

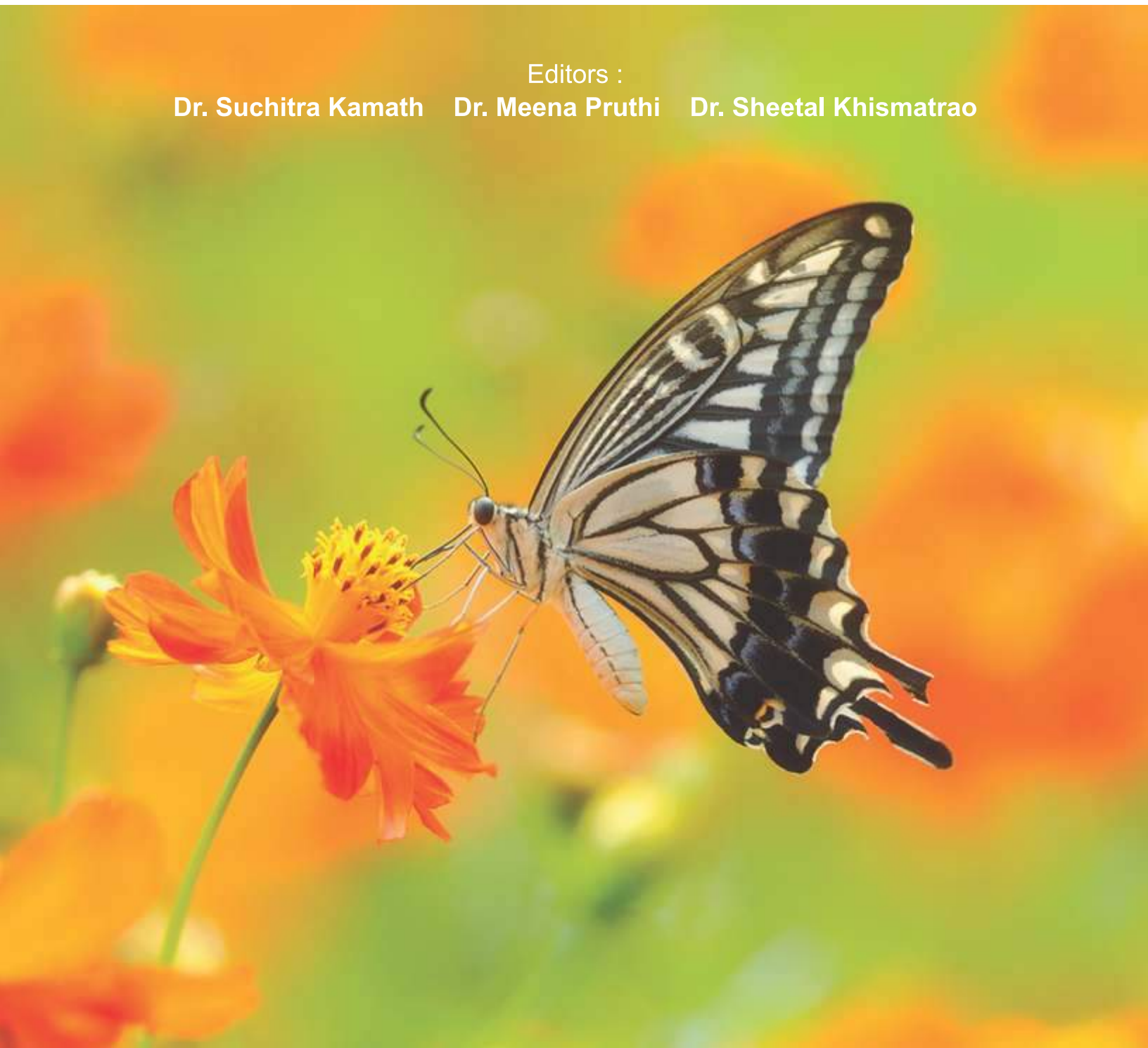
DIALOGUE



INDIAN MEDICAL ASSOCIATION
DOMBIVLI BRANCH
VOLUME 32, ISSUE 3

Editors :

Dr. Suchitra Kamath Dr. Meena Pruthi Dr. Sheetal Khismatrao





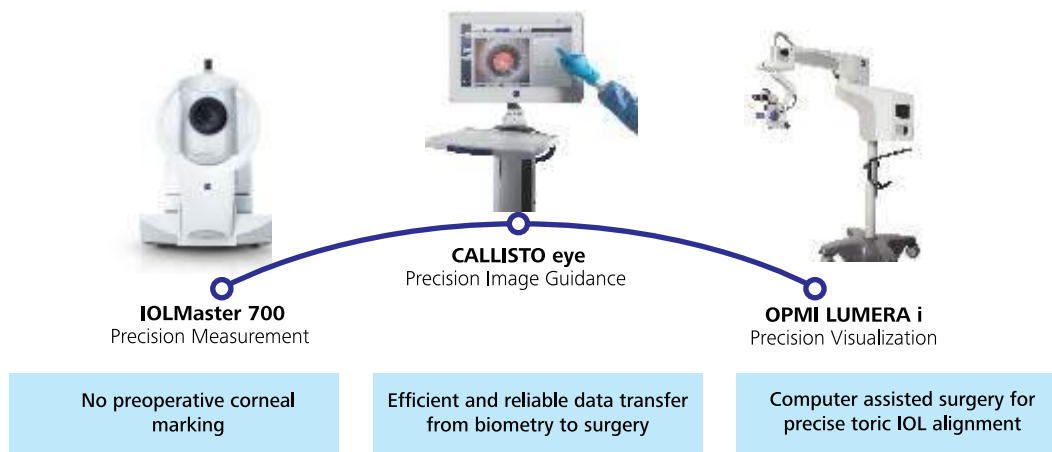
Welcome to a NEW ERA of Precision in Cataract Surgery

ZEISS CATARACT SUITE Computer-assisted Image Guided Cataract Surgery

First Time in **Thane District** @ **Leela Eye Institute LLP, Kalyan**

The ZEISS cataract suit markerless solutions (ZCS) is the most advanced system for image guided cataract surgery that offers the highest level of precision and efficiency for markerless IOL alignment. This new computer-assisted approach is designed for unsurpassed planning, accuracy, and efficiency for excellent outcomes throughout the cataract procedure.

ZEISS Cataract Suite Markerless



The ZCS system enables the physician to practice improved precision and control, which is crucial in achieving more accurate cataract surgery results. The ZEISS Cataract Suite is yet another innovation that the physicians are proud to have available to benefit their patients.



Headquartered in Germany, ZEISS is a global leader in optical and optoelectronics industry and has been contributing to technological progress for more than 170 years



1st floor, Patel's plaza, Murbad Road,
Next to Ajit Scan Centre, Kalyan West
Phone : 0251- 2327474, 2203640, 2222211, 9967719111



नमन्ति फलिनी वृक्षा नमन्ति गुणिनी जनाः ।
शुष्ककावुश्च मूर्खश्च न नमन्ति कदाचन ॥

The branches of a tree with full of fruits bend towards the earth due to the weight of the fruits. In the same way good people are almost modest (Namra) towards other people. But the unwise people (Murkha) are like dry sticks which never bend (They show no respect for others).

CONTENTS

• Editorial	5
• MAHAHOSPICON / IMAFEST 2018 - The Journey	6
• Secretarial Report	10
• Newer Drugs in Diabetes	11
• Diabetes and the Eye	13
• MAHAHOSPICON / IMAFEST 2018 - Memories	17 onwards
• Navrang 2018	30 onwards
• Winners at Navrang 2018	37
• Revisiting 2018: A Roundup of Top Health Stories in India	39
• Project Chitra	43
• स्मृतिचित्रे	46
• Rhapsody...	48

IMA DOMBIVLI

Office Address : IMA Hall, 2nd Floor, Deep Shikha Society, Opp. CKP Hall, Dombivli (E).

Webiste : www.imadombivli.com **Email :** imadbl2010@gmail.com **Mobile :** 9136105757

Thoughts and Opinions published in this bulletin belong to the authors. The Editorial Board may not share the same views.



IMA DOMBIVLI TEAM 2018-19

President
Dr. Archana Pate

Hon. Secretary
Dr. Vandana Dhaktode

I.P. President
Dr. Niti Upasani

President Elect
Dr. Meena Pruthi

Vice President
Dr. Utkarsh Bhingare

Hon. Treasurer
Dr. Sunit Upasani

Joint Secretary
Dr. Bhakti Lote

Advisors
Dr. Mangesh Pate **Dr. Dilip Joshi** **Dr. Ambadas Rode**
Dr. Pramod Bahekar **Dr. Subhash Gadgil** **Dr. Vijay Aage**

Executives to IMA MS

Regular
Dr. Vandana Dhaktode
Dr. Sunit Upasani
Dr. Makrand Ganpule
Dr. Pramod Bahekar

Alternate
Dr. Meena Pruthi
Dr. Bhakti Lote
Dr. Utkarsh Bhingare

Representatives To Central Council

Dr. Niti Upasani
Dr. Meena Pruthi

Dr. Vandana Dhaktode
Dr. Sunit Upasani

Pathology and PNDT committee

Dr. Makrand Ganpule (Chairman)
Dr. Utkarsh Bhingare (Convener)

Dr. Madhav Baitule (Co Chair)
Dr Somnath Babhale (Member)

Scientific Committee

Dr. Niti Upasani (Advisor)
Dr. Medha Oak (Co Chair)

Dr. Prashant Kelkar (Chairman)
Dr. Ashwini Acharya (Convener)

Women's Wing

Dr. Meena Pruthi (Advisor) **Dr. Niti Upasani** (Advisor) **Dr. Leena Lokras** (Chairperson)
Dr. Manasi Karandikar (Co Chair) **Dr. Nayana Choudhari** (Convener) **Dr. Bhakti Lote** (Member)
Dr. VijayaLaxmi Shinde (Member) **Dr. Sheetal Khismatrao** (Member) **Dr. Bharti Choudhary** (Member)

Grievance Redressal Cell

Dr. Mangesh Pate **Dr. Pramod Bahekar**
Dr. Ambadas Rode **Dr. Sanjay Pruthi**

HBI

Dr. Mangesh Pate (Advisor) **Dr. Sunit Upasani** (Chairman) **Dr. Rashmi Phansalkar** (Convener)

CGP/AMS

Dr. Niti Upasani (Chairperson) **Dr. Bhakti Lote** (Convener)

Project Sanjeevan Committee

Dr. Archana Pate (Advisor) **Dr. Sandhya Bhat** (Chairperson) **Dr. Deepa Shukla** (Convener)
Dr. Kala Eswaran (Member) **Dr. Meena Pruthi** (Member) **Dr. Nayana Choudhari** (Member)

Cultural & Sports Committee

Dr. Meena Pruthi (Chairperson) **Dr. Makrand Ganpule** (Convener) **Dr. Anasuya Gopal** (Member)
Dr. Milind Sakpal (Member) **Dr. Neelima Shinde** (Member)

Dialogue Committee

Dr. Archana Pate (Advisor) **Dr. Suchitra Kamath** (Editor)
Dr. Meena Pruthi (Co Editor) **Dr. Sheetal Khismatrao** (Co Editor)

Membership Development/Schemes of IMA

Dr. Vandana Dhaktode (Advisor) **Dr. Utkarsh Bhingare** (Chairman) **Dr. Anita Karnik** (Convener)

.....

Green Book/Blue Book Committee

Dr. Bhakti Lote

Dr. Archana Pate

.....

BBBP

Dr. Vijayalaxmi Shinde (Chairperson)

Dr. Suchitra Kamath (Co Chair)

Dr. Hemant Patil (Convener)

Dr. Somnath Babhale (Member)

.....

Aao School Chalein Committee

Dr. Mangesh Pate (Advisor)

Dushyant Bhadlikar (Chairperson)

Dr. Vijay Chinchole (Convener)

Dr. Rupali Bhingare (Member)

Dr. Swati Kelkar (Member)

Dr. Manasi Karandikar (Member)

.....

Organ Donation Committee

Dr. Sheetal Khismatrao (Chairperson)

Dr. Sandhya Bhat (Convener)

.....

Aao Gaon Chalein

Dr. Dilip Joshi (Chairman)

Dr. Vijay Aage (Convener)

Dr. Mangesh Pate (Member)

Dr. Leena Lokras (Member)



Once upon a time, there lived a wealthy man, who had a strange and severe eye pain. He consulted many physicians but no one could treat his eye. He went through a myriad of treatments, procedures, tests but nothing could help him. He looked for every possible solution for his pain.

Then he heard of a wise monk. He approached him with his problem. The monk carefully observed his eye and offered him a strange solution.

The monk told him to concentrate only on Green colour for a few weeks and avoid other colours. Desperate to get rid of his nagging pain, he was ready to go to any extent. He appointed a group of painters and directed them to paint every object that his eyes would see into green colour.

A few weeks later, the monk decided to visit him. As the monk entered his house the appointed painter poured a bucket of green colour over the monk. The monk saw the room painted green, corridor green, articles all painted in green. He inquired the reason for painting everything in green to the wealthy man.

The wealthy man reminded him that it was he, who had advised him to look only at green colour for his eye pain.

Hearing this the wise monk laughed and said 'If only you had purchased a green spectacle, you could have saved all this waste of painting in green.'

If only you had changed your vision, the world would have changed accordingly.

Change is the only constant thing in our life. There may be change in our physical body, our nature. There may be change in our views or our thoughts.

Tides change daily. Some day the river may decide to change its course like that of Saraswathi. One war changed Prince Siddhartha to Gautam, the Buddha.

Changes can be of two types. One that we have no control like those of nature, environment.

The other is one that we witness like in society, politics, science or our personal arena. These are partially under our control.

As far as society is concerned, there is a need to change like doing away with caste system, getting rid of dowry menace, improving status of women etc.

Question is 'where to begin?'

How can I contribute to this change for betterment in society? Is it time we start taking responsibility towards this state of our society? Again can change in society be brought about without bringing in change in myself? Like the wise monk said, 'Change your vision and world will change accordingly. I will leave you with these questions to ponder....'

Dr Suchitra Kamath

FROM THE PRESIDENT'S DESK



MAHAHOSPICON / IMAFEST 2018 – THE JOURNEY

“The more difficult it is to reach your destination, the more you’ll remember the journey”

The journey of MAHAHOSPICON / IMAFEST 2018 was indeed very difficult and one which I’ll remember for a long time. IMA Dombivli has always had annual conferences and has even organized wonderful District, State and National level conferences - but our own annual conference had never taken shape of a brand. This was the first time we attempted to start branding IMA Dombivli Annual Conference, and a lovely name of IMAFEST – Annual Scientific Festival of IMA Dombivli - was coined (which will be used year after year henceforth). This year’s conference was going to be focused on medicolegal issues and hence IMA Maharashtra State’s Hospital Board of India Conference was combined with IMAFEST 2018 – and the concept of MAHAHOSPICON took shape.

Next step was finalizing the date and venue. Initially, the date was finalized as 24th and 25th November 2018. The date was informed to IMA Maharashtra State – IMA MS approved it at first and hence announcements of the dates were made in IMA Dombivli. Later, IMA MS asked us to change the date as these dates were later taken up by IMA Mumbai branch for MASTACON – where new Maharashtra State President was going to be installed. IMA MS issued us new dates according to availability of dates as per State and National IMA calendar on 1st and 2nd December 2018.

Regarding the venue, like every year – we gave a letter to KDMC to block Savitribai Phule Auditorium dates for our conference right in Jan 2018. We were told that the auditorium bookings are taken only 6 months in advance and that we should give a letter again in July 2018. Meanwhile in those first 6 months, we gave letter to MOH, Addl commissioner and the commissioner for the same and we were assured that getting Savitribai as a venue would not be a problem. So we started our conference preparations with the assurance that we would be getting Savitribai Phule Auditorium as venue.

