

DIALOGUE



INDIAN MEDICAL ASSOCIATION
DOMBIVLI BRANCH
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Kites
rise highest
against the wind,
not with it...

**MAKAR
SANKRANTI**

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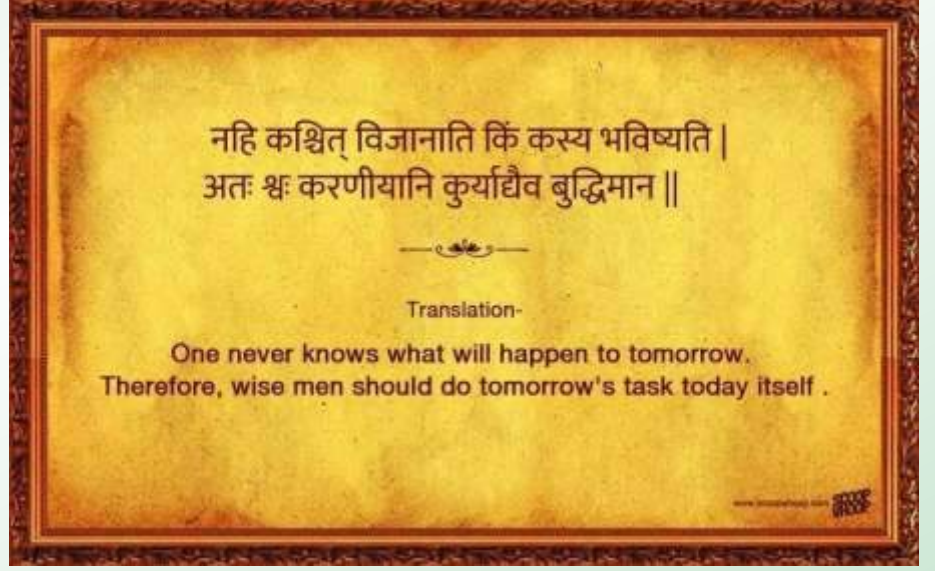
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नंदादीप

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THE SIGNIFICANCE OF UTTARYANA AND IMPORTANCE OF MAKAR SANKRANTI

Uttaryana means the motion of the Sun from southern run to northern run. (Uttara – North; Ayana – movement). It marks the beginning of Sun's transition into the zodiac of Capricorn. (Capricorn – Makar; Transition – Sankranti).

It also marks the end of the winter season and beginning of the harvest season.

It is considered as an important harvest day in India.

As per legend, Sankranti killed a devil named Sankarasura. Therefore, day after Sankranti is celebrated as 'Kinkrant'.

Spiritual leader Sadhguru explains that Uttaryana is identified by spiritually aware people as a transition where maximum grace of God is available.

This is during this period maximum people are receptive to Grace. Our legends have story of Bhishma, grandfather of Pandavas and Kauravas waiting for his death on bed of arrows for weeks.

Though gravely injured he held on his life until Uttaryana. He wanted to make use of this transition in Nature to smoothen his own transition. Prince Gautama became Lord Buddha during this period.

Makar Sankranti is celebrated all over India.

In Haryana and Punjab it is celebrated as Lohri. People gather around Bonfire, throw rice and puffed rice into the flames and pray for abundance and prosperity. In Tamil Nadu, it is celebrated as Pongal.

In Uttar Pradesh, people take a holy dip across sacred rivers and then distribute Khichidi to all.

In Gujarat, Makar Sankranti is synonymous with Kite flying.

In Maharashtra, it is celebrated with preparation of Til Gul, til laddoos and chikkis. Married women celebrate it with haldi kumkum.

Health benefits of this festival –

During this period, the Sattvagunas (quality of goodness) is specially advanced and this increases resistance to fight diseases.

The bathing in sacred rivers has its own merits.

According to Dr. Hej Heriki, the Sunrays penetrate the body and increase resistance towards diseases.

Scientist Gardner Roni believe that body becomes strong after Sun therapy. It becomes capable of fighting against diseases.

Yoga teachers believe that the benefits of Surya namaskar are numerous and best quality of Sun is available at this time that is end of winter and beginning of summer.

Our ancestors must have similar ideas while starting kite festival. Everyone would get benefits of Sun exposure and get their requirements of Vitamin D.

Sesame seeds have highest calcium (975mg/100gm). The tradition of preparing til laddoos and feeding them must be for supplement of calcium. Sesame seeds keep body warm and its oil provide moisture for the dryness caused due to winter.

Life coach say that the underlying thought of exchange of til Gul is to forget the past illfeelings and hostilities and speak sweetly. It helps in enhance of emotional intelligence.

To sum up Uttaryana marks beginning of Winter solstice and traditionally an auspicious time of the year.

Dr. Suchitra Kamath

FROM THE PRESIDENT'S DESK



HEARTFELT GRATITUDE.....

As the President of IMA Dombivli branch it gives me immense Pleasure and Pride to acknowledge the hard work put up by the team members at IMAFEST 2019.

IMAFEST committees started working real hard with lots of brainstorming sessions & meetings since last June to put up the great show which began on 24th November with Navrang 2019, Diagnostics Revisited- The Preconference Workshop on 29th November and the Scientific Enclave on 30th November and 1st December 2019.

The heart of any conference is the core committee; comprising of

Our Advisors: Dr Mangesh Pate & Dr Archana Pate

Organising Chairperson: Dr Vandana Dhaktode

Organizing Chairperson Navrang & Organising Sec. IMAfest : Dr Niti Upasani

Hon. Branch Secretary and Organising Sec. IMAfest : Dr Vijayalaxmi Shinde

Hon. Branch Treasurer and Organising Sec. IMAfest: Dr Bhakti Lote

Branch Vice President & IMAfest Organising Treasurer: Dr. Sunit Upasani

IMAFest Organising Hon. Joint Secretaries: Dr. Hemant Patil and Dr. Vijay Chinchole

The Core team worked tirelessly & was on Toes, detailing & coordinating all the work related to IMAFEST. I thank all committees heads and their members who took time out from their busy practise schedule to make this conference a memorable event. (Scientific, Cultural, Souvenir, Workshop, Fundraising, Registration, Reception, Venue & Stalls, Backstage Arrangements, Food & Banquet, Travel & Accommodation, Gifts...)

Scientific sessions...are the soul of any Medical conference.....Scientific committee chairperson Dr. Archana Pate & her team meticulously planned a smooth flow with SOP's for each session. The practice sessions were informative and precise. Selection of topics, structuring them as per schedule of speakers and IMAFEST schedule was excellently executed. Delegates complimented the scientific sessions and the contents with more than 98% Good and Excellent feedback for the Overall Scientific program. I thank all my branch members who staged a smooth flow as MOC's, Moderators and Chairpersons on the D day.

Oration and Inauguration ceremony are the most important aspect of our conference. With a very warm heart I thank Dr. Mangesh Pate for personally looking after arrangements of Dr. Asokan Sir and the State & National dignitaries. Dignitaries blessed us with their gracious presence and wished the branch the very best for future endeavours. Dr. Archana Pate and Dr. Mangesh Pate were complimented by dignitaries for their dedication at the Branch State and National level.

I thank Dr. Rao family for the Dr. U. P. Rao Oration Trophy 2019, which was conferred on Dr. R.V. Asokan Hon. Sec. General, IMA Headquarters, the Chief Guest at IMAfest 2019, whose superb delivery of the oration Topic Healthcare : Industry or Profession...? Our Choice left many of us questioning our practise ethics & goals.

I thank the dignitaries who graced our conference with their esteemed Presence.

Dr. R.V.Asokan Hon Secretary Gen. IMAHQ

Dr. Ravi Wankhedkar IPPIMAHQ

Dr. Anil Pachnekar Vice President IMAHQ

Dr. Avinash Bhondwe President IMAMS

Dr. Jayesh Lele Hon. Nat. Sec. IMAHBI

Dr. Mangesh Pate, our very own member & Hon. Nat. Treasurer IMAHBI

Dr. Pankaj Bandarkar Hon. Sec. IMAMS

Dr. Dhiren Kalawadia Hon. Treasurer IMAMS

Dr. Dinkar Desai President IMA Thane

Dr. Sangle President IMA Kalyan

Dr. Ujawala Bardapurkar President IMA Bhiwandi

NAVRANG team lead by Dr. Niti Upasani staged a great Navrang show with NINE beautifully designed events. Judges Mrs. Sanjana Thakur and Mr. Kaushal Dedhiya had a tough time selecting the winners. I thank them for being part of Navrang. I thank all the Participants and Congratulate the Winners of NAVRANG 2019 for a brilliant and entertaining show of arts and creativity.

I thank the souvenir committee headed by Dr. Archana Pate for all hard work put in to make a beautiful and informative souvenir, 'Let's Celebrate Health.' A must read for all those who believe and follow; 'Prevention is better than Cure'.

I wish to thank the Managing committee team and IMA Dombivli members who stood by me and the branch making this conference successful by their contribution which is valuable and their support shall always be cherished...

Dr. Mangesh Pate: The guiding light, at every step of the way ...gently trudging the event to success by his Protective Presence... his efforts at inviting the Chief Guest, Dignitaries and with his kind hospitality making them feel at home. Generous help at Fundraising.

Dr. Archana Pate: For her experience and Guidance at every step and at any time of the day....For being the Pillar of Strength and taking the Scientific Sessions to a new height of Brilliance in content & execution; be it the Topics, Speakers, Panel discussion, Oration and Workshop. Souvenir Designing, Fundraising, Venue & Event organising & most importantly the meticulously drafted instructions & Practise Drill... for the Inauguration Ceremony, MOC's, Moderators & Chairpersons and Chairing the scientific session.

Dr. Vandana Dhaktode: My Sister in Arms....in Venue & Event Organising, Stall area management, Fund Raising, Menu designing, beautifully shaping the Black & White Banquet Nite & Smoothly Conducting the Inaugural Ceremony and chairing the scientific session.

Dr. Niti Upasani: For playing the Pivotal Role in putting up NAVRANG- the Cultural Festival, Heading & Handling the Entire Audio-visual nitty gritty and technical issues, Fundraising, Venue & Event Organizing, Handling Gifting & Prizes, Conducting as MOC & chairing the scientific session.

Dr. Vijayalaxmi Shinde: Handling the Audio-visuals, superbly designing the Photobooth Pledge, And Supporting with Fundraising, Gifting Go Green

Dr. Bhakti Lote: The Yes Lady! who superbly took care of the Registrations, Welcoming the delegates, dignitaries, moderating a scientific session & the branch Finance Caretaker.

Dr. Sunit Upasani: For smooth execution of speakers & dignitaries travel & transport. For his kind Moral Support which taught me to take any good damm situation in a lighter vein, Fundraising and the role play of MOC at NAVRANG & chairing the Scientific session.

Dr. Hemant Patil: For helping with the audio-visuals both at IMAFest & NAVRANG, Fundraising and very gracefully Conducting the Scientific sessions as MOC, Inaugural Ceremony and also at NAVRANG.

Dr. Vijay Chinchole: For taking and fulfilling the responsibility of Panel Discussion: The Speakers, Travel, Fund Raising and Moderating the panel session with great brilliance. Sincerely looking after the Stall Area.

Dr. Medha Oak: For her generous help in Fundraising & Arranging the Superb lecture of Dr. Nitin Patankar. Help in tracking during sessions, chairing the scientific session and supervising the food court.

Dr. Ashwini Acharya: For all her efforts and generous help at Fundraising.

Dr. Adwait Padhye: His generous help at Fundraising and helping with the Panel Discussion.

Dr. Sanjay Pruthi: Thank you for helping in Fundraising and Silently supporting me.

Dr. Neelima Date: for her enthusiastic support in Fundraising, taking care of the hospitality and the superbly conducting the Tarana session as NAVRANG MOC & moderating the scientific session.

Dr. Suchitra Kamat: For being the Excellent Backstage Organiser, Co- editor for the Souvenir & Moderating the Scientific session.

Dr. Nayana Chaudhary: For the meticulous arrangements of Samai and Rangoli, Co editing the Souvenir and superbly conducting the scientific sessions as MOC, Moderator & also during NAVRANG.

Dr. Deepa Shukla: For taking care of the backstage, beautifully conducting Nup'ur at NAVRANG & Moderating the scientific session.

Dr. Rashmi Phansalkar: For Melodiously rendering of Ishastavan during the Inaugural Ceremony, for willingly taking up the responsibility & ensuring that the Speakers, Moderators and Chairpersons are all very much in the Lecture Hall & chairing a scientific session.

