DIALOGUE

Bulletin of IMA Dombivli

Volume No: 28

Vibrant IMA

Issue No. 4, March 2016

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Dr. Madhav Baitule

नेतिकता नेपुण्य संवेदना

WELCOME TO IMA DOMBIVLI'S
1ST AWARDS CEREMONY 2015-16

SUNDAY, 27TH MARCH 2016
6 PM ONWARDS
DOMBIVLI GYMKHANA, M.I.D.C., DOMBIVLI (EAST)

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IMA DOMBIVLI

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Thoughts and Opinions published in this bulletin belong to the author

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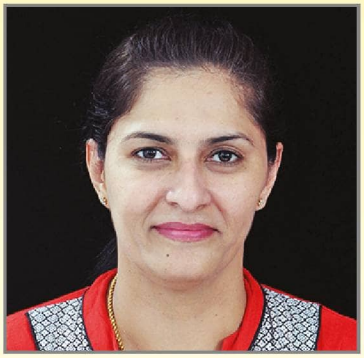
Typset and Printed : Sanchita Offset Printing Press, Dombivli (E).



One Fine day, a list of 344 banned drug combinations started doing rounds of social media. Then came the news that further 500 drug combinations might be banned. There was some uproar..then the companies started recalling these drug combinations from the market. Any sensible person could tell that many of these combinations were illogical, irrational and made no sense! Anti diabetic drug Pioglitazone was banned in June 2013 due to safety concerns over association with bladder cancer. The ban was revoked with certain conditions within a month's time by Ministry Of Health and Family Welfare. Now all the combinations containing Pioglitazone have been banned once again?? What kind of regulatory authority are we looking at? Over these 3 years had any patient developed bladder cancer..who was to blame? Doctors ??

The same goes for the pricing of the drugs. Every time a patient pays enormous amount of money for medicines..doctors are blamed for over prescribing . How about controlling the price of the drugs before they hit the market? If the same molecule comes for cheap as Generic Medicine, that why can't branded drugs have at least some capping? At least the doctors will then not be blamed for prescribing medicines solely for personal gains!!

There was a time when Medical profession was considered a noble profession and the doctors were considered community helpers. Now Medical profession is solely seen as business, a saleable commodity..and doctors are seen as mere service providers. We doctors are constantly under threat from bureaucratic harassment, various consumer protection acts, legal harassment from the patients and relatives, punishment for clerical mistakes and icing on the cake..violence once patient succumbs to illness or the time for bill payment comes!

The stress levels amongst doctors is so high..we recently heard of death of young dean of Chitradurg medical College, Dr. Suresh Babu . He was terribly stressed about impending MCI inspection of the college. A young ENT surgeon from Sion, Dr. Khanna chose to leave behind his family to escape from financial and professional stress. 3 residents from KEM hospital were recently beaten up when they declared death of a child, who died due to Dengue Shock Syndrome. In our OPDs also we have witnessed a tremendous change. Patients do their own 'Google' diagnosis and demand answers from us based on their quarter baked dangerous knowledge. Their demands of having instant diagnoses have become epic! I loved the recent article written in TOI which said that 'doctors are most likely to misdiagnose if patients are difficult'. Isn't it true?

For doctors to perform good , what is needed is a stress free, threat free environment; decent working conditions and most importantly a dash of 'respect'. Most of the doctors who entered this profession did so because they have a zeal to heal, because they care for their fellow human beings and want to alleviate their sufferings and not because it is a very lucrative business. There were far better money earning branches which we doctors did not opt for, despite scoring much better than our peers. Try reducing the burden on us doctors, the medical profession may soon get its crowning glory back.. just a food for thought!!

Friends, this is my last Edit Talk for the year. It has been a memorable journey. I had a lot of apprehension when I took up the editing for Dialogue, but your co operation made the journey very easy! I apologise for any mistakes that I might have made along the way. Do write in your feedback at a.pate1521@gmail.com or editordialogue.imadbl@gmail.com.

Long live IMA!!

Dr. Archana Pate

• • • •

Hello friends and colleagues,

This is my last write up as IMA Dombivli President. It was indeed a great year & I am thankful to every IMA Dombivli member for giving this opportunity to me & being with me the whole year.

It has been a great year ! The most important thing we achieved this year is putting our branch on National stage now & we are proud holders of 1 State and 2 National IMA awards. There has been no better feeling than to get such adulations for the branch!

We have seen a sea of change in IMA Dombivli! From a semi active branch to one of the most active branches across the state! We have been able to introduce many services – for the members and for the community in general. This year we saw :

- Multiple educational seminars as a part of **Continuing Medical Education** along with **National Conference** of IMA Hospital Board of India. Due to our stupendous success at Vibrance, **we have already been granted "Evecon 2016"** - IMA Maharashtra State Women's Wing Conference.
- **Membership development** - 51 new life members (21 life single and 15 life couple) inducted in year 2015-16. Thank you to the new members for showing this confidence !
- Meeting with **Hon Dr. Shri Ranjit Patil**, Home minister of state, to discuss about the plight of doctors and their unnecessary harassment due to draconian laws with increasing violence on doctors.
- Meetings with **Hon Dr. Shri Shrikant Shinde**, Member of Parliament, to discuss about the plight of doctors and their unnecessary harassment due to draconian laws with increasing violence on doctors.
- Meeting with **Hon. Sau. Shalinitai Thackeray**, Vice president Maharashtra Navnirman Chitrapat Sena, to discuss about the wrongful clip depicting doctors in a bad light in the movie 'Gabbar is Back'.
- We also witnessed formation of **IMA Defence cell** with release of IMADC draft – depicting the SOP to be followed for protection of our members from unexpected violence in case of an unfortunate event in their premises.
- Formation of **IMA HBI Dombivli subchapter**.
- Formation of **women's wing** of IMA , Dombivli.
- Formation of **Oration and Awards committee** with very first IMA Dombivli awards to be held on 27th March 2016.
- All **schemes of IMA** MS and National IMA schemes have been introduced in Dombivli for the benefit of members.
- **IMA CGP** subchapter formation process has been initiated so that more educational programs can be conducted for family physicians.
- **IMA Dombivli Constitution** has been proposed, amendments are made and will be put up in next GBM for approval. Process of formation of a trust can be initiated once constitution is approved.
- **IMA Dombivli funds committee** has been set up which has proposed collecting yearly charges from members for smooth and effective functioning of IMA without having to keep any dependency on any donations.

- Introduction of series of **Community Education Programs (CEP)** which aims at educating the community regarding the myths and facts of various diseases, how to recognise warning signals of various illnesses and how & when to seek emergency medical help.
- IMA Dombivli started **Body/organ/Eye/skin donation registry**. Programs are being undertaken to increase awareness about various donations. A registry is an essential part of understanding who and where potential donors are. A registry gives a planner enough information to device strategies to get more public cooperation and commitment towards organ donation. Many doctors at IMA Dombivli have already pledged for Eye/organ/body/skin donation in case any untimely eventuality strikes. Kudos to them!!
- **Patient Doctor Redressal Forum** with second opinion cell is being started where IMA will try to work as a mediator between the patients and doctors to solve any grievances on either side. This option may be considered before any legal action is sought.

The Indian Medical association is a key agent of support to its members and to the healthcare system as a whole. Whatever decisions to be taken for the fraternity or things related to healthcare system, IMA & healthcare providers must be consulted. Any decisions concerning modern medicine or modern medicine practitioners if made by non medics or non-modern medicine person, it will boomerang for sure.. with non repairable imprints on healthcare system. To avoid these worst scenes, authorities involving IMA in all workings is the need of hour.

The only grievance I had during the year is that we see our members with lot of inertia & no time being given to the organisation and fraternity. It's just wrong. It diminishes us in the eyes of the world which includes governing authorities. It makes it harder to achieve our goals. I urge everyone to stand united to achieve our collective goals and give some time to the organisation to strengthen its stand on various issues. Remember we are answerable to our next generations.

For them we have to bring this system to its proper place & get rid of bad protocols set in today's world.

If there have been any mistakes during the year, they have been entirely mine. But any success achieved during the year, I dedicate it to my whole team. Hope I have been able to do justice to my tenure.

Long live IMA!!

Thank you,

Dr. Mangesh Pate

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- IMA Dombivli AGM for the year 2015-16 was held on 17th January 2016 at Pathare Hall, Dombivli Gymkhana. Meeting was presided by IMA Dombivli president, Dr. Mangesh Pate.
- Meeting attended by 98 members.
- President Dr. Mangesh Pate, Secretary Dr. Rahul Bhirud, treasurer Dr. Utkarsh Bhingare, IPP Dr. Leena Lokras and President Elect Dr. Hemraj Ingle were invited to the dias by anchor Dr. Raju Gite.
- The program started by reciting the National Anthem.
- President Dr. Mangesh Pate gave his welcome address and AGM was started.
- IPP Dr. Leena Lokras was invited to give her introductory remarks.
- Dr. Makrand Ganpule gave a report of IMA HBI National Conference 'Vibrance'.
- Dr. Anand Hardikar was invited to speak on the present scenario of Dombivli IMA and he informed the August House about 2 National and 1 State award won by IMA Dombivli during 2015-16.
- 'Vibrance special' issue of Dialogue was released by Dr. Dadasaheb Dhadas, senior surgeon of Dombivli and Dr. Arvind Bengeri, senior family physician of Dombivli.
- Voting for election of office bearers for the year 2016-17 was declared open, with results to be announced at the end of AGM.

Various new committees were introduced

- Report of IMA Dombivli defence cell given by Dr. Mangesh Pate. The house was informed that 6 untoward incidences could be avoided due to timely intervention by IMADC.
- Body/eye/organ/skin donation registry started by IMA Dombivli. Report presented by Dr. Sangeeta Dandekar.
- Report of IMA HBI Dombivli subchapter was submitted and HBI executive body was announced. Report presented by Dr. Archana Pate.
- IMA Schemes committee report was presented by Dr. Mandar Pawar. Various schemes of State IMA and National IMA were presented before the house and members were encouraged to avail more and more benefits from the schemes.
- Patient Doctor Grievance Redressal Forum working was outlined by Dr. Mangesh Pate.
- IMA Dombivli has started a new and unique project of Community Education – for educating community regarding myths and facts of diseases, recognise warning signals of diseases and what to do in difficult situations. Report of Community Education Program was presented by Dr. Archana Pate.
- CEA Committee has been established to keep our members updated about various acts under CEA and also to help members to solve their hospital related issues. Presented by Dr. Sangeeta Dandekar.
- IMA CGP committee formed-report presented by Dr. Niti Upasani. The house was informed about various courses offered by IMA CGP.
- Dr. Utkarsh Bhingare, Treasurer IMA Dombivli , presented Provisional Income Expense of 2015-16 till date. It was proposed that amendment be made in bye laws of IMA Dombivli constitution to the effect that final audited account of a working year be presented in a special GBM to be conducted before the month of June in the following year.
- IMA Dombivli women's wing formation outline and Evecon committee was presented by Dr. Archana Pate.
- IMA Dombivli Oration and awards Committee formed. Outline presented by Dr. Mangesh Pate. Oration already started in the name of Dr. U. Prabhakar Rao. The first recipient of the oration being Dr. Arul Raj. IMA Dombivli Award Nomination forms were distributed. Award Categories and rules for awards were informed in brief. The August House was informed that details about categories and rules were displayed on IMA Dombivli website.
- IMA Funds committee has been formed, to raise funds for daily/monthly expenses of IMA office and for all activities of the year. Report presented by Dr. Hemraj Ingle, where he proposed that an annual charge of anywhere between Rs. 2000/- to Rs. 5000/- be collected from members annually. It was decided to discuss this issue at the next GBM.
- State and central representatives of IMa Dombivli were announced. State Representatives : Dr. Mangesh Pate, Dr. Anand Hardikar, Dr. Niti Upasani, Dr. Archana Pate, Dr. Makrand Ganpule. Central Representatives : Dr. Mangesh Pate, Dr. Archana Pate.

