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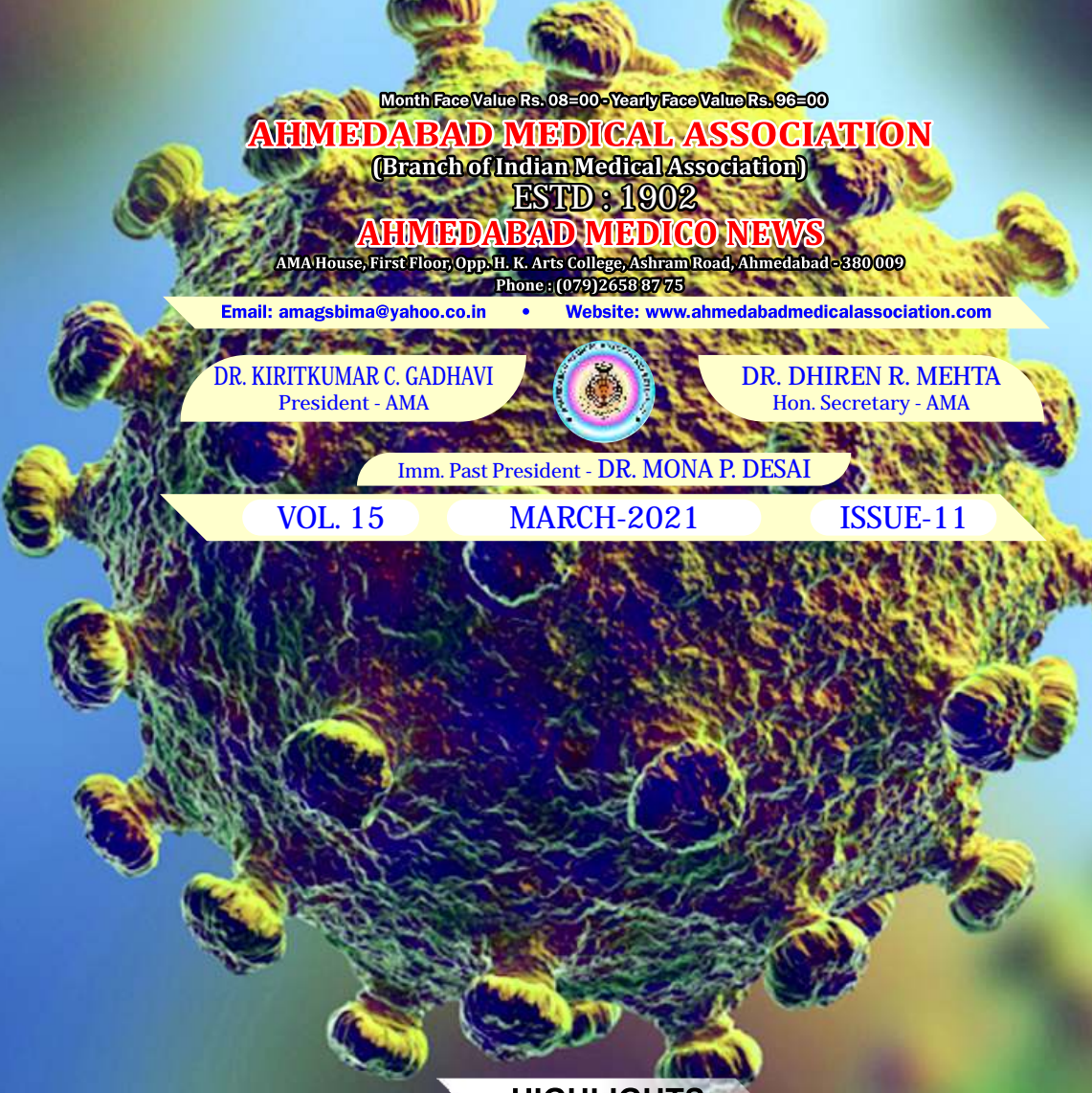
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DR. DHIREN R. MEHTA
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Imm. Past President - DR. MONA P. DESAI

VOL. 15 MARCH-2021 ISSUE-11

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PROGRAMMES
11-04-2021 Scientific Programme

ARTICLES

- A Minor Crack May Herald A Major Crackdown
- Osteoporosis and Sarcopenia - Silent Thief and Silent Sucker - Sarco Osteoporosis/Penia

'SERVICE TO MANKIND... NOT DESTINATION... BUT WAY OF LIFE'

1

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



President Note March 2021:

Dear Members,

"Whoever renders service to many, puts himself in line for greatness – Great wealth, Great return, Great satisfaction, Great reputation and Great joy." Jim Rohn.

