

DIALOGUE



**INDIAN MEDICAL ASSOCIATION
DOMBIVLI BRANCH
VOLUME 31, ISSUE 1**

**Editors :
Dr. Suchitra Kamath Dr. Meena Pruthi Dr. Sheetal Khismatrao**



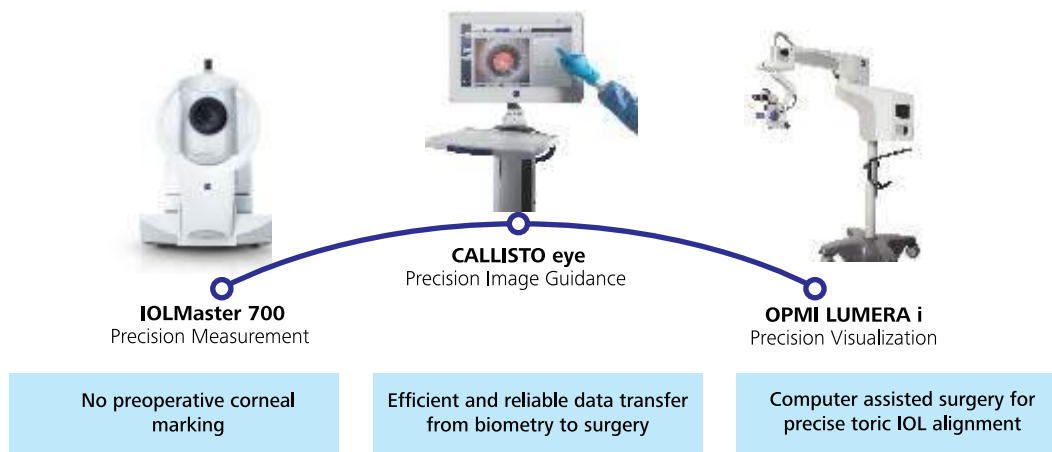
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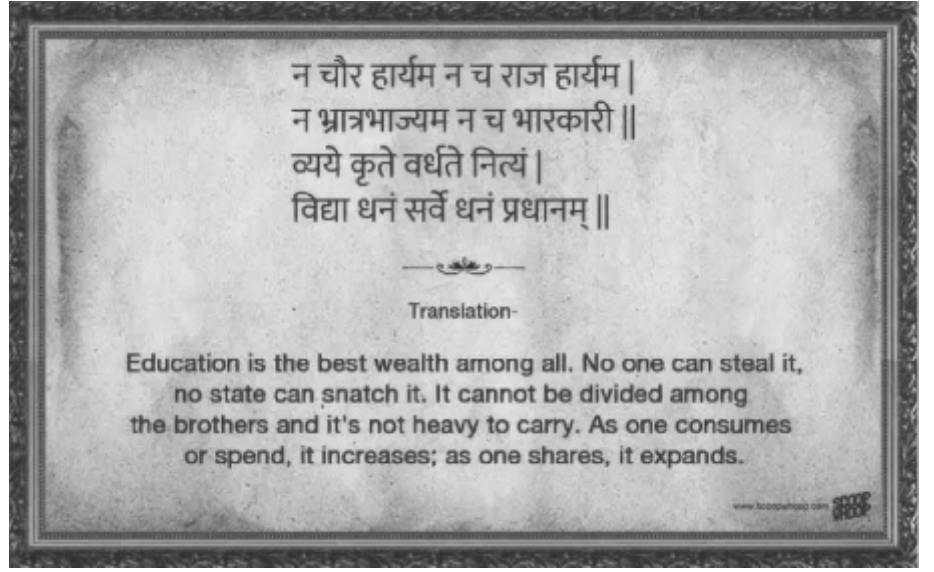
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IMA DOMBIVLI

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

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

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Let me begin with a small parable. A farmer had an old mule. One day, the mule fell into the farmer's well. The farmer heard cries from the mule. Hearing the mule, the farmer sympathized, with the mule. Carefully assessing the situation, he decided that neither the mule nor the well was worth the trouble.

He called his neighbors for help, told them what happened and requested them to haul in dirt and mud to bury the old mule into the well. In this way, they can put end to his misery.

Initially, the mule was happy, that his master is trying to help him, but seeing what the farmer and his neighbors are doing, he became hysterical. As the dirt and mud hit his back, he made up his mind to help himself. A thought dawned upon him. Every time a shovel load of dirt landed upon him, he would shake it off and step up. This he did blow after blow, Shake it off and Step up. No matter how painful it was, he neither forgot to a shake off or step up.

It was not long before, the old battered mule exhausted with his efforts, triumphantly reached the wall of the well.

What seemed like it would bury him, actually helped him rise.

The medical fraternity has become the proverbial 'Mule' for the modern society in India.

The political class and the masses all want to bury the medical fraternity with expectations. Yet like that Mule let us all withstand these brickbats and come out stronger and better as a community.

Yet again while I think of these recent atrocities, perpetuated against us 'Doctors' a thought comes to my mind. Why have we come to this pass? Have we lost our empathy for the patients? Do we just pay lip sympathy to their problems?

I ponder over these questions !!!

Dr. Suchitra Kamath

•••

FROM THE PRESIDENT'S DESK



Respected seniors, colleagues and my friends at IMA Dombivli,

The first 3 months passed like a whirlwind. Many new changes have happened at IMA Dombivli. Now we have an efficient office executive who is available in office between 12 to 6 pm. We have prepared a calendar for the whole year so that members can block their dates for any events well in advance. Our website is updated and our online payment and online certification facility has started. Please visit www.imadombivli.com for the same.

Our IMA Dombivli member Dr. Prashant and Dr. Swati Kelkar's son Hrishikesh kelkar met with an unfortunate accident on 18th June 2018. We pray to Almighty God for his speedy recovery. **IMA Dombivli Help Fund (IMADHF)** has been proposed to help the members or their families in case of unnatural Calamity. **The criteria for IMADHF are under formulation and will soon be announced. The contribution for first help fund has been sought for Hrishikesh kelkar.**

Our fraternity is always burdened by many thoughtless decisions from the Government. Fortunately strong IMA leadership has at least till now managed to keep things under check. One such is national Medical Commission Bill (NMC) 2017 which is anti poor and pro rich. The powerful show of unity by IMA members under strong IMA leadership at HQ and the perseverance and strong opposition by IMA HQ resulted in postponement of the bill to monsoon session.

The second not so thoughtful scheme which government is fiercely promoting is Ayushman Bharat Scheme or Modicare or National Health Protection Mission which claims to have annual health cover of Rs 5 lac to 10.74 crore families. With 1.5 lac wellness clinics and indoor facilities at throw away rates, it aims to cater to cheap healthcare needs of nearly 50 crore population. All these schemes are planned at the cost of private sector doctors and hospitals. The charges for this scheme are to be seen to be believed – as it has impossible prefixed charges – and will prove to be a nightmare for doctors. The ill visioned and thoughtless policies will prove bad for the already deteriorating healthcare scenario in India.

IMA HQ has introduced **Family Welfare Scheme**. All members are requested to take advantage of the same.

All IMA Dombivli committees have started working wonderfully. IMA Dombivli did 3 major **community service programs** in last 3 months. WHO day celebration, BLS workshop for lay rescuers at Ekta Nagar and celebration of World Elder Abuse Awareness Day. 3 CMEs have been conducted so far by **scientific committee**. **Women's wing** has undertaken Project Aadhar at Seva chhaya Vriddhashram for senior citizens, Celebrated Mother's day by doing Comprehensive Health Check Up camp for mothers. The next WW program is planned on 28th June along with **Aao school Chalein (ASC) committee** at DKVC school, Dombivli. ASC has next session planned on 4th and 10th of July in Gurukul school.

Through **IMA Dombivli Defence and Grievance Redressal Cell**, timely intervention has been provided to 3 clinical establishments of members of IMA Dombivli and untoward incidences have been avoided. **Sanjeevan Committee** took up 1 AHA certified BLS training workshop in April and 1 BLS training workshop for community in May. The third training program is scheduled on 24th June at Dombivli Gymkhana. The cultural Committee started with a bang. It celebrated Father's day – 'Ek Suhaani Shaam' with much pomp and fanfare... I am sure the fathers took home some lovely unforgettable memories. **IMA Dombivli HBI subchapter** took Nurses training program on Communication and Interpersonal skills on 21st June. A BLS training workshop for nurses is planned next month by HBI along with Sanjeevan Committee. **IMA Dombivli CGP subchapter** is organising an ECG workshop on 15th July. **Beti Bachao Beti Padhao committee, Organ Donation committee** are ready with wonderful projects which will be launched in near future. **Dialogue committee** is working relentlessly to bring out this 1st issue of dialogue. **A big Thank You to all committee heads and the committee members for their dedicated work.**

As per tradition, **The Doctor's Day** will be celebrated on 1st July 2018. The theme of this year's Doctor's day is – 'Zero Tolerance of Violence against Healthcare professionals and Clinical establishments'. Our very own IMA Dombivli member and IMA National Joint Secretary Dr Mangesh Pate will guide us for the same. There will be Award Distribution at the hands of Chief Guest – Hon. Dr Shrikantji Shinde (Member of Parliament) and Guest of Honour Dr Smita Rode (Ex MOH, KDMC) followed by Stand Up Comedy Act from Munnabhai fame Stand Up comedian, actor and anchor Dr Sanket Bhosale. Blood Donation drive will be undertaken on 8th July 2018 at Dombivli Gymkhana between 8 am to 2 pm.

This year IMA Dombivli is hosting IMA HBI Maharashtra State conference MAHAHOSPICON 2018 along with its annual conference IMAFEST 2018 on 1st and 2nd December 2018. The conference will have Medico legal topics, hospital related issues, excellent scientific sessions. We are looking forward to welcoming delegates from all over Maharashtra. All those who have not registered till now, please register at the earliest. Payment can be done online, by cheque or through NEFT. Details available on website www.imadombivli.com.

My only request to my respected members of IMA Dombivli is – Please attend all events and functions arranged by various committees in large numbers, it boosts their morale, as arranging any single event takes days of hard work and logistical arrangements. No program can be successful without a good participation. We are one big IMA Dombivli family - let us be a closely knit family and stand with each other through happy and sad times alike!!

Long Live IMA!

Dr. Archana Pate

GREEN BOOK DATA

Despite IMA Dombivli being in its 48th year, we still do not have our all our members comprehensive data.

In view of this, we will have all information about our members at one glance.

All members are requested to send us GREEN BOOK DATA FORM (for making IMA Dombivli Directory) at the earliest.

Download form (Green Book Data Form) from Downloads section of www.imadombivli.com. Send forms either as scanned copy at imadombivligreenbook.com or courier it to us at : IMA Hall, 2nd floor, Deep Shikha Building, opp CKP Hall, Dombivli - E. Pin : 421201.

SECRETARIAL NOTES



The following programs were conducted by IMA Dombivli in the first quarter since 1st April 2018

1st April 2018 :

IMA Dombivli 2018-19 new team was installed.

- | | |
|------------------|----------------------|
| • President | Dr. Archana Pate |
| • IPP | Dr. Niti Upasani |
| • Vice President | Dr. Utkarsh Bhingare |
| • Pr. Elect | Dr. Meena Pruthi |
| • Secretary | Dr. Vandana Dhaktode |
| • Treasurer | Dr. Sunit Upasani |
| • Jt sec | Dr. Bhakti Lote |

GBM was held and certain amendments to proposed IMA Dombivli Constitution were approved.

Award Distribution was done for the year 2017-18 by Dr. Niti Upasani. Lifetime achievement awards for the year 2017-18 were given to Dr. Anasuya Gopal and Dr. Shyam Ghotikar. Doctor of the year 17-18 was given to Dr. Adwait Padhye. MOC for the program were Dr. Sandhya Bhat and Dr. Makarand Ganpule.

8th April 2018 :

WHO Day Program was celebrated for the first time by IMA Dombivli at Sarvesh Hall. Approximately 100 non medical and medical people attended the program. Keeping in mind the theme of WHO day “Health For All” wonderful informative sessions on Health Insurance by Dr. Sultan Badami, Healthy mind by Dr Adwait Padhye, Diet & Nutrition by nutritionist Rochita Date and on Spiritual well being by AOL trainer Mr Ravi Kadam were arranged which were well appreciated by the attendees. Dr. Makarand Ganpule was the MOC for the program and program coordination was done by Dr. Vandana Dhaktode and Dr. Meena Pruthi. The program was a grand success.

14th & 15th April 2018 :

CWC held at Ahmedabad was attended by IMA Dombivli members – Dr. Mangesh Pate (National Jt Secretary), Dr. Niti Upasani (IPP- IMA Dombivli, Alt CWC member) and Dr Archana Pate (President-IMA Dombivli, Alt CWC member). IMA Dombivli constitution was ratified at this CWC.

