



IMAFEST 2022

23rd ANNUAL CONFERENCE OF IMA DOMBIVLI



SOUVENIR

HOLISTIC HEALTH

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Dr. Archana Pate
Hon. Secretary

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(Editor)

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IMA DOMBIVLI

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PRESIDENT'S ADDRESS

Greetings !

Welcome to IMAFEST 2022

First of all, heartiest congratulations and lots of thanks to team IMAFEST 2022 for taking lots and lots of efforts to make this event successful. It was a show of great team work and each member of team contributed immensely. I also thank and congratulate team IMAFEST souvenir. Without their help and support this mammoth task of printing souvenir would not have been possible. As we know the theme for this souvenir is holistic health.



As you all know that the other name for a doctor is healer. The one who not only cures patient from a disease but heals him mentally and spiritually. This is also a basic principle of holistic health. So let's all of us become healers and not just doctors who cure patients from their diseases. Let's make emotional health a priority, since it can affect physical health as they both go hand in hand.

Let there be a healthy mind in a healthy body !

Jai IMA !

Dr. Makarand Ganpule

FROM HON. SECRETARY'S DESK

Annual Conferences are the heart of any organisation. IMA Dombivli's Annual conference IMAFEST is a tradition, which every team, year after year, celebrates with much enthusiasm and fanfare! It's that time of the year, when entire IMA Dombivli family comes together and enjoys the scientific feast.



Arranging any conference requires a great team work, as preparations involve working on many aspects at any given time! We are proud to have a great team at IMA Dombivli, which goes into full throttle at the time of conference and churns out wonderful scientific program along with Pre conference workshop and gala banquet, with the trademark IMA Dombivli hospitality.

On behalf of IMA Dombivli, it is my pleasure to extend a warm welcome to all the delegates. We have tried our best to make the entire conference memorable for you. The entire organising team – Dr. Vijayalaxmi Shinde, Dr. Neeti Upasani, Dr. Meena Pruthi, Dr. Pramod Bahekar, Dr. Neelima Date, Dr. Suchitra Kamath, Dr. Sharad Gurav, Dr. Hemant Patil, Dr. Vijay Chinchole, Dr. Bhushan Kene, Dr. Hrishikesh Karnawar, Dr. Bhakti Lote, Dr. Sunit Upasani, Dr. Ashwini Acharya and others under the able guidance of IMA Dombivli president Dr. Makarand Ganpule have worked really hard to make this event a memorable one! Heartiest congratulations and best wishes to all!

Enjoy the fantastic banquet on Sunday with the theme 'Back to College' which will surely transport you back to your memorable, carefree college days!

Hope everyone enjoys the conference as much as we enjoyed putting it together!

Dr. Archana Pate

FROM ORGANISING CHAIR PERSON

IMAFEST Annual conference of IMA DOMBIVLI is organised every year with focus to have informative scientific sessions with recent updates and knowledge empowerment to the delegates. Being an organising chairperson of IMAFEST 2022 is itself a privilege which comes with a big responsibility of getting together the able and enthusiastic 'Think Tank' of IMA Dombivli to form a team.

IMAFEST has gained popularity and is setting a trend. We receive registrations from neighbouring IMA branches and cities like Thane, Ulhasnagar, Kalyan, Ambarnath, Badlapur and Mumbai. It's an encouragement to our organising team to do more better each year and carry the baton from previous team to aim higher. We usually start our preparation 4-5 months before the conference dates.



Under able guidance of our President Dr. Makarand Ganpule, Hon. Secretary Dr. Archana Pate, Hon. Treasurer Dr. Meena Pruthi & Managing committee; the big task gets simpler and takes a shape of good model IMAFEST Organising Committee which comprises of a dynamic team with good creative and academic acumen like our Co-chairperson Dr. Niti Upasani & Dr. Meena Pruthi with organising secretary Dr. Sharad Gurav & Dr. Vijay Chinchole, IMAFEST treasurer Dr. Hemant Patil & Dr. Bhushan Kene.

Team has built up the energy and enthusiasm of the whole preparation. Dr. Suchitra Kamat & Dr. Ashwini Acharya have been perfectly handling the scientific sessions, which are well planned along with creative AV team of Dr. Niti Upasani and Dr. Shruti Patki. All committees have been doing their task and supporting the programme and I acknowledge their help at each level of preparation.

Our preparations under the shadow of our own Patron Leader, Member, and Rock support and Hon. Secretary IMA Maharashtra State Dr. Mangesh Pate sir have helped us to smoothly plan our conference. We knew we are guided and observed simultaneously along with good support & advise from team of our senior office bearers and advisors of branch Dr. Bhakti Lote our IPP, Vice president Dr. Utkarsh Bhingare, Joint Secretary Dr. Avinash & Dr. Sharad Gurav, Dr. Pramod Bahekar.

Dr. Pramod Bahekar sir is our constant source and guidance for the queries & troubleshooting related to venue. With Dr. Neelima Date madam & Dr. Alka Gadgil madam undertaking responsibility for food arrangement, menu selection, fun games at Banquet night & beautiful delegate kits bags with co-ordination by Dr. Bhakti Lote & Dr. Archana Pate.

Pre-conference 'Skill Enhancement Workshop' Brainchild topic of Dr. Archana Pate our Senior mentor and Hon. Secretary has been completely planned and executed by madam with special mention of lovely fliers and smooth registration process troubleshooting for entire conference & including her guidance, meticulous planning for the entire conference. President Dr. Makarand Ganpule has always been very supportive, giving us creative freedom for a Good IMAFEST 2022.

With preparations in full swing right from finalising venue to food menu; from decoration to music & from comfort to getting ourselves to handle tricky situation.

We bring to you a grand academic feast and fun Banquet Night 'Samar' with Back to College theme.

Thanks and Regards,
Dr. Vijayalaxmi Sushil Shinde
Organising Secretary IMAFEST 2022

EDITORIAL

Respected Delegates,

Warm greetings to you,

Under the guidance of our President Dr. Makarand Ganpule, Hon. Secretary Dr. Archana Pate and Respected Managing Committee Members, souvenir team is pleased to present to you, the release of our Souvenir for most awaited IMA Dombivli's IMAFEST 2022.

Our theme for IMAFEST 2022 souvenir is "**Holistic Health**"

"Good health is not something we can buy. However, it can be an extremely valuable savings account." - Anne Wilson Schaef

Holistic health is an approach to wellness that simultaneously addresses the physical, mental, emotional, social, and spiritual components of health.

I would like to thank our IMA Dombivli Patron member, Hon. Secretary IMA Maharashtra State Dr. Mangesh Pate sir for highlighting issues on healthcare violence by drafting official document of CODE VIOLET.

We have added IMA Maharashtra State official document of Code Violet in this souvenir.

My special thanks to Dr. Vijay Chinchole, Dr. Vineeta Ketkar, Dr. Deepti Badwe Kulkarni, Dr. Aashna Bhagyawant and Dietician Archana Naik for providing articles for this souvenir.

My sincere gratitude to all our sponsors who have supported us for this souvenir.

Releasing souvenir is an team work and this was possible with help of Dr. Nayana Chaudhari (editor) and Dr. Hrishikesh M. Karnawar (editor).

We would like to hear feedback from each one of you regarding this issue via the email ID provided below.

Email id: editordialogue.imadbl@gmail.com

Long live IMA

Dr. Bhushan Tukaram Kene

Editor

Dr. Nayana Chaudhari

Editor

Dr. Hrishikesh M. Karnawar

Editor



TEAM IMAFEST 2022



Pain is Certain....Suffering is Optional



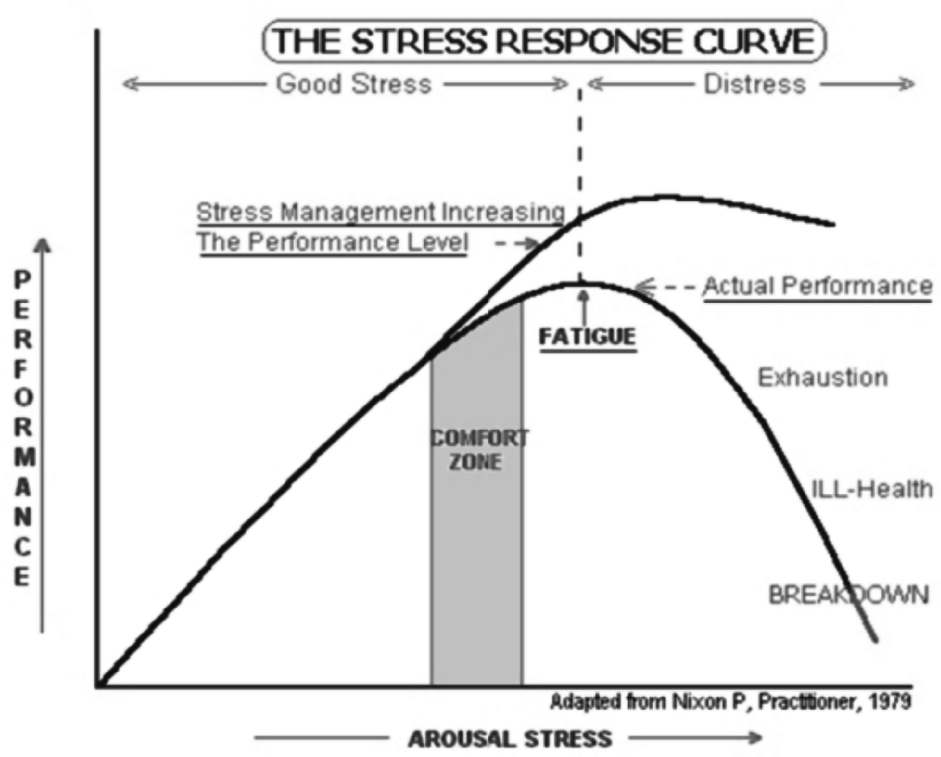
Dr Vijay Chinchole
(Psychiatrist & Counsellor)
Manobal Center, Dombivli

As we know stress is increasing tremendously in various aspects specially after Covid 19 pandemic due to various reasons. Stress is part & parcel of our daily living. Stress is inevitable but distress is not, Although we can't control everything that happens in life, we can control our attitudes and responses towards situation or problem. For that effective stress management is required. *A stitch in time, save nine.* So lets discuss about stress management.

- Any action/situation which places special physical/psychological demands on person is called as stress.
- Resources & demand dispute create stress.

There are 2 types of stress

- 1) Eustress - Also called Positive stress means when demands are met and we are happy.
- 2) Distress - Also called Negative stress means when demands are not met and we feel discomfort.



We can see as stress increases, our performance increases to some extent (point of fatigue) then with further increased stress we start feeling burnt out & our performance start decreasing. At this point if effective stress management is done then it increases our performance despite of ongoing stress.

Stress Management-

5 Skills of Stress Managements are:

- 1) self observation
- 2) cognitive restructuring
- 3) Relaxation training
- 4) Problem solving
- 5) Assertive Behaviour

1) Self observation-

Become aware of problems. If we are aware of problem and accept it then only we will be able to solve it. The way we perceive a situation is more important than the situation itself. So lets put all problems in ABC model.

