

## CONTENTS

IMA Dombivli Executive....	2
<b>Editorial</b> : Dr Leena Lokras	5
<b>President</b> : Dr Niti Upasani	6
Doctor's Day Celebration	7
2nd October : Dawn to Dusk	8
Breast Feeding Awareness Month	9
The Best Way To Commit Suicide	10
Blood Donation Camp	14
Mother's Day Celebration	15
EICP session	17
<b>Poems</b> : Dr Swati Gadgil	20
Ramp Walk	21
Organ Donation Awareness Campaign	22
Aao Gaav Chale 1st Session	29
<b>Liver Function</b> : Dr Anita Karnik	30
Art Exhibition	37
CME	39
<b>ENT Project</b> : Dr Niket Karnik	42
Organ Donation at Ganapati Mandir	45
<b>Travelogue : South Africa Tour</b> : Dr Alka Gadgil	50

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# IMA DOMBIVLI TEAM 2016-17



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### **DIALOGUE**

Dr Leena Lokras  
Dr Alka Gadgil  
Dr Anita Karnik



*If the poor boy cannot come to education, education must go to him.*

*- Swami Vivekanand*

I must have passed by the flyover near the signal at Thane umpteen times. But while I was Travelling this time, the sight of a big bright yellow container below the flyover with a board that reads SIGNAL SCHOOL caught my attention. Out of curiosity, I decided to stop over. As I entered, it was heartwarming to see poor but happy children around, keen to learn ABC... 123.

On meeting a staff there, I learnt that the school is established and run by Rotary club of Thane Hills. Teaching and management support is being undertaken by a local NGO – Samarth Bharat. TMC provided the place and a builder donated the 40 ft container which is painted and fitted with bathroom, separate toilets for girls and boys, a staff room, play area and also has e-learning equipment. Everything is bright and vibrant to attract the street kids who are mostly beggars.

The students assemble at 8 am and are asked to brush their teeth followed by a bath. Hot breakfast is served with different yet healthy menu each day. Classes begin at 11 am and the school gets over at 2 pm. Medical check-up of all students is done once a month. A girl student who was born under the same bridge dreams of becoming a teacher so she can teach others like her. Bhuhan said his mother never allowed him to go to school as the 40 – 50 Rs he earned daily from begging was more important. Today his mother is happy that he can speak few words in English and that he gets good food here.

The biggest achievement is that all 20 students who enrolled stopped begging within 3 months of starting the Signal School. But of-course it is not a cakewalk for those involved in running the school. I salute their vision and commitment for the cause of humanity. I recollect the couplet written by Nida Fazli –

Safar mein dhoop to hogi, jo chal sako to chalo;

Sabhi hain bheed mein, tum bhi nikal sako to chalo.

Kisi ke waaste raahein kaha badalti hain;

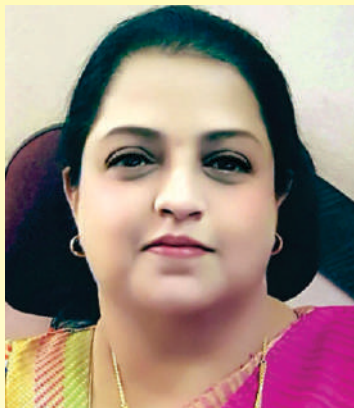
Tum apne aap ko khud he badal sako to chalo.

Yahi hai Zindagi, kuch khwab – chand ummidein;

Inhi khilono se tum bhi badal sako to chalo.

**Dr Leena Lokras**

## FROM THE PRESIDENT'S DESK



Hallo friends,

Greetings to all on behalf of me as IMA Dombivli president and entire Team IMA Dombivli.

Dear all we are 6 months on the way of our journey together in this year of 2017-18 with theme. 'TIME TESTED TO UNEXPLORED, LETS WALK TOGETHER.'

It has been six eventful months with many activities. All the subcommittees of our branch are working to their fullest and making this year a whirlwind of activities. We have tried to showcase these projects here in this issue of dialogue.

Friends but in these six months we have faced so many challenges to our fraternity. CEA, Shop and Establishment Act, NEXT, Government bond for MMC renewal, Unique MCI number and so on and on...., But we are united and fighting it at every level and opportunity possible.

Along with continuation of good activities of our previous past presidents we have introduced few new ideas to make our branch more approachable to people and our members alike. Various projects of BBBP are making our branch known to people. Zero hour discussion on problems faced by our members on daily basis are discussed during CMEs so everybody can know the happenings in IMA CENTRAL and IMA MS and IMA Dombivli. It is an attempt to make all our members aware of IMA activities. Hands on training team has organised BLS workshop for hospital staff. It has many such activities planned for future. Organ donation cards are made available for donors to simplify their application procedure.

As an active branch we are trying to keep track of happenings in our local civic body KDMC. We have already shown willingness to help KDMC in its running of KDMC hospitals.

IMA Dombivli has initiated another path breaking journey... we are going to be 1<sup>st</sup> host of District conference IDICON 2017 which will also be our 18<sup>th</sup> Annual conference. But to make any event a success story we need 100% participation of its members. We seek your whole hearted support.

'All work and no play makes anybody dull' is apt saying. and we cannot have any dullness for our members. Hence we have planned various activities like Halloween party and many games and competitions.

So friends with this we begin our forward journey of rest of the year. Hoping to have everybody along each and every step.

Thanking all

**Dr. Niti Upasani**  
President IMA Dombivli

## DOCTORS DAY CELEBRATION

On 9th July Doctors Day was celebrated . Venue was Dombivli Gymkhana.

Chief guest was Dr. Adkar.

Guest of honour was Dr. Damodar Nanda.

Theme was "Be a family physician".

Doctors completing 25yrs of practice in Dombivli and doctors with special achievements were felicitated.

Students of 10th,12th and special achievement students were felicitated.

1st issue of Dialogue was released.

Programme was followed by 2nd Cultural event of the year" orchestra the musical journey".

Dinner hosts were felicitated.



## 2ND OCTOBER : DAWN TO DUSK FAST

On occasion of Gandhi Jayanti on 2nd october IMA branches all over India observe Dawn to Dusk fast. It was directive of Central IMA . An open letter was sent to PM Shri Narendra Modi to intervene in this matter.

IMA Dombivli took initiative and invited IMA Kalyan Badlapur Bhiwandi Ambarnath Ulhasnagar to have a united protest and Mega GBM.

National IMA president elect Dr. Ravi Wankhedkar visited our branch and participated in our fast. It was a great moment for our branch.

2pm to 5 pm we had a press conference followed by GBM.

All the media and electronic media had our coverage printed and aired.





## **BREAST FEEDING AWARENESS WEEK**

Breast feeding awareness week was observed from 1st to 8th August.

Patients were taught importance of breast feeding.

In Indira hospital Dr. Niti Upasani took a small symposium for newly delivered mothers on...breast feeding importance, family planning methods and need of spacing.

Dink ladoo and methi ladoo were distributed to patients.



