DIALOGUE

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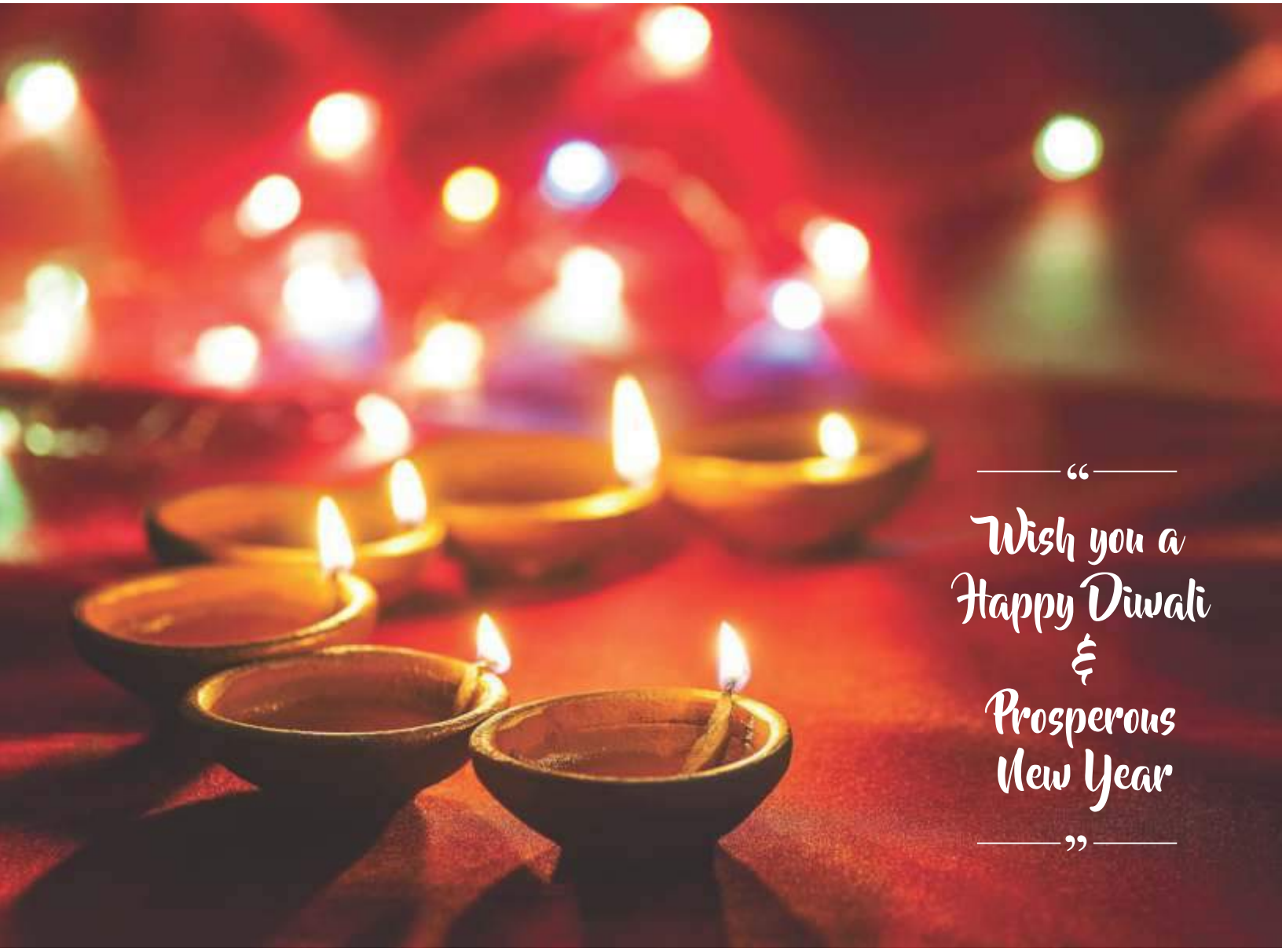

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EDITORIAL

Silence descended upon Mission Chandrayana at ISRO mission control room and in homes of millions of Indians before Vikram touched the Moon and lost contact .The cheering ,clapping and celebratory mood stopped. The ISRO chief broke the bad news and the whole country plunged into a state of gloom. The scientists consoled themselves over this setback .In few days following this ,ISRO came back with news of another new mission ,Bigger and Better and once again raring to go to the Moon.

There was a short story doing rounds on what 's app a few days ago. A daughter was complaining to her father about the miseries she was facing in her life and that she did not know how to deal with it. She was tired of fighting and struggling all the while. Her father was a wise old man and a chef .He took her to the kitchen .He filled three pots with water and placed each on fire. Once the three pots began to boil, he placed few potatoes in first pot, few eggs in second pot and ground coffee beans in third pot. He then let them boil and told the daughter to sit quietly.

The daughter moaned and waited impatiently. After 20 minutes, he turned off the burners. He took the potatoes in bowl, placed eggs in another bowl. He ladled the coffee and placed it in cup.

Turning to his daughter ,he said ,"Look here and tell me what do you see, my child?"The daughter hastily said ,"Potatoes, Eggs and coffee, father"

"Look closely and touch them."

She touched the potatoes. They were soft. She picked the egg. The shell broke off.

The father asked her to take a sip of coffee .The rich sweet aroma brought smile on her face.

"Tell me ,what does it mean ,father?"The father smiled and explained that the potatoes, eggs and coffee beans, all faced similar adverse situation-boiling water.

Each one reacted differently. The potatoes were hard and strong but in boiling water they became soft and weak .Egg was fragile with outer shell protecting inner liquid. The inside became hard where as the shell broke. However the ground coffee changed the water and created something new.

These two incidents teach us big **Life Lessons**. Life can bring disappointment at times. Sudden happiness can change in sadness. How we deal with this is in our hands. Setback is a part and parcel of our Life. Reacting ,accepting and taking something Positive from that like coffee beans can be what we can learn from this Moon mission. Life is about adopting and converting all struggles into something New.

'Do not let today’s disappointment ,cast a shadow on tomorrows dreams'

Dr. Suchitra Kamath

FROM THE PRESIDENT'S DESK

Dear Members,

Greetings of the DAY…

At the outset, I wish to Congratulate many of our eminent members who have achieved laurels in their respective field of work and commitment. They are the Pride of our Branch. Please accept our kind Appreciation and Best wishes!!

Sincere heartfelt thanks to members who have donated generously for the flood relief operations initiated by IMA MS, in the remote affected areas of Satara, Kolhapur and Sangli districts. Your contribution will always be Remembered and Revered.

Say No to NMC campaign in the month of July saw a show of strength and solidarity with an en mass shutdown of non- essential medical services. We thank all the members who respected the call.

FACE IT…… has been Our Motto!! And Literally too….

Fellowship, **A**wareness, **C**ommunity & **E**ducational Programs have been scripted and conducted with elan & grace as we've moved on in the second quarter of the Association year 2019-20.

Doctor's Day celebration witnessed enthusiastic participation by members with families and the amazingly crafted Organ donation Kirtan for the kind souls was a unique event & an introspective experience. The Monsoon Picnic at Sabharwal Farms was a Treat for the Nature Lovers, as members drenched themselves in the beauty of the Lush greens and the deep blue lakewaters. Requesting members to kindly mail us your feedbacks for the same.

Awareness thru' media via IMAPulse @Live on Facebook has been viral with many a discussion on Breast Feeding & Organ Donation. Please **LIKE** the FB Page of IMA Dombivli to watch us Live at the interactive chat show & spread the word in the community too.

Organ donation Awareness programs are in the continuum with Lectures and Poster competitions in colleges and schools being planned & conducted over the next few months.

Community workshop 'CPR Training' for college students and Residential Societies is and will continue be the modus operandi in order to reach out and educate the masses on 'Lifesaving Skills'.

Our Upcoming 'LIFESAVER'S RUN' scheduled for Sunday 19th January 2020, aims at creating Awareness about Lifestyle diseases in the younger generation. The theme being 'Be Heart Healthy'….

Please log into our website www.imadombivli.com to Register and Participate in this unique 'Awareness RUN'.

Mission Pink Health Camps & Aao School Chalein activities are being conducted every month for schools in Dombivli & we shall continue with the same zeal & enthusiasm to educate the Generation Next for a Healthy Pink Future.

Aao Gaon Chalein camp for children of tribal residential school at Ghoteghar, was an eyeopener and heartwarming with village kids staying at the Adivasi residential schools mainly for food and shelter, education being just a byproduct……We have a few more such outreach camps for the not so far Adivasi villages in the months to come. Requesting members to volunteer their expertise in educating this clan of kids.

The Scientific lectures at the CME programs & the CGP Sessions for general practitioners aiming to upgrade our clinical skills are being thoughtfully designed and conducted at regular intervals.

Critical Refresher Workshop 2019 for Educating and refreshing the knowledge and working skills of our Nursing staff and the paramedical workers, was appealing and great success.

So much for the last quarter and for the next to come……

Friends, it gives me great pleasure to state herewith that we have entered the final lap of our preparations for IMAFest 2019, the 20th annual conference of our branch to be held on 30th November and 1st December 2019. IMAfest 2019 being our local branch event many of our own members will be owning the stage as Speakers and enlightening us on clinical issues related to their expertise.

The workshop '**DIAGNOSTICS REVISITED'** on Friday 29th Nov.'19, is an unique opportunity to relearn the basics of HOW TO READ AND INTERPRET **RADIOLOGICAL FILMS (**X RAYS, CTSCAN, MRI), **(NEURODIAGNOSTICS -** EEG, EMG) & **LABORATORY INVESTIGATIVE REPORTS** (Cardiac Markers, Hematology & Coagulation Profile, Microbiology & Serology)

Besides being an intelligent clan, we all do have a Creative Self, hidden and lost deep within this maze of family responsibilities and Medical practice. **NAVRANG 2019** offers you the opportunity to express your hidden treasure and 'Let It Blossom'. So do enroll and participate at this Cultural Festival of our branch to be conducted on Sunday 24th November 2019, 5.30 pm onwards. Participation is open to IMA families. You are welcome to invite your Parents, Near & Dear ones, Friends & Buddies to attend as Audience as you Light up the stage. Entry to Audience is Free.

Join us and Register for IMAfest if not done already, Enroll for the WORKSHOP and Participate at NAVRANG.

Awaiting to welcome All…. Till then we shall continue to connect with you on your Special Day as 'IMA Celebrates You!!

Regards

Dr. Meena Pruthi
PRESIDENT
IMA Dombivli

EVECON 2019 - State Conference of Women Doctors Wing

At Baramati on 14 th & 15 th September 2019

Felicitation of Dr. Niti Upasani & Dr. Meena Pruthi

SECRETARIAL REPORT

IMA DOMBIVLI BRANCH REPORT
25th June 2019 to 30th September 2019

WORLD ANTI NARCOTIC DAY- 25th June 2019

Session conducted for 150 students of Model College, Dombivli, in association with Tilak Nagar Police station. Alcohol and Tobacco Abuse Awareness lecture was taken by Dr. Archana Pate. Drugs Abuse Awareness session was taken by Dr. Vijay Chinchole.

BLOOD DONATION DRIVE
30th June 2019
On occasion of Doctors Day.

Blood Donation Drive was organised along with Dombivli Gymkhana. 55 units of blood were collected.