A (activating event) - B (belief) - C (consequence).

So we get stress not because of problem (Activating Events) but because of our belief about that problem.

2) Cognitive restructuring -

As we discussed earlier its our Belief that causes stress So lets Become aware of irrational beliefs & expectations & Challenge that cognitive distortion & Develop Rational beliefs about Same Problem , then we will not be that much stressed about that problem but it will develop new Rational belief and attitude to deal with problem and we will feel comfortable.

Following are few Cognitive Irrational Beliefs causing stress:

- I must do well
(Demandingness from Self)
- Life should not be like this
(Demandingness from others)
- I must have what I want
(unrealistic expectations)
- This is terrible
(Catastrophisation)
- I cannot take this any longer
(Low Frustration Tolerance)
- Everyone should like me
(Unrealistic Expectations)
- I have been betrayed

Cognitive Distortions

- **Arbitrary inference:** Drawing a conclusion without supporting evidence or despite contradictory evidence
- **Selective Abstraction:** Drawing conclusion based on detail taken out of context
- **Overgeneralization:** Drawing a general conclusion based on one or a few isolated incidents (e.g., all men are jerks)
- **Magnification/Minimization:** Seeing something as much more or much less significant than it really is
- **Personalization:** Attributing external events to self without evidence of supporting connection
- **Dichotomous thinking:** Categorizing experiences into one of two extremes (success or failure)

Following are examples of How to Challenge irrational thoughts & Develop Rational New thinking:

1. I must have love/approval from those significant to me and must avoid disapproval from any source - **Love/approval from any particular person is nice but not Absolute necessary**

2. To be worthwhile as a person I must succeed at everything and make no mistakes- **Unfailing success and competence is unrealistic and I accept myself as a person, separate from my performance**

3. People should always do the right thing. When they behave obnoxiously, unfairly or selfishly, they must be blamed and punished- **People unfortunately sometimes do bad things, but getting upset won't change that**

4. My unhappiness is caused by things outside my control - so there is little I can do to feel better- **Many external factors are outside my control, but it is my thoughts which cause my feelings**

5. Things must be the way I want them to be - otherwise life will be intolerable- **Things won't always be the way I want. It's disappointing, but there is no need to catastrophize**

6. I must worry about things that could be dangerous, unpleasant or scary, otherwise they might happen - **Worrying about things that might go wrong won't stop them happening. It will, though, ensure I get upset right now!**

7. I can be happier by avoiding life's difficulties, unpleasanties & responsibilities - **Lets face the situation and accept whatever consequences it has.**

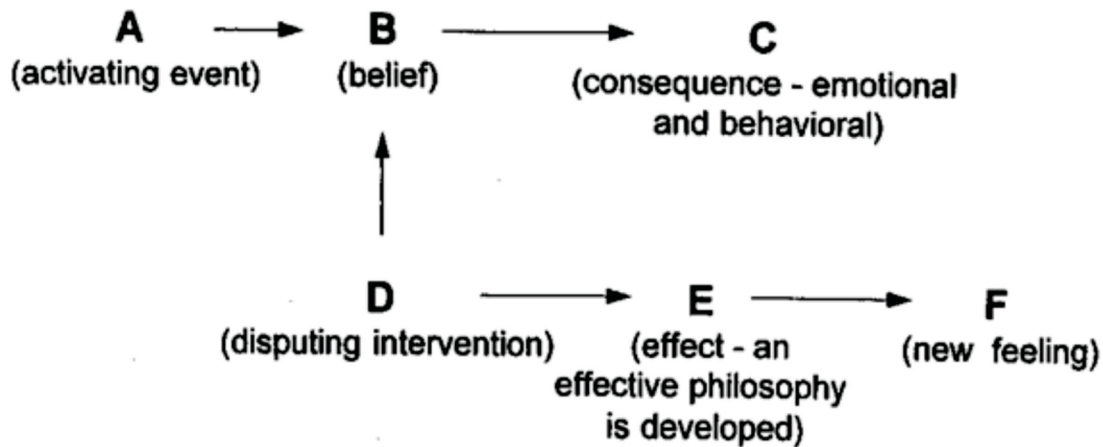
8. I need to be taken care of by someone stronger than me - **Its best feeling that someone is caring for us but its not absolute necessity.**

9. Events in my past are the cause of my problems and they continue to influence my feelings and behaviors now - **Don't weigh down your present with past failure or fear of the future. Every single moment is important & new, so deal with it with new positive attitude.**

10. I should become upset when other people have problems and feel unhappy when they're sad - **if I am not emotionally strong myself how can I help others so I shouldn't be disturbed but I should help them to develop rational attitude & help whatever way possible to me.**

11. I should not have to feel discomfort and pain, I can't stand them and must avoid them at all costs - **Running away from situation won't help but facing problem can build resilience in us.**

The A-B-C Theory (REBT – Rational Emotive Behavioural Therapy)



A basic goal is to learn how to **change our dysfunctional emotions and behaviors** into healthy ones.

Two main goals of REBT are to learn to achieve **unconditional self-acceptance** and **unconditional other acceptance**.

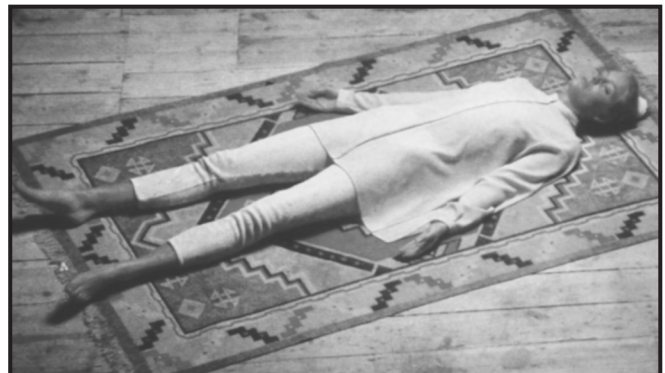
As we become more able to accept ourselves, we are more likely to unconditionally accept others.

1. Learn to **discover our irrational beliefs** and ideas
2. Identifying connection of **how these irrational beliefs lead to emotional disturbances**
3. Challenging ourselves to **modify or abandon our irrational beliefs**.
4. Dispute the irrational beliefs and **substitute rational beliefs and behaviors**.

ADAPTING APPROPRIATE THOUGHTS AND ACTIONS

- Anger ————— Irritability
- Anxiety ————— Concern
- Hopelessness ————— Sad but hopeful
- Guilt ————— Regret

3) Relaxation Training –





A) Progressive Relaxation Exercises: Breathe!

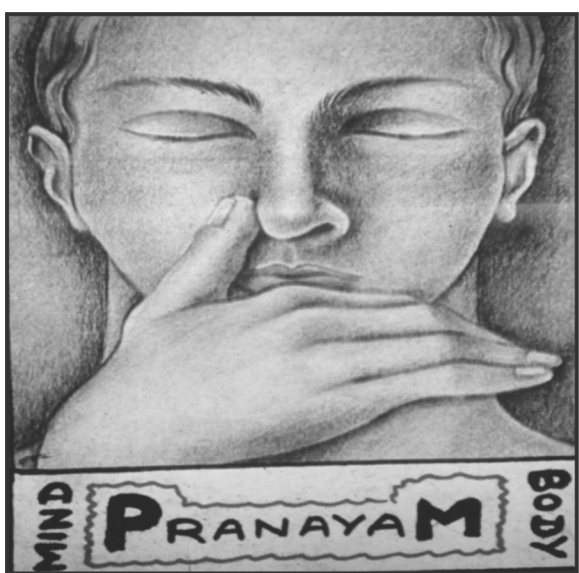
- Take a deep breath, hold for 5 seconds. At the same time, tense the muscles in your face and neck. Now slowly exhale and relax these muscles.
- Take another deep breath, hold for 5 seconds and at the same time tense the muscles in your shoulders and arms. Slowly exhale, relaxing these muscles.

Continue through the following muscle groups:

- Chest and lungs
- Stomach area
- Hips, legs & feet

Pay attention to how you feel while doing this exercise. You should begin to feel your body relax

B) Pranayam -



C) Meditation (Dhyan)



D) Mental Imagery Practice -

Relax, take several deep breaths, listen & visualise positive things we want to develop



4) Problem solving is -

- Problem identification (setting goal)
- Generating alternatives
- Selecting best solution

5) Assertive Behaviour –

Assertiveness means Communicating in a way where you stand up for your own needs & wants, while also taking into consideration of the needs & wants of others, without behaving passively or aggressively without hurting others or self.

We can do it following way....

- Clearly state needs & wants of yours
- Have good eye contact
- Listen to others without interruption
- Have appropriate speaking volume & steady tone of voice
- Have confident body language
- Don't hesitate or don't feel guilty to Say NO, if required
- Respect yourselves as well as others opinion too.



So four important aspects of stress management are:

- 1) Ahaar – Timely Nutritious & Healthy Diet
- 2) Vihaar – Daily Yoga, Exercise & Relaxation Techniques
- 3) Nidra – Appropriate Quality / Sound Sleep
- 4) Viveki Vichar Paddhati (REBT/CBT) – Rational thinking, unconditional Acceptance of self, others & situation.

Life is too short to “sweat” the small stuff!

Lets implement Serenity Prayer in our Life..

God grant me the serenity

***To accept the things
I cannot change;***

***Courage to change
the things I can;***

***And wisdom to
know the difference.***

ASHTANGA YOGA & MODERN MEDICINE

Dr. Vineeta S. Ketkar

MBBS (MUM)

Dr. Ketkar Clinic, Khedekar Chambers, Near Swastika Cycles, Pratik Nagar Stop, Alandi Road, Pune 411006.



The modern version of Hippocratic oath says, *"I will remember that there is art to Medicine as well as science & that warmth, sympathy & understanding may outweigh the surgeon's knife or the chemist's drugs"*.

So as to follow this principle in our clinical practice we need to understand the patient as a whole individual & not by its part or organ which is diseased. More than that the surrounding conditions in which he or she is living should also be considered.

This approach has a lead to the branch of Mind Body Medicine. As we all know emotions affect body structure & function & vice versa, we need to learn management of emotions & thought process as early as possible in our life.

Science of *Ashtanga Yoga*, our ancient wisdom provides us a methodical pathway to avoid the sufferings of future as described by *Mahamuni Patanjali*, *"Heyam Dukhham Anagatam"*.

Homeostasis is the final aim of all our systems to live well, so is *Samatva* the aim of Yogic science, both being complimentary to each other. So to say that *Samatva* helps Homeostasis.

Improper lifestyle & psychological stress are the major contributors to the diseases of modern civilization. *Ashtanga Yoga* provides a new way of looking at life, so everything remaining the same the person starts feeling better. A method based not on changing the circumstances but on changing our attitude to circumstances is potentially infallible.