Yes, our theme of this year is community service and why not should we start from our own community, our own doctor friends. We all know that our so many friends are facing difficulty and having multiple burning issues. So we have decided to unite and to fight for solution of these problems. We had successful meeting with Municipal Commissioner, Party President of Gujarat, Mr. C. R. Patil and respected Chief Minister of Gujarat, Shri Vijaybhai Rupani ji. We are successful to explain our difficulties and they also have promised to be helpful maximally and to fight together in High Court to find out some solution.

"No time is better spent than that spent in the service of your own fellow man." Bryant McGill.

We are thankful to all our seniors and friends who have

helped us in planning and conducting the meetings within short notices to all.

We are noticing again rise in patients of COVID and we are experiencing the third wave of Pandemic. Again, hospitals are being packed by patients and we all have to take care once again. Even though many of us are vaccinated, we will have to practice very safely. Again government has taken strict steps to prevent spread of disease and even night curfew also is followed strictly.

We have planned one scientific program with College of General Practitioners on 11th April, 2021, Sunday. But we will have to take care and to follow guidelines given by government. It will be continued if all will go well.

We had very successful celebration of International Women's Day on 7th March, Sunday. The detail is given at another page.

"He who wishes to secure the good of others, has already secured his own." Confucius.

Once again, we invite innovative suggestions for bulletin and programs. We also invite excellent research papers or work by our members to print in bulletin.

Jay AMA

Jay IMA

Dr. Kiritkumar C. Gadhavi

President

Ahmedabad Medical Association

Dr. Dhiren R. Mehta

Hon. Secretary

Ahmedabad Medical Association

Aao Gaon Chalen Community Service Project - Virampur



Aao Gaon Chalen Community Service Project - Virampur



International Women's Day Celebrations



International Women's Day Celebrations





Fire / BU Urgent Meeting - 14-03-2021



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Content

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Dr Abhay S Dikshit



**ELECTED UNCONTESTED
NATIONAL PRESIDENT**

**FEDERATION OF FAMILY
PHYSICIANS'
ASSOCIATIONS OF INDIA**



SCIENTIFIC PROGRAMME

College of General Practitioner

Dear Members,

Scientific program is organized by AMA and College of General Practitioner with excellent topics by learned experts. The details are as following.

- 1) Topic : Antihyperglycemic effect or Extra glycemc effect...What is more important ?
 Speaker : Dr. Urman Dhruva, MD, Senior Physician and Diabetologist
 Moderator : Dr. Mehul Shelat, Dr. Sanjay Shah
- 2) Topic : Digital blood pressure equipment: Which is best and how to use wisely?
 Speaker : Dr. Jigar Mehta, MD. Intensivist.
 Moderator : Dr. Mehul Shelat, Dr. Sanjay Shah
- 3) Topic : Recent updates and newer technologies in Infertility treatment.
 Speaker : Dr. Nisarg Dhariya
 Moderator : Dr. Mehul Shelat, Dr. Sanjay Shah
- 4) Topic : Advance in Gynaec Laproscopic Surgery.
 Speaker : Dr. Smit Patel
 Moderator : Dr. Mehul Shelat, Dr. Sanjay Shah

5) Panel Discussion- Family Practice a way ahead.

- a) Home Care : need of the hour
- b) How to maintain family practice in current era
- c) Meeting increasing expectations from patients

Moderator : Dr. Pragnesh Vachharajani

Panelist : 1. Dr. Alpa Gor
 Professor Dept. of Pharmacology
 Pramukh Swami Medical College,
 Karamsad, Anand, Gujarat.