## THE BEST WAY TO COMMIT SUICIDE

**Prof Dr Mohan Chandavarkar**



***Prof Rtn Dr Mohan Chandavarkar** MD FCPS DGO DFP practises in Thane as a Consultant Obstetrician, Gynecologist, Infertility Specialist and Endoscopist at Apeksha Maternity & Nursing Home since 1985. He is a teacher and guide for DGO, DNB and FCPS degrees and has been an examiner for MBBS and DGO exams as Hon Associate Professor at Rajiv Gandhi Medical College in Thane. He is attached to TMC's Kalwa Hospital, Bethany Currae and Jupiter. For doing 3500 Laparoscopic female family planning sterilization operations for Thane Municipal Corporation, he was awarded the Govt of Maharashtra Family Planning Award in 1988. In 2019-20, he will take over as Governor in 3142 District of Rotary International.. He is a much sought after popular, witty motivational speaker with a humorous touch—and an introduction specialist. He has often addressed many meetings on various Rotary, medical and other subjects. He loves watching any sport, meeting people, hiking, trekking and travelling. Fond of reading, he has a flair for writing, poetry, limericking and cartooning which he does under the nom de plume - doonmoon. He drew in a permanent cartoon column in Rotary Thane North's bulletin "Northstar" called Nitrous Oxide in Rotary since many years. Under the same name, he writes a monthly column - Chakra View - a humorous look at the vagaries of human behavior -for Thane Vaibhav's English magazine Know Your Town. He plays the tabla and harmonica and is fond of singing and listening to all kinds of music. doonmoon@gmail.com 9821054982*

### Preamble ....

After passing out from the the junior college, the elite of the Mumbai University enrol into Seth Gordhandas Sunderdas Medical College & King Edward Memorial Hospital, Parel, Mumbai, ever year. This lot of students comprise the creme de la creme of the learning community. At the time of admission, the students are prima donnas in their schools and toppers in their colleges. They are the cynosure of the family, the apples of the parent's eyes, the future of India and the means of salvation to many. But within the span of five years of undergraduate medicine, the Aate Daal Ka Bhav hits the students - very much the same way that Chetan Bhagat describes in his novel on IITs. Everyone around is so good, so many who are still above average are doomed to be at the rear of the class. If someone stands first someone has to come last too and some hve evn got to fail - ask Farhan of 3 Idiots. Even if all are good, comparisons are odious and grade point sytems uncharitable. The end result ... pressure - plenty of it.

Pressure to study, pressure to cram, pressure from the parents - who believe that getting admission was their job - the rest is their wards. Pressure to gather more knowledge than your colleagues - for now, an original friend is a potential adversary! Pressure to perform, pressure to pass vivas, pressure just to remain afloat - and ofcourse pressure to maintain one's sanity. Self belief is replaced by doubts. Self esteem is conspicuous by its absence. Just imagine one has passed - a great thing in the

routine of any student but sometimes even worse than failing. If one fails, one is given another crack at it - vene redemption maybe. A bit of additonal ghassing can take one's nayya paar. But pass with lousy marks - it is permanently embossed in indelible ink on your cv. The feeling is almost as if the earth has collapsed and their is no arth in life.

But most people still do cope with the stress! How ? Uparwale ki Mehebani or delving into the recesses of one's inner strengths ! GOK !!! Dadaji's sage advice is ignored - Karmanyeh Vadhikarasya Maa Phaleshu Sadachana - do your job and hope for th best. Put you jaan in it to step forwards and forget about consequences - success will and has to come. But then jhadofying such fundas comes easy to elders - the shoe doesn't bite them ! Come result time and the only result acceptable to elders, commensurate with their sacrifices is a fantastic marksheet. Often filmy stuff can ensue - Gadhe Yeh Gul Khilaaye - Mere Sab Armaan aur Sapne Choor Choor ho Gayen - vagmaire vagmaire. Like the trinity in life, ther is one in medical education too - Brahma - the creator of constant parental and peer pressure of mugging and cramming in a world of increasing expectations; the friendly registrar and the shapely lecturer who as Vishnu the protector convince you with the illusion- Maya- that you are raedy to give the III MBBS exams. But deat is the ultimate truth and that is done by Shiva the Destroyer - the khadoos examiner - one swish of his deadly red pen is like the opened third eye condemning the student to a

repat exam after six months.

The mood of the failed student has no serotonins or endorphins - the colour is as dark as Bhansali's saavariya. S(he) often feels like the hapless abandoned agniparisha-failed Janaki, waiting for the earth to open up and swallow her. The soul cries out for moksha. The very purpose of life slips away - the hazy brain deciphers the options and the ultimate truth of existence - death - seems real, achievable and a salvation. GSMC has a dubious gory record - a suicide every six months. Vinaashe Kaali Viprit Buddhi ! And here we were - the law of averages had not seen any suicide for the last six months...

Curtain raiser...

So were this foursome of any murlala hostelites different? The refrain was these guys were from GS but not from GS. Hard working but always appeared as hardly working. When the world slept they crammed, when the world got up they did TP- time pass - veritable nishaacharis. To them the adage - the early bird gets the worm - was disgusting. They were good in their work, but cringed at being called nerds or ghasoos - an insult to their cool dude image. All had just finished their 3rd MBBS theory exams and were awaiting the vivas. Honing their presentation skills, they confirmed in totality what a wag once said - "It doesn't matter how much you actually know. What matters is how much you can make the examiner believe that you know and how skillfully you can veer him away from what you don't know".

Rajeev was resting on an old easychair clad only in undies. Occasionally he would indulge in unabashed scratching of unmentionable body parts. Hailing from Pune, and a tennis buff, his CT in life was to take large gulps of alcohol based tonics garnered from unsuspecting MRs. On the cane chair sat the lanky Suresh - an avid basketballer who often cut classes to play bridge tournaments. He was struggling to control the 2 Kg Love & Bailey surgery textbook. On one bed rested Amol urf Harnya. the last a reference to his hernia who he refused to get surgically treated because he was convinced they would damage his vas. On the other bed lay Chandu - another undie clad praani - a hiking enthusiast - who was there in all team ventures - the eternal foot soldier - right at the front. It was into this

room that the poor Akshay Nadkarni entered seeking sympathetic intervention...

Main story ...

Akshay was the quintessential nerd. Clinic seeking, teacher seeking type who wanted a D - distinction- in every subject and if luck held out the glitter of a Gold medal. His driving force was a DSP in the Police department who had strived hard to ensure that all his three sons did medicine. Akshay arrived downcast to the hostel. His Obgyn exam was disastrous. He felt he had done averagely - now that was alien to his being. As the distance between the ward and the hostel increased, self doubt enveloped him. Would he pass? Could he fail? His eyes welled up as his excessive lacrimation couldn't be handled by the nasolachrymal ducts. His conjunctiva were being attacked by bouts of vasodilatation. His potential ECG was borderline ventricular fibrillation and the possible EEG pattern was a chaos of alpha and beta waves. His brain was oxygen and glucose depleted. Through that haze he imagined he was in front of his father unable to meet his stern gaze. OMG - have I failed them all ! He was hurt. He was seething. He was confused and he was depressed. He didn't wish to face life. He wanted to quit. But to take the extreme step, one needs jigar - euphemistic from G main jor. Akshay desperately searched for that elusive attribute. he sauntered into the room..

"I want to commit suicide!"

Rajeev without lifting his head from his book, very bored said, "Theek hai, To Kar Na!"

"I want to die. I think I will fail in gynec!", said the distraught student.

"To jaa na - patri main jaa kar so jaa. Footage kaheko khaa raha hai", advised the tennis buff sarcastically.

Mute silence ensued as Akshay drilled a hole in the ground with his unfocused gaze.

"Rajeev Tu Bhi Naa," interjected Suresh, " Bichaareki phatti hai. Usko samjhaana padega! Idhar aa.Kaise Marega socha hai kya?," as he put a comforting hand around Akshay.

"1. Hanging is difficult and not guaranteed. Plus you have to do it on your own, We cannot help.

2. Jumping from the window. Ouch that hurts. Plus we

have only 3 floors here. And you must jump head first.

3. Tik 20 very smelly and too much vomiting.

4. Kerosene - Bahut jalega, Phir tadap tadap kar . . .  
Bachega to takleef.

5. Slashing wrists - painful, bloody, slow and not guaranteed. Tu kaunsa chahta hai?"

Akshay was stunned - had he heard right.

Suresh continued, "Varna go to annashetty department,  
Unke pass solid guaranteed cocktail milega."