Psychoneuroimmunology has provided a solid scientific foundation for mind - body relationship. While stress, anger and hostility or relaxation, peace, love & intimacy may be

difficult to measure their effects on cytokines levels or NK cell activity can be quantified. So PNI has acted as a bridge between ancient wisdom & modern science.

Ashtanga Yoga as the name suggests guides us at eight limbs to be remembered & followed for 365 days, 24 by 7 hours.

- First & second are called *Yama & Niyama* being social & personal disciplinary code which helps at our healthy behavior.
- Third is *Asana* popularly known as Yogic postures which disciplines us at skeletal level but slowly reaching our mind.
- Fourth limb is *Pranayam* which teaches us the place, duration, number, depth & subtleness of our breathing. It constantly reminds us to control our emotions & energy metabolism. It offers us a pathway to reach autonomic responses of our body.
- Fifth is called *Pratyahar* which takes the discipline at sensory inputs. Every sensory input reaches the respective area in cerebral cortex with information relayed to limbic system. Parts of limbic system generate emotions which have an impact on our body functions. *Pratyahar* practice constantly maintains our awareness to optimise our sensory inputs & to observe their effects. This changes our perspective & attitude to face the circumstances.
- Sixth limb is *Dharana*, called as concentration meditation. This is the practice we observe when we are doing something with keen interest, passion & dedication. This enhances our ability in performance.
- Seventh is *Dhyana*, the Meditation state which is to be experienced by an individual

with practice. The EEG in meditation shows unaltered alpha rhythm in spite of stimulations by vibration, sound or heat/cold.

- Eighth is *Samadhi* state which enlightens us for our existence at energy level.

Ashtanga Yoga

Offers a potent instrument to deal with commonly observed ailments in life. To name a few

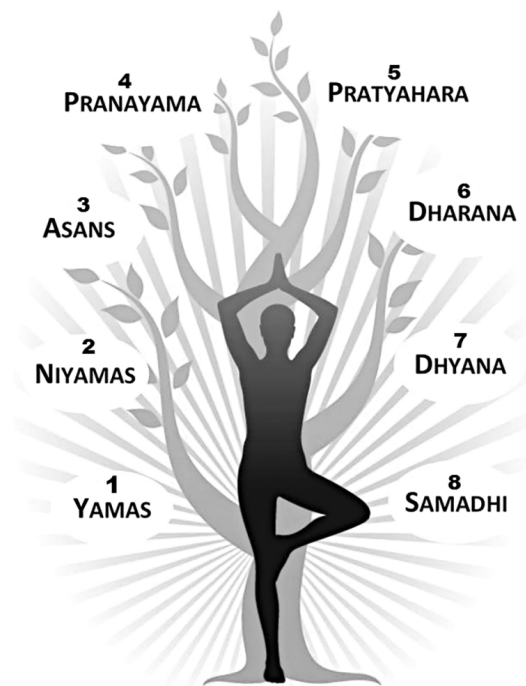
- Degenerative disorders like osteoarthritis of knee joint, spondylosis can be best prevented & palliated with restoration to near normalcy
- Acid peptic disorder, habitual constipation & irritable bowel syndrome has good prognosis
- Anxiety & depression states can have support for long term care

- Type II Diabetes mellitus receives a good support by Yogic postures along with breathing techniques & *Pratyahar* for glycaemic control.

- HPO axis controlling the female life is helped by Yogic approach from perimenarchal to post menopausal phases.

- Coronary artery disease does have an emotional aspect to its presentation which can be attended by Yogic approach.

How much role *Ashtanga Yoga* has in health and disease depends on what one understands by *Yoga* and what one expects. If *Yoga* is viewed comprehensively as a foundation of peace and joy, it has extensive & potentially all pervasive applications in medicine ranging from primary prevention to the care of terminally ill.



OBSTRUCTIVE SLEEP APNEA - A SILENT KILLER

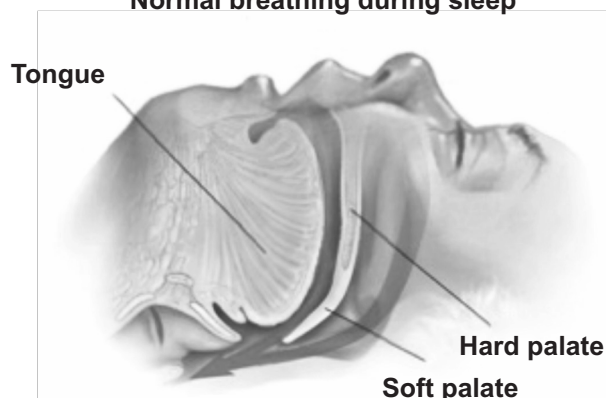
Dr. Deepti Badwe Kulkarni

MD Respiratory Medicine, FCCP
Ojas Hospital Dombivili East

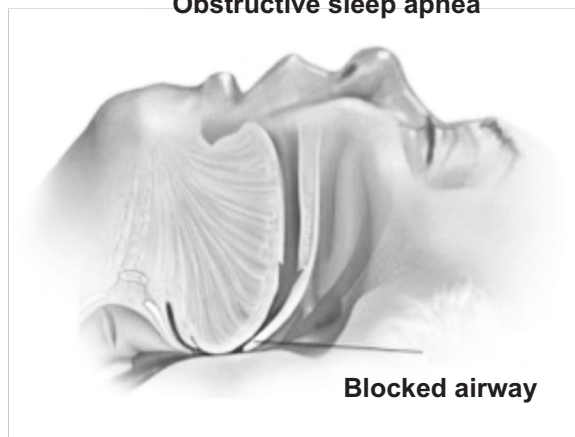


Obstructive sleep apnea (OSA) is highly prevalent sleep related breathing disorder marked by abnormal breathing during sleep. It is estimated to affect nearly one billion people worldwide, but 80% of them go undiagnosed. Awareness in people about OSA is increased after Bappi Lahiri's death due to OSA.

Normal breathing during sleep



Obstructive sleep apnea

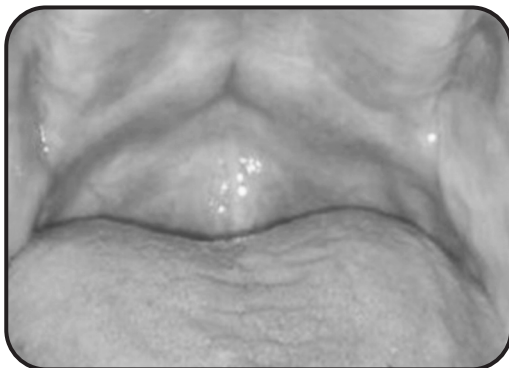
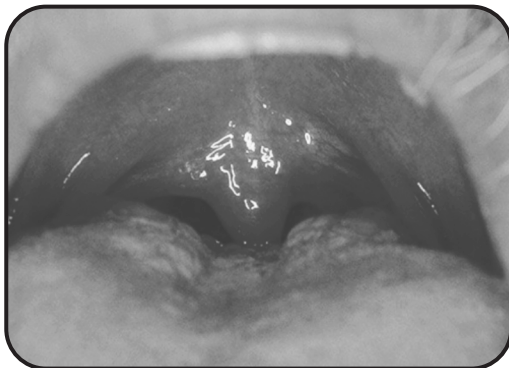


Sleep is a restorative phenomenon for body and humans spend one - third of their life asleep. OSA is characterised by repetitive episodes of nocturnal airflow cessation or significant reduction of airflow in presence of breathing efforts due to collapse of upper airway and the person is unaware of this events. These episodes are termed as apnea (complete cessation of breathing) and hypopnea (partial reduction in breathing). This results in non-restorative sleep and sleep fragmentation, attributing to reduced quality of life, adverse health and safety consequences, including increased risk of cardiovascular disease, arrhythmias, depression, infertility, traffic accidents, impaired cognitive function, stroke and all-cause mortality.

In past, Chernobyl disaster in 1986, Bhopal gas tragedy in 1984 and air- India plane crash in 2000 known to be occurred due to on-duty workers having sleep apnea. Also the economic burden of OSA is substantial and accounting for billions of dollar per year. There is increase in awareness over the past two decades but still due to significant expense for the diagnosis, many patients remain undiagnosed and untreated.

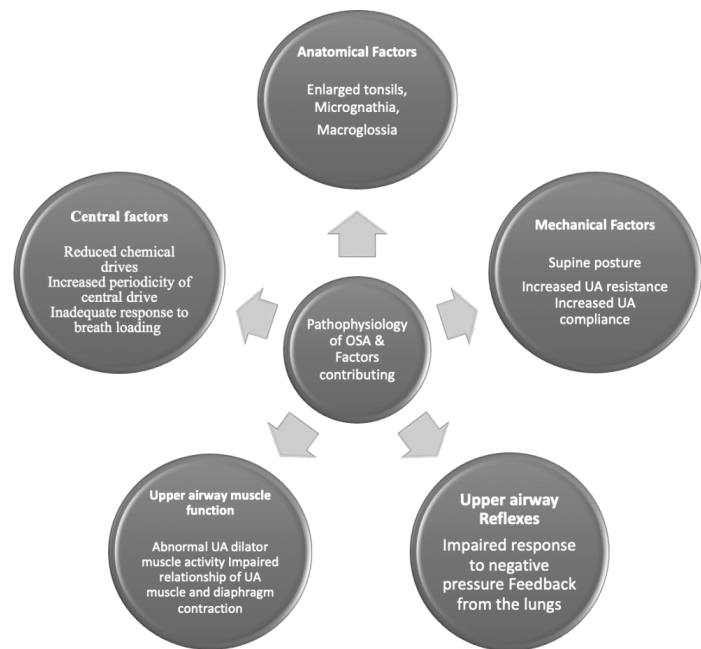
The prevalence of OSA based on only $AHI > 5/hr$ is higher in male 22% than in female 17%. However, when $AHI > 5/hr$ along with excessive daytime sleepiness was considered, prevalence in male dropped to 6% and in women to 4% rise in females in postmenopausal age upto 50%.

The OSA is thought to be predisposed by obesity. Fat accumulates in the upper respiratory tract and narrows the airway in obese patients. As a result of aberrant cranio-facial morphology of the upper airway, including macroglossia, short neck, retrognathia, swollen tonsils, and adenoids, a restricted upper airway is particularly frequent in OSA patients.



Above factors lead to repeated narrowing of airway in sleep leading to oxygen desaturation, generating negative intra-thoracic pressure and increased respiratory efforts and arousals. Recurrent episodes leads to multiple pathological effects in body.

