dr. Jhalak Patel
- Dementia** { by **Dr. Sudhir Shah** (M.D., D.M.) (Neuro)
- Parkinsonism** { by **Dr. Heli Shah** (M.D., D.M.) (Neuro)

Distribution of N-95 Masks and PPE Kits at AMA



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

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strict COVID-19 protection protocols

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



Dear Doctors,

It feels , after a long time I am writing my Presidential Message .We all had never in our lives expected such times would come. Lock down-1 ...,2...,3...and the Unlock started. What kind of life we are living... always afraid to meet another human... afraid to go out...touch anything....eat anything outside....shopping....all the time wearing mask...washing hands or using hand sanitizer....bathing 2 to 3 times a day....changing clothes often....wearing PPE Kit in your clinics....One Small Virus has totally changed our lives and our thinking and mentality. A very learned Man told ..."THE YEAR 2020 IS SO BAD, DON'T WORRY ABOUT PROFIT OR LOSS -JUST STAY ALIVE.."

Very true, in this tough trying times do not think about earning - just STAY SAFE AND STAY ALIVE. If you are alive you can do million things later on.

One very nice change has come in the scenario of Ahmedabad Medical Association, those members who had never stepped in our premises or acknowledged our AMA existence came to AMA for N-95 Masks, or PPE kits. I am very happy. I would wish our association to be so active and fighting for the rights of our members always. My request to all the members do participate in all our association's activities hence forwards, so that our UNITY will persist and we can fight against all exploitations done to our profession.

Corona Virus has brought a sea change in our thinking, we have started valuing our freedom, the help we got from people. We are all now so tired of this Pandemic that looking forward to days without fear of COVID-19 infection and Masks. Dreaming of our get

to gathers--Scientific and entertainment. But one thing good has come to our life -we have started valuing our own life and the lock downs made us come more near to our own self and our near and dear ones. So many of us realised running after money and worldly pleasures is useless. One TINY VIRUS could do what so many Philanthropists, Motivational Speakers and Saints could not do.

If you fight for Righteousness GOD helps you. AMA filed a PIL IN High Court for ' Allowing the treating Doctor to go for COVID TESTING of their patients without Government approval ' on 26/05/20 and we were lucky to get a very positive final order from the High Court on 29/05/20 - totally supporting us, but Government brought a pre requisite of hospitalisation - which at last they had to come to our terms and on 11/06/20 -they had to announce that Doctors can prescribe for COVID-19 testing without any conditions of hospitalisation or approval. So in the end GOODNESS prevailed.

Still there are so many problems our fraternity is facing - but if there is unity we can fight and win.

In the end I salute our Corona Warriors who have lost their lives in this battle - they will always be remembered in the history of AMA. My salute to all those who are still fighting fearlessly . May God Save and Bless you. God always showers his blessings on Courageous people and not timid ones. So be brave but be Careful and Stay Safe.

"THREE SIMPLE RULES IN LIFE :

1. **IF YOU DO NOT GO AFTER WHAT YOU WANT ⇒ YOU WILL NEVER GET IT**
2. **IF YOU DO NOT ASK ⇒ THE ANSWER WILL ALWAYS BE NO**
3. **IF YOU DO NOT STEP FORWARD ⇒ YOU WILL ALWAYS BE IN THE SAME PLACE. "**

Dr. Mona P. Desai

President

Ahmedabad Medical Association

Dr. Dhiren Mehta

Hon. Secretary

Ahmedabad Medical Association

Distribution of N-95 Masks and PPE Kits at AMA



Meetings of AMA Leaders with Officers of AMC and Govt. of Gujarat



Meetings of AMA Leaders with Officers of AMC and Govt. of Gujarat



સમસ્ત પાટીદારની એકતાનું ધામ
સરદારધામ
વિશ્વ પાટીદાર સમાજ
સમગ્ર ગિર્મિલિથી સમૃદ્ધ ગિર્મિલિ



નમસ્કાર,

સાંપ્રત પરિસ્થિતિમાં તબીબી ક્ષેત્રે અભુતપૂર્વ યોગદાન આપી રહેલા
“ફ્રન્ટ લાઈન કોરોના વોરિઅર્સ” ડોક્ટર્સ મિત્રોને ઉપયોગી થઈ શકાય
એ માટે સરદારધામ દ્વારા ત્રણ લેયરના ૧૦,૦૦૦ માસ્ક ડો.તુષારભાઈ
પટેલના માર્ગદર્શન હેઠળ અમદાવાદ મેડિકલ એસોસિએશનના
પ્રમુખશ્રી ડો. મોના દેસાઈને અર્પણ કરવામાં આવ્યા.



ટીમ સરદારધામ અને સમગ્ર ટ્રસ્ટીગણ વતી

ગગણ સુતરિયા

જશવંત પટેલ

એચ. એસ. પટેલ (IAS Re td.)

પ્રમુખ-સેવક

મહામંત્રી

સી. ઈ.ઓ.

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+91 7575001596

SCIENTIFIC PROGRAM - 23-02-2020



AMA SPORTS EVENT 29-02-2020



AMA SPORTS EVENT 01-03-2020



AMA SPORTS EVENT 01-03-2020



AMA SPORTS EVENT 01-03-2020



AMA International Womens Day 08-03-2020



AMA International Womens Day 08-03-2020



AMA International Womens Day 08-03-2020



COVID-19 awareness talk at JOYALUKAS JEWELLERY SHOP



Ladies Club Program



Content

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AHMEDABAD MEDICAL ASSOCIATION YEAR : 2019-2020

OFFICE BEARER

<p>PRESIDENT</p> <p>DR. MONA P. DESAI</p> <p>M. 9825016769</p> <p>VICE - PRESIDENT</p> <p>DR. ASHISH A. BHOJAK</p> <p>M. 99099 04571</p> <p>DR. CHINTAN K. GANDHI</p> <p>M. 99799 73239</p> <p>HON. FINANCE SECRETARY</p> <p>DR. PANKAJ K. SHETH</p> <p>M. 98241 95362</p>	<p>HON. SECRETARY</p> <p>DR. DHIREN R. MEHTA</p> <p>M. 98988 54158</p> <p>HON. JOINT SECRETARY</p> <p>DR. SUNIL B. CHENWALA</p> <p>M. 94284 05490</p> <p>DR. VIPUL V. SHAH</p> <p>M. 94265 33707</p> <p>HON. LIBRARY SECRETARY</p> <p>DR. RACHIT J. PATEL</p> <p>M. 97266 57062</p> <p>IMM. PAST PRESIDENT</p> <p>DR. MEHUL N. SHELAT</p> <p>M. 98253 98891</p>
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MANAGING COMMITTEE MEMBERS

P.G.		OTHER THAN P.G.	
DR. NAIMISH R. BHOJAK	NIRNAYNAGAR	DR. KALPITA M. DAVE	MANINAGAR
M. 98259 10060		M. 99245 58450	
DR. RAJESH M. DESAI	THALTEJ	DR. ADIT K. DESAI	BODAKDEV
M. 99251 93399		M. 97243 04018	
DR. NISARG D. DHARAIYA	ELLIS BRIDGE	DR. AMIT K. MISTRY	MANINAGAR (EAST)
M. 75672 00111		M. 98253 31266	
DR. KUNTAL H. GAJJAR	USMANPURA	DR. JAGDISH J. MOD	THALTEJ
M. 98250 87821		M. 98986 72481	
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. NAIK 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			
DR. SUMIT P. PATEL	GANDHINAGAR		

BULLETIN COMMITTEE

DR. MONA P. DESAI	DR. K. R. SANGHAVI	DR. MAULIK S. SHETH
DR. VIPUL V. SHAH	DR. ATUL J. GANDHI	DR. URVESH V. SHAH
DR. NAITIK B. PATEL	DR. DEVENDRA R. PATEL	



ANNUAL DAY COMPETITIONS

(1) INDIAN ASSOCIATION OF OCCUPATIONAL HEALTH ESSAY PRIZE

Subject : Balancing Professional & Personal Life of a Doctor

(2) DR. RANJAN K. NANAVALY ESSAY PRIZE

(For Family Physicians Only)

Subject : Effect of diminishing Family Physicians in Society

* Each candidates shall have to submit three copies typed and double spaced to the office before 20-7-2020 5 p.m. (Maximum 1500 words).

* Candidates should not write their names or addresses on the essay. They should not reveal their identity in the essay. Candidate should write the name and complete address on a separate piece of paper.