This was followed by Presidential address by Dr. Mangesh Pate, where he put a stress on membership development. Also he stated that members must give some time for the activities of IMA to make the association strong. It was noted that some members despite taking responsible posts do not attend any meetings, nor do they take interest in the working of IMA. Members were requested to refrain from doing so. Proposed constitution of IMA Dombivli was circulated to members at the start of the AGM, to be placed for approval before the house by the end of AGM. Objection was raised by Dr. Puntambekar and Dr. Hardikar saying that this was not mentioned in the agenda and hence it was decided that IMA Dombivli constitution will be put forward for approval during next GBM.

The election officers (Dr. Vijay Aage, Dr. Hardikar, Dr. Leena Lokras) returned with the election results. Dr. Leena lokras announced the names.The office bearers for the year 2016-17 were announced as follows :

President : Dr. Hemraj Ingle

Vice President : Dr. Archana Pate

Hon. Secretary : Dr. Utkarsh Bhingare

Treasurer : Dr. Mandar Pawar

President Nominee(2017-18) : Dr. Niti Upasani

President Dr. Mangesh pate congratulated the team, felicitated them and wished them success for the coming year. President Elect Dr. Hemraj Ingle thanked the house for entrusting him with the responsibility and promised to take the branch ahead.

Vote of thanks was given by IMA Dombivli secretary Dr. Rahul Bhirud. The meeting ended with delicious dinner.

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OBITUARY

Grief can be so hard...he is no more now, but memories help us to cope with it. Dr. Ramesh Somnath was born on 20th June 1950, at Belgaum. He had his education at LTMG Sion hospital and medical college. He began his career with a hospital for children "Aashirwad" at Dombivli (West). There was a linear growth in his practice which was ethical. He treated his patients with selfless motive irrespective of socioeconomic status over a span of three decades. He was simple, calm and dedicated to his work. He died during his work while examining his patients. Even his friends would envy his simplicity and calmness. He left for heavenly abode on 9th March 2016.

Dr. G. V. Kulkarni
MD, DCH

IMA BRINGS RELIEF TO MEDICAL PROFESSION UNDER PNDT ACT

- Reprint from IMA NEWS - Vol. 48, No. 9, February 2016

Brief note on the judgment dated 17.02.16 passed by Hon`ble High Court, Delhi, in the matter of "Indian Medical Association vs Union of Indian : WP (C) No. 2721/2014

On 09.01.14, the Union of India amended the PNDT Rule, vide Notification No. DL 33004/99 whereby under the amended Rules, the Qualified Doctor / MBBS / Sonologist / Imaging Specialist desirous of setting up a Genetic Clinic/Ultrasound Clinic/Imaging Centre is to undergo 6 months training imparted in the manner prescribed in the Six Months Training Rules 2014.

As the amendment in the PNDT Rules, would take away the vested rights of Qualified Doctor / MBBS / Sonologist / Imaging Specialist to operate Genetic Clinic/Ultrasound Clinic/Imaging Centre and would not serve any purpose as far as scope of the PNDT Act is concerned and the same is also not in the interest of doctors around the country, therefore, IMA took up the said issue of National Importance and challenged the same before the Hon`ble High Court of Delhi at New Delhi, vide WP (C) No.2721/2014.

As the issue raised by the IMA was of great importance, National Issue and there was no chance for any margin of error, therefore IMA engaged Mr. Jayant Bhushan, Senior Advocate (well renowned advocate of the Country) to contest the matter.

IMA on person level of the office bearer took part in the proceedings of the said case before the Hon`ble Court and also provided help to the legal team in issue related to the medical field and were practically present in each and every hearing.

The matter was argued for 6-7 hearings and Mr Jayant Bhushan, Sr Adv raised the following legal issues:

i. That prior to coming into force of the PNDT Act, even a person having a degree of MBBS, not necessarily of MD (Radiology) could own and operate an ultrasound machine;

ii. That Section 2(p) of the Act also includes in the definition of sonologist or imaging specialist, every such person who holds a medical qualification recognized by the MCI, again recognizing persons holding the MBBS qualification as sonologist and imaging specialist;

iii. That there is no post graduate qualification in ultrasonography or in imaging techniques;

iv. That under Section 32 of the Act the power of the Central Government to make Rules extends only to make rules for minimum qualifications of persons employed at the registered genetic counseling centre, genetic laboratory or genetic clinic and not to make rules for persons employed at ultrasound clinics;

v. That the technique of ultrasound is used for diagnostic purpose qua various organs and not only for sex determination and thus all clinics using ultrasound machines would not qualify as genetic clinics;

vi. Instance is given of specialist hospitals/clinics dealing with specific organs, say heart, lung or liver and it was contended that they also use ultrasound machine but can by no stretch of imagination be called a genetic clinic;

vii. That the requirement, in Rule 3(3)(1)(b) as amended with effect from 9th January, 2014, of 6 months training can only be qua registered medical practitioners as defined in Rule 2(ee) of the Drugs and Cosmetics Rules, 1945 and cannot possibly be qua those who qualify as sonologist within the meaning of Section 2(p) of the Act;

Dr. S. S. Agarwal
National President

Dr. S. S. Agarwal
Hon. Secretary General

viii. Alternatively, Rule 3(3)(1)(b) has to be confined to the genetic clinics only and cannot be extended to ultrasound clinics; all ultrasound clinics are not genetic clinics; those who have been using ultrasound for 10 of years cannot be asked to undergo 6 months training or take any test, as the same cannot take the place of their experience of decades;

ix. The issue raised by amending the PNDT Act, are of moral issues and not legal, therefore amendment is itself bad.

x. That the amendment of Rule 3(3)(1)(b) w.e.f. 9th January, 2014 takes away the 1 year experience in sonography or image scanning as existed earlier and thus Rule 6(2) of the Six Months Training Rules is bad; and

xi. That under Rule 8 there was/is a right of renewal of registration; the amendment w.e.f. 9th January, 2014 takes away the said right; reliance is placed on GP Singh's Interpretation of Statues to urge that interpretation rendering certain words otiose, cannot be adopted and on Dr. Indramani Pyarelal Gupta Vs. WR Nathu AIR 1963 SC 274 laying down that the Central Government as a delegate of the legislature, without being specifically empowered can only make Rules having prospective operation and not with retrospective effect.

It is relevant to point out that Indian Radiological and Imaging Association (IRIA) petitioner in the WP (C)No. 6968/2011 argued against IMA and contended that the petition filed on behalf of IMA should be dismissed.

On the other hand, Sonologist Society of India, petitioner in the WP (C) No. 3184/2014 adopted the arguments of the IMA.

After considering the issue raised by IMA in the WP (C) No. 2721/2014 the Hon'ble High Court came to the conclusion that the PNDT Act, raised a moral issue rather than a legal issue in relation to sex determination by the doctors and any further qualification to already Sonologist/Imaging Specialist in relation to same may not serve any purpose. The relevant para from the Judgement delivered by the Hon'ble High Court is reproduced as under:

"We are of the opinion that for the purposes of prevention of sex determination through ultrasound machines or other radiological techniques, it matters not whether the ultrasound machine is in the hands of an MBBS or an MBBS with six months training or an MBBS with one year experience who has cleared the competency test or in the hands of MD radiologist/obstetrics. The qualification of MBBS itself is a highly sought after qualification, to secure which one has to first appear in a competitive examination for admission to a medical college and thereafter has to undergo the rigours of passing the MBBS examination. By no stretch of imagination can it be said that an MBBS qualified person lacks education or understanding to be not able to comprehend the fatal consequence of female foeticide as a result of sex determination or the morality behind the same. In our opinion, to understand the said aspects, the 1 year experience or passing the competency test or undergoing the 6 months training or acquiring the post graduate qualification, add no further to the person. To make an as educated a person as a "Doctor" understand the ill effects of sex determination and that use thereof for the purposes of female foeticide is a crime, there is no need to require him either to undergo post-graduation or a 6 months training or gain a 1 year experience or pass a competency test. By doing so, he will not be less likely to break the said law than he would be without the same. It is not as if holding a medical qualification recognized by MCI does not have any concern with the conduct/behavior of the holder thereof. The holder thereof is required to abide by the standards of professional conduct and etiquette and code of ethics prescribed by MCI in exercise of power under Section 20A of the MCI Act. Moreover, when the holder of medical qualification is capable of being sensitized with the code of conduct/etiquette/ethics, he/she can certainly be sensitized to the issue of PNDT without being required to undergo any training/experience."

Further, after detailed discussion before the Hon'ble High Court of the issues raised by the IMA, the Hon'ble High Court allowed/disposed off the Writ Petition of IMA with the following declarations/directions:

I. That Section 2(p) of the PNDT Act defining a Sonologist or Imaging Specialist, is bad to the extent it includes persons possessing a postgraduate qualification in ultrasonography or imaging techniques - because there is no such qualification recognized by MCI and the PNDT Act does not

empower the statutory bodies constituted thereunder or the Central Government to devise and coin new qualification; Meaning thereby as per the definition Under Section 2(p) of the PNDT Act a MBBS is a sonologist or Imaging Specialists.

ii. The PNDT Act/Rules does not apply to the MBBS doctor who gives a declaration that they will not be using the ultrasound machine for sex determination or prenatal diagnostic procedure.

iii. Rule 3(3)(1)(b) of the PNDT Rules (as it stands after the amendment with effect from 9th January, 2014) is ultravirus to the PNDT Act to the extent it requires a person desirous of setting up a Genetic Clinic/Ultrasound Clinic/Imaging Centre to undergo 6 months training imparted in the manner prescribed in the Six Months Training Rules.

The relevant paras from the judgment are reproduced herein under for ready reference:

"98. We accordingly dispose of these petitions with the following declaration/directions:

i. That Section 2(p) of the PNDT Act defining a Sonologist or Imaging Specialist, is bad to the extent it includes persons possessing a postgraduate qualification in ultrasonography or imaging techniques — because there is no such qualification recognized by MCI and the PNDT Act does not empower the statutory bodies constituted thereunder or the Central Government to devise and coin new qualification;

ii. We hold that all places including vehicles where ultrasound machine or imaging machine or scanner or other equipment capable of determining sex of the foetus or has the potential of detection of sex during pregnancy or selection of sex before conception, require registration under the Act;

iii. However, if the person seeking registration (a) makes declaration in the form to be prescribed by the Central Supervisory Board to the effect that the said machine or equipment is not intended for conducting perinatal diagnostic procedures; (b) gives an undertaking to not use or allow the use of the same for prenatal diagnostic procedures and, (c) has a "silent observer" or any other equipment installed on the ultra sound machines as may be prescribed by the Central Supervisory Board, capable of storing images of each sonography tests done therewith, such person would be exempt from complying with the provisions of the Act and the Rules with respect to Genetic Clinics, Genetic Laboratory or Genetic Counseling Centre;

iv. If however for any technical reasons, the Central Supervisory Board is of the view that such "silent observer" cannot be installed or would not serve the purpose, then the Central Supervisory Board would prescribe other conditions which such registrant would require to fulfil, to remain exempt as aforesaid;

v. However such registrants would otherwise remain bound by the prohibitory and penal provisions of the Act and would further remain liable to give inspection of the "silent observer" or other such equipment and their places, from time to time and in such manner as may be prescribed by the Central Supervisory Board; and,

vi. Rule 3(3)(1)(b) of the PNDT Rules (as it stands after the amendment with effect from 9th January, 2014) is ultravirus the PNDT Act to the extent it requires a person desirous of setting up a Genetic Clinic / Ultrasound Clinic / Centre to undergo 6 months training imparted in the manner prescribed in the Six Months Training Rules."

With the above finding, the matter is disposed off in favor of IMA.

IMA hereby congrats all members of IMA for great success.

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ORGAN DONATION...LIFE GOES ON!

Dr. Sheetal Khismatrao
M.S. (Opthal)

"Without the organ donor, there is no story, no transplant, no hope. But when there is an organ donor, life springs from death, sorrow turns to hope and a terrible loss becomes a gift!"

Each year, thousands of people die while waiting for a transplant, because no suitable donor can be found for them. The need for organ donors has never been greater.

Did you know In India every year nearly:

- 500,000 people die because of non-availability of organs
- 200,000 people die of liver disease
- 50,000 people die from heart disease
- 150,000 people await a kidney transplant but only 5,000 get one
- 1,000,000 lakh people suffer from corneal blindness and await transplant

Nationally, with a population of 1.2 billion people, the statistic stands at 0.08 persons as organ donors per million population (PMP). This is an incredibly small and insignificant number compared to the statistics around the world.