DOCTORS' DAY CELEBRATION - Sunday 30th June 2019

- A general body meeting for passing of accounts 2018-19 & branch Functioning was conducted.
- Chief guest was President Elect IMA MS **Dr. Avinash Bhondwe** accompanied by **Dr. Mrs. Meena Bhondwe.** Dr Bhondwe gave a very enlightening speech on problems faced by doctors.
- **Dr Mangesh Pate**, our National leader stated his views and experiences on violence against doctors.
- Felicitations of IMA doctors for completing 25 years practice and for their academic and extracurricular achievements. IMA family members were felicitated for excelling in academic and extracurricular activities.
- Prizes were given for **Selfie with sapling** contest.
- Dialogue 2019 - First issue was released
- The highlight of the day was Cultural programme **'Corporate KIRTAN'** presented by WDW & Organ Donation Committee to sensitize our members to pledge their Organs. Scripted & directed by lead performer Dr. Niti Upasani, performed by Members of IMA Dombivli

SAY NO TO NMC BILL 2019
31st July 2019

We joined the Nation-wide Agitation...And stood Unitedly Strong ... IMA Dombivli PROTESTED AGAINST NMC BILL with Complete withdrawal of non-essential medical services. Our very own IMA National Leader Dr. Mangesh Pate gave an in-depth analysis of NMC Bill and its effect on the existing and future status of medical services.

2nd STATE EXECUTIVE MEETING

At Aurangabad on Sunday 11th August 2019. Attended by Dr. Mangesh Pate, Dr. Niti Upasani, Dr. Meena Pruthi, Dr. Makarand Ganapule

BREASTFEEDING AWARENESS WEEK

IMAPULSE @ Live on 7th August 2019- 'Empower Parents, Enable Breastfeeding'

An Interactive Talk Show on Breastfeeding Awareness by Experts: Dr. Niti Upasani & Dr. Ashwini Acharya.

MULTISPECIALITY CME's
Conducted by Scientific Committee

Wednesday 17th July 2019 – Convened by : Dr. Niti Upasani

- Robotic Surgery next Frontier in Onco Surgery by Dr. Anil Heroor, Oncosurgeon
- Robotic Surgery - Next Frontier in Uro Surgery by Dr. Pankaj Maheshwari
- Financial Literacy / Investor Awareness Program by ICICI Asset Management company.

Wednesday 21st August 2019 - Convened by Dr. Medha Oak

- Novel Oral Anticoagulants by Dr. Zakia Khan, Cardiologist .
- Acute Stroke Management by Dr. Rakesh Lalla, Interventional Neurologist.
- Osteoporosis: A Silent Disease - Dr. Raghvendra K. S., Orthopaedician

IMA MAHARASHTRA STATE FLOOD RELIEF OPERATIONS : August-September 2019

IMA Dombivli members contributed generously to the call given by IMA MS for the Flood Relief Operations, in the remote affected areas of Satara, Kolhapur & Sangli. Sincere heartfelt gratitude to members who contributed for the cause; - Dr. Shailesh Talele, Dr. Anjana Parashar, Dr. Susheela Aravindan, Dr. Laxmikant Bhadekar, Dr. S. L. Sawant, Dr. Subash Gadgil and Dr. Utkarsh Bhingare.

MISSION PINK HEALTH, AAO GAON CHALEIN, AAO SCHOOL CHALEIN Programs

General, Ophthalmic & Dental checkup, Hb estimation, Anaemia treatment, deworming of school children. Lectures on Sex education, Adolescent health & Hygiene, Nutrition, Good Touch, Bad Touch, Media Addiction

25th to 27th July 2019 - At South Indian English School, Dombivli West for 1200 students of Std. 5th to 10th

18th August 2019 - In the Flood affected Adivasi Ashramshala, Ghoteghar for 440 Adivasi Students (Std. 1st -Std.10th). Donations received for the Adivasi Ashram School from Dr. Medha Oak, Dr. Manasi Karandikar ,Dr. Ashwini Acharya, Dr. Gauri Phadnis, Dr. Savita Hambarde, Dr. Utkarsh Bhingare & Inner Wheel Club, Dombivli .

22nd August 2019 - Gurukul Day School - Lecture for Students : Girls and Boys of class 7th to 10th

14th September 2019 - Sarvoday School, Dombivli - Lecture for students of Std. 8th to Std.10th

20th September 2019 - Swami Vivekananda School, Dombivli East - 250 students from Std. 5th to Std. 10th






ORGAN DONATION AWARENESS ACTIVITIES By WDW & ORGAN DONATION COMMITTEE

14th August 2019 : IMAPULSE@Live chat show with Dr. Archana Pate & Dr. Niti Upasani on Organ donation Synopsis.

16th August 2019 : IMAPULSE @ Live Chat show on Facebook. Talk on Living Donor & Blood Donation with Dr. Vandana Dhaktode & Dr. Makarand Ganapule.

17th & 18th August 2019 : Organ Donation Awareness Stall & Registrations at Inner Wheel Exhibition, Dombivli

20th August 2019.: IMAPulse @ Live Interactive Talk on Organ Donation After Death & Body Donation by Dr. Sunit Upasani & Dr. Bhakti Lote

29th August 2019 : **Eye Donation Fortnight:** IMAPULSE@ Live Chat on Facebook with Dr. Deepa Shukla & Dr. Sheetal Khismatrao On Eye Donation.

ORGAN DONATION AWARENESS DRIVE

Friday 16th August 2019

Superbly Crafted clear concise Lectures & A short Quiz Competition was conducted For BSC IT students of Pragati College,Dombivli .Dr Archana Pate gave An Insight into Organ Donation. Dr. Hemant Patil simplified Skin Donation. Dr. Sheetal Khismatrao for explained Eye Donation. Dr. Sandhya Bhat briefed on Body Donation. Dr. Niti Upasani brilliantly designed & conducted Interactive Quiz show & The Pledge..'Be the Ambassadors of Organ Donation.Videos were recorded Live & were aired on Facebook for social media awareness.

MONSOON PICNIC : Sunday 25th August 2019

WDW & CULTURAL COMMITTEE

35 IMA DOMBIVLI members along with their families joined the IMA Monsoon picnic at Sabarwal farms Kalote Mokashi Near Khopoli. Waterfalls, Water sport activities, delicious food and Friends made it a wonderful outing with fond memories to cherish. Games organised by Dr Niti Upasani and Dr Bhakti Lote were a fun unlimited experience.

CGP LECTURES for General Practitioners at IMA hall

13th August 2019 – Lecture for General Practioners on Monsoon Illnesses - Diagnosis AND Treatment by IPP Dr. Archana Pate.

24th August 2019 – Lecture on 'Hormonal therapy', How & When to Use by Dr. Niti Upasani (Obgy Consultant)

HBI EVENTS

CRITICAL REFRESHER WORKSHOP 2019 : Sunday 22nd September 2019

IMA Dombivli HBI conducted Critical Refresher Workshop 2019 - A Hands On Training Workshop paramedical staff on in association with Fortis Hospital, Mulund. 55 Paramedics from 21 hospitals from Dombivli, Kalyan, Ulhasnagar, Thane etc attended the workshop.The topics covered were: OT Protocols, Sterilisation, Medication Safety, Patient handling and etiquette, Hands On Training of Basic life Support (Adult & Paediatric), Infection Control & BMW. Certificates were issued on successful completion of the program which was well appreciated by all the participants.

HANDS ON CPR TRAINING FOR LAYPERSONS
28th September 2019

As we celebrated World Heart Day, the HBI Team reached out to the Community & Educated them with the basic skill to perform CPR in a Cardiac Arrest situation. The Interactive CPR (Hands ON) training was conduced for the community at Regency Estate by Dr. Archana Pate, Dr. Meena Pruthi, Dr. Bhakti Lote & Dr. Deepa Shukla. It was attended by 80 adults & appreciated by the enthusiastic crowd ... they requested us for some more of Skill training and knowledge upgradation programs.

IMA DOMBIVLI COMMUNITY EVENT
Monday 30th September 2019

On occasion of World Elders Day, IMA Dombivli Team reached out to the community and conducted very useful session on 'Stress Management in the Elderly'. An interactive session with live FB coverage was conducted for the Senior citizens Club at Regency estate by Dr. Meena Pruthi , Dr. Vijay Chinchole, Dr. Bhakti Lote. Attended by 70 senior citizen members & well appreciated by them as they asked for many more such sessions in near future.

नवरंग

Dr. Niti Upasani
Chairperson, NAVRANG Committee
Team IMA Dombivli

इंद्रधनुचे सप्तरंग आणि प्रेम व मैत्रीचा रंग एकमेकांत एकजीव होतात तेव्हा तयार होतो 'नवरंग'... IMA Dombivli चा कलाविष्कार प्रदर्शनाचा आनंदोत्सव म्हणजेच नवरंग. संगीताचा गंधार, नृत्याची लय, कवितेची नजाकतता, अदाकारीची निपुणता म्हणजे 'नवरंग'.

डोंबिवली शहर कला गुणांचे माहेरघर म्हणुन प्रसिद्ध आहे. मग IMA Dombivli यापासून वेगळी कशी राहील ? आपल्यापैकी अनेकांकडे खूप सुप्त आणि काही व्यक्त कलागुण आहेत. आपल्यातील काही जण ते प्रदर्शितही करतात. पण काही जणांच्या मनात मात्र थोडी साशंकता , थोडी धाकधुक असते, की कोणी मला हसेल, मला नावं ठेवेल...

Friends, अशा वेळी मला Mrs. Barbara Bush यांचे शब्द आठवतात. "Those who care about you, will always encourage you with a good luck and those who don't care about you, well, why you bother about them. पण मला स्वत:ला असं वाटतं की आपल्या पाठीवर कौतुकाची थाप जेव्हा आपल्या घरच्यांकडुन पडते तेव्हा आपला आनंद नक्कीच द्विगुणीत होतो. आपल्या डॉक्टर मंडळींनाही रोजच्या stressful lifestyle मधुन थोडा विरंगुळा हवाच.

Family which stays together and enjoys together, lives happily forever....is a simple fact of life. निव्वळ एकत्र येण्याचा आनंद घेण्यासाठी नवरंग कार्यक्रमाची संकल्पना जन्मली आणि आपण आता प्रत्येक वर्षी ही कल्पना वृद्धींगत करत आहोत. पण मंडळी प्रत्येकाचा हातभार लागला की आमच्या केलेल्या कष्टाचे श्रम क्षणार्धात नाहीसे होतील. नवरंग हा तुमचा आणि आमचा उत्सव आहे आणि उत्सव साजरा करण्यासाठी सगळ्यांची उपस्थिती वंदनीय आहे.

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WHY IMA IS OPPOSING THE NMC BILL 2019

Legalizes Quackery

Section 32 provides for licensing persons connected with modern scientific medical profession to practise medicine independently in primary and preventive healthcare.

Paradoxically he may prescribe medicine in secondary and tertiary care hospitals under a person of same qualification and category.

This means that "such" a person who is "connected" to modern medicine can:

(I) Practise as a General Practitioner anywhere in India both urban and rural. He will be independent.

(II) He can be employed in emergencies, critical care, Neonatal ICU's, Labour rooms, Operation theatres, ICUs inpatient wards and OPDs under similarly qualified persons providing cheap labour for the corporate hospitals.

(III) Thus quackery is not only legalized but also legitimized.

Promotes a crosspathy:

- **Section 50** provides for joint sitting of NMC with Central Council of Homeopathy and Central Council of Indian Medicine to approve specific educational modules or programmes that will be introduced in the undergraduate course and the postgraduate course across medical systems promoting medical pluralism.
- Ultimately the idea is to produce in thousands 'Hybrid doctors' for the future generations of India. The quality of care available in India today will be lost for generations of Indians.

Outsourcing Bridge Courses to the states

- **Section 51** enables the State Governments to accord recognition to **Bridge Courses** to alternative system practitioners to practise Modern Medicine.
- Reading section 32 with section 50 and 51 enables one to understand the dimension of the catastrophy awaiting the nation putting health of poor and needy into total peril.

National EXIT Exam

Section 15 The major concern of the medical students remains the National EXIT Test. Final MBBS, Licentiate exam and NEET PG are being rolled into one. National EXIT Test will consist of Theory and Clinicals which will award the degree and also the license for practice. The Theory will be of MCQ pattern and will be conducted by an All India Authority. It is not clear how a degree could be awarded by an university on an examination conducted by another authority. This contravenes the provisions of **Universities Act, 1904 and the Indian Degrees Act, 1916**.