Dr. Dilip Joshi : For his kind contribution to the Souvenir and for helping arrange the lecture and chairing the session of Dr. Pankaj Deshpande.

Dr. Makarand Ganapule: For smooth travel arrangements of Dignitaries & Speakers and Moderating the scientific session.

Dr. Dilip Patil : for all the support in Fundraising & chairing the scientific session.

Dr. Aparna Powar: Help & support in Fundraising & moderating the scientific session.

Dr. S. Krishnakumar: for the support in Fundraising.

Dr. Amit Kamat: Contributing at Fundraising.

Dr. Rajendra Kaveri: His help in Fundraising.

Dr. Bahekar Sir: For his constant positive Moral support.

Dr. Alka Gadgil: for the role played as the MOC at NAVRANG and superbly conducting the Tarana session.

Dr. Leena Lokras: for managing the audio-visuals.

Dr. Sushil Shinde: for the role played as the MOC at NAVRANG & Moderating the scientific session.

Dr. Manasi Karandikar: for the role played as the MOC at NAVRANG.

For Contribution to the Souvenir

Dr. Krishnakumar (J.K. Women hospital), Dr. Milind Shirodkar (AIMS Hospital), Dr. Shailesh Talele (Shree Ashirwad hospital), Dr. Utkarsh Bhingare (Utkarsh Scan Centre), Plasma Blood Bank, Dr. Rajesh Muley (Dr. Muley's Diagnostic Centre), Dr. Pagare (Anish Hospital).

CHAIRPERSONS: For their kind Presence and Chairing the scientific sessions at IMAfest 2019. **Dr. Ramnathan Iyer, Dr. Anil Chaudhary, Dr. Anil Dixit, Dr. Dilip Koparde, Dr. Dilip Patil, Dr. Praveen Savant, Dr. Deepak Mahajan, Dr. Shamma Shetye, Dr. Nilesh Zope.**

MODERATORS: For Moderating the Scientific sessions at IMAfest 2019.

Dr. Savita Hambarde, Dr. Vijay Aage, Dr. Aparna Powar, Dr. Rohan Krishnakumar,

Dr. Milind Sakpal, Dr. Sheetal Sagade, Dr. Anasuya Gopal, Dr. Bhushan Kene & Dr. Deepak Varade.

I thank Hospitals & Healthcare Organisations who supported us for IMAFEST 2019

Fortis Hospital, Mulund, Disha Kidney Care, J.K. Women Hospital, ACE Hospital, Anish Hospital, Shree Ashirwad Hospital, Alcuris, Jupiter Hospital, Apollo hospital, AIMS Hospital, Baj RR Hospital, SRV Mamata Hospital.

I take this opportunity to thank National & State dignitaries, dignitaries from neighbouring IMA branches, IMA Dombivli members, delegates from Dombivli and nearby branches whose Presence and Participation made IMAFEST 2019 a grand success.

I felt that each member contributed to IMAFEST.... as a family Event and to the best of their ability

There are many who were behind the camera in full action

Our office Staff Miss Reshma Joshi, Mr. Amit Upadhyay, Mr. Rakesh Parmar

Our assistants Smt. Smita Adurkar, Mrs. Shweta Khamkar, Mrs. Amita Takkar,

DTP Designers Mr. Satyanand, Smt. Meera, Miss Aarti Badguzar, Miss Shreya Nambiar

Team of Volunteers lead by Mr. Gaurav. Photographer Mr Nitin Patil, Photobooth and Videography Mr. Mayank Haria. Staff of Majestic Banquet, Ketan Caterers for IMAFEST 2019, Staff of Mauli hall and Nakhye Caterers for NAVRANG 2019

I, as the President felt the warmth and love showered upon me and I apologise for any inadvertent shortcoming.

The upcoming year 2020-21 being the 50th Anniversary of our branch, we've planned IMAFEST 2020 & NAVRANG 2020; The State Conference cum Cultural Festival on a scale Grandeur to be held on 30th October, 31st October and 1st November 2020. So please do take the advantage of the early bird offer and enroll for the most Prestigious event of our branch.

Thank You ALLand see you once again at IMAFEST 2020 & NAVRANG 2020.

Dr. Meena Pruthi

SECRETARIAL REPORT - Dr. Vijayalaxmi Shinde



Yes ! It's already the third quarter of activities which we've successfully completed and now marching towards the final quarter of 2019-20 Association year.

This quarter witnessed IMAFEST 2019, the 20th annual conference of IMA Dombivli & Navrang- The Annual Cultural festival at IMAfest. Successfully conducting IMA branch activities along with the Annual Conference was all possible due to hard core Team work and sincere Team Efforts.

IMA Dombivli Birthday Celebrations: Connecting with IMA members as part of our Membership development activity continued with great zeal and enthusiasm as we met our beloved IMA members on their Birthdays in the month of October, November and December 2019. Our team wished them on whats app groups by posting a special card for them. We visited them in person and presented a small gift on behalf of IMA Dombivli.

Social Event - IMA Dombivli WDW celebrated Kojagiri Poornima on 13th October 2019 at Old Age homes.

Celebration of Kojagiri Poornima with inmates of Old Age Home at DILASA, Regency Estate and MAZE GHAR at MIDC old Age Homes. It was highly satisfactory experience to sit and chat with the senior citizens who are staying away from their families and them especially on festivals. Our Team members distributed healthy Snacks, Fruits and Home made Kheer and spent quality time with them Singing Bhajans, Sharing and Caring.



MISSION PINK HEALTH -- Aao School Chalein programme on 3rd Dec.'19 at Holy Angels School, Gandhinagar, Dombivli (E).

160 boys and girls of Std. VIIIth benefited from the Awareness lectures conducted by Dr. Manasi Karandikar and Dr. Dushyant Bhadlikar on Sex Education, Mentrual Hyigiene & Adolescent Health.

IMA Dombivli MPH- Aao Gaon Chalein
The team conducted Health Check up
Camp @ Adivasi Pada, Kolegaon on 6th
December 2019 between 3.00 pm to 5.30
pm.

Approximately 20 Adivasi Families i.e. 70 Adivasis of all age groups benefited from the Health Check up conducted by Physicians, Paediatrician, Dermatologist, Ophthalmologist , Gynaecologist & with the Medicines which were dispensed as per their requirement and the consultants advice.

It was surprising that people in our vicinity (just 5 km from Dombivli) are very much neglected & unaware of their health needs. Many including teenagers are addicted to Tobacco & Alcohol with the paediatric population suffering from Malnourishment

and poor hygiene related Skin disorders. We are thankful to our doctors who spared precious time from busy schedule for this noble cause. Follow up visits are in the planning.



IMA Dombivli under Banner of Mission
Pink Health Conducted Health Check Up &
Treatment Camp @ Swami Vivekanand
School, Datta Nagar, Dombivli (E) on
14th December 2019

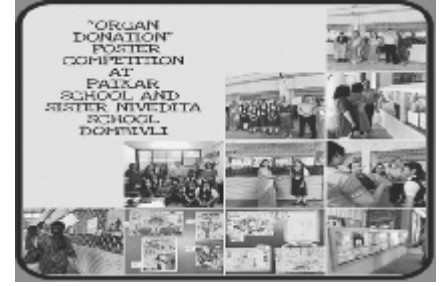
General Health Check & Haemoglobin blood check of 380 students from Std. 5th to 8th. 42 students were found to be Anaemic & given Iron Folic Acid supplementation. Deworming of all students was done.

Awareness Lecture on Adolescent Health, Sex Education & Menstrual Hygiene were delivered by Dr. Vijay Chinchole and Dr. Priyanka Karande.



IMA DOMBIVLI WDW ACTIVITY AND ORGAN DONATION COMMITTEE ACTIVITY

14th NOVEMBER 2019 Poster and Quiz competition on ORGAN DONATION was held at Patkar School and Sister Nivedita School Dombivli. Held in 2 age groups of 5th to 7th and 8th to 10th std. More than 40 posters were the participating entries from each school. Winners from each group were felicitated with special prizes.



15th JANUARY 2020: IMA DOMBIVLI WOMEN DOCTORS OF OUR MANAGING COMMITTEE TEAM CELEBRATED MAKAR SANKRANTI HALDI KUNKU PROGRAMME.



IMA Dombivli Women Doctors' Wing organised "Doctor Heal Thyself" workshop on Sunday 20th October 2019 - Be Wise...Bellywise !! Abd Girth Reduction Workshop And Talk show by Dr. Shirish Patwardhan सुटलेले पोट - पोटाचा घेर कमी करा - आरामात.

Topics covered - Introduction, Exercise - Delink from time, YOGA - Your Obesity Goes Away Food Habits / Diet, Changing Software / thinking, Quest for change - कळतं पण वळत नाही The program was attended by IMA Dombivli doctors and their family members. 30 Participants benefitted from this programme.

CPR Workshop

IMA Dombivli's HBI Committee under Project Sanjeevan conducted CPR WORKSHOP - for college students and teachers at CHM (Chandibai) college at Ulhasnagar on 20th December 2019

Excellent Lecture on importance of CPR, how and when to give CPR along with how to use the AED machine was given by Dr. Archana Pate & demonstration of the same was given by Dr. Meena Pruthi. Hands-on training was given by Dr. Bhakti Lote

50 students benefited from the workshop and all of them were highly enthusiastic to learn the Life Saving skill.



THURSDAY 23rd JANUARY 2020: MISSION PINK HEALTH-AAO SCHOOL CHALEIN

IMA Dombivli under Adolescent Health of Mission Pink Health conducted Addiction Awareness Activity 'Say No to Drugs' at SIES College, Dombivli East. Dr Archana Pate (Chairperson MPH IMA MS) interacted with students & informed about Mission Pink Health & Other Projects run by IMA Dombivli. Our branch MPH Chairman and eminent psychiatrist Dr. Vijay Chinchole delivered a lecture 'Say No to Drugs'. Assistant Police Inspector of Tilak Nagar Police Station Mr. More & Peace Committee member Mrs. Kulkarni were present. Approx. 66 students attended session and were benefitted by the informative session.



WEDNESDAY 29th JANUARY 2020: MULTISPECIALITY CME BY SCIENTIFIC TEAM

70 delegates Registered for CME. Eminent consultant speakers from Apollo Hospital, Navi Mumbai gave excellent and informative talk on:

The Golden hour in Emergencies- An Update by Dr. Nitin Jagasia Consultant Emergency Medicine.

Advances in Cardiac Care by Dr. Rahul Gupta Consultant Cardiologist

Revision Joint Replacement by Dr. Siddharth Yadav Consultant Orthopaedic and Joint Replacement Surgeon.

Dr. Niti Upasani, the MMC observer and the convener of the CME and Dr. Rashmi Phansalkar introduced the speakers and initiated the sessions. Felicitations of Apollo Team and doctors was done by Dr. Meena Pruthi and Dr. Archana Pate.



ADOLESCENT DEPRESSION

Dr. Dipti S. Shah (Gada)

MD (Psychiatry, Gold Medal),

DPM Consultant Psychiatrist and Counselor

Reena, a 15 year old girl studying in Std. 10 was a bright student. Since last 5 months she had become addicted to television. She started sleeping late every night since she would be using her mobile phone. She also got hooked to computer games and Instagram. Occasionally she would miss school as she found it difficult to wake up. Gradually her grades started falling. On a couple of occasions she had missed her classes test also. She was having frequent headaches and stomach aches. All her reports were normal. If she was reprimanded for her behaviour she would get irritable and occasionally even aggressive. She even slashed her wrist on one occasion.

When it was suggested to see a counselor she refused to go saying she was not mad. Finally she was coerced to see the counsellor (author).

Her parents revealed that she had been getting about 85-90% marks till her 9th standard. She had been enrolled in one of the most reputed classes for her 10th standard coaching. Her family's expectations from her were very high since she had been a sincere student. Also the coaching class had oriented the family that the child should start studying right from the vacation vigorously to cope with the vast syllabus. Accordingly, family outings were reduced; she attended few family functions, reduced interactions with friends and concentrated only on her studies. If she put in less number of hours of study her mother would constantly nag her about it.

There was a lot of pressure from the coaching classes as well with repeated tests and lots of homework.

This is a classic case of **Adolescent Depression**.

Adolescence (Teenage period) lasts from 10 years to 19 years of age. This is a period of vast physical, emotional and mental changes that a teenager goes through. There are hormonal changes as well as mental changes. The teenager is trying to form her own identity with her own ideas and opinions at this stage.

Earlier this was dismissed as adolescent turmoil and no attention was paid to it. However, now it has been found that adolescent depression is a relatively common phenomenon. The incidence is as high as upto 24%. This means that upto 24% of adolescents will have had a depressive episode by the age of 18. Older adolescents and female gender are more commonly affected.