2. Dr. Pritesh Shah
 Director - Mahavir Hospital

3. Dr. Jaswantsinh Darbar
 Senior Fan

Time : 9-30 am to 10-00 am
 Registration and Breakfast
 10-00 am onwards scientific program.

Date : 11/4/2021, Sunday.

Venue : Ahmedabad Medical Association Hall,
 Ashram Road, Ahmedabad.

- Registration is must at AMA office
- All Corona guidelines must be followed strictly by all attendants.
- Programme will be followed by lunch

• Programme Co-ordinator •
 Dr. Mehul Shelat

Dr. Kirtikumar C. Gadhavi
 President

Dr. Dhiren R. Mehta
 Hon. Secretary

Report of International Women's Day Celebration

8th March is celebrated as International Women's Day everywhere. We had celebrated it on 7th March, 2021, Sunday in association with Women Doctors` Wing –GSB and AMA Ladies Club. The program was started with the name of God, Shri Ganesh and Ganesh Vandana by sweet voice of Dr. Sonalben Shah. After introduction by Dr. Monaben Desai, MoC, Dr. Gunjan has started the program. There was a beautiful song by Dr. Falguniben Vora and Dr. Kalpita Dave. We had first lecture by Dr. Monaben Desai. In her unique style she made environment live and vibrant. We had excellent live talk by two great ladies, Ruzan Khambhata and ACP, Madam Mini Joseph. Both had given their views in their own style with different examples. We had an excellent presentation by Dr. Jigisha Chaudhari, MD, Paediatrician. She explained about the app useful for parents to detect early developmental problems, so that they can be controlled well. We had excellent skit, “Bas,... Bahu thayu have, based on domestic violence on ladies in different type of families. It was played by Dr. Himanshubhai Desai, Dinaben Sanghavi, Mayuri Vachharajani, Jashna Mehta and Dr. Dhiren Mehta. At last, we had Housie Game with attractive prizes. The program was ended by National Anthem and of course delicious lunch.

Report regarding Legal Notice

Dear Members,

Since last few days, many of our friends have received notice of Fire Safety and BU Permission from AMC. Even some of hospitals have been sealed also. So, we have decided to fight against these issues. In context to this, we had meeting with Municipal Commissioner on 9/3, Party President, BJP – Gujarat, Shri C. R. Patil on 11/3, Thursday and with CM of Gujarat, Shri Vijaybhai Rupani on 15/3, Monday. All meetings were very successful. All were positive for solution. But because of directions of Gujarat High Court, they cannot take any steps directly and suggested to take legal advice. So, we had decided to fight legally and for that we had meeting with an Advocate and one very senior engineer attached with estate dept of AMC. We all are thankful to our dynamic IPP, Dr. Monaben Desai for her hard work and strong stand. We are thankful to Dr. Dharmendra Gajjar for planning meetings in short notice. We are thankful to all other leaders for helping us and being with us in this whole movement. While I am writing this, the process is going on and we will definitely fight for our rights with the support of all of you. While I am writing this, the process is going on and we will definitely fight for our rights with the support of all of you.

Thank you.

CONGRATULATION

Dr. Samir Shah, Director, DIMS- Gujarat, awarded at New Delhi for Appreciation in recognition of outstanding efforts in delivery of services to ESI Beneficiaries and General Public during COVID-19 pandemic.

WE WELCOME FOLLOWING NEW LIFE MEMBERS

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10195 L	DR. DAVE RUTUL MANOJKUMAR
10196 LC	DR. SHAH SHALIN PRAVIN
10197 LC	DR. SHAH TANUJ SHALIN
10198 L(Transfer)	DR. SHAH SNEH BHUPENDRA
10199 L(Transfer)	DR. SHAH PRERNA SNEH
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10204 L	DR. SARAIYA ANUJ KUMAR NILESHKUMAR
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Following Doctor's / NGO have donated generously towards **IMA COVID MARTYRS FUND** Payment already received by IMA HQ, New Delhi