18th April 2018 :

A **Multi specialty CME** with topics on TB notification and Approach to summer Illnesses was arranged on 18th April.. Since world Asthma Awareness day was just round the corner on 1st May 2018, a special lecture on COPD and Asthma was organized. The CME was attended by 95 members and 1 CME credit point was granted by MMC. Dr. Medha Oak was the moderator for the program.

24th April 2018 :

IMA Dombivli Women’s Wing conducted “**Project Aadhar - Care for Senior Citizens**”. A medical health check up camp was organized for residents of Sandhya Chhaya Vriddhashram at Dombivli west. 13 residents of old age home were given comprehensive medical examination (Ophthal, Dental, psychiatric, Blood, Vascular age, etc). Necessary treatments were also recommended. The project head was Dr Nayana Choudhari and project co ordinator was Dr Vijayalaxmi Shinde under the guidance of IPP Dr Niti Upasani and WW Chairperson Dr. Leena Lokras. The consultants who participated in Health check up camp were – Dr. Vandana Dhaktode, Dr Rashmi Phansalkar, Dr. Vijay Chinchole, Dr. Reena Choudhari, Dr. Bharti Choudhari and members of IDA.

29th April 2018 :

The first **AHA Certified BLS Workshop** in association with Symbiosis Institute of Health Sciences (SIHS) was held on 29th April at Heritage Hall, Dombivli East. 34 Delegates from Dombivli, Kalyan, Ambernath, Navi Mumbai and Thane attended the workshop. 2 MMC credit points were granted to RMPs. All delegates appeared for a test at the end of workshop and passed with flying colours. They have been awarded with AHA certification with BLS provider card (Internationally valid for 2 years). Dr. Deepa Shukla, Dr. Meena Pruthi, Dr Sandhya Bhat coordinated the event.

12th May 2018 :

Mother’s day was celebrated at IMA Dombivli in a unique way. Women's Wing IMA Dombivli organized a health check up for

Mothers on 12th May at Dombivli Gymkhana. 45 mothers were given comprehensive Health Check Up – Pathology (by Dr Makrand Ganpule), Bone Density, ECG, Neurological Assessment, Fundoscopy, Cosmetic consultation (by Dr Gayatri Bhardwaj), X RAY and Mammography (by Dr Utkarsh Bhingare). Dr. Leena Lokras, Dr. Rashmi Phansalkar and Dr. Meena Pruthi coordinated the event.

30th May 2018 :

On 30th May, a **Hypertension Symposium** was organized. The topics were - JNC 8 Classification -Guidelines for Hypertension, BP Management In Acute Stroke and Treatment of Resistant Hypertension. It was attended b 97 Doctors and had 1 CME credit point approved from MMC. Dr. Ashwini Acharya was the moderator for the CME.

31st May 2018 :

A **BLS Workshop for Lay Rescuers as a community service** was organized by IMA Dombivli under ‘Project Sanjeevan’. It was organized in Ekta nagar, where 38 enthusiastic lay people were given hands on CPR training and were also trained on the use of AED by Dr Sandhya Bhat, Dr Deepa Shukla, Dr. Nayana Choudhari and Dr. Meena Pruthi. The event was highly appreciated by all participants and they were issued certificates after successful training.

17th June 2018 :

IMA Dombivli celebrated **Father’s Day** in a grand way on 17th June 2018 for the first time ever. 3 generations of families were invited. The event was executed by Cultural committee. The evening ‘Ek Suhaani Shaam’ was made alive and memorable by the mellifluous voice of Dr. Shashikant Kamat and his group. There were lots of sentimental moments when the children expressed their love and gratitude for their father. The fathers were felicitated and lots of prizes were given. The event was coordinated by Dr. Meena Pruthi, Dr. Anasuya Gopal, Dr. Bhakti Lote and Dr. Makarand Ganpule

21st June 2018 :

A **nurses training program** was organized by IMA Dombivli under HBI activity of IMA Dombivli. The event was a Patient Management Program on Communication and Interpersonal skills. It was attended by nearly 90 nurses and para clinical staff from 26 different hospitals. The event was coordinated by Dr. Sunit Upasani and Dr. Rashmi Phansalkar.

24th June 2018 :

24th June 2018, Sunday – a community program was held in Pathare Hall, Dombivli Gymkhana

on the occasion of ‘**World Elder Abuse Awareness Day**’. About 60 senior citizens and their caretakers attended the program. The program started with a training on Basic Life support by members of Team Sanjeevan – Dr. Deepa Shukla and Dr. Nayana Choudhari, followed by a skit presentation on Elder Abuse by ‘Kalakar Amhi Kalyankar’ group. This was followed by a lecture on Elder abuse and its prevention by Mr. Ramesh Parkhe and another lecture on Ageing Gracefully Dr. Dushyant Bhadlikar. Dr. Niti Upasani and Dr. Vijay Chinchole co ordinated for the program.

27th June 2018 :

Multi specialty CME (with 1 credit point from MMC) was organized on 27th June. The topics were presented by renowned speakers from Dombivli. The topics for the same were Fever in Pregnancy, Gall Bladder Diseases – Diagnosis and Treatment and a lecture on Monsoon Preparedness. Dr. Niti Upasani was the moderator for the program. The program was attended by 94 delegates.

UPCOMING PROGRAMS IN JULY 2018

1st July 2018 – Doctor’s Day Celebration

3rd July 2018 – School Health Check Up under Women’s wing, Mission Pink Health abd aao School Chalein at DKVC school, Dombivli – E

4th July 2018 – Health Check Up at Gurukul school under Aao School Chalein

8th July 2018 – Blood Donation camp in association with Dombivli Gymkhana

11th July 2018 – Fire safety workshop

15th July 2018 – ECG and TMT workshop

22nd July 2018 – Parents workshop for parents of Gurukul School under Aao School Chalein.

24th July 2018 – Project Aadhar

29th July 2018 – AHA certified BLS workshop

Dr. Vandana Dhaktode

Hon secretary, IMA Dombivli

...

ZERO TOLERANCE TO THE VIOLENCE AGAINST HEALTHCARE PROFESSIONALS AND CLINICAL ESTABLISHMENTS: INDIAN MEDICAL ASSOCIATION

Dr. Mangesh Pate
(IMA National Jt. Secretary)

Till very recent past, Doctors in India were treated as demi-gods. They commanded vast respect and could not, would not be questioned. Their opinions & related outcomes stood as last word. But the days are over.

Today hospital rage appears far more routine & complex. From all accounts, it stems from frustrating shortfalls in the public health system, crucial gaps in communication between doctor/patient/relatives, low-level political bullying and high expectations for recovery. And don't discount the brain-wiring. When a relative suddenly and unexpectedly dies...it is far easier for the brains to blame the doctor and the hospital he represents..!!

Angry relatives attacking doctors and vandalizing hospitals is disturbing. The mob, besides kin and friends of the patient, include members of political outfits or communal groups. It is high time that people are sensitized about the stringent provisions of the State Medicare Act, passed by 19 state legislatures till now. Patients, who feel they have not received the attention they deserve, often forget that doctors are victims of a lopsided healthcare system. Instead of resorting to violence, patients or their relatives should lodge a medical negligence complaint with the authorities. But local goons with or without political backing try to escalate the violent episodes to satisfy their wasted interests. This is seen very often.

Doctors and hospital staff are under tremendous mental stress due to repeated attacks on them. Friends and relatives of the deceased at times involve communal

groups and political outfits in the dispute. Anti-social elements take advantage of this situation and indulge in violence. It is sheer foolishness to blame the doctors and hospitals for deaths that occur in hospitals.

IMA demands strict implementation of the available State Medicare Acts with conviction. IMA also demands a strong, effective Central Medicare Act from Government of India with immediate effect. This act should have framing which should sustain every loophole in the system of law in our country. The central act should have fast track proceedings & Strong Conviction rate.

Awareness of the provisions of the Act among the police force is must. IMA requests governing authorities to educate the law keepers with the laws & acts to safeguard healthcare professionals...

If such attacks continue, doctors will have to think twice before taking up complex and high-risk cases. If so happens, are governing authorities prepared for accommodating & providing proper, legal, ethical & universally acceptable healthcare facilities to all citizens..??

Through the IMA Defence Cell Draft (IMADC) we pledge zero tolerance to such acts against healthcare professionals & also to the apathy of governing people.

A vote soaked in the blood of a doctor is hardly a sign of a healthy democracy..!

...

MAHAHOSPICON 2018
IMA Fest 2018

1st and 2nd December 2018
Savitribai Phule Auditorium,
Dombivli (E).

DOCTOR'S DAY: July 1st, 2018 "Safe Fraternity Week" - 1st to 8th July 2018

THEME : "ZERO TOLERANCE FOR VIOLENCE AGAINST HEALTH PROFESSIONALS & CLINICAL ESTABLISHMENTS"

The theme will be launched on DOCTOR'S DAY, i.e. July 1st, 2018.

IMA will observe "Safe Fraternity Week" - 1st to 8th July 2018

Any behavior that is responsible for physical or emotional harm to the healthcare persons is violence.

Dear Friends,

Violence against doctors is seriously threatening. It is an effect of unwell, pathetically backed healthcare system.

The hospitals cannot be allowed to become war zones as sick people need a peaceful environment and the Doctors also need a stable and peaceful ambience for delivering 100% selfless quality care. Because of violence doctors have started practicing defensive medicine.

Finally, the stressful hospital environment is making doctors as well as patients suffer the brunt.

Healthcare violence is an act of aggression, erratic quarrelling behavior, abusive threats to vandalize the hospitals, physical assault or any sort of threatening behavior that occurs in hospitals.

The exposed cases of healthcare violence reach at various levels in the doors of law-keepers. The system with the pressures & presence of illiterate but politically powerful people around suppress the tame, intellectual medicos. The sufferers from healthcare fraternity get lost in the in the doors of law-keepers.

Violence against Doctors, Healthcare Professionals, and Hospitals has become a routine. The anger & anguish seen in many such incidences is actually misdirected towards doctors.

Lack of knowledge, literacy about healthcare, disease process, management, unreasonable expectations for compulsory positive outcomes, unaffordable healthcare expenses etc. Many such reasons play role in the violent episodes in hospitals. Besides these main reasons, negligence, lack of communication do have place as provocative factors.

The percentage of actual negligence or actual unethicity in the healthcare is very low. But the

unwarranted spread of anguish over to the rest of the fraternity is making the violence as a big challenge to the entire healthcare of the country.

Considering the rising incidences of violence against Doctors and hospitals, IMA HQ has decided to initiate a pan-India movement.

Initially we will launch it from 1st July and then have a sustained intensified structured movement.

Aim is to bring this issue on centre stage and involvement of community.

Principles:-

1 REPORT : - Report to Authorities & IMA registry.

Reporting of violence incidences is the most important. Not reporting makes it a vicious cycle. We must think in broad perspective and report the cases of any sort of violence to the authorities. Informing IMA helps to form violence registry. Local IMA branches are helping our affected doctors every time. To create & maintain the workable system reporting of all incidences to IMA is must.

2 REACT : - Local IMA to urgently react through the Crisis Management Groups.

Developing the local crisis management groups or IMA Defense Cell (IMADC) is the most important action while dealing with violence episodes. The IMADC should be formed through WhatsApp groups, Broadcast groups or local IMADC mobile app. The red alert should be sent by affected doctor or any trained staff of the hospital on group or app. Concerned members of IMADC should reach the site immediately without delay or fear. Remember, your unity is going to avert the mishap.

3 REACHOUT : - Reach out to Community, Opinion Makers, Law makers, Media & fraternity.

Involving community leaders, social workers, law makers, prominent persons, making them aware of situations, educating them to carry actual positive message to society is must in reducing the stress of violence. Social workers, prominent persons prove helpful in counseling too.

4 REGULATE : - Strong Central Regulation & Self-Regulation.

Self regulation is the best regulation. IMA advocates

ethical, safe, quality professional practice of medicine. The lucrative shortcut unethical practices are harmful to one and all. It is collective responsibility of all of us to maintain ethics in practice & lead by example.

5 RETALIATE :- By Constitutional means, National Violence Registry.

IMA shall form national violence registry & fight for the cause within the framework of constitution to sort out the strong solution for healthcare violence issue.

Suggested Action Plan:- For Safe Fraternity Week

a) CCTV cameras in all hospitals campaign

Local branches to advocate the CCTV campaign in all hospitals in the area, make an affordable system for maintenance of the same. Mass orders of fitting new CCTV cameras and maintenance will lower the cost for all members. __CCTV footage is the most important in the cases of violence and proves the actual happening which is always demanded by Police.

b) Anti-violence Videos to display in all hospitals, Clinics

IMA Headquarters released the factual video of healthcare violence recently in New Delhi. This video and pictures shall be displayed in the reception areas for public viewing.

c) Civic Body Chiefs to be given memorandum by a silent protest march.