"Ae Bhaaya!," Chandu entered into the fray now, "Saala,  
Yeh maregaa aur humko phasaayega. Locha hai. Akshay  
- Dost - Suicide note likha hai kya? Very important.  
Andar ki bhadaas nikaal de. Teen short sentences main  
poori daastan bata de. Par . . . Ek cheez bhulna mat.  
Clearly bata de ki is main hamara haat nahin tha. Nahin to  
tu jaayega aur hum latak jaayenge."

A chuckle rippled across the room. All shared the same  
gist, there was no eye contact. The script evolved just as in  
a jam session. All were in sync with the thinking except  
poor Akshay. Every word stung him with the venom of a  
thousand cobras. He felt let down - Et Tu Brute . . .

Rajeev very sagaciously elaborated, "Police inquiry,  
lockup ki maar peet, Court ke Chakkar, kaheko  
Karnekaa"

Haryana got up," Akshoo, Meri Chinta Yeh hai ki -  
Samjho tu gaya - tere books ka kya hoga. Tu Ek Kaam  
kar. Tere books, yearbooks, notes vagaire merepass rakh  
ke - phit marne ko jaa."

Akshay swooned - he couldn't believe his ears. he  
slumped onto the flooe dishevelledly.

Chandu stepped in, "Haryana Shaane! sab Maal Tu Leke  
jaayega Kya? Tera aur mera size same hai. Tere kapde  
mere OK!"

Akshay was barely listening. His heart pounded, his  
lungs heaved but SaO2 just wouldn't climb up. He was  
deeply hurt but the brain didn't recognise the pain. These  
guys. The things I have done for them - the wonderful  
hikes I went with Chandu; the movies I saw with Rajeev.  
That haramkor Suresh - I taught him surgery and that  
Haryana n- how many times I have given him a  
nonreturnable loan. Disgusting!!

He fely like he had fallen in a pool not knowing

swimming and these 4 swimming experts were standing  
at the edge, drinking beer and laughing at his last few  
moments in life.

"Sota Kya hai. Utth. Tera mattress aur chaddar messke  
chokron ko de de - Dua denge" the words of Suresh hit  
Akshay's tympanic membrane even as the others were  
simultaneously guffawing like jackasses.

Amol suddenly became serious and standing up like the  
Big B, thundered, "Ek lafda baki hai. Iske girlfriend ka  
kya?"

"Kya matlab", others shouted in unison.

"Yeh Gaya to Uska Kya Hoga. Uska career ka sawaal hai.  
Shaayad medicine chhod bhi de"

Suresh rose upto his 6'3" frame, and condescendingly  
siad," Akshay Chinta Mat kar. Main jabaan deta hoon ki I  
will loo after her as you would have"

"Dost Ho To Aisa"

Keep it up Suresh"

"Good Show Boss" The guys were actually clapping.  
Insensitive creeps. Suddenly Chandu got up and told the  
others," Canteen Chalte hain celebrate karne. Aaj Bahut  
din ke baad sabko ko kuch na kuch milaa. Tu Jaa suicide  
karne. Yashavi Bhava! Vijayi Bhava! Hamari shub  
kaamnaaye tere saath hamesha rahenge."

Akshay's sorrow disappeared. His depression evaporated.  
His adrenaline filled body was seething with anger. Like a  
hot flush, livid rage coursed through his veins. He  
felexed his muscles nd pinned Amol and Chandu to the  
bed boxing their ears, Mere kapde Chahiye! Mere Kitaab  
Chahiya!" With murderous intent he gripped Rajeev's  
neck, This is you friendship. Main Kismat ka Maara aaya  
aur tum logon ne to meri vaat laga di - Who needs  
enemies!!"

Suresh tried to pacify him. Akshay gave him a violent  
push, "Dont touch me. Tu meri girlfriend sambhaalega.  
Suicide cancel." Letting loose a volley of the choices  
profanities, Akshay stormed out of the room shouting,  
"Dekhna Tumhari Kaise Main Vaat lagata hoon . . ."

The four musketeers were worried. Had they crossed the  
line. Were they too rude and crude. Had they lost a friend  
for life. Darknss crept into the canmpus. All were lying  
down but no one could sleep. They were cool dudes but

were they cold, insensitive, and inhumane.

Next day . . .

The bell rang serially in four rooms. The canteen boy Ramesh had brought their tea and breakfasts. But he didn't leave - he kept waving a note in front of their eyes. Akshay had sponsored their breakfast and had sent them each a note. Ramesh had been requested to deliver them. All of them said the same thing - "Sorry and Thanks! You guys are my real friends!"

Tailpiece . . .

As the four murlala hostel praanis went about their individual ways, regaining their composure and of course their attitude, the commonality struck them -

If in life you are ever disturbed to the point of self destruction, The Best way to Commit Suicide is to take the advice from a few enemies . . . er . . . friends. You will live to tell the tale!

-----  
Author's note : This is based on a true happening at the KEM hostel in the late seventies. In the mid 2000's Dr Abhishek, the author's son, in his internship at DY Patil MC adapted the same and dramatised it as a skit in their annual festival.

•••



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## BLOOD DONATION CAMP

On 9th July on occasion of Doctors day...blood donation camp was organised along with Dombivli Gymkhana. 65 bottles of blood was collected.



## MOTHERS DAY CELEBRATION



## MOTHERS DAY EXHIBITION



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## MOTHERS DAY CELEBRATION

Mothers Day Celebration Experience shared by Dr. Niti Upasini : There was never a doubt in my mind about the love and bond between my Mother and Me.

For last so many years, I have always tried on occasion of Mother's day to wish my mom in some special way. But to acknowledge this special bond publicly on platform was another experience altogether.

To express these feelings was heart touching for both. If it is possible to strengthen bond between me and mom more, this Mother's day Celebration is the reason for it.

I will be eternally grateful to the entire team for making this day so very special for Mom & Me !

**Dr. Niti Upasini**

President, IMA Dombivli

.....

My Mom always celebrated my Birthday, my success and my achievements .

This celebration was a great opportunity to share the stage with my Mom. In school days we always had an essay on "My Mother" This time I could actually talk about her On Stage.

To Ramp walk with my daughter and mother was an emotionally overwhelming moment.

The Selfie contest organised by BPPP was a grand succes, to read and see all the lovely photo entries was a treat.

Hobby Exhibition was like potraying the other side of A coin. It showcased the Talents of our professional Doctors and was a thorough Surprise.

The food and Ambience was overwhelming !

The Pre Event Planning of Wardrobe and Gift for my Mom and the Post Event Photos and Sharing on Facebook and Social Medias extended the Fun!

**Dr. Vandana Dhaktode**

.....

The idea of Mother's day Celebration was new and exciting for IMA members.

The preparation of all the participants was praiseworthy and the hidden talents of our dear members came as a pleasant surprise. Their efforts were creditable.

To see 80+ lady walking the ramp was something different . The pleasure of a life time experience of walking the ramp was seen on their faces. Some were shy but some were as good as models.

The venue, food, ambience everything was excellent.

The selfies of the contest were pouring the bond of the families with the taglines being highly innovative.

In short hats off to all the organisers of the show.

**Dr. Rashmi Phansalkar**



## 1st EICP SESSION

Blood group detection camp was taken for approximately 220 students of std 1st and 2nd in GSB school.

Attended by Dr. Niti Upasani and Dr. Hemraj Ingale.

Lecture on hand hygiene was taken by Dr. Vijaylaxmi Shinde.



## 2ND EICP SESSION

2nd session of EICP was organised in Holy Angels school. It was for girls of 8th to 10th std. Speakers were Dr. Manasi Karandikar and Dr. Sandhya Bhat. No of students were 280. Dr.Sandhya also spoke about Organ donation awareness.



## 3RD EICP SESSION

Dr. Rupali Bhingare and Dr. Niti Upasani spoke on "Approaching adolescence and maintaining hygiene" to girl students of 7th and 8th std in Lodha World School on 19th September.