(3) DR. PIYUSH SHAH PAPER PRESENTATION PRIZE

(For Family Physicians only)

* The last date for submission of abstract is 20-7-2020. 5 p.m. Complete text of the paper will have to be submitted on the day of presentation.

* All papers accepted by the Scientific Committee will be read few days before our Annual Day function.

* The paper must be original and must not have been published or read previously.

8 minutes will be allowed for presentation and 3 minutes for discussion.

Presentation with slides / over head projector / transparencies / video will be appreciated.

(4) DR. B.C. AMIN MEMBERSHIP DRIVE TROPHY will be awarded to the member who has enrolled the maximum number of members in the year 2018-2019.

Other Trophies : The entry fee is Rs. 100/- only.

(5) DR. K. K. SHAH TROPHY For Best Nursing Home.

(6) DR. P. B. HARIBHAKTI TROPHY For Best Consulting Room.

(7) DR. DAHYABHAI SHIVRAM JOSHI TROPHY For

General Practitioner's best Clinic

Those members who want to take part in these competitions, should send the application on their letter pad.

Last date of entry is 20-7-2020. 5 p.m.

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

The members above the age of 75 years and not felicitated previously in the Annual Day Celebration are requested to inform the office with membership number and birth date.



ELECTION NOTIFICATION 2020-2021

The Annual election of the President, two Vice Presidents, two Hon. Joint Secretaries, Hon. Library Secretary, and 12 members from Post Graduate category, 12 members from other than Post Graduate category and one Resident Doctor of the Ahmedabad Medical Association for the year 2020-2021 will be held on **Sunday 2nd August, 2020**, between 9.00 a.m. and 1.00 p.m. at our premises.

1. Nomination form will be available from **03-07-2020, Friday** on payment of Rs. 50/- (Time : 2.30 p.m. to 6.00 p.m.)
2. The prescribed nomination forms duly filled, proposed and seconded should reach the office on or **before 3.00 p.m. on 08-07-2020, Wednesday**, along with Rs. 500/- for the post of President, Rs. 250/- for other office bearers and Rs. 100/- for Managing Committee Members, (non refundable)
3. Last date for **withdrawal of nomination is 10-07-2020, Friday before 3.00 p.m.**
4. It is compulsory to cast as many votes as the number of posts are, otherwise the Ballot paper shall be considered invalid for that particular post as per the constitution.

N.B.

- (1) The tenure of President, Vice-Presidents, Hon. Joint Secretaries and Hon. Library Secretary will be one year.
- (2) All the office-bearers except the President shall be eligible for re-nomination for one more tenure consecutively for the post.
- (3) This year, the post of President will be filled from Other than Post Graduate category.
- (4) The tenure of Hon. Secretary and Hon. Finance Secretary will be of two years.
(No election for the above 2 posts)
- (5) Term of members of the managing committee (25 members) shall be one year but can seek re-election for one more year. They can not contest for more than two consecutive terms.
- (6) To facilitate the arrangements, please come with membership number and identity card at the time of voting (Ahmedabad Medical Association identity card or any other identity document should be produced when asked for)

Dr. Mona Desai
Chairman Election Commission

Activities of Ahmedabad Medical Association to help the Frontline Corona Warriors (Doctors) to Fight COVID -19 Pandemic.

- 20/3/2020 to Corona Virus Awareness poster distributed from
23/3/2020 Ahmedabad Medical Association to its members
to display it in their hospitals and prominent
places of their area.
- 26/3/2020 Government of Gujarat gave 900- N-95 masks and
5000 - 3 layered Masks to Ahmedabad Medical
Association which were then distributed FREE to
Doctors of Ahmedabad Medical Association.
- 3/4/2020 President of Ahmedabad Medical Association –
Dr. Mona Desai and Hon. Secretary of Ahmedabad
Medical Association – Dr. Dhiren Mehta **were
invited by the Chief Minister of Gujarat
Shri Rupaniji**, to congratulate for our co-
operation and gave us 25000 - N-95 masks for
distribution to all members of Gujarat State
Branch, IMA.
- 4/4/2020 to Ahmedabad Medical Association distributed
6/4/2020 10,000 – N 95 Masks FREE to it's members (5 Masks
each)
- 15,000 - N-95 masks were distributed to West Zone,
Central Zone and South Zone IMA branches of
Gujarat State.
- 6/4/2020 We are also thankful to GCCI for donating 500 -
Masks to Ahmeabad Medical Association through
Dr. Tushar Patel.
- 16/4/2020 Sardardham & Trust members donated 10,000
3 layered Mask to Doctors of Ahmedabad Medical
Association through Dr. Tushar Patel.
Ahmedabad Medical Association thanks him for
his righterous deed.

- 17/4/2020 3500 Face Shield were donated to Ahmedabad
Medical Association by FORD INDIA Motors
through Dr. Parth Desai.
- Ahmedabad Medical Association is very thankful
to Dr. Parth Desai for this Noble deed.
- 15/4/2020 to 25,000 - PPE kits were given to our Ahmedabad
25/4/2020 Medical Association members at very reasonable
rates – at no loss no profit. Non laminated /
laminated Overalls + shoe cover
+ Goggles/shield.
- 8/5/2020 to 20,000- N-95 Masks were given at very reasonable
13/5/2020 rate to all members of Ahmedabad Medical
Association from our premises.
- * Multiple meetings with Government authorities and
Municipal Corporation officers were attended and active
participation for solving the issues of Covid Pandemic were
discussed.
 - * Multiple “Awareness talks” by the leaders of Ahmedabad
Medical Association were given on T V channels & Social
Media .
 - * A PIL was applied in High Court about COVID Testing Policy
of Government on 26/5/2020
 - * The Hon'able High Court passed an order favouring our
Litigation on 29/5/2020
 - * Government had to comply and implement these orders
about COVID Testing on 11/6/2020
- PPE Kit (Non laminated)
Autoclavable – available at reasonable rate at
Ahmedabad Medical Association Premises.
 - N-95 masks at Rs. 90/- available at
Ahmedabad Medical Association premises.

REPORT OF SCIENTIFIC PROGRAM--23/02/2020

A very informative and interesting scientific program was organised by Ahmedabad Medical Association at their own premises on Sunday - 23rd February'20. The program started with sumptuous breakfast. President of AMA - Dr. Mona Desai welcomed the members attending the event. It was a 'full house' right from the beginning.

Dr. Rajesh Shah introduced our first speaker - Dr. Urman Dhruv M.D.(MED) who gave very apt information about CORONA VIRUS infection.

Dr. Manjit Nayak introduced our next speaker - Dr. Bharat Dave- Spine Specialist who talked about Innovations and Artificial Intelligence - Doctors aware - he stressed upon that newer gadgets do help you to progress but we should not become their slaves.

Dr. Ashish Bhojak introduced Dr. Hansal Bhachech-M.D.(Psychiatry) - our next speaker. His topic was very interesting and need of this times. 'Relationship with Self-Know yourself, rest you can know from google' He told the crowd that we are living a life which others expect us to live and not what we want to live and that is the reason for constant conflict and stress in our lives.

This program was very well attended- approx. 250 members took advantage of this wonderful most informative and interesting event which ended with vote of thanks from our Hon. Sec. of AMA - Dr. Dhiren Mehta followed by delicious lunch.

REPORT OF AMA-SPORTS DAY 29th February & 1st March-2020

Ahmedabad Medical Association organised Sports Day on 29th February-2020 and 1st March-2020.

On 29th February'20 - Saturday - from 2:30 to 6:30 pm there was Table Tennis Tournament and Carom Tournament at Ahmedabad Medical Association premises. Members participated with their family in both these competitions in large number. There were lot many participants in each age group.

On 1st March'20- Sunday from 8:30 am onwards there were Track Events and Badminton Tournament at Gujarat Vidyapith, Ashram road. More than 100 members participated with great enthusiasm in all age groups. In Track events there was:-

1. 100 m Run
2. 200m Run
3. Relay Race
4. Slow Cycle
5. Lemon and Spoon Race
6. Sack Race
7. Shot Put
8. Long Jump

In every event 1st and 2nd prize was given according to age groups and Gender.

Badminton Tournament took place in an excellent Indoor Badminton Court of Gujarat Vidyapith.

We had managed for Professional Referees- so that the Competition would be just and neutral and according to perfect rules.

The event ended with delicious lunch.

REPORT OF INTERNATIONAL WOMEN'S DAY-8/03/2020

International Women's Day was celebrated by Ahmedabad Medical Association, Woman Doctors Wing - WDW of AMA and Ladies Club of AMA on Sunday - 8/03/2020. More than 350 ladies participated and enjoyed the event. After breakfast the celebration started right on time at 10:00 am. Masters of Ceremony for the event were Dr. Gargi Patel and Dr. Kalpita Dave.