Regulation of fees in Private Medical Colleges:

Section 10.1.i. NMC will only frame only 'guidelines' for 50% of seats in private medical colleges. Union Health Minister has explained that the rest of the 50% will be through signing of MoUs by State Governments with individual private medical colleges. There exists an ambiguity on the issue of fees allowing potential areas for corruption. What would be the fate of the statutory fee fixing committees in the states is also not clear.

Quality of Medical Education

Section 29.3 Medical colleges may be approved without hospitals being attached to them during approval.

Section 28.7 says that inspection of the medical colleges may be conducted by the board. This discretionary power provides for the ambit of profound corruption. The Bill purportedly brought to improve medical education does not provide for mandatory availability of infrastructure or its inspection. This would lead to massive downfall of the quality of medical education only. Medical colleges will go the way the engineering colleges have gone begging.

Autonomy of States

Section 46 makes it mandatory for the State Governments to abide by the directive of Central Government.

Section 10d and f provide for mandatory compliance of State Medical Councils

As such States and State Councils stands marginalized and a death nail is fixed on federalism as a constitutional mandate.

Non Medical person as Secretary

- Section 8.2 provides for a non medical person to hold this sensitive post to be appointed by the Govt. of India and not the National Medical Commission.

Historically MCI exclusively had a modern medicine doctor as its Secretary for obvious reasons.

- How a non medical person will understand the nuances of art and science of medicine is a matter of serious concern.
- As a calculated design the age of superannuation has been raised to 70 years to as to accommodate a retired bureaucrat for the post.

• • •

IMA NATIONAL PRESIDENT'S SPEECH IN RAJYASABHA on NMC Bill 2019

Dr. Santanu Sen
National President
Indian Medical Association

Thank you very much, respected Deputy Chairman Sir, for giving me this scope in the post-lunch session. Though I strongly believe that this Bill is for the medical fraternity, the doctors' community and for medical education, the entire medical fraternity, doctors' community and medical students are on the road since the last two weeks against this draconian National Medical Commission Bill. So I strongly believe that this Bill should not have been discussed today.

Even then, I am forced to give my maiden speech as it is being discussed now. Sir as it is, this is my maiden speech. I could have been very happy and very pleasant but to be very honest, I am standing here with a heavy heart, with profound grief and sorrow because the entire medical profession is against this Bill. Sometimes the House seems to be like a house of prudence but sometimes it seems to be a house in a hurry to trample upon a well-set tradition of Indian Parliament.

Before I come to my main speech, I would like to clarify certain points which have been mentioned by the Treasury Bench. I believe before a Bill gets discussed, the leaders and the Ministers of the Treasury Bench who want to speak on that Bill should be briefed properly because the Honourable leader Bhupendra ji said that this is the same Bill has already been sent to a Select Committee. It is for the information of this august House that this is absolutely incorrect. The National Medical Commission Bill, 2017 was introduced on December 29, 2017 and the same Bill was sent to the Standing Committee on January 2, 2018 at 2:15pm. The Standing Committee made some recommendations. Then as the 16th Lok Sabha got dissolved, that Bill lapsed.

This 2019 Bill is an absolutely new Bill. The previous Bill had 59 clauses, this 2019 Bill contains 61 clauses. There is a clause 32 regarding which nothing was mentioned in the previous Bill. So I think before speaking on something, we should be briefed properly.

Sir I must endorse the learned professional colleague of mine, the respected Minister Sir. He has said that this is probably the biggest reform. Yes of course, it is the biggest reform if a Bill like this allows total corporatisation of medical education. If this is not the biggest reform then what is? Sir, I endorse this sentence here, it says it will be written in golden letters. Of course it will be written in golden letters because this Bill is going to be a mother of quackery in Indian Parliament and in Indian history. If it is not written in golden letters, what else will be written in golden letters?

I would like to clarify one point. We all know that there was a charge against the Medical Council officials but at the same time we must keep it in mind that after proper investigation, finally the CBI had to give those people clean chits. This is for the information of all of you.

Our respected Minister stated that out of 25 members of National Medical Commission, 21 are doctors. Yes I do admit 21 are doctors but all of them are Central Government employees. Can you expect a Central Government employee to say something against the desire of the Government of India?

Let me come to my point. First of all, we all know that if parents bring something for their children and the children refuse to accept it because they think it will not be good for them, then the parents, thinking of their children's impending future, will take that thing away from the children. But here, our parents, the Government is bringing something for the medical fraternity, the

children, and the children are refusing it because of impending danger, but our present Government is mercilessly bulldozing them to force them to accept this National Medical Commission Bill. This is absolutely unfortunate.

But then what else we can expect from our Government when our Honourable Prime Minister in 2018, sitting at Westminster Hall, London, had portrayed the doctors' community of his own country as a bribe-taker in front of the British Parliament and media.

Ten thousand doctors were there on the roads of Delhi on the 29th of this month Three hundred doctors including myself were arrested by police on the 29th of this month. Lots and lots of doctors across the country are on strike against his Bill. But can we expect our respected Minister, a doctor himself, to consider the protestors' views? It's rather that we can expect him to be guided by his party's diktat, a party that has already created a record in this Parliament by bringing so many Ordinances, by bypassing scrutiny of so many Bills in this session, by extending the parliamentary session like anything. So we are used to it, Sir, there is nothing new about the attitude of this Government.

Let me clear my views, not only as a Member of this august House but as the national president of the Indian Medical Association. Again this had to be expected of me because yesterday one of the learned Members of Parliament from their party spoke on camera, saying that Dr Santanu Sen is giving an anti-national statement. I am fighting for the fraternity. Is anyone who opposes them anti-national?

I categorise the Bill as anti-federal because firstly, the Bill completely outrages federalism as explained in the Constitution of India. In Section 4 of this Bill there is the chairperson, there are 10 ex-officio members, 14 part-time members, totalling 25. Among those 14 part-time members, three are on non-rotational basis and 11 on rotational basis. In the rotational category, six part-time members would be from among the members of States and Union Territories, who are members of the Medical Advisory Council, and five would be from among the nominees of the State and Union Territories who are nominated from among the elected State Council members.

And the terms of the rotational part-time members are for two years and of the non-rotational members, four years. As such, if one State gets represented this year, it will remain unrepresented for the next 12 years in the case of State nominees, and for 14 years in the case of State Council nominees. There could not have been a worst marginalisation of the State. On the contrary, as per the existing system, every year every State gets three representations in the existing systems.

Sir, moreover, in Sections 45(1) and 45(2), it is written that the ultimate power lies with the Government of India and each and every State is bound to abide by the directives given by the Government of India. This National Medical Commission Bill snatches autonomy of the State Medical Council as those will remain bound to follow the decision of the National Medical Commission. Sir, how this Bill centralises power is that, not only are all the members of the National Medical Commission handpicked from among the Government of India's servants, as I said earlier, but also, in order to accommodate retired bureaucrats, the age limit for superannuation has been extended by up to seven years. The members of the National Medical Commission will be a set of puppets whose strings will be in the hands of the Government, and who will dance to its tunes.

The Government of India has deputed a secretary-general on the Medical Council of India's board of governors. The recently-proposed National Medical Commission Bill is totally silent on the post of the secretary-general on the board of governors.

Sir, let me come to the point of capitation fee. I would like to inform that till date, as per the Supreme Court guidelines, admission fees of 85 per cent seats of the private medical colleges are regulated by the Government. As per Clause 10(I) of this Bill, not only will 50 per cent of the seats be sold freely but for the remaining 50 per cent too, this board will not prescribe the capitation fee. So indirectly, hundred percent seats of all private medical colleges will be open for sale. Can you believe after this that rural meritorious students from remote districts of the country will be able to even dream of becoming a doctor? This National Medical Commission Bill will indirectly lead to the mushrooming of private medical colleges and nothing else.

As my learned speaker said before me, there is a provision of third-party inspection. Now what is that? We are saying that the MCI was corrupt. We are trying to shut the door of corruption and you, on the other hand, are opening the floodgates of corruption. This is very unfortunate.

Moreover this Bill says that inspection of new medical colleges should be discretionary. What do you mean by

'discretionary'? If today I open a medical college, it is absolutely discretionary whether my medical college will be inspected or not. Therefore I can collect crores and crores of rupees as capitation fee but my medical college will not be inspected by for three to four years. After three years, by which time I might have accumulated crores and crores of rupees, I can shut the college down and go away. And then what will happen to the students? What will be the fate of the students? It is not clear in this Billr.

As per Section 15, I have the following questions before my respected Minister, regarding the exit examination. I would like to know whether the final year MBBS examination and the exit examination will be the same, or not. If all other MBBS exams are conducted by Health University, and that particular examination is being conducted by the National Medical Commission, then who will confer the degree? Because as per the University Grants Commission Act and the University Act, only the Health University can confer only degrees. So when the entire examination system is been conducted by a particular State university, who will confer the degree?

Now to the aspect of MCQs. As you know, in our medical profession, usually there is classroom teaching for only one year, after which we go to clinics, we get to visit patients, and these are the most crucial types of training for becoming a doctor. In the final year MBBS, in the practical examination, we answer questions on medicine, surgery, gynaecology, etc. But if this next exam is completely an MCQ test, then you can run a distance course as well – open a medical college, no hospital needed, and run a distance course. Students will just sit in their homes and study and then answer MCQs in the name of examination. But then, if I become a doctor this way, will you allow me to examine you as a patient? Because the clinics can be avoided if this Bill gets passed. On the contrary, if our learned Minister says that they will be conducting a centralised practical exam for 70,000 students, it will not be possible.

Another question, if a student passes an exam this year, he gets licence to practice but if his score is less, he doesn't get admission in PG. He starts practicing as a doctor and at the same time he studies hard; he appears in the same exam after one year, but unfortunately he fails. So will I remain a doctor, will my licence will be cancelled? It is not clear from the Bill, Sir.

In the current system, if a student fails, after six months he gets a chance to appear in a supplementary exam. Nothing is explained in this Bill. For how many times will a doctor or a student be allowed to appear in this exit exam? How to get admission to AIIMS? Will it be as per the same next exam? It is to be clarified by our learned Minister.

Sir, don't you think that this Bill is going to benefit the foreign-educated graduates? Don't you think that graduates of our own country should be given some benefit rather than those getting their MBBS from China, Pakistan, Bangladesh, Russia, etc.? By keeping both the degrees at a par, you are actually indirectly giving more advantage to those who are getting their MBBS degrees from outside, which is very unfortunate.

What will happen to the service quota? Won't the doctors who go to render their service in villages get the advantage of service quota? If the service quota is abolished, doctors will hardly go to villages to render services.

As per Clause 32, they are making medicine into a master of quackery course by allowing lab technicians, ECG technicians, X-ray technicians, compounders, ambulance drivers, who are directly or indirectly associated with the medical system, to get a license. Sir, we fought against this clause tooth and nail. At least there is a provision that Ayush doctors will be trained but in this case, anyone can become a doctor, anyone can be allowed to prescribe like a doctor.

Our respected Minister has said that he has accepted 49 recommendations out of the 56. It is something like accepting the plate and throwing away the food. I can show you the ATR report which is with me. They have accepted certain points only.

And last but not the least, I will let you know that there are so many fallacies in this Bill that it should be sent to a Select Committee. Otherwise I'll say this Bill is going to be of the ambiguous, for the ambiguous, by the ambiguous. Please send it to a Select Committee. Otherwise, kahin aisa na ho, yahan se jane ke baad koi mujhe poochhe, haal kya hai tumhara karobar ka, aur humko yeh na bolna pare ki, hal, mat poochho mere karabar ka, main aaina bech raha tha andhe ke sheher mein.