Civic bodies are authorities responsible for regulating registered healthcare institutes in any area. Give memorandum to civic body chiefs against violence.

d) Local Police stations, DCPs, CPs to be given memorandum

Make them aware of existing law by submission of copy of "Prevention of Violence Against Medicare Persons Act" of the respective State. Also demand for strong, effective execution of available state laws till conviction.

e) Submit demand letters to collectors regarding Central strong anti-violence act.

f) All branches to write to PMO, Home Minister & Health Minister demanding Central strong anti-violence act.

g) Demand Government to declare all hospitals a "Safe Zone".

h) Community Sensitization- NGOs programs locally

highlighting hospital violence and its impact on healthcare.

Public and community education will play most important role in diminishing the violence incidences. The factual education about the healthcare management, disease process, efforts of professionals & restrictions of medical sciences will help to reduce the violence over longer period.

I) Call GBMs. Invite local political leaders as guests. Showcase the videos and explain the need of Central act.

j) Press Conference/press releases/press write ups etc.

k) Anti-violence posters to be display in all hospitals, Clinics, prominent places in city, outside IMA halls etc.

l) SOP for formation of "Crisis Management Groups" in each branch.

m) Involve prominent personalities/celebrities from community and pledge their support to our campaign.

n) Make Posters/Videos, Stage Street plays, arrange Poster/Elocution competitions/ Debates involving community / students.

o) Extensive use of Social Media, Radio jingles, TV tickers etc.

p) Group discussions, educative seminars, PPT presentations, etc. in local branches by local members for doctors on precautionary measures to avoid violence.

Dr Ravi Wankhedkar

National President, IMA

Dr R N Tandon

Honorary Secretary General, IMA

Dr V K Monga

Honorary Finance Secretary, IMA

Dr R V Asokan

Chairman, Action Committee

Dr Mangesh Pate

Convenor

IMA Committee for Zero Tolerance for Violence

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REPORT OF PROJECT AADHAR

Dr. Nayana Chaudhari (Convenor : Women's Wing)



IMA Dombivli Women's Wing conducted its very first Community Service - Project Aadhar on 24th April 2018 at Sandhya Chaaya Vruddhashram, Kopar Road, Dombivli West . The project head was Dr. Nayana Chaudhari and the project coordinator was Dr. Vijayalakshmi Shinde.

We began work under the able guidance of our IMA president Dr. Archana Pate & IPP Dr. Niti Upasani & Women's Wing President Dr. Leena Lokras. Firstly, we visited the old age home to find out the problems of the inmates, the caretakers, their requirements, medical or otherwise. We found that most of the inmates needed psychiatric advice. Many were diabetic & hypertensive, many needed dental care. Then we chalked out the details of the camp.

The concerned consultants were contacted. The IDA offered their valuable support. Unique Pharma company was kind enough to support us by doing automated vascular age and neurological analysis.

On the day of the camp, the consultants came to the venue at 2 pm. Dr. Bharti Chaudhari had arranged to collect fasting and post prandial blood samples for routine investigations.

A comprehensive health checkup of 13 inmates was done. This included their physical checkup,

psychological analysis, dental & ophthalmic evaluation.

The following consultants participated in the camp and gave their valuable time & services

Dr. Archana Pate

Dr. Niti Upasani

Dr. Vandana Dhaktode

Dr. Rashmi Phansalkar

Dr. Vijay Chinchole

Dr. Reena Chaudhari

Dr. Leena Lokras

Dr. Bharti Chaudhari

Dr. Vijaylaxmi Shinde

Dr. Nayana Chaudhari

Following members of IDA participated in the camp-

Dr. Swati Ambekar

Dr. Aditi Mahale

The inmates were given advice regarding treatment.

Detailed case reports per inmate were given to the old age home authorities.

It was a greatly satisfying experience for all of us to interact with the inmates, give them a patient ear and to cater to their needs. For me, it was my first

experience as project head and I thoroughly enjoyed the responsibility.

The old age home authorities were very thankful to

IMA Dombivli. They conveyed their feelings verbally and through messages on social media.

•••



Thank you IMA DOMBIVLI from the bottom of our heart.

It was indeed a pleasure to welcome you all esteemed doctors to our Sandhya Chayya Ashram (old age home).

Indeed from ur busy schedule you took ur precious time to be with us and educate us and treat our old age inmates Me and my mother are extremely thankful to all the doctors.

Really in this scenario where doctors are often criticized, it's was really heartening to see this doctors doing their work in such a dedicated way.

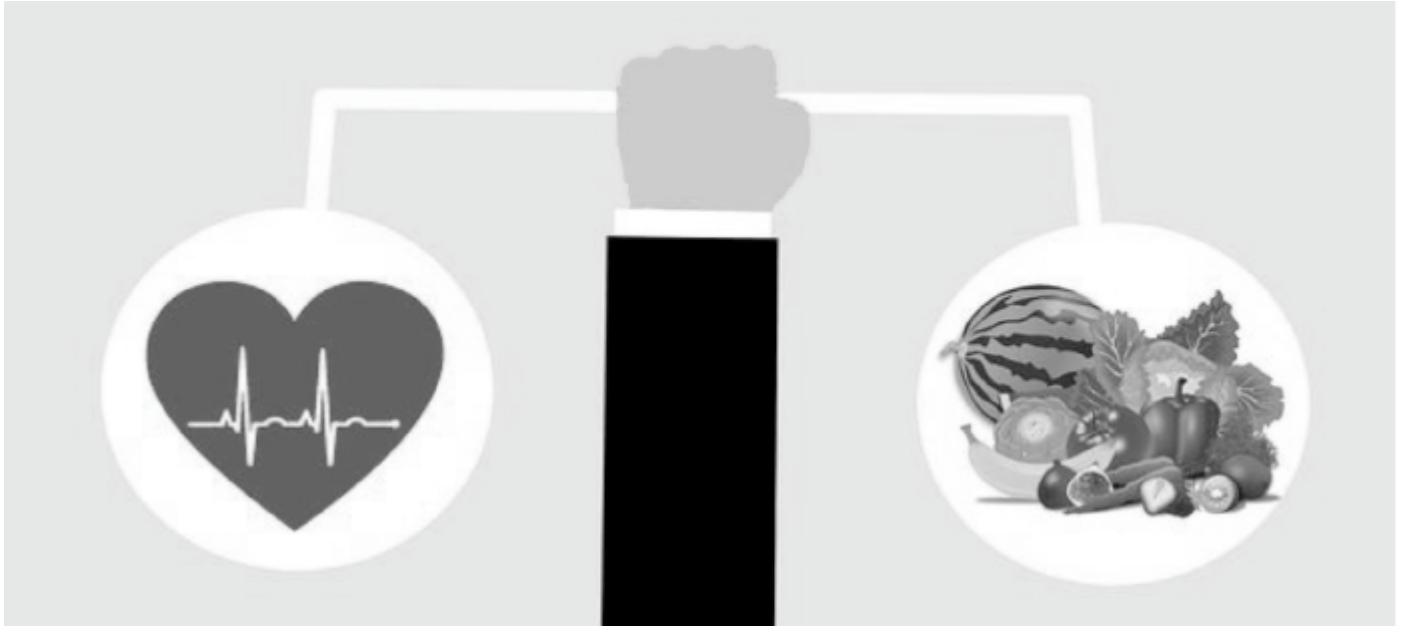
Thanking you all once again Long live IMA....

Mrs. Mohini Joshi

Response to Project Aadhar

EAT WELL, LIVE WELL

Rochita Date Gondhalekar
Clinical Nutritionist



Health is wealth! Eating healthy food and following a healthy lifestyle can keep us healthy and happy. Let us understand what healthy food is!

Healthy foods assist a person in enhancing the physical and mental well-being. These foods are full of nourishment and enhance growth. Some of the significant examples of healthy food involve natural food, fibre-rich food, vitamin-rich food, protein-rich food, etc. As consumers, we are often confused about who to believe about nutrition advice and what to eat. But, eating right doesn't have to be complicated when we remember that the best advice is based on science. By eating well, we can help prevent up to 70% of the chronic diseases that affect our society today.

Benefits of eating healthy food:

Let us understand these few important healthy eating benefits:

- **Promotes overall health** — We get a strong and healthy body with a healthy mind as well by eating healthy food. Healthy food keeps fit and active.
- **Active brain** — Healthy food is full of various nutrients. These nutrients provide us energy and alertness. Hence, we stay active.
- **It protects you from various diseases, including chronic diseases** — We can safeguard us from various dangerous diseases like diabetes, high blood pressure, high cholesterol, etc. by eating healthy food.
- **Combat obesity** — Healthy food also saves us from obesity as it helps in managing unnecessary weight gain.
- **Strengthens our immune system and digestion** — Healthy food strengthens our immune system, and digestion. For example, fibre rich food keeps us digestion smooth and vitamin C improves our immunity.
- **It helps you build an attractive body**— Healthy food also gives us a fit and fine body, glowing skin and overall, an attractive body.
- **It lifts your mood and makes you feel good** — We never feel lethargic after eating light and

healthy food. Rather, we feel active and energetic. Hence, we feel good after eating healthy food.

“Eating well to live well” means choosing nutrient rich foods- foods that provide more nutrition (vitamins, minerals, fibre) than calories per bite. Consuming fruits and vegetables is just one way to get more nutrient rich foods in your diet. Depending on the time of year, fresh produce may not be the most cost effective so select canned or frozen vegetables that provide the most nutrition per bite. Read food labels to get the nutrition facts quick and easy. Think of the label as an “on the spot” consult every time you pick up a can.

Look for:

- Serving sizes and number of servings per can or container.
- Calories, protein, carbohydrate, fat, and fibre content per serving size.
- Daily Values of the vitamins and minerals contained within the product.
- Ingredient list - as ingredients are listed in descending order of package content, starting with the item having the highest percentage.

For over 65% of today’s consumers, choosing food and beverages that are healthy is the biggest factor for buying certain foods. Think nutrient rich foods, rather than good and bad foods. Remember:

- Go for whole grains
- Make room for fruit in your diet
- Paint your plate with vegetables
- Spill the beans
- Brighter the colour of the food, the more nutrition

Simple Ways to Move Your Body

You can start the process of being healthy and now by adding a little more activity to your life. If you're not ready for a structured program, start small. Every little bit counts and it all adds up to burning more calories.

- Walking to work
- Climbing stairs instead of using an elevator
- Yoga for 30 minutes a day
- Brisk walking or Jogging 30 minutes every day.

Staying away from FAD DIETS

Educate yourself. A fad diet, is “unreasonable or exaggerated beliefs that eating (or not eating) specific foods, nutrient supplements or combinations of certain foods may cure disease, convey special health benefits or offer quick weight loss”. There are no quick fixes, no foods, wraps, or pills to melt the kilograms away. Chances are you didn't gain those extra kg's overnight and aren't going to lose them overnight either, not and do it safely.

The only true way to lose weight and keep it off is to balance the amount of calories consumed with the number of calories expended through physical activity. Most fad diets do not teach new eating habits; instead they rely upon you giving up whole food groups. When asked to give up favourite foods, it's not likely you will stick with the diet for long.

Some take away tips:

- Eating right doesn't have to be complicated. Think more nutrition per bite.
- A nutrient rich food means more food, not less.
- Remember the 80/20 rule — 80% of the time chose healthful, 20% treat yourself.
- Exercise well, stay healthy mentally and physically.
- You are what you eat. Eat to live, feel and be well.



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VARICOSE VEINS - AN ENIGMA RESOLVED

Dr. Ashish Dhadass
Surgeon

Venous disease (varicose veins, chronic venous insufficiency) is a common problem affecting the general population throughout the world. In India, it is estimated that around 15-20% of population is suffering from vein disease. As a clinician, I have come across few consistent and practical hurdles in the management of these patients:

1) **Lack of awareness**

Majority of the patients who suffer from varicose veins are unaware of the disease pathology and the complications it can lead to. Unfortunately, many family physicians and consultants too fail to impress the need for early intervention in these patients. Valuable time (months/years) is lost in alternative therapy of various oils, oral medications, ill designed stockings. Resultantly, many patients present late with complications such as pigmentation, ulceration or superficial vein thrombosis. A problem which could have been nipped in the bud reaches irreversible stages.

2) **Under recognition of deep venous thrombosis**

Many a times, deep venous thrombosis is picked up late by clinicians in patients with prolonged hospitalisation, lower limb surgeries. Inadequate prophylaxis to avert DVT too is a common culprit. Over a period of time these patients land with chronic venous insufficiency and secondary varicose veins.

3) **Affordability for endovenous treatment of varicose veins**

The relatively high cost of procedure (predominantly due to the instrumentation being European/US made) is a hindrance for few to seek treatment in private hospitals.

Though this article will be read predominantly by medicos, I would like to keep the format in the form of 'Frequently Asked Questions' (FAQs) by our patients with varicose veins. Sometimes, a simple approach of revisiting basics gives us better insight.

1) **What are varicose veins?**

Varicose veins are enlarged, dilated, tortuous,

hypertrophied veins in legs with defunctioning valves. The veins affected are the great saphenous vein/short saphenous vein/their tributaries. By definition, their size is more than 4mm.