The whole idea of declaring conference a year in advance was to get more registrations. First time the concept of early bird Registrations was introduced and registrations were sought. We still lack in our capacity to reach out to more people for conference, but I am sure with branding, excellent content of scientific programs and our heartwarming hospitality, the lacunae will soon be filled.

Once the date and venue were seemingly sorted, we started brainstorming on the scientific sessions - topics and speakers, budgeting and fetching sponsorships to meet the budget were next on the list. The budget always goes very high as we do not have a venue of our own. With GST being applicable and the increasing cost of services – decorators, event manager, caterer, florist, AV system, generator, transport charges, gifts, mementos, stationary - a 2 day conference has a huge budget in lacks. Finding sponsors to fund the events is really a big task – but with the help and support of all our members – this difficult task was simplified to some extent. As I have mentioned the names in the valedictory note, I am extremely grateful to all those IMA Dombivli members, who helped in arranging sponsorships and to all those who themselves gave sponsorship for the event. We started issuing sponsorship letter with renewed dates to sponsors. Later somewhere in April or May, we came to know that IMA Kalyan has their annual conference on the same dates as ours – but so late in the preparation, it was not possible to get new dates from IMA MS.

The hunt for good speakers and for good topics had started quite early and we were able to get speakers of National and International repute on board for MAHAHOSPICON / IMAFEST 2018. Arranging for panelists for panel discussions was a different ball game altogether. We had such prominent panelists for panel discussions – State Consumer Redressal Forum member, Supreme court lawyer, President MMC, Principal scientific officer MPCB, medicolegal consultants, DDHS, fire and electricity officers - and getting confirmation from them was a task by itself - a few of them gave confirmation just 2 days prior to conference!!

In August came the news that Savitribai will be shut for few months as there was some issue with Air conditioning system. But still we were assured by powers that be in KDMC that in December the venue will be made available to us as we were

in the process of inviting Hon Chief Minister Shri Devendra Phadnavis for the event. Hon Minister of State for Medical Education Shri Ravindra Chavan had already by then consented to grace the occasion and he himself was in talks with CM for our event. Due to certain political scenarios in Kalyan – Dombivli, CM gave us his date of availability as 2nd December, but by then all official functions were finalized on 1st December and CM's visit to our event was cancelled.

We got our biggest blow 1 month prior to conference. When we went to check Savitribai Auditorium, it was in pathetic condition, AC system was removed, Sound system was removed, ceilings were peeling and leaking and there was a stagnant mushy smell all over. In such condition it was impossible to conduct event there. So in an emergency, the decision to change venue had to be taken. Since December was a peak marriage season, all halls were booked well in advance and we had only Dombivli Gymkhana available. Now started a cascade... Dombivli Gymkhana has a system of monopoly. Hence at the last moment, mandap arrangements had to be changed, new drawings had to be made, stall placements had to be rearranged, new catering contract had to be given to caterer at Dombivli Gymkhana bypassing our regular caterer. The DG does not allow non members to use their inside washrooms, and only outside washrooms were to be used. We had to put up a talk and since we had booked rooms for dignitaries at DG, delegates were allowed to use inside washrooms but refused again by DG on Sunday. Also we had placed an order for 10 tower ACs with the decorator for the venue to keep the hall cool, but his supplier backed out just the day prior to conference, giving only 5 tower ACs. There were certain circumstances which were just beyond our control and we tried to manage the best that we could with the given situation.

For the first time, IMA Dombivli organized a **pre conference workshop on ICU Management for non Intensivists** on 30th November 2018 in association with Fortis Hospital, Mulund with Hands on Training on central line, Arterial line, ET insertion, Tracheostomy etc at nominal rates with 2 separate credit points. The workshop was extremely informative and well appreciated by the delegates. Thanks to **Fortis Hospital, Mulund** for their association with IMA Dombivli for organising the workshop!

Keeping in line with tradition of cultural events during our annual conference, the concept of Navrang 2018 materialised. Since any delay in cultural event inevitably disturbs the conference schedule, a decision to hold cultural event on a separate day was taken. Many meeting took place and various events were finalized. The announcements were made and registrations for participation were invited. Different judges for the events had to be finalized and we could do it with the help of our members. All the events - **Nupur – the dance event, Taraana – the singing competition, IMA's got Talent – The talent competition and Inaayat – The fashion show** - were wonderfully organized and participation was with great gusto and enthusiasm!

The inaugural session of MAHAHOSPICON / IMAFEST 2018 was a star studded affair. **Hon Minister of State Shri Ravindra Chavan** is probably the only political leader we have seen till date who arrived right on time and that too without any big brouhaha surrounding him. He acknowledged the problems faced by doctors and promised to offer all his help in sorting problems of medical fraternity! The Presence of National and State IMA leaders raised the bar of our conference. No other state conference of IMA had ever seen presence of so many state and National Leaders! The leaders who graced our event were (then) National President of IMA **Dr Ravi Wankhedkar**, (then) National Finance Secretary **Dr V.K. Monga**, (then) National HBI Chairman & Hon. Secretary General elect **Dr R V Asokan**, Past National Presidents **Dr. A Marthanda Pillai** and **Dr Ashok Adhao**, National HBI Secretary **Dr Jayesh Lele**, Maharashtra State IMA President **Dr Hozi Kapadia**, Hon. State Secretary **Dr Suhas Pingle**, MMC President **Dr Shivkumar Utture**, IMA HBI MS Chairman (then) **Dr Dinesh Thakare**, National Vice President Elect (then) **Dr Anil Pachnekar**, IMA MS Treasurer **Dr Dhiren Kalawadia** ... IMA Dombivli is extremely grateful to all the leaders for their esteemed presence. The conference was inaugurated by then National President of IMA Dr Ravi Wankhedkar and Hon. Minister of State, Shri Ravindra Chavan. Conference Souvenir was released by by dignitaries which is a complete handbook of relevant topics of day to day practice.

Dr U. Prabhakar Rao Oration was delivered by renowned psychiatrist and theater /film personality **Dr. Mohan Agashe**, which was a treat in itself! The panel discussions provided a lot of insight into medicolegal issues faced by practitioners, problems related to in hospital / at home death, problems of hospital registrations, fire and electricity issues and many more! The **Gala Banquet - JASHN** – relieved the tiredness of the whole day - it was full of masti, music, dance and everyone had lots and lots of fun! Scientific sessions on Day 2 were very informative and well appreciated by all delegates! And just like that... the 2 day conference came to an end!

Can't thank **Dr Mangesh Pate** enough for being the solid backbone of the conference...any event needs someone who is capable of helping in times of stress and distress, and he is just the one! May it be venue arrangements, negotiating for rates with vendors, arranging for sponsorship, solving unexpected problems—I could always count on him for help!

Dr Jayesh Lele needs special mention as he helped us in getting so many speakers on board and arranged for many sponsorships! Thank you so much Sir !

A big Thank you to **Dr Niti Upasani** for entirely taking care of the scientific sessions!! She and Dr Meena Pruthi went all the way to Crawford Market to buy gifts, momentos, stationary, ID cards and many other conference related items! She was always available for help wherever it was needed!

Thank you **Dr. Makarand Ganpule, Dr Sunit Upsani** and **Dr Vijay Chinchole** for looking after all the travel and accommodation arrangements of dignitaries and delegates!

A very big thank you is in order for backstage committee – **Dr Suchitra Kamath, Dr Ashwini Acharya and Dr Deepa Shukla**. The backstage conditions were really bad – light was minimal, it was hot – to sit backstage for 2 continuous days managing affairs silently and efficiently was a very very big task! Really hats off to their efforts, their dedication and their backstage management skills!

A big thank you to cultural committee team under **Dr Meena Pruthi** for organising and executing Navrang 2018 so brilliantly – **Dr Vandana Dhaktode, Dr Makrand Ganpule, Dr Nayana Chaudhari, Dr Sunit Upasani, Dr Manasi Karandikar, Dr Aparna Shirudkar, Dr Milind Sakpal, Dr Niti Upasani, Dr Bhakti Lote, Dr Anasuya Gopal...** I'm sure the event will be remembered for a long time to come!

Thank you **Dr Leena Lokras** and **Dr Vijayalaxmi Shinde** for looking after the AV arrangements! Thank you **Dr Deepa Shukla** for helping with ICU management workshop..Thank you **Dr Suchitra Kamath** for helping to collect all ads for souvenir! Thank you **Dr Utkarsh Bhingare** for looking after Stall area and registrations on the day of conference. Thank you **Dr. Subhash Gadgil** sir, **Dr Ambadas Rode** sir, **Dr Nayana Chaudhari, Dr. Deepa Shukla, Dr. Sandhya Bhat** for helping with registrations. Thank you **Dr. Dilip Joshi, Dr. Bhakti Lote, Dr. Rashmi Phansalkar, Dr Hemant Patil, Dr Pramod Bahekar** for all the moral support!

I am inclined to mention a special note of thanks to **Dr Umesh Date** sir and **Dr Neelima Date** madam! One day when Dr Mangesh Pate called him to request him to help with sponsorship, he immediately sent a cheque of Rs 50000/- from his personal account without any expectation and that too at a condition of anonymity! I We appreciate your support to IMA Dombivli!

A sincere, heartfelt thank you to the following people for giving /arranging for sponsorships for MAHAHOSPICON /IMAFEST 2018 :

Dr. Jayesh Lele	Dr Mangesh Pate
Dr. Umesh Date	Dr. Adwait Padhye
Dr. Dilip Patil	Dr. Vandana Dhaktode
Dr. Medha Oak	Dr. Sanjay Pruthi
Dr. Ashwini Acharya	Dr. Girish Jayawant
Dr. Niti Upasani	Dr. Sunit Upasani
Dr. Milind Shirodkar	Dr. Dushyant Bhadlikar
Dr. Makarand Ganpule	Dr. Dinesh Mahajan
Dr. Mahendra Kamat	Dr. Krishna Kumar
Dr. Rahul Jalgaonkar	Dr. Manasi Karandikar
Dr. Jitendra Nisal	Dr. Anil Barnwal
Dr. Aparna Powar	Dr. Vijayalaxmi Shinde
Dr Shamma Athalye Shetye	Dr. Utkarsh Bhingare
Dr. Somnath Babhale	Dr. Ankit Bajpai

On behalf of IMA Dombivli, I thank the following hospitals / centres for giving sponsorships for MAHAHOSPICON/IMAFEST 2018 :

Fortis Hospital(Mulund)	AIMS Hospital, Dombivli
SRV Mamata Hospital	Nahar Hospital
Disha Kidney Centre	Apex Hospital
Pride Speciality	Om Hospital
Plasma Blood Bank	Utkarsh Scan Centre
Rajnigandha Hospital	Uday Imaging centre
Apollo Hospital(Navi Mumbai)	

Thank you all the **delegates and dignitaries...** Thank you all **Speakers and Panelists...** Thank you all **MOCs, Moderators and Chairpersons...** Thank you to the **entire organizing committee...** Thank you all the **sponsors of the event...**

It was an ultimate grand show of Team work, thoughtfulness, sincerity and hard work...Despite having faced so many difficulties, we were able to deliver a product which was grand by all means! The lacunae in venue and in food – I apologize for the same with folded hands. We will be very happy to receive any suggestion / feedback on imadbl@gmail.com.

Looking forward to welcoming everyone at IMAFEST 2019 to be held on 30th November and 1st December 2019. Venue will be declared soon. Do not miss out on the early bird registration offer! Register for early bird from www.imadombivli.com

Long Live IMA.

Dr Archana Pate

President, IMA Dombivli

SECRETARIAL REPORT



The Third quarter of the year has been a memorable one.
The programs conducted in the third quarter were

10 th October 2018

IMA DOMBIVLI, 15th COMMUNITY SERVICE was conducted on 10'th October. IMA DOMBIVLI WOMENS's WING and AAO GAIN CHALEN teams in association with INNERWHEEL CLUB of Dombivili conducted Comprehensive Medical Check up. Lectures were taken for first to tenth grade students of Kidland school, Dombivli west. 385 students were benefitted. Lectures on hand hygiene, General Hygiene, Menstrual problems, Sex education, Challenges of adolescence in School children.

12 October 2018

Mission Pink Health : IMA DOMBIVLI WW conducted a health camp under guidance of MPH State Coordinator Dr Meena Pruthi.

It was conducted at MAHATMA GANDHI School, Dombivli west.

180 girls between age group 12 to 16 benefitted with lecture on Anemia Awareness, hand hygiene, Good Touch, Bad Touch, Adolescent health and hygiene. General health check up was done and Deworming and Iron supplements were distributed.

13 October, 2018

Dandiya Raas : Cultural Committee organised Dandiya Raas on 13 October at Sonali Garden Restaurant. It was attended by IMA DOMBIVLI Doctors, Spouses, children, IDA. Prizes for Best Costume, Best Dance Solo and Couple were given.

30 November 2018

Preconference ICU WORK SHOP

NAVRANG-Cultural program

Dec 1 and Dec 2, 2018

IMAFEST 2018 and MAHAHOSPICON

JALSA

NAVRANG

The Cultural Program had 4 Events.

- TARAANA-Singing competition
- NUPUR-The Dance Competition.
- IMATALENT SHOW
- INAAYAT-The Indian Ethnic Fashion Show

We had a fabulous participation with Famous Judges. A grand evening with Funtime, Dinner and Prizes

Preconference Work shop

ICU MANAGEMENT AND BASIC VENTILATION for Non-Intensivists.

IMAFEST 2018

The Dombivli Annual Conference : 2 days conference attended by State and National IMA leaders, with Shree Ravindra Chavan as the chief guest and Dr Mohan Agashe for DR U.P.Rao Oration were highlights of the conference.

The Souvenir was a Classic.

Since it was MAHAHOSPICON, HBI had Panel Discussions on Hospital related issues.

The conference ended with JALSA-The Banquet.

NEWER DRUGS IN DIABETES

Dr Medha Oak
Consulting Physician

- Diabetes mellitus is defined as a vascular cum metabolic syndrome of multiple etiology characterized by chronic hyperglycemia with disturbance in carbohydrate, protein & fat metabolism, resulting from defects in insulin secretion, action or both leading to changes in both small & large blood vessels.
- Ominous octet is the cause of type 2 DM.
- Incidence of diabetes is increasing to epidemic proportions & spreading to younger age - so young patients are predisposed to long term complications in prime years of life leading to morbidity & early mortality, increasing huge financial burden .
- India is a diabetes capital of the world & has expected 101.2 million diabetics by year 2030. Hence there is a need for urgent prevention and cure if possible .
- Diabetes spectrum beings with just family history of Diabetes & then pre diabetes, type 2 DM, Gestational, along with obesity, CAD, Hypertension & CKD.
- Indians have Insufficient insulin & insulin resistance both as root cause of Diabetes & there is a demand supply mismatch. Usual course of treatment with diet, exercise, weight loss & routine anti-diabetes works in most of the individuals.
- **So what is the need for newer anti-diabetic drugs ?**
- Its due to growing prevalence, younger age incidences, limitation of current drugs with beta cells exhaustion or death. Medicines routinely available do not decrease excess fat, only lower blood glucose & do not take care of complications. Sadly taking a pill is easy so people do not follow life style modification.

Newer drugs available are

- 1) Gliflozines (SGLT - 2 inhibitors)
- 2) Gliptins (DPP4 - Inhibitors - oral & injectable)
- 3) HCQS
- 4) New long acting/ weekly insulins./GLP Analogues.
- 5) Oral insulins

Incretin mimetic (GLP 1 agonist)

eg : exenatide, Liraglutide.