Dr. Gargi Patel welcomed the crowd and invited Medical student Devanshi Maaru for a graceful dance-'Shiv Tandav'. With such an auspicious start President -AMA and Chairperson of AMA-WDW - Dr. Mona Desai gave a welcomed speech and explained to the audience that this year's motto was 'Celebrating Equality'. It meant that now in this tough times women have to be shoulder to shoulder with their male counterpart in taking up and sharing responsibilities. If we demand equality we have to prove ourselves worthy of it. No one stops us from progressing it is our own thinking and mentality which is our main hurdle.

Then Mrs. Mayuri Vachharajani- President of Ladies club of AMA introduced our first speaker - Dr. Jyotindra Pandit M.S.(ORTHO) - who talked on 'Prescription to Fitness' He very lucidly talked about diet and exercise to keep yourself fit.

Our next speaker was a Nutritionalist and Fitness Expert from Mumbai -Ms. Bina Ashar- She very expertly talked about 8 things you should do and keep in mind in

your day to day life to remain fit and healthy. She was introduced by Dr. Monika Vyas - Asst. Proff. Anatomy Dept. L.G.Hospital.

Dr. Sheetal Punjabi - M.D. (ObGy) - introduced Ms. Khushbu -who is a make up expert - she gave a live demonstration of quick make - up on Dr. Falguni Vora. Lot many beauty tips were given to the audience.

Then Dr. Mona Desai - President - AMA showed two short movies on Organ Donation and then gave a talk on Organ Donation Awareness and appealed everyone present there to be an Organ Donor and fill the form.

An excellent Skit with a message of Organ Donation was being performed by Dr. Dhiren Mehta - Hon. Sec. - AMA, Mrs. Jashna Mehta, Mrs. Mayuri Vachharajani and Dr. Gunjan M.S.(Ophth). The skit was written and directed and acted by Dr. Dhiren Mehta.

Our Children and Medical Students did an excellent dance performance. The participants were 1) Khushi Dave 2) Kunj Shah 3) Nandan Shah 4) Tanisha Vora 5) Shlok Vora 6) Kaksha Choksi. It was very graceful and well synchronised.

The last performance -was a bollywood dance by Ms. Mamta Patel. She performed a very graceful dance.

The celebration ended with Vote of thanks by Hon. Sec.-AMA Dr. Dhiren Mehta and both the masters of ceremony did a marvellous job and conducted the whole event flucidly. Mouth watering lunch followed the event.

**OBITUARY**

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

**DR. VIJAYKUMAR R. SHAH**

Date of Birth : 17-11-1959

Date of Death : 10-01-2020

**DR. RAMAKANT R. MEHTA**

Date of Birth : 23-09-1933

Date of Death : 13-02-2020

**DR. BANSILAL N. TALATI**

Date of Birth : 30-06-1934

Date of Death : 16-02-2020

**DR. RAMILABEN S. BANKER**

Date of Birth : 07-11-1934

Date of Death : 12-03-2020

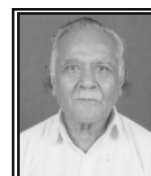
**OBITUARY**

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

**DR. KETAN P. YAGNIK**

Date of Birth : 28-04-1963

Date of Death : 16-04-2020

**DR. VINAYCHANDRA S. SHAH**

Date of Birth : 05-06-1932

Date of Death : 02-05-2020

**DR. ADITYA I. UPADHYAY**

Date of Birth : 09-05-1956

Date of Death : 25-05-2020

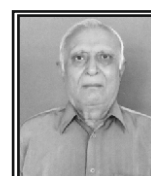
CORONA WARRIOR

**DR. M. G. MOMIN F.P. MBBS**

Date of Birth : 01-04-1949

Date of Death : 10-06-2020

CORONA WARRIOR

**DR. BHAGUBHAI K. PATEL**

Date of Birth : 13-07-1933

Date of Death : 15-06-2020



CONGRATULATION

Dr. VORA KEVAL RAKESHKUMAR for securing AIR-283 in ALL INDIA NEET PG entrance exam 2020.

WE WELCOME FOLLOWING NEW LIFE MEMBERS

9937	L	DR. PATEL ARJAV RAJENDRA
9938	L	DR. SHAH URVI HIMANSHUBHAI
9939	L	DR. CHAUDHARI HARDIK KHUMJIBHAI
9940	LC	DR. SHAH HENIL PARESHBHAI
9941	LC	DR. SHAH DHWANI HENIL
9942	L	DR. DALWADI HARSH MADHUKAR
9943	L	DR. PATEL RAVI MANUBHAI
9944	L	DR. DESAI GAZALA ISHABHAI
9945	L	DR. GARG POONAM NIKHIL
9946	L	DR. DAVE RUCHA TARUNKUMAR
9947	L	DR. BHANSALI SURESHCHANDRA KIRTILAL

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AHMEDABAD MEDICAL ASSOCIATION

LIST OF SPORTS WINNERS ON 01/03/2020

100 METERS RUN

5 TO 9 YEARS - MALE		26 TO 35 YEARS - MALE	
1ST PRIZE	Mr. Advait Pabani	1ST PRIZE	Mr. Prashant Jain
2ND PRIZE	Mr. Yuvansh Jain	2ND PRIZE	Dr. Sahil Shah
5 TO 9 YEARS - FEMALE		26 TO 35 YEARS - FEMALE	
1ST PRIZE	Ms. Anvi Pabani	1ST PRIZE	Mrs. Janki Bavisi
2ND PRIZE	Ms. Saanvi Goplani	2ND PRIZE	Dr. Komal Goplani
10 TO 16 YEARS - MALE		36 TO 50 YEARS - MALE	
1ST PRIZE	Mr. Ritam Kubavat	1ST PRIZE	Dr. Gaurang Pabani
2ND PRIZE	Mr. Parv Patel	2ND PRIZE	Dr. Nimit Kybawat
10 TO 16 YEARS - FEMALE		36 TO 50 YEARS - FEMALE	
1ST PRIZE	Ms. Sonakshi Jain	1ST PRIZE	Dr. Jayshree Pabani
2ND PRIZE		2ND PRIZE	Dr. Ushma Parikh
17 TO 25 YEARS - MALE		50 YEARS & ABOVE - MALE	
1ST PRIZE	Mr. Aryan Bhavsar	1ST PRIZE	Dr. Manish Dave
2ND PRIZE	Mr. Aashay Shah	2ND PRIZE	Dr. Atul Gandhi
17 TO 25 YEARS - FEMALE		50 YEARS & ABOVE - FEMALE	
1ST PRIZE	Ms. Nishi Shah	1ST PRIZE	Dr. Alpa Gandhi
2ND PRIZE	Dr. Arohi Gandhi	2ND PRIZE	Dr. Kalpita Dave

200 METERS RUN

5 TO 9 YEARS - MALE		10 TO 16 YEARS - FEMALE	
1ST PRIZE	Mr. Advait Pabani	1ST PRIZE	Ms. Sonakshi Jain
2ND PRIZE	Mr. Yuvansh Jain	2ND PRIZE	
5 TO 9 YEARS - FEMALE		17 TO 25 YEARS - MALE	
1ST PRIZE	Ms. Anvi Pabani	1ST PRIZE	MR. Aryan Bhavsar
2ND PRIZE	Ms. Shanvi Goplani	2ND PRIZE	Mr. Shivang Dave
10 TO 16 YEARS - MALE		17 TO 25 YEARS - FEMALE	
1ST PRIZE	Mr. Ritam Kubavat	1ST PRIZE	Ms. Nishi Shah
2ND PRIZE	Mr. Brihant Khamar	2ND PRIZE	Dr. Arohi Gandhi