2) **What are spider veins?**

When the size of varicose veins is less than 4mm, these are referred to as 'spider veins'.

3) **What are the early symptoms of varicose veins?**

- Dilatation of veins; cosmetically unsightly
- Dull aching pain in the calf, more towards the evening
- Swelling over ankle, foot which resolves overnight

4) **Do 'spider veins' need to be treated?**

If they are a cosmetic issue, they should be treated. Foam sclerotherapy or 1470 nm diode laser using special probe can be used for the same.

However, if cosmesis is not an issue and they are not causing any pain/intra dermal haemorrhage, they can be left alone after a venous doppler and ensuring that there is no saphenofemoral / saphenopopliteal reflux.

5) **Why do varicose veins occur?**

Varicose veins occur due to defunctioning valves in the superficial veins/perforator veins/deep veins. Depending on the reason for the defunctioning valves, varicose veins are of two types:

a) **Primary varicose veins -**

They occur due to congenital abnormalities in the valves (congenital absence/hypoplasia of valves). Familial tendency is noted in nearly 80% of these patients.

b) **Secondary varicose veins**

They occur following DVT - during recanalisation, valves get damaged and reflux sets in.

6) **Are there any risk factors for development of varicose veins?**

Following are some of the risk factors for development of primary varicose veins :

- Profession involving prolonged standing eg. bus conductors, traffic policemen, athletes, nurses, surgeons
- Obesity
- Multiple pregnancies
- Ageing

However, as mentioned earlier, only those with valve abnormalities might develop varicose veins.

7) What should be the approach if varicose veins appear in pregnancy?

Wearing class 2 graduated compression stockings till the delivery would be a safe approach in such cases. It will prevent progression of varicose veins. They can then be treated at a later date after delivery.

8) Is there any way to prevent formation of varicose veins?

Since it is a disease of valve degeneration, nothing much can be done except for two things (which may help) :

- Using class 1 or class 2 graduated compression stockings, if one's profession involves prolonged standing hours
- Calf strengthening exercises

9) Can walking/prolonged standing/exercise worsen varicose veins?

Yes. One can use graduated compression stockings to slow down the progress of the disease but eventually treatment is necessary.

10) Can prolonged sitting cause problems in patients with varicose veins?

In some cases it can. Swelling of legs is seen in some patients of varicose veins (after prolonged bus journey, airplane travel lasting 10-12 hrs).

One can do 'sewing machine movements' at ankle joint/calf raises ('tippy toe movements') to prevent this.

11) Do the stockings used in varicose veins have specifications?

Yes. These have to be necessarily 'graduated compression stockings' (maximum pressure at ankle compression stockings' (maximum pressure at ankle which progressively decreases at calf and in thighs).

Depending on the compression pressure offered they are Class 1 / Class 2 / Class 3. They are available in 'above knee' and 'below knee' variants.

The one best suited to you will be decided by your doctor after your clinical examination and venous doppler report.

Majority of the patients are unaware of this information and end up using improper 'over the counter' stockings which offer little/no benefit.

12) Can untreated varicose veins cause problems?

Yes; though, it is difficult to predict who will develop the complications and in what time.

Following are the complications which can arise :

- Superficial thrombophlebitis** - The blood in varicose veins gets clotted. The affected area becomes red and painful. Very rarely, this clot can spread to the deep veins and subsequently to lungs (pulmonary embolism).
- Bleeding from the dilated veins** - This is a frightening thing (especially the first time). However, tight pressure bandage and limb elevation stops the bleeding in some time.
- Pigmentation of the skin around ankle** - due to haemosiderin deposits in skin; this is irreversible in majority cases (even after treatment).
- Venous eczema** - the skin around ankle becomes dry, itchy and scaly.
- Lipodermatosclerosis** - the fat under the ankle skin becomes fibrosed; the entire area becomes toughened, unhealthy. It is prone to intermittent inflammation and eventually ulceration.
- Venous ulceration** - these are notorious for non-healing.

13) What is venous doppler and its role in varicose veins?

Venous Doppler is the gold standard in diagnosis of varicose veins. In simple words it is the

sonography of the veins in leg which tells your doctor about the exact level and extent of fault in your veins.

It also helps to ensure that the deep veins are patent (open) since an obstructed deep vein system is a contraindication for varicose veins laser treatment.

It is better to get this test done from the radiologist who is a part of your doctor's team - it helps in vein mapping and better planning of treatment.

14) **What is EVLT?**

EVLT is endovenous laser treatment of varicose veins.

Under sonography guidance, laser fibre is passed in the faulty vein.

Using the latest 1470 nm diode laser laser energy is applied to the vein internally (around 60 to 70 joules/cm). This causes the vein to obliterate, fibrose and eventually disappear (over a period of 3 months).

As a result of the faulty vein getting obliterated, there is no stasis of blood in the legs. The blood circulation is taken care by rest of the normal superficial veins and the deep venous system. This leads to cessation/improvement of symptoms.

15) **Do patient need to get admitted for Endovenous Laser Treatment (EVLT)?**

At quite a few centres, EVLT is an OPD procedure done under local anaesthesia.

But, we at SUREKHA VARICOSE VEINS CLINIC, SAMATA HOSPITAL (one of the few centres in Thane district for endovenous treatment of varicose veins) do EVLT under spinal anaesthesia for the following reasons: - Better patient compliance especially if multiple punctures are to be taken during the procedure.

- Easier to combine phlebectomy (removal of large veins by a 5mm incision) - this is sometimes required in patients if the vein is large in size (more than 12 mm).

Patients require hospitalisation for 24 hrs and can report to work in 48 hours.

16) **What are the advantages of EVLT over open surgery of varicose veins?**

- Painless
- Scarless
- Early resumption of activities
- No/minimal complications
- In patients with bilateral varicose veins, both limbs can be treated at the same time; in surgery, one has to wait 3 months before treating the second limb

17) **Are there any complications associated with EVLT?**

Few and rare :

- Vague pain in the leg
 - Minor bruising
 - Numbness along the inner aspect of ankle
- None of these complaints require separate treatment
- they are self limiting and disappear in few days.

18) **What is Radiofrequency Ablation of varicose veins (RFA)? Is it better than Laser Ablation of varicose veins?**

RFA uses radiofrequency as energy source to obliterate varicose veins.

It does have some advantage in terms of less bruising than laser ablation (however, with 1470 nm bruising than laser ablation (however, with 1470 nm laser, the two are comparable).

RFA does have its limitations in very tortuous varicose veins since its fibre cannot be passed in such veins.

Long term results of RFA and EVLT are identical.

19) **Does the patient need to take any special care following EVLT?**

Yes. The patient is required to wear class 2 graduated compression stockings for 4 months. The stockings are to be worn in morning (within 30 minutes of getting up, after morning rituals of bathing etc). They are to be removed at night time while going to bed.

The usage of stockings helps in better and

optimal closure of the lasered vein.

Apart from this, patient can go about his routine work after 72 hrs (walking/climbing up and down the stairs/travelling). Infact, it is recommended that the patient walks for 30 minutes daily (obviously with the stockings).

Treadmill/gym exercises of weight training etc (which increase the intra-abdominal pressure) can be restarted after 4 weeks.

20) If the patient has an ulcer along with varicose veins, can he undergo laser treatment? How long will it take for the ulcer to heal?

Yes, the patient can (and should) undergo laser treatment at the earliest.

The time for the ulcer to heal depends on the size of the ulcer. On an average it may take around 4 to 6 weeks.

Regular cleaning and dressing of the ulcer has to be done (patient can do it at home) followed by wearing of class 2 stockings.

21) Will the pigmentation disappear completely along with the varicose veins after EVLT?

The pigmentation accompanying varicose veins is irreversible. There is definite improvement; however, the leg will never be returned to its original appearance.

Ideally, such patients have to take care of the leg continually (applying moisturiser/coconut oil at least once per day to avoid dryness).

Hence, it is important to seek treatment of varicose veins before the complications set in.

22) Does the patient need to use stockings lifelong even after EVLT?

In patients below the age of 60 yrs and especially if they are leading an active lifestyle, it is better they continue usage of class 1 or class 2 stockings.

The reason being - varicose veins is a progressive disease of valve degeneration. The faulty vein is disease of valve degeneration. The faulty vein is treated by laser but other superficial veins (there are many of them in the leg) are prone to varicosities.

Usage of stockings will help the calf muscle

pump to perform better thereby preventing / delaying the progress of disease.

23) What are the chances of recurrence of varicose veins after laser ablation?

Statistically, the chances of the lasered vein opening up are around 5% at the end of 5 yrs.

As mentioned previously, since varicose veins is a progressive disease involving valve degeneration other superficial veins can become varicosed over a period of time.

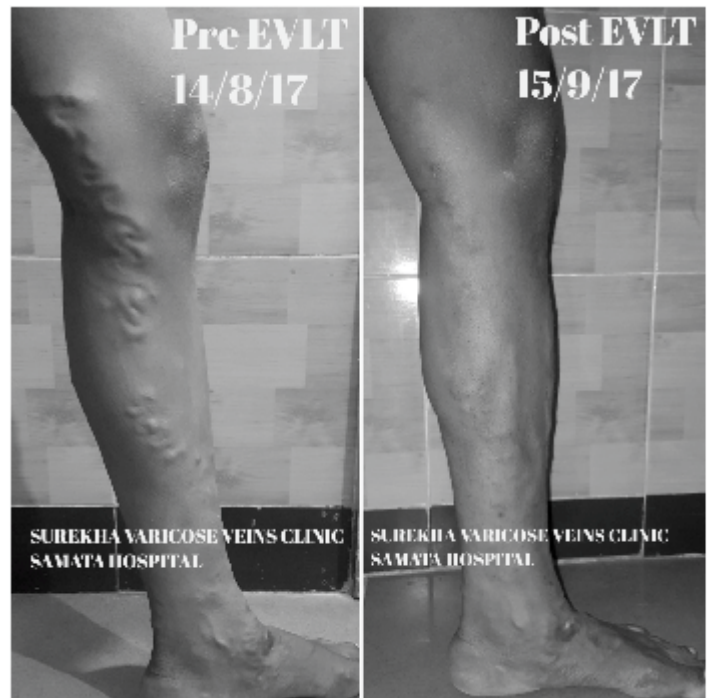
However, even if happens, it is generally not of the same magnitude. Minor varicosities appearing can be dealt with foam sclerotherapy or microphlebectomy (only if they are symptomatic).

24) Is EVLT covered under insurance?

Yes. All major insurance companies offer mediclaim for varicose veins (after a 2 yr waiting period).

To summarise, early diagnosis and treatment of varicose veins is a classic case of the adage - 'A stitch in time saves nine'.

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HAIR TRANSPLANT & COSMETIC SURGERY CENTRE

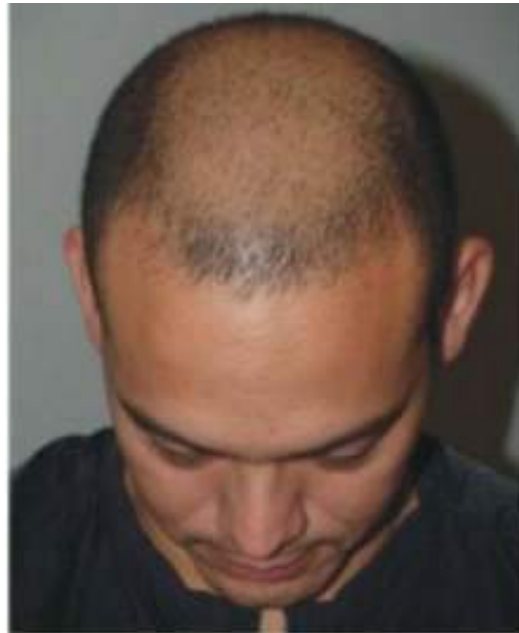
Dr. Hemant M. Patil

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).

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- 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
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- RADIOLOGY
- SPINE SURGERY
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NATIONAL FAMILY WELFARE SCHEME

NATIONAL FAMILY WELFARE SCHEME !

A SCHEME EXCLUSIVELY FOR THE MEMBER'S FAMILY AFTER DEATH & FOR THE DISABLED, END STAGE DISEASED WHO ARE UNFIT TO PRACTICE !!

Dear Members,

IMA **National Family Welfare Scheme**, is a Scheme Launched by IMA **Head Quarters**, by popular demand which is little bit different from our **Social Security Scheme**.

1. To provide **financial assistance** to Family in the event of **Scheme Members death**.
2. To provide **financial assistance** to the Scheme member who becomes **permanently disabled and thereby unfit to practice**.

1. Eligibility for Membership

Any IMA life member below the age of 65 years on the day of joining the scheme is eligible to become member of the scheme.