Countries like the USA, UK, Germany, Neatherlands have a 'family consent' system for donations where people sign up as donors, and their family's consent is required. (These countries have seen the donations double Per Million Population averaging between 10-30 PMP). Other countries like Singapore, Belgium, Spain have a more aggressive approach of 'presumed consent', which permits organ donation by default unless the donor has explicitly opposed it during his lifetime. These countries have seen the rate of donations double, averaging between 20-40 PMP.

Each day, a million people await tissue and cornea transplants, while every 10 minutes someone new is added to the organ list.

The heart, kidney, pancreas, lungs, liver and intestines can all be transplanted as life-saving organs. Tissues such as bones, ligaments, and tendons are needed for vital surgical procedures to repair injured or diseased joints and bones. Corneas, heart valves and skin are also able to be donated.

We understand it is difficult to think about organ donation when you have just lost a loved one; however organ donation is a generous and worthwhile decision that can save many lives. By donating, each person can save the lives of upto 7 individuals by way of organ donation and enhance the lives of over 50 people by way of tissue donation.

The act of organ donation has the ability to comfort grieving families. It is always difficult to lose a loved one. Many grieving families of organ donors draw comfort from the fact that their loss may help to save or improve the lives of others. Studies carried out to understand how a family's wounds heal have shown that the support from family members helps a person to overcome grief. The support of friends and religious and cultural beliefs also help donor families. Most of the donor families agreed to donate organs because they felt that it was the only positive outcome from their loss.

"If u save a life, it is as though you saved the world... Because that person means the world to someone!"

Organ and body donation

Organ donation can be living or cadaveric. Our current efforts are directed towards increasing the awareness about cadaveric donation in fraternity as well as in society through us. Organ donation can be done only in a patient who is legally declared brain-dead.

As it is important for us to motivate people enough to make them donate organs of their loved ones, it is equally important that they have hassle free experience when they are actually doing so. It is absolutely not necessary to have pledged if someone wishes to donate organs, skin and body. However, if one has pledged body and has a pledge card, the process of body donation becomes hassle free. Else, the relatives have to get an affidavit done and go through the procedure.

Skin donation

Currently we have National Burns Centre which has facility of skin banking. It collects skin from eligible deceased donor and processes it for preservation and distribution.

Eye donation

This involves retrieval of two corneas of a deceased donor. Corneas have to be collected within 6 hours of death. The retrieval procedure takes just few minutes

with facilities available locally in Dombivli. With advance in technology and surgical skill, one cornea can be split into two and transplanted in two patients. One eye donor can thus gift sight to four corneally blind patients.

IMA DOMBIVLI INITIATIVE OF ORGAN DONATION REGISTRY:

A registry is an essential part of understanding who and where potential donors are. A registry gives a planner enough information to device strategies to get more public cooperation and commitment towards organ donation. Having a registry in place allows doctors and transplant coordinators to check if a brain dead person wished to donate and then approaching the family for consent becomes easier. It helps in saving crucial time in the process of organ donation.

In our profession, as doctors, we come across death so often. None of us know the life after death. But we can certainly ensure someone else lives because our organs are living even we die. As medical practitioners, we can make a difference to this movement by pledging our organs and making it a tradition of our community!

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IMA DOMBIVLI DOCTORS-PATIENTS REDRESSAL FORUM

Dr. Mangesh Pate
President, IMA Dombivli

Preamble

The healthcare facilities in modern medicine are provided by IMA doctors all across country. Today 80% of country's healthcare facility is provided by IMA & small healthcare hospitals in India. Health care to every patient is provided within the allocated resources and available facilities.

While doing so, it sometimes happens because of mainly communication gap, problems erupt between healthcare providers & the beneficiaries i.e. patients. While serving the community it is not possible that every medical case will have the same outcome. The variations in patient outcome causes a lot confusion and chaos in the minds of relatives.

This and many such factors need proper Redressal mechanism.

Redressal - commitment to the service

The Indian Medical Association (IMA) Dombivli has constituted an 'IMA Dombivli Doctors-patients Redressal Forum' to cater to the complaints of patients facing problems in various medical institutions & also to serve for the problems doctors face time and again with patients or their relatives during management.

IMA Dombivli will soon write to all its all members to display this forum in all the institutions so that it can be known to all concerned. Also IMA Dombivli website **(www.imadombivli.com)** has a separate section for Redressal Forum. Anyone can access this Redressal Forum online & can put forth their grievance. The Forum will meet once a month to mediate between patients and doctors.

90 per cent of the patient-doctor disputes are due to improper communication. The Cell has been created with the objective of providing a platform and mechanism for amicable and peaceful settlement of any dispute between a patient and doctor member of IMA.

On receiving a complaint, the committee will contact the concerned doctor member or concerned patient or relatives with directions to file their response.

The forum shall obtain the consent of both the parties in writing in the prescribed form before the proceedings and pass an award on the basis of settlement arrived between the parties out of their mutual will and choice, free from any pressure and influence.

The forum will only facilitate in arriving at a decision to resolve the disputes and it shall not impose any settlement or decision on the parties. Also these workings shall not have any connection with the matters in court of law. The Redressal shall not be party to the cases in the court of law. The only objective of the forum is to reduce stress on both the parties & to try for unforced amicable solutions for problems.

The forum will include doctors, an advocate and a social person of eminence as members.

If no settlement can be reached between the parties, then the matter shall be closed by the committee, subject however to the condition that all the records of the case shall be kept confidential and consigned to records. The complaint will be settled within 90 days.

It is the best possible & the most mandatory mechanism as a service rendered by IMA Dombivli.

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ZICA - A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN

IMA Update: Public health emergency

ZIKA declared as public health emergency of International Concern.

1) What is a public health emergency of international concern?

Formally, a PHEIC — pronounced 'fake' — is defined as 'an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response.' Its a political tool that the WHO uses to sound the alarm about a serious disease that has caught the world off guard and put people's health in danger. It is meant to draw countries' immediate attention — to galvanize resources and stop the disease from spreading further across borders.

2) Who decides to declare a public health emergency?

World Health Organization convenes a panel of experts under the International Health Regulations (which are a set of laws that govern global responses to pandemics involving 196 member countries).

These experts — dubbed an 'emergency committee' — meet and assess the risk posed by a disease outbreak and then advise the WHO director general about whether to declare a PHEIC. The DG then decides whether to take action.

3) How often does the WHO declare these emergencies?

Not very often. The WHO has only declared a public health emergency three times since the International Health Regulations were enacted in 2007.

The first time was in 2009, with the outbreak of the H1N1 swine flu pandemic. The second time was in May 2014, when polio seemed to surge again, threatening eradication effort. The third time, in August 2014, as the Ebola outbreak in West Africa was growing out of control. Notably, the emergency committee decided not to declare the MERS virus a PHEIC.

Zika declaration is the fourth PHEIC in history. Its also the first time the WHO has issued such a warning over a mosquito-borne disease.

4) Why are these declarations so rare ?

PHEIC is a political tool used to focus the world's attention on a health crisis. Using this declaration too often would weaken its significance.

One of the key considerations in declaring a PHEIC is whether the disease threat is dire enough for countries to be forced into enacting travel and trade restrictions. These can be devastating to local economics.

Even if the WHO only warns people to limit or delay travel to affected regions (instead of outright travel restrictions), health emergency declarations are often associated with economic losses.

Because of the Ebola crisis, the World Bank Group estimated that the West African countries at the center of the outbreak — Guinea, Liberia and Sierra Leone — out of about $1.6 billion in economic growth. Similarly, the South American countries hit by swine flu suffered economic losses ranging from 0.5 to 1.5% of their GDPs.

5) Zika doesn't even cause symptoms in most people. So why did the WHO declare a PHEIC ?

Its really Zika's link with microcephaly, a condition that causes babies' brains and heads to stop growing, that prompted the PHEIC. So its not the Zika virus itself that prompted the PHEIC, per se, but its the virus potential to harm newborns — even though this link isn't yet fully established or understood.

6) Beyond economic repercussions, do these declarations have any impact ?

Naming a PHEIC doesn't mean the countries battling an outbreak will suddenly be flooded with funds and support from the WHO.

In Ebola the three worst-affected countries also happened to be some of the poorest on the planet. The emergency declaration escalated media attention and global focus on the disease. It helped wake up the world to the gravity of West Africa's outbreak. It helped bring resources from wealthier countries into West Africa, and slowly the global effort got the outbreak under control.

7) What will this health emergency mean for Latin America?

The WHO isn't recommending any restrictions on

travel and trade. This puts them at odds with the CDC, which advised pregnant women to avoid travel to Zika-infected countries. For now, the WHO is alerting countries to the threat of Zika and advising health officials to coordinate a public health response. This involves taking measures to strengthen surveillance of Zika cases and associated birth and neurological complications, controlling mosquito populations that carry the virus, and expediting the development of a vaccine as well as improved diagnostic tests for the virus.

A PHEIC also means the WHO will closely track and monitor the disease and issue regular media updates about the outbreak. It'll draw global attention to the disease, and probably encourage governments and health agencies in and out of Latin America to research Zika and send resources to places that need them in order to help stop the virus from traveling further.

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"THE SWITCH" IN POLIO ERADICATION PROGRAM – REPLACING TRIVALENT OPV BY BIVALENT OPV.

- Dr. Mangesh Pate
M.D. (Pediatrics)

The Polio Eradication and Endgame Strategic Plan 2013–2018 is a comprehensive, long-term strategy that addresses what is needed to deliver a polio-free world by 2018.

The plan was developed by the Global Polio Eradication Initiative (GPEI) in consultation with national health authorities, global health initiatives, scientific experts, donors and other stakeholders, in response to a directive of the World Health Assembly.

A mid-term review was conducted for the plan in mid-2015. Working in some of the most difficult environments in the world has presented major challenges to reaching children with vaccines. The review concluded that while the strategic plan remains a strong framework for ending polio, there is an urgent need to re-focus certain priorities and activities. This includes strengthening surveillance, improving the quality of immunization campaigns and building capacity to respond to outbreaks. Based on these recommendations, the review also evaluated the deadline for eradication, and any resulting financial implications.

The Polio Eradication and Endgame Strategic Plan 2013-2018 addresses the eradication of all polio disease, whether caused by wild poliovirus or circulating vaccine-derived poliovirus, while planning for the backbone of the polio effort to be used for delivering other health services to the world's most vulnerable children.

The strategic plan calls for an important transition in the vaccines used to eradicate polio and requires removal of all oral polio vaccines (OPVs) in the long term. This will eliminate the rare risk of Vaccine associated paralytic polio (VAPP) and circulating vaccine derived poliovirus(cVDPV).

The withdrawal of OPVs must occur in a globally synchronized manner, starting in April 2016 with a switch from trivalent OPV (tOPV) to bivalent(bOPV), removing the type 2 component (OPV2) from immunizing programs.

In routine Immunization, babies will get bOPV and not tOPV from 25th April 2016 and at third dose of Oral Polio Vaccine, they will also be administered an injection with Inactivated Polio Vaccine(IPV). It is proposed that by 2020, OPV will be completely stopped and only IPV will be used all over the world.

Frequently Asked Questions

The Polio Eradication and Endgame Strategic Plan 2013-2018 (the Endgame Plan), leads the way to a polio-free world. In the last two decades, immunization programs have reduced the number of polio cases globally by more than 99%. Of the three poliovirus types (types 1, 2, and 3), type 2 wild poliovirus (WPV) has already been eradicated. No type 2 WPV case has been detected anywhere in the world since 1999.

Why stop using OPV?

OPV is made with "live" but weakened polioviruses. It has been successfully and safely used for decades to stop poliovirus transmission. The vaccine-virus can undergo changes during replication in the gut, and rarely, in communities with low vaccination coverage, such changes can result in circulating vaccine-derived polioviruses (VDPVs) capable of causing paralytic polio. To prevent cVDPVs, OPV must be withdrawn soon after the end of wild poliovirus (WPV) transmission.