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N.B. :

- (1) Those who have committed are requested to transfer the fund amount.
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A Minor Crack May Herald A Major Crackdown

- Dr. G. G. OZA

(A brief account of a reasonably - priced, small gadget called weighing scale. It is under-utilized, under-rated and often ignored)

The greatest medical calamity that has afflicted mankind in the last 5-6 decades is 'Life-Style Diseases' almost all over the world but more so India and many other Asian Countries. These diseases, namely diabetes mellitus, hypertension, ischeme heart disease, obesity, metabolic syndrome are caused by faulty, unhealthy changes in life-style. More serious is the fact that these diseases are striking younger people.

Weighing scale becomes a game-changer when an apparently healthy person or a patient struck by one or more diseases comes to know about his part of body weight. Initially, he is stunned by this unexpected revalation. But then, immediately, under medical supervision, starts a chain-reaction leading to measures like dietary changes, physical activity, stress management, cessation of smoking or tobacco chewing, attainment of peace of mind by methods like meditation to reform, retrieve, regain normal life-style. This proves to be a 'Turning Point' in his life, thanks to the weighing scale.

Weighing Scale is usually seen in doctor's office, hospitals and some railway stations. It is a health-promoting, health-sparing tool. It can be called a whistle-blower, an eye-opener a watch-dog, an a state observer, a shrewd supervisor, a life-guard, a friend, a guide to achieve the goal of health and happiness (wellness).

Keep it at a strategic place in the home beyond the reach of children and the elderly, but not in the bathroom or in its vicinity because these are slippery areas.

For children and elderly, somebody should be present while checking weight, to help them.

On first or last Sunday of every month, each member of the family should check his/her weight and maintain a record.

If on standing on the scale, you are not able to see the numericals on the dial, it means that your waistline has crossed the sacred 'Lakshman Rekha' !

Weighing scale can prove to be an ideal marriage / birthday gift or as a gift to retiring people etc.

Having and utilizing a weighing scale can be called a Marker of Health Consciousness.

It is worth suggesting that a weighing scale should be installed at the entrance gate of public halls, temples, schools, gardens etc. (the list can be extended).

If the message from the weighing scale is respected, one can definitely prevent, postpone (delay), attenuate, resolve, revert or even abolish this cluster of diseases called 'Life-style diseases'.

"Just as every head on a vehicle should have a helmet on it, every home should have a weighing scale in it".

Fitness (of the body and mind) should be your pride and (sweet) envy for the onlookers !

Feel fit, feel fresh, feel fragrant, feel frothy, and lastly, feel fabulous...!

सर्वे सन्तु निराभयाः

લેડીઝ-ક્લબ

"STRONG WOMEN EMPOWER EACHOTHER"

Dear Friends,

આંતરરાષ્ટ્રીય મહિલા દિનની ઉજવણી GSB-WDW સાથે ખૂબ જ સારી જાણકારી તેમજ આનંદ ઉલ્લાસ સાથે કરી.

આપ સૌના સહકાર અને ઉપસ્થિતિ માટે આભાર.

પ્રોગ્રામ નં. ૧૧ :-

કિચન ગાર્ડન

આર્ટ ઓફ લિવિંગના શિક્ષક શ્રી ચિંતનભાઈ વ્યાસ દ્વારા તાજા શાકભાજી વગેરે ઘરે કેવી રીતે ઉગાડી શકાય ? તે માટે માર્ગદર્શન પૂરું પાડવામાં આવશે.

તારીખ : ૦૨-૦૪-૨૦૨૧, શુક્રવાર

સમય : બપોરે ૦૩.૦૦ થી ૦૫.૦૦ કલાકે

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સ્થળ : એ.એમ.એ. હોલ

આધુનિક જમાનામાં લગ્નો, કોઈપણ જમણવાર કે પાર્ટીમાં મોકટેલનું

આગવું મહત્વ થઈ રહ્યું છે. તો આવો આપણે Cooking Expert Mrs. Sumira Shah પાસેથી આકર્ષક ઠંડા ઠંડા મોકટેલ અને સાથે tempting chips અને dip બનાવતા શીખીએ.