Note:

- a. Membership comes into effect only when the IMA Family Welfare Scheme, the policy document signed by the chairman and the Hony. Secretary of the scheme is issued to the member.
- b. The members who join the scheme in the first year are "founder members" and their eligibility age will be relaxed upto 70 years instead of 65 years. After one year the upper limit of joining the scheme will be 65years.

2. Admission Fee

- a. Any eligible life member of IMA willing to become a member of the scheme can do so on payment of admission fees as stated below.

Members

1. Below 30 years : 3000
 2. 31 years to 40 years : 5000
 3. 41 years to 50 years : 7000
 4. 51 years to 60 years : 10000
 5. 61 years to 65 years : 20000
 6. 66 years to 70 years (Founder members): 30000
- b. A member who wants to join the scheme shall pay the amount as account payee cheque. Online payment or

DD in favour of the scheme payable to – "IMA Family Welfare Scheme".

3. Members Contribution.

1. Every member of the scheme shall pay Rs.500 (Rupees Five Hundred only) every year as annual subscription fee for 25 years. There after no membership fee shall be collected and he will be considered as honorary member enjoying every rights of the members of the scheme.

From this Rs. 500, Rupees Two Hundred goes to IMA to support IMA activities and the rest goes to the scheme.

2. (a) Every member of the scheme shall pay fraternity contribution of Rs. 300 on the event of death of a member as demanded by the Hony. Secretary of the scheme every year. Out of this amount Rs. 100 will be credited to the corpus fund and the balance Rs. 200 shall be paid to the bereaved family member - nominee.

(b) The Corpus fund will be utilised for giving support to the disabled and incapacitated practitioners who are members of the scheme. The type and amount of support given from the corpus fund will be decided by the Managing Committee on individual basis.

(c) Members need to pay the fraternity contribution for death up to 50 per annum. Over and above 50 deaths in a year will be paid from the corpus fund of the scheme.

3. If a member pays every year his annual subscription and fraternity contribution continuously for 25 years shall not pay any such contribution thereafter, yet he remains as honorary member of the scheme. For this 25years will be calculated from the day of enrolment to the scheme.

4. One Time Payment - An eligible member who joins as a member of the scheme by paying one time lump sum payment of Rs 400000 which is non refundable become life member of the scheme. Such member need not make any further payment to the scheme and shall enjoy the same benefit as that of other members of the scheme.

VII. Members Disqualification.

1. Every ordinary member of the scheme shall pay his annual subscription and the fraternity contribution before April every year. The notice of the annual subscription and the fraternity contribution for a

maximum of 50 deaths that have occurred during the previous calendar year shall be sent during the second fortnight of every March and the member has to pay the amount within 30 days of the notice, failing which he is liable to pay a fine of Rs. 50 per month.

2. If the default continues beyond the period of 90 days then a notice by registered post at the members cost shall be issued to such a member and if the member does not pay the demand sum within 15 days of the receipt of such notice, then the membership shall stand terminated herewith.
3. If a member supplies any wrongful information in his application form or at any time during his membership term by which he violates any provision of the scheme and thus he tries to obtain any benefits under the scheme, then after giving an opportunity of being heard before the managing committee. If his explanation is found to be unsatisfactory the managing committee of the scheme shall terminate the membership of the member concerned subject to ratification by the general body of the scheme.
4. After termination of membership of a member, he can join the scheme as a new member.
5. If any member at a time for any reason ceases to be a member of IMA his membership of the scheme shall cease automatically.

VIII Discontinuation of Membership

1. If any member voluntarily retires as a member after 5 years he shall get a refund of 50 percent of his contribution to corpus fund and if the retirement is before 5 years there shall be no refund.
2. Such a member on his retirement will not get any refund of his admission fees and his fraternity contribution made during his membership period.

IX Members Right

1. On the event of demise of a member the fraternity benefit to be paid to the nominee / nominees / legal heirs shall be calculated as 250 times the net membership of the scheme.

Net membership shall be calculated by deducting the total number of demises + total number of resignations + total number of deletions + total number of honorary members from the total enrolment on the previous day of the death of the member.

2. On the receipt of information from a responsible

member of the family of a member, that the member has become permanently, physically disabled there by rendering him unfit to practice his profession, such a member shall have an option of voluntary retirement from the scheme and in that event he shall get refund of his entire contribution to corpus fund and his membership shall stand terminated.

3. The amount to be paid under clause one and two shall be paid as DD payable at the place of nominee / nominees / legal heirs within one of the receipt of the information of the death or physical disability as the case may be subject to satisfy all conditions prescribed by the managing committee of the scheme and surrender of the scheme policy document
4. In the event of loss or non surrender of policy document the managing committee will take the final decision on the disposal of the claim.
5. On the event of demise of the member the fraternity benefits will be paid to the nominee / nominees / legal heirs only.
 - a. If the member has been a member of the scheme at least for two years from the date of joining of the scheme provided he has below the age of 50 years at the time of joining the scheme.
 - b. If the member has been a member of the scheme or at least three years from the date of joining the scheme provided he was 50 years at the time of joining the scheme.

Dr. Ravi Wankhedkar

National President,
IMA Head Quarters,
New Delhi.

Dr. R.N.Tandon

Hon. Secretary General,
IMA Head Quarters,
New Delhi

Dr. V.K.Monga

Hon. Finance Secretary,
IMA Head Quarters,
New Delhi

PS : Contact IMA Dombivli office to enrol in this scheme.

• • •

सुदृढ मन सर्वांसाठी !

डॉ. अद्वैत पाध्ये
(मानसोपचार तक्ष)

माझ्या मना बन 'दगड' असे ज्ञानपीठपुरस्कार विजेते कवी विंदा करंदीकर यांनी म्हटले आहे. एखाद्या वाईट परिस्थितीत मनाची कशी परिस्थिती होऊ शकते व ती होऊ नये म्हणून मनाने काय बदल घडवले पाहिजेत. 'हा रस्ता अटळ आहे....बन दगड नको खेद' म्हणजे न बदलू शकणाऱ्या परिस्थितीत आपल्या हातात काय आहेत आपण केले पाहिजे असं कवी म्हणतात. थोडक्यात आपण आपल्या मनाला बदलू शकतो, त्याचा विकास करू शकतो व असे विकसित मन हे सुदृढ असू शकतं ! विवेकी विचार करून मनाला सुदृढ करू शकतो असे विंदा म्हणतात.

आपण आरोग्याची व्याख्या करताना त्यात शारिरीक, मानसिक, आध्यात्मिक निरोगी अवस्था अशी करतो. मानसिक निरोगी म्हणजेच सुदृढ मन असे होऊ शकतं का ? तर नाही. तर ज्या मनाला विकार नाही पण जे मन कोणत्यात परिस्थितीत विवेकाने विचार करू शकतं, विवेकाने भावना व्यक्त करू शकतं व विवेकाने वागू शकतं ते सुदृढ मन ! अशी त्याची व्याख्या करता येईल.

आरोग्याच्या बाबतीत बोलायचं झालं तर जे मन कोणताही आजार शारिरीक, मानसिक पूर्णपणे आतून स्वीकारतं, त्यासाठी डॉक्टरांनी सांगितलेली औषधी व औषधांशिवायचे उपाय जे मनापासून करतात त्यांचं मन सुदृढ आहे असे म्हणता येईल. त्याचबरोबर जे लोक आपल्याला विकार होऊ नयेत म्हणून सर्व उपाय करतात (विवेकी विचार, योग, ध्यान वगैरे) परंतु तरीही कधीही आपल्या शरीराला व मनाला काही विकार, त्रास होऊ शकतो हेही ज्यांनी स्वीकारलेलं असतं, त्यांचं मन सुदृढ ! शेवटी कितीही काळजी घेतली तरी काही गोष्टी आपल्या व उपचाराकर्त्या डॉक्टरांच्याही हाताबाहेर असतात हे ज्यांनी स्वीकारलेलं असतं त्यांचं मन सुदृढ !

कारण त्यांचं हे स्वीकारणं विनोबाजींनी गीताईत म्हटल्याप्रमाणे 'हानिलाभ हारजीत सुखदुःखे यासमचि असं असने!' त्यामुळे त्यांचं पुढचं व्यक्त होणं व वागणं हे सुदृढ विवेकी असतं !

अशी सुदृढ मनं तयार करणं वा त्यासाठी प्रयत्न करणे हे आता मन आरोग्य क्षेत्राचं ध्येय झालं आहे. बरेचसे मनआरोग्य कार्यकर्ते (मनोविकारतज्ञ, मानसशास्त्रज्ञ,) आज मनोविकास बरोबरच मनोविकासाचे ध्येय ठेऊन काम करतात.

मनआरोग्यक्षेत्राचे म्हणूनच तीन दिशांमध्ये काम चालू असते. Disorder, Distress, Development विकार, वैफल्य विकास. थोडं थोडं आलेलं वैफल्य पटकन ओळखून विकार वाढण्याअधीच उपचार घेण्यासाठी सर्वांची मनं जागृत वा विकसित करणं व विकास झालेल्या मनांना बंद करून त्याचा विकास करणं ! अशा त्या दिशा !

'डॉक्टर, माझ्या घरी तर काहीच टेन्शन नाही, काहीच प्रॉब्लेम नाही, तरी मग मला का डिप्रेशन आलं ?

एका नैराश्य आलेल्या रुग्णाने मला हा प्रश्न विचारला होता. तेव्हा मी त्याला उत्तर दिलं होतं की कोणताही मानसिक विकार होण्यासाठी तीन घटक कारणीभूत असतात. जीवनशास्त्र, मानसशास्त्र व सामाजिक ! आपल्या मेंदूत होणारे रासायनिक बदल (केमिकल लोचा) , हार्मोन्समधील चढउतार, अनुवंशिकता इतर शारिरीक आजार काही औषधे हे जीवनशास्त्रीय घटक असतात.

तर आपला स्वभाव व विचार करण्याची पद्धत हे मानसशास्त्रीय घटक. जे विकास होण्यासाठी व वाढवत ठेवण्यासाठी कारणीभूत ठरत असतात. चिंतातुर स्वभाव, भित्रा स्वभाव, अहंकारी स्वभाव, अतिस्थिर स्वभाव, संशयी स्वभाव हे काही वानगीदाखल !

तर आपण एखाद्या घटनेचा आपण कसा विचार करतो त्यावरून ठरतो आपल्यावर होणारा परिणाम. जर आपण एखाद्या घटनेचा नकारात्मक / अविवेकी विचार करत असू तर निर्माण होणारी भावना ही अविवेकी व नकारात्मक किंवा विद्वेष भावना असते. उदा. जर मी विचार करत असेन मला कायम यश आणि यशच मिळाले पाहिजे. अपयशासारखी भयंकर गोष्ट नाही. तर मग कधी अपयश आले तर मन एकदम निराशेच्या गर्तेतच जाईल. पण जर मी विचार करेन की मी जास्तीत जास्त यश मिळवण्याचा पूर्ण प्रयत्न करेन पण कधीतरी काही कारणाने अपयश येऊ शकते. तर मग मन दुःखी होईल पण पुन्हा आपण कोठे चुकलो ते शोधेल व सुधारणा करेल.

तिसरा घटक कौटुंबिक, सामाजिक वातावरण घरात, समाजात दुही, दुरावा असेल किंवा घरातून अतिलाड, अति टीका, अति दुर्लक्ष होत असेल तर त्याने विकार होणे व बळावणे होत असते.

यासाठी उपचारांवर वेळेवर येणं, तो विकार स्वीकारणे, सातत्याने उपचार करणे, औषधीशिवायचे उपाय पण करणे, समुपदेशन करणे तेवढेच महत्त्वाचे असते.

या सर्वांसाठी किंवा हे विकार टाळायचे असतील तरीही त्यासाठी त्या विकारांबद्दलची जास्तीत जास्त सतर्कता वाढवणे हे काम मन आरोग्य देण्यासाठी फार महत्त्वाचे ठरत आहे. वैफल्याचा किंवा सुरुवातीच्या तगमगीच्या (Distress) पातळीवरच जर उपचार घेतले तर थोडा काळ व थोडाच उपचार घ्यावा लागतो. यासाठी विविध मनोविकारांवर प्रबोधनात्मक कार्यक्रम, विविध भावनांवर आधारित कार्यशाळा (रागदारी कार्यशाळा), विविध वयोगटांसाठी कार्यशाळा जसे कुमारवयीन मुलांसाठी लैंगिक शिक्षण, तणाव व्यवस्थापन, व्यसनमुक्ती, करिअर, नातेसंबंध या विषयांवर अशाच मग लहान

मुलांसाठी, पालकांसाठी, चाळीशीतील स्त्रियांसाठी, ज्येष्ठ नागरीकांसाठी करता येईल. त्या त्या गटात काय समस्या उद्भवू शकतात, आल्यास कशा ओळखायच्या, काय उपाय असतात वगैरे माहिती असेल तर लवकरात लवकर उपचाराला येण्याची शक्यता वाढते हे निश्चित !