Why remove OPV in phases?

Most cVDPVs are caused by the type 2 component of OPV. Given the risk the type 2 component of tOPV poses to a world free of WPV2, tOPV will be withdrawn and replaced with bOPV containing only weakened virus types 1 and 3, in routine programmes and supplementary immunization activities (SIAs). bOPV also generates better immunity against types 1 and 3 than tOPV.

Why can't countries move straight to IPV?

IPV is an inactivated vaccine and not a "live" attenuated vaccine, therefore it carries no risk of VDPVs. However, IPV does not replicate in the gut, unlike OPV, and does not prevent the spread of poliovirus as well as OPV does. Using both vaccines together provides the best combination to protect children and prevent polio transmission.

Is OPV safe?

Yes. OPV is extremely safe and effective at protecting children against lifelong polio paralysis. Because it is safe, effective, and easy to administer, OPV has been used to vaccinate nearly 2.5 billion children against polio and has nearly halted transmission of the poliovirus.

Will children still have protection from wild poliovirus type 2 after the switch to bOPV?

Yes, IPV protects children against paralysis from all 3 polioviruses types.

Is it safe if both OPV and IPV are given to the same child?

Yes. In fact, the vaccines work together to induce a stronger immune response, especially in areas where wild poliovirus and/or VDPVs are still circulating. Many countries have used OPV and IPV sequentially in their routine schedules for decades.

What if a child has already received one dose of tOPV, and will next receive bOPV. Is that safe?

Yes, both types of OPV are safe vaccines and can be given to the same child at different visits. bOPV will follow the same immunization schedule as tOPV, and can safely replace tOPV mid-way through.

When will the switch take place?

The switch will take place in every OPV-only using country around the world within a 2-week timeframe in April 2016, during the low season for poliovirus circulation in countries with recent polio cases. After the switch, tOPV will no longer be used anywhere in the world, and manufacturers will no longer supply tOPV (production will have stopped much sooner due to production lead times).

Why does the switch need to take place globally in a two-week window in April 2016? Can a country make the switch before or after April 2016?

Any use of tOPV after the switch could jeopardize polio eradication by generating type 2 cVDPVs. It is important that all countries switch from tOPV to bOPV during the same time period to ensure that no country is put at risk of importing a type 2 cVDPV from another country that continues to use tOPV. For the same reason, it is NOT recommended that countries switch before April 2016 as use of bOPV while tOPV is still being used would place the country at risk. Countries are welcome to implement the switch anywhere within the two week 'switch window' when it is announced.

How is tOPV different to bOPV? Does it follow the same schedule?

tOPV is exactly the same as bOPV, with the only difference that bOPV does not contain the type 2 virus component. All other aspects are the same; schedule, administration, and handling.

How can cold stores and facilities manage the balance of tOPV, to ensure that there are no excess stocks or stock-outs?

Countries should carefully monitor current tOPV stocks at all levels. WHO recommends that shortages be prevented by carefully monitoring inventories and ordering a 2-week buffer stock of tOPV vaccine prior to the switch.

What will happen to unused stocks of tOPV after the global switch to bOPV?

Any use of tOPV after the switch could cause outbreaks of cVDPV2, therefore all remaining tOPV must be destroyed to prevent accidental or deliberate use. Immediately after the switch date, all remaining tOPV vials should be collected and properly disposed of as medical waste, either through incineration in high- or medium-temperature incinerators, by encapsulation and disposal in a landfill site, or direct disposal in an engineered landfill site.

If countries have surplus stock of tOPV after the switch date, can they first use those supplies before making the switch to bOPV?

No. They must stop using tOPV on the switch date and any remaining stocks must be destroyed. Any area continuing to use tOPV after all others have switched puts neighboring communities at risk.

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HOW TO KEEP KIDNEYS HEALTHY

Dr. Nitin Bhosle
D.M. (Nephro)

Chronic kidney disease (CKD) is a world wide public health problem. In India, the prevalance of End Stage Renal Diesase (ESRD) is increasing. The rising prevalance of treated ESRD can be attributed to the increasing patients who start renal replacement therary (RRT) each year and to the increased survival of patients with ESRD. Underrecognition of earlier stages of CKD and risk factors for CKD may partially explain the rising prevalence of treated ESRD.

Risk factors for CKD :

- History of diabetes, CVD, hypertension, hyperlipidemic, obesity, metabolic syndrome, smoking, HIV or Hepatitis. C virus infection and malignancy.
- Famly history of kidney diseases.
- Sickle cell trait.
- Treatment with potentially nephrotoxic drugs.

Methods of Screening :

(Screening of all patients over age 60 years of age)

- Urine routine
- BUN / Creat / Electrolytes
- Ultrasonography
- Complete blood count

Kidney disease is called a 'silent disease' as there are often few symptoms but here are some of the signs and symptoms :

- Change in frequency and quantity of urine passed especially at night.
- Blood in the urine (Hematuria).
- Foaming urine.
- Puffiness around the eyes and ankles (Oedema).
- Pain in the back (under the lower ribs, where the kidneys are located).
- Pain or burning when passing urine.

Later on when the kidney begins to fail, there is build up of waste products and extra fluid in the blood gradually leading to :

- Tiredness, inability to concentrate
- Generally feeling unwell
- Loss of Apetite
- Nausea and / or vomiting
- Shortness of breath

Reduction in kidney function cannot usually be reversed. However, if detected early enough, the progression of kidney disease can be slowed & sometimes even prevented. But if kidney function is reduced to less than 15% of normal than renal dialysis or a kidney transplant becomes necessary.

Some tips to keep your kidneys healthy :

- Avoid contact with all toxic and harmful substances like pain killer, herbal medication (from unknown source).
- Eat lots of fresh fruit and vegetables.
- Stay away from sugar, sodas and artificial sweetners, processed salty food and bad trans fat. Instead change to natural salt and good fats such as butter from raw cream, olive oil and organic coconut oil.
- Try to drink only water instead of other drinks.
- Maintain a healthy weight and of course this will be more easily achieved through other lifestyle changes that you make.
- Stay fit by atleast 30 minutes of physical activity (that increases your heart rate) on five or more day of the week (walking, lawn mowing, cycling, swimming or aerobics)
- Don't smoke and limit your alcohol to a maximum of two small drinks per day.
- Have your blood pressure checked regularly.
- Do things that help you relax and reduce your stress.
- Don't overdo it when taking over the counter medications. Commonly non-prescribed pills like Ibuprofen and Naproxen can cause kidney disease.
- It you are at risk, get regular kidney function screening.

Healthy diet in adults

- Maintaining caloric balance over time is important for maintaining healthy kidneys.
- Caloric intake should be proportioned among the three macronutrients : carbohydrates, proteins and fats.
- Micronutrients are nutrients required in small amount and includes several minerals and vitamins
- The recommended dietary sodium intake for the general population is less than 100 meq/day (2-3 gm of sodium or 6 gm of NaCI).
- Individuals should be councelled to consume five or more serving of fruits and vegetables.

Take away message

World kidney day is celebrated on 10th March every year to raise awareness of the importance of our kidneys to our overall health and to reduce the frequency and impact of kidney disease and its associated health problems worldwide.

Often your kidney simply becomes affected by other medical conditions. The most important thing you can do to keep your kidney safe is to take care of your body to reduce your chances of developing diseases that put a strain on your kidney.

"Eat healthy, exercise regularly and control your weight. These healthy practices are not new and definitely not specific to kidney health.

"Healthy kidneys like a healthy body."

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I AM QUEEN

-Dr. Vijayalaxmi Shinde

Queen …not just a successful Bollywood movie which is about letting go of things and enjoying life to the fullest. Being Queen is not about sitting on a golden throne and addressing the ministers, wearing robes and gowns for ball room events. It's not about sipping wine glass and discussing business in the courtyard. It's not about having 100 helper maids and chauffeurs throughout your day to greet you and help you. JUST FEEL LIKE A QUEEN TO BE A QUEEN.

Queen!!! She is the lady in each one of us…she celebrates her day with smile on her face, she lets go of the things and has fun time in front of TV, on Facebook or on What's App. Queen is one who calls up her mom and dad and does not show how much she misses them every day after years of marriage. She does not sit on a throne but she sits near her window gazing at the climate change or evening to come so that she is with her family discussing their events of the day. She doesn't wear royal clothes but the most accessible shopping store garments to look decent for her children and husband. She doesn't sip wine, but sips tea in a local china tea cup/mug sitting in front of TV screen browsing channels just to find some nonspecific sports or noisy news channels. She has neither chauffeurs nor cooks but a maid whom she handles with lot of care to make her feel like a queen. She's an adjusting soul to every new situation. She's indeed a Queen when her children hug her after a tiring day, telling cute stories. She's indeed crowned when her husband makes her feel that she's the princess whom he married to make her his QUEEN forever.

We Woman doctors at IMA Dombivli are no exception,who also want to feel like a QUEEN and celebrate the Queen in us. We take care of children, school, homework, kitchen, grocery, cooking (at least one time of day), clinic, opd, hospital, patients, nurses, ward boys, aayas, mavshis, Husband(doctors), family and extended family (who say will you ever attend family function and at least call us once a day), handing emergencies, patient complaints and complications and yet being a part of society who expects lot more from them.

Queens at IMA Dombivli are dynamic, creative, successful and winners. Salute to the hardships and dedication of all women doctors who have taken and handled responsibilities of family, society and their profession with love, care and right attitude towards life .

8th march is celebrated as the international woman's day across the Globe. Everyone - men and women - can pledge to take a concrete step to help achieve gender parity more quickly - whether by helping women and girls achieve their ambitions, calling for gender-balanced leadership, respecting and valuing difference, developing more inclusive and flexible cultures or rooting out workplace bias!

HAPPY WOMENS DAY - PLEDGE FOR PARITY

On 8th march 2016 on International Womens Day, IMA Dombivli President Dr. Mangesh Pate officially announced formation of IMA Dombivli Women's Wing. This occasion was graced by Chairperson of IMA Maharashtra State Women Doctor's wing, Dr. Archana Pate. Dr. Meena Pruthi was announced as Chairperson of First IMA Dombivli Women's Wing. Dr. Sheetal Khismatrao and Dr. Vijayalaxmi Shinde were announced as the Secretaries of the Wing. The vision and aim for formation of Womens wing and activities for coming year were shared by Dr. Meena Pruthi in her inspiring speech. There were around 50 women members of IMA dombivli who cherished this moment and gave the team a positive power.

A fun filled joyous party followed the official inauguration and the event was celebrated with all the women members. The party started after a delicious Indo-western lunch at Pathare Hall, Dombivli gymkhana. The Party began with introduction of all Queens which was the theme of the party. Games, music, dance and photoshoot were like diamonds in the crown.

We at IMA Dombivli Womens wing shall continue to shine with our work and togetherness !

Three cheers to the Queens in us!!

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WORLD TUBERCULOSIS DAY - UNITE TO END TB

De. Vijayalaxmi Shinde
M.D. (Microbiology)

World Tuberculosis Day is celebrated every year by people all across the world on 24th March. The theme for 2016 is 'UNITED TO END TB'.

Tuberculosis was first discovered by Dr. Robert Koch in the year 1882. His discovery about tuberculosis (TB) had opened a door for people to get diagnosed and cured of tuberculosis. On the 100th anniversary of discovery of Tuberculosis, the International Union against Tuberculosis and Lung Disease (IUATLD) planned to celebrate 24thMarch every year as the World TB Day. This day is celebrated every year to create awareness among people about the basic and essential knowledge of tuberculosis, causes, prevention and cure of this disease to eradicate this disease from the world.

Tuberculosis (TB) is caused by *Mycobacterium tuberculosis* which is an acid fast bacilli infecting the Lungs and other extra pulmonary sites in body. It is transmitted by aerosols especially in crowded places. Immuno compromised patients are more prone to get infected. TB can affect any age, caste or class. Children comprise 40% of the population but are currently under-diagnosed in India. Case notification is estimated to be only 58%. Over one third of cases are not diagnosed, or they are diagnosed but not treated, or not notified to the RNTCP. This could be even higher, and the WHO (World Health Organization) estimates that another 10 lac (1,000,000) Indians with TB are not notified.