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સેક્રેટરી

અમદાવાદ મેડિકલ એસોસિએશન

OBITUARY

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



DR. KOKILA SHAH

M.No. L-1846 LMP

Date of Birth : 26-02-1939

Date of Death : 13-02-2021



Osteoporosis and Sarcopenia – Silent Thief and Silent Sucker – Sarco Osteoporosis/Penia

Osteoporosis and sarcopenia are two chronic musculoskeletal conditions that can have devastating impacts on individuals, families and society. With an ageing population, both conditions are likely to become increasingly prevalent in future, increasing the incidence of fragility fractures leading to greater morbidity, mortality and socioeconomic costs.

Sarco-osteoporosis/Penia, is the presence of osteoporosis/osteopenia and sarcopenia, is a geriatric giant duo, which poses a serious global health burden. Typically observed in 25% of people aged 65+ are affected by sarcopenia where as 60% of 85+ age affected by sarcopenia.

THIS article is to HIGHLIGHT the entity, for more information and questions, kindly email brd_172@yahoo.com

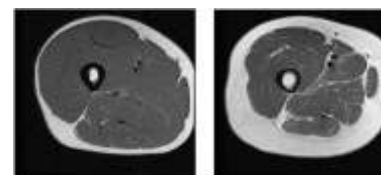
Q. Osteoporosis and sarcopenia what it means?
What common risk factors they carry?

- Osteoporosis (Silent Thief) is defined as a systemic skeletal disease characterized by low bone mass and microarchitectural deterioration of bone tissue with a consequent increase in bone fragility and susceptibility to fracture.¹

According to National Osteoporosis Foundation, studies suggest that approximately one in three women and up to one in five men aged 50 and older will break a bone due to osteoporosis.²



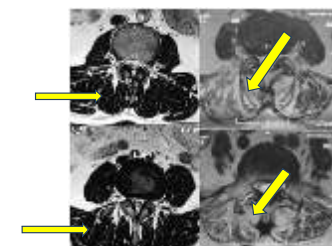
- On the other hand, Sarcopenia (Silent Sucker) corresponds to a progressive and generalized loss of muscle mass with either a loss of muscle strength or a loss of physical performance. However, a single consensual operational definition of sarcopenia is lacking.¹
- Sarcopenia is a syndrome characterized by progressive and generalized loss of skeletal muscle mass and strength with a risk of adverse outcomessuch as physical disability, poor quality of life and death.¹⁴
- Low Muscle Mass PLUS low muscle strength or low physical performance is Sarcopenia.¹⁴
- Both diseases share common pathophysiological factors3such as, hormonal imbalance, increased inflammatory cytokine activity, release of tissue-specific molecules, nutritional changes, and physical impairmentand are usually associated with frailty, falls, impaired physical mobility, fractures, disability, hospitalizations, morbidity, and mortality.⁴
- Various research studies⁵⁻⁹ suggest that older people with osteoporosis possess higher risk of development of sarcopenia and vice versa.
- Images shows the fatty changes in midhighscan and Axial images of Spine MRI.



Age 25

Age 63

Axial MR Image of thigh showing sarcopenia at the age of 63 yrs.

Normal
Muscle

Sarcopenia



➤ As seen, there is a bidirectional relationship existing between osteoporosis and sarcopenia, which leads to the development of osteosarcopenia. Emerging evidence points to a bidirectional crosstalk between osteocytes and muscle cells mediated by biochemical and common molecular signaling.¹⁰

Q. How these two co existing conditions affect overall health outcome?

Osteoporosis affects hundreds of millions of people worldwide and for sarcopenia, the prevalence rate varies widely; however, it is estimated at 5-13% for adults aged 60-70, and 11-50% for adults >80 years old. Sarcopenia currently affects >50 million worldwide, which is expected to rise to >200 million over the next 40 years.¹¹

Coexistence of osteoporosis and sarcopenia are increasingly recognized as a “hazardous duet” in the pathogenesis of fragility fractures, with the sarcopenic propensity for falls acting synergistically with the osteoporotic vulnerability of bones to increase fracture risk. These patients are at significantly higher risk of falls, fractures, and institutionalization.¹¹

One leading to other and vice versa is the challenge in the current AGE QUACK era. Reduction in mobility precipitates and exaggerated the other, classic duet, needs to be treated together.