तर या सर्वांसाठी मनाचा विकास होणे पण तेवढेच जरूरी असते. मनाचा विकास म्हणजे निरोगी मन, मन सुदृढ करणे तसेच विकारातून बरे झालेले मन पण सुदृढ करणे म्हणजेच त्यांना विवेकी विचार करायला, विवेकाने अनुरूप भवना व्यक्त करायला व अनुरूप वागायला शिकवणे.

यासाठी मग विख्यात मानसशास्त्रज्ञ अल्बर्ट एलिसने जशी अल्बर्ट एलिस स्कूल स्थापून शालेय जीवनातच मुलांना विवेकी विचार करायला शिकवणे. उदा. सिंड्रेलाची कथा किंवा तत्सम कथा ऐकून आपण परावलंबी होतो. आपले प्रश्न सोडवायला कोणीतरी देवदूत / देव यावा अशी धारणा होते. मग तशी होऊ नये म्हणून तीच कथा परीशिवाय पूर्ण करायला शिकवणे वगैरे ह्यात अभिप्रेत होते.

अशा विवेकवादावर आधारित कंपन्यांमध्ये संघबांधणी, खेळाडूंना मार्गदर्शन, शिक्षकांना मार्गदर्शन करून विकासाचा प्रयत्न करता येतो.

तसेच विविध विकारांनी बाधित रुग्ण नातेवाईकांसाठी स्वमदत गट, पुनर्वसन गट स्थापून त्यांच्यात आत्मविश्वास, सहवेदना याबरोबरच विवेकी विचारांची रुजूवात करता येत असते.

२०१७ साठी भारत सरकारने बनवलेला नवीन मनआरोग्य कायदा हा अशा प्रकारे कार्य करण्यासाठी संस्था उभारणीस बळ देणारा आहे. तसेच या कायदान्वये आत्महत्येला गुन्ह्यांच्या कचाट्यातून बाहेर काढून हा अस्वस्थ मनाचा परिणाम हे समजून घेऊन उपचार द्यावेत हे बंधनकारक केले आहे.

सर्वात महत्त्वाचे मनोविकारांवरील उपचार हे शारिरीक विकारांवरील उपचारासारखे आरोग्य विम्याच्या अंतर्गत आणण्याची महत्त्वाची तरतूद या कायद्यात आहे. मनोविकारांमध्ये रुग्ण हा काम टाळतो, सोडतो, करतच नाही किंवा अनुपस्थित राहतात. आजारांवरील उपचार दीर्घकालीन करावे लागते यामुळे आर्थिक बोजा पडतो त्यामुळे ही आरोग्यविम्याची तरतूद फार महत्त्वाची, दूरगामी कायद्याची ठरणार आहे.

म्हणूनच आपण सर्वांनीच सुदृढ मनासाठी मन आरोग्याच्या पालखीचे भोई होणे गरजेचे आहे !

...



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Consultant Physician, Cardiologist & Diabetologist
(Special Interest Echocardiography)

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Dr. Amol U. Sonawane

M.S. (General Surgery)

Consultant Laproscopic, Endoscopic, General Surgeon

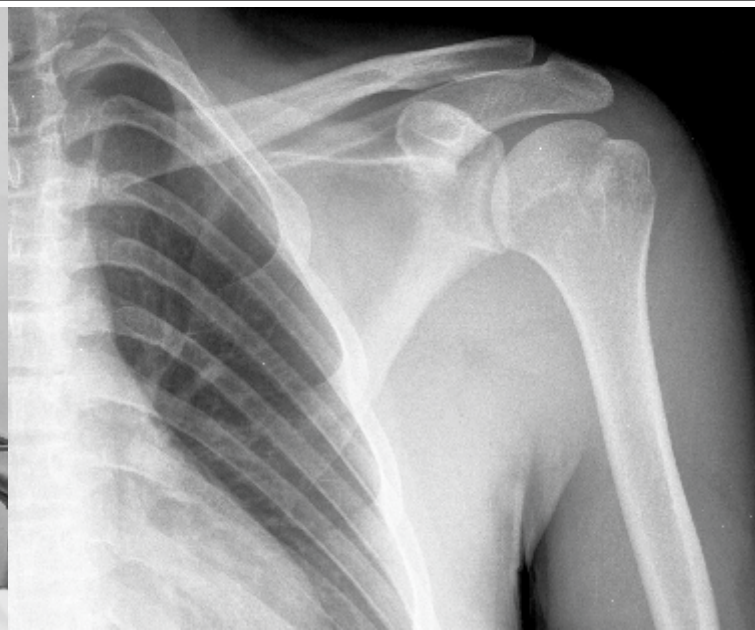
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Dr. Rajesh Y. Mulay

M.D. Radiology
Managing Director &
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M.C.H.
Plastic Surgeon

Dr. Kirti Patil
D.N.B.
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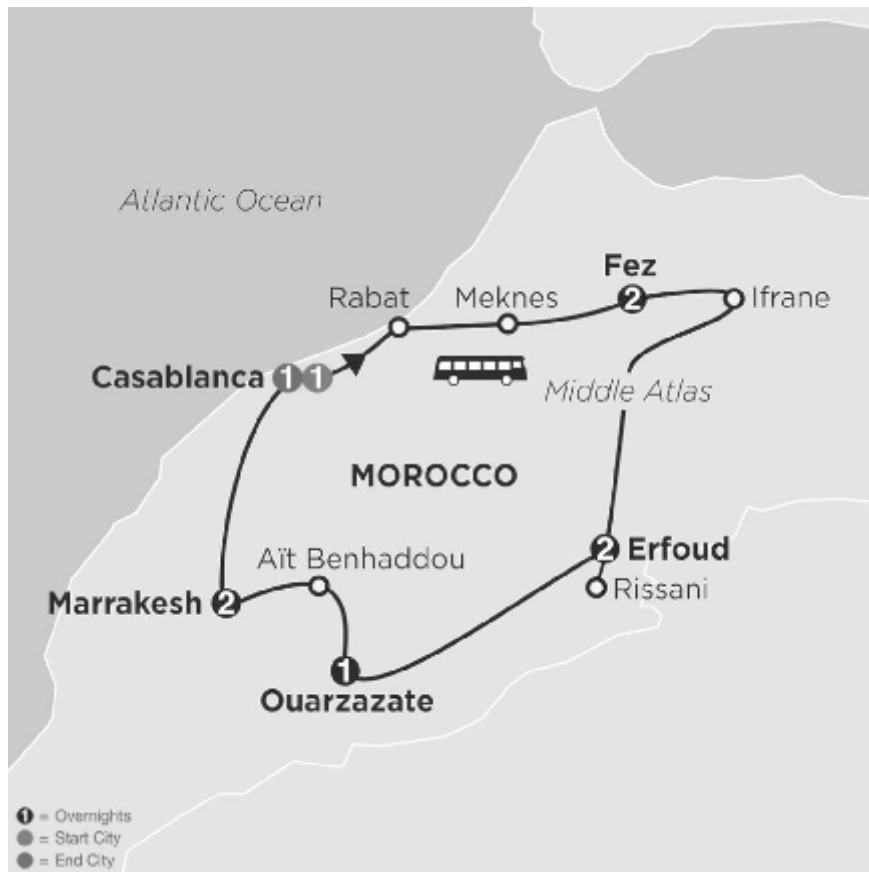
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TRAVELOGUE : MOROCCO

Dr. Vandana Dhaktode
Surgeon



Visited the exotic ancient Medina on the sightseeing tour, a maze of narrow, bustling streets and alleys that are home to colorful souks.

FEZ–IFRANE–ERFOUD

Traveled into the very heart of Morocco. Stopped in the quiet, French-built alpine mountain resort of Ifrane. Verdant cedar forests gave way to volcanic mountains and wind-swept plains as we motored across the Middle Atlas range. Pass fortified mud-and-straw villages and descend into the spectacular ZIZ GORGES. The landscape became progressively more arid and we entered a stony desert. Approaching Erfoud, an unexpected and breathtaking surprise: the peaceful oasis of the Ziz Valley.

ERFOUD

The best choice today Was an excursion to Rissani to see the MAUSOLEUM OF

MOULAY ALI SHARIF, the first ruler of the Alaouite Dynasty.

SAHARA DUNES AT SUNSET

Enjoyed an exciting trip in a 4 wheel drive jeep to the 450- foot-high Erg Chebbi sand dunes and visited a Berber shepherd's family tent.

The Adventure started when a sand storm whipped up in the Sand dunes. Initially the group around me was excited and was joking that they got sand storm experience in free!

As the sand hit us at high speed through our clothes and showed no signs of abetting, some panic started setting in

A sandstorm can transport and carry large volumes of sand unexpectedly. ... Dust and sand storms which come off the Sahara Desert are locally known as a simoom or simoon.

I knew that only the Camels and their caretakers can

CASABLANCA–RABAT–MEKNES–FEZ

A short ride along the coast to Rabat, once a lair of the corsairs and now the country's capital. Sightseeing included the Royal Palace, Hassan Tower, and the Kasbah of Oudayas. We were reminded of the time when Morocco was the Roman province of Mauretania as we visited the fine ROMAN RELICS OF CHELLAH and its GARDENS. Continued to Meknes—during our guided tour, saw its monumental gates, mosque, palace, and miles of protective walls. Visited its ROYAL STABLES, originally built to house 12,000 of the royal horses. Traveled east towards Fez, Morocco's most enchanting city.

IMPERIAL MEDINA OF FEZ

Enjoyed the holy city of Fez, the jewel of Spanish-Arabic civilizations famous for its old feudal quarter and the medina. At leisure in ancient Fez, which occupies a position of outstanding scenic beauty.

navigate us safely out of the desert, because it was getting dark, we had no water, clothing! To spend the night in the desert? Suppose the sand shifted and we got buried.

There was no signal to mobiles. How can land rovers or helicopters come to our rescue?

Not possible.

I wrote a message for Sharad who was not with me that the passports and euros are in the hotel room, just in case my mobile survived the storm and someone found it.

ERFOUD—THE ROAD OF A THOUSAND KASBAHS—OUARZAZATE

Enjoyed the drive through the eastern slopes of the Atlas Mountains and arrived at the Tinerhir oasis with its green valley of palms and local villages. On to the impressive Todra Gorge, then along the Dades Valley to the film capital of Morocco, Ouarzazate, where we visited the KASBAH DE TAOURIRT, the intricate but fascinating residence of Pasha Thami el Glaoui.

OUARZAZATE—AÏT BENHADDOU—TIZI-N-TICHKA PASS—MARRAKESH

Travelled to AÏT BENHADDOU, a kasbah famous as a film location for Lawrence of Arabia and Gladiator. Passed through picturesque villages surrounded by craggy mountains towards 7,414-foot-high Tizi-n-Tichka Pass in the heart of the High Atlas Mountains. Each new twist in the road led to a different, more dramatic landscape. Leaving the pass behind, the landscape gradually changes to a tapestry of red ochre. Entered the gates of the red-colored imperial city of Marrakesh, justly reputed the most fascinating of all Moroccan cities.

MARRAKESH

The city sightseeing with a Local Guide started with an orientation drive followed by a walk through the ancient quarters to the fascinating JEMAA-EL-FNA SQUARE and its exotic bazaar, BAHIA PALACE, and SAADIAN TOMBS

CASABLANCA

Casablanca is a port city and commercial hub in western Morocco, fronting the Atlantic Ocean.

The city's French colonial legacy is seen in its downtown Mauresque architecture, a blend of Moorish style and European art deco. Standing partly over the water, the enormous Hassan II Mosque,

Summary

Exotic and fascinating, the Kingdom of Morocco is rich in history and culture, offering travelers intriguing historic sights, authentic cuisine, and changing scenery that is perfect for travelers wanting to explore and learn about a new destination.

This Morocco itinerary took us in the Imperial cities of Morocco, Fez, Marrakech, Meknes and Rabat as well as some more inspiring cities, such as Ouarzazate, Casablanca and Erfoud.

In the red city of Marrakesh, we could step back in time as we wandered through the Jemaa-el-Fna, a square and exotic bizarre offering some of the greatest open-air entertainment. Listened to the storytellers—an integral part of the culture—and browsed for handicrafts. In Fez, took tour to see the ancient medina. Founded in the 9th century, it is one of the largest medieval cities in the world and now a UNESCO World Heritage Site.

On this comprehensive tour of Morocco, we were also enchanted by beautiful landscapes, stunned by the beauty of the desert, and surprised by the mountain scenery of the Middle Atlas. We also visited Casablanca and its newly built great Mosque; Meknes, where we visited the royal stables built to house 12,000 of the royal horses.