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Dr. Hemant S. Wahane
M.D. (Medicine)
Consultant Physician, Cardiologist & Diabetologist
(Special Interest Echocardiography)
M.: 9820272722
Timing : 10 a.m. to 1 p.m. 8. 6. p.m. to 10 p.m.

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PREGNANCY ULTRASOUND

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OBSTRETRICS ULTRASOUND:

It is the use of ultrasound scans in pregnancy. Since its introduction in the late 1950's, ultrasonography has become a very useful diagnostic tool in obstetrics.

- Equipments are used in real time scanners (moving fetus can be depicted on a monitor screen).
- Frequency of the transducer is usually :- 3.5 and 7.5 megahertz.
- Transducer: is placed in contact with the jelly applied maternal abdomen, and is moved to look at any content of the uterus.

The information obtained from different reflections (echoes) are recomposed back into a picture on the monitor screen (sonogram, ultrasonogram)

Full bladder is required when abdominal scanning is done in early pregnancy.

A – Why and when is ultrasound used in pregnancy.

It is an indispensable obstetric tool and plays an important role in the care of every woman. It is considered to be safe, non-invasive, accurate and effective investigation of the fetus. It is used in

First trimester, Second trimester and Third trimester.

The main use of ultrasonography is in the following areas.

1 – Diagnosis and confirmation of early pregnancy.

Gestational sac can be visualized at four and half weeks of gestation, and yolk sac at about five weeks. Ultrasound confirms the site of pregnancy – intrauterine position / ectopic position.

2. Vaginal bleeding in early pregnancy.

Viability of the foetus can be documented in presence of vaginal bleeding in early pregnancy.

Heartbeat could be seen and detectable by pulse Doppler about 6 weeks (if this is observed, the probability of a continuing pregnancy is more than 95 %.

Foetal heart rate tends to vary with gestational age:

At 6 weeks - 90 – 110 beats per minute,

At 9 weeks - 140 – 170 beats per minute,

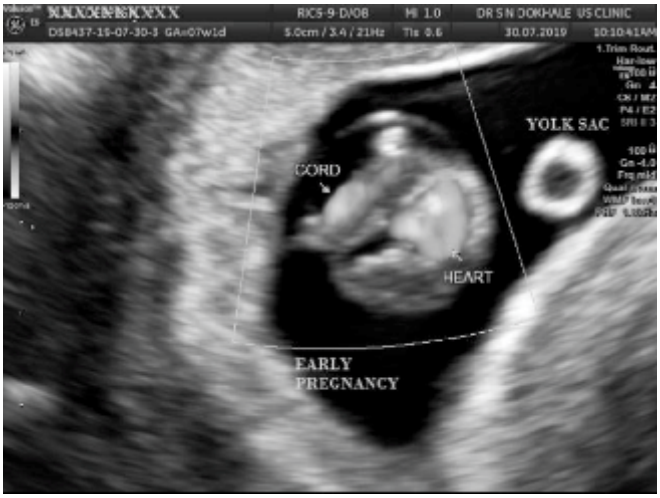

Figure 1: Early pregnancy with Color Doppler

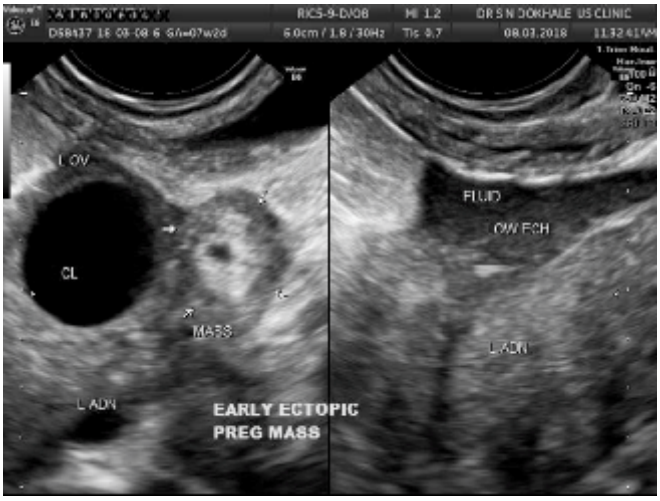

Figure 2:Early right Ectopic Pregnancy with hemoperitoneum

At 5 - 8 weeks: a bradycardia less than 90 beats per minutes is associated with high risk of miscarriage.

Many women dot not ovulate at around day 14, findings after a single scan should always be interpreted with caution; the diagnosis of missed abortion (lack of gestational development) is usually made by serial US scans

If US cannot demonstrate a clear cut heartbeat, it is reasonable to repeat the US in 7 – 10 days to avoid error.

In the presence of first trimester bleeding, US is also indispensable in the early diagnosis of ectopic

pregnancies and molar pregnancies.

3 – Determination of gestational age and assessment of fetal size.

Fetal body measurements reflect the gestational age of the fetus (this is particularly true in early pregnancy).

In patient with uncertain last menstrual period, measurements must be made as early as possible in pregnancy, to arrive at a correct dating for a patient.

The following measurements are usually made.

a) The crown-rump length (CRL) 7-13 weeks: gives the accurate estimation of gestational age dating with the CRL can be within 3 – 4 days of the menstrual period.

b) The biparietal diameter (BPD) is measured after 13 weeks between 2 sides of the head. It increases from about2.4 cm at 13 weeks to about 9.5 cm at term.

NB: different babies of the same weight can have different head size.

Dating in the later part of pregnancy is generally considered unreliable.

BPD should be done as early as is feasible.

c) The Femur length (FL) it reflects the longitudinal growth of the fetus. It increases from about 1.5 cm at 14 weeks to about 7.8 cm at term.

NB: its usefulness is similar to the BPD.

d) The abdominal circumference (AC) is the single most important measurement to make in late pregnancy.

e) Weight of the fetus is determined by **use of the polynomial equations containing BPD, FL, AC.**

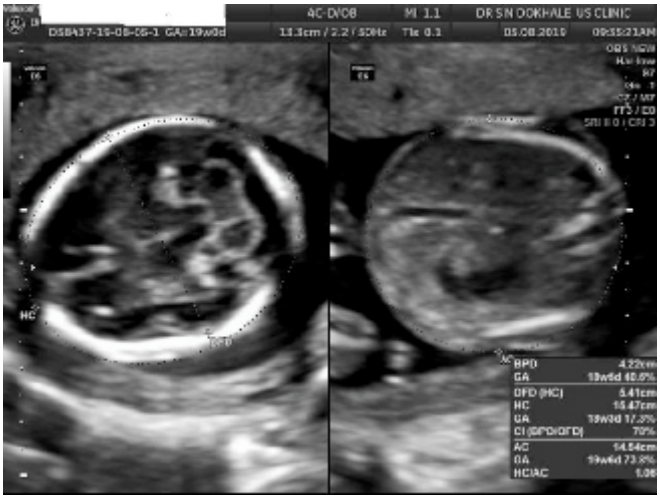

Figure 3:Fetal parameters- BPD / AC

Computer software and charts are readily available for the same

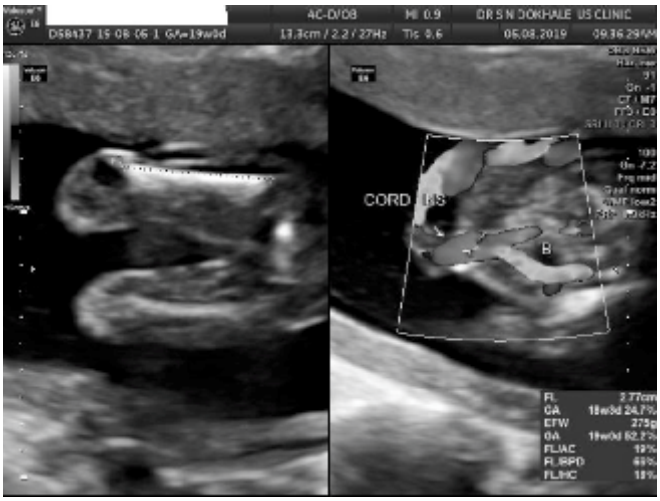

Figure 4: FL / cord insertion

4 – Diagnosis of foetal malformation -

First trimester:

- Chromosomal abnormalities:- absence of foetal nasal bone; increased fetal nuchal translucency (the areas at the back of the neck) to detect the Down syndrome fetuses..

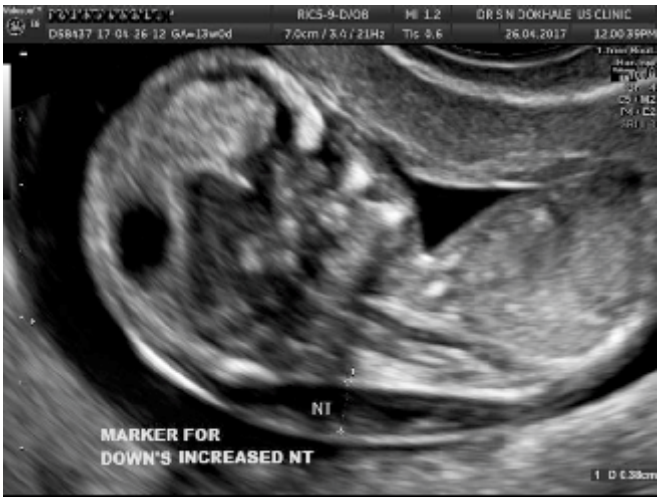

Figure 5:Increased NT chromosomal anomalies

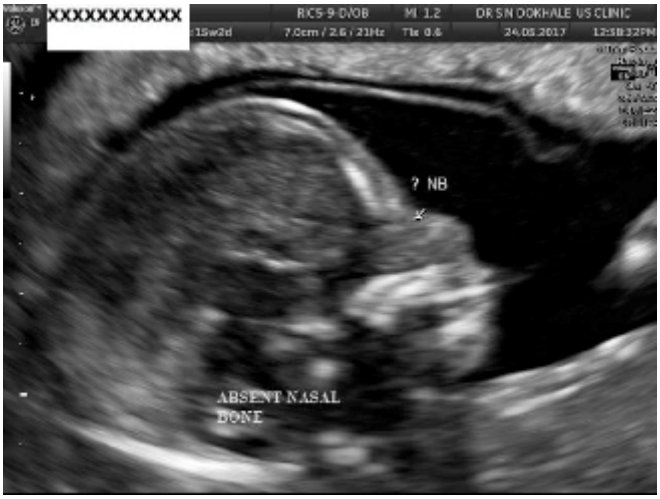

Figure 6: Absent Nasal bone, chromosomal anomaly

Second trimester: (especially between 18 and 20 weeks) :- hydrocephalus, anencephaly, spina bifida, myelomeningocoele, achondroplasia, gastroschisis, duodenal atresia, fetal hydrops, cleft lips/palate, cardiac abnormalities. etc. can be detected.