26 TO 35 YEARS - MALE		36 TO 50 YEARS - FEMALE	
1ST PRIZE	Dr. Sahil Shah	1ST PRIZE	Dr. Jayshree Pabani
2ND PRIZE	Mr. Prashant Jain	2ND PRIZE	Dr. Ushma Parikh
26 TO 35 YEARS - FEMALE		50 YEARS & ABOVE - MALE	
1ST PRIZE	Ms. Loma Parikh	1ST PRIZE	Dr. Manish Dave
2ND PRIZE	Dr. Vyoma Shah	2ND PRIZE	Dr. Atul Gandhi
36 TO 50 YEARS - MALE		50 YEARS & ABOVE - FEMALE	
1ST PRIZE	Dr. Gaurang Pabani	1ST PRIZE	Dr. Alpa Gandhi
2ND PRIZE	Dr. Saurabh Sharma	2ND PRIZE	Dr. Kalpita Dave
400 METERS RUN			
CHILDREN			
1ST PRIZE	Mr. Brihant Khamar,Ms. Sonakshi Jain,Mr. Advait Pabani, Mr.Sanvi Goplani		
2ND PRIZE	Mr. Ritam Kubavat,Mr. Parv Patel,Mr. Yuvansh Jain, Ms. Anvi Patel		
MALE			
1ST PRIZE	Dr. Gaurang Pabani,Dr. Varun Jain,Dr. Tejas Dave, Dr. Manish Dave		
2ND PRIZE	Dr. Aryan Bhavsar,Dr. Vipul Trivedi,Dr. Sanjay Shah, Dr. Saurabh Sharma		
FEMALE			
1ST PRIZE	Ms. Nishi Shah,Dr. Jayshree Pabani,Dr. Vyoma Shah, Dr. Kalpita Dave		
2ND PRIZE	Ms. Loma Parikh,Dr. Krima Shah,Dr. Arohi Gandhi, Ms. Shaila Shah		
SACK RACE (FUN RACE)			
5 TO 9 YEARS		10 TO 16 YEARS	
1ST PRIZE	Ms. Saanvi Goplani	1ST PRIZE	Mr. Parv Patel
2ND PRIZE	Ms. Anvi Pabani	2ND PRIZE	Mr. Brihant Khamar
LEMON SPOON RACE			
5 TO 9 YEARS		10 TO 16 YEARS	
1ST PRIZE	Mr. Advait Pabani	1ST PRIZE	Mr. Brihant Khamr
2ND PRIZE	Ms. Anvi Pabani	2ND PRIZE	Ms. Sonakshi Jain

SLOW CYCLE 100 METERS

MALE		FEMALE	
1ST PRIZE	Dr. Sanjay Shah	1ST PRIZE	Ms. Shaila Shah
2ND PRIZE	Dr. Dirgh Shah	2ND PRIZE	Ms. Yesha Shah

LONG JUMP

MALE		FEMALE	
1ST PRIZE	Mr. Aryan Bhavsar	1ST PRIZE	Ms. Nishi Shah
2ND PRIZE	Dr. Gaurang Pabani	2ND PRIZE	Ms. Loma Parikh

SHOT PUT

MALE		FEMALE	
1ST PRIZE	Mr. Aashay Shah	1ST PRIZE	Dr. Alpa Gandhi
2ND PRIZE	Mr. Harsh Bhandari	2ND PRIZE	Dr. Jayshree Pabani

BADMINTON

DOUBLES		MEN SINGLE - ABOVE 25 YEARS	
Winner	Dr. Himanshu Desai, Dr. Hitesh Khatwani	Winner	Dr. Ashish Panchal
Runner up	Dr. Ketan Kapadia, Dr. Kamal Parikh	Runner up	Dr. Himanshu Desai
MEN SINGLE - 18 TO 25 YEARS		WOMEN SINGLE	
Winner	Mr. Aashay Shah	Winner	Ms. Nishi Shah
Runner up	Dr. Hitesh Khatwani	Runner up	Dr. Yesha Shah

CAROM

WINNER		RUNNER UP	
1ST PRIZE	Dr. Alpa Gandhi	1ST PRIZE	Dr. Vipul Trivedi
2ND PRIZE	Dr. Arohi Gandhi	2ND PRIZE	Dr. Pratik Shah

TABLE TENNIS

1ST PRIZE	Dr. Jagdip Shah	2ND PRIZE	Dr. Darshan Shah
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**લેડીઝ-ક્લબ****"Women are the real architects of society"**

- Cher

Dear Members,

તા. ૨૭મી ફેબ્રુઆરી નાં રોજ સેવા ઈકો ટુરીઝમ સેન્ટર - ગણેશપુરાની પીકનીક માં ખૂબ મજા આવી. SEWA સંસ્થાની બહેનોની પ્રેમપૂર્વકની મહેમાનગતિ માણી અને પ્રેમપૂર્વક બનાવેલ સવારનો નાસ્તો અને બપોરનું જમવાનું વિગેરેની લિજજત માણી. બધી જ સખીઓ સાથે રમત રમવાની પણ બહુ જ મજાઆવી અને ખૂબ સરસ, યાદગાર પીકનીકનો આનંદ માણ્યો.

તા. ૦૫-૦૩-૨૦૨૦ના રોજ Meet the Master Chef પ્રોગ્રામમાં Ms. Hina Gautam પાસેથી વિવિધ Dips બનાવવાની Recipe જાણી ઉપરાંત ખૂબ જ સરસ કુકીંગને લગતી Tips પણ જાણવા મળી.

તા. ૮-૩-૨૦૨૦ ના રોજ AMA (ડૉ. મોનાબેન દેસાઈ) દ્વારા Women's Day નું સુંદર આયોજન કરેલ જેમાં Ladies Club પણ જોડાયેલા. ખૂબ જ સરસ માહિતી સભર Lectures દ્વારા Fitness, Make up, Graafal aging & Organ donation વિશે જાણકારી મળી.

Hello Dear Friends,

તમે બધા સ્વસ્થ હશો, મજામાં હશો. મિત્રો, સમય અને કુદરતે આપણાં સર્વેની ધીરજની પરીક્ષા કરી અને કસોટીના કાળમાંથી આપણે સર્વે New Normal Life માં જીવવાની શરૂઆત કરી દીધી છે.

લોકડાઉનના આ સમયમાં આપણે પ્રત્યક્ષ નથી મળી શક્યાં પણ Ladies Club નાં Facebook Live દરમિયાન Virtually મળ્યાં અને હજુ Facebook Live દ્વારા મળતાં રહીશું.

Lockdown માં આપણે વિવિધ Speakers નાં Facebook live દ્વારા Talk નું આયોજન કર્યું.

- તા. ૧૬-૦૪-૨૦૨૦ ના રોજ ડૉ. શીતલ પંજાબી ની ખૂબ સરસ Talk હતી 'Goal Setting in Lockdown.
- તા. ૨૧-૦૪-૨૦૨૦ ના રોજ મિસ સુમિરાબેન શાહ ની ખૂબ સરસ Talk રહી. Topic હતો. Time Management Need of an hour.



- તા. ૨૪-૦૪-૨૦૨૦ ના રોજ Lady business entrepreneur એવા મિસ યયાતી પટેલ ની Talk-Minimalism ના વિષય પર હતી.
- તા. ૨૯-૦૪-૨૦૨૦ ના રોજ ડૉ. ઉર્મિન ધ્રુવની ખૂબ જ માહિતી સભર Talk હતી. Life After Lockdown.
- તા. ૦૮-૦૫-૨૦૨૦ ના રોજ ખૂબ જ સરસ મનને શાંતિ આપતી Talk - ભગવાનમાં ભાવ જાગે ત્યારે ભય ભાગે...
વક્તા : પૂ.શ્રી ભક્તિપ્રકાશ શાસ્ત્રીજી
- તા. ૧૫-૦૬-૨૦૨૦ ના રોજ 'Know & Protect Your Creativity પર ખૂબ સરસ Information આપી Advocate Mrs. Gopi Trivedi. આ ઉપરાંત On line housie રમ્યા અને Friends હજુ પણ આ રીતે બહુ જ Interesting Topic સાથે મળતાં રહીશું, So, Stay Tuned. Ladies Club Social Services in Current Situation.
- ગરીબોને યા અને બીસ્કીટનું વિતરણ
- નવાવાડજ ના રામદેવ પીર ટેકરાના Slum માં જરૂરીયાત મંદ દર્દીઓ અને ત્યાં ના રહેવાસીઓને Face Mask અને Vitamins ની દવાઓ અને T.B. ના દર્દીઓને Protein પાવડરનાં Pack અને અન્ય લોકો માટે Basic જરૂરીયાતની દવાઓ આપી.

લેડીઝ ક્લબના પાસ્ટ પ્રેસીડેન્ટ ડૉ. પારૂલ શાહ એ લેડીઝક્લબને ૩૧૦ માસ્કનું દાન આપ્યું અને એ માસ્કનું તેમને પંકજ વિદ્યાલય ગુલબાઈ ટેકરાના વિદ્યાર્થીઓને વિતરણ કર્યું.