Our tour also took us to Ouarzazate, where we visited the Kasbah de Taourirt, built in the early 19th century and used as a base for the powerful el Glaoui tribe, who controlled the caravan route through the region. Saw the mountain resort of Ifrane; Erfoud, the gateway to the Sahara desert; and Rabat, Morocco's vibrant capital where we visited the relics of Chellah, a city built by the Romans in 40 AD

From the Middle Atlas mountain range and Ziz Gorges to arid desert, this Morocco vacation amazed us with spectacular scenery. This tour of Morocco truly was once-in-a-lifetime adventure

Moroccan cuisine is influenced by Morocco's interactions and exchanges with other cultures and nations over the centuries. Moroccan cuisine is typically a mix of Arabic, Andalusian, Berber and Mediterranean cuisines with a slight European and Subsaharan influence.

I had lot of Veg Tagine's

Sea food, green tea with mint, fresh orange juice, Harira soup, couscous, dates, taktouka salad.

...





शेण म्हणजे शेण असतं

शेण म्हणजे शेण म्हणजे शेण असतं
गायीचं आणि म्हशीचं अगदी सेम असतं.

रस्त्यावरच्या शेणामध्ये चुकून पडतो आपला पाय
लक्षात येताच चप्पल घासतो पण शेण काही जात नाय
तशीच घाण घेऊन मग इकडे तिकडे जावं लागतं
नाकावरती रुमाल धरून कधी कधी मग काम भागतं
पण आजुबाजूचे लोक जेव्हा नाक मुरडून शोध घेतात
आपल्याकडे बोट दाखवून मनोमन शिव्या देतात
आपली बाजू घेणारा मित्र तेव्हा तिथं कुणीच नसतं
कारण, शेण म्हणजे शेण म्हणजे शेण असतं
गायीचं आणि म्हशीचं अगदी सेम असतं.

घरी जातो, बेल वाजवतो, बायको येऊन उघडते दार
नाक मुरडून 'ऊSS' करून पळून जाते लौकर फार
बावळटपणाच्या उपमांचा मनसोक्त मिळतो आहेर
घेऊन येते पाणी, म्हणते 'चप्पल आधी धुवा बाहेर'
अशा वेळी निमूटपणे चप्पल धुवून आत यायचं
बायकोचं बोलणं सारं गोड मानून ऐकून घ्यायचं
आपल्यालाही ठाऊक असतं, तिचंही काही चुकत नसतं
शेण म्हणजे शेण म्हणजे शेण असतं
गायीचं आणि म्हशीचं अगदी सेम असतं.

डॉ. सतीश कानविंदे

पोलीसदादा दमानं

पोलीसदादा दमानं, उचला हो दमानं
उचला हो दमानं, अगं दुखतया धावण्यानं

माझा ड्रायव्हर बघा हो आहे कसा तो मुखं
'नो पार्कींग झोन' मध्ये केली मला त्याने पार्क
गुटखा खायला गेला तो, गेलो तो घाईनं
अगं दुखतया धावण्यानं

घाई ड्रायव्हरची माझ्या मला अशी ही नडली
तुमची लाडीक नजर माझ्यावरती पडली
न्या खेचत मला हो, पण थोड्याश्या प्रेमानं
अगं दुखतया धावण्यानं

आता फोडील बिचारा तुमच्या नावानं खडे
नका जोरात धावू हळू चला ना गडे
धा लाखाची किंमत हो मोजलीया ध्यानं
अगं दुखतया धावण्यानं

डॉ. सतीश कानविंदे

THE GIRL IN MY COUNTRY DIES

"The girl in my country cries
On the hips of mother earth in skies
Please mother let me live here
For i live her without any fear
All my friends have been born and dead
Some of them very cruelly bred
Why have you made me a source of life
When the pleasure men seek can be given truly by a wife
I want to die old and wise
Not young and full of cries
This world will not let me live my childhood

And exert on me their fantasies of adulthood
O mother, I am your daughter
And the holy sun is my father
Make all men see me as their daughter
Only then perhaps i wont be slaughtered
Wait my dear for some time, mother earth cries
All humans will have to pay a hefty price
When the girl in my country dies.....

Dr. Asmita Ranadive

मी काम का करावे

मी काम का करावे....

२४ तास जागून मी तूला वाचवावे
अन बेड वरून उठून ते मलाच मारावे....

सांग माझ्या मित्रा मला,
मी काम का करावे....

एक फोन येताच मी सर्व सोडून यावे
२ मिनिटे उशीर झाले म्हणून तू मलाच फोडून काढावे....

सांग माझ्या मित्रा मला,
मी काम का करावे....

बिडी सिगारेट ओढून तू स्वतःची फुफ्फुसे खराब करावे...
श्वास घ्यायला त्रास होतोय म्हणून तू मलाच जबाबदार धरावे....

सांग माझ्या मित्रा मला,
मी काम का करावे....

दारु पिऊन गाडी चालवून तू डोक्याला मारून घ्यावे...
मी सांगितलं अवघड आहे तर माझे डोळे तुझ्या मित्रांनी फोडावे

सांग माझ्या मित्रा मला,
मी काम का करावे....

गुटखा तंबाखू खाऊन खाऊन तोंड तुझे बंद झाले
आत्ताच बोलला पाहिजे नीट म्हणून नातेबाईकांनी माझे का तोंड
फोडावे...

सांग माझ्या मित्रा मला,
मी काम का करावे....

भांडण झाले म्हणून तू विष पिऊन दवाखान्यात यावे...
उठला नाही तर याद राखा म्हणून तुझ्या साथीदारांनी मला
सूनवावे...

सांग माझ्या मित्रा मला,
मी काम का करावे....

पोटुशी राहिल्यापासून ते आत्ता पर्यंत 'ती' ला कुणी न पहावे...
आणि मरणाच्या दारांत असताना मात्र तू मला जबाबदार धरावे

सांग माझ्या मित्रा मला,
मी काम का करावे....

मी जागावे...मी उपाशी रहावे...

मी न थकता. न थांबता मर मर काम करावे...

डोकं अन् डोळे फुटेपर्यंत मलाच तू मारावे...

सांग माझ्या मित्रा मला,
मी काम का करावे....

आता वेळ आली आहे, मला माझ्याच जीवाची खूप जास्त भीती
आहे...

आता तर जागा हो, थोडा तरी विचार कर...

कामावर मी येण्यासाठी...स्वतःमध्ये बदल कर...

कामावर मी येण्यासाठी...स्वतःमध्ये बदल कर...

डॉ. चैतन्य किरणराव कुलकर्णी

मेडिसिन रेसिडेंट

गव्हर्नमेंट मेडिकल कॉलेज

कोल्हापूर

UPCOMING EVENTS

JULY 2018

- 1 Doctor's Day + GBM for Accounts
- 7 Fire Workshop
- 10 Aao School Chalein
- 18 CME
- 24 Project AADHAR
- 27 BLS Workshop
- 28 ACLS Workshop
- 29 ACLS Workshop
- 31 Community Program

AUGUST 2018

- 1 Managing Committee Meeting
- 5 IMA Picnic
- 8 Camp for Senior Citizens
- 13 Aao School Chalein
- 19 State Executive Meeting Nashik
- 22 CME
- 31 Community Program

SEPTEMBER 2018

- 4 Aao School Chalein
- 8 Mission Pink Health
- 26 Workshop
- 29 EVECON Solapur
- 30 EVECON Solapur

THE DOCTOR IN ME

Dr. Asmita Ranadive

One day after completing my private practice as I was about to close my clinic I saw an elderly man waiting at my door. It was dark and sleep time for most families. As I stood there looking at this person who had not yet entered my clinic I wondered what was the issue. A bit hesitant and reluctant (after handling over 100 patients) I had already made up my mind to not treat him at the moment. After having an argument with the doctor in me vs the tired person in me I asked him what was the matter. He told me his only daughter who was seven months pregnant was in pain and could not think of what to do. I was the first name his daughter had suggested and here he was standing at my door.

Her mother passed away when she was small. From the day she had her periods to the day she became pregnant, her father had played role of a mother whenever it was required. I took my things and hurriedly entered his house where his daughter lay in pain. I checked her and realized that it was just constipation which was making her uncomfortable. As I prescribed the medicines I noticed the despair on the father's face. He quickly got the medicines and began to comfort the girl. Still there was despair on his face. I thought maybe it would be because his wife would have comforted the

daughter well. I told him you take good care of her don't be so much sad.

But this gentleman told me that he was worried for me. It was almost pitch dark and I was in a remote area and had to go back alone. He offered me to stay that night in their house but I had to leave as my own daughter would not sleep without me. He enquired whether there was anyone who could pick me up but as my husband was out of town it wasn't possible either. Finally he walked me towards the taxi and left me only after giving clear warning to taxi driver and taking his details.

At the age of 55, I suddenly felt like a teenage girl whose daddy is concerned whether his daughter has reached home or not. And suddenly tears went rolling on my cheeks, as I remembered my own father who I lost many decades back. And the thanked the doctor in me for not being selfish and that it was because of him that I got my father back.

...

LET GO OF YOUR STRESSES !

A psychologist waled around a room while teaching stree management to an audience. As she raised a glass of water, everyone expected they'd be asked the "half empty or half full" question. Instead, with a smile on her face, she replied : "How heavy is this glass of water ?"

Answers called out ranged from 8 ml to 20 ml.

She replied, "The absolute weight doesn't matter. It depends on how long I hold it. If I hold it for a minute, it's not a problem. If I hold it for an hour, I will have an ache in my arm. If I hold it for a day, my arm will feel numb and paralyzed. In each case, the weight of the glass doesn't change, but the longer I hold it, the heavier it becomes."

She continued, "The stresses and worries in life are like that glass of water. Think about them for a while and nothing happens. Think about them a bit longer and they begin to hurt. And if you think about them all day long, you will feel paralyzed - incapable of doing anything."

It's important to remember to let go of your stresses. As early in the evening as you can, put all your burdens down. Don't carry them through the evening and into the night. Remember to put the glass down !

...

Dr Mandar Gadgil, Thane

Spiders are the only web developers that enjoy finding bugs.

If people could hear the next five seconds after we hit end on a call, we would have no friends..

On TV, even if the person is speaking in perfectly audible English, if there are subtitles, I'm going to be reading them.

I just ordered a set of dumbbells, so that'll be a fun new thing to trip over while I search for the remote.

A thief broke into my house last night. He was searching for money.

So I woke up and started searching with him..

"I'm not arguing, I'm explaining why I'm right."

Checking your phone when someone pulls out their phone is the 'yawn' of our generation!

One big difference between men and women is that if a woman says "Smell this..." it will usually smell nice.

Can't find your children? Try turning off the wifi. They appear suddenly.

You know you are ready for a commitment the day you feel free to fart in front of her.

The admirable difference between smokers and non-smokers is: smokers don't mind that non-smokers don't smoke!

When someone starts a sentence with "with all due respect," you know some disrespectful shit is coming next.

A conscience is what hurts when all your other parts feel so good.

How do I disable the autocorrect function on my wife?

Give me patience,
and GIVE IT TO ME NOW!

He who smiles in a crisis has found someone to blame.

...

RADIO WAVES

Contrary to popular belief, Wi-Fi doesn't stand for wireless fidelity. The term is actually a brand name of sorts for a standard more formally known as 802.11 networking, or just wireless networking. The Institute of Electrical and Electronics Engineers (IEEE) is in charge of setting standards for this and other protocols. So what is Wi-Fi? It's a means of wireless communication that works like a radio. An adapter inside a computer converts data into a radio signal and transmits it via an antenna. On the other end of the transmission, a router receives the signal and converts it back into data. This pathway can be between a device (such as a laptop computer) and the



Internet or vice versa. However, Wi-Fi is not just a fancy radio. It operates at a higher frequency than traditional radio waves, which means more data capacity. A Wi-Fi signal can be split into different streams or sub-channels, which improves capacity, signal strength, and range. And Wi-Fi has the ability to hop from frequency to frequency, which means that multiple devices can use just one router. For the most part, Wi-Fi networks are easy to set up and maintain, are reliable, and are even easier to connect to; that's why nearly every hotel, airport, library, and coffee shop these days boast free Wi-Fi access.

...

**PROJECT CHITRA - AWARENESS THROUGH ARTWORK
BETI BACHAO BETI PADHAO**



Painting by Dr. Avdhut Dange, Oncosurgeon

Save her in the Womb, Let her grow into a Princess.