## 4TH EICP SESSION

In Holy Angels School Dr. Vijay Chinchole took a lecture for boys of 8th to 10th std. Subject was Sex education awareness, pornography addiction and online games and suicidal games addiction. It was highly appreciated. Approximately 300 students were present.



## POEMS

Dr. Swati A Gadgil

### FLYING MORTARS

Dark hills  
High walls  
Dark skies  
Enemy calls  
Racing hearts  
Rushing blood  
Dashing though  
The darkness floods  
My path blurred  
Not my mind  
Soldier I am  
A different kind  
Know not fear

Only love I owe  
Each grain of sand  
On my land  
Herculean me  
Will wash out thee  
Borders stand  
Huge hills surround  
Do not hide  
Cowards ....!  
Come around  
Can see through them  
You meek and tame  
Son of this soil

Dares you to tread  
Unto your death  
I Love my land  
Here I stand  
between you and her  
If you dare  
Step on my sand  
Will lit the sky  
Mortar in my hand  
I fear no death  
No hills and wreaths.....

### चारचौघे

चार चौघे काय म्हणतील  
कशास याची चिंता  
ते तर नेहमीच बोलत राहणार  
जीभ टाळू आणि दंता  
सरळ वळण आवडे त्यांना  
वाकड्यास ते हसती  
दुसऱ्यांकडे बघून त्यांना  
उठाठेव नसती  
कधी म्हणती भ्याड कुणाला  
तर कधी उद्दाम

पूर्व दिशेस ते पश्चिम म्हणती  
कधी कधी मुद्दाम  
त्यांचेच म्हणणे खरे असे हो  
खोटेच बाकी सारे  
उगाच त्यांना भिऊ नका रे  
अरे ला करा का रे  
तरच तुम्ही जगू शकता  
जगात या नक्की  
चार चौघांची भिती बाळगून  
बार तुमची पक्की

कसे दिसती नाव काय हो  
गाव त्यांचे काय  
हिम्मत असेल तर समोर यावे  
ओढू त्यांचे पाय  
लपून छपून टिका करती  
का आम्हा वरती  
तुमचे देखील उघडे पडती  
सावरा, ते सुटती

### अंदाज

आप के अदाज ने  
दिल जीत लिया कुछ इस कदर  
लफ्ज हारे  
और चला अष्को का सफर  
अब एक हि तमन्ना है  
हमेश आप से हम हारे...  
और साया बने रहे...  
और खुदा हमसफर रहे !

हम जान न्योछावर कर देंगे...  
क्या मजाल है, कोई गम आये...गर हमारे दिलने  
बदतमीजी की,  
तो...खुदा कसम...  
उसे भी हम कुचल जाए !  
अर्ज करते हैं...  
आपकी सलामती और तरक्की के लिये  
यह गुस्ताख दिल, आपकी गुलामी चाहता है...!  
खुदा भी अगर आपकी ना माने,  
तो उसे भी यह नाचीज दुश्मन कहता है...!

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- Stress Test



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**CARDIOLOGIST**

**Dr. Nikhil Jadhav**

M.D., D.M.(Cardiology)

**Institute of  
Cardiac Care**



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- Pediatric & Neonatal 2D Echo
- EEG
- Dentistry

## PEDIATRICIAN AND NEONATOLOGIST

**Dr. Mubashshir Khan**

M.D. Pediatrics (KEM Hospital)  
Fellowship in Neonatology

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<b>2 Ventiletor / 2 Bipap</b>	<b>Laposcopic Surgery</b>
<b>24 Hrs. Emergency</b>	<b>Onco Surgery</b>
<b>Critical Care</b>	<b>Urosurgery</b>
<b>Cardiology</b>	<b>Neuro Surgery</b>
<b>2D ECHO, Stress Test</b>	<b>ENT Surgery</b>
<b>Xray, ECG</b>	<b>Orthopedic Surgery</b>
<b>Neurology</b>	<b>Plastic Surgery</b>
<b>Acute Stroke Centre</b>	<b>Obstetric &amp; Gyanecology</b>
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**Religare**  
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**ICICI Lombard (OPD)**

### **Dr. Hemant S. Wahane**

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

### **Dr. Charusheela H. Wahane**

D.A.  
Anaesthesiologist

### **Dr. Amol U. Sonawane**

M.S. (General Surgery)  
Consultant Laproscopic, Endoscopic, General Surgeon  
**M. 9820957970**  
Timing : 10 a.m. to 1 p.m. & 6 p.m. to 10 p.m.

### **Dr. Shalaka A. Sonawane (Mungekar)**

M.D., D.G.O., F.C.P.S.  
Consultant Obstetrics & Gynaecologist  
**M. 9322825637**  
Timing : 11 a.m. to 1.00 p.m.

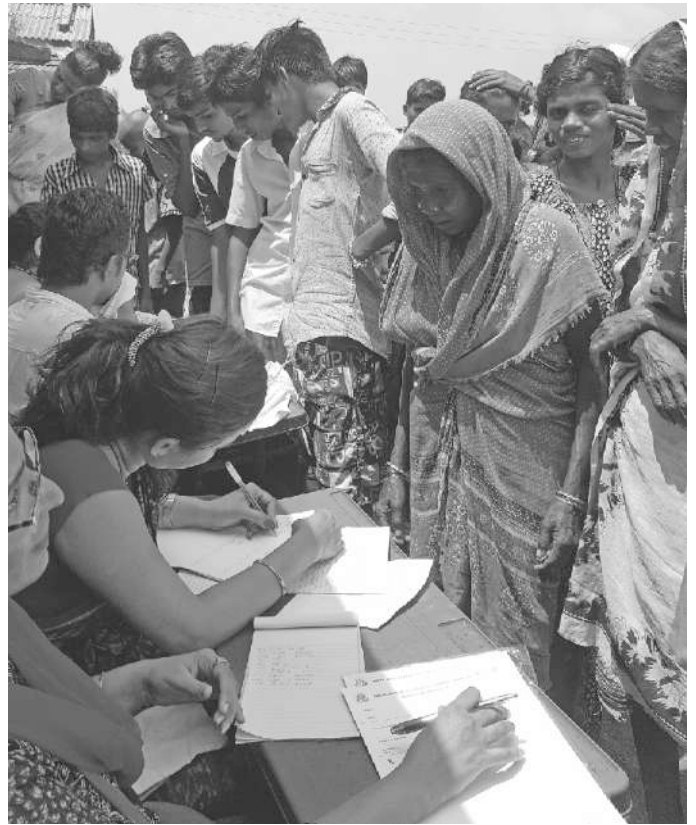
## AAO GAAV CHALE 1ST SESSION

In Patolpada Adivasi pada near Kasara 1st session of Aao Gaav Chale took place.

Medical camp was in association with Rotary Saudamini and Vanvasi Ashram Society.