This are injectable drugs (non-insulin). They increase insulin secretion in response to meals & decrease glucagon secretion (l-cells). They decrease appetite, delay gastric emptying & help weight loss & post prandial sugar control. Short half life of GLP 1 precludes its effect in T2DM .GLP-1 AGONIST are developed to prolong effect of GLP 1 by various methods or fusion with albumin. (eg : Dulaglutide).so now they activate GLP 1 receptors for 6 hours . Infact weight loss of around 4 kg is seen with Liraglutide .

Disadvantages are high cost, gastro intestinal symptoms initially more later minimized . They are not used in Type 1 DM, pancreatitis & DKA.

DPP4 - inhibitors are called designer drugs

(eg Sitagliptin, Vildagliptin, saxagliptin ,teneligliptin ,Linagliptin) They are available in oral forms. Used only in Type 2 DM. Advantages : well tolerated with no hypoglycemia & no weight gain. They work through increasing GLP-1 & GIP which increase after food intake & GLP-1 increases insulin secretion needed to control sugar ,called '**incretin effect**'. DPP-4 I (inhibitors) increase concentration of GLP-1 by inhibiting DPP - 4 enzyme and prolonging action ogf GLP-1.(which actually metabolizes GLP-1 in 3-4 minutes)

GLP-1 increases insulin secretion from beta cells only in presence of hyperglycemia and so doesn't produce hypoglycemia .It also reduces glucagon release from alpha cells .So important for controlling postprandial excursions. They can be combined with or given with other OHA and insulins .DPP - 4 Inhibitors help in reducing proteinuria and retard the decline of e-GFR along in ARB (anti-HT) regimens in Diabetic nephropathy.

SGLT - 2 inhibitors are sodium glucose cotransporter inhibitors, play important role in averting comorbidities like cardiovascular events, stroke, MI, CV deaths (MACE) Robust benefit seems to be in Heart failure (HF) related hospitalizations & Atherosclerotic diseases. This newer drug looks promising and assuring due to its insulin independent action with minimal hypoglycemia . Better understanding of role of kidneys in diabetes paved way for this drug . Kidneys were always seen as part of end organ damage till now (victim).**Now its seen as a culprit !!** 2 GLUT family members are discovered i.e SGLT 1 & SGLT 2 .They transport sodium and glucose in a ratio of 2:1.SGLT 2 are located in S1 and S2 segments of

proximal tubules Approximately upto 90% glucose reabsorption occurs in the first part of PT by SGLT 2 which contributes to hyperglycemia. This is an insulin independent mechanism .Glucosuria is seen with treatment ..Loss of sugar means loss of calories and hence weight loss .These can be used with other available OHA's and Insulins.

ALT (Alanine Amino Transferase) is established biomarker in NAFLD (non alcoholic fatty liver disease). Greater reduction of ALT observed in diabetics treated with SGLT-2 Inhibitors. Other major benefits are reduction in HbA1C, weight & systolic BP, unlike DPP4-I. Recent studies with real world data did not show increase risk of fractures (upper & lower limbs) in T2DM, even age \geq 75 years, who were treated with SGLT-2 inhibitors. So initial controversy with these drugs is lessened.

HCQS: hydroxy chloroquines: Inhibit insulin degradation by combining with insulin receptors creating alkaline pH preventing insulin degradation and thus prolonging insulin action .It works in patients refractory to sulphonylureas .

2ND generation insulins like

Degludec (dihexamers) have long half life of 25 hours at steady state i.e not dose related with a duration of action lasting for more than 42 hours .useful in both T1DM &

T2DM with very minimal risk of hypoglycemia.

High strength insulin **Glargine** 300 IU/ml it is effective in reducing HbA1c in T2DM.

FIAsp : faster acting insulin aspart for better post prandial sugar control .

Soliqua : 100/33 insulin glargine +Lixisenatide GLP 1 analogue : FDA approved this combination in one injection for T2DM .

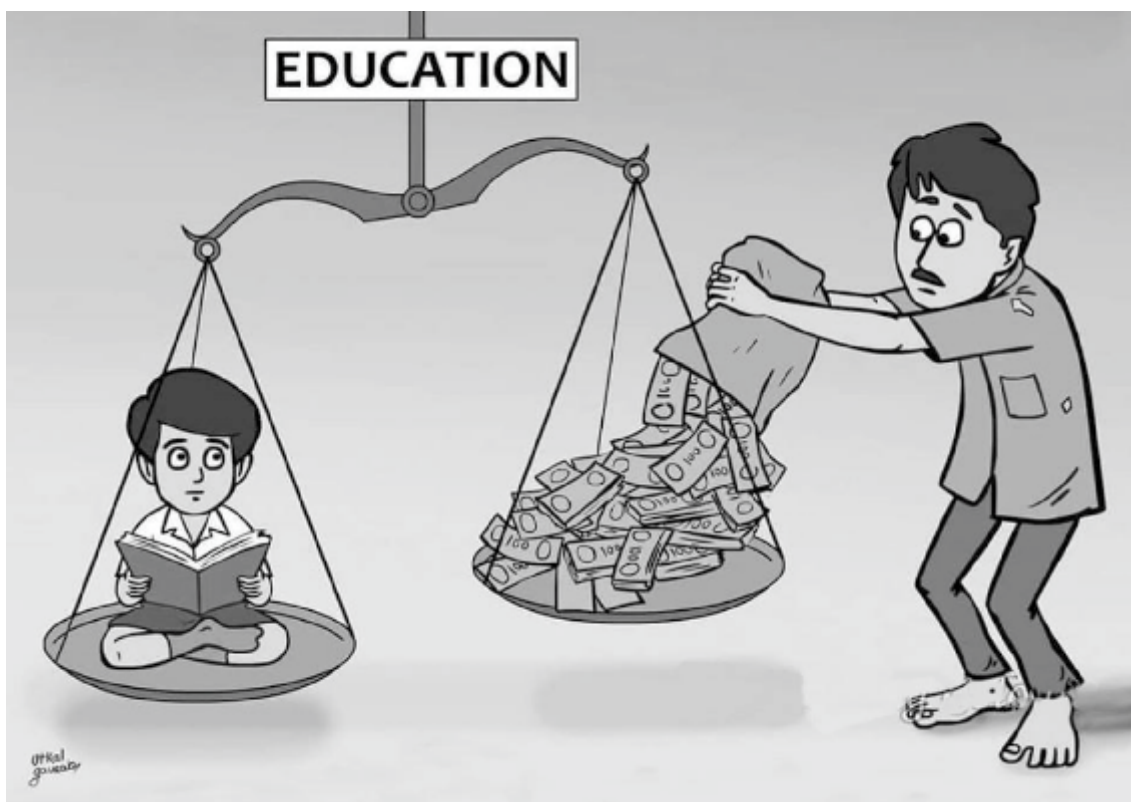
Trulicity : GLP 1 Receptor agonist approved as once a week injection for T2DM along with diet ,exercise and other oral agents .

Glyxambia : oral DPP4-I + SGLT-2 I: in T2DM.

Ozempic:(semaglutide) subcut injection 0.5 to 1mg, not to be mixed with insulin ,once weekly GLP-1 receptor agonist for type 2 DM . Not to be used in patients with MEN ,thyroid cancers .It is not first choice ,not a substitute for insulin ,not for type 1 and in DKA or Pancreatitis .Side effects are cancers ,allergy, vision and GI disturbances and CKD.

No single drug can exclusively rectify disturbances in T2DM. **Optimal glucose control with gluco-eccentric benefits and with good safety profile is always desirable.**

...



DIABETES AND THE EYE

Dr. Anagha Heroor
Consulting Ophthalmologist

INTRODUCTION

The term “diabetes mellitus” describes a metabolic disorder of multiple etiology characterized by chronic hyperglycemia with disturbances of carbohydrate, fat and protein metabolism resulting from defects in insulin secretion, insulin action, or both.

The effects of diabetes mellitus include long-term damage, dysfunction and failure of various organs.

Classification

There are two main types of diabetes

Type 1 diabetes (T1B):

Insulin-dependent diabetes mellitus (IDDM) usually develops in childhood and adolescence and patients require life long insulin injection for survival. has an abrupt onset, with thirst, increased appetite, excessive urination and weight loss occurring over a period of several days.

Type 2 diabetes (T2B):

Non-insulin-dependent diabetes mellitus (NIDDM).

Usually develops in adulthood and is related to obesity. Lack of physical activity, and unhealthy diets. This is the more common type of diabetes (representing 90% of diabetes cases worldwide) Treatment may involve lifestyle changes and weight loss alone, or oral medication or even insulin injections.

Epidemiology

The most common cause of blindness in developed countries is AMD, while in developing ones is diabetic retinopathy.

(because of increase in the average of age and a good healthy care)

Diabetes is the major systemic disease that causes blindness in

the United States and is the leading cause of blindness in individuals 40 to 60 years of the age.

In USA 4 millions of diabetic patients of 40 years old or more have DR, 1 million of them have threat of blindness.

The rate of blindness among diabetic persons is **20 times** that of the general population.



Pathogenesis

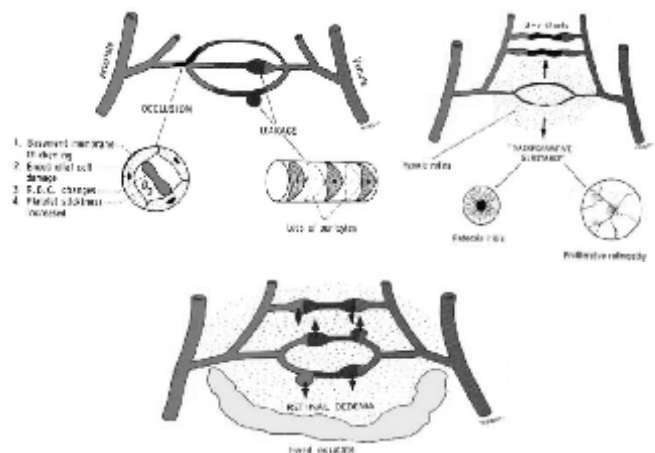
Disease of the capillaries and small vessels (microangiopathy) causes retinopathy, nephropathy, neuropathy, and heart diseases.

High blood glucose levels cause endothelial cells lining the blood vessels to take in more glucose than normal (these cells do not depend on insulin)

They then form more **glycoproteins** on their surface than normal.

- Also cause the basement membrane to grow thicker and weaker.
- The walls of the vessels become abnormally thick but weak, and therefore they bleed, leak protein, and slow the flow of blood through the body.

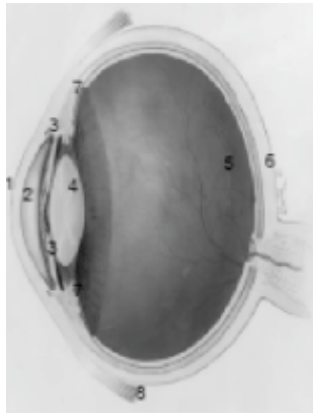
PATHOGENESIS



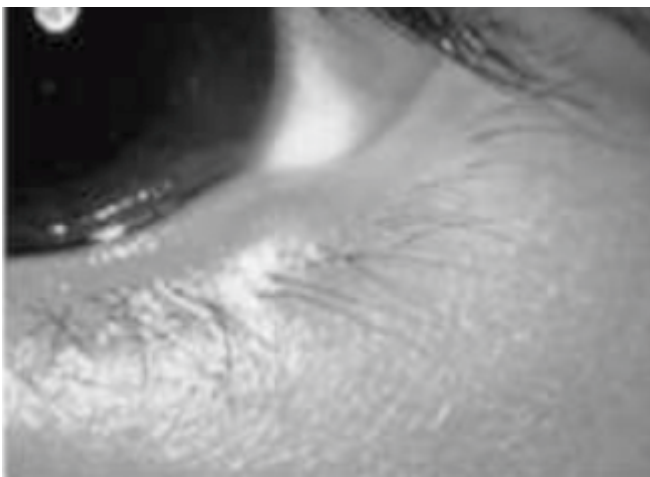
Ocular effects of diabetes

Diabetes can cause changes to virtually all Structures of the eye.

1. Cornea + tears
2. Aqueous
3. Iris
4. Lens
5. Vitreous
6. Retina
7. Internal muscles
8. External muscles



Lids and conjunctiva

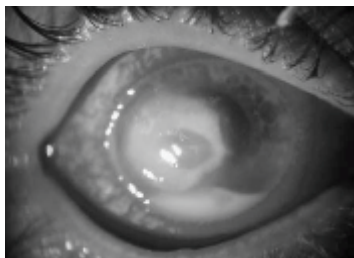


prone to infections due to high blood sugar level.

- Recurrent styes and blepharconjunctivitis .
- Instability of tear film
- Xanthelasma,

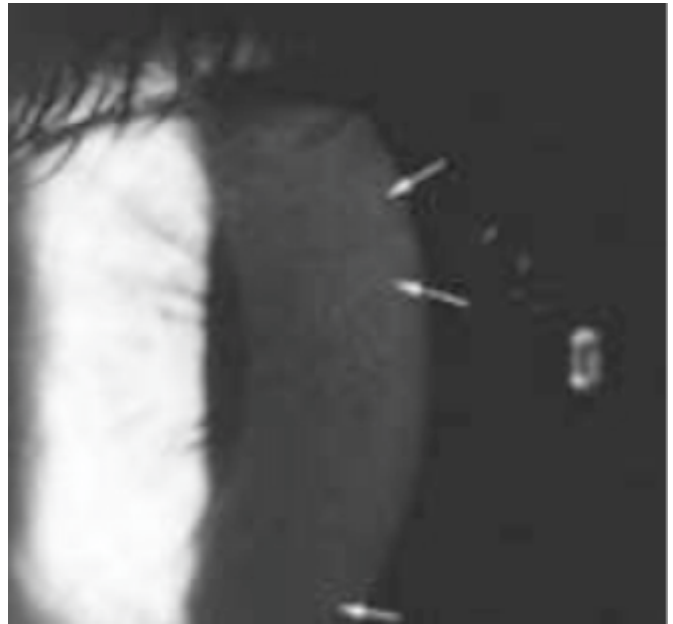
CORNEA

Corneal sensitivity is commonly impaired in diabetes, This sensory deficit may predispose to bacterial corneal ulcers, neurotropic ulcers and difficulties with contact lenses.



Intrinsic abnormalities of the epithelial basement membrane of the Cornea complexes, with impaired barrier function lead to:

- Superficial punctate keratitis .
- Poor healing after trauma



Pupil abnormalities

Rigid pupils – difficult mydriasis:

The cause is an autonomic neuropathy, partially denervating both the sphincter and the dilator muscles.

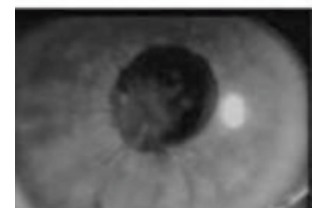
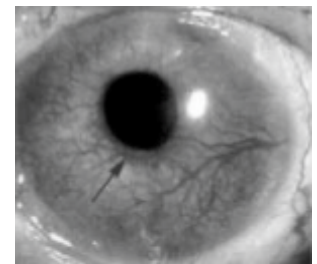


Iris

Neovascularization of iris : This occurs due to Retinal hypoxia & release of vasoproliferative substance (angiogenic factors)

Intraocular Pressure:

- Neovascular Glaucoma: a complication of Rubeosis of the iris.
- A low intraocular pressure : is associated with diabetic acidosis.



Lens:

Changes in Refractive error :

Due to changes in refractive index of the lens.



Collection of the sugar alcohol sorbitol in the lens, due to increased aldose reductase activity, causes the lens to swell and changes its refractive power.

MYOPIA SHIFT:

Increase in blood sugar level

- Hyperglycemia
- Increase in osmotic pressure of crystalline lens
- Increase in refractive index of lens



HYPERMETROPIC SHIFT:

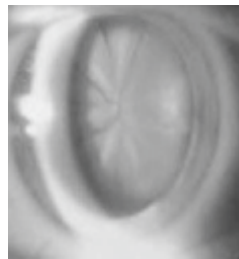
Decrease in blood sugar level

- Hypoglycemia
- Decrease in osmotic pressure of crystalline lens
- Decrease in refractive index of lens.