Features and Signs of Adolescent Depression

- Frequent vague, non-specific physical complaints such as headaches, muscle-aches, stomachaches or tiredness

- Frequent absences from school or poor academic performance
- Outbursts of shouting, complaining, unexplained crying
- Extreme sensitivity to rejection / failure
- Lack of interest in playing with friends
- Low Self-esteem / Guilt
- Being bored
- Increased irritability, anger or hostility
- Major change in eating/sleeping pattern
- Obsession with death
- Talk of or efforts to run away from home
- Addictions: alcohol, smoking, drugs, internet
- Deliberate self harm/Reckless behavior
- Difficulty with relationships

Risk Factors:

- Stress of studies - performance anxiety
- Increased pressure to excel to higher expectations
- Dysfunctional Family Relationships with high parental criticism and poor communication between parents and adolescents
- Unhealthy comparisons with siblings and peers
- Loss of a parent or loved one
- Break-up of a romantic relationship
- Attention Deficit Hyperactivity Disorder/Learning Difficulties

Protective Factors:

- Good relationship with parents
- Good peer relations
- Good leadership qualities and self-esteem

Prevention:

Improve self-esteem/confidence

- Help your children reach independence by allowing them to:
 - Walk (and fall)
 - Make choices (and make mistakes)
 - Take charge of their own lives, gradually
- Parents can help their children learn to become responsible, independent adults by giving them opportunities to make decisions
- Genuinely respect your teen's ideas, even when the ideas are contrary to yours

Express unconditional love

Finding opportunities to APPRECIATE the adolescent is the key to improving her confidence.

Encourage positive thinking and learned optimism

- Keep a positive and optimistic attitude yourself
- Do not give immediate reactions to situations, think calmly and then respond
- Let them lead family events, celebrations, vacations and appreciate their efforts. Do not criticize.

Increase social skills

- By enrolling them in summer camps, workshops related to science, art, craft as per their interest

Increase positive parent-adolescent relationships

• Connecting with the Teenager: Communication

Do not talk down to him

Listen carefully, calmly and sensibly even if unpleasant

Pay attention to feelings, see the whole picture

State your feeling simply directly- 'I feel' statement

Enhance parental problem solving skills in dealing with their children

Deal with problems related to stressful life events

- Like failures in exams, break ups, peer pressure

Treatment: This includes the following modalities:

Psychotherapy/Individual Counselling: This forms the mainstay of treatment with other treatments being added as per need

Pharmacotherapy/Medicines: Antidepressants used are safe for teens. These are not sleeping pills or do not cause addiction.

Family therapy

Interpersonal therapy

Consequences of Adolescent Depression:

Suicide: Adolescent depression can lead to increased risk of suicidal behaviour. About 1/3rd of adolescents who suffer from depression are likely to attempt suicide in the next 2 decades. As many as 7% are successful in their attempts.

Addictions : smoking, alcohol, internet, gaming, social networking etc. Poor individual and social performance, low self esteem etc.

MYTHS :

Children have no responsibilities. What do they have to be depressed about?

Our family is not the type where anyone is likely to be depressed.

As has been explained Adolescent Depression is an illness which any teenager can acquire. It is important to recognize it early and treat it so that the teenager as well as the family is spared of the prolonged suffering.

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UPCOMING ACTIVITIES AND PROJECTS OF IMA DOMBIVLI (2019-20)

FEBRUARY 2020

IMA Dombivli WDW – Cancer Screening Breast and Cervical Cancer Screening for women in community.

MPH activities Aao Gaon Chalein, Aao School Chalein.

CPR Workshop for the Community

Wednesday, 26th February 2020 : Multispeciality Scientific CME

MARCH 2020

Sunday, 1st March 2020 : AGM and IMA Dombivli (2019-20) Award Ceremony

Saturday, 15th March 2020 : Chat Show on Women Safety on the occasion of International Women's day.

Saturday & Sunday : 21st & 22nd March 2020, AHA Certified Workshop on ITLS by Team HBI

Sunday, April 5th 2020 - Installation Ceremony of the Incoming President Dr. Vandana Dhaktode and Welcoming the Team 2020-21

IMA DOMBIVLI HBI COMMITTEE
'LIFESAVERS' RUN 2020' Season II
Theme: 'Be Heart Healthy'

Successfully organized on 26th January 2020 on occasion of Republic Day at KDMC ground, MIDC, DOMBIVLI

Republic Day morning started with the Presidential welcome address by Dr. Meena Pruthi. The Run received an enthusiastic response with more than 300 medicos & non medico participants from Dombivli, Kalyan, Thakurli, Kopar, Badlapur, Ulhasnagar and Ambernath spreading Awareness about HEART health. In the 2km, 3km, 5km Run distance with age groups ranging from 14 years to 80 years, the winners were categorized according to age, male / female and distance. Runners enjoyed the Pre run warm up Zumba and Stretches.

Mr. Prasad Darvekar, Sports Teacher and the Run Coordinator gave instructions about the route, rules and safety to runners. The Run was flagged off by dignitaries Dr. Archana Pate and Dr. Ajit Oak. Post Run Dr. Anuj Bhasin an eminent cardiologist of our town and the proprietor of Alcuris; our event co-sponsor gave small and workable tips on the Art of Staying Heart Healthy. A Musical skit 'Be Heart Healthy' was presented by Mr. Raj Vanmali & his Blitz Dance academy students aiming to create awareness in the community and amongst the masses on the Perils of Cardiac Health especially in the Generation Young. Dignitaries Dr. Mangesh Pate, Dr Ajit Oak and Dr. Anuj Bhasin graced the prize distribution ceremony. Special prizes were given to cancer survivors and senior citizens.

Appreciation awards were given to all those associated with us for success of LIFESAVERS Run 2020. ALCURIS as the Co-sponsor, FDC Pharma & VedMed Pharma (food & Enerzal supplements) and SRV Mamata Hospital for stand-by ambulance services.

Sincere heartfelt thanks to IMA National Office bearer and IMA MS HBI Chairman Dr. Mangesh Pate for his assistance in-person regarding police permissions and grants AND IPP & branch HBI Chairperson Dr. Archana Pate for guiding the Team with her first hand experience as the founder of IMA Dombivli's LIFESAVERS' RUN 2019. A thumbs up to the event chairperson Dr. Niti Upasani for scripting the musical skit and superbly organising & conducting the event as the MOC.

We thank the Organizing Team Dr. Bhakti Lote, Dr. Vandana Dhaktode, Dr. Sunit Upasani, Dr. Hemant Patil, Dr. Vijay Chinchole, Dr. Neelima Date, Dr. Medha Oak, Dr. Rashmi Phansalkar, Dr. Ashwini Acharya, Dr. Suchitra Kamat, Dr. Anasuya Gopal and our members for their time, sincere efforts and dedication at making our branch event the Talk of the Town.

We hereby express our Gratitude to the civic authorities who granted us permissions and attended to the safety of our event. We thank our volunteers and office staff for perfectly handling the work of registration, T-shirts & Bib distribution and precision documentation which made for the hassle free event.

LIFESAVERS' Run has been a grand success with participants generously appreciating the arrangements... and asking for more of such well organised and meaningful activities. We thank them; for it's their participation and encouraging comments which has boosted our spirit giving us the confidence to take our event one step forward with LIFESAVERS' RUN – SEASON III as we come back with a better and a bigger version.

So, friends block your date for IMA Dombivli's LIFESAVERS RUN Season III on Sunday 20th December 2020.

LIFESAVERS' RUN FOR A CAUSE..... !!

Dr. Meena Pruthi
President

Dr. Vijayalaxmi Shinde
Hon. Secretary



हिंदमाता

आईएमए द्वारा आयोजित लाइफ सेवर रन 2020 संपन्न

विजयवाक्य

लाइफ सेवर रन 2020 संपन्न

■ प्रवासी संदेश टीम।
 डोंबिवली। इंडियन मेडिकल एसोसिएशन डोंबिवली विभाग द्वारा गणतंत्र दिवस के अवसर पर लाइफ सेवर रन 2020 का आयोजन किया गया। यह मैराथन केडीएमसी के सावलायाम महाराज ब्रैड स्कूल से मिल्तापनगर गार्डन तक आयोजित किया गया। जिसमें 2, 3 और 5 किलोमीटर तक धावकों ने रस लगाई। यह प्रतिवोगिता आयएमए की डोंबिवली अध्यक्ष डॉ. मीना पृथी के मार्गदर्शन में संपन्न हुआ।

जिसमें 300 से अधिक डॉक्टर व नागरिक ने दौड़ लगायी। विजेताओं को डॉ मीना पृथी, डॉ ओक, डॉ भसीन के हाथों पुरस्कार दिया गया। मैराथन को सफल बनाने में सचिव डॉ. विजयालक्ष्मी शिंदे, डॉ. वंदना धाकतोडे, डॉ. अर्चना पाटे, डॉ. नीती उपासनी का महत्वपूर्ण योगदान रहा।

पुढारी

डोंबिवलीच्या मॅरॅथॉनमध्ये ३०० स्पर्धक धावले...

डोंबिवली, पुढारी पत्रिका

डोंबिवली, पुढारी पत्रिका

आयोजित झालेला हा लाइफ सेवर रन 2020 संपन्न झालेला आहे। यावेळी डॉ. मीना पृथी यांनी मार्गदर्शन केले होते. यावेळी डॉ. मीना पृथी यांनी मार्गदर्शन केले होते। यावेळी डॉ. मीना पृथी यांनी मार्गदर्शन केले होते।

IMA DOMBIVLI NAVRANG 2019

A grand cultural festival showcasing Nine arts was conducted as an Annual cultural Event of IMA DOMBIVLI at IMAFEST 2019. Navrang programme was scheduled on 24th November 2019 Sunday at Mauli hall Dombivli east. An evening with IMA Dombivli members and their families at their creative best... memories of which will be cherished for times to come.

Our President Dr. Meena Pruthi and Navrang Chairperson Dr. Niti Upasani appreciated the efforts of the event heads and MOCs : Dr. Neelima Date, Dr. Alka Gadgil, Dr. Vijayalaxmi Shinde, Dr. Hemant Patil, Dr. Nayana Chaudhari, Dr. Vandana Dhaktode, Dr. Sushil Shinde, Dr. Manasi Karandikar, Dr. Makarand Ganapule, Dr. Deepa Shukla, Dr. Bhakti Lote and Dr. Sunit Upasani. Efforts of all participants and organising team were acknowledged. Audience applause was a huge encouragement to all.

Dr. Mangesh Pate, Dr. Archana Pate and Dr. Vandana Dhaktode shared their views about Navrang 2019 and made announcements for Navrang 2020 & IMAFEST 2020 the IMA Maharashtra State Cultural Academia hosted by our branch as apart of the the Golden Jubilee year celebration.



NAVRANG WINNERS

PERFORMING ARTS

TARANA - GAO DIL SE SINGING COMPETITION

1st Prize	Dr Rahul Karandikar
2nd Prize	Dr Vijay Aage
3rd Prize	Dr Priya Hardikar
1st Consolation	Mr Prasad Sawant
2nd Consolation	Dr Dilip Patil and Dr Yasmin Momin

NUPUR DANCE TO EXPRESS

Below 18

1st Prize	Ms Chiara Karnik
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Above 18

1st Prize	Dr Shimoni Mhatre
2nd Prize	Dr Sanjyot Abhade

AD MAD WORLD CRAZY- KIYA RE

1st Prize	Dr Makarand Ganapule
2nd Prize	Dr Manasi Karandikar
3rd Prize	Mrs Geeta Joshi

ADAAKARI (MONOACTING)

1st Prize	Dr. Ghanshyam Shirali
2nd Prize	Dr. Makarand Ganapule

FANCY DRESS

1st Prize	Mrs Geeta Agarwal
2nd Prize	Mast Ishaan Chinchole
3rd Prize	Ms Smira Shinde



FASHION SHOW

Females

1st Prize	Mrs Lata Kalro
2nd Prize	Dr Sheetal Khismatrao
3rd Prize	Dr Neelima Date
Consolation	Dr Ashwini Acharya

Males

1st Prize	Dr Makarand Ganapule
	Dr Sushil Shinde
2nd Prize	Dr Sunit Upasani

NON PERFORMING ARTS

ESSAY WRITING

1st Prize	Mrs Geeta Agarwal
2nd Prize	Dr Vijayalaxmi Shinde

SYNESTHESIA- POETRY COMPETITION

1st Prize	Dr Shrirang Phansalkar
2nd Prize	Dr Ashish Dhadass

AVISHKAR- FILM MAKING

Dr Sushil Shinde



IMAFEST 2019 -THE SYNOPSIS

The 20th Annual conference of our branch, conducted with Elan and Grace on the 29th & 30th Nov. & 1st Dec. 2019

DAY 1: 29th November 2019 - Diagnostics Revisited

The Preconference workshop in association with Fortis Mulund, aimed at Refining our Report Reading Skills.