OSA pathophysiology is multifactorial and complex involving anatomical, neuro ventilatory and neuro-mechanical mechanism. Following are the factors contributing to pathophysiology



Generally, symptoms are often present for years and have both nocturnal and daytime symptoms. Caregiver or bed partner is often the first to notice the symptoms of sleep apnea. The main symptoms of sleep apnea are snoring, excessive daytime sleepiness, unrefreshed sleep, fatigability and uncontrolled hypertension. Other signs and symptoms as follows



Daytime Symptoms	Night - time Symptoms	Signs
Unrefreshed sleep Irritability and personality change Fatigue Cognitive dysfunction Daytime sleepiness Memory loss Headaches Dry mouth Chronic running nose Gastro-esophageal reflux	Loud snoring Nocturnal awakening Nocturnal gasping and choking Witnessed apnea Nocturia Nocturnal Sweating Nocturnal Cough Restless sleep	Uncontrolled Diabetes and Hypertension Atrial Fibrillation Obesity ADHD Reduced oropharyngeal dimensions

Its prevalence is as high as 40% to 80% in patients with hypertension, heart failure (HF), coronary artery disease, pulmonary hypertension (PH), atrial fibrillation (AF), asthma and stroke. Unaddressed sleep apnea increases risk of Alzheimer's disease, glaucoma, worsen non-alcoholic liver disease, increases erectile dysfunction in men and loss of libido in women. Study demonstrated that patients with OSA had a 1.24-fold greater risk of infertility. It also increases pregnancy complications like gestational diabetes and pre-eclampsia. Hence in undiagnosed polycythemia, pulmonary hypertension and congestive heart failure, OSA should always be evaluated.

Sleep apnea is responsible for 20% of all road traffic accidents, as it is **'just as dangerous driving as you are driving drunk'**

Sleep apnea is diagnosed on the basis of history, sleep questionnaires, clinical evaluation, but confirmed by overnight sleep study. Before coming to diagnosing, one should always rule out disorders similar to OSA, for example snoring should be evaluated whether it is due to nasal blockage,

DNS, pregnancy or alcohol. Likewise insomnia may be caused due to anxiety, depression, drugs or pain. So a detailed history should be taken about sleep pattern, drugs, duration of symptoms and underlying medical condition. Sleep questionnaire like STOP-BANG, Epworth sleepiness scale and Berlin's questionnaire can be used for screening of OSA. Overnight in-lab polysomnography is recommended in diagnosis of sleep apnea. However when there is strong suspicion and in lab is not feasible, home sleep study can be performed. In highly suspected sleep apnea patient, split-night study can be done. Other supportive test like actigraphy and sleep diary, helps to know the sleep pattern and used in diagnosis of other disorders like insomnia, circadian rhythm disorder.

Sleep apnea severity is graded on the basis of AHI in mild (AHI 5-15/hr), moderate (AHI >15-30/hr) and severe (AHI >30/hr). But other factors are also considered like oxygen desaturation, duration of apnea and REM sleep. Always during interpretation consider underlying co-morbidities with AHI. As mild sleep apnea with medical condition will be considered as moderate to severe.





The gold - standard treatment of sleep apnea is "Positive Airway Pressure (PAP)" therapy. In this, a machine delivers air pressure through a piece that fits into your nose or is placed over your nose and mouth while you sleep, maintains airway patency during sleep. Many interfaces are there to make the patient comfortable with PAP therapy.

CPAP (Continuous positive airway pressure) is most commonly used and successful PAP therapy. CPAP may be given at a continuous (fixed) pressure or autotitrating. Different mask are available, which is advised as per patients comfort.



Bilevel positive airway pressure (BPAP), another type of positive airway pressure in which separate pressures are delivered while inhalation (IPAP) and exhalation (EPAP). Not a standard mode of therapy, but in conditions like COPD, complex sleep apnea it can be used.

Other measures like weight reduction, oropharyngeal exercises and surgery may be recommended to remove tissue that causes or worsens airway obstructions, such as enlarged tonsils, nasal polyps, and abnormalities of the jaw or tongue.

Oral appliances like mandibular advances devices, nasal pressure valve, positional therapy like tennis ball therapy, to encourage not to sleep on back may be helpful. DIDGREDOO – A musical instrument, has been shown to be effective in sleep apnea, because of strengthening of the pharyngeal muscles

With above all measures self care is very important maintaining sleep hygiene, like avoiding alcohol and caffeine late in the day, including soda, tea, and chocolate, quit smoking or avoid smoking in the evenings, exercising regularly, avoid any noises in the bedroom and keep the bedroom as dark and comfortable as possible.

Undiagnosed sleep apnea is as dangerous like smoking a pack of cigarettes a day, So identifying sleep apnea and treating it provides a new window and is a game changer to treats various disease.



EXERCISE IN CARDIAC PATIENTS

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The heart is often considered a significant organ for sustaining a healthy lifestyle. It is naturally challenging to live with heart diseases since they are severe. Being physically active can therefore be a mandatory requirement when it comes to heart patients.



Cardiovascular benefits of exercise include:

- Strengthening your heart and cardiovascular system
- Improving your circulation and helping your body use oxygen better
- Improving your heart failure symptoms
- Lowering blood pressure
- Improving cholesterol

It's never too late to increase your physical activity or start an exercise program.

PRECAUTIONS WHILE EXERCISING

One should stop exercising if he/she has any of the following symptoms-

- Chest pain
- Weakness

- Dizziness or lightheadedness
- Unexplained weight gain or swelling
- Pressure or pain in your chest, neck, arm, jaw or shoulder, or any other symptoms that cause concern

Never exercise to the point of chest pain or angina.

The Acute Phase (Phase-I)

The initial phase of cardiac rehabilitation occurs soon after your cardiac event.

An acute care physical therapist will work closely with your healthcare providers, nurses, and other rehabilitation professionals to help you start to regain your mobility. If you've had a severe cardiac injury or surgery, such as open-heart surgery, your physical therapist may start working with you in the intensive care unit (ICU). Once you no longer require the intensive monitoring and care of the ICU, you may be moved to a cardiac stepdown unit.

Commonly acute phase includes:

- Breathing Exercises – spirometry



- Bed mobility exercises
- Standing & walking with help of walker

The initial goals of phase one cardiac rehabilitation include:

- Assess your mobility and the effects that basic functional mobility has on your cardiovascular system
- Prescribe safe exercises to help you improve your mobility, and to improve cardiac fitness
- Help you maintain your sternal precautions if you have had open-heart surgery
- Address any risk factors that may lead to cardiac events
- Prescribe an appropriate assistive device, like a cane or a walker, to ensure that you are able to move around safely
- Work with you and your family to provide education about your condition and the expected benefits and risks associated with a cardiac rehabilitation program

Once significant healing has taken place, you may be discharged home to begin phase two of cardiac rehabilitation.

The Subacute Phase (Phase-II)

Once you leave the hospital, your cardiac rehabilitation program will continue at an outpatient facility. Phase two of cardiac rehabilitation usually lasts from three to six weeks and involves continued monitoring of your cardiac responses to exercise and activity.

Another important aspect of phase two cardiac rehabilitation is education about proper exercise procedures, and about how to self-monitor heart rate and exertion levels during exercise. This phase centers around your safe return to functional mobility while monitoring your heart rate.

Towards the end of phase two, you should be ready to begin more independent exercise and activity.

Intensive Outpatient Therapy (Phase-III)

Phase three of cardiac rehabilitation involves more independent and group exercise. You should be able to monitor your own heart rate, your symptomatic response to exercise, and your rating of perceived exertion (RPE). Your physical therapist will be present during this phase to help you increase your exercise tolerance and to monitor any negative changes that may occur during this phase of cardiac rehab. As you become more and more independent during phase three of cardiac rehabilitation, your physical therapist can help tailor a program of exercises, including flexibility, strengthening, & aerobic exercise.

Ideal exercise programme designed by a physical therapist should include warm up and cool down exercises before and after main exercises.

WARM UP EXERCISES

Reasons for doing a warm up:

- It eases the body into exercise
- It prepares the heart and lungs for the exercise by gradually increasing the body temperature and the blood flow to the heart and working muscles
- It prevents muscle soreness and injury
The warm up should last 15 minutes and gradually increase by mobilizing the whole body.

Examples for a warm up:

- Walk slowly at first in your local area. After five minutes, speed up the pace slightly. After 10 minutes (but only if you feel able to), start to gradually increase the pace a little bit more. Remember to stay safe. Remember your Borg scale and don't overdo it.

- Alternatively you can start by slowly walking on the spot for three minutes, and then start walking in your local area. Start off by walking at a slow, casual pace at first until the ten minutes mark. The increase the pace for the last five minutes to a brisk walk –but only if you feel able to.

The most important thing about adopting a new exercise routine is to start with the right exercise for heart patients and adjust the intensity as you go. You can increase the duration or difficulty of the exercise as you get used to it but it's recommended always to do so gradually.

A surge in heart rate or blood pressure can be dangerous for a heart patient. It is better to understand the type of physical activity that is allowed to you by your doctor. Do slow and easy exercises at first that is measured in time instead of repetitions.

TYPE OF EXERCISES FOR CARDIAC REHABILITATION

1) STRETCHING

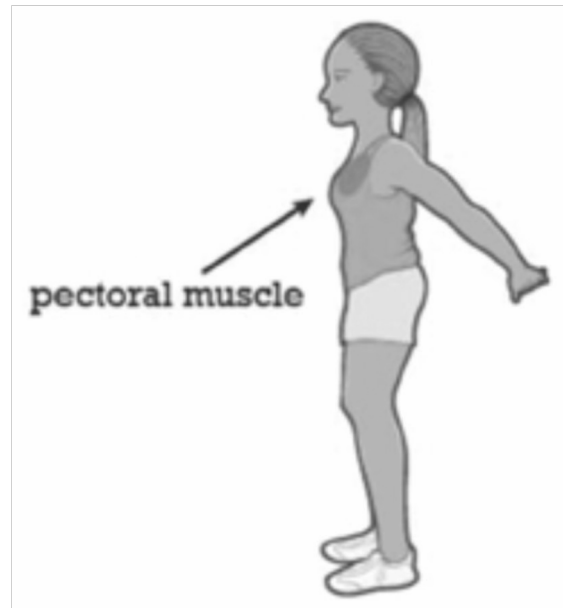
Stretching your muscles (flexibility training) is an important part of staying fit. Stretching improves the flexibility of your muscles and reduces the risk of injury when doing aerobic and resistance training.

Static stretching involves holding a position for a period of time. It is important to do at least 5 minutes of cardiovascular warm-up before stretching a muscle. A good time to stretch is after your aerobic training, when your muscles are already warm.

Stretching exercises

Below is a series of upper and lower body stretches you can include in your exercise routine.

- **Chest stretch (pectoral muscle)**



- **Shoulder stretch (deltoid muscle)**



- **Thigh stretch (quadriceps muscle)**



- **Calf stretch**



- **Hamstring stretch**



2) WALKING

One of the most popular kinds of exercise for cardiovascular endurance is walking. You can set a timer for 30 minutes and walk around your neighborhood. Start with casual strolling and work your way up to a brisk, continuous walk as you gain strength. It is a good idea to monitor your walking heart rate with a smart watch to understand how your body is responding.

After a few days of brisk walking, if you are feeling up to it, try jogging for 20 – 30 seconds if your doctor allows. You will be able to gradually increase the amount of time you can jog but to be on the safer side, increase it slowly by 10 – 15 seconds a week. You can evaluate your improvement by looking at your walking heart rate and comparing it to when you started.