The economic burden of TB is extremely high especially with drug resistant cases like MDR-TB, XDR-TB. TB treatment & care in India is provided by the government's RNTCP as well as through private sector health providers. In 2014 India achieved complete geographical coverage for diagnostic and treatment services for multi-drug resistant TB. In 2013; 248,000 cases of TB were tested for drug resistance and 35,400 were found to have either MDR or Rifampicin resistant TB.

The private sector in India, unfortunately, has been a source of mismanagement for TB and drug resistance. There is either incorrect choice of diagnostics tests (e.g. blood tests), incorrect regimes and/or a lack of supervision to ensure all TB patients complete their TB treatment. So every effort is being made to engage the private sector in India and improve the quality of care provided by private practitioners. There is also a lack of regulation for over the counter drugs of TB and this contributes to the problems of drug resistant TB. The RNTCP has tried to involve non public health providers in promoting TB care. Hence it shows that there is lack of awareness in general population and health care providers about diagnosing TB and notification of TB cases.

'Detect TB to Treat TB' goal is to be accomplished by selecting right methods for diagnosis of TB. Conventional and newer microbiological diagnostic tests have been useful in TB diagnosis. WHO has recommended tests like Microscopy for AFB detection, Fluorescent Microscopy, TB culture by solid and liquid medium (which is gold standard for TB detection), GenXpert, Line probe assays, PCR; which are now commonly used worldwide. Drug Susceptibility testing by Culture, Line probe assays, molecular methods can be done. Radiological test in correlation with clinical and laboratory findings should be done to give appropriate diagnosis and treatment. Rapid diagnostic methods can be used for early detection of TB which will eventually help to start the treatment early and prevent morbid complications.

Drug resistant tuberculosis like Multidrug-Resistant TB (MDR TB) is caused by an organism that is resistant to at least Isoniazid and Rifampicin, the two most potent TB drugs. These drugs are used to treat all persons with TB diseases.

Extensively drug-resistant TB (XDR TB) is a rare type of MDR TB that is resistant to Isoniazid and Rifampicin, plus any fluoroquinolone and at least one of the three injectable second-line drugs (i.e., amikacin, kanamycin, or capreomycin). XDR TB is resistant to the most potent TB drugs and patients are left with treatment options that are much less effective.

After almost 40 years, FDA approved drug Bedaquiline has come to India for treatment of drug resistant TB.

The most important way to prevent the spread of drug-resistant TB is to take all TB drugs regularly as per the dose and duration prescribed by physician. Health care providers can help prevent drug-resistant TB by early diagnosis of cases, following recommended treatment guidelines, monitoring patients' response to treatment, and making sure therapy is completed with regular follow up.

Detect TB to Treat TB! Lets us UNITE TO END TB!

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LIFE MEMBERS TILL 2015

Sr. No.	Name	IMA NO.
1	Dr. Aage Vijay	MAH/9087/27/65/80390/2000-01/L
2	Dr. Abhade Sanjyot	MAH/10557/27/69/89657/2001-02/L
3	Dr. Acharya Yogesh S.	MAH/9088/27/66/80391/2000-01/L
4	Dr. Adhav Rajeev M.	MAH/22137/27/129/165744/2011-12/CL
5	Dr. Adhav Revati R.	MAH/22137/27/129/165744/2011-12/CL
6	Dr. Agarwal Babulal R.	MAH/1206/27/1/11858/1990-91/L
7	Dr. Agrawal Dinesh P.	MAH/22142/27/134/165749/2011-12/L
8	Dr. Akole Mayuresh M.	MAH/22150/27/142/165757/2011-12/L
9	Dr. Apte Samir	MAH/9080/27/58/80383/2000-01/L
10	Dr. Arawkar (Joshi) Seema A.	MAH/25739/27/159/190612/2013-14/L
11	Dr. Avad Mandar	MAH/17487/27/113/150388/2009-10/L
12	Dr. Avad Meena	MAH/12501/27/50/105091/2003-04/L
13	Dr. Bahekar Pramod	MAH/12502/27/51/105092/2003-04/L
13	Dr. Baitule Madhav	MAH/12503/27/52/105093/2003-04/L
14	Dr. Barhate Kavita Sohan	MAH/27651/27/198/201925/2014-15/CL
15	Dr. Barhate Sohan L.	MAH/27651/27/198/201925/2014-15/CL
16	Dr. Barnawal Anil Kumar	MAH/12507/27/78/105097/2003-04/CL
17	Dr. Barnawal Archana	MAH/12507/27/78/105097/2003-04/CL
18	Dr. Bavaskar C.R.	MAH/26680/27/185/196374/2014-15/L
19	Dr. Bengeri Janhavi A.	MAH/25746/27/166/190619/2013-14/CL
20	Dr. Bengeri Arvind V.	MAH/25746/27/166/190619/2013-14/CL
21	Dr. Bhagat Pradip R.	MAH/22145/27/137/165752/2011-12/L
22	Dr. Bhakare Nikhil N.	MAH/26671/27/176/196360/2014-15/L
23	Dr. Bhalerao Sunil	MAH/25740/27/160/190613/2013-14/L
24	Dr. Bharadwaj (Kadam)Gayatri	MAH/5289/27/34/51732/1996-97/L
25	Dr. Bhat Aditya V.	MAH/25740/27/160/190613/2013-14/L
26	Dr. Bhat Sandhya R.	MAH/15315/27/109/129622/2006-07/L
27	Dr. Bhat Venkatesh G.	MAH/1207/27/2/11859/1990-91/L
28	Dr. Bhattacharjee Tapan	MAH/7615/27/38/67162/1998-99/L
29	Dr. Bhingare Rupali U.	MAH/18142/27/125/154531/2010-11/CL
30	Dr. Bhingare Utkarsh	MAH/18142/27/125/154531/2010-11/CL
31	Dr. Bhirud Rahul Pandharinath	MAH/27647/27/194/201902/2014-15/L
32	Dr. Bhole Ashok T.	MAH/25741/27/161/190614/2013-14/L
33	Dr. Byadgi Vinay	MAH/10694/27/48/90746/2002-03/L
34	Dr. Chaudhari Anil	MAH/1387/27/15/25267/1991-92/CL
35	Dr. Chaudhari Bharati	MAH/1799/27/6/21827/1991-92/L
36	Dr. Chaudhari Nayana R.	MAH/27648/27/195/201919/2014-15/L
37	Dr. Chaudhari Santosh	MAH/9083/27/61/80386/2000-01/CL
38	Dr. Chaudhari Sayali	MAH/9083/27/61/80386/2000-01/CL
39	Dr. Chedha Tushar K.	MAH/15308/27/102/129615/2006-07/L
40	Dr. Chinawale Rahul M.	MAH/24149/27/149/176640/2012-13/L

LIFE MEMBERS TILL 2015

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42	Dr. Dandekar Nitin P	MAH/22138/27/130/165745/2011-12/CL
43	Dr. Dandekar Sangeeta N.	MAH/22138/27/130/165745/2011-12/CL
44	Dr. Date Neelima U.	MAH/1388/27/16/25268/1991-92/CL
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49	Dr. Devraj Shreedevi Makket	MAH/10652/27/47/90704/2002-03/L
50	Dr. Dhadas Ashish D.	MAH/16512/27/111/142455/2009-10/L
51	Dr. Dhadas Dadasaheb S.	MAH/24147/27/147/176631/2012-13/L
52	Dr. Dhaktode Sharad S.	MAH/18140/27/123/154527/2010-11/CL
53	Dr. Dhaktode Vandana S.	MAH/18140/27/123/154527/2010-11/CL
54	Dr. Dhanumali Sameer	MAH/17486/27/112/150387/2009-10/L
55	Dr. Dhokale Shrirang N	MAH/4035/27/30/43280/1995-96/L
56	Dr. Dhondye Vijay S.	MAH/15316/27/110/129623/2006-07/L
57	Dr. Dixit Anil	MAH/12690/27/92/106576/2004-05/L
58	Dr. Gadgil Amol Maheshwar	MAH/12687/27/89/106573/2004-05/CL
59	Dr. Gadgil Alka S.	MAH/1389/27/17/25269/1991-92/CL
60	Dr. Gadgil Subhash S.	MAH/1389/27/17/25269/1991-92/CL
61	Dr. Gadgil Swati A.	MAH/12687/27/89/106573/2004-05/CL
62	Dr. Gadkari Sunil S.	MAH/9085/27/63/80388/2000-01/L
63	Dr. Ganpule Makarand P.	MAH/12508/27/79/105098/2003-04/CL
64	Dr. Ganpule Pradnya M.	MAH/12508/27/79/105098/2003-04/CL
65	Dr. Ghangrekar Vijay	MAH/17488/27/114/150391/2009-10/L
66	Dr. Ghotikar Shyam	MAH/10653/27/77/90705/2002-03/L
67	Dr. Gite Raju S.	MAH/26672/27/177/196361/2014-15/L
68	Dr. Gokhale Jayant P.	MAH/9084/27/62/80387/2000-01/L
69	Dr. Gupta Rajesh P.	MAH/12504/27/53/105094/2003-04/L
70	Dr. Hambarde Rajiv K.	MAH/18141/27/124/154529/2010-11/CL
71	Dr. Hambarde Savita Rajiv	MAH/18141/27/124/154529/2010-11/CL
72	Dr. Hardikar Abhijit A.	MAH/17490/27/116/150394/2009-10/CL
73	Dr. Hardikar Priya Abhijit	MAH/17490/27/116/150394/2009-10/CL
74	Dr. Harne Shrikant Panjabrao	MAH/18143/27/126/154532/2010-11/CL
75	Dr. Harne Vidya S.	MAH/18143/27/126/154532/2010-11/CL
76	Dr. Heroor Anil A.	MAH/6823/27/36/60754/1997-98/CL
77	Dr. Heroor Uma	MAH/4037/27/32/43282/1995-96/L
78	Dr. Herror Anagha A	MAH/6823/27/36/60754/1997-98/CL
79	Dr. Ingale Hemraj	MAH/15304/27/98/129611/2006-07/CL
80	Dr. Ingale Mrudula H.	MAH/15304/27/98/129611/2006-07/CL

LIFE MEMBERS TILL 2015

Sr. No.	Name	IMA NO.
81	Dr. Jadhav Sanjay R.	MAH/26673/27/178/196362/2014-15/L
82	Dr. Jalgaonkar Rahul R.	MAH/25734/27/154/190607/2013-14/L
83	Dr. Janga Srinivas	MAH/27649/27/196/201921/2014-15/L
84	Dr. Jaywant Gauri	MAH/12512/27/83/105102/2003-04/CL
85	Dr. Jaywant Girish v.	MAH/12512/27/83/105102/2003-04/CL
86	Dr. Joshi Priyadarshani	MAH/10488/27/73/89662/2001-02/L
87	Dr. Joshi Anagha A.	MAH/6383/27/12/57277/1996-97/CL
88	Dr. Joshi Ashok	MAH/6383/27/12/57277/1996-97/CL
89	Dr. Joshi Deepak B.	MAH/7620/27/43/67167/1998-99/CL
90	Dr. Joshi Dilip P.	MAH/25735/27/155/190608/2013-14/L
91	Dr. Joshi Ulka D.	MAH/7620/27/43/67167/1998-99/CL
92	Dr. Juvale Vidya Shrinivas	MAH/9081/27/59/80384/2000-01/CL
93	Dr. Juvale Shrinivas	MAH/9081/27/59/80384/2000-01/CL
94	Dr. Kala Eshwaran	MAH/12689/27/91/106575/2004-05/L
95	Dr. Kale Manik Rajendra	MAH/15301/27/94/129608/2006-07/CL
96	Dr. Kale Rajendra	MAH/15301/27/94/129608/2006-07/CL
97	Dr. Kalkundri N.K.	MAH/25736/27/156/190609/2013-14/L
98	Dr. Kamat Sunil	MAH/1391/27/19/25271/1991-92/L
99	Dr. Kamath Mahendra	MAH/1390/27/18/25270/1991-92/L
100	Dr. Kamath Mina	MAH/6824/27/37/60755/1997-98/CL
101	Dr. Kamath Ramdas	MAH/6821/27/13/60752/1997-98/L
102	Dr. Kamath Sanjeev	MAH/6824/27/37/60755/1997-98/CL
103	Dr. Kamath Vijaya	MAH/7804/27/44/68472/1999-00/L
104	Dr. Karande Sachin D.	MAH/25749/27/169/190622/2013-14/CL
105	Dr. Karande Priyadarshani S.	MAH/25749/27/169/190622/2013-14/CL
106	Dr. Karandikar Mansi Rahul	MAH/24152/27/152/176653/2012-13/CL
107	Dr. Karandikar Rahul B.	MAH/24152/27/152/176653/2012-13/CL
108	Dr. Karnik Anita N.	MAH/1804/27/68/89656/2001-02/CL
109	Dr. Karnik Niket	MAH/1804/27/68/89656/2001-02/CL
110	Dr. Karwa B.M.	MAH/22149/27/141/165756/2011-12/L
111	Dr. Kaveri Rati Rajendra	MAH/12509/27/80/105099/2003-04/CL
112	Dr. Kaveri Rajendra S.	MAH/12509/27/80/105099/2003-04/CL
113	Dr. Kelkar Prashant P.	MAH/15306/27/100/129613/2006-07/CL
114	Dr. Kelkar Swati P.	MAH/15306/27/100/129613/2006-07/CL
115	Dr. Khandekar Bharti V.	MAH/12515/27/86/105105/2003-04/L
116	Dr. Khanvilkar Megha A.	MAH/15313/27/107/129620/2006-07/L
117	Dr. Khatkool Vaman	MAH/1392/27/20/25272/1991-92/L
118	Dr. Kolhar Mahadev B.	MAH/25737/27/157/190610/2013-14/L
119	Dr. Kolhatkar Ulhas V.	MAH/25747/27/167/190620/2013-14/CL
120	Dr. Kolhatkar Varsha U.	MAH/25747/27/167/190620/2013-14/CL
121	Dr. Koli Deepak C.	MAH/27653/27/200/201944/2014-15/CL