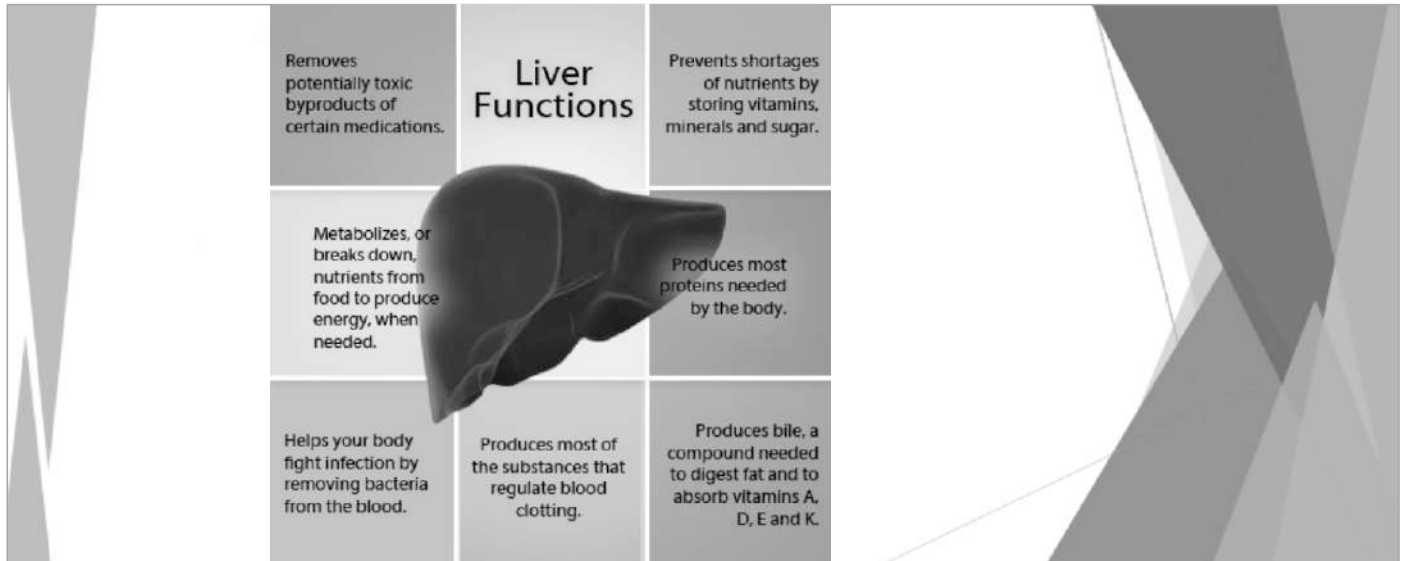
More than 500 patients were examined. 16 IMA doctors with 12 medical representatives attended the camp. Medicines were distributed. Hemoglobin detection, Blood sugar detection, ECG, Refraction detection was arranged.

Anthelmintics were given to all patients.

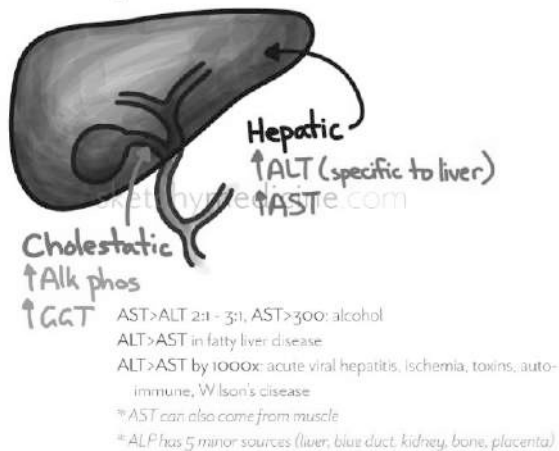


# LIVER FUNCTION

**Dr. Anita N Karnik**  
MD Pathology (Mumbai)  
Dombivli (East). 9224291392



## Liver Enzymes



## Liver Function Tests: Enzymes

- Serum Glutamic - Pyruvic Transaminase (SGPT or ALT):  
Is specifically associated with the liver cells only  
SGPT / ALT levels increase with liver "cell inflammation"
- Serum Glutamic - Oxaloacetic Transaminase (SGOT / AST):  
Associated with: Liver, Brain and Heart tissues  
SGOT / AST is associated with "cell necrosis"
- Serum Gamma - Glutamyl Transferase (SGGT):  
Associated with: Alcoholism or Biliary stasis

## LIVER FUNCTION TESTS

TOTAL BILIRUBUN	1 mg/dl	upto 1.0
Direct bilirubin	0.3mg/dl	

## Liver function tests/PROFILE

- SGPT/ALT
- ALK PO4
- TOTAL PROTEIN
- GGT MAY OR MAY NOT
- SGOT/AST
- BILIRUBIN
- ALBUMIN

## Myocardial infarction

- Total CPK 1ST DAY
- LDH 3RD PEAK
- SGOT 2ND DAY

## SGOT / SGPT

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• SGOTSGPT</li><li>• 17 HRS HALF LIFE</li><li>• PRESENT IN LIVER,heart,muscle</li><li>• Mitochondrial enzyme</li><li>• Alcoholic liver disease</li><li>• Myocardial infarction</li><li>• Acute pancreatitis</li><li>• Drug toxicity more than 3 times –stop it.</li></ul> | <ul style="list-style-type: none"><li>• 47 HRS HALF LIFE</li><li>• liver and kidney</li><li>• nonmitochondrial</li><li>• hepatitis</li><li>• donor blood screening</li><li>• more than 55 units rejected,</li></ul> |
|---|---|

## Alkaline phosphatase levels

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• Liver, bone, kidney,intestine,placenta</li><li>• Biliary dysfunction</li><li>• Stone in ducts,ductules</li><li>• Space occupying lesion.</li><li>• Healing fracture, normal growth and pregnancy</li></ul> | <ul style="list-style-type: none"><li>• Liver-biliary tract</li><li>• Biliary tract obstruction</li><li>• Cholangitis</li><li>• Bone diseases</li></ul> |
|--|---|

## ALKPO4

- Bone,biliary intestinal and placental forms are separated by ELECTROPHORESIS METHOD.
- 40-65% increase in last trimester pregnancy ,return to normal in 1 month of postpartum.

## BILIRUBIN

- NORMAL RANGE VARIES ACCORDING TO AGE.
- NEONATES AND ADULTS CHART.

## **BILIRUBIN**

DIRECT, CONJUGATED  
OBSTRUCTIVE  
HEPATITIS

INDIRECT, UNCONJUGATED  
NON-OBSTRUCTIVE  
HAEMOLYSIS-NEONATES

## **BILIRUBIN / 7 days child**

TOTAL BILIRUBIN	12 mg/dl	upto 1
Direct bilirubin	0.8mg/d	upto 0.5
Indirect bilirubin	11.2mg/dl	upto 0.8

## **Is it normal/ FACTORS TO BE NOTED**

- Yes
- Age
- ABO and RH Incompatibility,
- Important factors
- Wt
- Haematocrit and HB

## **GILBERT S SYNDROME**

Transport of bilirubin is deficit in sinusoidal membrane and hepatocytes-resulting in elevation of indirect bilirubin.

## **Conjugation deficit-crigler najjar syndrome**

- Enzyme glucuronyl transferase is absent or defective.
- Indirect bilirubin is raised.
- In neonates it causes KERNICTERUS-deposition of unconjugated bilirubin in the lenticular nucleus of the basal ganglia of central nervous system.
- Causes severe motor dysfunction and retardation.
- Can be fatal.
- Upto 20 phototherapy.
- Above that exchange transfusion.

## **Total protein/albumin**

- Liver is the site of 90% protein and 100% albumin synthesis.
- Causes of decrease in TP /ALBUMIN
- LIVER DISEASES
- MALNUTRITION
- RENAL DISEASE
- PROTEIN LOSING ENTEROPATHIES
- CHRONIC INFLAMMATORY DISEASES

- Albumin is a transport protein for bilirubin,thyroid hormones and drugs.
- Liver synthesis 120 mg/kg albumin daily.



### **Albumin decrease**

- Cirrhosis of liver
- AIDS
- A/G RATIO REVERSAL
- Alcoholic liver disease
- DIADETICS

### **GGT**

- Biliary tract obstruction
- Sclerosing cholangitis.
- Biliary cirrhosis
- Alcoholics

### **Other important parameters**

- Alpha fetoprotein
- Synthesized by embryonic hepatocytes and fetal yolk sac cells
- Peak in second trimester of pregnancy
- Constitute one third of fetal serum protein.
- After birth AFP level falls reaching the adult normal range at around one yr of age.