આગામી વર્ષ ૨૦૨૦-૨૦૨૧ માટે નવા કારોબારી સમિતિમાં ઓફિસ બેરર અને મેમ્બરના પદ માટે ઉત્સુક સભ્યોને નીચે જણાવેલ હોદ્દા માટેની અરજી ૩૧ જૂલાઈ ૨૦૨૦ સુધીમાં AMA ઓફિસ પર મોકલી દેવી.

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AN OVERVIEW OF NEW MODALITY- COVID-19 CONVALESCENT PLASMAPHERESIS AS A THERAPY FOR COVID-19 MODERATELY ILL PATIENTS

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WHAT IS PLASMAPHERESIS?

'Apheresis' means to remove out, so plasma pheresis means to remove plasma from the body. In routine blood banking single donor plasma can be collected for transfusion in patients who have bleeding disorders or as volume expander in case of patients with trauma or as replacement fluids in case of therapeutic plasma exchange.

PRINCIPLE OF APHERESIS?

Apheresis procedure is a single needle procedure at our setting. In this the donor is connected to apheresis machine through a disposable kit. It is a continuous procedure in which blood is drawn from the donor and is centrifuged in the machine. During centrifugation on the basis of specific gravity of components the red cells being heavier and specific gravity of 1.075 settles at the bottom and plasma being liquid part of blood and having specific gravity of 1.020 remain on top and is collected in the plasma bag and platelets having specific gravity of 1.035 are collected in platelet bag and in return cycle the platelets and red cells are returned in the donor. Again in another cycle the blood is drawn and centrifuged. This continues until required amount of plasma is collected which is 500ml per sitting.

The donor can give second plasma after 15 days of first procedure and its serum protein should be >6 gm/dl. One donor can give not more than 1000 ml plasma in a month and not more than 12000 ml plasma in a year.

WHAT IS COVID-19 CONVALESCENT PLASMA (CCP) TRIAL FOR MODERATELY ILL PATIENTS?

COVID-19 CONVALESCENT PLASMA is the collection of plasma from recovered COVID-19 patients and transfusion of this plasma to moderately ill patients. Till date it has been noted as the hospital stay is reduced in the patients but still it is under trial.

HOW IS COVID-19 CONVALESCENT PLASMA COLLECTED?

The plasma is collected by apheresis technique. The donor who is the recovered COVID-19 patient is tested for presence of IgG antibodies which should be present. It is also noted that the patient should have report of confirmed COVID-19 diagnosis and negative report of COVID-19 of 2 samples 24 hrs apart by rtPCR.

Also apart from this criteria the donor should be screened for allogeneic donation criteria and when all the criteria are fulfilled as per need the donor is accepted for COVID-19 convalescent plasma collection.

HOW DOES COVID-19 CONVALESCENT PLASMA THERAPY WORKS?

It works on the principle of passive antibody therapy. Passive antibody therapy involves the administration of antibodies against a given agent to a susceptible individual for the purpose of preventing or treating an infectious disease due to that agent. In contrast, active vaccination requires the induction of an immune response that takes time to develop and varies depending on the vaccine recipient. Thus, passive antibody administration is the only means of providing immediate immunity to susceptible persons. In the case of SARS-CoV-2, the anticipated mechanism of action by which passive antibody therapy would mediate protection is viral neutralization. However other mechanisms may be possible, such as antibody-dependent cellular cytotoxicity and/or phagocytosis. Possible sources of antibody for SARS-CoV-2 are human convalescent sera from individuals who have recovered from COVID-19, monoclonal antibodies. For passive antibody therapy to

be effective, a sufficient amount of antibody must be administered. When given to a susceptible person, this antibody will circulate in the blood, reach tissues, and provide protection against infection. Depending on the antibody amount and composition, the protection conferred by the transferred immunoglobulin can last from weeks to months.

WHAT IS THE DOSE OF COVID-19 CONVALESCENT PLASMA?

The first plasma transfusion will be followed by one additional dose of 200ml at 24 hours interval unless contraindicated. Hence cumulative dose of convalescent plasma for each patient will be 400 ml. The second plasma unit will preferably be from a different donor depending on the availability of another ABO compatible plasma unit or else plasma unit from the same donor will be issued.

HOW IS INFUSION OF COVID-19 CONVALESCENT PLASMA DONE?

For infusion of plasma, standard SOP for transfusion of FFP should be followed with special care to monitor these patients during and post 24 hours of transfusion. All such transfusions must be done using blood transfusion sets. The clinicians will send a request for plasma component specifically mentioning the diagnosis and that the convalescent plasma is required. An ABO compatible plasma bag of approximately 200 ml will be issued maintaining all the blood bank records and thawing at 37 degree Celsius.

Recipient Blood Type	Plasma Blood Type	
	1 st Choice	2 nd Choice
A	A	AB
B	B	AB
AB	AB	-
O	O	A,B,AB

WHO CAN DO THIS ? WHETHER EVERYBODY CAN PERFORM PLASMA THERAPY IN PRIVATE HOSPITALS?

NO, this is a study under trial and not everybody can do this.

Dementia

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Pearls of Wisdom:

- Dementia is a **progressive** neurological disease that leads to impaired memory, thinking ability, communication skills, and behaviour of an individual.
- Alzheimer's disease and vascular dementia account for about 80% of dementia cases.
- Several other conditions such as Lewy body disease (DLB), Huntington's disease, Parkinson's disease and Creutzfeldt-Jakob disease (CJD) exhibit the symptoms of dementia.
- **Around 2-4 %** of dementias are treatable e.g. vitamin B1, B12 deficiency, hypothyroidism.
- Early detection of dementia is essential to help therapeutic decision-making and to achieve maximum benefits from the available treatments.
- Although dementia cannot be cured completely, certain medications can help in slowing down the progress of dementia
- Along with these, Physical exercise, relaxation, adequate sleep, meditation, neurobics (Sudoku, crossword puzzles),

balanced diet, creativity, and positive attitude can help in slowing down the progress as well as improving memory and empowering brain functions.

INTRODUCTION

Dementia is a disorder that is characterized by a decline in cognition involving one or more cognitive domains (learning and memory, language, executive function, complex attention, perceptual-motor, social cognition). The deficits must represent a decline from previous level of function and be severe enough to interfere with daily function and independence. The most common form of dementia in older adults is Alzheimer disease (AD), accounting for 60 to 80 % of cases. Dementia is a major cause of disability and dependency among elderly. Approximately 46.8 million people are estimated to be living with dementia worldwide currently.

Mild cognitive impairment (MCI) is an intermediate clinical state between normal cognition and dementia. While specific subtle changes in cognition can occur in normal aging, MCI can also be a precursor to dementia.

Dementia can be due to a variety of causes, and the most important type of dementia is Alzheimer's disease. In about 80% of the cases, the cause of dementia is Alzheimer's disease followed by vascular dementia. Several other conditions such as Lewy body disease, frontotemporal dementia (FTD), Huntington's disease, Parkinson's disease, and Creutzfeldt-Jakob disease (CJD) are other degenerative causes of dementia.

Rapidly progressive dementias (RPD) are a group of progressive neurological conditions that can develop dementia rapidly from days to weeks to months. It is critical to identify and evaluate patients with RPD. While some may have potentially treatable or reversible (secondary dementia) course, others may prove to be fatal and irreversible. The goal should be to treat reversible conditions leading to RPD, as such cases could have

rapid recovery and improved outcomes, if treated promptly.

Treatable or reversible dementia include the following :

Metabolic and nutritional causes like Wernicke's encephalopathy, vitamin B12 and thiamine deficiency, uremic and hepatic encephalopathies (liver and kidney dysfunction), and Hashimoto's encephalopathy.

- Various infections like viral encephalitis, tuberculosis, human immunodeficiency virus, and Whipple's disease
- Autoimmune and paraneoplastic encephalitis and central nervous system vasculitis.

The other causes of treatable RPD include the following:

- Brain tumors (i.e., subdural hematoma, normal pressure hydrocephalus)
- Certain toxins and drugs (i.e., heavy metals, alcohol, carbon monoxide, anticholinergic agents)
- Conditions like multiple sclerosis, sarcoidosis, anoxia, and ischemia. Again, some of these are treatable, while some respond partially to the treatment.

Therefore, when one is posed with the diagnosis of dementia, it is highly important to try and rule out treatable conditions meticulously. At the other end of the spectrum, there is a group of RPD which often have irreversible progressive course. These include CJD, other prion diseases, and progressive multifocal leukoencephalopathy, metastatic brain disease etc. At present, there is no way to cure these diseases, even if they are diagnosed early.