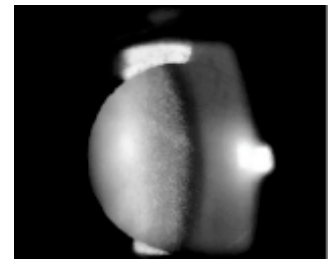


Cataract :

- Cataract is a major cause of vision impairment in people with diabetes.
- It occurs 10-20 years after the onset of insulin dependent diabetes.
- Control of the diabetes with restoration of normal blood glucose levels stops progression of the opacity.



flake/snow-storm cataract



Pre-senile cataract

Diabetic papillopathy:

- Diabetic papillopathy is an uncommon ocular manifestation of diabetes mellitus (DM).
- The underlying pathogenesis is unclear but it may be the result of small vessel disease.
- Presentation is usually with mild optic nerve dysfunction and slow progression.

VA: 5/10 or better.

- Non specific unilateral or bilateral mild disc swelling and hyperemia.
- It usually resolves *spontaneously* within several months.



DIABETIC NEUROPATHY:

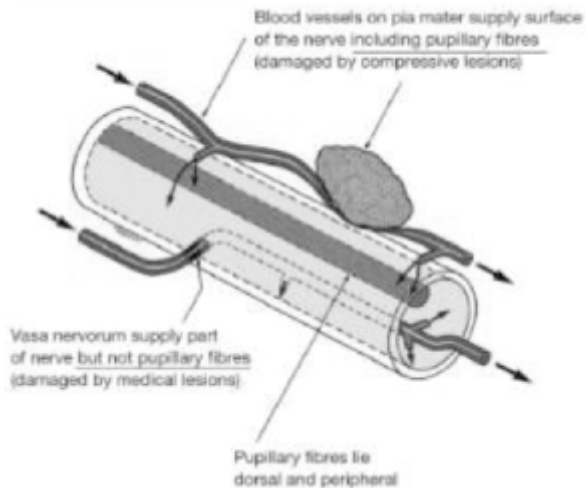
Paralysis of ocular muscles innervated by the third or sixth nerve.

- Sudden onset of diplopia and painful muscle paralysis associated with a homolateral headache.
- Short duration of hyperglycemia in diabetic, the paralysis disappears spontaneously with several weeks.
- Long time of hyperglycemia in diabetic, it persists up to 6 months.

Diabetic pupillary abnormalities:

Medical lesion in diabetes usually spares the pupil, compared to surgical lesion (aneurysm etc) which involve the pupil.

This is because of the microangiopathy which involves the vasa nervorum, causing ischemia of the main trunk of nerve, and sparing the superficial pupillary fibers, While sparing the pial vessels, which supply the superficial Pupillomotor parasympathetic Fibers.

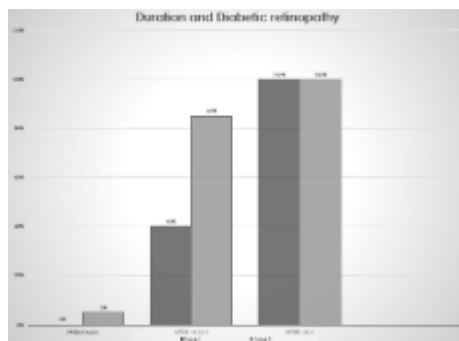


Diabetic Retinopathy

- Retinopathy is the most important ocular complication of diabetes
- Prevalence of DR of any severity in the diabetic population is 30% and prevalence of blindness due to DR is approximately 5%

RISK FACTORS

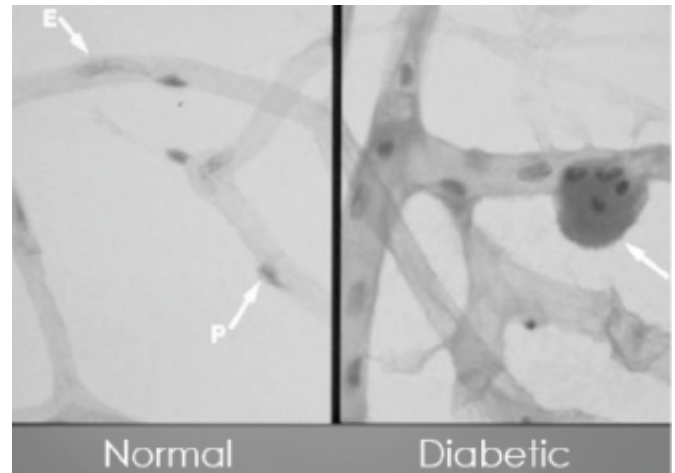
- **Duration of DM**
- Control of DM. Will not prevent but delays
- Hypertension
- Renal Disease
- Pregnancy
- Obesity, hyperlipidaemia, smoking, anaemia



DR Pathogenesis:

Loss of pericytes thickening of basement membrane
Proliferative and damage endothelial cells

Increased capillary permeability / abnormal vasoproliferation



CLASSIFICATION

Non-proliferative :

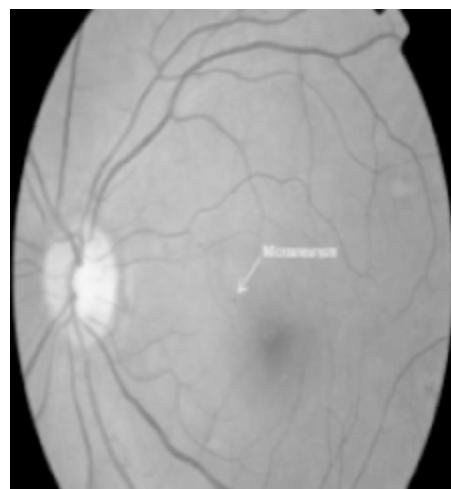
- Mild
- Moderate
- Severe

Proliferative :

- Mild–Moderate.
- Severe.
- Advanced.

Nonproliferative diabetic retinopathy

- Mild :
- Indicated by the presence of at least 1 micro aneurysm.



Moderate:

- Includes the presence of hemorrhages, micro - aneurysms, and hard exudates
Cotton wool spots.

MAHAHOSPICON / IMAFEST 2018 - MEMORIES

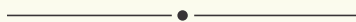
ICU Management Workshop for Non-Intensivist - 30th November 2018



INAUGURATION



**MAHAHOSPICON / IMAFEST 2018 inauguration at the hands of
(then) IMA National President Dr. Ravi Wankhedkar and
Hon. Minister of State Shri. Ravindra Chavan
in presence of other State / National IMA dignitaries**



INAUGURATION



Dr. Mohan Agashe delivered the prestigious Dr. U. Prabhakar Rao Oration



Dr. U. Prabhakar Rao oration was delivered by renowned Psychiatrist and Film Personality Dr. Mohan Agashe

PANEL DISCUSSIONS



Panel Discussions included Medicolegal issues faced by Doctors, Problems related to Hospitals / at Home Death, Problems of Hospital Registration, Fire, Electricity and BMW issues were discussed by relevant Authorities.

SCIENTIFIC SESSIONS DAY 1 MAHAHOSPICON / IMAFEST 2018



SCIENTIFIC SESSIONS DAY 1 MAHAHOSPICON / IMAFEST 2018



Our Backstage Champs...



ARNAV SUPERSPECIALITY CLINIC

HAIR TRANSPLANT & COSMETIC SURGERY CENTRE

Dr. Hemant M. Patil

M.S. (Gen. Surgery) Gold Medalist
M.Ch. (Plastic Surgery)
Consultant Plastic & Cosmetic Surgeon



WHAT IS HAIR TRANSPLANT ?

A hair transplant is a minimally invasive out patient surgical procedure that can permanently restore the hair of men & women who are experiencing partial baldness by transplanting new follicles into balding or thinning areas.



302, Sharda's Sai Plaza Building, Near Tilak Chowk, Dr. Rajendra Prasad Road, Dombivli (E).

M : 9167901777, 7715081264



AIMS HOSPITAL

12 *Years*
Of Quality
Health Care
Services

SETTING STANDARDS OF CLINICAL EXCELLENCE

Full Time

Consultants

SPECIALITIES

- ANAESTHESIOLOGY
- CARDIOLOGY
- CARDIOTHORACIC SURGERY
- CRITICAL CARE
- DIABETOLOGY
- DERMATOLOGY
- DENTAL & PROSTHETIC ONCOLOGY
- EMERGENCY & TRAUMA CARE
- ENT
- GASTROENTEROLOGY - MEDICAL
- GASTROENTEROLOGY - SURGICAL
- GENERAL SURGERY
- HAEMATOLOGY
- INTERVENTIONAL RADIOLOGY
- INTERNAL MEDICINE
- INFECTIOUS DISEASE
- NEPHROLOGY
- NEUROLOGY
- NEURO SURGERY
- OBSTETRICS & GYNAECOLOGY

- ONCOLOGY - MEDICAL
- ONCOLOGY - RADIATION THERAPY & BRACHYTHERAPY
- ONCOLOGY - SURGICAL (BREAST, GYNEC, GI & HPB, HEAD & NECK, URO, HAEMATO)
- ORTHOPAEDICS & JOINT REPLACEMENT
- OPHTHALMOLOGY
- PEDIATRICS & NEONATOLOGY
- PHYSIOTHERAPY
- PLASTIC & COSMETIC SURGERY
- PULMONOLOGY & CHEST MEDICINE
- PSYCHIATRY & CLINICAL PSYCHOLOGY
- RHEUMATOLOGY
- RADIOLOGY
- SPINE SURGERY
- UROLOGY

OTHER SERVICES

- CT SCAN - 128 SLICE WITH CARDIAC CT
- LINEAR ACCELERATOR
- TRANS ESOPHAGEAL ECHOCARDIOGRAPHY (TEE)
- EXECUTIVE HEALTH CHECKS
- AUDIOLOGY & SPEECH THERAPY
- 20 BEDDED DEDICATED DIALYSIS UNIT
- OCCUPATIONAL THERAPY
- PAIN MANAGEMENT
- LITHOTRIPSY
- CARDIAC AMBULANCE
- MORTUARY SERVICES





NABH & ISO Accredited



**Compassion
With
Excellence**



**Asian Institute of
Medical Sciences**
A Super-Specialty Hospital

Dombivli (E)
Emergency : 7506274959, Tel.: 0251-2475000
www.aimshospital.co.in, enquiry@aimshospital.co.in.
Follow us on :  **AIMS Hospital**,  **AIMS Hospital**



Be a part of the State-of-the-art SRV Mamata Hospital

Local at heart, global in thought

Come and experience the state-of-the-art SRV Mamata Hospital, which is now open to all. We bring together medical and surgical expertise across specialties in Dombivli, so your patients can access world-class medical facilities with a personalized touch, without the wait.

Our Services

- 24X7 Emergency
- Surgical and Critical care
- 18-bedded ICCU & ICU
- NICU & PICU
- Cath lab
- CT Scan
- Hi-tech OT complex
- 10-bedded advanced Chemotherapy unit

DOMBIVLI'S
1ST TERTIARY CARE HOSPITAL



0251 2444 111 / +91 8291893641
0251 244 3174/75/76/78



www.srvmamatahospital.com
info@srvmamatahospital.com



P-43, Phase II, Next to ICICI Bank,
MIDC, Dombivli (E), Thane - 421203

SCIENTIFIC SESSIONS DAY 2 MAHAHOSPICON / IMAFEST 2018



SCIENTIFIC SESSIONS DAY 2 MAHAHOSPICON / IMAFEST 2018



Various topics related to day-to-day practice were discussed in two days of scientific session by experts in those fields.



Can't thank the whole team enough...



The Organizing Team of MAHAOSPICON / IMAFEST 2018

NAVRANG 2018 - INAAYAT ... The Fashion Show

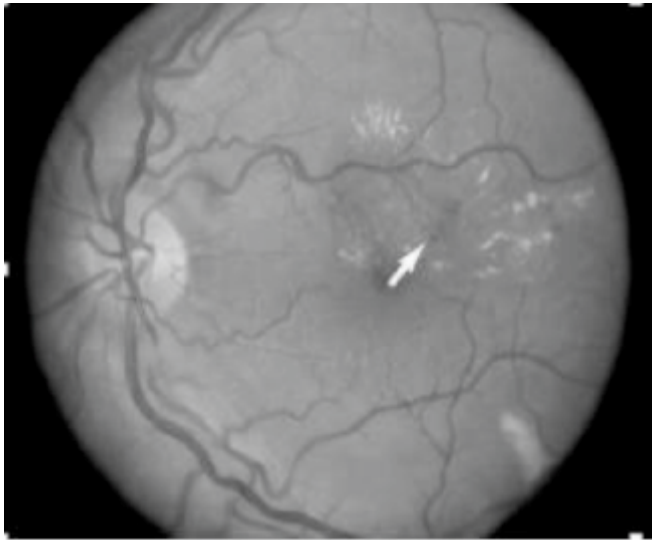


NAVRANG - TARANA ...The Singing Competition



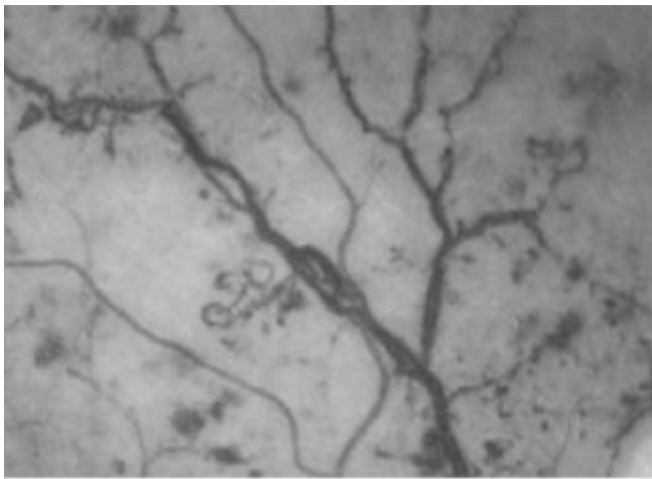
NAVRANG - PRIZE DISTRIBUTION





Severe:

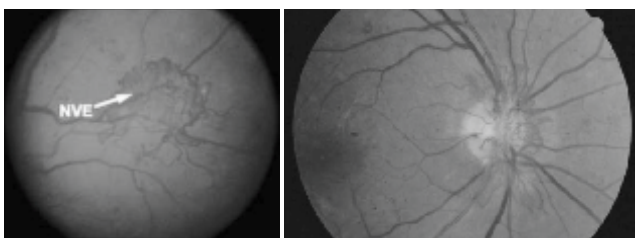
- The (4-2-1) rule; one or more of:
- Hemorrhages and microaneurysms in 4 quadrants.
- Venous beading in at least 2 quadrants.
- Intraretinal microvascular abnormalities in at least 1 quadrant



Proliferative diabetic retinopathy

- Severe non-proliferative DR and one or more of the following :
- Neovascularization : NVE , NVD.
- Vitreous / Preretinal hemorrhage.