DAY 2: 30th November 2019

Scientific Sessions

A Power packed day with superbly conducted scientific sessions by eminent speakers on topics of relevance in current clinical practice.

INAUGURATION Ceremony :

Graced by eminent National & State dignitaries.

- Chief Guest : Dr. R.V. Asokan Hon Sec. Gen. IMAHQ
- Presided by : Dr. Avinash Bhondwe President IMA MS

Guests of Honour

- Dr. Ravi Wankhedkar IPPIMA HQ
- Dr. Anil Pachnekar VP IMA HQ
- Dr. Jayesh Lele Nat. Sec. IMA HBI
- Dr. Mangesh Pate Nat. Treasurer IMA HBI
- Dr. Pankaj Bandarkar Hon Sec. IMA MS
- Dr. Dhiren Kalawadia Hon Treasurer IMA MS
- Dr. Sangle – President IMA Kalyan
- Dr. Desai President IMA Thane
- Dr. Ujwala Bardapurkar President IMA Bhiwandi

Dr. U. Prabhakar Rao Oration

Superbly delivered by Dr. R.V. Asokan, Hon. Sec. Gen. IMA HQ is Healthcare: An Industry or A Profession ??

The Choice is OURS.....

RELEASE of SOUVENIR : Let's Celebrate Health !!

An amazing compilation of articles for those who strongly believe & advocate that our health lies in our very own hands.

Panel Discussion: Making the Invisible Visible – A highly informative discussion on how to pick up early signs of psychiatric illnesses.

JALSA : THE Banquet Nite: The dance floor was sizzled by delegates and dignitaries dressed in Black & White grooving away till the wee hours of morning to the 'LIVE Band Musicurl's'

DAY 3rd : 1st December 2019

Enlightening Scientific sessions mixed with some humour with many a branch members owning the stage were superbly conducted by the Modertors & Chairpersons

Valedictory function : We ended on a Thanksgiving Note.

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IMA Celebrates Members

BIRTHDAY CELEBRATIONS



IMA Celebrates Members

BIRTHDAY CELEBRATIONS



IMA Celebrates Members

BIRTHDAY CELEBRATIONS



IMA Celebrates Members

BIRTHDAY CELEBRATIONS



CONGRATULATIONS TO IMA AWARD WINNERS



IMA Dombivli brings in the New Year with Laurels as our branch members were bestowed with National Awards at NATCON 2019, held at Calcutta on Saturday. IMA Dombivli Branch under the dynamic and able Leadership of Dr. Archana Pate and Team 2018-19 was declared the Best Local Branch and was awarded the Dr. N.S. Chandra Bose Award for the Meritorious Overall Performance by a Local IMA Branch. Dr. Mangesh Pate was honoured with Dr. P.C. Bhatla Award for his dedicated and Outstanding Service to Medical Profession. Dr. Niti Upasani was bestowed with President's Appreciation for her Meritorious Performance as Best State Hon. Secretary WDW



Dr. Archana Pate & Team 2018-19 being Awarded the IMA MS President Appreciation Award for hosting Mahahospicon 2019



Dr. Mangesh Pate being honoured with IMA MS President Appreciation Award for his untiring Efforts at IMA



Dr. Archana Pate being Honoured with the IMA Maharashtra State Best President Award, Year 2018-19 commemorating her dynamic efforts & the unique Projects conducted under her able Leadership as President of the branch.



Dr. Niti Upasani being Awarded the IMA MS President Appreciation Award for her efforts as Hon. Sec. Maharashtra State Women Doctors' Wing

Movement disorders are an abnormality of the form and velocity of movements of the body, most commonly arising from basal ganglia disease and have extra pyramidal features. Movement disorders, such as Parkinson disease(PD), tics, dystonia and tremors are common conditions. The overall prevalence of Parkinson disease increases from 1% to 4.3% as age advances from 65 years to 85 years. The prevalence of essential tremors is 4% in people aged over 40 years , increasing to 14% in people over 65 years of age. The clinical presentation of movement disorders is complex, often variable, and sometimes even bizarre. The key to success is establishing the phenomenology of clinical syndrome. When a patient presents with more than one type of movement disorder, a systematic approach is needed.-

1. Which types of movement disorders are present
2. What is the dominant movement disorder type
3. What are associated features
4. What is the differential diagnosis

General classification principles

Two main categories of movement disorder phenomena can be distinguished - akinetic - rigid disorders and hyperkinetic disorders.

Akinetic-rigid syndromes-Akinesia is an umbrella term for a symptom complex that can include bradykinesia (slowness of movement) and hypokinesia (poverty of movement) i.e. progressive fatiguing and decrement of repetitive alternating movements seen during finger or foot tapping. There is associated rigidity and postural imbalance.

Hyperkinetic disorders -

Tremors - involuntary rhythmic and sinusoidal alternating movements of one or more body parts. Tremors can be classified into rest tremors, postural and kinetic tremors. Rest tremors are commonly seen in PD, rubral tremors and sometimes essential tremors. Postural tremors are present when a posture is actively maintained against gravity. Common examples are physiological tremors, essential tremors, drug induced (like beta2 agonists) tremors. Kinetic tremors occur during volitional movement. They are present in essential tremors, cerebellar ataxia, dystonic writing tremors. Dystonic writing tremors are task specific tremors

present only during writing associated with discomfort/pressure in forearm while writing. Many patients with spasmodic torticollis also have a postural tremor of one or both arms - called dystonic tremors. They can be confused with PD.

Dystonia- Dystonia is an involuntary sustained abnormal posture or twisting and repetitive movements. Dystonia can be classified on the basis of their distribution as- focal, segmental, multifocal, generalized or hemidystonia. The abnormal movements are patterned and repeatedly involve the same group of muscles. In early stages, the Dystonia is typically mobile but Dystonia might become more fixed as the disease progresses. A typical feature of dystonia is presence of a sensory trick, (geste antagonists) for example, gently touching the cheek to correct torticollis, or chewing gum to reduce oromandibular dystonia. Some Dystonias are task specific like writer's cramp or musician's dystonia.

Chorea- Chorea is characterized by involuntary movements that are abrupt, unpredictable, and nonrhythmic, resulting from continuous random flow of muscle contractions. The range of choreiform movements is quite broad, including eyebrows lifting or depression, lid winking, lip pouting or pursing, cheek puffing, jaw movements, tongue rolling or protruding, head jerking, shoulder shrugging, trunk jerking, pelvic rocking and flitting movements of fingers.

Common examples of Chorea are Huntington's disease, Sydenham chorea, hyperglycemia, Wilson disease, neuroleptic induced chorea.

Tics- Tics are sudden jerky stereotypical recurrent movements. Patients report that the tics are preceded by rising discomfort or urge that is relieved by the actual movement. Tics usually predominate in the face, upper arms, and neck. They can be divided into simple tics(eye blinking, nose wrinkling, shoulder shrugging, or throat clearing) or complex tics (touching things, smelling objects, echopraxia, or jumping). Also tics can be motor tics (like stereotypical head jerks) or phonic tics (repetitive sniffing, sounds, words or even sentences).

Myoclonus-Myoclonus is sudden, brief, shocklike involuntary movement possibly caused by active muscle contraction (positive myoclonus) or inhibition of ongoing muscle activity (negative myoclonus). The clinical patterns of myoclonus vary widely. It may be focal, segmental, multifocal, or generalized.

Physiological forms of myoclonus occurs in normal subjects like jerks while falling asleep - hypnagogic myoclonus. Myoclonus occurring as a part of a wide range of seizure types is epileptic myoclonus. In disorders classified as symptomatic myoclonus, seizures may occur, but the encephalopathy is the feature that predominates. Examples include Creutzfeldt Jacob disease, Alzheimer's disease, PD, HD, Corticobasal degeneration, hepatic failure, renal failure. Other hyperkinetic movement disorders include athetosis, ballism, tardive dyskinesia, paroxysmal dyskinesia, and stereotypies.

The complexity of clinical picture increases when patient exhibits additional neurological or non- neurological symptoms or signs. However clinicians can get

important clues about the underlying etiology. For example finding Kayser- Fleischer rings in cornea in a patient with dystonia would indicate a diagnosis of Wilson disease, and early and prominent autonomic dysfunction in a patient with Parkinsonism should raise the possibility of multiple system atrophy. Once the phenomenology of the disease is established, appropriately targeted investigations may then be required to determine the diagnosis. Many movement disorders are diagnosed clinically and investigations may play only a supportive or exclusionary role. Thereafter, consideration is given to treatment, based on clinical and social factors as well as patient preference.

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NERVITOP[®] Tab <small>Anti Oxidant (Vitamin C, Vitamin E, Zinc, Selenium, Manganese, Copper, Molybdenum, Vanadium, Boron)</small>	Nervitop Plus <small>Powerful Triphalyi Based Anti Oxidant Syrup</small>	NERVITOP[®] Cream <small>Anti Oxidant (Vitamin C, Vitamin E, Zinc, Selenium, Manganese, Copper, Molybdenum, Vanadium, Boron)</small>	Zortizole <small>Stracemazole - 1000/2000 mg caps.</small>
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सतरावा संस्कार

डॉ. नितीन पाटणकर

आजकाल मधुमेह, स्थूलता, रक्तदाब आणि हृदयरोग इत्यादी आजारात कमी खावे लागले असे सांगितले कि पहिला प्रश्न येतो तो म्हणजे "डॉक्टर, पण भूक भागेल का?"

खरे तर भूक केंव्हा लागायला हवी हे बघणे मजेशीर ठरेल. आपल्या शरीरात चरबीच्या पेशी अन्न साठवून ठेवतात. या अन्नसाठ्यातील अन्न वापरले जाऊ लागले कि मग भूक लागायला हवी. गाडी चालवताना गाडी रिजर्ववर आल्याशिवाय आपण पेट्रोल भरत नाही. तसेच शरीरातील पेट्रोल रिजर्वला आल्याशिवाय भूक लागता कामा नये. निसर्गामध्ये सर्व प्राण्यांसाठी काही सुगीचे दिवस असतात जेव्हा अन्न मुबलक मिळते. प्राणी तेव्हा जरूरीपेक्षा जास्त साठवून ठेवतात. माणसात देखील सुगीच्या दिवसात जास्त अन्न साठवून ठेवण्याची सोय आहे. सुगीच्या दिवसामागून असा काळ येतो जेव्हा अन्न मुबलक काय पुरेसेही मिळत नाही. या काळात साठवून ठेवलेले अन्न वापरले जाते. माणूस आपल्या चातुर्याने असा 'अन्न न मिळण्याचा काळ' येवूच देत नाही. त्यामुळेच अन्न साठवत जाते पण वापरले जात नाही.

रमझान, पर्युषण, श्रावण हे आहारावर नियंत्रण ठेवण्याचे व्रत. खरेतर स्वताचे क्लिन्सिंग किंवा सर्क्सिंग करण्याचा हा काळ. आपण मात्र 'एकादशी दुप्पट खाशी' अशी सर्व उपासांची अवस्था करून टाकली आहे.

'भूक कडकडून लागेपर्यंत खाऊ नये' हा साधा नियम आहे. आपल्या शरीरात अन्न खाण्यानंतर इन्सुलिन पाडरते. याचे मुख्य काम रक्तातली साखर जाळण्यासाठी किंवा साठवण्यासाठी पेशींमध्ये ढकलणे हे असतेच. त्याही पेक्षा महत्वाचे म्हणजे रक्तातली चरबी या पेशींमधून बाहेर येऊ न देणे हे इन्सुलिनचे कार्य आहे. म्हणून रक्तात जो पर्यंत

इन्सुलिन आहे तो पर्यंत चरबी बाहेर पडत नाही कि वितळत नाही. एकदा का रक्तातली साखर कमी झाली कि इन्सुलिन कमी होऊ लागते. एकदा का इन्सुलिन कमी झाले कि भुकेची भावना निर्माण व्हायला सुरवात होते. या वेळेस जरा कळ सोसली आणि खाणे टाळले तर रक्तातील चरबी वितळून ती शरीराला उर्जेचा पुरवठा करते. चरबी जाळण्याची गती वाढून ती ऊर्जा पुरवत राहते तो पर्यंत भूक लागत नाही. चरबी ही इमर्जन्सी करता राखून ठेवलेले अन्न असते. त्यामुळे शरीराचा हिशोब पक्का असतो. एका मर्यादेनंतर चरबी मोकळी करण्याची गती शरीर कमी करते आणि सांगते 'ही वेळ आहे, चला जेवायला बसुया का' हे विचारण्याची. अशी चांगली भूक लागली कि मग जेवायला बसावे.