3) CYCLING

This is another exercise for heart patients that is rapidly gaining popularity in India. If walking or jogging is too mundane for you, cycling can provide that extra excitement while giving you a similar kind of workout. An advantage of cycling has over walking and jogging is the ability to increase and decrease the intensity of your workout at your convenience. This allows you to get rest between intervals of increased intensity.

However, it is important to be extra careful while you are on a cycle since you may not have a dedicated cycling lane or space. If possible, try to find someone to join you when you cycle so that you have support if you need it. In cases where you are unable to cycle outdoors, stationary cycling can also be another option you can consider.

4) AQUATIC EXERCISES

The best kind of exercise for cardiovascular endurance, AQUATIC EXERCISES gives you everything your body needs. It works your heart and lungs for a stronger cardiovascular system. It also works your entire body, giving you greater overall stamina and strength. The water is relaxing and fun to be in even when you aren't swimming, which is why it is one of the most popular exercises. Unlike walking, jogging and cycling, aquatic exercise doesn't place much strain on the joints, so it is better for people who struggle to do normal exercises.

Can heart patients engage in sports?

For heart patients, the sports they can try depend on their fitness level. For someone who does not exercise much, overexertion can be dangerous. However, for someone who regularly exercises, periods of increased intensity are easier to deal with.

Here are some sports to consider.

Badminton – A simple 1v1 or 2v2 sport you can play casually and where you can choose how active to be at any given moment.

Tennis – It is easy to play casually since it is a 1v1 or 2v2 sport, similar to badminton.

Volleyball – It involves holding a position that gives you control over how much you exert yourself.

Table tennis – Since it is a 1v1 or 2v2 game, you can play casually without pressure from other players and slowly develop your fitness and skills over time.

Football, basketball and hockey are highly competitive sports where you are likely to instinctively overexert yourself to support your team. Until you have reached a level of fitness and heart health that supports your body in these games, you should work on simpler exercises.

Yoga and flexibility exercises for heart patients to improve blood flow. Not all exercises are about getting from one place to another. Yoga is something you can do in a single spot, by yourself with just a yoga mat or bedsheet. Like other forms of exercise, yoga also works on your cardiovascular system while improving your muscle strength, bone strength and flexibility.

There are several yoga exercises that help you boost your blood circulation such as:

- Surya Namaskar
- Sukhasana (Easy Pose)
- Uttanasana (Standing forward bend)
- Tadasana (Mountain Pose)
- Padangusthasana (Big Toe Pose)

COOL DOWN EXERCISES

It is very important to do cool down exercises post work out like simple shavasana or breathing exercises or simple meditation to calm your body and mind.

MODIFIED BORGS SCALE CAN BE USED TO TRACK INTENSITY OF EXERCISE

Perceived exertion is simply "how hard this activity feels to you." It refers to the total amount of effort you put forth. It takes into account your feelings of exertion, physical stress and fatigue. Try not to focus on any one factor, such as leg discomfort or shortness of breath; rather, think about your total, inner feeling of exertion. Do not include incisional pain in the rating if you have had surgery.

- A rating of "0" means you feel no exertion or breathlessness.
- A rating of "0.5" means you feel the same as if you were sitting comfortably in a chair.
- A rating of "10" means that you are putting forth the most effort you can possibly give.

Perceived Exertion Scale

- 0 = No exertion/breathlessness
- 0.5 = Very, very light
- 1 = Very light
- 2 = Light
- 3 = Moderate
- 4 = Somewhat hard
- 5 - 6 = Hard
- 7 - 8 = Very Hard
- 9 = Very, Very Hard
- 10 = Maximal

RESULTS OF CARDIAC REHABILITATION

To get the most benefits from cardiac rehabilitation, you'll need to continue the habits and follow the skills you learned in the program for the rest of your life.

Over the long term, sticking to your cardiac rehabilitation can help you:

- Improve strength
- Adopt heart-healthy behaviors, such as regular exercise and a heart-healthy diet
- Cut bad habits, such as smoking
- Manage your weight
- Find ways to manage stress
- Learn how to cope with heart disease
- Decrease your risk of coronary artery disease and other heart conditions

One of the most valuable benefits of cardiac rehabilitation is often an improvement in your overall quality of life. If you stick with your cardiac rehab program, you might end up feeling better than before you had a heart condition or had heart surgery.

EXERCISE IN PREGNANCY

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Pregnancy is a beautiful phase of life. A woman's body undergoes a lot of changes physically and mentally. Exercise is the best way to cope up with distress a woman undergoes during pregnancy.



Women of all ages enjoy the benefits of regular physical activity. Exercises are globally considered to have a positive effect on health and wellness. It is associated with decreased incidence of physical & mental diseases along with improvement in functional capabilities. With urbanization there has been awareness about the positive effects of physical activity on one's health. But still a large percentage of population remains sedentary. Lately, pregnancy is recognized as a special time for behavior modification and is no longer considered as a condition for confinement.

All pregnant women without contra indications should be encouraged to exercise. Many pregnant women are on regular aerobic and strength conditioning activities as part of their daily life style. It is recognized that habits adopted during pregnancy could affect women's health. Women with complicated pregnancy are discouraged from exercising for fear of aggravating the complications.

Some of the problems faced by pregnant women are that, they tend to put on weight, develop back pain, nausea, fatigue, varicose veins, constipation, leg cramps, wrist and ankle swelling, difficulty in getting a good night's sleep, depression, anxiety, and low self-confidence and body image. Exercises done during the period of pregnancy help in coping with the problems mentioned and increasing body awareness and positive self-image to have a better ability to cope with labor and childbirth for a quicker postnatal recovery. Even after child birth, there can be some problems like stress and urinary incontinence due to the weak pelvic floor muscles, weight gains, flabby abdomen, back pain, fatigue, depression and anxiety. So continuation of exercises after child birth is beneficial in strengthening the pelvic floor to reduce the risk of stress incontinence. Strengthening exercises for the weak abdominal and back muscles help to support the spine and improve proper body posture and regain a proper figure through weight loss and improved muscle tone. Exercises can improve strength & endurance of the woman.

When to start the exercise program?

Some pregnant women may experience excessive nausea, vomiting and fatigue in the first trimester (first three months), hence it is advisable to start an exercise program in the second trimester and before the physical limitations of the third trimester begin. Although low to moderate exercises may resume from the first trimester itself like walking, and short duration of exercises.

How much to exercise?

Exercising women could take a “talk test” which implies that the women is exercising at a comfortable intensity when she is able to maintain a conversation during the exercise and should reduce the exercise intensity if this is not possible. Consideration should be given to the type and intensity of exercise as well as duration & frequency of exercise to balance between the benefits and harmful effects. Sedentary women should begin with 15 minutes of exercises three times a week, increasing gradually to 30 minute sessions four times a week. Women should choose activities that will minimize the risk of loss of balance & fetal trauma. The aerobic activities encouraged are slow & deep breathing exercises, brisk walking, strength conditioning exercises, stationary cycling, yoga and swimming rather than running or jogging. It is necessary to include a warmup & cool-down period in the exercise regime.

Precautions

Inculcating a healthy life style in pregnancy include good nutrition, hydration and abstinence from smoking, alcohol and illicit drugs. It is essential to keep oneself well hydrated throughout the exercise to increase heat dissipation. Drink plenty of water before, during and after exercising to keep oneself hydrated. It is best to maintain 30 minutes to one hour gap for exercises after meals to avoid hypoglycemia⁵. Exercise within your limits so that you don't become breathless or unable to talk. Avoid exercising in hot environment if you feel unwell.

Several restrictions at the onset of second trimester are

1. Exercising or lying in supine position (lying flat on the back).
2. Forward bending exercises and overhead lifting exercises can exacerbate lumbar stresses women should stop exercising & seek medical attention if they experience:

- Difficulty in walking
- Shortness of breath
- Chest pain
- Severe back pain
- Faintness
- Pelvic, abdominal pain
- Dizziness
- Decreased fetal moment
- Headache
- Painful uterine contractions
- Muscle weakness
- Leakage of amniotic fluid & vaginal bleeding

Contraindications

Exercises are contraindicated in women who have:

- Serious heart, lung, kidney or thyroid diseases
- Poorly controlled diabetes
- History of multiple miscarriages
- Premature labor during the current pregnancy
- Very high or low blood pressure
- Acute infectious disease
- Ruptured membranes
- Pregnancy induced hypertension
- Placenta previa after 26 weeks.

Certain conditions require medical advice before starting an exercise program like:

- Asthma
- Diabetes uncontrolled
- History of miscarriage
- High blood pressure
- Early placenta previa
- Anemia
- Extremely over weight or underweight
- Chronic smoking

What is the importance of physiotherapy during pregnancy?

Physiotherapy, also known as physical therapy, is an evidence-based technique that involves the science of movement to promote healing and holistic fitness. It includes a wide array of exercises and massages. While any person, irrespective of age and gender, can benefit from this technique, physiotherapy during pregnancy has well-defined advantages.

Significance of physiotherapy in pregnant women

Our body produces a hormone known as relaxin. While both men and women produce relaxin, this hormone is primarily produced in pregnant women. It is responsible for preventing any damage to a woman's body during childbirth.

The production of relaxin increases significantly during the second trimester. Primarily, this hormone is aimed at the loosening of the birth canal and preparing your body for childbirth. However, besides the birth canal, high levels of relaxin result in the loosening of other ligaments in your body. While on one hand relaxin facilitates

the flow of blood; it leads to muscle, joint and body pain, on the other. This side-effect of relaxin is the fundamental cause of your lower back pain pregnancy. The transitory loosening during this period of pregnancy can make your muscles and ligaments weak for a long period of time.

Physiotherapy during pregnancy is a helpful approach in dealing with the pain resulting from an increase in relaxin. This practice can assist in alleviating from muscle pain through the means of specific exercises and massages. The targeted exercises not only help in reducing pain but also maintain the strength of muscles.

Some common issues pregnancy physiotherapy can deal with are:

- Upper back pain
- Neck and shoulder pain
- Sciatica (pain that radiates from lower back through hips and buttocks to the leg)
- Carpal tunnel syndrome (a condition that causes numbness, tingling, or weakness in your hand)
- Pelvic girdle pain (pain in front and back of the pelvis)
- Bladder issues

It is important to remember that the source of your pain and discomfort is the increase in levels of relaxin. However, the location of your pain can be unique. The role of physiotherapy in pregnancy is identifying the precise location of the pain and addressing it to minimize ache.

Benefits of physiotherapy during pregnancy

Physiotherapy benefits pregnant women in multiple ways. The role of physiotherapy in pregnancy has both, long and short-term advantages.

Some of the top benefits include:

- **Reliving lower back pain:** During the early stages of your pregnancy, your body prepares itself to accommodate the growth of your child. It further continues to prepare for delivery. In its attempt to assist you during this journey, your ligaments stretch and become soft. Simultaneously, as your child grows inside you, your size increases and you gain weight. Due to this weight gain, your body's centre of gravity shifts and moves forward leading to additional pressure on your lower back. Physiotherapy and exercise during pregnancy can help in alleviating lower back pain.