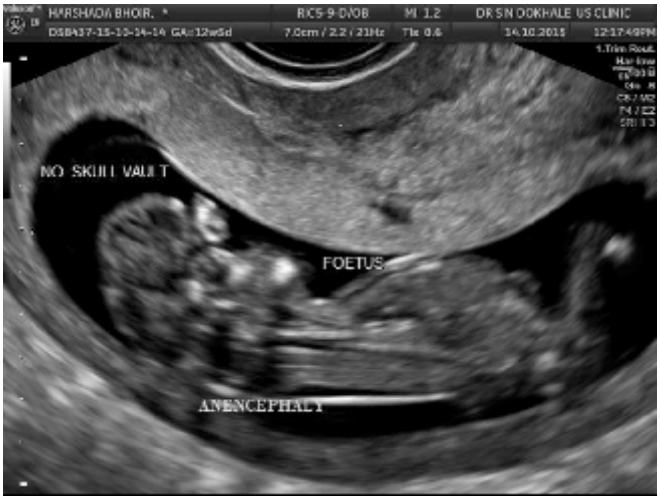

Figure 7: Anencephaly

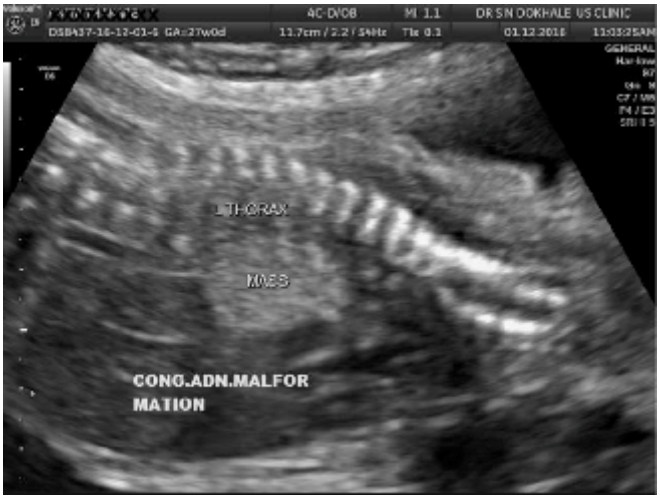

Figure 8: Congenital Adenomatoid Malformation of lung

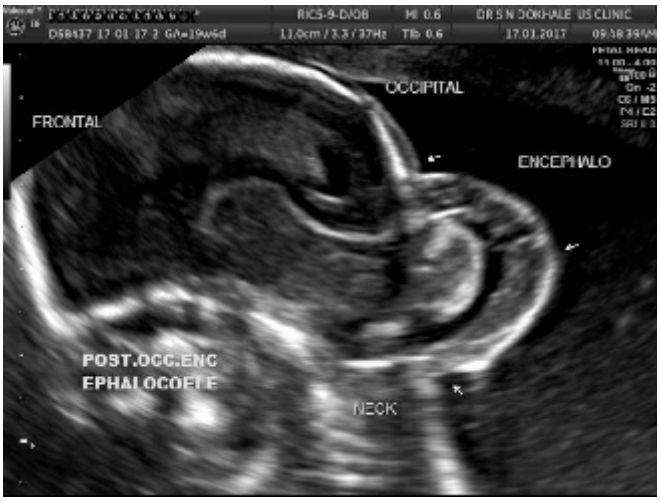

Figure 9: Occipital Encephalocoele

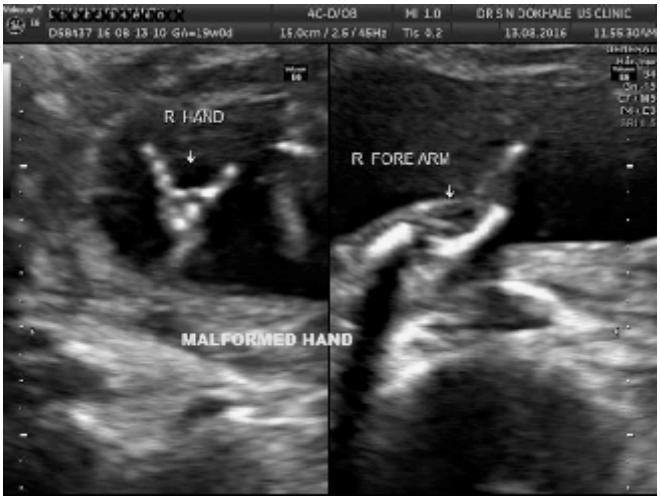

Figure 10: Hand deformity

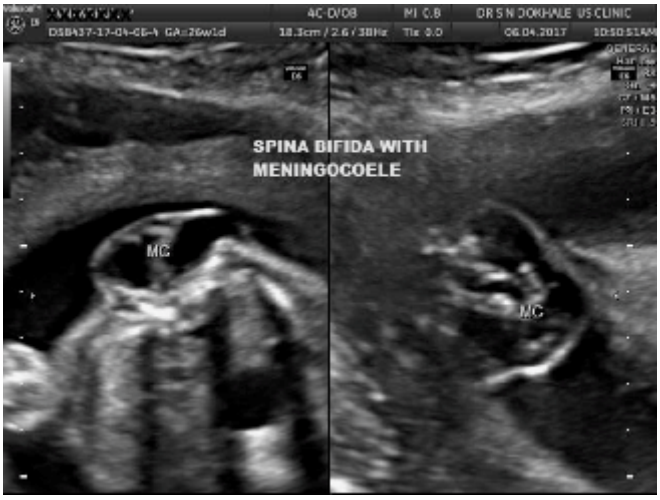

Figure 11: Spina Bifida Meningocoele

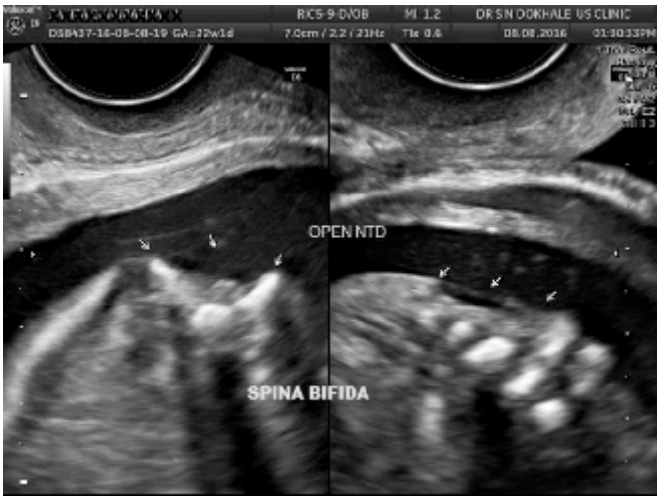

Figure 12: Open Neural Tube Defec, Spina Bifida

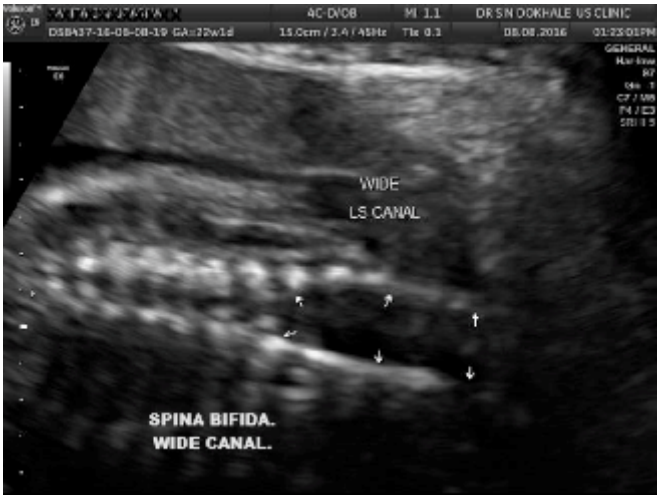

Figure 13: Wide Spinal Canal, Spina Bifida

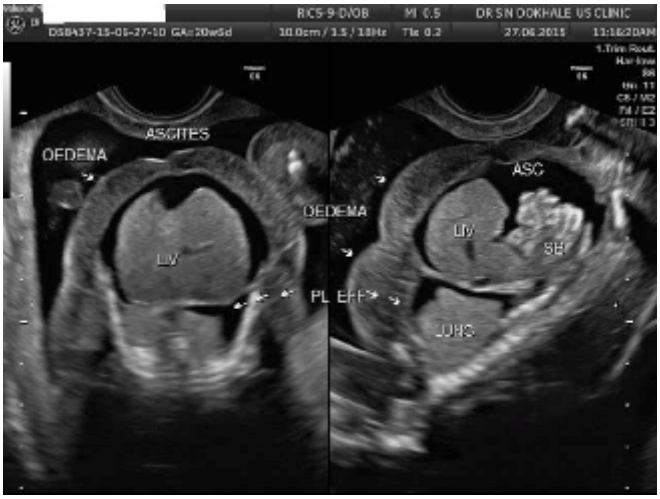

Figure 14:Fetal hydrops

Ultrasonography assists in other diagnostic procedures in prenatal diagnosis such as :- amniocentesis, chorionic villus sampling and fetal therapy.

5 – Placenta localization.

Diagnosis or exclusion of placenta praevia

Others placenta abnormalities in conditions such as diabetes, fetal hydrops.

Placenta accreta / percreta.

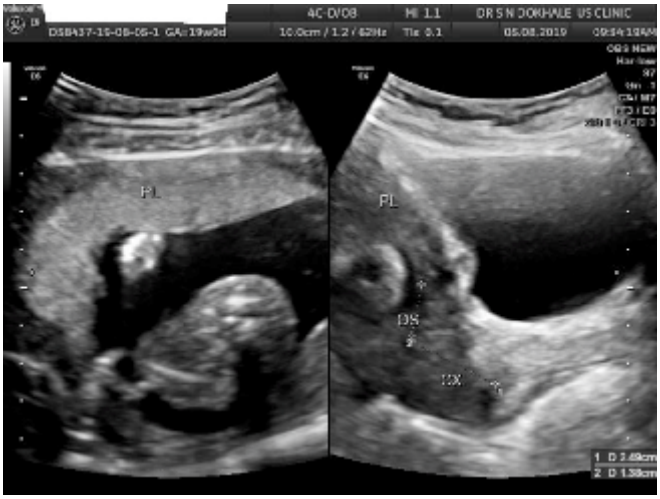

Figure 15: Anterior placenta

6 – Multiple pregnancies.

Number of fetuses, the chorionicity, fetal presentation.

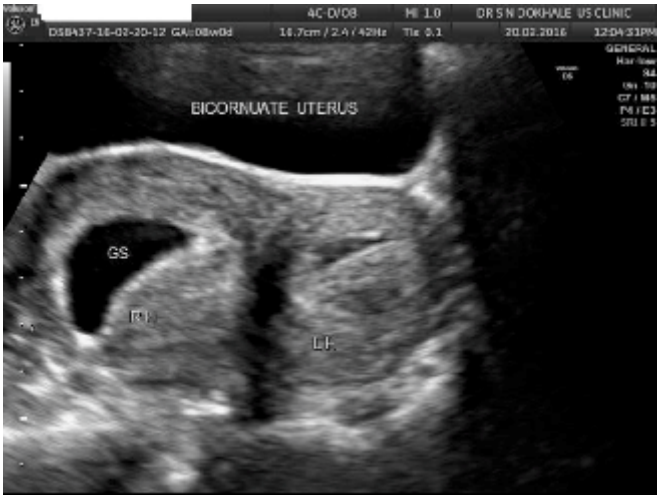

Figure 16: Bicornuate uterus with vanishing twin in left horn

7 – Hydramnios and oligoamnios - in both these situations, careful US examination to be made to exclude:

- intra-uterine growth retardation.
- congenital malformation (intestinal atresia, hydrops

fetalis, renal dysplasia).

8 – Other areas.

- Confirmation of intra-uterine death.
- Confirmation of fetal presentation in uncertain cases.
- Evaluation of fetal movements, tone and breathing in the biophysical profile.
- Diagnosis of uterine and pelvic abnormalities during pregnancy: ovarian cysts, fibromyoma.

TRANSVAGINAL SCANS –

Special intracavitatory probe is placed in the vagina of the patient.

The method provides: better image and more information.

The fetal heart can be clearly observed as early as 5 weeks of gestation.

It is indispensable in the early diagnosis of ectopic pregnancies.

To detect increasing number of fetal abnormalities.

DOPPLER ULTRASOUND -

Detection of fetal heart pulsation and pulsation in various fetal blood vessels

FLOW VELOCITYMETRY -

Diminished flow in diastolic phase of a pulse cycle is associated with compromise in the fetus.

The blood vessels commonly involved include umbilical arteries, aorta, middle cerebral arteries, uterine arteries, inferior vena cava.