It may be pertinent to note here that some patients suffer from confusion and related disorders and some have actually delirium and at times they may be misdiagnosed to have dementia. Confusion means impaired attention and it interferes with sustained coherent thinking process and actions. Delirium usually

refers to a state of confusion with periods of agitation and sometimes hypervigilance, active irritability, and hallucinations typically alternating with periods of depressed arousals. This may occur due to infections, toxic effects of drugs etc.

DEMENTIA IN ALZHEIMER'S DISEASE

Alzheimer's dementia (AD) is a progressive, neurodegenerative disorder that causes slow decline in memory, thinking abilities, and reasoning skills of an individual who suffers from this disorder. It accounts for about 50–70% of the patients suffering from dementia. The hallmark of this (AD) dementia is that new learning is impaired, so patients are unable to register and retain new information.

Following are the ten important signs and symptoms of AD:

1. Memory problems, particularly remembering recent events hampering daily life
2. Word-finding difficulty or difficulty in speaking or writing
3. Difficulty with tasks, especially completing familiar tasks
4. Disorientation with time, place or person
5. Difficulty in planning or solving problems
6. Judgment related difficulties
7. Visual-spatial disturbances with difficulty comprehending visual images
8. Mood swings and personality related changes
9. Decreased social interest and interactions
10. Misplacing items and difficulty in relocating them.

While most cases of Alzheimer's disease are sporadic, about 5–10% of cases may have a hereditary origin.

Diagnosis of Alzheimer's Dementia

Early detection of dementia is essential to help therapeutic decision-making and to achieve maximum benefits from the available treatments. The diagnosis of AD should be based on clinical signs and symptoms, patient's history of overall health, past

medical illnesses, and changes in behavior and personality. Various cognitive tests, such as Mini-Mental State Examination (MMSE) or Addenbrooke's test are also helpful in analyzing patient's memory, attention, counting, language, and problem solving abilities. Standard blood investigations along with neuroimaging (magnetic resonance imaging (MRI), single photon emission computed tomography (SPECT), and positron emission tomography (PET) are crucial for diagnosis. Amyloid deposition can be detected by PiB-PET imaging which can help in differentiating between Alzheimer's and Frontotemporal dementia.

Treatment of Alzheimer's Dementia

A curative treatment has not been found for the management of patients with Alzheimer's disease. Currently, several drugs are being used to decrease the intensity of the symptoms. Donepezil, an acetylcholine esterase inhibitor, is a standard choice of drug. It has been approved for use in the treatment of all stages, including moderate-to-severe stage of Alzheimer's disease.

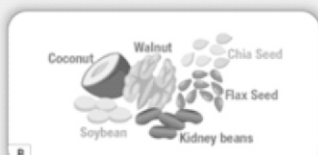
Newer anticholinesterase drugs, like rivastigmine and galantamine, are also valuable for the treatment of mild-to-moderate Alzheimer's disease. Memantine, an N-methyl-D-aspartate receptor antagonist, is another drug that has been used to improve memory, attention, language, and ability to perform simple tasks in moderate-to-severe Alzheimer's disease. Antidepressants [selective serotonin reuptake inhibitors (SSRIs)] may be useful, if there is accompanying depression. Antipsychotics and diazepam groups are avoided. In a significant achievement, initial research has shown that vaccinations with amyloid β -immunotherapy may offer encouraging results in preventing Alzheimer's disease.

Family education about the disease and caregiver support while maintaining emotional support to patients are very useful. Speech therapy and exercise can be beneficial for all types of dementia patients before they are physically totally dependent.

Lifestyle changes to prevent Alzheimer disease (Dementia)



Mediterranean Diet



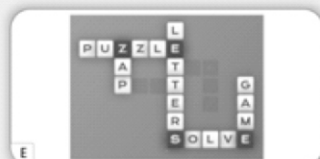
Omega-3-rich diet



Regular exercise



Quality sleep



Mental stimulation (Puzzles, etc.)



Avoid smoking & all vices



Green tea



Learning music / creativity



Yoga & meditation



Active social life

VASCULAR DEMENTIA: MULTI-INFARCT DEMENTIA

Vascular dementia is the most common cause of dementia after Alzheimer's disease. It accounts for about 15–40% of dementia cases in individuals aged 60–75 years. It is more

common in men than among women. In fact, in many cases there is overlap between Alzheimer's dementia with vascular dementia.

Vascular dementia in itself is not a purely degenerative disorder, it results due to lack of blood supply to various (small and/ large) portions of the brain, causing deprivation of vital oxygen and nutrients, leading to damage to areas of cortex associated with memory, learning, and language. It is also called as multi-infarct dementia.

Signs and Symptoms of Vascular Dementia

Mental signs and symptoms: Slowed thinking, memory problems, general forgetfulness, unusual mood changes, personality changes, loss of social skills & confusion.

Physical signs and symptoms: Dizziness, leg or arm weakness, balance problems, walking with shuffling steps, loss of bladder or bowel control, and tremors.

Behavioural signs and symptoms: Slurred speech, language problems, difficulty finding the right words for things, getting lost in familiar surroundings, laughing or crying inappropriately, difficulty in planning and organization.

Diagnosis of Vascular Dementia

For physicians, making a confirmed diagnosis of vascular dementia is comparatively easier than that of Alzheimer's disease. MRI, and magnetic resonance angiography (MRA) are valuable diagnostic tools for the diagnosis of vascular dementia. In addition, lipid profile analysis, Doppler test for blood vessels of neck and two-dimensional echocardiography of the heart may also be helpful.

Treatment of Vascular Dementia

While there is no known cure for vascular dementia, it should be noted that vascular dementia is largely a preventable disease. A healthy lifestyle with nutritious diet habits, regular

exercise, mentally stimulating activities, and avoidance of smoking and alcoholism are fundamentals for the prevention of this disease. However, treatment with blood thinners (i.e. anti platelet or anticoagulant drugs) along with risk factor modification i.e. control of blood pressure, diabetes, and cholesterol as well as avoidance of tobacco and illicit drugs are essential parts of treating this type of dementia, mainly to prevent further damage.

FRONTOTEMPORAL DEMENTIA

Frontotemporal dementia is a group of disorders caused by neurodegeneration of frontal and temporal lobes. Researchers have identified abnormal accumulation of specific proteins (tau protein/TDP-43/FUS) in the frontal and temporal lobes of such patients. Age of onset is usually 50–60 years. FTD is linked with certain genes and hence frequently familial.

Signs and Symptoms of Frontotemporal Dementia Variants:

Behavioral variant FTD (bv-FTD): It is the most common sub type of FTD seen clinically. It is associated with changes in personality and behaviour of an individual. *Other features include impaired judgment and executive dysfunction, obsession, followed by problems in thinking, planning and decision-making abilities.*

Primary progressive aphasia (PPA): *It affects language skills in early stages.* Language becomes non fluent, ungrammatical and effortful.

Semantic dementia: It is characterized by loss of semantic memory (fund of knowledge) in both verbal and nonverbal domains. *It may also affect language as well as comprehension.*

Motor neuron disease: It is associated with language and behavioral changes along with deterioration of motor neurons that manifests as weakness in the muscles, stiffness, atrophy (shrinkage) of the muscles.

Diagnosis of Frontotemporal Dementia

Diagnosis is mainly based on clinical judgment, cognitive assessment aided with neuroimaging : MRI - PET.

Treatment of Frontotemporal Dementia

Again there is no curative treatment .Antidepressants (SSRI) can be used to improve behavioral symptoms in FTD patients. Since antipsychotics increase risk of death in such patients, they should be used with extreme caution. *Family education about disease and caregiver support can be useful. Speech therapy can be beneficial for PPA patients.*

DEMENTIA WITH LEWY BODIES (DLB)

It is a neurodegenerative disorder affecting basal ganglia and forebrain that gradually shows intellectual and functional deterioration. It accounts for about 15-20% of dementia cases worldwide.

Clinical Features of Lewy Body Dementia

Patients with diffuse Lewy bodies disease present with central feature of progressive dementia and core features of fluctuations in mental status, visual hallucinations, and sleep disorders that may occur years before the onset of dementia and Parkinsonism.

Diagnosis of Lewy Body Dementia

Diagnosis of this syndrome is challenging because of the overlapping of symptoms. Clinical examination with accurate history taking, physical examination, assessment of mental abilities, cognitive function tests, and brain scans (PET MRI brain) can help in the diagnosis of DLB.

Treatment of Lewy Body Dementia

Medical treatment aims at controlling cognitive, motor, and psychiatric problems associated with the disorder. Cholinesterase inhibitors, like donepezil and rivastigmine, are

used to treat cognitive symptoms of DLB. Levodopa can help with movement and rigidity in certain cases. atypical newer antipsychotics (e.g., quetiapine) are better and patients require constant monitoring and supervision.