- **Strengthening pelvic floor muscles:** It is popularly known how pregnancy makes you urinate more. During pregnancy, you will experience an increased flow of blood in your body. This increase in blood flow puts your kidneys to extra work and releases extra fluid leading to increased urination. Sometimes, however, increased urination and weakened pelvic floor muscles can cause urinary incontinence. Incontinence is a highly common side-effect of pregnancy. Physiotherapy can help in reducing incontinence by strengthening muscles by offering pelvic floor exercises. There are various exercises during pregnancy such as kegel exercises that you can learn from a verified physiotherapist to train your bladder.

- **Preparing for labour and delivery:** While the course of pregnancy may be smooth, childbirth is a highly taxing event. Your body requires high levels of strength and flexibility to naturally induce labour and deliver a fully grown baby. Due to the need for core strength and flexible muscles, pregnant women are asked to consistently remain physically active (unless advised by the doctor). Physiotherapy is a good alternative to monotonous physical activities. A physiotherapist can train you to push effectively during delivery. You can also practice a range of pelvic floor exercises to help you prepare for labour and childbirth.

- **Assisting in posture changes during pregnancy:** As discussed above, the centre of your gravity may shift during pregnancy. The increased pressure on your lower back can cause your uterus to move slightly forward. Similarly, the weakened lower back muscles can cause you to lean forward with bent shoulders, neck and mid-back. The transition in the position of these muscles can change your posture. Physiotherapy is an effective medical tool that helps in correcting posture during pregnancy.

- **Relieving from Carpal Tunnel Syndrome:** Carpal Tunnel Syndrome is a common side-effect of pregnancy. It is a medical condition that causes numbness and tingling sensation in the hand and arm. The increased volume of blood in your body during pregnancy can lead to nerve compression, particularly in the wrist area (because it is comparatively narrow). This nerve compression can cause numbness, pain and tingle in your hand and arm. Physiotherapy addresses Carpal Tunnel Syndrome by focusing on pain management and consistent blood flow.

Trimester wise physiotherapy in pregnancy

As your pregnancy progress across three trimesters, physiotherapy and exercise during pregnancy also vary.

1. First trimester: The first trimester is the time when you are just getting used to pregnancy and the various changes it brings. Your physical activity, diet and physiotherapy will aim at assisting you in getting used to these changes. Your physiotherapist will begin by educating you and your partner about maternal and fetal changes and what to expect.

Physiotherapy in the first three months focuses on your posture, challenges at home and work and pre-existing musculoskeletal problems (if any). Your physiotherapist will slowly assist you in correcting your postural at workplace and home. He/she will offer you techniques for safe lifting and mobility and treat any musculoskeletal problems you had been suffering from.

2. Second trimester: By the second trimester, you are well into pregnancy and accommodating the tremendous changes in your hormones and your body. Physiotherapy in the second trimester of pregnancy helps you in keeping up with these shifts. Your physiotherapist will start exercises after completion of the anomaly scan and with clearance from your primary consultant.

Physiotherapy in the second trimester focuses on stretching techniques to improve the flexibility of the lower limbs and pelvis. You will be instructed to do mobility and strengthening exercises for the spine and the abdomen. The goal of this exercise during pregnancy is to enhance fitness and emphasize on pain management.

3. Third trimester: By the last three months of your pregnancy, your physiotherapist will focus on promoting strength and flexibility. You will be assisted towards labour coping strategies such as relaxation techniques, breathing exercises, positioning to facilitate labour and techniques to use in the pushing stage.

Physiotherapy in the third trimester of pregnancy involves advanced strengthening for the spine and abdomen, pelvic floor exercises, techniques to improve the flexibility of the lower limbs and pelvis and pain management.

DIET IN PREGNANCY

Archana Vanmore (Nutritionist)

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PREGNANCY : That period of your life cycle when you must eat a "HEALTHY BALANCED DIET MEALS".

A woman who has been well nourished before conception begins her pregnancy with reserves of several nutrients so that the need of growing foetus can be met without affecting her health.

IMPORTANCE OF DIET

Direct implication of eating a bad diet habits during pregnancy.

1. Still born
2. Low birth weight
3. Premature baby
4. Baby with poor immunity
5. Baby with brain damage or less intelligence

COMPLICATION DUE TO BAD DIET & LACK OF NUTRITION

1. Anemia low hematologic status
2. Pregnancy induced hypertension increasing white blood cells, low serum albumin, low Vit. C, folic acid & Vit. B12.
3. Toxic abruption of the placenta
4. Miscarriage or abortion

individual weight gain target during pregnancy as per Body mass index (BMI)

Energy needs during pregnancy additional energy required for the following

1. The growth and physical activity of the foetus
2. The growth of the placenta
3. The additional work involved in carrying the weight of the foetus and extra maternal tissues.

Hence ICMR recommended energy requirement of pregnant women as follows:

Sedentary worker :	$1875+300 = 2175$
Moderate worker :	$2225+300 = 2525$
Heavy worker :	$2925+300 = 3225$

SOURCES OF CALORIES

Carbohydrates :	55 to 60% from food 4 Kcal /gm
Protein :	20% (15 gm + normal requirement) increasing 50 gm/day (ICMR recommends 65 gm/day).
Fat :	Less than 30% of calories from fats
Fiber :	30 to 40 gm fiber per day.

Healthy balanced diet consists of

- Milk and milk products: 3-4 glasses
- Pulses and legumes:- 60g at least one serving
- Non veg/ paneer :-50 to 100 gm
- Cereals 150 to 200gm whole grain and unrefined
- Vegetables 2-3 servings and 2-3 servings of salad
- 3-4 fruits at least one citrus fruit.
- Sugar 2-3 tsp
- Oil 5-6 tsp (moderation).

Pattern of eating

- Take small and frequent meals
- No skipping of meals
- Go for "healthy in between snacking"
- Take early dinner
- Avoid junk food

Concerns during pregnancy

1. Morning sickness (Avoid fried food , Don't lie down immediate after having food, Eat some snacks as you wake up healthy cookies, Drink fruit juices if solid food can't be taken)
2. Constipation occurs due to baby weight and iron supplements avoid with eating more salads and drinking more water, go for daily walk
3. Heartburn may causes during pregnancy due to acid reflux

Note- Avoid smoking and alcohol during pregnancy which can affect on fetal growth.

Follow the healthy way of living to prepare for your life.

A = Avoid bad habits

B = Build good habits, exercise regularly and eat healthy balanced nutritious diet food

C = Consistent medical checkup and nutritional guidance.

Pregnancy is optimal when the mother is biologically mature. A biologically mature female is young woman who is at least 5 year post monarchical and has greater impact on pregnancy than her chronological age.

FOOD WHICH YOU CAN CONSUME DURING PREGNANCY:

Fruit salad, boiled egg, upma, green gram dal, carrot halwa, curd, dhokla, ragi bhakari, paneer, vegetables, grains, soya, mushroom etc.



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CODE VIOLET

Dr. Mangesh Pate

Hon. Secretary

Indian Medical Association Maharashtra State



Healthcare Violence are the violent incidents directed against Doctors, Healthcare staff and Healthcare establishments with or without reason. The incidences of healthcare violence have increased over the years & have become widespread & the dreaded entity poses to be threat to the medical practice. Unfortunately, the approach against the same has been soft to make the violence appear as a built-in part of the system...!! Amongst the major causes of healthcare violence include trust deficit in the medical fraternity, costly medical expenses, difficulties in accessibility, affordability, unfavourable treatment outcomes, high expectations from the fraternity & professionals, Unprofessional & unethical issues, Inadequate Communication practices, Wrong media inputs, Political Populism & business module healthcare policies.

Healthcare as a science has evolved over past century & the evolution has added up many modalities & treating modules for various diseases. The entry of corporate business module in healthcare has augmented the healthcare costs parallel to the investments. Healthcare policies have been parallel to the rising corporate business module. Insurance sector with the biased policymaking has given setback to the service-oriented sector. Higher healthcare costing & inadequate insurance back up has obviously led to high, unaffordable out of pocket expenditure. While the policymaking has overlooked the healthcare over decades, rising needs have put a direct burden on people. The largest healthcare delivery in the country has been through the private sector.

Lack of realization of 'Right to Health' has pushed the people against the healthcare sector as a whole. The onus of outrage has been indirectly slapped on the healthcare professionals. The overall result is the current scenario of healthcare violence.

Violence in hospitals, against doctors, staff causing mental, professional, financial harm along with disrepute has reached peak levels in our country and the Indian Medical Association declares this as the National Emergency that taking toll on the basic structure of the healthcare system and in return has massive negative impact on public health. Stigmatization and discrimination of professionals is taking toll to the extent that IMA lost its devoted professional Dr. Archana Sharma. The incidence has marked a dark blot of apathy towards the healthcare professionals and overall healthcare system in the country. Government in action and irresponsiveness in this worst episode speaks volumes. The attacks against professionals treating patients with COVID-19 during pandemic, that too in presence of the central government ordinance in the Epidemic Act 1897, has proved it beyond doubt that the situation of healthcare violence has become refractory to the measures. It also has proved that meagre solutions like ordinance to safeguard the professionals are ineffective. While the Epidemic Act 1897 churned and disturbed the medical fraternity, its section 4 proposing immunity to the professionals during pandemic hardly got attention and was masked in its due importance.

Overall lack of government will power, apathy towards the learned professionals, absence of rational and serious thought process safeguarding the law and order itself is responsible for ineffectiveness of State Medicare Acts and Central Government Ordinance. Lack of action at ground zero, political control over the law keepers, illiteracy at police stations about the available legal measures to safeguard doctors, involvement of local heavyweights as backbone support to the goons and the attackers, use of exploitation of medical fraternity for selfish motives are the real culprits for continuing healthcare violence.

White collar caving in to the local pressures is proving a nightmare for the fraternity and is producing vicious cycle of safe hood to the goons. Fraternity shares the same sea of the society and the governance is more important than being in the same boat. This calls for immediate measures in unison, in defined way known to the society and the government. Media should be reported in proactive, prompt and fearless ways. Actions at local branch levels with augmentative support systems from state and national levels form the basic framework of response to the violence. Indian Medical Association declares the healthcare violence as an emergency and enacts its CODE VIOLET to be in action with immediate effect.

TRUST DEFICIT

The downfall in credibility & trust on the healthcare sector & professionals is a serious concern. Age-old service-oriented healthcare approach with family ties & considerate empathy is vanishing. The entire sector is being replaced by false professionalism & has distanced itself from IMA's compassionate approach with empathy.