Q. How antiresorptive and anabolic agents helps in osteoporosis and what is the role of sequential therapy for the same?

The goal of osteoporosis therapy is to try to restore

the balance of resorption and formation. It can be done by slowing resorption through use of antiresorptive medications (such as bisphosphonates, denosumab, calcitonin etc.) or by promoting bone formation using anabolic medications (teriparatide, romosozumab). By doing so, these therapies lower the risk for fragility fractures, which is the goal of treatment.¹²

There has been a continuous dilemma regarding the use of combination therapy or sequential therapy for osteoporosis nowadays. However, in patients with high risk and with previous fragility fractures, we can give teriparatide first and then denosumab or bisphosphonates. We can have two options for the sequential therapy which is

1. Teriparatide (for 18 to 24 months) and bisphosphonates (for 5 years) with Vitamin D and oral calcium and
2. Teriparatide (for 18 to 24 months) and denosumab (for 10 years) with Vitamin D and oral calcium.

We will have to choose either of the options for the treatment of high-risk population (older, post-menopausal women and previous history of fragility fracture). Kidney function to take into account. Once started has to be followed by the other. Each drug has specific duration and action.

Q. What are the secondary risk factors for osteosarcopenia?

Risk factors can be 4 :

1. Disease related such as Endocrine disease, Inflammatory disease, Malignant disease, Cancer (solid organ and blood based), Organ failure
2. Activity related such as Bedridden state, Hospitalization, Institutionalization, Prolonged weightlessness, Sedentary lifestyle, and Socioeconomic status
3. Nutrition such as Alcohol excess, Salt excess, cachexia, low body weight, low protein intake, low fat-soluble vitamin intake, malabsorptive conditions, smoking.
4. Medication such as glucocorticoid therapy, chemotherapeutics, heparin, antiepileptics, aromatase inhibitors, GnRH agonists, excess thyroxine.

Q. When to advise DEXA scan? What are the diagnostic tools

A. DEXA scan is the tool to diagnose and monitor the treatment response.

DEXA can be advised if any of following

Women above age of 60

Post menopausal women

Under weight old age women Patients with observed reduction in height

Patients with history of fracture following trivial fall.

Patients with multiple bone pain for example ribs pain, shin pain

Male above 70 years of age

Male after andropause.

Patients with metabolic bone disorder¹³



Mrs KPage 35yrs

Age 46

Age 58

LOSS of height is the Diagnostic sign of Osteoporosis

Xray reveals the gradual collapse of vertebral height, Untreated

Q. What is the management of Osteosarcopenia?

1. Assessment⁴ :

- Investigating for secondary causes
- Falls risk assessment (FRAX score)
- Optimize comorbidities

2. Non-pharmacological approach⁴

- Progressive resistance training, Change in environment to prevent fall
- Balanced diet including protein, calcium and Vitamin D

3. Pharmacological approach⁴

- Vitamin D/calcium supplementation
- Protein supplementation
- Antiresorptive or anabolic therapies for osteoporotic component

4. Follow-up⁴

- Review treatment and progress at least yearly

Q. What are the indication of surgery?

Surgery is indicated

- Neurological involvement following deformity or fracture
- Chronic fracture with nonunion
- Compressive Radiculopathy or Myelopathy following fracture
- No response to conservative treatment and progressive increase in pain and deficit

Message

- “Love me or hate me you need to know about me”, says Sarco-osteoporosis.
- Let's increase awareness so that we all age gracefully and tame these MONSTRS
- It is a lifetime disease; so patient needs life time treatment.
- First fracture treat adequately, do not ignore, 2nd is on its way. Be vigilant.

- Dr. Bharat Dave, Spine Surgeon
Team Stavva Spine Hospital