### **Alpha fetoprotein**

- Important marker for liver carcinoma-HCC

### **AMMONIA LEVEL**

- Liver is the only tissue that can detoxify ammonia by converting it to urea in the urea cycle.
- If more than 80% of liver is destroyed in cirrhosis or fulminant hepatic failure ammonia cannot be detoxified.
- So raised ammonia giving rise to hepatic encephalopathy.

### **Liver cirrhosis**

- Raised sr ammonia
- Raised PTT
- Target cells in PS
- Renal failure due to hepatorenal syndrome
- Raised PT
- Reduced platelet count
- Macrocytosis

### **LDH**

- MEGALOBLASTIC ANAEMIA
- LEUKEMIA
- MYOCARDIAL INFARCTION
- METASTATIC CARCINOMA IN LIVER

### CASE 1

TOTAL BILIRUBUN	2.4 mg/dl	upto 1.0
Direct bilirubin	1mg/dl	upto 0.5
Indirect bilirubin	1.4 mg/dl	upto0.8
SGOT	15 IU/L	7-34
SGPT	12 IU/L	4-35
ALKPO4	78IU/L	UPTO 115
	CHILD UPTO 17 YRS	- UPTO 405
TOTAL PROTEIN	7.2 gms%	6-8
Serun albumin	4.4 gms%	3.5-5.5
Serum globulin	2.8 gms%	2.3-3.5
A/G RATIO	1.57	0.9-2

### Diagnosis – gilbert syndrome

- Raised indirect bilirubin
- No other complain

### Case 2

TOTAL BILIRUBUN	1.5mg/dl	upto1.0
Direct bilirubin	0.7mg/dl	upto0.5
Indirect bilirubin	0.8 mg/dl	upto0.8
SGOT	55 IU/L	7-34
SGPT	40 IU/L	4-35
ALKPO4	78IU/L	UPTO 115
	CHILD UPTO 17 YRS	- UPTO 405
TOTAL PROTEIN	7.2 gms%	6-8
Serun albumin	2.4 gms%	3.5-5.5
Serum globulin	4.8 gms%	2.3-3.5
A/G RATIO	0.5	0.9-2

### Diagnosis

- Liver cirrhosis
- Reversal of a/g ratio
- Reduced albumin
- Mildly raised liver parameters

### Case 3

TOTAL BILIRUBUN	1 mg/dl	upto 1.0
Direct bilirubin	0.3mg/dl	upto 0.5
Indirect bilirubin	0.7 mg/dl	upto0.8
SGOT	15 IU/L	7-34
SGPT	12 IU/L	4-35
ALKPO4	135IU/L	UPTO 115
	CHILD UPTO 17 YRS	- UPTO 405
TOTAL PROTEIN	5.5 gms%	6-8
Serun albumin	3 gms%	3.5-5.5
Serum globulin	2.5 gms%	2.3-3.5
A/G RATIO	1.2	0.9-2

## Diagnosis

- Cholestasis in pregnancy with pre- eclampsia or eclampsia (PPH)

### Case 4

TOTAL BILIRUBUN	1 mg/dl	upto 1.0
Direct bilirubin	0.3mg/dl	upto 0.5
Indirect bilirubin	0.7 mg/dl	upto0.8
SGOT	15 IU/L	7-34
SGPT	12 IU/L	4-35
ALKPO4	135IU/L	UPTO 115
	CHILD UPTO 17 YRS	- UPTO 405
TOTAL PROTEIN	7.2 gms%	6-8
Serun albumin	4.4 gms%	3.5-5.5
Serum globulin	2.8 gms%	2.3-3.5
A/G RATIO	1.57	0.9-2

## Diagnosis

- Fractured bone
- Pathological fracture – myeloma
- Healing fracture
- Children and pregnancy
- Obstruction of pancreatic duct

### Case 5

TOTAL BILIRUBUN	1 mg/dl	upto 1.0
Direct bilirubin	0.3mg/dl	upto 0.5
Indirect bilirubin	0.7 mg/dl	upto0.8
SGOT	105 IU/L	7-34
SGPT	100 IU/L	4-35
ALKPO4	78IU/L	UPTO 115
	CHILD UPTO 17 YRS	- UPTO 405
TOTAL PROTEIN	7.2 gms%	6-8
Serun albumin	4.4 gms%	3.5-5.5
Serum globulin	2.8 gms%	2.3-3.5
A/G RATIO	1.57	0.9-2

## Diagnosis

- Patient on AKT
- Drug toxicity

## Case 6

TOTAL BILIRUBUN	1 mg/dl	upto 1.0
Direct bilirubin	0.3mg/dl	upto 0.5
Indirect bilirubin	0.7 mg/dl	upto0.8
SGOT	15 IU/L	7-34
SGPT	12 IU/L	4-35
ALKPO4	78IU/L	UPTO 115
	CHILD UPTO 17 YS	- UPTO 405
TOTAL PROTEIN	8.5 gms%	6-8
Serun albumin	4.4 gms%	3.5-5.5
Serum globulin	4.1 gms%	2.3-3.5
A/G RATIO	1.02	0.9-2

## Diagnosis

- Monoclonal or polyclonal gammopathy
- Multiple myeloma • Paraproteinamias

## Case 5

TOTAL BILIRUBUN	4.5 mg/dl	upto1.0
Direct bilirubin	3 mg/dl	upto0.5
Indirect bilirubin	1.5 mg/dl	upto0.8
SGOT	4000 IU/L	7-34
SGPT	5000 IU/L	4-35
ALKPO4	135 IU/L	UPTO 115
	CHILD UPTO 17 YRS	- UPTO 405
TOTAL PROTEIN	7.2 gms%	6-8
Serun albumin	4.4 gms%	3.5-5.5
Serum globulin	2.8 gms%	2.3-3.5
A/G RATIO	1.57	0.9-2

## Diagnosis

- Jaundice • Hepatitis • Obstructive or viral induce

## Liver Function Test - Summary

Estimation of serum bilirubin	van den Bergh reaction
↑ Conjugated bilirubin, ↑ alkaline phosphatase with bile salts and bile pigments	Obstructive jaundice
Estimation of urobilinogen	Ehrlich's test
↑ Urobilinogen	Hemolytic jaundice
Markers of Hepatocellular damage	ALT & AST
Marker of alcoholic liver disease	Gamma glutamyl transferase
Tests to detect synthetic functions of liver	Serum albumin Prothrombin time
Test to assess excretory function of liver	Bromsulphthalein Test
Test to assess detoxification function of liver	Hippuric acid test
↑ Blood ammonia levels	Hepatic encephalopathy

## ART EXHIBITION



## ART WORK EXHIBIT



## ART EXHIBITION CONTESTANTS



## 5th CME

5th CME of the year was held on 19th July. Speakers were Dr. Padmavathi Menon and Dr. Vedhas Nimkar.  
CME convener was Dr. Prashant Kelkar.



## 6th CME

6th CME of the year was held on 22nd August in Pathare hall .  
Speakers were Dr. Anita Mathews and Dr. Harish Bhatia.  
Topics were Monsoon melodies and Vertigo ENT reasons.  
Dr. Ghanshyam Shirali was cme convener.



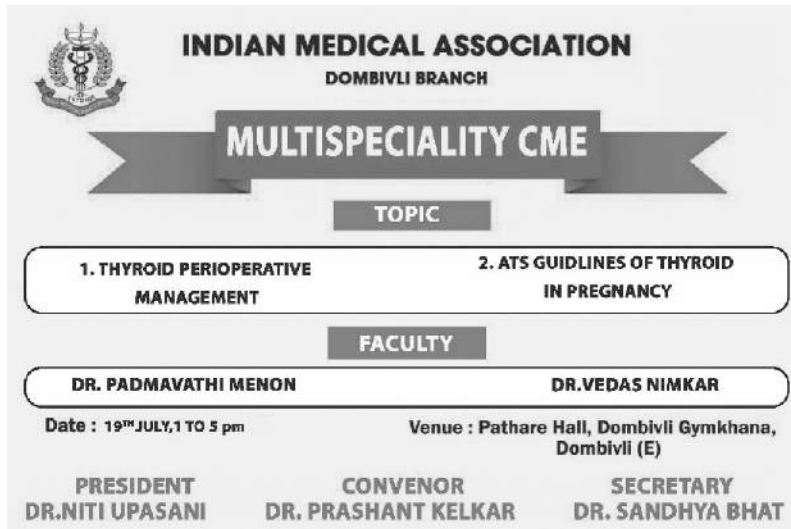


## CME ON THYROID UPDATE

This is cme of thyroid where madam Padma Menon discussed in detail about treatment of thyroid illness in pregnancy and gave recommendations of dosage and monitoring .