LIFE MEMBERS TILL 2015

Sr. No.	Name	IMA NO.
122	Dr. Koli Shradhha D.	MAH/27653/27/200/201944/2014-15/CL
123	Dr. Koparde Dilip	MAH/12295/27/49/103706/2003-04/L
124	Dr. Krishnakumar Subramaniam	MAH/2843/27/8/31905/1993-94/L
125	Dr. Kuchekar Vitthal M.	MAH/22144/27/136/165751/2011-12/L
126	Dr. Kude Abhay	MAH/25750/27/170/190623/2013-14/CL
127	Dr. Kude Vaishali A.	MAH/25750/27/170/190623/2013-14/CL
128	Dr. Kulkarni Anand D.	MAH/26681/27/186/196377/2014-15/L
129	Dr. Kulkarni Geeta G.	MAH/10491/27/76/89665/2001-02/CL
130	Dr. Kulkarni Govind V.	MAH/10491/27/76/89665/2001-02/CL
131	Dr. Kulkarni Harshad S.	MAH/18134/27/117/154517/2010-11/L
132	Dr. Kulkarni Mahesh	MAH/13234/27/95/109298/2004-05/L
133	Dr. Kulkarni Meenakshi S.	MAH/22141/27/133/165748/2011-12/L
134	Dr. Kulkarni Sandhya S.	MAH/4036/27/31/43281/1995-96/L
135	Dr. Kulkarni Shashikant G.	MAH/25738/27/158/190611/2013-14/L
136	Dr. Kulkarni Sudhir	MAH/1393/27/21/25273/1991-92/L
137	Dr. Lele Shekhar	MAH/15312/27/106/129619/2006-07/L
138	Dr. Lokras Girish	MAH/25751/27/171/190624/2013-14/CL
139	Dr. Lokras Leena G.	MAH/25751/27/171/190624/2013-14/CL
140	Dr. Mahadar Dhanshri Rahul	MAH/15305/27/99/129612/2006-07/CL
141	Dr. Mahadar Rahul	MAH/15305/27/99/129612/2006-07/CL
142	Dr. Mahajan Deepak G.	MAH/12513/27/84/105103/2003-04/CL
143	Dr. Mahajan Jayshree D.	MAH/12513/27/84/105103/2003-04/CL
144	Dr. Mahajan Nitin A.	MAH/22147/27/139/165754/2011-12/L
145	Dr. Mahajan Shirish V.	MAH/6822/27/35/60753/1997-98/L
146	Dr. Malgi A. B	MAH/24145/27/145/176625/2012-13/L
147	Dr. Mankar Madhuri R.	MAH/15302/27/96/129609/2006-07/CL
148	Dr. Mankar Rajesh	MAH/15302/27/96/129609/2006-07/CL
149	Dr. Marathe Ruta Abhijit	MAH/24144/27/144/176623/2012-13/L
150	Dr. Menon D.V.	MAH/2457/27/22/25274/1991-92/L
151	Dr. Menon Shreekumar	MAH/1209/27/4/11861/1990-91/L
152	Dr. Mestry Pallavi S.	MAH/26686/27/191/196384/2014-15/CL
153	Dr. Mestry Sudhir Bhagwan	MAH/26686/27/191/196384/2014-15/CL
154	Dr. Mhatre Minal Shyamkant	MAH/22148/27/140/165755/2011-12/L
155	Dr. Mishra Rajeev R.	MAH/24148/27/148/176635/2012-13/L
156	Dr. Modi Navin	MAH/15314/27/108/129621/2006-07/L
157	Dr. Mohite Pushpa	MAH/15309/27/103/129616/2006-07/L
158	Dr. More Mahendra J	MAH/24150/27/150/176643/2012-13/L
159	Dr. Muley Rajesh Y.	MAH/26676/27/181/196368/2014-15/CL
160	Dr. Muley Sapna R.	MAH/26676/27/181/196368/2014-15/CL
161	Dr. Naik Abhay G.	MAH/18139/27/122/154526/2010-11/CL
162	Dr. Naik Desai Aruna	MAH/9089/27/67/80392/2000-01/L

LIFE MEMBERS TILL 2015

Sr. No.	Name	IMA NO.
163	Dr. Naik Manasi Abhay	MAH/18139/27/122/154526/2010-11/CL
164	Dr. Naik Tara S.	MAH/2458/27/23/25275/1991-92/L
165	Dr. Nanda Amarish D.	MAH/24146/27/146/176628/2012-13/CL
166	Dr. Nanda Damodar	MAH/2459/27/24/25276/1991-92/L
167	Dr. Nanda Priti A.	MAH/24146/27/146/176628/2012-13/CL
168	Dr. Nisal Jitendra	MAH/13232/27/93/109295/2004-05/L
169	Dr. Oak Ajit	MAH/7619/27/42/67166/1998-99/CL
170	Dr. Oak Medha A.	MAH/7619/27/42/67166/1998-99/CL
171	Dr. Padhye Adwait	MAH/12688/27/90/106574/2004-05/CL
172	Dr. Padhye Pallavi A.	MAH/12688/27/90/106574/2004-05/CL
173	Dr. Pagare Niren	MAH/25752/27/172/190625/2013-14/CL
174	Dr. Pagare Vaishali N.	MAH/25752/27/172/190625/2013-14/CL
175	Dr. Panekat Sushila Arvindan	MAH/26684/27/189/196382/2014-15/L
176	Dr. Parashar Anjana V.	MAH/26682/27/187/196378/2014-15/L
177	Dr. Patange Nishikant	MAH/9086/27/64/80389/2000-01/L
178	Dr. Pate Archana M.	MAH/10489/27/74/89663/2001-02/CL
179	Dr. Pate Mangesh	MAH/10489/27/74/89663/2001-02/CL
180	Dr. Patil (Bharmbe) Kirti H.	MAH/26687/27/192/196385/2014-15/CL
181	Dr. Patil Alvina Sandip	MAH/22139/27/131/165746/2011-12/CL
182	Dr. Patil Arun	MAH/10559/27/71/89659/2001-02/L
183	Dr. Patil Bakul	MAH/12505/27/54/105095/2003-04/L
184	Dr. Patil Dilip	MAH/2460/27/25/25277/1991-92/L
185	Dr. Patil Hemant M.	MAH/26687/27/192/196385/2014-15/CL
186	Dr. Patil Sachin S.	MAH/26677/27/182/196369/2014-15/CL
187	Dr. Patil Sandip Pradip	MAH/22139/27/131/165746/2011-12/CL
188	Dr. Patil Sanjay Yashwant	MAH/12686/27/88/106572/2004-05/L
189	Dr. Patil Sheetal S.	MAH/26677/27/182/196369/2014-15/CL
190	Dr. Patil Vitthal	MAH/26674/27/179/196363/2014-15/L
191	Dr. Pawar Sweta Mandar	MAH/17489/27/115/150393/2009-10/CL
192	Dr. Pawar Mandar	MAH/17489/27/115/150393/2009-10/CL
193	Dr. Petkar Sanjeev S.	MAH/2844/27/9/31906/1993-94/CL
194	Dr. Petkar Swati	MAH/2844/27/9/31906/1993-94/CL
195	Dr. Phadnis Gauri	MAH/12514/27/85/105104/2003-04/CL
196	Dr. Phadnis Unmesh V.	MAH/12514/27/85/105104/2003-04/CL
197	Dr. Phansalkar Rashmi	MAH/4038/27/33/43283/1995-96/CL
198	Dr. Phansalkar Srirang	MAH/4038/27/33/43283/1995-96/CL
199	Dr. Pimputkar Alhad M.	MAH/18136/27/119/154520/2010-11/L
200	Dr. Pradhan Arvind	MAH/2461/27/26/25278/1991-92/L
201	Dr. Pradhan Harshada	MAH/10490/27/75/89664/2001-02/CL
202	Dr. Pradhan Pushkar	MAH/10490/27/75/89664/2001-02/CL
203	Dr. Pruthi Meena S.	MAH/15303/27/97/129610/2006-07/CL

LIFE MEMBERS TILL 2015

Sr. No.	Name	IMA NO.
204	Dr. Pruthi Sanjay	MAH/15303/27/97/129610/2006-07/CL
205	Dr. Puntambekar Sunil	MAH/2462/27/27/25279/1991-92/L
206	Dr. Puranik Achyut	MAH/15310/27/104/129617/2006-07/L
207	Dr. Raje (Zambre) Gayatri	MAH/26685/27/190/196383/2014-15/L
208	Dr. Randive Asmita A.	MAH/24151/27/151/176646/2012-13/L
209	Dr. Rao Chetana	MAH/9078/27/56/80381/2000-01/CL
210	Dr. Rao Pradeep P.	MAH/9078/27/56/80381/2000-01/CL
211	Dr. Rao Prashant P.	MAH/9079/27/57/80382/2000-01/L
212	Dr. Rao U. Prabhakar	MAH/2463/27/28/25280/1991-92/L
213	Dr. Rode Ambadas A.	MAH/12510/27/81/105100/2003-04/CL
214	Dr. Rode Smita A.	MAH/12510/27/81/105100/2003-04/CL
215	Dr. Sagade Sharad	MAH/12511/27/82/105101/2003-04/CL
216	Dr. Sagade Shital	MAH/12511/27/82/105101/2003-04/CL
217	Dr. Sakpal Milind D.	MAH/25742/27/162/190615/2013-14/L
218	Dr. Samant Namrata D(Kishori)	MAH/25748/27/168/190621/2013-14/CL
219	Dr. Samant Devanand Y.	MAH/25748/27/168/190621/2013-14/CL
220	Dr. Sapate Manisha V.	MAH/22146/27/138/165753/2011-12/L
221	Dr. Sarode Yogesh Liladhar	MAH/18858/27/127/156957/2010-11/CL
222	Dr. Sarode(chodhary) Varsha Y.	MAH/18858/27/127/156957/2010-11/CL
223	Dr. Sawant Pratibha P.	MAH/26688/27/193/196386/2014-15/CL
224	Dr. Sawant Pravin S.	MAH/26688/27/193/196386/2014-15/CL
225	Dr. SekhariPuram Krishnan N.	MAH/10487/27/72/89661/2001-02/L
226	Dr. Shah Sujay P.	MAH/18137/27/120/154522/2010-11/L
227	Dr. Shanbag Seema P.	MAH/15311/27/105/129618/2006-07/L
228	Dr. Shanbhag Darshana K.	MAH/22143/27/135/165750/2011-12/L
229	Dr. Shetty Jyoti Naveena	MAH/22140/27/132/165747/2011-12/CL
230	Dr. Shetty Naveena	MAH/22140/27/132/165747/2011-12/CL
231	Dr. Shetty Vijay M.	MAH/27650/27/197/201923/2014-15/L
232	Dr. Shinde (Badge) Monika M.	MAH/26678/27/183/196370/2014-15/CL
233	Dr. Shinde Manish A.	MAH/26678/27/183/196370/2014-15/CL
234	Dr. Shinde Neelima P	MAH/25753/27/173/190626/2013-14/CL
235	Dr. Shinde Pramod T	MAH/25753/27/173/190626/2013-14/CL
236	Dr. Shinde Pravin A.	MAH/22136/27/128/165743/2011-12/CL
237	Dr. Shinde Sushil Kacharnath	MAH/25754/27/174/190627/2013-14/CL
238	Dr. Shinde Trupti Pravin	MAH/22136/27/128/165743/2011-12/CL
239	Dr. Shinde Vijayalaxmi S.	MAH/25754/27/174/190627/2013-14/CL
240	Dr. Shirali Ghanshyam N.	MAH/7616/27/39/67163/1998-99/L
241	Dr. Shirodkar Milind V.	MAH/25744/27/164/190617/2013-14/L
242	Dr. Shirodkar Nilesh N.	MAH/10651/27/46/90703/2002-03/L
243	Dr. Shirudkar Aparna N.	MAH/25743/27/163/190616/2013-14/L
244	Dr. Shrikhande Shrirang K.	MAH/18138/27/121/154524/2010-11/L