This attitude of professionalism stands false because empathy, compassion, consideration & gentleness are inseparable & indivisible from the healthcare delivery process. In fact, these are an integral part of our profession & needs to be in-built in persona of every medical professional. The loss of trust & lowest doctor-patient relationships stand as a major cause of healthcare violence. The rising trust deficit between patients and doctors needs to be resolved for quality and safe healthcare delivery. Transparency between patients and doctors needs to be addressed primarily. Lack informative, adequate and acceptable interaction between patients/relatives and doctors, results in communication gap. Socio-economic depression, domestic issues, difficulties and hurdles in complying with suddenly altered routine life style need considerate approach. Family Physician's approach is the best module to serve in these difficult times. Time management in the high work pressure scenario shall play an important role. Era of consumerism is creating sense of exploitation and opportunism in the minds of patients against the professionals and establishments. Getting the reliability and trust back would not be simple without hurricane efforts by the fraternity.

COSTLY HEALTHCARE EXPENSES

India has the highest 'Out of Pocket' expenses for health. The contributing effects are obviously unacceptable to the general population. Linking the uncontrolled pharmacy sector to overall medical expense is shifting the blame entirely to the healthcare providers. Unreasonable business culture in the corporate healthcare sector has raised the overall healthcare expenses exponentially. The service- oriented

professionals are masked by 'Page 3' business corporate healthcare.

The unaffordable corporate healthcare expenditure is the record cause behind the violence. Difficulties in accessibility, affordability of all levels of healthcare is forcing people to go to corporate modules. Differentiating the service centric healthcare from business centric module is the need of hour. India's healthcare system has both government and private sector. With a huge 70% of total healthcare is catered by private sector. However, treatments from private corporate service providers typically cost higher. Whereas service oriented small, mid-size establishments work on person centric affordable model. This affordable and accountable model is highly being overlooked and is facing maximum brunt of healthcare violence. The advanced medical infrastructure, facilities and modernization of treatments are remarkable in recent times. However, the cost of healthcare in India is increasing with this advancement.

Many small establishments are providing tertiary healthcare better than business module corporate sector. But these are masked by page 3 liking by the powers and people. Service oriented affordable and accountable small establishments have never raised the healthcare costs as compared to the inflation they have been facing. Reverse is true about the business model of healthcare. Health insurance needs to be augmented and restructured to curtail expenditure on healthcare. This major cause behind healthcare violence demands immediate attention.

UNFAVOURABLE TREATMENT OUTCOME

Acceptance of the healthcare as a science is lacking overall. Public awareness, timely projections of limitations of medical science & stern scrapping of the populist political pressure tactics are must to make people understand about the differences between medical management & outcome. Communication in right way, at right time, along with considerate and compassionate approach is necessary to avoid the pressures for 'only positive outcomes.' Healthcare accreditation can serve definitive role in systematic, organised communication structure. Documenting the communication & Communicating the Documentation is the key. Empathy plays pivotal role obviously. Communication standards, time & transpiring the feeling of inclusiveness decide the positive delivery of the communications.

Medical professionals need to undergo communication training at intervals & it should be inclusive part of the curriculum. High expectation from the fraternity & professionals is a routine story & has emotional background. Considerate approach to this emotional approach shall have overall convincing effect & should be a solution for this cause. For common people, the unfavourable outcomes are treatment failure and death. Favourable outcome is treatment success. Both unfavourable and favourable outcome are absolutely absurd terminologies being subjective to social, economic and psychological factors. Science cannot be measured with such vague terminologies. Application of emotional quotient of relatives is highest and spills the ill-effects while deciding the nature of outcome. Naming the outcomes as

favourable or unfavourable rejects the medicine as a science. Prognostic indications may estimate the further course of illness which soles depends upon the scientific measures along with clinical acumen. Natural history of illness may vary from clinical course & is absolutely variable from one patient to next. Scientific knowledge with acumen skills helps doctors to judge the future to some extent. Variations from communicated estimate does not warrant to blame game. These simple facts need to be percolated amongst people making them accept the medicine and healthcare as a complex science.

WRONG MEDIA PROJECTION

It is the world of media and Media 'can make or break a person'! Sensationalism is unparalleled in media houses. Projecting untrue or half side of incidences to have more TRP are adding up to the successive incidences of violence. Upfront factual presentation to media is very important. Primary need is to address this, we must not look at healthcare violence as a stigma. It is not. Unless we give fearless representation of our righteousness, the issues with wrong media output are not going to be solved. Misleading media reports about violence against medical professionals and hospitals provoke violence incidents ahead. Inappropriately framed media reports spread wrong details about the violence and never present the right perspectives of the doctors and hospitals. To prevent the propagation of healthcare violence, media reporting should undergo vigilant ethical accreditation process and shall adhere to truthfulness.

ETHICAL ISSUES

Righteousness, Ethicality, Quality & Safety are main pillars of the healthcare as a profession. Missing any single one creates loophole in the system of healthcare delivery. Abiding by these principles is must to avoid this as a cause for violence. Unprofessional or unethical issues bringing in violence, is harmful to the entire healthcare fraternity. The defamation of the profession is being significantly contributed by these issues. Words of wisdom shall be sufficient for the intellectual fraternity. We together must protect the fraternity from alleged abuse, exploitation, unethicity and unprofessionalism.

IMPACT ON HEALTHCARE STAFF

This too plays important role. Regular training of staff, building their communication skills is necessary. Human resources in hospitals are primary contacts for people. This very primary contact needs to be correct, well-informed & trained. Human interface is always a hotspot for any misunderstanding. Clean & minimal human interface should be there. Human resources involved should have proper internal communications of the facts & processes.

POLITICAL POPULISM

Social workers, political leaders have always acted critical towards the professionals. Their behaviour, talk is merely for populism. Clever exclusion & avoidance of such political populism is an art. Unfortunately, the world has ample populist social workers & very less professionals with management acumen towards these political social workers. Verbal attack or pressurizing the professional for

various issues amounts to verbal violence. Political weapon is often used indirectly to impress upon common people and the voters by threatening doctors or forcing them to settle with heavy monetary exemptions. So called social & political goons exploit doctors and hospitals for their selfish motives. How many of the professionals deal with such populist politicians successfully? It may not be same potential for everyone. Those who fall prey make these goons habitual exploiters.

CYBER HEALTHCARE VIOLENCE

Cyber lynching & trolling are commonly seen in the fraternity. Indian Medical Association has declared any behaviour disturbing mental peace or causing physical or mental disruption to the medical professional as a violence. Cyber lynching & trolling as deliberate attempt to disrupt, attack, offend or cause mental harm to the medical community or medical professional will be treated as a violence against healthcare. Cyber lynching & trolling is done usually by posting certain comments, photos, videos, GIFs or some other form of online content to disrupt the image, character of the profession or the professional.

Common Types of Cyber Lynching & Trolling –


1. Insult Cyber Bullying - Commonly seen in social media. The comments, abusive words, images or videos posted with intention of insulting the person or profession.
2. Debate Trolling - Professionals are engaged in an unwarranted debate in open areas of social media site. The nuisance is created with intention to keep up the debate to put up dominating, demeaning last say against the professional. The intention also is to demean on public forum. Such debate

trolling should be avoided by using social media wisely. In case of debate trolling already entered into, try to get away in time & avoid any unparliamentary, unconstitutional comments which may backfire you in spite of being a victim.

3. Offended Trolling - The informative posts or posts with controversial topic or any normal posts/blogs offending someone unintentionally starts this type of troll. Be firm, be right & avoid confrontation. Put forth your correct say in right way & stop any further reactions to provocations

4] Profanity Trolling - This is just a show-off trolling as the culprit cannot add more than you or cannot score over you. The language used in this trolling may be with curse words. The applications of social media to medicine have recently gained a lot of attention as social media enables the fast sharing of information. Cyberbullying is an intentional, aggressive act to inflict harm on the victim by utilizing various electronic forms of expression. Trolling is a form of bullying that takes place in an online community to provoke a reaction. Cyberstalking is a form of harassment that uses electronic communications to stalk a victim. COVID-19 pandemic has worsened the online bullying.

Maximum cyber violence was witnessed by professionals during the pandemic. Text messaging, email, Facebook, WhatsApp, other social media sites such as Twitter and Instagram, blogs, chat rooms, instant messages, posting photos, videos, etc., all are used for cyber bullying. Even for cyber violence against doctors need continuous monitoring and resistance through the reporting the bullying, collection, analysis; and the implementation of measures aimed for prevention. Adequate, effective & accountable mechanism by government against perpetrators of cyber violence is the



most important. Cyber-crimes practically see no actions at the end and lack transparent feedback mechanism yet. Many times, doctors think and people perceive that violence is tolerated as “part of the profession,” which can perpetuate the problem. Realization of ultimate need to fight this menace tooth and nail by one and all is of paramount importance. Despite the high incidence of healthcare violence and its harmful effects on our healthcare system, no act or law protects healthcare system from the assault or intimidation. State acts are futile. Union Government is far from giving justice to the professionals. Healthcare Violence is largely under-reported and is considerably larger than any statistics may suggest.

INDIAN MEDICAL ASSOCIATION STAND

Indian Medical Association has raised this issue and demanded for protection of doctors. After hurricane efforts, the state got its own Medicare Act in the form of Maharashtra Medicare Service Persons and Medicare Service Institutions (Prevention of Violence and Damage or Loss to Property) Act, 2010. It is an act to provide for the prevention of violence against Medicare Service Persons and prevention of damage or loss of property of Medicare Service Institutions in the State of Maharashtra and for matters connected therewith or incidental thereto.

(http://14.139.60.153/bitstream/123456789/11063/1/maharashtra_medical_service_persons_and_medicare_service_institutions_act_2010_qc.pdf).

In the said act, Section 1 & 2 define & display objective reasoning for enacting the act. Section 3 speaks about prohibition of violence. Section 4 is about penalty. Section 5 defines cognizance of offence. Section 6 is about Liability to pay compensation.

As per section 4 (about penalty) in the Maharashtra Medicare Act, an offender, who commits or attempts to commit or abets or incites the commission of any act of violence in contravention of the provisions of section 3, shall be punished with imprisonment which may extend to three years and with fine, which may extend to fifty thousand rupees. As per section 5, any offence committed under this Act, shall be cognizable and non-bailable and triable by the Court of Judicial Magistrate of the First Class. As per section 6(1), In addition to the punishment specified in section 4, the offender shall be liable to pay compensation of twice the amount of for damage or loss caused to the property, as may be determined by the loss

or Court referred to in section 5. Section 6(2), If the offender has not paid the compensation imposed under sub-section (1), the same sum shall be recovered as if it were an arrear of land revenue.

Inadequate Provisions & Non-Comprehensive Nature of Medicare Act 2010

The existing legal provisions vide; 2010 Maharashtra Medicare Service Persons Act, are not enough to deal with rising incidents of violence against doctors and medical staff. Time has proved the fallacies in the act & its efficacy. Provisions of "imprisonment which may extend to three years and with fine, which may extend to fifty thousand rupees" (section 3), have proved futile.

While section 5 sites that "any offence committed under this Act, shall be cognizable and non-bailable and triable by the Court of Judicial Magistrate of the First Class"; the very nature of provisions in section 3, cross with the cognizable & non-bailable nature of the act.