आपल्याला भूक केंव्हा लागायला हवी हे आपण बघितले. आता भूक केंव्हा केंव्हा लागते हे बघूया. चरबीच्या पेशीतील चरबी जाळण्याची गती वाढून पुन्हा कमी होऊ लागल्यावर लागते ती उत्तम भूक. काही जणांना रक्तातली उर्जा कमी होऊ लागताच जी जाणीव होते तीच भूक वाटते. या वेळेसच जर काही खाऊन घेतले तर रक्तातली चरबी जळणार नाही. काहींमध्ये रक्तातली उर्जा कितीही असो, पण जठर म्हणजे पोट रिकामे झाले कि लगेच भूक लागते. काहींमध्ये घड्याळात बारा वाजले कि भूक लागते. ही घड्याळी भूक. त्याहीपेक्षा वाईट म्हणजे जेवून उठले आणि चमचमीत पदार्थांचा वास आला किंवा दिसले तर चाळवली जाते ती. काही जणांची प्रवासातील भूक वेगळी असते.

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SPARSH

Multispeciality Hospital & I.C.C.U.

Hospital Reg. No. KDMC/HD/BNHRA/02/148

ISO 9001:2008 CERTIFIED

36 BEDDED HOSPITAL ✦ 10 BEDDED ICU

<div style="background-color: #333; color: white; padding: 2px; font-weight: bold; text-align: center;">MEDICAL</div> <ul style="list-style-type: none"> ▮ 24 Hrs. Emergency ▮ Critical Care ▮ Cardiology ▮ 2 Ventilator - Bipap ▮ Acute Stroke Center ▮ Diabetes Care ▮ 24 Hours Pathology ▮ Pharmacy ▮ Neurology 	<div style="background-color: #333; color: white; padding: 2px; font-weight: bold; text-align: center;">SURGICAL</div> <ul style="list-style-type: none"> ▮ Full Equipped Operation Theatre ▮ C Arm ▮ General Surgery ▮ Endoscopy ▮ Laproscopic Surgery ▮ Cancer Surgery ▮ Chemotherapy ▮ Urosurgery 	<div style="background-color: #333; color: white; padding: 2px; font-weight: bold; text-align: center;">GYNECOLOGY</div> <ul style="list-style-type: none"> ▮ Neurosurgery ▮ ENT Surgery ▮ Plastic Surgery ▮ Orthopedic Surgery ▮ Paedsurgery ▮ Obstetric & Gynecology ▮ Normal Delivery ▮ Pap Smear 	<div style="background-color: #333; color: white; padding: 2px; font-weight: bold; text-align: center;">DIAGNOSTIC</div> <ul style="list-style-type: none"> ▮ Dialysis Unit ▮ 2D ECHO, ▮ Stress Test, PFT ▮ Xray, ECG ▮ Sonography ▮ Physiotherapy
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ॐ नमो भगवते वासुदेवाय

डॉ. प्रिया जोशी

डॉंबिवलीला सर्वेश हॉल येथे १६ सप्टेंबर ते २२ सप्टेंबर दरम्यान भाटे कुटुंबियांतर्फे भागवत सप्ताहाचे आयोजन करण्यात आले होते. भागवत कार होते मकरंद बुवा सुमंत. थेट सज्जनगडावरून आलेले रामदासी. खणखणीत आवाज, शास्त्राचे खोल ज्ञान, स्पष्ट वाणी व तेजःपुंज चेहरा यामुळे कथा फारच श्रवणीय झाली. डॉंबिवलीत माझ्या बहिणीचे व सासुबाईंचे घर असल्यामुळे मी जायचे ठरवले.

पहिल्या प्रवचनातच त्यांनी आम्हाला समज दिली. जर तुमच्या पैकी कुणाला वाटत असेल की मी भागवत सप्ताहाला येतो आहे म्हणजे फार पुण्य मिळणार आहे, तर तो गैरसमज आहे. तुम्ही आलात कारण बांके बिहारी ने तुम्हे बुलावा भेजा हे।

मध्ये माझ्या नवऱ्याची चार दिवस बिझनेस ट्रिप आली. मग मुलाची शाळा, त्याचे जेवण, त्याला रात्री सोबत म्हणून मी डॉंबिवली सायन अपडाऊन करत होते. नेमके त्याच दिवशी प्रवचनात आले की परमार्थ कधीच सोपा नसतो. लगेच माझा डॉंबिवली सायन प्रवासाचा अहंकार गळून पडला. मुंबईतील एका प्रतिष्ठित व अतीश्रीमंत उद्योगपतींच्या घरीही भागवत सप्ताहाचे आयोजन करतात. त्यांची आई व दोन्ही भाऊ कथा श्रवण करण्यास बसतात असेही त्यांनी सांगितले. मग तर मी एकही दिवस चुकवायचा नाही असा निर्धारच केला. कृष्ण लीला सर्वाना माहीत आहेत. शुकदेवांनी परीक्षित राजाला सांगितलेली कथा तुम्हाला ग्रंथात सापडेलच. मी इथे लिहिणार आहे ते मला उमगलेल्या भागवताविषयी. भागवतकार म्हणाले तुम्ही ही जितके वेळा शक्य असेल तितके वेळा कथा ऐकायला जा. प्रत्येक वेळी प्रत्येकाला एक वेगळा संदेश मिळेल. आज-काल एक फालतू जोक खूप वेळा ऐकायला लागतो की, गरीब लोकं देवळाबाहेर व श्रीमंत लोकं देवळाच्या आत भीक मागतात. पण मला असे वाटते की देवाने प्रत्येकालाच प्रत्येक गोष्ट दिली तर ते कशाला काही मागतील ? यावर भागवतकार काय म्हणतात, संसारी लोकांच्या इच्छा न संपणाऱ्या असतात. आधी आपले व आपल्या मुलाबाळांचे चांगले व्हावे, मग नातवंदांचे व ही मालिका न संपणारी असते. यात माणसाचाही काही दोष नसतो. हे अवघे विश्व ईश्वराची मोहमाया असते असे मानले की मुलांवर तर माया असणारच. त्यांच्या भल्यासाठी या माया जंजाळातून परमेश्वराकडे आशिर्वाद मागायचा मोह होणारच. या माया जंजाळातून प्रपंचातील लोकांची सुटका होणे नाही. या प्रपंचात तुम्हाला नेमून दिलेले काम मन लावून करणे हेच खरे सुख. अन्न वस्त्र निवारा या माणसाच्या मुलभूत गरजा आहेत. तसेच कालच्या पिढीची चैन ही आजच्या पिढीची गरज होते. या सर्व गरजा पुरवताना माणूस अशाश्वत गोष्टींच्या मागे धावून त्या गोळा करत बसतो. असे अशाश्वत गोष्टी गोळा करून शाश्वत सुख मिळत नसते. त्यामुळे प्रपंचातील लोकांसाठी

शास्त्राने काही नियम सांगितलेले आहेत.

- १) आपली सर्व कामे वेळच्या वेळी व मनापासून करावीत.
- २) जास्त गोष्टींचा संग्रह करू नये.
- ३) जी गोष्ट माझी नाही ती कधीच घेऊ नये.
- ४) वाणीवर संयम ठेवावा.
- ५) सगुणा वर प्रेम करावे.
- ६) विषयापासून चित्ताला नेहमीच दूर ठेवावे.
- ७) काया वाचा मने कधीही कोणालाही ही दुखवू नये.

सगुणाच्या प्रेमात तृप्ती तर असतेच पण तहानही असते.

आत्मा निर्गुण-निराकार असतो. व ईश्वर सगुण असतो या दोन्हीच्या संयोगातून तयार झालेला शब्द म्हणजे आई. म्हणून आई महानच असते.

परमार्थाच्या आड कधीही तुमचे शिक्षण येऊ देऊ नका.

परमार्थ हा दुहेरी मार्ग आहे. जसे भक्त भगवंताची भक्ति करतो तसेच भगवंताला ही भक्ताची आठवण असते. तो योग्य वेळेला भक्तासाठी धावून येतो.

जगत हो झूठी तेरी प्रीत.

याचा अर्थ असा अजिबात नाही की, जगात आई, वडील, बहिण, भाऊ, मुलगा, मुलगी यांचे प्रेम खरे नाही. तर याचा अर्थ एवढाच आहे की, मृत्युशय्येवर कोणीही तुमची साथ देऊ शकत नाही. त्यामुळे आयुष्यभर तुम्ही तुमच्या लाडक्या दैवताची एवढी आराधना करा की, शेवटच्या क्षणी तो तुमच्या हाकेला धावून येईल व तुमच्या उशाशी बसून तुम्हाला एकटेपणा जाणवू देणार नाही.

मोक्षप्राप्ती ही कधीही सरळ सोपी नव्हती किंवा नसेलही. तरी शेवटच्या क्षणी तुम्ही भगवंताला हाक मारा कि हे भगवंता तू ये आणि मला या षड्रिपूपासून सुटका करून तुझ्याकडे घेऊन चल.

ॐ नमो भगवते वासुदेवाय.

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TRAVELOGUE : AMAZING AMSTERDAM

Dr. Geeta Kulkarni
Dombivli



This is 2nd time I am visiting Amsterdam. First time I went as a tourist but this time I had privilege to stay with my younger son for almost 40 days. It was a really memorable experience for me

Amsterdam got its name from river Amstel. It is the capital of Netherlands or Holland It is a city built under water. Almost 10km of canals occupy this capital city with multiple bridges linking 70 islands

in the city. It's official language is Dutch.

I would like to share my experience of places I visited in 40days

1)Den Hague 2)Dam's square 3)Madurodam 4) Museum square 5)Zaanse schans 6) Keukenhof 7) vondel park

Den Hague : It was a 2 hrs journey by train from Amstelveen where I stayed. It is a capital city where all parliament buildings are there. We visited Scheveningen beach .it was a lovely place. The main attraction is a long pier 1km long where there are restaurants shops and at the end there is wheel where you can have full view of Amsterdam There is tallest bungling jumping which my son did .Its a 60M vertical fall costing 90€ Its a 3sec long free fall .There is a Zip line too costing 40€

Dam square : It has become tourist spot and UNESCO world heritage site. It is surrounded by malls. It has 1) Royal palace 2) Madam Tussaud wax museum 3) Gothic church 4) National monument white stone pillar erected in 1956 to memorialise victims of world war 2.

This area is used for all social activities too. We had privilege to attend world yoga day conducted by Indians residing in Amsterdam

Madurodam : Is a miniature park. It has replicas of famous Dutch land marks historical cities and large developments.

It was opened in 1952 It has been built at a scale of 1:25

Museum square:- It is a public place beautifully decorated. It has 3 museums The square is also used for festivals celebrations and demonstrations

a) Rijks Museum : Has 8000 objects and painting of art and history

b) Van Gogh museum is a Dutch art museum dedicated to works of Vincent Van Gogh. It was opened on 2nd June 1973. It has large collections of paintings and drawings

c) Stedelijk museum : It is a museum for modern art and contemporary art too. It was opened on 14 th September 1895.

The entrance fees for all museums is 23€ each. We could see only Rijks museums as it took 6hours to cover it.

Zaanse Schans : It is a town about 16.5 km from main city. It has got a history it offers a glimpse of industrial past with

its traditional houses wind mills warehouses and workshops cheese factories.

It has derived its name from river Zaan. It has 7museums but we did not visit them as the path along the wind mills was so beautiful we enjoyed it. The place gives an accurate impression of life in Holland in 17th and 18th century.

One can climb up the wind mill for which there is a entrance fee. There is a wooden shoe factory where we saw live demonstrations of making of wooden shoes. People in olden days used it to protect themselves from marshy land.

Vondel park : It is a huge park spread on 45 hectares.It has an open air theatre. It plays host to many sporting and cultural events.

Keukenhof : In English it means kitchen garden .This is the biggest attraction of Amsterdam it's also called Garden of Europe. It covers an area of 32 hectares. About 7millions flower bulbs are planted annually. It has Tulips, Hyacinth, daffodils, lilies, roses.