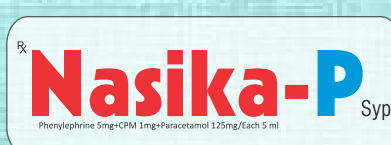
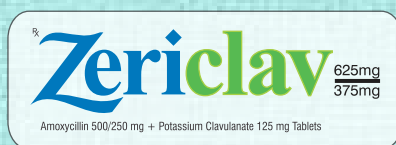
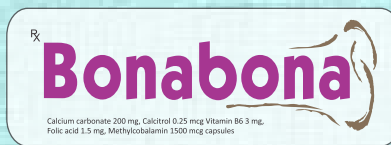
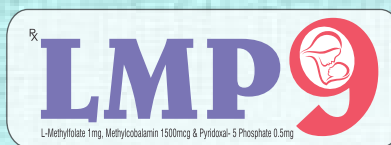
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युद्धस्य कथा रम्या

अघोषित युद्धाच्या, केवळ सुरस नव्हे तर भयप्रद देखील

डॉ. अमर पोवार

२६ नोव्हेंबर २००८

तेव्हा मी जे.जे. रुग्णालयात ज्युनियर रेसिडेन्ट होतो. जे.जे. रुग्णालय समूहांतर्गत जे. जे. कामा; जी टी आणि सेंट जॉर्ज अशी चार रुग्णालये येतात. काही काळ कामा रुग्णालयात, जिथे केवळ महिला (मुख्यतः प्रसूतीविषयक) आणि लहान मुलांचे उपचार होतात, तिथे काम करण्याचा योग आला. चार-सहा महिन्यांपूर्वीच मुंबई गाठलेल्या मला, हा अगदी समुद्रकिनार्याजवळचा भाग अत्यंत सुरक्षित आहे असे वाटायचे.

त्या दिवशी आम्ही ईमर्जन्सी ड्यूटीवर होतो. रात्री साडेदहा वाजता एका मेंदूच्या ऑपरेशनसाठी गेलेलो असताना फोन यायला सुरुवात झाली. साडेअकरा पर्यंत आमचं ऑपरेशन संपलं तोपर्यंत फारशी कल्पना आलेली नव्हती, आणखी एक मोठी ईमर्जन्सी यापेक्षा वेगळी धारणा झालेली नव्हती.

पावणेबारा वाजता आकस्मिक दुर्घटना विभागात पोचलो मात्र, तेव्हा युद्धभूमीवर असल्याची भावना झाली.

केवळ शरीरांचा खच.

सर्व खाटा भरून गेलेल्या, जमिनीवरही इंचभर जागा शिल्लक नव्हती.

जखमी, अर्धमेली आणि मृत शरीरं.

सर्व विभागांचे प्रमुख जातीनं हजर होते, सर्व विभाग पूर्ण क्षमतेने चालवले जात होते.

नव्याने बांधलेली अस्थिव्यंगोपचाराची आठही शस्त्रक्रियागारं अखंड शस्त्रक्रिया पार पाडत होती; ती चौथ्या दिवशी म्हणजे

२९ तारखेच्या रहाटे साडेपाचपर्यंत.

२६ च्याच रात्री उशिरा, म्हणजे २७ तारखेच्या पहाटे अडीच वाजता अस्थिव्यंगशस्त्रक्रियागारात एक रुग्ण हाताच्या हाडाचं फ्रॅक्चर घेऊन आलेला, उघडल्यानंतर रक्तवाहिनीला गेलेली चीर दिसून आली. रक्तवाहिनी शिवण्यासाठी कार्डिओव्हॅस्कुलर सर्जनची तातडीने आवश्यकता भासली.

अवाढव्य पसाच्यामुळे जे. जे. हॉस्पिटलमध्ये, मुख्य इमारत सोडून, शस्त्रक्रियागारे असणाऱ्या अन्यही ईमारते आहेत. आमचं अस्थिव्यंग-शस्त्रक्रियागार मुख्य इमारतीत, तर त्या वेळेस तातडीने उपलब्ध होणारे कार्डिओव्हॅस्कुलर सर्जन शेजारच्या इमारतीत होते. त्यांना फोन केला, ते यायला निघाले; पण पोचलेच नाहीत.

कारण ?

कोणी एक नेते तेव्हा परिस्थितीची पाहणी करण्यासाठी मुख्य इमारतीत आलेले होते. त्यांच्या सुरक्षाव्यवस्थेमुळे, कोण्या यःकश्चित सर्जनला आत किंवा जिथे त्याची आवश्यकता होती त्या सातव्या मजल्यावरच्या शस्त्रक्रियागारात येण्याची परवानगी नव्हती.

सदर शस्त्रक्रिया तातडीची असल्यामुळे, इतर मार्ग वापरून रस्त्यावर थांबवून पार पाडण्यात आली.

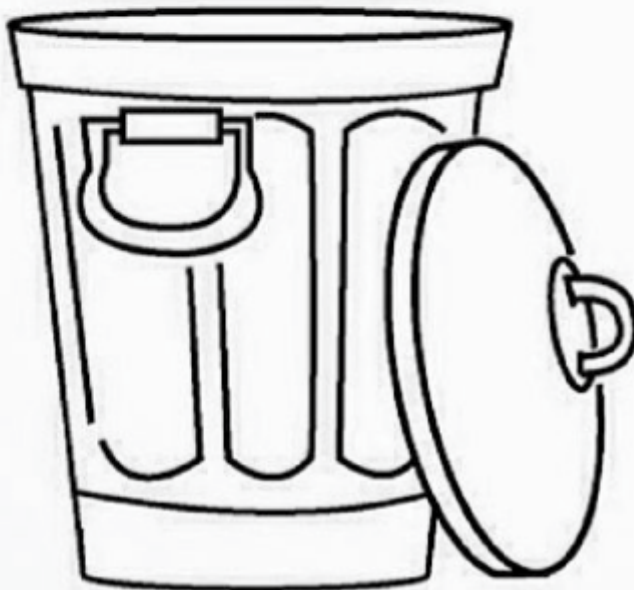
सकाळी सहा वाजता, ती शस्त्रक्रिया संपली.

रुग्णाचा जीव वाचला परंतु हाताचा काही भाग त्याला कायमचा गमवावा लागला.

•••

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YOU DECIDE.**



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Dr. Sheetal Khismatrao - 9820320604

Dr. Sandhya Bhat - 9820228931

AYUSHMAN BHARAT SCHEME AND NMC

Dr. Mangesh Pate
IMA National Jt. Secretary

Health is a refused basic right for citizens of India since independence. Lowest GDP on Health, Absence of health on every election manifesto till date is indication of negative approach towards health in our country.

The onus of health care delivery has been on private sector doctors and small hospitals. And they have delivered it to the nation undoubtedly.

The announcement of Modicare scheme superficially projects as if Government is trying to deliver the much awaited right of health to people.

Ayushman Bharat Scheme plans to deliver health to 50 crore population through insurance sector. The very presence of insurance sector in the middle of this scheme indicates the intent of using insurance for complying with the basic cost of right to health for people. The financial part of health delivery is being tried to be shouldered on insurance sector.

But the government system lacks in adequate number of qualified professionals to carry out the scheme.

Unless private sector doctors and private hospitals are involved, it would be impossible to implement the Ayushman Bharat Scheme.

For this purpose, Ayush people were slated to be involved in delivering the modern medical facilities through the proposed Ayushman Bharat Scheme.

The move to involve Ayush people in the modern mainstream medicine would be difficult in presence of current council (for modern medicine) acts. So the NMC,

deployed by NITI Aayog was added with Pro Ayush policies.

The hand in hand connection between NMC & Ayushman Bharat Scheme is evident very much by the mode of implementation of this scheme.

The empanelment process, spectrum of empanelled hospitals, the unrealistic prefixed rates for various treatments make the scheme difficult to accept. The proposed 1.5 lack wellness centres with deployment of Ayush people makes the quality of scheme questionable.

Finally, the quality of medical education as well as the healthcare delivery is going to be lower with the NMC & Ayushman Scheme.

The populist announcements & decisions only for winning elections have killed the quality, safety in the scheme as well as the NMC Bill.

The populist self projection of the Government is being achieved at the cost of entire medical fraternity.

Point is not to forget that the modern medical fraternity, students seeking medical education and people of this country face two demons right now; NMC & Modicare scheme; which are the two sides of the same coin at a time...!!

These Two, NMC & Ayushman Scheme in current format will prove disastrous failure for health of the nation for sure.

• • •

NURSING WORKSHOP REPORT

- IMA HBI Dombivli subchapter undertook Patient Management Program for Staff nurses/support staff on Communication and Interpersonal skills on 21.06.18 at Pathare Hall, Dombivli Gymkhana.
- The program was well attended by 70 staff nurses/support staff from 26 hospitals/centres. The corporate speaker from Visions Ms. Pompia Pinto was introduced by Dr. Sunit Upasani. Ms. Pinto divided the crowd in teams and took interactive workshop. The delegates participated enthusiastically in this interactive session and requested to hold similar sessions atleast once in 6 months. The session ended with felicitation of speaker, vote of thanks and announcement of community service and future bls training programs for staff.
- Sincere thanks to all the hospitals and their respective staffs for participation.
- Sincere thanks to Visions academy and trainer Ms. Pompia Pinto for such wonderful session.
- Sincere thanks to Dr. Niti Upasani and Dr. Rashmi Phansalkar for their encouraging presence, involvement and help with arrangements.



IMA DOMBIVLI EVENTS CALENDER 2018-19



APRIL 2018

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

MAY 2018

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27	28	29	30	31		

JUNE 2018

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24	25	26	27	28	29	30

JULY 2018

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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

AUGUST 2018

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19	20	21	22	23	24	25
26	27	28	29	30	31	

SEPTEMBER 2018

S	M	T	W	T	F	S
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16	17	18	19	20	21	22
23	24	25	26	27	28	29

APRIL 2018

- 1 Installation
- 4 Managing Committee Meeting
- 8 WHO Day
- 18 CME
- 24 Project AADHAR
- 29 BLS Workshop

MAY 2018

- 13 Mother's Day
- 23 CME
- 31 Community Program

JUNE 2018

- 6 Managing Committee Meeting
- 9 Police Workshop
- 17 Father's Day
- 24 ECG + TMT Workshop
- 28 Mission Pink Health
- 30 Community Program

JULY 2018

- 1 Doctor's Day + GBM for Accounts
- 7 Fire Workshop
- 10 Aao School Chalein
- 18 CME
- 24 Project AADHAR
- 27 BLS Workshop
- 28 ACLS Workshop
- 29 ACLS Workshop
- 31 Community Program

AUGUST 2018

- 1 Managing Committee Meeting
- 5 IMA Picnic
- 8 Camp for Senior Citizens
- 13 Aao School Chalein
- 19 State Executive Meeting Nashik
- 22 CME
- 31 Community Program

SEPTEMBER 2018

- 4 Aao School Chalein
- 8 Mission Pink Health Workshop
- 26 Workshop
- 29 EVECON Solapur
- 30 EVECON Solapur

Dr. Archana Pate
President, IMA Dombivli

Dr Vandana Dhaktode
Hon. Sec, IMA Dombivli

Dr. Niti Upasani
IPP, IMA Dombivli

Dr. Utkarsh Bhingare
VP, IMA Dombivli

Dr. Meena Pruthi
President Elect, IMA Dombivli

Dr. Sunit Upasani
Hon. Treasurer, IMA Dombivli

Dr. Bhakti Lote
Jt. Sec, IMA Dombivli



IMA DOMBIVLI EVENTS CALENDER 2018-19



OCTOBER 2018

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
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21	22	23	24	25	26	27
28	29	30	31			

NOVEMBER 2018

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4	5	6	7	8	9	10
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DECEMBER 2018

S	M	T	W	T	F	S
30	31					1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
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JANUARY 2019

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27	28	29	30	31		

FEBRUARY 2019

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24	25	26	27	28		

MARCH 2019

S	M	T	W	T	F	S
31					1	2
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10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

OCTOBER 2018

- 2 Nurses Training
- 3 Managing Committee Meeting
- 6 Maha Sports - Akola
- 7 Maha Sports - Akola
- 9 Aao School Chalein
- 14 IMA Dandiya
- 28 BLS Workshop
- 31 Community Program

NOVEMBER 2018

- 11 Children Day Celebration
- 14 Managing Committee Meeting
- 23 State Council Meeting
- 24 MASTACON
- 25 MASTACON

DECEMBER 2018

- 1 IMAFEST - 2018
- 2 IMAFEST - 2018
- 11 Aao School Chalein
- 15 Police Workshop
- 23 Trek
- 27 NATCON
- 28 NATCON

JANUARY 2019

- 8 Aao School Chalein
- 13 Marathon
- 19 Mission Pink Health
- 25 BLS Workshop
- 26 ACLS Workshop
- 27 ACLS Workshop
- 31 Community Program

FEBRUARY 2019

- 3 World Cancer Day
- 6 CME
- 12 Aao School Chalein
- 13 Managing Committee Meeting
- 24 Annual General Meeting
- 28 Community Program

MARCH 2019

- 10 Women's Day
- 12 Aao School Chalein
- 20 CME

6th April
2019

**New Team
Installation**

Dr. Archana Pate
President, IMA Dombivli

Dr Vandana Dhaktode
Hon. Sec, IMA Dombivli

Dr. Niti Upasani
IPP, IMA Dombivli

Dr. Utkarsh Bhingare
VP, IMA Dombivli

Dr. Meena Pruthi
President Elect, IMA Dombivli

Dr. Sunit Upasani
Hon. Treasurer, IMA Dombivli

Dr. Bhakti Lote
Jt. Sec, IMA Dombivli

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<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. *
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- T & C Apply

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Fortis Hospital, Mulund**

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