LIFE MEMBERS TILL 2015

Sr. No.	Name	IMA NO.
245	Dr. Shukla Deepa	MAH/7617/27/40/67164/1998-99/L
246	Dr. Somayyaji Sushant	MAH/26675/27/180/196364/2014-15/L
247	Dr. Sonali Vishal Lohia	MAH/18135/27/118/154518/2010-11/L
248	Dr. Sonawane Shalaka Amol	MAH/25755/27/175/190628/2013-14/CL
249	Dr. Sonawane Amol	MAH/25755/27/175/190628/2013-14/CL
250	Dr. Sule Jyoti Umesh	MAH/25745/27/165/190618/2013-14/L
251	Dr. Talele Shailesh	MAH/9082/27/60/80385/2000-01/CL
252	Dr. Thakur Dilip	MAH/2464/27/29/25281/1991-92/L
253	Dr. Turkar Lalita N.	MAH/26683/27/188/196380/2014-15/L
254	Dr. Upasani Sunit	MAH/15307/27/101/129614/2006-07/CL
255	Dr. Upasani Niti S.	MAH/15307/27/101/129614/2006-07/CL
256	Dr. Vaidya Anjali	MAH/7618/27/41/67165/1998-99/L
257	Dr. Vanjari Vijay	MAH/1210/27/5/11862/1990-91/L
258	Dr. Yadav B. B.	MAH/12516/27/87/105106/2003-04/CL
259	Dr. Yadav Mona	MAH/12516/27/87/105106/2003-04/CL

LIFE SINGLE MEMBER TILL 2015-16

Sr. No.	Name	IMA NO.
1	Dr. Sasane Arti Atul	MAH/28080/27/206/207504/2015-16/L
2	Dr. Wanve Sunil Narayan	MAH/28079/27/205/207503/2015-16/L
3	Dr. Sakarkar Charushila T.	MAH/28078/27/204/207502/2015-16/L
4	Dr. Bhole Bhushan P.	MAH/28076/27/202/207500/2015-16/L
5	Dr. Raj Rajul K.	MAH/28077/27/203/207501/2015-16/L
6	Dr. Acharya Ashwini	MAH/28075/27/201/207499/2015-16/L
7	Dr. Sandeep Zalte	MAH/28082/27/208/207506/2015-16/L
8	Dr. Deolekar Sheetal Samir	MAH/28088/27/214/207512/2015-16/L
9	Dr. Verma R.K.	awaited
10	Dr. Panchpande Netra	awaited
11	Dr. Kothari Supriya	awaited
12	Dr. Anusuya Gopal	awaited
13	Dr. Patil P.V.	awaited
14	Dr. Sonawane Shruti	awaited
15	Dr. Daga J.L.	awaited
16	Dr. Dr. satish Kanvinde	awaited
17	Dr. Dr. Shrirang Abhyankar	awaited
18	Dr. Dr. Bhakti Lote	awaited
19	Dr. Reena Chaudhary (Zope)	awaited
20	Dr. Dr. Satish Baadkar	LM awaited
21	Dr. Bhadekar Laxmikant P.	LM awaited

LIFE COUPLE MEMBERS 2015-16

Sr. No.	Name	IMA NO.
22	Dr. Vairagi Milind Jagannath	MAH/28078/27/204/207502/2015-16/CL
23	Dr. Vairagi Rita M.	MAH/28078/27/204/207502/2015-16/CL
24	Dr. Patil Nikhil	MAH/28085/27/211/207509/2015-16/CL
25	Dr. Patil Mohini	MAH/28085/27/211/207509/2015-16/CL
26	Dr. Dharmadhikari Rohit	MAH/28084/27/210/207508/2015-16/CL
27	Dr. Gokhale Ashwini Krishna	MAH/28084/27/210/207508/2015-16/CL
28	Dr. Patki Chinmay	MAH/28083/27/209/207507/2015-16/CL
29	Dr. Arbatti Shruti Ravi	MAH/28083/27/209/207507/2015-16/CL
30	Dr. Sinha Lokesh	MAH/28087/27/213/207511/2015-16/CL
31	Dr. Sinha Suvriti	MAH/28087/27/213/207511/2015-16/CL
32	Dr. Fegde Sachin	awaited
33	Dr. Fegde Kanchan	awaited
34	Dr. Khadilkar Anjali S.	awaited
35	Dr. Khadilkar Shriram	awaited
36	Dr. Wahane Hemant	awaited
3	Dr. Charusheela Gajbhe	awaited
38	Dr. Upasani Abhay B.	awaited
39	Dr. Upasani Anagha A.	awaited
40	Dr. Chaudhary Pankajkumar	awaited
41	Dr. Chaudhary(Rane) Poorva	awaited
42	Dr. Neemesh Lodh	awaited
43	Dr. Deepali Lodh	awaited
44	Dr. Dinesh Mahajan	awaited
45	Dr. Vrushali Gajare	awaited
46	Dr. Abhijit Ujwal kulkarni	awaited
47	Dr. Shweta Inamdar-Kulkarni	awaited
48	Dr. Amar Powar	awaited
49	Dr. Parna Sale-Powar	awaited
50	Dr. Ram Shinde	awaited
51	Dr. Monica Ram Shinde	awaited

ANNUAL SINGLE MEMBERS

Sr. No.	Name	IMA NO.
1	Dr. Acharya Suresh	MAH/27/262/SM
2	Dr. Dr. Sujay Kulkarni	awaited
3	Dr. Bejkar Pramod	MAH/27/46/SM
4	Dr. Ghotikar Yashwant M	MAH/27/280/SM
5	Dr. Hombali Anand Subrao	MAH/27/275/SM
6	Dr. Jambhekar Ajit	MAH/27/29/SM
7	Dr. Kalantre Diwakar. D.	MAH/27/58/SM
8	Dr. Hardikar Anand	MAH/27/281/SM
9	Dr. Moyde Pradeep K.	MAH/27/273/SM
10	Dr. Patil Rohidas Chhagan	MAH/27/296/SM
11	Dr. Gujrathi Ramesh	MAH/27/313/SM
12	Dr. Pradhan Aruna Prakash	MAH/27/249/SM
13	Dr. Sawant Sahadeo Laxman	MAH/27/297/SM
14	Dr. Satish Varde	MAH/27/90/SM
15	Dr. Bhadlikar Dushyant	awaited
16	Dr. Chaoudhary Satish	awaited
17	Dr. Naren Nayak	awaited

ANNUAL COUPLE MEMBERS

Sr. No.	Name	IMA NO.
1	Dr. Deodhar Charushila Y.	MAH/27/315/CM
2	Dr. Deodhar Y. V.	MAH/27/315/CM
3	Dr. Phanse Rekha	MAH/27/28/CM
4	Dr. Phanse Suhas	MAH/27/28/CM
5	Dr. Kamath Suchitra P.	awaited
6	Dr. Kamath Prasad J.	awaited

ASSOCIATE MEMBERS

Sr. No.	Name	IMA NO.
1	Dr. Iyer Ramnathan	MAH/27/214/CM
2	Dr. Iyer Revati R.	MAH/27/214/CM

शी शी टी व्ही

डॉ. आनंद हर्डीकर

अलीकडेच सी सी टिव्ही चे बरेच कौतुक होऊ लागले आहे पण त्याच्या मागे काम करणारे हात व मेंदूच बिघडलेला असेल तर सी सी टिव्ही फक्त खर्चाला भार ठरत आहे !

सत्य घटना ! माझ्या रुग्णालयात, रक्ताच्या उलट्या होतात म्हणून शंकरराव (नाव बदलले) वय ८०, दुपारी भरती झाले. नेहमीची कारणे गृहित धरुन उपचार सुरु केले. मात्र कारण शोधण्यासाठी सोनोग्राफी केली. त्यात कळले की त्याला दुर्धर कारण आहे. जठर श्वास पटलातून छातीत घुसून अडकले होते - (strangulated hiatus hernia) त्यामुळे ब्लिडींग होत होते. शकंरराव अल्प उत्पन्न गटातील! खाजगी उपचार परवडणारा नाही याची मला कल्पना होती. म्हणून डोळ्यासमोर आले मु.म.पा. चे के.ई.एम. हॉस्पिटल! त्यांची पत्नी शांताबाई व मुलीला कल्पना दिली. त्यांनीही वेळ न दवडता रात्री १०.३० के.ई.एम. ला नेले. दुसऱ्या दिवशी शांताबाईंना कळवले. रात्री २ वाजताच ऑपरेशन केले आणि आता तब्येत बरी आहे. के.ई.एम. झिंदाबाद! गोर गरीबांचे प्राण वाचवणाऱ्या के.ई.एम. बद्दल पत्र लिहावे असे मनात आले. ५/७ दिवसात शंकरराव घरीही आले. जीव वाचला. दुर्बल घटकातील रुग्णाचा! निव्वळ शासन सेवेमुळेच !

फेर तपासणीसाठी शांताबाई त्यांना परत घेऊन आल्या तेव्हा विचारले (मुख्य बाब) ''शांताबाई – तेथे तुम्हाला स्वखर्च किती आला ?''

शांताबाई व त्यांची मुलगी – दोघीही चमकून एकमेकीकडे पाहू लागल्या! आता तुम्हाला खरं सांगू ? रात्री तिथे पोहोचताच – डॉक्टरांनी हात वर केले – ''इथे होणार नाही – शिरीयस आहे'' म्हणून. ''हो आम्हाला माहित आहे पण प्रयत्न करा'' – म्हणून बोललो तेव्हा मग झटपट त्यांनी ऑपरेशनला घेतले. आपरेशन नीट झाले, मात्र –

''दुसऱ्या दिवशी त्यांना परत तपासणीसाठी ट्रॉलीवरुन नेताना – के.ई.एम. मध्ये वॉर्डबॉय नाही!'' आम्हालाच त्यांना ट्रॉलीवर न्यावे लागले. मात्र ट्रॉलीच्या डोक्याखालील कपडा फाटलेला होता म्हणून डोके खाली जाऊ लागले म्हणून माझ्या हातातील पिश्वी मी पटकन सोडली व त्यांच्या डोक्याला आधार दिला. नाहीतर ते पडले असते. आणि पाहते तर काय? माझी पिशवी नाहिशी झाली. पिशवीत जमवून आणलेले १३,००० रुपये, मोबाईल, काही कागद वगैरे होते. एक माणूस बाजूला वळवळताना मी पाहिला होता. तेही दिसत नव्हता. मग लगेच खाली जाऊन पालिसाला तक्रार करायला गेले. पोलिसाने ''किती पैसे होते – १ लाख, २ लाख, ३ लाख???'' असे जोरात विचारले. ''नाही हो तेवढे नाही, पण खर्चासाठी, औषधासाठी – जाऊ द्या ते मिळणार नाहीत'' म्हणून उडवून लावले. ''अहो त्यात सी सी टिव्ही आहे त्यात दिसेल.'' शांताबाई ''ते फक्त अतिरेक्यांना दाखवायला असते – चालू नाही.'' कपाळाला हात लावून शांताबाई परत. औषधं आणायची कशी ? कसा–बसा जमवून आणलेला पैसा गेला.