Its open to public from mid March to mid May it was established in 1949 we could see variety of floral arrangements

Various size and shapes too on one side of garden the tulips are spread out as fields as we saw them in SIISILA movie.

Cycle : It is a cycle city. It is a symbol of Dutch culture. There are cycle tracks every where with pavers and red in colour.

There are special parking places for them. While crossing on road preference is given to cyclists. From old to young all have passion for cycling at one spot I saw a 3 storied parking.

To summarise my stay

- 1) Dutch people are polite and friendly.
- 2) All back waters maintained clean and neat.
- 3) All people are fit and healthy due to cycling .i saw very few fat peoples.
- 4) Old people use to stop and talk with us in a friendly manner.
- 5) The beauty of Amsterdam is unbeatable.

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UPDATE on the management of CANCER using the new modality of treatment i.e IMMUNOTHERAPY
IMMUNOTHERAPY - NEW KID ON THE BLOCK TO FIGHT CANCER

By **Dr. Pushpak Chirmade**
 MD, DM Medical Oncology, ECMO
 Consultant Medical Oncologist and Hemat-oncologist

INTRODUCTION

Immunotherapy has been long recognised as a possible mechanism which could be explored to fight cancer cells (i.e. use body's own fighting T cells to destroy the cancer cells).

Historical Aspects

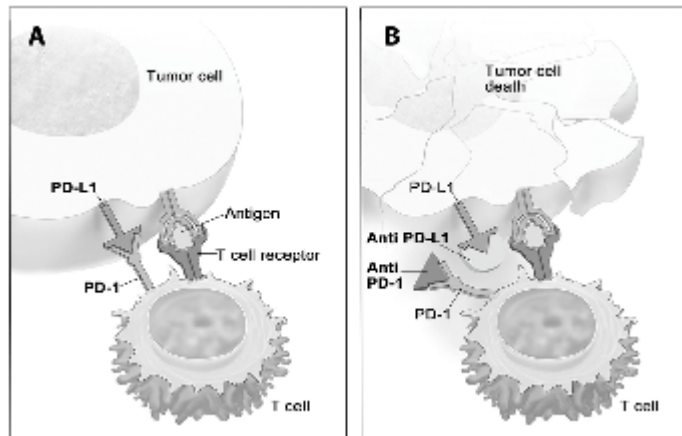
It was long known and depicted in ancient texts, egyptian and indian, that people who had abnormal growths in their body suddenly normalised after an episode of febrile illness.

William Cooley in late 18th century had injected extracts from erysipelas patients into sarcoma patients to achieve considerable improvement in sarcoma patients.

Later, much later, in the mid 19th century it was shown that BCG vaccine, which when given intravesically could prevent recurrence of early stage bladder cancer by trial by Old et al.

This was the foremost demonstration of activity and implementation of IMMUNOTHERAPY in practice. Due to their foundational discoveries and lifelong dedication to the field, Coley and Old have each been referred to as the “Father of Immunotherapy”, a title which is perhaps best shared.

The importance of immunotherapy has been acknowledged by the Nobel prize for physiology or medicine 2018 awarded for the discovery of cytotoxic T-lymphocyte-associated protein (CTLA-4) to James P. Allison and programmed cell death protein 1 / programmed cell death protein ligand 1 (PD-1 / PD-L1) to Tasuku Honjo. Malignant tumors take advantage of the inhibitory PD-1 / PD-L1 or CTLA-4 pathways to evade the immune system. Disruption of this axis by blocking monoclonal antibodies can induce durable remissions in different cancer types and has led to numerous FDA



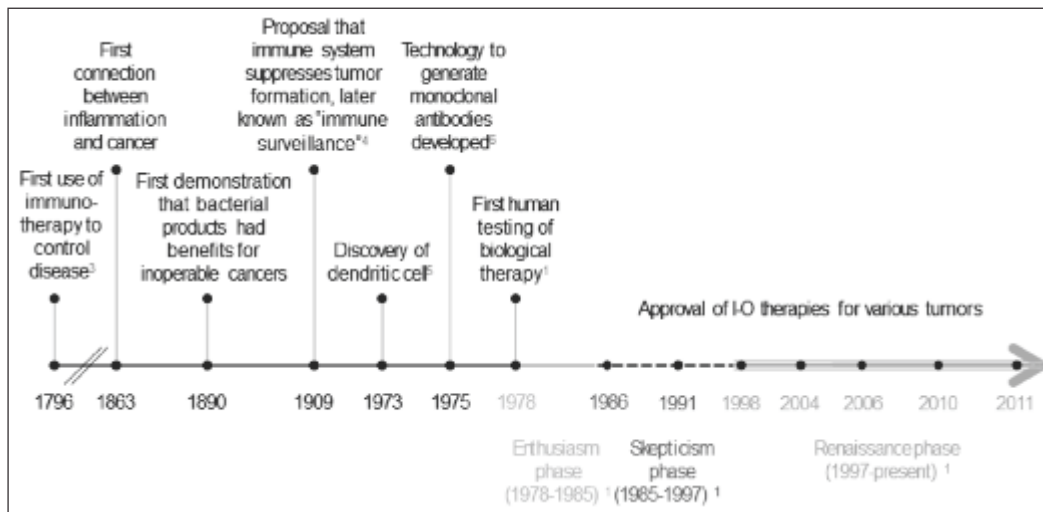
and EMA approvals, among others, for the treatment of melanoma, lung cancer, urothelial cancer, head and neck squamous cell carcinoma (HNSCC), renal cell cancer (RCC) and Hodgkin’s disease.

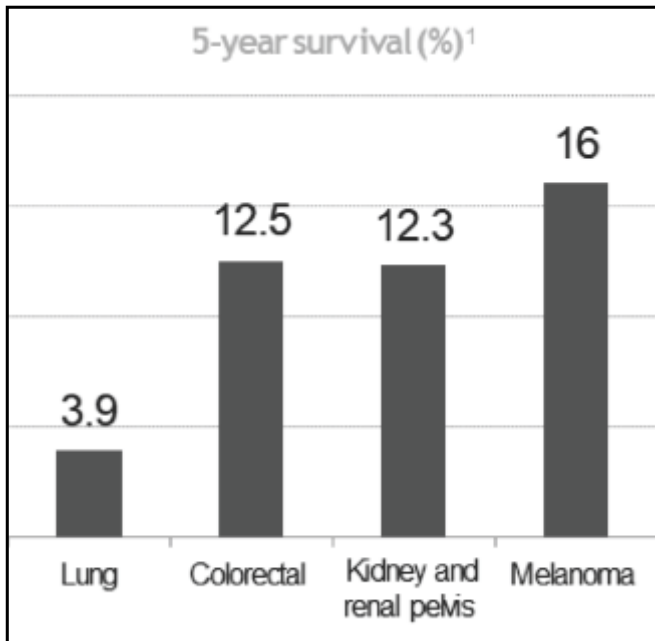
What’s immuno-oncology (I-O)?

Improved survival remains a challenge in some advanced cancers. 5-year survival remains poor for many patients with metastatic solid tumors. There is an ongoing need for new treatments and therapeutic modalities for patients with advanced cancers.

I-O therapies are being investigated in an attempt to utilize the body's own immune system to fight diseases.

There are over 900 oncology clinical trials of immunotherapy in various phases of development. I-O has progressed considerably since 1986 with approvals

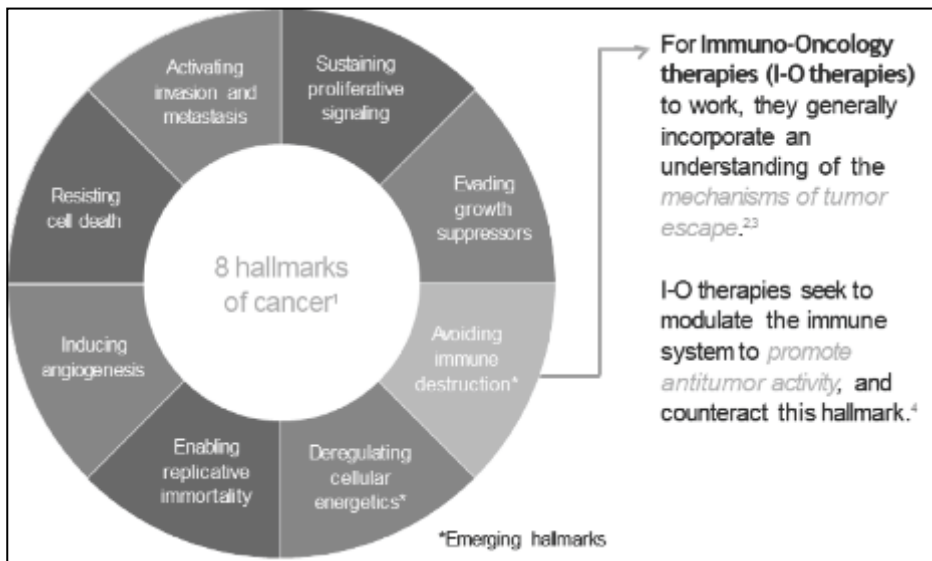




for the use of various I-O therapies, including vaccines, cytokines, tumor-directed monoclonal antibodies, and immune checkpoint inhibitors.

Role of the Immune System in Cancer Development...

Patients with compromised immune systems have a higher incidence of cancer, and this was noticed in patients undergoing transplants, who post transplant were on immunosuppression.



As normal cells progressively evolve to a neoplastic state, they can acquire a succession of hallmark capabilities. These hallmark capabilities were described by Hanahan D, Weinberg RA.

What is immunotherapy's relationship to the immune system?

Immunotherapy can:

- Educate the immune system to recognize and attack specific cancer cells
- Boost immune cells to help them eliminate cancer
- Provide the body with additional components to enhance the immune response

Cancer immunotherapy comes in a variety of forms, including targeted antibodies, cancer vaccines, adoptive cell transfer, tumor-infecting viruses, checkpoint inhibitors, cytokines, and adjuvants. Immunotherapies are a form of biotechnology because they use materials from living organisms to fight disease. Some immunotherapy treatments use genetic engineering to enhance immune cells' cancer-fighting capabilities and may be referred to as gene therapies. Many immunotherapy treatments for preventing, managing, or treating different cancers can also be used in combination with surgery, chemotherapy, radiation, or targeted therapies to improve their effectiveness.

Unleashing the power of the immune system is a smart way to fight cancer:

The immune system is precise, so it is possible for it to target cancer cells exclusively while sparing healthy cells.

The immune system can adapt continuously and dynamically, just like cancer does, so if a tumor manages to escape detection, the immune system can re-evaluate and launch a new attack.

The immune system's "memory" allows it to remember what cancer cells look like, so it can target and eliminate the cancer if it returns.

Why immunotherapy:

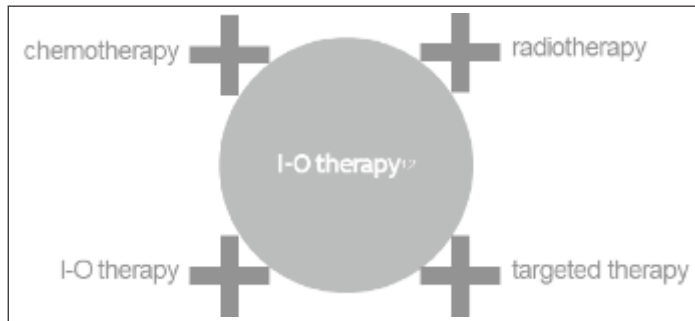
Immunotherapies have been approved to treat a variety of cancers and are prescribed to patients by oncologists.

These approvals are the result of years of research and testing designed to demonstrate the effectiveness of these treatments. Immunotherapies are also available through clinical trials, which are carefully controlled and monitored studies involving patient volunteers.

Clinical uses of Immunotherapy:

I-O therapies have the potential to be used as monotherapy or part of combination regimens.

I-O therapies are designed for various specific targets in the antitumor immune response; because of this, it is thought that combinations of complementary I-O therapies may have the potential to enhance antitumor effects. There is also a potential for enhanced antitumor activity in combining I-O therapies with other cancer treatment modalities.



What is the difference between immunotherapy and chemotherapy?

Chemotherapy is a direct form of attack on rapidly-dividing cancer cells, but this can affect other rapidly dividing cells including normal cells. When patients respond, the treatment's effects happen immediately. These direct effects of chemotherapy, however, last only as long as treatment continues.

Immunotherapy treats the patient's immune system, activating a stronger immune response or teaching the immune system how to recognize and destroy cancer cells. Immunotherapy may take more time to have an effect, but those effects can persist long after treatment ceases.