Neovascularization



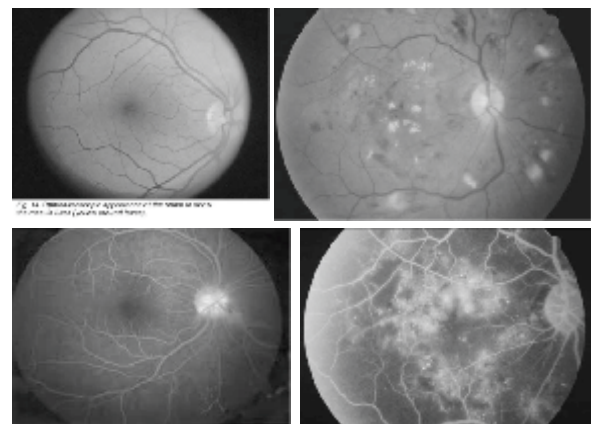
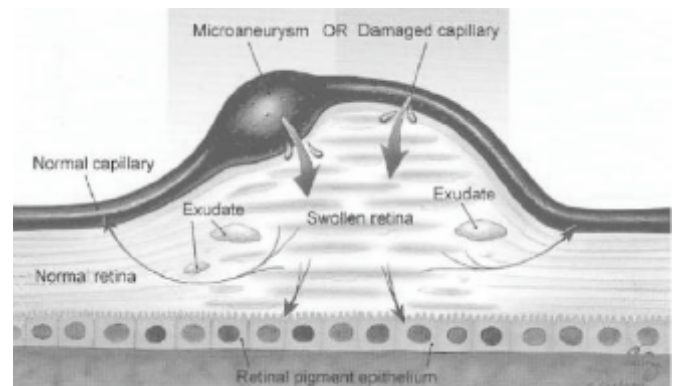
Visual loss in diabetic retinopathy :



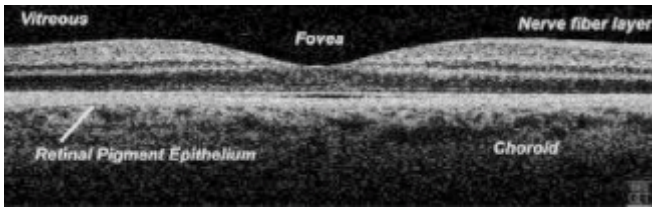
Maculopathy :

Main cause of visual loss in diabetic retinopathy

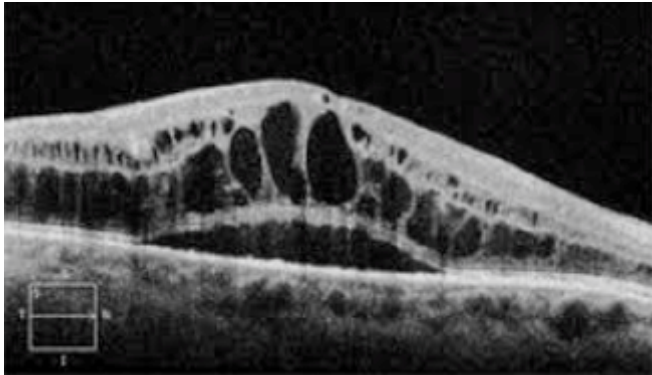
- edema
- ischemia
- exudates



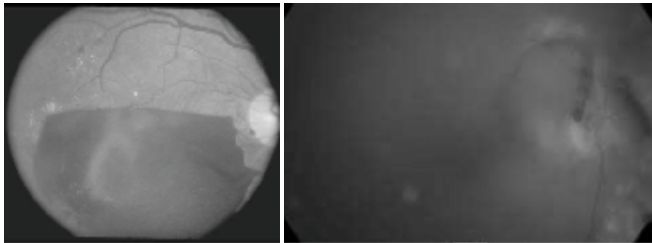
Normal OCT



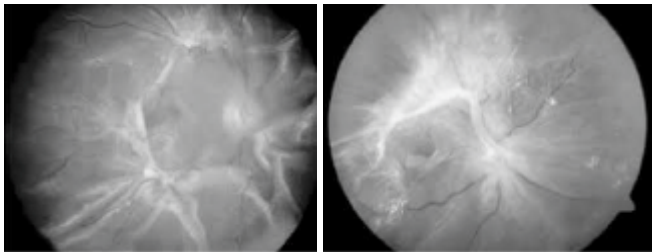
Macular edema on OCT



Vitreous hemorrhage



Retinal detachment



Management

- Medical treatment
- Laser therapy
- Anti VEGF intravitreal injections
- Vitrectomy

Medical treatment :

- glucose control : controlling diabetes. maintaining the HbA1C level in 6-7% range.
- Level of activity :maintaining a healthful lifestyle with regular exercise can help reduce the

complication of diabetes and DR.

- Blood pressure control.
- Lipid-lowering therapy.

Follow up:

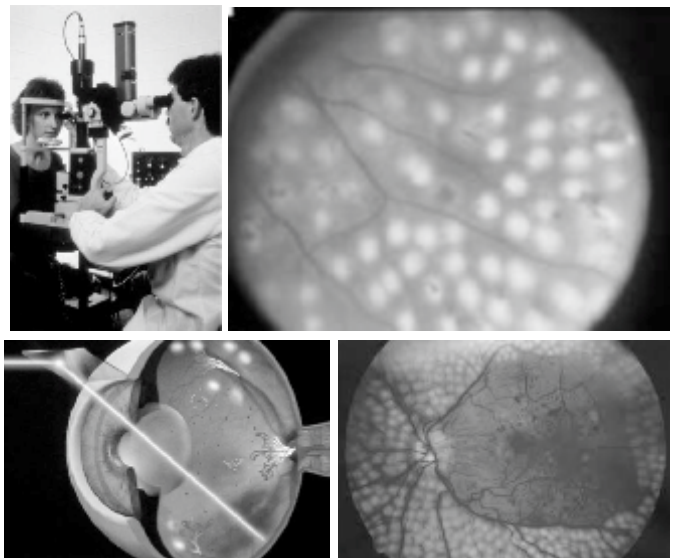
Retinal finding	Suggested follow-up
Normal	Annually
Mild NPDR	1 year
Moderate NPDR	6 months - 1 year or refer to ophthalmologist.
Sever NPDR	Every 4 months
DME	Every 2-4 months
PDR	Every 2-3 months

Laser therapy:

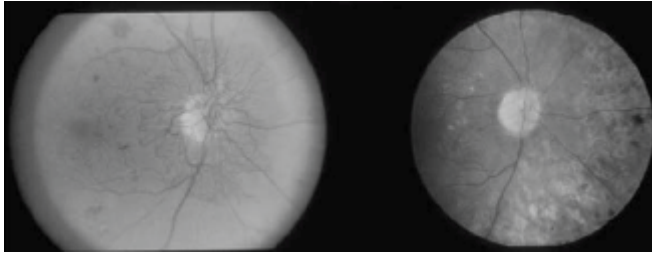
- reduces severe visual loss.
- reduces legal blindness by 90% in people with severe non proliferative or proliferative retinopathy.
- Indications:
 - Proliferative diabetic retinopathy..... Pan Retinal Photocoagulation.
 - Diabetic macular edema..... focal laser.

Panretinal photocoagulation

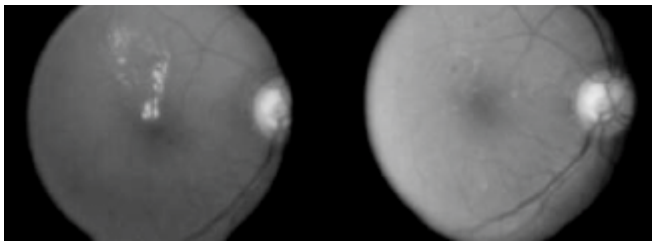
PRP



Panretinal photocoagulation (PRP)



Focal laser



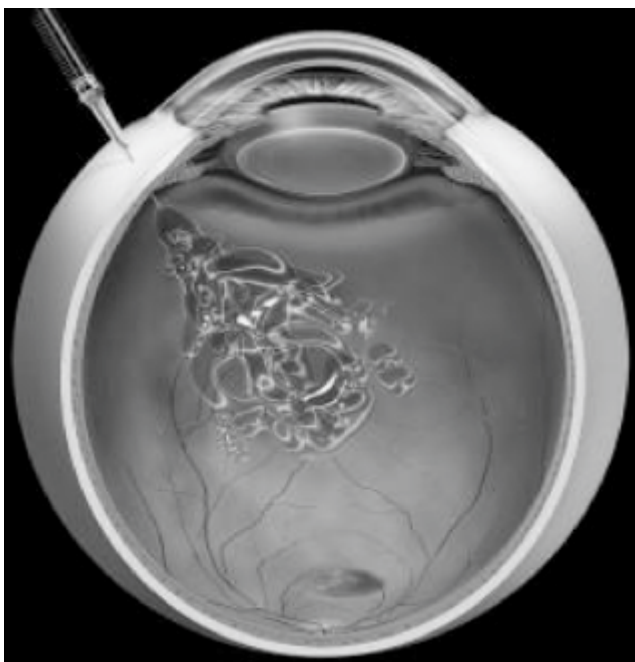
Before

After

Anti VEGF

Anti VEGF

✓ Bevacizumab	Avastin®	
✓ Ranibizumab	Lucentis®	
✓ Aflibercept	Eylea®	

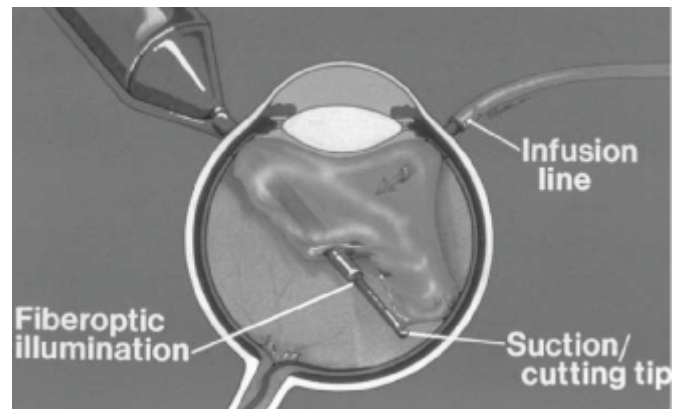


Anti – VEGF (vascular endothelial growth factor) agents:

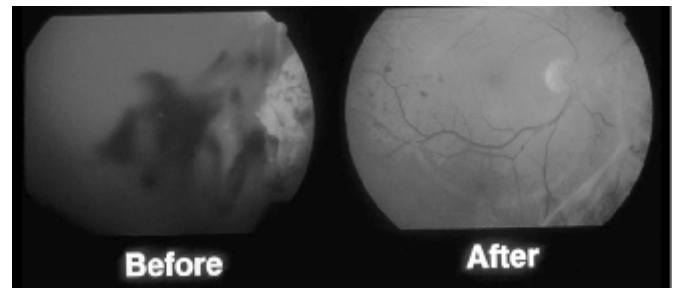
- A class of drugs that block the growth of abnormal blood vessels.
- This drug can stop the blood vessels leaking and growing
- It could complement the focal photocoagulation in Diabetic macular edema and an adjuvant agent to Pan Retinal Photocoagulation in Proliferative Diabetic Retinopathy therapy

Vitrectomy:

- Removes blood
- Removes Traction
- Allows PRP



Vitrectomy



Before

After

Aspirin in diabetic eye

- Aspirin use did not alter progression of diabetic retinopathy.
- Aspirin use did not increase risk of vitreous hemorrhage.
- Aspirin use did not affect visual acuity.
- Aspirin use reduced risk of cardiovascular morbidity and mortality.

Conclusion:

Diabetes has far reaching consequences on various parts of the eye. Hence, early diagnosis & timely treatment will help to save precious vision. Good diabetic control by the physician, timely referral to an ophthalmologist for a complete eye checkup, regular monitoring & proper counselling for increased awareness about the disease process & treatment options will go a long way.



NABH : PESHCO-2018-0319



SHIVAM HOSPITAL

**MULTI SPECIALITY, CRITICAL &
JOINT REPLACEMENT CENTRE**

HUMAN TOUCH / HUMAN CARE

Regd. No.: KDMC / HB / BNHRA / 02 / 122 / 9-10

Joint Replacement Centre

Moduler OT with Hepa Filter

A Team of Experienced Surgeon,
Anesthetists and Paramedical Staff

**More than 250 JOINT REPLACEMENT SURGERY
has been Performed**

24 Hours Generator Back-up

Mediclaime & Cashless Facility

★ GIPSA ★ CGHS ★ BSNL ★ MTNL ★ MAZAGAON DOCK

Address : Plot No.57, C.R.W. CHS., Near M.I.D.C. Water Tank,
Kalyan Road, Dombivli (E) - 421 201. Tel.: 0251 - 2800330 / 2443144 / 45

Email : shivamhospitaldombivli@gmail.com

info@shivamhospital.net

www.shivamhospital.net

Helpline No.: 9324493909

NAVRANG 2018

The Cultural Festival of IMA Dombivli

WINNERS

NU'PUR – DANCE TO EXPRESS

First Prize: Team Fusion Confusion : **Dr. Niti Upasani, Dr. Manasi Karandikar, Dr. Nayana Chaudhary,**

Dr. Pushpa Mohite, Dr. Nutan Kamat, Mrs. Radhika Kamat

Second Prize: Team Fusion Beats : **Dr. Meena Pruthi & Mrs. Geeta Agarwal**

TARANNA: GAO DIL SE....

Male Singing Performance:

First Prize: **Dr. Rahul Karandikar** , Second Prize: **Dr. Mihir Bairat**

Female Singing Performance:

First Prize: **Dr. Rashmi Phansalkar**, Second Prize: **Dr. Sumedha Chaudhary**

IMA 'S GOT TALENT: BEYOND MEDICINE

First Prize: **Dr. Dushyant Bhadlikar**, Second Prize: **Dr. (Mrs.) Revati Adhav**,

Child Artiste Prize: **Master Rohan Karandikar**

INAAYAT - FASHION SHOW AND RAMP WALK

Most Beautiful Smile: **Dr. Swapna Mulay**

Inaayat Walk (Male) First Prize: **Dr. Makrand Ganpule**, Second Prize: **Dr. Rahul Karandikar**

Inaayat Look (Male) First Prize: **Dr. Suneet Upasani**, Second Prize: **Dr. Vijay Aage**

Inaayat Walk(Female) First Prize: **Dr. Sheetal Khismatrao**, Second Prize: **Dr. Meena Pruthi**

Inaayat Look(Female) First Prize: **Dr. Sandhya Bhat**, Second Prize: **Dr. Manasi Karandikar**

AUDIENCE PRIZES

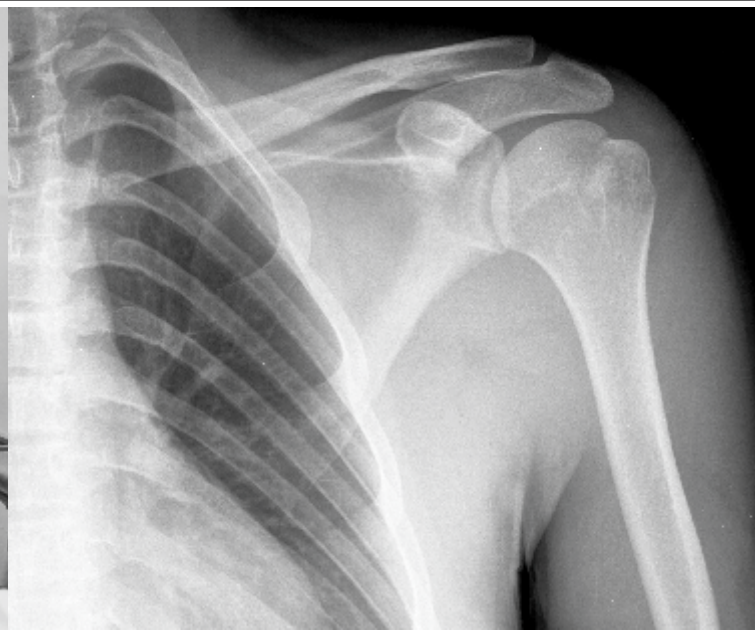
Best-Dressed Male: Dr. Vijay Chinchole

Best-Dressed Female: Mrs. Amita Thakkar

Best-Dressed Child : Master Sahil Gangurde



SONOGRAPHY | DIGITAL X-RAY | 2D ECHO | PATH | ECG



D/1-153, Kasturi Plaza, Manpada Road, Dombivli (East) - 421 201.
Phone : 2861999 Mobile : 9222243967, 9222243976

Dr. Rajesh Y. Mulay

M.D. Radiology
Managing Director &
Consultant Radiologist

rajesh.mulay@gmail.com
Mobile : 9221304954

Dr KK Aggarwal
Padma Shri Awardee

2018 has been an eventful year for the country, especially in the medical arena. A lot has happened and it has left all of us in anticipation of the coming year 2019.