3 – D and 4 – D Ultrasonography -

3-D

The transducer takes a series of images, thin slices, of the

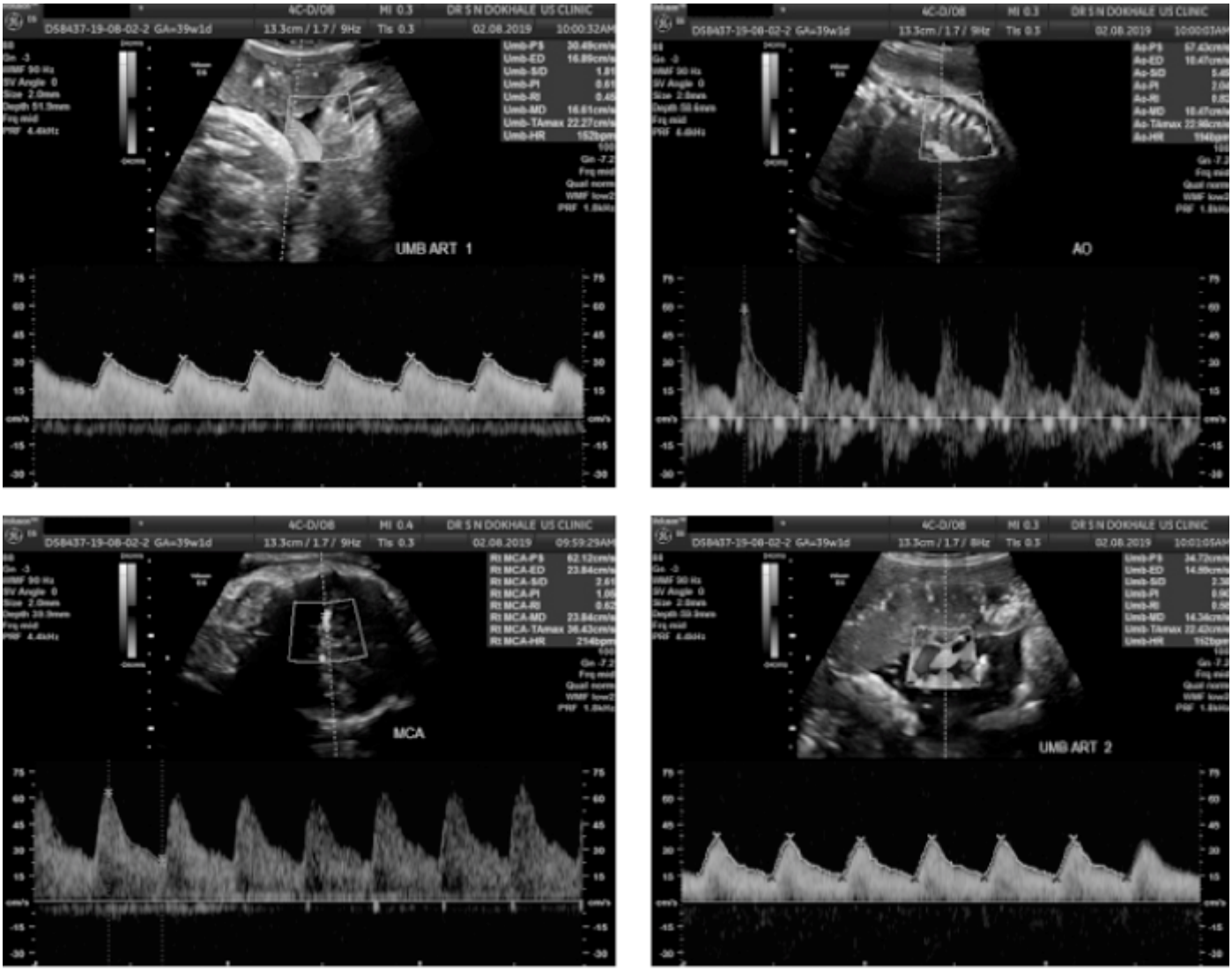

Figure 17:Obstretrics Doppler examination

subject, and the computer processes these images and presents them as a 3dimensional image.

A good 3-D image is often very impressive to the parents.

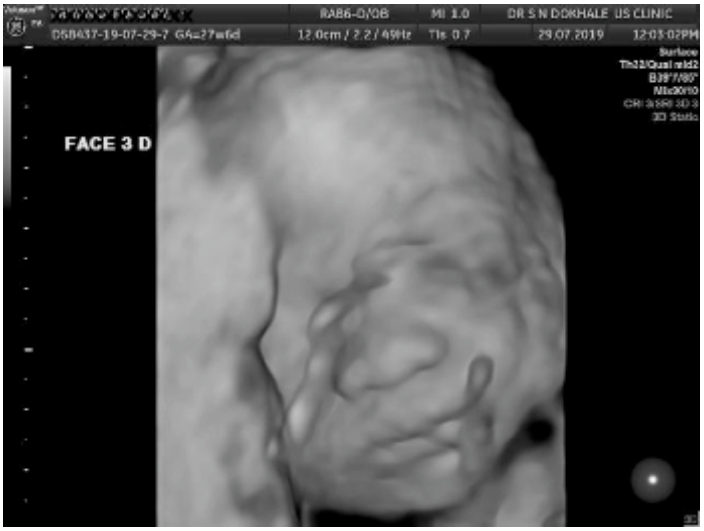

Figure 18: 3-D Face with cord in front of face

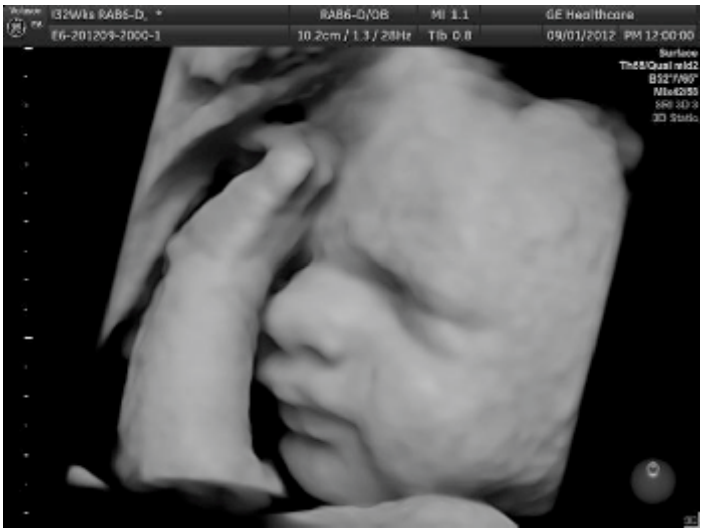

Figure 19: 3-D Face

Incase of malformation smaller defects may be more clearly demonstrated: spina bifida, cleft lips/palate, polydactyly, facial dysmorphia, clubbing of foot, low set ears.

The ability to obtain a good 3 – D picture is nevertheless still very much dependent on operator skill, the amount of amniotic fluid around the fetus, its position, degree of maternal obesity, movement of fetus, so that a good image is not always readily obtainable.

4-D or dynamic 3-D US

Look at the face and movement of foetus.

THE SCHEDULE

Number of US scans during pregnancy are done.

Generally, at - 5 – 7 weeks to confirm pregnancy.

11 -14 weeks to measure nuchal translucency, to evaluate nasal bone, and to detect tricuspid regurgitation.

Cervical length and internal os.

18 – 20 weeks to look for congenital malformations, placenta position.

32 weeks: placenta position is further verified; fetal growth retardation (use of Doppler).

NB: One should never interpret a normal scan report as a guarantee that the baby will be completely normal.

In our country because of decreased female to male ratio at birth government has brought a stringent law – act - pre-conception and pre-natal diagnostic techniques (Prohibition of sex selection) act. Sex (gender) determination of unborn foetus (and female feticide) is totally banned.

Violation of act carries penalty of rupees 10000 and rigorous imprisonment for three years.

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THE (TRUE) VALUE OF LABORATORY MEDICINE

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Sr. Consultant Pathologist & Head of Laboratory & Transfusion Medicine Department

New modern diagnostic testing is widely accepted because of the quick and effective test results, within a short time duration which will help physicians to correctly diagnose the disease for treatment purposes, however cost of the test will increase because of specific equipment, expensive reagents and qualified staff to run the test. Some pathology labs still use traditional methods because of cost effectiveness. The objective of this article is to compare conventional and modern diagnostic tests to understand the demand of the community for the successful acceptance of modern diagnostic methods. Most considerable factors to decide suitable diagnostic methods are commonly cost effectiveness, specificity, sensitivity as well as the availability of qualified staffs.

Aims & Objectives

1) Comparison of different methods conventional vs modern techniques.

2) Selection of method & its limitation

3) How to use resources in diagnostic Medicine

4) Clinician Awareness

The development of new technological methods surely improves the quality of the Diagnostic Services offered however, cost and simplicity have not to be neglected, even when the prime consideration is efficiency. Moreover, the mere fact that something can be done by one of these new approaches does not mean that it should be done that way or that it is most cost-effective to do it that way. Advantages and disadvantages of each procedure, cost as well as the purpose of the test (diagnosis, post-treatment, research), and the general condition in which the test have to been applied must be taken into account when we are choosing.

1) Comparision of Different methods Conventional vs Modern.

Now a days, different lab tests have different methods are available with different sensitivity & Specificity. Biochemistry & Immunology tests has been upgraded from Manual ELISA to semi automated to fully automated CLIA with high Throughput with wide menu tests facility ,less interferences & Well defined flagging system. In high tech Biochemistry has higher linearity with auto dilution programme that will reduce TAT with higher Accuracy.

Example In viral markers assay **(HIV, HBsAg HCV)** different methods are available. Immuno-chromatography, ELISA, CLIA & PCR based. All have different sensitivity & Specificity. CLIA,ELISA, Immunochromatography are antibody based tests.CLIA is more sensitive (higher false positivity & cross reactivity) & suitable for medium to large sized lab. Immunochromatography is has less sensitivity & specificity than CLIA & ELISA but suitable for Small lab & Emergency purpose. However PCR based assay are more specific. CLIA positive sample needs to be confirmed by PCR based assay. Clinician should be aware of method used for particular test result & its limitations.

Example : Malaria Diagnosis have three different methods Direct Microscopy, Immunochromatography & PCR based assay.

1) Direct microscopy can evaluate direct detection of parasites, type, parasites load. Its easy, cost effective with less TAT.

2) Parasite antigen detection is an innovative and expensive immunological diagnostic, which can suffer of sensitivity and specificity. It could be useful to directly diagnose "occult" infections.

3) Parasite DNA/RNA direct detection is an innovative, sensitive and specific procedure, which can also identify sibling species. It is expensive, therefore its use is restricted to reference laboratories. It is used only in highly suspected cases with previous two methods negative & diagnosis has to be proven.

2) Selection of diagnostic test method & its limitation

Antigen detection, Antibody detection & DNA/RNA detection based different assays are available. Host antibody detection is an innovative indirect tool to evaluate the presence of any infection by means the evaluation of the host response to infection. It can suffer of sensitivity and specificity, and the interpretation of the test results may be difficult. Actual positivity to cross reactivity has to be differentiated by further confirmatory direct antigen based or DNA/RNA based tests.

Example : Typhi dot test (Immunochromatography) primarily based on detection of IG M antibody but it

shows cross reactivity with few viral infections also it has to be confirmed by other method like Molecular tests /Blood culture.

3) How to use resources in diagnostic Medicine

Clinical diagnosis & Laboratory tests profiling can reduce the cost as well as TAT of tests reports.

4) Clinician Awareness

Clinician should use lab informatics. He can take help of pathologist & can advice tests in relevant clinical diagnosis.However clinician should be aware of comprehensive reporting of any tests.

Example : Histopathology include morphological diagnosis or differential diagnosis full range of IHC, genetic profiling of tumor. Comprehensive histopathology can guide better to oncologist for treatment..