Types of immunotherapies:

Immunotherapy treatments can be broken down into five types:

1. Targeted antibodies are proteins produced by the immune system that can be customized to target specific markers (known as antigens) on cancer cells, in order to disrupt cancerous activity, especially unrestrained growth. Some targeted antibody-based immunotherapies, known as antibody-drug conjugates (ADCs), are equipped with anti-cancer drugs that they can deliver to tumors. Others, called bi-specific T cell-engaging antibodies (BiTEs), bind both cancer cells and T cells in order to help the

immune system respond more quickly and effectively. All targeted antibody therapies are currently based on monoclonal antibodies (clones of a parent bonding to the same marker(s)).

2. Adoptive cell therapy takes a patient's own immune cells, expands or otherwise modifies them, and then reintroduces them to the patient, where they can seek out and eliminate cancer cells. In CAR T cell therapy, cancer-fighting T cells are modified and equipped with specialized cancer-targeting receptors known as CARs (chimeric antigen receptors) that enable superior anti-cancer activity. Natural killer cells (NKs) and tumor infiltrating lymphocytes (TILs) can also be enhanced and reinfused in patients.
3. Oncolytic virus therapy uses modified viruses that can infect tumor cells and cause them to self-destruct. This can attract the attention of immune cells to eliminate the main tumor and potentially other tumors throughout the body.
4. Cancer vaccines are designed to elicit an immune response against tumor-specific or tumor-associated antigens, encouraging the immune system to attack cancer cells bearing these antigens. Cancer vaccines can be made from a variety of components, including cells, proteins, DNA, viruses, bacteria, and small molecules. Some versions are engineered to produce immune-stimulating molecules. Preventive cancer vaccines inoculate individuals against cancer-causing viruses and bacteria, such as HPV or hepatitis B.
5. Immunomodulators govern the activity of other elements of the immune system to unleash new or enhance existing immune responses against cancer. Some, known as antagonists, work by blocking pathways that suppress immune cells. Others, known as agonists, work by stimulating pathways that activate immune cells. Checkpoint inhibitors target the molecules on either immune or cancer cells that tell them when to start or stop attacking a cancer cell. Cytokines are messenger molecules that regulate maturation, growth, and responsiveness. Interferons (IFN) are a type of cytokine that disrupts the division of cancer cells and slows tumor growth. Interleukins (IL) are cytokines that help immune cells grow and divide more quickly. Adjuvants are immune system agents that can stimulate pathways to provide longer protection or produce more antibodies (they are often used in vaccines, but may also be used alone).

Immune checkpoint inhibitors to treat cancer

An important part of the immune system is its ability to tell between normal cells in the body and those it sees as “foreign.” This lets the immune system attack the foreign cells while leaving the normal cells alone. To do this, it uses “checkpoints” – molecules on certain immune cells that need to be activated (or inactivated) to start an immune response.

Cancer cells sometimes find ways to use these checkpoints to avoid being attacked by the immune system. But drugs that target these checkpoints hold a lot of promise as cancer treatments.

Drugs that target PD-1 or PD-L1

PD-1 is a checkpoint protein on immune cells called T cells. It normally acts as a type of “off switch” that helps keep the T cells from attacking other cells in the body. It does this when it attaches to PD-L1, a protein on some normal (and cancer) cells. When PD-1 binds to PD-L1, it basically tells the T cell to leave the other cell alone. Some cancer cells have large amounts of PD-L1, which helps them evade immune attack.

Monoclonal antibodies that target either PD-1 or PD-L1 can block this binding and boost the immune response against cancer cells. These drugs have shown a great deal of promise in treating certain cancers.

PD-1 inhibitors: Examples of drugs that target PD-1 include:

- Pembrolizumab (Keytruda)
- Nivolumab (Opdivo)

These drugs have been shown to be helpful in treating several types of cancer, including melanoma of the skin, non-small cell lung cancer, kidney cancer, bladder cancer, head and neck cancers, and Hodgkin lymphoma. They are also being studied for use against many other types of cancer.

PD-L1 inhibitors: Examples of drugs that target PD-L1 include:

- Atezolizumab (Tecentriq)
- Avelumab (Bavencio)
- Durvalumab (Imfinzi)

These drugs have also been shown to be helpful in treating different types of cancer, including bladder cancer, non-small cell lung cancer, and Merkel cell skin cancer (Merkel cell carcinoma). They are also being studied for use against other types of cancer.

One concern with all of these drugs is that they can allow the immune system to attack some normal organs in the body, which can lead to serious side effects in some people. Common side effects of these drugs can include fatigue, cough, nausea, loss of appetite, skin rash, and itching. Less often they can cause more serious problems in the lungs, intestines, liver, kidneys, hormone-making glands, or other organs.

Many other drugs that target either PD-1 or PD-L1 are now being tested in clinical trials as well, both alone and combined with other drugs (see What’s new in cancer immunotherapy research?).

Drugs that target CTLA-4

CTLA-4 is another protein on some T cells that acts as a type of “off switch” to keep the immune system in check.

Ipilimumab (Yervoy) is a monoclonal antibody that attaches to CTLA-4 and stops it from working. This can boost the body’s immune response against cancer cells.

This drug is used to treat melanoma of the skin and some other cancers.

Because ipilimumab affects the immune system, it can sometimes cause serious or even life-threatening side effects. In fact, compared to drugs that target PD-1 or PD-L1, serious side effects seem to be more likely with ipilimumab.

CAR T-Cell Therapy to Treat Cancer (Chimeric antigen receptor

(CAR) T-cell therapy)

Your immune system helps keep track of all the substances normally found in your body. Any new substance the immune system doesn’t recognize raises an alarm, causing the immune system to attack it. CAR T-cell therapy is a promising new way to get immune cells called T cells (a type of white blood cell) to fight cancer by changing them in the lab so they can find and destroy cancer cells. CAR T-cell therapies are sometimes talked about as a type of gene or cell therapy, or adoptive cell transfer therapy.

Cancer and the immune system

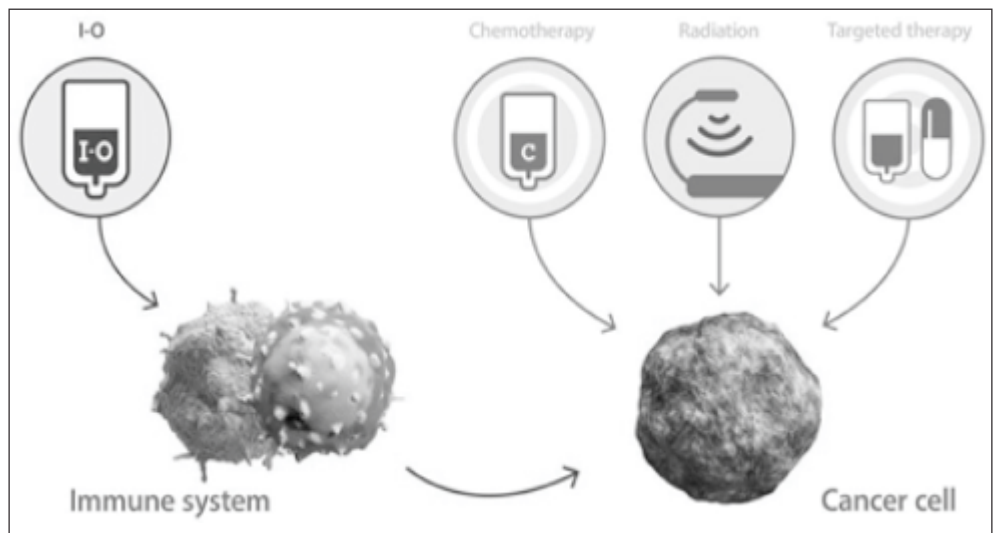
To better understand how CAR T-cell therapies work, it can help to know a little more about the immune system and cancer. Your immune system has many different kinds of cells that work together to destroy foreign substances. First, the immune system has to recognize that these substances do not belong in the body. It does this by finding proteins on the surface of those cells,

called antigens. Some immune cells, like T-cells, have their own proteins (called receptors) that attach to foreign antigens and help trigger other parts of the immune system to destroy the foreign substance. The relationship between antigens and immune receptors is like a lock and key. Just as every lock can only be opened with the right key, each foreign antigen has a unique immune receptor that is able to bind to it. Cancer cells also have antigens, but the immune system has a tougher time knowing cancer cells are foreign. If your immune cells do not have the right receptor (protein) to find a cancer cell's antigen, they cannot attach to it and help destroy the cancer cell.

The T-cells used in CAR T-cell therapies get changed in the lab to spot specific cancer cells by adding a man-made receptor (called a chimeric antigen receptor or CAR). This helps them better identify specific cancer cell antigens. Since different cancers have different antigens, each CAR is made for a specific cancer's antigen. For example, certain kinds of leukemia or lymphoma will have an antigen on the outside of the cancer cells called CD19. The CAR T-cell therapies to treat those cancers are made to connect to the CD-19 antigen and will not work for a cancer that does not have the CD19 antigen. The patient's own T-cells are used to make the CAR T-cells.

Approved CAR T-cell therapies

Currently, there are three CAR T-cell therapies approved for use in the United States. One is for advanced or recurrent acute lymphoblastic leukemia in children and young adults. The other two are for certain types of advanced or recurrent large B-cell lymphoma. This type of lymphoma is one of several types of non-Hodgkin's lymphoma. This technique has shown very encouraging results in clinical trials against these cancers. In many patients the cancer could not be found after treatment, although it's not yet clear if these therapies will result in a long-term cure. In some patients the CAR T-cells seem to go away after the cancer has been in remission for a while and researchers are studying whether those patients have a higher risk of their cancer coming back. Researchers are also studying long-term side effects of this kind of treatment. Other CAR T-cell therapies to treat different



types of cancer are being studied and are currently only available in clinical trials.

Some common cancers in which CAR T-cell Therapies are being tested:

Some of the more common types of cancer in which CAR T-cell therapies are now being studied include:

- Brain tumors (especially glioblastoma)
- Breast cancer
- Acute Myeloid Leukemia
- Multiple Myeloma
- Hodgkin's Lymphoma
- Neuroblastoma
- CLL
- Pancreas cancer

Who should one consult for immunotherapy?

Immunotherapy is a challenging modality for cancer management and needs good knowledge of all aspects of cancer treatment. For good results it is important that the medicines and protocols are executed according to guidelines. Doctors qualified in managing immunotherapy medications and side effects are known as Medical Oncologist. Look for the “DM Medical

Oncology” qualification for having opinion and guidance about immunotherapy.

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NEWER MODALITIES OF TREATMENTS IN DIABETES

Dr Gayatri Ghanekar,

DNB (Endocrinology); MD (General Medicine)

Diabetes Mellitus is the new pandemic in World and India unfortunately is leading the way, as the 'Diabetes capital of world.' Though there are many anti diabetes agents available, we still need newer agents to tackle this state effectively.

From the traditional triad of pathophysiology of diabetes, we have now moved on to the concept of "ominous octet" of Hyperglycemia. Initially, hyperglycemia in diabetes was attributed to increased hepatic glucose production, decreased insulin secretion from beta cells of pancreas and decreased glucose uptake in peripheral glucose uptake especially in skeletal muscles. However now many new abnormalities like disturbed neurotransmitter dysfunction in CNS, increased glucose reabsorption in the kidneys increased Lipolysis in fat, decreased Incretin effect in the small intestine and increased glucagon secretion from the alpha cells of pancreas have been implicated in the development of hyperglycemia.

Applying these insights in therapeutics is being tried rigorously and many anti diabetic agents targeting these specific defects are now available. Metformin and Glitazones modulate the increased hepatic glucose output, and reduce Lipolysis from fat and increase glucose uptake by muscles. Hydrochloroquine resets the CNS neurotransmitter dysfunction. Newer OADs like SGLT 2 inhibitors reduce renal glucose re absorption and DPP 4 inhibitors and GLP-1 analogues improve the Incretin effect from gut. Alpha glucosidase inhibitors reduce glucose influx after meals and Pramlintide and other amylin analogues reduce glucagon levels.

Despite of availability of so many agents, there is still increased need for better agents due to adverse effects of oral agents like renal or hepatic effects, cardiovascular safety, weight gain, hypoglycemia, Injectable agents are associated with aim, local adverse reactions and increased cost. Disadvantages of Insulin preparations are the need for pricks, pain, weight gain, hypoglycemia and non physiological nature in terms of increased insulin exposure of systemic vasculature instead of only portal circulation as in case of natural insulin secretion from

pancreas.