तेवढ्यात शांताबाईंचा जावई आला. त्याने वरिष्ठ पोलिस अधिकाऱ्याला बोलवून आणले. शांताबाईंनी चोराचे वर्णनही केले. चप्पल कशी पासून शर्ट/चष्मा कसा व २ वाजुन ५ मिनिटे – वेळही इथपर्यंत ! व सी.सी.टिव्ही पहा म्हणून आग्रह केला. सी.सी.टिव्ही रेकॉर्डिंग पाहिले. शांताबाईंनी सांगितल्याप्रमाणे तो चोरटा, त्याची माहिती, वेळ, सर्व तंतोतंत दिसत होते.

''आता असे करा – तुम्ही उद्या भोईवाडा पोलिस स्टेशनला तक्रार नोंदवा'' सांगून साहेब गेले.

दुसऱ्या दिवशी भोईवाडा पोलिस स्टेशन – पेशंट सिरियस तरीही शांताबाई गेल्या. अगोदर तक्रार लिहून घ्यायला तयार नाहीत. वेळ काढुपणा – मग तितल्याच दुसऱ्या हवालदाराला आमची दया आली. ''अरे त्यांचा पेशंट सिरियस आहे लवकर तक्रार घे'' – म्हटल्यानंतर तक्रार नोंदवून घेतली. शांताबाई सांगत होत्या, मी ऐकत होतो.

''पुढे काय ?'' मी – ''पुढे काही नाही'' – शांताबाई.

सी.सी.टिव्ही की शी.शी.टिव्ही.! प्रश्न माझ्या मनी.

••••

मला कवि व्हायचंय!

खूप वर्षांपूर्वी एकदा मला
कवि व्हावेसे वाटले
लगेच मी कवीवर्य
पाडगांवकरांना गाठले

म्हणालो ''सर सांगा तुम्हाला
कविता कशा सुचतात ?
सगळ्याच तुमच्या कविता
लोकांना कशा रुचतात ?

तुमच्याकडून माहिती मला
अगदी डिटेलमध्यें हवी
कारण मला सुद्धा तुमच्यासारखं
व्हायचं आहे कवी''

सर म्हणाले ''विचार केल्यावर
काहीतरी सुचतं
प्रेमाबद्दल लिहिलं तर
सगळ्यांनाच ते रुचतं

कठीण शब्द लोकांना
काट्यासारखे बोचतात
सोपे शब्द वाचणाऱ्याच्या
हृदयापर्यंत पोहोचतात

अशा प्रकारे लिखाण केलंस
तर सगळ्यांनाच ते रुचेल
माझ्यासारखी दाढी ठेव
मग कविता सुद्धा सुचेल''

डॉ. सतीश अ. कानविंदे

वात्रटिका

१) हार्ट स्पेशालिस्ट स्वतःच जेव्हां
हार्ट अॅटॅकने मरतो
डॉक्टरांच्या ज्ञानावरचा
तेव्हा विश्वास उडतो

२) कायद्याच्या कचाट्यातून
जरी तो सुटला
वकीलाने त्याच्या मात्र
त्याला साफ धुतला

३) एक भैय्या बोलला डॉक्टर
मेरा नाम शरद है
दो दिनसे पेटमें मेरे
मीठा मीठा दरद है.

४) ''बरे जाहले एकाअर्थी''
निर्माता तो म्हणे नटीला
''तुझ्याकडील तो पिक्चर माझा
रीलिज होण्याआधी पडला.''

डॉ. सतिश अ. कानविंदे

तू

सखी...
तू वेगळी आहेस...नक्कीच!

तुला आनंद झाल्यावर तुझा खुललेला चेहरा,
चैतन्य उधळणारं तुझं हसणं,
आणि निरागसपणे गिरक्या घेणारं तुझं मन...
त्यामुळे तू वेगळी नाहीस...
'माझा' आनंद तुझ्या चेहेऱ्यावर ओसंडून वाहताना
दिसतेस ती तू...
'ती' तू वेगळी आहेस!

ठेच लागल्यावरही न थांबता
जखम दाबून
ओलेसे डोळे लपवत पुढे चालतच राहतेस, हसत!
म्हणून तू वेगळी नाहीस.
अस्मानी यातना सहन करतानाही
समाधानाचं पाणी डोळ्यात साठवून
एका 'आयुष्याला' आयुष्यात आणतेस...
म्हणून तू वेगळी आहेस!

हृदयाचा ठोका चुकताना
माझा हात घट्ट धरुन आश्वस्त होणारी तू...
नाकावरुन ओघळणारं पावसाचं पाणी
अल्लडपणे जिभेवर टीपणारी तू...
एखाद्या हतबल क्षणी करारीपणे उभी राहतेस
म्हणून तू वेगळी नाहीस
अफाट बळ पंखात साठवून भरारी मारताना
पंखांची ऊब जपून ठेवणारी तू...
तू वेगळी आहेस!

प्रत्येक क्षणी
प्रत्येक वळणावर
आयुष्यातल्या प्रत्येक आव्हानासमोर
आपलं 'वेगळेपण' दाखवून देतेस
म्हणून तू वेगळी नाहीस
वेगळेपण जपताना, त्याची जाणीव असताना
बेमालूमपणे आपलं 'स्व' पण जपतेस...
म्हणून तू वेगळी आहेस!

सखी, तू नक्कीच वेगळी आहेस!!!

– क्षीप्रा
(डॉ. शीतल प्रतिक खिस्मतराव)

डॉक्टरांची प्रेयसी (मिस निद्रा झोपे)

१२वी ला असताना
आमची ताटातुट झाली
आणि M.B.B.S. मिळाल्यावर
पुन्हा गाठभेठ झाली

जरा वेळ मिळाला की
ती धावत येते
१० मिनिटे का होईना पण
कुशीत मला घेते

याहून जास्त तिचा सहवास
माझ्या नशिबात नाही
पण ती सुद्धा समंजस
कधी वाईट वाटून घेत नाही

पर्वा करीत नाही मी कुणाची
कुठेही भेटतो मी तीला
कधी कधी तर बायको सोबत
सुद्धा घेऊन जातो तिला

क्वचित कधी रात्रभर तिचा
सहवास नशिबी येतो
मी सुद्धा मग सकाळचा
व्यायामाला राम राम ठोकतो

लग्न का करीत नाहीस माझ्याशी
असे काय आहे जे माझ्याकडे नाही
त्यावर हसून ती म्हणाली
पांढऱ्या वस्त्रातल्या संन्यासांशी
आम्ही लग्न करत नाही

चालू दे आपला असाच
१०-१० मिनीटांचा रोमांस
तू एकटाच नाहीस सगळेच
डॉक्टर आहेत माझ्या प्रेमात

Dedicated to all Doctors
who spend sleepless nights
for patients

डॉ. राजू गिते

मन

मन बेभान वादळ
सान कुडीत कोंडले
प्रेमरसात न्हाऊन
शांतविले जोजविले

काय मनाची ताकद
सारी पडझड झाली
नांदत्या जागत्या घरा
जणु अवकळा आली

मन चंचल अचपळ
वाऱ्यासंगे बांधियले
कोण ? कोणा शक्ती देई
अजुनी ना कळियले

प्रकाशाचे तेज दिव्य
अग्निचीहि दाहकता
स्वाहाकाराच्या कुशीत
सृजनाची का पूर्णता ?

दृढ सोशिक अवनी
आर्त धीराची ती मूर्ती
बळकट आधाराने
जीवा देई परिपूर्ती

दाह अग्निचा शमवी
जल थंड नी शीतल
लाटा खळाळ सागरी
सरोवरी जल नीतळ

भावनांच्या कल्लोळात
मन हेलकावे खाते
आकाशाच्या पोकळीत
शांती प्रीती गीत गाते

पंचभूतांच्या गुणात
मन आट्यापाट्या खेळी
भूत आपुले जाणून
त्याला आवराच वेळी

मन दुःखाचे कारण
मन सुखाचे वरदान
एक कला शिक गड्या
मन कर बलवान

विवेक हाच अंकुश
अंतर्मन हा सारथी
षड्रिपुंच्या अश्वांची
योग्य घेईल झडती

डॉ. (सौ.) अंजली अरुण वैद्य

IMA GUEST HOUSE AT DELHI

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5th Floor Room No.501 to 506	@ Rs.500/- per day per bed + Luxury Tax 12.5%
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Children above 12 years	Full Charges
Children between 5 to 10 years	@ Rs.200/-

- Checkout time 24 hrs. except night
- 25 % concession will be provided to the Life Member of IMA on showing the Life Membership Card
- Accommodation will be provided on availability & booking will be confirmed after receiving the one day advance payment. DD should be made in favour of 'Indian Medical Association' payable at 'New Delhi'.
- IMA Officials coming for official work are entitled for free accommodation for 2 consecutive Nights only

PS: IMA reserves the right to cancel Pre-booked accommodation in the eventuality of IMA requiring accommodation for its own official purpose.

IMA GUEST HOUSE AT KOLKATA

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Tariff Rates as follows:	
Single Bed Deluxe AC Room (1 Room)	Rs. 600/- per day
Double Bedded AC Room (2 rooms)	Rs.400/- per bed per day
Triple Bedded AC Room (4 room)	Rs.400/- per bed per day
Dormitory (5 bedded) Non AC	Rs.200/- per bed per day
(Including Bed Tea and Breakfast)	

For further details please contact:
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Fax: (033) 2236-6437, E-mail: imahc@vsnl.net / jima@cal2.vsnl.net.in / jima@vsnl.com

STATE WISE LIST OF IMA GUEST HOUSE

ANDHRA PRADESH

Tenali Branch
IMA Tenali Branch,
IMA Building,
Bose Road, Tenali, A.P.

Bhimavaram Branch
IMA Bhimavaran Branch,
IMA Building, Motupalivari Street
Motupalivari, Near Sunday Market,
Bhimavaram 534 201 (A.P.)
Tel. No. (08816) 234 231

Hyderabad City Branch
IMA Building, Sultan Bazar
Hyderabad - 500 027, (A.P.)
Tel. No. 246 53652, 555 04431
email:hydcityima@yahoo.co.uk

Machilipatnam Branch
IMA Machilipatnam Branch
Sedeamtrivani, Agraharam, Edepeli
Machilipatnam 521 001 (A.P.)

Tanuku Branch
IMA Tanuku Branch,
Venu Sono Scan, Old Police Station Road
Tanuku - 534 201,
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BENGAL

IMA House, 53, Creek Row
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BIHAR

Patna Branch
IMA Patna Branch,
IMA Building
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Patna - 800 004, Tel. No. 242-95

CHANDIGARH

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GUJARAT

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Dhanbad Branch IMA Dhanbad Branch,
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Ranchi Branch IMA Building,
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BWS Branch
IMA Building,
Behind Chandan Cinema
Military Road, JVPD Scheme,
Mumbai- 400 049,
Tel. No. 620 6517

Nagpur Branch
IMA Nagpur Branch
IMA House, North Ambazari
Road
Nagpur - 440 020
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ORISSA

IMA Orissa State Branch
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Cuttack - 753 007
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RAJASTHAN

Jhalawar Branch
IMA Jhalawar Branch,
Government City Dispensary,
Jhalawar

TAMILNADU

Chennai Branch
Indian Medical Association
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UTTAR PRADESH

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Lucknow Branch
IMA Lucknow Branch
IMA Bhawan, 1, River Bank Colony
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