Take Home Message

Modern diagnostic technology is widely accepted however it can not replace the conventional methods. Both complement each other. However in decision making clinical scenario comprehensive report is required for patient benefits. Clinician can use lab informatics & can take help of pathologist for further investigations & cost effectiveness.

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A PARADIGM SHIFT FROM THE BENCH TO THE BEDSIDE

Dr Shamma Athalye Shetye
Laboratory Director and Microbiologist,
Acme Clinical Microbiology & Infectious Diagnostix

Globally, resistant reemerging there infections. infections is an exponential The is a diagnosis constant rise in of challenge antimicrobial- emerging faced and by microbiology laboratories. In this context, it is very important for clinical microbiology laboratories to evolve and adapt using most current and advanced technology for rapid and accurate results.

Traditionally, the microbiology laboratory has relied upon conventional methods such as culture, biochemical identification, and susceptibility by disk diffusion. Recent progress in the fields of equipment, reagents, and techniques has focused on automating most of the manual processes involved in the microbiology laboratory.

Microbial identification (ID) and antibiotic-susceptibility testing (AST) are central to providing the right information for targeted clinical management and antimicrobial stewardship. The newer automated technology combines phenotypic identification with an expansive database and intelligent software delivering faster and accurate identification and susceptibility results. Using the standardized technology, it is possible for the laboratory to not only provide faster antibiotic susceptibility results but also minimum inhibitory concentration values (MIC) which can be used by clinicians to deliver targeted therapy and in turn better patient management. It is hence possible to perform more number of tests in a short time, alongwith a decrease in technical complexity and errors. Introduction of novel techniques, such as mass spectrometry has revolutionized the time taken for accurate microbial identification, reducing it to minutes. Further applications such as identification of drug resistance markers are being increasingly incorporated into the mainstream applications.

Direct identification of microorganisms is crucial to the diagnosis of infectious diseases. There is a plethora of microbes that cannot be grown in culture or need extended incubation time leading to a delay in diagnosis. Rapid diagnostic methods such as immuno-chromatography detect antigens or antibodies and are important screening tools. Molecular microbiology techniques, such as real-time PCR, multiplex PCR, sequencing and next-generation sequencing are an integral part of a diagnostic microbiology setup. Molecular microbiology has a crucial role to play in critical scenarios such as sepsis, endocarditis, hospital-associated infections, and intensive care, not only in the diagnosis of infectious diseases but also for monitoring during therapy and epidemiologic surveillance.

From a buyer's perspective, the focus with respect to equipment and technology is on quality and automation. Robust equipment with smaller footprint and a user-friendly interface is preferred. In an accreditation scenario, it is very important that the technology and tests therein be FDA or equivalent approved.

With limited insurance coverage and a large self-paying patient population, costs of the diagnostic tests are a major hurdle. As more and more laboratories adapt newer technology, it is expected that the costs of reagents and equipment become increasingly affordable. Public private partnerships can also help in making these technologies available at subsidized costs.

Technology has tremendous potential in truly bringing the clinical microbiology laboratory from the bench-side to the bedside. There is continous research and innovation in bringing newer technology and novel methods into routine practice. Integration of highly evolved software with technology has the potential to make the automated instruments more intuitive in terms of result reporting.

The future microbiology laboratory will see total laboratory automation, encompassing the entire spectrum of preanalytical, analytical, and post-analytical steps of testing. This will largely help the clinical microbiologist to focus on clinical reporting, moving away from the technical bench work. Automation thus can never replace the role of the clinical microbiologist but will continue to hugely complement their role in better patient diagnosis, care, and management.

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PHYSICIAN, WHERE ARE YOU HEADED...?

Dr. Shyamkant C. Ghotikar
MBBS, MCPS

The subject matter poses a formidable situation where in a working doctor is expected to grasp the givings of the existing social climate. A tall order really- if you ask, There are no clear answers forthcoming for so many disturbing things that go on happening day in & day out. The fast lane is thrust upon everybody to walk on, and all of us are becoming loners amongst a crowd of fellows. You stare into a situation wherein you are expected to be fair with all, unfair with none and yet be honest with what the vision shows.

If you honor your commitment to the truth, it is imperative that you become 'anti establishment'. Nothing remains same forever, the medical vocation has stood often a mute witness to various behavioural changes- many of them unsavoury or plain ugly. Medicine remained an area in people's lives which continued to touch everybody's day's life, only that the people of Medicine gradually deviated from the doctrine - even accepted the change and embraced recklessly so - as a matter of fact-

I can think of quite a few such behavioural changes - we can start with 'Unfair Advertising'. A doctor is allowed to advertise in lay media - legally or ethically - when there is a change in the place of work or timings. What started hitting you in the eyes were advts. claiming the advertising doctor to be a 'specialist in Chronic diseases' or 'specialists of children' or 'women' - a blatant untruth. The general member of public were exposed to such vagaries- in the confines of trains or similar public transport facilities / or even through pages of newspapers. They also give 'before' & 'after' photographs revealing the identity of patient - a misdemeanour - not a done thing. Promises of 'Cure for chronic illnesses' literally went on flooding the market.

Then GPs often started projecting them as 'Specialists in certain diseases' - when they were actually not. Such a promotion is not only falsehood - it also amounts to misguiding a gullible layman into a situation of make believe.

The code of ' Do's & 'Dont's' restrict the size of sign board at the doctors clinic/ hospital. But as is there for everyone to see that some such boards went on to smear an entire wall. Many state on their signboards (or visiting cards) that they are ex-houseman or registrar of so & so hospital. I fail to understand the need of such declaration, amounting to self glorification. Even highly qualified doctors too project themselves as specialists of a particular diseases 'Unlawful'? Debatable ,'unethical'? yes.

Then there are those who accept and do work other than their training or specialisation. In small towns this may be pardonable to an extent, but in cities or major towns - this can be frowned upon. Why, we know of surgeons who doubled as GPs or anaesthetists, or obg /gyn, orthopedic specialists - some 50 years ago- when they had to make do with ALL kinds of work that came their way. But as of now, they can politely refuse any such allied work and still can be happy .

Now, 'Crosspathy ' is major bugbear in modern times. Supreme Court and Medical Council of India have given clear guidelines (directives) about this, but crosspathy happens everywhere, and all the time. IMA doesn't have any 'policing power' over this, and it seems no one can really stop this great Foe. I believe a doctor's registration is specific for the given discipline, legally binds the doctor to its orbit, but we see all the time that doctors make themselves desultory students of Pathies other than those of their training.

I feel a 'hospital doctor' is obliged to possess a P.G. qualification - at least in major towns or cities. In the rural environs, the story is altogether different. Over there - any body with any given degrees (often dubious) start hospitals - of all faculties- and have never felt the need to look back or even introspect.

Why, even in cities, the ICU monitors are watched anxiously by patients' relatives - or the houseman who may not be qualified enough to read it yet the fact remains.

One argument given in support of crosspathy was that, 'what difference does it make if a sorbitrate is given by non Allopathic doctors?'

I have no answer really to this. In way out places, even the local chemist shop owner also doubles for a doctor, right or wrong, you decide. I still believe we all need to know the scope, even limitations of our qualifications and spheres.

Then, in the pursuit of gaining Academic qualifications, many of us are lured into obtaining 'foreign degrees' of doubtful significance. A basic science does consume a chunk of life time of the (student) doctor, where as many of these foreign degree can be bagged within a matter of - say - six months or even less than that. At a price of course. There are various 'Postal Degrees or Diplomas' which are generously handed out to those who want them - as a decorative footnote on the visiting card or letterhead.

I must note here that prestigious journals of our medical profession, Associations - carry advts. of MD (Acupunture) and such short courses really.

Any way you see - it is essentially deplorable .Why should any proper doctor need such cosmetic appendages - is a mystery (or 'an open secret').

We all know man does covet certain things in life,- in the pursuit of only two objectives- cash or kind. Since the monetary rewards have aquired a high pedestal - people (doctors included) often don't think twice when they deviate from the given Code - wilfully. Please do not read this as a generalised statement. But many have chosen to go astray. Initially - out of the need to survive, then later on- out of the greed to stay rooted.

Why, in our present times the Medical Council (or the Govt.) has had to bring in legislation to curb 'cut practices'- Nothing can be more shameful than this. The question remains- how can it be proved in the court of law?

That, to remain 'commercially viable' - (or even to sit idle) - money has stepped in indispensable. Like it or not, it forms a fixture in all walks of life. But to what extent ? The entity of 'sponsorship' was brought into being by my esteemed profession - towards few or many (or almost all) of its academic functions - like seminars & CMEs or annual mandatory rituals. Effectively Pharma companies were made to pick the tab - which they went on doing willingly- or under duress. May be, they had an expense account to save on their taxes - while obliging the Medical Associations. Is it not a visible fact that Pharma Houses do hold promotional lunches / dinners for selected doctors - in hotels - as the financial year end nears? Call in a local bigwig doctor to give speech, rope in a number of doctors (read potential prescribers who inadvertently double as 'agents'). And every body seems to be happy. 'Unlawful ?', debatable,. 'Unethical', idefinetely so. But, who cares ?

The corruption comes in-behind various faces. It grasps Collectives of doctors - as well as individuals. Why, even giving out 'sample' of medicines can be looked upon as 'corruption'- whichever may you look at it. When Miconazole came into India around 1975, its samples were given out at major Teaching Hospitals - OPDs - to test trails. I can't think of any other proper application of samples - on the end users. But what is the point of leaving samples of established medicines on the doctors' table ? Even they ask while leaving- any thing for personal use, sir ? Why, my friends from Pharma Industry do tell tales - often in hush hush tones - that many doctors actually demand samples- or gifts - or such paraphernalia - a bowl really - thrust albeit arrogantly.

While on this, one more involvement Doctors' Collectives seek at their academic/non academic functions - is that of Politicians - be it of local or higher level political bigwigs. Here the whole purpose of organising such functions gets defeated - allowing those political heavy weights to hijack the function they are not at all concerned with or interested in. Still, these exercise are done- thinking- the Doctors Collectives would be earnings some goodwill - 1.1yd-bt. if it can be called that - from those powers that be in reality, such a result is never deemed to happen, and everyone knows it. All the same, it only shows that we all live in a world of make believe - divorced from reality .

A similar parallel can be thought of - when celebrity doctors are invited as Guests of Honour - to doctor's convections. The 'celebrity status' itself is enough often - to bring the doctor concerned - under controversy- personal or professional. The reputation never comes unsullied - for anybody. But then, it is for the organisers- to decide - whether such a person is to be invited or not. But eventually no one gives enough thought to it. Is it 'live and let live' or 'live, forget and live' ?

If every one intentionally plays games - or becomes pawns over a major board, just 'Who' will heal, & 'Whom' ?

The Medical Profession did carry the baggage of un ethical professionals elsewhere too. Read 'Citadel' (by A. J. Cronin)? The fiction narrative transcends the boundries of geography, time , even religion. Written in 1935, Cronin describes the then Medical Practice in Ireland . You feel the author had foreseen what would happen - in the medical practice - everywhere - some 70 years later. Such a visionary thinker had to be a doctor himself. Even then & there, seniors in the Medical World did tell an errant- to heal thyself. Nothing seems to have changed. In fact, we have moved from bad to worse.

That's the way it had been, and that's the way it will be, now and ever.

Every now and then, the history has seen the need to remind - or tell the physician - `to heal thyself'. Only that,- the issue or conflicts were different in character & quantity. Now, we have come to such a passe' that - there is probably no one - to tell practitioners - to 'behave themselves'.

Still, the Medical World goes on - and on - and will go on. Being carried upon the shoulders of those - who still go by the given book.

I'd like to close - with a qoute of the great philoshopher - 'Omar Khayyam-

"The moving finger writes & having writ - moves on-

Nor all thy piety nor wit - stall lure it back to cancel half a line-nor all thy tears wash out a word of it."