We are going to discuss briefly the SGLT-2 Inhibitors first. In Diabetes, there is up regulation of SGLT-2 channels. So these inhibitors prevent glucose re absorption and promotes glucosuria. Apart from these effects there are other Pleiotropic effects like Natriuresis and volume depletion, which is beneficial in Heart failure. There is weight loss by mainly loss of visceral fat, there is improved sodium delivery to macula densa so improvement in tubuloglomerular feedback and reduced intra glomerular pressure and reduces fall in GFR. ADA recommends these agents as second and third line agents in diabetes management.

There are 4 SGLT 2 inhibitors available now in market and many are in the pipeline including Sotagliflozin which is a dual SGLT inhibitor. Their details have been given in the table below.

SGLT-2 Inhibitors	Approval	Dose	SGLT-2 specificity	Adverse events
CANA	2012	100, 300mg	250	Low BMD, amputation risk, Fournier's gangrene, UTI, Osmotic diuresis, DKA/
DAPA	2013	5, 10 mg	1200	
EMPA	2014	10, 25 mg	2500	
REMO	2019 (India)	100 mg	eu KA	

GLP-1 Receptor agonists are also relatively newer agents which enhance Incretin effects from gut.

They have central effects like reduced gastric emptying, reduced hepatic glucose production and increased satiety. Peripheral effects like increased insulin secretion from beta cells and reduced glucagon secretion from alpha cells.

There are few common adverse effects like nausea, vomiting and pancreatitis and all carry a black box warning for not using in patients with Medullary thyroid carcinoma. All are Injectable agents which can be short acting like Exenatide and Lixisenatide and many long acting like Dulaglutide, albiglutide etc. Recently oral Semaglutide has also become available. Other details have been mentioned in the tables given below.

Table 1. Currently Available GLP-1 RAs in the U.S.

Drug	Brand Name	Dosing
Exenatide	Byetta	5-10 mcg SC twice daily prior to meals
Exenatide ER	Bydureon	2 mg SC once weekly without regard to meals
Liraglutide	Victoza	0.6-1.8 mg SC once daily without regard to meals
Albiglutide	Tanzeum	30-50 mg SC once weekly without regard to meals
Dulaglutide	Trulicity	0.75-1.5 mg SC once weekly without regard to meals
Lixisenatide	Adlyxin ³	10 mg SC once daily prior to first meal of the day for 14 days. On day 15, increase dosage to 20 mg SC once daily

There are newer developments occurring at the Insulin and analogues level as well. By altering few amino acids in the molecular structure of human insulin and by adding few different amino acids, fatty acids chains, the onset of action of insulin and duration of action have been modified. These modifications help in flexible dosing and try to go close to the physiological pattern of insulin secretion. These modified insulin's are called as 'Insulin analogues' or 'Designer Insulins.'

There 'Smart Insulin' in the development which will be able to act differently in high and low glucose environments thereby avoiding hypoglycemia.

There is research ongoing about various oral insulin preparations which will avoid pricks and will prove as a boon to type 1 DM patients. There are many challenges including large size of insulin, gastric acidity, presence of food particles, tight cell junctions, not allowing penetration and micro biome in stomach and gut. However various approaches in packing of these insulin molecules in the form of strips, association with a permeability enhancer, intestinal patch, intestinal micro needles are being developed.

Various new insulin delivery systems like insulin pumps are also improving life of patients. Close loop pumps with smart algorithms and hypoglycemia alerts and suspends are now available. A complete artificial pancreas including incorporation of glucose monitoring

and insulin dose calculation along with insulin delivery will soon be widely available

On surgical front, it has been observed since years that after Bariatric surgery, there is significant improvement in glycemic status of Diabetes patients and hence metabolic surgery has emerged as a very effective mean of treating Diabetes. The bypass procedures are more effective in this aspect compared to the restrictive procedures. However lifelong diet changes and psychological aspects of modified lifestyle should be thoroughly imbibed on to the patients' pre operatively.

Based on observations of metabolic surgery models, a less invasive endoscopic procedure called Duodenal Mucosal Resurfacing has been developed. It involves endoscopic ablation of duodenal mucosal surface and allowing healing. This results in favorable alteration in Incretin secretion from the intestinal endocrine cells and can give benefits of metabolic surgery in a less invasive manner.

This was just a glimpse of future of Diabetes management. Let's hope that with all these newer weapons in anti diabetes armamentarium, we will one day find a cure for Diabetes.

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NOVEL CORONAVIRUS 2019 UPDATE

Dr. Shamma Athalye Shetye
(MD Microbiology)

The WHO Director-General has declared the outbreak of novel coronavirus (2019-nCoV) a Public Health Emergency of International Concern. As of January 31, 2020, more than 7700 cases have been confirmed, and 170 people have died in China. There are 82 additional cases confirmed in 18 countries, of which one case is confirmed in Kerala, India.

Coronaviruses (CoV) are a large family of zoonotic viruses that cause illness ranging from the common cold to more severe diseases such as MERS and SARS. A novel coronavirus (nCoV) is a new strain that has not been previously identified in humans.

Case definitions for surveillance

Suspect case:

A. Patients with severe acute respiratory infection (fever, cough, and requiring admission to hospital), AND with no other etiology that fully explains the clinical presentation AND at least one of the following: a history of travel to or residence in the city of Wuhan, Hubei Province, China in the 14 days prior to symptom onset, or patient is a health care worker who has been working in an environment where severe acute respiratory infections of unknown etiology are being cared for.

B. Patients with any acute respiratory illness AND at least one of the following:

Close contact with a confirmed or probable case of 2019-nCoV in the 14 days prior to illness onset, or visiting or working in a live animal market in Wuhan, Hubei Province, China in the 14 days prior to symptom onset, or worked or attended a health care facility in the 14 days prior to onset of symptoms where patients with hospital-associated 2019-nCoV infections have been reported.

Probable case

A suspect case for whom testing for 2019-nCoV is inconclusive³ or for whom testing was positive on a pan-coronavirus assay.

Confirmed case

A person with laboratory confirmation of 2019-nCoV infection, irrespective of clinical signs and symptoms.

Clinical Syndromes associated with 2019-nCoV 2019 infection : Ranges from uncomplicated illness with mild fever, cough cold, headache to severe pneumonia, acute respiratory distress, sepsis and septic shock.

Clinical management of severe acute respiratory infection (SARI) when Novel coronavirus (2019-nCoV) infection is

suspected: Triage patients and start emergency treatments based on disease severity. Recognize and sort all patients with SARI at first point of contact with health care system (such as the emergency department). Consider 2019-nCoV as a possible etiology of SARI considering the case definitions above. Currently there is no specific treatment available and hence management is essentially supportive and based on symptoms.

Infection Prevention and Control: Standard precautions include hand hygiene, use of PPE, prevention of needle-stick or sharps injury; safe waste management; cleaning and disinfection of equipment; and cleaning of the environment should be applied immediately at entry. At Triage: Give suspect patient a medical mask and direct patient to a separate area or an isolation room if available. Strictly apply droplet and contact precautions. Also apply airborne precautions when performing aerosol producing procedures.

Laboratory testing: Collect specimens from lower respiratory tract (expectorated sputum, endotracheal aspirate, or bronchoalveolar lavage) for 2019-nCoV testing by RT-PCR and the upper respiratory tract when indicated. Collect blood for culture to rule out other causes of sepsis. Samples should be collected by following all biosafety precautions and using PPEs and need to be sent to the designated laboratory (ICMR-NIV, Pune) by following standard triple packaging.

Prevention: Remember WUHAN

Wash hands with soap and water or alcohol based hand rub

Use mask when indicated and cover nose and mouth when coughing and sneezing.

Have temperature checked and monitored if any symptoms arise.

Avoid large crowds and contact with sick people, live farm or wild animals.

Never touch your face with unclean hands; never eat raw or undercooked meat.

References:

- 1) <https://mohfw.gov.in/sites/default/files/Guidelines%20on%20Clinical%20management%20of%20severe%20acute%20respiratory%20illness.pdf>
- 2) <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- 3) <https://www.who.int/health-topics/coronavirus>
- 4) https://mohfw.gov.in/sites/default/files/5Sample%20collection_packaging%20%202019-nCoV.pdf

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डॉ. (सौ.) अंजली वैद्य

नंदादीप

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कोण कुठे घाली मना
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 काळोख्या टेकडीच्या
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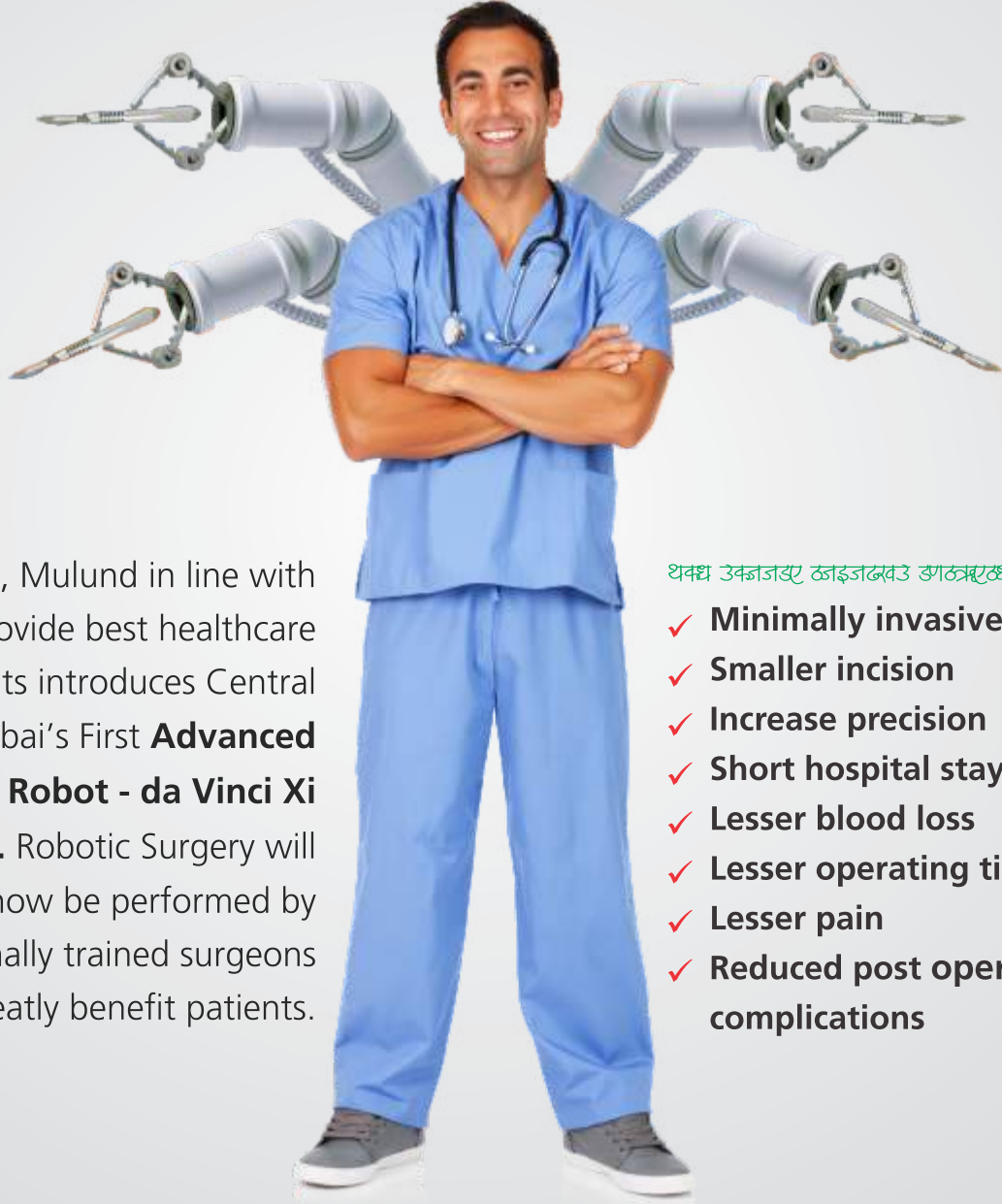
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Fortis Hospital, Mulund in line with its vision to provide best healthcare for its patients introduces Central Mumbai's First **Advanced Surgical Robot - da Vinci Xi Robot**. Robotic Surgery will now be performed by internationally trained surgeons which will greatly benefit patients.

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- ✓ Smaller incision
- ✓ Increase precision
- ✓ Short hospital stay
- ✓ Lesser blood loss
- ✓ Lesser operating time
- ✓ Lesser pain
- ✓ Reduced post operative complications

FOR MORE INFORMATION CONTACT TO, MR. CHETAN SURANI @ 98197 76718

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