CREUTZFELDT-JAKOB DISEASE

Creutzfeldt-Jakob disease (CJD) is a rare ,fatal, rapidly progressive, neurodegenerative disorder. The onset of symptoms is usually seen at the age of 60 years and about 90% of individuals die within 1 year.

The symptoms of CJD are associated with rapid deteriorating course.

Patients may have rapidly progressive dementia, ataxia, myoclonic jerks, personality changes, and behavioral changes. MRI and EEG can be helpful in diagnosis.

Currently, the treatment is aimed at symptomatic relief with the use of clonazepam and sodium valproate for myoclonic seizures and opiates in case of pain. Sadly, most patients succumb in 1–2 years.

PREVENTION OF DEMENTIA

Living a healthy lifestyle, consuming healthy diet, maintaining healthy weight, avoiding alcohol or smoking, and screening for old age diseases like diabetes, hypertension and atherosclerosis may help lower the risk of developing dementia. In addition, adequate physical exercise is also necessary for good blood circulation to the brain and rest of the body. Certain memory exercises : **Neurobics**, i.e., playing memory games, crosswords and **Sudoku** improve learning and thinking. Creativity and learning new language also help. They prevent degeneration of neurons. These along with enough sleep as well as positive and happy thoughts make mind more alert and active.

Parkinsonism

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Pearls of Wisdom:

- Parkinson's disease (PD) occurs due to damage to substantia nigra in the brain, resulting in diminished production of dopamine, the neurotransmitter responsible for coordinated body movements.
- Parkinsonism encompasses a group of disorders where bradykinesia (slowness of movements) is the predominant symptom along with tremor, rigidity or postural imbalance. Parkinson's disease, parkinson plus syndromes, secondary parkinsonism, and other hereditary degenerative disorders are all included under this group.
- In majority of patients with PD, rest tremor is the main disabling symptom. Other signs are muscular rigidity, slowness of body movements (most specific symptom), reduction in pace of activities, and instability of posture.. Parkinson's disease may also be associated with reduced memory, depression, loss of facial expressions and drooling of saliva from mouth.
- Parkinson plus syndromes include multiple system atrophy, dementia with Lewy bodies, progressive supranuclear palsy, and corticobasal degeneration.

Patients with Parkinson plus syndrome deteriorate rapidly and the drugs used in the management of PD are usually not much effective in treating them.

- In general, PD can be managed fairly well. Early diagnosis and initiation of appropriate treatment along with physiotherapy in the early stages of the disease increase the life expectancy and quality of life.

INTRODUCTION

Parkinson's disease (PD) was first precisely recognized by Dr James Parkinson in the year 1817 through his publication titled "An Essay on the Shaking Palsy". Since then, this medical condition has come to be known as "**Parkinson's disease**". It is a chronic, progressive, neurodegenerative disorder of insidious onset, characterized by the presence of motor disturbances like bradykinesia (slowness of movements), rest tremor, rigidity, and postural disturbances. It has been identified that the level of dopamine, a neurotransmitter responsible for communication between "substantia nigra" and "corpus striatum" to control and coordinate muscle movements, is reduced in the brain of an individual with PD than in the normal brain. These low levels of dopamine are due to degeneration of dopamine secreting nerve cells (dopaminergic cells) in a region of the brain called substantia nigra. The symptoms of PD occur when nearly 80% of the dopamine producing cells are destroyed. One should not confuse Parkinsonism with PD, as Parkinsonism is a broader term characterized by a combination of movement abnormalities that can cause Parkinson-like symptoms. These are bradykinesia (it is a must) with one of the following: tremors, rigidity, and postural instability. Under this rubric, PD is the most common neurodegenerative cause of Parkinsonism. Other causes of Parkinsonism include following:

- Parkinson plus syndromes like multiple system atrophy (MSA), progressive supranuclear palsy (PSP), corticobasal degeneration (CBD), diffuse lewy body disease (DLBD)

- Secondary causes like Parkinsonism induced by drugs, trauma, and vascular causes
- Heredodegenerative causes like Wilson's disease.

PARKINSON'S DISEASE

Parkinson's disease is the second most common neurodegenerative disorder after Alzheimer's disease. The disease usually begins in the 5th or 6th decade of life, and becomes more common with advancing age. Accordingly, they are known as early onset PD (onset before 40 years of age), young onset PD (onset during 21–40 years of age), and juvenile Parkinsonism (onset before 20 years of age).

Causes

The exact cause of PD is not known. However, following factors may have contributory role:

- ❖ **Environmental factors:** external or internal toxins
- ❖ **Genetic factors:** mutation of genes or impairment in mitochondrial DNA; [α -synuclein mutation, mutation on parkin gene (park 1 to 16 mainly SNCA, PINK1, and LRRK2 genes) play important role in young onset PD]
- ❖ **Free radicals:** potentially damaging molecules causing nerve cell death
- ❖ **Normal aging:** decrease in dopamine producing capacity of dopaminergic cells and
- ❖ **Idiopathic,** where cause remains largely unknown.

Parkinson's disease is thus considered a complex disorder, a product of genetic and environmental factors. The common risk factors for PD are advancing age, male gender, heredity, traumatic head injury.

Symptoms

Symptoms of PD may differ from person to person and they are usually defined as motor and nonmotor symptoms. In typical PD,

symptoms are initially noticed only on one side of the body and spread to the other side after months or few years. The common symptoms of PD are discussed below.

Motor Symptoms

Bradykinesia: It means slowness of movement. It is the most important symptom for diagnosis. Here, body movements become increasingly slow, and simple tasks become difficult and time-consuming. Freezing of walk is a particularly distressing symptom of PD.

Tremors: It is the most common early symptom. While at rest, back and forth rubbing of thumb and forefinger (known as pill-rolling tremor) and tremors in limbs, lips, jaw, feet, or tongue are commonly seen.

Rigidity: There is increased tone (stiffness) in limbs and trunk muscles, and the patient usually assumes a flexed posture while standing and walking. Increased tone during examination of wrist movement is called cogwheel rigidity. It also affects facial muscles, causing a mask-like facial expression, dribbling of saliva from mouth, reduced frequency of eye blinking, and slow, soft voice (hypophonia)

Impaired posture and balance or postural instability: There is a gradual loss of coordination and sense of balance, along with posture problems, putting individual at risk for falls. The walk is usually short-stepped and shuffling with lack of arm swing on the affected side. Symptoms help as additional clues for confirmation of PD are: **unilateral onset, persistent asymmetry affecting side of onset most, rest tremors present, progressive disorder, excellent response (70–100%) to levodopa, severe levodopa induced dyskinesia, levodopa response for 5 years or more and clinical course of 10 years or more.** There are some conditions where symptoms of parkinsonism are evident in lower body, while upper body is spared. They are called "lower body Parkinsonism" and include normal pressure hydrocephalus and vascular parkinsonism. Response to levodopa is poor in

these cases.

Nonmotor Symptoms

Depression, anxiety, hallucinations, dementia, anosmia, sleep disturbances, constipation, fall of blood pressure while standing, pain, and impulse control disorders are some important nonmotor symptoms that must be addressed by the doctor. Early recognition of these symptoms may help in improving quality of life. They usually show up years before clinical motor symptoms of PD.

Stages

Based on the severity of symptoms, Parkinsonism has been staged from I to V by Hoehn and Yahr scale, which is used globally (Fig. 1).

- 0 Asymptomatic
- 1 Unilateral involvement (symptoms and signs on one side)
- 1.5 Unilateral with axial involvement
- 2 Bilateral involvement
- 2.5 Bilateral with mild postural instability
- 3 Involvement of postural reflexes; imbalance, and falls; moderate morbidity
- 4 Needs continuous support
- 5 Bedridden



FIG. 1: Five stages of Parkinson's disease

Diagnosis

Diagnosis of PD is largely clinical i.e., based on the presence of specific set of symptoms and signs. Hence, magnetic resonance imaging (MRI) is not necessary. In patients with atypical PD, very

early PD or with Parkinson's plus syndromes, neuroimaging scans may be required. The widely used brain imaging techniques are categorized as structural [MRI and computed tomography (CT)], technetium labelled dopamine transporter ligand (TRODAT) scan, and functional [positron emission tomography (PET) and single photon emission computed tomography(SPECT)].