MBBS curriculum revised after more than two decades ... an ambitious target for complete elimination of TB from the country by 2025... legislations have been passed some only by the Lower House....some have been tabled in the Parliament and are yet to be discussed before they can be enacted ... outbreaks....natural calamities....These were but few of the stories that made headlines this year.

India took a step closer to universal health coverage with the launch of Ayushman Bharat.

But, perhaps the most momentous of all events this year was the dissolution of autonomy of medical profession and replacement of the Medical Council of India (MCI) with a Board of Governors.

Let's take a look at some of the top health stories in India in 2018. These have been listed in no specific order.

Medical Council of India dissolved and so was the autonomy of the medical profession

The Medical Council of India (MCI) was dissolved with immediate effect on Sept. 26, 2018 and superseded by a Board of Governors after the Govt. brought an Ordinance called the Indian Medical Council (Amendment) Ordinance, 2018 to set up a committee to run the MCI until Parliament passes the National Medical Commission (NMC). A 7-member Board of Governors was announced with Dr. VK Paul as its chairman.

New MBBS curriculum

The MBBS curriculum was revised. In November, the new undergraduate curriculum was finalized by the MCI BoG. It will be implemented in the 2019-20 academic session. The "Competency-based UG Curriculum for the Indian Medical Graduate" focuses on medical ethics, better doctor-patient relationship and outcome-based learning. Another new feature is the introduction of elective subjects. Now students can pick up subjects of choice and dedicated time has been allotted for self-directed learning and co-curricular activities. The new MBBS curriculum has a course called Attitude, Ethics and Communication (AETCOM) which will run across years. Students will be assessed for how they communicate with patients; how they counsel people for

organ donations or other challenging procedures; how sensitively do they offer care and obtain consent. All these things will count along with competencies and skills.

National Medical Commission Bill 2017

The government is hoping to pass the National Medical Commission (NMC) Bill. The bill is currently pending in Parliament and will be first taken up in the Lok Sabha. The Bill seeks to replace the MCI with a National Medical Commission as a regulatory body for medical education and practice in the country. Among other provisions, the Bill establishes four autonomous Boards under the supervision of the NMC: Under-Graduate Medical Education Board, Post-Graduate Medical Education Board, Medical Assessment and Rating Board and Ethics and Medical Registration Board.

The Bill was introduced in the Lok Sabha on Dec. 29, 2017; it was referred to a Standing Committee on January 4, 2018 on account of opposition from the Indian Medical Association (IMA) to certain provisions of the Bill. The Standing Committee submitted its report on March 20, 2018 following which the Union Cabinet approved certain official amendments to the NMC Bill. It is unlikely to get passed seeing the tough stand taken by the IMA.

Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana launched

Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana, the world's largest government funded healthcare program was launched by the Prime Minister Shri Narendra Modi at Ranchi, Jharkhand on Sept. 23, 2018. It provides a cover of up to Rs. 5 lakhs per family per year, at any government or empanelled private hospital, for secondary and tertiary care hospitalization. More than 10 crore vulnerable entitled families - approximately 50 crore beneficiaries - will benefit from the scheme. The amount of 5 lakh would cover all investigations, medicine, pre-hospitalization expenses etc. All pre-existing conditions are covered. There is no restriction on family size, age or gender.

India sets a target for complete elimination of TB by 2025 at the Delhi End TB Summit

"India is determined to address the challenge of TB in mission mode. I am confident that India can be free of TB by 2025. The global target for eliminating TB is 2030, but

today I announce that the target for India to eliminate TB is 2025, five years before the global target,” said the Prime Minister Narendra Modi as he inaugurated the Delhi End TB Summit and launched the TB Free India Campaign on March 13, 2018.

The Delhi End TB Summit was jointly organized by the Government of India, Stop TB Partnership and WHO South East Asia Regional Office (SEARO).

Supreme Court’s allowed “Living Will” in a landmark decision

In a landmark judgement, the Supreme Court of India allowed an individual to draft a living will specifying that they not be put on life support if they slip into an incurable coma.

The order was passed by a five judge Constitutional bench comprising Chief Justice of India, which said “Human beings have the right to die with dignity.” Though the judges gave four separate opinions, all of them were unanimous that a Living Will should be allowed, because an individual should not be allowed to continue suffering in a vegetative state when they don’t wish to continue living, and know full well that they will not revive. However, the Apex Court has set forth strict guidelines on how to execute the mandate of the living will.

Surrogacy (Regulation) Bill 2018 passed by the Lok Sabha

The Surrogacy (Regulation) Bill 2018, which had been introduced in the Lok Sabha in 2016, was passed by the Lower House on Dec. 19, 2018. The Bill is to be debated in the Rajya Sabha and passed by the Upper House before it can be enacted.

The Bill prohibits commercial surrogacy, and allows altruistic surrogacy. Altruistic surrogacy does not involve any monetary compensation to the surrogate mother other than the medical expenses and insurance coverage during the pregnancy. The intending couple must be Indian citizens and married for at least five years with at least one of them being infertile. The surrogate mother has to be a close relative who has been married and has had a child of her own. Only Indian citizens can avail surrogacy.

Undertaking or advertising commercial surrogacy, exploiting the surrogate mother and selling or importing human embryo or gametes for surrogacy have been considered offences under the Bill with a penalty of 10 years and a fine of up to 10 lakh rupees.

Consumer Protection Bill 2018 passed by the Lok Sabha

The Consumer Protection Bill 2018 was passed by the Lok Sabha on Dec. 20, 2018. The bill, among other things, proposes setting up of the Consumer Disputes Redressal Commission and forums at the District, State and National levels to examine and decide on consumer complaints. Appeals from the District Commissions will be heard by the State Commission and from the State Commission by the National Commission. Appeals from the National Commission will be heard by the Supreme Court.

The Bill has also defined the pecuniary jurisdiction of the three disputes redressal agencies, which have been substantially increased from those provided in the present Consumer Protection Act 1986.

- For District Forum, the jurisdiction has been increased to Rs one crore (from up to Rs 20 lakh at present).
- For State commission, the jurisdiction has been increased to between Rs one crore and up to Rs 10 crore (from more than 20 lakh but not exceeding Rs one crore at present).
- For National commission, the jurisdiction has been increased to above Rs 10 crore (from more than one crore at present).

Other amendments proposed are as follows:

- District, state and national fora do not require judicial members.
- Not only persons but associations and other bodies can complain to consumer fora
- Consumer Mediation cells at district, state and national level.
- District, state and national councils, which are advisory in nature
- A Central consumer authority which has judicial powers, can conduct investigations, search and make judgements

Cabinet approves Allied and Healthcare Professions Bill, 2018

In November, the Union Cabinet chaired by Prime Minister Shri Narendra Modi approved the Allied and Healthcare Professions Bill, 2018 for regulation and standardization of education and services by allied and healthcare professionals. The Bill provides for setting up of an Allied and Healthcare Council of India and corresponding State Allied and Healthcare Councils which will play the role of a standard-setter and facilitator for professions of Allied and Healthcare.

The Bill will also have an overriding effect on any other existing law for any of the covered professions.

Nipah virus outbreak in Kerala

In May, an outbreak of the Nipah virus was reported from Kerala. It was localized in Kozhikode and Malappuram districts of Kerala and claimed 17 lives. The outbreak was officially declared over on June 10, 2018. This was the third outbreak reported in India.

An advisory released by the Health Ministry said that “the Nipah virus disease is not a major outbreak and is only a local occurrence”. The outbreak was traced to fruit bats. In July, the Indian Council of Medical Research (ICMR) confirmed fruit bats were the primary source of the virus.

Zika virus outbreak in Rajasthan

The third outbreak of Zika virus in less than two years was reported in India from Jaipur in Rajasthan. The first case was reported in the end of September. More than 130 cases were detected. For the first time, during this epidemic, scientists found mosquitoes that were infected with the virus, indicating that it was being transmitted locally. Sequencing of five Zika virus strains collected during the Jaipur outbreak suggest that the known mutations linked to fetal microcephaly are not present in the current strain.

In January-February 2017, the first three cases of laboratory-confirmed Zika virus infection in India were detected in Ahmedabad, Gujarat. In the same year in July, transmission of Zika virus was also confirmed from Krishnagiri District in Tamil Nadu. The World Health Organization (WHO) puts India in category 2 in the classification of Zika’s prevalence, which indicates an ongoing transmission of the virus.

HIV and AIDS (Prevention and Control) Act, 2017

The HIV and AIDS (Prevention and Control) Act, 2017 was notified by the Government and came into force from Sept. 10, 2018. The Act aims to end the epidemic by 2030 and safeguard the rights of people living with or affected by HIV by addressing HIV-related discrimination through legal accountability and establishing mechanisms for complaint enquiry and grievance redressal.

The Act lists various grounds on which discrimination against HIV positive persons and those living with them is prohibited. These include the denial, termination, discontinuation or unfair treatment with regard to: (i) employment (ii) educational establishments (iii) health care services (iv) residing or renting property (v) standing for public or private office and (vi) provision of

insurance (unless based on actuarial studies). The Act also prohibits the requirement for HIV testing as a pre-requisite for obtaining employment or accessing health care or education.

ICMR has a new Director General

Professor Balram Bhargava, Professor of Cardiology at All India Institute of Medical Sciences (AIIMS), New Delhi took charge as the new Director General of Indian Council of Medical Research (ICMR) and Secretary of the Department of Health Research, Ministry of Health & Family Welfare.

A new Director General of Health Services appointed

Dr S Venkatesh is the new Director General of Health Services (DGHS).

A new Drugs Controller General of India

Joint Drugs Controller Dr S Eswara Reddy was appointed as the new Drugs Controller General of India (DCGI).

New IMA National President

Dr Santanu Sen, also a Member of Parliament, took over as the National President; Dr RV Asokan was elected as the Secretary General.

India assumes office of CMAAO President-Elect

Dr KK Aggarwal took over as the President-elect of Confederation of Medical Associations in Asia and Oceania (CMAAO).

Supreme Court bans sale of Bharat Stage IV vehicles from April 1, 2020

A three judge bench of the Supreme Court headed by Justice Madan B Lokur has said that no Bharat Stage IV vehicle shall be sold across the country with effect from April 1, 2020. The Bharat Stage VI (or BS-VI) emission norm would come into force from April 1, 2020 across the country.

The BS IV norms have been enforced across the country since April 2017. In 2016, the Centre had announced that the country would skip the BS-V norms altogether and adopt BS-VI norms by 2020. The apex court was deciding whether grace period should be given to automobile manufacturers for the sale of BS-VI non-compliant vehicles after April 1, 2020.

MTNL Perfect Health Mela celebrated its silver jubilee

The MTNL Perfect Health Mela, the annual flagship event of the Heart Care Foundation of India, celebrated its silver jubilee with the theme “Affordable Healthcare”. A National Campaign on Hands-only CPR 10 in

collaboration with Ministry of Youth Affairs, Govt. of India was launched on the inaugural day. “Evening Conclaves” thematic panel discussions with celebrity guests were the highlight of the Mela this year. Topics discussed at these Conclaves included antimicrobial resistance, indoor pollution, harm reduction, safe water and air, CSR, infertility and non-communicable diseases.

A one-of-its-kind Spiritual Inter-Faith Conference on air, sanitation and antimicrobial resistance was also organized by HCFI along with the World Fellowship of Religions, in which eminent dharma Gurus of all religions participated as speakers.

Kerala Floods

In August, Kerala suffered its worst flood in 100 years. All 14 districts of the state were placed on red alert. According to the Kerala government, one-sixth of the total population of Kerala had been directly affected by the floods and related incidents. The Government of India declared it a Level 3 Calamity, or “calamity of a severe nature”.

Viral load test for people living with HIV/AIDS

The Viral Load testing for all People Living with HIV/AIDS (PLHIV) was launched by the Health Minister in February as “a big step forward in treating and monitoring people living with HIV”. The initiative will provide free of cost viral load testing for 12 lakh PLHIV on treatment in the country at least once a year. It will optimize the utilization of 1st line regimens, thus preventing drug resistance. It will also help in strengthening ‘Mission Sampark’ in tracking LFU (Loss to Follow Up) PLHIV.

Govt. ban on manufacture of oxytocin formulations set aside by Delhi High Court

In May, the Ministry of Health and Family Welfare restricted the manufacture of Oxytocin formulations for domestic use to public sector only. It also banned the import of Oxytocin and its formulations. This order was to come into effect from July 1, 2018.

As per the order, no private manufacturer would be allowed to manufacture the drug for domestic use. Only Karnataka Antibiotics & Pharmaceuticals Ltd (KAPL), a public sector company, would be manufacturing this drug for domestic use and will supply the drug to registered hospitals and clinics in public and private sector directly. Oxytocin in any form or name would not be allowed to be sold through retail Chemist.

But, on Dec. 14, the Hon’ble Delhi High Court set aside the Govt.’s decision to ban private firms from producing

and selling oxytocin. The bench of Hon’ble Justice S Ravindra Bhat and Hon’ble Justice AK Chawla said that the government’s decision was arbitrary and unreasonable and that there was no scientific basis behind the Center’s decision restricting private companies from making or supplying the drug to prevent its alleged misuse in the dairy sector for increasing milk production.

Cabinet approves the Protection of Human Rights (Amendments) Bill, 2018

The Union Cabinet chaired by Prime Minister Shri Narendra Modi approved the Protection of Human Rights (Amendments) Bill, 2018 for better protection and promotion of human rights in the country.

National Viral Hepatitis Control Program launched

The National Viral Hepatitis Control Program was launched by the Health Minister on World Hepatitis Day (July 28) with the goal of ending viral hepatitis as a public health threat by 2030 in the country.

India retains the WHO South-East Asia Regional Director position

India retained the top WHO position in South-East Asia Region Office (SEARO) with Dr Poonam Khetrpal Singh unanimously re-elected as Regional Director WHO South-East Asia for another five-year term beginning February 2019. She is the first woman to have been elected to the position of Regional Director for WHO South-East Asia Region after an illustrious career in the Indian civil service, World Bank and WHO.

Last year Soumya Swaminathan an Indian Paediatrician and Clinical Scientist known for her work in Tuberculosis on 3 October 2017 was appointed as the Deputy Director General of Programmes at the World Health Organization.