It is witnessed that majority of the law keeper, enforcers are unaware of the provisions in the act & many with the act itself. Inaction in most of the cases of healthcare violence & failure to book any of the culprits under this act over past 11 years speak volumes about the ineffectiveness of the act.

In every case of healthcare violence, in addition to the Medicare Act 2010, supportive provisions of the Indian Penal Code need to be enforced. Without enforcing other IPC provisions, this act, as standalone, remains toothless & ineffective.

As per the government, 302 cases of assault on healthcare professionals had been registered across the State of Maharashtra between January 2017 and March 2021. Out of which 231 cases of healthcare violence were registered in 2020 itself. It will be worthwhile to note that year 2020 had the supportive ordinance to Epidemic Act 1897 too along with Medicare State-wide Act. In spite there were 231 registered cases of healthcare violence.

Registered cases of Healthcare Violence are mere tip of the iceberg & do not represent the actual seriousness of the issue. Approximately 90% violence episodes do not reach the law-keepers & are well suppressed before that. Out of those few reaching the police, handful are lucky to get registered in legal frame. And out of handful registered, hardly any of the assault reach near the justice. This is an actual practical story & exposes the unhealthy safe-hood of the professionals. At IMA Headquarters level, after hurricane efforts, an inter-ministerial committee was constituted. After many sittings, a draft act was prepared, as central law against Violence on Healthcare Personal and Establishments on 2nd September and release with public domains inviting public comments. However, the draft bill is not presented in the Parliament and withheld with Ministry of Home Affairs itself. In 2020, The Honourable Home Minister of India initiated a meeting with IMA and brought on ordinance, amendment in the Epidemic Act to protect the Healthcare Professionals and on 28th September, 2020, the Epidemic disease (amendment) act 2020, got the assent of Honourable President of India. Being an act as an ordinance to epidemic act, it may not be used as a common central act against healthcare violence. Till date 23 states have enacted state-wide acts in their

respective states. In the absence of a central comprehensive act, the state-wide acts remain ineffective in prosecution and conviction.

IMA Demands

- The Central Comprehensive Act.
- Legal sound provisions for non-bailable & cognizable nature.
- Imprisonment provisions should match non-bailable & cognizable nature.
- Fine should be as per the damages & losses.
- Damage to the credibility & good faith should be considered in the provisions.
- Hospitals should be declared safe zones.
- Political support system as a root cause for the violence needs special attention.
- CRPC code for separate comprehensive act.
- Act should be strong to withstand as a singular effective act & other supportive legal provisions in IPC should not be required to enforce the actions.

Criminal law has always been one of the most important branches of law because it deals with the most serious offences and it helps to protect the society from falling into the state of anarchy. It consists of two branches-procedural and substantive law. Procedural law provides machinery for the implementation of substantive criminal law. Substantive law provides a different kind of offences and the punishment which is imposed on the offenders. If there is no procedural law, the substantive laws are of no use because no one will be able to know the way how the offenders will be prosecuted and they will be let off. So, from this, it is very clear that both the laws are complementary with each other. The state wide Medicare acts provide only substantive laws which also are

inadequate & toothless without procedural law in form of CrPC.

Under the Code of Criminal Procedure, the power of “taking the cognizance of offence by the Magistrate” empowered on the Magistrate is not absolute; it also puts certain restrictions given under Section 195 to 197 of the Code. Section 190 and 193 talks about the mode for taking the cognizance. There are limitations for taking the cognizance of an offence like limitation of time. Section 468 defines the limitation of time. But, NonApplicability of Section 468 as limitation of time is not applicable to an offence under Section 7 (1) (A) (ii) of Essential Commodities Act, 1955. (Ref - Nirmal Kanti Roy vs State of West Bengal, (1998) Cr LJ 3282 (SC), the Supreme Court).

Healthcare Violence has become an alarming phenomenon worldwide. The real size of the problem is largely unknown and recent information shows that the current knowledge is only the tip of the iceberg. Psychological violence is more prevalent than physical violence. This form of violence is widespread everywhere with verbal abuse right on the top and bullying and mobbing as second main areas of concern. Healthcare professionals & staff are at high risk of violence all over the world. 38% of health workers suffer physical violence at some point in their careers. Many more are threatened or exposed to verbal aggression. Most violence is perpetrated by patients and visitors. Violence against healthcare professionals & workers is unacceptable. It has not only a negative impact on the psychological and physical well-being of healthcare professionals, but also affects their motivation. As a consequence, this violence compromises the quality of care and puts healthcare delivery at risk. India needs a comprehensive, uniform & effective law against the healthcare violence. Indian Medical Association has been demanding this since last many years. It is the time for our fraternity to stand firm on this demand immediately.

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CODE VIOLET

CODE VIOLET BY IMA MAHARASHTRA STATE RESPONSE DOCUMENT IN VIOLENT SITUATION IN HEALTHCARE ESTABLISHMENTS

Healthcare Violence has become an alarming phenomenon worldwide. The real size of the problem is largely unknown and recent information shows that the current knowledge is only the tip of the iceberg. Psychological violence is more prevalent than physical violence. This form of violence is widespread everywhere with verbal abuse right on the top and bullying and mobbing as second main areas of concern. Healthcare professionals & staff are at high risk of violence all over the world. 38% of health workers suffer physical violence at some point in their careers. Many more are threatened or exposed to verbal aggression. Most violence is perpetrated by patients and visitors. Violence against healthcare professionals & workers is unacceptable. It has not only a negative impact on the psychological and physical well-being of healthcare professionals, but also affects their motivation. As a consequence, this violence compromises the quality of care and puts healthcare delivery at risk. India needs a comprehensive, uniform & effective law against the healthcare violence.

Indian Medical Association has been demanding this since last many years. It is the time for our fraternity to stand firm on this demand immediately. Violence against doctors is seriously threatening. It is an effect of unwell, pathetically backed healthcare system. The hospitals cannot be allowed to become war zones as sick people need a peaceful environment and the Doctors also need a stable and peaceful ambience for delivering 100% safe, quality care. Because of violence doctors have started practicing defensive medicine. Finally, the stressful hospital environment is making doctors as well as patients suffer the brunt.

Healthcare violence is an act of aggression, erratic, quarrelling behaviour, abusive threats to vandalize the hospitals, physical assault or any sort of threatening behaviour that occurs in hospitals. The exposed cases of healthcare violence reach at various levels in the doors of law-keepers. The system with the pressures & presence of illiterate but politically powerful people around suppress the tame, intellectual medicos. The sufferers from healthcare fraternity get lost in the in the doors of law-keepers. Recent incidences of healthcare violence are extremely serious. It has become utmost important to swing the mother organisation in to action. IMA reserves its right to oppose the unlawful violence in healthcare establishments. IMA stands with its every member for their safety by all means. All IMA Maharashtra State branches across the state are instructed herewith to follow the CODE VIOLET during violence incidences.

CODE VIOLET

After any healthcare incidence –

1. REPORT to your local IMA branch immediately. Report on phone initially followed by written report in details.
2. REPORT to Authorities & IMA registry. Reporting of violence incidences is the most important. Not reporting makes it a vicious cycle. We must think in broad perspective and report the cases of any sort of violence to the authorities. Informing IMA helps to form violence registry. Local IMA branches are helping our affected doctors every time. To create & maintain the workable system reporting of all incidences to IMA is must.

3. REPORT A FIR immediately to the nearest police station. Doctor should send immediate FIR on the letterhead & acquire acknowledgement of the same from police station.

4. IMA Local branch should file separate FIR to the police station either through office bearers or through a lawyer against the violence on the branch member.

5. Do not succumb to any pressures.

6. IMA local branch should enrol the incidence with all details, images, photos of culprits, video footages in violence registry to the IMA Maharashtra State and IMA Headquarters.

7. REACT - Local IMA branch to urgently react through the Crisis Management Groups. Developing the local crisis management groups or IMA Defence Cell (IMADC) is the most important action while dealing with violence episodes. The IMADC should be formed through WhatsApp groups, Broadcast groups or local IMADC mobile app. The red alert should be sent by affected doctor or any trained staff of the hospital on group or app. Concerned members of IMADC should reach the site immediately without delay or fear.

8. REACHOUT - Reach out to Community, Opinion Makers, Law makers, Media & fraternity. Involving community leaders, social workers, law makers, prominent persons, making them aware of situations, educating them to carry actual positive message to society is must in reducing the stress of violence. Social workers, prominent persons prove helpful in counselling too.

9. REGULATE - Strong Central Regulation & Self-Regulation. Self-regulation is the best regulation. IMA advocates ethical, safe, quality professional practice of medicine. The lucrative shortcut unethical practices are harmful to one and all. It is collective responsibility of all of us to maintain ethics in practice & lead by example.

10. RETALIATE - By Constitutional means, National Violence Registry. IMA members and branches should form their local registry violence registry & for the cause within the framework of constitution to sort out the strong solution for healthcare violence issue.

11. FOLLOW UP - Follow up immediately with local police station. If culprits are not acted upon, issue terminal reminder to police station, local Commissionerate, municipal health authorities with demand letter & time bound actions by local IMA branch.

12. Inform State IMA with planned actions locally.

13. Local Withdrawal of routine services can be planned in successive pattern. Unresponsive attitude be responded with local branch withdrawal.

14. The actions can be stepped up over period of time by all district branches & finally by state IMA branch.

15. Severity of actions should be assessed by local branch in consultation with state branch.

16. Haste in actions should be avoided. Keep firm approach with balanced decisions.

17. Involvement of district / state governance be further augmented by state IMA branch.



Indian Medical Association MAHARASHTRA STATE

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IMA MAHARASHTRA STATE

21.08.2022

RESOLUTION

Indian Medical Association, Maharashtra State Executive State Working Committee was held at Aurangabad on Sunday, 21.08.2022 and it herewith resolves unanimously that,

1. Healthcare Violence is a serious threat to the healthcare of the country.
2. Repeated representations to the State and Union Governments have not yielded anything.
3. Doctors and healthcare system overall in completely unprotected.
4. While the medical fraternity fails to get protection and due respect, it is unanimously decided and resolved to execute our rights as professionals and citizens of the country to protect ourselves.
5. Any healthcare violence henceforth will be reacted with application of IMA CODE VIOLET, which is published and sent officially to the State and Union Government through IMA Headquarters.
6. This State Working Committee demands for immediate effective, adequate comprehensive act to protect doctors.

Signed by,

DR. SUHAS PINGLE
PRESIDENT
IMA MAHARASHTRA STATE

DR. MANGESH PATE
HON. SECRETARY
IMA MAHARASHTRA STATE



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IMAFEST 2022

23rd Annual Conference of IMA Dombivli



'SAMAR'

Back to College

Banquet Night



13TH November 2022
8 pm onwards

**Harmony Hall, 3rd Floor, Dombivli Gymkhana
New Building, Dombivli (E)**

Dr. Makarand Ganpule

President
IMA Dombivli

Dr. Archana Pate

Hon Secretary
IMA Dombivli

Dr. Meena Pruthi

Treasurer
IMA Dombivli

Team IMAFEST 2022