Dr Prashant Kelkar was the convenor. Dr Vedas Nimkar could not attend due to unavoidable circumstances .

**Dr Medha**



**INDIAN MEDICAL ASSOCIATION**  
DOMBIVLI BRANCH

**MULTISPECIALITY CME**

**TOPIC**

1. THYROID PERIOPERATIVE MANAGEMENT      2. ATS GUIDLINES OF THYROID IN PREGNANCY

**FACULTY**

DR. PADMAVATHI MENON      DR. VEDAS NIMKAR

Date : 19<sup>th</sup> JULY, 1 TO 5 pm      Venue : Pathare Hall, Dombivli Gymkhana, Dombivli (E)

**PRESIDENT**      **CONVENOR**      **SECRETARY**  
DR. NITI UPASANI      DR. PRASHANT KELKAR      DR. SANDHYA BHAT



# ENT PROJECT

**Dr. Niket Arun Karnik**

MBBS (Grant Medical College, J.J.Mumbai)  
DLO, DORL (Sion hospital, L.T.M.M.C.Mumbai)  
Practicing for 17 yrs.

## NASAL ALLERGIES

- Sneezing, running nose, alternate nostril blockage are the typical presentations.
- Most of the times it is air borne
- Dust, traffic pollution, mosquito repellants, agarbatti, perfumes, Pollens, pets, moulds can cause it.
- Require long term anti allergens
- Nasal allergies do not go away with surgery.
- Nasal allergy & Asthma often go hand in hand.

## MEASURES TO AVOID ALLERGEN

- Use of face masks in polluted environment. (especially while traveling)
- Avoid being present in the room that that is being swept/boomed. Avoid overstuffed furniture, carpet.
- Close contact with the pets should be avoided.
- Curtain/ bed sheet / pillow covers should be changed regularly / washed in boiling water or ironed bi-weekly.
- Smoking should be stopped completely / passive smoking is harmful.
- Avoid sitting directly under the fan / or front of an air-conditioner.
- Perform morning exercise daily to help mobilize sinus and bronchial secretions.

## EAR CARE

- Occlusive problem due to absence of molars leading to TM joint Tenderness can cause ear.
- Need muscle relaxants & dental treatment
- Ill fitting dentures can also cause ear pain
- Wax softeners alone do not always remove wax
- Keep the ears dry. Constant water & moisture in the ear canal can produce fungal infection.
- Cotton buds remove the wax which is attached to the canal only, but can push the remaining wax into the

canal, making further removal difficult.

- Every ear pathology has different medicine & ear drops.
- Ear pain can be sometimes due to throat problems/ dental infection/sinusitis.
- Giddiness (vertigo) can be due to ear pathology. Ears should be checked & hearing assessment (Audiogram) done to rule out the cause.

## Throat & Neck

- In case of throat infection oily, ice cold & a spicy food should be avoided.
- Change in voice in an elderly should arouse suspicious of a serious ailment.
- Throat pain due to post nasal drip acid reflux , snoring hardly require antibiotics
- Paan / Tobacco / smoking / poor oral hygiene all lead to various throat & neck diseases.
- Acidity, heat burns, snoring can lead to throat irritation.
- Do not keep stomach empty & do not eat too at a time (especially spicy) to avoid overproduction of acidity.
- Tension, stress & irregular timing of meals increase acid production. Slanting position of bed (head high) helps avoid reflux of acids. Heavy breakfast is must everyday
- Increase production of saliva by chewing a gum can improve lubrication of the throat.
- While taking steam avoid overexposure to the face & nose. Keep slightly away from source of steam.

## GIDDINESS

- Look out for : Diplopia , Dysarthria, Dysphagia, Ataxia, Unilateral tinnitus & hearing Loss & if present will require brain, cp angle imaging
- Recovery : Most cases recover with Lifestyle modification Reassurance, Adaptation Exercises, Rehabilitation.

Few cases need medication

Adaptation exercises increase the threshold of tolerance of the person & reduce the intensity as well as frequency of the vertigo attacks.

- Eye Movements: Alternating Left & Right -With movement of eye ball
- Looking up & down alone neck being stationery
- Convergence
- Neck Movement: Initially slow, later quick moves
- No jerks
- Bending alternatively in front & then back
- Sideways- Left & Right
- Shoulder Movement: Shrugging & clock wise, anti clockwise movement of shoulder

- Back Movement: Turning the trunk alternatively Left & Right
- Bending forwards In sitting position & back
- Sitting & standing alternatively
- Rotating around self (clockwise & anti clockwise)
- Eye hand co-ordination: throwing a ball from hand to hand in an area above eye level
- Each movement 15 -20 times- Twice daily
- ••

## SELFIE CONTEST EXHIBIT





## Dr. DINESH P. MAHAJAN

MD ( Medicine , JJH ), D.M ( Nephrology,K.E.M Hospital )  
Assistant Professor in Department of Nephrology, KEMH  
Consultant Nephrologist & Kidney Transplant Physician



Disha Kidney Care Shop No. 12, Rajhans Co-Op Hsg soc, Opposite Hotel Rangoli,  
Char Rasta, Dombivli (East) - 421201 Call : 9320346426, 8433511374

## ART EXHIBITION PARTICIPANTS



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SINCE 1988



**Mrs. Vaishali V. Naware**

B.Sc. (A.S.T.)

**AUDIOLOGIST AND SPEECH THERAPIST**



**BTE**

Behind the Ear



**ITE**

In the Ear



**ITC**

In the Canal



**CIC**

Completely in the Canal



**RIC**

Receiver in the Canal

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5, Kusum Baug, First Floor, Phadke Road, Near Modern Cafe Restaurant. Dombivli (E).

**Phone** : 9820057174, 0251-2433607 **Website** : [www.shrutihearingcare.com](http://www.shrutihearingcare.com)



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

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## **Dr. Rajesh Y. Mulay**

M.D. Radiology  
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*Complexity Simplified...*

**Dr. Somnath Babhale**

M.B.B.S., D.M.R.D.

**Dr. Mrs. Pallavi S. Babhale**

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**WHOLE BODY COLOUR  
DOPPLER**

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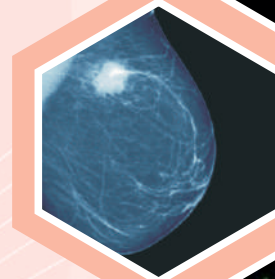
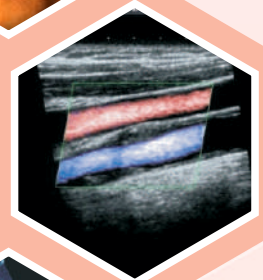
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**MAMMOGRAPHY**

**O.P.G.**

**E.C.G.**

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Dr. Balkrishna Shenoy MD (Path)

Dr. Milind Karegar MD (Path)  
Dr. Sujata Mankame MD (Path)

Shop No. 115, C wing, 1st Floor, Sonata Complex, MIDC, Dombivli (E). Website: Pridelab.in Ph No. 0251-2442220

## SOUTH AFRICA TOUR

Dr. Alka Gadgil



*MBBS( B J Medical college Pune)*

*Family Physician : practising in Dombivli for last 26 years*

### South Africa Tour

AMC had arranged a tour to South Africa and we 10 Dombivlikar doctors were a part of the tour.