ENDS Controversy

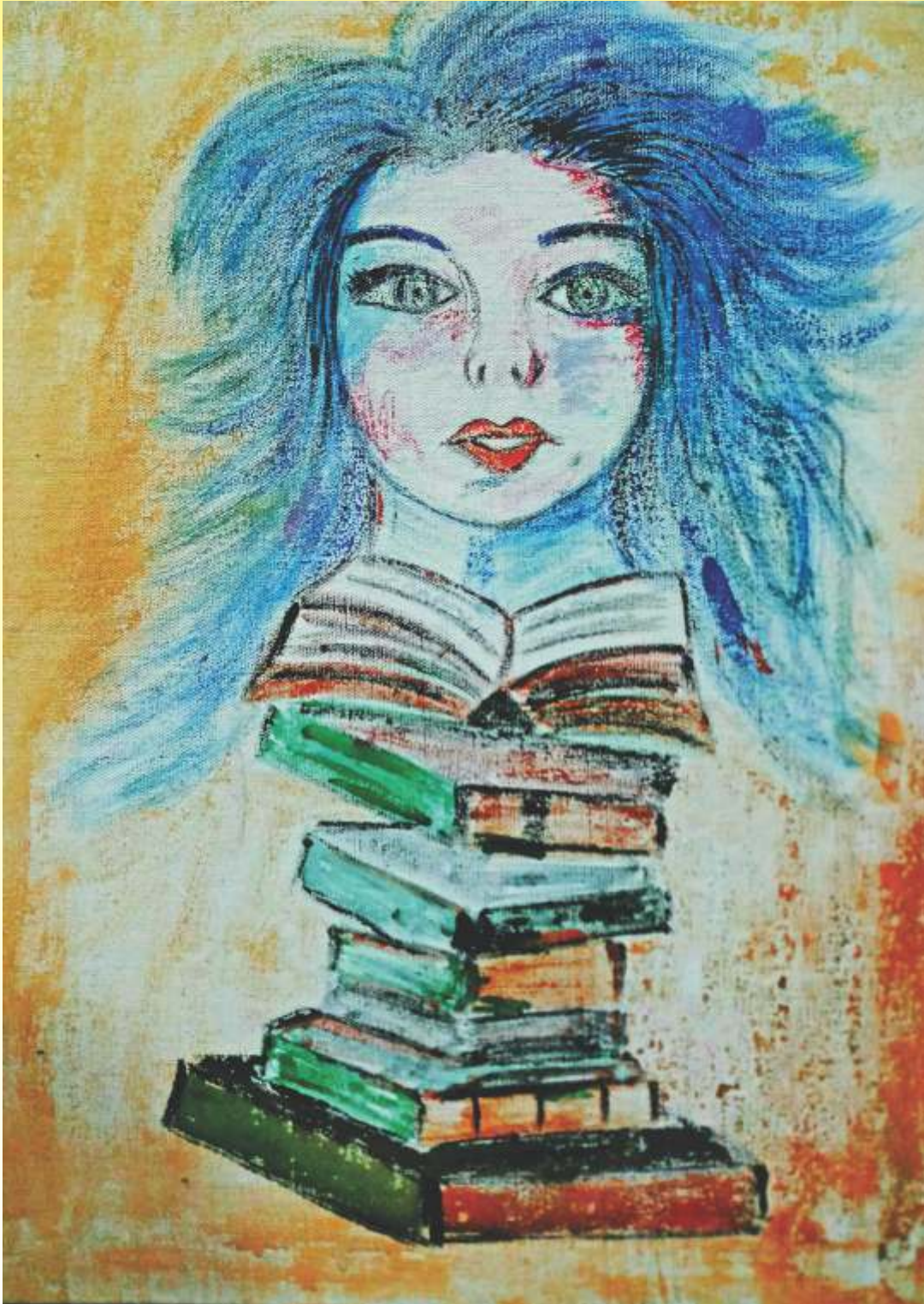
In August, the Ministry of Health released an advisory on Electronic Nicotine Delivery Systems (ENDS) including e-cigarettes, Heat-Not-Burn devices, Vape, e-Sheesha, e-Nicotine Flavored Hookah, and the like products asking states not to allow its sale or distribution.

But on 28th December Public Health England (PHE) released a new film showing the devastating harms that come from smoking, and how this can be avoided by switching to an e-cigarette or using another type of quit aid.

The film has been released as part of PHE’s Health Harms campaign, which encourages smokers to attempt to quit this January, by demonstrating the personal harm to health from every single cigarette. The film features

PROJECT CHITRA

Painting by **Dr. Avadhut Dange**
Oncosurgeon



BETI BACHAO, BETI PADHAO

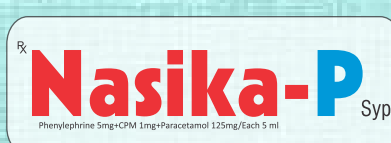
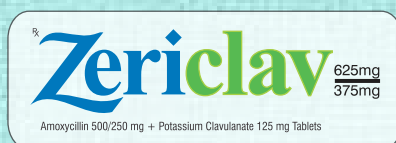
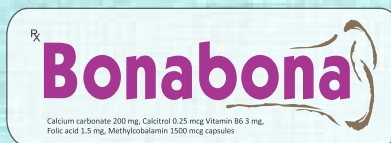
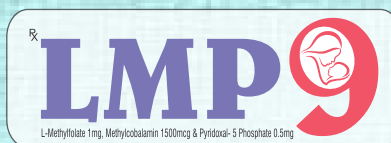
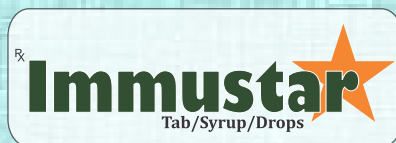
With BEST COMPLIMENTS

from

Zerico

ZERICO LIFESCIENCES PVT. LTD.

Our Wide Product Range



5, Solitaire II, Poonam Garden Mira Bhayandar Road,
Mira Road (East), Mumbai - 401107.

✉ info@zericolife.com  www.zericolife.com

smoking expert Dr Lion Shahab and Dr Rosemary Leonard, visually demonstrating the high levels of cancer-causing chemicals and tar inhaled by an average smoker over a month, compared to not smoking or using an e-cigarette. Research estimates that while not risk-free, vaping is at least 95% less harmful than smoking.

Dr Lion Shahab, leading smoking cessation academic from University College London, said: “The false belief that vaping is as harmful as smoking could be preventing thousands of smokers from switching to e-cigarettes to help them quit. Research we and others have conducted shows that vaping is much less harmful than smoking and that using e-cigarettes on a long-term basis is relatively safe, similar to using licensed nicotine products, like nicotine patches or gum. Using e-cigarettes or nicotine replacement such as patches or gum will boost your chances of quitting successfully.”

Govt. bans use of antibody test kits to diagnose malaria

The Health Ministry prohibited the manufacture for sale, sale and distribution of the test kits used in Antibody Detecting Rapid Diagnostic Tests for routine diagnosis of malaria after it was found that the test was triggering false alarms. As per the notification, although the test is economical, the false positive rates in endemic areas were high. People with fever who tested positive in the rapid antibody test, were later tested negative in antigen test.

Plastic Waste Management (amendment) rules notified

The Ministry of Environment, Forest and Climate Change has notified the Plastic Waste Management (Amendment) Rules 2018. The amended Rules lay down that the phasing out of Multilayered Plastic (MLP) is now applicable to MLP, which are “non-recyclable, or non-energy recoverable, or with no alternate use.”

...



SPARSH

Multispeciality Hospital & I.C.C.U.

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

ISO 9001:2008 CERTIFIED

36 BEDDED HOSPITAL ✦ 10 BEDDED ICU

<div style="background-color: #333; color: white; padding: 2px; text-align: center; font-weight: bold;">MEDICAL</div> <ul style="list-style-type: none"> I 24 Hrs. Emergency I Critical Care I Cardiology I 2 Ventilator - Bipap I Actue Stroke Center I Diabetes Care I 24 Hours Pathology I Pharmacy I Neurology 	<div style="background-color: #333; color: white; padding: 2px; text-align: center; font-weight: bold;">SURGICAL</div> <ul style="list-style-type: none"> I Full Equipped Operation Theatre I C Arm I General Surgery I Endoscopy I Laproscopic Surgery I Cancer Surgery I Chemotherapy I Urosurgery 	<ul style="list-style-type: none"> I Neurosurgery I ENT Surgery I Plastic Surgery I Orthopedic Surgery I Paedsurgery <div style="background-color: #333; color: white; padding: 2px; text-align: center; font-weight: bold; margin: 5px 0;">GYNECOLOGY</div> <ul style="list-style-type: none"> I Obstetric & Gynecology I Normal Delivery I Pap Smear 	<div style="background-color: #333; color: white; padding: 2px; text-align: center; font-weight: bold;">DIAGNOSTIC</div> <ul style="list-style-type: none"> I Dialysis Unit I 2D ECHO, I Stress Test, PFT I Xray, ECG I Sonography I Physiotherapy
---	--	--	--

Dr. Hemant S. Wahane

M.D. (Medicine)

Consultant Physician, Cardiologist & Diabetologist
(Special Interest Echocardiography)

M.: 9820272722

Timing : 10 a.m. to 1 p.m. & 6. p.m. to 10 p.m.

Dr. Amol U. Sonawane

M.S. (General Surgery)

Consultant Laproscopic, Endoscopic, General Surgeon

M. : 9820957870

Timing : 10 a.m. to 1 p.m. & 6 p.m. to 10. p.m.

Email : sparshhospital12@gmail.com

स्मृतिचित्रे

डॉ. प्रियदर्शनी जोशी

कन्सल्टिंग गायनॅकोलॉजिस्ट

मला डॉबिवली सोडून १८ वर्षांपेक्षा जास्त काळ गेला आहे.

तरीही मला लेखासाठी हाच विषय घ्यावा असे का वाटले ह्याचा मी खूप विचार केला. मग माझ्या लक्षात आले की माझं तर डॉबिवली शी नाळेचं नातं आहे आणि नाळ तुटली तरी नातं कायमचं राहतं नशाळाजास्तचांगलींइया दोन्ही मुलांचा जन्म डॉबिवलीत ला च माझा जन्म दाते हॉस्पिटल मधला १९६८ मध्ये डॉक्टर उमेश दाते यांच्या मातोश्री प्रॅक्टिस करत होत्या त्याकाळी त्याला दाते बाईंचा दवाखाना असे म्हणायचे इतक्या वर्षात तिथले इंटिरियर पूर्ण बदलले आहे पण माझ्या मोठ्या बहिणीच्या आठवणीत अजूनही माझी आई मला घेऊन झोपलेली असायची ती कोट आहे माझे लहानपण श्रीखंडे वाडी त गेले आता श्रीखंडे वाडी हा एक एरिया आहे पण तेव्हा तसे नव्हते आता जिथे तोरणा दर्शन बिल्डिंग आहे तिथे पूर्वी श्रीखंडे वाडी च्या च्या चाळी होत्या त्यात तीन बिल्डिंग होत्या होत्या नर्मदा कृपा नर्मदा सदन व नर्मदा भुवन आमचे घर नर्मदा कृपा मध्ये होते.

माझी सर्वात पहिली शाळा म्हणजे संभुस बाईंची शाळा होती माझी मोठी बहीण टिळक नगर विद्यालयात होती त्यामुळे मलाही त्याच शाळेत जायचे होते परंतु तेथे मला प्रवेश नाकारण्यात आला मग मी महाराष्ट्र विद्यालयात प्रवेश मिळवला तेथे माझे प्राथमिक शिक्षण झाले तेव्हा बरेच लोकं त्या शाळेला महाजन सरांची शाळा असे म्हणून ओळखायचे आमचे महाजन सर जगन्नाथ दत्तात्रय महाजन ते भारदस्त किंवा भयंकर असे अजिबात नव्हते ते अगदी प्रेमळ दिसायचे ते शिस्तप्रिय व वेळेच्या बाबतीत अत्यंत काटेकोर होते महाराष्ट्र विद्यालयातील चार वर्षे खूप छान होती अभ्यासही जास्त नव्हता सारखे शाळेच्या घंटे कडे कान कधी मधली सुट्टी होते व डब्यातील खाऊ खातो खाऊ खातो मधली सुट्टी संपली की दसर आवरायची घाई शाळा सुटायच्या वेळेस पुढे राहण्यासाठी धक्काबुक्की दोन-तीन मिनिटांचाच फरक पण पहिला नंबर लावण्यासाठी चढाओढ तीच गोष्ट अभ्यासाचाही बाबतीत तेव्हा लहान मुलांच्या मानसशास्त्राचे एवढे स्तोम नव्हते शाळेच्या वार्षिक परीक्षेच्या निकाल पत्रावर पहिला क्रमांक दुसरा क्रमांक असे लिहून मिळत असे एखाद्या वर्षी दुसरा नंबर आला तर आम्ही कोणी लगेच निराशेच्या गर्तेत जात नसू आमच्या महाराष्ट्र विद्यालयात तेव्हा आमच्या शाळेतील मुलांसाठी टायपिंगचा क्लास होता हे एक शाळेचे वेगळेपण एके वर्षी आमच्या इंदुमती महाजन बाईंनी त्यांच्या घरी हळदीकुंकवाच्या कार्यक्रमाला शाळेतील काही विद्यार्थ्यांच्या आयांना बोलावले होती अर्थात माझ्या आईलाही आमंत्रण होते म्हंटलं तर अगदी साधा प्रसंग पण मला आज चाळीस वर्षांनंतरही तो आठवतोय लहानपणी मला डेंटल प्रॉब्लेम खूप असायचे त्याकाळी

डॉक्टर आजगाव करांचे नाव नाव खूप चांगले होते आम्ही त्यांच्याकडेच जायचं एकदा मी त्यांच्या दवाखान्यात बसलेली असताना समोरची बाई माझ्याकडे निरखून बघत होती मी दुखच्या दाढेच्या गालाला रुमाल लावून रडत होते दोन दिवसांनी शाळेत परत त्या बाई दिसल्या त्या स्नेहलता महाजन आमच्या शिक्षिका नसत्या आमच्या महाजन सरांची मुलगी होत्या माझ्याजवळ येऊन माझ्या गालाला हात लावून विचारले आता दात दुखणे थांबले ना ग ग मी मां खाली घालूनच हो म्हणाले होते