Treatment

It should be noted that currently, there is no treatment available to stop the destruction of the cells. Hence, PD cannot be cured completely. However, regular treatment can control the symptoms to a large extent. Medications, such as levodopa, are generally used in the management of these patients, but if the disease worsens, surgical interventions, such as deep brain stimulation may be required. Non motor symptoms need special attention and not discussed.

Medical Treatment

It consists of long-term, regular intake of drugs along with physiotherapy, and exercises. Doctors and therapists need to work closely to plan out individualized treatment plan for each patient. Medical treatment consists of the following drugs:

Levodopa: Among various medications used, levodopa is the most well established and widely used drug. It is the most effective drug for relieving symptoms of PD. After administration, levodopa gets converted into dopamine in the brain. In majority of cases, levodopa is usually combined with carbidopa, which prevents the breakdown of levodopa outside the brain, and thereby increases the availability of dopamine for the brain. It improves muscle movements, prevents severe disabilities, allows people to stay independent for a longer time, but does not slow the disease process. It can be administered in forms of tablets, liquids, and pumps. It is essential to consult a specialist for treatment as this drug can also cause serious side effects.

Monoamine oxidase-B inhibitors (MAO-B inhibitors): These drugs prolong the effects of dopamine by preventing its breakdown in the brain. These drugs also enhance the release of dopamine from nerve cells. Examples of selective MAO-B inhibitors include selegiline and rasagiline.

Dopamine agonists: These drugs stimulate the dopamine receptors (D1–D5 receptors) in the brain and mimic the function of dopamine in the central nervous system. They are used primarily as a monotherapy or a combination therapy with levodopa/carbidopa therapy. Pramipexole, ropinirole, and bromocriptine are widely used dopamine agonists in the treatment of PD.

Amantadine: Amantadine a dopamine releaser with antiviral property, may restore the balance of natural neurotransmitters in the brain by increasing the release of dopamine. It also has anticholinergic effects.

Catechol-O-methyltransferase (COMT) inhibitors: These drugs are effective only when used with levodopa. They enhance the effectiveness of levodopa therapy in the brain. Examples of COMT inhibitors include entacapone and tolcapone.

Anticholinergic drugs: These drugs reduce the overactivity of acetylcholine and balance the activity of dopamine. They are more effective in controlling tremor, and used as adjuncts to levodopa. Trihexyphenidyl reduces involuntary movements due to side effect of certain antipsychotic drugs. However, it can cause confusion and memory disturbances in elderly and urinary retention in males.

For advanced cases of Parkinsonism or in cases where therapeutic window of drugs becomes narrower and traditional medications cause side effects, certain medical alternatives can be considered. Liquid formulation of levodopa, and rotigotine transdermal patches can be useful for timebeing .More definitive treatment in these cases include intragastric duodopa infusions, apomorphine injections (intermittent injections or battery

operated pump for longer hours)..

Newer drug named safinamide has been approved recently as adjuvant therapy for PD patients for management of severe dyskinesias and off episodes. Regular vitamin D supplement is emerging as important supportive therapy for PD and may have a causative role in genesis of PD.

Diet in Parkinson's Disease

Recent research has found that certain food substances, like potatoes, oranges, coffee, nuts, cranberries, capsicum, and artichokes, may have a protective effect on the brain against PD. This might be due to their dopamine enhancing or antioxidative properties.

Surgical Treatment

Surgery has opened new avenues in the treatment of advanced PD

Surgical options are generally reserved for patients who have exhausted medical line of treatment and suffer from profound drug related side effects like dyskinesia and unpredictable on-off fluctuations. Most commonly used method is DBS (Deep Brain Stimulation). Ablative surgery is rarely used nowadays.

Besides the medical and surgical treatment as well as physiotherapy, a holistic approach to PD is equally important. Group therapy, regular exercise, bicycle driving, yoga and meditation, diet therapy, acupuncture, art, music, dance, and drama therapy are excellent ways to bring positive perspective in the illness and may prove to be very important in the management.

Early diagnosis and initiation of appropriate treatment in the early stages of disease increase the life expectancy and survival rate along with quality of life.

PARKINSON PLUS SYNDROMES

These conditions are described as atypical PD, which may be

grouped under the term "**Parkinson plus syndromes**". A healthcare practitioner should be able to differentiate between PD and Parkinson plus syndromes as the prognosis and management plans differ.

Multiple System Atrophy

This condition is characterized by progressive parkinsonian features of bradykinesia, rigidity and postural instability along with additional cerebellar dysfunction, autonomic nervous system involvement (characterized by urinary dysfunction, constipation, impotence, postural hypotension), sleep apnea (a sleep disorder), stridor, difficulty in swallowing, and abnormal neck movements. Multiple system atrophy is usually seen after the age of 60 years.

It can be further categorized into MSA-C and MSA-P. If cerebellar symptoms are prominent, it is termed as MSA-C and when parkinsonian features are prominent, it is termed as MSA-P. Interestingly, patients with MSA do not respond so well or at all to dopamine therapy, which helps in distinguishing these patients from PD patients. An MRI scan usually shows a typical finding of pontine atrophy with "hot cross bun" sign of MSA.

Medical management consists of treating postural hypotension, constipation and impotence effectively. Physiotherapy, occupational therapy, and speech therapy can also be used to manage certain symptoms.

Diffuse Lewy Body Disease or Dementia with Lewy Bodies

Patients with diffuse Lewy body disease present with central features of progressive dementia and parkinsonism along with fluctuations in mental status, visual hallucinations, and sleep (REM) disorders. Other characteristic features may include repeated falls and syncope, transient unexplained loss of consciousness, visuo-spatial abnormalities, autonomic dysfunction, and other psychiatric disturbances.

Medical treatment is aimed at addressing the cognitive, motor, and psychiatric symptoms. Cholinesterase inhibitors

(Rivastigmine and Donepezil) have shown benefit in treating the dementia of this disease. Hallucinations can be treated with newer (atypical) antipsychotic agents like quetiapine.

Progressive Supranuclear Palsy

Progressive supranuclear palsy (PSP) is a disorder of the brain that affects the control of gait, balance, coordinated eye movements, cognition, mood and behavior. Patients with PSP initially present with rigidity of chest and back (axial rigidity). These patients should not be mistaken for PD where rigidity first occurs in the limb muscles. Impairment of vertical eye movements, especially for downgaze, and frequent backward falls are also hallmarks of PSP. They may also have inability to coordinate eye movements towards a target object, change in tone of voice, difficulty in swallowing, and inappropriate or uncontrolled laughing and crying due to pseudobulbar palsy. Dementia is also common. Magnetic resonance imaging of PSP patients shows a classical "hummingbird sign" due to midbrain atrophy.

Although no effective treatment options are available for PSP, anti parkinsonian drugs, like levodopa, can be used to provide mild/temporary relief in stiffness of muscles and balance problems. Additionally, certain physiotherapy exercises may be helpful. Surgical procedures, like gastrostomy or jejunostomy, may be required in patients having dysphagia (swallowing difficulty) due to pseudobulbar palsy.

Corticobasal Degeneration

Patients with CBD usually present with apraxia (lack of ability to make familiar, purposeful movement by affected limb, so called alien limb), dysphagia, hesitant and halting speech, myoclonic jerks, dystonia, and some other symptoms resembling PD. The affected hand is unable to carry out any meaningful activity (useless hand). In the advanced stage, a clenched fist with local contractures may occur. Corticobasal degeneration typically begins at around 60 years of age by affecting one side

initially and eventually affecting both sides.

There is no effective treatment available to cure or alter the course of this disease. Clonazepam may help in reducing myoclonic jerks and other disabilities. Speech therapy and physiotherapy may also be useful.

OTHER CAUSES OF PARKINSONISM

It is worth mentioning that exposure to certain drugs and toxins also produce symptoms of Parkinsonism namely slowness of movements, rigidity, and/or tremors. Commonly used antipsychotic drugs like haloperidol, risperidone, aripiprazole, trifluoperazine; antivertigo drugs like cinnarizine, flunarizine; and antiemetics like metoclopramide and prochlorperazine are all known to produce symptoms of Parkinsonism. Most important is levosulpiride, which is used frequently by physicians and gastroenterologists for improving stomach motility. It is usually combined with antacids like pantoprazole and rabeprazole. Usage for even 1 or 2 months of these group of drugs can cause significant Parkinsonism. Symptoms may remit after cessation of drugs in good number of cases.

There are other uncommon hereditary degenerative causes of Parkinsonism. They run in families. Wilson's disease, Huntington's disease and Pantothenate kinase associated neurodegeneration (PKAN) are few examples.

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