South Africa officially republic of South Africa (RSA) is the Southern most part of Africa.

Pretona - Executive Capital, Cape Town - Legeslative Capital, Currency - Rand (ZAR) Language - Afrikans and English

1) **Cape Town** - 1st introduction to beautiful city. windy air, pleasant climate, scenic coastal drive through clifton. We visited Victona waterfront, Rugby, Museum, Roads are clean, traffic was disciplined.

2) **Next Day visited Robin Island by Ferry Boat.** Fery from Cape Town across Table Bay to the rocky out crop of Robbin Island - a UNESCO WORLD HERITAGE site where Nelson Mandela spent first 18 years of his 27 yrs prison sentence in a maximum security facility for political prisoners, luckily boat is weather permitting. We saw cells, huge barracks, cleanliness was there one of the prisoner (from horse's mouth) gave all information. We visited Nelson Mandela cell (7sq. ft wide) located around a concrete court yard. Guide shared the details of how Mandela's leadership surfacing during a rebellion over forced digging in a quarry under



Flag



Penguins

harsh conditions. Returned to Cape Town. Then cable car ride took us up the Table Mountain for breathtaking view over the city. Luckily weather permitted. Cable car was huge, Rotating, very steep, accommodation of 65 passengers. Reached within 10 mins to Table Mountain. Windy air, granite stones all over. It is flat topped mountain forming prominent landmark - saw 3 points - Lions head, Signal Hill, Devil's Peak.

3) **Penninsula Tour** - Land surrounded by water on three sides. Spectacular Cape Peninsula called Fairest Cape.



Jackaranda Flowers



Nelson Mandela Cell





**Ostrich Farm**

Travelled along Atlantic seaboard and reached Cape of Good Hope. Nature reserve-huge Limestones, Grannite stones. Enjoyed Funicular ride, aboard the Flying Dutchman (दिपस्तंभ) enjoyed the unforgettable spectacular view. Then visited Boulder Beach, Sheltered beach of grannite boulders located in Cape Peninsula. Visited the famous colony of Jackass Penguins Plenty of male, female penguins. We had opportunity to sit among the colony of penguins-great experience.

4) **Mossel Bay** - Wine land tour and free wine testing at Stellenbosch winery. Then started our tour to Oudtshoorn - visited ostrich Farm - ultimate ostrich experience with hundreds of ostriches to view from incubation to full grown adults.

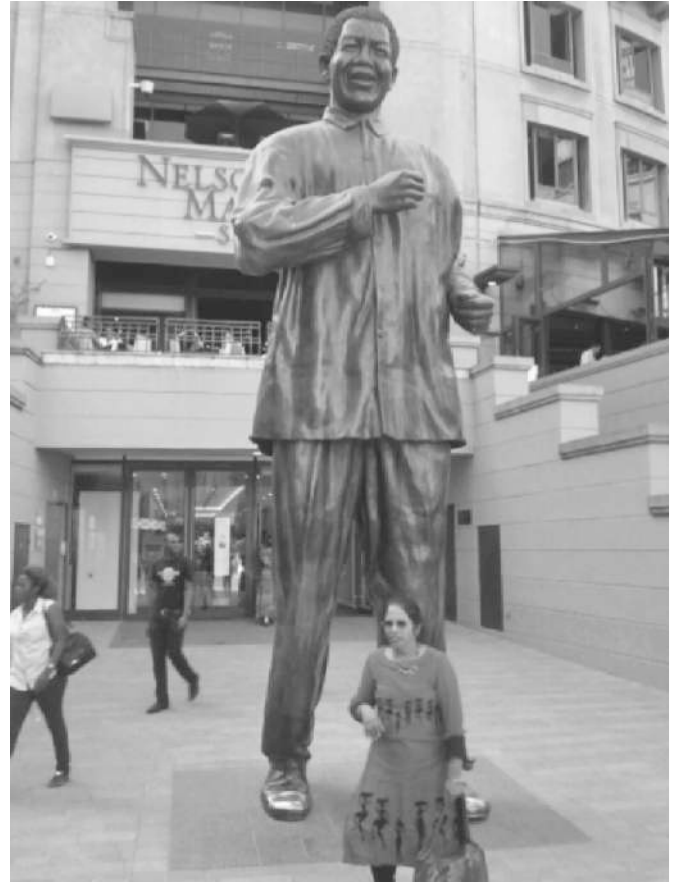
Then visited Kleinkaroo's oldest and most popular attraction, one of the worlds natural wonders. Beautiful, huge caves, huge pillars, huge halls with stalgmities and stalactites containing lime, manganese, ironoxide, algae.

Then Cango wild-life ranch. We had a opportunity to view some of the animal species that inhabited the karoo region in the early days.

5) Next Day visited **Port Elizabeth** Via Bloukrans Bridge on the way. It is a city on Algoa Bay in South Africa. It is 5th largest city on Indian Ocean coast. Enjoyed sea-beach atmosphere and beautiful fountain show.

6) Next Day we took domestic flight to Kruger via Johannesburg. At Kruger Inguenyama Hotel enjoyed Zulu dance with African people.

We visited **Kruger National Park** - Oldest, Largest reserves in Africa The Park boast a tremendous Variety of Big 5 (Lion, Leopard, Rhino, Elephant, Buffalo) and bird life in numerous habitat, thrilled to see family of Girraffes in front of our jeep, Many zebras, kudu, deer, wild beast, water bucks (stayed near water and have foul



smell), Too many elephants of all sizes, thrilled to see a family of lions.

Then Johannesburg कडे कुच Historical buildings, Supreme Court, famous Nelson Mandela bridge in New town While travelling we learnt about South Africa turbulent past and its slow yet steady transition to democracy. Since 1994 all ethnic and linguistic groups have held political representation in the country's democracy. Visited Mandela's square (huge statue), saw Platinum, diamond mines, saw Mahatma Gandhi Statue. In Johannesburg 1) plenty of theft, drug addiction 2) bungalows are surrounded by electric wires 3) After 7 pm not safe to walk alone on roads.

7) Lastly visited **Sun City** - Luxurious Casino Resort owned by Sun International. It is a complex of 4 Hotels. Luxurious palace Hotel is there. Saw the auditorium of Miss World Contest (जिथे ऐश्वर्या रॉयने मिस वर्ल्डचा मुकुट परिधान केला होता) Enjoyed speed boat, wave pool, lazy river activities.

We returned with fond memories of spectacular South Africa holiday.

•••



# EVA

## WOMEN'S CLINIC & LAB

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Shop No. 4, Om Neelkanth krupa CHS., Gopal Nagar Lane No.1, Kalyan Road, Dombivli (East).  
**Contact** : 7709809774, 9920920926 **email id** : evaclinlab@gmail.com, www.ewawomenscliniclab.com  
**Clinic Timing** : 11am to 1pm by appointment **Lab Timing** : 8:30am to 8:30pm (Sunday 9am to 2pm)

### Eva Women's Clinic

- Infertility counselling and consulting
- General women's health screening
- Hormonal disorders, PCOD clinic
- Menopause counselling & consulting

### Eva General Clinic

- General examination of patients
- Screening of common illness.

### Eva Clinical Lab

- Specialised services in Diagnostic clinical Microbiology
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- BACTEC Blood and Fluid cultures
- Mycobacteriology: Microscopy cultures, AFB cultures, DST, TB PCR, Genexpert
- Mycology: Culture and Microscopy
- Parasitology
- Serology & Immunology

### Hospital Infection Control Services:

- Operation theatre and critical area Surveillance testing
- Hospital Infection control Screening
- Training of Healthcare workers
- Infection control Surveillance activities

### Others :

- *Pathology and biochemistry services also provided.*