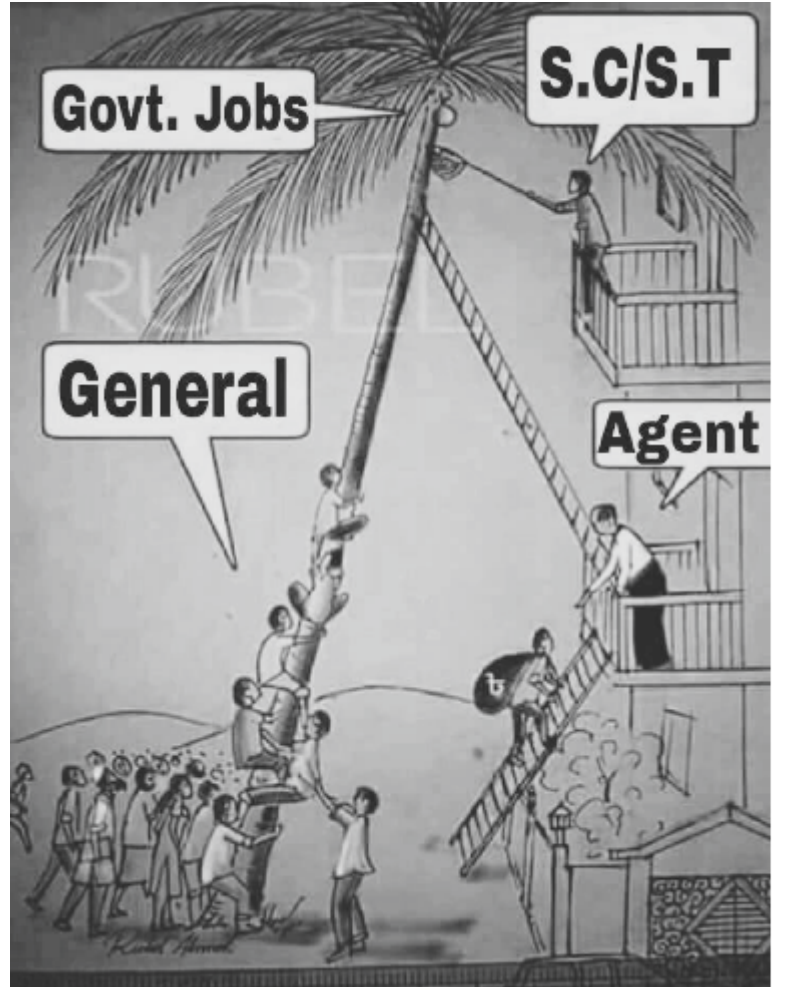
त्याकाळी फॅमिली डॉक्टर असायचे आमच्या घराजवळ डॉक्टर पटवर्धन व डॉक्टर ठोसर यांचा दवाखाना होता तेव्हा कंपाउंडर कडून नंबर घ्यायची पद्धत होती आईने सांगितले की नंबर घेऊन ये तर कधीही कोणाकडे असे विचारले नाही जिथे कमी पेशंट तिथे नंबर घेत असू पण त्या काळात फास्टफूडचे वेड नव्हते नव्हते त्यामुळे आम्ही लहान असताना विशेष आजारी पडलोच नाही शाळेतही घरून पोळीभाजीचा डबा घेऊन जायचा शाळेची शिस्त ना अशी आमची प्राथमिक शाळा महाराष्ट्र विद्यालय चौथी नंतर मोठी शाळा धनाजी नाना चौधरी बहुउद्देशीय विद्यालय शाळेचे पूर्ण नाव घेतले की लगेच आपण वरच्या वर्गात गेलो याची जाणीव व्हायची त्या काळात स्कूल बसेस नव्हत्या आम्ही जवळपास राहणारी मुले मुली एकत्र भेटून रमत गमत शाळेत चालत जात असू आमच्या शाळेत कुठलाही कार्यक्रम असला की महाजन सर व बाजपेयी सर असत महाजन सरांबद्दल आम्हाला थोडा धाक व जास्त प्रेम वाटायचं पण वाजपेयी सरांना मात्र आम्ही खूप घाबरायचो शाळेतून घरी येता नाही आम्ही गप्पा मारत यायचो घरी आल्यावर गृहपाठ पूर्ण करून खेळायला जायचे त्याकाळी भाजीवाली टोपलीत भाजी घेऊन रस्त्यावरून हिंडायची आशीर्वाद किंवा पिल्स बेत्याकाळी मिळत नसे गिरणीत जाऊन दळण आणायला लागत असेदारावर कल्हईवाला सुद्धा येत असेत्या काळात कॉर्चींग क्लासेसचे एवढे पिक आलेले नव्हते आम्ही सातवी पर्यंत राजूरकर बाईंकडे शिकवणीसाठी जात असू आठवी ते १० विदो न क्लासे प्रसिद्ध होते कुलकर्णी बाई व भणगेबाई पण संस्कृत साठी मात्रशिंत्रे सरत्या काळात टिळक नगर विद्यालय व जोशी हायस्कूललाजास्त चांगल्या शाळा समजल्या जायच्या ढोबळ मानानेज्या शाळेच दहावीचा निकाल चांगलाती शाळा चांगली अर्थातज्या शाळेचे अधिक विद्यार्थी शालांत शालांत परीक्षेच्या गुणवत्ता यादीत येतीलती शाळा जास्त चांगली.

त्या काळात करमणुकीची साधनेही फार कमी होती दोनच चित्रपट गृहे एक पूर्वेला टिळक टॉकीज व एक पश्चिमेला गोपी टॉकीज नाट्यगृह तर एकच होते पश्चिमेला भरत नाट्य मंदिर इंटरनेटचा जमाना नसल्यामुळे सोफ्ट कॉपी नावाचा प्रकारच अस्तित्वात नव्हता

पुस्तके व मासिके वाचनालयातून घरी नेऊन वाचावी लागत असत लहान मुलांसाठी त्याकाळी चांदोबा किशोर अशी मासिके असत पुस्तकं तर आम्ही खूप वाचली पु ल देशपांडे यांचे सर्व साहित्य रणजीत देसाई यांची स्वामी शिवाजी सावंत यांचे अशी बऱ्याच पुस्तकांची पारायणे केली तेव्हा डॉंबिवलीत हॉटेल्स जवळजवळ नव्हतीच फक्त भेळपुरी पाणीपुरी व वडापाव गाडीवर खायला मिळत असे त्या काळात लग्नाची कार्यालयेही फारशी नव्हती सुयोग मंगल कार्यालय ब्राह्मण सभा के एन कुलकर्णी हॉल व बोर्डस सभागृह तेव्हा एसी कार्यालयाची गरज भासत नव्हती पीसी लॅपटॉप नव्हतेच घरी फक्त एक टेलिव्हिजन असायचा तो पण दिवसभर चालू नसायचा संध्याकाळी सहानंतर कार्यक्रम चालू व्हायचे चॅनेल एकच दूरदर्शन त्यावर दोनच चित्रपट आठवड्यात असायचे शनिवारी मराठी व रविवारी हिंदी मालिका मोजक्याच मराठीत पहिली मालिका आली ती श्र्वेतांबरा हिंदीत हम लोग व बुनियाद या मालिका गाजल्या टीव्ही बिघडल्यावर आम्ही इलेक्ट्रिशियन ला बोलावत नसू कोणीतरी छतावर जाऊन एंटीना फिरवून चित्र बरोबर दिसतय का असे चेक करत असू त्या काळात ३१ डिसेंबरची न्यू इयर पार्टी नसायची पार्टी नसायची नसायची किंवा गुढी पाडव्याची नववर्ष स्वागत यात्रा ही नसायची उत्सवाचे सामाजिक स्वरूप दिसायचे ते भाद्रपदातल्या गणपती मध्ये विविध गणेशोत्सव मंडळे असायची श्रीखंडे वाडी तरुण मित्र मंडळ मंडळ असायचे रघुवीर नगर पांडुरंग वाडी टिळक नगर इथले गणपती व आरास चांगली असायची मल्टिप्लेक्स त्या काळात नव्हतेच थिएटरमध्ये शाळकरी मुलांनी जाऊन सिनेमा बघणे म्हणजे मुलं वाया गेली युट्युब वर किंवा डाऊनलोड करून पिकचर बघणे हा पर्यायच नव्हता परंतु गणेशोत्सवात पडद्यावर दाखवले जाणारे चित्रपट बघायला मनाई नव्हती तर गणेशोत्सव मंडळे एक दिवस एखादा पिकचर दाखवायची एक दिवस स्थानिक कार्यक्रम एक दिवस बाहेरून मनोरंजनाचा कार्यक्रम करण्यासाठी कलाकारांना बोलावत व एक दिवस विविध स्पर्धा ठेवत बेडूक उड्या १०० मीटर धावणे चमचा लिंबू सुईत दोरा ओवणे ओवणे एका आग काडीने जास्तीत जास्त मेणबत्या लावणे अशा वेगवेगळ्या वयोगटातील मुले मुली व स्त्रियांसाठी स्पर्धा असत नवरात्रात लहान मुलींचा घरोघर भोंडला असे त्यानंतर येणारा महत्त्वाचा मोठा सण म्हणजे दिवाळी. विनोदाचा भाग सोडला तरी त्या काळात ध्वनि प्रदूषण होत नसावे कारण बॉम्ब फोडणे कॅपा उडवणे याला मज्जा नव्हता अनार भुईचक्र रॉकेट असे सर्व फटाके आम्ही उडवत असू अंगणात आपल्या घरासमोर गेरू लावून त्यावर रांगोळी काढायचो घरावर आकाश कंदील लावायचो पणत्याही लावायचो स्त्रिया सर्व फराळ घरी करत असत चिवडा लाडू चकली करंजी शंकरपाळे अनारसे कडबोळी वगैरे दिवाळीचे चारही दिवस खूप आनंदात जायचे नरकचतुर्दशीच्या दिवशी पहाटे उठून अभ्यंगस्नान करण्यात आम्हाला खूप आनंद वाटायचा आम्ही एकमेकांच्या घरी

फराळालाही जात असू दिवाळीच्या सुट्टीनंतर येणारी मोठी सुट्टी म्हणजे उन्हाळ्यात तेव्हा वेगळी मजा असे आज डॉंबिवलीत नाना नानी पार्क आहे रोटरी गार्डन आहे त्याकाळी फक्त नगरपालिकेची एक भाग होती ती अजूनही आहे भाजी मार्केट पासून गणपतीच्या देवळापर्यंत रेल्वे लाईन ला समांतर अशी आमची बाग तिथे फार कमी झोपाळे असायचे मग आम्ही नंबर लावून उभे राहात असू त्यानंतर घसरगुंडी मग बाहेरच्या भेळ वाल्याकडून कागदाच्या पुडीत सुकी भेळ आणून बागेतल्या बाकावर बसून खायची एवढं करूनही घरी जायचा मूड होत नसेल तर त्याच बाकावर बसून रेल्वे लाईन कडे तोंड करायचे मग डाव्या बाजूला जाणाऱ्या जाणाऱ्या पाच गाड्या व उजव्या बाजूला जाणाऱ्या पाच गाड्या बघून मग जाऊ अशी काहीतरी घासाघीस आईशी करायचं पण बहुदा तोपर्यंत बाबा घरी यायची वेळ झालेली असायची त्यामुळे घरी जायला लागायचे तेव्हा नॅचरल्स बस्किन रोबिंस असे ब्रँड डॉंबिवलीत नव्हतेच तेव्हा चैन म्हणजे गुन्हाळ यातील उसाचा रस पिणे व घरी जाताना रिक्षाने परत जाणे गेले ते दिवस राहिल्या त्या आठवणी.

• • •



Cartoons shared by Dr. Meena Pruthi



विसराळू

आठवलं कां आठवले
पैसे किती साठवले ?
मनीऑर्डर करून त्यातले
गांवी किती पाठवले ?

हल्ली तुम्ही फारच बुवा
झाला आहात विसराळू
खजूर खाता दाबून आणि
खाल्ले म्हणता जरदाळू

कालच मला भेटले होते
मित्र तुमचे विचारे
तुम्ही झालात विसराळू
म्हणून रडत होते बिचारे

एका तज्ञ डॉक्टरांशी
तुमच्याबद्दल बोललोय काल
औषधाने त्यांच्या तुम्ही
नक्की सांगतो बरे व्हाल

नांव त्यांचं विसरलोय मी
आठवून जरा पहावं लागेल
मला वाटतं मला सुद्धा
त्यांच्याकडे जावं लागेल

– डॉ. सतीश अ. कानविंदे

खाजगीकरण

लोकसंख्या पृथ्वीवरची
झपाट्याने वाढत होती
यमाकडची वेटींग लिस्ट
झाली होती फारच मोठी
यमदूतांवरचा कामाचा ताण
फारच होता वाढू लागला
नवीन भरती करून सुद्धा
स्टाफ कमी पडू लागला
यम म्हणाला थोडे दिवस
च्या जरा दमाने
यमदूतांना ओव्हरटाईम
देऊ केला यमाने

कित्येक लोक मागत होते
तरी नव्हते येत मरण
यमाने मग जाहीर केले
आपल्या सेवेचे खाजगीकरण
खाजगीकरण जाहीर होताच
अनेक कंपन्या तयार झाल्या
रागरंग पाहून इथला
वाल्मिकीचाही झाला वाल्या
या कंपन्याच माणसांना आता
यमसदनाला धाडून देतात
कमिशन घेताना यमदूत फक्त
फिगर टॅली करून घेतात

– डॉ. सतीश अ. कानविंदे

चारोळ्या

भरल्या पोटी, ढेकर देतो
गाभाऱ्यातला पुजारी
खपाट पोटी, अन्न मागतो
पायरीवरला भिकारी
सकाळच्या उन्हाची
करावी वाटते जवळीक
दुपारच्या उन्हाची
सोसत नाही आगळीक
देवाचा उंबरठा जेव्हा
फुलाने ओलांडला
धरणीवर त्याचा
सारा देहच कलांडला
अमवासेच्या स्वप्नात एकदा
पौर्णिमेचं चांदणं आलं
चेंजमधून ते म्हणे
काळी चंद्रकळा होत ल्यालं
गरीबी हटाव, गरीबी हटाव
सान्या देशभर नारे लावले
त्या सान्या नाऱ्यातून काही
नवश्रीमंत जन्माला आले.

डॉ. (सौ.) अंजली वैद्य

दवबिंदू

गवतावरील जवबिंदू
हलकेच शहारला
वान्याच्या झुळकीने
थोडा थरथरला
डोळे उघडून सृष्टिकडे
पाहू लागला
कोंबड्याच्या आरवण्याने
एकदम दचकला
पश्रांच्या किलबिलाने
तोही गाऊ लागला

फुलांच्या उमलण्याने
मनोमन सुखावला
फुलपाखराच्या बागडण्याने
खुपच आनंदला
सूर्यकिरण स्पशाने
हिन्यासम चमचमला
काय झाला चमत्कार
त्यालाही ना कळला
पाहता पाहता बाष्परुपे
हवेत मिसळला

डॉ. (सौ.) अंजली वैद्य

ईश्वरगान

मनी आले गुणगुणाने
पदी नुपुर ऋणझुणावे
लांब सावल्यांच्या गावी
क्षितीजात डोकवावे
चांदण्याची ग रांगोळी
काळ्या भोर आकाशात
धरा नहाया बैसली
शुभ्र चंद्र प्रकाशात
आली लाटांचे उधाण
सागराच्या अंतरात
त्याचा आवेग मावेना
पसरे दाही दिशात

मेघमाला झरतात
धरणीच्या कोंदणात
विसावली ही नक्षत्रे
गगनाच्या अंगणात
कोंब डोलती झाडांचे
उंच करुनिया मान
थवे उडती पक्षांचे
घेत सुरेलशी तान
निसर्गाच्या या उत्सवी
कोणालाही नुरे भान
सारे दंग झाले गाता
ईश्वराचे समूह गान

डॉ. (सौ.) अंजली वैद्य

Fortis Hospital, Mulund is the 1st and only hospital in Western India to have achieved the milestone of JCI accreditation five times in a row introduces most affordable surgical packages with highest care of quality care.



5 TIMES JCI ACCREDITATION TO US MEANS HIGHEST LEVELS OF CARE AND SAFETY FOR YOU

<p>FISSURECTOMY</p> <p>₹ 50,000 *</p>	<p>HYSTEROSCOPIC MYOMECTOMY REMOVAL OF FIBROID</p> <p>₹ 55,000 *</p>	<p>LAPROSCOPIC OVARIAN CYSTECTOMY</p> <p>₹ 65,000 *</p>
<p>CHOLECYSTECTOMY</p> <p>₹ 65,000 *</p>	<p>LAPROSCOPIC APPENDICECTOMY</p> <p>₹ 55,000 *</p>	<p>PCNL (UNILATERAL)</p> <p>₹ 89,000 *</p>
<p>MASTECTOMY (RADICAL)</p> <p>₹ 77,000 *</p>	<p>ABDOMINAL/VAGINAL HYSTERECTOMY OPEN</p> <p>₹ 85,000 *</p>	
<p>LAPROSCOPIC HYSTERECTOMY/LAVH</p> <p>₹ 99,000 *</p>	<p>INGUINAL HERNIOPLASTY (UNILATERAL)</p> <p>₹ 77,000 *</p>	

- Prior appointment is compulsory to avail benefits.
- This scheme cannot be clubbed with any other scheme.
- All the costs are for Economy Class only. *
- Valid till 31st August 2018.
- T & C Apply

**For An Appointment Call
Mr. Chetan Surani - 9819776718
Fortis Hospital, Mulund**

Everything in Children's Health & Medicine



ISO 9001

BUREAU VERITAS
Certification



- Level 3 NICU / PICU Ward ■ General Ward ■ Paediatric Surgery ■ Sonography
- E.E.G. ■ 2D ECHO ■ Color Doppler ■ 24 hrs. Pathology Lab ■ Counselling ■ O.T/P.T.
- ★ New Dept. : ■ Dept. for Special Children ■ Speech Therapy ■ Dental Dept.
- NABH Standard Operation Theatre for Cardiac, Neuro, Ortho Surgeries
- Paediatric & Neonatal OPD, Paediatric Superspecialities OPDs

Nandivli Panchanand, Near Star Colony, Off. Manpada Road, Dombivli (E) 421201.
Tel. (0251) 2870295, 7045411137