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'AMARNATH YATRA' WITH HELP OF YOGA

Prasanna E. Lapalikar
Yoga Teacher

As per Hindu mythological belief they say- one gets chance to visit a Holy places only when one is called for. Well, whatever may be the belief, I was lucky to complete the Amarnath Yatra.

One has to first make up mind to have such a travel plan because it is not just a spiritual objective but getting ready to go in the western Himalayas which involves high altitude trekking is itself an adventure.

My friend, Mr.Sachin Shukla, Managing Director-ZERICO Life Sciences, shared the idea to go to Amarnath, an adventurous journey, to seek blessings of almighty. Amongst the 18 members, I too got a chance and I shall always be thankful to him for his sacred thoughtfulness.

The mandatory process of medical examination & getting YATRA permit was completed in March itself. The actual journey took place in July2019.

Being a YOGA seeker, my preparation started with building stamina and mental toughness through Suryanamaskar-60/day, along with other types of YOGA.

Things to carry include-Some instant energy provider like glucose/chocolates, nutritional supplements like dates, essential medicines, adequate winter wear. The must thing for trekking is the stick and above all, our will power!

Day 1-We could trek for 14 km from Chandanwadi to first stop- Pissutop. After lunch at Langar and a brief halt, trek to Sheshnaag for 11kms. At Sheshnaag, it was end of exhaustive day, camping in tent protected by army battalions.

Day 2- We had to take services of mules to further ride from Sheshnaag to Panchatarni, which was required so as to reach before noon. At Panchatarni, we rested, took bath in rush, had quick meals at a Langar and reached to Holy Cave at 4pm, again with a trek plus walk of 5kms.

Located at a height of around 12,756 ft., the Ice Shivling is pure beauty and nature's miracle to watch. All across the route, devotees were enchanting "Jai Bhole-Jai Bhole". A relaxing night stay in the tent fixed on the icy lawns spread everywhere.

Day 3- Early morning return trekking begin from Panchatarni to Baaltaal. After covering almost 14kms, we ended our Yatra at Baaltaal.

The Indian army security provided by soldiers of 85 battalions is truly commendable. Incidentally, the LANGAR SEWA is truly a remarkable service as they offer free food to almost 2.5-3 lakh devotees performing the Yatra.

Yes! The objective was achieved. Fortunately, we could complete our Yatra, the trekking part of 43 kms in duration of just two and half days, smoothly, safely and full of devotional spirit.

I must share here that, during the entire trekking period, one thing helped me was YOGA. I was intermittently practicing two YOGA types- Deep Breathing (Controlled breathing) and Shavaasan (Relaxing sleeping position), as resting is much required throughout the Yatra period to manage palpitation.

A thrilling experience with devotional spirit is indeed a memorable one for my lifetime.

Being a Yoga teacher, it will be my pleasure to share detail experience further for those interested in adventurous trekking.

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DON'T QUIT

When things go wrong, as they sometimes will;
When the road you're trudging seems all uphill;
When the funds are low and the debts are high;
And you want to smile but you have to sigh.
When all is pressing you down a bit -
Rest If you must, but don't you quit
Success is failure turned inside out;
The silver tint on the clouds of doubt;
And you can never tell how close you are;
It may be near when it seems far.
So stick to the fight when you're hardest hit -
It's when things go wrong that you must not quit."

- JOHN GREENLEAF WHITTIER

THE MYSTIC WORLD- PART 1 : TAROT CARDS

Dr. Sandhya Bhat
Certified Tarot Card Reader
Certified Angle Card Reader & Psychic
Autowriting,Channelling,Mediumship
Master Merlin Magic Worker

Being born in a Spiritual atmosphere, different pujas & rituals were part of my growing up years. My parents had imbibed in us to workship God & believe in his supreme Power. While at college, one day me & my friends stumbled upon an exhibition & we saw a stall which had a lady with Tarot Cards.

The cards fascinated me & I really felt I should learn it.In pursuit of Medical degree & education your personal hobbies & passion often gets sidelined.

In 2004,I happened to meet a teacher , who taught me the Rider-Waite Tarot Cards as it was his hobby .I couldn't put to use what I learned and the cards just became a part of my cupboard. But the Tarot has it own way of showing you & guiding you and I came across my new Teacher in February 2018. I decided to learn from a Professional Tarot Card Reader from whom I did a certified course & workshop.

In the class obviously, I was the only Person from Medical field & I am sure they must have thought- why does she want to learn?

Well I believe,one must not restrict learning to any area or field.So here goes my experience with Tarot.

Tarot Cards and decks are plenty in Market .But the most popular is Rider-Waite Tarot Cards with mystical drawings by Pamela Coleman smith.

The Tarot Cards are so beautifully depicted with hidden symbols for the reader to grasp & understand the nuances. It is a set of 78 cards & each card has different meanings. Tarot Card Interpretation are based on various spreads according to the question put forward by the person asking.

What many don't know is the origin of Tarot Cards is from India.It was taken out of India & used for playing cards. They soon realized that it gives answers & people started misusing it & some fanatics labeled it as Evil.However, it gained popularity all over the world.

The basis of Reading Tarot cards is very varied by many people around the globe. Some allow the person who is asking the question to remove cards with their left hand.Some ask them even to shuffle it with their left hand.Many methods are followed as per the way they have learned.

The tarot cards have two sets Major Arcana & Minor Arcana sets.

Arcana means" Secret" in Greek.

The Minor Arcana cards is further divided into 4 Suits-Cups,Swords,Pentacles& Wands.

When a Card reading is done all 78 cards are used and according to the question cards are pulled from the Deck.

The Cups depicts emotions,happiness . It has element of WATER

The Wands means speed with element of FIRE

The Pentacles has element of EARTH.

Swords with Element of AIR.

The Tarot never lies and a True Tarot Reader never predicts Death.That which is in the hands of Divine one must never touch.

More about Angel Cards & Angel Guidance in next Dialgoue.

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आपण त्यांना पाह्यलंय कां?

डॉ. सतीश अ. कानविंदे

आरामखुर्चीत पेपर वाचत
बसले होते नाना
हाक आली नानीची
अहो, इकडे जरा या नां!

नाखुशीनेच नाना तेव्हां
घरात गेले उठून
नानी म्हणाली एवढी जरा
चटणी द्या नां कुटून

नानांनी मग ताबडतोब
चटणी घेतली कुटायला
खमंग वासाने तोंडाला
पाणी लागलं सुटायला

नानी जवळ नाही नां?
चाहुल घेतली कानांनी
कुटता कुटता थोडी चटणी
तोंडात टाकली नानांनी

चटणी तर झाली होती
एकदमच मस्त
थोडी थोडी तोंडात टाकून
केली सगळी फस्त

चटणी गेली संपून आणि
नाना आले भानावर
तेवढ्यात आला नानीचा
आवाज त्यांच्या कानावर

घाबरगुंडी त्यांची उडाली
अवसान गेले गळून
डोळा चुकवून नानीचा
नाना गेले पळून

शोध घेण्यात नानांचा
नानीने रक्त आटवले
टि. व्ही. आणि पेपरमध्यें
फोटो सुद्धा पाठवले

रात्री बेरात्री कधीही
नानी बाहेर पडते
कां हो मला टाकून गेलात?
असे म्हणून रडते

वणवण फिरून नानीच्या
पायात येतात गोळे
रडून रडून बिचारीचे
सुजून गेलेत डोळे

तुम्हाला जर भेटले नाना
सांगा त्यांना साफ
नानीने तर तुम्हाला
केव्हांच केलंय माफ

नाना लौकर घरी या
नाहीतर नानी धरेल खाट
चटणी कुटून ठेवलीय तिने
नी बघतेय तुमची वाट

उपासना

डॉ. सौ. अंजली वैद्य

दाटवनी मी स्तिमीत फिरतो
आळवण्यास्तव निसर्गगाणे
मुक्त करांनी उधळी दौलत
मौन राग तरी मनी तराणे

सुखद गारवा अंगी लपेटून
विहरत जाई तरु पानातून
उडे अचानक गोड पाखरु
वेधीत डोळे या रानातून

अनेक पक्षी, सुरेल ताना
आनंदी करतात मम मना
गावे वाटे त्यांच्या संगे
मनी साठवत तृप्तीच्या खुणा

गळ्यात पडते दवबिंदूची
माळ अचानक आरसपाणी
शहारलेली काया गाई
प्रेमपूर्तीची अतूट गाणी

पानोपानी थेंब ठिबकती
आल्हादाचे गुज सांगती
मृद्‌गंध परिसरी पसरती
प्राणोप्राणी ओजही भरती

वरुण धारा सरसर झरती
बेडुक गाऊन तालही धरती
फुलपाखरे नर्तन करती
सप्तरंगी ही कमान वरती

निसर्ग सारा असा बहरला
अंगोअंगी मोद पसरला
सत्‌तत्त्वाच्या दर्शनास जणु
सुयोग्य येथे मेळच जमला.

बंडू स्वर्गात जातो

डॉ. सतीश अ. कानविंदे

बंडूला एकदा नारदमुनींनी
दर्शन दिले स्वप्नात येऊन
फेरफटका मारण्यासाठी
स्वर्गात त्याला ते गेले घेऊन

ब्रह्मा, विष्णू, महेशाने
त्याचे तिथे स्वागत केले
आपापल्या महालामध्यें
तिघेही त्याला घेऊन गेले

चित्रगुप्ताच्या दरबारात जाऊन
पाहिले त्याने तिथले काम
वैतागलेला चित्रगुप्त
डोक्याला होता लावीत बाम

रेड्यावरती बसून यम
तयारी करीत होता जायची
सांगत होता "अपघातातली
शंभर माणसे आहेत यायची"

नारद म्हणाले "मी आता
आराम करतो दोन घटका
तोपर्यंत इकडे तिकडे
मारून ये तू फेरफटका

फेरफटका मारताना
अमृत कलश त्याला दिसला
रखवालदार कुणी नाही
हे पाहून बंडू हसला

अमृत कलश घेऊन जायचा
मनात त्याने आखला बेत
कलश उचलून तरातरा
चालू लागला बंडू थेट

तेवढ्यात आला रखवालदार
बंडूजवळ तडक गेला
बांधलं त्याला दोरीने अन्
पावसात त्याला उभा केला

पावसात बंडू भिजला आणि
गात्र न् गात्रं त्याची थिजली
खरं म्हणजे तेव्हां त्याची
गादीच होती चिंब भिजली

विपरीत

डॉ. सौ. अंजली वैद्य

विपरीत करणी तुझी
मला उमजेना
तुझा कोप आणि प्रेम
दोन्ही सोसवेना

इथे सुसाटले पाणी
हैदोस पुराचा
कुणाकुणाचा रे मोजु
पूर आसवांचा

वृक्ष वेली शेतेभाते
वाहून चालली
किती जीवांची रे आता
अंत्ययात्रा ही निघाली

घरे दारे जमीनही
खचलीच पार
ताटातूट माणसांची
हानी जाहली अपार

पावसाच्या कृपेवरी
शेती भाती चाले
निसर्गही बहरुन
आनंदाने डोले

धुवाधार पाऊस असा
कोसळे सतत
साऱ्या प्राणीमात्रांची रे
झाली वाताहात

एक दिसे असे चित्र
दुसरे दारुण
घोटभर पाण्यासाठी
जीव झाला रे करुण

भेगाळली भूमी सारी
कासावीस जीव झाला
प्राणी, पक्षी, माणूसही
पाण्याविनाच खंगला

सततच्या दुष्काळाने
फुफाटाच केला
शेतकऱ्याचा रे आता
कणाच मोडला

धीर त्याचा सुटलेला
कसे कुटुंब पोसावे ?
का साऱ्यातून सुटण्यास
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